THE MONTHLY PUBLICATION FOR CAP MEMBERS

CAPsules®

COOPERATIVE OF AMERICAN PHYSICIANS

CAP 2023 Elections

Your Vote is Critically Important! Don't Delay!

The elections for the Cooperative of American Physicians, Inc. (CAP) Board of Directors and for the Mutual Protection Trust (MPT) Board of Trustees are currently underway—and the July 19th annual meeting date is fast approaching! All members of record as of May 19 should have received their voting materials for the CAP and MPT board elections in the mail, and we thank those of you who have already voted.

It Is Critically Important That All Members Vote Without Delay

There are five easy ways to submit your signed, dated, and completed ballot and proxy:

1. **Vote Online:** Log in to your CAP member account account at **https://member.capphysicians.com** and follow the instructions. Register for an account at **https://member.capphysicians.com/register** if you do not already have one.
2. **Vote by DocuSign:** You have received emails from CAP and will be receiving additional emails if you have not voted yet asking you to sign your ballot and proxy via DocuSign, which allows you to easily and securely vote through your web browser in less than a minute.
3. **Vote by Fax:** Submit your mailed ballot and proxy to **213-576-8574**.
4. **Vote by Mail:** Use the postage-paid envelope included with your mailed ballot and proxy materials.
5. **Vote through CAPMobile:** Download CAP's app by visiting **https://www.CAPphysicians.com/CAPMobileIOS** for iOS users and **https://www.CAPphysicians.com/CAPMobileAndroid** for Android users, or scanning the QR code.

   Log in using your CAP member account log in information.
   Register at **https://member.capphysicians.com/register** if you need an account.

If you did not receive your voting materials, if you need another copy of your ballot and proxy, or need help voting, please contact Membership Services at 800-610-6642.

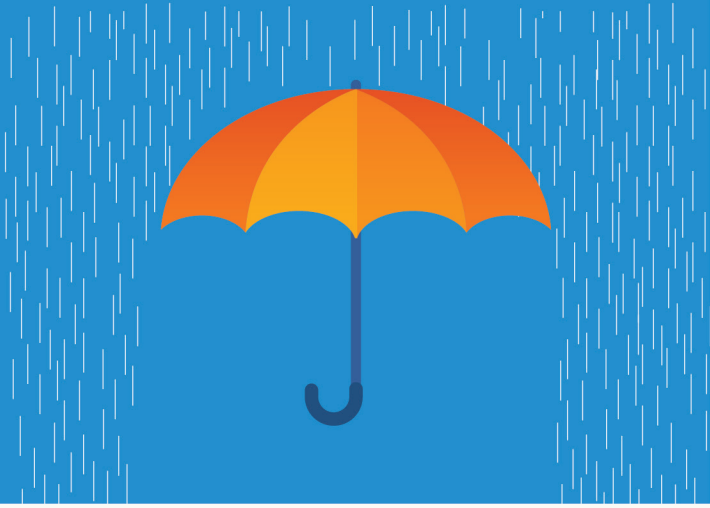
Please Save CAP and MPT the Expense of Additional Solicitation and Vote Today!

As a physician-founded and physician-directed organization, the members' best interests form the foundation of CAP. If we do not receive a majority of the members' votes, additional resources will need to be used for continued efforts to collect votes. The more votes we receive, the fewer resources will be required for follow up.

When you support CAP, you are joining nearly 13,000 of California's finest physicians who benefit from exceptional medical malpractice protection provided through our Mutual Protection Trust, as well as access to outstanding physician support benefits. Please vote today—your participation in the 2023 CAP ballot and MPT proxy helps all members!

JUNE 2023

Must-Have **Personal Umbrella Insurance** for CAP Members



From having excellent malpractice coverage to remaining compliant with regulations, CAP members are well versed in protecting themselves from the potential liabilities associated with practicing medicine. Even outside of the clinical setting, physicians are vulnerable to personal liability lawsuits, which can generate exposures that can easily exceed homeowners and automobile insurance limits and cause significant financial loss.

Physicians should consider purchasing a personal umbrella insurance policy, an often overlooked yet very important and inexpensive piece of coverage that supplements the basic liability coverages provided by your home and auto insurance.

As a CAP member, you can purchase a personal umbrella policy that provides up to $10 million in excess liability coverage—at affordable rates with no underwriting required!

