



After 37 Years in Pediatrics, Practice Still Makes Perfect

Dr. Vilaivan Tarin strives to make her pediatric practice the very best and has earned recognition for her efforts.

Dr. Vilaivan Tarin has run a well-respected medical practice for nearly 40 years. Some doctors might be tempted to coast on their hard-won reputation. Dr. Tarin is not one of them.

"I try really hard to be in compliance, to always stay up-to-date. That's why I value CAP so much. Their risk management department is so proactive, so involved, and so knowledgeable. They provide the feedback, ideas, and staff training I need to stay in compliance with everything from vaccines to HIPAA. And they help keep our office and staff risk management proactive," Dr. Tarin explains. "Every year, we request that our designated CAP risk manager come to our office to educate all the staff on what is new as well as any regulations that have changed in the last few months."

Dr. Tarin also credits the hard work that her office manager and staff have put into learning and using their EHR system. "At first, we were skeptical but now we love it," she says.

This dedication to being the best, year after year, decade after decade, makes a powerful difference for Dr. Tarin's patients. So it is not surprising that her practice was recently awarded the Riverside County Child Health and Disability Prevention (CHDP) Providers of Excellence award. Her practice not only received a Chart Review of over 98 percent, but a 100 percent score for both Site Review and Desktop Review.

"I've been working with CAP for about 20 years and I think they're on the right track to help doctors. They are just so good at communicating, helping you make your practice strong, helping you look ahead to prevent problems."

It is exactly the kind of report card that would make a mother proud – and that has been an important theme in Dr. Tarin's life. "I was born in Thailand. My mom was a widowed mother of five children and she always wanted me to be a doctor. I would do anything to make her happy, and so that's why I went to Chiang Mai University Medical School and studied hard," Dr. Tarin explains. "I am really grateful to my mother for that because as it turns out, I really like being a doctor. I love children and enjoy working with them."

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DR. VILAIVAN TARIN AT-A-GLANCE

Medical Specialty: Pediatrics

Practice Location: Corona, California

Years in Practice: 37

CAP Member Since: 1996

Not long after Dr. Tarin graduated from medical school, she and her husband moved from Thailand to America. It was quite an adjustment. "When we came here, I didn't speak English well at all. My first job was at Bon Secours Hospital in Baltimore. I remember that after my first day of work, I really just wanted to go home. But, I didn't have any money so I had to make it work," she says.

Dr. Tarin has been making it work ever since. After Bon Secours, she completed her residency at Baltimore City Hospital, then advanced her career two years at the University of Chicago in pediatric training. Her last stop before California was Lubbock, Texas.

"My husband and I had three small children and I was enjoying them so much that I didn't want to work. But then shortly after our move to California in 1971, Corona Regional Medical Center contacted me and invited me to open a pediatrics practice. It seemed too good of an opportunity to pass up. It felt like a good decision at the time," Dr. Tarin says with a laugh, "and I guess it was. Thirty-seven years later, I'm still here and still in my same private practice. My husband, Thien, an anesthesiologist who is also a CAP member, has supported me and my practice throughout my career."

Dr. Tarin is certified by the American Board of Pediatrics and is an AAP Fellow. But what she is most proud of is that she and her husband have built a life that is as strong and enduring as her practice. They have three sons and eight grandchildren. Their youngest grandchild was born earlier this year in March. "The grandchildren are so much fun. We spend as much time with them as we can."

"I've been working with CAP for about 20 years and I think they're on the right track to help doctors. They are just so good at communicating, helping you make your practice strong, helping you look ahead to prevent problems. We are so happy that CAP, our risk manager, and the other departments, such as HR and Membership, are always available to answer our questions. They always answer their phone or, if we leave a voicemail message, they call us back within minutes. We cannot say enough about CAP. They really do care and it shows in everything they do," Dr. Tarin says.

Practice is what makes a practice perfect. And Dr. Vilaivan Tarin is proof that training makes all the difference. 

Next Litigation Education Retreat Scheduled for October 22 in Orange County

Recognizing the damaging effects a lawsuit can have on a physician's personal and professional well-being, CAP invites its members to attend its daylong Litigation Education Retreat. CAP offers this free program several times each year.

At the program, a nationally recognized expert in the field of behavioral health provides valuable suggestions on alleviating the stress associated with being named in a lawsuit, while legal and communications experts help physicians develop the skills that will improve their chances for a favorable outcome.

