THE MONTHLY PUBLICATION FOR CAP MEMBERS

CAPsules

COOPERATIVE OF AMERICAN PHYSICIANS

CAP Launches New Mobile Responsive Website

August 2016

On July 13, CAP launched its new corporate website that features an exciting new design and site architecture focused on ease of navigation, content organization, and user friendliness. The new site also demonstrates the value CAP delivers to you, our members, with real testimonials from your colleagues.

It is now easier than ever to see the unique benefits of CAP medical malpractice coverage through the Mutual Protection Trust, along with a variety of insurance products available to members through the CAP Physicians Insurance Agency. The new site also makes it easy to find the many practice and risk management tools and resources, products and services, and educational programs available to members.

The new, secure "Member's Area" section features enhanced bill paying, certificate of coverage retrieval, and other member functions.

Best of all, the new site looks and works great on mobile devices, such as tablets and smartphones, as well as desktop computers.

Visit the new www.CAPphysicians.com (same URL as always) to access:

1. The most important functions you need, such as downloading your Certificate of Coverage, paying your bill, and contacting our Risk Management and Patient Safety or Membership Services departments.
2. Easy-to-find risk management and practice management resources, including original articles, videos, and sample forms.
3. A design optimized for desktop, tablet, and smartphone.

Sign on to www.CAPphysicians.com today to see why CAP stands for your protection and your success!

Questions and suggestions about CAP's new website should be directed to communications@CAPphysicians.com.

Health Insurance: Should You Offer Employees Healthcare Benefits?

August 2016

CAP Physicians Insurance Agency is always tracking insurance coverage trends so we can provide the most up-to-date information to our members. We also listen to what our members say and what insurance products they would like us to provide. Last year, we partnered with another agent so we would be able to provide health insurance options to our members. This year, we are looking at other agents for our members to help provide them with a more consultative healthcare platform that will provide the guidance they need to make important decisions on how to proceed in this area. The important question still remains as to whether or not to offer healthcare benefits to your employees. Below are some advantages that may be helpful in making a decision.

According to the Affordable Care Act, if you have fewer than 50 employees, it is not mandatory to offer healthcare benefits. If you have 50 or more employees and you do not provide coverage, you can be hit with a severe tax penalty.

However, your employees are required by this same Act to be covered under health insurance or pay a tax penalty even if their employer is not required and does not provide healthcare coverage. In this article, we will discuss the advantages of offering healthcare benefits to your employees.

One of the advantages is you can attract and retain the most qualified employees. Other medical practices may not be offering healthcare benefits to their employees, which will make you a more attractive employer. A strong competitive employee benefit package can be a game changer in attracting and keeping the best employees in the medical industry.

You may be eligible for a small business healthcare tax credit if you have fewer than 25 employees and purchase health insurance for them. There are other tax advantages you may realize that could help pay for your employees' healthcare coverage as well as your own.

As a physician, you know how important preventative care is to keep employees healthy and working. Regular wellness checkups may prevent your employees from being out for long periods of time with a serious illness. Employees are less likely to get preventative care and annual physicals if they do not have insurance. Even if you do not contribute anything to your employees' health insurance, you can offer them the opportunity to get group rates through your business.

Here at CAP Physicians Insurance Agency, we often hear our members talk about their employees as a "family." We would like for your work family and home family to have the healthcare benefits they deserve.

CAP Physicians Insurance Agency has resources to help you with your health insurance needs. Please contact us at CAPAgency@CAPphysicians.com or by calling 800-819-0061 and asking for an insurance representative.

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Risk Management and Patient Safety News

Participate in CAP's New Risk Management Incentive Program and Earn a $100 Gift Card for You and Your Staff

Patient safety is a goal for which all practices strive. Physicians and their staff, in every medical office, establish policies and protocols aimed at protecting their patients. The CAP Risk Management Incentive Program is designed to help your practice achieve that goal. CAP is offering an attractive incentive, for physicians and staff alike, when your practice implements this package of three Risk Management and Patient Safety tools. Upon completion of all of the following components within a six-month time frame, each member physician and his or her registered staff will receive a $100 gift card.

COMPONENT #1:
MEDICAL INTERACTIVE ONLINE CME

The CAP member physician must complete two free online CME courses. The course offerings reflect educational needs based on assessing claims data, peer-reviewed literature, the latest professional practice guidelines, and new regulatory measures. Access the CME courses by logging into the "Member's Area" of the CAP website at www.CAPphysicians.com.

Criteria: Complete two online Medical Interactive CME courses within six months. Certificate of Completion required as proof.

COMPONENT #2:
RISK MANAGEMENT AND PATIENT SAFETY PRACTICE SURVEY

A CAP Risk Management and Patient Safety specialist will conduct an onsite Practice Survey and Risk Assessment. These specialists are very knowledgeable, with years of experience in evaluating risk exposure and offering guidance in risk reduction strategies.

