



COOPERATIVE OF
AMERICAN PHYSICIANS

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October 2015



The largest organ in the human body is at risk. Meet the doctor who is saving it.

People are outliving their skin. Dr. Seungkwon Lee is pioneering the future of its care.

Few people think much about their skin. The average adult carries about eight pounds and 22 square feet of skin¹. And surprisingly, that skin often has to stay healthy for nearly a century.

Dr. Lee says, "15 or 20 years ago, people hospitalized by a stroke or heart attack rarely survived." Thanks to advances in care, patients now survive that catastrophic event and can return home even at 90 or 100 years of age. But they leave the hospital with skin failure – pressure ulcers, wounds that won't heal, and worse. Simply stated, we're starting to outlive our skin."

Dr. Lee was born in Seoul, South Korea, and moved to the U.S. in 1964 when he was four. He began his career attending Johns Hopkins University for undergraduate studies in chemistry before going to the University of Pittsburgh School Of Medicine in 1982. He completed general surgery training in Cleveland at St. Luke's Medical Center before becoming one of the founding members of Northeast Surgical Associates of Ohio. "My mother," Dr. Lee says, "was very proud. She wanted me to be a doctor before I was even born."

He became a wound care specialist after finishing his general surgery training. Even today, wound care is rarely taught as a specialty. "It's still a case of 'see one, do one, teach one' and that's how it was with me. But I immediately wanted to learn more."

That passion for learning took him to England in 1993 for the famous Oxford Summer School seminar to see advanced

What attracted Dr. Lee to the Cooperative of American Physicians was the chance to learn from colleagues. "CAP is so much more than just a resource for malpractice coverage. There is so much interaction and involvement -- things I've never seen anywhere else. It's remarkable."

techniques in wound dressing. "Clinical scientists showed that traditional "wet-to-dry gauze" was pretty much the worst thing to promote healing. You're leaving cotton fibers in the wound, causing chronic inflammation. And, cotton is a wonderful way to grow infection."

He came home and spent two decades pioneering wound management at Northeast Surgical Associates. Today, the Ohio-based group delivers state-of-the-art wound management services to more than 350 nursing homes and numerous home care agencies. The team he founded has managed over a quarter million wounds with 90 percent positive outcomes.

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DR. SEUNGKWON LEE AT-A-GLANCE

Medical Specialty: Wound Care

Practice Location: Elk Grove, CA

Years in Practice: 29

CAP Member Since: 2005

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Dr. Lee relocated to Northern California and became Medical Director for Wound Care for SI skilled nursing facilities. He works with home health agencies and is chief of the medical staff at Vibra Health LTAC Hospital.


“The old wives tale that you should let a wound ‘breathe’ is wrong. If a wound dries out, you destroy all the healthy tissue,” he explains. “You need to maintain a certain level of moisture. If the wound is dry, you can use advanced hydrogels to provide moisture, and if there is too much drainage, you need to absorb and balance that out.”

What attracted Dr. Lee to the Cooperative of American Physicians was the chance to learn from colleagues. “CAP is so much more than just a resource for malpractice coverage. There is so much interaction and involvement -- things I’ve never seen anywhere else. It’s remarkable.”

Dr. Lee is an international speaker on wound care and has made over 1,000 presentations on the subject. He works

with wound care product companies on educational programs, clinical trials, and research. In addition, Dr. Lee has served as part of the corporate advisory council to the National Pressure Ulcer Advisory Panel. He is also a board member of the Association for the Advancement of Wound Care.

This does not leave much time for his golf game, where he is pushing to get back to his 12 handicap. But as busy as Dr. Lee is, he is even more excited. “This field is growing every day. We can help more patients facing chronic, complex wounds. There are advanced technologies like amniotic membrane technology and placental tissue as skin substitutes for chronic non-healing wounds. We’re driving better outcomes and getting more cost-effective at the same time.”

It is good to know that somebody is out there saving our skin. And even better to know that it is someone as dedicated as Dr. Lee. 

¹ Source: <http://science.nationalgeographic.com/science/health-and-human-body/human-body/skin-article/>

Institute of Medicine Issues New Report on Diagnostic Errors

As part of its ongoing “Care Quality Initiative,” the Institute of Medicine (IOM) has issued a new report, this time focusing on diagnostic errors. The report, “Improving Diagnosis in Health Care,” follows “Crossing the Quality Chasm: A New Health System for the 21st Century” in 2001, and “To Err is Human: Building a Safer Health System” in 1999.

