

Vital Sounds

A Newsletter for Health Care Professionals and Facilities

KaMMCO

Kansas Medical Mutual Insurance Company

www.KaMMCO.com

KaMMCO Spring Education Series Continues with April and May Webinars

April Webinar: KaMMCO Cyber Security Liability Coverage

Cyber security threats continue to evolve as personal data spreads across multiple platforms and cyber criminals find new and innovative ways to penetrate network systems. Healthcare organizations face challenges to ensure necessary steps are taken to protect patient information.



Anita Bryant,
Assistant Vice President
of Underwriting



Ryan Bosia,
Underwriter for the
Specialty Programs

The KaMMCO Cyber Security Liability Coverage presentation will discuss current trends in cyber security threats, including ransomware attacks, and will identify other common events that lead to privacy breaches. The speakers will provide an overview of the comprehensive coverages available to KaMMCO insureds, as well as risk management resources that will help establish data security best practices.

On Tuesday, April 10, Anita Bryant, Assistant Vice President of Underwriting, and Ryan Bosia, Underwriter for the Specialty Programs team, both with NAS Insurance Services, will co-present the webinar: KaMMCO Cyber Liability Coverage from 12:00 p.m.-1:00 p.m.

Upon conclusion of the program, attendees will better understand:

- Cyber liability trends
- Common events that lead to a breach
- Claims examples
- Common HIPAA questions
- KaMMCO Cyber Security Liability Program Overview

[Register](#) for the April 10 webinar.

May Webinar: Top Trending Issues in Healthcare Risk Management: The Good, The Bad and The In-Between

Mitigating risk is difficult when you may not be aware of the top trending issues impacting healthcare risk management. This educational event will examine risk management challenges currently making headlines and review recent high profile topics such as cybersecurity breaches, workplace violence, artificial intelligence, opioid abuse and Enterprise Risk Management. These are risk and patient safety issues every risk professional should have on their radar. In addition, attendees will learn risk management best practices and strategies used to minimize liability and reduce patient harm.

Yolanda Sims, JD, MHA, KaMMCO's Loss Prevention and Risk Management Advisor, will present the webinar: Top Trending Issues in Healthcare Risk Management: The Good, The Bad and The In-Between on Wednesday, May 9 from 12:00 p.m.-1:00 p.m.

As part of KaMMCO's Spring Education Series, the webinars are designed for clinic and hospital administrators, risk managers, office and support staff, and other interested healthcare professionals.

[Register](#) for the May 9 webinar.



Yolanda Sims, JD, MHA,
KaMMCO's Loss
Prevention and Risk
Management Advisor

Tips to Greater Patient Satisfaction

By Donna Keil, RN, BSN

KaMMCO Medical Liability Analyst/Medical Record Manager



Donna Keil, RN, BSM
KaMMCO Medical
Liability Analyst/Medical
Record Manager

There is a business adage that states, “A complaint is a gift.” While healthcare providers generally don’t appreciate these “gifts,” they are a valuable source of feedback and an opportunity to assess patient satisfaction. Historically, healthcare providers have not been dependent upon their patients’ satisfaction for business success, however times are changing.

How does patient satisfaction translate into success?

- Increased Medicare reimbursement
- Improved patient outcomes
- Greater patient volumes
- Lower risk of being named in lawsuits

How do healthcare providers go about improving patient satisfaction? Being proactive and focusing on goals such as timeliness, efficiency and keeping the patient at the forefront are a great way to start improving patient satisfaction.

Timeliness demonstrates respect and value for a patient’s time. Reducing wait times is an excellent place to start. This may require the reexamination of old scheduling policies and the implementation of new policies such as calling patients to let them know the provider is running late. If that’s not possible, a sincere apology for the extended wait time and an explanation for the delay will ease a patient’s frustration.

Efficiency demonstrates the provider’s ability to manage resources such as supplies, personnel, and equipment, and reassures patients the provider has “his act together.”

Most importantly, strive to deliver “patient-centered” care by putting the patient at the forefront. Acknowledge and accept patients want more than to have their conditions treated. Take sufficient time to acknowledge each patient and review what the patient can expect at the visit. Do not allow the computer to distract attention from the patient.

