

3 months of refills processed by the rewrite staff



← Video is on iSite. More info on backside

Prototyping work sequence



After multiple tests of change



Primary Care Rapid Improvement Event #2: Rewrite Desk Standard Work April 22-26, 2013



Working with our patient partner, Sylvia (2nd from right)



Getting feedback from the rewrite desk staff

Tests of rapid cycle improvement:

1. Sequence the work in the order it arrives
2. Send appropriate refills to PCP's instead of prescribers
3. Use cclink to send messages instead of faxes
4. Develop Standard Work to reduce variation

Trialing a daily huddle at the rewrite desk



Rapid Improvement Event Team Postcard

Martinez Health Center, April 22-26, 2013

This was the second event in our Primary Care Value Stream and the first of two events that will focus on medication refills. We hoped to improve the medication refill process for our patients and staff by reducing the waste in the process. The first of these two refill events was focused on our medication refill rewrite desk, while the second event will focus on how the clinics process the request after they have received it.

Currently 75% of our medication refill requests are sent by fax to our rewrite desk in Martinez. At this desk are 6 pharmacy techs that take close to 700 faxes each day and enter them into cclink. Due to the volume work and the waste in the process the rewrite desk is unable to process a request until 3 days after it has arrived. All refill requests are routed to the prescribing provider, which can cause delays if that prescriber is not the PCP. This week we tested ways to reduce rework, improve communication, and eliminate variation in the process.

Medication Clarifications and Prior Authorizations that arrive at the rewrite were faxed again to each of our clinic sites. This translates to an average of 50 faxes per day that our health home teams had to sort through and who then sent messages to the providers associated with the request. One of our goals this week was to eliminate refaxing to our clinics from the rewrite desk.

Rapid Tests of Change the Team Tried:

- 1) Refill Request Routing:** Used a list of the top 25 most commonly prescribed meds to route refills to the PCP if they were not the prescriber. From a sample of 24 requests, 12 were rerouted to the PCP. 12 out of 12 requests were approved and all were done within 24 hours.
- 2) ccLink messaging:** Prior Authorization and Med Clarification faxes were entered into cclink instead of being refaxed to the clinics. This streamlined workflow will begin to free up our health home teams to work on making sure all our patients have their routine health maintenance completed.
- 3) Work Sequence visualization:** Visually staged the work in the sequence of arrival so all rewrite staff focused on completing requests in the sequence they arrived, instead of each staff working on different days. Also created a visual queue to easily see how far behind the work is at a glance.
- 4) Rewrite Desk Standard Work:** We always strive to reduce variation in our processes to ensure consistent outcomes. The team developed standard work for each request that the rewrite encounters.
- 5) Escalation Process:** Developed an escalation process if a refill request has not been addressed within 7 days of entry by the rewrite staff.

The third Primary Care Rapid Improvement Workshop on External Referrals will be May 20-24 with Report Outs on Friday, 5/24. If you missed it, the Report Out video is on [iSite](#).

Your Rapid Improvement Event Team,
Sylvia, Larry, Amber, Vanessa, Grace, Nadia, Larry, Walter, Kelley, Emily, Connie, Marjan



Medication Refill Rewrite Desk

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