



## CAP Names Alyson Lewis as Senior Vice President and Chief Underwriting Officer

*Healthcare Professional Liability Expert to Focus on Growth and Retention for the CAP Enterprise*


The Cooperative of American Physicians, Inc. is pleased to announce the appointment of Alyson Lewis to serve as its new Senior Vice President and Chief Underwriting Officer effective October 24, 2016. Ms. Lewis is responsible for overseeing the underwriting functions of the entire CAP enterprise, reporting directly to Cindy Belcher, Chief Operating Officer.

Ms. Lewis brings a wealth of experience to the position. Most recently, she served as Ironshore's Vice President, Hospital Professional Liability Product Manager, for the western U.S. region. Her responsibilities included strategy, coverage innovation, risk management services, and business development, as well as broker relationships. Additionally, Ms. Lewis has held senior underwriting positions at other notable companies including Zurich North America and Chubb Executive Risk.

"As we look to the future and consider CAP's long-term mission, we are focused on providing an outstanding level of guidance and service to our Mutual Protection Trust (MPT) members, as well as our clients who are part of CAPAssurance, a Risk Purchasing Group, and the

Cooperative of American Physicians Insurance Company, Inc. – from solo practitioners to medical groups and hospitals and facilities of all sizes," said CEO Sarah Pacini. "The appointment of Alyson is commensurate with our vision for CAP's evolution, one that is able to anticipate the changing needs of physicians, medical groups, and healthcare facilities."

Ms. Lewis earned her Bachelor of Arts at the University of Southern California, and subsequently her Juris Doctor from Concord Law School. Additionally, she holds the Chartered Property Casualty Underwriter (CPCU) designation and is licensed as a Property and Liability Insurance Broker and Surplus Lines Insurance Broker in the state of California.

"We are delighted to welcome someone of Alyson's caliber to the CAP team," said Chief Operating Officer Cindy Belcher. "Her broad knowledge, experience, and expertise will serve as vital assets to help drive the strategic direction of our organization." 

# Your Privacy with the Cooperative of American Physicians, Inc.

The Cooperative of American Physicians, Inc. (CAP) promotes a range of products and services designed with the welfare of physicians in mind. From the professional liability coverage provided through the Mutual Protection Trust (MPT) and the CAPAssurance Risk Purchasing Group (CAPAssurance) to the range of services and products offered through CAP and its affiliates, CAP's goal is to match healthcare providers with the best products and services — all tailored to fit their needs.

## Information We Collect

When you join CAP, you provide us with non-public personal information. We collect and use that information to service your needs at CAP, MPT, and CAPAssurance. The non-public information we collect falls into two general categories:

- Information we receive from you on the application and other forms relating to CAP enrollment and professional liability coverage through MPT and CAPAssurance – such as your first name, last name, organization, phone number, address, email, and CAP identification number; and
- Information about your transactions with CAP, MPT, CAPAssurance, and CAP's affiliates, including the CAP Physicians Insurance Agency, Inc. and the Cooperative of American Physicians Insurance Company, Inc.

## Reasons We Share Your Information

We want you to feel secure about the personal information you give to CAP. There are several reasons we may need to share this information:

- For CAP's everyday business purposes – for example, to process your requests, maintain and service your records and accounts, administer CAP benefits, and respond to court orders or legal investigations.
- For everyday business purposes of MPT, CAPAssurance, and CAP's affiliates.

- For CAP's marketing purposes with service providers we use, including affiliated group purchasing organizations and vendors – to offer our products and services to you.

## To Limit the Sharing of Your Information

All CAP members and participants have the opportunity to tell us they do not want to receive direct marketing offers from CAP's own affiliates or other affiliated service providers. You may choose not to receive marketing offers by any method, be it direct mail, email, or fax.

