THE QUARTERLY PUBLICATION FOR CAP MEMBERS

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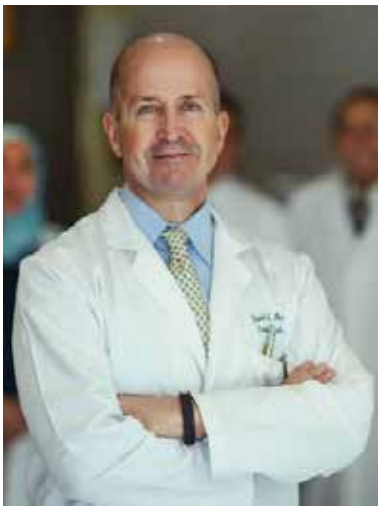
Winners of 2020 CAPtivating Causes Community Hero and Community Leadership Awards Announced

The global healthcare crisis that gripped our attention in 2020 and remains a challenge was just one of the issues that really tested us all last year. The calls for social and racial justice also garnered national attention. When soliciting nominations for CAP's Second Annual CAPtivating Causes Awards, we sought to recognize members who are doing work in their own communities to advance health equity among populations that do not have access to traditional avenues of medical care. "Access to healthcare is a goal not easily achieved by all. The Second Annual CAPtivating Causes Awards highlights CAP members who work to overcome this obstacle," said CAP CEO Sarah E. Scher, JD. "It is never an easy task to select awardees among such worthy nominees and we are pleased to tell you about the recipients of the 2020 awards."



COMMUNITY HERO AWARDEE

David Alessi, MD
CAP Member Since 2001
Otolaryngology
Beverly Hills, California

The 2020 CAPtivating Causes Community Hero Award was granted to Dr. David Alessi for his leadership at Face Forward International, a nonprofit organization that provides pro bono reconstructive surgery to survivors of domestic violence and human trafficking. This nonprofit organization was founded by Dr. Alessi and his wife Deborah Alessi in 2007, and Dr. Alessi serves as director of its Physician Advisory Board.

The nominating statement along with the many patient testimonials stood out as having a lasting impact on thousands of people who may not otherwise have received physical and emotional care. CAP's nominating committee was particularly impressed by the fact that Dr. Alessi continued to see two to three pro bono cases per month amidst the pandemic.

We are pleased to present a $5,000 grant to Face Forward International so that this organization may continue to help survivors improve their quality of life.

Information on Face Forward can be found here: **https://www.faceforwardintl.org/**

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COMMUNITY LEADERSHIP AWARDEE

Christina M. Ford, MD
CAP Member Since 2011
Psychiatry
Los Angeles, California

For the 2020 CAPtivating Causes Community Leadership Award, we recognized Dr. Christina M. Ford for her involvement in FEAST, a nonprofit organization dedicated to democratizing health and wellness in underserved communities through access to healthy foods, nutrition education, and emotional support groups. Dr. Ford has served as board chair since 2015.

The nominating statement, submitted by fellow CAP member Scott Kaiser, MD, painted a vivid picture for our selection committee: "Along with maintaining a private general adult psychiatry and women's mental health practice, Dr. Ford makes significant contributions of time, talent, and service towards the needs of those in highly disadvantaged communities. Dr. Ford is not only addressing significant access issues but also getting to the root causes of so many chronic disease and mental health issues – truly moving 'upstream' to improve overall health and well-being."

We are pleased to present a $1,000 grant to FEAST so that the organization may continue its mission to promote health and wellness in underserved communities.

Information on FEAST can be found here: **https://feastforall.org/**

Congratulations, Dr. Alessi and Dr. Ford!

Is Your Practice LGBTQIA+ Friendly?

Have You Done an Assessment of Your Practice to Ensure There are No Implicit Biases That May Affect Your Care or Treatment Decisions?

by Cynthia Mayhan, RN, BSN, PHN

A goal of CAP's Risk Management and Patient Safety team is to provide education to our members that will improve medical care for all patients. Addressing healthcare disparity and implicit bias now tops the list of necessary education. This article will help you, our members, understand the LGBTQIA+ patient, offers risk strategies for better care, and provide additional resources to learn more.

