



USE DEDICATED STAFF TO EASE PRIOR AUTHORIZATIONS

The ultimate solution to managing prior authorizations would be to eliminate or greatly reduce them. But until we get to that point, there are things we can do in our practices to help reduce the burden.

One way to streamline the prior authorization process is to use dedicated staff. This allows employees to become familiar with each payer's prior authorization requirements. These staff members will know what

information to look for and where to find it, which will reduce

administrative time when completing prior authorizations. They may have other administrative or clinical duties, but part of their role is to obtain prior authorizations for prescription drugs, procedures, and supplies.

When identifying dedicated staff for this task, make sure they understand medical and insurance terminology as well as basic requirements for obtaining prior authorizations. This will reduce the need to refile supporting information.

Other ways to ease prior authorizations include using web portals or other electronic methods to submit requests, when permitted, and developing electronic health record (EHR) templates that remind physicians and staff what information needs to be provided in each request.

Jennifer Bacani McKenney, MD
Fredonia, Kan.

Editor's note: For additional tips, see "Beating the Prior Authorization Blues," *FPM*, September/October 2016, <https://www.aafp.org/fpm/2016/0900/p15.html>.

LEVERAGE YOUR EHR TO SAVE TIME ON DRUG RECALLS

EHRs can be a major time saver when prescription medications are recalled.

Most EHRs will allow physicians or their staff members to search for the name of the recalled drug and quickly compile a list of all of their patients who are currently taking it. Some EHRs also allow practices to generate a standard message about the recall and send it to all affected patients at the same time via the patient portal.

For example, when specific lots of the generic atorvastatin calcium medication were recalled due to safety concerns in 2012, clinicians at Boston Children's Hospital used their EHR to determine that 68 out of about 1,800 pediatric cardiology patients their practice had seen during the previous two years had been prescribed the medication, and 54 were still on it.

Within a week, they contacted all of the patients and their families by telephone or mail and determined none were taking medications from the affected lots.

Of those contacted by phone, 36% had already heard about the recall via media reports or other sources. The physicians' quick outreach prevented patients and their families from inappropriately discontinuing the medication because of the recall.

Source: Mendelson MM, Zachariah JP, de Ferranti SD, Bickel JP. Leveraging electronic health records to notify pediatric patients of a drug recall. *JAMA Pediatr.* 2013;167(12):1170-1171.

USE REMINDER SLIPS TO SIMPLIFY FOLLOW-UP APPOINTMENT SCHEDULING

Giving patients reminder slips at the end of their appointments has proven to be an efficient and helpful way to ensure they schedule follow-ups as well as save time for me and my staff.

I have a standard reminder slip template that I fill out and give to each patient to hand to the front desk on their way out. It specifies the following:

- The patient's name,
- When the patient is due to come back (I have several common options pre-printed on the form so I can simply circle the answer: one month, three months, six months, etc.),
- What the patient is coming back for, such as a medication check, diabetes visit, annual wellness visit, or other type of appointment,
- The length of time needed for the appointment (e.g., 20 minutes or 40 minutes).

This simple form keeps me organized, and the staff appreciates knowing exactly how to schedule the follow-up visit.

Patients are also happy that they can make their next appointment quickly and easily, without having to answer a lot of questions from the front-desk staff, or remember what they're coming in for next.

Ashley Muhr, DO
Geneva, Ill.

FPM

GOT A PEARL?

Practice Pearls presents advice on practice operations and patient care submitted by readers or drawn from the literature. Send your best pearl (up to 250 words) to fpmedit@aafp.org and receive \$50 if it's published. Send comments to fpmedit@aafp.org, or add your comments to the article online.