Getting Back to Business—A Roadmap to Reopening Your Practice

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Business Operations

- Identify a practice operations manager if you don't have one. This will be the go-to person for anything related to operations at the practice.

- Confirm that all essential business accounts are up-to-date (billing and operational):

    o Lease/loan payments on building and equipment

    o Supplier contracts (Be aware of any changes due to pandemic)

    o Vendor contracts (Be aware of any changes due to pandemic)

    o Hazardous waste disposal contracts

    o General liability policy premiums (notify carriers if changes have occurred)

    o Medical malpractice premiums (notify carriers if changes have occurred)

    o Other insurance premiums

    o Identify a contingency plan for backup vendor services

- Identify partners in the community upon whom you will be dependent and/or need to refer, and their capabilities; maintain contact information for all

- Continue to take advantage of SBA loans & Pandemic Financial Relief under the CARES ACT on a go forward basis

- Determine how you will continue using telehealth, if at all; everyone needs to understand how this will be handled when patients request it; notify your Curi underwriter or agent if you plan to continue telehealth sessions

- Identify which services will be functional/non-functional at re-opening time and triggers for returning to all functional services

- Establish new office hours (i.e. extended or revised hours) if needed

- Identify the most appropriate methods of educating your patients and communicating changes in operating hours and services

- Develop training/education for staff

- Assign a COVID-19 planning committee to address the following over the next several months responsible for:

    o Creating/revising office's pandemic plan

    o Monitoring public health advisories

- o Monitoring and reporting suspected or confirmed influenza cases to your local public health department

- o Participating in CDC's Clinician Outreach Communication Activity (COCA) conference calls

- o Fit test staff who use N95 respirators and maintain records of all fit testing (please also refer to **Infection Prevention**)

- o Reviewing your community's situational status on a routine or daily basis

- o Assigning responsibility for monitoring supply inventory and reordering

- o Identifying triggers for returning to normal operations as well as going back to pandemic plan if needed again

- o Planning for possibility of COVID-19 resurgence

  - o Managing exposures

  - o Notifying patients and staff of potential exposures

  - o Staff shortage

  - o Assure appropriate inventory of PPE

- o Acquiring information regarding community's vaccine and antiviral distribution plans

- o Develop strategies for addressing staff and provider concerns including well-being

- o Please also refer to **Staff Communication** portion of this document

Resources

- CDC Guide for Medical Office Preparedness (provides explanation of some of the above suggestions): https://www.cdc.gov/cpr/readiness/healthcare/documents/Medical__Office_Preparedness_Planner.PDF

- Curi Well-Being Resource: https://curi.com/covid-19/topic/well-being/

- Fit testing procedures: https://www.osha.gov/laws-regs/regulations/standardnumber/1910/1910.134AppA

WHAT SHOULD WE BE PURCHASING BEFORE WE REOPEN?

- Touchless thermometers
- Personal Protection Equipment (regular masks, face shields, gowns, gloves, N95 masks, etc.)
- Office signs for direction and education
- Biohazard trash bags
- Test kits and other laboratory supplies
- Hand soap
- Alcohol-based hand sanitizer for adequate supply of waiting room
- Tissues (for patients to cover mouth if no masks available)
- EPA-approved disinfectant

Resources

- Calculator for estimating amount of PPE: https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/burn-calculator.html
- List of EPA-Registered Disinfectants: https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2

WHAT ARE SOME OF THE THINGS OUR PRACTICE SHOULD BE WARY OF IN THIS NEW COVID-19 WORLD?

- Financial fraudsters (those who see COVID-19 as an opportunity)
  - Disaster fraud (type of financial crime that typically occurs after an event like COVID-19)
    - Charitable solicitations
    - Contractor/vendor fraud
    - Price gouging
    - Fraudulent products
    - Phishing schemes
    - Financial elder abuse

Staff Communication Plan

It is now time for your practice to re-open to full capacity after being closed or having limited office hours. As soon as a date has been determined, details of the plan should be shared with all staff members. Consider the following:

HOW SHOULD WE COMMUNICATE THE RE-OPENING OF OUR PRACTICE TO STAFF?