Despite the best efforts of most members of the medical community, disparities in healthcare delivery and outcomes for members of the LGBTQIA+ community, due to discriminatory practices, is still an issue. Fortunately, in the past decade, the Affordable Care Act (ACA), along with several important court rulings, provided protections to members of the LGBTQIA+ community by prohibiting discrimination in healthcare based on gender identity or orientation. Despite the progress made, there is still much to learn and understand in order to improve how we care for members of this vulnerable population. Below are some things to consider, along with risk reduction tips:

LGBTQ+ Terms and Definitions

Many of us are familiar with the LBGT initialism that came into popular use in the 1990s; however, to be more inclusive of all members of the gay and transgender community, it has now evolved to LGBTQIA+, but many who are not a part of this community are left wondering, what does this mean? LGBTQIA+ stands for lesbian, gay, bisexual, transgender, queer, intersex, asexual, and other sexual and gender minorities. By becoming familiar with and trying to understand some of the terms used by the LBGTQIA+ community, this not only demonstrates to your patients that you have taken an interest in learning, but will also enable you to better understand what some of your patients' individual needs may be. Here is a sample of some recognized terms:

Sexual Orientation - how a person describes his or her emotional, romantic, or sexual attraction to others. i.e. lesbian, gay, bisexual, etc.

Gender Identity - an individual's concept of his or her maleness, femaleness, a combo of both, or neither.

Transgender - a person whose gender identity differs from the sex assigned biologically at birth. For example, a trans-woman is one who was born a biological male, but now identifies a female.

Non-Binary - refers to an individual that does not fit into another LGBT classification.

More terms and their definitions can be found here:
https://www.lgbthealtheducation.org/publication/lgbtqia-glossary-of-terms-for-health-care-teams/

As you become familiar with the terms, keep in mind that their use may vary across LGBTQIA+ sub-communities, so it is best practice to defer to the terms your patient prefers.

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Considerations for the LGBTQ Patient/Things to Consider/Risk Strategies

Names: Patients who identify as non-binary may have two names — their legal name and a chosen name that they selected. It is best practice to obtain both and use the chosen name when addressing your patient.

Pronouns: Pronouns used in EHR auto-generated letters (EOBs, follow-ups, reminders, etc.) are populated with sex-assigned at birth as noted in the medical record, so the problem is that transgender and non-binary patients will have the wrong pronoun in their letters. The solution is to incorporate gender-neutral pronouns. Terms such as "they," "them," and "theirs" when used as singular pronouns are now considered to be grammatically correct by most major dictionaries and, in fact, have already been adopted by some corporations and major U.S. newspapers.

Radiological Testing and Transgender Males: Transgender males who have not undergone gender reassignment surgery (GRS) may still have female reproductive organs, so it is appropriate to screen for pregnancy and to explain why it is necessary to ask.

Gender Identity Care: Primary care providers need to be prepared to refer their patients who are seeking to start hormone therapy for gender reassignment. The referral could be to an endocrinologist or a reproductive endocrinologist; however, it is never okay to refuse to assist a patient based on the provider's feelings about gender reassignment.

Surgery Concern for Transgender Women: Transgender women taking estrogen may not be aware that it is a thrombogenic; however, pre-operatively, this needs to be addressed. In most cases, the surgeon will want the patient to temporarily discontinue taking it, but it is very unlikely the patient would be willing. In this case, the best approach is to discuss the risks with the patient and if they decline to stop it, then document the informed consent discussion and have them sign an informed refusal form.

Surgery Concern for Transgender Males: Female airways are smaller than their male counterparts, so when selecting an endotracheal tube for a transgender male, the tube selected should be the appropriate size for a biological woman.

Transgender Women: Pre-Exposure Prophylaxis (PrEP) should be offered to all biological male (i.e., transgender women) patients who are at risk for exposure to HIV.

Disease Screening: When screening for conditions (endometriosis, autoimmune diseases, etc.) or cancers (cervical, ovarian, prostate, etc.) that are limited to, or more prevalent with, one gender, remember to screen with consideration to the patient's gender assigned at birth.

