



2025 CAP and MPT Elections: Please Vote Today!

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 16 annual meeting date is fast approaching! All members of record as of May 17 should have received their voting materials for the CAP and MPT board elections via email, and we thank those of you who have already voted.

It Is Critically Important That All Members Vote Without Delay

It is easy to submit your vote:

1. **Vote Online:** Log in to your CAP member 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. *OR*
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 complete your ballot and proxy via DocuSign, which allows you to **easily and securely vote through your web browser in less than a minute.**

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

Please save the membership 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 be used for continued efforts to collect votes. The more votes we receive, the fewer resources will be required for follow up.

Meet the Nominees

We invite you to learn more about the seven physician members who have been nominated by the CAP and MPT boards to serve the membership. To learn more, visit: www.CAPphysicians.com/nominees



Name: Christopher J. Combs, MD

Medical School: Washington University in St. Louis

Practice Location: Long Beach, CA

Specialty: Orthopaedic Surgery

Years in Practice: 19 years

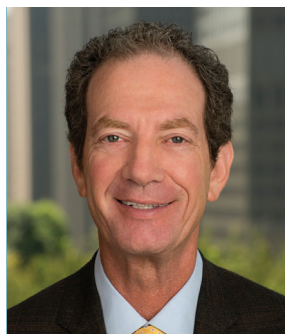
CAP Member Since: 2009



Name: Gracie-Ann E. Dinkins, MD
Medical School: UCI School of Medicine
Practice Location: Lynwood, CA
Specialty: General Surgery
Years in Practice: 24 years
CAP Member Since: 2000



Name: Steve E. Kasper, MD
Medical School: Keck School of Medicine of USC
Practice Location: Glendale, CA
Specialty: Family Medicine
Years in Practice: 34 years
CAP Member Since: 1994



Name: Wayne M. Kleinman, MD
Medical School: Virginia Commonwealth University School of Medicine
Practice Location: Tarzana, CA
Specialty: Anesthesiology
Years in Practice: 36 years
CAP Member Since: 1992



Name: John J. Kowalczyk, DO, FACOS
Medical School: Midwestern University Chicago College of Osteopathic Medicine
Practice Location: Los Angeles, CA
Specialty: Urology
Years in Practice: 30 years
CAP Member Since: 2005



Name: Meagan M. Moore, MD

Medical School: The Warren Alpert Medical School of Brown University

Practice Location: Fountain Valley, CA

Specialty: Obstetrics and Gynecology

Years in Practice: 24 years

CAP Member Since: 2001



Name: Lisa L. Thomsen, MD, FAAFP

Medical School: UCSF School of Medicine

Practice Location: Glendora, CA

Specialty: Family Medicine

Years in Practice: 35 years

CAP Member Since: 2003

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Case of the Month



Risking It All for Beauty—What Doctors Must Know Before Opening a MedSpa

By Yvette Ervin, JD

Beauty and wellness appear synonymous in American culture, as if one could not exist without the other. With consumers' seemingly endless pursuit of health and beauty, the field of medical aesthetics has exploded, and continues to grow. In fact, the Medical Spa (MedSpa) market size alone reached \$18 billion in 2023, with a projected Compound Annual Growth Rate (CAGR) of 18.7% through 2032. California leads the nation with the highest concentration of MedSpa businesses.¹ As the industry grows, opening a MedSpa or serving as the Medical Director of a MedSpa would appear to be a lucrative endeavor for a physician and an easy way to enhance income, especially as the challenges of traditional healthcare models continue to increase.

The following scenario is based on a compilation of facts from various cases, and demonstrates the risks involved in participating in a MedSpa and why you should heed the old saying, “If it sounds too good to be true, it probably is.”

■ Dr. “R”

Shortly after completing medical school and residency, Dr. R opened a MedSpa specializing in non-invasive cosmetic and laser procedures in a large metropolitan area. Dr. R spent a significant amount on social media marketing and built a large following in a highly competitive market. Part of Dr. R's goal was to be at the forefront of offering the latest treatments to patients. As Dr. R's practice rapidly grew, Dr. R delegated more

and more tasks to staff, including providing laser treatments to meet the increasing demand.

