

PRACTICE PEARLS

Reduce faxed requests for Rx renewals

Family physicians and their staff can spend a tremendous amount of time handling faxed requests for medication renewals. Often, we may get a series of renewal request faxes for different medications for the same patient. These requests may be perpetuated by several factors, including how we respond to them.

To significantly reduce the number of fax renewal requests I receive, when I get the first request, I check the patient's chart or speak with the patient to see if any other prescriptions are also running out. If so, I renew all of them at the same time, regardless of whether the pharmacy requested them. Before sending in the renewal, I also check the chart to see if the medication is still working or causing any problems. If there is insufficient data in the chart, we schedule the patient for a visit.

The work I have done to align prescriptions has substantially decreased the number of renewal requests that my office receives.

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Create improvement that lasts

If you tackle quality improvement in your office or organization, you typically do not want to return to the old way of doing things only a few months later. The Institute for Healthcare Improvement looked at groups that had pulled off successful improvement efforts to see how they achieved systematic and continued changes and found that a key strategy was standardizing the work of front-line staff.

For example, the groups often tested their improvement efforts initially with a single unit chosen for a combination of stability, under-

standing of the project's goals, good management practices, and an effective leader who championed the project.

The groups also tended to work with "front-line managers" such as patient care directors or unit supervisors who made sure changes were successfully integrated with day-to-day work processes.

Researchers advised finding "early wins" to keep employees focused and build momentum before zeroing in on more complex and time-consuming goals.

They also said clinical managers would become greater champions for an improvement effort if the project sought to alleviate something that caused those managers frustration on a near-daily basis, what the researchers called "rocks in your shoes" problems.

Source: Mate KS, Rakover J. Four steps to sustaining improvement in health care. *Harvard Business Review*. Nov. 9, 2016.

<https://hbr.org/2016/11/4-steps-to-sustaining-improvement-in-health-care>. Accessed Nov. 17, 2016.

Rethink how you store patient records

Even as practices have switched from paper to electronic health record systems, physicians are still needing to determine how long to keep certain patient records readily available versus sending them to storage.

Answering those questions depends on many factors, such as how the data is used, clinical needs,

legal requirements, and how much it costs to store information off-site or electronically. Some practices may rely on health information exchanges (HIEs) to store and retrieve patient



information on-demand, but not all HIEs have the same standards for how long to keep information or how quickly to deliver it.

Here are some general guidelines for how often various types of health information are needed and should be kept readily available:

- Always: allergies, immunizations, current medications, problem lists, past medical history, and genetic markers,
- Five years: pathology reports,
- One year: clinical documentation, images, cardiology and radiology reports, diagnostic information, and information from visits,
- Nine months: laboratory results,
- Three months: vital signs.

Source: VanOver J, Lusk K. From the HIE point of view: when is data too old to use? It depends. *Journal of AHIMA blog*. Nov. 16, 2016. <http://bit.ly/2h3ZDWH>. Accessed Nov. 17, 2016.

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