THE MONTHLY PUBLICATION FOR CAP MEMBERS

CAPsules

COOPERATIVE OF AMERICAN PHYSICIANS

Santa Monica OB/GYN Delivers What Women Need Most

Dr. Karla Iacampo, CAP Member

Dr. Karla Iacampo brings warm and genuine care to her big city practice.

Some people struggle with making their career choice. Not Dr. Karla Iacampo. She knew she wanted to be a doctor since she was in the fourth grade.

"From the time I was a little girl, I felt strongly that doctors should treat people the way they'd like to be treated – with real warmth and respect," she says. "I never wanted to be somebody who doesn't know their patients."

When Dr. Iacampo started medical school (Loma Linda University School of Medicine), she was convinced she was going to be a pediatrician. That is, until her third year when she took her ob/gyn rotation.

"Right away," Dr. Iacampo laughs, "I was bitten by the delivery bug. I love being part of the most joyful part of people's lives. I get such great feelings from doing what I do."

Dr. Iacampo's three-person practice cares for women ranging from little girls, to teens, to women of fertility age, right through menopause. And clearly, her patients feel great about the uniquely warm and caring environment Dr. Iacampo creates. There are several families in which Dr. Iacampo takes care of multiple generations: the grandmother, the mom, and the daughter.

"I just love that I can be in Los Angeles, and yet still run this practice as if it's a small town. I know everybody and they know me." Dr. Iacampo's practice is close-knit and her team has been together for a long time. "We all cover for each other when we need to," says Dr. Iacampo, "but when the time comes for a baby to be delivered, we each like to deliver our own patients –- even if we're not on call. It's such a special moment that we'd hate to miss it."

> "At CAP, every member has to be approved by a committee composed of doctors. In 2010, I started helping reviewing new applicants. The experience was eye-opening, engaging, and stimulating. I learned so much that I started working on more committees. I think it makes you a better doctor."

That same dedication to caring extends to Saint John's Health Center, with which Dr. Iacampo and her colleagues are associated. "I take shifts as a Laborist in Labor and Delivery to take care of any patients who come in without an obstetrician. It's a stressful environment and I try to provide a level of reassurance."

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DR. KARLA IACAMPO AT-A-GLANCE

Medical Specialty: OB GYN
Practice Location: Santa Monica, CA
Years in Practice: 24
CAP Member Since: 1992

April 2016

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Dr. Iacampo has been with CAP since the very first day of her practice, based on the recommendation of several friends who were doctors. But recently her relationship has deepened. "At CAP, every member has to be approved by a committee composed of doctors. In 2010, I started helping reviewing new applicants. The experience was eye-opening, engaging, and stimulating. I learned so much that I started working on more committees. I think it makes you a better doctor."

It is true. While working on one of those committees, Dr. Iacampo learned about the "massive transfusion protocol" developed by military doctors during the Iraqi war. It helps save the lives of people who might otherwise bleed to death. Not long after, she was assisting with her partner's patient who had an abnormal placental growth and was hemorrhaging. "We triggered the protocol and instantly there were more anesthesiologists, doctors, whole teams focused on saving her. The woman would not have lived if we did not have this protocol in place. But she left the hospital with a beautiful healthy baby just five days later, completely normal."

When she is not at the office, Dr. Iacampo is a devoted mom to her three daughters aged 25, 21, and 18. "We love to travel – when my daughters have studied abroad we have gone everywhere from to Chichen Itza, to Machu Picchu, and even Petra in Jordan. I can hardly wait to learn where my youngest daughter will go to study," Dr. Iacampo says happily, "so we can figure out our next adventure."

But until that next exotic getaway, Dr. Iacampo is thrilled to keep on working. "Would I ever give up delivery? Not now – it's so exciting and makes me so happy. That's the birthday party!"

CAP's Job Board and Patient Experience Survey

Practice Management Resources at Your Fingertips!

CAP is continually looking at ways to make our members' lives easier, so you can do what matters most – care for your patients. As you may have already heard, we recently introduced two new digital-based practice management benefits that are just a click away: the CAP Job Board and the Patient Experience Survey Program.

If you are looking to add or replace a physician in your practice, look no further than the CAP Job Board. This member-exclusive benefit enables you to post your available jobs for free – with free renewals – exposing your openings to residents and physicians looking to join an outstanding practice in California. **To post a job or search from a database of qualified candidates, visit the CAP Job Board at http://jobs.capphysicians.com.**

To help you effectively and immediately ascertain what your patients think of you and your staff, CAP offers you access to one of the industry's most state-of-the-art online surveys through its Patient Experience Survey Program. (Having a reliable online survey tool also puts you ahead of the value-based compensation curve.)

