



Case of the Month



Surgical Collaboration and the Duty to Disclose: Avoiding Failure-to-Inform Claims

by Rikki Valade, RN, BSN, PHN

In today's increasingly multidisciplinary healthcare environment, effective communication and transparency between physicians and patients are paramount—especially when it comes to surgical care.

When a physician collaborates with another provider to develop or refine a patient's surgical plan, the duty to inform the patient about this collaboration is both an ethical obligation and a critical component of patient-centered care. Informing patients not only fosters trust and respects their autonomy, but also enhances their understanding of the proposed treatment, potential risks, and the roles of each provider involved.

Informed Consent in Healthcare

In California, informed consent is part of Title 22, § 72528—**Informed Consent Requirements**. Informed consent in healthcare is a crucial patient right that revolves around the disclosure of information, patient comprehension, and obtaining explicit authorization before proceeding with a procedure. A provider must properly disclose information so patients can make decisions about their medical treatment and options.¹

Informed consent is a cornerstone of patients' rights, which also falls under Title 22 and states a patient's right is to "receive as much information about any

proposed treatment or procedure as the patient may need in order to give informed consent or to refuse this course of treatment. Except in emergencies, this information shall include a description of the procedure or treatment, the medically significant risks involved in this treatment, alternate courses of treatment or nontreatment, and the risks involved in each and to know the name of the person who will carry out the procedure or treatment."²

This *Case of the Month*, which reached the Wisconsin Supreme Court on the narrow matter of whether the allegations of a patient were sufficient to decline the physician's motion to dismiss, exhibits how a patient can assert a claim for lack of informed consent against a physician when that physician solely discussed the procedure with the operating surgeon, but did not perform any part of the procedure.*

The Case:

In January 2018, Ms. H consulted with Dr. N, an OB/GYN, for severe endometriosis. Dr. N recommended the removal of her left fallopian tube and ovary, but Ms. H declined to consent and opted to think about it instead. Subsequently, Dr. N referred her to Dr. M, a surgeon, for a discussion about a potential colon surgery.

*The Wisconsin Supreme Court focused on the portion of the statute that states "Any physician who treats a patient shall inform the patient about the availability of reasonable alternate medical modes of treatment and about the benefits and risks of these treatments..."

Ms. H provided her consent for the robotic-assisted laparoscopic colon resection with Dr. M, which took place on February 13, 2018.

Prior to the surgery, Dr. N and Dr. M discussed and planned the procedure without informing Ms. H of the surgical options, including:³

- Dr. N remove fallopian tubes/Dr. M remove colon, or
- Dr. N attend and participate in Ms. H's surgery, or
- Dr. M remove ovaries

Dr. N was not involved in the procedure and Dr. M removed Ms. H's ovary. Ms. H was not informed about these plans and stated that she would have canceled the surgery had she been aware. Ms. H filed a lawsuit against Dr. N, claiming that as her treating physician, Dr. N breached the duty of care by failing to disclose the pre-surgery recommendations and plans.³

Dr. N filed a motion to dismiss the case with the sole contention she was not the “physician who treated” Ms. H, since she did not perform the ovary removal. However, the court denied the motion as it determined the allegations were adequate to withstand a motion to dismiss. Upon Dr. N's appeal, the appellate court stated that if the allegations were taken as true, there was a sufficient basis to support Ms. H's assertion that Dr. N qualified as a “physician who treated” her under Wisconsin's informed consent statute. This led Dr. N to appeal to the Supreme Court. The Supreme Court stated it must liberally interpret the allegations and only dismiss if it is clear under no circumstances, the patient could not recover damages. Upon reviewing the statute—which mandates that any physician treating a patient must inform them of reasonable alternative treatments along with their risks and benefits—the Supreme Court acknowledged that informed consent cases rely heavily on their specific facts and context. The Court concluded that Dr. N was indeed Ms. H's treating physician throughout, given her close involvement in planning the ovary removal, thus qualifying her as a “physician who treated” Ms. H.³

This Wisconsin case centered on whether a physician who does not ultimately operate on a patient can be liable for lack of informed consent when another surgeon performs the surgery. The Wisconsin Supreme Court allowed the case to proceed, ruling that a physician with “intimate involvement” in planning the procedure has a duty to disclose, even if not present during the surgery.⁴

Significance of this ruling: Although the ruling applies specifically to Wisconsin, it underscores how involvement in pre-procedure decision-making—rather than hands-on performance alone—may give rise to liability for informed consent obligations. In California, where the statutory framework refers to an “attending licensed healthcare practitioner,” such reasoning could support a broader application under similar circumstances.