- Notify each staff member of the date and plans for re-opening
- Confirm that each employee will return and at the same employment status
- Develop a recruitment plan for any open positions
- Consider using a temporary agency for open positions while recruitment is underway

Clinical and business operations have changed due to the COVID-19 pandemic. With all the changes, new policies and processes will need to be developed and communicated to the staff. The CDC recommends practices develop and implement appropriate policies in accordance with Federal, State, and local regulations and guidance and informed by industry best practices for:

- Employees returning to work for confirmed or suspected COVID-19
- Social Distancing
- Sanitation
- Personal protective equipment

HOW DO WE COMMUNICATE NEW POLICIES TO STAFF PRIOR TO THE RE-OPENING OF THE PRACTICE?

- Consider holding a staff meeting to educate your staff on the new and changed policies
- Documentation of attendance and acknowledgement of new policies is required
- Ensure that all new and absent staff members are educated on the policies

Resources

- https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html
- Calculator for estimating amount of PPE: https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/burn-calculator.html

- Process for employee exposures: https://curi.com/covid-19/resource/covid-19-process-for-employee-exposures/

- https://curi.com/covid-19/topic/well-being/

- https://curi.com/covid-19/resource/webinar-self-care-in-a-time-of-pandemic/

Patient Notification

The time has finally come to announce the date your practice will re-open. As your practice ramps up for opening to full capacity, you will want to make this a seamless transition. Patient notification should be tailored to your patient population, as you will want to reach all your patients quickly. Notification will vary based on the age of your patients as well as the use of electronic communication and social media. For example, a practice with a large elderly population with limited computer and social media use may require notification by letter or a phone call. Whereas the practice with a younger patient population who consistently uses social media may employ electronic methods of communication.

Here are some helpful recommendations as you develop your communication plan.

- **Electronic**—The practice may want to start notifying patients through electronic methods such as the practice website, Facebook page, patient portal, and email.

- **Telephonic**—A recall telephone system with automated calling may be used to send a pre-recorded telephone message to all your patients. If your practice has the time and resources, you may decide to personally call all your patients or just the high-risk patients.

- **Letter**—Depending upon your patient population, the practice may decide the best way for notification will be to send a letter through the US mail.

- Develop a **template letter** when contacting patient through the portal or US mail.

- Notify patients prior to their appointment of any office process changes such as the check-in process, social distancing, screening for illness, and the requirement to wear a mask. Click here for the link to the CDC recommendations.

Office Opening Template

Instructions: This letter is a template and should be modified to meet your needs. The letter can also be adapted and sent through your patient portal based on the option that is best for reaching your patients.

(PLACE PRACTICE LETTERHEAD HERE)

(Today's Date)

Re: Office Re-Opening

Dear Patient,

On March 11, 2020, the World Health Organization declared the COVID-19 (Novel Coronavirus) viral disease to be a pandemic. As a result of this emergency, rapidly evolving and unprecedented changes have occurred causing medical practices, physicians, physician assistants, nurse practitioners, employees, and patients to continually adapt to meet the many challenges that have evolved since the beginning of this pandemic. Since that time, we have followed CDC and state recommendations, implementing necessary precautions to protect both patients and employees. As a result of this emergency and a rapidly evolving situation, our practice was *(insert closed, activated telehealth visits or had limited office hours)*.

Beginning *(Insert date),* we will start seeing patients in the office again. Based on our records you had an appointment scheduled during the COVID-19 pandemic that was cancelled. Our office will begin rescheduling visits starting the week of *(insert week)* from *(insert hours of operation).* Please call our office at *(insert telephone number)* to reschedule your appointment. If you do not want to reschedule your appointment at this time, contact the office.

Our patients and employees safety is very important to us so our office will be taking the following precautions: *(Add the precautions below that apply.)*

- *All staff will wear mask.*

- *We are asking patients and visitors to wear cloth mask.*

- *We are offering hand sanitizer at entrances and exits.*

- *We are limiting the number of people in our office so we ask that only one person attend the visit with the patient.*

- *We ask that you call from your car to check-in on arrival and we will instruct you when we are ready for you to enter the office.*

- *We are using on line services to confirm appointments and update medical information*

- *Until further notice we will check temperatures of anyone prior to entering our office.*

As new developments occur, we will keep you informed. Thank you for your support during these challenging times. We look forward to seeing you at your next appointment.

