



It's April!

Shower a Colleague with the Benefits of CAP Membership and Help Us Grow

When a member tells us that a colleague would be a good fit for CAP, we take notice.

Since our founding, CAP members have played a significant role in helping to grow our membership by referring other high-quality physician colleagues. A robust membership helps keep rates stable and enables us to continue providing programs and services that help you run a safer, more successful medical practice.

"One of the greatest rewards of being CEO of CAP is hearing from members how we've made a real difference in their lives," says CAP CEO Sarah E. Pacini. "Whether it's how much we've saved them over the years, the consistently exceptional service they receive, or the benefits that help them run their practice — our members feel they're part of an organization that has their best interests at heart."

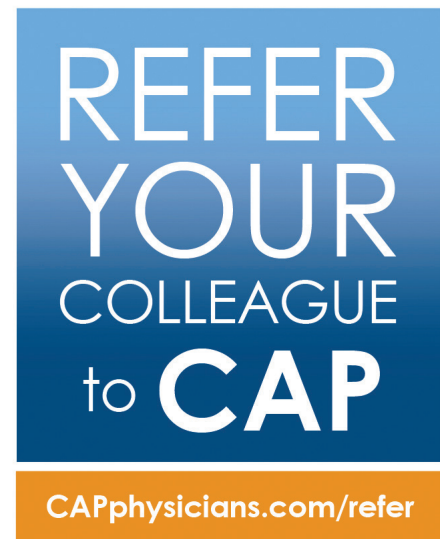
We hope you share this sentiment. If you know of any nonmember physicians practicing in California who might enjoy the benefits of CAP membership, we'd appreciate hearing from you. You may provide us with information by any of the following ways:

Visit: CAPphysicians.com/refer

Email: Refer@CAPphysicians.com

Call: 800-356-5672

A CAP account executive will then reach out to this special physician, letting him or her know of your recommendation for potential membership in CAP. No pressure. No obligation.



In appreciation, CAP will send you a

\$25 Starbucks or Amazon Gift Card

for each physician you refer and allow us to use your name.*

"I felt protected having CAP by our side when we started our medical practice. It's a secure feeling. CAP offers risk protection and legal resources that have proven invaluable."

*Paul C. Moya, DO, Family Medicine
Glendora, California | Member since 2012*

*Maximum of five (5) gift cards per member per 12-month period.

Risk Management — and — Patient Safety News



The Cause and Effect of Physician Burnout: How to Protect Your Patients and Prevent Malpractice

by Steven Blackburn, MBA

You're burnt out and work hard day-in and day-out. Getting caught up in the daily tedium of a schedule can really affect work performance. **But beware** — it can also cause a rise in adverse events and increase risk. Consider the following scenario:

After taking your kids to school, you get to your practice. The business manager advises you that the insurance company wants to perform an audit of multiple records that were submitted improperly and the superbills don't match the coding.

In the meantime, you have a full schedule with appointments every 30 minutes. The first patient asks so many questions that it has now run into the next patient's appointment, wherein the patient complains to the front desk supervisor.

You finally get to the next patient, and he or she is more focused on how long they have been waiting than focusing on their chief complaint — pushing the schedule back further. You walk out of the room to consult with one of your RNs, but hear a staff person at the front desk yell for the doctor.

That's right — you're up. And the patient in the waiting room isn't breathing.

Is this you? Many things can go wrong in this specific scenario, from the patient in the waiting room becoming the victim, to some out-of-the-ordinary issue affecting one of the other patients in the middle of care.

In a study performed to analyze the effect of physician burnout on provider-to-patient communication in an

urban community-based setting, it is noted that the provider typically is "burnt out" within approximately 15 months and that this burnout directly affects the rapport-building ability of that provider-to-patient relationship. This can affect patient retention and trust—two key things that are important to mitigate risks in any patient-centered environment whether an active claim exists or not (Ratanawongsa et al., 2008).

Simply ask yourself — are you more receptive when you are tired, and do you perform your best when your eyelids can hardly stay open?