Criteria: A risk management practice survey is performed at the practice. A practice survey conducted within the last 18 months may be accepted.

COMPONENT #3:
RISK MANAGEMENT INSTITUTE FOR MEDICAL OFFICE STAFF

Each registered staff member completes the six modules of the Risk Management Institute. It is available in an online, independent study program format.

- **Session 1 - Informed Consent**
- **Session 2 - Medication Management**
- **Session 3 - Effective Office Communication**
- **Session 4 - Patient Education**
- **Session 5 - Tracking and Recall**
- **Session 6 - Medical Record Management**

Criteria: Completion of module review questions is required. Eligible staff include those with direct patient contact – either front office or back office (e.g., manager, RN, MA, scheduler, receptionist, advanced practitioners).

Call 800-252-7706, ext. 8502 today and register!

Case of the Month

by Gordon Ownby

Unfortunately, 'Never Events' Still Happen

Though wrong-sided surgeries have been exhaustively addressed through institutionalized precautions, they still happen. In one case, a surgeon's stated trust in the patient apparently set in motion an ill-fated course.

A 78-year-old patient presented to a breast care center for a bilateral screening mammogram. The findings revealed a suspicious area in the right breast and an ultrasound was recommended. Several months later, an ultrasound again revealed a suspicious mass at one o'clock. Later that year, an ultrasound-guided core biopsy of the right breast at the one o'clock site returned malignant cells. An excisional biopsy detailed the intensity levels of the tumor cells.

Early the next year, the patient and her son visited Dr. GS, a general surgeon. The initial history form showed that the patient was visiting for her "left breast . . . s/p biopsy." In his workup that day, Dr. GS noted that the patient had been referred "for management of left breast cancer" and in his electronic record, Dr. GS further noted a "biopsy mark" in the periareolar area of the left breast but no palpable lump in either breast. Dr. GS's note specifically mentioned the earlier mammogram: "BIRAD 4 for left breast lesion." Dr. GS's notes mention his discussions with the patient's referring physician and also quote the same tumor malignancy intensity levels from the earlier biopsy, thus indicating his access to the information in the earlier workups that showed issues on the right side.

Dr. GS assessed the patient as having "invasive duct carcinoma of the upper and outer quadrant of the left breast" and offered to the patient treatment options of a needle localized partial mastectomy or a left total mastectomy, each accompanied by a sentinel lymph node biopsy. Dr. GS later prepared handwritten pre-operative orders describing the procedure as a "left mastectomy" with left axillary lymph node biopsy.

A week prior to surgery, the patient (who was not proficient in English and who had blindness in one eye) signed an informed consent for a left mastectomy and left axillary sentinel lymph biopsy. The form also described the procedure in common terms as "left breast cancer surgery." Another consent form on surgery day also identified the left side for the planned surgery.

After the patient's arrival and receipt of anesthesia, a "time out" was called by the circulating nurse and the type of surgery and site were confirmed by everyone in the operating room: a left mastectomy.

Dr. GS performed the surgery and sent four specimens to pathology, all of which were negative for carcinoma.

When the patient returned to Dr. GS's office for her second post-operative visit, Dr. GS informed the patient and her son that he had performed the surgery on the wrong side (a fact that he said he learned the previous day). As Dr. GS charted his discussion that day: "I once again asked the patient about . . . what side the biopsy was done and she persistently [said] it was done on the left side." Dr. GS also noted that he shared the biopsy and ultrasound reports, both of which showed a right-sided lesion. "I . . . accepted this is also partly my fault that I went ahead and trusted [the] patient more than the reports."

Dr. GS apologized for the wrong-sided surgery and offered to perform and pay for a right-sided surgery, but the patient and her son declined. The ensuing legal claim against Dr. GS was resolved informally prior to arbitration.

The amount of literature on preventing wrong-sided surgeries is immense. As this case shows, however, a good place to start reading is the original information in the patient's own medical history.

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

The Successful Physician

by Carole A. Lambert, MPA, RN

The Measure of Our Experience

Educational programs almost always have learning objectives. The objectives typically start with action words: identify, describe, outline, define, and so on. In these pages, we have explored the business case for creating the extraordinary patient experience. In our presentation on that topic, part of The Successful Physician, we list the usual and customary objectives. But what do we really want? We really want to be the place and provider of choice, to be known for quality and safety.

Patient and family expectations are continually evolving, changing, and increasing, placing corresponding demands on the physician and staff. Earl Naumann, PhD, in his white paper, "Creating Customer Value, the linkage between value, customer satisfaction, customer loyalty, and profitability," observes that, "The rapidly changing, intensely competitive business environment of today demands that firms be proactive, innovative, and more customer-driven than ever before." Healthcare is competitive and rapidly changing, and shopping for a physician may share some characteristics with other kinds of shopping, but it is different in important ways.