Sincerely,

(Insert practice name)

Scheduling

HOW WILL WE GET BACK ON TRACK FOR SCHEDULING PATIENTS?

- Once a scheduling plan is developed, communicate this plan to all scheduling staff. The goal will be to efficiently schedule patients and maximize the provider's availability.

- Start with the patients who are currently on the schedule and call to confirm they still want to keep their appointment.

- Identify all patients with appointments that were cancelled either by the patient or by the practice for priority in scheduling.

- Prioritize the list of cancelations by patients who are high risk and high acuity first, followed by chronic disease and then preventive wellness appointments. Call patients in that order.

- For patients who refuse or want to delay rescheduling, discuss with the provider for next steps. The provider may approve the delay, suggest a telehealth visit, or schedule a time such as first or last appointment of the day. Be sure to document for each patient efforts made to get each rescheduled. Be sure to document the patient's own refusal to be seen. See, **Chronic Care Patients – Missed Appointments** template letter that follows this section.

- Maintain a tracking system for all patients who refuse or want to delay rescheduling their appointment. Assign a staff member to contact those patients in 3-4 weeks to schedule. Many patients initially may be anxious about coming to the practice. The goal will be not to lose these patients to follow-up.

- Once patients begin calling in to schedule appointments, you may find the provider's schedules are full and there is limited access. For practices that have a nurse triage department, you may want to increase staff in this area. The nurse can safely determine through triage protocols whether the patient needs urgent or emergent care, or that an appointment can be scheduled in a couple days. If you currently do not offer nurse triage, you may want to consider implementing this function to assist with patient access to care.

- For practices that implemented telehealth during the COVID-19 pandemic, you may want to consider continuing this service for your patients. This may help with any provider access issues.

- The practice may also find that in order to provide adequate provider access office hours may need to be extended. This may be temporary until the backlog of patient appointments have been scheduled.

- To minimize no shows, implement an appointment reminder call system. The system can be either automated or manual.

Chronic Care Patients: Missed Appointments Template

Instructions: This letter is a template and should be modified to meet your needs. The letter can also be adapted and sent through your patient portal based on the option that is best for reaching your patients.

PLACE PRACTICE LETTERHEAD HERE

[Today's Date]

[Patient's Name]

[Patient's Address]

Re: Non-compliance with Appointments

Dear *[Patient's Name]*,

We are concerned about your health and want to make sure you understand the importance of keeping your appointments. Regular visits to our office allow us to evaluate your current medical condition and develop a treatment plan that meets your needs.

Based on our records you missed the appointment scheduled for *[insert date]*. We want to continue to provide your medical care; however, you **must** keep your appointments.

I want to take this opportunity to remind you that you have a medical condition, *[insert medical problem requiring follow-up care]*, that requires follow-up care. This is a potentially serious medical condition that if unmonitored could result in *[insert worst-case scenario]*. Please contact our office to reschedule your appointment or discuss your medical condition.

Sincerely,

[Treating physician should sign here.]

[Insert physician's printed name below signature.]

Telehealth

- Contact your Curi Underwriter or Agent to discuss further with you.
  - Consider where you plan to provide these services as some states may be restricted.
  - Licensure is a required component in telehealth and it is important to discuss your intentions with our team ***before*** you obtain licensure in a new state.
  - Identify providers who wish to continue telehealth within your practice, including physicians and APPs.

- Ensure **current** federal and state-specific regulations are met.
  - Devise a plan for incorporating telehealth sessions into the daily appointment schedule.
    - Prioritize appointments—consider time requirements and level of care needed
    - Implement patient self-scheduling —provides convenience for patient and practice
    - Confirm appointments—utilize text messaging and email reminders

- Screen the patient prior to the telehealth session.
  - Determine whether it is in the best interest of the patient to pursue a virtual visit
    - Recognize when telehealth is not the best option and inform the patient why
  - Review technology needs with the patient—discuss next steps should a malfunction occur
  - Obtain informed consent for the session—at a minimum receive verbal consent and document approval in the patient's medical record.
  - Discuss the billing impact for the telehealth session—will insurance cover or not

- Complete the intake process
  - Verify equipment (computer, phone, tablet, external microphone/camera if device lacks high quality one integrated, high-speed internet) available to patient

