Reduction Of Clinic Telephone Consultation Workload Through A Novel Process Using Physician Extenders And Computer-based Medication Refill Algorithms

N. Do, C. Peterson, D. Marcum, M. Marshal Adult Primary Care Clinic. Madigan Army Medical Center

Background: Our clinic had grown from a patient population of 6,500 to 17,000 over a 5 years period with minimal staff increase, which necessitate that we maximize efficiency wherever possible. We receive on average 2,000 telephone calls from patients per month. Telephone calls for medication refills alone can average around 50 per day. Working under the constraints of limited resources, we developed a process to reduce our telephone consultation workload by using physician extenders and computer-based medication refills algorithms.

Process: We have two physician assistants (PA) who staff our acute care clinic. We started by integrating the responsibility of medication refills for the entire clinic into their daily work schedule. Many primary care clinics do task PA's with medication refills, however guidance and documentations of supervision are often lacking. The time consuming factor is documenting enough information in the telephone consultation note that provides evidence that the PA's were well supervised. There are currently no available guidelines or off-the-shelf automated product that we can use, and so our second step was to provide our PA's with guidelines for medication refills by creating algorithms that address the three tasks below for most of our commonly prescribed drugs. The three basic tasks that the PA’s need to accomplish and document when they are doing medication refills are as follows: 1) determine if the patient tolerated the medication, 2) determine if the medication achieved its therapeutic goal, and 3) determine if there are any potential complications from the medication that needed to be monitored through laboratory screens. We had to construct a process that would make it more difficult for the PA’s to deviate from the guidelines that we had created than to follow them. We then wrote a computer program using Microsoft Visual Basic 6.0 that allows for rapid review of our algorithms and rapid note entry using preformatted text with check boxes and radio buttons.

Conclusion: With this process we had achieved our main objectives. We were able to use our existing resources by not hiring new staff and writing our own software program. The computer-based algorithms allow us to provide a mean for our PA’s to quickly follow our clinic guidelines and rapidly document telephone consultation notes that reflect ample supervision. This process then allows us to decrease much of the telephone call workload from our clinic providers.