Potential Adverse Events

Of course, when risks are exposed, the likelihood of an adverse event increases. Physician burnout relates to many mistakes that occur in an office practice, under the operating room lights, and even when sending medical information. A few examples of an adverse event that could result from physician burnout include:

- Improper documentation (copy and pasting errors, misdiagnosis, forgetfulness)
- Surgical mishaps (improper technique, poor attention to detail during all stages of a procedure, wrong surgery, or wrong site surgery)
- Medication errors (prescribing wrong medications, prescribing improper amount of medication, contraindications or allergies unnoticed)
- HIPAA breaches (leaving a laptop unattended, leaving the EHR logged in away from a computer, talking about patient care near other patients)
- Quality of care complaints (provider mismanaging care or not performing specifically in tune with standards of care)

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How to Prevent Physician Burnout

What can you do to combat physician burnout, maintain a patient's trust, and improve the patient experience by providing quality care?

- 1 Hire the right staff for the right job.
- 2 Maintain your scheduled patients per day at a number that is reasonable and spread out.
- 3 Encourage transparency with staff.
- 4 Maintain a good rapport with patients.
- 5 Train your office manager and maintain communication with him or her.
- 6 Conduct staff training and meetings.
- 7 Prioritize tasks, or ask colleagues for help.
- 8 Take care of yourself. ➦

References:

Craver, J. (2015). Physician burn-out rate on the rise. *Benefits Selling. Breaking News.*

Ratanawongsa, Neda, MD, MPH; Roter, D., Dr. MPH; Beach, Mary Catherine, MD, MPH; Laird, S. L., MPH; Larson, S. M., MS; Carson, K. A., ScM; and Cooper, Lisa A., MD, MPH (2008). Physician burnout and patient-physician communication during primary care encounters. *Journal of General Internal Medicine*, 23(10), 1581-8.

Steven Blackburn 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 sblackburn@CAPphysicians.com.





The Successful Physician

by Carole A. Lambert, MPA, RN

Collaborating for Safety, Quality, and Success

In March, the Accreditation Council for Graduate Medical Education (ACGME) held its annual meeting, which CAP was privileged to attend. The theme of the meeting was “Transformation through Collaboration.”

As one session followed another, and speakers from all over the world shared their experiences and insights, themes we know so well emerged. One theme is our continuing search for safety and quality. We want our patients to be safe. We want our clinicians to be safe. We want our organizations to be safe. At the most basic level, we want to get paid and keep what we have earned so we can continue to care for our communities — the theme of our continuing search for success. A third theme, and perhaps the most challenging, is that collaboration involves learning — even changing — through extraordinary listening, respectful speaking, open-mindedness, and humility before our patients and their families, our colleagues, and our organizations. As one meeting attendee, a hand surgeon who is a clinical faculty member, observed, there is always tension among the goals of the collaborators. It takes talent and tact to use that tension as an impetus rather than a barrier to achievement.

CAP’s role in graduate medical education follows an arc from residency to professional practice. With each new cohort of residents, CAP staff engaged in the Residents Program and The Successful Physician interact with the clinicians who are leading and will lead medicine forward. Thanks to CAP member physicians, the Residents Program and The Successful Physician reach residents and faculty at university medical centers, district hospitals, specialty medical groups, and professional associations throughout California. In addition, through CAP’s relationship

with the Osteopathic Postgraduate Training Program West Consortium, CAP reaches 23 consortium partners with 80 residencies, 653 residents, and clinical faculty. CAP staff establish and nurture relationships with department heads, administrators, program directors, program coordinators, and support staff. The energy, effort, and expertise which CAP staff, Schmid & Voiles staff, and CAP’s community partners so generously share are the foundational elements of a truly remarkable collaboration for safety, quality, and success.

In response to ACGME Common Program Requirements for residency training programs, over the coming months we will be reconfiguring the content from the existing modules of CAP’s Residents Program and The Successful Physician into concentrated presentations that will be delivered via webinar at intervals throughout the academic year. The new presentations will be targeted at safety, quality, transitions of care, wellness, and the evolution of professional practice. As appropriate, the presentations will include clinical case examples, opportunities for scholarly inquiry, and references/resources. Faculty will be drawn from CAP staff, Schmid & Voiles attorneys, and CAP community partners. From our many and varied perspectives — medical professional liability protection, the Quadruple Aim, the National Transition of Care Coalition, and the Quality Payment Program — we will contribute to our shared goals of providing information, strategies, and tools to support clinicians in their vital work. ⚡

Carole A. Lambert is Vice President, Practice Optimization and Residents Program Director for the Cooperative of American Physicians. Questions or comments related to this article should be directed to clambert@CAPphysicians.com.