Through our partnership with SE Healthcare, CAP is pleased to offer this survey tool to our members at a highly discounted per-physician fee. In conjunction with SE Healthcare, we host brief, web-based demos on a monthly basis so you can see for yourself the true value of this survey tool. **To register for an upcoming demo or to learn more about the Patient Experience Survey Program, visit CAPphysicians.com/PESP. For personalized support, contact Jessica Ritter at SE Healthcare at 717-216-5513 or jer@sehqc.com.**

In addition to the CAP Job Board and Patient Experience Survey Program, we are pleased to introduce a new suite of EHR and billing services offered through *athenahealth* (see enclosed flyer for more details). These are just a few of the many important practice management programs we offer members to help alleviate the stress of managing a busy medical practice in the era of ACA. Look forward to learning about additional programs as they unfold in the coming months.

California Workers' Compensation Insurance FAQs

California law requires employers to have workers' compensation insurance for their employees. CAP Physicians Insurance Agency, Inc. frequently runs into two main questions about whether our members need to carry workers' compensation insurance coverage in order to comply with the law.

One area where there seems to be confusion is when the practice is employing family members. The other question that comes up frequently is when your practice has independent contractors working in the practice.

The rules defining an independent contractor in the area of workers' compensation can be different than just paying with a Form 1099 and providing no benefits, as you will see below. It is important to be sure you are complying with California law so the information below can help you determine if you may need this coverage.

Do I need to have workers' compensation insurance? California law requires employers to have workers' compensation insurance even if they only have one employee. Every California employer using employee labor, **including family members,** must purchase workers' compensation insurance. If you fail to provide workers' compensation insurance the fines and penalties are significant costing you up to $10,000 per employee with a maximum of $100,000.

My niece helps in my practice for a few hours a day, but I do not consider her an employee. Is that correct? No. Under the law, she is considered an employee. An employee is defined as someone you engage or permit to work. Even though your niece is part of your family, she is still considered an employee and you must provide workers' compensation insurance.

My practice employs persons classified as independent contractors in my practice. What obligations do I have to purchase workers' compensation insurance? The Department of Workers' Compensation in California defines an independent contractor differently than the IRS. The actual determination of whether a worker is an employee or independent contractor is best determined by applying the economic realities test, where the most significant factor to be considered is whether the person to whom service is rendered (the employer or principal) has control or the right to control the worker both as to the work done and the manner and means in which it is performed.

CAP Physicians Insurance Agency, Inc. intimately understands medical practice challenges – and how to insure against those challenges most cost effectively. We are a full service agency with knowledgeable professionals who can answer your questions and help you find the best solutions for your insurance needs.

We are always looking for ways to save our members money, so if you need to purchase coverage or would like us to get you a competitive quote for insurance you already have, call us at 800-819-0061 and press 1, or send us an email at CAPAgency@CAPphysicians.com.

CAP PHYSICIANS INSURANCE®
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Register for CAP's Free Webinar:

Why Clinical Integration? Why ACO?

What to Ask Before Signing On

Thursday, April 28, 2016 | 12:30 p.m. to 1:30 p.m.

Register: www.CAPphysicians.com/aco | Complimentary to physicians and their office staff

Thinking about joining an Accountable Care Organization (ACO) or Clinically Integrated Network (CIN)? There are many factors to consider. What do you stand to gain and lose? Is it the right "fit" for you? What is the value for physicians, hospitals, and patients? Learn about potential risks and rewards of both options to help you decide if this is the right choice for you. Join us for a chance to hear from an expert, Mark Shields, MD, MBA, FACP, Senior Advisor, Navigant Healthcare.

In our upcoming webinar, attendees will learn:

- ✓ Benefits of clinical integration for the marketplace, physicians, and hospitals
- ✓ The key drivers of clinical integration
- ✓ The key aspects of an ACO contract
- ✓ Approaches to clinical integration and contracting

The presentation will be followed by a short Q&A session. For those who are unable to attend the live event, this webinar will be recorded and made available to our members via email.

Why Clinical Integration? Why ACO? Is part of CAP's ongoing "Surviving and Thriving Through Healthcare Reform" webinar series – and part of our broader initiative to help members remain successful and independent during these changing times.

ABOUT YOUR PRESENTERS

Mark Shields, MD, MBA, FACP, *Senior Advisor, Navigant Healthcare*

Dr. Mark Shields, a Board Certified Internist, has more than 25 years' experience in management roles with medical groups, insurance companies, hospitals, and integrated delivery systems. Dr. Shields served for 11 years as Senior Medical Director for Advocate Physician Partners and Vice President of Medical Management for Advocate Health Care. Dr. Shields had been in this role since the start of APP's nationally recognized Clinical Integration program in 2004 and APP's launch as one of the nation's largest Accountable Care Organizations in 2011, serving over 365,000 commercial patients and more than 100,000 Medicare patients.