Risk Management Strategies

The Joint Commission reports that communication failures were identified as the root cause in over 70% of sentinel events.⁵ Considering this Wisconsin Supreme Court ruling, what strategies might you implement to guarantee effective communication when multiple providers are involved?

The American Medical Association provides the following key recommendations:⁶

- **Comprehensive Informed Consent Process:** Ensure that patients receive detailed explanations about the surgical plan, potential risks, benefits, and alternatives.
- **Documentation:** Document the informed consent conversation and the patient's (or surrogate's) decision in the medical record.
- **Encourage Patient Questions:** Create an environment where patients feel comfortable asking questions about their care team and surgical plan to promote understanding and shared decision-making.

The American College of Surgeons recommends the following strategies:⁷

- **Clear Communication Protocols:** Establish standardized procedures for discussing collaborative surgical plans with patients, ensuring that all involved providers agree on what information must be shared.
- **Documentation:** Meticulously document all discussions with the patient regarding the collaborative surgical plan and informed consent, including which providers were involved and what was communicated.
- **Clarify Roles and Responsibilities:** Define and communicate the specific roles of each provider in the surgical plan to avoid confusion or assumptions about who is responsible for obtaining consent.
- **Training and Awareness:** Regularly train healthcare providers on their duty to inform patients about collaborative care arrangements and the legal and ethical implications of informed consent.

- **Interdisciplinary Coordination:** Foster close collaboration and communication among all providers involved in the surgical plan to ensure consistent messaging to the patient.
- **Regular Audits and Feedback:** Conduct periodic reviews of informed consent processes and patient communication practices to identify gaps and implement improvements.

Implementing these strategies can help mitigate legal and ethical risks associated with inadequate disclosure during collaborative surgical planning, and enhance overall patient trust and safety. ↩

Rikki Valade, RN, BSN, PHN, is a Senior Risk Management and Patient Safety Specialist. Questions or comments related to this article should be directed to RValade@CAPphysicians.com.

Other risk recommendations:

- **Use of Consent Forms Reflecting Collaboration:** Update consent forms to explicitly mention the involvement of multiple providers when applicable, helping to clarify the scope of consent.

References

- ¹Ervin, Yvette, "The Role of Informed Consent in Medical AI: Balancing Innovative Advancement With Patient Rights," (January 16, 2025), Cooperative of American Physicians, <https://www.capphysicians.com/articles/role-informed-consent-medical-ai-balancing-innovative-advancements-patient-rights>
- ²Westlaw California Code of Regulations, "§70707 Patients' Rights," Barclays Official California Code of Regulations, <https://govt.westlaw.com/calregs/Document/1B3CC9FDD5B6111EC9451000D3A7C4BC3>
- ³Allman, Christopher J., et al, "Case Law Update," American Society for Health Care Risk Management Annual Conference, (October 2025), Charlotte, North Carolina
- ⁴*Hubbard v. Neuman*, 2025 WI 15, 416 Wis. 2d 170, 20 N.W.3d 720
- ⁵Dingley C, Daugherty K, Derieg MK, et al, "Improving Patient Safety Through Provider Communication Strategy Enhancements," (August 2008), Agency for Healthcare Research, <https://www.ncbi.nlm.nih.gov/books/NBK43663/>
- ⁶AMA Code of Medical Ethics, Opinion 2.1.1: Informed Consent, <https://www.ama-assn.org/delivering-care/ethics/informed-consent>
- ⁷American College of Surgeons, Statement on Principles, (April 12, 2016), <https://www.facs.org/about-ac/s/statements/stonprin>

RISK MANAGEMENT AND PATIENT SAFETY NEWS



Working Effectively With Advanced Practice Providers With a Focus on Evolving Nurse Practitioner Categories

by Jane Mock, CPHRM

Advanced practice providers—nurse practitioners (NPs) and physician assistants (PAs)—play an integral and beneficial role in delivering patient care.

