

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



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How much time do you and your staff spend each week on prescription renewals? Consider the time you spend while in the exam room with the patient, the time you spend clearing your inbox at the end of the day, and the time your staff spends on faxes and phone calls. The amount of clinical effort devoted to prescription renewal work might surprise you. The good news is that much of this work is avoidable.

Consider a patient on five medications. This patient might generate three to four phone calls or faxes each year as various medications randomly come due for renewal. Multiply this by the 500 to 1,000 patients with chronic illness in the panel of a typical primary care physician, and it could mean 1,500 to 4,000 phone calls or faxes per year. At two to three minutes per touch, this could be 200 hours per year, or nearly 5 hours per week of unnecessary work. A clinic may attempt to manage this volume

of work by establishing standing refill orders for staff or enlisting the help of a clinical pharmacist. Nevertheless, each communication requires several minutes of personnel time and distracts from more valuable clinical activity.

A solution: synchronized, bundled prescription renewal

Synchronized, bundled prescription renewal is a systematic approach to prescription management that can decrease patient inconvenience, support medication adherence, and save one to two hours of physician and staff time daily. In this system, the physician renews all of a patient's chronic medications (except narcotics and benzodiazepines) at the annual comprehensive care visit and provides sufficient refills to last until the next annual visit. When the patient is seen for interval visits through-

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■ Handling a patient's prescription renewals all at once at the annual visit can save time, improve care, and decrease hassles.

■ New medications prescribed throughout the year can be synchronized with the patient's other prescriptions.

■ The work associated with prescription renewal has become so commonplace that many physicians fail to see it as waste.

out the year as his or her condition requires (for example, every three months for poorly controlled diabetes or every six months for well-controlled diabetes), the physician and staff members do not need to repeat the work of renewing each medication because that work has already been done at the annual visit. If a patient is prescribed a new medication at an interval appointment, he or she may have refills remaining when it comes time for the next annual comprehensive visit. These medications are simply renewed and synchronized with the patient's other chronic medications so that they don't expire until the patients' other medications do.

Having the patient's personal physician authorize all needed medications at once at the annual visit allows for greater oversight and integration across all of the patient's conditions and reduces the chance of missing drug-drug or drug-disease interactions. This approach is superior to the situation in which renewals for individual medications are authorized by an on-call physician or a nurse following standing orders. In addition, in this synchronized system, patients do not experience gaps in access to their medications while they wait for renewal requests to be processed through the clinic and communicated to the pharmacy.

The goal: eliminating waste

The work of prescription renewal has become so ingrained in practice that many physicians no longer recognize it as waste. In fact, physicians commonly renew scripts for an arbitrary number of refills, thus guaranteeing unnecessary work for themselves and their staff a few months later. In addition, physicians sometimes use prescriptions as a way to prompt patients to schedule subsequent appointments, thus burdening the practice with unnecessary phone calls for prescription renewals and appointment scheduling, while also increasing patient nonadherence for those

who decide not to bother. The solution to all of these problems is to synchronize prescriptions around the annual visit, providing sufficient refills to last until that time, and to ensure that the next annual visit actually gets scheduled (for example, by scheduling it at the conclusion of the current annual visit).

A less organized approach to prescription renewal may have worked 20 years ago when patients had fewer chronic conditions and took fewer medications. Now, more than 40 percent of patients over age 65 are on five or more medications.¹ More than a quarter of pediatric patients take at least one chronic medication.² Inefficient management of the renewal process costs hours of nursing and physician time each day.

In our experience, it is not uncommon for a group of six to eight primary care physicians to hire one full-time nurse whose main responsibility is prescription renewals. This nursing time could be more wisely deployed for advanced medical home activities, such as direct patient care, self-management support, or population management – work that can be more professionally satisfying than a day spent on the phone addressing prescription renewal requests.

