

# Streamlined Prescription Mgmt: Save an Hour per Day



Thomas Sinsky, MD  
Christine Sinsky, MD  
[csinsky1@mahealthcare.com](mailto:csinsky1@mahealthcare.com)  
Medical Associates Clinic and Health Plans  
Dubuque, Iowa

# Agenda

- Introduction
- Streamlined Prescription Management
  - One of 8 strategies in the Core Team model
- Live Q & A

# How do you write scripts?



# How do you write scripts?

[lisinopril oral](#) tablet 10 mg

generic: lisinopril 10 mg tablet @ 0.87/tablet Estimated<sup>1</sup> cost \$78.30

Total Characters in

Sig	Dispense	Refills	Special Instructions
<input type="radio"/> <a href="#">1 tab(s) by mouth twice daily</a>	90 tablet(s)	0	Other
<input checked="" type="radio"/> <a href="#">one-half tablet daily*</a>	90 <input type="radio"/> tablet(s)	<input checked="" type="radio"/> 0	
<input type="radio"/> 1 tablet(s) by mouth daily	<input type="radio"/> day(s)	<input type="radio"/> 1	
<input type="radio"/> 2 tablet(s) by mouth daily	<input type="radio"/> week(s)	<input type="radio"/> 2	
<input type="radio"/> 3 tablet(s) by mouth daily	<input type="radio"/> month(s)	<input type="radio"/> 3	
<input type="radio"/> 4 tablet(s) by mouth daily	<input type="radio"/> unit(s)	<input type="radio"/> 4	
<a href="#">Add/Edit Sigs</a>	<input type="radio"/> ounces	<input type="radio"/> 5	
units per day are missing		<input type="radio"/> 6	
		<input type="radio"/> 7	
		<input type="radio"/> 8	
		<input type="radio"/> 9	
		<input type="radio"/> 10	
		<input type="radio"/> 11	
		<input type="radio"/> 12	



Prescriptions are killing us...my nurse is spending so much time on refills that we can't seem to get anything else done.

Minnesota Family Physician



# Observation

- PCP practices: 1RN: 6 MDs
- Survey: majority calls for scripts
- Systems: all scripts 1 yr at annual
- Efficiency: ↓ phone calls by 50%



# Synchronized, Bundled Renewals

- All scripts renewed, resynchronized annual visit
  - (i.e. Medicare Annual Wellness Visit)
- 90 d + 4 refills (15 mo)





# No Prescriptions as Hook



- Planned care appts trigger disease monitoring
  - Next appt scheduled at conclusion of appt
  - Pre-visit lab
  - Reminder phone call
- Separate monitoring from renewing
- Avoid loading interval visits with unnecessary, redundant work



# No Prescriptions as Hook

- Staff time saved
  - Before: **six** calls or faxes/year
  - After: **zero**
- Maggie's observation: only **25%** time spent in previous practice



# Study: Nurses with Stopwatches

## ■ Lean: One week of data (14 practices)

- Receiving faxes
- Talking to patients or pharmacies
- Reviewing chart
- Addressing concerns w/ physicians
- Returning faxes
- Documenting prescription in EHR
- (narcotics, benzodiazepines excluded)

## ■ Synchronized 20% of Random



# The Business Case: Nursing Time Lost

- Primary care providers: 27
- Nursing time Lost \$100,000/yr
  - 27 primary nurses x 4 d/wk x ½ hr/d x 46 wk/yr x \$33/hr
  - 1 on-call nurse 2 hr/ d x 5 d/wk x 52 wk/yr x \$33/hr
- Physician Productivity Lost \$240,000/yr
  - 46 weeks/year
  - Two fewer 99214 visits/week
  - \$97 x 2 x 27x 46 =
- Total \$340,000/yr

# The Business Case: Nursing Job Satisfaction





# Better Medication Adherence

*Arch Intern Med. 2011;171(9):814-822. ("Refill Consolidation")*

## ORIGINAL INVESTIGATION

ONLINE FIRST | HEALTH CARE REFORM

## The Implications of Therapeutic Complexity on Adherence to Cardiovascular Medications

Niteesh K. Choudhry, MD, PhD; Michael A. Fischer, MD, MS; Jerry Avorn, MD; Joshua N. Liberman, PhD; Sebastian Schneeweiss, MD, ScD; Juliana Pakes, MEd; Troyen A. Brennan, MD, JD, MPH; William H. Shrank, MD, MSHS