Our next Litigation Education Retreat, and the final one we will be offering this year, takes place in Orange County on October 22. CAP, a CME-accredited provider, designates this educational activity for a maximum of six AMA PRA Category 1 Credit(s)[™]. Spouses are very welcome at the retreat.

If you are interested in attending the retreat, please contact Andrea Crum at 800-252-7706 or at LERinfo@CAPphysicians.com. 

CAPAdvantage Programs That Save You Money ... and Provide You with the Financing You Need!

By now, you've probably heard a lot about CAPAdvantage, CAP's new program that offers members free or competitively priced products and services that help ease the administrative and financial burden of running a medical practice. In fact, several offerings under the CAPAdvantage umbrella are specifically targeted at either getting you the best deal on practice-related purchases or helping you secure the funds you need to make these purchases.

The following lists some of the services that CAP members can take advantage of at no additional cost:

Discounted Purchasing Programs

CAP Purchasing Alliance – Free to CAP members, this group purchasing program enables independent physician practices to receive the same pricing as the nation's largest health systems. Save on exam gloves, needles and syringes, IV sets and solutions, wound care, sutures, shipping services, and office supplies. To enroll, visit www.CAPPurchasingAlliance.com.

Lexicom Business Phone Systems – CAP members can take advantage of discounts or cost-saving options for business phone systems, data, Internet, and VOIP. Our program provider, Lexicom, will conduct a free analysis of your current system to help CAP members evaluate potential savings. To begin the free analysis process, call 414-963-4000, or email info@lexicomlink.com

CAP Marketplace – Find consultants, services, and products that physicians need to run their practices efficiently. This directory includes experts in medical practice management, business operations, accounting and financial planning, transition issues impacting physicians and their practices, and more. View the directory and/or recommend a service or provider by visiting www.CAPphysicians.com/practice-management/practice-management-services/cap-marketplace.



Business Financing and Credit

CAP Visa® Card – As one of California's finest physicians, earn cash-back rewards while proudly displaying membership in the state's leading physician-owned and governed organization. Additional benefits include Visa's Zero Fraud Liability Protection for unauthorized purchases, travel assistance services, and online access to account information. Apply online at CAPphysicians.com/card, or by phone at 800-821-5184.

Bank of America Medical Practice Financing – This program provides business financing options designed specifically for medical practitioners. Through this arrangement, physicians may be eligible for a loan of up to \$5 million with flexible repayment options. Bank of America offers competitive terms on new office start-ups, practice sales and purchases, business debt consolidation, office improvement and expansion, and more. To get started, call Stephen Curtis at Bank of America at 855-307-7252.

For more information about any of these valuable benefits and to start saving money, contact Sean O'Brien, CAP vice president of Membership Programs, at 888-645-7237 or CAPAdvantage@CAPphysicians.com. ➤

CAPAdvantage

California CURES Legislation Advances

Public Policy

In California, checking a database before prescribing opioids has long been voluntary for physicians. Current Senate Bill SB 482 by State Senator Ricardo Lara (D-Bell Gardens), however, 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. SB 482 has been working its way through the current 2015-2016 legislative cycle after other attempts to compel CURES lookups proved unsuccessful.

Back in 2013, former State Senator Mark DeSaulnier (D-Concord) introduced legislation to require doctors to check CURES before prescribing, but the bill was placed in the Appropriations suspense file and never re-emerged. In 2014, a requirement to check CURES was a component in the anti-Medical Injury Compensation Reform Act initiative, Prop. 46, which was rejected by voters that November. Once again in 2015, Senator Lara took up the issue by introducing legislation that has now managed to get through the entire two-year

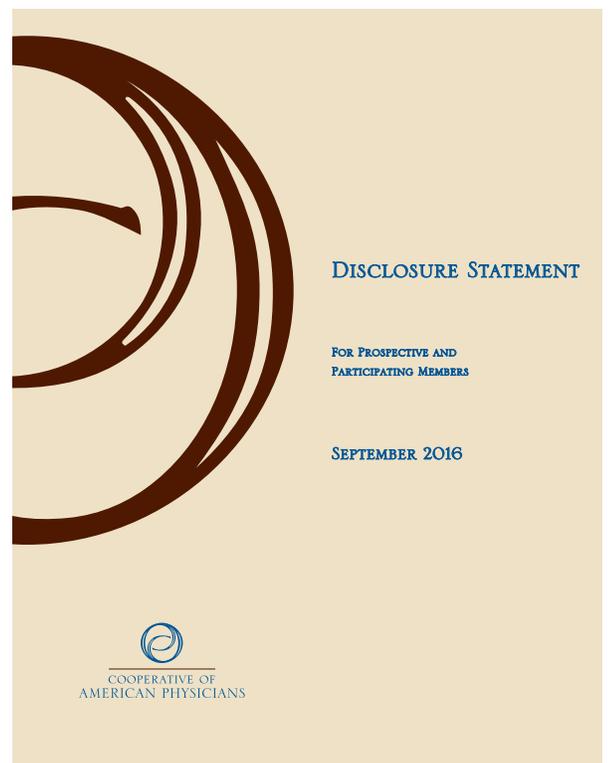
legislative cycle, undoubtedly aided by heightened national attention on opioid abuse. This past March, the Centers for Disease Control and Prevention issued new painkiller prescription guidelines recommending that doctors check state prescription drug databases as a tool to aid in inadvertent overprescribing.