A rough, conservative calculation suggests that if all practices implemented yearly, synchronized, bundled renewals, more than 46 million hours of primary care physician and staff time could be saved each year (200,000 primary care physicians x five hours saved per week x 46 weeks worked per year). This,

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STATE-BY-STATE PRESCRIPTION REFILL LIMITS

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| Alabama | Limits refills for controlled substances. | Iowa | Limits refills for controlled substances. Prohibits filling or refilling any prescription after 18 months from the date of issue of the original prescription. Limits a prescription for a non-controlled substance to 12 refills. |
| Alaska | Prohibits refilling a noncontrolled substance after one year from the date of issue of the original prescription. | Kansas | Limits refills for controlled substances. For prescriptions marked "refill at will": Prohibits limits on the number of refills. Prohibits refills after the specified expiration or one year after the prescription was originally issued, whichever occurs first. |
| Arizona | Limits refills for controlled substances. Prohibits refilling a noncontrolled substance after one year from the date of issue of the original prescription. | Kentucky | Limits refills for controlled substances. Allows prescriptions marked "prn" or "ad lib" to be refilled up to one year from the date of the original prescription. Prohibits refilling a prescription after one year from the date of issue of the original prescription. |
| Arkansas | Limits refills for controlled substances. Prohibits refilling a noncontrolled substance after one year from the date of issue of the original prescription. | Louisiana | Limits refills for controlled substances. Requires all prescriptions for drugs other than controlled dangerous substances to expire one year from the date of issue of the original prescription. |
| California | Limits refills for controlled substances. Allows patient medication packages to provide no more than a one-month supply at a time. Allows home dialysis drugs to be refilled in six-month intervals. | Maine | Prohibits refilling a prescription 15 months after the date of issue of the original prescription. |
| Colorado | Limits refills for controlled substances. Prohibits refilling a noncontrolled substance after one year from the date of issue of the original prescription. | Maryland | Limits refills for controlled substances. |
| Connecticut | Limits refills for controlled substances. | Massachusetts | Limits refills for controlled substances. |
| Delaware | Limits refills for controlled substances. Prohibits refilling a noncontrolled substance after one year from the date of issue of the original prescription. | Michigan | Limits refills for controlled substances. Prohibits refilling a non-controlled substance after one year from the date of issue of the original prescription. |
| District of Columbia | Limits refills for controlled substances. Prohibits refilling a noncontrolled substance after one year from the date of issue of the original prescription. | Minnesota | Limits refills for controlled substances. Prohibits filling or refilling prescriptions after 12 months from the date of issue of the original prescription. Requires prescription vials to include a beyond-use date of not more than a year. |
| Florida | Limits refills for controlled substances. Prohibits refilling a noncontrolled substance after one year from the date of issue of the original prescription. | Mississippi | Limits refills for controlled substances. Prohibits refilling prescriptions after 12 months from the date of issue of the original prescription. |
| Georgia | Limits refills for controlled substances. | Missouri | Limits refills for controlled substances. Prohibits filling or refilling any prescription after one year from the date of issue of the original prescription without consulting with the prescriber. |
| Hawaii | Limits refills for controlled substances. Allows prescriptions marked "as needed" or "prn" to be refilled up to 12 months from the date of the original prescription. | Montana | Limits refills for controlled substances. Prohibits refilling any prescription after one year from the date of issue of the original prescription. |
| Idaho | Limits refills for controlled substances. Requires all prescriptions to expire 15 months after the date of issue of the original prescription. | | |
| Illinois | Limits refills for controlled substances. Prohibits filling or refilling a prescription after one year from the date of issue of the original prescription. | | |
| Indiana | Limits refills for controlled substances. Prohibits a prescription from being valid after one year from the date of issue of the original prescription. | | |

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| Nebraska | Limits refills for controlled substances. Prohibits refilling a non-controlled substance after 12 months from the date of issue of the original prescription. |
| Nevada | Limits refills for controlled substances. Prohibits refilling any prescription for a dangerous drug after one year from the date of issue of the original prescription. |
| New Hampshire | Limits refills for controlled substances. Allows prescriptions marked "prn," "ad lib," etc., to be refilled up to one year from the date of the original prescription. |
| New Jersey | Limits refills for controlled substances. Allows prescriptions marked "prn" to be refilled up to one year from the date of the original prescription. |
| New Mexico | Limits refills for controlled substances. Allows prescriptions for dangerous drugs marked "prn" to be refilled up to 12 months from the date of the original prescription. |
| New York | Limits refills for controlled substances. |
| North Carolina | Limits refills for controlled substances. Allows prescriptions marked "prn" to be refilled up to one year from the date of the original prescription. |
| North Dakota | Limits refills for controlled substances. Allows prescriptions including depressants, stimulants, or hallucinogenic drugs; a drug intended for use by man that is habit forming; a drug that, because of its toxicity or other potentiality for harmful effect, or the method of its use, or the collateral measures necessary to its use, is not safe for use except under the supervision of a practitioner; or a drug limited by an approved application to use under the professional supervision of a practitioner – to be refilled up to one year from the date of the original prescription. |
| Ohio | Limits refills for controlled substances. Prohibits prescriptions marked "prn" from being refilled. |
| Oklahoma | Limits refills for controlled substances. Prevents refills from being obtained at the initial filling of a prescription. Prohibits refilling any prescription after one year from the date of issue of the original prescription. |
| Oregon | Limits refills for controlled substances. Allows prescriptions for non-controlled substances marked "prn" to be refilled up to one year from the date of the original prescription. Requires all prescriptions after two years from the date of issue of the original prescription to become invalid and to be reauthorized by the prescriber. |