Prior to joining Advocate Physician Partners, Dr. Shields held the position of Chief Medical Officer for Kaleida Health in New York, was the Chief Medical Officer at Dreyer Medical Clinic, Consulting Medical Director of HMOI, and President and Co-Founder of a primary care group where he practiced general internal medicine and geriatrics.

He has served on the boards of directors of the Alliance of Independent Academic Medical Centers (AIAMC), the Medical Group Management Association (MGMA), and the Institute of Medicine of Chicago, and on the Committees on Health Professions and Clinical Leadership of the American Hospital Association. He is the recipient of the Ethel Weinberg Award from AIAMC. He is a Fellow of the American College of Physicians and the Institute of Medicine of Chicago and a graduate of Harvard College and Harvard Medical School and the University of Chicago Business School.

Case of the Month

by Gordon Ownby

Court Finds Good Cause in Medical Board's Pursuit of Patient Records

In the ongoing tension between the regulatory oversight of medicine and patient privacy, two new appellate cases tackle the question of when the government's interest on behalf of the public takes precedent.

According to the facts alleged in the first case, *David R. Fett, MD v. Medical Board of California*, the MBC received a complaint by an investigator at an electronic medical record clearinghouse alleging the investigator had reason to suspect that Dr. Fett had billed a health insurer for services not rendered, had misrepresented services, and falsified or altered documents.

When the Board's own investigator of the complaint received a package of materials from the clearinghouse employee, she hired a physician consultant to review the medical documents. The consultant, Erich W. Pollak, MD, concluded that the ophthalmic plastic surgeon may have departed from the standard of care by failing to safeguard medical records, failing to obtain signed consent, operating without consent, failing to provide documentation requested by a third party carrier to justify billings made for services rendered, altering documents related to operations, and misrepresenting the complexity of procedures. According to Dr. Pollak, the complete records of the patients are required to actually determine if a violation of the standard of care occurred.

(In analyzing the balance between patient privacy and regulatory prerogatives, the Court of Appeal did not rule on the veracity of the complaint's allegations against Dr. Fett.)

When a trial court judge upheld the Board's subpoenas for the records of three patients, Dr. Fett appealed and claimed the Board lacked authority to invade his patients' privacy. Dr. Fett also asserted that Dr. Pollak was not qualified to render expert opinions because he is not an ophthalmic plastic surgeon. In his appeal, the physician further argued the Board lacked good cause to proceed because it had relied on records disclosed by the clearinghouse in violation of California's patient privacy laws.

On the threshold privacy issue, the Court of Appeal pointed out that "an individual's right to privacy is not an absolute right; it may be outweighed by supervening public concerns." Because of the state's "most legitimate interest in the quality of health and medical care received by its citizens," a patient's medical records may be "relevant and material in the furtherance" of this purpose and "under some circumstances disclosure may permissibly be upheld."

The appellate court considered Dr. Fett's objection to the use of Dr. Pollak's opinions, but supported the trial court judge's decision to allow their use. The Court of Appeal quoted approvingly the lower court judge's comment that "although some portions of Dr. Pollak's declaration would have been stronger if supported by expertise in [Dr. Fett's] medical specialty, much of his declaration focuses on alleged departures from the standard to care applicable to all surgeons. For instance, Dr. Pollak contends that [Dr. Fett] operated without complete written consents and failed to provide documentation to justify his billings to a third party carrier. This alleged misconduct is not specific to [Dr. Fett's] medical specialty."

In disposing with Dr. Fett's argument that the Board is precluded from using the medical records sent by the private clearinghouse, the Court of Appeal said that even improperly obtained evidence may be used in administrative proceedings. The court noted that unlike California's "exclusionary rule" that bars the products of illegal searches and seizures in criminal prosecutions, there is no such rule in administrative matters, such as Medical Board proceedings.

In finding the Medical Board had set forth enough details showing "good cause to believe" that Dr. Fett acted in a way that departs from the standard of care, the Court of Appeal ruled the subpoenas of patient records should be enforced.

Next month: A different outcome in a psychiatric case.

Gordon Ownby is CAP's General Counsel. Comments on Case of the Month may be directed to gownby@CAPphysicians.com.

