

CAP Member Dr. C. Freeman — a Driven, Compassionate Advocate for the Elderly — Makes History



Dr. C. Freeman

On June 21, Dr. C. Freeman made history, becoming the Los Angeles County Medical Association's (LACMA) first African-American *and* African-American female president. "California is so diverse, and it's powerful for LACMA to reflect that. Choosing an African-American woman shows their commitment to diversity and inclusion," Dr. Freeman says.

Yet, it's about so much more than symbols.

"Physicians and healthcare are under siege," Dr. Freeman explained. "Someone needs to represent the collective. I'm excited about the opportunity and humbled to be

recognized by my colleagues as being worthy of leading them and serving as their representative."

Becoming LACMA's first female African-American president isn't the first barrier Dr. Freeman has broken. She has been driven to break them from the start.

"When I was in junior high, I was accepted to both the High School for the Performing Arts and the High School for Health Professions. I decided to be a doctor. When people asked what kind, I told them 'a cardiothoracic surgeon.' Maybe because Dr. Michael DeBakey was a legend back home in Houston. Or maybe I just thought I was a pretty good stitcher," she recalled with a laugh.

Dr. Freeman left home to attend Howard University in Washington, D.C., determined to make her mark.

"I was in the honors program, on the fast track with an overwhelming course load. I was far away from most of my family and friends, living off-campus, trying to adjust to East Coast weather — it was all a set up for failure," Dr. Freeman remembers with a smile. She pushed herself so hard that for the first time since she was a child, she suffered severe asthma attacks. "I said to myself, there's no point in pretending — this is going to kill me if I don't stop."

continued on page 2

Dr. Freeman AT-A-GLANCE

Medical Specialty: Geriatric Psychiatry

Practice Location: Los Angeles, California

Years in Practice: 20

CAP Member Since: 2006

Yet that break helped Dr. Freeman discover her life's work.

"I took a year off to do my divisional requirements. When I took psychology, I loved it so much I decided to pursue that as my major, with a minor in gerontology. In my senior year, I worked on a project at a senior citizen daycare facility and after graduation was hired there as a recreational therapist. I was working with a patient who had problems, and when I sent her to the medical doctor, he just brushed her off. I thought, there really needs to be somebody who listens to, and advocates for, the elderly. Until people get old they don't realize what it's like to get old. How not nice it is in terms of how you're treated. Some cultures correctly show extreme respect for elders — but Americans? No. We need to do better."

Dr. Freeman went back to Howard University attending the medical school intent on becoming a geriatric psychiatrist. She then trained at the University of Virginia in Charlottesville, completing a dual residency in both internal medicine and psychiatry before completing her MBA at Pepperdine University, Malibu.

Today, Dr. Freeman is a geriatric psychiatrist affiliated with California Hospital Medical Center in Los Angeles.

"My combination of skills enables me to help the business succeed while serving the population with high quality, culturally competent care. The culture of being an elder has different meanings in different societies, and that needs to be understood and respected."

Dr. Freeman is devoted to her large extended family — as she describes it, "nieces, nephews, and godchildren, anybody who shows up on the doorstep. I've been known to care for many people, young and old. They take on familial names — new cousin, new nephew."

Dr. Freeman has been a CAP member for more than a decade. "CAP people are awesome. I love the resources, communications, particularly around risk management, and the case-based learning that is available. It was founded by physicians, so it was built to take care of us, so we can take care of our patients. Both CAP and LACMA are invested in people's survival not just as clinicians, but as human beings. Doctors are often so deep in the trenches that we forget we need people to protect us."

If Dr. Freeman had chosen the High School for the Performing Arts, she might have made her mark on the stage. "My mother was a music teacher, and taught Leontyne Price. My uncle was a conductor. As a kid, I wanted to be the next Julie Andrews, the singing and dancing actress."

Does she have any regrets about the path she choose? Not one.

"I absolutely love my work. I love sitting down and talking with the elderly, hearing their stories, and learning about life."

We're sure Dr. Freeman's patients love her choice, too. ➦



Dr. Freeman (left) is presented with a special awards plaque by MPT Board Member Dr. Othella T. Owens.