The patient's and family's perception of quality is affected by their experience of responsiveness, service, precision, and accuracy. How hard is it to get an appointment? Does a live person answer the phone? Is his or her name spelled correctly? How long do they sit in the waiting room? Are they kept informed about delays in the physician's schedule?

The patient's and family's perception of safety rests on their experience of the predictability, competence, consistency, clarity, and transparency of the practice's staff and systems. In the patient's and family's world of uncertainty and anxiety, these qualities may give them the only solid ground they feel under their feet.

CAP member physicians and their staff expend tremendous effort to create this environment of courtesy, calm, efficiency, and effectiveness to share with patients and their families. We believe that, in the face of competing and increasing demands, we are courteous because we need each other to get the safety and quality job done. We are calm because there is enough anxiety to go around. We are efficient, doing the simple things correctly every time to use resources well. We are effective, making a difference every day.

This is what we believe we are doing, but can we know how we are doing? Can we capture the voice of the patient and family? Can we validate our belief and confirm that we are becoming the place and provider of choice? For CAP member physicians and their staff, the Patient Experience Survey Program is an important part of our strategic response to the present and our plans for the future. In a recent webinar, "Learning from patient experience: where we have been and where we can go," Rachel Grob, PhD, noted, "The patient experience is no longer a 'nice to know' but a cornerstone of care." The Patient Experience Survey's clear and direct questions ask the patient about the courtesy, calmness, effectiveness, and efficiency we believe we provide. The patient's responses are the measure of our success, or a guide to where and how we can improve.

Becoming the provider and place of choice represents major and ongoing investment. The corollary question is: Does measuring how we are doing matter? The Patient Experience Survey is an investment that validates the efforts of CAP member physicians and their staff to create environments, systems, and experiences that attract and retain patients. Survey results point us towards the highs and alert us to the lows in our operations. They are tools to increase our nimbleness in responding to the rapidly changing, intensely competitive business environment Naumann described above.

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To paraphrase Mark P. Herzog in "How Real is Healthcare Consumerism?", patients' responses to CAP's Patient Experience Survey will help member physicians' practices "sustain and preserve the best parts but make the changes patients need from us."

SOURCES

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Pine, B.J. and Gilmore, J.H. "Welcome to the experience economy." Harvard Business Review, 1998.

Virtual Healthcare in Private Practice – What Do Patients Demand? AdvancedMD

Carole 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.

Let CAP's Membership Services Department Help You with Your Year-End Planning

If you are contemplating a change in your practice, such as:

- Retirement from practice at age 55+
- Part time practice
- Reduction or change in the scope of your practice
- Employment with a government agency or non-private practice setting
- Employment with an HMO or other self-insured organization
- Joining a practice insured by another carrier
- Moving out of state

The Board of Trustees of the Mutual Protection Trust will levy the 2017 assessment in November 2016. To allow ample processing time, we recommend that members advise us in writing no later than October 31, 2016 of any of the above changes to be considered eligible for waiver or proration of the 2017 assessment.

To report practice changes, log in to your account at www.CAPphysicians.com and then click/tap the "Membership Information Update" tile, send an email to ms@CAPphysicians.com, or call Membership Services at 800-610-6642.

Federal Opioid Bill Expands Access to Treatment

Public Policy

August 2016

On July 22, President Obama signed into law the Comprehensive Addiction and Recovery Act of 2016, also known as CARA.

Moving the legislation through Congress was a bipartisan effort heavily supported on both sides and addresses a nationwide crisis of heroin and opioid drug abuse. Though the bill did not include the $1 billion in funding requested by Obama, Congress did authorize $181 million in new spending for programs and the expansion of access to treatment.

Among the multiple provisions in the new law, access to medication-assisted treatment of buprenorphine, methadone, and other forms of medication would be expanded to people within the criminal justice system. Also, the bill provides for the expanded use of naloxone by first responders and community members, including family members, to administer to a person experiencing an opioid overdose.

Another provision in the law includes federal grants to help boost state databases that flag patients who may be overusing prescription drugs. The bill does not, however, require that physicians check such databases before writing prescriptions.

Here in California, checking a database before prescribing opioids is voluntary. Currently there is a Senate bill, SB 482 by California State Senator Ricardo Lara (D-Bell Gardens), that would require physicians to check California's Controlled Substance Utilization Review and Evaluation System (CURES) database when prescribing Schedule II or III drugs to a patient for the first time – and regularly if treatment continues. Should SB 482 become law, California would become eligible for federal grants to boost funding support for CURES and would increase the monitoring and information analysis from pharmacies and prescribers to identify patients who may be seeking multiple opioid prescriptions.

SB 482 passed out of the Assembly Appropriations Committee on August 3. It will continue to the Assembly floor for a full vote by August 31, 2016. If passed, it will proceed to the governor's desk for consideration.

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