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January 18, 2019



# COA Report

## California Orthopaedic Association

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### Ortho News This Week

## Pharmacy and Prescription Issues



COA

COA members report more issues with pharmacy and prescriptions issues in the first few weeks of 2019:

### Secure Prescription Forms

Even when physicians are using the new Department of Justice approved secure drug prescription form for a controlled substance, COA members report that some pharmacies are rejecting the prescription. Upon investigation by COA, we found that pharmacy staff are not expecting physicians to yet be using the new security prescription forms, they do not understand the change, or know what to look for on the prescription form. Thus, they are incorrectly assuming you are using the old form, and rejecting the prescription.

### What has helped.

When giving the patient the prescription, tell them that you are using the new required secure prescription form and point out the serialized number on the form.

1. If, when they get to their pharmacy, the pharmacy staff rejects the prescription, ask them to have the pharmacy staff call your office to discuss what problem they are seeing with the form.
2. Provide the pharmacy with a copy of the [Attorney General's memo](#) providing the new format for the serialized numbers.
3. Have your approved printer of the secure prescription forms contact the pharmacy directly to discuss what problems they may be seeing with the form.

COA is also happy to call the pharmacy to determine why they are not accepting the new forms. We are also keeping track of the pharmacies who are incorrectly rejecting the new prescription forms and complaining to the >Board of Pharmacy.

### What you can do?

Send COA the name/address of any pharmacy that is rejecting the new secure prescription forms. We will ask the Board of Pharmacy to contact these pharmacies.

### Other Pharmacy Issues:

1. **DEA Scams** – COA members are reporting telephone calls from individuals representing themselves as investigators from the DEA. The caller is urgently trying to reach the physician as they say that their DEA license is in jeopardy of being suspended. **These are bogus calls.** In checking with the DEA, COA found that they do not call physician offices should there be an issue with your license. If you receive such a call, you should at least contact the DEA directly before providing any information. DEA

phone number: 202-307-1000. There is additional information on the DEA website regarding other extortion scams:

[https://www.deadiversion.usdoj.gov/pubs/pressreleases/extortion\\_scam.htm](https://www.deadiversion.usdoj.gov/pubs/pressreleases/extortion_scam.htm)

2. **Physician Assistant Prescriptions for Controlled Substances** – COA is also getting complaints that some pharmacies (CVS has been noted) will reject a prescription containing only the signature of a Physician Assistant without their supervising physician's signature. While there are protocols ([memo from the Board of Pharmacy](#)) for physician assistants to be able to write a prescription for a controlled substance, if you believe that pharmacies are incorrectly rejecting the physician assistant prescription, COA wants to hear from you. **Please let us know the name/address of the pharmacy who is inappropriately rejecting these prescriptions and demanding the signature of the supervising physician.**
3. **Pharmacies Not Filling Prescriptions with the Number of Pills Prescribed** – another area of recent complaints. There may be reasons why a pharmacy reduces the number of pills prescribed, not the least of which may be that the patient's insurance may only cover a limited number of pills and the patient is unwilling to purchase the additional medication, but generally it is inappropriate for a pharmacy to alter the number of pills prescribed. **Let COA know if pharmacies in your area are reducing the number of pills dispensed, particularly without notifying you of the change.**



## Hospitals' solution to surprise out-of-network bills: Make physicians go in-network



Modern Healthcare

MemorialCare executive John Cascell believes physicians are privileged to be chosen to work in the system's hospitals and clinics. They're high-quality facilities that are well-respected in California's Orange and Los Angeles counties. That's why he stands behind the Fountain Valley, Calif.-based health system's long-standing policy of requiring in-hospital physician groups to contract with the same insurance carriers as MemorialCare. The provision became part of the system's contracts several years ago in response to patient complaints about receiving surprise bills. [READ MORE](#)

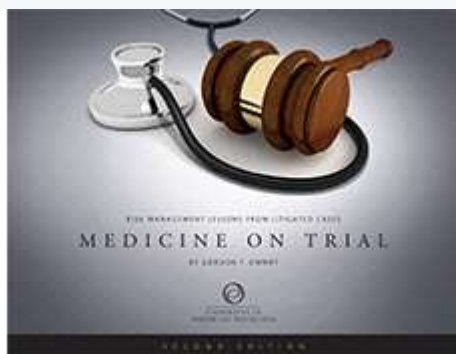
## Walgreens partners with Microsoft to develop new healthcare delivery models



Becker's Hospital Review

Walgreens Boots Alliance and Microsoft signed a seven-year deal Jan. 15 "to develop new healthcare delivery models, technology and retail innovations to advance and improve the future of healthcare." As part of the deal, more than 380,000 Walgreens employees will use Microsoft 365 cloud apps, including Office 365, Windows 10, and mobility and security tools, according to CNBC. Walgreens will also move most of its IT workloads to Microsoft's public cloud, Azure, and will leverage Microsoft's AI platform, healthcare investments and retail solutions. [READ MORE](#)

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## The most common cyber weak spots in healthcare



Karen Zupko

Recently, a long time client called to tell us that their data had been hacked by cyber criminals. Just a week after experiencing a system crash, the IT staff had been running a series of checks when they found that they could no longer log in to the network. The message on the screen read: We have your data and will be contacting you regarding the ransom. The rest of the message was written in Russian. File this story under, "scary but true," but truth be told, 2017 was the worst year ever for cybersecurity incidents, according to the 2018 Online Trust Alliance's Cyber Incident & Breach Trends Report. The number of reported breaches was nearly double the number in 2016. And 24% of those were in healthcare. [READ MORE](#)

## Smart ways to respond to — and reverse — declining profitability



Medical Economics via Modern Medicine Network

The instinct to take immediate action is understandable. If you're a physician, responding quickly to urgent situations is second nature. And after all, if your profit is suddenly on a lower trajectory, you may have reason to be concerned that you're heading toward a

personal financial emergency. Though it's natural to act fast, resist the instinct to attempt a quick fix. Here's what to do instead. [READ MORE](#)

## New commission report is tough on MOC



Medscape

Many physicians — after years of complaints about the maintenance of certification (MOC) process — feel that they are finally being heard, thanks to a new report from an independent commission established by the American Board of Medical Specialties (ABMS). The 96-page draft report from the 27-member Continuing Board Certification: Vision for the Future Commission suggests that the process was far enough off the rails that the term "maintenance of certification" should be abandoned. "A new term that communicates the concept, intentions and expectations of future continuing certification programs should be adopted," writes the commission. [READ MORE](#)

### COA Report

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