Dr. R struggled to manage the practice, and patient follow-up and documentation suffered. Several years after opening the MedSpa, Dr. R came under investigation by the state's medical board after multiple patient complaints were filed for alleged violations, including lack of informed consent, improper delegation of medical procedures to unlicensed personnel, patient harm, and false advertising. Ultimately, the medical board placed Dr. R on probation with several terms and conditions imposed on their medical license.

■ The MedSpa

As the owner and provider of the MedSpa, Dr. R assumed ultimate responsibility for all patients treated there. MedSpas are medical clinics that combine spa services with medical treatment, offering services ranging from facials and injectables to laser treatments, non-surgical fat reduction, and beyond.² Although MedSpas may look like a day spa, they remain medical facilities and are subject to the rules and regulations of a physician's office.

In California, MedSpas must be owned and operated by licensed medical professionals, and only licensed physicians can hold majority ownership. MedSpas must also have a Medical Director—a licensed physician who oversees all medical procedures and manages the quality of the care provided to the patients served.³ MedSpa Medical Directors are responsible for

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patient safety, ensuring proper protocols are in place, overseeing care plans, and complying with applicable laws and regulations, including HIPAA and the Federal Trade Commission Act.^{1,4}

■ Delegation of Laser Treatments

The Medical Board of California and the California Board of Registered Nursing have ruled that only licensed practitioners can operate lasers, as they are considered medical devices that can have a harmful impact, such as burns, scarring, and/or permanent discoloration. Unlicensed medical assistants, licensed vocational nurses, cosmetologists, or aestheticians may not legally perform these treatments under any circumstances.⁵ Furthermore, registered nurses or physician assistants who operate these treatments must do so only under a physician's supervision.

Dr. R's delegation of laser treatments to unlicensed staff, such as medical assistants, was improper and in violation of state regulations. Even when delegating this treatment to licensed staff, physicians must provide meaningful supervision and oversight—and not in name only. Doctors serving as a Medical Director of a MedSpa without regular review and supervision of the staff and treatments provided are “putting their medical licenses at great risk,” and may be charged with illegally operating a medical practice.⁴

To avoid improper delegation, treatments should be properly classified, with protocols for each treatment clearly defined. Each treatment should specify which roles may perform the treatment and what qualifications are required. Each role in a MedSpa should define and outline the appropriate scope of practice, and the Medical Director should validate that every staff person and provider in the practice understands their roles.⁶ It would be wise to invest in comprehensive and continuous training for your staff and providers, with a system for documenting their completion and your supervision of their work.

■ Inadequate Informed Consent and Documentation

As MedSpas are subject to the regulations of a physician office, it is imperative that proper informed consent is obtained. Although procedures typically performed in a MedSpa are not considered “invasive,” risk is involved, with potential to harm the patient. Failing to take informed consent seriously can leave doctors vulnerable to liability.

Complaints surrounding Dr. R included patients alleging they were not thoroughly informed of the risks and potential complications of their procedures, and that they were unaware that a non-physician would be performing their treatment. To avoid these risks, consistent and thorough informed consent procedures must be applied across the board, regardless of how “minor” or “non-invasive” the treatment may seem. This includes clear communication with patients about the details of the procedure, risks and benefits, alternative treatments, and the qualifications of the provider who will be performing the treatment. Documentation of these discussions and the patient's reported understanding are essential.⁶

Consider protocols for taking photos of patients before and after their procedure, including progress photos with ongoing treatments. These photographs should complement your written documentation.

■ Advertising and Representation

Dr. R's success was in part due to marketing, which highlighted that the practice attracted patients from across the globe and implied Dr. R was a specialist in areas outside of their formal training. Advertisements featured only Dr. R and never referenced the practice's team or other providers, misleading some patients to believe that Dr. R would personally perform all treatments.

