



October 14, 2016

## National News

### **CMS Releases MACRA Final Rule, Makes 2017 Transition Year**

CMS will set aside \$20 million a year for five years to help support and train physicians in practices with 15 or fewer doctors. The agency also said it will make 2017 a transition year, which would mean 2018 payments would not be affected by that year's performance. The law would still go into effect on January 1, 2017. "We recognize, as described through many insightful comments, that many eligible clinicians face challenges in understanding the requirements and being prepared to participate in the Quality Payment Program in 2017," CMS Acting Administrator Andy Slavitt said. (Healthcare Finance, 10/14)

### **CDC Warning: Infection Risk for Devices for Heart Surgeries**

The Centers for Disease Control and Prevention (CDC) has issued a warning for healthcare providers and patients to be aware of a potential risk of infection from certain devices used during open-heart surgeries. In a release issued this week, the CDC said new information indicates that some LivaNova Stöckert 3T heater-cooler devices might have been contaminated by bacteria during manufacturing. The device is used in about 60% of more than 250,000 heart bypasses performed in the U.S. every year, according to the CDC. The agency put the chance of a patient getting an infection at between one in 100 and one in 1,000 at hospitals where at least one infection has been identified. Patients with valve replacements or prosthetic products implanted are at higher risk. While some patients in the CDC investigation have died, it is not clear whether the deaths resulted directly from the infection. (Medscape, 10/13)

### **3M, Google Team Up to Develop Health Information Tools**

A new partnership between 3M and a Google company seeks to develop new tools to help health systems cut costs, identify trends, shorten patient stays, and lower mortality rates. The deal is with Verily Life Sciences, a subsidiary of Alphabet that was formerly called Google Life Sciences. The companies hope to work with hospitals, clinics, insurers, and regulators to securely analyze data across delivery systems, from hospitals to home health, transitional care facilities, and specialty offices. The companies expect to develop tools that lead to new payment practices, where clinicians and doctors are paid based on the health of their patients and lowered hospital readmission rates, officials said. "This collaboration reflects our commitment to continued innovation in health information systems that address real-world problems facing healthcare today, while protecting the privacy and security of health data," said JaeLynn Williams, general manager of 3M Health Information Systems. (Advisen, 10/12)

### **Doctor Versus Digital: Docs Make More Accurate Diagnoses**

Human doctors made a correct diagnosis more than twice as often as 23 commonly used symptom-checker apps in a head-to-head comparison. The research, published in *JAMA Internal Medicine*, builds on a previous evaluation of symptom-checker apps and websites that found many had deficits in both diagnosis and triage accuracy. The physicians named the correct diagnosis first 72% of the time, while the online tools listed the correct diagnosis first just 34% of the time. Doctors made the correct call among their top three picks 84% of the time, while the symptom checkers did so just 51% of the time. "Clinical diagnosis is currently as much art as it is science, but there is great promise for technology to help augment clinical diagnoses," co-author Ateev Mehrotra, an associate professor of healthcare policy at Harvard Medical School, said. (Fierce Healthcare, 10/10)

### **Kaiser CEO: Telehealth Outpaced In-Person Visits Last Year**

Kaiser Permanente is seeing more patients online than in person, according to its CEO. The health network saw approximately 110 million people last year, with about 59 million connecting through online portals, virtual visits, or the health system's apps, CEO Bernard J. Tyson said. That accounted for 52% of the health system's total visits that year, he said. "We are going through a major transformation in healthcare," Tyson said. "Because we were all-knowing, we built the entire healthcare industry where everyone has to come to us, but now we are reversing the theory where people have to come to us for everything, so we've invested billions in our technology platform."

The announcement represents an important milestone in telehealth: the first time a large health system has reported more virtual encounters than in-person encounters. It's also testament to the growing popularity of mHealth and telehealth among consumers. In a study conducted late last year by the University of Missouri School of Medicine, roughly 80% of providers and patients said they were satisfied by the care delivered and received through a video visit. (mHealthIntelligence, 10/11)

### **2016 Annual Rate Survey Indicates MPL Premiums Remain Flat**

According to recently released data from the 2016 Medical Liability Monitor Annual Rate Survey, the medical professional liability insurance industry's premiums remain essentially flat, experiencing only a very slight (0.1%) cumulative decrease from last year across the industry. For the vast majority (75%) of insurers in the survey, rates remained the same between 2015 and 2016, slightly higher than the percentage with no manual change shown between 2014 and 2015 (71%).

"The stability of medical malpractice premium rates is a stark contrast to the tumult occurring in other segments of the U.S. healthcare delivery system as a result of the reforms spurred by the Affordable Care Act," said Michael Matray, editor of Medical Liability Monitor. "A full three quarters of the respondents to our survey reported no rate changes in the last year, and just under 80% of respondents said they believe the market is neither hardening or softening. Only 20% of respondents felt the market is getting softer, down from 43% who felt rates would continue to deflate last year."

