THE MONTHLY PUBLICATION FOR CAP MEMBERS

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Congratulations to the Winners of the 2021 CAPtivating Causes Community Hero and Community Leadership Awards

As the world continued to wrestle with the COVID-19 pandemic, CAP solicited nominations for its Third Annual CAPtivating Causes Award. This year, we sought to recognize members who contributed their time, energy, and treasure to organizations working to combat the effects of the pandemic.

The coronavirus has significantly expanded the concerns and workload for CAP members treating patients in their medical practices. And yet many continue the charitable work that exemplifies the goodwill that physicians bring to the global community. It's truly a pleasure to present to you the recipients of the 2021 CAPtivating Causes Awards, two CAP members who typify going "above and beyond" the already paramount pressures of running a successful practice.

COMMUNITY HERO AWARDEE

Song Tan, MD

CAP Member since 1995

Pediatrics

Long Beach, California

Dr. Song Tan is the CEO and founder of the Cambodian Health Professional Association (Americas), or CHPAA. CHPAA has successfully led surgical, medical, and dental missions to Cambodia for the past 10 years. During the COVID pandemic, CHPAA led the way in supporting local Cambodian communities in Long Beach, California, and elsewhere, giving away masks, hand sanitizers, and gloves, as well as promoting safe health measures via radio and TV messages in the Cambodian language. CHPAA volunteers continue to promote medical education by providing virtual Zoom lectures to Cambodian medical students. Dr. Tan and his pediatrics practice in Long Beach have been a landmark for young, poor families for more than 30 years. His service and sacrifice are outstanding.

We are pleased to present a $5,000 donation to CHPAA so that Dr. Tan and the organization may continue their life-changing work.

Information on CHPAA can be found at **www.chpaa.org.**

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COMMUNITY LEADERSHIP AWARDEE

Elisa Yoo, MD
CAP Member since 2009
Dermatology
Los Alamitos, California

Dr. Elisa Yoo is a dermatologist in Los Alamitos. Since 2014, she has been a staunch supporter of the Boys & Girls Club of Greater Anaheim–Cypress. She was instrumental in helping the club get a $10,000 grant from the Academy of Dermatology to acquire a sunshade – which proved invaluable last year during the pandemic. Her efforts allowed the club to stay open for children of first responders and essential workers by providing extra space outdoors to serve the children. Dr. Yoo was also the club's technology sponsor, donating money to ensure the children had access to computers while at the facility. Many of the children come from low-income families who could not otherwise afford computers or wi-fi to connect to school programs. Dr. Yoo was a financial supporter of the weekly food distributions in Anaheim and Cypress, and she donated PPE and personal hygiene supplies as well.

We are pleased to present a $1,000 donation to the Boys & Girls Club of Greater Anaheim in honor of Dr. Yoo.

Information on Boys & Girls Clubs can be found at **www.bgca.org.**

Congratulations, Dr. Tan and Dr. Yoo!

Avoiding Medication Errors in the Practice Setting

What Is a Medication Error?

by Cynthia Mayhan, RN, BSN, PHN

The National Coordinating Council for Medication Error Reporting and Prevention defines a medication error as "any preventable event that may cause or lead to inappropriate medication use or patient harm while the medication is in the control of the healthcare professional, patient, or consumer." Oftentimes when we think of medication errors, we think of the acute setting and infamous cases such as the Quaid twins and the heparin error. However, we must remember that medication errors occur in the ambulatory office setting also. Data from Harvard shows that one in nine claims is related to a medication error with half occurring in the office setting. Further, it is estimated that unsafe medication practices are the leading cause of avoidable patient harm, with most errors occurring during medication administration.

Here are some of the most common medication errors that our physician members report to CAP's Risk Management Hotline.

Scope of Practice Issues

A 2019 review of CAP's closed-claims data revealed that medication errors occurred in nearly half of claims where a medical assistant (MA) was directly responsible for a patient's injury. Errors can occur when staff work outside of their scope, such as when the medical assistant (MA) calls in new prescriptions or refills with changes, which they are not permitted to do. According to the National Institutes of Medicine, prescription errors are among the most expensive claims made. Moreover, when errors are made by staff working outside their scope, the allegation of failure to supervise can also apply, making the claim costlier.