Whenever publicizing a MedSpa practice, be mindful of the relevant California Business and Professions Code requirements. Some common issues are related to misleading or unsubstantiated claims regarding you

or the treatments you offer. Any medical information shared should be supported by scientific evidence, and relevant material facts to procedures advertised should be disclosed. When using patient images, ensure you have their explicit written consent, and do not alter the images to enhance the advertised results. The photos must be “accompanied by easily readable text explaining what procedures were performed and disclaiming that ‘results may not occur for all patients.’”⁷

Opening a MedSpa in California may appear to be an exciting and lucrative venture, where you may use your skills to enhance your patients’ lives without the

stress that often accompanies working in a hospital or running a private primary care office. Yet it is subject to the same strict regulations and carries the same risks—with an arguably more challenging patient population with unrealistic expectations. To achieve their desired results of establishing and maintaining a successful MedSpa, physicians must establish ethical business practices at the outset, ensure legal compliance, and prioritize patient safety. ➦

Yvette Ervin, JD, is a Senior Risk & Patient Safety Specialist. Questions or comments related to this article should be directed to YErvin@CAPphysicians.com.

¹AmbWealth, “Medspa Market Overview,” (Feb. 2024), [ambwealth.com, https://ambwealth.com/medspa-industry-primer/#:~:text=The%20MedSpa%20Market,+19%25;](https://ambwealth.com/medspa-industry-primer/#:~:text=The%20MedSpa%20Market,+19%25;) (April 29, 2025)

²Burr & Forman, “Getting into the Medical Spa Game: A Primer on Legal Considerations,” (Feb. 21, 2024), [burr.com, https://www.burr.com/newsroom/articles/getting-into-the-medical-spa-game](https://www.burr.com/newsroom/articles/getting-into-the-medical-spa-game) (April 29, 2025)

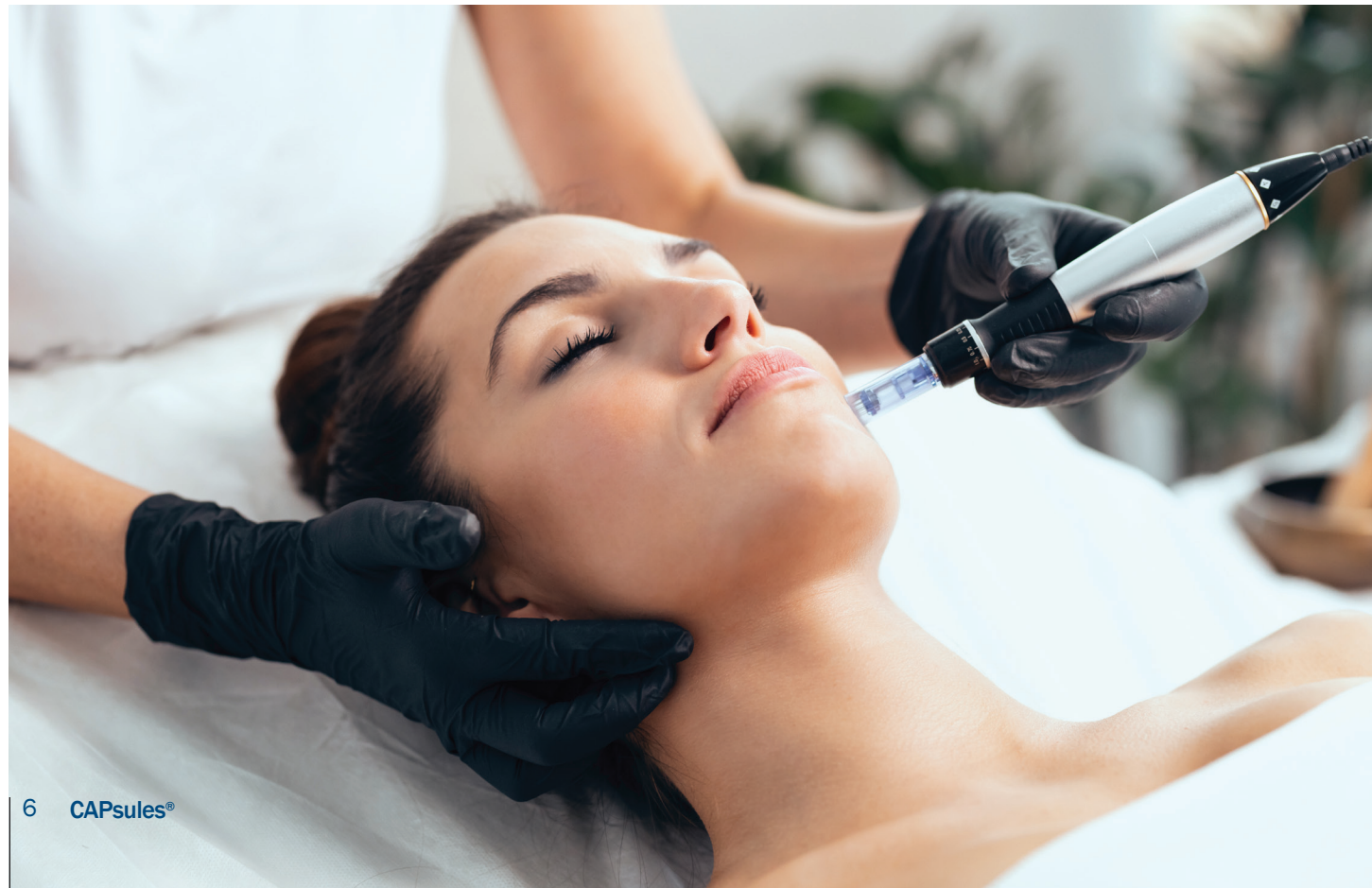
³Moxie, “How to Open a MedSpa in California: A Complete Guide,” (Jul. 17, 2024), [joinmoxie.com, https://www.joinmoxie.com/post/how-to-open-a-med-spa-in-california](https://www.joinmoxie.com/post/how-to-open-a-med-spa-in-california) (April 29, 2025)

