PHARMACY FORWARD

Roadmap to Innovation: Building New Services in the Cloud

VUCA Health CEO **David Medvedeff** talks about what it takes to develop a cloud-based service for pharmacy and about gaining traction for a new way of doing things, both with pharmacists and state pharmacy boards.

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Computer Talk for the Pharmacist

Building New Services in the Cloud

ComputerTalk: David, we're going to talk about the roadmap for deploying a cloud-based solution, and integrating it into pharmacy systems. But let's have some background first. Where does VUCA Health come from?

David Medvedeff: The back story, and we all have our own personal stories, is that my father received his medications via mail order. I was visiting with him one day — and I'm a pharmacist, so I know what he takes and why he's taking them — but I sat there and asked him a series of questions about his medications, and he was really limited in his ability to answer why he's taking them. The whole time I'm trying to quiz him on this, he's playing on his mobile phone. I look in the box of what's delivered to him and there's literally eight feet of paper that's his patient education information. It became obvious to me that this was not helpful to him, and I reflected back on my time working behind the pharmacy counter. The amount of paper that we dispense in pharmacy just seemed unnecessary.

Even if we do a perfect job at explaining what the patient is taking, why they're taking it, what the common side effects are, many times it's forgotten. It could be that we're talking to the wrong person, and the message is not relayed. Whatever it is, it's not repeatable, it's not scalable, and it's certainly not an enduring message. So then the question was, how do we fix this?

CT: And the answer to that, you looked to the cloud?

Medvedeff: Right. First, consider where technology has gone. On the consumer side, mobile is ubiquitous, and virtually every person in the country has access to not only a technology platform, but one they can connect to information via cloud solutions.

CT: And how is the cloud as a platform helping deliver this idea as a product?

Medvedeff: The cloud, being as accessible, as elastic, and as inexpensive as it is, creates the business model that allows us to deliver this patient education content in this new way. And we can do it branded to the pharmacies so that we are not shifting people to third-party sites. We aren't building out our own servers and infrastructure to deliver this content, and we aren't asking pharmacies to do that either.

CT: And to answer that question, you looked to the cloud?

Medvedeff: Right. First, consider where technology has gone. On the consumer, mobile is ubiquitous, and virtually every person in the country, even perhaps in most places on the planet, has access to not only a technology platform, but one they can connect to information via cloud solutions.

VUCA Health CEO
David Medvedeff

That was the first part, and then the second part is the ability to now centralize information, create a scalable opportunity to serve it, and let people pull it on demand, when they need it in the format of their choice. It really was this confluence of consumers having technology, and the ability to connect to the information, and really the change of behavior where people expect to be able to go online and get information that didn't exist back in the late '80s, early '90s, when this idea of printing paper and stapling it to bags was the best solution at the time.

CT: This goes beyond saying, "Oh, we turned a piece of paper into a PDF."

Medvedeff: Absolutely. The idea that printed material, be it digital or on actual hard copy, was the end all be all, the medium of choice, is really an outdated way to think. As we started to brainstorm on how do we break out of the status quo and start to try to provide better information and education for patients and families, it became very obvious that the medium of choice for consumers, for the general populace, is really video. The statistics are just mind-boggling when you review them. What we set out to do then was capture the spirit of what the pharmacist would tell a patient in about 60 to 90 seconds.

CT: Are there differences in integrating a cloud-based solution with other pharmacy IT, as opposed to more traditional solutions that reside on systems in the pharmacy?

Medvedeff: I actually think cloud solutions are easier from an integration perspective. Because there is no local server, no local hosting, and you're not building a single site solution that, if you make an update, you have to figure out how you push updates to 5,000 sites. You're doing it centrally. The cloud actually is easier, the one caveat being when you're talking about accessing a pharmacy system, you have to be sensitive to the fact that you don't want that system constantly making calls outside, potentially slowing it down, or something breaking making those calls. We actually did a hybrid where the code that directs a patient to the content is created locally, but then when the patient goes to access it, that's where the cloud comes into play.

CT: Okay, interesting. So it's that heavy demand of serving up the video content on demand that's happening in the cloud.