In healthcare, we continually strive to do better for our patients and by being open to discussing sensitive topics and asking direct questions about sexual preference and identity, the provider can gain a better understanding of the patient's needs. This not only enables them to provide better, safer care, but reassures the patient that that he or she is understood and accepted, which in turn helps improve patient compliance and satisfaction.

For more information about Implicit Biases visit here: https://www.lgbtqiahealtheducation.org/wp-content/uploads/2018/10/Implicit-Bias-Guide-2018_Final.pdf

Implicit bias self-assessment quiz: https://implicit.harvard.edu/implicit/takeatest.html

Information and resources from the AMA: https://www.ama-assn.org/delivering-care/population-care/understanding-lgbtq-health-issues

Cynthia Mayhan is a CAP Senior Risk Manager and Patient Safety Specialist. Questions or comments related to this article should be directed to cmayhan@CAPphysicians.com.

New California Laws in 2021

by Gabriela Villanueva

It was an interesting year in the California legislature. While the number of new laws overall was significantly reduced compared to other years, of most interest are the numerous employment-related bills signed by Governor Newsom that carry with them a strong focus on the impacts of the COVID-19 pandemic. All hope, of course, that the early promise of the new vaccines will ultimately shorten their relevance. Also included in this summary are some of the major changes affecting employers with California operations (including private practice physicians) in the new year.

Unless otherwise stated, all the laws discussed below took effect on January 1, 2021.

Allied Healthcare Professionals

AB 890 (Wood, D-Santa Rosa) – Scope of Practice for Nurse Practitioners

Authorizes nurse practitioners who meet certain education, experience, and certification requirements to perform, in certain settings or organizations, specified functions without standardized procedures. Requires the Board of Registered Nursing, by regulation, to define minimum standards for a nurse practitioner to transition to practice without standardized procedures. Establishes the Nurse Practitioner Advisory Committee to advise and give recommendations to the BRN on matters relating to nurse practitioners. Specifies that nurse practitioners performing certain functions without standardized procedures in listed settings are eligible to serve on medical staffs and are subject to peer review. Requires the Department of Consumer Affairs' Office of Professional Examination Services to perform an occupational analysis to assess competencies and to develop a supplemental examination for nurse practitioners, if needed, based on the assessment.

SB 1237 (Dodd, D-Napa) – Scope of Practice of Nurse-Midwives

Authorizes a certified nurse-midwife to attend cases of low-risk pregnancy, as defined, and childbirth and to provide prenatal, intrapartum, and postpartum care, including family-planning services, inter-conception care, and immediate care of the newborn, as specified and as approved by the Board of Registered Nursing. Authorizes a certified nurse-midwife to practice with a physician and surgeon under mutually agreed upon policies and protocols that delineate the parameters for consultation, collaboration, and referral, and transfer of a patient's care, as specified. Requires certified nurse-practitioners not under supervision of a physician and surgeon to provide specified disclosures and to obtain a patient's written consent. Requires the Board of Registered Nursing to appoint the Nurse-Midwifery Advisory Committee, as specified, to make recommendations to the board.

Business

SB 1447 (Bradford, D-Los Angeles) – Small Business Income Tax Credit

For each taxable year beginning on or after January 1, 2020, and before January 1, 2021, allows a qualified small business employer, as defined, that receives a tentative credit reservation, a credit in an amount equal to $1,000 for each net increase in qualified employees, up to $100,000 for any qualified small business employer.

Confidential Information

AB 2520 (Chiu, D-San Francisco) – Access to Medical Records

Requires a healthcare provider, as specified, to provide an employee of a nonprofit legal services entity who is representing a patient, a copy of medical records that are relevant to specified public benefit programs at no charge.

Public Policy

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AB 2655 (Gipson, D-Carson) – Invasion of Privacy: First Responders

Makes it a misdemeanor for a first responder, as defined, who responds to the scene of an accident or crime to capture the photographic image of a deceased person for any purpose other than an official law enforcement purpose or a genuine public interest. Requires an agency that employs first responders to notify those first responders of the prohibition.

