Reduce the headaches of prescription refills

To avoid getting buried by prescription refill requests from patients and pharmacies – as well as to make sure patients are actually benefiting from their medication – I instituted a protocol that prescription refills only happen at an appointment, and I offer enough medication for the patient to reach the next appointment. I also explain to patients that the refill discussion should occur at an appointment dedicated to evaluating how the medication is working for them rather than during an unrelated visit. We usually can offer same-day appointments. If a patient urgently needs a refill but cannot get to our office, I offer 30-day refills for $20.

Now all electronic refill requests from pharmacies get the same response: "Have patient contact us for refills." I get about three to four requests per day, but they are dwindling. The pharmacies can be trained.

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Budget your time to avoid being overworked

Like your finances, your time is limited, and you can become overextended if you're not careful. Prioritizing how to spend this resource can ensure you have the time to do the necessary tasks in your practice and still have something set aside.

First, determine how much time you can actually spend on work each week by taking your total hours available (168) and subtracting things like sleep, commuting, and personal commitments. List all of the elements of your workday and determine what percentage of your day you want to spend on "maintenance" (e.g., answering email),

Q & A

Building a disease registry on the cheap

Q I have a small practice. How can I set up a stand-alone chronic disease registry that works well but is also free or inexpensive?

A Using Microsoft Excel or other spreadsheet software may be all that is necessary to get started. For a registry to serve you well, it must have five important features:
- A list of all the patients with the condition,
- A patient status summary that shows all the clinical parameters you would want to know to make the best decisions during a visit or phone call (ideally with measures highlighted if they are out of recommended ranges),
- A way to aggregate performance data for all patients with the condition so you can "know" the quality of your care in a statistically valid manner,
- Support for care management and outreach, which helps to identify gaps in evidence-based care and gives the care team the information needed to efficiently address those gaps,
- The ability to report quality measures and get comparison data to know how you are doing in relation to peers.

For reference, see the *FPM* articles "Using a Simple Patient Registry to Improve Your Chronic Disease Care" (http://www.aafp.org/fpm/2006/0400/p47.html) and "Registries Made Simple" (http://www.aafp.org/fpm/2011/0500/p11.html). The second article has a number of resources noted for stand-alone registries.

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"execution" (e.g., patient visits), and "development" (e.g., networking). Second, look for regular activities to eliminate or shorten to make up time, and avoid adding new activities unless your budget says you can. This new budget initially will require rebalancing and changing to comply with reality.

One of the keys to this process, however, is understanding and accepting that you have limits and will be healthier and happier if you work within them. **FPM**

Source: Adapted from Saunders EG. Stop work overload by setting these boundaries. *Harvard Business Review* Blog Network. May 30, 2013. http://blogs.hbr.org/cs/2013/05/stop_work_overload_by_setting.html.

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