Tele and Remote Work Task Force: Meeting 2 Summary & Action Items

Meeting Date: June 12, 2026 **Duration:** 1hr

Facilitator: Aaron Patterson

Present virtually: Max Stork, Katherine Zakrajsek, Ann Harty, Samantha Ketterling, Annie Danielson, Amanda Schmitz

1. Summary & Core Themes

The Tele and Remote Work Task Force met for its second session to debrief on existing regulatory guidance, evaluate marketplace models, and define the boundaries of a modernized remote pharmacy framework for Minnesota. The overarching mandate remains centered on **protecting public health, safety, and welfare** rather than advancing professional or commercial profitability.

The committee identified that current Board documents (governing telepharmacy, centralized processing, and off-site after-hours hospital services) are fundamentally outdated and built for a technology era that no longer reflects modern clinical workflows. The discussion focused heavily on separating physical dispensing from administrative/clinical services, implementing robust digital fail-safes, and preparing for infrastructure vulnerabilities like cybersecurity threats.

General Consensus

- **Outdated Metrics:** Core recommendations in existing guidance—such as the cap of processing **8 prescriptions per hour**—are obsolete and don't match current technological capabilities and baseline volumes.
- **Multimodal Engagement:** Patient communication should evolve past strictly verbal interactions to incorporate text messaging, mobile applications, and patient portals to safely and effectively serve diverse patient demographics.
- **Workflow "Lanes" & Fail-safes:** Technology should enforce data security and role-based permissions, creating digital "lanes" that prevent users from bypassing quality assurance checkpoints during remote data entry and verification.
- **System Resilience:** Cybersecurity is a critical element of public safety. Future frameworks must account for downtime protocols and firewall standards to handle system-wide blackouts or hacks while protecting PHI

2. Meeting Minutes by Agenda Item

Part 1: Reviewing Existing Guidance and related

The committee opened with a critical review of the current Board guidance documents regarding telepharmacy, centralized processing, and off-site after-hours services.

- **The 8-Prescription Cap:** Amanda Schmitz and Katherine Zakrajsek noted that the historical benchmark of 8 prescriptions per hour is completely disconnected from reality, with over half of modern pharmacies operating far above this volume due to streamlined technology. Katherine pointed out that modern clinical needs frequently require managing multiple simultaneous therapies (e.g., a combination of nebulizers and multiple antibiotics), which naturally increases volume metrics without compromising safety when paired with contemporary workflows.
- **Out-of-State Staffing & Licensure:** Ann Harty introduced the complexities of out-of-state remote work. She emphasized the necessity of evaluating standards for pharmacists who are licensed in Minnesota but physically practicing from another state, noting that pharmacy operations have fundamentally changed and require clear interstate parameters.
- **Infrastructure & Redundancy:** Ann and Samantha Ketterling emphasized that an absolute prerequisite ("Absolute") for any remote work authorization must be an evaluation of a facility's technology infrastructure, including mandatory backup systems, communication stability, and technician-to-pharmacist ratios adjusted for remote verification environments.
- **Improvement for Access and Service:** members of the group generally agreed that there are other take away messages here which can be taken into other pharmacy categories as well including mail order under a broader consideration for remote delivery of services and products. Generally, it was supported that this type of service can provide a higher level of service than it is now and as compared to strictly generic mail order service by incorporating important communications and elements to level the market for clear expectations of services required with pharmacy transactions.

Part 2: Defining the Scope & Elements of Remote Practice

The task force evaluated what clinical and administrative tasks are performed or could/should be considered outside a traditional brick-and-mortar pharmacy environment.

REMOTE PHARMACY WORKFLOW SCOPE

Clinical & Administrative

Technical oversight, Certification & Verification

MTM & Care Coordination

Remote Data Entry (DE)

Multimodal Counseling (Text/Portal/Video)

Video-Assisted Product Verification

Billing, Prior Auths, & Admin Tasks

*Important safeguards required: Workflow Role Restrictions

Separation of Scopes: The group placed remote work into multiple buckets but the clearest divisions are: *Traditional Remote Dispensing* (which involves product manipulation and local oversight) and *Remote Clinical/Administrative Services* (data entry, billing, prior authorizations, and medication therapy management, contact with other patient care providers/practitioners).

