



## RISK MANAGEMENT AND PUBLIC POLICY



# One Year Later: The Post-Dobbs Healthcare Landscape

By Margaret Martin, RN, JD and Gabriela Villanueva

This year would have marked the 50th anniversary of the U.S. Supreme Court's ruling on *Roe v. Wade*, a decision that provided the constitutional right to deliver and receive abortion, reproductive, and pregnancy care. Instead, 2023 signifies the one-year anniversary of *Dobbs v. Jackson Women's Health Organization*, the consequential case in which the U.S. Supreme Court overturned *Roe v. Wade*, eliminating the federal protection of abortion care rights.

Following the *Dobbs* ruling, some states swiftly moved to implement their own laws restricting abortion access. Current state laws range from complete or partial abortion procedure bans to the criminalization of abortion care.

At the time of this writing, full abortion bans have been implemented in 14 states, and partial bans have been implemented in an additional 6 states. These bans have far-reaching implications for healthcare providers forced to navigate guidelines that can be legally ambiguous and challenge established standards of care for a wide range of pregnancy-related medical conditions.<sup>1</sup>

On the other hand, California was one of the first states in the nation post-*Dobbs* to declare that "the state shall not deny or interfere with an individual's reproductive freedom in their most intimate decisions, which includes their fundamental right to choose to have an abortion and their fundamental right to choose or refuse contraceptives." Nearly 67% of voters favored Proposition 1, State Constitutional Right to Reproductive Freedom, during the 2022 midterm elections.<sup>2</sup>

Since the passage of the ballot measure, California has moved quickly to enact legislation protecting access to abortion and transgender care, and the healthcare providers involved in delivering these services.

In early 2023, a comprehensive bill package was introduced by the California Legislative Women's Caucus<sup>3</sup> to expand access to care, to strengthen protections shielding physicians from criminal liability in other states, and to ensure online data privacy.

Organized coalitions statewide are bringing together legal professionals willing to provide pro bono

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representation. One such group has been formed out of the UCLA School of Law and is called the Southern California Legal Alliance for Reproductive Justice (SoCal LARJ).<sup>4</sup> Their coalition includes more than 45 local and national firms to undertake the work on a full range of legal matters pertaining to reproductive rights and the protection of women's healthcare rights.

As the fight to defend reproductive rights remains a major legislative priority nationwide for many, fallout from the Dobbs decision will increasingly continue to present challenges for the healthcare sector.

A preliminary study by University of California San Francisco (UCSF) is closely examining how healthcare has been affected by the abortion bans. Patients "are being harmed in significant ways because care is being denied or delayed," said Daniel Grossman, a professor at UCSF and principal investigator of the study. "These laws are having a broader impact beyond people who

are seeking abortion because they have an undesired pregnancy."<sup>5</sup>

California stands committed to protecting access and supporting its healthcare providers, and has proclaimed itself a sanctuary state not only for those seeking reproductive healthcare, but also for individuals seeking gender-affirming care.

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#### Sources

<sup>1</sup><https://www.washingtonpost.com/politics/2022/06/24/abortion-state-laws-criminalization-roe/>

<sup>2</sup><https://www.npr.org/2022/11/09/1134833374/california-results-abortion-contraception-amendment-midterms>

<sup>3</sup><https://womenscaucus.legislature.ca.gov/news/2023-03-13-ca-legislative-women%E2%80%99s-caucus-fab-council-announce-2023-bill-package-reproductive>

<sup>4</sup><https://law.ucla.edu/academics/centers/center-reproductive-health-law-and-policy/southern-california-legal-alliance-reproductive-justice>

<sup>5</sup><https://www.washingtonpost.com/politics/2023/05/16/ucsf-abortion-study/>

## Managing Liability Risk Post-Dobbs

Because abortion remains legal in California, clinicians who provide reproductive services are legally protected when offering these services to patients who receive treatment in the state.

However, many clinicians are concerned about their exposure to civil and criminal liability when providing these services to an increasing number of patients from states where abortions are banned or restricted.

