

Practice Update – January 2024

Thanks for the continued trust and confidence you've shown in me by giving me the privilege of caring for your son or daughter in 2024. Through this e-mail, I'm seeking to update you on new contact information for me, how appointment reminders are being handled, changes in professional fees, an update on some new practice policies and an update on the problems families are experiencing accessing medication for ADHD.

New Cell Number - If you need to text me, my personal cell number is (440) 773-6401. The traditional office number (440) 543-3400 still works for calls. Please don't give this number out to anyone else. Reminder with HIPAA - I can't guarantee the confidentiality of texts sent with standard cellular technology.

Appointment Reminders: I stopped using CareCloud this past Fall - the electronic medical record system that provided text reminders of appointments 48 hours in advance. In its' place, I typically send out Zoom links for virtual appointments on the Friday or Saturday preceding the following week's appointment. Check your spam folder if you don't receive the message. Many e-mail programs automatically direct messages with links to spam.

Professional Fees: You'll notice a modest increase in fees in 2024, ranging from \$10 for briefer visits to \$25 for visits lasting an hour or longer. A [complete list of charges is available here](#), included with the "[Good Faith Estimate](#)" of your child's cost of treatment the Federal government now requires practices to provide that opt out of accepting or billing insurance. The average cost of treatment per child increased by about 4% last year. I've been trying to safely decrease the number of required follow-up appointments to make care as affordable as possible, given that all of you are paying out of pocket.

New Patients: I'm not able to take new patients at this time and don't foresee myself doing so in the future, but I will consider seeing siblings of established patients on a case-by-case basis as time allows. Contact me directly if you have a need.

Prior authorizations for prescriptions: Our policy up to this point has been to refuse to do prior authorizations with insurers or pharmacy benefit managers for medications available in generics. Because almost all medication we use in kids with a substantial evidence base are available in generics at an affordable price, the need for prior authorizations has become very infrequent. Beginning in 2024, I won't be doing ANY prior authorizations for medication. Without office staff to help, and without having a level of familiarity with each company's process that comes from doing these regularly, each request typically takes an hour or more to process. Very few families should be impacted by this - let's have a conversation during your child's next appointment for alternatives if your child is on an expensive medication where your insurance company requires prior authorization.

Reissuing controlled substance prescriptions: Per our practice policies, there's a \$50 charge when I'm required to reissue prescriptions outside of scheduled appointments, with a \$10 charge for each additional prescription beyond the first one that needs to be rewritten. Between the State of Ohio's requirement that began in September 2022 that all prescriptions for controlled substances (stimulant medications for ADHD, benzodiazepines for anxiety) are required to be submitted electronically and the chronic shortages of ADHD medication stemming largely from the DEA's refusal to allow the brand and generic drug companies to manufacture medication sufficient to fill all legitimate prescriptions, this has become a nightmare for families and myself. There have literally been weeks where I've spent more time on rewriting prescriptions and the required record-keeping than I've spent in seeing patients. I sympathize with the plight many of you have experienced. As a result, I didn't always charge families for the time involved, especially when it was an isolated incident with your pharmacy as opposed to a recurring pattern. The time required to reissue these prescriptions is an unsustainable administrative burden for me and the primary reason I stopped taking new patients.

In 2024 I'll be charging everyone the \$50 when you need me to resend prescriptions to a different pharmacy. While the stimulant shortages are likely to persist into at least 2025, this situation should improve since [the DEA granted pharmacies permission to forward electronic prescriptions for stimulants](#) to other pharmacies within their chain where the medication is in stock. Some of our local chains have begun doing this for families. When your pharmacy is unable to fill your child's stimulant prescription, please ask them first if they can forward the prescription to another nearby pharmacy before you ask me to reissue it.

CVS: Effective immediately, I'm no longer sending prescriptions to CVS. This is a step I've been considering for a very long time, based upon MANY interactions with MANY CVS locations for years. I continue to get inundated with automated requests from CVS for medications that kids no longer take or don't need, including requests that tie up the software program I'm required to use for electronic prescriptions until I dispose of their requests. In my experience CVS has clearly had the greatest problem keeping essential ADHD medications in stock and, to my knowledge has NEVER forwarded a prescription for a controlled substance to another store in their chain despite being permitted to do so since August. The preponderance of requests to reissue stimulant prescriptions for medication being unavailable have come from families using CVS. Prior to a state pharmacy board crackdown, our office would regularly get calls from CVS to authorize prescriptions that families didn't request and kids didn't need, presumably because they had quotas for the number of prescriptions they were required to fill.

Understaffing in CVS pharmacy locations has caused great aggravation for our families and led to situations where CVS staff made statements to parents suggesting I hadn't submitted prescriptions promised for their child. I have been told by a CVS pharmacist that they were so understaffed at his location that voicemail would go for days at a time without being checked, and patients/families were to be told their doctor hadn't called

the prescription in. Experience has made clear this process is not confined to that pharmacist's location. I send you receipts with time stamps and tracking numbers for prescriptions that have been electronically prescribed so you have proof your child's prescriptions have been sent, in addition to providing a means of keeping track of your child's remaining prescriptions on file. Because controlled substance prescriptions can't be "refilled" the pharmacist is required to indicate no refills are available on the bottle, even when they have additional electronic prescriptions on file for your child at the pharmacy.

I will no longer work with a company that tells parents and families that I failed to carry out my responsibilities as a way of covering for their inability or unwillingness to sufficiently staff their pharmacies.

[This article](#) from several months ago describes system-wide practices for which CVS is being investigated by our state's pharmacy board:

I'll consider case by case exceptions to sending prescriptions to CVS for families when implementation of this rule would cause a substantial burden or hardship.