IOM studies have historically received close scrutiny by national policymakers and it is expected that the organization’s latest installment will do the same.


Addressing what the IOM calls a “blind spot” in the health care system -- diagnostic errors -- the report says that some 12 million diagnostic errors occur each year, or one in 20 outpatient visits. At that rate, according to the report, almost all Americans will experience a misdiagnosis at some point in their lives.

Not surprisingly, the IOM report ties the incidence of medical professional liability lawsuits to the high number of misdiagnoses. As concluded by one of the report’s authors, Mark Graber, president of the Society to Improve

Diagnosis in Medicine, wrong diagnoses are the leading cause of malpractice suits and are almost twice more likely to end in a patient’s death than claims for other types of medical errors.

But if past reports can help predict the reception of the IOM’s new study, the nation’s litigation environment will also be included as the report is debated.

“It is critical to look at this issue in a broad context rather than considering it in a vacuum,” said P. Divya Parikh, vice president of Research and Risk Management at PIAA, the nation’s leading organization representing medical professional liability protection providers. “Addressing diagnostic errors should be done with the goal of optimizing health care, which requires both improving patient outcomes and reforming our broken medical litigation system.”

More information on the report is available at <http://www.nap.edu/catalog/21794/improving-diagnosis-in-health-care>. A video on the report is also available at <https://youtube.com/fRdd3vFr79Y>. 

Value-Based Compensation Is Coming: How CAP Is Supporting Members

As you are probably well aware, medical reimbursement for physician practices is transitioning from a quantity to a value measurement. Under this value-based compensation (VBC) model, physicians will soon be rewarded for providing higher quality care and penalized if they fail to meet established benchmarks. This is already the case for hospital reimbursements under Medicare and Medicaid, and commercial payers are following suit.

According to the Centers for Medicare and Medicaid Services (CMS), "In calendar year 2017, Medicare will apply the Value-Based Payment Modifier ... to physician payments under the Medicare Fee Schedule for physicians in groups with two or more eligible professionals and physician solo practitioners." While 2017 may seem like a long time away, 2015 is the actual performance lookback period for VBC.

The ultimate goal of VBC is to improve patient outcomes and the patient experience while reducing costs for care. And there is a good reason why: Under the current fee-for-service system, there has been an increase in both the number of patients seen per physician, as well as an overall increase in the amount of medical services provided. This can create a number of issues, including the following:

- o Physicians spend less time with patients.
- o Practices are forced to stretch their administrative and staffing resources.
- o The potential for medical and administrative errors can increase.
- o Coordination of care and management of patient conditions outside of face-to-face can be challenging.

Recognizing that this shift in reimbursement will pose even more challenges for the already overwhelmed physician, CAP recently published *The Physician's Action Guide to Value-Based Compensation*, available for free to



CAP members. This 24-page guide provides a thorough overview of value-based compensation and offers recommendations on developing a plan to help ensure you are compensated fairly for the care you and your staff provide.

In addition, in early 2016, CAP will be offering members access to a superior patient experience survey tool, as the patient experience is one of the key areas payers will measure when evaluating overall outcomes. We are currently piloting the program with a limited number of members to ensure we have a solid tool to offer when we roll out the program to our entire membership next year.

CAP is excited about its new VBC initiatives. If you would like to receive a free print or digital version of *The Physician's Action Guide to Value-Based Compensation*, call CAP Membership Services at 800-610-6642 or email ms@CAPphysicians.com. ➔

Free Webinar! Last Change to Register for CAP's Webinar on Data Breach



Data Breach: It Can Happen To You

Thursday, October 29, 2015 | 12:30 p.m. to 1:30 p.m.

Complimentary to physicians and their office staff

Register: www.CAPphysicians.com/databreach

Health care providers have become prime targets of cyber criminals, since they hold a treasure trove of irresistible data, including social security numbers and medical records (think access to prescription painkillers). As cyber criminals are becoming increasingly more sophisticated in their methods of attack, U.S. businesses are more vulnerable than ever.

The good news is there are simple ways to protect yourself and your practice, and effectively respond if you do fall victim.

You may have already received several emails inviting you to a complimentary CAP webinar on data breach.