A patient recently experienced this with his provider and came away from the experience feeling devalued. At his next visit, the patient stopped the doctor immediately after he entered the exam room and asked the doctor to please speak with him face to face. The doctor was surprised and not pleased, but agreed to it. This doctor was fortunate his patient communicated his feelings and allowed the doctor to redirect his behavior.

Courtesy and good manners when interacting with patients seems obvious. Perceived disrespect is the most commonly identified source of patient complaints followed in descending order by disagreement in expectations of care, inadequate information, distrust, perceived unavailability, miscommunication and misinformation¹.

When you still have an unhappy patient, try these strategies for dealing with patient complaints:

- Listen attentively and openly.
- Repeat and/or summarize the complaint so patients know you hear them.
- Apologize. An apology is not an admission of wrongdoing; it is an acknowledgement of the patient’s feelings and concerns.
- Acknowledge the facts of the events surrounding the complaint.
- Explain what you are going to do and when they can expect to hear back from you.
- Thank the patient for bringing the matter to your attention².

Always remember to notify KaMMCO if you have concerns when a complaint may escalate or if you simply need to know what options are available on how to handle a complaint. By remembering the goals for quality care you should see patient complaints decrease and patient satisfaction increase.

For additional resources on this topic, you may want to review:

- Patient Complaints and Malpractice Risk. By G.B. Hickson, C.F. Federspiel, & J.W. Picheret. June 12, 2002. The Journal of the American Medical Association.
- Crossing the quality chasm: a new health system for the 21st century. Institute of Medicine. 2001. Washington DC: National Academy of Sciences.
- Focus on Patient Satisfaction: Why it Matters. By M. Murphy. November 21, 2017. Medical Scribe Journal.

¹Patient Complaints about Physician Behaviors: A Qualitative Study. By M.M. Wofford, J.L. Wofford, J. Bothra, S.B. Kendrick, A. Smith & P.R. Lichstein. February, 2004. Academic Medicine, 79(2), 134-138.

²6 Steps for Dealing with Patient Complaints. By J. Lipman. December 20, 2012. www.diagnosticimaging.com/blog/6-steps-dealing-patient-complaints.

Newman Regional Health Providers Improve Care and Revenue Using KHIN and PTN



Newman Regional Health (NRH) is pleased to talk about their collaborative work with the Kansas Health Information Network (KHIN) and the Kansas Practice Transformation Network (PTN). In fact, Tara Orear, NRH’s senior ambulatory systems analyst, recently shared their story on a national stage at HIMSS 18. NRH is a 25-bed critical access hospital in Emporia with six hospital-owned specialty clinics.

“Data extracted from the health information exchange can improve quality outcomes, impact quality measures reporting for the new Merit-Based Incentive Payment System (MIPS), and result in increased provider reimbursement,” she said. Adding, successful value-based care programs reward healthcare providers with incentive payments for the quality of care they deliver.

Orear and NRH have worked with KHIN since 2014, collecting patient data and utilizing it at the point of care.

In 2017, the PTN, a nationwide initiative assisting physicians in the transition from fee-for-service to value-based performance, helped NRH in selecting its quality measures for the first year of their MIPS reporting under the Centers for Medicare and Medicaid Services (CMS) Quality Payment Program (QPP). In addition, the PTN assisted NRH in tracking the quality measures, identifying where improvement was needed, and reporting the measures to CMS as part of the QPP.

PTN’s MIPS calculator assigned NRH a score of 100 percent of the total points possible (including bonus points) for 2017 MIPS reporting. This process is all a part of CMS’ new strategy to reform healthcare delivery and payment methods.

The work with KHIN assisted NRH providers in receiving payer incentive dollars from claims billed in 2017, Orear said. “Our providers earned from 5-13 percent in quality care incentives resulting in \$241,000 in increased reimbursement for 2017.”

More recently, NRH began using KHIN and the HIE to “submit demographics, admissions, discharges, transfers, progress notes, diagnosis and procedure coding, lab results, and medications,” Orear explained.

“We now have a more comprehensive picture of patients, which is resulting in higher patient satisfaction scores,” she said. The CG-CAHPS (Clinician and Group Consumer Assessment of Healthcare Providers and Systems) question asks if “provider knew important medical history.” Patient satisfaction scores in that area have increased by 3 percent in the past year.