- **Role-Based Digital Restrictions:** Samantha highlighted the necessity of digital "fail-safes." In a remote environment, the software architecture must restrict user access so that a staff member assigned to a specific task (e.g., data entry) cannot accidentally or intentionally bypass validation phases. Ann supported this, detailing how their system keeps employees strictly "in their own lanes" to guarantee that data entry and final verification are completely segregated and audit-logged.
- **Standardized Workflow:** Annie agreed with the committee's perspective, emphasizing that standardized workflows and hard stops within software platforms are the most reliable methods to prevent human error when teams are geographically distributed. Ann pointed out that there have to be ongoing quality driven improvements and assessments of near miss and errors and actions taken. Additionally all parties have to be clear on their role and who is doing what so no important tasks get missed.

Part 3: Mapping Telepharmacy Models & Strategic Reflections

The committee discussed marketplace models, looking closely at automated distribution systems and alternative pickup solutions.

- **Smart Lockers and Pickup Kiosks:** Samantha and Katherine introduced the growing national utilization of automated kiosk systems, pickup lockers, and automated dispensing

devices. These platforms allow patients to securely retrieve medications at off-site locations or after-hours without requiring a fully staffed physical pharmacy.

- **Integrating Remote Consultation:** The group agreed that if smart lockers or kiosks are allowed, patient consultation cannot be an afterthought. Samantha advocated for a **multimodal consultation mandate**—requiring these systems to offer integrated, flexible options for patients to seamlessly connect with a pharmacist via video link, phone, or secure digital portals.
- **Setting Expectations:** Patient/consumer understanding the status of Rx in the filling process and clear communication of the order and the step it is in/entering is important. Another consideration for multi-modal communication. It may be a consideration that there be expectations set on how long it takes an rx to be processed once received, shipping and methods, expectations on how long it takes to talk to a person, whether there are standards from URAC and others that might be valuable inclusions for patient service and experience. Consideration for how it is counseled, and what counseling looks like for consumer expectations across all remote service options.
- **The Mail-Order Parallel:** Ann drew parallels to URAC-accredited specialty and mail-order operations, noting that patient access, shipping status tracking, and remote inquiries can be handled safely via centralized call centers and digital applications, proving that physical proximity is not a requirement for high-quality care.

Part 4: Strategic Vulnerabilities & Cybersecurity

A major point of discussion was introduced regarding the operational vulnerabilities inherent to remote, technology-dependent pharmacy networks.

- **The Threat of System Outages:** Katherine raised a critical warning regarding cybersecurity, referencing recent system-wide disruptions within the pharmaceutical supply chain (such as the Change Healthcare and UNFI hacks). When these digital networks are breached, dispensing completely freezes, creating immediate public health crises.
- **Regulatory Safety nets:** The task force agreed that any new regulatory framework must outline strict minimum standards for firewalls, data encryption, and, crucially, **downtime policies**. Pharmacies utilizing remote components must prove how they will maintain patient care and access to life-sustaining medications during an extended technology or internet blackout.

Committee Next Steps

To generate progress, the task force is shifting from open brainstorming toward convergence on smaller sectors.

Immediate Administrative Action Items

1. **Resolve Google Drive Permissions:** Samantha and Amanda reported technical issues dragging and dropping their documents into the shared task force folder due to access restrictions. Max also. Aaron will be in touch with those individuals. Members encountering issues should contact Aaron directly to ensure their files are uploaded.
2. **Submit Outstanding Work:** All members who have individual notes, homework, or written feedback regarding the existing guidance documents should upload their files to the shared drive as soon as possible or when permissions are verified.

Homework Assignments

To prepare for the next virtual session, all task force members are directed to complete the following assignments:

- **Assignment 1: Submit Scheduling Availability** Respond to the latest email from Aaron to establish the date and time for the next session. Provide good blocks of time for you. For example "Thursday after 2p" or Monday mornings # to #. The next meeting will focus on **convergence**, where the group will address a specific subsection of the work (e.g., Remote Data Entry/Retail/Hospital) to begin drafting concrete recommendations.
- **Assignment 2: Propose Specific Regulatory Definitions** Draft and submit definitions (or at minimum elements) for what constitutes--
    - *"Remote Pharmacy Services (not dispensing)",*
    - *"Administrative Tasks (not requiring RPh supervision directly)",*
    - *"Remote Dispensing",* (what is included/excluded)
    - *"Interstate Remote Practice Activities",*
    - "*Interstate remote dispensing activities*",
    - *"Multimodal Communication (or consultation)."*

    The goal is to establish a shared glossary so the committee can write definitive recommendations.
- **Assignment 3: Draft Minimum Standards or Expectations**: Make a list or describe what is required technology/standards and equipment for: (pick what you know or applies to your experience/sector)
    - Remote Supervision
    - Remote Verification
    - Remote Patient Services (non-dispensing)

End