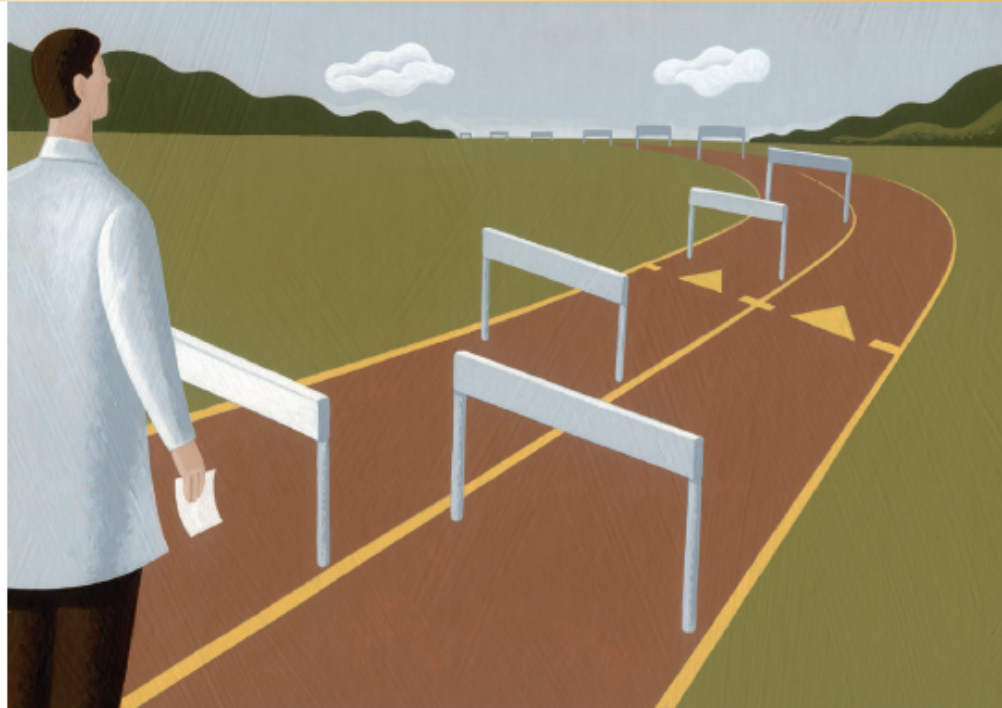
**Background:** Patients with chronic disease often take many medications multiple times per day. Such regimen complexity is associated with medication nonadherence. Other factors, including the number of pharmacy visits patients make to pick up their prescriptions, may also undermine adherence. Our objective was to estimate the extent of prescribing and filling complexity in patients prescribed a cardiovascular medication and to evaluate its association with adherence.

plexity and adherence was assessed with multivariable linear regression.

**Results:** The statin cohort had a mean age of 63 years and were 49% male. On average, during the 3-month complexity assessment period, statin users filled 11.4 prescriptions for 6.3 different medications, had prescriptions written by 2 prescribers, and made 5.0 visits to the pharmacy. Results for ACEI/ARB users were similar. Greater prescribing and filling complexity was associ-

Synchronizing each patient's prescriptions so they're handled  
all at once could save your practice at least an hour a day.

# A STREAMLINED APPROACH TO Prescription Management



THOMAS A. SINSKY, MD, AND CHRISTINE A. SINSKY, MD, FACP

Fam Prac Mgm't Nov/Dec 2012

# Core Team Model

- Planned Care Appt
- Visit Planner
- Empowered Team
- Pt. Questionnaire
- Annual Exam
- **Prescription Mgm' t**
- Rapid Access
- Intentional Behaviors
  - Relationship building
  - Self-mgm' t support

## Improving Office Practice: Working Smarter, Not Harder

Seemingly simple strategies can transform

Christine A. Sinsky, MD

**T**he primary care visit is becoming increasingly complex and increasingly frustrating for many physicians. For me, the struggles began more than a decade ago. The 1995 version of Medicare's evaluation and management (E/M) documentation guidelines had just been released, with all their complexities and legal consequences. The number of clinical practice guidelines was ballooning, and I felt responsible for complying with each one for each patient. More and more entities were auditing physicians' work, and every month medical journals published yet another article (usually authored by a single-system practitioner) telling primary care specialists what a lousy job we were doing.