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| Pennsylvania | Limits refills for controlled substances. Prohibits prescriptions for all nonproprietary drugs – other than controlled substances in Schedules II, III, IV, or V – marked "ad lib," "prn," or similar instructions from being refilled more than five times in the six-month period from the date of the prescription. |
| Rhode Island | Limits refills for controlled substances. Prohibits filling or refilling any prescription after one year from the date of issue of the original prescription. |
| South Carolina | Limits refills for controlled substances. Allows prescriptions marked "prn" or any other nonspecified number of refills to be refilled up to two years from the date of the original prescription. |
| South Dakota | Limits refills for controlled substances. |
| Tennessee | Limits refills for controlled substances. Prohibits prescriptions marked "refill at will" from being refilled after the expiration of time specified or one year from the date of the original prescription, whichever comes first. |
| Texas | Limits refills for controlled substances. |
| Utah | Limits refills for controlled substances. Prohibits filling or refilling any prescription after one year from the date of issue of the original prescription. |
| Vermont | Limits refills for controlled substances. Prohibits filling or refilling any prescription for a non-controlled drug after one year from the date of issue of the original prescription. |
| Virginia | Limits refills for controlled substances. |
| Washington | Limits refills for controlled substances. Prohibits refilling any prescription after one year from the date of issue of the original prescription. Allows prescriptions marked "prn" to be refilled up to one year from the date of the original prescription. |
| West Virginia | Limits refills for controlled substances. Prohibits refilling any prescription after 12 months from the date of issue of the original prescription. |
| Wisconsin | Limits refills for controlled substances. Allows prescriptions for any drugs other than controlled substances marked "prn" to be refilled up to one year from the date of the original prescription. |
| Wyoming | Limits refills for controlled substances. Prohibits refilling any prescription after two years from the date of issue of the original prescription. |

in turn, could translate into improved job satisfaction for nurses and physicians and increased access to primary care practices.

Looking forward: a policy prescription

All practices can save time by taking an organized approach to prescription renewal, whether in a state that limits renewals to 12 months or in a state that allows a longer time period, for example, a 90-day supply with four refills – a 15-month window. (To view your state's regulations regarding prescription refill intervals, see the table on the preceding pages or view it online at <http://www.aafp.org/fpm/2012/1100/p11.html>.) Although a strict 12-month limit conflicts with the realities of patient scheduling, practices can address this challenge by scheduling the patient's next annual exam to occur exactly (or nearly) one year after the current annual exam.

Policy makers could help to eliminate waste by modifying state regulations to allow prescription renewals for an interval longer than 365 days. Several states already provide this important expanded window for renew-

als: Idaho and Maine (15 months), Iowa (18 months), and Oregon and South Carolina (two years). This allows patients and their physicians to balance insurance coverage rules (e.g., mammograms can't be obtained more than once every 365 days) and patients' personal schedules with prescription renewal constraints.

In summary, simple prescription renewal workflow changes in primary care practices, accompanied by modification of some state pharmacy regulations, would go a long way toward eliminating a source of significant waste in the U.S. health care system, improving the work life of nurses and physicians, and increasing access to primary care services. **FPM**

1. Qato DM, Alexander GC, Conti RM, et al. Use of prescription and over-the-counter medications and dietary supplements among older adults in the United States. *JAMA*. 2008;300:2867-2878.

2. Mathews AW. So young and so many pills. *Wall Street Journal*. Dec. 28, 2010; <http://online.wsj.com/article/SB10001424052970203731004576046073896475588.html>.

Send comments to fpmedit@aafp.org, or add your comments to the article at <http://www.aafp.org/fpm/2012/1100/p11.html>.

In states that limit renewals to 12 months, practices will need to schedule the patient's next annual exam in a timely manner.

Policy makers should modify state limits on prescription renewals to better fit the realities of patient scheduling.

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