Responding to the Challenge of Inappropriate Use of Antibiotics in Nursing Homes

by Peter M. Birnstein, MD and Carole A. Lambert, MPA, RN

From the CDC's "What You Need to Know About Antibiotics in Nursing Homes":

Antibiotic stewardship refers to a set of commitments and actions designed to make sure patients receive the right dose, of the right antibiotic, for the right amount of time; and only when truly necessary. Improving antibiotic use will ensure these life-saving medications are effective and available when we need them.

A "whole team" approach is needed to reduce the inappropriate prescribing of antibiotics in nursing homes. Everyone on the team has a part to play and a contribution to make to effective Antibiotic Stewardship.

We need physician leadership to set the tone and the standard. We need administrative commitment: invest resources to improve outcomes that drain to the bottom line. We need ongoing staff education with access to outside experts such as consulting pharmacists. We need introductory and ongoing family and patient education. We need to put our data collection and interpretation to work for us: what it means and how to use it to improve outcomes.
As physicians, to succeed in our leadership role in Antibiotic Stewardship in nursing homes, we must always ask ourselves and correctly answer the following questions:

Are antibiotics indicated for this patient's problem?
Prescribing of unnecessary antibiotics not only leads to antibiotic resistance and extra expense, there is the serious risk of infections caused by the antibiotics, especially C. difficile. Monilial infections caused by antibiotics are also more likely in the debilitated nursing home population.

Which antibiotic is appropriate for a given infection?

Is a culture or X-ray indicated?
When the nurses call a physician regarding a possible infection in a nursing home setting, they will more often than not request an antibiotic. It is up to the physician to maintain his or her leadership role in the care of the patient and order appropriate tests or determine whether the patient needs to be seen by the doctor prior to ordering antibiotics.

Is the patient allergic to any antibiotics?
This is most critical to patient safety. If the nursing home staff does not volunteer this information, the physician must specifically query the staff regarding allergies. And if the allergy history has not been documented in the chart, it must be obtained from the patient or family prior to prescribing.

Is there a risk of a serious drug interaction between the antibiotic being prescribed and any of the medications the patient is already taking?
Most nursing home patients are taking multiple medications. It is vital that the physician and/or pharmacist determine whether there is a risk of cardiac arrhythmia or other serious adverse effects due to a drug interaction with the antibiotic being prescribed.

Is the Infection Control Protocol at the nursing home implemented as outlined to prevent spread of infection in the facility and thereby avoid prescribing of antibiotics for additional patients?
If the physician's patient has an infection or the physician becomes aware that another patient in the facility has a potentially communicable infection, he or she must consult with the nurses to confirm the appropriate protocol has been established and it is being adhered to.

Nursing home staff at every level can support the

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patient, family, and physician by considering the following questions:

- **What are we looking at?**
  - Assess the physical, behavioral, and environmental status of the patient.
- **What does it mean?**
  - Evaluate findings.
- **What do we have to do about it?**
  - Plan of care/approach.
- **Who do we have to get to help?**
  - Family/consultant/community resources.
- **How do we have to account for it?**
  - Documentation, especially transition of care within the facility.

Working together, under physician leadership with administrative support, and ensuring effective communication and documentation among all team members, we can improve antibiotic use in nursing homes.

Further guidance from the CDC is available via its website and Core Elements for Antibiotic Stewardship in Nursing homes.

Federal Telehealth Legislation Aims to Expand Coverage

The U.S. Congress is set to look at a new approach to telehealth via a bill that would waive restrictions on Medicare telehealth coverage by amending provisions in the Social Security Act that have limited telehealth reimbursement.

A bipartisan group of U.S. Senators led by Brian Schatz (D-HI) has introduced S. 2484, a bill named "Creating Opportunities Now for Necessary and Effective Care Technologies (CONNECT) for Health Act." The bill seeks to remove certain restrictions on telehealth to increase access to healthcare and promote cost savings.

The bill's language addresses three major components. First, it would establish a "bridge program" that allows physicians participating in the Merit-based Incentive Payment System (MIPS) to apply for "demonstration waivers" that would exempt them from restrictions currently imposed by Medicare on telehealth coverage. In order to receive a waiver, providers will submit an application detailing how they plan to use telehealth. Such providers will be subject to random audits to assess whether they are using technology in a way that's consistent with the goals of MIPS. Second, those participating in alternative payment models such as Alternative Care Organizations would have an automatic exemption from those restrictions. And third, the bill would expand the coverage of remote patient monitoring technologies for patients with chronic conditions.

In addition, telehealth reimbursement options would be expanded for non-hospital sites including telestroke evaluation and management sites, Native American health service facilities, dialysis facilities, community health centers, and rural health clinics.

