

social ignorance of physicians about the lived lives of our patients.” We could not agree more. Part of the inspiration for our study was one of the authors (LP) taking a house call elective as a medical student with the other author (SL). During the elective we traveled to neighborhoods both poor and rich, to homes with well-manicured yards, and to those with refuse lying around. Every doorway we crossed offered new insights into the lives of our patients and, as Ian McWhinney² so eloquently stated, “we could see the history and dreams of our patients on the walls”. We witnessed the struggles of both the patients and their family members to achieve the best care they could in their situation. In some houses the pill box was easily located, schedules of home health nursing and physical therapy appointments were available, food was in the refrigerator, the house was clean. In others, medications were disorganized, with empty bottles begging to be refilled, and urine stains were evident on the couch from when the patient did not have help to get up. The Japanese residents mentioned by Dr. Frey were correct in saying that a physician can never truly understand their patient’s lives unless they make house calls. As family physicians wrestle with practice transformation and ascending the levels of the patient-centered medical home, we hope more physicians take the ultimate patient-centered step by driving to their patient’s home to better understand and contextualize the lives and choices faced by our patients.

Lars Peterson, MD, PhD
American Board of Family Medicine
Lexington, KY
lpeterson@theabfm.org
Steven Landers, MD, MPH
VNA Health Group
Red Bank, NJ

References

1. Frey JJ. Re: home visits and the social context. *J Am Board Fam Med* 2013;26:339.
2. McWhinney IR. Fourth annual Nicholas J. Pisacano Lecture. The doctor, the patient, and the home: returning to our roots. *J Am Board Fam Pract* 1997;10:430–5.

doi: 10.3122/jabfm.2013.03.130085

Re: The Impact of Prior Authorization Requirements on Primary Care Physicians’ Offices: Report of Two Parallel Network Studies

To the Editor: Morley et al¹ report on practice cost estimates per full-time-equivalent physician for prior authorizations in 2 Northeastern markets, noting that their results vary considerably from previous publications. Across different markets there is substantial variation in the availability and uptake of technology to facilitate this process (eg, multipayer physician/practice web-based portals providing immediate access to patient eligibility, benefits, and engines that automatically approve authorization requests). The authors collected detailed data on

the workforce resources (people) expended by the practices, but did not comment on the processes used at those sites as a possible explanation for the seemingly dramatically improved efficiency compared with earlier studies.

Katherine A. Schneider, MD
Medecision
Wayne, PA
katherine.schneider@medecision.com

Reference

1. Morley CP, Badolato DJ, Hickner J, Epling JW. The impact of prior authorization requirements on primary care physicians’ offices: report of two parallel network studies. *J Am Board Fam Med* 2013;26:93–5.

doi: 10.3122/jabfm.2013.03.130063

The above letter was referred to the author of the article in question, who offers the following reply.

Response: Re: The Impact of Prior Authorization Requirements on Primary Care Physicians’ Offices: Report of Two Parallel Network Studies

To the Editor: In the letter regarding our study of prior authorization costs,¹ Schneider² describes a “seemingly dramatically improved efficiency compared with earlier studies.” This is an incorrect reading of our results. We do not believe that our report describes an improvement in efficiency over earlier estimates. Rather, it estimates costs using an entirely different method than previous studies and comes up with different results. It is our feeling that the studies we cited—by Casalino et al,³ Morra et al,⁴ and Sakowski et al⁵—represent the high end of a range of possible estimates and that our studies represent the low end. True costs are probably somewhere in the middle and are certainly dependent on the context, as Schneider points out.

Regarding processes that may have affected cost outcomes, we currently are analyzing the existing data set using inferential statistical techniques. There are early suggestions that practice characteristics (particularly the use of electronic health records) might play a role. However, the exact mechanisms and relationships between processes and costs are by no means certain. We hope to describe results from our secondary analyses in a future report. Regardless of what we find, a much larger study than ours would be required to answer definitively questions about the effects of particular processes on prior authorization costs.

Christopher P. Morley, PhD
Department of Family Medicine
Department of Public Health & Preventive Medicine
Department of Psychiatry & Behavioral Sciences
SUNY Upstate Medical University
Syracuse, NY
morleycp@upstate.edu

David J. Badolato, MD
 Family Practice Associates of Upper Dublin
 Life Laboratory
 Upper Dublin, PA
 John Hickner, MD, MSc
 Department of Family Medicine
 University of Illinois-Chicago
 Chicago, IL
 John W. Epling, MD, MEd
 Department of Family Medicine
 Department of Public Health & Preventive Medicine
 SUNY Upstate Medical University
 Syracuse, NY

References

1. Morley CP, Badolato DJ, Hickner J, Epling JW. The impact of prior authorization requirements on primary care physicians' offices: report of two parallel network studies. *J Am Board Fam Med* 2013;26:93–95.
2. Schneider KA. Re: The Impact of Prior Authorization Requirements on Primary Care Physicians' Offices: Report of Two Parallel Network Studies. *J Am Board Fam Med* 2013; 26:342.
3. Casalino LP, Nicholson S, Gans DN, Hammons T, Morra D, Karrison T, Levinson W. What does it cost physician practices to interact with health insurance plans? *Health Aff (Millwood)*. 2009;28:w533–43.
4. Morra D, Nicholson S, Levinson W, Gans DN, Hammons T, Casalino LP. US physician practices versus Canadians: spending nearly four times as much money interacting with payers. *Health Aff (Millwood)* 2011;30:1443–50.
5. Sakowski JA, Kahn JG, Kronick RG, Newman JM, Luft HS. Peering into the black box: billing and insurance activities in a medical group. *Health Aff (Millwood)* 2009; 28:w544–54.

doi: 10.3122/jabfm.2013.03.130074