**New York Bureau**

**San Diego** — In the second year of Medicare Part D implementation, physicians continue to struggle with prior authorization requests and other hassles, Dr. Kay M. Mitchell said at the annual meeting of the American College of Physicians.

Although some of the paperwork burden remains, the prescription drug program is generally easier to manage now because patients and physicians are more familiar with the rules, said Dr. Mitchell, a geriatrician and a professor in the department of community internal medicine at the Mayo Clinic in Jacksonville, Fla.

“It’s still going to cost us time and money,” Dr. Mitchell said. “It doesn’t matter how much we’ve worked at it.”

For example, physicians continue to see requests for prior authorization and step therapy, said Neil M. Kirschen, Ph.D., ACP’s senior associate of insurer and regulatory affairs. In addition, in 2007, several drugs were approved under both Medicare Part B and Part D, which created hassles, he said.

Officials at the Centers for Medicare and Medicaid Services are working on this issue and recommend that physicians write the diagnosis and “Part D” on the prescription, Dr. Kirschen said.

Physicians might experience some relief in terms of prior authorization and exceptions if their patients haven’t changed medications, Dr. Mitchell said. CMS officials announced that prior authorizations and exceptions approved by a drug plan in 2006 are expected to continue this year if the beneficiary remains in the same plan and the expiration date hadn’t occurred by Dec. 31, 2006. However, if the beneficiary changes plans, physicians might have to go through the same process again. And even when patients remain in the same plan, some physicians have still received prior authorization requests, she said.

When you are faced with prior authorization, Dr. Mitchell suggested, save time by having the patient collect the authorization forms and bring them into the office. In her office, this saves office staff 20-35 minutes per prescription, she said.

Some physicians have decided to deal with the extra Part D paperwork by either hiring additional staff or designating staff to deal solely with Part D prior authorizations, denials, and appeals, Dr. Mitchell said. Some physicians use general office staff while others use nursing staff. Dr. Mitchell said she prefers to have one of her nurses work on Part D issues because she is already familiar with the patients and their medications.

Dr. Mitchell also recommended that staff members who are working on Part D issues attend continuing medical education meetings that focus on Part D.

During the course of Part D implementation, Dr. Mitchell also learned that insurers may ask for documentation justifying a switch in medications. To simplify that process, she recommends, keep a sheet in the front of the chart with information on medication changes.

**San Diego** — Within the next few years, Medicare is likely to move from a system of pay for reporting to pay for performance, Jeff Flick, a regional administrator for the Centers for Medicare and Medicaid Services, said at the annual meeting of the American College of Physicians.

Mr. Flick, who is based in San Francisco, predicted that Congress is likely to approve funds to continue the Medicare Physician Quality Reporting Initiative (PQRI) in 2008. However, in future years the program is likely to convert to a pay-for-performance system, he said, which could be similar to the system being developed for hospital value-based purchasing.

“I believe we’re not going to move away from this,” he said.

PQRI is a voluntary program that will let physicians earn a bonus of up to 1.5% of their total allowed Medicare charges during the last 6 months of 2007 for reporting on certain quality measures. Congress authorized the establishment of the 6-month pay-for-reporting program last December as part of the Tax Relief and Health Care Act of 2006. Changes to that program — and actual implementation of a pay-for-performance system — would require additional legislation from Congress.

Officials at the Centers for Medicare and Medicaid Services have selected medications and a small number of publicly funded independent reviews of drugs and devices and increases in federal research funding would help to clarify some of the gray areas of cardiovascular care, he said.

**San Diego** — The study found that 94% of physicians surveyed reported some type of relationship with industry. The most frequently cited interaction (83%) was receiving food in the workplace. A majority of physicians surveyed (78%) also reported accepting payments from industry for professional services such as consulting, speaking, serving on an advisory board, or enrolling patients in clinical trials (N Engl J Med. 2007;356;1742-50).

Some physicians have nearly four times as likely to receive gifts and nearly four times as likely to receive payments for professional services. Physicians in group practice were three times as likely to take gifts and nearly four times as likely to receive payments for professional services. In group practice were six times more likely to receive gift samples than were those working in hospitals, clinics, or staff-model maintenance organizations. Physicians in group practice were also three times as likely to receive gifts and nearly four times as likely to receive payments for professional services.

The study did not assess the appropriateness of the relationships with industry; however, the researchers concluded that the variations in relationships by specialties outlined in the study are essential and appropriate.

**San Diego** — The study raises important issues, the researchers found. For example, cardiology was more than twice as likely as family physicians to receive payments for professional services, such as consulting or work on clinical trials. Family physicians held the most meetings with industry representatives, on average about 16 meetings per month, according to the study.

Practice setting also played a role in the interaction. Physicians in group practice were three times as likely to take gifts and nearly four times as likely to receive payments for professional services.

In an interview, Dr. James King, president-elect of the American Academy of Family Physicians, said, “I don’t think it’s a major cause for concern.” Dr. King said he was not surprised by the survey findings, especially since it is a common practice for physicians to accept drug samples in an effort to save their patients money. Most practices are likely operating within the guidelines set out by the American Medical Association, he said. The AMA guidelines recommend that gifts should be primarily for educational purposes and should not be of substantial value. For example, modest meals and textbooks are acceptable under the AMA guidelines, but cash payments should not be accepted.

The relationship with industry should continue to be watched and addressed, said Dr. King, and he recommended that physicians review their own ethical guidelines.