



Listening, Learning, Loyalty Are the Keys to Better Care

Dr. Stacie Macdonald has built her OB/GYN career one human connection at a time.

In Dr. Stacie Macdonald's practice at the Washington Township Medical Foundation in Fremont, California, there's plenty of technology.

"One of the great things is the ease of access for my patients to primary care and specialists," Dr. Macdonald explains. "We all share the same electronic medical records and any of the physicians can look at my notes. We can see each other's lab reports and medical imaging studies. Patients can also view their results online and email me with questions."

But the most sophisticated tool Dr. Macdonald brings to her practice is simple human compassion. "You have to help your patient open up. I focus on letting my patients talk and give me their story."

With 14 years as an OG/GYN, Dr. Macdonald knows that discussing intimate issues requires building the patient's trust to get at the truth. "It's hard to make a personal connection while typing notes into the computer at the same time. With some patients, you just have to close the computer. People need to feel like they are being listened to," she says.

No wonder her patients love her. "There's nothing like working with a woman through pregnancy – there are so many unexpected parts to it. It's a joy to help people through it. I have patients I've been working with for a decade or more. I see them year after year, watch their families grow. Time has just flown."

Dr. Macdonald became interested in medicine at an early age. "In middle school, I took a first aid class and really liked it." But she didn't go into medicine right away. After graduating from Binghamton University, Dr.

Macdonald worked for Teach for America, in Compton, near Los Angeles. The highly selective program assigns recent college graduates to low-income, underperforming schools. She also worked in behavioral therapy, but was soon drawn back to medicine. She enrolled in medical school at St. George's University on the Caribbean island of Grenada, and did two years of clinical rotations in New York and New Jersey. In her third year of residency, she returned to the West Indies for an elective rotation. "In a Caribbean practice, doctors have very limited resources. But they do a tremendous amount with what they have. The dedication of the doctors is really admirable," she says.

This mix of experiences was great for learning. "If you're a young doctor looking at residency programs, do what I did," Dr. Macdonald advises. "Aim to get training at a place where you'll see everything. I got to see an enormous variety of cases in a high-risk tertiary care referral center. You learn a wide range of techniques from operating and on working with different people."

And just as Dr. Macdonald does with her patients, she builds loyalty with her colleagues. Dr. Macdonald is excited about TeamSTEPPS®, a program adapted from the U.S. military. "It helps you learn how to best utilize the resources of your entire team. It's so much

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DR. STACIE MACDONALD AT-A-GLANCE

Medical Specialty: Obstetrics and Gynecology

Practice Location: Fremont

Years in Practice: 18

CAP Member Since: 2003

better for patient safety. I'm really proud of the time and effort our hospital and foundation has put into making it patient first."

"It's really important to work as a team in the operating room, and especially in labor and delivery. Working in a silo is not as effective, it's not as fun, and, most importantly, it's not as good for the patient."

Dr. Macdonald has been with CAP for 14 years. "I really like the culture within CAP. They say they 'do good things for doctors', and that's truly the driving focus at every meeting. They really want to know what they can do for the doctors they work with that will be positive, cost effective, and educational. That culture makes a difference."

Dr. Macdonald and her husband Ron have been married for 20 years and enjoy hiking and camping with their two children, Connor and Chloe. Their wedding anniversary is easy to remember, and guarantees fireworks: it's the 4th of July. "My husband was in his PhD program while I was in residency. We found a great place in New Rochelle, New York, on the water and had a great time."

In her free time, Dr. Macdonald does yoga, crocheting, gardening, and photography. "But mostly, I spent as much time as I can enjoying the kids, my dog, and my cat." 🐾

Offering Products and Services Beyond Standard Patient Care? You Could Be at Risk

In order to bring in more revenue, physicians are increasingly getting more creative with the types of programs and services they provide – not only to patients, but to others outside their practice.