COVID-19 Public Health Emergency

AB 685 (Reyes, D-San Bernardino) – Required Reporting of COVID-19 Imminent Hazard to Employees

Allows Cal/OSHA to issue Orders Prohibiting Use to shut down entire worksites, or specific worksite areas, that expose employees to an imminent hazard related to COVID-19. The law also enables Cal/OSHA to issue citations for serious violations related to COVID-19 without giving employers 15 days' notice before issuance.

Employers must immediately (within one business day of the notice of potential exposure) provide written notification to all employees at a worksite of potential exposures, COVID-19-related benefits and protections, and the disinfection and safety measures that will be taken at the worksite in response to the potential exposure.

In addition, employers must also notify local public health agencies of outbreaks within 48 hours of becoming aware of the "outbreak," which is defined as three or more laboratory-confirmed cases of COVID-19 among employees who live in different households within a two-week period.

AB-685 sunsets on January 1, 2023.

AB 1577 (Burke, D-Inglewood) – Income Taxes as It Relates to the Federal CARES Act

For taxable years beginning on or after January 1, 2020, excludes from gross income, for state income tax purposes, any covered loan amount forgiven pursuant to the federal CARES Act and its subsequent amendments in the Paycheck Protection Program and Health Care Enhancement Act and the Paycheck Protection Program Flexibility Act of 2020.

AB 1710 (Wood, D-Santa Rosa) – Pharmacy Practice and Vaccines

Authorizes a pharmacist to independently initiate and administer any COVID-19 vaccines approved or authorized by the federal Food and Drug Administration (FDA) as specified.

AB 2537 (Rodriguez, D-Pomona) – Personal Protective Equipment — Healthcare Employees

Requires public and private employers of workers in a general acute care hospital, as defined, to maintain a stockpile of personal protective equipment, as specified, to supply those employees who provide direct patient care or provide services that directly support personal care with the personal protective equipment, as specified, and to ensure that the employees use the personal protective equipment supplied to them.

SB 275 (Pan, D-Sacramento) – Personal Protective Equipment — Employers

Requires the Department of Public Health to establish a personal protective equipment (PPE) stockpile, as specified, and requires CDPH to establish guidelines for the procurement, management, and distribution of PPE. Requires healthcare employers, as defined, to establish a PPE inventory sufficient for at least 45 days of surge consumption.

SB 1159 (Hill, D-San Mateo) – Workers' Compensation and COVID-19 Critical Workers

Defines "injury" for an employee to include illness or death resulting from the 2019 novel coronavirus disease (COVID-19) under specified circumstances, until January 1, 2023, and creates a disputable presumption, for purposes of awarding workers' compensation benefits. This presumption, as created by the Governor's executive order, was set to expire on July 5, 2020. SB 1159, however, extends this presumption beyond July 6, 2020, for firefighters, peace officers, fire

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and rescue coordinators, and certain kinds of healthcare and health facility workers, including in-home supportive services providers who provide services outside their own home. Employees of an employer of five or more employees are also eligible for the disputable presumption up to January 1, 2023, if their workplace has experienced an "outbreak" of COVID-19 infections.

Healthcare Plans Reimbursement

AB 2157 (Wood, D-Santa Rosa) – Healthcare Coverage — Independent Dispute Resolution Process

Makes changes to the independent dispute resolution process established by AB 72 (Bonta, 2016), which limited the ability of out-of-network physicians to bill patients for non-emergent services provided at an in-network facility and established an interim payment rate for those services. Requires the procedures established by the Department of Managed Health Care and the Department of Insurance for independent dispute resolution to include a process for each party to submit into evidence information that will be kept confidential from the other party and to specify that a de novo review of the claim dispute shall be conducted.

Prescribing and Dispensing

SB 852 (Pan, D-Sacramento) – Generic Prescription Drugs

Requires the California Health and Human Services Agency (CHHSA) to enter partnerships, to increase patient access to affordable drugs, including entering into partnerships to produce or distribute generic prescription drugs as specified. Subject to appropriation by the Legislature, requires CHHSA to submit a report to the Legislature on or before July 1, 2023, assessing the feasibility and advantages of directly manufacturing generic prescription drugs and selling generic prescription drugs at a fair price.