Patient satisfaction scores are yet another example of data documenting Improvement Activities for MIPS reporting. Orear noted that EMR (electronic medical record system) restraints prevented NRH from using the improved CAHPS scores for 2017 reporting.

2018 Summit on Quality

Registration Now Open: Tenth Annual Summit on Quality

The Kansas Healthcare Collaborative and the Kansas Foundation for Medical Care, Inc., will jointly host the Tenth Annual Summit on Quality, Friday, May 4 at the Hyatt Regency Wichita. The program is designed to educate Kansas physicians and healthcare professionals.

As a part of the Summit program, the KaMMCO Foundation sponsors the 2018 Leadership in Quality Award. Annually, this award is presented at the Summit and recognizes hospitals for leadership and achievement in quality improvement and patient safety.

Topics and speakers include:

- **Toward a More “Human” Stewardship: The Sociology of Antimicrobial Prescribing**
Julia Szymczak, PhD, assistant professor, Department of Biostatistics, Epidemiology and Informatics, Division of Infectious Diseases, Perelman School of Medicine, University of Pennsylvania
- **Pathways to Population and Community Health**
Somava Stout, MD, MS, vice president, Institute for Healthcare Improvement; executive lead, 100 Million Healthier Lives

In addition to outstanding keynotes, the Summit includes morning and afternoon breakout sessions presented by physicians, nurses, and quality and patient safety professionals to share their experiences, best practices and innovative healthcare delivery in Kansas facilities.

A special block of rooms is reserved at the Hyatt Regency Wichita for Thursday, May 3 at the rate of \$125 plus tax. Make reservations by calling (316) 293-1234 and asking for the KHC room block for the Summit on Quality. The hotel cutoff date is April 11, 2018.

The brochure with more information is available on the [KHC website](#). In addition, [online registration](#) is available for the Summit on Quality. Please direct questions to Jared Martin, jmartin@kha-net.org at the Kansas Hospital Association.

Analytic Dashboard Demonstrations Scheduled Online

KaMMCO is pleased to announce upcoming dates and times to attend webinar demonstrations of the innovative suite of analytic dashboards, including the four new dashboards. To register, visit: www.kammco.com/events.

Full Dashboard Demonstration

- Wednesday, **April 4, 12:00 - 1:00 P.M.**
- Thursday, **May 3, 12:00 - 1:00 P.M.**

30 Minute New Dashboard Demonstration

- Tuesday, **April 10, 5:00 - 5:30 P.M.**

CME Offered for Quality Matters Webinar

In today’s environment, Medicare’s payment programs reward quality over quantity. Success relies upon high quality, accurate data, secured in a trusted health information exchange for physicians to utilize for analysis of patients’ and populations’ healthcare trends. To help Kansas physicians move forward in this data-driven world, KaMMCO Health Solutions and Laura McCrary, Ed.D, Senior Vice President, will present Quality Matters: The New Data Dilemma, an online educational webinar on Tuesday, May 8 from 5:00 p.m. to 6:00 p.m.

6:30 p.m. This presentation is designed to provide physicians and clinicians with the knowledge to drive quality improvement and transform healthcare through the application of meaningful data analytics for quality reporting, population health management, risk management and clinical effectiveness. The activity has been approved for *AMA Category 1 Education Credit™*.

For more information or to register, visit: www.kammco.com/events.

myKSHealthRecords: a Smart Way to Manage Personal Healthcare Information

The Kansas Health Information Network (KHIN) reminds members of the online patient portal which provides a secure, one stop site for healthcare data. myKSHealthRecords eliminates a patient's need to log into multiple portals, hand-carry their records, or rely on another physician's office sending information via fax.

"Now is the time to take charge of your healthcare," said Laura McCrary, Ed.D, executive director of KHIN. "myKSHealthRecords is a smart way for patients to manage medical information. Data from participating providers is in one location--records on medications, allergies, previous illnesses, injuries, and more. Access is simple and secure at any time."

KHIN supports and encourages patient engagement by electronically transmitting medical records available in the health information exchange to patients who have an established myKSHealthRecords account. Information can be updated, organized and accessed by computer, tablet or smartphone. myKSHealthRecords is certified by the Office of the National Coordinator (ONC) and meets all of the Meaningful Use and Merit-Based Incentive Payment System requirements.