According to Planned Parenthood of Orange and San Bernardino Counties, in the year since the Dobbs decision, 451 out-of-state abortion patients, mostly from Texas and Arizona, have been treated in their clinics. This represents a significant increase from the 180 out-of-state patients treated in the prior year. This increase also represents an added risk for both physicians and patients. Since out-of-state patients need considerable time to make travel arrangements and plan for care, they are presumably later in their pregnancy term and can therefore be almost three

times more likely than local patients to require a surgical abortion if they are in their second trimester.<sup>6</sup>

The Emergency Care Research Institute (ECRI) and the Institute for Safe Medication Practices (ISMP) list "clinician needs in times of uncertainty surrounding maternal-fetal medicine" as a 2023 top 10 patient safety concern. The U.S. Supreme Court's overruling of *Roe v. Wade* has created uncertainty on which reproductive services may violate state laws, which has led many physicians to refuse or delay patient care.<sup>7</sup>

It is prudent for providers to make sure they implement fundamental risk management strategies to help navigate the post-Dobbs healthcare environment.

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#### Sources

<sup>6</sup><https://www.sbsun.com/2023/06/26/out-of-state-abortion-seekers-in-orange-san-bernardino-counties-doubled-since-dobbs-decision/>

<sup>7</sup><https://blog.ecri.org/top-10-patient-safety-concerns-2023>

## Risk Management Considerations for California Providers

**1. Treatment of patients who reside in a state where abortion is banned or restricted.** As with treating out-of-state patients via telehealth for any reason, practitioners must abide by the licensing laws of the state where the patient resides. Most states require physicians to be licensed to practice in the originating site's state, and some states require providers using telehealth technology across state lines to have a valid state license in the state where the patient is located.<sup>8</sup> Some states are attempting to enforce their abortion bans across state lines.<sup>9</sup> With this consideration, will these state licensing boards also be more likely to pursue an out-of-state physician who violates the rules for telemedicine? Since the landscape is rapidly changing, physicians should stay updated not only on licensing requirements in the state(s) in which they are practicing, but also on the licensing requirements in states where their patients are located and reside.

**2. Medical Professional Liability (MPL) coverage for treating out-of-state patients.** Even if a practitioner abides by state licensing laws, their MPL carrier may exclude coverage for treating out-of-state patients. Should an MPL carrier provide coverage for treating out-of-state patients, coverage is generally excluded for intentional or criminal acts. This would be the case where state law criminalizes healthcare providers for performing an abortion, or for aiding and abetting to obtain an abortion.<sup>10</sup> Practitioners should contact their MPL carrier regarding their individual coverage and exclusions for coverage.

**3. Treatment of out-of-state patients who travel to California for reproductive services.** It is recommended that physicians review, and revise as needed, their current office practices and protocols regarding patient education, care transitions, and privacy practices.

**a. Patient Education.** A local OB/GYN who has seen an influx of out-of-state patients seeking pregnancy

termination offers this sound advice: "Counsel these patients as though you will never see them again." Since the practitioner may be unable, or severely limited in their ability to further treat the patient once they return to their home state, practitioners should be more forward thinking. Patient education should include an in-depth discussion of post-treatment complications, including remote complications, signs and symptoms, immediate action to be taken if complications arise, and the need to arrange and adhere to post-op care/visits.

**b. Care Transitions.** Although patients are instructed to return for a post-procedure follow-up appointment, many do not. The same physician who extensively counsels patients reported that approximately 75% of the out-of-state patients treated in their practice do not return to them for their post-procedure follow-up appointment due to the financial burden incurred from traveling across state lines. Patients should be informed pre-procedure of the provider's limitations, if any, in providing post-procedure care and treatment once they return to their home state. Patients should be instructed to make arrangements, or have a plan for follow up with a provider in their own state, especially if an emergency arises.

**c. Privacy Practices.** Patient privacy post-Dobbs is an increasing concern.<sup>11</sup> Review your office practices for release of information and reeducate staff on privacy practices. Consider seeking legal guidance for any requests to disclose information to law enforcement or in response to criminal proceedings regarding patients seeking or undergoing pregnancy terminations.

The Cooperative of American Physicians (CAP) remains committed to ensuring physician members have the most relevant and up-to-date resources and information to navigate the unprecedented post-Dobbs


healthcare landscape. CAP's team of risk management experts will continue to provide effective risk reduction education and guidance for optimal protection against potential out-of-state liability.

CAP is also carefully monitoring and supporting legislation that supports the best interests of the membership and ensures the highest level of their protection.