Professional Licensing

AB 2273 (Bloom, D-Santa Monica) – Special Faculty Permits — Foreign Medical Graduates

Under current law, any person who meets certain eligibility requirements may apply for a special faculty permit that authorizes the holder to practice medicine, without a physician's and surgeon's certificate, within a medical school and certain affiliated institutions. This bill authorizes the holder of a special faculty permit, a visiting fellow, and a holder of a certificate of registration to practice medicine at an academic medical center.

AB 3330 (Calderon, D-Whittier) – Department of Consumer Affairs — Regulatory Fees

Beginning April 1, 2021, increases the Controlled Substance Utilization Review and Evaluation System (CURES) fee from $6 annually to $11 and subsequently, beginning April 1, 2023, decreases the fee to $9.

Public Health

AB 2077 (Ting, D-San Francisco) – Hypodermic Needles and Syringes

Permits the sale of hypodermic needles and syringes to adults 18 years of age and older without a prescription and extends the sunset on current law authorizing a physician or pharmacist to furnish to adults, and for adults to obtain, hypodermic needles and syringes for personal use without a prescription until January 1, 2026.

Reporting Requirements

AB 2821 (Nazarian, D-North Hollywood) – Richard Paul Hemann Parkinson's Disease Program

Extends, until January 1, 2022, the operation of the Richard Paul Hemann Parkinson's Disease Program, which, among other things, requires the State Department of Public Health to collect data on the incidence of Parkinson's disease in California, as specified, and requires a hospital, facility, physician

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and surgeon, or other healthcare provider diagnosing or providing treatment to Parkinson's disease patients to report each case of Parkinson's disease to the department, as prescribed.

Reproductive Health

AB 2014 (Maienschein, D-San Diego) – Statue of Limitations for Medical Misconduct of Misuse of Sperm, Ova, or Embryos

Amends statute of limitations for filing a criminal complaint for crimes involving unlawful use or implantation of sperm, ova, or embryos from three years after the commission of the offense to one year after the discovery of the offense or within one year after the offense could have reasonably been discovered.

Workforce and Labor Issues

AB 1947 (Kalra, D-San Jose) – Employment Violation Complaints File Time Requirement

Extends the time that workers have to file a claim with the California Labor Commissioner for retaliation based on the exercise of workplace rights under the Labor Code from six months to 12 months from the time they believe a violation occurred and authorizes attorneys' fees for a worker who prevails on a whistleblower claim.

AB 2017 (Mullin, D-S. San Francisco) – Employee Sick Leave for Kin Care

Current law requires an employer that provides sick leave for employees to permit an employee to use at least half of the employee's accrued and available sick leave to attend to the illness of a family member ("kin care"). This bill amends the kin care law to provide that the designation of the sick leave is at the "sole discretion" of the employee. AB 2017 does not require employers to provide any additional paid time off — it simply clarifies who designates which type of sick leave is used when an employee uses a sick day.

AB 2143 (Stone, D-Santa Clara) – Settlement Agreements in Employment Disputes

Amends existing law prohibiting the use of no-rehire provisions in settlement agreements of employment-related disputes, except if the employer has made a good faith determination that the aggrieved party engaged in sexual harassment/assault, to allow an exception, permitting a no-rehire provision if the aggrieved party has engaged in criminal conduct. In order for the sexual harassment/sexual assault/criminal conduct exception to apply, an employer must have documented the conduct before the aggrieved party filed the claim against the employer. As with the prior law, no-hire agreements are permissible where there has been no claim against the employer in court, before an administrative agency, in an alternative dispute resolution forum, or through the employer's internal complaint process.

AB 2992 (Weber, D-San Diego) – Employment Practices: Leave Time

Prohibits an employer from discharging, or discriminating or retaliating against, an employee who is a victim of crime or abuse for taking time off from work to obtain or attempt to obtain relief, as prescribed.