Individuals can securely share medical information with trusted healthcare providers who may have access to full patient records including diagnosis, treatment, lab results, medications, etc., in an effort to deliver the most efficient and thorough care possible. Participants may create an emergency wallet card and access code when, if activated, gives physicians or emergency responders read-only access to critical health information.

To learn more, visit www.mykshealthrecords.com or call 877.520.5448.

Who Has Rights to a Deceased Patient's Medical Records?

Yolanda Sims, JD, MHA,

KaMMCO Loss Prevention & Risk Management Advisor

One of the most frequently encountered dilemmas in a medical records department or medical office setting is determining who has rights to a deceased patient's records. For the most part, granting requests for medical records of the deceased can be easily resolved, if proper documentation is on file. Unfortunately, there are times this seemingly easy request becomes complicated, particularly when it involves familial disputes.

Covered entities and business associates are required to comply with HIPAA requirements with respect to releasing "protected health information" (PHI). The law clearly indicates a person can obtain records of a deceased patient if they meet several requirements. First, you have to determine whether or not the individual seeking records is an administrator or executor of the deceased's estate. If so, this is the first person entitled to receive records. A deceased patient's personal representative (sometimes called a beneficiary) will have the same right of access as the patient would if he or she were still living. A personal representative is either the administrator of the person's estate or the executor under the patient's will.

45 CFR 164.502(g)(4) states "If under applicable law an executor, administrator or other person has authority to act on behalf of a deceased individual or of the individual's estate, a covered entity must treat such person as a personal representative under this subchapter, with respect to protected health information relevant to such personal representation." In the absence of an administrator, or executor, the deceased patient's surviving spouse, or next of kin, stands in the shoes of the deceased patient for medical records release purposes. (See K.S.A. 59-705(1)).

Those able to act on behalf of the deceased are, in proper order:

- Executor, or administrator, of estate;
- Personal representative of the deceased;
- Surviving spouse; and
- Next of kin:
 - Adult children equally;
 - Parents; and
 - Siblings.

Remember just because someone is related to the deceased does not mean they are entitled to their medical records. Legal documentation must be provided to prove one is the “personal representative” of the deceased. Be sure to verify the identity of the person seeking records and ask personal questions only a relative or a personal representative should be able to answer. This may require you to go beyond the standard date of birth or social security number inquiry. Also, document the request in the patient’s file.

Examples of acceptable documentation include the following:

- A certified copy of the Court Order establishing executor or administrator of the estate;
- a copy of the birth and death certificate indicating their next of kin; or
- any other legal documentation that establishes kinship.

Finally, if you receive a myriad of requests from various family members and cannot determine who has rights to the deceased patient’s records, I would advise you to tell the individuals there is a court of law in your county designated to address this legal issue. They should have their dispute resolved there and present a court-authorized document indicating the results.

An Update on New Medicare Cards

As you may know, the [Medicare Access and CHIP Reauthorization Act \(MACRA\) of 2015](#), requires the Centers for Medicare & Medicaid Services (CMS) to remove Social Security Numbers (SSNs) from all Medicare cards by April 2019. A new Medicare Beneficiary Identifier (MBI) will replace the SSN-based Health Insurance Claim Number (HICN) on the new Medicare cards for Medicare transactions like billing, eligibility status, and claim status. Cards in Kansas are expected to be delivered in July 2018 or later.

Prepare now for the transition to the new MBI on Medicare cards which begins April 1, 2018. The transition period is identified as April 1, 2018 through December 31, 2019.

Beginning in October 2018 and through the transition period, when providers submit a claim using a patient’s valid and active HICN, CMS will return both the HICN and the MBI on every remittance advice. Here are examples of different remittance advices:

- [Medicare Remit Easy Print](#) (Medicare Part B providers and suppliers)
- [PC Print for Institutions](#)
- Standard Paper Remits: [FISS \(Medicare Part A/Institutions\)](#), [MCS \(Medicare Part B/Professionals\)](#), [VMS \(Durable Medicare Equipment\)](#)

Find more information on the New Medicare Card provider [webpage](#).