To tell us your preference, you may:

- Write to us at:  
CAP Membership Services  
333 S. Hope Street, 8th Floor  
Los Angeles, California 90071
- Call us at: 800-252-7706
- Email us at: [ms@CAPphysicians.com](mailto:ms@CAPphysicians.com)
- Fax us at: 213-473-8773

In order to ensure that we accurately fulfill your request, please provide your full name and street address, member number, telephone number, fax number for fax requests, and email address for email requests. Even if you elect not to receive product information by direct mail, fax, or email, you will continue to:

- Be contacted as necessary for routine CAP services.
- Receive marketing information through our regular monthly *CAPsules* publication.
- Receive notices regarding political activities affecting the medical professional liability industry and solicitations for contributions to CAP's political action committees.

Of course, if you wish to continue receiving valuable and convenient product and service offers, no action is required. ✨

# News from CAP Physicians Insurance Agency, Inc.

## *The Physician's Action Guide to Business Insurance*

You are a busy medical professional and you want to protect your business and personal assets. Where do you start? What kind of coverage does a physician need? What should the limit be? How much will it cost? Should a physician self-insure? Who is a good source for help?

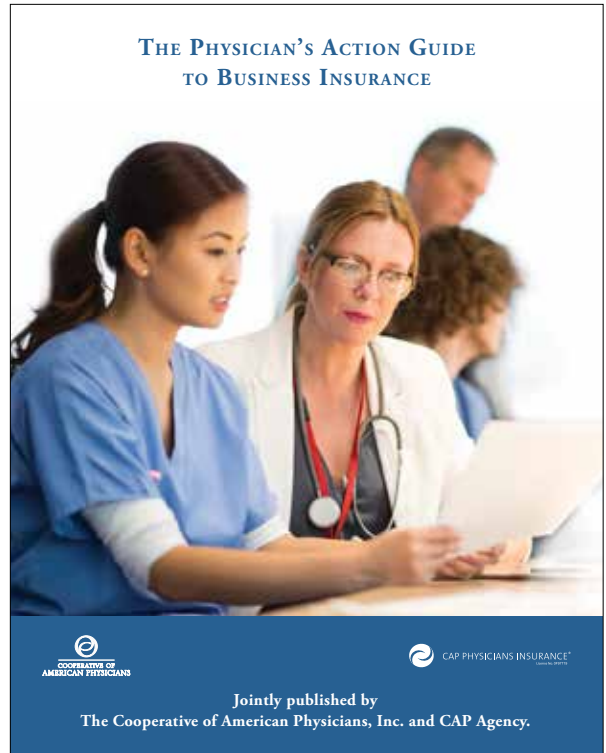
CAP Physicians Insurance Agency, Inc. has provided you with the perfect starting point with *The Physician's Action Guide to Business Insurance*. This comprehensive guide identifies coverages common to all businesses, coverages specific to medical practices, and discusses the importance of coverage options to protect your personal wealth.

Access the guide and get helpful information about what insurance you need and how to choose an insurance professional.

CAP Physicians Insurance Agency, Inc. (CAP Agency), a wholly owned subsidiary of CAP, is available to members of the Cooperative of American Physicians for free consultations on their insurance portfolio. Contact the CAP Agency at 800-819-0061 or by emailing [CAPAgency@CAPphysicians.com](mailto:CAPAgency@CAPphysicians.com).

## **Look What's Coming...CSR24**

Do you need to make a change to your policy but keep forgetting to call CAP Agency? Does your landlord or lien holder need a Certificate of Insurance? Busy doctors like you need convenient options. At CAP Physicians Insurance Agency, we know how challenging it can be to take care of patients and your business at the same time. We are always looking for options to make the business part of your practice easier. The solution is a new program called CSR24, which will be available for all of our members who are insured with CAP Agency. CSR24 is an online portal that connects you to CAP Agency 24 hours a day, seven days a week, even from your mobile phone!



It is 8:00 p.m., you are winding down your busy day, and you realize you need to make a change to your CAP Agency insurance policy. Log on to your portal with a secure user ID and password to send the change to your CAP Agency Account Executive who receives the request and processes it for you the next day. Your Account Executive will send the completed request to you directly by email or upload it to your CSR24 file so you can retrieve it when your schedule allows. It remains there for you to review anytime you need to access it. You will also be able to download copies of your insurance policies or just go in and view what coverages you have with CAP Agency.