Risk Management — and — Patient Safety News



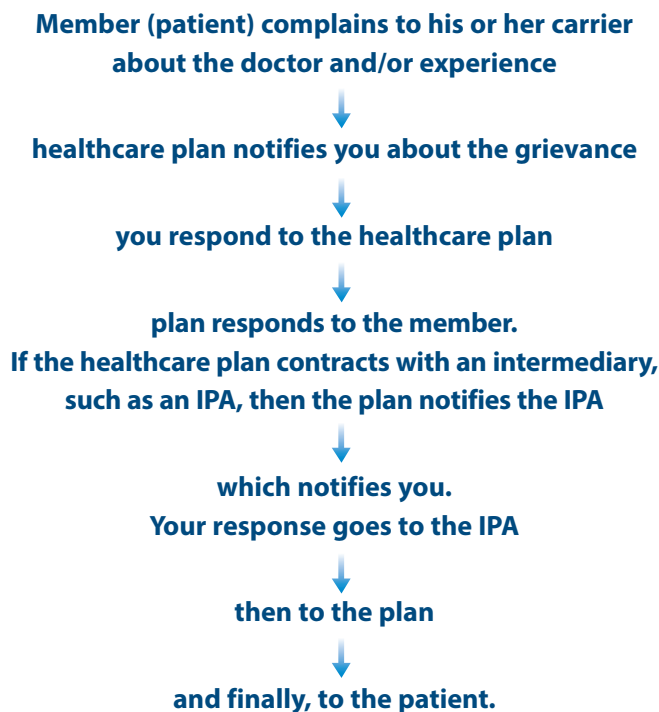
The Ins and Outs of Gripes and Grievances: How to Respond

by Lee McMullin, CPHRM

Patients come in many shapes and sizes, and so do their complaints, from the ridiculous to the serious. We frequently hear about these on the CAP Hotline, so we're doing a short story on the subject.

For our purposes, we'll call complaints as those coming directly from patients in either written or oral form. Grievances, on the other hand, are those from the patient's healthcare plan, which all have a grievance management program. The grievance process is designed to address genuine patient safety concerns of plan enrollees.

To simplify, healthcare plans are required to have a grievance program and the rules require that they respond to grievances within specified times. The pathway is pretty simple:



This brings us to the response. In order for the plan to respond to its member, it needs to have your side of the story and within the allotted time to comply with the rules. Hence, the letter from the plan (or intermediary) has a timeline in which they need you to respond. The typical grievance letter cites the nature of the member/patient complaint and then seeks your responsive comments.

Grievances, as we said, come in all shapes and sizes – and may include:

- "I received poor care."
- "I was treated rudely."
- "I had to wait too long for an appointment."
- "They won't let me bring my therapy rat to the office."

Your first step is to note the time you have to respond. If you need more time – contact the person identified as the coordinator at the health plan for more. Secondly, analyze if the complaint is legitimate or not. The patient may be correct, have misinterpreted the clinical situation, or be flat-out wrong. Your response should be objective and supported by facts. Include supportive record entries, documents, research, or articles as needed. Since this is a quality assurance process, HIPAA allows you to disclose PHI in your response. Consider the following format recognizing that a grievance requires a tailored response so these suggestions are not all-inclusive:

- A brief, responsive opening line
- Chronology of the medically relevant care that, if indicated, includes:
 - date(s) the patient was seen
 - purpose of visit(s)

August 2018

- physical exam findings
- medical impression
- treatment plan
- medications
- labs
- after-care instructions

Maintain a professional demeanor and respectful tone throughout the letter. Observe proper grammar and sentence structure. Close by offering to address any questions that may arise. It's best for the physician to draft the response to confirm the accuracy of the clinical facts. This is not a subject to delegate to your MA or office staff.

If the grievance involves an unexpected outcome or "adverse event," we recommend you contact the CAP Cares Adverse Event Team before responding at 800-252-0555. If the complaint is via a letter from the Medical Board of California (MBC), it is different than a health plan grievance. An MBC letter should be referred immediately to CAP's MedGuard program. ➦

Lee McMullin is a Senior Risk Management and Patient Safety Specialist for CAP. Questions or comments related to this article should be directed to lmcmullin@CAPphysicians.com.

