February 14, 2020

NATIONAL NEWS

One in Five Patients Gets A Surprise Medical Bill After Surgery, Study Finds

Researchers found that more than 20% of surgical patients were hit with an unpaid balance, according to a study released this week in JAMA. The average bill was more than $2,000. "For a large percentage of the public, getting one of these bills is really going to be financially devastating," Zack Cooper, an associate professor of public health and economics at Yale University's School of Medicine, said. A Federal Reserve report found that nearly 40% of adults in the United States in 2018 would have trouble paying an unexpected $400 bill.

The study highlights how common surprise billing is, even in a context where consumers may have an illusion of control over what they will have to pay. Surprise bills are common after emergency care or nonsurgical hospital stays, when patients may not be able to choose healthcare providers covered by their insurance. For elective surgeries, patients often have time to select in-network providers, but it didn't appear to make a difference.

"These are patients that actually choose their surgeon and their hospital, so it's surprising that despite narrowing it down to people who have really done their homework, we still find the same rate [as for emergency care]," said Dr. Karan Chhabra, the lead researcher on the investigation.

Surprise billing was a focus in Congress last year, but legislation never made it through. This week, two bills up for debate and revision in the House of Representatives aim to stop surprise medical billing. (NPR, 2/11)

INDUSTRY NEWS

Study Links Gum Disease and Cardiovascular Events

Experts know there’s a link between gum disease and cardiovascular events, but now new research has put a spotlight on why this link exists. According to two research abstracts being presented at the American Stroke Association's International Stroke Conference, gum disease (also known as periodontitis or periodontal disease) was linked to a higher rate of strokes caused by the hardening of large arteries in the brain and also with severe artery blockages that haven’t yet caused symptoms. The studies suggest that treating gum disease (with other stroke risk factors) could reduce the risk for stroke.

Gum disease is associated with inflammation, which seems to play a role in blood vessel hardening, also known as atherosclerosis. The studies don't show that gum disease can cause artery blockage or stroke, just that there's a link. Cardiovascular diseases, including strokes, are multi-factorial diseases, experts caution.

Periodontal diseases could be one of the variables associated with cardiovascular diseases, but there are numerous other risk factors that make the cause-effect relationship effect difficult to determine, noted Paulo Camargo, DDS, a professor at the UCLA School of Dentistry. While there could be sources of inflammation that impact blood vessels, researchers think the gums are the likely origin, noted Dr. Souvik Sen, a professor and chair of clinical neurology at the University of South Carolina School of Medicine, who led both studies. This is because the gum bacteria known as P. gingivalis has been identified in carotid arteries, and gum infection
bacteria known as Streptococcus sp DNA has been found in brain blood vessels, research stated. (Healthline, 2/12)

**Tail Coverage Causes Confusion, Financial Stress for Young Physicians**

Getting tail coverage often comes as a complete and costly surprise for new doctors, said Dennis Hursh, a healthcare attorney in Pennsylvania, who deals with physicians’ employment contracts. “Having to pay for a tail can disrupt lives,” Hursh said. “A tail can cost about one-third of a young doctor’s salary. If you don’t feel you can afford to pay that, you may be forced to stay with a job you don’t like.”

Physicians in all stages of their careers may need tail coverage when they leave jobs, change MPL carriers, or retire. But young physicians often have greater problems with tail coverage for several reasons. They tend to be employed, and as such, they cannot choose the coverage they want. As a result, they most likely get claims-made coverage. When leaving a job, the tail comes into play. More than half of new physicians leave their first job within five years, and of those, more than half leave after only one or two years. Young physicians have no experience with tails and may not even know what they are. "In training, malpractice coverage is not a problem, because the program handles it," Hursh said. Accreditation standards require that teaching hospitals buy coverage, including a tail when residents leave.

So when young physicians are offered their first job and are handed an employment contract to sign, they may not even look for tail coverage, Hursh said. Instead, "young physicians tend to focus on issues like salary, benefits, and signing bonuses," he said. There’s no easy way to get out of paying the tail coverage once it is enshrined in the contract. The full tail can cost five or even six figures, depending on the physicians’ specialty, the local MPL premium, and the physician’s own claims history. (Medscape, 2/10)

**Technology Is Changing the Way Doctors Practice from Televisits to Remote Monitoring, AMA Survey Finds**

Significantly more physicians are using emerging health technology in their clinical practice than they were just three years ago, according to a new American Medical Association (AMA) survey. The largest growth among digital health tools was the use of televisits/virtual visits, the survey found. Physician adoption doubled from 14% in 2016 to 28% in 2019, with doctors using audio/video connections to see patients remotely. Physicians are also increasingly using digital tools to remotely monitor patients, the survey found.Driving the adoption of these two tools is a significant increase in the importance physicians place in providing remote care to patients beyond their office.

