

Inefficiencies in Prescribing Medications are Contributing to Physician and Staff Burnout



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Abstract

Physician burnout has been increasing over the past decade. This phenomenon is found throughout the world and has many etiologies. Some of these are easily identified and treated. Of the remedial causes, improved practice efficiency is one that is getting increased attention. Time spent directly with patients is and will always be a core component of health care. Physician time spent away from direct patient care should be identified and minimized. In the future, provider communication with patients will likely increasingly take place outside of the physician office. These interactions will almost certainly continue to result in the need to prescribe medications. Despite the potential technologic advances to facilitate this process, there is considerable frustration for both providers and patients with the increased use of technology in the prescription of medications. There are multiple reasons for these frustrations, including more complicated prior authorization processes, larger and more inaccurate medication lists, automated processes in which physicians are involved with every prescription refill, and difficulty in cancelling prescriptions. If these inefficiencies can be minimized, improvements such as decreased provider and staff turnover, better patient outcomes and lower overall health care costs can be attained.

Keywords: Prescribing Efficiency; Improved Outcomes; Physician Burnout

Abbreviations: HER: Electronic Health Record, AMA: American Medical Association, SGIM: Society of General Internal Medicine, ePA: Electronic Prior Authorization

Introduction

Burnout in healthcare professionals is well described, increasing in frequency, and disproportionately high amongst physicians [1,2]. In the United States rates of burnout among physicians are not only much higher than, but are increasing disproportionately to, the general population [2]. Burnout is often broken down into three separate components: emotional exhaustion, depersonalization and a feeling of low personal accomplishment [3]. Practice inefficiencies contribute to all 3 components of burnout. Burnout is associated with greater health care costs, lower patient satisfaction and worse patient outcomes [4,5].

There was hope that the introduction of the Electronic Health Record (EHR) would lead to improved efficiency and in the process improve outcomes saving time and money. While benefits of the EHR exist, there is evidence that the introduction of technology has contributed to the burnout of physicians [6,7] Time-motion studies since the introduction of the EHR have shown that for every hour physicians spend with patients they spend one to two additional hours finishing notes, documenting

phone calls, prescribing medications and other uncompensated activities [8]. One of the potential advantages of the EHR was that it would simplify the prescription process. On the contrary, the workload associated with prescribing medications has not decreased in the last decade. The greater ease of communication between providers, patients and pharmacies has increased the number of prescriptions.

Part of the increased workload is due to automated systems which may lead to more prescription requests being viewed electronically by the prescribing physician. While technology has certainly made it easier to initiate a prescription, pharmacies often require extra steps to cancel a prescription. Accumulation of prescriptions on patient's medication lists has led to overprescribing as well as extra time spent to clean up medication lists by providers. Not surprisingly insurers have responded to the increased volume of prescribed medications by trying to place hurdles in the prescribing process, especially for the more expensive medications. One of the ways they have done this is by establishing more cumbersome prior authorization (PA) processes [9].

The amount of time physicians spend with formularies to get approval for medications has increased in the past decade. In 2009 primary care physicians spent under 2 hours a week on prior authorization. Over 90% of physicians feel the amount of time spent on prior authorization has increased over the past five years and now practices average almost 30 prior authorizations per week for each physician. This has resulted in physicians now spending more than twice as many hours on this process than in the past, not to mention increased time contributed by staff [9,10].

The increased workload required for prescribing of medications has had a negative impact on the practice of medicine. Fortunately, there are some success stories in addressing this. In 2015, the Department of Family Medicine at the University of Colorado instituted a team-based model of ambulatory care. In this system, medical assistants were responsible for reconciling medications in addition to other activities and counseled patients on their medication usage. This required a significant investment in medical assistant staffing, but within 6 months of this implementation burnout rates among physician dropped 53% to 13% [11]. Additionally, this process was found to be revenue neutral.

The American Medical Association (AMA) in conjunction with the Society of General Internal Medicine (SGIM) has initiated a program as part of their Steps Forward practice improvement initiative called Synchronized Prescription Renewal [12]. Synchronized prescription renewal is a three-step process for refilling all a patient's stable chronic medications for the typical maximum duration of 12 to 15 months. The first step is to refill all medications for chronic illnesses at the maximum duration allowed by state law at an annual comprehensive care visit.

The second step is to include instruction for the pharmacy on all prescription modifications and renewals as applicable allowing the pharmacy to update its list of current prescriptions. This has been shown to lessen the chances patients will fill both old and new prescriptions. The final step is to renew all prescriptions for chronic conditions when any prescription renewal request is received. Following all these 3 steps is calculated to save over 300 hours of provider and staff time for a 1000 patient practice in which the patients on average were taking five medications. There are also several different electronic prior authorization (ePA) products presently available which have been shown to save significant amounts of time and labor. These work by simplifying the pathways for the prior authorization process.

Conclusion

It is likely that patients will continue to require a stable to increasing number of prescription medications in the future. This challenge, if not addressed to improve efficiently, puts both

providers and patients at risk for burnout, worse health outcomes and greater costs. We need to implement and invest in ways to mitigate these challenges. Increasing the role of non-physician staff in the prescribing process will be essential. Synchronized prescription renewal such as the AMA Steps Forward process can help a practice time through a three-step process and save thousands of hours for larger practices annually.

Finally encouraging the adoption of ePA technology is just one component of a broader strategy to improve prior authorization workflow for physicians and patients. Other advocacy resources to simplify prior authorization include initiatives that will encourage principles for PA reform including more transparency on requirements for medications, public reporting of insurers' PA program statistics and requiring timely processing of PA requests by insurance companies.

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Conflicts of Interest

The authors report no conflicts of interest.

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