

PRACTICE PEARLS

Use discretion with drug expiration dates

Many patients think that medications, much like milk, expire on their “expiration date.” But for many medications, these dates are marketing based more than evidence based. Most medications remain effective beyond their expiration dates – for an additional 33 months on average – according to extensive studies conducted in the 1990s by the military in partnership with the U.S. Food and Drug Administration (FDA). The military is allowed to use expired medications under the Shelf Life Extension Program, although the FDA recommends that consumers throw away expired medications. Refrigeration extends shelf life for most medications. Some exceptions are insulin, liquid antibiotics, mefloquine, and nitroglycerin, which may degrade shortly after their expiration dates. A 2000 *Wall Street Journal* report on this issue can be found at <http://articles.mercola.com/sites/articles/archive/2000/04/02/drug-expiration-part-one.aspx>. Understanding that the shelf life of certain medications extends beyond their expiration dates has saved the military millions of dollars, and it could save you and your patients a few dollars as well. I don’t recommend keeping medicines for decades, of course, but there’s no need to throw out a bottle of aspirin that “expired” a few months ago.

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WE WANT TO HEAR FROM YOU

Practice Pearls presents readers’ advice on practice operations and patient care, along with tips drawn from the literature. Send us your best pearl (250 words or less), and you’ll earn \$25 if we publish it. We also welcome questions for our Q&A section. Send pearls, questions, and comments to fpmedit@aafp.org, or add your comments to the article at <http://www.aafp.org/fpm/2012/0900/p32.html>.

Q&A

Who gets to keep the EHR incentive checks?

Q Do the Medicare or Medicaid electronic health record incentive program payments go to the physician or to the employer? Our employer is taking 60 percent, but I thought this was supposed to be a physician incentive.

A The incentive payments will be sent directly to the “eligible professional” unless that individual reassigns the payments to an entity with which he or she has a contractual relationship. Many employed physicians have contracts that assign all of their Medicare or Medicaid payments to their employer, and this would include meaningful-use payments. Check your contract for similar language.

Some employers view the incentive payments as their rightful reimbursement for investing in health information technology (IT). Others are sharing the payments with physicians in recognition of their efforts to bring about the meaningful use of health IT, but employers are not required to take this approach.

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Review E/M coding patterns

A recent report from the U.S. Department of Health & Human Services Office of the Inspector General (OIG) found that clinicians are billing higher levels of evaluation and management (E/M) services than they were 10 years ago and recommended that the Centers for Medicare & Medicaid Services (CMS) step up its E/M oversight.

The increase isn’t all that surprising when you consider the increases in coding education, use of templates and electronic coding tools, and prevalence of chronic diseases. But

practices should take steps to ensure appropriate coding. Use your computer system to identify the E/M codes that each physician in your group reported during a specified period, including the number of times they reported each one. Record the data in a spreadsheet. Then, simply compare your physicians’ patterns with one another and with the CMS norms. (Download a spreadsheet that contains updated CMS data at <http://www.aafp.org/fpm/2007/0400/p39.html#fpm20070400p39-bt3>.) Any pattern that shows the majority of visits at the highest two levels in any category deserves careful scrutiny.

Based on what you find, decide whether your compliance activities need to focus on E/M services or another area on the OIG work plan (see <http://oig.hhs.gov/reports-and-publications/workplan>).

Source: Nicoletti B. Shocked. Nicoletti Notes blog. June 21, 2012. <http://nicolettinotes.com/2012/06/21/shocked>.

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