I found myself spending the majority of my time doing things I didn't find very satisfying: obediently drilling patients through a complete review of systems; frantically searching the chart for labs and past medical information; counting bullet points and getting lost in a maze of coding rules; cajoling patients to reach targets they had no interest in achieving; and then having neither the time nor the energy left to address the concerns that were most important to my patients. In fact, sometimes I barely even looked them in the eye during our visits.

After each patient encounter, I would wrack my brain to recall the details of the entire visit and compose an elaborate note that would satisfy lawyers, auditors and anyone else who might look over my shoulder. Generating these notes could take as long as the encounters themselves, and I found myself in the absurd position of spending a substantial portion of my day performing rote, clerical activities. I felt at risk of becoming a guideline-

following automaton – a documentation drone.

I finally asked myself, "How do I meet all of these guidelines and requirements and still have the energy and emotional reserve to connect with my patients?" I realized that if I was going to survive and enjoy medicine again, I would need to redesign my practice, a 10-physician office operating within a 100-physician multispecialty clinic.

Now, 10 years later, I share the strategies that rescued me.

### 12 strategies

The overarching goal of practice redesign is to create a well-organized office system that fosters sound medical decision making, minimizes error and creates an atmosphere that patients, staff and physicians can enjoy. In my experience, office organization is accomplished through relatively simple strategies that together form a powerful force for change.

Twelve strategies – all rooted in the principle of working smarter, not harder – formed the basis of my practice's redesign:

**1. Pre-appointment labs.** Approximately 85 percent of my patients' lab tests and X-rays are performed in advance of the appointment. This enhances our chronic disease management and preventive care because test results are available for interpretation and care planning at the time of the visit. For example, if a patient comes in for a diabetes checkup with his labs already completed, I'm able to see that his A1C is above target, explain what this means and negotiate a treatment plan with the patient. Many times, patients have questions about their

