

Vital Sounds

A Newsletter for Health Care Professionals and Facilities

KaMMCO

Kansas Medical Mutual Insurance Company

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New KaMMCO Board Leadership

When a company is led by its members, it is more sensitive to their needs. The involvement of Kansas physicians and hospital administrators in the crucial areas of underwriting, claims defense, finance, and member services, result in an efficient, responsive, and well-managed company. As a result of member-directed actions, we are pleased to announce the new KaMMCO board chairman and vice-chairman elected at the June 2017 KaMMCO annual meeting.



*Chairman Craig A. Concannon, MD
Internal Medicine
Beloit, KS*



*Vice Chairman Mark Synovec, MD
Pathology
Topeka, KS*

New to the KaMMCO board is Jon Rosell, Executive Director of the Kansas Medical Society. Those members re-elected during the annual meeting include: Dennis Cooley, MD, Topeka; Joe Davison, MD, Wichita; Michael Machen, MD, Quinter; Mark McCune, MD, Overland Park; and Jerry Slaughter, Topeka.

The KaMMCO Health Solutions Board of Directors and the KaMMCO Casualty Board of Directors will both be chaired by Dr. Synovec.

Committee changes included the addition of Jay Gilbaugh, MD, Urology, Wichita, as chair of the Audit and Finance Committee, and Daniel Suiter, MD, Internal Medicine/Gastroenterology, Pratt, to the Claims Committee.

KaMMCO wishes to extend its deep appreciation to Dr. Suiter for his long and dedicated service as a member of the Board of Directors and as Chairman of the Board.

How to Change Your Life in 5 Easy Steps

By: Starla Fitch, MD

What is it that makes some of us happier than others? Why do some doctors live in the land of burnout and others live in happy land?

During my time working with doctors, nurses, and healthcare providers around the world, I've noticed there are certain traits that stand out in those who choose happiness. And if there's a way for us to choose happiness rather than physician burnout, wouldn't we all go there?



Starla Fitch, MD

So, here are the traits that I've discovered that happy doctors might share:

1. They learn from past mistakes.

They don't dwell on the bad. They don't ruminate on the negative as they drive home. But they analyze. Just a little. They say to themselves, "What can I learn from how that went down?" "How can I make a better outcome of that situation next time?"

Whether it's a surgical outcome that wasn't their best, an encounter with a patient or staff member that was the opposite of smooth, they review it like a video game and figure out how things could be altered, for the better, going forward. They learn that sometimes it's not about them.

2. They break goals down into bite-sized pieces.

Of the doctors who get it right, the majority have mastered the technique of "chunking." They break each goal into smaller pieces which gives them the immediate reward of completion.

Instead of a goal being "study for board exams this weekend," they will say: "I'm going to spend two hours on Saturday and three hours on Sunday reviewing the next four chapters in my board review book."

Instead of saying "I'm going to revamp my schedule to make more time for myself," they say, "What's the one thing I can do this week that will give me a bit of extra time?"

3. They set specific goals that are measurable.

The doctors I work with learn to, not only break down goals, but make their smaller projects measurable. Just like when people are on a weight loss diet and set a goal to exercise for 20 minutes, three times a week, doctors who are aiming for happier lives also make those milestones specific.

For example, instead of "clean up my office and get organized," they will say, "I'm going to sort 30 files on my desk and get them into the file cabinet or computer by Thursday."

4. They know what fills them up.

The doctors who get it right give themselves rewards woven into their busy weeks. But the rewards are ones they specifically choose, not ones I assign to them. Maybe it's a dinner out with their spouse or partner. Maybe it's going to a sporting event with a friend. Maybe it's doing a whole bunch of nothing, with popcorn, in their PJs. When it's time to hit "refresh," these happy doctors know what works best for them.

5. They give themselves permission to act imperfectly.

We all have the best of intentions. Me, too. The beauty of the doctors who are getting it right is that they give themselves permission to fail.

Reprinted with permission of Starla Fitch, MD. Dr. Fitch is the featured speaker for KaMMCO's 2017 Fall Loss Prevention Program scheduled for Tuesday, September 12. Watch your mailbox for more information and a brochure arriving in July! You can find additional blog postings by Dr. Fitch at her website, www.starlafitchmd.com.

July Educational Opportunities Focus on MACRA and Data Dashboards



Do you know about MACRA and the new requirements? Do you understand what effect the law will have on your organization? Are you collecting the data that will affect your income stream in future years? What are near-term tactical decisions that will determine your organization's success in the new Quality Payment Program?

The Medicare Access and Chip Reauthorization Act (MACRA) is a complex law that makes sweeping changes to how Medicare pays physicians and other clinicians for the services they provide. The law also seeks to dramatically improve patient outcomes and reduce health costs by rewarding providers for the overall quality of care they provide, rather than the number of services and procedures they perform.