View rates and purchase this must-have coverage immediately at: https://capgpel.epicbrokers.com//cap.aspx

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Chances are, you and your family members like to engage in regular activities and hobbies where accidents can occur. If you frequently entertain guests, someone could suffer an injury on your property. Your dog could bite a passerby during your daily walk. You could be sued for slander or defamation for online reviews. Or, if you enjoy playing sports, you could end up accidentally hurting another player.

You may think that your current homeowners, automobile, and other property policies already offer enough protection. However, without a personal umbrella liability policy, any claim that is greater than your current coverage limits could wreak havoc on your financial assets, or negatively impact your future earnings if you do not have enough to pay the balance of any damages awarded against you.

While significant assets do require more coverage, a personal umbrella policy can protect both physicians with amassed wealth and those who are building their portfolio.

Review rates and enroll now:
https://capgpel.epicbrokers.com//cap.aspx

To learn more and to speak to a licensed insurance professional, contact CAP Physicians Insurance Agency, Inc. (CAP Agency) at **CAPAgency@CAPphysicians.com** or at **800-819-0061**.

CAP PHYSICIANS INSURANCE®
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JUNE 2023

RISK MANAGEMENT
AND
PATIENT SAFETY NEWS

Communicating With the Deaf and Hearing Impaired in the Healthcare Setting

By Deborah Kichler, RN, MSHCA

The Department of Justice, the federal agency charged with enforcing the law under the Americans with Disabilities Act (ADA), created regulations interpreting "effective communications" for hospitals. In the ADA and Section 1557 of the Affordable Care Act, covered entities must provide communication for patients, family members, and visitors who are deaf or hard of hearing using auxiliary aids and services.[1] Auxiliary aids and services include equipment or services such as qualified sign language interpreters, assistive listening devices, note-takers, written materials, television decoders, closed caption decoders, and real-time captioning.[2] Since people who are deaf or hard of hearing use various ways to communicate, the method provided will vary depending on the abilities of the individual, their preferences for communication, and the complexity and nature of the communications required.[3] A public accommodation shall furnish appropriate auxiliary aids and services where necessary to ensure effective communication with individuals with disabilities. A patient cannot be charged for the provision of these services.

A previously published "Case of the Month" featured a case involving Mr. Crane, a profoundly deaf individual who communicates using American Sign Language (ASL) and who filed a lawsuit against a hospital for failure to provide a sign language interpreter to effectively communicate during an involuntary commitment evaluation. Mr. Crane suffered from chronic depressive and anxiety disorders. In July 2011, police responded to a call that Mr. Crane was suicidal and transported him to Palmetto General Hospital where he was treated for alcohol intoxication. Mr. Crane reported that while at the hospital, he repeatedly requested a sign language interpreter but was not provided with one. Mr. Crane was evaluated by a psychiatrist for possible involuntary commitment for psychiatric care. The psychiatrist communicated with Mr. Crane through written notes and limited sign language skills. Although the psychiatrist determined that Mr. Crane was not a threat to himself or others, he remained in the hospital for two more days. It was not until his day of discharge that an ASL interpreter was provided to assist the psychiatrist in communication with Mr. Crane.

In the Crane case, it was not a question whether the patient received the correct diagnosis, or medical treatment, but that he was denied the ability to understand the entire treatment and communicate his medical information to the provider. Was Mr. Crane provided the same medically relevant information as a hearing person? For many persons in the deaf population, English is not their primary language; American Sign Language is. The deaf person's English comprehension may be at the elementary school level.[4] Because of the complexity of medical information being provided by caregivers, were handwritten notes the

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most efficient mode of communication? A qualified ASL interpreter is trained with a specialized "vocabulary" to communicate expressively and receptively. The patient has a right to information about their medical situation, in terms and in a language they can understand, and to be allowed to ask questions for clarification or for more information. Mr. Crane was denied this opportunity and deprived of an equal opportunity to fully participate in his medical care.

A deaf patient schedules an appointment to be seen and informs the office that they will need an interpreter to be part of that visit. What is that physician's obligation to the patient? Physician offices are considered "public accommodations" under Title III of the ADA and are required to provide auxiliary aids and services for their appointments.

