



## Son of the "Father of Microsurgery" Carries on Pioneering Work

*Buncke Clinic Director Dr. Gregory Buncke performs microsurgery miracles and trains the next generation in this crucial work.*

Dr. Gregory Buncke's passion for medicine started in his family's garage.

His father, Harry, now considered the "Father of Microsurgery," had set up a lab there. Inside, using instruments and sutures he invented, Harry Buncke was doing the impossible: connecting blood vessels less than one millimeter in diameter. By 1964, he had successfully replanted a rabbit ear. Later, the first toe-to-thumb transplant for a rhesus monkey. Microsurgery was born.

"In the mid-1970s, dad recruited me to join him in his lab as an operating room photographer. There hadn't been many microsurgeries done, and he needed someone to take pictures as a teaching tool," Dr. Buncke recalls. "The teaching, the interesting people, his fascinating cases. I decided I really wanted to do this work with him."

In such exacting work, there are no shortcuts. It took a full 12 years to prepare for the job. "I had to finish college, then medical school, general training in surgery, and then reconstructive plastic surgery. Following all of that, I did my Hand and Microsurgical fellowship."

In 1987, he went to work at the Buncke Clinic. He has been there ever since. "We take care of people who have suffered significant injuries to their extremities. Our patients have been crushed under farm equipment, or caught on augers that rip fingers off. It's almost entirely microsurgery. We treat trauma, reconstruct after serious cancers have been removed, and help people who have

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*"Our practice is unusual. Each of us are individual physicians, but we also have fellows who need malpractice coverage. CAP has been really flexible and forward-thinking in how they work with us. They're great."*

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suffered congenital defects," he explains. Some injuries are surprising. For example, the second most common injury among people under age 30 is ring avulsion, where young people wearing rings get them caught on something. "When I talk to high school kids, I tell them 'if you don't have to wear a ring, don't'. You'd be surprised how easy it is to lose a finger."

Dr. Buncke's relationship with the Cooperative of American Physicians started nearly 16 years ago.

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### DR. GREGORY BUNCKE AT-A-GLANCE

**Medical Specialty:** Microsurgery

**Practice Location:** San Francisco

**Years in Practice:** 29

**CAP Member Since:** 2009

“Our practice is unusual. Each of us are individual physicians, but we also have fellows who need malpractice coverage. CAP has been really flexible and forward-thinking in how they work with us. They’re great.”

Today, there are four people in the practice. But the impact of the Buncke Clinic is global. “We’ve trained almost 400 people in our private fellowship, plus plastic surgery students at the University of California, San Francisco, and Stanford University. We’re all on the clinical teaching faculty at UCSF and employees there, and I am an alumni of the Stanford plastic surgery residency.”

Dr. Buncke’s career requires tremendous dedication. “I got in today before 7:00 a.m. and I may not get home at all until tomorrow. But I don’t mind doing the work, performing the operations. It feels like a privilege.”

With that kind of workload, you might wonder where he would find the time to meet a wife. The answer? In

the Andes, specifically in the tiny town of Loja, Ecuador. “Interplast organizes trips for surgeons and nurses to do cleft lip surgery in third-world countries. I really wanted to help.” It was a lucky break for him that he did. “While I was there, I met this amazing pediatric nurse named Janet. A year later, we got married.” Together, they have raised two children: Sara, 26, a pediatric oncology nurse, and Neal, 23, who works in sales and marketing.

Dr. Buncke is also a bass player and songwriter for his band, Switchblade Nixon, which opened for the Doobie Brothers about 10 years ago. The band’s latest CD got its title from a phone call. “I called our percussionist, Mukund, and his mom, who was visiting from India, picked up the phone. When she asked who was calling, I said ‘Greg Buncke.’ She promptly shouted to her son in the other room, ‘There’s a Great Monkey on the phone.’ We all had such a good laugh about it that we couldn’t resist naming the CD ‘Great Monkey.’”