- Ensure all required documents (i.e. <u>informed consent</u>, personal information, financial responsibility agreement) have been received

- Prepare the patient for what to expect during the session

    - Platform (Zoom, TeleDoc)

    - Review background, lighting and lighting placement, noise, and privacy considerations

- Conduct the appointment

    - Verify patient identity and validate the location of patient and providers

        - Provider should inform patient of their credentials (i.e. MD, PA, NP)

        - Patient should be advised of other healthcare providers present in the room but not in plain view for the patient

    - Identify emergency contact and access to local emergency services should the session unexpectedly end

    - Perform proper assessment, evaluation and treatment of patient

    - Limit prescribing and dispensing of certain medications per your state's regulations

    - Follow-up

        - Implement a tracking system for referrals and follow-up appointments needed.

        - Schedule in-person evaluation for patients prescribed opioids during telehealth session.

Resources

- https://curi.com/curator/wp-content/uploads/2020/03/CURI_TELEHEALTH_OVERVIEW_2020.pdf

- https://curi.com/covid-19/faq/once-the-public-health-emergency-has-ended-what-are-curis-recommendations-for-implementing-a-compliant-telehealth-program/

- https://www.ama-assn.org/system/files/2020-04/ama-telehealth-playbook.pdf

Infection Prevention

WHAT SHOULD WE DO WHEN A PATIENT ARRIVES AT OUR PRACTICE?

Once the patient arrives inside your practice facility, the following guidelines should be followed to prevent the spread of illness:

- Ask staff to stay home if they are sick

- Send workers home if symptoms develop at work

- Consider implementing universal source control for everyone entering your office to address both asymptomatic and symptomatic transmission

    o Ensure that clinical staff know the correct ways to put on, use, and take off PPE safely

    o Healthcare workers wear a mask

    o Visitor and patients wear a cloth face covering

    o If patient shows up without a mask provide one if available

    o If visitor shows up without a mask/cloth face covering, you could request they wait in the car (unless patient needs assistance) then consider providing a mask

    o Actively screen everyone for fever and symptoms of COVID-19 before they enter the facility

- Place hand sanitizer at entrances and exits

- Implement procedures to quickly triage and separate sick patients

- Consider scheduling sick visits together and well visits at different times. Consider high risk population precautions, such as, scheduling elderly patient visits in the morning followed by well visits and then sick visits in the afternoon

- Clean often common areas touched.

- Screen patients before arriving at your practice

- Provide symptomatic patients with tissues or facemasks to cover mouth and nose

- Separate sick patients with symptoms

- Allow patients to wait outside or in the car if they are medically able

- Create separate spaces in waiting areas for sick and well patients, moving chairs six feet apart

- Place sick patients in a private room as quickly as possible with a closed door

- After patients leave, clean frequently touched surfaces using EPA-registered disinfectants—counters, beds, seating, door knobs, common areas (see Resources below)

- For patients who screen positive for COVID-19, place mask on patient (if they don't already have one) and follow the Curi-Patient Workflow process **(see Resources below)**

Resources
- CDC Clinic Preparedness: https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinic-preparedness.html

- Signs for your clinic and infection prevention guidelines: www.cdc.gov/COVID19

- List of EPA-Registered Disinfectants: https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2

- Guidance for preparing workplace: https://www.osha.gov/Publications/OSHA3990.pdf

- Fit testing procedures: https://www.osha.gov/laws-regs/regulations/standardnumber/1910/1910.134AppA

- Process for employee exposures: https://curi.com/covid-19/resource/covid-19-process-for-employee-exposures/

Managing Chronic Care Patients

HOW SHOULD WE BE COMMUNICATING WITH ESTABLISHED, CHRONIC CARE PATIENTS WHO REQUIRE REGULAR MAINTENANCE (I.E. DIAGNOSTIC TESTING, PRESCRIPTION MANAGEMENT, RECURRING VISITS) TO PROVIDE CARE MANAGEMENT THAT ENSURES THESE PATIENTS ARE PROVIDED THE CARE NEEDED?

- Develop a process to identify your established, chronic care patients and assign staff to review the list of patients to flag for necessary follow up.

  o Begin with a list of canceled, missed appointments.

  o Use tracking logs and/or EMR generated reports to identify lab studies and test that are due.

  o Review the EMR last visits to identify needed follow up.

