

patients complete labs before clinic visits, physicians and clinic staff can save up to 50% of administrative time addressing lab results between visits. Additionally, Endocrinology clinics may lose business in the form of additional visits when methimazole is adjusted between follow-ups spaced more than four weeks apart in patients with newly diagnosed Graves' disease.

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## General Endocrinology

SAT-810

### *The Business Impact of Newly Diagnosed Graves' Disease in an Endocrinology Clinic*

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**Objective:** Assess the impact of obtaining pre-visit labs and requesting more frequent visits on physician and staff administrative time between visits for patients with newly diagnosed Graves' disease. **Methods:** This is a retrospective cohort study. The inclusion criteria were adult patients with newly diagnosed Graves' disease who were started on methimazole following an initial consultation with an Endocrinologist and committed to requested follow-up appointments within the first six months of treatment in 2019 and 2023. Demand between visits was defined as the sum of the patient, staff, or physician-initiated communications between the scheduled visits, including prescriptions, clinical questions, and updates, whether by phone calls, electronic health record portal communications, or through the patients' pharmacies. This was further categorized as predictable (responding to lab results) and unpredictable (all other communications). Business impact between visits was defined as the estimated time for physicians and staff to respond to predictable and unpredictable demand. Criteria for lost business were met if the scheduled follow-up visits were greater than 4 weeks apart and a methimazole dose adjustment was made with no preceding visit. **Results:** 103 patients met the inclusion criteria. Mean age was 49.2±1.50 years, women were 80.6% (n=83), Whites constituted 66.0% (n=68), Blacks 17.5% (n=18), and Asians 13.6% (n=14). Labs were ordered before the visits in 57.3%, and they were done in 47.6% of the total encounters. Predictable demand between visits was low at 81.4% of those who had pre-visit labs done compared to 59.1% of those who didn't (P=0.013). Physicians spent 50% less time on predictable demand between visits when labs were done before the visits, four versus eight minutes (P = 0.034). Staff spent significantly less time on predictable demand when labs were done beforehand (P = 0.008). A significant number of patients without labs before visits qualified for another in-between visit compared to patients with labs done beforehand (P = 0.002). A significant number of patients without labs done before visits met the criteria for lost business (P = 0.01). **Conclusions:** When