To access your insurance information on demand, make changes, obtain certificates, or report a claim, CSR24 is your solution. It will be available in the early part of 2017. ➦

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# The Successful Physician

by Carole A. Lambert, MPA, RN

## Your Money and Your Life

In July 2016, CAP announced the launch of CAPAdvantage, a suite of products, services, and educational programs dedicated to helping its physician members survive and thrive in this time of dynamic and challenging change in healthcare. Responding to intense interest among our members in financial matters, CAP will present a webinar in January titled “Your Money and Your Life.” We have been fortunate to find a partner, Hippocratic Financial Advisors, whose principals have deep and broad experience and expertise in helping physicians understand and manage their finances.

Recently, Sean O’Brien, CAP’s Vice President of Membership Programs, sat down with Ravi Davis, CFP®, senior partner in Hippocratic Financial Advisors, to talk about the company, its services, its commitment to physicians, and its partnership with CAP.

**CAP:** Ravi, thanks for coming by. CAP is really pleased to establish what we believe is going to be a great relationship with Hippocratic Financial Advisors.

**RD:** We’re excited to be part of CAPAdvantage and for the opportunity to help CAP members improve their financial lives. As a physician-specialized financial planning firm, we’ve developed an in-depth understanding of both the unique financial challenges that physicians face and the unique strategies and tools available to physicians to address them. Just as importantly, as someone who started dating my wife while she was in medical school, I’ve cultivated an organization-wide understanding of the pressures physicians face in their daily lives. The service-focused culture of our firm is built around that understanding and is reflected in our willingness to meet clients at locations convenient to them (including via Skype if distance is prohibitive) with weekend and evening appointments regularly available to accommodate busy schedules.

**CAP:** How did Hippocratic Financial Advisors get started – has this been your profession from the start?

**RD:** I’ve been fortunate to enjoy a diverse career in finance, including executive/partner positions in tax consulting, apartment building syndication, and real estate development in addition to my seven years helping physicians. In 2007-2008, my partners and I were building a high-rise on Las Vegas Boulevard when the financial crisis hit. Forced to take some focus off my business and truly analyze the personal financial advice I had been receiving for the first time, I was shocked at the poor quality and obvious conflicts of interest.

**CAP:** That sounds like a double whammy: your business takes a hit and your personal finances may have been taking a hit all along.

**RD:** It felt more like a steamroller than a hit! When I found similar issues with the advice loved ones were receiving, I decided to take a deep dive into the financial system broadly and personal finance in particular to really educate myself. Despite a professional background in finance and taxes, I was genuinely surprised at how little I really knew about each of the various areas of personal finance, much less how to integrate them into an effective financial plan. My wife had a number of additional financial challenges and products unique to physicians, yet few in her professional circle had received any sort of financial education during their training or had a good understanding of these physician-specific planning issues. Fewer still had dedicated the necessary time outside of their practices and families to truly organize and optimize their financial lives. I have three physicians in my family, in addition to my wife, and count many more among my friends. Once the depth of the need for high quality, physician-specialized financial advice became apparent, the decision to focus my practice on helping physicians came naturally.