Of particular note is California Assembly Bill 571 (AB 571), which would "prohibit an insurer from refusing to issue or renew or terminating professional liability insurance for health care providers and from imposing a surcharge or increasing the premium or deductible solely based on any prohibited bases for discrimination, including a health care provider offering or performing abortion, contraception, gender-affirming health care, or care related to those health care services that are lawful in this state but unlawful in another state. The bill would prohibit an insurer from denying coverage for liability for damages arising from offering, performing, or rendering abortion, contraception, gender-affirming health care, or care related to those health care services, if those services are within the scope of the insured's license and the policy would otherwise cover liability for damages arising from performing or rendering other professional services within the insured's scope of license."<sup>12</sup>

AB 571 is currently under review in the legislature and, if passed, will offer added safeguards for physicians in California who choose to perform abortion and other reproductive care services currently banned or restricted in other states.

The polarization between those states restricting reproductive healthcare services and those enacting laws to protect access may only widen. At the same time, the impact on patients and physicians alike will grow more profound. The risks of providing care to patients coming from states where these bans exist must be carefully understood and mitigated as much as possible.

If you have any concerns about providing abortion care in your practice, or have an urgent issue regarding patient care, live assistance is available 24/7 by calling CAP's risk management hotline at 800-252-0555. 

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#### Sources

- <sup>8</sup><https://telehealth.hhs.gov/licensure/licensing-across-state-lines>
- <sup>9</sup><https://www.hrw.org/news/2023/04/18/human-rights-crisis-abortion-united-states-after-dobbs>
- <sup>10</sup><https://www.reliasmia.com/articles/64652-not-all-claims-covered-by-med-mal-policies>
- <sup>11</sup><https://www.wired.com/story/the-trade-offs-for-privacy-in-a-post-dobbs-era/>
- <sup>12</sup><https://fastdemocracy.com/bill-search/ca/2023-2024/bills/CAB00028707/>

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# Important Notice: Credit Card Fees Coming in 2024



Any members making payments to CAP by credit card on or after January 1, 2024, will be charged a 3% fee of the amount billed. This fee will apply to any credit card payments made online, by autopay, by mail, or by phone.

The 3% fee will be implemented in 2024 so that the significant costs associated with credit card processing fees will no longer be absorbed by CAP and thus no longer shared by the entire membership.

CAP and MPT are committed to serving the best interests of each member. Reducing costs is one way to ensure that your rates for medical malpractice coverage remain as stable and affordable as possible.

If you pay your bill by credit card and would like to avoid the 3% fee starting in 2024, you can set up autopay payments via ACH using your checking account securely and easily.

**Don't wait until January! Set up electronic and automatic payments now for hassle-free transactions at no cost!**

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1. Visit <https://member.caphysicians.com/> to log in to your CAP account. If you do not have an account, you will need to register to create one at <https://member.caphysicians.com/register>.
2. Once logged in, select the green **"Set Up Paperless Billing"** button.
3. Select the **"Via Email Only"** button.
4. Verify your email address and click the **"Save Changes"** button.
5. Then, simply click on the **"Pay CAP Bill"** button (agree to the terms and conditions when prompted) and follow the instructions to set up autopay payments by clicking on the **"Set Up Autopay Payments"** and provide the required information for recurring payments made by ACH.

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For assistance with your account, or if you have questions about your membership or the new credit card fee, please call

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<sup>1</sup>As a component of becoming an Aura Plan member, Consumers receive identity theft insurance through a group policy issued to Aura which is underwritten and administered by American Bankers Insurance Company of Florida, an Assurant company, which is not an affiliate or subsidiary of MetLife. Checking & Savings Cash Recovery and 401(K) & HSA Cash Recovery are part of and not in addition to the Expense Reimbursement limit of liability. The description herein is a summary and intended for informational purposes only and does not include all terms, conditions and exclusions of the policies described. Please refer to the actual policies for terms, conditions, and exclusions of coverage. Coverage may not be available in all jurisdictions.

Aura is a product of Aura Sub, LLC. Aura Sub, LLC. is not affiliated with MetLife, and the services and benefits they provide are separate and apart from any MetLife product.

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- Family and personal situations
- Civil lawsuits

<sup>1</sup>You will be responsible to pay the difference, if any, between the plan's payment and the out-of-network attorney's charge for services.

<sup>2</sup>Does not cover DUI.

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Learn more and enroll now by calling **1-800-GETMET8** or visiting [www.metlife.com/getpetquote](http://www.metlife.com/getpetquote).


<sup>1</sup> Coverage issued by Metropolitan General Insurance Company ("MetGen"), a Rhode Island insurance company, headquartered at 700 Quaker Lane, Warwick, RI 02886, and Independence American Insurance Company ("IAIC"), a Delaware insurance company, headquartered at 11333 N Scottsdale Rd, Ste 160, Scottsdale, AZ 85454. Coverage subject to restrictions, exclusions and limitations and application is subject to underwriting. See policy or contact MetLife Pet Insurance Solutions LLC ("MetLife Pet") for details. MetLife Pet is the policy administrator. It may operate under an alternate or fictitious name in certain jurisdictions, including MetLife Pet Insurance Services LLC (New York and Minnesota) and MetLife Pet Insurance Solutions Agency LLC (Illinois).

