Risk Management Mentor Program

Program Disclaimer

▶ Modules

1. Risk Management Fundamentals

2. Enterprise Risk Management

3. Applications

4. Healthcare Providers

5. Clinical and Patient Safety

6. Legal and Regulatory

7. Claims and Litigation

8. Risk Financing

Topics

- Web links
  - Primary sources
  - Templates
  - Questions
  - Responses

Module 4
Healthcare Providers

Objectives

Identify risk factors regarding employed and contracted providers

Examine risks specific to acquired medical office practices

Explore alignment opportunities with medical office practices and healthcare organizations to improve patient safety

Arrangement types

Direct employment

Contracted physician and advanced practice provider (APP) groups

Office practice acquisitions

Risk issues

Malpractice risks

- Credentialing and privileging
- Agency

Other liability risks

- Increased coverage responsibilities
- Human resources involvement
- Worker compensation
- Environment of care
- Possible accreditation surveys of practices
- Joint defense at trial

Frequent sources of litigation

Patient care continuity	Medical record access
• Communication between providers • Hand-offs • Follow-up care needs	• Record retention • Record alteration • Spoliation of records

▶ Opportunities

- Risk management
- Quality
- Infection prevention
- Safety
- Pathology and pharmacy oversight
- Biomedical equipment oversight
- Integration of care

Resources

- Becker's Hospital Review. (2014). The new physician employment model and malpractice insurance: What you don't know could cost you. Retrieved from https://www.beckershospitalreview.com/human-capital-and-risk/the-new-physician-employment-model-and-malpractice-insurance-what-you-don-t-know-could-cost-you.html

- Butcher, L. (2008). Many changes in store as physicians become employees. Managed Care. Retrieved from https://www.managedcaremag.com/archives/2008/7/many-changes-store-physicians-become-employees

- Karash, J. A. (2013). Liability coverage at a crossroads. Hospitals & Health Networks. Retrieved from https://www.hhnmag.com/articles/6074-liability-coverage-at-a-crossroads

▶ Quiz question

Hospitals acquiring medical office practices can provide (select all that apply):

    A. Credentialing and privileging
    B. Infection control oversight
    C. Laboratory oversight
    D. Pharmacy oversight
    E. Only B, C, and D

▶ Response

Hospitals acquiring medical office practices can provide (select all that apply):

A, B, C, and D

Rationale: Providers still need to be credentialed and privileged through the hospital to ensure that they are qualified and safe clinicians. Oversight of medical office practices through the hospital's infection control, laboratory, and pharmacy is essential to ensure patient safety, accurate testing, and proper medication administration.

Credentialing and Privileging

▶ Objectives

Define credentialing and privileging

Explain the process of credentialing and privileging

Examine 'red flags' found during the process

Explore potential liability associated with credentialing and privileging

Discuss credentialing and privileging for advanced practice providers

Definitions

Credentialing — qualified and safe

- Before provider appointment
- Recredentialed every two years

Privileging — delineating scope of patient care services

- Evaluation of clinical qualifications and performance
- Specific to care setting
- Updated with changes in scope and at recredentialing