**CAP:** Where, or how, does a financial advisor – you – acquire the knowledge and skills?

**RD:** The term "financial advisor" covers a broad range of very different providers and services. Many who use that title are simply salespeople, representing large Wall Street firms, and are there to sell that firm or bank's product(s) or service(s) couched as financial advice. It's important that physicians understand the difference between that type of financial advisor and a fiduciary, whose first legal duty is to the physician, not that advisor's employer. As with the acquisition of any knowledge-based skill set, dedicated intellectual investment in your craft and extensive experience are both essential. I was a science major in college, and worked in a lab as an URSI/Merck Research Fellow. Economics and finance are not hard sciences, but I am a strong believer in the value of scientific inquiry and that perspective has served as the foundation for developing our approach to financial planning. Intuition and tips from family and friends are not reliable guides, even for the very smart and educated. I frequently have the opportunity to speak with groups and at training hospitals on financial management and planning, and the data from the academic research have proven to be a powerful tool in counteracting the reams of inappropriate financial advice doctors are subjected to on an almost daily basis through media and acquaintances. One of the greatest advantages we've found in working with physicians is their ability to readily assimilate information presented to them on this basis. We pro-actively engage this ability in our work with physicians, providing them with the simplified and curated information they need to help make informed financial choices.

**CAP:** I get the feeling you and your colleagues have a lot more to say about the basis for your work, but time is moving on and we'd like CAP members to get an idea of what Hippocratic Financial Advisors can offer them.

**RD:** True. As an organization, we are proud of the work that we do and the population that we serve. If I could mention one more differentiator CAP members can expect from us, it would be the warmth and service level of our staff. Here is our offering for how we will go about establishing a relationship with a CAP member physician – and his or her family. We will schedule an in-person

or Skype meeting that accommodates the physician's schedule. At this meeting, we will review and discuss each of the primary areas of the physician's financial life and develop a series of recommendations. The meeting is entirely complimentary to CAP members and they are in no way obliged to follow our advice or meet with us again. Just using us to serve as a second opinion is completely fine.

**CAP:** That all sounds great...

**RD:** Sorry to interrupt, but I should mention we also have integrated tax and accounting and wealth management firms. In combination, we offer a truly comprehensive, integrated, and physician-specialized financial ecosystem.

**CAP:** Now, for the bottom line: how does Hippocratic Financial Advisors get paid?

**RD:** First, let me say that CAP physicians will receive a reduced rate. It depends on the services utilized, but we get paid on a fee basis with the exception of things like auto and homeowners insurance, where we're paid on a commission basis. We charge a flat fee for the development of a financial plan that is dependent on proximity to retirement age and anticipated planning complexity – and our initial consultation is free to CAP members.

**CAP:** Ravi, we're out of time, for today at least. Thanks again for speaking with us and for being a part of CAPAdvantage – joining us in our commitment to provide exceptional services and products to our members and their families. We look forward to hearing your webinar on "Your Money and Your Life" in January.

**RD:** Thank you, Sean, and thanks to CAP.

**CAP:** Watch for our webinar, "Your Money and Your Life," coming in January. In the meantime, you may request your free copy of "The Five Most Common Financial Mistakes Physicians Make" by visiting [www.CAPphysicians.com/HFA](http://www.CAPphysicians.com/HFA). ↩

*Carole Lambert is Vice President, Practice Optimization for CAP. Questions or comments related to this article should be directed to [clambert@CAPphysicians.com](mailto:clambert@CAPphysicians.com).*



## Lame Ducks, Cures, and Moonshots

The ongoing intense policy debate over prescription drug costs may be a key factor in delaying progress on federal legislation on medical research.

Hailed as medical innovation legislation, House Resolution 6, called the 21st Century Cures Act, had worked its way through multiple committee hearings garnering considerable bipartisan support since its introduction by Rep. Fred Upton (R-MI) in 2015. Passed out of the House in July last year, H.R.6 is a bill aimed primarily at reforming current standards and appropriations for biomedical research. The legislation would provide \$1.75 billion annually to the National Institutes of Health (NIH) and \$110 million to the Food and Drug Administration (FDA) with funding scheduled to conclude after a five-year period. Along with funding, the bill would simplify regulations on access to medical research and would expedite the testing processes of new drugs.

Political concern over drug costs, however, may now stall the legislation.

Work in the Senate Health, Education, Labor, and Pensions Committee slowed as members were unable to reach an agreement on new funding for the NIH. More recently, Democrats are being urged to delay the legislation's passage so that the measure includes provisions to facilitate access to affordable prescription drugs while not exacerbating rising drug prices. Some view this as an opportunity that not only allows for greater innovations to help treat diseases, but also to address an ever-increasing healthcare priority over prescription drug costs. Current concerns stem from provisions in the existing version of the bill that extend exclusivity periods for certain drugs.