The problem is some or all of these services may fall outside of the scope of CAP's medical liability coverage through the Mutual Protection Trust, for example:

- Providing Durable Medical Equipment (DME) to your patients.
- Practicing telemedicine to patients outside of California.
- Serving as a Medical Director for another organization, such as a medical spa.
- Selling skin care products to your patients.
- Providing expert witness testimony, independent medical exams, and presentations to groups.
- Writing a book.

You probably didn't know that you could be at risk if a disgruntled patient files a lawsuit against you and you thought you had the right type of coverage.



For instance, if you provide DME to a patient and it malfunctions causing an injury, did you know you could be sued along with the manufacturer for those damages? The hope is the manufacturer will defend you, but you can't always count on it. You need the right type of coverage to make sure that your legal expenses or judgments are covered.

If you are providing any product or service that you think may put you at risk, contact CAP Physicians Insurance Agency at CAPAgency@CAPphysicians.com or 800-819-0061. One of our CAP Agency professionals will be happy to help you determine your risk exposure and explore the coverage you will need. 🐾



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The Best Defense Against a HIPAA Breach Is a Focus on Preparation

by Jeff Mongelli

The appeal of stolen medical records makes our industry a high value target for hackers. When speaking to a group of doctors, I often ask, "who believes they are HIPAA compliant?" The number of hands I see raised rapidly declines as I go through a checklist of requirements.

It's not if you're going to be attacked, but when. Cyber security professionals accept this maxim. We live by this reality – and so should you. As a result, our behavior is focused on preparation – being ready when, not if, we get hit, and so should yours. Officials at the Office for Civil Rights (OCR), those tasked with enforcing HIPAA, have gone on record stating, "there are two types of medical practices out there – those who know they've been breached, and those who don't know it yet." As a healthcare entity (or vendor), part of being prepared is being HIPAA compliant.

A Checklist to Be HIPAA Compliant

1. Conducting a risk assessment regularly is a requirement. You'll know you've done one when you can provide a Risk Assessment Report that addresses administrative safeguards, physical safeguards, technical safeguards, and organizational and policy and procedure requirements. If you don't have a current copy of this report – you are *not* HIPAA compliant.
2. Recurrent workforce training is the single, most important step you can take for prevention. You need to be training your staff at least annually. Additionally, as soon as a training session is completed, you need to schedule the next one. You should *always* have a training scheduled on the books.
3. Address your policies and procedures on a regular basis. We're seeing an increasing number of violations citing a failure to adhere to stated policies. This is easily prevented by making sure your actions and business practices match your policies.



4. Implement an ongoing risk management process. This differs from what CAP does for your medical malpractice risk management. The best way to do this is to hire a professional HIPAA compliance company to handle all of this for you.

The only certain way to survive a cyber attack is with a robust backup solution.

It's not enough to have a local or a remote backup policy, you also need to have current offline copies. The most efficient way to accomplish this is with a business disaster recovery device, BDR for short. Dozens of practices have been saved from potentially catastrophic disaster by making the investment prior to an unforeseen event hitting them. It's far better to share that story than the story of lost data and hours or days of downtime. ➦

Jeff Mongelli is CEO of Acentec, Inc., a nationwide provider of HIPAA compliance and medical IT management services. If you have any questions about this article or would like recommendations, please contact him for a free consultation at 800-970-0402 or jeffm@acentec.com.

Risk Management and Patient Safety News



How to Make Your Patient Portal an Asset for You and Your Patient

by Joseph Wager

A patient portal can be thought of as a gateway or door (in the form of a web interface) to information and data found within the physician's portal. It provides an easy way for patients to access their primary care physicians for non-urgent care or follow-up treatment and assists providers in communicating with their patients.