How it's done

Medical staff bylaws
- Federal law
- State law
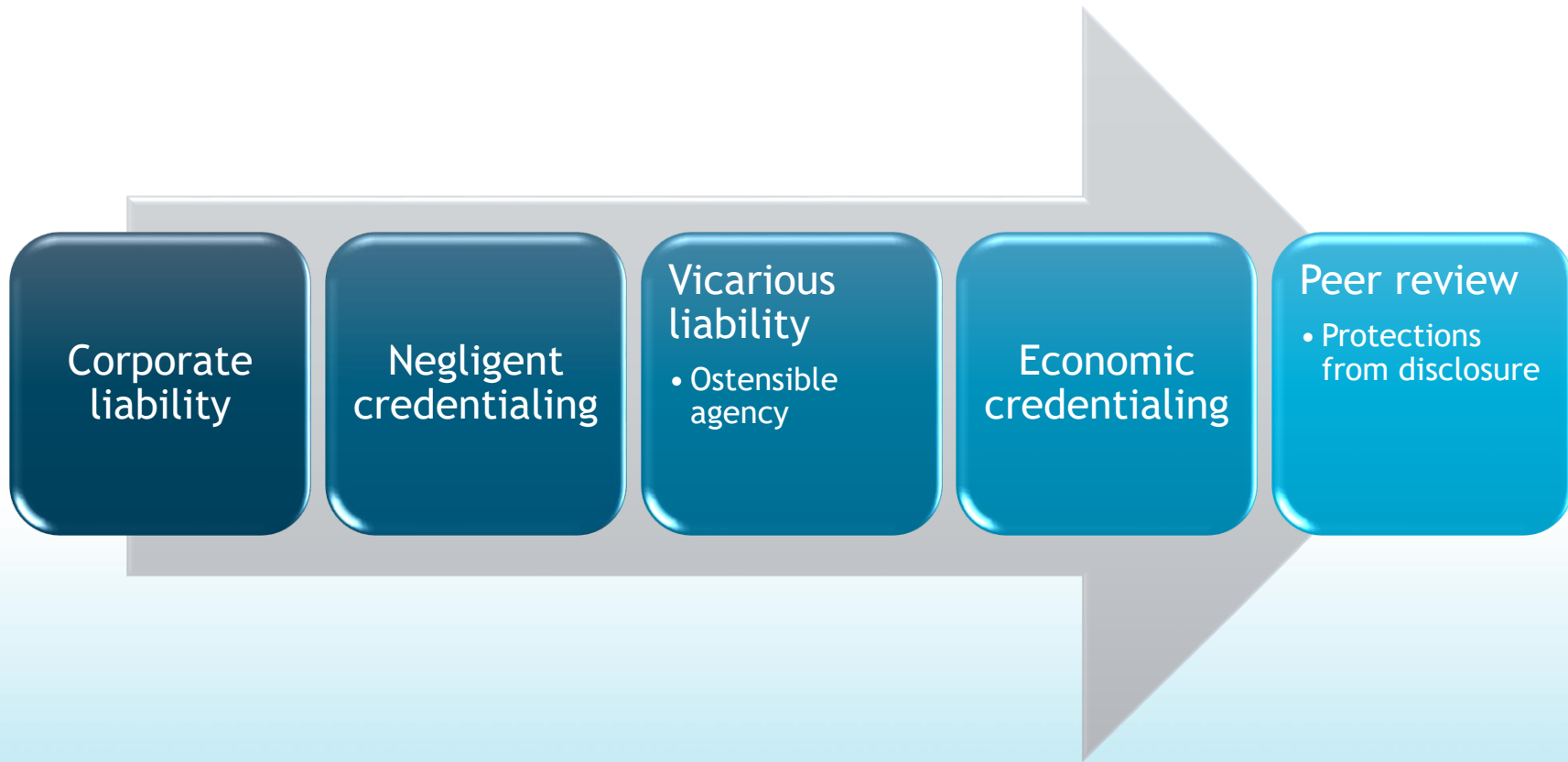- Standards/Accreditation

Credentialing process
- Pre-application
- Application

Red flags

- Reluctance to provide requested information
- Licensure or privilege issues
- Gaps in service or short tenures with organizations
- History of professional liability actions or other complaints
- Gaps in insurance coverage
- Poor performance evaluations

Potential liabilities

Corporate liability

Negligent credentialing

Vicarious liability
- Ostensible agency

Economic credentialing

Peer review
- Protections from disclosure

Advanced practice providers

Dependent vs. independent

Scope of practice

Identification of clinical services to be provided

Resources

- Carroll, R. (2011). Physician and allied health professional credentialing. In *Risk Management Handbook for Healthcare Organizations* (pp. 367-398). San Francisco, CA: Jossey-Bass.