⁴Renee E. Coover, JD, “Want to be a Medical Director at a Medical Spa? Beware,” (March/April 2014), [modernaesthetics.com, https://modernaesthetics.com/articles/2014-mar-apr/want-to-be-a-medical-director-at-a-medical-spa-beware](https://modernaesthetics.com/articles/2014-mar-apr/want-to-be-a-medical-director-at-a-medical-spa-beware) (April 29, 2025)

⁵Medical Board of California, “Cosmetic Treatments,” Frequently Asked Questions, <https://www.mbc.ca.gov/FAQs/?cat=Licensees&topic=Cosmetic%20Treatments> (April 29, 2025)

⁶David Holt, “The California Med Spa Owner’s Guide to Staying Compliant: Avoiding Costly Mistakes,” [djholtlaw.com, https://djholtlaw.com/the-california-med-spa-owners-guide-to-staying-compliant-avoiding-costly-mistakes/](https://djholtlaw.com/the-california-med-spa-owners-guide-to-staying-compliant-avoiding-costly-mistakes/) (April 29, 2025)

⁷Cal. Business and Professions Code § 651 (2018)



RISK MANAGEMENT AND PATIENT SAFETY NEWS



What's Happening With Telemedicine?

by Brad Dunkin, MHA

Telemedicine (aka telehealth) is the practice of medicine using electronic communication and information technology between a healthcare provider in one location and a patient in another location, essentially a remote or virtual encounter. Telemedicine has been in use for longer than we might imagine. One of the earliest examples of the use of video communication for medical purposes occurred at the University of Nebraska in 1959. Clinicians established a two-way television setup to transmit information to medical students across campus, and five years later linked with a state hospital to perform video consultations.¹ Historically, telemedicine was seen as a tremendous benefit, in particular, for providing better healthcare access to rural communities that lacked physicians and medical facilities and healthcare resources.

With the onset of the COVID-19 pandemic, telemedicine use increased dramatically to provide medical care safely and remotely to patients. Initially, there was a learning curve for physicians to adopt telemedicine if they had not been using it prior to the pandemic. Overall, healthcare providers were able to quickly implement the use of telemedicine as part of their provision of medical services and consultation.

Telemedicine continues to be a mainstay of providing healthcare access and medical services to patients. During the pandemic, the federal government and Centers for Medicare and Medicaid Services (CMS) waived certain regulatory requirements that allowed

for easier deployment of telemedicine services. For example, a telemedicine encounter did not require an in-person office visit as a prerequisite to conduct future telemedicine visits with patients.