As healthcare moves into the new era of value-based payment in contrast to the fee-for-service payment system of the past, the Kansas Medical Society and KaMMCO have two educational opportunities to help members prepare for the changes to come.

1. Join us on Tuesday, July 18, at 5:00 p.m. for a one-hour webinar "Equipping Physicians for the Shift to Quality Payment Programs—Employing Data Analytics to Empower Physicians and Enhance Patient Care."

The program will be presented by Laura McCrary, Ed.D, Senior Vice President KaMMCO Health Solutions Inc., and Executive Director, Kansas Health Information Network, Inc.

This activity has been approved for AMA PRA Category 1 Credit(s)™.

2. Join us on Monday, July 17, at 4:30 p.m., or Wednesday, July 19 at 12:00 p.m., for a one-hour webinar "Kansas Analytics Dashboard Demonstration."

The program will be presented by Mary Matzke, Project Manager, and Susan Penka, KHS Business Development Representative, for KaMMCO Health Solutions.

Register online: <http://www.kammco.com/Media/Events.aspx>

New Technical Assistance Resource Guide for Clinicians Participating in MACRA

The Centers for Medicare & Medicaid Services (CMS) has issued a simple resource identifying organizations, including Quality Innovation Networks and Practice Transformation Networks that provide support for small, underserved and rural practices. The resource is for clinicians participating in the Quality Payment Program, in either the Merit-based Incentive Payment System (MIPS) or the Advanced Alternative Payment Model (APM) track. Access the two-page guide here:

www.qpp.cms.gov/docs/QPP_Technical_Assistance_Resource_Guide.pdf

2017 Kansas Legislature Acts on Healthcare Related Legislation

Visit the Kansas Medical Society's website to read "Legislature finally adjourns," a summary of healthcare-related legislation enacted during the recently completed 2017 Legislative Session. <http://www.kmsonline.org/>

Tips from the Trenches: Claims Update

By: Kim Davenport

Medical Liability Analyst

Specialty: Neurosurgery

Procedure: On 4/17 this 36 year old female was referred by her PCP to our insured with a diagnosis of pituitary adenoma. The patient had been prescribed Bromocriptine when she was first diagnosed 14 years earlier. Due to recent vision problems, an MRI was done and showed the tumor had grown. Our insured recommended a transsphenoidal pituitary tumor removal with placement of a lumbar drain using an abdominal graft. The risks and benefits were discussed at length with the patient including how taking Bromocriptine tends to scar the tumor down so there may be an issue of getting the whole tumor out. He also discussed the option to have a craniotomy but the patient declined. Consent for the transsphenoidal procedure was signed on that date.

On 4/22 the patient underwent the recommended surgery without complications; however, only a few pieces of the tumor were removed because it was so tough/scarred. His intention at that point was to get a biopsy of the tumor. Postoperatively, the patient did not awaken well and a CT was ordered. It showed a suprasellar hematoma in the region of the tumor as well as diffuse subarachnoid hemorrhage in the basilar cisterns with brain stem compression. She was taken back to the OR for placement of a left frontal ventriculostomy. There were no complications from this surgery and she initially did well. However, on 5/2 the patient had some seizure-like activity. A CT showed diffuse cerebral swelling with some compression of the brainstem. On 5/3 a CT revealed a right thalamic infarct as well as severely increased intracerebral edema and compression of the brainstem. On 5/4 she was found to have no brainstem reflexes and her pupils were fixed and dilated. At this point the family elected to remove life support.

Allegations: The plaintiff alleged our insured failed to: (1) gain an informed consent; (2) promptly recognize a significant intraoperative bleed and treat the bleed and vasospasm; (3) promptly place a ventricular drain, order an angiogram and get medical neurological consultation; (4) administer hemodilution or systemic treatment with medications to control the cerebral edema; and (5) promptly treat with spasmolytics and raise her blood pressure.

Resolution: The case went to trial. After 6 days of testimony and deliberating for only 42 minutes, the jury came back with a unanimous defense verdict. We learned during post-trial interviews with the jury that they really liked the defense expert but were most impressed with our insured's testimony and how he could use math to disprove plaintiff's theory that 50% of the tumor had been removed. (See Litigation Tip below.)

Cost of Defense: \$108,045.41

Risk Management Tip:

Having a detailed informed consent conversation with the patient, like what was done here, is vital, especially when the procedure is complex and high risk. Simply going over the standard risks and benefits of this high risk procedure was not enough given the medication the patient had taken over a long period of time. Our insured did a great job of discussing the use of this medication and how it could potentially complicate the surgery and then documenting that conversation.

