VIEWPOINT

Improving the Prescription Refill Experience in Primary Care—Messaging Is Key

Jeffrey H. Millstein, MD, FACP¹ and Anish K. Agarwal, MD, MPH, MS²

¹Penn Medicine, 1006 Mantua Pike, Woodbury Heights, NJ, USA; ²University of Pennsylvania | Perelman School of Medicine, 3400 Civic Center Blvd, Philadelphia, PA, USA.

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A patient sends a portal message requesting a refill on his valacyclovir, which he takes for chronic suppression of HSV-2 infection. He receives the following automated reply:

Your renewal request for the following medications has been denied. You have not been seen in the office for greater than 1 year. Please schedule an appointment in order to receive your medication.

The patient, age 26, otherwise healthy, with a busy work schedule and a high deductible insurance plan, is frustrated. Coming to the office for a visit would be expensive and highly inconvenient, without any clear benefit to him. His medication is effective and does not require any specific monitoring or blood levels. The patient's experience with the practice sours at this lack of attention to his needs. What went wrong?

Recent review of the literature on general health checks supports value in seeing this patient at least annually for a follow-up visit.¹ This provides an opportunity to build rapport, and address important patient safety concerns. A portion of the follow-up visit can be used to update his medical, social, and sexual history and assess his emotional health, where HSV-2 disease may take a silent toll. Perhaps he has seen other clinicians between primary care visits who prescribed medications that may dangerously interact with valacyclovir. It is also an ideal time to review his adherence to medications, and preventive health guidelines, such as recommended vaccinations, and address any barriers.

For medically complex patients, and those on opioids or other long-term medications, safe prescribing guidelines and patient-provider contracts require regular office follow-up. The challenge is how to encourage patient adherence to this best practice. The answer may lie in managing expectations, and creating a flexible, patient-centered approach.

In the example above, an impersonal automated message was created as a safety mechanism and to alert patients for the next needed step, yet without regard for the individual patient's constraints. These messages often fail to evolve with the dynamic shifts in patient needs and expectations. There was no indication as to why this visit was necessary, leaving the patient to assume that it simply served the office's purposes, and had no caring intent. Clinicians in turn may become frustrated when ineffective messaging requires escalation to an additional patient call-back to diffuse emotions and explain the situation. An alternative might be the following:

Dear _____,

We have received your request, and have sent a limited supply of your medicine to your pharmacy. For your safety and well-being, we require our patients on this medication to have a visit with a provider at least once a year for further refills. We have not seen you since _____. Please message us on the portal, or call to schedule a visit. We can work together to accommodate any scheduling constraints you may have.

Sincerely,

Your Care Team at _____ Medical Group

Automation should not imply depersonalization or a one-size-fits-all approach. There are many examples, such as COVID Watch² where automated text messaging has been deployed for monitoring of a varied patient population, with effective escalation to a human clinician when needed. When a patient requests a refill through an electronic message portal, robust decision support technology now in existence, <https://www.athenahealth.com/knowledge-hub/healthcare-technology/next-frontier-ai-prescription-refills> may recognize that a patient has not been seen in the recommended interval, or if they do not meet criteria for a refill for another reason, such as insufficient laboratory monitoring. The patient may then be prompted to schedule a virtual visit, which may be all that is required for safe prescribing.

When patients contact the office, staff must continue the message of concern and support, as well as an interest in patients' feedback on their care experience. In fact, this messaging should begin from the very onset of a patient's care; onboarding a new patient should include clear delineation of services provided by the practice, along with responsibilities of the patient, including annual visits. This is best presented along with education about safe care, and medical best practices.

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Managing of expectations has been shown to improve many aspects of the patient experience,³ and bodes well as a way to mitigate conflict around practice policies.

Returning again to the case example, clear communication of office policy and a caring, empathic approach may have led to a creative solution, such as a visit with a provider with evening or weekend hours, or even virtual care. Transparency around fee schedules may also help preempt concerns about the cost of a visit.⁴

Electronic health records have created powerful opportunities to provide outreach to patients efficiently and at low cost. Improved automated messaging around prescription refills may help identify patients who are due for follow-up care or laboratory testing. The importance of such follow-up and monitoring for safe prescribing cannot be overemphasized. When the care team is aligned, patients' expectations are managed and messaging exudes compassionate concern; this can most likely be accomplished while maintaining an excellent experience of care.

Corresponding Author: Jeffrey H. Millstein, MD, FACP; Penn Medicine, 1006 Mantua Pike, Woodbury Heights, NJ 08097, USA (e-mail: jeffrey.millstein@pennmedicine.upenn.edu).

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