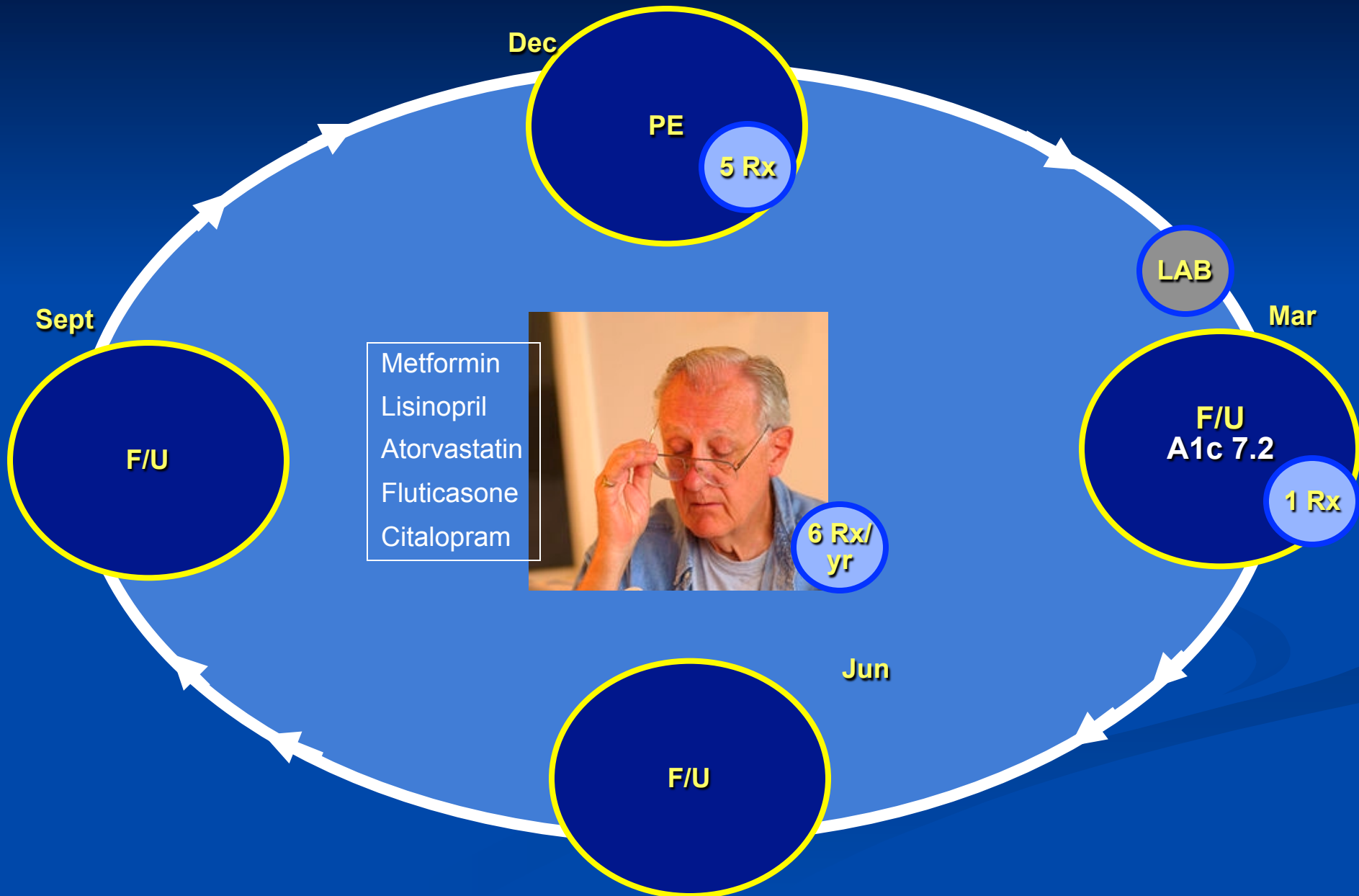


# Case: DM, HTN, Lipid, Depression

