

New prescription machines will aid patients and pharmacists

Small pharmacies are in trouble. But now, that small pharmacy can manage five locations. That's more business and no new overhead. -- Peter Suma, PCA Services co-founder

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MEREDITH MACLEOD

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Prescription in hand, you step up to the bright green kiosk.

Insert the piece of paper in the blinking slot and your trip to the drugstore begins.

Only you might be standing in a hospital, a clinic, a grocery store, mall, even your own workplace.

It's expected that once some regulations are in place, Ontario residents will be able to pick up their cholesterol meds and antibiotics at PharmaTrust MedCentre units, robotic kiosks about the size of two vending machines side by side.

The prescription is filled by the machine, but is overseen by an off-site pharmacist, who can talk to the user through a two-way video call.

The pharmacist offers counselling on use and possible interactions to the user that would normally happen at the counter.

The system, developed by PCA Services of Oakville, has an advanced robotic system that chooses the prescribed medicine, scans RFID chips, reads bar codes, checks expiry dates and lot numbers, counts and weighs the medicine and labels the bottle or tube.

The machines are being pilot-tested at Toronto's Sunnybrook hospital and Cambridge Memorial Hospital, among other locations.

Bill 179, given third reading this week, allows remote and automated pharmacy dispensing for the first time in Ontario.

Peter Suma, PCA Services co-founder and chief operating officer, says there's no telling when the required regulations will be in place, but the company already has "hundreds" of machines on order.

A pharmacist who purchases or leases a machine (about \$80,000 up front or \$2,000 a month) can monitor it remotely from a drugstore, or even forward it to a home computer or a cellphone.

PCA also offers a central call centre staffed by multilingual pharmacists, and takes a piece of the dispensing fee.

Suma says the kiosks will be especially useful in small towns or remote communities without 24-hour drugstores. Emergency room patients will also be happy to get a prescription filled right there before heading home, he said.

Surveys have found that 97 per cent of users at Sunnybrook would use it again, said Suma.

"I was astounded by that. I didn't think it would be that high so early," he said, acknowledging that first-time users are often wary.

People weren't too keen on bank machines once upon a time, either.

The PharmaTrust machine can fulfil about 90 per cent of prescriptions, said Suma. It can hold 2,000 types of medication, but will be stocked with the meds most frequently prescribed in that neighbourhood.

Compounds or uncommon medications will still require a trip to the drugstore.

So will narcotics. To keep the machines and their users from being targeted by drug addicts and criminals, painkillers such as oxycodone won't be stocked.

Suma says the kiosks offer an alternative to pharmacists trying to cope with shrinking margins on drugs, looming shortages of pharmacists and growing demands as baby boomers get older.

"Small pharmacies are in trouble. But now, that small pharmacy can manage five locations. That's more business and no new overhead," said Suma.

"This provides all the same services and safety with better access and lower cost. It's making the pharmacist the most accessible health-care professional out there."

Suma says PCA is in talks with pharmacists in the United Kingdom and the United States but hopes that it can roll out its system on its home turf first.

When remote drug dispensing becomes legal here, PCA expects to add hundreds of jobs to its current staff of 60.

More than four years of research and development, the company isn't making money yet. It's developed its technology thanks to \$20 million raised from 200 angel investors and a \$1.5-million grant from the National Research Council.

The company's 10 executives have yet to receive a paycheque beyond stock options.

But they believe great things are to come, says Suma, after years of lobbying the province to allow remote dispensing amid fierce opposition from some pharmacy groups and chains.

The PharmaTrust MedCentres are the visible front to an entire platform, sort of like ATMs are the entry point to the Interac system.

The goal, says Suma, is to create a global network based on a business model where the units are so inexpensive that only a couple of prescriptions filled a day will make them cost-effective.

One local pharmacist says he's signed up to lease a machine to stay ahead of his competition.

"I don't want to be caught with my pants down. I want to be on the leading edge," he said. The business case is definitely there for him, he says.

"The break-even point is not ridiculously high," said the pharmacist, who doesn't want to be identified because he doesn't want to tip off his competitors.

He said some pharmacists are worried the machines will replace them, but he doesn't see that threat.

"We will still be at the other end of the video camera. We will still have that interaction.

"I see it as an extension of my pharmacy ... in another location."

The Ontario College of Pharmacists, which regulates the profession, approves of remote dispensing as long as it guards patient safety, said registrar Deanna Williams.

"We don't want to be a barrier to technology or innovative practices but we need to ensure there are safeguards in place."

The college will have a key role in drafting the regulations to allow drug dispensing without a pharmacist physically present.

Dennis Darby, CEO of the Ontario Pharmacists Association, says dispensing kiosks will have a role but will not replace traditional drugstores.

"The reason we have pharmacies is because governments have decided these are controlled substances and that misuse can lead to illness or worse. The integrity of the drug distribution system must be maintained."

Darby says ready access to a pharmacist isn't a problem in most parts of the province. There are more than 3,000 pharmacies in Ontario, he said.

"In polling of our members, 90 per cent say there is no problem with access ... For isolated or remote areas, it's a great idea.

"But it's the market that will decide the uptake."

mmacleod@thespec.com

905-526-3408