

Annual Prescription Renewal

Save Time and Improve Medication Adherence

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CME
CREDITS:
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How will this module help me implement annual renewals?

- 1 Describes strategies to simplify implementing a new annual prescription renewal process.
- 2 Provides answers to questions that your staff may have about an annual prescription renewal process.
- 3 Shares advice on what you may encounter when implementing annual prescription renewal.



Introduction

What is annual prescription renewal?

Annual prescription renewal is the process of renewing all of a patient's stable medications for the typical maximum duration of 12 to 15 months. This does not change the frequency of your patient's office visits.

How much time and money per year will an annual prescription renewal process save my practice?

Consider a hypothetical scenario of an internal medicine practice that has not implemented an annual prescription renewal process. This practice has 1,000 patients with chronic illness with an average of five medications per patient. Every year, each patient makes an average of two calls per prescription. Each call lasts about two minutes. These factors result in more than 300 hours of physician and staff time spent on prescription renewals per year.

Interactive Calculator: Annual Prescription Renewal

The calculators below will generate the estimated amount of time saved per year and the estimated annual savings that could be gained by implementing an annual prescription renewal process.

Interactive

Calculate time and money saved per year

Three STEPS to annual prescription renewals

1. At a dedicated annual comprehensive care visit, renew all medications for chronic illness for the maximum duration allowed by state law.

2. Include instructions for the pharmacy on all prescription modifications and renewals as applicable.

3. Take the opportunity to renew *all* of the patient's prescriptions for chronic conditions when you receive a prescription renewal request.

1

At a dedicated annual comprehensive care visit, renew all medications for chronic illness for the maximum duration allowed by state law.

The annual comprehensive care visit is a good time to renew all medications for chronic illness because during this visit the patient's medical history is thoroughly reviewed, including past and present conditions and medications. During this visit all medications for chronic illness should be renewed for the maximum duration (12 to 15 months in most states). When a patient has received prescriptions for their chronic conditions for the upcoming year, they will not need to call the office for refills, and they will not have any unanticipated gaps in medication adherence.

Q&A

What happens when a medication has refills remaining at the time of the annual comprehensive care visit?

This does not change the approach. All prescriptions are renewed for the maximum duration whether they have refills left or not. A notation for the pharmacy that the new prescriptions replace the earlier prescriptions can be helpful. This is how all renewals become synchronized (i.e., refilled on the same cycle).

Should I only include patients who are seen once a year in the annual prescription renewal process?

Not necessarily. Patients are seen as medically necessary throughout the year. Medications are reviewed at each of these visits. Prescriptions may be modified and/or added. For consistency, prescriptions are written for 90 days with four refills. It is not necessary to calculate the number of refills needed to last until the next annual comprehensive care visit because all prescriptions will be synchronized then.

How do I manage patients starting new medications that require close follow-up and/or modification, such as antihypertensives or antidepressants?

Patients are still followed closely based on their medical needs. If their medication is modified, a new prescription is sent to the pharmacy along with a notification indicating that it replaces a previous prescription. If no changes are made, no additional process is required if the maximum number of refills were included in the initial prescription.

If our practice uses prescription renewals as appointment reminders to encourage patients to come back for an interval visit, will implementation of an annual prescription renewal process lead to more “no shows”?

Using an impending prescription expiration to encourage visit adherence adds unnecessary work to a practice, contributes to patient and provider stress, and often leads to medication non-adherence. For the small subset of patients who do not comply with follow-up visits, prescription refills can be limited to the number needed until the next appointment.

How do I handle prescription renewals for patients who rarely come in for their annual comprehensive care visit if pharmacies in my area don't honor prescriptions after 12 months?

Some states allow physicians to prescribe medications to last more than one year. However, in states that don't, physician practices may want to partner with state medical associations to support policies that would lengthen prescription durations. If your state does not allow a prescription that lasts longer than one year, scheduling patients for their annual comprehensive care visit as close to one year after the previous annual visit as possible is the best way to minimize calls to the practice for medications to help patients “carry over” until their upcoming visit. Setting up next year's annual appointment at the conclusion of this year's annual appointment can help.

2

Include instructions for the pharmacy on all prescription modifications and renewals as applicable.

A standard notification indicating that a medication is being discontinued or a new dose replaces a previous one can accompany the electronic prescription submitted to the pharmacy. This allows the pharmacy to update its list of the patient's current prescribed medications. This will also lessen the chances that the patient continues to fill both the old and the new prescriptions.

As a courtesy, we recommend alerting the pharmacy that the patient may not need to fill the renewed prescription right away to avoid dispensing the medication before the patient needs it.

Q&A

What about new prescriptions? My patients hate throwing pills away, so I usually give a one-month supply for a new prescription and then ask the patient to call us for a 90-day supply once they know they tolerate the medication.