## A Special Invitation to The Institute for Medical Leadership’s Chief of Staff Boot Camp®



The Cooperative of American Physicians, Inc. is pleased to offer its members a \$100 discount for the Chief of Staff Boot Camp®, taking place January 27-28, 2017, in Santa Monica. This means that for any CAP member or CAPAssurance hospital that would like to attend, the tuition for physicians is \$995 (\$100 off the Early Bird tuition rate). Hospital CEOs or CMOs may attend for free if they bring two paying physicians.

The Chief of Staff Boot Camp®, design specifically for medical staff leaders, hospital administrators, and boards of trustees, will celebrate its 15th year in 2017. CAP is cosponsoring this event with The Institute for Medical Leadership® to help prepare hospital physician leaders for the challenges they face in the rapidly changing healthcare marketplace.

The intense two-day program will be led by esteemed industry professionals. The program also provides up to 13.5 AMA PRA Category 1 credits through CAP.

To secure your space at this special rate, log on to the website at <http://medleadership.com/chief-of-staff-boot-camp/#4> and click on the link labeled "CAP Member Early Bird Tuition \$995.00."

If you are unable to personally attend, please pass this offer to one of your CAP-member colleagues who is currently a physician leader in your hospital or medical practice. We hope you or a referred CAP colleague will take advantage of this special offer.

# Increased Flexibility for MACRA: Pick Your Pace

In early September, the Centers for Medicare and Medicaid (CMS) announced the creation of a tiered approach to data reporting that will allow physicians more flexibility in the first year of Medicare's new payment program under the Medicare Access and CHIP Reauthorization Act, commonly called MACRA.

Under the tiered approach, for the Quality Payment Program (QPP), providers will be allowed to choose the level and pace at which they will report pursuant to the new payment reform models that will go into effect in 2019. This recent development comes as a result of intense pressure from industry stakeholders, policymakers, and medical associations asking CMS to ease implementation and provide alternatives and greater support in transitioning to the new models—especially for solo and small practice providers.

Below are the four options qualifying providers may select from in order to begin participating for the first performance period, scheduled to begin January 1, 2017. Selecting an option is important to ensure that a practitioner is not penalized in 2019.

**Option 1—Test the QPP:** Physicians currently in the Merit-Based Incentive Payment System (MIPS) will avoid a 2019 penalty by reporting “some” quality and cost data. As long as some data are submitted, including data from after January 1, 2017, there will be no negative payment adjustment in 2019. This option is intended to ensure the physician's system is working and prepares the practice for broader participation in 2018 and 2019. The word “some” is yet undefined, though there should be more clarity in the final rule scheduled to be announced November 1.

**Option 2—Participate for Part of the Year:** Physicians in MIPS can submit quality and cost data for just part of 2017 and the performance period can begin after January 1, 2017. This option will not only avoid a negative payment adjustment (penalty) but could qualify the physician for a small positive payment adjustment (bonus) in 2019. To get in better position



for the bonus, reporting should consist of submitting both information on quality measures and improvement activities.

**Option 3—Participate for the Full Calendar Year:** This is for physicians who are ready to go on January 1, 2017, and choose to submit Quality Payment Program information for a full calendar year. This option would also qualify physicians for a modest positive payment adjustment in 2019.

**Option 4—Participate in an Advanced Alternative Payment Model (APM) in 2017:** This option has been available all along and will continue to be so under the new models. For solo and small group practices, however, this may not be a viable option at this time as it entails joining a larger cohort in order to maximize benefits. If a physician currently participates in the Medicare Shared Saving Track 2 or 3 and continues to do so in 2017, he or she would be exempted from quality data reporting. More details will become available for APM options upon the announcement of the new rules on November 1.

Whichever option a physician selects, participation in some form will avoid the likelihood of sustaining penalties in 2019 and increase both the necessary practice and experience within the new models to maximize the potential for bonuses.

CAPsules will provide more details after the final rule is released November 1, 2016. ↩

# Register for CAP's Free Webinar: A Successful Path to ICD-10: One Year Later



**Thursday, October 27 | 12:30 p.m. to 1:30 p.m.**  
**Register: [CAPphysicians.com/icd10webinar](http://CAPphysicians.com/icd10webinar)**  
**Complimentary to physicians and their office staff**

On October 1, the flexibility for ICD-10 implementation ended. In addition, approximately 1,900 new ICD-10-CM codes have been proposed for 2017. Providers will now be required to code accurately to reflect the clinical documentation in as much specificity as possible. Errors may lead to delayed or denied claims, which ultimately will hurt your profit margins. CAP's next webinar – A Successful Path to ICD-10: One Year Later – will help ensure your payments will not be interrupted.