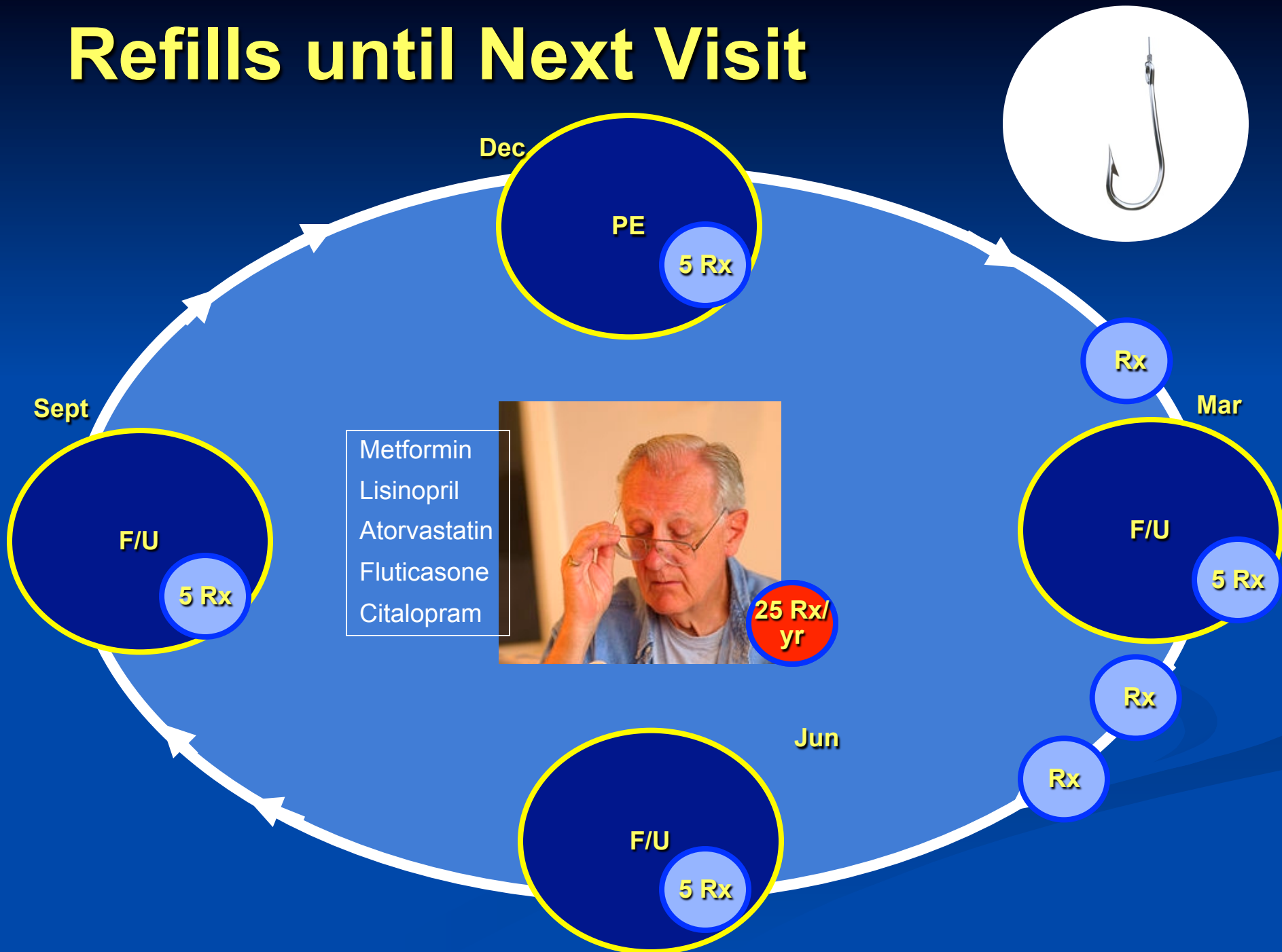
- Metformin
- HCTZ
- Enalapril
- Atorvastatin
- Citalopram



