



CAPsules Digital Version Premieres With This Issue

In its ongoing effort to communicate with members more efficiently and at their convenience, the Cooperative of American Physicians, Inc. will kick-off 2016 by also providing a digital version of *CAPsules* – its flagship monthly publication – beginning with this issue.

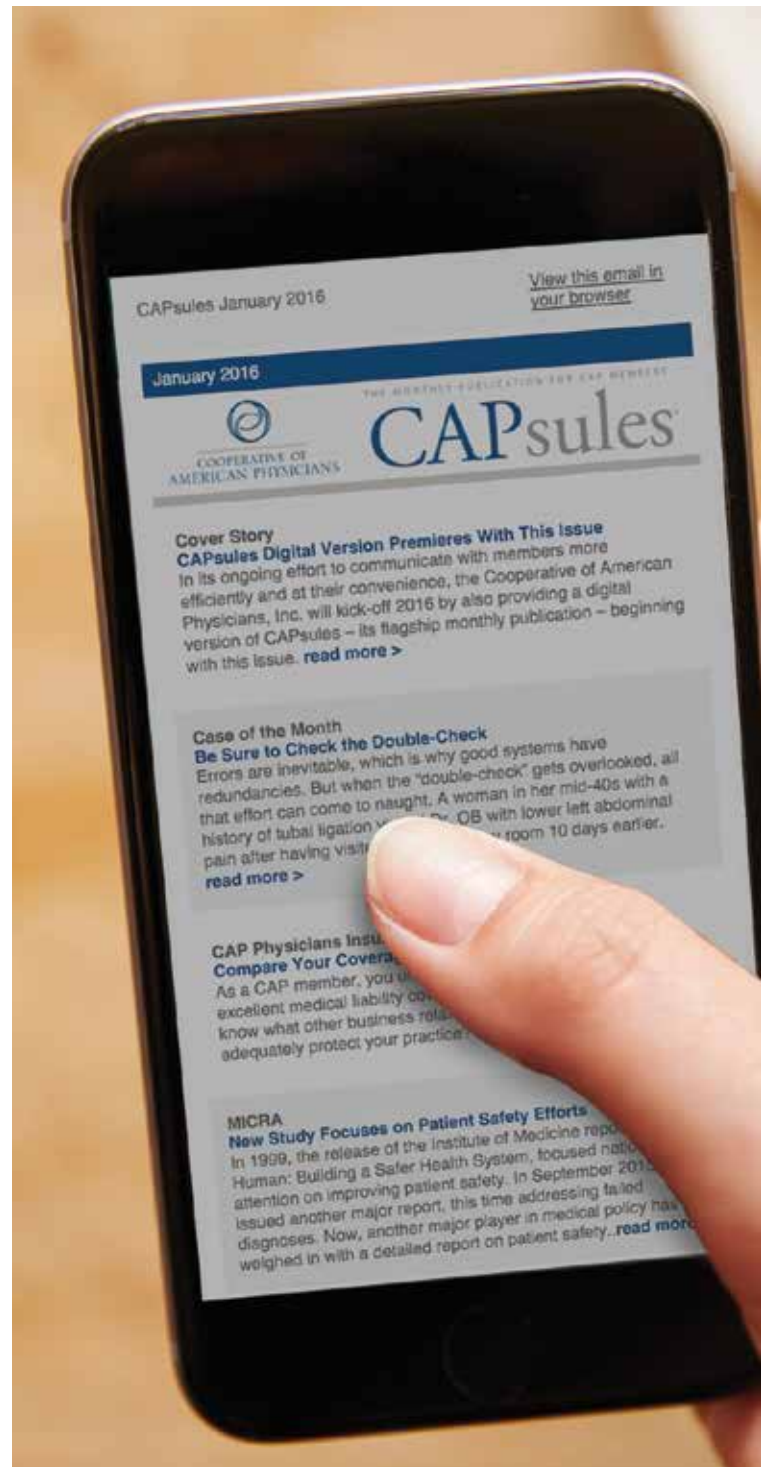
Throughout its evolution, *CAPsules* has emerged as a useful resource for CAP physicians, offering important news about their organization in addition to dispensing information about the exclusive services, benefits, and products designed to add even greater value to membership and to complement its outstanding professional medical liability coverage core product.