In our upcoming webinar, attendees will learn:

- What a data breach is
- Its economic impact
- Why the threat is growing
- Steps to take to protect yourself
- The must-dos in the event of a breach

Everybody is vulnerable to a data breach. Do not be an easy target. Register today by visiting www.CAPphysicians.com/databreach.

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.

Data Breach: It Can Happen to You is part of CAP's ongoing "Surviving and Thriving Through Health Care Reform" webinar series, and it is part of our broader initiative to help members remain successful and independent during these changing times.

ABOUT OUR PRESENTERS:

Melvin Osswald, Vice President Program Underwriting, NAS Insurance – Ms. Osswald joined NAS in 2002 and specializes in health care, cyber liability, employment practice, directors and officers coverage. Ms. Osswald currently supports NAS' reinsurance programs and oversees the underwriting and product development of Billing Errors and Omissions, Cyber Liability, Employment Practices Liability, and Directors and Officers programs created to address the new exposures facing health care providers. She has been featured as a guest speaker at various industry conferences addressing the evolving professional liability risks in health care, and served on the Steering Committee of the Southern California Chapter of the Professional Liability Underwriting Society.

Chris Reese, Vice President, Director of Underwriting, NAS Insurance – As part of NAS key management team, Ms. Reese provides insurance solutions for clients in the health care industry. She has held leadership positions on both the underwriting and retail broker sides of the business, and has worked in the London market for a reinsurance intermediary. Ms. Reese has been involved with cyber risk insurance for the health care industry since 2004, providing coverage to physicians, medical groups, and integrated delivery systems. ➤

October 2015

Case of the Month

by Gordon Ownby



When Your Patient Needs You in Her Corner

When a treating physician believes that a referral to another specialist is appropriate, a denied authorization does not mean that the physician should just quietly soldier on.

A 15-year-old patient who had seen Dr. P, her pediatrician, for many years for routine childhood issues visited Dr. P for left thigh pain. She had recently run a mile in her physical education class and Dr. P prescribed Motrin for the pain. An X-ray of the femur was negative and Dr. P excused his young patient from physical education for two weeks.

The patient returned about four months later, complaining that the back of her thigh still hurt. Dr. P diagnosed muscle spasm and treated her again with Motrin. Lab work showed a slightly elevated sed rate and elevated enzymes. When the patient returned a week later with continuing complaints of thigh pain, Dr. P diagnosed fibromyalgia and initiated a trial of Lyrica medication. Dr. P referred the young patient for an orthopedic consult but the patient's IPA declined to authorize the referral.

The patient returned two weeks later and reported that she had recently been to the ER, where the physician recommended that she use crutches. Dr. P proceeded with his diagnosis of fibromyalgia, treated with Gabapentin and Lyrica, and saw the patient on multiple occasions over the next several months without substantial improvement. During that time, an ultrasound revealed multifocal soft tissue cysts, which Dr. P attributed to likely trauma and hematoma. When swelling of his patient's left leg failed to resolve, Dr. P scheduled an appointment for his patient to see a rheumatologist.

After taking the patient's history and examining her, the pediatric rheumatologist doubted fibromyalgia, but was concerned about a malignancy.

Following the patient's return Dr. P the next day, she was admitted to the hospital where she was diagnosed several days later with synovial cell sarcoma with multiple metastatic lesions in the lungs. The patient underwent surgery and chemotherapy but died two years later.

A lawsuit filed over Dr. P's care was heard by an arbitrator, who considered evidence on both Dr. P's actual care of his patient and on "causation" – that is, whether there was anything Dr. P could have done during the time of his treatment that would have prevented the patient's fatal injury. The arbitrator issued an award for the patient's family.

Certainly, Dr. P's judgment in calling for an orthopedic consult was sound. But when the patient's IPA denied the consultation, could he have done more for his patient than simply accept that denial?

Physicians frequently participate in appeals over denied authorizations by contacting the decision-maker directly or by otherwise assisting the patient and family in their pursuit of the authorization. Physicians should document a discussion with the patient and family on the rationale and importance of getting the test or consultation.

In some situations, to accept a denial without doing more could be like treating a patient with one hand tied behind your back. ➦

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

Risk Management & Patient Safety News



Using the Internet to Promote Your Practice

by Kimberly Danebrock, RN, JD

Why is social media so important to your practice?