<sup>2</sup> Reimbursement options include: 70%, 80% and 90% and a 50% option for MetGen policies and a 65% option for IAIC policies only. Pet age restrictions may apply.

<sup>3</sup> Your pet's deductible automatically decreases by \$25 (IAIC policies) or \$50 (MetGen policies) each policy year that you don't receive a claim reimbursement. May not be available in all states.

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CAP Physicians Insurance Agency, Inc. (CAP Agency) is a full-service insurance agency created to support CAP members with their insurance needs. The licensed, trained professional insurance agents with CAP Agency have expertise in all lines of business and personal insurance coverage, and they know healthcare. They can provide you with a comprehensive review of your risk exposures, assess your current coverage, and provide you with comparative, competitive quotes at no cost to you.

For more information about these programs, or for assistance with any other business or personal insurance need, contact CAP Agency by calling **800-819-0061** or emailing [CAPAgency@CAPphysicians.com](mailto:CAPAgency@CAPphysicians.com). 



# CASE OF THE MONTH



## Jury Awarded \$19.7 Million in a Pennsylvania Medical Malpractice Suit Despite Patient Negligence

By Bryan Dildy, MPA, CPPS, CPHRM

Diagnostic delays can be costly and harmful to patients. Although delayed diagnosis can occur in any medical specialty, primary care is at a significant risk for delayed diagnosis because it is where many initial and ongoing patient-doctor encounters occur.<sup>1</sup> One example of delayed diagnosis in the primary care setting was seen in a recent Pennsylvania case.

In 2012, a patient presented to her primary care physician (PCP) with complaints of mid-back pain and tingling in her ribcage that lasted six days.<sup>2,3,4</sup> The PCP informed the patient to monitor her back symptoms and to notify him if her symptoms worsened or failed to improve.<sup>2,3,4</sup> In March 2014, the patient saw her PCP with complaints of fatigue and back pain that occasionally woke her up.<sup>2,3,4</sup> At the beginning of 2016, the patient reported tingling and sensory changes in her right foot and the PCP referred the patient to a podiatrist.<sup>2,3,4</sup> However, despite the referral, the patient did not see the podiatrist until seven months later. The podiatrist conducted an evaluation and noted the patient had reported numbness radiating down her leg.<sup>2,3,4</sup> As a result of the numbness, the patient was referred to neurology, but did not follow up with the neurologist.<sup>2,3,4</sup> In October 2016, the patient saw her PCP for bilateral knee pain with swelling in the back of the left leg and more pronounced tingling sensation in her feet.<sup>2,3,4</sup> Again, the patient delayed in following up with the neurologist and did not schedule an appointment until a month later.<sup>2,3,4</sup>

In January 2017, the patient was finally seen by a neurologist, who discovered the patient had an evolving spinal cord lesion.<sup>2,3,4</sup> The patient filed a suit against her PCP and multiple healthcare entities.<sup>2,3,4</sup> Subsequently, the jury awarded the patient one of the largest Pennsylvania medical malpractice verdicts at \$19.7 million.<sup>2,3,4</sup> This verdict was rendered because of the delayed diagnosis that resulted in the patient having incontinence, pain, and a partial loss of mobility.<sup>2,3,4</sup>

Further, despite the jury finding the patient 6% negligent, the physician was still found liable because of the failure to order radiological testing sooner and for not referring the patient to a neurologist when the patient first reported her symptoms.<sup>2,3,4</sup> On the surface, the contributing factors to the patient's outcome may appear to be the nexus of both the patient's and physician's actions. However, diagnostic delays are generally connected to multiple causal factors and not just individual factors. These factors include system factors and implicit bias.<sup>5</sup>