- MedPro Group. (2017). Guideline: Credentialing and privileging. Retrieved from https://www.medpro.com/documents/10502/2837997/Guideline_Credentialing+and+Privileging.pdf

- MedPro Group. (2017). Guideline: Peer review in group practices. Retrieved from https://www.medpro.com/documents/10502/2837997/Guideline_Peer+Review+in+Group+Practices_12-2017_MedPro+Group.pdf

- National Association of Medical Staff Services. Retrieved from http://www.namss.org

▶ Quiz question

When looking for a physician for your remote critical access hospital, is having one show up at your doorstep overnight always a good sign?

    A. True

    B. False

▶ Response

When looking for a physician for your remote critical access hospital, is having one show up at your doorstep overnight always a good sign?

False. It is absolutely essential that every organization and physician practice perform due diligence in making certain that a provider is who he or she states he or she is and is appropriately educated, trained, licensed, insurable, and safe to practice medicine per federal, state, and organizational requirements. Any failure on the organization or practice's part to ensure a qualified and safe healthcare provider is subject to corporate liability based on negligent credentialing.

Telemedicine

Objectives

Define telemedicine along with its benefits and technology aspects

Examine state medical board requirements and state regulations in using telemedicine

Explore risk issues to be considered in implementing a telemedicine program

Discuss the essential elements in implementing a telemedicine program within the organization

Telemedicine

Includes electronic exchange of information

Excludes unsecured transmissions
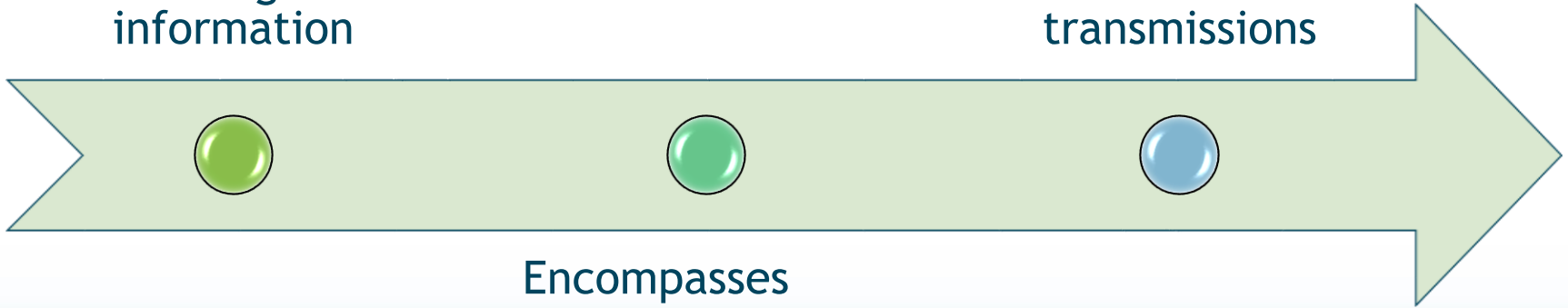
Encompasses

- Videoconferencing
- Continuing education
- Nursing call centers
- Patient portals

