

## Abstract

**Purpose:** At the McLaren Bay Region Residency Clinic non-appointment refills require a lot of administrative time and limit proper billing of complexity of care. Study aim was to determine efficacy of refill request forms to be completed by all patients prior to their appointment on number of refill requests and the ability to properly bill for complexity of care delivered at in office appointments.

**Methods:** Introduction of refill request form given prior to each appointment to be completed prior to seeing a provider. All patients who had an in-person appointment during the QI study period were included in the project.

**Results/Anticipated Results:** QI project aimed to have a reduction in the number of non-office visit refill requests by 10% and increase in the number of 99214 office visits (higher complexity) vs 99213 (lower complexity) by 5%. An observed 11.7% reduction of refill requests after intervention compared to pre-intervention. Number of 99214s vs 99213s pre-intervention vs post-intervention demonstrated a smaller difference, 62.30% pre-intervention vs 63.2% post-intervention, a 0.9% increase.

**Conclusion:** A significant reduction of refill requests was seen post-intervention, meeting goal set by this QI project. Despite improvement, goal of a 5% increase in the number of 99214s was not met. However, it can still be determined that introduction of a refill request form can demonstrate improvement of complexity of billing and reduction of number of refill requests.

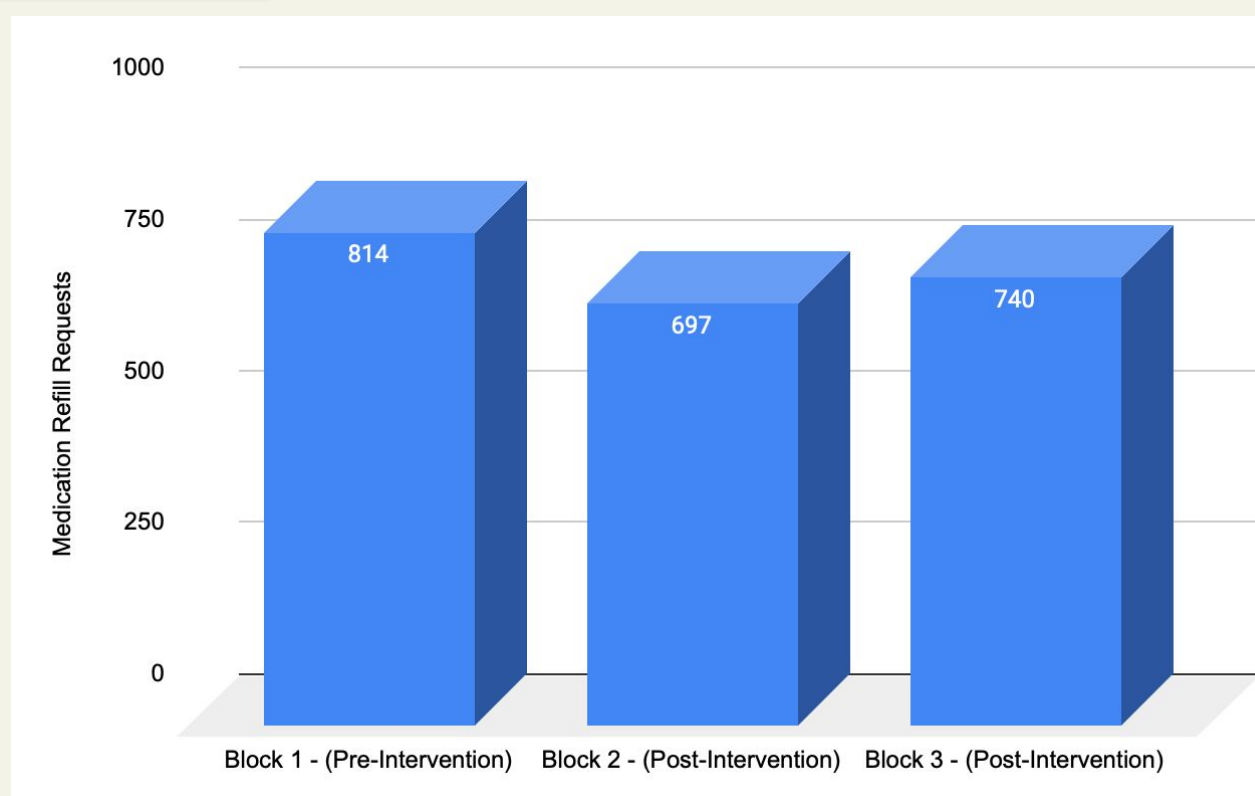
## Introduction

- At the McLaren Bay Region Family Medicine Residency Clinic, the Family Health & Wellness Center, medication refill requests demand a lot of clinical staff work time.
- Our clinic utilizes paper charts. Therefore, every single medication request must be faxed or called into the office and processed by the clinical staff. The process slows down clinical staff limiting abilities to complete other duties.
- When patients come to the office, they are billed with different codes based on level of care received. A low complexity visit is a 99213. A moderate complexity visit is a 99214. To achieve a higher code, the physician must prove they addressed more issues and showed a higher level of complexity.
- One way to do this is by filling medications that are needed for chronic conditions at the patient's appointment. If this is achieved, we would help free up clinical staff's time by reducing the medication refill request workload burden while also producing more revenue by billing for higher office codes.