Talks and negotiations continue on both sides as passage of the Cures Act remains a priority for Republican leadership during the lame-duck session, and Democrats would gain funding to help push Vice President Joe Biden's cancer "moonshot" project. ⚡



# Risk Management and Patient Safety News



## Medical Assistant Liability

by Amy McLain, BSN, RN

Medication administration is commonly the responsibility of medical assistants (MAs) in many California medical offices and clinic settings. While MAs play a vital role in carrying out a variety of routine tasks that keep your office running smoothly, they may also represent an underappreciated source of risk for your practice. Unfortunately, many physicians fail to understand that MAs are unlicensed individuals with limited, if any, formal education in pharmacology and safe medication administration.

In fact, a recent focused review by CAP Risk Management and Patient Safety staff reveals that medication errors, where an MA was directly responsible for a patient's injury, accounted for the most frequent cause of loss in indemnity.

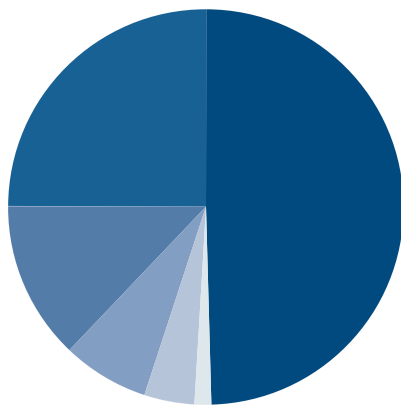
Interestingly, the majority of these medication errors occurred in busy primary care offices, such as Pediatrics, Family Practice, General Practice, and Internal Medicine, often as a result of the MA violating the tenets of safe medication administration—the right patient, the right drug, the right dosage, the right time, via the right route. It was discovered that 62 percent of these errors involved injectable medication, such as vaccines, antibiotics, numbing agents, and corticosteroids. A perfect example is a case where Patient A received the allergy medication intended for Patient B. Sadly, Patient A experienced anaphylaxis, an emergency trip to the hospital, and subsequent emotional distress. CAP paid \$15,000 in indemnity and \$16,917 in expenses.

Surprisingly, one particular medication made a frequent appearance in our closed claims review—the glucocorticoid corticosteroid, Kenalog. The most recent and notable case involved a 31-year-old female who was being treated for an insect bite and received a Kenalog injection in her right upper arm by an MA. The patient later complained of right arm weakness, as well as a palpable lump, a tingling sensation, and pain at the injection site. It was determined that the drug leaked out into the patient's surrounding adipose tissue, causing necrosis and dimpling. With proper training and supervision, the MA would have known to inject the drug employing a Z-track technique deep into the gluteal muscle using a needle at least 1.5 inches long, as indicated in the manufacturer's medication insert. The case settled for \$29,999 with \$20,679.57 in expenses.

The third-highest cause of claims where indemnity was paid resulted from a failure to monitor a patient within the office environment and exam room. Interestingly,

Medication Errors - 49%  
Failure to Monitor - 25%  
Office System Errors - 12%

2006 - 2014 CAP Closed Claims Review  
Medical Assistant Study



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more than half of the injuries sustained occurred from a fall shortly after the administration of a vaccine. Unfortunately, these patients were not monitored closely after receiving their immunizations. Many of them experienced side effects, including a loss in consciousness, causing them to fall and sustain injuries to their head and face.

So, how can you keep your patients safe and minimize the possibility that your MA will make a medication error? First of all, be familiar with your MAs full scope of practice, as described by the Medical Board of California. Hire individuals who can provide a certificate of training from a respected institution and demonstrate competency in pharmacology and safe medication administration. If your MA will be giving injections, such as Kenalog and vaccines, and administering inhalation medications, it is essential that you provide them with additional training required to do this safely.