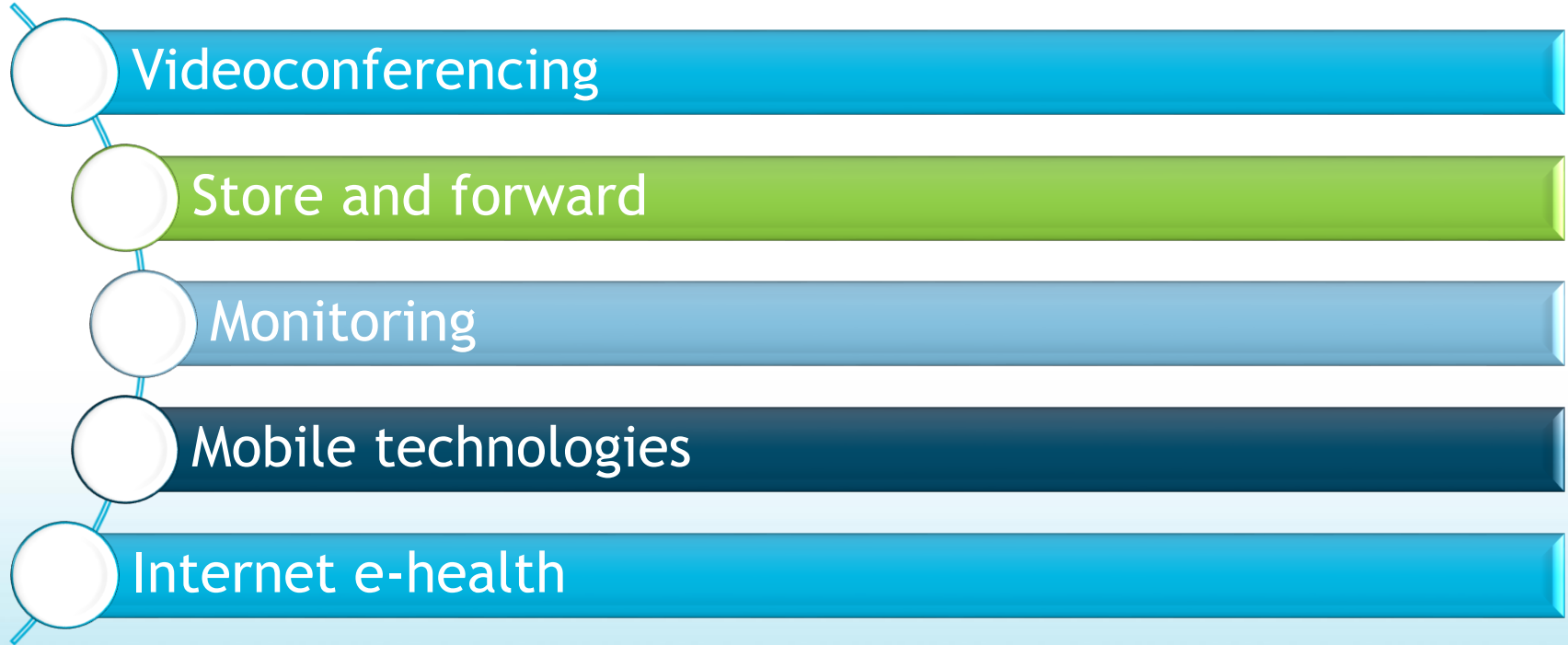# Benefits of telemedicine

Improved access

Cost efficiency

Improved quality

Patient satisfaction

Convenience

Types of technologies

Delivered through secure networks

Videoconferencing

Store and forward

Monitoring

Mobile technologies

Internet e-health

State medical board rules and regulations

Licensure
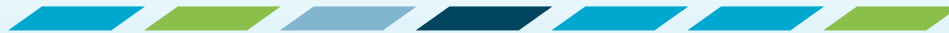
Scope of practice

Prescribing

Valid physician-patient relationship

Reimbursement

Consent

Documentation

Additional considerations

Written patient selection criteria

Guidelines for patients

Systems must be HIPAA-compliant

Risk issues

Clinical	Administration	Regulatory
• Provider-patient relationship • Patient assessment • Patient education • Staff education • Policies • Quality improvement	• Documentation • Billing • Patient identification • Privacy/security • Maintenance of technology	• State and federal regulations • Informed consent • Clinical decision-making • Written agreements and contracts

Risk strategies - Clinical

- Requirements for telehealth technology
- Staff training
- Communication reviewed and actions performed
- Standardized clinical protocols
- Patient instructions for follow-up treatment
- Quality and incident reporting
- Disclosure policy

Risk strategies - Administrative

Security and privacy features

Safeguards for the transmission of PHI

Document patient encounter

Patient and provider satisfaction

Functional technology

Risk strategies - Regulatory

Reduce risks of error and lost data

Proper credentials of providers

Incident reporting of complications and adverse

Contracts review

Implementation of telemedicine

Develop a plan

Personnel and patient buy-in

Financial sustainability

Technology needs

Practices and standards

References

- American Medical Association. (2015). Coverage of and payment for telemedicine. Retrieved from https://www.ama-assn.org/sites/default/files/media-browser/premium/arc/coverage-of-and-payment-for-telemedicine-issue-brief_0.pdf