For those offices and providers that are capturing meaningful use data, the patient portal will assist them in the following areas:

- Timely electronic access to changes in health information (Menu Set)
- Patient-specific education resources (Menu Set)
- Electronic copies of their health record (Core Set)
- Clinical summaries after each office visit (Core Set)

Patient portals also provide the following features:

- Send/receive messages to/from a doctor's office (e.g., send faxed medication requests to pharmacies)
- Request new appointments, prescription refills, and lab reports (Note: California law requires that an appropriate exam be conducted prior to providing medications to a new patient.)
- Examine current and past medical statements
- Enter or modify personal information and other demographic information
- Receive emails for reminders, upcoming appointments, and statements

When viewing their data, patients are able to identify any inaccuracies and inconsistencies in their health record and then act by informing their providers and sharing that information at the next visit. Although patients aren't able to manually edit these problems, the data assist physicians to work with more complete and accurate data, increasing the overall quality of care they provide.

Security

Security is a top concern with patient portals. Providers grant patients access with a secure username and password. It is important to choose a patient portal vendor that provides a system that allows the practice to be HIPAA compliant. The provider should establish procedures that are structured for optimal security.

An important security feature is how the patient establishes access. For example:

- A patient visits his or her physician's office and signs a Patient Portal Access/Authorization Form and is given a one-time use activation code; or
- A patient activates his or her portal account, logs into the portal, and creates a user ID and password

Terms and Conditions, Access Form, Disclaimers, or Authorization Forms

Our research indicates that these terms are used interchangeably and denote a written document wherein the practice delineates the policies and procedures governing the use of its patient portal. Each practice should draft its own set of guidelines, but all forms should inform patients that the portal should **not be used** for **urgent or emergent** matters. Your forms

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should also include information about the following:

- Explanation of and guidelines for use of the patient portal
- Response time
- General guidelines for communication
- Portal eligibility
- Privacy and security
- Liability disclaimer
- How to get started

Remember, only established patients should be able to access the practice's patient portal. If you are working with a vendor who does not have sample forms that include the above information, you can find many sample forms on the Internet. ➦

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

CAP CEO Sarah E. Pacini Featured in *Inside Medical Liability Magazine*

This year, CAP's Mutual Protection Trust celebrates its 40th anniversary. *Inside Medical Liability* magazine, the flagship publication of the Physician Insurers Association of America (PIAA), recently interviewed CEO Sarah E. Pacini to explore the unique history of CAP and MPT. The Q&A "Interview with Sarah E. Pacini, JD" is now available in the latest issue of *Inside Medical Liability*.

The interview discusses how the concept of a cooperative arrangement and interindemnity structure for medical professional liability originated, and the evolution of the role of reinsurance at CAP. Ms. Pacini offers numerous insights and illuminating facts about CAP, its MPT, and the organization's vision for the future.

"The medical professional liability business is rapidly evolving through a period of more intense competition and consolidation. We expect that to continue for the foreseeable future. To confront these challenges, CAP has diversified its products and services to meet the ever-changing MPL protection needs of solo and small group physicians, midsized and large medical groups, and hospitals, clinics, and surgery centers—and to help increase their success," says Ms. Pacini. ➦

INTERVIEW

INTERVIEW WITH...
SARAH E. PACINI, JD


SARAH E. PACINI, JD

At the 40th Anniversary of the Cooperative of American Physicians' Mutual Protection Trust: A Conversation with Its CEO, Sarah E. Pacini, JD

This year, the Cooperative of American Physicians' (CAP's) Mutual Protection Trust (MPT) is celebrating a major milestone: its 40th anniversary. To explore some of the unique history of CAP and its MPT, Inside Medical Liability spoke with its CEO, Sarah E. Pacini, JD. We wanted to learn, for example, how the concept of a cooperative arrangement and mutual protection trust structure for medical professional liability (MPL) originated, and the evolution of the role of reinsurance in CAP. Pacini offered numerous insights and illuminating facts about CAP, its MPT, and the organization's vision for the future.

This interview is one in an occasional series of talks with the leaders of PIAA's members, both in the U.S. and around the world, to gain from them their personal insights into the current status of the MPL/HPL sector, and find out how their organization is evolving to manage current and emerging risks and to deal with other new realities of the evolving healthcare environment.