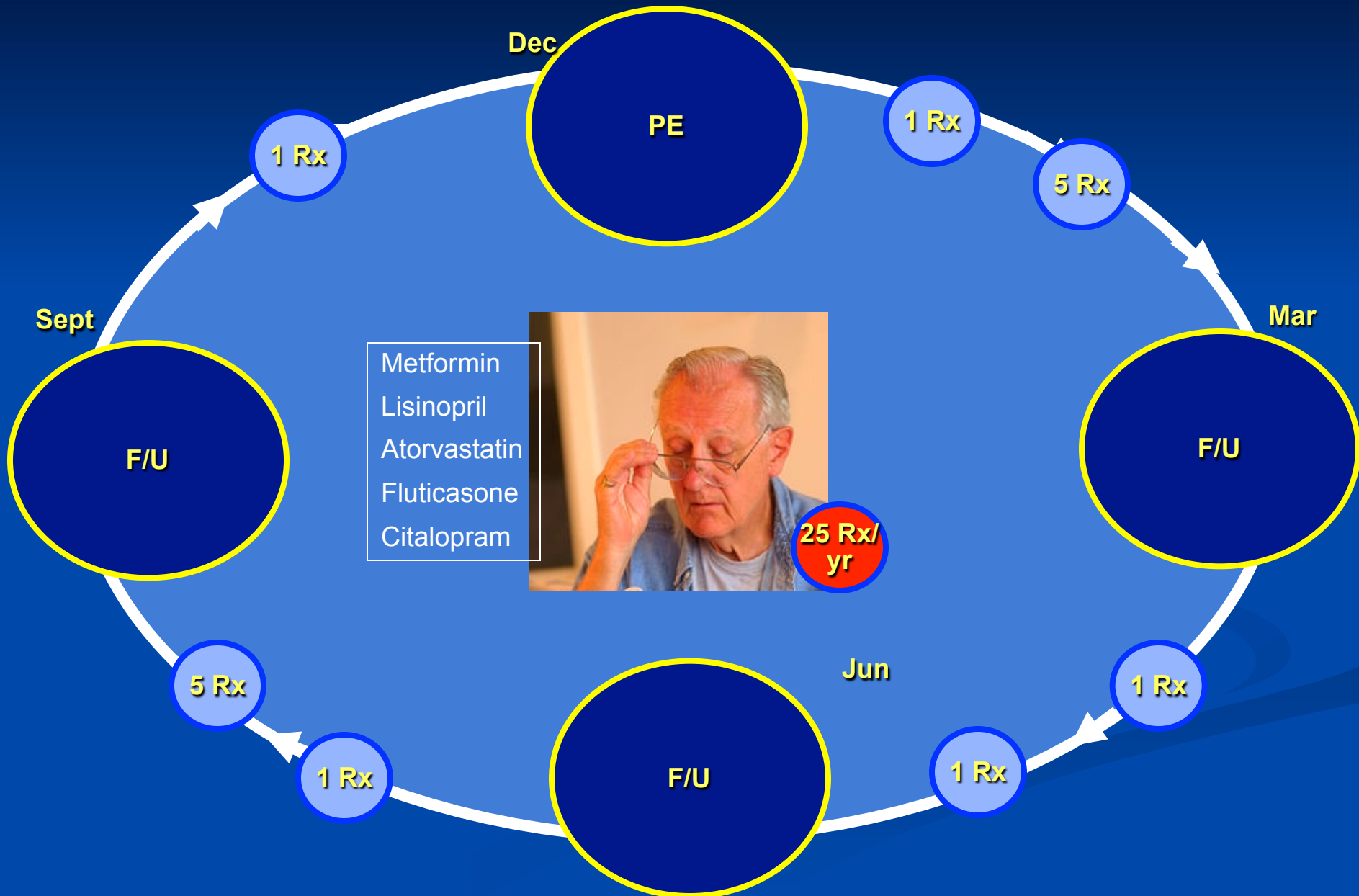
# Synchronized, Bundled Renewal



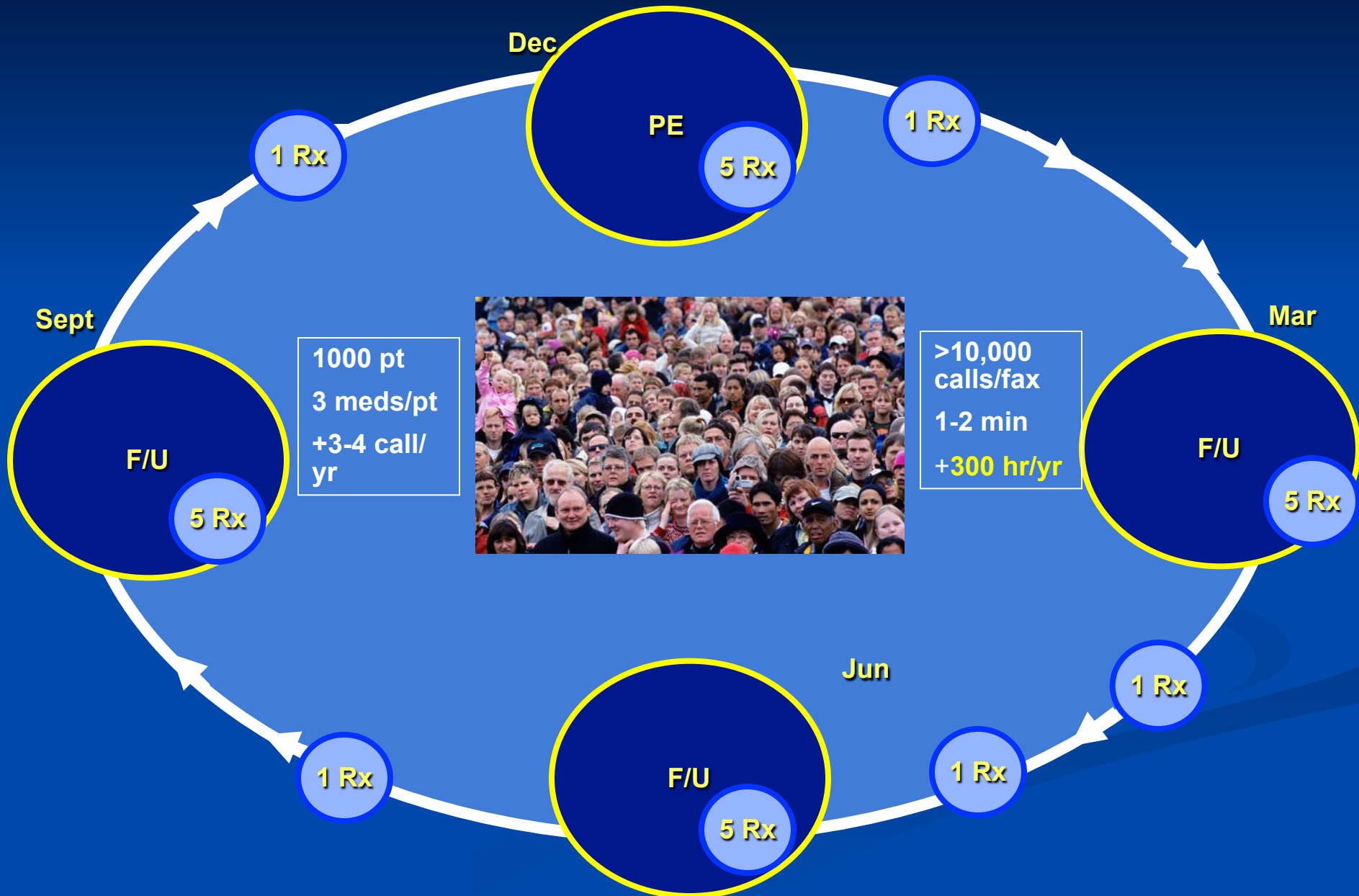
# Refills until Next Visit



# Random Renewals



# Multiply over Panel



# Annual