HELP PATIENTS GET A LONGER SUPPLY OF MEDS PRE-TRAVEL

Insurers often set strict limits on how much prescription medication patients can receive from a pharmacy at one time (e.g., no more than a 30-day supply), especially for controlled substances. For

many patients, this is not a problem. But others, such as "snowbirds" spending the winter months in warmer countries or college students spending a semester abroad, may need a longer supply.

To address these situations, first encourage patients to contact their insurance company and request a vacation override/travel supply for their prescription medications. Some insurers will authorize additional quantities if patients provide documentation of long-term travel. They may require patients to have enough prescription refills on file to cover the entire travel period, and they may still require prior authorization, step therapy, or other prerequisites.

If an insurer won't allow enough supply to cover the travel period, advise the patient to check the rules in the destination country to determine whether the medication is available there without a prescription. For example, contraceptives are available without a prescription at a low cost in many other countries (particularly in Eastern Europe).

For patients traveling to another state rather than another country, packing enough medication to the last the entire trip is usually not necessary. For most medications, they can contact their pharmacy for help transferring prescriptions, or use the same pharmacy chain, which will not require a transfer. (Patients who use a mail-order pharmacy can just change their shipping address.) There are restrictions on pharmacies transferring controlled substances, particularly Schedule II drugs, so doctors may have to send a new prescription in those cases. (For more on prescribing controlled substances across state lines, see https://www.aafp.org/pubs/fpm/issues/2022/0900/practice-pearls.html.)

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DE-ADOPT THE REVIEW OF SYSTEMS

On Jan. 1, 2021, the documentation guidelines for outpatient office-based E/M visits were simplified, allowing visit levels to be based on either medical decision-making or total clinician time spent. The review of systems (ROS) is no longer required. However, eliminating the ROS has been slow in some practices because their EHRs still contain ROS templates and patients are still given lengthy ROS questionnaires.

Practices should formally de-adopt the ROS and then carefully consider what other "tradition- and reimbursement-driven care" they can also de-adopt. They can use the time saved to offer and document more evidence-based care, using USPSTF recommendations as a guide.

Source: Barry MJ, Tseng C. Moving to more evidence-based primary care encounters: a farewell to the review of systems. *JAMA*. 2022; 328(15):1495-1496.

HAVE PATIENTS COMPLETE SCREENINGS BEFORE VISITS

Screenings such as the Patient Health Questionnaire-9 (PHQ-9) and General Anxiety Disorder-7 (GAD-7) provide useful data to help primary care physicians identify and manage common behavioral health conditions like depression and anxiety. But physicians often do not have time to administer screenings during the visit.

Digital "smart" intake forms allow patients to fill out the screenings in the patient portal prior to being seen. They can also be linked with the chart so they are automatically uploaded into the note.

Patients with internet access could do the screenings at home. Others could use a laptop or tablet in your practice's waiting room to fill them out. Then the physician will be able to refer to the results during the visit.

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