On the regulatory and legislative front, *CAPsules* also keeps you abreast of our efforts in both Sacramento and Washington in protecting the interests of our members. And each month, the publication – courtesy of CAP's highly skilled and experienced risk management team of specialists -- provides useful information and best-practices suggestions with its "Risk Management & Patient Safety News" feature. Via its "Case of the Month" column, *CAPsules* explains the implications of the latest healthcare court rulings and previous "lessons learned" from closed claims.

In addition, *CAPsules* spotlights our diverse, accomplished members, giving you a glimpse of the many faces and personalities of colleagues who make up CAP's esteemed membership base.

The availability of *CAPsules* both as a hardcopy printed publication and digital version is the latest phase of *CAPsules'* evolution and CAP's commitment to providing member physicians with time-saving convenience and valuable information to help run their practices more smoothly.

Check your email inboxes for the digital version of this month's *CAPsules*. We welcome your feedback.



January 2016

Compare Your Coverage



CAP PHYSICIANS INSURANCE®
License No. 0F97719

As a CAP member, you understand the importance of securing excellent medical liability coverage. The question is, how do you know what other business-related coverages you may need to adequately protect your practice? CAP Physicians Insurance Agency, Inc., a wholly owned subsidiary of the Cooperative of American Physicians, is here to help you maneuver through the insurance world by providing a consultative approach to understanding

what your practice insurance needs are. The Agency is here to make sure the coverages you have are the ones you need and provide you comparative pricing to make sure you are getting the best coverage with the best companies. Below is a chart that outlines the most common types of insurance coverage most practices purchased. Use this table to assist you in evaluating coverage for your practice.

| INSURANCE COVERAGE | COVERED EXPOSURES | COMMONLY PURCHASED LIMITS | COMMENTS |
|--|--|--|--|
| Workers' Compensation | Injuries to employees while in the course and scope of their employment. | \$1,000,000 | If your practice has full time or part time employees, even family members, it is mandatory in the state of California to provide this coverage. |
| Business Owners Policy | Liability coverage to protect you from third-party claims as well as coverage for your personal office contents and or property. | \$1,000,000 /claim with a \$2,000,000 aggregate | Most landlords require you carry this coverage in order to rent. If you own your building, then coverage for the building can be included. |
| Employment Practices Liability Insurance | If employees makes a claim against you or your practice for wrongful termination, discrimination, or sexual harassment. Wage and hour coverage may be included. | \$1,000,000 | This coverage is recommended because these claims are extremely costly to defend and settle. |
| Cyber Liability | Protection against a breach of personal information or health information to your employees or patients. | \$1,000,000 | Protection against a breach of personal information or health information to your employees or patients. |
| Meddefense Plus | Protection against billing errors and omissions, governmental fines and penalties, HIPAA violations, medical board disciplinary proceedings, and whistleblower claims. | \$1,000,000 | Protection against billing errors and omissions, governmental fines and penalties, HIPAA violations, medical board disciplinary proceedings, and whistleblower claims. |
| Group Disability Insurance/ Business Overhead Protection | Loss of income due to an illness or injury. | Based on the monthly income of the physician or the practice revenue | Loss of income due to an illness or injury. |

It is recommended that you do a review of your exposures and coverages each year. Make 2016 a year you don't have to think about protecting your practice and focus on what is important:

taking care of your patients. You may contact an account executive at CAPAgency@capphysicians.com or by calling 800-819-0061 and asking for an insurance representative. ➤

January 2016

Keep a Lid on Security Issues

A security incident at CAP shows why it is important for healthcare providers and their vendors to regularly evaluate their data and business security and the electronic storage of sensitive patient information.

When CAP detected the presence of malware on its internal network, we quickly identified the source of the malware and removed it from the network. After an investigation and complete review of its network, CAP found that no sensitive information, including protected health information, was disclosed to or accessed by any outside parties. CAP was able to identify and limit the potential damage caused by the malware due to its robust security protocols and the efforts of CAP personnel.