On August 24, SB 482 passed out of the California Assembly on a full 80-0 bipartisan vote. With this Assembly vote and a concurrence vote in the Senate, SB 482 will head to the Governor for enrollment and await his signature. It is expected to be signed sometime this month and upon the bill's effective date, checking the CURES database will be a requirement for all eligible opioid prescribers. As a consequence, California will then become eligible for federal grants meant to boost CURES and increase the monitoring and analysis of information from pharmacies and prescribers to identify when a patient may be seeking multiple opioid prescriptions.

For the 2016 CDC Guideline for Prescribing Opioids for Chronic Pain, visit: <http://ja.ma/2bA3t1Z>. ↩

New Disclosure Statement Now Available

Each year, we publish the Disclosure Statement, which gives an overview of CAP and MPT operations, pursuant to California Insurance Code Section 1280.7. The 2016 Disclosure Statement is now available and can be reviewed at any time on our corporate website (www.CAPphysicians.com) in the "Member Access" section. ↩





Merit-based Incentive Payment System Checklist: Steps You Can Take Now

by Miranda Franco, MA

The Merit-based Incentive Payment System (MIPS) consolidates three existing quality reporting programs: the Physician Quality Reporting System (PQRS), the Value-Based Payment Modifier (VBPM), and EHR Meaningful Use (MU). The system also adds a new program, Clinical Practice Improvement Activities (CPIA). The four programs establish a composite performance score (0-100) used to determine physician payment. The categories are:

- Quality – based on the Physician Quality Reporting System;
- Resource use – based on the Value Based Payment Modifier;
- Meaningful use of certified electronic health record (EHR) technology – based on Meaningful Use; and
- Clinical Practice Improvement Activities – a new program.

While the first year for the Medicare Access and CHIP Reauthorization Act is 2019, the performance period is 2017 (unless modified in the final rule). Thus, performance in 2017 will determine payment adjustments in 2019. Accordingly, providers should begin preparing now for implementation to ease the transition and position themselves for success.

Checklist

- ✓ **Determine if you are excluded from the Merit-based Incentive Payment System participation via the low-volume exclusion threshold.** Clinicians or groups who have less than or equal to \$10,000 in Medicare charges and less than or equal to 100 Medicare patients are excluded from the MIPS payment adjustment.

Understand the assistance available for small

practices. There is \$20 million a year allocated to provide technical assistance via Quality Improvement Organizations and Regional Extension Centers to practices with 15 or fewer eligible professionals participating in an Alternative Payment Model or the Merit-based Incentive Payment System. This assistance is intended to position practices to transition to Alternative Payment Models or to improve Merit-based Incentive Payment System composite scores. Priority will be given to practices in rural areas, health professional shortage areas, and medically under-served areas.

- ✓ **Determine if you will report individually or as a group.** The law provides that solo and small practices may join “virtual groups” in the future and combine their Merit-based Incentive Payment System scoring.
- ✓ **Determine whether your practice meets the requirements for small, rural, or health professional shortage area practices.** These types of practices would receive partial or full credit for submitting two activities of any type of weighting (e.g., two medium-weighted activities will qualify for full credit).
- ✓ **Determine if you are a non-patient-facing Merit-based Incentive Payment System eligible clinician.** The Medicare Access and CHIP Reauthorization Act requires the Centers for Medicare and Medicaid Services, in specifying measures and activities for a performance category, to give consideration to the circumstances of professional types who typically furnish services that do not involve face-to-face interaction with a patient (e.g., pathologists, radiologists, nuclear

medicine physicians, anesthesiologists primarily providing oversight of Certified Registered Nurse Anesthetists). The law allows the Centers for Medicare and Medicaid Services to re-weight the Merit-based Incentive Payment System performance categories if there are not sufficient measures and activities applicable and available to each type of Merit-based Incentive Payment System eligible clinician.