Administration Technique Errors

In the 2019 data review, it was also noted that the majority of medication errors involving MAs were related to injectable medications. An example would be Kenalog. When not administered correctly with the appropriately sized needle and via the Z-track method, it can leak into the fat tissue causing necrosis, pigmentation changes, and dimpling.

Vaccine Mix-up

Administration of the wrong vaccine can occur because of "look-alike, sound-alike" names, such as mistaking Hep-A for Hep-B or DTaP for Tdap. Additionally, vaccine administration errors have occurred in pediatric practices where staff maintains one "chart" for siblings and a patient has received two doses when the second dose was intended for their sibling.

Prescribing Errors

Prescribing errors can occur when the prescribing provider fails to review patient allergies, current medication lists, and/or contraindications. Pharmacists will sometimes catch these errors, but this cannot be relied on. It's the prescriber's responsibility to ensure the appropriateness of the prescription.

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Other Common Errors

Unlabeled Syringes: This type of error occurs when syringes prepared for a procedure are placed on the aseptic field without labeling. When this happens, syringes can be easily mixed up, causing the provider to inject the wrong substance or medication.

Name confusion: Some practices use only patient initials when labeling medications; however, this is risky and can lead to a medication being given to the wrong patient. The outcome can range from minor with no injury to severe anaphylaxis.

Mitigation/Risk Strategies

To reduce the risks of medication errors, we recommend the following:

• Develop policies for staff that includes refill guidelines, scope of practice, medication storage guidelines, and the Six Rights of the Medication Process (right person, dose, medication, route, time, and documentation). Additionally, consider implementing a process requiring all medications be double-checked and verified prior to administration.

• It is important that physicians understand the full scope of practice of an MA as described by the Medical Board of California (MBC). It is best practice to hire MAs that can provide certification of training or can verify training under a licensed physician and can demonstrate competent safe medication practices.

• For MAs giving injections or administering inhalation medications, it is essential that they have the training required and can demonstrate this safely. A physician will be well served to ensure the competency of all staff they supervise.

• Maintain separate medical records for each patient. It is not appropriate to maintain a single chart for siblings or for married couples. It is a recipe for disaster.

• To minimize distractions that can lead to errors, ensure that the area in which medications are stored and prepared is away from busy areas where disruptions can occur. Further, store "look-alike, sound-alike" drugs separately and consider enhanced labeling.

• Provide patients with their medication list and instruct them to carry the list to every appointment to capture changes. Some practices provide patients a list of their medications at time of check-in to allow time to review while waiting to see the provider. It is never a good idea to ask a patient if their medications have changed, without providing a list to review.

Summary

Implementation of these risk mitigation strategies and diligence in safe medication practices is essential in all healthcare settings to reduce the risk of errors, patient injury, and potential claims.

Cynthia Mayhan is a CAP Senior Risk Manager and Patient Safety Specialist. Questions or comments related to this article should be directed to cmayhan@CAPphysicians.com.

Sources

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Telehealth for All

by Gabriela Villanueva

Heading into 2022 in the third year of pandemic, there is a growing familiarity with the many changes to the delivery of healthcare that the COVID-19 virus has brought.

On January 31, 2020, the federal government declared a national Public Health Emergency (PHE) under the Public Health Service Act, which has been continually renewed every three months. The PHE has broadened access to telehealth services by extending blanket waivers for providers who deliver telehealth services to Medicare patients. With each renewal, the standing blanket waivers have increased the ease and delivery of telehealth and brought forth an increasing need to examine whether these blanket waivers should become permanent.

These waivers have provided healthcare providers the flexibility to deliver telehealth services and care to patients using remote communication technologies like FaceTime, Zoom, or Skype. The combination of remote technology and the continuing blanket waivers during this pandemic have also allowed providers to:

- Conduct telehealth visits with patients located in their homes and outside of designated rural areas;
- Provide remote care through telehealth across state lines;
- Deliver care to both established and new patients through telehealth; and,
- Bill for telehealth services (both video and audio-only) as if they were provided in person

The public and healthcare providers were quick to adapt the use of telehealth to continue to access, deliver, and receive care during lockdowns and with limited resources at the heights of disease outbreaks. The CDC notes that there was a 154 percent increase in telehealth visits during the last week of March 2020, compared with the same period in 2019.

Several attempts are being made in Congress to ensure permanent access to and ease of delivery of telehealth services to Medicare beneficiaries. Recognizing that the PHE declaration may end soon, the latest bill to be introduced on a bipartisan basis is the Telehealth Extension Act. The legislative proposal aims to lift geographic and site restrictions to allow Medicare beneficiaries to access telehealth no matter where they live.