Inside Medical Liability: Where did the idea of a cooperative arrangement for MPL come from, and how has the concept changed over time? Similarly, what was the origin of the mutual protection trust structure? How was the relationship between these two entities defined—by a contract? Joint ownership? Other arrangement?

Pacini: The relationship between CAP and MPT is governed by California law. CAP was formed first, in 1975, using the "consumer cooperative" structure of the California Corporations Code. Once CAP was established, its leaders supported a new provision in the

California Insurance Code to allow for inter-indemnity arrangements for physicians. According to the statute, the participants in the risk-sharing inter-indemnity arrangement must be members of a California cooperative corporation whose members consist only of California-licensed physicians. Following this prescription, MPT began operating in 1977.

IML: How did California's MICRA law make CAP possible?

Pacini: MICRA provides the same benefits for CAP physicians and their patients as it does for the other MPL providers in

California. It enhances access to medical care by setting reasonable limits on non-economic damages, while providing unlimited remedies for economic damages. MICRA helps keep millions of dollars within the medical care system; these savings benefit patients statewide. We keep our members well informed about the benefits of MICRA, and we provided weekly member updates when MICRA's opponents attempted to upend the law in 2014. That voter initiative, Prop. 46, failed at the ballot box by a 2-1 margin. CAP is a longtime partner in the efforts of PIAA and other national groups to enact federal MICRA-like legislation.

IML: How was the original amount needed to fund MPT determined, in the absence of loss data?

Pacini: The legislative threshold for the initial trust corpus, \$10 million

Membership in PIAA gave CAP and MPT recognition within the MPL community and enabled us to participate in PIAA's Data Sharing Project and its public policy initiatives.

INSIDE MEDICAL LIABILITY 45 THIRD QUARTER 2017

You may read the full article at:
https://www.piaa.us/docs/IML/IML_3Q17.pdf

Case of the Month

by Gordon Ownby



Court Finds Medical Board Cleared Higher Hurdle in Seeking Psychiatric Records

Explaining California's "compelling interest" in regulating prescriptions of controlled substances, the Court of Appeal has found that a Medical Board subpoena of a psychiatrist's medical records may proceed.

The psychiatrist had objected to the subpoena based on the physician-patient privilege and her patients' constitutional right to privacy.

Acting on a "consumer complaint" that the psychiatrist, Dr. C, was overprescribing psychotropic medications, the Medical Board reviewed prescriptions written by the physician over the prior three years as recorded in the Controlled Substance Utilization Review and Evaluation System (CURES) database. A Medical Board investigator hired an internal medicine physician to review the CURES report in an effort to identify people for whom Dr. C may have been overprescribing controlled substances. That internist identified three people who may have received prescriptions in a manner that appeared inconsistent with the standard of care. After unsuccessfully attempting to obtain those patients' consent for medical records, the Board issued three subpoenas to Dr. C, demanding medical records on the patients during time periods that coincided with the consulting internist's concerns over prescriptions.

On a petition to the Superior Court, the Board filed a declaration of its internist consultant, who opined that the prescription patterns for the three patients, "in the absence of any other information, appear to represent concerning departures from the standard of care" for prescribing the central nervous system stimulants at issue, which have "a high potential for abuse."

In addition to her arguments that the physician- and psychotherapist-patient privilege and her patients' right to privacy prevented her from releasing the records, Dr. C took issue with the Board internist's familiarity with the practices of psychiatrists in utilizing the drugs in question.

After a hearing, the Superior Court judge found that the psychotherapist-patient privilege did not protect the subpoenaed records because Business Code Section 2225 abrogates the privilege for purposes of Board disciplinary investigations of a physician. As to the patients' right to privacy, the court said that the "right is not absolute, and must be balanced against other important interests." The judge said the opinions of the Board's internist consultant provided "good cause" to compel disclosure of specified records.