The Centers for Medicare and Medicaid Services proposes to define a "non-patient-facing Merit-based Incentive Payment System eligible clinician" as an eligible clinician or group that bills 25 or fewer patient-facing encounters during a performance period. The Centers for Medicare and Medicaid Services proposes to publish a list of "patient-facing encounter" codes on its website, similar to the way it currently publishes face-to-face encounter codes for the Physician Quality Reporting System.

✓ **Assess your performance under current federal quality reporting programs.** Performance in the Physician Quality Reporting System, Meaningful Use, and the Value-Based Payment Modifier will

provide insight into future performance under the Merit-based Incentive Payment System.

✓ **Evaluate Electronic Health Record and third-party vendor readiness.** Contact your vendors to assess their ability to support the transition to the Merit-based Incentive Payment System.

✓ **Explore clinical practice improvement opportunities.** Review the proposed rule's list of clinical practice improvement activities to evaluate what activities your practice is already doing and what adjustments it should make to complete additional activities in 2017. Practices will be given credit in the Merit-based Incentive Payment System for activities such as extending hours and managing transitions of care. ↩

Miranda Franco is senior public affairs adviser for Holland & Knight LLP. Questions or comments related to this article should be directed to Miranda.Franco@hklaw.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 next 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 changes listed previously to be considered eligible for a waiver or proration of the assessment.

To report practice changes, login 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. ↩



The Physician's Action Guide to Business Insurance Now Available

Physicians are first and foremost healers and clinicians, but they are also business owners. As such, they need to concern themselves with protecting their business and themselves from various types of financial risks -- in addition to the professional liability coverage they receive through the Mutual Protection Trust. To help physicians understand and navigate the insurance world, CAP and CAP Physicians Insurance Agency have jointly produced *The Physician's Action Guide to Business Insurance*. This guide was designed to help CAP members protect their practices, themselves, and their families.

Following are just a few of the questions addressed in the guide:

- How much coverage do physicians need?
- What deductibles, and what limits, are appropriate?
- How does business insurance protect a practice and lower risk?
- What coverages are specific to medical practices?
- Personal insurance: how do you go about determining an adequate amount to protect your assets and, more importantly, your family?
- How much insurance coverage do you actually need and what is the best way to shop for this coverage?

- What are the various factors to take into consideration to protect personal wealth?

The Physician's Action Guide to Business Insurance is intended to provide an overview of the types of coverage typically needed by independent physicians and medical groups. It offers guidelines for evaluating the necessity and benefits of various types of coverage. CAP recommends that every one of its physician members speak with a qualified insurance professional who understands the special needs of physicians.

CAP Physicians Insurance Agency, a wholly owned subsidiary of CAP, has experienced insurance professionals available for consultation to answer your questions and help you determine exactly what you need. We will be happy to come to your business and analyze the adequacy of your current insurance coverages.

If you would like to talk to an insurance professional, or you would like a copy of *The Physician's Action Guide to Business Insurance*, please call 800-819-0061, email CAPAgency@CAPphysicians.com, or visit our website www.CAPphysicians.com/business-and-personal-insurance. ➔



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September 2016

Case of the Month

by Gordon Ownby



The Danger of Relying on Others to Review Meds Before Surgery

Hospitals and surgery centers operate with a number of individuals taking responsibility for a variety of tasks. A surgeon's reliance on others, however, for the pre-surgery review of medications can expose a patient to catastrophic injury.

A 78-year-old retired chemical engineer was referred to Dr. PM, an interventional pain management specialist, for neck and left shoulder pain that she had been experiencing for several months. On the patient's initial visit, Dr. PM noted that she was taking furosemide and insulin for diabetes but that she had no history of ischemic heart disease, MI, hypothyroidism, or cancer. On examination (and with the benefit of MRI images taken the previous month), Dr. PM diagnosed a left paracentral disc herniation with C6 radiculopathy. The patient denied any history of heart problems, stroke, or blood thinners to both Dr. PM and to his assistant. Dr. PM and the patient planned for a cervical epidural procedure to shrink the disc. The surgery center where the procedure was to be performed had a protocol for a pre-operative clearance, but such clearance was not pursued.