When reported MPL insurance rates are broken down regionally, the Northeast and the Midwest are showing overall average rate increases, albeit very slight increases of 0.8% and 0.3%, respectively. The South and West regions both show average decreases of less than 1%; 0.7% and 0.5%, respectively. (prweb, 10/10)

## **The Best (and Worst) States to Practice in 2016**

Each year the website Physicians Practice assesses practice conditions across the United States, in search of the best, and worst, states to practice. The result is a survey that provides an economic, regulatory, and operational overview of practice conditions for each of the 50 states and the District of Columbia. According to the survey, this year's top-five Best States to Practice are: Texas, Idaho, Mississippi, Utah, and Georgia. The bottom-five states include: Ohio, West Virginia, Maine, Minnesota, and Illinois. (Physicians Practice, 10/10)

## **State News**

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## **International News**

### **Surgical Safety in Canada: A 10-year Review of CMPA and HIROC Medical-legal Data**

Recently, the Canadian Medical Protective Association (CMPA) produced a retrospective analysis of Canadian surgical incident data which includes recommendations to advance knowledge in patient safety concepts and has led to system and practice improvements. The report was prepared jointly by the CMPA and the Healthcare Insurance Reciprocal of Canada (HIROC), in support of the Integrated Patient Safety Action Plan, a national initiative of the Canadian Patient Safety Institute and key healthcare stakeholders. To read the summary analysis, detailed report, or the PIAA *Inside Medical Liability* magazine article which reviews the analysis, go to the CMPA website. (CMPA, 10/14)

### **Reporting of Child Abuse not the Answer**

Registered healthcare professionals in the U.K. already have strict professional guidance that requires them to act on concerns about child abuse. Introducing a legal duty that requires doctors to report and to follow up reporting of child abuse is not necessary, according to PIAA member the MDU. In fact, it may introduce delay to the detriment of children, the MDU said. The MDU’s statements are in response to a consultation paper “Reporting and acting on child abuse and neglect.” The MDU said healthcare professionals’ child protection duties are already clearly set out and that doctors know their duty and do act in the best interests of children. MDU medico-legal adviser Dr. Ellen O’Dell said, “Doctors already have very clear professional guidance requiring them to act on concerns about child abuse or neglect. These duties are far wider in scope and explained in far greater detail than proposed legal duties. Our concern with a mandatory duty to

report child abuse is that rather than reinforce the existing ethical requirements, it would create a new and different threshold. This may introduce confusion about whether a case should be reported leading to a delay which would be to detrimental to the child.” (The MDU, 10/13)

## Member News

### **Registration Now Open for the 2017 PIAA Dental Workshop**

The 2017 PIAA Dental Workshop will be held April 19-21 at The Hutton hotel in Nashville, Tennessee. The workshop is designed to meet the needs of PIAA member-company professionals involved with dentistry: insurance professionals in claims, risk management, and underwriting, dentists, oral surgeons, and legal counsel—as well as anyone with a stake in the liability issues that arise in dentistry and oral surgery practice.

For more information on speakers, sessions, accommodations, and registration, go to [www.piaa.us](http://www.piaa.us). (PIAA, 10/14)

### **Register Now for PIAA’s 2017 CEO/COO Meeting and Board Governance Roundtable**

Registration for the 2017 PIAA Chief Executive Officer/Chief Operating Officer Meeting and Board Governance Roundtable, both of which will be held at the Westin Kierland Resort in Scottsdale, Arizona, is now open.

The CEO/COO Meeting will take place March 15-18. For more information and to register, go to the PIAA website.

The Board Governance Roundtable will be held March 16-18. For more information and to register, go to the PIAA website.

Hotel accommodations are available for both events at the Westin Kierland Resort, and early reservations are strongly advised. The PIAA discounted hotel room rate is available on a first-come, first-served basis and may sell out at any time. To make a reservation, please call 480.624.1000 and reference the PIAA meeting. (PIAA, 10/14)

### **CMPA Contact Centre Wins Multiple Awards for Customer Service**

The Canadian Medical Protective Association (CMPA) announced this week that its Membership and Contact Centre Services department received 13 individual and staff honors at the annual Ottawa Regional Contact Centre Awards. These awards recognize the high level of customer service that CMPA contact center employees provide to more than 95,000 physician members across Canada. The awards honor professionalism, performance excellence, teamwork, innovation, and leadership. This is the sixth consecutive year that CMPA has been singled out for recognition at the Ottawa Regional Contact Centre Awards. “We couldn’t be prouder of our employees,” said Dr. Todd Watkins, managing director of Physician Services at CMPA. “Although these awards recognize individual contributions, each award is a reflection of the quality and performance of the entire Membership and Contact Centre Services team.” (CMPA, 10/11)

### **Physicians Insurance A Mutual Company Hires Marsha Hughes as New VP of Risk Management**

Physicians Insurance announced this week the addition of Marsha Hughes as its new vice president of risk management. "We are very fortunate to have attracted Marsha to Physicians Insurance," said President and CEO Mary-Lou Misrahy. "She is professional, enthusiastic, motivated, and forward thinking and will help our members as they navigate the constant changes in healthcare." Hughes comes to PI most recently from MMIC North Carolina where she worked as the vice president of risk management since 2004. In addition, she has a broad background in national healthcare consulting (which focused on hospitals) with 13 years of medical resource management and health insurance experience. (Physicians Insurance, 10/10)

### **Taking Action with CANDOR Conference Postponed Until 2017**

Taking Action with CANDOR, a conference designed to allow participants to work interactively with the CANDOR (Communication and Optimal Resolution) Toolkit, which was recently announced in *PIAA Newsbriefs*, has been postponed until first quarter 2017. The event offers opportunities to learn and practice CANDOR communication methods and be coached by several of the leading implementation experts who developed CANDOR. (Collaborative for Accountability and Improvement, 10/7)