Next, employ office systems and practices that emphasize medication safety. Develop and implement clear policies and procedures, including refill guidelines. Keep in mind, MAs may not call in new prescriptions or any refill prescriptions that have changes. Other recommended practices include:

- utilizing chart space for patient drug allergies
- storing “look-alike, sound-alike” drugs separately
- labeling syringes
- giving medication to only one patient at a time
- limiting distractions when giving meds

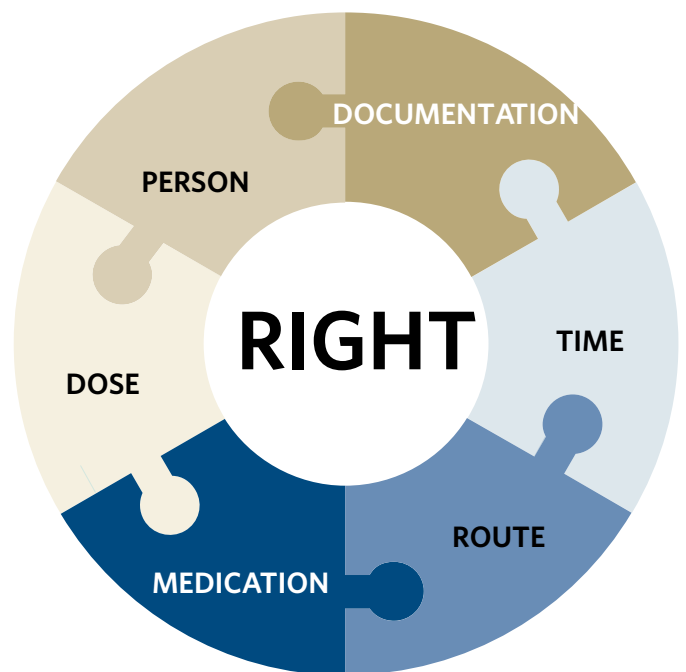
Last but not least, understand your responsibilities as supervisor. An MA can only provide patient care under your direct supervision or under the supervision of a physician assistant, nurse practitioner, or nurse midwife. You or the supervisor must be on the premises at all times when the MA is providing patient care. So, before an MA administers any authorized medication, a supervisor should verify that the right dosage, of the right medication, is given to the right patient, at the right time, via the right route, and every time.

Medication errors are preventable. When well-trained medical assistants act within their scope of practice and adhere to comprehensive medication administration procedures and protocols under your direct supervision, the less likely a medication error will occur. Safe medication administration improves patient care and reduces your medical liability risk.

### “Call to Action” Items

- **CAP’s Risk Management Institute** (for information, contact Alicia Alexander at 800-252-7706, ext. 8644).
- **CAP Risk E-Notes** (visit our website at [www.caphysicians.com/risk-management/publications#risk-enotes](http://www.caphysicians.com/risk-management/publications#risk-enotes) to review the library of issues).
- **Medical Board of California** ([www.mbc.ca.gov](http://www.mbc.ca.gov)). ↗

## SIX RIGHTS



*Amy McLain is a Senior Risk Management Specialist for CAP. Questions or comments related to this article should be directed to [amclain@CAPphysicians.com](mailto:amclain@CAPphysicians.com).*





## CAP Appoints Deidri Hoppe as President, CEO of Its Physicians Insurance Agency

*Insurance Industry Veteran to Lead Dedicated Agency; Expand Suite of Member Benefits*

CAP is pleased to announce the promotion of Deidri (Dee) Hoppe to President and CEO of the CAP Physicians Insurance Agency, Inc. (CAP Agency), a wholly owned subsidiary of the organization. Ms. Hoppe joined CAP in 2011 and previously held the position of vice president, overseeing the property casualty insurance division for CAP Agency.

"During her tenure with CAP to date, Dee has proven herself to be a dynamic leader with a deep understanding of our members' risk profiles and subsequent insurance needs," said Sarah Pacini, CEO of CAP. "As such, she is well-positioned to drive the strategic direction of CAP Agency and ensure that it is offering maximum value to the physicians that rely on us every day for expert counsel and superior product offerings."