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New Strategies Emerge as the Opioid Crisis Evolves

by Gabriela Villanueva

Trying to get a handle on the evolving opioid epidemic has stakeholders at multiple levels in government looking for new approaches. To call it an epidemic and declared a crisis by the federal government is a reflection of data from the U.S. Department of Health and Human Services (HHS) that opioid-related deaths have increased more than five times in the past two decades.

The primary discussion has centered on prescription painkillers as an entry point to addiction and abuse. According to the Centers for Disease Control and Prevention, of the 42,249 opioid-related deaths in 2016, 40 percent were attributed to overdosing on prescription opioids.

But HHS data and healthcare policy experts also cite the pervasive infiltration of fentanyl into heroin, and more recently cocaine, making for a deadlier combination.

While bipartisan efforts are taking place in Congress to pass legislation, those efforts are mostly centered on creating stricter requirements on prescriptions and the use and enforcement of prescription drug monitoring programs into the clinical workflow.

At the state and local levels, new strategies are focusing on the individual. Because there are two different spaces where opioid-related deaths are occurring—prescription drugs and illicit drugs—it has become critical to reach addicted individuals and provide effective treatment. Such is the aim here in California of State Assembly member Dr. Joaquin Arambula (D-Fresno).

Dr. Arambula has introduced AB 2384, which proposes placing more emphasis on increasing access and availability of Medication Assisted Treatment (MAT) and reducing the stigma associated with drug use and addiction. Still awaiting a committee hearing, AB 2384 would require healthcare service plans to cover medication-assisted therapies and maintain one or more drug formularies to include, at a minimum,

buprenorphine, methadone, naloxone, extended-release injectable naltrexone, and a combination of buprenorphine and naloxone. The bill also attempts to remove barriers to access by stating that MAT is presumed medically necessary. Among other provisions, the bill declares that access to treatment will not be subject to prior plan authorizations or annual or lifetime dollar limits.

California is not the only state searching for new strategies. Lawmakers in Oregon have passed a measure to initiate a pilot program through which opioid overdose victims are immediately placed into a treatment program and Utah launched an initiative promoting public awareness, education, and safe use of prescription opioids while also suggesting new ways to talk to patients about the issue. Minnesota is working with multiple medical technology players to develop alternative solutions to painkillers by controlling pain through neuromodulation devices. In Washington state, a biotech startup company is reporting favorable results in using venom obtained from a snail native to the Caribbean to help treat chronic pain.

Visit the following links for more information from the CDC and HHS:

Data Overview | Drug Overdose | CDC Injury Center
<https://www.cdc.gov/drugoverdose/data/index.html>

About the U.S. Opioid Epidemic
<https://www.hhs.gov/opioids/about-the-epidemic/index.html> ➦

Gabriela Villanueva is CAP's Public Affairs Analyst. Questions or comments related to this article should be directed to gvillanueva@CAPphysicians.com.

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You Might be Paying Too Much for Credit Card Processing

Save Up to 40% and Get \$250 When You Switch to BASYS!

CAP is thrilled to offer our members a special cost-savings promotion through our CAPAdvantage program provider, BASYS: **Move your credit card processing to BASYS and receive a bonus of \$250 after six consecutive months of service.***

CAP members already enjoy up to a 40 percent savings on credit card processing services through BASYS, so this makes the deal even sweeter!

For a free, no-obligation savings analysis, email a copy of a recent statement from your current credit card processor to CAP@basyspro.com or fax it to 913-529-2329, noting you are a member of CAP. Even if you don't currently utilize a credit card processing service, BASYS will work with you to provide a highly competitive quote. But hurry – the special \$250 bonus program ends on May 31, 2018.

For more information, contact BASYS at 800-386-0711 or www.basyspro.com/CAP.

**Terms and conditions apply.*



Does Your Small Business Need Data Breach Insurance?

The impact of a cyber attack on a small business can be devastating. Healthcare providers – regardless of size – are particularly vulnerable because of the types of data you store. In fact, the street value on the Dark Web for Personally Identifiable Information (PII) and Protected Health information (PHI) is 10 to 20 times higher than financial data. (The Dark Web area of the World Wide Web is only accessible by means of special software, allowing users and website operators to remain anonymous or untraceable.)