CURES: Mandatory Use Begins October 2, 2018

by Kimberly Danebrock, JD, RN, CPPS

The Department of Justice (DOJ) has certified California's Controlled Substance Utilization Review and Evaluation System (CURES). Therefore, effective October 2, 2018, it will become mandatory for all healthcare practitioners who prescribe to consult and review the CURES 2.0 system prior to prescribing, ordering, administering, or furnishing a Schedule II-IV controlled substance. A healthcare practitioner who fails to consult the CURES database must be referred to their state professional licensing board for administrative sanctions, as deemed appropriate by that board.

The law requires a healthcare practitioner to check when prescribing a Schedule II-IV medication for the first time and at least once every four months thereafter if the medication remains part of the patient's treatment plan. Prescribers will also be required to obtain and use tamper-resistant prescription forms ordered only from state-approved security printers.



The Medical Board of California provides further information on everything you need to know to prepare for October, including exemptions and what to do in the case of technical difficulty. Please visit these online resources:

http://www.mbc.ca.gov/Licensees/Prescribing/CURES/CURES_Mandatory_Flyer.pdf

CURES 2.0 User Registration:
<https://cures.doj.ca.gov/registration/confirmEmailPnDRegistration.xhtml> ➦

Kimberly Danebrock is Director of Risk Management for CAPAssurance and Director of Risk Assessment Peer Review, MPT. Questions or comments related to this article should be directed to kdanebrock@CAPphysicians.com.

How to Take Advantage of CAP Member Benefits



You probably know that as a CAP member, you get far more than just superior medical liability protection. But many physician members and their staff are still not aware of the full breadth of free and discounted benefits we make available through our CAPAdvantage program.

We encourage you to take a look at the flier included in this month's *CAPsules* which highlights the many CAPAdvantage benefits that can save you money and make your life easier by:

- **Easing the burden of limited staff** with programs, such as cloud-based payroll support, credit card processing, and legal consult.
- **Growing your business and securing your wealth** with financial advisors, online marketing support,

medical practice financing, leasing services, and other programs.

- **Saving you money on everyday purchases** through our free group purchasing program and CAP Marketplace vendor directory.
- **Achieving and maintaining regulatory compliance** by taking advantage of valued relationships with Evolve e-Learning Solutions and Acentec HIPAA compliance platform.
- **Helping out at home** with residential mortgage services and discounts on pet insurance, car rentals, gifts, flowers, recreational activities, and much more!

Remember: The enclosed flyer provides all of the CAPAdvantage details! ➤

Dental and Vision Benefits: The Secret Weapons to Lowering Medical Costs

Many employers see dental and vision coverage only as nice-to-have benefits in a tight labor market. But offering dental and vision insurance can also reduce healthcare costs. Eye exams and dental exams can uncover diseases early, reducing the chances that a patient will need a more serious and costly medical intervention.

That's why CAP Physicians Insurance Agency, Inc. (CAP Agency), a wholly owned subsidiary of CAP, teamed up with MetLife Dental and EyeMed Vision Care to provide CAP members with high-quality dental and vision coverage.

The MetLife Dental and EyeMed Vision Care programs both offer:

- Three coverage options to choose from, based on your personal and budgetary needs
- An extensive network of providers
- Cost relief for both in-network and out-of-network providers

When you enroll in CAP's dental and/or vision insurance program, you and your employees will automatically receive access to free, low cost, or discounted services including discount prescription cards, legal and HR assistance, recreational coupons, and wellness programs.

There are a number of practical reasons to consider enhancing your current employee benefits package, including:

1. Good health-related coverage helps attract and retain quality employees.
2. Businesses get the tax advantage of deducting plan contributions (consult your tax advisor for more information).
3. Employees will often accept better benefits in lieu of a higher salary.

For more information about these outstanding benefits, please contact CAP Agency at:

CAPAgency@CAPphysicians.com or **877-898-6764**.