Are written notes an effective communication exchange with patients? In some situations, perhaps with a longstanding patient, physicians may be able to effectively communicate with a patient using a notepad or whiteboard. When considering written exchanges, be cognizant of the nature of the patient's visit; the complexity of the communication involved; the patient's ability to read and respond effectively in writing; and whether this is an emergent situation.

The ADA does not require the physician to use and accept the patient's personal interpreter. If an interpreter is required, and the physician can obtain a qualified interpreter at a lesser cost, the physician may employ the interpreter, despite the patient's preference for an interpreter with whom the patient has an established relationship.[5] Like with other language interpreters, it is not appropriate to ask a family member, or other companion, to interpret for the patient because the situation may be too private, and that person may not have the appropriate skills for that encounter. Do physicians have to provide an in-person ASL interpreter? If the patient insists that the physician provide an ASL interpreter, then it would be best to comply. Physicians and medical groups may be liable to private litigants under the ADA for failing to provide hearing impaired patients with requested sign language interpreters.[6]

There are some instances where the ADA allows for exceptions to the provision of auxiliary aids and services, such as an interpreter, for physician offices if providing a particular service would result in "an undue burden" on the physician's overall practice.[7] This is most often acceptable to very small practices in a poor financial standing. However, the physician must provide an alternative aid or service that ensures to the maximum extent feasible that the deaf or hard of hearing patient will be able to receive the same services as non-disabled patients.[8]

The United States Attorney's Office (USAO) for the Central District of California investigated a physician under Title III of the ADA for a complaint filed alleging that the physician failed to provide auxiliary aids and services to a patient who was deaf, and that the patient was told that it was her insurance provider's responsibility to provide such services.[9] No appropriate auxiliary aids or services were provided for the deaf patient for appointments from 2016 to 2018. The ADA requires providers, not patients, to ensure effective communication for people who are deaf or hard of hearing. The case was settled in February of 2020 with an agreement rendered.

Situations such as these may be few, but physicians need to know their options so not to be caught off guard when a patient calls for an appointment. When asked by a patient, or prospective patient for translation services, inquire with the patient as to what type of auxiliary aid or service will be needed for the visit to ensure effective communication and a more positive physician-patient relationship.

What should you do?

- If the patient insists that the physician provide an ASL interpreter, it is best to comply.
- Review your contracts with health plans and insurers to ascertain whether the contract addresses the

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issue of financial responsibility for interpreter services.

- Some private insurance companies now provide in-person interpreter services.
- Sign language interpreter services are a benefit to facilitate effective communication with deaf or hearing-impaired Medi-Cal recipients. Sign language interpreter services are reimbursable only to providers or provider groups employing fewer than 15 people.[10]
- Consider video remote interpreting (VRI) services** to assist with interpretation office needs. (VRI shall not be used as a substitute for an onsite interpreter, or when it is not providing effective communication.)

**Available through CAP's Marketplace

Deborah Kichler is a Senior Risk Management and Patient Safety Specialist for CAP. Questions or comments related to this article should be directed to DKichler@CAPphysicians.com.

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[1]*Access to Health Care for People with Disabilities under the ADA and Other Civil Rights Laws*. May 1, 2021, p. 7. https://www.disabilityrightsca.org/publications/access-to-health-care-for-people-with-disabilities-under-the-ada-and-other-civil

[2]45 C.F.R. 92.102(b) for Section 1557. See C.F.R. § 35.104 for Title II. See C.F.R. § 36.303 for Title III.

[3]*Access to Health Care for People with Disabilities under the ADA and Other Civil Rights Laws*. May 1, 2021, p. 7. https://www.disabilityrightsca.org/publications/access-to-health-care-for-people-with-disabilities-under-the-ada-and-other-civil

[4]*2018 Deaf Rights Update: Are Doctors or Hospitals Required to Provide Interpreters for Deaf Patients and what are the penalties for not doing so?* Matthew Dietz. https://www.justdigit.org/wp-content/uploads/2018/08/Crane-edition.pdf

[5]California Medical Association Health Law Library. The California Physician's Legal Handbook, Document #6005, *Sign Language Interpreter*, February 2022, p. 2

[6]California Medical Association Health Law Library. The California Physician's Legal Handbook, Document #6005, *Sign Language Interpreter*, February 2022, p. 4

[7]28 C.F.R. § 36.303.