Cyber attacks have become an ever-increasing threat and potential disruption to physician practices. It is essential for physicians and groups to regularly assess the strength of the safeguards that protect patient and business data. As part of the assessment, you should remember to:

- Review privacy and security protocols and policies for HIPAA compliance
- Provide regular security and privacy training to all staff and healthcare providers
- Evaluate whether contracted vendors also have in place the necessary safeguards to protect patient and business data



CAP understands that cyber security is an integral part of today's practices and provides a range of resources to assist our physician practices. As a CAP member, your benefits automatically include the CyberRisk program. For more information on the CyberRisk program, please contact us at (800) 819-0061. ➤



New Study Focuses on Patient Safety Effort

In 1999, the release of the Institute of Medicine (IOM) report, *To Err is Human: Building a Safer Health System*, focused national attention on improving patient safety. In September 2015, the IOM issued another major report, this time addressing failed diagnoses. Now, another major player in medical policy has weighed in with a detailed report on patient safety.

The new report, released in early December by the National Patient Safety Foundation (NPSF), is *Free From Harm: Accelerating Patient Safety Improvement Fifteen Years After 'To Err Is Human.'*

The report was aided by the work of an expert panel convened by the NPSF to assess the state of current medical practices and culture. The panel, with representatives from such areas as academia, information technology, clinical care, risk management, and the medical professional liability industry, was asked to help set the stage for the work needed to tackle the persistent challenges in the field of patient safety. Representing the liability industry was Brian Atchinson, president and CEO of the PIAA, a trade association for medical professional liability companies to which CAP belongs.

The panel issued eight major recommendations to help leaders in all fields place an even higher priority on what NPSF describes as “patient safety science” and implementation. The recommendations address such areas as patient safety culture, funding for patient safety research, metrics, support for the healthcare

workforce, partnering with patients and families for safer care, and the optimization of technology.

The NPSF report notes there are roughly one billion ambulatory care visits and 35 million hospital admissions in the United States each year. Patient safety risks are more substantial in outpatient settings, the group says, as more than half of annual medical malpractice claims stem from events in an outpatient setting.

Said the PIAA’s Atchinson: “There is an increased emphasis on continuous improvement within the healthcare system. We will continue working with the NPSF and other stakeholders . . . to emphasize the longstanding commitment to enhancing the quality of care that exists within the healthcare professional liability community.” ↔

The following links provide more information on the new NPSF report:

Link to executive summary:

http://c.ymcdn.com/sites/www.npsf.org/resource/resmgr/PDF/Freefromharm_ExecSummary.pdf

Link to the eight recommendations:

http://c.ymcdn.com/sites/www.npsf.org/resource/resmgr/PDF/Freefromharm_8Recoms.pdf

Link to full report:

http://c.ymcdn.com/sites/www.npsf.org/resource/resmgr/PDF/Free_from_Harm.pdf

Case of the Month

by Gordon Ownby



Be Sure to Check the Double-Check

Errors are inevitable, which is why good systems have redundancies. But when the “double-check” gets overlooked, all that effort can come to naught.

A woman in her mid-40s with a history of tubal ligation visited Dr. OB with lower left abdominal pain after having visited the emergency room 10 days earlier. An ultrasound by Dr. OB revealed an empty uterus with some fluid around the ovary. As it turned out, Dr. OB’s office had erroneously placed a report for a positive serum pregnancy test in the woman’s chart, causing Dr. OB to assess a probable ectopic pregnancy.

Dr. OB and the woman discussed options and agreed to proceed with surgery that day. The patient went to the hospital emergency department to get prepared for the exploratory surgery and consented to an “operative laparoscopy for ectopic pregnancy with possible partial salpingectomy.” In his note early that afternoon, the ED physician documented the patient’s constant abdominal pain. Immediately following his reference to the woman’s visit to her obstetrician, he noted: “Risk factors consist of pregnancy.”