The bill also incorporates recommendations from the Medicare Payment Advisory Commission (MedPAC). It would extend select COVID-19 emergency telehealth waivers for two years to permit Medicare coverage for telehealth services provided by specialty providers, including speech language pathologists, occupational therapists, and physical therapists.

This extension would allow critical access for hospitals to keep providing outpatient behavioral therapy via telehealth and would ensure proper reimbursement for audio-only telehealth services.

And while the legislation is primarily directed to assist Medicare beneficiaries, once implemented by the Center for Medicare and Medicaid Services (CMS), it is common for private insurers to follow CMS's lead on reimbursement and payment of services.

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

Public Policy

Case of the Month

This month, we feature an article from the archives written by CAP's former General Counsel Gordon Ownby

Beware of the Agreeable, Noncompliant Patient

Knowing a Patient Well Can Interfere with Good Judgment

Dr FP, a family practitioner, had been treating his amicable, 45-year-old patient for some 20 years. The patient, a SCUBA dive travel operator, complained during one visit of pains along her backside for the past six months. On examination, Dr. FP found chest and abdominal pain, plus shortness of breath. He ordered a complete blood workup, other lab evaluation, and an abdominal CT scan.

The CT scan showed a solid-appearing mass in the left midlateral kidney. The radiologist telephoned Dr. FP twice about his suspicion of cancer and recommended a bone scan and an abdominal ultrasound of the left kidney. Dr. FP advised the patient of the findings and of his plan to refer her to a urologist after the two additional studies were done.

Doctor Reminds Patient to Schedule Test

Dr. FP's clinic called the patient to let her know that it had scheduled the ultrasound and bone scan tests, both to be done on the same day. The patient went for the bone scan but did not show up for the ultrasound. On the day after the scan, Dr. FP's clinic called the patient to let her know that the scan was negative.

Six weeks later, the patient returned to Dr. FP complaining of body aches, sinus pain, and a scratchy throat. Dr. FP treated the patient for an upper respiratory infection and took a throat culture. During the visit, Dr FP reminded the patient to schedule the abdominal ultrasound and gave the patient the telephone number to schedule the appointment.

Dr. FP called his patient back a week later, leaving a message on her telephone machine stating that she had a bacterial infection and that she should finish the medications prescribed to her. He also stated (and charted) his advice to "Don't forget to schedule the ultrasound."

Patient Was a "No Show"

The patient next returned to the clinic some four months later, complaining of menstrual irregularity. A colleague of Dr. FP saw her that day and again four days later, when the physician diagnosed early menopause. She was a "no show" for an appointment three months later.

Over the course of the next two and a half years, the chart shows the patient visiting the clinic several times, with the staff again making appointments for her abdominal ultrasound, which the patient did not keep. The patient repeatedly told the office and doctors that she was very busy and had to make numerous trips abroad.

When the patient finally had an abdominal ultrasound performed (37 months after first ordered), the results showed a 4.8 × 3.8 cm, hypervascular mass in the left kidney suggestive of renal cell carcinoma. Upon receiving the ultrasound report, Dr FP called the patient to discuss the test results and told her she should see a urologist that same day. He gave her the names of two urologists who could evaluate the mass.

Another five months passed without a visit to a urologist. An abdominal MRI, however, showed a solid left interpolar renal mass with hypernephroma. The

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radiologist noted no renal vein invasion, but two right lobe lesions. The differential diagnosis was benign hemangioma versus metastasis.

At a visit to the clinic four days later, the patient discussed her examinations with Dr. FP's colleague. The patient told the physician that she would proceed with a urologist and oncologist at a university hospital. A subsequent lab report from the hospital showed left kidney chromophobe renal cell carcinoma stage III, with one lymph node involved.

Patient Sues for Delayed Diagnosis

The patient underwent a nephrectomy and sued Dr. FP and the clinic for delayed diagnosis of her cancer. Though acknowledging her client's own inaction, the patient's attorney criticized Dr. FP's lack of "written or oral policies, procedures or a custom and practice for documenting conversations with patients about life-threatening illnesses." The attorney claimed that Dr. FP should have referred the patient to a urologist after the initial test results.

The parties reached an informal resolution of the case.