Over the last several years, there have been significant changes impacting how NPs can deliver care in California.

If you work with advanced practice providers—particularly NPs—in your practice, now is an opportune time to take a fresh look at your arrangements to ensure that they are practicing within their scope and under appropriate levels of supervision and collaboration.

Nurse Practitioners Gain Greater Independence

NPs seeking to practice more independently can now do so through two new categories: 103 NPs and 104 NPs. Many physicians may already be working with 103 NPs who gained certification in 2023. 104 NPs, who have increased levels of independence, are expected to come on the scene this year. How might this impact physicians? Let's first review how these categories of NPs evolved and understand how and in what settings they can practice.

Background: The Road to Independent Practice

In general, NPs in California can only practice under physician supervision and written standardized procedures¹ developed collaboratively between the NP and the supervising physician. Standardized procedures allow advanced practice nurses to provide care that is considered the practice of

medicine. This is how physicians are accustomed to working with NPs.

In 2020, California Assembly Bill 890 created the new 103 and 104 categories of NPs.² These NPs are authorized to do the following without written standardized procedures: conduct advanced assessments; order, perform, and interpret diagnostic tests; establish primary and differential diagnoses; prescribe, administer, dispense, and furnish medications (including controlled substances); make referrals; certify disability for state benefits; and delegate tasks to a medical assistant. Practice areas include family/individual; gerontology; pediatrics; women's health; and psychiatric/mental health.^{3,4,5}

How It's Unfolded for 103 NPs (1/1/2023 – Present)

The California Board of Registered Nursing (BRN) started accepting applications for 103 NPs in 2023. Eligibility requires the NP to complete a “transition to practice”: three full-time equivalent years (or 4,600 hours) in clinical practice as a certified NP within five years of applying for 103 status.^{4,5}

APRIL-MAY 2026

Certified 103 NPs can practice without written standardized procedures in group settings (e.g., clinics, hospitals, and medical group practices) with one or more physicians.⁵ The intent is to practice collaboratively. 103 NPs practicing in a group setting must refer a patient to a physician if the situation is beyond their education and training.⁵

Now It's Time for 104 NPs (Effective 1/1/26)

Just as we saw the first wave of 103 NPs in 2023, we can expect the first group of 104 NPs to begin practicing in 2026. A 104 NP must meet all the eligibility requirements of a 103 NP, plus having practiced as an NP for three years outside of the “transition to practice” period required for 103 NPs.^{5,6} Certified 104 NPs are not limited to working in a group setting; however, they are required to consult with a physician according to “individual protocols” when they encounter certain situations, including: emergent conditions needing prompt medical care after stabilization; a problem that is not resolving after ongoing management; history, physical, and labs in conflict with clinical impression; or if the patient requests physician consultation.^{5,7} 104 NPs are also required to have a plan for referring complex medical cases and emergencies to a physician.^{5,8}

Attestation of NP Transition to Practice Hours

Nurse practitioners applying for 103 certification must have one or more providers (a physician, NP, or 104 NP) who oversaw their work attest to their completion of transition to practice hours. The attester is only verifying that the NP has completed the required number of hours. The attester does not offer an opinion on the NP's competence. Attestation should be based on review of objective information rather than memory. Providers are immune from liability for attesting or refusing to attest to the NP's hours, unless their attestation is fraudulent.^{4,9,10}

Consultations

The physician's role in working with 103 and 104 NPs will shift from a supervisory to a consultative one. Some communications, such as consultations requested by a 104 NP, might be more analogous to collaborating with another physician. If a consultation is presented as informal or “curbside,” remember that these can be beneficial to patient care and professional relationships, but they should also be approached with care and caution to avoid the perception of a physician-patient relationship. For risk management tips on curbside consultations, see CAP's “Curbside Consultations: What the Practitioner Should Know” at: <https://www.caphysicians.com/articles/curbside-consultations-what-practitioner-must-know>

Non-103/104 Nurse Practitioners and Physician Assistants

The primary patient safety and liability risk for physicians working with NPs and PAs is lack of demonstrated supervision or collaboration. Malpractice actions against an NP or PA can extend to the supervising physician (i.e., vicarious liability for the NP's or PA's diagnosis error, improperly performed procedure, failure to treat/refer, or delayed treatment).