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August 2018



Update Your Membership Information to Help with Your Year-End Planning

August 2018

If you are contemplating a change in your practice, please notify CAP as soon as possible so our Membership Services Department can review your options with you and make your coverage transition a smooth one. Changes include, but are not limited to:

- 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
- Termination of membership

The Board of Trustees of the Mutual Protection Trust will levy an assessment in November 2018. To allow ample processing time, we recommend that members advise us in writing no later than October 31, 2018, of any of the above changes to be considered eligible for waiver or proration of the next assessment.

The online Membership Information Update form will be available soon in the Members' Area of the CAP website at www.CAPphysicians.com. Members will be notified via email when the form goes live, so keep an eye on your inbox.

If you have not yet registered for the Member's Area, please register for an account at <https://member.CAPphysicians.com/register>. You will need your member number and last four digits of your Social Security number. ➦

The 2019 Proposed Rule for Year Three of the Merit-based Incentive Payment System (MIPS) under the Quality Payment Program (QPP) has been published by the Centers for Medicare and Medicaid (CMS). Notable in this latest release is that while previous years' regulations for the QPP have been released independently, for calendar year 2019 CMS has included proposed rules for the Medicare Physician Fee Schedule (MPFS). While MPFS dictates policies and procedures for Medicare rates under Part B benefits, QPP implements the two key value-based programs that provide payment of fees via a clinician's participation in the Merit-based Incentive Payment System (MIPS) or the Alternative Payment Models (APMs).

An emerging theme for Year Three is the priority by CMS to reduce reporting burdens and to continue to shape policies that will further clinicians' access to all health information on their patients by increasing interoperability. In an announcement published on the CMS website, CMS Administrator Seema Verma stated, "Today's proposals deliver on the pledge to put patients over paperwork by enabling doctors to spend more time with their patients. Physicians tell us they continue to struggle with excessive regulatory requirements and unnecessary paperwork that steal time from patient care."

According to CMS, removing paperwork requirements from the physician fee schedule (MPFS) would save individual clinicians an estimated 51 hours per year if 40 percent of their patients are in Medicare. In combination with streamlined documentation requirements under MIPS, this will help clinicians spend more time focusing on patient care as well as reduce administrative costs, CMS asserts.

Of note, the MIPS Year Three rule proposes the following flexibilities for clinicians in small practices:

- Continuing the small practice bonus, but placing it in the Quality Performance Category score

of clinicians in small practices instead of as a standalone bonus.

- Awarding small practices the minimum three points for quality measures that don't meet the data completeness requirements for the maximum of 10 points.
- Consolidating the low-volume threshold determination periods with the determination period for identifying a small practice.

Overall, the proposed rule for Year Three consists of almost 1,500 pages, drawing both supporters and critics. Two criticisms of the proposed rule were expressed by the Medical Group Management Association (MGMA), which points out that CMS will continue requiring physicians to document a full 365 days of quality measures and that physicians will be required to use a 2015 Edition EHR system starting in 2019 — a requirement that might involve a significant financial burden.

The deadline to submit a comment to CMS on the 2019 Proposed Rule is **September 10, 2018**. ➦

Useful Links

A fact sheet that offers an overview of the proposed policies for 2019 (Year Three) and compares those policies to the current 2018 (Year Two) requirements can be found at <https://www.cms.gov/Medicare/Quality-Payment-Program/Resource-Library/2019-QPP-proposed-rule-fact-sheet.pdf>

To submit comments on the proposed rules, visit <https://www.regulations.gov/comment?D=CMS-2018-0076-0001>

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

Case of the Month

by Gordon Ownby



When to Be a Nice Doctor — and When to Stop

Physicians are hard-wired to help their patients. But in doing so, there may come a time when “tough love” is required.

A 53-year-old telecommunications analyst began treating with Dr. I, an internist, and gave a history of allergies, skin concerns, and pterygium surgery 22 years earlier. Because of the patient’s complaints to Dr. I regarding his eyes, Dr. I referred him to an ophthalmologist.