The CAP Physicians Insurance Agency board recently voted to appoint Ms. Hoppe to her new position, in which she will provide direction and guidance to the agency's employees to maximize insurance dividends and offer outstanding insurance support to all CAP physician members.

Ms. Hoppe has over 30 years of experience in the insurance industry, with a vast amount of knowledge on both the carrier side and the broker side, allowing her to assist clients in all aspects of their insurance coverage. Prior to joining CAP, Ms. Hoppe served as Vice President of Property Casualty for AIG insurance company, and Director of Consulting at Aon Risk Management. In her role as director at Aon Risk Management, Ms. Hoppe was responsible for 20 consultants in five different Aon offices and worked with high visibility clients to improve their insurance programs.

"Dee's extensive experience and alignment with CAP's long-term goals make her a natural fit for this role," said Cindy Belcher, Chief Operating Officer of CAP. "We're confident that her considerable expertise, combined with her natural leadership skills, will continue to contribute significantly to the positive trajectory and growth of our organization."

Ms. Hoppe added, "I am looking forward to identifying new and innovative means of helping our CAP physician members ensure successful management of their practices, while offering meaningful support to our agency team in their daily roles to facilitate broader growth across the CAP organization."

CAP Physicians Insurance Agency provides five essential insurance benefits to all CAP members: Life; Disability; MedGuard; Employment Practice Plan; and CyberRisk, as well as add-ons for these important coverages. CAP Agency insurance professionals also provide insurance consulting and other related insurance products which CAP members need to protect their medical practices. At the request of its members, CAP Agency recently expanded the offerings to add Group Personal Excess Liability (Umbrella insurance), Personal Lines insurance and Health Insurance.

Ms. Hoppe is a graduate of Southern Illinois University, where she earned Bachelor of Science degrees in both Psychology and French. She is also a licensed California property casualty and life health and accident insurance broker, as well as a certified trainer of leadership programs such as "The Seven Habits of Highly Successful People" and "First Things First." ↩

# Case of the Month

by Gordon Ownby



## Court Cites Admission Disclaimers in Overturning Hospital Verdict

Overcoming a patient's testimony that he thought his pain management physician was employed by the hospital, an appellate court said his signature on multiple admission forms explaining otherwise is sufficient to overturn a jury's verdict on liability.

After suffering chronic pain since an automobile accident, Michael Markow began treating with Howard Rosner, MD, an anesthesiologist specializing in pain management, in 2006. According to testimony, Markow researched Dr. Rosner on the Internet and was impressed that Dr. Rosner was the medical director of the pain center at Cedars-Sinai Medical Center. Markow testified he chose Dr. Rosner for his physician because Dr. Rosner "worked for the best hospital, one of the best hospitals in the country."

In fact, Dr. Rosner was not an employee of the hospital, but was instead a partner in the General Anesthesia Specialists Partnership Medical Group, which billed patients, including Mr. Markow, for Dr. Rosner's professional services. Dr. Rosner did not usually use business cards for the medical group, but instead offered cards imprinted with Cedars' name. Also, with Cedars' authorization, Dr. Rosner used a Cedars logo on his letterhead.

Over a several-year period, Mr. Markow signed and initialed 25 Conditions of Admissions forms bearing Cedars' name and logo. A form signed and initialed by Mr. Markow in 2006 explained:

*In accordance with California law which prohibits the corporate practice of medicine, physicians are independent contractors and are neither employed by nor agents of this facility. Patient recognizes that Physicians furnishing services to the Patient, including without limitation Emergency Room physicians, radiologists, pathologists, and anesthesiologists, are all independent contractors with Patient for the purposes of the provision of professional services and are not employees or agents of Cedars-Sinai Medical Center for such purposes. \_\_\_ (Initial here).*

In 2010, Mr. Markow experienced a serious injury in the course of receiving a nerve root block by Dr. Rosner. In a suit against Dr. Rosner and Cedars-Sinai, a jury found Dr. Rosner negligent in his treatment of Mr. Markow and also found Cedars vicariously liable for Mr. Markow's damages because the hospital "intentionally or carelessly" created the impression that Dr. Rosner was the hospital's agent and that Mr. Markow was harmed as a result of his reasonable belief that Dr. Rosner was Cedars' agent.