On an appeal by Dr. C, the Second District Court of Appeal in *[C] v. Superior Court of Los Angeles*, agreed with the lower court that the psychotherapist-patient privilege may yield to California's statutes regarding disciplinary investigations. On the issue of a patient's constitutional right to privacy, however, the appellate court said that a stricter test must apply than the "good cause" requirement applied by the lower court judge. Having earlier noted that psychoanalysis and psychotherapy depend on the "fullest revelation of the most intimate and embarrassing details of a patient's life," the court cited direction from the state Supreme Court showing that a "compelling interest" was necessary over a general "balancing test" to overcome a patient's privacy rights.

In that regard, the Court of Appeal found that though

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Dr. C disputed the Board internist-consultant's competency to opine on a psychiatrist's use of medications as a predicate for the state's "compelling interest," there was a sufficient basis to move forward. The court said that "while a declaration from a psychiatrist may have been more persuasive," the internist's opinions "on the nature and properties of the drugs prescribed, their potential complications, and the precautions that should be taken by a physician who prescribes the medications . . . are all topics sufficiently within the training and expertise of a physician with a specialty of internal medicine."

Concluding the state demonstrated a compelling interest in a matter involving prescriptions of controlled substances, the appellate court directed that "relevant and material" medical records of Dr. C may be pursued by the Medical Board in its investigation. ➦

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



Is Your Practice Prepared for MACRA?

The Medicare Access and CHIP Reauthorization Act of 2015 (MACRA), enacted April 16, 2015, required the Secretary of Health and Human Services (HHS) to establish a new Merit-based Incentive Payment System (MIPS) to assist the Centers for Medicare & Medicaid Services (CMS) in accelerating the transition from the traditional fee-for-service payment model to a system that aims to reward healthcare providers for value rather than volume of services provided. The new system includes combined components of the Physician Quality Reporting System (PQRS), the Value Modifier (VM or Value-based Payment Modifier), and the Medicare Electronic Health Record (EHR) Incentive Program into one single program renamed the Quality Payment Program (QPP) — previous programs that many physicians may recognize as part of their practices.

The QPP has "re-packaged" these programs to assess the performance of MIPS-eligible clinicians based on four performance categories: (1) Quality, (2) Cost, (3) Clinical Practice Improvement Activities, and (4) Advancing Care Information (certified EHR technology). Each category carries a weighted value based on a 1 to 100 point scale. A final score will determine an adjusted Medicare payment starting in 2019.

For a comprehensive explanation on the four categories, go to:

<http://medicaleconomics.modernmedicine.com/medical-economics/news/mips-explained-4-categories-physicians-must-master>

In the process of implementing MIPS, a major point of contention was how burdensome the requirements

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would be on solo and small group physicians and, as a result of the strong push back, HHS and CMS have made continuous changes to help alleviate the burden and make minimum requirements accessible. One major update to the initial rule was the threshold for MIPS eligibility. CMS wants to exempt more small providers from having to comply with MACRA and in June changed the rule to exempt physician practices with less than \$90,000 in Medicare Part B revenue or see fewer than 200 unique Medicare patients per year. Some may welcome the opportunity for exemption, but others have started to solicit CMS to consider giving small practices who would still want the option to pursue bonus payments by electing to participate in MIPS.

All these changes represent the first comprehensive update to the federal healthcare program in decades and as such, it is not unusual that many eligible physicians have delayed adopting the new system. We are now less than four months away from the end of the initial 2017 reporting year and a recent American Medical Association study found that one in four physicians interviewed said they were not prepared to meet statutory requirements this year. For these physicians, it could mean they will face a financial penalty in 2019. It is important to keep in mind that important deadlines will soon be approaching but something can still be done to avoid penalties.

As a reminder, several options became available to provide physicians with the flexibility to “pick their pace” for the reporting program they wish to participate in this year. Following is the link to see a list of the four options to help you determine what your best option is if you have not yet started tracking:

<http://www.aafp.org/practice-management/payment/medicare-payment/pick-your-pace.html>

On the application side of this equation, physicians primarily need to comprehend the workings of MIPS in order to bring themselves into compliance and

potentially to greater benefit from the enhanced reimbursement incentives built into the program. There have been many bumps getting the program off the ground and more changes continue to be proposed, considered, and adopted by CMS, particularly those involving solo and small practice physicians.