SB 1383 (Jackson, D-Santa Barbara) – California Family Rights Act; Job-Protected Family Leave

Expands the California Family Rights Act to make it an unlawful employment practice for any employer with five or more employees to refuse to grant a request by an employee to take up to 12 workweeks of unpaid protected leave during any 12-month period to bond with a new child of the employee or to care for themselves or a child, parent, parent-in-law, grandparent, grandchild, sibling, spouse, or domestic partner, as specified, and specifies that an employer who employs both parents of a child must grant leave to each employee.

Gabriela Villanueva is CAP's Public Affairs Analyst. Questions or comments related to this article should be directed to gvillanueva@CAPphysicians.com.

Case of the Month

by Gordon Ownby

Secure a Rich Record to Draw From – Just in Case

Medicine need not be practiced through the lens of litigation. Recording the relevant information for your thought processes, however, will only help should that be where you end up.

A 61-year-old woman visited Dr. GOS, gynecologic oncology surgeon, on the referral from her OB/GYN for suspected endometrial cancer. Findings from a D&C performed several days earlier detected endometrial adenocarcinoma.

Dr. GOS took a history of significant hypertension but no diabetes or hypothyroidism, or cardiac, pulmonary, gastrointestinal, renal, or central nervous system disorders. The patient's BMI was 39.

Dr. GOS' impression was Grade 1 endometrial cancer and the patient consented to a total abdominal hysterectomy, bilateral salpingo-oophorectomy, and retroperitoneal lymphadenectomy – plus cytoreduction if necessary. A paragraph in Dr. GOS' four-page printed informed consent form explained a risk of blood clots at 1%-2% and advised that "typical measures we take to minimize this risk include prophylactic stockings and early ambulation after surgery." The paragraph concluded by stating that "DVT and PE can be treated with blood thinning medications, but PEs are serious and can result in sudden death."

Prior to the surgery, Dr. GOS wrote prophylaxis orders for venous thromboembolism, noting the patient's moderate risk for DVT. Though the "high-risk" category on the hospital risk level form included patients with major abdominal or pelvic surgery, Dr. GOS did not consider the patient as high risk. Starting on post-op day two, the patient received Lovenox and mechanical thromboprophylaxis for the remainder of her hospital stay.

On the patient's discharge five days post-op, Dr. GOS ordered a home health nurse to assist the patient. He did not include any medication or mechanical prophylaxis for DVT or PE in his discharge orders, but he did include a two-wheeled walker and medications for nausea and pain. The patient was to see Dr. GOS again in three weeks. The home health nurse did not contact Dr. GOS with any concerns during those three weeks.

During the patient's follow-up visit, Dr. GOS noted no complaints of leg pain. Though Dr. GOS did not chart it, the patient later said that she needed to use the walker and that Dr. GOS advised her to do more walking without the device. The patient asked if she could go on an out-of-town trip and Dr. GOS said that would be okay. Dr. GOS removed the patient's stitches.

Three days later, the patient was admitted to the ER with signs and symptoms of deep vein thrombosis in her right leg. She relayed that on getting up from the toilet the day before, she felt sudden, 10 out of 10 pain associated with numbness. At the ER, she commented to the healthcare providers that she had not been ambulating following her surgery as much as she thought she was supposed to.

A chest CT angiogram revealed extensive bilateral pulmonary emboli and thromboembolic occlusions in several arteries. A thrombolysis surgery was successful but ischemia to the right leg required an above-knee amputation. The patient sued Dr. GOS for allegedly mismanaging her DVT risk and the legal dispute was resolved informally without trial.

In his deposition, Dr. GOS testified on the course of his treatment of the patient. When the patient's attorney asked why he did not order post-discharge

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Lovenox, Dr. GOS stated that other than increasing physical activity, the standard of care in gynecologic oncology at that time was to not continue anti-thrombotic prophylaxis for surgical patients with no complications. When asked to explain the basis for that comment, Dr. GOS cited to medical literature of the American College of Obstetrics and Gynecology. The plaintiff's attorney followed up by asking Dr. GOS if he was familiar with an article from *Chest* magazine from several years prior titled "Prevention of VTE in Non-Orthopedic Surgical Patients." Dr. GOS responded that he was not familiar with that article.