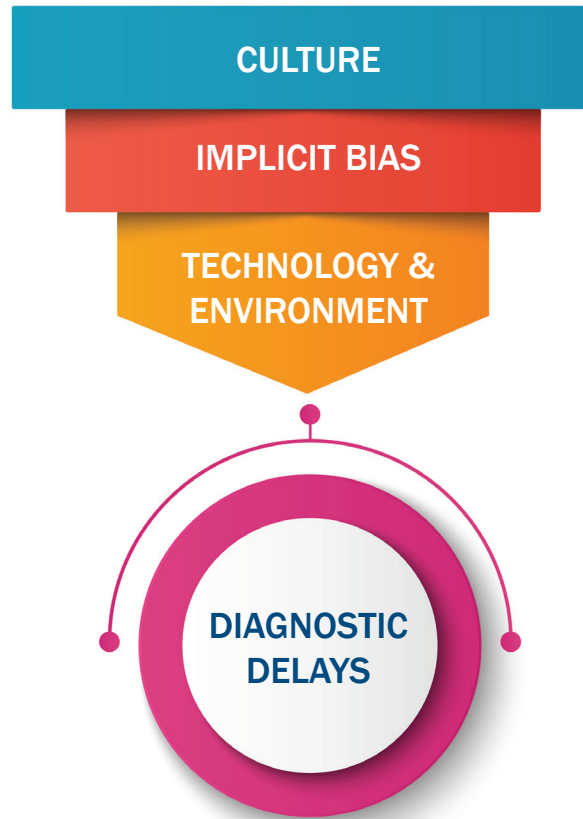
### System Factors

Healthcare is a system that is highly dependent on humans and therefore requires comprehension of human performance within the system. The Sharp End Model depicts how systems can contribute to faulty diagnosis and overall performance outcomes.<sup>6</sup>

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Figure 1: The Sharp End Model



The funnel represents the clinical decision-making system, and the end point of the funnel is reflective of the intricate workings of these factors that contribute to diagnostic delays.<sup>6</sup> Clinical decision making is a complex process. It involves a system of people, technology, and equipment that facilitates decision making. The awareness of such factors can help with recognizing that diagnostic delays are rarely ever caused by a singular factor. Therefore, mitigating the risk of diagnostic delays requires an understanding of a factor that is often overlooked, which is implicit bias.

### Implicit Bias

Although not specifically stated in this case, could the fact that the patient was a middle-aged Hispanic female have unconsciously influenced the provider's

management of this case? The patient alleged that the physician failed to take her symptoms seriously and therefore failed to respond adequately to her complaints. Implicit bias refers to the attitudes and beliefs about race, ethnicity, age, ability, gender, or other characteristics that operate outside our conscious awareness and affect our actions and decisions.<sup>7</sup> Implicit bias is hidden and is often activated involuntarily without awareness.<sup>8</sup> Implicit bias can lead to diagnostic delays because it can cause a provider to not objectively appreciate a patient's symptoms. Implicit bias can also impact communication and the type of tests or referrals ordered.<sup>8</sup>

**Figure 2: Strategies to Address Implicit Bias<sup>9</sup>**


Strategy	Impact
<ul style="list-style-type: none"> <li>Implement processes that limit clinicians from cognitive overload caused by time pressures, inadequate staffing, and overcrowding</li> </ul>	<ul style="list-style-type: none"> <li>Lowers cognitive stress and helps prevent the trigger of bias</li> </ul>
<ul style="list-style-type: none"> <li>Provide implicit bias training</li> </ul>	<ul style="list-style-type: none"> <li>Increases awareness of own biases and how to navigate through them</li> </ul>
<ul style="list-style-type: none"> <li>Promote racial diversity throughout your organization</li> </ul>	<ul style="list-style-type: none"> <li>Supports a culturally rich and diverse organization that can help with recognizing and eliminating bias</li> </ul>

Strategies to combat implicit bias include limiting cognitive overload, education, and promoting diversity within your organization. Through such actions, you can help prevent biased thinking.

### Key Takeaways

The Pennsylvania verdict shows that despite patients' lack of follow through, physicians can still be held accountable for diagnostic delays. Therefore, it is important to appreciate that diagnostic delays are not linked to one factor and are often connected to multiple factors such as implicit bias. However, by having bias awareness, biased thinking can be

recognized before it can negatively impact medical decision-making.

If you would like to receive implicit bias training, CAP offers free training for our members within the Take Aim at Risk platform. To enroll, visit: <https://capphysicians.myabsorb.com/?KeyName=takeaimatrisk>. For more information or assistance, contact Alicia Alexander, Risk Management Administrative Assistant, at 213-576-8503 or [AAlexander@CAPphysicians.com](mailto:AAlexander@CAPphysicians.com). 