- Implement a Triage process to assess patients to determine level of care (i.e. appointment, virtual check-in, telehealth, or referral) needed.

- Implement a virtual check-in option to identify immediate needs, discuss necessity of a visit and/or recommend a referral. These touchpoints with patients allow providers to connect with patients, develop a treatment plan and are reimbursable (lower rate given short encounter).

- Develop a Prescription Management Process to identify and prescribe medications for chronic care patients. The standardized process should include reconciling medications, verifying medications to routinely refill, and proactively contacting insurance companies for required pre-authorization approval.

- Review current Diagnostic Test Management System to ensure staff are assigned to process tests needing a preauthorization, to schedule the patient for ordered tests, to follow-up outstanding results, and to ensure results are filed in the medical record for provider review.

- Implement a Patient Screening System through patient portal or nurse triage line that allows certain subsets of patients (i.e. hypertensive, diabetic) to report home-monitored results (i.e. blood pressure, blood glucose). If the numbers are out of range based on patient's documented history, medications could be adjusted or labs ordered without requiring the patient to schedule a visit.

- Implement a check-in process with your high-risk patients. A scheduled phone call by the nurse or a telemedicine visit can ensure these patients receive the care needed.

- If your practice provides care to children, then it is important to follow up with well-child visits and keeping immunizations on track.

  o If pediatric practices are limited in well child visits, then healthcare providers are encouraged to prioritize newborn care and vaccination of infants and young children (through 24 months of age) when possible.

- Develop a standard letter template to send to patients via patient portal or mailing when patient fails to follow up.

Resource

- https://www.cdc.gov/coronavirus/2019-ncov/hcp/pediatric-hcp.html

Arrival of Patients

- Consider establishing Non-COVID Care (NCC) zones to screen all patients for symptoms of COVID-19, including temperature checks.

- Require patients to complete **Prescreening COVID-19 Tool**

- Routinely [screen staff and others](#) (physicians, nurses, housekeeping, delivery and all persons who will enter the area)

  - Review and prepare for [what to do if COVID-19 exposures occur](#)

  - Review [CDC recommendations](#) for minimizing chance for exposures and using universal source control.

- Use extra precautions for people who are at high risk, such as scheduling them for visits at specific times (early morning) separate from sick patients (especially if screen positive for COVID-19) exposures.

  - Older Adults

  - People with Asthma

  - People with HIV

  - At Risk for Severe Illness

- Plan for steps if reduced staffing due to resurge of COVID-19 exposures.

- Establish administrative and engineering controls to facilitate social distancing. For example, minimize time in waiting areas, space chairs at least 6 feet apart and maintain low patient volumes.

  - Consider using strategies to separate well visits from sick visits; i.e. schedule well visits in the morning and sick visits in afternoon.

  - If possible separate patients, such as sick in one area and well in another area.

  - Consider having patients check-in using their phone once they arrive in parking lot, waiting until notified by practice by calling or texting when ready for them to come in the office.

- Ensure there is an established plan for thorough cleaning and disinfection prior to using spaces or facilities for patients with non-COVID-19 care needs using an EPA approved disinfectant.

  - Provide hand sanitizer if available at entrances and exits

- Healthcare providers and staff should wear surgical facemasks at all times. Staff involved in procedures on the mucous membranes, including the respiratory tract, with a higher risk of aerosol transmission should utilize appropriate respiratory protection such as N95 masks and face shields.

- Inform patients to wear a cloth face covering that can be purchased (surgical mask) or homemade if they do not possess a surgical mask. Practice should have supply of surgical masks available for patients who present without face covering.