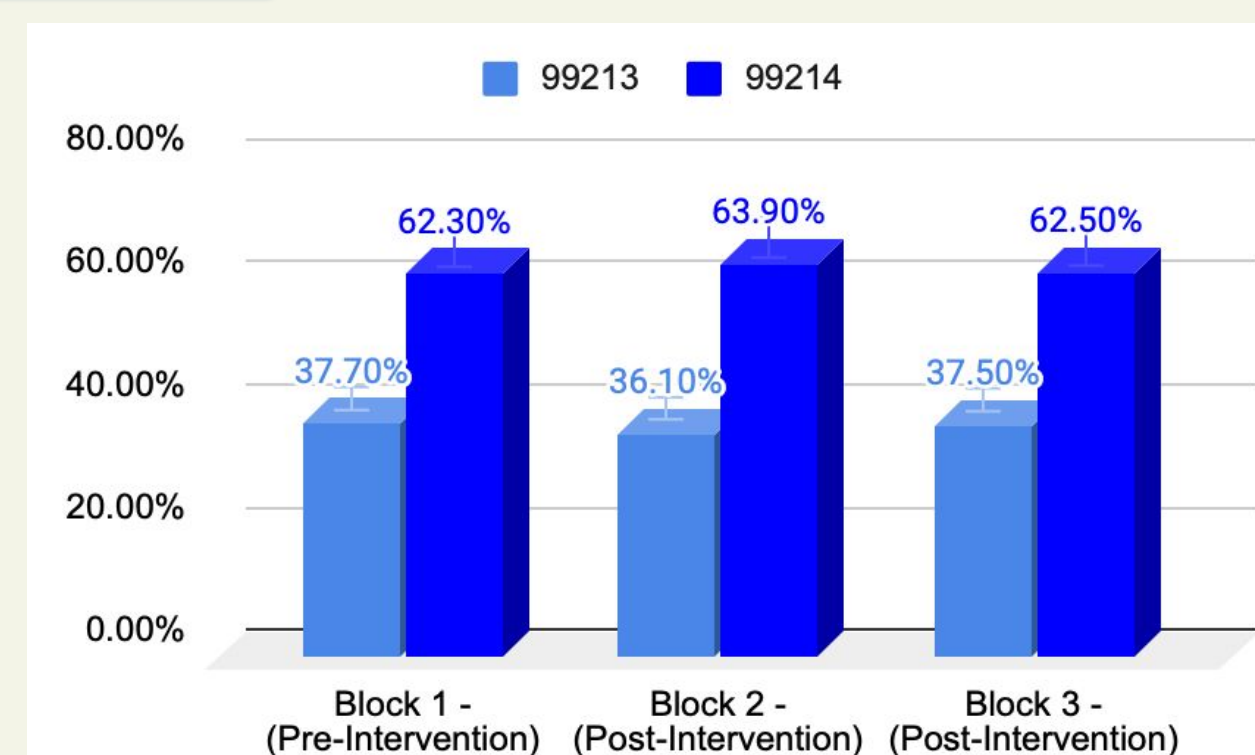
## Materials & Methods

- On 11/24/2020 determination of non-human subject was achieved by McLaren Health Care IRB. SARC approval was given on 01/07/2021. QI project start date of 01/11/2021 with end date of 04/02/2021.
- During the duration of this QI project conducted at McLaren Bay Region Family Medicine Residency Clinic, all patients who had in-person visits were given a simple refill request form prior to their appointments.

**Figure 1**



**Figure 2**



- Residents at each appointment would review the form and complete any requested refills if appropriate. During this time period, number of daily refill requests were tracked and recorded. Number of 99213s vs 99214s were retroactively analyzed using McLaren Bay Region's billing department records.

## Results/Anticipated Results

- It was anticipated at the start of this QI project would reduce the number of non-office visit refill requests by 10%, while increasing number of 99214 vs. 99213 visits by 5%.
- Data was split into three 4-week blocks, 1 "pre-intervention" block and 2 "post-intervention" block. Total project was conducted over a 12-week period (01/11/21 - 04-02-21).
- This project found a significant reduction of refill requests following introduction of a refill request form by 11.7%. With pre-intervention block average of 814 vs post-intervention block average of 718.5 (Figure 1).
- The number of 99214s vs 99213s pre-intervention vs post-intervention demonstrated a small difference. Number of 99214s pre-intervention 62.30% vs 63.20% post-intervention, a 0.9% increase (Figure 2).

## Discussion

- This QI project aimed to see a reduction of refill requests by 10% while at the same time seeing an increase of 5% in 99214 visits billed following the introduction of a refill request form prior to all in person appointments.
- A significant reduction was seen post-intervention of number of refill requests, meeting the goal of this QI project.
- However, despite observed improvement we did not meet the goal of a 5% increase in number off 99214 visits as opposed to 99213 visits post-intervention.
- Nonetheless, it can be determined that the introduction of a refill request form can be an effective tool to gain improvement of complexity of billing during regular appointments and reduce number of refill requests.
- Additional investigation into new opportunities to reduce refill requests and appropriately bill for high complexity appointments is warranted. Further reducing the time burden of requests and allowing the proper billing for work done by clinicians.