

# Risk Management

# SNAPSHOT

Current issues and trends in healthcare risk management for practice managers.

May 2019

## The Center for Disease Control and Prevention issues report on maternal deaths.

The Center for Disease Control and Prevention states that approximately 700 women die in the US each year due to pregnancy related complications. Three in five of these deaths are preventable. What can clinicians do to recognize and address these complications?

The American Hospital Association's article on the [CDC Update](#) reports that pregnancy related deaths occur during pregnancy, at delivery, and up to a year after childbirth. Providers should be aware of signs and symptoms to look for during pregnancy and beyond, and they should educate their patients about when they should seek help.

Test tracking and appointment management is essential to assuring your patients receive the appropriate care and follow up. Your Medical Mutual risk manager can survey your practice's appointment and results management processes. Contact your MMIC risk manager today to find out how we can help you in your improvement efforts.

Medical Mutual's practice tips [Appointments: Referral Not Completed, Missed \(No Show\) & Canceled Appointments](#) and [Diagnostic Test Tracking Systems](#) are two of our practice tips that can assist your practice in providing safe and effective care.

## Infection prevention in ambulatory care settings.

Recognizing that the majority of healthcare services now takes place outside of hospitals, The Joint Commission (TJC) has material available to help promote infection prevention practices in ambulatory settings. The information is free and includes posters and other patient information. How does your practice promote infection prevention?

TJC has a new [Speak Up to Prevent Infections](#) campaign. The campaign offers free, easy-to-understand material that ambulatory providers can use to educate their patients on how they can avoid spreading infections.

Your Medical Mutual risk manager can provide your practice with a survey to evaluate your infection prevention strategies. Contact your risk manager today to set up a survey.

## Operation Brace Yourself

Federal investigators charged two dozen people including physicians and medical equipment companies in a \$1 billion Medicare scam. Elderly and disabled people were targeted to receive neck, back, and knee braces that they didn't need. Did your patients fall victim to this scam?

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NBC News reported that this [scheme involved doctors receiving bribes and kickbacks from medical brace manufacturers](#) for prescribing medically unnecessary braces. Many of the prescriptions were written by providers who had never seen the patient.

Medical Mutual's practice tip [Appointments: Referral Not Completed, Missed \(No Show\) & Canceled Appointments](#) can assist your practice in setting up effective systems to assure appropriate patient referrals.

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## Medical Professional Liability Association (MPL) identifies diagnostic error as most common cause of claims.

The MPL Association's Data Sharing Project (DSP) reviewed approximately 84,000 malpractice claims and lawsuits and found that diagnostic error was cited as the primary allegation in 22% of the cases. What is your practice doing to identify and address diagnostic error?

The DSP is the largest independent collaboration in medical professional liability claims and lawsuits. [Data from the project](#) can be used to study claims and identify areas of medical practice most vulnerable to malpractice claims. Claims Involving Diagnostic Error gives a breakdown of closed claims and lawsuits reported between 2008–2017.

Setting up an effective risk management program in your practice can assist you in identifying areas for improvement. Medical Mutual's practice tip [Clinical Risk Management Program – Development Guide](#) provides you with steps to follow in establishing your program.

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## Food and Drug Administration (FDA) identifies harm related to sudden discontinuation of opioids.

A safety announcement states that the FDA has received several reports of patients being harmed by the rapid discontinuation of opioid prescriptions. Patients have experienced withdrawal symptoms, uncontrolled pain, and suicide. Are your providers working with patients to discontinue opioids in a safe manner?

The [FDA's safety announcement](#) encourages providers to develop patient specific plans to gradually taper patients off of opioids. Rapid discontinuation of opioids can lead to withdrawal symptoms and uncontrolled pain. Patients with untreated pain and withdrawal symptoms may turn to illicit opioids such as heroin to relieve their symptoms.

Our practice tip Opioids and Chronic Pain Control: Avoiding Risks When Prescribing Medication Therapy in the Primary Care Practice provides you with information on opioid prescribing, including links to state regulations.

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## Frequently Asked Questions:

This past month we have received requests for information around HIPAA in the office practice. All covered entities (CE) must know their obligations under HIPAA and HITECH.

Medical Mutual's Practice Manager Seminar, Patient Communications In The Office Practice: Increasing Clarity, Reducing Risk, will be held on June 11, 2019 at the Harraseeket Inn in Freeport, ME. This informative seminar will include the presentation The ABCs of Complying with HIPAA by Taylor Fawns, Esq. of Kozak & Gayer, P.A.

This FREE seminar is open to MMIC policyholders and you can [register here](#).

## Risk Clips: Test Your Risk Management Knowledge

### May's Risk Clip

One of the providers in your practice came into your office with a very concerned look on her face. The provider proceeded to tell you that she had ordered a chest x-ray on one of her patients a year ago. The results came back with a question of a neoplasm and the radiologist recommended a chest CT scan. She never saw the report and did not follow up with the patient. The patient is scheduled for an appointment the next day and the provider is wondering what she should share with the patient.

What is your response?

Submit your answers to [lmcleod@medicalmutual.com](mailto:lmcleod@medicalmutual.com) and remember to ask your staff how they would handle this situation!

### Answer to April's Risk Clip:

A receptionist in your pediatric office practice is registering a 6-year-old patient; she knows the patient and her family well. The parents are divorced and both of the parents bring the child in for visits. Today however, a different woman has brought the child in for her annual well-child checkup. The receptionist asks the woman's relationship to the child and the woman states that she is the child's new stepmother and that she will be bringing the child in for her appointments. Your receptionist excuses herself and comes into your office to ask you how she should proceed.

**Answer:** In this situation the receptionist was correct to question the step-mother's authority to bring the minor child in for an office visit. In situations where a person other than the parent or legal guardian is requesting care, written authorization by the parent or legal guardian should be provided. In some situations, the office staff might consider calling one of the parents and obtaining consent over the phone. The phone call should have two staff members on the line to witness the parent providing the authorization. Going forward, a written authorization should be obtained. New authorizations should be obtained annually. It is good practice to include this information on your patient portal and/or in your patient brochure. MMIC's practice tip [Minors and the Right to Consent to Health Care Treatment](#) provides information on treating minors.



Call 800.942.2791  
to speak with a  
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Manager today.