Today, it is increasingly common for patients to find their physicians online. Creating a positive online presence can be one of the easiest ways to market your practice and make a lasting impression on potential patients.

Although creating or improving your online presence is not difficult, it requires you to take a series of proactive steps. Increasing your Search Engine Optimization (SEO) is an important step in creating a positive online presence. SEO is the process of making your online content more likely to show up when someone uses Google, Yahoo, or another search engine. The easiest way to do this is to develop a social media plan and then create content that ensures your patients and potential patients understand your perspective as a physician.

Before you begin posting to a social media channel, determine the overall tone of your communication. Identifying your main publishing themes early will help keep your content consistent and ensure your followers see you the way you wish to be seen. Which social media platforms are best for physicians? Each social media platform is better suited for some objectives than for others. Remember, though, that you will want a presence on platforms that patients use regularly and consider influential.

The first social media platform you should consider is LinkedIn. LinkedIn is a business-oriented social networking service and a great tool for managing your professional identity. Creating a LinkedIn profile (which is basically a digital version of your CV) only takes about 30 minutes. LinkedIn profiles get ranked high on Google results page. So this act alone is enough to yield valuable results in your efforts to build your online presence.

Medical professionals often use a blog as a platform to create an authoritative voice. Blogs are uniquely positioned to help you educate and engage with both your patients and the medical community and also rank higher in search engine result pages other than social media profiles.

Twitter is an online social networking service that enables users to send and read short messages called "tweets." Twitter has great potential for building a wide-reaching audience. However, each message is restricted to a 140-character limit, so you will need to be concise. Twitter is best used for sharing quick tips, advice, opinions on trending topics, and links to articles relevant to your specialty.

Physicians who use Facebook should maintain a separate profile page for their personal and professional persona. Your personal page should be limited to your family and personal friends. Patients should not be allowed access to your personal profile page. However, your professional page is the one that patients can view and with which they can engage. Your posts on the professional profile page can advertise special travel events, conferences, education opportunities, and breakthroughs in medical research.

When developing a social media plan, err on the side of caution. Your social media profiles are a way of building an online audience, but they also expose you and your practice to liability when not done carefully. Federal and state privacy laws limit the freedom for posting on social media. The Health Insurance and Portability Accountability Act (HIPAA), in particular, has very strict rules about patient health information being disclosed publicly. You can be

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fired, sued, and fined \$100 to \$50,000 per violation. Be certain to avoid privacy violations; omit any information that could be used to identify specific patients.

Whether on professional or personal profile pages, *never* identify someone as a patient on social media. Addressing patients as a collective on social media should help you avoid any privacy risks. If an unknown patient reaches out and asks a personal health question on social media, do not answer. Instead, take the conversation offline with a standard response that asks him or her to call the office and make an appointment. And *never*, under any circumstances, should you attempt to diagnose someone via social media. This can open you up to serious liability. Instead, encourage the individual to see a physician for a diagnosis.

The most effective weapon against liability is to have a clear, strict office policy that specifically addresses the use of social media both on and off the job. Your policy should include who in the office will have administrative privileges on your practice's social media profiles, as well as the kinds of content deemed acceptable. It should emphasize professional behavior, both during working and nonworking hours. All employees should be trained on these policies with specific examples to emphasize how even small, seemingly innocuous disclosures can constitute privacy violations.

Social media can be a valuable tool in promoting your practice and instrumental in reaching potential patients who are searching for information about physicians online. Take control of your online profile by developing a social media plan, utilizing the appropriate social media platforms, creating original content that interests patients, and developing an office social media policy. These steps can optimize the content for search engines to help promote your practice and reduce liability related to privacy laws violations.

For more information on drafting a social media policy, see our exclusive whitepaper at www.CAPphysicians.com/social-media.

For further information on your online reputation, see *The Physician's Online Reputation Action Guide* at <http://www.capphysicians.com/practice-management-resources>. ➤

The above recommendations are meant to serve as general guidance and do not serve as professional advice of any kind. We encourage providers to conduct their own research and seek specific information from a qualified professional. Claims arising from non-patient media communications are excluded under the Mutual Protection Trust Agreement.

Kimberly Danebrock is a Senior Risk Management and Patient Safety Specialist for the Cooperative of American Physicians. Questions or comments related to this article should be directed to kdanebrock@capphysicians.com.