At the end of 2024, congressional passage of the American Relief Act extended the deadlines of many of these waivers to March 31, 2025.² On March 15, 2025, Congress enacted a government funding package, H.R. 196, "Full-Year Continuing Appropriations and Extensions Act, 2025," that included a six-month extension of current Medicare telehealth waivers through September 30, 2025.³

Highlights of the Extensions of Telehealth Access Options

Some of the telehealth flexibilities have been made permanent, while others are temporary. Current telehealth policies allow the following:⁴

- Medicare patients can receive telehealth services for non-behavioral/mental healthcare in their home through September 30, 2025.
- There are no geographic restrictions for originating site for Medicare non-behavioral/mental telehealth services through September 30, 2025.
- Telehealth services can be provided by all eligible Medicare providers through September 30, 2025.
- Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs) can serve

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as Medicare distant site providers for non-behavioral/mental telehealth services through September 30, 2025. For an encounter furnished using interactive, real-time, audio and video telecommunications technology, or for certain audio-only interactions in cases where the patient is not capable of, or does not consent to, the use of video technology services, payment to RHCs and FQHCs are subject to the national average payment rates for comparable services under the physician fee schedule (PFS) through December 31, 2025.

- An in-person visit within six months of an initial Medicare behavioral/mental telehealth service, and annually thereafter, is not required through September 30, 2025. For FQHCs and RHCs, the in-person visit requirement for mental health services furnished via communication technology to beneficiaries in their homes is not required until January 1, 2026.
- Non-behavioral/mental telehealth services in Medicare can be delivered using audio-only communication platforms through September 30, 2025. Interactive telecommunications systems may also permanently include two-way, real-time, audio-only communication technology for any telehealth service furnished to a patient in their home if the distant site physician or practitioner is technically capable of using an interactive telecommunications system, but the patient is not capable of, or does not consent to, the use of video technology.

Risk Management Best Practices

As waivers for telehealth provision of medical services have been extended in several cases, diligent adherence to sound risk management and patient safety best practices that were expanded and enhanced during the pandemic should continue.

The following risk management best practices serve as a checklist to ensure that healthcare providers are optimally engaging with patients using telemedicine platforms:^{5,6}

- Provide ongoing training and support to staff and providers to ensure all telehealth providers are comfortable and proficient in telehealth technology and protocols.
- Clearly communicate with patients how to access and use the telehealth platform.
- Conduct a thorough assessment of the patient's technology and internet connection to ensure a successful telehealth appointment.
- Maintain a secure HIPAA-compliant platform for all telehealth appointments. Patients should be made aware of how information will be protected during telemedicine consultations, including secure communication channels and data encryption measures.
- Verify and authenticate, at each encounter, the patient's identity and location.
- Verify, at each encounter, the patient's readiness to proceed in a setting that is private and conducive to uninterrupted communication.
- Obtain informed consent from the patient for telehealth services. The informed consent process for telemedicine consultations should include the disclosure of potential risks and limitations of remote healthcare delivery.
- Establish protocols for handling emergencies or technical difficulties during a telehealth appointment.
- Follow up with patients after their telehealth appointment to ensure they received the care they needed.

- Ensure that all documentation and communication related to telehealth appointments are securely stored and compliant with privacy regulations.
- Step up your “webside manner.” This will ensure your patients have an optimal virtual experience and best possible medical outcomes from their telemedicine appointment with you:
 - **Prepare:** You want your patient to have the utmost confidence in you. Know in advance why your patient is scheduled. Read the chart before your video encounter. Have a plan of action.
 - **Time:** Avoid rushing. Your patient will feel unimportant, and you are likely to miss important clinical details. Schedule the appropriate amount of time for each patient. Allow time for questions and be aware of “the doorknob phenomenon,” when patients have a tendency to leave out critical information until the end of the visit.
 - **Collaborate:** Guide your patient through the visit. Have the patient adjust lighting and camera, if needed, for closer inspection. Demonstrate and coach your patients to assist you with their physical examinations. Have patients use their thermometers, blood pressure cuffs, and other medical tools to gather additional clinical data.
- Continuously evaluate and improve telehealth processes and technology to provide the best possible care to patients.
- Develop a comprehensive telemedicine policy that includes the best practices outlined previously. In addition, include telemedicine prescribing guidelines and reimbursement and billing procedures.
- Comply with current state and federal guidelines, statutes, and regulations governing telemedicine.
- Consult your professional liability carrier for specific questions related to the provision of telemedicine services and coverage issues.