- American Medical Association. (2014). Report 7 of the Council on Medical Service (A-14) coverage of and payment for telemedicine. Executive summary. Retrieved from https://www.ama-assn.org/sites/default/files/media-browser/public/about-ama/councils/Council%20Reports/council-on-medical-service/a14-cms-report7.pdf

- Center for Connected Health Policy, The National Telehealth Policy Resource Center. (2017). State telehealth laws and reimbursement policies: A comprehensive scan of the 50 states and District of Columbia. Retrieved from http://www.cchpca.org/sites/default/files/resources/Telehealth%20Laws%20and%20Policies%20Report%20FINAL%20Fall%202017%20PASSWORD.pdf

- MedPro Group. (2018). Top 10 risk management strategies for telehealth/telemedicine. Retrieved from https://www.medpro.com/telemedicine-risk-strategies

▶ Quiz question

In offering telemedicine services within the organization, what aspects must be considered per state board requirements and state regulations?

    A. Credentialing of providers

    B. HIPAA compliance system technologies

    C. Guidelines for patients

    D. Policies and procedures

    E. All of the above

▶ Response

In offering telemedicine services within the organization, what aspects must be considered per state board requirements and state regulations?

E. All of the above

Informed Consent

Objectives

Examine the tenets and elements of informed consent

Identify exceptions to, and special circumstances for informed consent

Review informed refusal

Clarify communication and documentation needs for informed consent

Tenets of informed consent

More than a signed form

Consent discussions and forms

Facility policy and process

Decision-making capacity

- Guardian for patients who are deemed incompetent
- Emancipated minors
- State-specific laws

Basic elements of informed consent

- Purpose of test, treatment, or medication
- Risks, benefits, and alternatives
- Risks and benefits of alternatives
- Explanation of risks and benefits of refusal
- Opportunity to ask questions
- Documentation
- Opportunity to make the decision

Exceptions

Emergency treatment

Therapeutic privilege

Compulsory treatment

▶ Informed refusal

Duty to inform is not enough

EMTALA

Competency

Response

Documentation

Special circumstances

Legislated categories of patients

- State or federal laws may specify special consideration for certain groups, like minors, mentally disabled persons, and persons exposed to bloodborne pathogens
- Check with your attorney to make sure you are aware of any rulings affecting your venue