Another effort by CMS to support the solo and small group practices was to award grants to 11 community-based organizations across the country to provide on-the-ground training and education about the QPP. The Health Services Advisory Group (HSAG) was the organization selected to assist physicians in California. HSAG offers multiple tools such as an online library, a live helpline, printed materials, webinars, and one-on-one assistance to physicians who contact them. With consultation, they are prepared to assist with identifying the quality measures best tailored and most point-effective for each individual practice—all free of charge. HSAG link: <https://hsag.com/en/medicare-providers/quality-payment-program/>

Looking at all the multiple components of the QPP and putting together the right pieces that best reflect your practice will create a pathway through which successful compliance may be achieved. Deciding to participate in MIPS is not as overwhelming as it seemed initially. Please visit the links below to learn more about the resources available to you. ➦

MACRA Resources

HSAG: <https://hsag.com/en/medicare-providers/quality-payment-program/>

LACMA: <https://www.losangelesmedicine.org/macra-update-cms-proposal-exemption/>

CMA: <http://www.cmanet.org/issues-and-advocacy/cmas-top-issues/macra/>

Modern Health MACRA Guide: <http://bit.ly/2wbDvxJ>

CMS QPP Website: <https://qpp.cms.gov/>



The Successful Physician

by Carole A. Lambert, MPA, RN

Medical Memory and the Case for Video as a Strategy to Engage Patients and Mitigate Risk

The challenges in achieving effective communication among patients, families, and clinicians continue to be varied and multifaceted. According to Dr. Randall W. Porter, neurosurgeon at Barrow Brain and Spine in Phoenix, AZ, and founder of Medical Memory, "Communication between doctors and patients is essential for the effective delivery of healthcare. However, there is often a mismatch between clinicians' level of communication and patients' level of comprehension."

It is estimated that patients and their families retain 30 to 40 percent of what they are told during a clinical visit, which means they forget 60 to 70 percent of the information critical to their care. Ineffective communication appears as a risk factor in claims and lawsuits with discouraging frequency despite our best efforts. Adam Rapp in his blog post on eMedCert echoes risk and claims when he states that, "Simply put, there is no element more important to avoiding a malpractice claim than a healthy doctor-patient relationship built on clear and effective communication between one another."

We believe there is a case to be made for using video to bridge the communication/comprehension gap to facilitate patient and family engagement and improve outcomes. That is why CAP has partnered with Medical Memory to offer CAP members resources to support the physician-patient relationship and meet the challenges of achieving effective communication among all members of the healthcare team.

Communication Challenges

Let's look briefly at the challenges that can interfere with achieving effective communication among patients, families, and clinicians. Dr. Porter cites emotionally charged discussions. Patterson, Grenny, McMillan, and Switzler describe crucial conversations in which the stakes are high, opinions vary, and emotions run strong.

Health literacy – rather the lack of it – plays a key role in the mismatch between what the physician says and what the patient and family understand. The use of complex medical terminology, combined with the presentation of a large amount of new information in a stressful environment, is a recipe for poorly informed or uninformed decision-making, lack of adherence to a treatment program, and sub-optimal outcomes. The 2016 National Healthcare Quality and Disparities Report from the Agency for Healthcare Research and Quality notes the persistent disparities in access to care and care coordination. Effective communication plays a role in mediating these disparities.

Communication challenges such as those described above directly affect creating and multiplying risk. To quote Dr. Porter again, "The implications of poor doctor communication are many and can include: non-compliance, dissatisfaction, unnecessary readmissions, poor health outcomes, litigation, and costly medical care." Dr. Porter and his colleagues have been confronting these challenges directly since 2009. They began with the clinical office visit in neurosurgery and expanded to obstetrics and orthopedics. Medical

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Memory was founded in 2009 and has grown to offer products and services in the key areas of the informed consent process and post-hospital discharge.