[8]California Medical Association Health Law Library. The California Physician's Legal Handbook, Document #6005, *Sign Language Interpreter*, February 2022, p. 4

[9]Settlement Agreement Under the Americans with Disabilities Act between the United States of America and Dr. Javier Rios USAO # 2017V02900, DJ # 202-12C-633

[10]https://files.medi-cal.ca.gov/pubsdoco/publications/masters-mtp/part2/sign.pdf Sign Language Interpretation (sign) (ca.gov)

Learn and Earn CME

Introducing *Risk Rounds*, CAP's Latest Learning Innovation

At CAP, our dedicated risk management team is constantly thinking up new and improved ways to deliver risk reduction strategies to physician members and staff. True to form, these industry experts recently developed *Risk Rounds*, an interactive, online tool that you can access day or night to earn Continuing Medical Education (CME) credit,* and learn ways to improve patient care, based on clinical specialty or area of interest.

Risk Rounds is comprised of a variety of "Pathways"—each about an hour long—that offer valuable lessons from CAP's closed claims files. To further reinforce and enhance the learning experience, participants are asked critical questions on risk management issues. But don't worry—there are no right or wrong answers, you won't be graded, and your feedback will remain anonymous!

We are launching the program with two pathways, covering the specialties of **Radiology** and **Anesthesiology**, with additional pathways currently under development.

To access *Risk Rounds:*

- Log into your member account at:
  https://member.capphysicians.com.
  If you do not have an account, please register for one here:
  https://member.capphysicians.com/register.
- Click on the "Risk Rounds Online CME Program" tile.
- Choose your pathway and earn your CME credits.

We encourage you to take advantage of this free and convenient member-only program that will be time well spent.

The Cooperative of American Physicians, Inc. (CAP) is accredited by the California Medical Association (CMA) to provide continuing medical education for physicians.

*The Cooperative of American Physicians, Inc. designates this internet enduring material for a maximum of 1.0 AMA PRA Category 1 Credit(s)™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Disclosure to Learners

No planner, reviewer, faculty, or staff for this activity has any relevant financial relationships with ineligible companies.

Healthcare Benefits for Practice Employees: Why It's Important

The cost of healthcare is a constant challenge for all employers, but providing employees with quality health insurance benefits can have long-term positive impacts on your practice.

As healthcare costs continue to rise, the licensed insurance professionals with CAP Physicians Insurance Agency, Inc. (CAP Agency) recognize that CAP members need flexible options when selecting the right health insurance plans for their practices. That is why CAP Agency partners with CAP's health insurance broker, Ashbrook-Clevidence, to offer valuable healthcare coverage options for CAP members and their employees. Ashbrook-Clevidence has been CAP's health insurance broker for over 20 years and is a trusted resource.

Top Reasons to Offer Health Insurance Benefits in Your Practice

1. Good health insurance coverage helps attract and retain quality employees, saving you the cost of high turnover.
2. Businesses get the tax advantage of deducting plan contributions.
3. Employees will often accept better benefits in lieu of a higher salary.
4. Quality healthcare helps everyone stay healthy and productive.

Now more than ever, it is critical to review your plan designs and premium programs to ensure you have the best plan to balance your coverage needs and budget.

The dedicated team at Ashbrook-Clevidence offers enhanced employee insurance programs and solutions to CAP member practices that can help reduce costs and ensure minimal disruption.

Ashbrook-Clevidence works with a variety of insurance companies, including:

- Aetna
- Cigna
- Anthem Blue Cross
- Health Net
- SHARP
- Blue Shield of California
- Oscar
- Kaiser Permanente
- Sutter Health
- California Choice
- United Healthcare
- And many more!

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Get started by working with a dedicated insurance professional to get a side-by-side comparison of your benefits and costs in the market and evaluate other benefits you may provide your employees, such as dental and vision insurance. You may be surprised by the preferred low rates you can get from CAP Agency's programs, which are specially designed for smaller practices.