Presented by nationally renowned healthcare billing and coding expert Mary Jean Sage, this webinar will help physicians, other clinicians, and staff:

- Assess progress with ICD-10-CM
- Track and monitor key performance indicators (KPIs)
- Be prepared to apply the numerous coding updates
- Recognize potential documentation needs
- Learn to audit a practice for coding specificity

This is an opportunity to check in and make sure your office is in compliance, fine-tune your system, and ask any questions that have arisen in the past year. This one-hour presentation will teach you how to:

- Determine what KPIs to track
- Understand code change rationale
- Recognize potential documentation needs
- Resolve issues to get on the road to higher productivity and more timely claims processing

Webinar attendees will receive a free ICD-10 checklist to measure compliance in their own practices. The webinar will be recorded and emailed to registrants who are unable to attend the live event.

## About Our Presenter



### Mary Jean Sage

As founding principal and Senior Consultant of The Sage Associates, Mary Jean Sage is a nationally recognized speaker, consultant, and educator with over 20 years of experience in healthcare. Her unique blend of administrative and clinical skills has earned her an enviable reputation as an expert in managed care operations and reimbursement management. She is recognized nationally for her expertise in coding and billing and the practical seminars and workshops she presents to healthcare professionals. Ms. Sage was instrumental in developing the Certified Medical Billing Associate program, which credentials medical billers, and served as the initial Certification Director for the program. She currently serves as an advisor to a number of billing and coding publications.

Ms. Sage received her degree in Business Administration from the University of Redlands, and her degree in Allied Health from Ferris State University. She is a credentialed Certified Medical Assistant (CMA-AC).

October 2016

# Life and Disability Insurance Open Enrollment Begins November 1; CAP Agency Adds Voluntary Benefits Plans

October 2016

CAP Physicians Insurance Agency, Inc. announces open enrollment for its current Life\* and Disability insurance products November 1 through December 16. In addition, this enrollment period will enable you to apply for Voluntary Benefits, CAP Agency's newest offering through our partner Unum, with coverage for this new product beginning January 1, 2017.

If you have not already taken advantage of our great products, you will have the opportunity to apply during open enrollment for increased limits of Life, Disability, Short Term Disability, and Voluntary Benefits on a guaranteed issue basis.

As a CAP member, you can go to our new benefit communications website, apply online, and get a quote at your convenience. Additional information and simple instructions on how to access the benefit communications system will be available in the near future so you can take advantage of this exciting new offering.

And in our quest to improve insurance coverage for CAP members, we are excited to announce the addition of two new products available for you to purchase on a voluntary basis.

Voluntary Benefits are products such as critical illness and accident coverage that will fill the gaps in your current health insurance coverage. When members

choose to add Unum Voluntary Benefit Plans, they can purchase added protection for both themselves and their families.

CAP Group Critical Illness Insurance<sup>1</sup> pays you, your spouse, and dependent child a lump sum benefit that you select for certain health conditions such as cancer, heart attack, stroke, or major organ failure. Twenty-five percent of your benefit of eligible dependent coverage is automatically included at no additional charge

CAP Group Accident Insurance pays you, your spouse, or dependent child a set benefit amount that covers certain conditions in the event of an accident such as hospitalization, blood/plasma/platelet transfusions, burns, and joint dislocations.