The Medical Memory Approach

In Dr. Porter's experience, patients who understand their physicians are more likely to acknowledge their health problems, understand their treatment options, modify their behavior accordingly, follow their medication schedules, and achieve better outcomes.

In 2014, Medical Memory launched its HIPAA-compliant system, allowing providers to record their clinical consultations. Since then, survey results have shown that patients watched their video multiple times, and the vast majority shared their video with a family member, friend, or other physician. Patients also reported that having the video made them feel more at ease with their medical problem and more trusting of their provider. In 2017, Medical Memory launched Medical Memory Inform, which was created to help providers mitigate risk and improve practice efficiencies. Medical Memory Inform is a library of pre-recorded content, including informed consent videos, conflict disclosure videos, preoperative and postoperative instructional videos, and "welcome to my practice" videos. Content is easily customizable to a practice and Medical Memory offers options to use content it has created or to work with Medical Memory to create content that is important to a particular practice.

With the consent and disclosure videos, Medical Memory tracks that:

1. The patient watched the entire video and digitally consented that he or she understood the information presented; and
2. The number of times the patient watched or shared the video with others.

The Impact of Medical Memory

With increased understanding come feelings of confidence and competence in managing the anxieties and expectations associated with needing medical care,



ultimately leading to better patient outcomes. Having the Medical Memory Inform and clinical videos as reference points after a visit, the patient and family are reminded of their own roles in the patient's healthcare. Patients, families, clinicians, and staff share goals and responsibilities.

Dr. Porter founded Medical Memory and subsequently delivered healthcare's first enterprise cloud-based video patient engagement solution with a singular commitment to improve patient comprehension, satisfaction, and trust. He says, "I knew immediately how inefficient it was for physicians and their staffs to have the same conversation over and over again. I realized that a better, more efficient process would involve a video to record the clinical interactions and deliver pre-recorded content critical to the patient's care." First and foremost, healthcare is a human business – Medical Memory simply uses technology to deliver on this promise.

For information on a free 60-day trial of Medical Memory and other offers exclusive to CAP members, please visit www.themedicalmemory.com/cap-physicians. Or contact Julie Soukup at julie@themedicalmemory or 855-500-0051. ➦

Carole Lambert is Vice President, Practice Optimization for the CAP. Questions or comments related to this article should be directed to clambert@CAPphysicians.com.



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

If you are contemplating a change in your practice, 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

To report a change in your practice, log in to www.CAPphysicians.com. Upon logging in, you will be prompted to Update/Verify Your Information Now. Our new online Membership Information Update Form takes just a few minutes. The Board of Trustees of the Mutual Protection Trust will levy an assessment in November 2017. To allow ample processing time, we recommend that members advise us in writing no later than October 31, 2017, of any of the above changes to be considered eligible for waiver or proration of the next assessment.

How is my assessment calculated? What are MPT dues? MPT assessments are based on a great number of factors, the largest being claims loss experience.

With the assistance of CAP's Risk Management and Patient Safety Program, MPT has made great strides in reducing claims frequency. And through a strict budgeting process, MPT makes sure that operating expenses are necessary, productive, and consistent with its mission. The MPT Board of Trustees gathers all relevant information and with the assistance of internal financial analysts and external actuaries, establishes a competitive assessment that reflects the needs of paying claims and meeting operating expenses. The assessment process is one component of disciplines that have earned MPT an A+ (Superior) rating from A.M. Best Company every year since 2006.

MPT dues are established separately and are \$190. Dues income is used to offset MPT operating expenses and importantly, to educate policymakers on why the Medical Injury Compensation Reform Act (MICRA) promotes quality healthcare in California. The Board of Trustees believes that using dues to fund political action committees for such public policy efforts is vitally important to keeping medical professional liability protection affordable in California.

CAP dues are an additional \$250, which are used for operating expenses and a range of services provided to our members, among other uses.

You may also report changes by sending an email to ms@CAPphysicians.com, or by calling Membership Services at 800-610-6642. ➦



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

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