Contact CAP Agency at 800-819-0061 or at CAPAgency@CAPphysicians.com, or contact Ashbrook-Clevidence directly at:

> **Chris Clevidence,** Ashbrook-Clevidence, Inc.
> 714-755-2492
> ChrisC@aclevidence.com
>
> **Cristina Burnell,** Ashbrook-Clevidence, Inc.
> 714-426-1926
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> 714-426-1923
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CAP Physicians Insurance Agency, Inc. (CAP Agency) is a full-service insurance agency created to support CAP members with their insurance needs. The licensed, trained professional insurance agents with CAP Agency have expertise in all lines of business and personal insurance coverage, and know healthcare. They can provide you with a comprehensive review of your risk exposures, assess your current coverage, and provide you with comparative, competitive quotes at no cost.

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Case of the Month

The Indefensibility of Poor Documentation

By Brad Dunkin, MHA

When it comes to timing of important events in a patient's care, making the effort to note when those events occurred is well worth the minimal investment in time required.[1]

This *Case of the Month*, "Death at Birth: A Tragedy Caused by Overwork and Undertraining,"[2] tells a cautionary tale of a typically joyous occasion, the birth of an infant. Errors in documentation by healthcare providers reinforce the assertion that a tragic outcome was preventable, and that care was negligent.

At midnight one evening, an expectant mother of twins and her husband presented to the labor and delivery (L&D) unit at their hospital, as scheduled, per their obstetrician's instructions. The plan was to induce labor with Pitocin (oxytocin), monitor fetal heart rates, and safely deliver both infants vaginally. The mother's obstetrician checked the patient into the L&D unit then went to sleep in the doctors' lounge. He instructed the nurse and a resident physician to call him if needed.

The laboring patient was left alone for large stretches of time through the night. It was not until the 7:00 a.m. nursing shift change that the patient received close attention from the nurses. By that time, Twin A's heart rate was slowing ominously with uterine contractions. A review of the monitor strip from the night shift showed flattening, or lack of variability, from beat to beat. Despite Twin A's lack of reassuring heartrate, the nurse failed to initiate standard interventions to improve the infant's condition, i.e., turning the mother, giving the mother oxygen, and giving extra fluids.

At approximately 8:15 a.m., the obstetrician decided to perform a C-section after being contacted. Twin A was still viable at this time. The C-section was not performed until after 9:00 a.m. and Twin A was delivered stillborn, with the umbilical cord wrapped tightly around her neck. Twin B was delivered safely. The autopsy for Twin A showed completely normal organs without any indication of problems, other than being undersized due to intrauterine growth restrictions.

The parents initiated a lawsuit. In evaluating this case, the plaintiffs' attorneys focused on monitoring of the infants in utero and the accompanying documentation done by the assigned nurse in the electronic medical record (EMR). Through a legal maneuver known as a motion to compel,[3] the plaintiffs' attorneys also obtained audit trails for records of other patients monitored by this same nurse the shift. The audit trail of the EMR revealed substandard and unsafe practices:

- The nurse was monitoring another laboring patient at the same time as the plaintiff, against standards that required 1:1 patient monitoring during the administration of Pitocin for this patient.
- The EMR time stamps revealed that the nurse made her entries on both patients long after her shift ended.

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- The fetal monitor alarm sounded twelve times during labor and was usually reset without any corresponding actions taken by the nurse. The alarm sounded when the signal was lost for one of the fetuses. The nurse was required to reposition the mother to reactivate the signal, however, this did not always occur. This resulted in hours passing without tracking Twin A's heartbeat.
- The entries for both patients, supposedly done at 15-minute intervals, were remarkably similar with little differentiation. Even more troubling, the documentation implied that the nurse had been at two places at the same time while monitoring her patients.

All these findings called into question the integrity of the patient's EMR.[4]

Many defense attorneys state "do not let documentation become a distraction in a medical malpractice case." From a risk management and professional liability standpoint, the ability to rely on the medical record is of paramount importance in defending care. The medical record serves as the best witness to what occurred during patient care episodes. Often, the documentation and corresponding metadata will enable a defendant to prevail in a lawsuit. However, the documentation here became a significant distraction and helped to render the case indefensible.

Physicians and allied health providers have a duty to patients to document their care in a responsible manner with respect to standard of care. This entails accurate and timely documentation that is customized to the individual patient and situation, and that captures important details that might be forgotten. This practice is not only important from a patient safety and quality of care standpoint, but also important if care is called into question through any investigation or a lawsuit.

Bradford S. Dunkin is Assistant Vice President, Risk Management and Patient Safety, at CAP. Questions or comments related to this column should be directed to BDunkin@CAPphysicians.com.