Overall, a comprehensive telemedicine program and policy should provide clear guidelines and procedures to ensure safe, effective, and ethical delivery of healthcare services through remote technology. ➦

Brad Dunkin, MHA, is a Senior Risk Management and Patient Safety Specialist. Questions or comments related to this article should be directed to BDunkin@CAPphysicians.com.

¹History of Telemedicine: The Now and the Future of Healthcare, <https://evisit.com/resources/history-of-telemedicine#:~:text=The%20first%20people%20to%20use,hospital%20to%20perform%20video%20consultations>.

²Fact Sheet: American Hospital Association (AHA), February 2025 <https://www.aha.org/fact-sheets/2025-02-07-fact-sheet-telehealth-waivers>

³H.R.1968 - Full-Year Continuing Appropriations and Extensions Act, 2025, CONGRESS. GOV, March 15, 2025 <https://www.congress.gov/bill/119th-congress/house-bill/1968>

⁴Telehealth Policy Updates, [Telehealth.hhs.gov](https://telehealth.hhs.gov), March 20, 2025 <https://telehealth.hhs.gov/providers/telehealth-policy/telehealth-policy-updates>

⁵Risk Management and Patient Safety News: Telemedicine Risk Management Strategies, Cooperative of American Physicians, 2018

⁶Telemedicine Webside Manner: Putting Your Best Face Forward, Cooperative of American Physicians, December 18, 2020 <https://www.capphysicians.com/articles/telemedicine-webside-manner-putting-your-best-face-forward>



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

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Healthcare-Related Legislation: A Midyear Checkpoint

By Gabriela Villanueva



As the halfway point of the state's legislative calendar approaches, now is a good time to review the status and progress of key healthcare-related bills. Healthcare continues to foster opportunities for bipartisan agreement on critical issues that impact physicians and all Californians.

AB 1041 (Bennett, D-Ventura) Healthcare Coverage: Healthcare Provider Credentials

- **Description:** Sponsored by the Physician Association of California (PAC), AB 1041 aims to streamline the process insurers use to verify provider qualifications, reduce delays in their credentialing process, and ensure accurate provider directories, making it easier for patients to access qualified care by more promptly accessing the physicians they need.
- **Status:** Bill was heard and passed out of the Assembly Health Committee and the Appropriations Committee with bipartisan support.
- **Next Steps:** The bill passed through the Assembly Floor and was ordered to the Senate for hearing.

AB 408 (Berman, D-San Jose) Physician Health and Wellness Program

- **Description:** Sponsored by the Medical Board of California (MBC), the bill proposes a Physician Health and Wellness Program to support doctors

with substance use or health issues, helping them get treatment in a confidential manner. The initiative seeks to reduce stigma and revise previous legislative attempts to create such a program, aligning it with evidence-based best practices to encourage physician participation and enhance patient safety.

- **Status:** Bill was heard and passed out of Assembly Business and Professions, Assembly Judiciary, and Assembly Appropriations committees with strong bipartisan support.
- **Next Steps:** The bill also passed through the Assembly and was ordered to the Senate for hearing.

AB 985 (Ahrens, D-Santa Clara) Anesthesiologist Assistant Practice Act

- **Description:** Sponsored by the California Society of Anesthesiologists (CSA), the bill requires individuals pursuing certification to meet specific qualifications. AB 985 requires anesthesiologist assistants to work under the direct supervision of an anesthesiologist, who must be physically present and immediately available on the premises. Additionally, anesthesiologist assistants may assist in developing and implementing care plans under the anesthesiologist's oversight.
- **Status:** Bill was heard and passed out of Assembly Business and Professions (17-0) and Assembly Appropriations (15-0) committees with strong bipartisan support.
- **Next Steps:** The bill also passed through the Assembly and was ordered to the Senate.