If an NP or PA is delivering most, if not all, care to the patient, it may create a perception of distance between the physician and patient. This can occur when the physician and NP or PA have structured their arrangement to give the NP or PA a high level of autonomy, or perhaps when a contractual agreement between an entity and physician designates the physician as supervisor for an NP or PA, but the physician does not interact with the other provider or their patients. When a poor clinical outcome occurs, physicians are surprised to learn that they may have ultimate responsibility for patient care provided by that advanced practice provider.

Written standardized procedures and collaborative agreements specify the medical care that NPs and PAs can render, and the circumstances in which they need to elicit physician input or direction. They set forth how physicians are to conduct their supervisory roles, including availability, communication, and chart review. These mechanisms help bridge distance and foster partnership.

In Closing

It is essential that physicians stay current on and understand the laws and regulations governing their supervisory or collaborative duties relative to advanced practice providers. Review your standardized procedures and collaborative agreements with these colleagues every two to

three years, or when personnel or duties change. If you work with 103 or 104 NPs, do so in a way that supports sound patient care. Applying these principles to your practice promotes safety and quality, and minimizes risk.

Check with your medical professional liability carrier if your current coverage extends to these new types of advanced practice professionals. ➔

Jane Mock, CPHRM, is a Senior Risk Management and Patient Safety Specialist. Questions or comments related to this article should be directed to JMock@CAPphysicians.com.

¹ California B&P Code §§2725; 2835.7

² California B&P Code §§2837.100–2837.105

³ California B&P Code §§2837.103(c); 2837.103.5; 2837.104(b)(1)

⁴ California Senate Bill No. 1451

⁵ California Medical Association (CMA) Legal Counsel. On-Call Document #3005. Nurses. January 2023.

⁶ California B&P Code §2837.104

⁷ California B&P Code §2837.104(c)(2)

⁸ California B&P Code §2837.104(c)(4)

⁹ California B&P Code §2837.103(a)(1)(D)(iv)

¹⁰ California Academy of Family Physicians (CAFP). Issue Brief. Nurse Practitioner Independent Practice Provider Attestation. February 29, 2024. Available at: <https://www.familydocs.org/wp-content/uploads/2024/03/24-ADV-CAFP-Issue-Brief-Nurse-Practitioner-Independent-Practice-Provider-Attestation.2.29.24.pdf> (Accessed: 2/24/26)



Moving Patient Intake Online: A Simpler Approach

From CAPAdvantage Partner Yosi Health

Improving the registration process isn't just about convenience—it's about quality care. When staff are bogged down by paperwork or repetitive data entry, they have less time to focus on patients.

The result? Delays, errors, and a patient experience that starts off on the wrong foot.

Long wait times and overwhelmed front desk staff have become a common frustration for both healthcare providers and their patients. One major culprit is a slow, manual registration process. Whether it's long lines of first-time visitors or repeat patients filling out the same forms, inefficient intake workflows drag down productivity and patient satisfaction.

The Root Causes of Slow Registration

Many registration challenges stem from outdated systems and disconnected workflows. Manual data entry and paper-based forms create unnecessary friction, making it hard to access patient information when it's needed most.

Common causes of slow patient registration include:

- Time-consuming manual data entry
- Repetitive forms for returning patients
- Patients unprepared with required documents
- Systems that don't integrate, forcing double entry

When these inefficiencies pile up, patients wait longer and staff feel pressured to rush—often leading to mistakes and burnout. The registration bottleneck quickly snowballs into scheduling issues, frustrated patients, and overwhelmed teams.

How Digital Intake Transforms Efficiency

Switching from paper to a digital intake system delivers measurable improvements almost immediately. On average, 85%-90% of patients complete their registration before they arrive (based on Yosi Health internal data, 2026)—reducing front-desk workload from the moment the day begins. Pre-visit online forms, secure cloud storage, and automated insurance verification let staff prepare in advance and minimize bottlenecks at the front desk.