From a blood sample collected at the hospital later that afternoon, however, the patient tested negative for pregnancy. Dr. OB did not learn of the negative test result prior to his surgery that evening.

At surgery, Dr. OB found no ectopic pregnancy but he did remove an ovarian cyst and performed an endometrial curettage in an effort to remove possible products of conception that might account for the original positive pregnancy test. Following surgery, Dr. OB realized that the positive pregnancy test was from another patient and he explained the error to the patient.

Though there were no complications from the surgery, the patient hired an attorney to initiate a claim that Dr. OB performed an unnecessary surgery and committed a battery by exceeding her consent. The legal dispute was resolved informally.

The electronic medical record lists Dr. OB as having ordered the pregnancy test at the hospital, but regardless of *who* ordered the test, *someone* thought it was a good idea but then failed to follow up.

For physicians, it is not enough to be respected for your knowledge: You also want to be known as the one who always dots your i’s and crosses your t’s.

Modesto Physician’s Privileges Reinstated – In 2014, we wrote about a California Supreme Court decision that strengthens the right of physicians to sue under a “whistleblower” statute written to help protect patient safety at health facilities. [*Fahlen v. Sutter Central Valley Hospitals*, “Case of the Month”, March 2014.] The Modesto nephrologist in that case who sued after losing his hospital privileges has now regained his staff position.

According to the *Modesto Bee*, the Memorial Medical Center in Modesto said that the parties mutually agreed to settle the matter: “Dr. Mark Fahlen was reinstated to the Memorial Medical Center medical staff, and we are pleased this is now behind us.” In the *Bee* article, Dr. Fahlen said he is glad the dispute is over so “we can all move on in a spirit of providing the best care possible.” ↔

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



Mobile Health and the Impact It Has on the Patient and Doctor Experience

by Joseph Wager

Physicians have been the pioneers of innovation with electronic medical records and mobile health. With the introduction of mobile devices and greater use among patients, physicians are able to communicate more easily with patients irrespective of their geographic location. As a patient moves through a delivery system, lack of real time data and questionable communication hinders care provided to a patient. Mobile health can change the patient care environment and improve the experience for all involved.

Managing a patient's health needs in vulnerable populations becomes a difficult and costly endeavor for the system doctor and patient. Patients need numerous medications, constant monitoring of diet, lab work, exercise, smoking cessation, and Freedom from Fat classes. Patients are encouraged or required to manage stress and actively monitor goals and outcomes. Patients can freely share information. Mobile apps and devices are used for managing diet, medications, health conditions, retrieval of lab work, and to communicate with their primary or specialty physician.

Physicians are able to obtain diagnostic tests, share results with patients, order prescriptions, generate referrals, and maximize the visit. Patients appreciate the sharing of data for education, upcoming classes, or the ability to make an appointment. Mobile devices can be worn to