In this case, office protocol (since changed) appeared to distinguish between patients who refuse to undergo a test versus those who simply delay action. It may not be the confrontational patient who is a danger to her own health, but the charming one.

Workers' Compensation Insurance Audits are Important: Find Out Why

Are You Prepared?

It is mandatory in the state of California for employers to carry workers' compensation insurance. Failure to do so can result in liens, fines, and penalties.

Insurance audits are an important part of the policy process. All carriers writing workers' compensation coverage in the state are required to perform an audit at the end of each policy term.

A workers' compensation insurance audit is a review of the financial and payroll records of the insured at the end of the policy term. The review determines if the estimated premium declared by the insured at the beginning of the term is accurate. Class codes and actual payroll exposures are reconciled against the estimates. This protects the insured so they are only charged for their actual payroll exposure and protects the carrier so they receive the appropriate premium for the risk they assume under the policy.

If the actual audited payrolls at the end of the term are less than the estimates at the beginning of the term, there could be a return premium due to the insured. If the actual audited payrolls are more than the estimate declared at inception of the policy, an additional premium may be owed to the carrier by the insured.

Audits are conducted by mail, telephone, or a visit to your worksite by a carrier auditor.

Employers who do not comply with the request for audit from their workers' compensation insurance carriers run the risk of having their policy cancelled, non-renewed, and subject to fines and penalties, which can be extensive.

Are you prepared? Here is a quick and easy checklist of records to have on hand for your audit.

Payroll Records

- Payroll journal and summary (or your checkbook record if you do not keep a journal)
- Federal Tax Report 941 for the term of your workers' compensation policy
- State Unemployment Tax reports or employee earnings records
- All overtime payroll records

Employee Records

- Detailed description of job duties for each employee
- Number of hours, days, and weeks worked annually

Payment and Cash Disbursement Records

- Payments to subcontractors
- Purchase of materials
- Casual labor permits

Certificates of Insurance

- Subcontractors and independent contractor certificates

If you want to have a successful, hassle-free audit, keep your records up to date during the year so you are not scrambling for information at audit time. Do not ignore email, fax, postal, or telephone requests for audit information. Only give the auditor the information they request and comply with the deadlines for filing the audit information to the auditor.

Workers' compensation coverage helps keep your business financially safe. Protect your policy by having a smooth year-end audit.

CAP Physicians Insurance Agency, Inc. (CAP Agency) is a full-service insurance agency created to support CAP members. Their licensed insurance experts can provide you with a comprehensive review of your risk exposures, assess your current coverage, and provide you with comparative, competitive quotes at no cost to you.

To learn more, call 800-819-0061 or email CAPAgency@CAPphysicians.com.

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Ask My Practice

by Andie Tena

Start 2022 with a Free Practice Assessment

A regularly scheduled practice evaluation can help you stay ahead of policies and procedures that support optimal workflow capabilities and a healthy bottom line, even when you think your business is running like a well-oiled machine. It may seem obvious, but clinical excellence aside, the care you provide for your patients may be impacted by the efficiency and effectiveness of your practice operations.

As an exclusive benefit of your membership, you have access to *My Practice*, CAP's free practice management and business services solutions program. In addition to being available for general practice-related inquiries, *My Practice* offers CAP members a free virtual practice management assessment.

The new year is a good time to get your free practice evaluation and get a head start on improving any areas that might need your attention.

Here's what you can expect to review during your consultation:

- The appointment scheduling process
- New patient intake protocols
- Patient check in/check out best practices
- Billing, collections, and accounts receivable workflows
- Referral procedures
- Patient communications management, and much more!

Practice management consultants can be costly, and the results may not always meet your expectations. Through *My Practice,* you can take advantage of free practice management services, including your practice management virtual assessment.

This service is different from CAP's popular Risk Management Practice Survey and is a great way to become more familiar with all that is available to you through your CAP membership.

My Practice was created as part of CAP's commitment to providing you with valuable products, services, and resources to support a successful medical practice, so you can spend more time focusing on superior patient care.

You or any of your employees may contact *My Practice* to get started with your free practice evaluation or to get help with any practice-related challenges, no matter how big or small. Call 213-473-8630 or email MyPractice@CAPphysicians.com for immediate assistance.

Andie Tena is CAP's Director of Practice Management Services. Questions or comments related to this column should be directed to atena@CAPphysicians.com.

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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.