Key digital tools include:

- Online pre-check-in for faster arrivals
- Automated demographic and insurance capture
- Cloud-based storage for easy record access
- Seamless integration between scheduling, billing, and electronic health record (EHR) systems

Patients can complete forms from home, at their convenience, while staff focus on care instead of paperwork. For a parent checking in their child after school, this means arriving at the clinic with everything ready to go—no clipboards, no waiting.

That simple shift not only saves time but builds trust. A streamlined check-in signals respect for the patient's time and sets a positive tone for the entire visit.

Best Practices for Implementation

Technology alone doesn't guarantee success—the rollout process matters just as much. Staff should feel confident using new tools, and patients should understand the benefits.

Best practices include:

- Conducting short, recurring team trainings
- Including notes about digital intake in appointment reminders
- Providing visual how-to guides for patients
- Maintaining a simple paper backup process when needed
- Scheduling weekly team check-ins to troubleshoot


Communication is key. When patients understand that completing forms online means less waiting and more time with their provider, adoption rates climb quickly.

Creating a Better Patient Experience

Digital intake doesn't just save time—it enhances every interaction. Patients notice when check-ins are quick, lines are short, and staff are attentive instead of buried in paperwork. The front desk team gains breathing room to greet patients warmly, verify details efficiently, and answer questions without stress.

Real-time updates also add value. If a doctor is running behind or a form is missing, a simple text alert keeps patients informed and reduces anxiety. Every step feels smoother and more intentional.

Focusing on patient registration is one of the simplest ways to transform your workflow. By digitizing intake, practices free up time, reduce errors, and improve satisfaction across the board. Staff spend less time on repetitive tasks, and providers stay on schedule—all while giving patients a more efficient and pleasant visit.

If your front desk feels stuck in slow motion, it's time to modernize your registration process. 

This article is presented by Yosi Health, a participant in the CAPAdvantage program, CAP's suite of no-cost or discounted practice management products and services.

Yosi Health is a customizable patient management platform that helps practices reduce administrative burden, improve front-office efficiency, and deliver a better patient experience from pre-visit intake through follow-up.

Learn more about how Yosi Health can make it significantly easier to run and grow your practice at: <https://yosi.health/>

California 2026 Proposed Healthcare Legislation Impacting Physicians

by Gabriela Villanueva

The 2025–2026 legislative cycle has entered its second year amid rapid change in healthcare and mounting challenges. Legislators have introduced bills addressing patient privacy, the growing use of artificial intelligence in healthcare, and continued efforts to broaden scope of practice for non-physician providers.

The following is an overview of bill proposals currently moving through the legislative process.

AB 2398 Alvarez (D - San Diego) — Practice of Medicine: Physician Graduate License Act

Summary: AB 2398 would allow graduates from medical schools who haven't completed their residency to be licensed in California. Licensees must practice under agreements with sponsoring physicians who maintain active California practices. The license is valid for three years and is renewable with associated fees set by the Medical Board.

Status: Pending Assembly Business and Professions Committee hearing

AB 2448 Berman (D - Palo Alto) — Medical Information: Confidentiality

Summary: AB 2448 would mandate the enhancement of security protocols by businesses handling electronic medical information, particularly for sensitive services like gender-affirming care and abortion-related services. Violations resulting in economic loss or personal injury are considered misdemeanors. The bill clarifies that no state reimbursement is required for compliance costs.

Status: Pending Assembly Privacy and Consumer Protection Committee hearing

AB 2457 Connolly (D - San Rafael) — Health Care Provider Credentialing

Summary: AB 2457 aims to extend health care provider credentialing requirements, currently applicable to full-service health care plans, to Medi-Cal managed care plans. The bill mandates a decision on provider credentials within 90 days of receiving a completed application, aligning with existing requirements for other health plans.

Status: Passed out of Assembly Health Committee; re-referred to Assembly Appropriations Committee

AB 2575 Ortega (D - San Leandro) — Health Care Services: Artificial Intelligence

Summary: AB 2575 would require health care facilities utilizing generative AI in patient communications to provide clear disclosures. It empowers health care workers to override AI outputs if deemed harmful or non-compliant with laws, ensuring professional judgment is upheld. Additionally, it prohibits discrimination based on reliance on AI in decision-making, allowing workers to file complaints against discriminatory practices. Defendants cannot argue AI-induced harm absolves them of liability if failure to override the AI output was the cause.