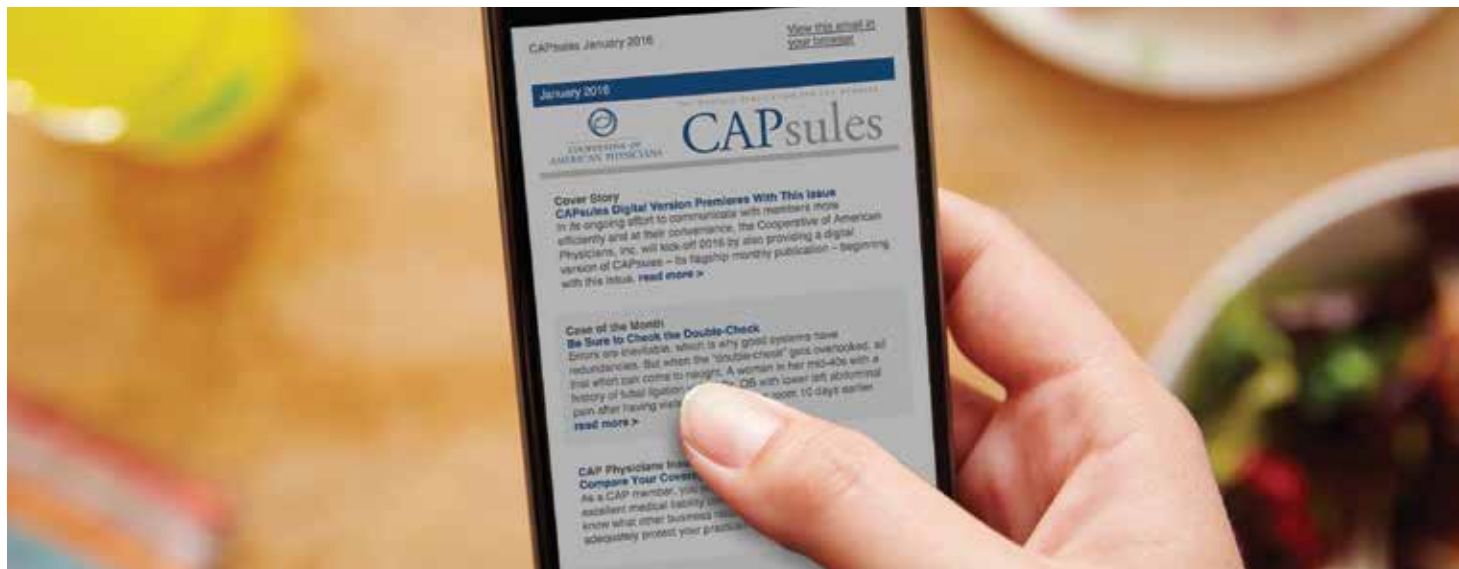
collect patient data that can be shared with physician, case manager, or the diabetic educator. Smartphones enable practitioners to check for drug interactions, drug dosages, or obtaining a quick differential diagnosis. However, not all patients will be eager or capable to use mobile health technology.

In 2010, data indicated there were more than five billion wireless subscribers worldwide, and over 300 million in the United States. Early data showed the U.S. population used mobile phones to access healthcare information about 20 percent of the time. One of the leading HMOs in California has demonstrated that patients can access their medical information via phone after signing up for an online portal. The phone also can be used to check in for appointments at certain facilities. The HMO realized that their patient population is willing to use the phone to access results, make appointments, and get prescription refills; overall, better satisfaction for patients and their families.

One needs to evaluate and demonstrate if mHealth will assist with patient outcomes for various diseases and surgeries, decrease readmissions, and improve patient satisfaction scores.

HealthLoop is a cloud-based platform that automates follow-up care. The goal of the software is to connect doctors, patients, and healthcare providers between visits through clinical data that enables clinicians and

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patients to have on-going information. Data from their website indicates that they have experienced remarkable engagement rates by patients. Patients feel more involved and avoid unnecessary phone calls to their providers and patient satisfaction has markedly increased, with overall care, being informed about health issues, very comfortable about asking questions, and making health decisions. With an overall improvement in patient's perception, clinics and doctors are clearly working to ensure excellent scores for the patient care experience. ¹

As per Jordan Shlain, MD, founder of HealthLoop, he has been searching for 15 years the holy grail of engagement. Over the past three decades, healthcare has lurched from one crisis to another, often manifested by an acronym solution: HMO, ACO, PCMH, P4P, PQRS. Each is a valiant attempt to reign in costs and solve for aligning incentives. However, we can't have hospitals, doctors, and health systems accountable to healthy outcomes if the 300 million people are not paramount to the equation. ²

Trial and error has brought valuable experience.

- Adopt what is going on in the industry and adopt best practices.
- Treat data correctly and avoid a lack of ownership and control.
- Understand the needs and use committed individuals.

Mobile health is not mandated, but it has provided a route of communicating instantaneously with the physician. Fortunately or unfortunately, depending how you look at it, physicians have become an active participant. With these changes, there will be fewer face-to-face interactions, but hopefully better outcomes for patients. Healthcare professionals will save time and can optimize their visits. Doctors will be in the know, have fewer surprises at a visit, ongoing accessibility, which in turn would make for better patient outcomes. Patients will benefit by having immediate access to their provider. ➦

Joseph Wager is a Senior Risk Management and Patient Safety Specialist for CAP. Questions or comments related to this article should be addressed to jwager@CAPphysicians.com.