Litigation Tips:

- The healthcare provider needs to be actively involved in the defense of their case, especially when it comes to the opinion(s) of the experts. In this case, plaintiff's expert's theory was our insured had removed 50% or more of the tumor and the defense's contention was only 1% had been removed. During trial our insured was able to teach mathematics to the jury that undermined the plaintiff's theory. He told them, "This is where my geekiness comes in handy" and proved, with absolute mathematical certainty, that the plaintiff's expert's theory was impossible.
- KaMMCO strongly encourages our insureds to attend the deposition(s) of plaintiff's experts who have direct criticisms of his or her care. If present, they can provide defense counsel with feedback and/or additional questions to ask the expert in response to their testimony. Experts are less likely to give incidental opinions not previously disclosed and to back-off

opinions that are somewhat “sensational” when the doctor is present. KaMMCO will reimburse all reasonable travel expenses for our insured to attend these depositions.

- Pay attention to the economist’s expert reports. In this case, plaintiff’s expert report was riddled with errors and misinformation, all of which were caught by the defense’s economist. At trial the defense was able to point out these mistakes in front of the jury. The expert didn’t have a good reason other than to place blame on plaintiff’s counsel. Following his testimony, the expert walked up to defense counsel, stuck out his hand and said, “Nice job.”

Risk Mitigation: When Mail Order Medications Go Missing

By: Connie Dyke Christian, MBA, CPHRM

Facility Risk Management & Patient Safety Advisor

Recently a provider office was notified that a patient’s mail order medication delivery did not arrive to their home as expected. The medication delivery contained a controlled medication which the patient received regularly for a chronic condition. The patient explained that she and her family were out of town when the delivery was made. After arriving home, the patient contacted the distant site pharmacy and learned the package had been shipped per routine and the package was delivered with a required signature. The patient then contacted the US Postal Service (USPS) to inquire where the package had been delivered and who may have signed for the package upon delivery. The USPS provided the information to the patient. The patient proceeded to the address and requested to speak to the person named by the USPS, regarding the whereabouts of the package. The patient was told there was no one by this name at the address and they had no knowledge of the package. Patient contacted the provider for further assistance.

Loss prevention tips:

- Encourage patients who use mail order medication and delivery to set up a strict schedule of delivery with the distant site pharmacy and the carrier who will be making the delivery.
- Patients should always use the carrier’s tracking features to identify package arrivals and if the delivery has been made correctly.
- In the event of a lost, incorrectly delivered and not retrievable or stolen medication delivery, the patient should be encouraged to notify the carrier and distant site pharmacy to initiate a claim. The local police department should be notified to file a report.
- The provider should document the report of the lost or stolen medication in the patient’s medical record, and may want to request a copy of the police report to place in the patient’s file as documentation of a lost or stolen medication.
- The provider should then work with the patient and distant site pharmacy to ensure the appropriate amount of medication can be reordered and sent to the patient.
- The provider will also want to monitor the patient for possible trends indicating the patient is not being forthcoming in their lost medication issues.

More and more patients are using mail order pharmacy services to offset medication costs and as requirements of their health insurance. When situations of lost or missing medications arise, providers will want to be diligent in their documentation.

KaMMCO Spring Education Series Now Online

If you missed Loss Prevention's Spring Education Series, the webinars are recorded and accessible at KaMMCO's website, including:

- MPLI 101 for the Kansas Healthcare Community, March 30, 2017
- Using Data to Improve Care Delivery, April 24, 2017
- Health Literacy: What's at Stake for Physicians and Patients, May 24, 2017

For these recordings and other educational videos, visit: www.kammco.com/Member-Services/Multimedia-Center.aspx

New Medicare Cards Offer Greater Protection

CMS recently announced a new fraud prevention initiative that removes Social Security numbers from Medicare cards to help combat identity theft and safeguard taxpayer dollars. Scheduled to begin mailing the new cards in April 2018, CMS will use a unique, randomly-assigned number called a Medicare Beneficiary Identifier (MBI), to replace the currently used Social Security-based Health Insurance Claim Number (HICN).

Give Patients the Tools to Take Charge of Their Health

Managing a chronic condition can be complex and frustrating for patients and providers. So why not recommend a self-management education workshop to give patients an opportunity to control and improve their health.

Working with the Stanford University Chronic Disease, Chronic Pain, and Diabetes Self-Management Programs, the KDHE created the Kansas Self-Management Education (SME) Partnership. Through the partnership, free programs are delivered in many Kansas communities. Designed to help individuals learn how to manage and improve their own health while reducing healthcare costs, the workshops are facilitated by trained leaders personally impacted by chronic conditions/diabetes. Workshop participants are guided through an evidence-based, scripted curriculum once a week for six weeks. Stanford University and Kaiser Permanente jointly developed the curriculum.

For more information on the program, a list of workshops and locations, visit www.selfmanageks.org.