On appeal, the Second District Court of Appeal analyzed the principle of "ostensible agency" and explained that in the hospital setting, ostensible agency is commonly expressed as having two elements: "(1) conduct by the hospital that would cause a reasonable person to believe that the physician was an agent of the hospital and (2) reliance on that apparent agency relationship by the plaintiff."

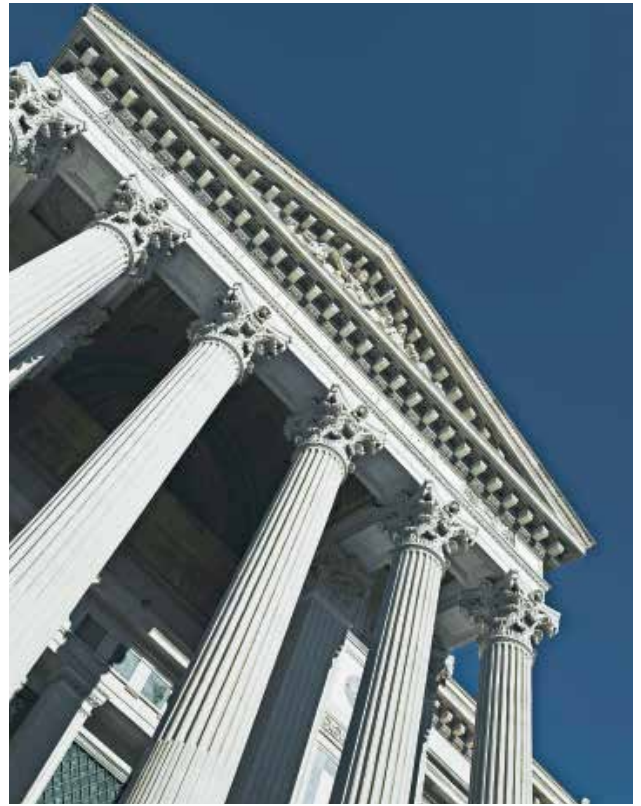
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Importantly, the court explained that while the existence of an agency relationship is usually a “question of fact” (which means that it is decided by a jury), it can become a “question of law” (meaning a judge can decide it) “when the facts can be viewed in only one way.”

In the case, *Markow v. Rosner*, the court said that Mr. Markow “either knew or should have known, based on the Conditions of Service forms that he initialed and signed on multiple occasions . . . that [Dr.] Rosner was not Cedars’ agent or employee, but was instead an independent contractor.” Indeed, the court said the evidence was so clear in that regard that the question was that of “law” not of “fact,” thus allowing the appellate court to negate the jury’s finding.

In other comments, the court distinguished its holding from other recent ostensible agency cases, such as *Mejia v. Community Hospital of San Bernardino* and *Whitlow v. Rideout Memorial Hospital*, by noting that Mr. Markow chose Dr. Rosner as his personal physician, as opposed to having a physician assigned to him in an emergency room. ➦



Gordon Ownby is CAP’s General Counsel. Comments on Case of the Month may be directed to [gownby@CAPphysicians.com](mailto:gownby@CAPphysicians.com).

November 2016

Save the Date for CAP’s Next Complimentary Webinar

## MACRA: Coming to Terms with the New World of Medicare

Friday, December 9 (12:30 p.m. – 1:30 p.m.)

Presented by Robert H. Bradner, partner, Holland & Knight, and Miranda Franco, senior public affairs advisor, Holland & Knight

To register, please visit [www.CAPphysicians.com/macrawebinar](http://www.CAPphysicians.com/macrawebinar).



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