When she arrived at the surgery center a week later for her procedure, the patient presented a printed list of her current medications to the staff. Using that information, the surgery center nurse listed "clopidogrel 75 mg" as a "blood pressure" medication. (Clopidogrel is the generic name for Plavix, a blood thinner.)

Though Dr. PM did not review that day's intake records, he asked the anesthesiologist if there was anything he should be aware of and was informed "no."

With the patient under Propofol, Dr. PM performed the cervical injection using Marcaine and a solution of Decadron and Celestone under fluoroscopic guidance. He noted severe foraminal stenosis at C6 on the left side of midline but no complications at the time of the procedure.

Some 30 minutes after arriving in the post-operative care unit, the patient was awake and complaining of severe pain and shoulder numbness. She was advised that the numbness was normal.

Less than an hour later, however, the patient complained that "something was not right" and that the numbness had moved to her legs. About 30 minutes later, the patient's anxiety triggered a call to Dr. PM, who arrived with the anesthesiologist. The patient received valium and an oxygen mask and began to rest comfortably, but later that day, she complained of pain and numbness in her legs. She refused Percocet and by early evening, Dr. PM requested a transfer to a local hospital ER, where she exhibited flaccid paraplegia.

By mid-evening, the patient reported no feeling from her trunk down to her legs and an MRI revealed a large epidermal hematoma that was causing significant cord compression. An emergency laminectomy and evacuation of the hematoma by her new healthcare team did not prevent the patient from developing paraplegia. During that time, a previous hospitalization for stroke came to light.

The patient and her husband filed suit against the woman's healthcare providers. Dr. PM, who had apologized to the patient when he discovered that she was taking Plavix, passed away before the litigation against him was resolved informally.

Whether other healthcare professionals should recognize certain risks to a patient and share that knowledge with a surgeon does not detract from those responsibilities on which the primary treater must gain assurance independently. Add in such factors as a patient's advanced age and a surgeon's lack of a significant history with a patient, and the risks of relying on others for key information can become acute. ⚡

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

Risk Management and Patient Safety News



The Bad News, The Good News, and How To Handle Both

by Stephanie Cuomo, RN

In the risk management business, the bad news is not **if** regarding claims against doctors, it is **when**. The good news is that, over the years, as a direct result of our exclusive Risk Management strategies, the Cooperative of American Physicians has been able to substantially reduce the probability of a lawsuit (or claim) being filed against you. Our statistics show that in 1997, when our membership was approximately 4,000 doctors, the likelihood of a claim was once every four years. After nearly 20 years of proactive risk management policies and with a membership of nearly 12,000 physicians, the prospect of a claim against a member has been reduced to once every 10 years.

The most important thing to remember is that when bad news strikes, the team at CAP is on your side. The sooner the CAP team can be involved, the better. Whether it is a potential adverse medical outcome or the initial stages of a formal claim, the reason a doctor has chosen to be a member of CAP is for the superior protection provided when the chips are down. In these situations, a key element to focus on is cooperation, and that means, in part, that CAP should be notified *immediately* when you receive any paperwork requesting a deposition, 90-day notice to commence a lawsuit, a letter threatening a lawsuit, or a summons and complaint. These documents are *extremely time sensitive* and require immediate notification to CAP.

The CAP team of specialists will be most effective when notified at the onset. The longer you wait, the less time CAP has to mobilize and concentrate its efforts on helping to resolve the threatening issues. In the instance of an adverse

event or formal claim, CAP has the resources to serve your practice in a variety of ways; however, without timely notification, CAP cannot be of any service at all.

One situation that can be extremely worrisome is a potential legal claim against a physician or the practice. We know that legal proceedings can be long, stressful, and potentially expensive. The sooner a doctor gets CAP involved, the better. So again, whether it is a request for records, a 90-day notice of intent to sue, or an actual summons and complaint, the team at CAP must be notified when you receive these documents. Only then can CAP act as an advocate for your practice.

In the event of good news, when all is going well with the practice, it is not time to put CAP on the shelf. CAP offers a variety of programs and benefits designed to keep your practice healthy and to prepare for when bad news strikes. Contact your risk management and patient safety specialist to learn more about what CAP can offer your practice. ⚡

Next month's CAPsules preview: CAP Closed Claims Data Deep Dive: Liability Associated with Medication Administration by Medical Assistants.

Stephanie Cuomo is a senior risk management and patient safety specialist for CAP. Questions or comments related to this article should be directed to scuomo@CAPphysicians.com.

September 2016



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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.*