### Resources

- <sup>1</sup>Clinician-identified problems and solutions for delayed diagnosis in primary care: a PRIORITIZE study - PMC (nih.gov)
- <sup>2</sup><https://www.plaxenadler.com/2023/02/21/the-largest-medical-malpractice-verdicts-of-2022/#thapa>
- <sup>3</sup><https://www.law.com/thelegalintelligencer/2022/10/06/jury-hands-up-19-7m-verdict-for-woman-in-spinal-lesion-case/?sreturn=20230102112254>
- <sup>4</sup><https://mediaconnect.com/jury-verdict-for-33-year-old-tom-bosworth-is-largest-for-youngest-attorney-in-medical-malpractice-for-a-living-client-in-pennsylvania-history-lawyer-news/>
- <sup>5</sup>Reducing delay in diagnosis: multistage recommendation tracking. | PSNet (ahrq.gov)
- <sup>6</sup>The systems approach at the sharp end - PMC (nih.gov)
- <sup>7</sup>Tackling Implicit Bias in Health Care | NEJM
- <sup>8</sup>What Is Implicit Bias, How Does It Affect Healthcare? (patientengagementhit.com)
- <sup>9</sup>Quick Safety 23: Implicit bias in health care | The Joint Commission

# 2023 Elections a Success!

## Announcing New CAP and MPT Boards and MPT Agreement Amendments

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The Cooperative of American Physicians, Inc. extends its sincere gratitude to our physician members for promptly returning your ballots to meet the 2023 election cycle voting deadline. Because of your dedication to the success of the CAP and MPT enterprise, we were able to achieve quorum and elect the CAP Board of Directors and MPT Board of Trustees at our Annual Meeting of Members on July 19.

We are proud to announce the following seven members who represent CAP's current governing physician leaders, all of whom were elected or re-elected to serve two-year terms:

### CAP Board Directors and MPT Board Trustees

**Sheila Clayton, MD, FACS**, General Surgery (CAP member since 1990)

**Steve Kasper, MD**, Family Medicine (CAP member since 1994)\*

**Wayne Kleinman, MD**, Anesthesiology (CAP member since 1992)

**John Kowalczyk, DO, FACOS**, Urology (CAP member since 2005)

**Meagan Moore, MD, FACOG**, Obstetrics and Gynecology (CAP member since 2001)\*

**Stewart L. Shanfield, MD**, Orthopedic Surgery (CAP member since 1998)

**Lisa L. Thomsen, MD, FAAFP**, Family Medicine (CAP member since 2003)

Because of their longstanding tenure as CAP members (25 years average!) and previous involvement in our organization's committees and boards, these physician leaders are well-positioned to help carry out our mission of supporting CAP members with affordable malpractice coverage and outstanding risk and practice management support.

### MPT Agreement Amendments Approved

In addition to electing the CAP and MPT governing boards, members also voted to implement a number of amendments to the Mutual Protection Trust Agreement.

\*Newly elected board members

## MPT Agreement Amendments Approved

By the vote of the membership on July 19, 2023, the Mutual Protection Trust (MPT) Agreement was amended.

**Part 1, Section 1** requires complete and current information about the member's professional practice before indemnity is payable.

**Part 1, Section 2** of the MPT Agreement specifies that a defense is afforded only when provided by Part 1 of the MPT Agreement.

**Part 1, Section 3** allows further expansion of CAP's successful patient assistant program.

**Part 1, Section 4.A** excludes coverage for claims arising out of certain practices or activities unless specifically approved for coverage in writing. Some exclusions were added, some updated, and others modified to provide additional clarity. As two examples: An exclusion for Ketamine therapy was added to exclude coverage unless it is used for anesthesia during surgery by an anesthesiologist; and the exclusion for outside California (including telemedicine) was modified to specify that coverage is provided and no waiver is necessary when the patient is either domiciled or physically located in California. Members may contact MS@CAPphysicians.com to apply for a waiver of the Ketamine (or any) exclusion listed in Section 4.A.

**Part 1, Section 4.A** also now excludes coverage, both defense and indemnity, to a health care provider for claims arising out of sexual conduct, as well as for claims seeking fines, penalties, or punitive damages. Employers, however, continue to have a defense for claims arising out of hiring and retention of those health care providers.

**Part 1, Section 4.B** provides a defense but no indemnity for claims arising out of the hiring, management, supervision, training, or retention of a health care provider who engaged in sexual conduct. It was also amended to provide a defense but no indemnity for claims arising out of professional services rendered without patient consent.

**Part 1, Section 5** provides coverage for members who are sued as administrators and supervisors of a Covered Entity.

**Part 1, Section 7.D** allows only current members to

refuse to consent to settle a bona fide settlement proposal without reduction of the limit of liability.