AB 967 (Valencia, D-Anaheim) Physicians and Surgeons: Licensure Expedite Fee

- **Description:** Sponsored by the California Medical Association (CMA), the bill aims to address the urgent need to expand California's primary care

workforce by establishing an optional fee for out-of-state physicians to quickly obtain a medical license to practice here. The bill does not change any existing licensure requirements and instead, implements a list of additional requirements for expedited status and an additional fee not to exceed two hundred fifty dollars (\$250).

- **Status:** Bill was heard and passed out of Assembly Business and Professions Committee and the Appropriations Committee.

- **Next Steps:** The bill also passed through the Assembly and was ordered to the Senate.

AB 539 (Schiavo, D-Chatworth) Extended Prior Authorization for Medical Services

- **Description:** Sponsored by the CMA, the bill requires a prior authorization for a healthcare service to remain valid for a period of at least one year, or throughout the course of the prescribed treatment, if less than one year.

- **Status:** Bill was heard and passed out of Assembly Health (12-0) and Assembly Appropriations (11-0). While there were no recorded Nays, Republican members stayed off the bill.

- **Next Steps:** The bill passed through the Assembly and is in the Senate Health Committee for hearing.

SB 351 (Cabaldon, D-Sacramento) Protecting Medical and Dental Care Decision Independence

- **Description:** Sponsored by the CMA, this bill prohibits a private equity group or hedge fund, as defined, involved in any manner with a physician or dental practice doing business in this state from interfering with the professional judgment of physicians or dentists in making healthcare decisions and exercising power over specified actions, including, among other things, determining what diagnostic tests are appropriate

for a particular condition. It also allows the Attorney General to enforce the law through court actions and recover legal costs.

- **Status:** Bill was heard and passed out of the Senate Business, Professions and Economic Development, Senate Judiciary, and Senate Appropriations committees.

- **Next Steps:** The bill passed through the Senate and was ordered to the Assembly.

While there are many additional healthcare-related bills this cycle, this list provides a comprehensive example of the issues being addressed this session.

For more details on bills listed, please visit the state's legislative information website:

<http://leginfo.legislature.ca.gov> ➦

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



Mastering Effective Staff Training: Strategies to Onboard, Train, and Elevate New Healthcare Employees

Training new employees in healthcare is not just a task on your to-do list, it is an opportunity to shape how your team functions, communicates, and cares for patients. With staffing shortages, heavy workloads, and constant changes, getting a new team employee up to speed can feel like a full-time job. A well-structured training approach can empower new hires, enhance teamwork, and improve patient care.

Whether you are managing a practice, overseeing operations as an administrator, or leading a team of back office or front office staff, this strategic method can transform your training process into an engaging and effective experience.

Build a Thoughtful Onboarding Experience

First impressions set the tone for success. A strong onboarding program ensures employees feel supported from day one and are prepared for long-term growth.

- **Map out clear milestones:** Laying out the first 30, 60, and 90 days with defined milestones helps new hires feel confident and purposeful.
- **Create role-specific training modules:** Tailor your trainings to the specific responsibilities of clinical, administrative, and support staff.
- **Implement compliance and policy education:** Ensure that all staff are trained on current regulations, such as HIPAA, OSHA, Sexual Harassment Avoidance, Workplace Violence and CMS standards. Annual updates and assessments help maintain compliance.
- **Encourage mentorship assignments:** Find your practice stars and pair new hires with experienced staff to encourage knowledge transfer and foster connection.

Train With Purpose and Relevance

We learn best when training is practical, problem-centered, and relevant to day-to-day roles.

- **Incorporate scenario-based learning:** Use real-life patient cases or workflow challenges to make lessons practical.
- **Encourage shadowing and cross-training:** Encourage employees to observe and engage with experienced staff members to gain firsthand insights.
- **Facilitate open feedback:** Frequent check-ins and adaptability keep training aligned with actual needs, making it more impactful.

Utilize Technology To Enhance Learning

We all thrive when a good system makes life easier. But technology should support training and not replace human connection.