For more information on CAP's Life, Disability, Short Term Disability, and Voluntary Benefits plans, visit [www.capphysicians.com/business-and-personal-insurance](http://www.capphysicians.com/business-and-personal-insurance), or call 800-819-0061. ↩

*\*Medical underwriting may be required for some members*

*<sup>1</sup>Pre-existing condition exclusions apply. Member must purchase coverage in order to purchase spouse and/or child coverage and must be working at least 17.5 hours a week to be eligible to apply for coverage. Spouse issue ages 17 to 64 years only; dependent children ages newborn to 26.*



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## Let CAP's Membership Services Department Help You with Your Year-End Planning

If you are contemplating a change in your practice, such as:

- Retirement from practice at age 55+
- Part-time practice
- Reduction or change in the scope of your practice
- Employment with a government agency or non-private practice setting
- Employment with an HMO or other self-insured organization
- Joining a practice insured by another carrier
- Moving out of state

All changes to your practice that affect your assessment, including, but not limited to part-time/full-time practice

status, risk class reduction, retirement, and termination, must be received, in writing, prior to the levying of the next assessment if you do not wish to be held liable for that assessment.

The Board of Trustees of the Mutual Protection Trust will levy the next assessment in November 2016. To allow ample processing time, we recommend that members advise us in writing no later than October 31, 2016, of any of the changes in their practice to be considered eligible for a waiver or proration of the assessment.

To report practice changes, login to your account at [www.CAPphysicians.com](http://www.CAPphysicians.com) and then click/tap the "Membership Information Update" tile, send an email to [ms@CAPphysicians.com](mailto:ms@CAPphysicians.com), or call Membership Services at 800-610-6642. ↩

# Case of the Month

by Gordon Ownby



## Court Upholds Criminal Conviction Over Device Reuse

A Nevada urologist was properly convicted for conspiracy under the federal Food, Drug, and Cosmetic Act for the reuse of plastic needle guides during prostate biopsy procedures, an appellate court has ruled.

As described in the published opinion, *U.S. v. Michael Stanley Kaplan, MD*, during a prostate biopsy, an ultrasound probe is inserted into the patient's rectum to locate the prostate. A hollow needle is then injected through the rectal wall into the prostate to gather a tissue sample. During the procedure, both the inside and outside of the needle are contaminated with biological debris, including tissue, blood, and fecal matter. The needle guide houses and stabilizes the collection needle.

According to the opinion from the Ninth U.S. Circuit Court of Appeals, Dr. Kaplan began using plastic needle guides labeled as "for single-use only" for such procedures after the urology office's ultrasound machine broke down and reusable stainless-steel guides were not available for the new machine. The next month, supplies of the plastic guides were running short and Dr. Kaplan told the office manager and the supervisor of the office's medical assistants to reuse the plastic guides by cleaning them in the same manner as the stainless-steel guides. The office used running water, bristle wire, thin needles, Cidex, and sterile water to clean the plastic guides. No record was kept on Cidex replacement schedules or how many times a particular guide was reused. Patients were not told that the needle guides were being reused.

During the time the medical assistants were instructed to reuse the plastic guides, they observed blood and pinkish water left in the guides and brown scratches that did not come clean during the disinfecting process. Three months later, Dr. Kaplan's medical assistants reported him to the Nevada State Medical Board, which commenced an inquiry and immediately notified federal investigators.

When federal agents arrived at the office, Dr. Kaplan admitted his office reused the guides but insisted that the practice had stopped. According to the opinion by

the Ninth Circuit, when asked why the office reused the devices, the urologist said only that he was practicing cost-effective medicine and good patient care.

In 2013, a Nevada grand jury indicted Dr. Kaplan for conspiracy to commit adulteration of a drug or device that is "held for sale." Under the Food, Drug, and Cosmetic Act (FDCA), a device is adulterated if it is "held under unsanitary conditions whereby it may have been contaminated with filth, or . . . rendered injurious to health."

At trial, a defense witness offered that the risk of infection to Dr. Kaplan's patients was between one in one trillion and one in one hundred trillion. The expert admitted, however, that he was the primary author of an article that advised "do not reuse items labeled for single use" and had conducted no experiments to determine if the plastic guides could safely be reused. After a nine-day jury trial, Dr. Kaplan was found guilty of conspiring to commit adulteration and that he had acted with the intent to defraud or mislead.

On appeal, Dr. Kaplan's attorneys contended that the plastic guides were not "held for sale" because title and possession of the guides were not transferred to the patients.