The ophthalmologist diagnosed recurrent pterygium in the right eye and performed pterygium surgery two months later. The ophthalmologist prescribed Durezol eye drops post-surgery and issued a refill on a return visit seven weeks after surgery. That prescription included instructions for tapering after one week and discontinuing the anti-inflammatory steroid two weeks thereafter.

On a visit to Dr. I two months post-surgery, the patient complained of chronic ear pain and requested a referral to an ENT.

Four months after his eye surgery, the patient visited Dr. I complaining of pressure in this eyes and pain from the surgery. The patient told Dr. I that he could not get in to see his ophthalmologist because of insurance issues. He told Dr. I that the Durezol worked very well for the pain while non-steroidal anti-inflammatory medications did not. He asked Dr. I for a refill of Durezol to use until he could see his ophthalmologist again. Dr. I did an eye examination and assessed bilateral ocular pain and conjunctivitis. Dr. I charted that he explained the risks and benefits of ophthalmic corticosteroids. Dr. I issued

a one-week prescription for Durezol and requested the patient obtain his ophthalmologist’s records for him.

Seven weeks later, the patient returned to Dr. I complaining of a right earache and seeking a Durezol refill. The patient reported he was unhappy with his ophthalmologist and was seeking a new one whom he would visit once his insurance changed. On examination, Dr. I noted a slight increase of vascularity of conjunctiva in both eyes but no growths, lesions, ptosis, or discharge. He prescribed Cefdinir for the earache, a Medrol pack, and Durezol. Dr. I noted: “Pt. requesting refill of Durezol eye drops for pain – lost previous bottle. [Pt] says this is the only thing that has ever helped his eye inflammation. Promises he will get to ophthalmology ASAP for IOP monitoring and will only use the medication for one week maximum.” Dr. I noted the patient was still aware and accepted the risks of long-term use of the Durezol.

Early the next year, the patient saw Dr. I for throat and right ear pain and reported he had been seen by an ophthalmologist and that he was still working on getting records sent. Dr. I charted a normal eye exam, noted a likely viral URI, and advised the gentleman to follow up with an ENT for his ear pain and to continue the workup of his eye discomfort with the ophthalmologist. The patient requested another Medrol pack, which Dr. I prescribed after discussing the risks and benefits.

Several months later (at approximately 11 months post-surgery), the patient again visited Dr. I, who diagnosed otitis media in the right ear and pterygium of the eye. Dr. I gave the patient Cefdinir and advised him to follow up with an ENT ASAP. He also told the patient to follow

August 2018



Continued from page 8

up with an ophthalmologist ASAP for eye discomfort and to return to him in one week for a recheck. Dr. I prescribed another Medrol pack after discussing risks and benefits.

On the patient's return visit a week later, Dr. I gave the patient a prescription of Durezol with two refills.

Nine weeks later, the patient was examined by his original ophthalmologist, who diagnosed steroid-induced glaucoma in the right eye.

On a return visit to Dr. I three weeks hence for a possible rotator cuff and an ear recheck, the patient reported to Dr. I that a new ophthalmologist told him he may have optic nerve damage to his right eye or glaucoma. Dr. I's plan was to get the records from the patient's former and current ophthalmologists. In noting "no more oral or ophthalmic corticosteroids," Dr. I referred the patient to physical therapy for the shoulder and to an ENT for chronic ear pain. He directed the patient to return to the office in two weeks for a recheck.

Later that year, Dr. I cleared the patient for cataract surgery. He still did not have records from the patient's ophthalmologists.

In a subsequent lawsuit against Dr. I, the gentleman alleged that Dr. I improperly prescribed Durezol, causing optic nerve damage and glaucoma and necessitating additional future treatment. The lawsuit resolved informally.