The adoption of digital tools has grown among all physicians since 2016 when the AMA first benchmarked the integration of emerging health technology into clinical practice, the group said. Physicians are using technology to engage patients, interpret and use clinical data, and manage outcomes and other measures of care quality, the survey found. “The rise of the digital-native physician will have a profound impact on healthcare and patient outcomes, and will place digital health technologies under pressure to perform according to higher expectations,” Jesse M. Ehrenfeld, MD, the AMA’s board chair, said. (Fierce Healthcare, 2/6)

**STATE NEWS**

**Missouri Finds Managing Pain Without Opioids Isn’t Fast or Easy**

Missouri began offering chiropractic care, acupuncture, physical therapy, and cognitive-behavioral therapy for Medicaid patients in April, the latest state to try an alternative to opioids for those battling chronic pain. Yet only about 500 of the state’s roughly 330,000 adult Medicaid users accessed the program through December, according to Josh Moore, the Missouri Medicaid pharmacy director. While the numbers may reflect an undercount because of lags in submitting claims, the jointly funded federal-state program known in the state as MO HealthNet is hitting just a fraction of possible patients so far.
Meanwhile, according to the state, opioids were still being doled out: 109,610 Missouri Medicaid patients of all age groups received opioid prescriptions last year. The going has been slow, health experts said, because of a slew of barriers. Such treatments are more time-consuming and involved than simply getting a prescription. A limited number of providers offer alternative treatment options, especially to Medicaid patients. And perhaps the biggest problem? These therapies don’t seem to work for everyone.

The slow rollout highlights the overall challenges in implementing programs aimed at righting the ship on opioid abuse in Missouri—and nationwide. To be sure, from 2012 to 2019, the number of Missouri Medicaid patients prescribed opioid drugs fell by more than one-third—and the quantity of opioids dispensed by Medicaid dropped by more than half. Still, opioid overdoses killed an estimated 1,132 Missourians in 2018 and 46,802 Americans nationally, according to the latest data available. “The opioids crisis we got into wasn’t born in a year,” Moore said. “To expect we’d get perfect results after a year would be incredibly optimistic.” (Kaiser Health News, 2/13)

South Carolina Jury Awards Family $1 Million

A York County, South Carolina, jury has awarded $1 million to the family of a man, after the jury said he did not receive standard of care medical treatment for broken ribs, court documents show. Bill Pratt, 65, who had liver cancer at the time, died in 2015 from pneumonia about two weeks after suffering nine cracked ribs in a fall down stairs, according to court documents and the family's attorney. The jury awarded Pratt's family $360,000 in survivor damages, and $640,000 in consortium damages from lost companionship for Pratt's widow, documents show. The jury verdict form said the defendants, a radiology group and a physician, were negligent in the care received by Pratt. (The Herald, 2/12)

Walgreens, CVS Blame Physicians for Florida's Opioid Crisis

Walgreens and CVS filed a complaint claiming 500 anonymous physicians are the "real culprits" behind Florida's opioid crisis, not the pharmacists who filled the opioid prescriptions. Florida filed a lawsuit in 2018 that claimed the two retail pharmacy giants sent an unreasonably high number of opioids to the state as the overdose rate doubled between 2014 and 2016. The lawsuit claims that Walgreens should have realized their opioid orders were inappropriate when it distributed 2.2 million opioid tablets to a city of 12,000 people in 2017. It also says CVS sold 700 million opioid doses in Florida between 2006 and 2014.

In response, Walgreens and CVS have filed a third-party complaint denying liability for the state's opioid crisis and asking the court to focus on who they say is the real culprit: the physicians who prescribed the opioids. "Pharmacists do not write prescriptions and do not decide for doctors which medications are appropriate to treat their patients," the complaint stated. "While pharmacists are highly trained and licensed professionals, they did not attend medical school and are not trained as physicians. They do not examine or diagnose patients. They do not write prescriptions."

Florida Attorney General Ashley Moody called the complaint a publicity stunt and a "tone-deaf distraction." Walgreens and CVS sued hundreds of Ohio physicians last month, saying physicians and other prescribers should have to pay some legal penalty if drugstores are found liable, as the drugstores were simply following the directions of the physicians. (Becker's, 2/11)

Physician Population in Texas Hits 10-year High

The Texas’ physician population has been increasing at a record pace for the past decade, according to new data from the Texas Medical Association. The state added 4,869 newly licensed physicians in 2019, up 7.9% from the year prior. Texas' current physician workforce translates to a ratio of 190 physicians for every 100,000 Texas residents—a ratio that has grown every year since 2009. The Texas Medical Association credits this growth to medical liability reform laws that passed in 2003 to better protect physicians and hospitals from lawsuits. "I think if you look at the statistics since the reforms were enacted, they really show a tremendous
increase in the number of physicians coming to Texas, but not only that, the overall rates of physician growth has been higher than the rate of population growth," Stanley Wang, MD, a cardiologist, said. (Becker's, 2/10)

**INTERNATIONAL NEWS**

**MDU Warns Doctors to Protect Their Online Privacy to Prevent Advances From Infatuated Patients**

The Medical Defence Union (MDU) is warning healthcare staff to consider whether they are revealing too much about themselves online following a number of cases in which infatuated patients have been able to discover medical professionals’ personal details. The MDU issued the warning as it revealed it supports around 20 to 30 doctors and nurses each year whose patients have overstepped professional boundaries by acting on their romantic feelings. A recent Medscape survey of 1,378 hospital doctors and GPs in the U.K. also found that 17% of respondents had suffered sexual harassment by a patient.