**Part 1, Section 8.E** allows suspended legally recognized professional organizations to reinstate their legal status within sixty (60) days.

**Part 1, Section 10** provides a method for appointing Selected Counsel when MPT reserves the right to deny indemnity and a conflict of interest exists.

**Part 2, Section 1** uses language consistent with current statutory law.

**Part 2, Section 3.B.3.d** requires the Claims Review Committee to provide a copy of its written procedures upon request.

**Part 2, Sections 4.B, and 4.C** specifies a method of termination when a retired or disabled member continues to practice medicine during retirement/disability.

**Part 2, Section 4.F** adds express delivery service as a method to notify members of their involuntary termination of membership.

**Part 2, Section 5.B** deletes an outdated formulary to calculate the assessment.

**Part 2, Sections 7.A and 7.B** requires an applicant for membership to provide accurate and complete information about the applicant's professional practice and requires members and their affiliated entities to provide timely updated information.

Definitions in the MPT Agreement were amended to use terms consistent with newly modified California Civil Code section 3333.2 (formerly called AB35 or "new MICRA"). For example, the term "Worker" includes both employees and independent contractors. (Not every Worker is a Covered Person unless specifically approved for coverage in writing.) Additionally, the term "Covered Entity" now requires members and their professional corporations to apply for coverage when the professional practice is an ambulatory care center or a health care institution.

For questions, please contact Membership Services at 800-610-6642 or via email at MS@CAPphysicians.com.





By Andie Tena

## The Importance of Physician and APP Onboarding

Balancing excellent care with increasing patient volumes is a challenge many physicians encounter. Hiring additional physicians or Advanced Practice Providers (APP) may be a good option to consider to help reduce scheduling backlogs, which can support ongoing quality patient care and a solid revenue stream.

Properly onboarding a physician or an APP is a critical step to ensure that your standards of care and expectations are met.

First, you must identify which type of practitioner will be best suited for your practice. Is an APP the right option to support your operation, or would a second physician with their own panel of patients be more beneficial to the practice?

Once you've evaluated your needs and made your decision, you can begin your hunt for the perfect candidate through a search firm, or by posting the position on a medical job board such as the California Board of Registered Nursing, Physician Assistant Board, American Osteopathic Association, or American Medical Association.

As soon as you have found the right candidate, there are basic and essential steps you should take to ensure your new practitioner is currently licensed and in good standing with the State of California. A license status check should be made prior to a formal job offer for the following:

**MD - Medical Board of California**

<https://www.mbc.ca.gov/License-Verification/default.aspx>

**DO - Department of Consumer Affairs**

[https://www.ombc.ca.gov/consumers/license\\_ver.shtml](https://www.ombc.ca.gov/consumers/license_ver.shtml)

**Physician Assistant** <https://search.dca.ca.gov/?BD=950&TP=9501>

**Nurse Practitioner** <https://www.rn.ca.gov/online/verify.shtml>


Once you have confirmed the candidate is in good standing and have performed a background check, a formal offer can be made, and a start date put on the calendar.

Before the practitioner begins, you will want to make sure a structured onboarding program is in place to orient your new team member to the practice's values, standards, and processes.

For detailed guidance and resources on physician and APP hiring and onboarding, please contact Andie Tena, Assistant Vice President of Practice Management Services at CAP, at [ATena@CAPphysicians.com](mailto:ATena@CAPphysicians.com), or at 213-473-8630.

As a reminder, members must notify CAP when new providers join their practice.

Please contact Membership Services at 800-610-6642 or via email at

[MS@CAPphysicians.com](mailto:MS@CAPphysicians.com) for assistance. 

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*Andie Tena is CAP's Assistant Vice President of Practice Management Services. Questions or comments related to this column should be directed to [ATena@CAPphysicians.com](mailto:ATena@CAPphysicians.com).*

# Save up to 20% on Everyday Purchases of Supplies and Services for Your Practice!

As a CAP member, you have access to the CAP Purchasing Alliance, a free group purchasing program that provides independent practices access to the same volume pricing on specialty-specific supplies and equipment as the nation's largest health systems. There is no obligation to enroll, and in most cases, you do not have to change how you order or receive invoices from your current suppliers.

Your practice can benefit from deep discounts on items like:

- Exam Gloves
- Needles and Syringes
- IV Sets and Solutions
- Wound Care
- Sutures
- Shipping and Office Supplies
- Routine Vaccines
- And More!