Internists may find themselves drawn into the medical care being conducted by specialists. Coordination with those specialists is important and in the case of a medication with which the internist may not be fully familiar, insistence that the patient get refills only from the original prescribing physician may be the best way to help the patient overall. ⚡

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

CAPAdvantage Programs Designed to Save Time, Money, and Aggravation

| Program Name | Program Benefits |
|---|--|
| CAP Purchasing Alliance | <ul style="list-style-type: none"> Group purchasing program that grants access to money-saving contracts for medical/surgical and non-medical supplies Free |
| Informed Consent Recording Tool (Medical Memory) | <ul style="list-style-type: none"> Easy-to-use program that records conversations about informed consent, discharge instructions, and more Preferred pricing and free 60-day trial |
| Patient Experience Survey (SE Healthcare Consulting) | <ul style="list-style-type: none"> Specialty-specific online survey platform that quickly and accurately reports what a patient thinks about the overall patient experience Discounted monthly subscription rate and free 90-day trial |
| Online Compliance Training (Evolve e-Learning) | <ul style="list-style-type: none"> Web-based courses for employees on topics including HIPAA, OSHA, Medicare fraud and abuse, billing and coding, and more Discount on all available courses |
| HIPAA Compliance Platform (Acentec) | <ul style="list-style-type: none"> One-stop solution for achieving and maintaining HIPAA compliance requirements Significant discounts on initial set up and on annual fee |
| Secure Office IT (Acentec) | <ul style="list-style-type: none"> Dedicated IT support to manage and monitor your IT infrastructure Significant discounts on initial set up and on annual fee |
| Online Marketing Platform (PatientPop) | <ul style="list-style-type: none"> All-in-one solution to create a customizable website, enhance your online presence, and protect your online reputation Discounts on all packages and 50% off initial set up fee |
| Revenue Cycle Management (athenahealth) | <ul style="list-style-type: none"> Integrated practice management solution for EHR, billing, and patient engagement service Superior care and support through a dedicated athenahealth liaison |
| Payroll and HR Solution (Paylocity) | <ul style="list-style-type: none"> Cloud-based payroll and HR support, including benefit administration, talent management, labor management, and more Significant discount on à la carte services |
| Employment Law Advice (WorkWise Law, PC) | <ul style="list-style-type: none"> Legal consultation, training, and guidance on California's employment and labor laws Significant discounts on bundled services |

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CAPAdvantage Programs Designed to Save Time, Money, and Aggravation

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| Commercial Real Estate (Bailes & Associates, Inc.) | <ul style="list-style-type: none"> • No-cost, no-obligation real estate support to secure new or additional office space, or effectively negotiate your lease renewal • Free assistance plus 10% of broker commission paid to practice on closed transactions |
| Medical Practice Financing (Bank of America) | <ul style="list-style-type: none"> • Competitive terms on practice purchases, business debt consolidation, office improvement and expansion, and more • Special rates on financing solutions designed for physicians |
| CAP Job Board | <ul style="list-style-type: none"> • Connects employers to qualified physicians, residents, and allied health professionals seeking jobs • Free to post jobs and search the resume database |
| CAP Marketplace | <ul style="list-style-type: none"> • Directory of consultants, services, and products physicians need to effectively run their practices • Free: Check for special offers and discounts |
| Residential Mortgage (Bank of America) | <ul style="list-style-type: none"> • Specialized financing programs for physicians • Superior customer service from our dedicated lending officer |
| Financial Advice for Physicians (Hippocratic Financial Advisors) | <ul style="list-style-type: none"> • Individually tailored financial and insurance planning solutions, from diversified tax strategies to student loan counseling • Discounts on financial planning and asset management fees |
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August 2018

IN THIS ISSUE

- 1 CAP Member Dr. C. Freeman — a Driven, Compassionate Advocate for the Elderly — Makes History
- 3 Risk Management and Patient Safety News:
The Ins and Outs of Gripes and Grievances: How to Respond
- 4 CURES: Mandatory Use Begins October 2, 2018
- 5 How to Take Advantage of CAP Member Benefits
- 5 Dental and Vision Benefits:
The Secret Weapons to Lowering Medical Costs
- 6 Update Your Membership Information to Help with Your Year-End Planning
- 7 Public Policy:
CMS Proposes 2019 Payment Rules
- 8 Case of the Month:
When to Be a Nice Doctor – and When to Stop

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Legal guidance for individual matters should be obtained from a retained attorney.