Because of the growing number of data breach claims CAP Physicians Insurance Agency (CAP Agency) receives, we strongly recommend increasing your cyber risk insurance beyond the \$50,000 CyberRisk liability policy you automatically receive as part of your CAP membership.

The following scenario illustrates how adequate cyber risk coverage can significantly protect a healthcare provider:

A clinic received notice from an IT Security company that the PHI of 88 patients was found on the dark web. Shortly afterward, the clinic received an anonymous email from a hacker calling himself “The Dark Overlord” claiming to be in possession of all the clinic’s information and records. Because the clinic had sufficient cyber risk protection, here is what insurance covered:

IT Forensic Consultants – Determined that the PHI was likely accessed by a hacker gaining access to an employee username and password. Cost: \$82,175

Breach Coach Counsel – Determined there was a high probability that all records were in fact obtained by “The Dark Overlord,” requiring notification to all 544,000 patients. Cost: \$66,909

Public Relations Firm – Assisted the clinic in developing a crisis management plan to mitigate reputational harm resulting from the incident. Cost: \$83,516

Notification Expenses and Credit Monitoring – Notified and offered free credit monitoring to 544,000 patients. Cost: \$817,400

Total expenses covered by cyber risk insurance: \$1,050,000!

CAP Agency offers a \$1 million higher limit policy with 50,000 notifications outside the policy limit. For as little as \$750 a year per single physician, you can supplement your value-added CyberRisk liability policy for added peace of mind. Call us today at 800-819-0061 to make sure your practice is fully protected! ➦



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Case of the Month

by Gordon Ownby



Be Wary of Drug Interactions and Overuse, Not Just Abuse

Physicians with patients on pain medication regimens are often attuned to signs of drug abuse. Multiple-drug interactions and simple overuse should also be a concern.

A registered nurse starting visiting with Dr. IM, an internist, for her primary care needs. Her history included hypertension on medication, iron deficiency, anemia, hypothyroidism, and Addison's disease. She was allergic to ASA analgesics and non-steroidal anti-inflammatories. Early in her visits to Dr. IM, the patient complained of low-back pain radiating to both legs. Dr. IM prescribed Flexeril 5 mg every 12 hours and Tramadol 50 mg every six hours for pain.

On the next patient's next visit, Dr. IM referred his patient to physical therapy, ordered lumbar spine films, and prescribed Flexeril again as well as continuation of Tramadol. When the patient underwent the radiology procedure sometime later, the impression was advanced narrowing of the L4-L5 disc space, but otherwise normal.

Over the next seven years, Dr. IM variously prescribed refills of Tramadol and Flexeril plus Ambien, Lorazepam, Zoloft, Soma, Vicodin, Ativan, Brintellix, Norco, Restoril, and Lidocaine patches. The patient's complaints during that time included anxiety, breakthrough pain, difficulty sleeping, and depression. She also had knee surgery. At year six, Dr. IM referred the patient to a psychiatrist but continued her various medications. Several months later, Dr. IM had the patient sign a long-term controlled substances therapy contract and continued her various prescriptions, including Celebrex for knee pain.

About eight months following the signing of the pain contract, the 48-year-old patient was found unresponsive by her husband. Her death was attributed to apparent mixed-drug intoxication via accidental overdose of prescription medication. There was no evidence of suicide.

In a wrongful death lawsuit, the patient's husband alleged that the amounts and frequency of the prescriptions were below the standard of care and that Dr. IM failed to wean the patient off medications or refer her to alternative methods of pain control or drug rehabilitation. Unknown to Dr. IM, the patient was also taking over-the-counter aids, such as Benadryl and Unisom, concurrent with her other controlled substances.

Though the lawsuit claimed that Dr. IM should have seen "clear evidence that the decedent was addicted to and abusing" narcotics and other medications, the record did not show the typical "abusive" efforts to obtain medication for non-therapeutic purposes such as doctor-shopping, lying, or stealing to get more medication. Virtually all of her medications came through Dr. IM's prescriptions, which were filled at a single location.

Supported by the autopsy report, however, was the additional allegation of significant drug interactions and contraindications between medications. Dr. IM and the husband resolved the lawsuit informally.