- **Adopt a learning management system** for self-paced learning, assessments, and tracking progress.
- **Create quick-access guides or short on-demand videos** for common tasks like submitting referrals or running reports.
- **Implement virtual walkthroughs and simulations** for complex processes that benefit from visualization.

Make Learning a Part of the Culture

Training should not end after onboarding. Create an environment where learning is continuous and valued.

- **Host monthly refreshers** on new technologies and best practices.
- **Offer growth paths**, such as leadership tracks, certifications, or even in-house “train-the-trainer” programs to show that you are invested in your employees' development.
- **Recognize and celebrate progress** when employees master new skills, mentor others, or contribute innovative ideas.

Provide Regular Feedback and Performance Evaluations

A successful training program must be measurable. Assessments and feedback loops ensure continuous improvement.

- **Track performance metrics** to look at how new staff are doing after 30, 60, and 90 days. Are they making fewer mistakes? Managing more patients? Getting valuable feedback? Creating a higher level of patient satisfaction?

- **Gather direct feedback** on what worked well and what could be improved upon for future training rounds.
- **Ensure consistency across locations and departments** through policies and procedures, audits, and quality checks.

Support Leadership in Training Execution

Training is not just the responsibility of HR or department heads—leaders at every level should actively shape the experience.

- **Develop leadership coaching programs** to ensure managers know how to train effectively, give constructive feedback, and inspire growth.
- **Clarify expectations** for team leads. They are not just managing people: they are shaping workplace culture.
- **Give leaders room to support new hires** by adjusting their workload temporarily so they can dedicate time to mentoring.

Training new employees is not about teaching them the basics—it is about building a team that works well together and feels confident in what they do. In healthcare, great training leads to better patient outcomes, stronger collaboration, and a more efficient practice. Invest in your team, and you will see the returns in excellence and morale. ➦

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.

Preparing for the Unexpected: Disability Coverage for Physicians



SYMPHONY RISK

Accidents and illness can disrupt your life in many ways, but they shouldn't have to significantly impact your finances. When life unexpectedly happens (as it often does), disability insurance is a smart way to protect your hard-earned savings while you're unable to work.

The Invaluable Benefits of Disability Insurance

When you've spent years building your wealth and planning for the future, the last thing you want to do is self-finance during an untimely injury or illness. Protecting your livelihood should be a top priority.

Solid disability coverage is key to safeguarding your income and other assets should you become unable to work due to illness or injury.

Disability coverage, offered through Symphony Health, gives you the financial cushion needed to help preserve your assets and help you focus on recovering and returning to work as quickly as possible.

Short-Term Disability

Short-term disability insurance can help preserve your assets if you're unable to work as you recover from injury, illness, or pregnancy-related medical issues.

Top benefits of Symphony Health's short-term disability coverage:

- \$1,000 weekly benefit^{1,2}
- Highly competitive rates
- Easy claims filing
- Begins paying after the 14th day of illness or injury
- Supplements wait-time gap for long-term disability insurance
- Benefit will not be reduced by State disability
- Guaranteed Issue: No medical exam required, no health questions asked!

Long-Term Disability

Regardless of your age or stage in your medical career, long-term disability is essential. This must-have coverage provides a steady stream of income to help cover your living expenses during an extended illness or after a disabling accident.

Top benefits of Symphony Health's long-term disability coverage:

- Up to a \$10,000 monthly benefit^{1,2,3}
- Highly competitive rates
- Easy claims filing
- Guaranteed Issue: No medical exam required or health-related questions to answer!

To learn more, email HealthCareServices@SymphonyRisk.com or call 800-819-0061.

¹Various deductibles and/or exclusions may apply.

²Must be currently working in healthcare at least 17.5 hours per week/per calendar quarter and not currently disabled or at time coverage becomes effective. Limited time pre-existing condition exclusion may apply.

³Must be currently working in healthcare at least 17.5 hours per week/per calendar quarter and not currently disabled or at time coverage becomes effective. Limited time pre-existing condition exclusion may apply; \$200,000 annual income required to qualify for \$10,000 monthly benefit otherwise benefit will be based on 60% maximum.



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