Status: Pending Assembly Privacy and Consumer Protection Committee hearing

SB 1333 Jones (R - San Diego) — Naturopathic Doctors: Scope of Practice

Summary: SB 1333 seeks to extend the Naturopathic Doctors Act beyond its current expiration of January 1, 2027. The bill updates the scope of practice for naturopathic doctors by authorizing them to perform minor office procedures. It modifies drug prescription rules, allowing naturopathic doctors to prescribe Schedule II to V controlled substances without needing physician supervision or standardized protocols.

Status: Pending Senate Business, Professions, and Economic Development Committee hearing

SB 1416 Wahab (D - Santa Clara) — Physicians and Surgeons and Dentists: Unprofessional Conduct

Summary: SB 1416 aims to amend current legislation concerning unprofessional conduct by physicians, surgeons, and dentists. It mandates a reduction in the allowable timeframe for refunding patients for duplicate payments from 30 days to 21 days. This adjustment applies when a patient requests a refund or notifies the practitioner about the duplicate payment. It is part of efforts to ensure compliance with regulations and enhance accountability among healthcare professionals.

Status: Pending vote on the Senate floor ➡

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

Long-Term Care: Why Preparation Is Essential for Physicians



The emotional and financial toll of caregiving—a burden that often falls on loved ones when no plan is in place—is something you likely witness and understand firsthand as a physician.

When you're managing a busy medical practice, planning for your own long-term care needs can easily fall to the bottom of the list.

With nearly 70% of people turning 65 today expected to need long-term care at some point in their lives,¹ protecting your finances and easing the burden on your family is essential. Long-term care is also essential for those diagnosed with a critical illness or anyone involved in a major accident, regardless of age.

Don't Leave Your Care to Chance

As a member of the Cooperative of American Physicians (CAP), you can secure a unique group long-term care insurance program that includes life insurance, with special plan features like:

- **Guaranteed Coverage:** Up to \$200,000 in long-term care benefits and \$100,000 in life insurance—no health exams or questions.*
- **Customizable Options:** Increase coverage up to \$450,000 in long-term care and \$225,000 in life insurance with just a few simple health questions.

- **Spousal Coverage:** Available at 50% of the physician's benefit. Conditional guaranteed issue maximum up to \$75K, ages 19-70.
- **Portability:** Take your policy with you, even if you leave CAP, at the same rates.
- **Affordable Group Rates:** Better value than individual long-term care policies.
- **Peace of Mind:** For you and your family.

Why It Matters

- **Rising Costs:** Private nursing home care can cost nearly \$10,000/month today—and over \$30,000/month in 25 years.²
- **Reliable Care:** For those who may no longer have family to count on to provide care for them.
- **Limited Coverage:** Medicare and private health insurance typically don't cover long-term care.³
- **Self-Funding Isn't Sustainable:** Americans spend over \$60 billion annually out-of-pocket for extended care.³

This unique long-term care policy can help protect your savings, ensure access to quality care, and relieve your loved ones from the burden of caregiving. With an easy and streamlined enrollment process, there's never been a better time to plan ahead.

Contact Symphony Health to learn more!

Contact Symphony Health at **213-576-8530** or via email at **HealthCareServices@SymphonyRisk.com**
Or visit: **www.CAPphysicians.com/LTC**

*Guaranteed for Long-Term Care insurance on benefit amount of \$200,000. Health questions asked for higher coverage amounts.

¹National Council on Aging: *When Should You Start Investing in Long-Term Care Insurance?* <https://www.ncoa.org/article/when-should-you-start-investing-in-long-term-care-insurance/>

²Genworth *Cost of Care Survey 2023*. <https://www.carescout.com/cost-of-care> (Cost of care can vary. Check your area for more specific projections.)