Prescription Renewals

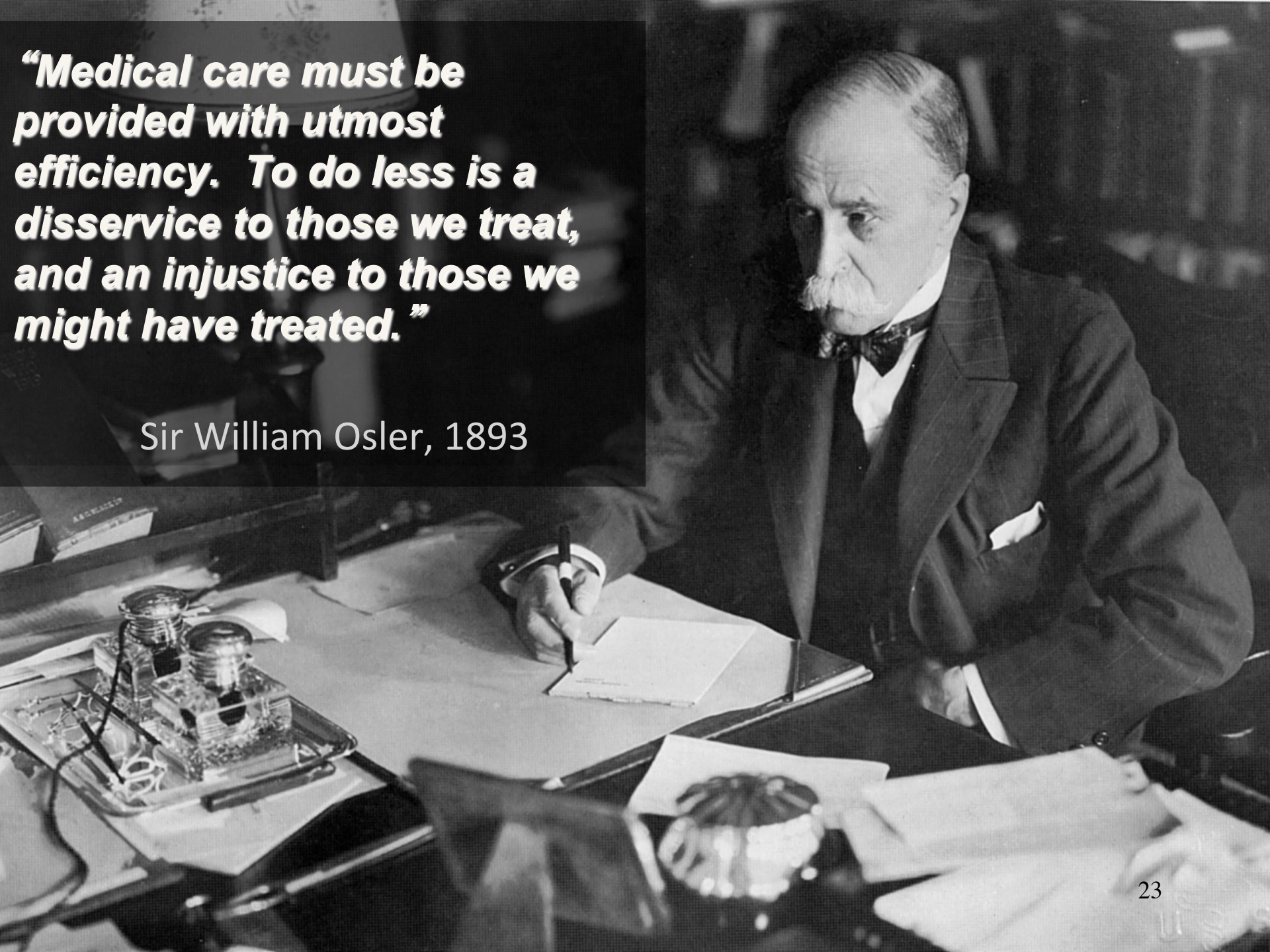
- Physician time
  - 0.5 hour/day
- Nursing time
  - 1 hour/day per physician
- 80 million PC visits/year
  - 350,000 PCPs x 220d/yr x1 visit/d