## Begin Saving Today!

Enrolling in CAP Purchasing Alliance is Easy, Fast, and Free.

Visit [www.CAPpurchasingalliance.com](http://www.CAPpurchasingalliance.com) to Enroll Now!

There is no obligation once you enroll, and you may cancel at any time.

## Have Questions?

Chat with a CAP Purchasing Alliance Client Manager by emailing [support@cappurchasingalliance.com](mailto:support@cappurchasingalliance.com) or by calling **855-907-9227**.

If you have questions about this group purchasing benefit or any other practice management benefits available through your CAP membership, like one-on-one consults, please contact Andie Tena, Assistant Vice President, Practice Management Services, at 213-473-8630 or via email at [ATena@CAPphysicians.com](mailto:ATena@CAPphysicians.com).



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# Learn and Earn CME With *Risk Rounds*, CAP's Latest Learning Innovation

At CAP, our dedicated risk management team is constantly thinking up new and improved ways to deliver risk reduction strategies to physician members and staff. True to form, these industry experts recently developed *Risk Rounds*, an interactive, online tool that you can access day or night to earn Continuing Medical Education (CME) credit,\* and learn ways to improve patient care, based on clinical specialty or area of interest.

*Risk Rounds* is comprised of a variety of “pathways”—each about an hour long—that offer valuable lessons from CAP's closed claims files. To further reinforce and enhance the learning experience, participants are asked critical questions on risk management issues. But don't worry—there are no right or wrong answers, you won't be graded, and your feedback will remain anonymous!

CAP has launched the program with two pathways, covering the specialties of Radiology and Anesthesiology, with additional pathways currently under development.

To access *Risk Rounds*:

- Log in to your member account at: <https://member.caphysicians.com>. If you do not have an account, please register for one here: <https://member.caphysicians.com/register>.
- Click on the “Risk Rounds Online CME Program” tile.
- Choose your pathway and earn your CME credits.

We encourage you to take advantage of this free and convenient member-only program that will be time well spent. ➦

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The Cooperative of American Physicians, Inc. (CAP) is accredited by the California Medical Association (CMA) to provide continuing medical education for physicians.

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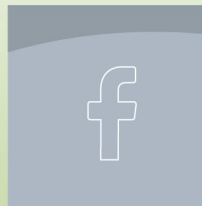
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## Connect with CAP on Social Media!



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We welcome your comments! Please submit to [communications@CAPphysicians.com](mailto: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.

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# BUSINESS OWNER'S/PROPERTY AND CASUALTY INSURANCE

## Must-Have Protection for Your Practice

Medical practices must carefully consider the financial risks that are common to all service-oriented organizations. A Business Owner's Policy (BOP) provides superior coverage for claims stemming from:

- Fire, flood, and other accidental property damage
- Non-employee injuries
- Equipment damage
- Libel, slander, and copyright infringements
- Stolen property

### Never Overpay for Coverage

A BOP provides you with a wide range of business liability and property/casualty coverage combined into one policy—so you can avoid purchasing the coverages separately and save!

### Tailored for Your Practice

Underinsured? Overinsured? We'll help you evaluate your BOP needs to obtain the right amount of coverage at the right time.

### No-Cost Coverage Benefits

A BOP offered through CAP Agency includes enhanced features specifically for medical practices, including free installation of water damage monitoring technology!

Get more information and request a quote from a CAP Agency licensed insurance expert:



Call **800-819-0061**



Email **CAPAgency@CAPphysicians.com**



# WORKERS' COMPENSATION INSURANCE

## A Vital Safeguard Required by State Law

When an injury occurs on the job, both productivity and profits suffer. Solid workers' compensation helps you return your employees to work sooner and protects you from accident-related lawsuits.

All physicians in California with at least one employee must carry workers' compensation insurance to cover:

- Medical expenses of the injured employee
- The employee's lost income
- Accident-related lawsuits
- Work-related illness

### Save Money on a Better Policy

Even if you have workers' compensation insurance, CAP Agency may help you beat your current rates.

### Tailored Coverage for Your Practice

CAP Agency's comprehensive coverage options can be customized to your practice's size and needs so you get the most accurate and cost-effective coverage.

### Save Time and Hassle With Claims and Audits

With a good policy, you can avoid lengthy claims processes and audits that typically occur at the end of each policy term.



Get more information and request a quote from a CAP Agency licensed insurance expert:



Call **800-819-0061**



Email **CAPAgency@CAPphysicians.com**