Though Dr. IM referred his patient to a psychiatrist, his record failed to show any follow-up on that referral while he continued to prescribe her multiple

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medications. Would another referral — such as to a pain management specialist — have brought on board someone with more focused training spotting mixed-drug dangers in the patient?

A patient who lacks the classic signs of drug abuse may still be at risk for drug overuse. Primary care physicians may be especially at risk of failing to appreciate all the

pharmacology that may be going in with a complex regimen of potent medications prescribed over a long period of time. ➦

Gordon Ownby is CAP's General Counsel. Questions or comments related to "Case of the Month" should be directed to gownby@CAPphysicians.com.

CAP Members Eligible for Discount on Compliance Videos for Staff Training

A frequently asked CAP Hotline question is whether we provide services to train staff on compliance topics, such as OSHA. While we do not directly provide services related solely to compliance, CAP understands their importance and has a valuable resource available for members that focuses on these topics.

Through Evolve e-Learning Solutions, CAP is pleased to offer its members a user-friendly, high-quality, interactive online training system that allows physician practices and other healthcare organizations to deliver compliance training to employees at a fraction of the cost of classroom training. Employees can receive training from any work station, laptop, or mobile device with Internet access at any time and at their own pace.

Course topics include HIPAA, medical OSHA, and infection control. There are also courses on billing, management/leadership, Medicare compliance, Microsoft Office, cyber security, and human resources pertaining to office management personnel.

Evolve e-Learning Solution's web-based courses are affordable, convenient, and offer:

- A full range of high-quality, on-demand lessons without the confines of a traditional classroom setting.
- Organizational compliance and employee professional and technical skills development.

- Self-paced courses to fit any schedule.
- A powerful reporting tool that gives administrators instant access to critical learning data.
- Course bundles for greater savings.

Please ensure staff training and compliance by accessing the training courses at www.evolveelearning.com. CAP members will receive a 10 percent discount by using the "cap10off" discount code at checkout. For additional information, email support@evolveelearning.com.





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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.



PROTECT YOUR HEALTH AND YOUR WALLET

Smiles are free but they can cost a lot, too. While costs may vary based on where you live, the average family of four spends \$1,824 a year on dental services.¹ Dental emergencies like a broken crown can run into the hundreds or even thousands of dollars. If you have not yet taken advantage of CAP's exclusive program, now is a good time to consider how much money you could be saving annually.

Through the power of your 12,000-member cooperative, CAP has partnered with MetLife Dental to create an exclusive dental program for our members. Superior, affordable dental coverage is available to you, your employees, and your respective family members.²

Benefits of the MetLife Dental Program

- There is no waiting period for you to get the dental work you need to have done.³
- MetLife Dental offers you a savings of up to 25% on PPO dental coverage.
- You have the flexibility to see any licensed dentist.
- If you prefer to stay in-network, there are thousands of general dentists and specialists to choose from nationwide.
- Find out what you'll pay ahead of time. Your dentist can request a pre-treatment estimate for any service that is more than \$300. This helps you manage your costs and care.

Even if you already have dental and vision plans in place, most plans can be moved with a one-month notice to your current carrier. Compare your current rates and plan benefits with the high-level coverage and exceptional group rates that CAP Physicians Insurance Agency offers.

To view coverage options, request a quote, or enroll in MetLife Dental, visit
www.CAPphysicians.com/enroll.

For more information about these outstanding benefits, including questions regarding eligibility, please contact CAP Agency at:

CAPAgency@CAPphysicians.com
877-898-6764

¹ 2016 Statistic Brain Research Institute, Consumer Spending Statistics, <http://www.statisticbrain.com/what-consumers-spend-each-month>, accessed June 2016.

² Dependent is defined as: Spouse, Qualified Domestic Partner, and Dependent Children up to age 26.

³ On group plans; exclusions may apply.

“ We recently changed our group dental and vision insurance from Blue Cross and The Principal to the MetLife Dental and EyeMed vision plan offered through CAP Agency. Though this was clearly an opportunity to lower our costs significantly while maintaining excellent health and dental plans for our staff, initially I was somewhat skeptical. We now have five months of experience and have received positive feedback from our staff and have seen a 20% cost savings.

I strongly recommend that CAP members take advantage of another way to control costs within their respective medical offices. ”

*R. Eastham
Neurology Practice Group Administrator
Orange County, California*