Medvedeff: That is correct, and that is the part that is truly replacing all of the paper, and providing all the additional supportive information to enhance the patient care.

CT: So now the cloud has helped provide pharmacies with a very practical way to delivery patient education that's not the standard, paper-based model. This is really a big leap, isn't it? Particularly when you consider pharmacy regulations would generally be written with that traditional paper model in mind.

CT: Imagine I'm a new pharmacist looking at this and saying, "Hey, okay, what's it going to look like? What am I going to do with it?" Tell us briefly how MedsOnCue works.

Medvedeff: Sure. So, just like in your pharmacy system today in your patient profile, you likely have a place that indicates whether a patient would like a child safety cap or not, and whether generic substitution is okay for that patient. You will now have part of that patient profile that says, "paperless monograph." They pharmacy team member says, "We offer this service, and you don't have to keep printing. Our information's available via video whenever you want it.

If that's okay with you, you check the box in the patient profile. What that means is, you no longer are printing patient ed sheets, FDA med guides; you're literally saving two to nine pieces of paper for every prescription. The

Medvedeff: The ultimate goal for us was to have technology impact pharmacy practice in a favorable way. And to impact pharmacy practice you have to have policy alignment. You have to have boards of pharmacy that recognize the enhancement and embrace it, and you ultimately need to ensure there are no policy barriers in the way.

CT: So how do you get pharmacy boards to approve the use of this kind of innovation?

Medvedeff: Once we had pharmacy management systems on board, and they integrated us — we had pharmacies who were using the service — it gave us enough credibility and enough background context to approach the boards of pharmacy to explain what we were doing. We could explain the goal of replacing paper to create a more patient-centered option for medication information, which, in the end, creates a win for the pharmacy, and it creates a win for the patient at the same time. It's environmentally friendly to boot. That was the other big thing that was running in parallel as we were planning this rollout map that we have, and one of the things that's actively going on as we speak.

CT: Did you find at all that deploying in the cloud environment made that regulatory challenge different, either easier or more difficult?

Medvedeff: I can't say for sure, but I think there is an expectation now that we can use technology in the right way, and technology in this case being solutions offered via the cloud, to enhance the patient experience, drive safety, and drive outcomes.

But I don't know that the cloud is really best seen as the solution. Really, video is the solution we're proposing, and the cloud is a tool that makes the solution more accessible. We haven't had any resistance on that, and I really can't think of a case where there would be a major issue. The cloud is just the tool to allow more people access to the information that they need in a format that was practical to deliver before the cloud.

CT: Overall, how have you found the reception to video as a patient-education solution?

Medvedeff: We're moving through that technology adoption curve, and we are now getting to the majority. Here's a story that serves as a good example. We provided open testimony to the Alabama Board of Pharmacy, and the Alabama Pharmacy Association was there. They immediately saw value. They really liked what we were doing, and how we presented it, and then stepped in and asked if they could endorse the product and support us, at least to their constituents in the state of Alabama. So I think we're seeing pharmacists understand the value of what we're offering, and we're seeing the regulatory environment evolve to allow it. And in the context of our conversation here, this is underpinned by the tool we have in the cloud that allows us to efficiently and scalably deliver video content to patients. **CT**

average pharmacy is paying 2 to 3 cents per page, so you're starting to save some meaningful money just from paper toner, maintenance, that type of stuff. And then what the patient ultimately sees, on their prescription label, is that there is a new QR code, and when that's scanned, the patient is taken to a website that's branded to that pharmacy. A one-minute video plays about the medication, and the patient can see a picture, a high-resolution picture of their medication, and can connect to all of that paper stuff electronically if they'd like to read about it. At any point they can just push a button and they are calling the pharmacy back that sold the prescription to them.

It's all delivered branded to that pharmacy, and keeps the patient connected to that pharmacy but now provides them multimedia information on demand. If it's a medication that requires administration like an insulin 10, or an inhaler, or a patch, or an eye drop, they would also be able to see a two-minute video on how to administer at that specific type of medication. A do-it-yourself how-to is available for the medications as well.