Incidents reported by MDU members range from patients asking the doctor out for a drink to more persistent behavior such as sending inappropriate cards and gifts, attempting to embrace the doctor or contacting them via social media, email, text message, or messaging app. In some cases the patient researched the doctor or nurse and sometimes their family and friends using information found online.

“Medical professionals can be understandably very distressed by unwanted advances from patients. This is especially the case when contact is made via a personal mobile, email address, or social media account as those targeted can feel their privacy has been breached,” Dr. Ellie Mein, MDU medico-legal adviser, said. “With personal information being more easily accessible, we are advising our members to consider protecting their privacy by reviewing online data. Consider whether home addresses, personal emails, and details of family members are accessible including on business and company websites and in published research papers. It’s also important to review social media security settings.” (MDU, 2/13)

**MEMBER NEWS**

**New Webinar: Wednesday, March 4**

**Late-career Clinicians—Promoting Wellbeing While Managing Risk**

The MPL Association will present a webinar on late-career physicians on Wednesday, March 4, 2:00-3:00 pm ET. The webinar is free for MPL Association members and affiliate partners. Physician wellness and the topic of late-career clinicians is a complex issue that can have impact on patient care as well as an organization’s risk management strategy. In this webinar, hear from two experts about the promise of and challenge with a proactive, objective assessment system that can both manage risk while supporting clinicians. Don’t miss this opportunity to gain some insights into this multifaceted issue. (MPL Association, 2/14)

**Register Now for the MPL Industry’s Biggest and Best Event of the Year—the 2020 MPL Association Conference, May 6-8 in Washington, D.C.!**

This conference is the one place you want to be to learn about, understand, and stay current in the fast-paced medical professional liability insurance sector. Featured sessions include:

**Keynote: Innovation Through Candid Dialogue and Collaboration** – learn how to encourage people to bring forward new ideas, and to how to examine those options thoughtfully and critically before making the tough calls.

**Keynote Panel: Innovation and the Impact, Challenges, and Opportunities for the MPL Industry** – industry executives discuss new technologies and other issues in innovations and how they could affect medical liability and risk financing.
Luncheon Speaker: The Current Political and Legislative Environment – using poll numbers, economic indicators, and historical data, Charlie Cook discusses today's political and legislative environments in a balanced, non-partisan way.

Closing Keynote: Leadership, People, and Innovation – learn how to create an environment that takes advantage of and maximizes the skill, integrity, and personal ownership of every member of the team.

Learn more about registration, accommodations, sessions, and speakers. (MPL Association, 2/14)

Come to Washington, D.C., Early and Join Us for the 2020 MPL Association Leadership Forum!

The 2020 MPL Association Leadership Forum will take place on—May 6 in Washington, D.C. This half-day event precedes the MPL Association Conference and is designed specifically for MPL company leaders, directors, and managers. The outstanding lineup of speakers will provide practical guidance on how to enhance operations and maximize leadership skills to benefit attendees and their MPL insurance company. Register now for the Leadership Forum! (MPL Association, 2/14)

Thomas Pytel, Jr. Joins MICA as Vice President, Marketing & Corporate Communications

Mutual Insurance Company of Arizona (MICA) this week announced the appointment of Thomas Pytel, Jr., as its new vice president, Marketing & Corporate Communications. Pytel has extensive experience in insurance marketing and has held several senior leadership roles for admitted and non-admitted insurance carriers. Most recently, he served as senior vice president, Marketing & Communications for a national property and casualty insurer, based in Scottsdale, Arizona. MICA’s Chief Operating Officer Ronald E. Malpiedi stated, “Thomas is a highly respected marketer within the insurance industry, and now a welcome addition to the MICA senior leadership team. His experience and talent will serve to strengthen MICA’s brand and further our vision to be the insurance company of choice for physicians and their groups, medical facilities, and advanced healthcare professionals.” (MICA, 2/12)

Coverys Syndicate 1975 Appoints Valentina Minetti as Active Underwriter

Coverys Managing Agency Limited this week announced the appointment of Valentina Minetti as active underwriter for Syndicate 1975. Minetti brings more than two decades of underwriting experience in healthcare lines and actuarial managerial roles. She joins from Beazley, where most recently she has had responsibility for the underwriting of the U.S. hospitals portfolio and for coordinating and implementing the division’s MPL strategy in this field. Robin McCoy, chief executive officer, Coverys Managing Agency, said: “Valentina is a highly regarded MPL underwriter in the market. Her knowledge and expertise in the sector, combined with Coverys’ resources and capabilities, is aligned with Coverys’ plan to be a market leader in the medical professional liability sector in the Lloyd’s market.” (Coverys, 2/10)