

DRUG TOPICS

ATM Kiosks fuel industry expectations

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By Martin Sipkoff

For some, automated prescription delivery kiosks mark an improvement in customer service. For others, they pose a danger to patient safety and pharmacist job security. But everyone agrees we will see more and more of them in coming years.



"It does seem to be an idea whose time has come," said Linda Pinney, founder and chief business officer for Asteres Inc., the San Diego company that currently leads the market in placement of the machines. Her company recently moved from a prototype of its product, called ScriptCenter, to a production model and has about a dozen placements in three states: California, Maryland, and Virginia. It plans to place a machine in the Philadelphia area later this year.

"We've had more than 500 people sign up for the service at one location in a single month," said Pinney, adding it is particularly popular with patients who refill drugs every month. "People simply do not want to stand in line if they can help it. It's the way things are in society today, and it's not going to change."

The other kiosk manufacturer is Distributed Delivery Networks (ddn) in San Marcos, Calif. Its machine is called the Automated Product Machine, or APM, and the company has placed about six of them, in California, New York, Ohio, Texas, and Utah.

The two manufacturers offer machines ranging in price from about \$40,000 to \$95,000, depending on size. "This is still a new product, of course," said William Holmes, ddn president. "The industry still wants to make sure it works. But it is increasing in acceptability—no doubt about that."

"So far, no state board that has considered the issue has blocked their use," said Robert Hanson, VP of pharmacy services for Asteres. In most states where boards of pharmacy have given permission for the automated dispensing kiosks, the machines are allowed to deliver refills only. Some states allow the machines to be open 24 hours a day, seven days a week. Some allow their use only during business hours. All states require that a pharmacist be available to answer questions. In the case of after-hours kiosks, an 800-number must be provided. "That is hardly a sufficient safety guarantee," said Fred Mayer, president of Pharmacists Planning Service Inc., a nonprofit organization in San Rafael, Calif. "You know how hard it is to get through on an 800-number?" Mayer's organization has fought the machines tooth and nail since they hit the market a couple of years ago, even filing an unsuccessful lawsuit last year to block their use in California. "We have 107,000 deaths a year from adverse drug reactions and interactions," he said. "These machines can only make those numbers worse. Pharmacists shouldn't be trained for eight years to stick something in a kiosk."



Linda Pinney, Asteres Founder & CBO

The machines also pose an employment threat, said Timothy Haley, account representative for Managed Pharmacy Care & Administrative Services, an independent pharmacy services organization in Lake Arrowhead, Calif., that also opposes the kiosks. The popularity of the kiosks is based solely on profit motive, he said, and that's worrisome.

"I think that anytime automated health care takes a patient further away from a provider, it creates danger," Haley said. "The kiosks rely on two technologies that are simply not well integrated—information and dispensing technologies. The potential for problems is enormous. In most situations, kiosks are not helpful to the pharmacy community. They take a toll on the job market for pharmacists and technicians."

The way the kiosks function is fairly straightforward. Customers register with their pharmacist, and in most cases are given a personal identification number. In Hawaii, Maryland, and Ohio, customers can pick up their filled prescriptions at the kiosk. In all other states, only refills can be delivered through the machines.

Pharmacists fill the prescriptions, either new or refill, as they always do. But instead of being put behind a counter, bottles for each finished prescription are placed into a sealed, bar-coded bag and then loaded into the kiosks a few times a day. Customers enter their user name and pin number or password, verify their prescription order, swipe a debit or credit card, and sign an electronic signature pad. Using bar-code technology, the machines verify the prescription with the pin number and deliver the Rx through a chute.

"The only difference is that instead of a clerk behind a counter reaching into a bin, the machine dispenses the order," said Asteres' Hanson. "Because the orders are checked against both a bar code and a pin number, we believe these machines are even safer than across-the-counter delivery. For example, a pharmacy may have six Mary Joneses as customers, but the kiosk will deliver only to the Mary Jones with the correct pin number for a specific prescription."

Holmes said his company has been conducting a pilot project in Utah for more than four years. "In that time, we have not experienced a single error," he said, adding that he disputes the contention that the machines will cost pharmacists and technicians their jobs. "In every case, a pharmacist must be available. We've found that it can actually enhance pharmacist and customer interaction, because some units allow a customer to pick up a phone and talk to the pharmacist, which allows for more privacy." But pharmacists must be available, he said, whether it's through a 24-hour hotline or a push-button intercom back to the counter during business hours or through a display screen.

That's simply not good enough, said Mayer. Too many drugs are too dangerous to be delivered by a machine, he said, and no matter how easy a kiosk manufacturer tries to make contacting a pharmacist, it's not the same as physical proximity. "A pharmacist may see that a patient is pregnant, for example, and know that a drug is contraindicated," he said. "Or a patient may have a question but because the pharmacist isn't nearby, will just shrug and forget about it. There's no escaping the fact that these machines pose safety concerns."

That was a point Mayer's organization tried hard to make to the California pharmacy board, but with no success. Last April, the board unanimously approved the machines for 24-hour service for refills. The new regulations governing kiosks were reviewed by the state Office of Administrative Law and were scheduled for final consideration by the state board at the end of July.

"We believe that the regulations as currently designed serve the public and state pharmacists well," said Patricia Harris, the board's executive officer. "These are delivery machines, not dispensing machines, for refills only in this state. We are defining exactly how we want them to be used. At this point we view the devices as a consumer option."

In at least one survey, pharmacists tend to believe the machines won't be good for business. PharmacyOneSource, which maintains a Web site about the pharmacy industry, conducted an informal opinion poll about the kiosks last fall. The poll asked how participants felt about the devices being installed in retail pharmacies. Of 149 respondents, about four out of five were either strongly or somewhat opposed to the idea.

So far the strongest support for use of the machines has come from chain stores. Longs Drug Stores, in Walnut Creek, Calif., received a waiver from the state board to use the kiosks in some locations last year. Automation of delivery allows pharmacists to spend more time with customers providing pharmacy care, said a Longs spokesman in a public statement. Company officials also have said publicly that the machines will not result in a reduction of pharmacy or technical staff at any of Longs' 472 stores, 393 of which are in California.

Safeway has also been involved in early utilization of the machines and is considering expanding their use, according to a company spokesman. Duane Reade, Kmart, and Walgreens also have placed machines. "We see it as an added convenience for customers for when the pharmacy is closed," said Safeway spokeswoman Jennifer Webber.

"They are no different from pick-up windows, really," agreed Bradley Dayton, R.Ph., director of pharmacy systems for Ahold USA, the parent company of supermarkets Giant Food, Stop & Shop, and Tops Markets. His company is placing the machines in East Coast stores.

"The kiosks have proven themselves capable of delivering the right prescription to the right person with zero matching errors," said ddn's Holmes. "What happens in the future will be based on market perception of that."

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