- Implement a paperless check-in system that patients can complete before arrival. Avoid the use of shared pens/clipboards.
  - Consider virtual check-in process prior to visit occurring, calling or on-line process where patients can confirm visit, update information prior to showing up for visit and receive any instructions
  - Call using cell phone on arrival while still in car to check-in and receive instructions

Resources

- https://www.ascassociation.org/resourcecenter/latestnewsresourcecenter/covid-19-cms-recommendations-for-reopening

- https://sambahq.org/wp-content/uploads/2020/04/SAMBA-Return-of-ambulatory-care-guidance-Final-version-with-logos-2.pdf

- https://www.cdc.gov/infectioncontrol/tools/index.html#anchor_1551975023

- https://www.facs.org/media/press-releases/2020/resuming-surgery-041720

- https://www.cdc.gov/coronavirus/2019-ncov/hcp/steps-to-prepare.html

- https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/index.html

- https://www.cdc.gov/coronavirus/2019-nCoV/hcp/index.html

- https://www.cdc.gov/coronavirus/2019-nCoV/hcp/index.html

(*Practice Name*)

COVID-19 Pre-Screening Form

(*Last Name*):
(*First Name*):
(*Date of Birth*):

Please answer the following:

1. Have you had contact with anyone with confirmed COVID-19 in the last 14 days? _____

2. Have you been tested for COVID-19? _____

If so, results were: _____(negative)   ____(positive)   If positive, date of test: _____

3. Have you had any of these symptoms in the <u>last 14 days</u>?

Fever greater than 100.4 _____

Difficulty breathing _____

Cough _____

4. Are you <u>currently</u> (within past 72 hours) experiencing any of the following?

Fever greater than 100.4 _____

Difficulty breathing _____

Cough _____

The Electronic Medical Record (EMR)

HOW DO WE ENSURE PROPER MAINTENANCE OF THE EMR AND TIMELY CHART DOCUMENTATION DURING THIS REOPENING PERIOD?

- Verify updates to the system are current.

- Ensure proper system back-ups are occurring, at a minimum, on a daily basis.

- Develop a process to chronicle all EMR technical issues (i.e. system failure, widespread glitches, system compromise) in order to detail these issues now for future correction.

- Ensure all providers have remote access to the EMR.

- Re-evaluate the need for remote EMR access, consider temporary remote access to EMR for staff members who may be working from home, and need access to the electronic medical record during this transition period. This will enable staff to check messages from the portal and process requests.

- Implement an audit process to compare visits to documentation and billing.

- Perform medical record risk assessment to ensure documentation standards are followed.

- Assure that your Privacy & Security policy addresses remote access of your EMR.

Resources

- https://curi.com/curator/resource/quick-start-guide-xxiv-electronic-communication-and-documentation/

- https://curi.com/curator/resource/quick-start-guide-xx-documentation/

- https://curi.com/curator/wp-content/uploads/2019/10/Curi-Medical-Record-Assessment-FINAL-Oct.-2019.docx.pdf

- https://curi.com/curator/resource/coding-and-documentation-the-importance-of-accurate-documentation-for-patients-and-providers/

Closing the Loop

ASSURING A SMOOTH PATIENT CARE TRANSITION FROM TELEHEALTH VISITS, AND ADEQUATE FOLLOW-UP REGARDING DIAGNOSTIC STUDIES, LAB RESULTS, AND REFERRALS AS WE CLOSE THE LOOP AFTER COVID-19

For practices that have implemented telehealth during the COVID-19 pandemic, you will want to:

- Update the patient's medical record with all office visit notes, telephone calls, medications and new patient forms

- Confirm a telehealth consent form has been obtained or has been noted in the medical record of those patients who participated in telehealth visits

- Scan all documents such as consent forms, Emergency Department, hospitalization admission records and medical records from past providers and specialist consultations into the medical record

Reconciliation of all specialist referrals, diagnostic studies and labs should be performed.

- Run a report to identify all outstanding specialist referrals, diagnostic studies and labs that were placed prior to and during the COVID-19 pandemic

- Follow up with the patient to ensure compliance with the provider-ordered consultation or testing

- If original referral was unable to be conducted because consultant is no longer practicing, referring provider should find alternate specialist as soon as possible

- All test results and consults should be reviewed and signed by the provider

- Notify the patient of all test results and follow up via established communication lines

- After provider review, if additional tests are ordered, notify the patient, document in patient medical record and place in your tracking system

Medications:

- Update prescription refill requests to ensure they are documented in the medical record

- Reconcile medication lists to include any prescription refills and/or medication changes that occurred while you were closed

- Chronic pain patients on controlled substances should be scheduled for an in-office evaluation for necessity of medication and continuity of care

- Process medication requests that require insurance preauthorization