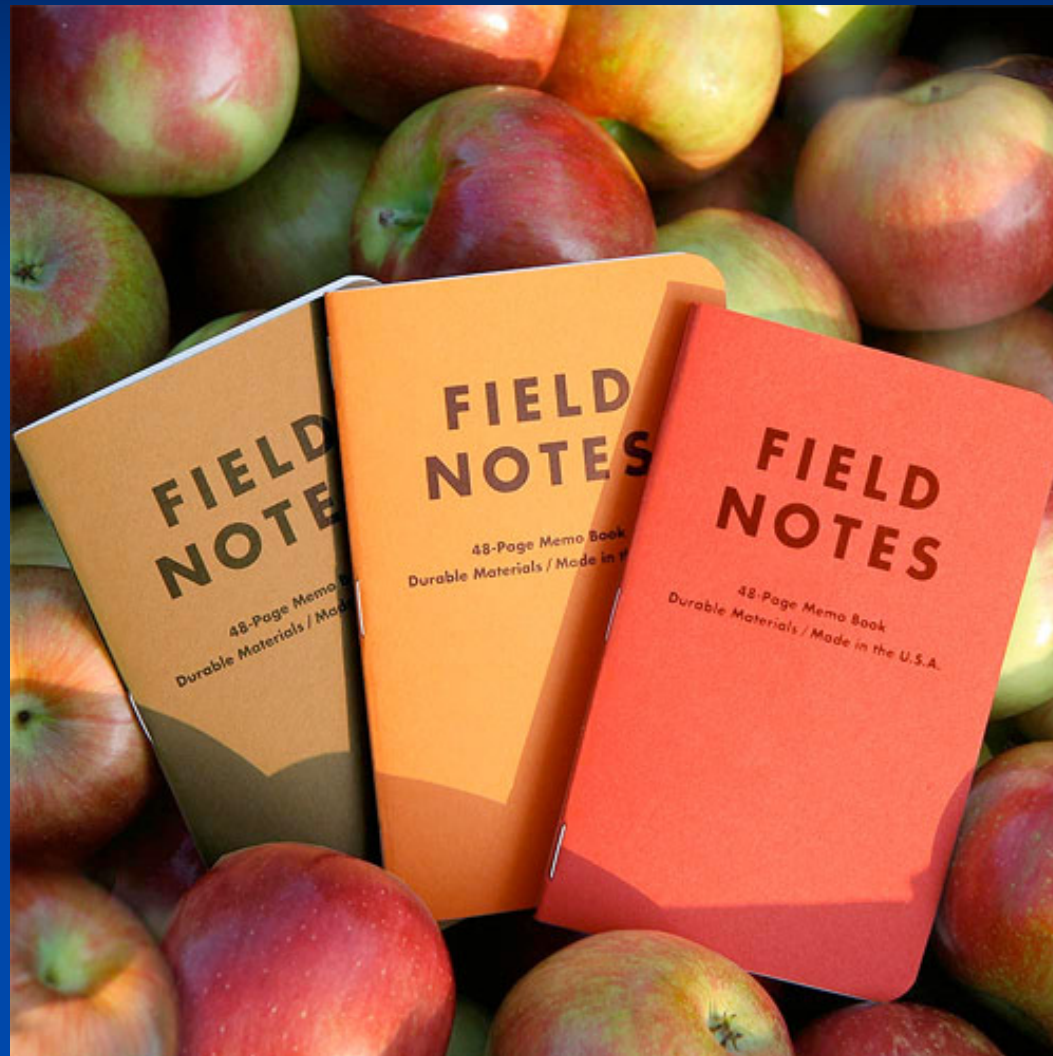


***“Medical care must be provided with utmost efficiency. To do less is a disservice to those we treat, and an injustice to those we might have treated.”***

Sir William Osler, 1893



# Discussion





# References

- Sinsky TA, Sinsky CA. A streamlined approach to prescription management. *Fam Pract Manag* Nov/Dec 2012 11-15.
- Sinsky CA. Practice Pearls: Streamline processes when using an EHR. *Fam Pract Manag*. 2011 Sep-Oct;18(5):47.
- Sinsky CA et al. Core Teams: Nurse-Physician Partnerships Provide Patient Centered Care at an Iowa Practice. *Health Affairs* 2010;29(5):966-8
- Kravitz RL. Improvement Happens: An Interview with Christine Sinsky, MD. *J Gen Intern Med*. 2010 May;25(5):474-7.
- Sinsky CA. Improving office practice—working harder, not smarter. *Family Practice Management*. Nov/Dec 2006;13:28-34

# Testimony

- We are bundling our patient's prescriptions and providing 12 month prescription as you recommended. ...Our fax and calls have dropped significantly
- We contacted different pharmacies here and they are aware of our plan and they are willing to keep the prescriptions in the chart to help our patients.
  - Ramin Poursani, UTHSCSA