[1]Time-stamped EMR entries turn cases from defensible to candidates for settlement, July 21, 2014, www.reliasmedia.com/articles/117216-time-stamped-emr-entries-turn-cases-from-defensible-to-candidates-for-settlement (accessed 05/02/23)

[2]Death at Birth: A Tragedy Caused by Overwork and Undertraining, Patrick Malone Associates, (website accessed 05/02/23)

[3]Order re: Motion To Compel Discovery, May 20, 2011 www.jdsupra.com/legalnews/order-re-motion-to-compel-discovery-kip-48570 (accessed 05/02/23)

[4]Time-stamped EMR entries turn cases from defensible to candidates for settlement, July 21, 2014, www.reliasmedia.com/articles/117216-time-stamped-emr-entries-turn-cases-from-defensible-to-candidates-for-settlement (accessed 05/02/23)

Expanding a Pharmacist's Ability to Treat Patients

By Gabriela Villanueva

Since 2013, when pharmacists were first classified as healthcare providers by statute,[1] pharmacist advocates have worked to expand their scope of authority in various areas.

Amongst multiple bills sponsored by the California Pharmacists Association (CPhA) this legislative cycle, one intends to allow pharmacists to provide more direct patient treatment following certain positive test results in efforts to improve care in areas with healthcare provider shortages. Although pharmacists are currently authorized to perform testing for several healthcare conditions, they are not authorized to prescribe treatment for many of them.

Senate Bill 524 by Senator Anna Caballero, a Democrat representing the central valley counties of Fresno, Madera, Merced, and Tulare, was introduced after a 106-bed Madera Community Hospital and its three clinics shut down completely in early January. "It's a disaster. This is a facility that people depend on. This is a loss of services that is going to be really felt in many of our small communities," she stated.[2]

SB 524 would change the scope of a pharmacist's services and expand the authority that pharmacists have to provide such services.

The legislation would implement the following changes:

- A pharmacist would have the ability and authority to order, perform, and report certain tests approved and authorized by the FDA and waived by the Clinical Laboratory Improvement Amendments (CLIA).
- Specifically, until January 1, 2034, a pharmacist would have the authority to furnish prescription medications pursuant to the results from tests used to guide diagnosis or clinical decision-making for ***SARS-CoV-2, Influenza, Streptococcal pharyngitis, or conjunctivitis***.
- In providing these services, a pharmcist would be required to utilize specified evidence-based clinical guidelines, or other clinically recognized recommendations, in accordance with standardized procedures or protocol designed and approved by the board and the Medical Board of California.
- A pharmacist would be required to document, to the extent possible, the testing services provided, as well as the prescription drugs, devices, or other treatments furnished to the patient pursuant to the test result, in the patient's record.
- A pharmacy or health care facility in which a pharmacist is furnishing treatment would be required to provide an area designed to maintain privacy and confidentiality of the patient. Because a violation of these requirements would be a crime, the bill would impose a state-mandated local program.

The legislation has registered support from small, mostly rural, cities. CMA, the California Chapter of the American College of Cardiology, and the American College of Obstetricians and Gynecologists, District X, have all registered their opposition to the bill. The bill is on track for passage out of the Senate and onto the Assembly for its own committee hearing and voting process throughout August. The legislation has garnered bi-partisan support, so it may pass and arrive at the governor's desk in mid-September.

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If signed, the legislation would remain in effect through at least January 1, 2034 without earlier intervention.

To learn more about SB 524, please visit **www.CAPphysicians.com/SB524**.

Gabriela Villanueva is CAP's Government and External Affairs Analyst. Questions or comments related to this article should be directed to GVillanueva@CAPphysicians.com.

[1]SB 493, Chaptered in 2013
[2]https://calmatters.org/health/2023/01/hospital-closure/

The Medical Office Real Estate Market Forecast

Changing economic conditions and rising rates have dramatically impacted the Medical Office Building (MOB) real estate market.

Leasing in MOBs has increased approximately 2.9% on average over the past two years as a result of the high cost of building new MOBs, which has effectively reduced the market supply/availability. Increases in leasing rates are expected to continue because of the lack of market supply, higher costs of tenant improvement, and higher property operating costs. Some sources are predicting that leasing asking rates could increase between 2%-4% in late 2023.