In upholding Dr. Kaplan's conviction, however, the Court of Appeals "focused more generally on the commercial nature of the transaction, actors, and products."

"A single-use device is meant to be 'consumed' in the course of treating a patient – just like a drug," the three-judge panel wrote. "Once the single-use device is used or consumed, there is nothing left to be done with the device. It no longer possesses a functional purpose in the medical practice and, rather than giving the used device to the patient, the doctor disposes of it. Therefore, when a physician uses a disposal device on a patient, the device is 'held for sale' within the meaning of the FDCA provided that there is a commercial relationship between the doctor and the patient and that the device is one that is meant to be 'consumed' in the process." ←

*Gordon Ownby is CAP's General Counsel. Comments on Case of the Month may be directed to [gownby@CAPphysicians.com](mailto:gownby@CAPphysicians.com).*



## Tickler, Recall, or Tracking Systems: It's All Patient Follow-Up

by Jacqueline Gellis, MHA, RN

How safe are your patients from falling through the cracks because of inadequate tickler, recall, or tracking systems? This is a big concern as patients in many cases are *not* safe and do fall through the cracks. You can call the systems a variety of names such as tickler, recall, or tracking, but they're all methods of follow-up that are lacking or inadequate for many situations. Below are a few scenarios for you to evaluate your systems to prevent patients from being lost to follow-up.

1. Many practices have some high risk patients. Would you know if a high risk patient needing ongoing monitoring of diabetes or high blood pressure failed to follow up within an ordered one-month period though the appointment was scheduled at checkout, but then rescheduled or canceled and the time frame was now far beyond the original one-month period?
2. A treatment plan frequently includes a return appointment. When the patient schedules it at the time of checkout, the ability to promote patient safety with continuous monitoring of health status becomes more trackable. However, what if the patient declines to schedule and agrees to call and schedule within the specified time frame yet never calls? What system exists for the office to initiate the call to prevent the patient from being lost to follow-up? It is important for the physician to communicate a clear plan, preferably in writing, for schedulers to follow and easily identify the reason for the next visit.
3. How would you know if there are outstanding diagnostic test results or specialist consult reports, especially when an authorization is not needed? The authorization process facilitates tracking for approval or denial, but is not always required and, therefore, an additional system should be maintained.

Several situations may be present that impede the tracking process, such as:


- The patient was compliant but the specialist or testing facility failed to send the results.

- The patient was compliant and the specialist or testing facility sent the results, but a breakdown occurred and they were never received.
- The patient was noncompliant and therefore the results will remain outstanding. This may happen when the patient:
  - Fails to understand the plan.
  - Changes providers who are unaware of the previous plan.
  - Experiences financial hardship and is concerned about inability to pay for anticipated charges.
  - Does not provide an explanation/unknown reasons.

In each of these examples, continuous monitoring of outstanding results enables physician involvement with follow-up to determine the best plan for preventing the patient from falling through the cracks.

When a treatment plan includes follow-up appointments, diagnostic tests, or specialist consults, the responsibility for follow-up to close the loop lies with the ordering provider. A tracking system should incorporate the following concepts:

- Is a tickler system such as computer spreadsheets, electronic health record task or tracking modules/features, or paper logs maintained to enable continuous monitoring?
- Is your system comprehensive for tracking the needs of your patient population?
- Who is responsible for monitoring outstanding orders?
- How is the outstanding/incomplete treatment plan communicated/coordinated with the ordering provider?
- What action will be taken for patient follow-up?

Designing and maintaining a tickler, recall, or tracking system for patient follow-up will help reduce risk, maximize patient safety, and promote optimal health status. 

*Jacqueline Gellis is a Senior Risk Management and Patient Safety Specialist for CAP. Comments or questions related to this article should be directed to [jgellis@CAPphysicians.com](mailto:jgellis@CAPphysicians.com).*



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*We welcome your comments! Please submit to [communications@CAPphysicians.com](mailto:communications@CAPphysicians.com)*

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For more information, contact Sean O'Brien at 888-645-7237 or email [CAPAdvantage@CAPphysicians.com](mailto:CAPAdvantage@CAPphysicians.com).

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