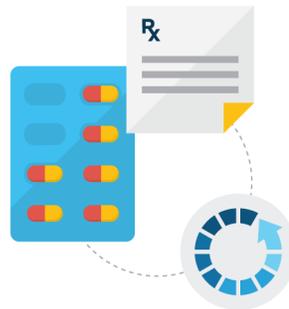
We suggest you write the prescription for 90 days plus four refills and add a note, “Please fill one-month supply first time.” This allows the patient to get a smaller number of pills on the first fill, while precluding the need for an extra call or fax to your office.

If we implement the annual prescription renewal process, is there anything else our practice can communicate to pharmacies to help facilitate the process?

It is useful to let your local pharmacies know this is your new approach. You will likely find pharmacies supportive of the new process because it eliminates having to contact the physician for every prescription renewal.

How can we best handle off-cycle prescription renewal requests that are made after we implement the annual renewal process?

It will take up to one year to get all your patients into the annual prescription renewal cycle. After this, every prescription renewal request that could have been synchronized can be seen as a breakdown in the process and presents an opportunity to improve it. Despite all efforts in the prescription renewal process, there will still be renewal requests, and it is important to have a process for managing them. Some practices empower clinical staff to renew medications according to protocols and **standing orders** to reduce the physician's workload.



3

Take the opportunity to renew *all* of the patient's prescriptions for chronic conditions when you receive a prescription renewal request.

During a busy workday it may be tempting to renew only the requested medication. However, renewing all prescriptions at the time of one medication request will reduce the subsequent number of calls for prescription refills, especially during the first year.

There is no need to calculate the number of refills necessary to last the patient until the next annual visit. It is easier to renew prescriptions for the maximum duration (i.e., 90 days and 4 refills). You should synchronize all of the prescriptions at the next annual comprehensive care visit, by renewing all for the maximum duration, whether or not there are refills remaining on the old prescription.

Q&A

We barely keep our heads above water now. I can't imagine investing time in developing a new process.

Spending a few hours developing a systematic approach to prescription management will save you many more hours over the course of the year.

Can I annually renew mail-order prescriptions?

Yes. Mail-order prescriptions should have the same process as retail prescriptions.

My patients often change pharmacies, so we get frequent calls to send their prescriptions to a new pharmacy. This means we have to reprocess each prescription. Do you have any suggestions?

Pharmacists can transfer prescriptions to the new pharmacy. The new pharmacy can then fill the remaining authorized refills. In some states, this process does not involve the physicians' office. If this is the case, you can instruct patients to coordinate prescription transfers with their current pharmacy.

Conclusion

Annual prescription renewal can help your practice function more efficiently and save time. To put this approach into action, use the step-by-step guide provided in this module and the corresponding implementation checklist.



Learning Objectives:

At the end of this activity, you will be able to:

1. Summarize the process of synchronized prescription renewal;
2. Identify advantages of utilizing synchronized prescription renewal;
3. Describe the three key steps to effectively implement the synchronized prescription renewal process.

Article Information

AMA CME Accreditation Information

Credit Designation Statement: The American Medical Association designates this enduring material activity for a maximum of .50 AMA PRA Category 1 Credit™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Target Audience: This activity is designed to meet the educational needs of practicing physicians, practice administrators, and allied health professionals.

***Disclaimer:** Individuals below who are marked with an asterisk contributed towards Version 1 of this learning activity.

Statement of Competency: This activity is designed to address the following ABMS/ACGME competencies: practice-based learning and improvement, interpersonal and communications skills, professionalism, systems-based practice, interdisciplinary teamwork, quality improvement and informatics.

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About the Professional Satisfaction and Practice Sustainability Group: The AMA Professional Satisfaction and Practice Sustainability group has been tasked with developing and promoting innovative strategies that create sustainable practices. Leveraging findings from the 2013 AMA/RAND Health study, “Factors affecting physician professional satisfaction and their implications for patient care, health systems and health policy,” and other research sources, the group developed a series of practice transformation strategies. Each has the potential to reduce or eliminate inefficiency in broader office-based physician practices and improve health outcomes, increase operational productivity and reduce health care costs.

ABMS MOC: Through the American Board of Medical Specialties (“ABMS”) ongoing commitment to increase access to practice relevant Maintenance of Certification (“MOC”) Activities, this activity has met the requirements as an **MOC Part II CME Activity**. Please review the *ABMS Continuing Certification Directory* to see what ABMS Member Boards have accepted this activity.

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Glossary

standing orders: A protocol-driven approach for providing care, such as established procedures for renewing prescriptions and ordering laboratory tests and health screenings. State laws and regulations may address to whom and what can be delegated by standing order.

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