³Buddy Insurance: *Understanding the Cost of Care in 2024*. <https://buddyins.com/learning-center/planning/understanding-the-cost-of-care-in-2022>



The Successful Practice Manager

Develop and Strengthen Essential Practice Management Skills for Success Beyond the Clinic

CAP's Free On-Demand Course Covers Six Core Areas of Practice Operations

Delivering excellent patient care is only part of running a successful medical practice. Behind the scenes, effective management of operations, finances, and compliance is critical to sustaining growth and stability.

This course offers **4.5 continuing medical education (CME)* credits and 4.5 continuing education (CE)** credits** and can be taken at your own pace. Upon completion, you will:

- Understand the fundamentals of practice management and effectively oversee administrative tasks
- Implement human resources protocols to manage staffing, workplace culture, and payroll efficiently
- Manage coding, billing, and collections processes to ensure timely payments from patients and payers
- Support the practice in business planning, contract management, and credentialing processes
- And more!

To enroll:

1. Complete the required fields on the sign-up page to create your account on CAP's online learning portal, or log in if you have an existing account.
2. Once you have created an account and/or logged in, go to your dashboard. The available course names will be displayed under the heading "Catalog."
3. Physicians, select the course titled "The Successful Practice Manager – CME Version." Practice administrators, select the course titled "The Successful Practice Manager."
4. Click "Start" to begin. You can start and return anytime, but remember, the modules are in sequential order and cannot be viewed separately.

Upon finishing the program, you will be able to download a copy of your certificate of completion and follow the process to receive your CME or CE credit.

For more information and for assistance with enrolling, email MyPractice@CAPphysicians.com or call [888-870-1885](tel:888-870-1885).



The Successful Practice Manager is CAP's free online course that offers practical, on-demand learning designed to help physicians and their staff strengthen essential skills. This complimentary program provides **4.5 CME* credits and 4.5 CE** credits** and covers six key areas:

1. Office Administration
2. Human Resources Management
3. Business Management
4. Credentialing and Contracting
5. Billing and Reimbursement
6. Financial Management

Physicians enroll for CME credit at:
www.CAPphysicians.com/SPMCME

Practice Administrators enroll for CE credit at:
www.CAPphysicians.com/SPM

Administrators can claim a \$100 gift card upon program completion! (Limit one/practice. Practice administrators only. Final test and survey must be completed.)

*The Cooperative of American Physicians, Inc. 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 activity for a maximum of **4.5 AMA PRA Category 1 Credit(s)**[™]. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

**This program is approved as a learning event for American College of Medical Practice Executives (ACMPE) continuing education hours. A cumulative total of 50 ACMPE continuing education credit hours is among the requirements for attaining the Certified Medical Practice Executive (CMPE) credential. To maintain CMPE or Fellow status, you must earn 50 hours of qualifying credit hours every three years.

Learn more about the ACMPE certification program at <https://www.mgma.com/acmpe-continuing-education>. One ACMPE credit is earned for every 60 minutes of educational content, rounded down to the nearest 0.25.



COOPERATIVE OF
AMERICAN PHYSICIANS

Cooperative of American Physicians, Inc.
333 S. Hope St., 12th Floor
Los Angeles, CA 90071

IN THIS ISSUE

- 1 Case of the Month
Surgical Collaboration and the Duty to Disclose: Avoiding Failure-to-Inform Claims
- 4 Risk Management and Patient Safety News
*Working Effectively With Advanced Practice Providers
With a Focus on Evolving Nurse Practitioner Categories*
- 7 CAPAdvantage Spotlight
Moving Patient Intake Online: A Simpler Approach
- 8 Public Policy
California 2026 Proposed Healthcare Legislation Impacting Physicians
- 10 Symphony Health
Long-Term Care: Why Preparation Is Essential for Physicians
- 11 The Successful Practice Manager
Develop and Strengthen Essential Practice Management Skills for Success Beyond the Clinic

APRIL-MAY 2026

Copyright © 2026 Cooperative of American Physicians, Inc. All rights reserved.
333 S. Hope St., 12th Floor, Los Angeles, CA 90071 | 800-252-7706 | www.CAPphysicians.com

We welcome your comments! Please submit to communications@CAPphysicians.com.

The information in this publication should not be considered legal or medical advice applicable to a specific situation.
Legal guidance for individual matters should be obtained from a retained attorney.