

Prescriptions, Orders, and Repeat Paperwork



In recent weeks, perhaps months, it has become increasingly more difficult to order or prescribe even rather routine items, like magnetic resonance images, computerized axial tomograms, ultrasound examinations, bracing or shoe modifications, topical non-steroidal anti-inflammatory drugs and, of course, opiate analgesics. I understand that the issue with opiates is directly related to the current opiate crisis in the United States, and that makes sense to me. Nonetheless, it has recently been difficult for some of my patients to obtain analgesics after

surgery, without a urine drug screen and a signed opiate-use contract. Thankfully, these obstacles were overcome with just a short delay in analgesia, and in one particular patient's case, the almost 48-hour delay was well tolerated. What is even harder to understand, however, is the paperwork that I am now getting from orthotists and pharmacists, and imaging centers, and physical therapists, to provide information that I already included, in precise detail on my original prescription. It seems to me like they just want the same information on their own form, and this can be particularly annoying in that it takes additional time and impedes the implementation of the item or service that I prescribed. They ask: is it medically necessary? Of course it is, and that is why I prescribed it in the first place. Even further, I recently had a request from an orthotist for copies of my patient's medical records, even though, as is my routine, all of the required information was included in my original prescription for the ankle-foot orthosis. Sending such notes is a HIPAA violation unless an appropriate release form has been signed by the patient, and the task is yet another burden on our office staff since it requires additional time and effort to duplicate and send the records. Underlying all of this, I think, is an uncertainty in the insurance industry as to what is going to happen with health insurance in the US. As a result of this uncertainty, there seems to be an across-the-board unwillingness for third party payers to provide payments without repetitive documentation. Once again, it is my hope that our lawmakers take into consideration the ample research that our health services investigators provide to help guide such decision making. I also hope that it results in better care for all of us, less healthcare dollars going to expenses unrelated to actual healthcare delivery (drug and insurance company advertising, for example), and, of course, less paperwork for providers and their staffs.

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