Given these current rates and forecasts in market real estate conditions, many physicians will likely remain in their current office spaces, at least for now, to try and keep costs down.

CAP members could be realizing additional savings on their current leases or new property agreements. Gary Pepp with Physicians Commercial Real Estate Services can work on your behalf at no cost to find that needed relocation property or to negotiate with your current landlord for the best lease terms.

With Gary, you get:

- A dedicated broker who specializes in medical office real estate and understands its nuances and complexities.
- Tenant-only representation, so there is no conflict of interest with landlords.
- Attention to the fine print to negotiate the optimal deal.

Plus, CAP members will receive 10% of the earned commissions from Physicians Commercial Real Estate Services at the close of contract.

To get started and for more information, contact **Gary Pepp at 562-743-1695** or at **gpepp@physicianscommercialre.com**

Ask My Practice

by Andie Tena

Boost Productivity and Performance With a Free Practice Management Assessment

Clinical excellence aside, the care you provide for your patients may be impacted by the efficiency and effectiveness of your practice operations. A regularly scheduled practice evaluation can help you stay ahead of policies and procedures that support optimal workflow and a healthy bottom line, even when you think your business is running like a well-oiled machine.

As an exclusive benefit, CAP members have access to My Practice, CAP's free practice management and business services solutions program. In addition to being available for general practice-related inquiries, My Practice offers CAP members a free virtual practice management assessment.

Now is a good time to get your free practice evaluation and improve any areas that might need your attention.

Here's what you can expect to review during your consultation:

- The appointment scheduling process
- New patient intake protocols
- Patient check in/check out best practices
- Billing, collections, and accounts receivable workflows
- Referral procedures
- Patient communications management, and much more!

Practice management consultants can be costly, and the results may not always meet your expectations. Through My Practice, you can take advantage of free practice management services, including a virtual assessment.

You or any of your employees may contact My Practice to get started with your free practice assessment or to get help with any practice-related challenges, no matter how big or small. Call 213-473-8630 or email ATena@CAPphysicians.com for immediate assistance.

Andie Tena is Assistant Vice President, Practice Management Services, at CAP. Questions or comments related to this column should be directed to ATena@CAPphysicians.com.

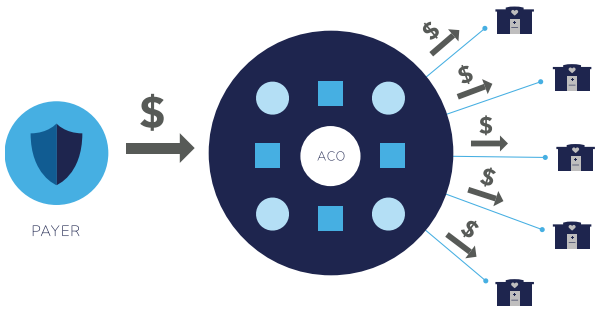
Value-Based Care:

What is it, and is it better than what you're doing right now?

What is value-based care?

In value-based care, physicians are paid for keeping people healthy rather than the volume of services delivered. Through coordinated care focused on specific performance and quality measures that directly affect patient health, outcomes are improved and cost of care is reduced.

In value-based care arrangements, a defined set of attributed patients receive care through contracts between primary care organizations and payers, including Medicare, Medicaid, and commercial insurance companies. Joining an accountable care organization (ACO) gives clinicians the information, technology, and tools to deliver even better care more easily and efficiently, enabling them to achieve performance measures and receive shared savings.



ACOs use the value and scale they create to garner more favorable contracts with payers, on behalf of their members. As doctors and ACOs work together to create savings, the savings are shared from the payer with the ACO, which shares these with its members.

Is it better than what you're doing now?

You don't have to choose between the joy of practicing medicine and running a great business. Value-based care can make a real difference in how you care for your patients and how you get paid for that care. Instead of just the current fees you get for services rendered, primary care practices are rewarded for focusing even more on quality and cost, and can get paid in multiple ways.

Rethink patient health and start getting rewarded for the care you provide. Discover a better strategy for you, your patients, and your practice at **www.aledade.com.**

COOPERATIVE OF AMERICAN PHYSICIANS

Cooperative of American Physicians, Inc.
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We welcome your comments! Please submit to communications@CAPphysicians.com.