



**TESTIMONY OF
YALE-NEW HAVEN HOSPITAL
SUBMITTED TO THE
GENERAL LAW COMMITTEE**

Tuesday, March 6, 2012

HB 5329, An Act Concerning The Use Of Telepharmacy By Hospitals

Good Afternoon Senator Doyle, Representative Taborsak and members of the General Law Committee. My name is Lorraine Lee, and I am the Director of Pharmacy at Yale-New Haven Hospital. Thank you for the opportunity to testify on House Bill 5329, An Act Concerning the Use of Telepharmacy by Hospitals.

Public Act 11-242 (Section 50) contained a provision that permitted the Department of Consumer Protection (DCP), in consultation with the Department of Public Health and the Department of Drug Control, to establish a telepharmacy pilot program in one Connecticut hospital and its satellite locations.

Last fall, Yale-New Haven Hospital began conducting a telepharmacy pilot program at our facility. This program enables us to supervise a pharmacy technician remotely as she or he prepares Intravenous Sterile medications, mostly chemotherapy. The expansion of services to clinics located within 35miles of the hospital has allowed us to service oncology patients closer to their homes by providing quality care that pharmacy oversight can bring to these locations. This has increased patient satisfaction, as our patients who utilize these facilities find them convenient.

We utilize bar-coding technology, digital photography, live video and audio media that is all captured electronically within our software. This enables the licensed pharmacist to supervise and communicate with the technician during the preparation of all Intravenous Sterile medications. This technology also has an added safety feature that uses bar-code matching to ensure that the correct products are being selected for preparation by the technician.

Being able to utilize telepharmacy on a permanent basis, as being suggested by HB 5329, will add value to our patients. Expanding the use of the bar-code technology ensures that product selection is error-proof. The ability to use digital photography to capture each step of the mixing process is better, and more accurate than visually watching the technician. For example, the system allows a pharmacist to zoom in on pictures and view them at a more magnified level than the naked eye permits. This ensures that the product is safe and accurate for patients.

Additionally, allowing a pharmacist the ability to supervise technicians remotely will enable hospitals to be more efficient in utilization of clinical pharmacists. The electronic efficiencies streamline work and allow pharmacists more time in the day to provide cognitive functions such as patient education and physician education on drugs and managing side effects. The electronic systems track all data associated with the production of medications, and this data is stored long-term for quality review.

HB 5329 will permit all of Connecticut's hospitals to participate in similar telepharmacy initiatives, provided they meet the same quality standards outlined in the current pilot and are in compliance with DCP pharmacy regulations.

Thank you for considering our position.