¹ "Who We Help," Healthloop, accessed September 2014 - <http://healthloop.com/who-we-help/>

² Kyle Homstead for Jordan Shlain, MD (Health Loop Founder), "When Technology Understands What People Want From Healthcare, Our System Has A Chance." Health Loop, Last modified September 15, 2013 - <http://healthloop.com/when-technology-understands-what-people-want-from-healthcare-our-system-has-a-chance/>



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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.*



Patient Experience Survey Program

Helping to Improve Your Practice's Performance

The Importance of Owning Your Data

CAP is pleased to offer our physician members and administrators access to the *Patient Experience Survey Program (PESP)* – a new high-performance, cost-effective online survey platform that quickly and precisely reports what patients think of you, your staff, and their overall appointment experience.

Having a reliable tool to track the patient experience can benefit you and your practice in a number of important ways, including:

- ♦ **Staying ahead of the VBC curve.** As value-based compensation replaces the traditional fee-for-service model, reimbursement is becoming increasingly tied to the patient experience, among other quality of care signifiers. The need to own your data is more important than ever.
- ♦ **Improved patient retention.** Patients are more likely to stay with a provider if they have had a positive experience with their service or care.
- ♦ **Enhanced online reputation.** Patients who have had a good experience can proclaim their satisfaction to the world via social media.

Why A Patient Experience Survey Program?

There are many online survey tools to choose from, but few — if any — compare to what CAP is offering our members. **Below are just a few of the advantages of the PESP:**

- ♦ Physicians and their administrators will be impressed with its **ease of use**.
- ♦ The PESP is **cost-effective** – comparable, well-designed surveys typically cost 5 to 10 times more.
- ♦ The surveys are **specialty-specific** – developed by thought leaders in the field.
- ♦ The PESP provides a significantly more **detailed analysis** compared to other surveys on the market
- ♦ Its unobtrusive format and easy-to-answer questions typically generate a **25 to 40 percent patient response rate**, compared to a five percent response rate for paper surveys.

SEEING IS BELIEVING. SCHEDULE YOUR FREE DEMO TODAY.

A quick 30-minute demo is all you'll need to grasp the ease and value of the PESP. Register today for the February 11 or February 25 lunchtime demo at www.CAPphysicians.com/pesp. Or contact Laura Tejero at 213-473-8638 or ltejero@CAPphysicians.com.



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Patient Experience Survey Program

How the Patient Experience Survey Program Works

The Patient Experience Survey Program is administered through an internationally recognized professional service firm, SE Healthcare Quality Consulting. Here's how it works:

- ◆ The HIPAA-compliant platform is easy to implement, navigate, and use: SE Healthcare creates a simple patient email file from your EMR or Practice Management System that you upload once a week.
- ◆ Patients receive the mostly multiple choice survey through an email invitation soon after their visit. About 90 percent of patients finish the survey once they start it.
- ◆ Patient survey responses are anonymous and reported to the practice in aggregate. Individual identities are never shared with the doctors or any other healthcare professionals.
- ◆ Each physician has access to a dashboard that tracks patient experience results in real time and historically. Doctors can compare their scores against others in their practice and their specialty overall. They can also drill down to see scores for specific questions on the survey.
- ◆ This robust survey fully integrates CAHPS® survey measures and provides users with continuous, on-demand results in real time. The survey results allow for CGCAHPS database benchmarking, as well as benchmarking within a clinical specialty and across providers and practices.

CAP is proud to collaborate with SE Healthcare, not only because of the exceptional quality of the survey tool, but also because of its shared commitment to the success of physicians. Like CAP, SE Healthcare is physician founded and physician run – both our organizations advocate for the medical community and have doctors' best interests at heart.

CAP's Patient Experience Survey Program gives physicians and their practice administrators in-depth, real time analytics and paints a clear picture of what you're doing well, where you can improve, and how you stack up against other providers and practices.

For more information, contact Laura Tejero at 213-473-8638 or ltejero@CAPphysicians.com.