Citing to literature for justification of medical care carries the risk that the facts and assumptions in the articles may differ from the case at hand. Opposing attorneys will also attempt to introduce other articles into evidence offering different guidance. Defense counsel can well manage these evidentiary skirmishes, but the time spent on such exchanges probably do not advance a physician's case with the jury.

A better impression for jurors is a physician who can show in the medical record his or her thought processes for major decisions or who can recount a discussion with the patient on his or her recommendations regarding significant risks.

Again, this does not mean practicing medicine with one eye on the courtroom. But if you do end up in litigation, doing those things that a juror would expect from his or her own physician will count for a lot.

Gordon Ownby is CAP's General Counsel. Questions or comments related to "Case of the Month" should be directed to gownby@CAPphysicians.com.

INSURANCE COVERAGE
FOR WATER DAMAGE CLAIMS

January 2021

If you have never experienced a water damage claim in your practice office, consider yourself lucky. Water damage claims are the most frequent and costly claims you may experience. There are many causes for this type of damage, from leaking pipes to water from another practice suite, and refrigerators or other appliances malfunctioning.

A Business Owner Policy provides you with protections for this type of loss. An insurance company may replace your carpeting, furniture, and other business personal property damaged. A remediation company may come to your location and try to remove water and repair damaged items. Your policy will provide business interruption coverage so that if you have to close or move out of your office these expenses can be covered.

What an insurance policy will not pay for are the hidden costs that involve mostly your time and the time of your employees which occur because of this type of loss:

- Not being able to treat or see your patients
- Rescheduling of your patients
- Loss of patients to another physician
- Time to replace damaged items or equipment
- Time to speak to the insurance company adjusters and schedule estimators to determine the damages
- Interruptions when damages are repaired

CAP is working with its insurance carriers to help members prevent water damage to their practices. Stay tuned for more information in the future. If you would like to inquire about getting a policy to protect your practice, please call CAP Physicians Insurance Agency at 213-619-0081 to learn more and get a quote.

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Ask My Practice

by Andie Tena

Optimize Your Business Operations with "My Practice"

"My Practice" is part of CAP's ever-growing suite of practice management support programs offering personalized one-on-one guidance to help address common administrative and operational business challenges associated with running an independent practice.

As a CAP member benefit, "My Practice" provides member practices free access to experienced professionals who can offer advice, connect you to first-rate resources, and customize solutions for a wide variety of practice-related issues, all to help support an efficient and successful business operation.

"My Practice" provides guidance in areas such as:

- Front and Back Office Workflow
- Closing/Opening a Medical Practice
- Credentialing/Contracting
- Release of Medical Records Without a Subpoena
- General Billing/Revenue Cycle Management
- Electronic Medical Record/Electronic Health Record
- Patient Experience
- Policies/Procedures
- Retention of Medical Records
- OSHA Regulations
- HIPAA Compliance
- Telehealth

For the solutions you need now for your practice-related concerns and questions, email us at **mypractice@CAPphysicians.com** or call **800-610-6642**.

COVID-19 Vaccine Resources: What Physicians Need to Know

The distribution of the COVID-19 vaccine has introduced a wide array of new issues for physicians and independent practices to navigate as the fight against COVID-19 continues. CAP is pleased to offer essential resources that will help answer the many questions you, your patients, and your staff may have about the vaccine's availability, safety, and more.

Visit CAP's COVID-19 resource page **www.capphysicians.com/COVID19** for the latest information on:

- Vaccine Rollout by County
- Vaccine FAQs
- CDC/AAFP Guidelines
- And More!

During these unprecedented times, CAP is committed to providing our members with resources and information to help overcome the challenges resulting from the pandemic and beyond. Visit **www.CAPphysicians.com/COVID19** to learn more.

Andie Tena is CAP's Director of Practice Management Services. Questions or comments related to this column should be directed to atena@CAPphysicians.com.

COOPERATIVE OF
AMERICAN PHYSICIANS

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