Quoted on an article at MobiHealthNews.com, "Telehealth is the future of healthcare," Schatz said in a statement. "It saves money and improves health outcomes. Our bipartisan bill puts us on a path to transform healthcare delivery, making it less costly and more convenient for patients and providers."

Introduced in February by a coalition of six senators and three representatives, the bill has the support of the American Medical Association, the American Telemedicine Association, and a number of other industry groups, health systems, and technology vendors. The bill is currently awaiting a hearing in the Senate Finance committee.

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

Introducing athenahealth Practice Management Suite

Solutions to put the focus back on patient care and help drive revenue.

CAP has partnered with athenahealth to provide members quick and easy access to industry-leading electronic practice management solutions, including EHR, billing, and patient engagement services.

athenahealth is more than just a software provider: it becomes your practice partner by providing cloud-based solutions and real back-office support to lighten your workload and optimize reimbursement. These services include:

Revenue Cycle Management – Through athenaCollector, members are able to secure full payment faster and reduce administrative drag and cost. athenaCollector fully integrates with most EHRs and has shown exceptional results:

- An average of 6% increase in collection.*
- Over 94% of claims are resolved on first submission.
- 32% average reduction in days in accounts receivable*

All the result of continuously updated billing rules. You don't pay for athenaCollector services until you get paid! And with athenahealth, you get paid faster.

Patient Engagement Service – The award-winning athenaCommunicator improves the patient experience and gets patients more fully engaged in their own care – all while eliminating unnecessary practice work. Proven performance: 8%** reduction in no-show rate and 2.6%*** decrease in self-pay days in accounts receivable.

Network-Enabled EHR – athenaClinicals organizes the moment of care to help providers maximize their clinical productivity. Proven performance: 98.2% of participating providers attested to Meaningful Use Stage 2 in 2014.

Full Integration – athenaOne combines EHR, practice management, and care coordination into a single, cloud-based offering, keeping you up to date and focused on patient care.

CONSULTATION IS FREE AND EASY

CAP Membership Programs Vice President Sean O'Brien will schedule an initial consultation for you with an athenahealth representative, so you can see for yourself how athenahealth can assist you in increasing revenue and freeing up precious time for you and your staff.

Reach Sean directly at 213-473-8740 or sobrien@CAPphysicians.com

COOPERATIVE OF AMERICAN PHYSICIANS

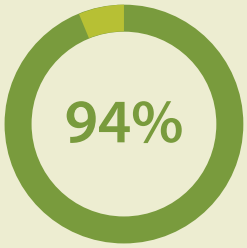
The athenahealth Advantage

- athenaCollector or athenaClinicals can be purchased separately or bundled for maximum effectiveness.
- athenaCollector can be fully integrated with most EHR systems.
- athenahealth serves as an extension of your internal operations, wicking away your most burdensome work and driving performance.
- Cloud-based services mean low up-front cost, no costly program updates, and real-time resolution of technical issues.
- Superior services for practices of all sizes.

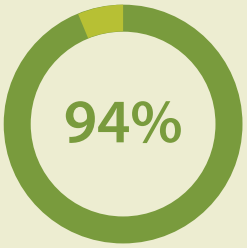
Like CAP, athenahealth helps you:

- Remain independent
- Stay focused on patient care
- Thrive through payment reform
- Achieve a healthy work/life balance

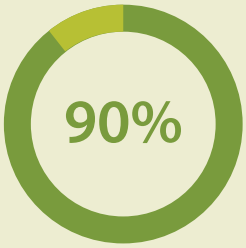
Proven Financial and Clinical Performance



Claims adjudicated correctly on first pass



2014 MU2 attestation (industry average 33%*)



2015 PQRS success (industry average 60%*)

6% boost in collections

8% fewer no-shows

*Centers for Medicare & Medicaid Services

To schedule an initial consultation with an athenahealth representative, contact CAP VP Membership Programs Sean O'Brien at 213-473-8740 or sobrien@CAPphysicians.com.

Note: The Cooperative of American Physicians, Inc. and subsidiaries contract to receive compensation from certain product vendors as commissions or marketing fees. CAP uses these funds to control costs and provide additional services to its members.

**Based on a weighted average for athenahealth clients with valid pre-athenahealth benchmark data that had their 15-month anniversary with athenahealth between January 1, 2010 and October 31, 2013.*

***Based on the change in average no-show rate among clients with ReminderCall that had been with athenahealth for at least 21 months and had their one-year anniversary on that service between April 1, 2010 and September 30, 2013.*

****Based on the aggregate change in Self-Pay DAR for all clients with valid pre-athenaCommunicator data that had been with athenahealth for at least 21 months and had their one-year anniversary on athenaCommunicator between September 1, 2012, and November 30, 2013.*