Special needs patients

- Hearing and vision impaired
- Speech impaired

Cultural issues

Language barriers

Supplements and challenges

Supplemental materials

- Face to face
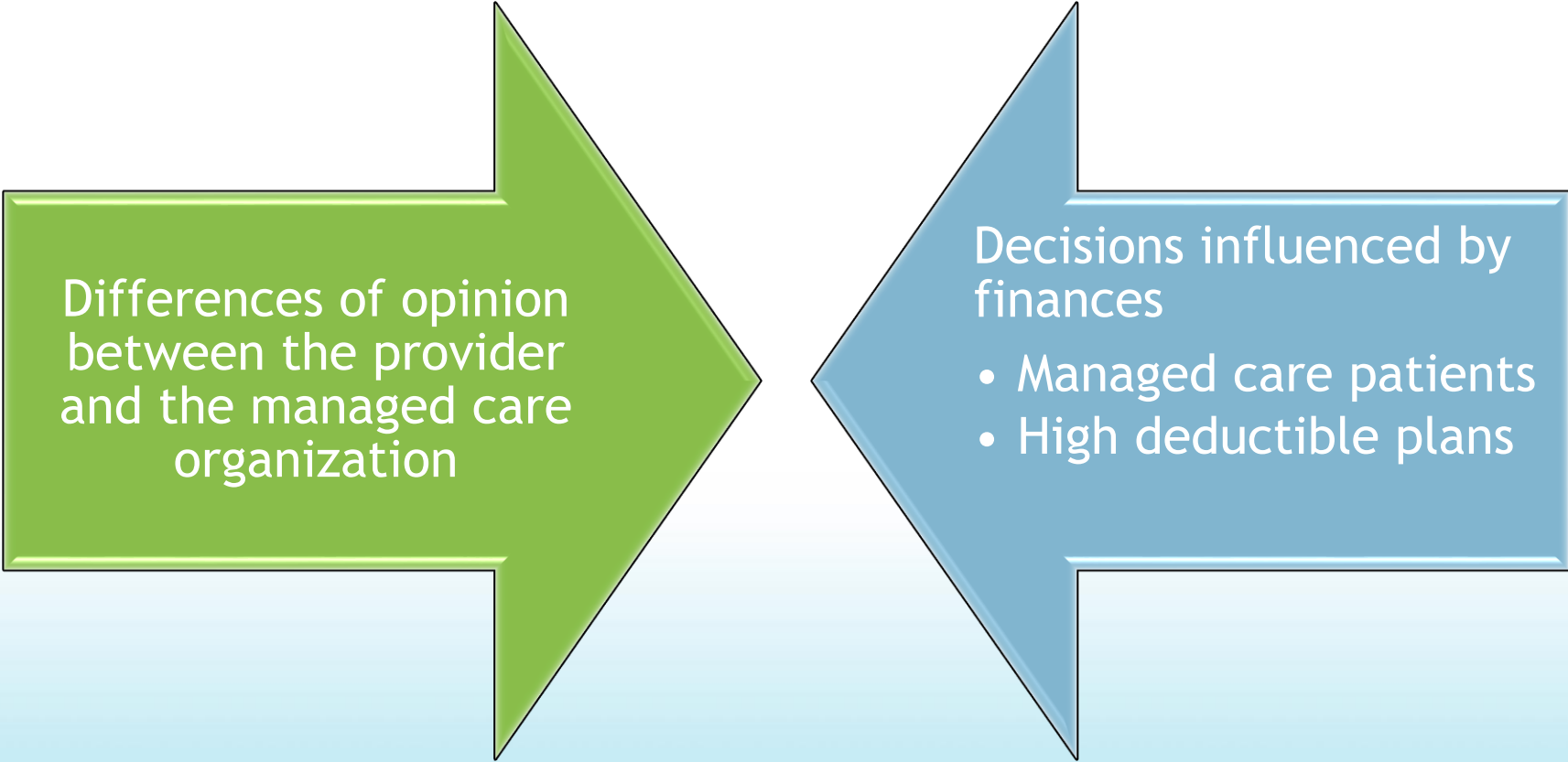- Videos/computer programs
- Print
- Internet

Barriers

- Internet
- Distractions
- Too much information
- Alternative and complementary medicine

Consent forms

- Easy to follow
- Segmented

Managed care and other payor situations

Differences of opinion between the provider and the managed care organization

Decisions influenced by finances
- Managed care patients
- High deductible plans

▶ Resources

- Carroll, R. (2011). Informed consent as a loss control process. In *Risk Management Handbook for Healthcare Organizations* (pp. 77-112). San Francisco, CA: Jossey-Bass.

- MedPro Group. (2017). Guideline: Risk management strategies for informed consent. Retrieved from https://www.medpro.com/documents/10502/2837997/Guideline_Risk+Management+Strategies+for+Informed+Consent.pdf

- MedPro Group. (2017). "You never told me!" Why thorough informed consent is paramount in patient care (webinar). Retrieved from https://www.medpro.com/informed-consent-od

▶ Quiz question

Informed consent can be delegated to other providers such as advanced practice providers.

    A. True

    B. False

▶ Response

Both A and B

Rationale: Depending on the state laws, informed consent may or may not be delegated to another provider. Recent rulings established as case law have mandated that only the physician performing a procedure can give informed consent. Be sure to check with state laws for your jurisdiction.

▶ Disclaimer

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