PRACTICUM SUMMARY REPORT

Name: Jonathan Lichkus

Project Title: Decreasing Prescription Pick Up Wait Time for Suboxone Patients

University/Organization Name: Harvard School of Public Health, Boston University School of Medicine

Health System Sponsor Name: Dr. Holly, Oh The Dimock Center

Aim of project (1-2 sentences)
The aim of this project is to decrease prescription wait time for suboxone patients at The Dimock Center. Lack of an active prior authorization (PA) on day of prescription pick up represents the single biggest contributor to prolonged wait times in the clinic and at pharmacy. Our goal is to achieve 0 PA-related prescription denials for two consecutive weeks by March 31st.

Planned changes tested (2-3 sentences)
We will accomplish this goal by 1) Clearly delineating staff roles (which includes a major expansion of the medical assistant’s role to include all suboxone-related paperwork, most notably, tracking and completing prior authorizations) 2) streamlining all processes through the development of cheat sheets (aka checklists) and 3) leveling patient demand by having multiple days for prescription pick-up, counseling, and nurse visits.

Predictions (2-3 sentences)
We will be able to achieve this goal by using PDSA cycles to train the medical assistant to complete a PA while following a cheat sheet. This expanded role will improve MA satisfaction and in turn lead to increased utilization of the program.

Results
Present your results with a graph(s).

Rate of PA Related Rx Denials Per Successful Prescription

<table>
<thead>
<tr>
<th>Week</th>
<th>Number of PA Related Denials per Rx Administered</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-3</td>
<td>Gaps in our system</td>
</tr>
<tr>
<td>4</td>
<td>RN left, changes implemented</td>
</tr>
<tr>
<td>5-6</td>
<td>1st week w/o PA denial</td>
</tr>
<tr>
<td>7-14</td>
<td>Gaps fixed</td>
</tr>
</tbody>
</table>

[Graph showing rate of PA related prescription denials per successful prescription across weeks 1 to 14, with notable changes and improvements indicated.]
Summary of results (3-4 sentences):

**Leveling Patient Demand**—Wednesdays were the predominant day for prescription pick, which led to long waiting times at the pharmacy and in the clinic, as well as tremendous stress on the staff. With the help of behavioral health, patients were transitioned to attend group counseling and Rx pick up on Monday, Wednesday, and Thursday.

**Streamlining Processes**—An excel file tracking all suboxone patients was revised to remove the need for paper-based prescription tracking and included formulas to monitor PA status and next date of pick-up. Suboxone PA rules for all 12 insurance companies/plans were identified and documented (the complexity of which cannot be overstated. Suboxone transitioned from branded pill form to branded film, and most recently generic tablet versions were introduced—all of which changed rules for insurance companies in different ways). To enable cross-coverage among staff, checklists were developed for completing PAs, disenrollments, letter requests, sending weekly faxes to BMC—our grant funder—and addressing PA denials.

**Clear Staff Roles**—All suboxone-related tasks were identified, documented, and assigned to either the MA or covering RN. A weekly schedule was also developed that clarified roles and responsibilities for the MA, MDs, covering nurses, and social worker.

**Learning** (4-5 sentences)
Comparison of questions, predictions, and analysis of data:
First, we learned the value of iterative testing. Our first cheat sheet for PA completion was missing key information and steps such as the MDs' NPI number and the benefit of having a previously completed PA form to use as a reference. Similarly with the excel doc, our tracking sheet initially was only based on the dose and insurance information, but after having PA-related prescription denials due to formulation changes, we added this to the formula.

We also realized that MAs can complete PA forms. PAs are only completed by RNs in Adult Medicine and this was the first time an MA was asked to consistently complete a PA. Since her second attempt, she has been independent and able to complete forms successfully on the first submission.

A key lesson through all of this constant emphasis on building a system based on reliable processes (i.e. repeating the phrase—“every system is perfectly designed to achieve the results it gets”). We had to move beyond the MA “forgetting” to do something and build a system that ensured she did the right task, in the right way, at the right time.

**Impact on systems** (3-4 sentences)
Discuss the project’s significance on the local system and any findings that may be generalizable to other systems:

This project directly led to decreased prescription pick up for patients. Before our changes, we had at least one PA-related Rx denial per week—one time we had five in one day. Since March, we’ve had a total of 5 weeks without such an event. We’ve demonstrated the utility of using the QI methodology with multiple PDSA cycles in a setting that has exhibited resistance to QI efforts.

The value of expanding the MA role can be easily generalizable to other systems. Due to her increased responsibilities, she reports greater ownership of the suboxone program, a feeling that her work is valued, and a closer relationship with patients.

**Conclusions** (3-5 sentences)
Summarize the outcome of the project. Is this project sustainable? What are the requirements for sustainability?

We predicted that by expanding the MA role, establishing cheat sheets to standardize processes, and leveling patient demand, we would be able to have consecutive weeks without a PA-related prescription denial. We have achieved this goal by having nearly four weeks without a PA-related Rx denial. The sustainability of this project is a concern. A new suboxone nurse just started, a suboxone provider is leaving, and PA rules are likely going to change in the near future. I provided a complete orientation with all program processes clearly documented for the new nurse to help mitigate these challenges. Another concern is the excel tracking sheet which involves complicated formulas that need to be updated whenever insurance companies change PA rules. I have provided instructions and training to solve this problem when it arises and will be available to contact as needed.

**Reflections/Discussions** (5-7 sentences)
Discuss the factors that promoted the success of the project and that were barriers to success. What did you learn from doing this project? What are your reflections on the role of the team?
Overall, this initiative was successful for four main reasons: 1) appropriate (dis)-engagement from top leadership, 2) strong relationship between the MA and myself, 3) use of an effective framework, and 4) meaningful results for patients and staff alike that provided motivation to continue our change efforts. Dr. Oh, the Adult Medicine Director, and the two prescribing physicians were supportive of our efforts, but sufficiently hands-off to allow us to move very rapidly to make all needed changes. I worked directly with the MA to implement all changes and continually asked for her feedback. Dr. Oh and the Open School were immensely valuable in helping me effectively frame our work and how to convey the results of our work.

The toughest barrier to overcome is fatalism—the sense that suboxone is always a difficult program and that PA denials are always going to happen. By the end, we had made significant progress in changing the expectation about PA denials—the MA no longer goes into work thinking that a PA denial will occur.

Overall, this has been the highlight of medical and public health school training. It has affirmed my belief that teams can provide high-quality care to a population of patients and will serve as my foundation for a career in quality improvement.

By signing this document (electronic signature is acceptable), I attest that the information provided by the learners in this project is accurate.

**LEARNER(S):**

Signature: Jonathan Lichkus
Printed Name: Jonathan Lichkus
Area of Study:

Signature: 
Printed Name: 
Area of Study:

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Area of Study:

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Printed Name: 
Area of Study:

**FACULTY SPONSOR:**

Signature: 
Printed Name: Dr. Holly Oh
Institution: The Dimock Center

**HEALTH SYSTEM SPONSOR (if different from faculty sponsor):**

Signature: 
Printed Name: 
Institution: 

**AUTHORIZATION**
Do the learners, faculty sponsor, and health system sponsor authorize this project for publication at www.ihi.org?

X Yes □ No