

July 19, 2018

## Practice Management

### Starting the Cost of Care Conversation: Implementation Strategies, Resources and Available Tools



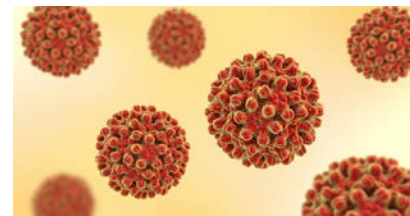
If you want to discuss the cost of care with your patients, but hesitate because you aren't sure where or how to start, then this is the webinar for you! NYACP will be sharing resources, tools and strategies derived from earlier demonstrations in physicians' practices that will support integrating the conversation into your workflow. You will have access to materials that promote patient buy-in and facilitate training, learn about available tools and strategies for making the conversation more comfortable. We will even talk about how it overlaps with other initiatives that could improve your reimbursement.

[Register now](#) for this first of four webinars designed to make the conversation with patients about cost and quality less of a conundrum!

**Presenter:** Amanda Allen, Project Coordinator at NYACP  
**Date:** August 15, 2018  
**Time:** 12pm – 1pm

### Health Advisory: Outbreak of Hepatitis A Virus (HAV) Infections Among Persons Who Use Drugs

The Centers for Disease Control and Prevention (CDC) and state health departments are investigating hepatitis A outbreaks in multiple states among persons reporting drug use and/or homelessness and their contacts. This Health Alert Network (HAN) Advisory informs public health departments, healthcare facilities, and practices providing services to affected populations about these outbreaks of hepatitis A infections and provides guidance to assist in identifying and preventing new infections.



- The enclosed Centers for Disease Control and Prevention (CDC) Health Advisory describes efforts undertaken by CDC, state and local health departments in response to HAV outbreaks among persons reporting drug use and/or homelessness and their contacts.
- In New York State outside of New York City, 36 cases have been reported to date in 2018, a 58% increase compared to the average

number of cases reported from January through June in each of the last 3 years.

[See risk factors, treatment options, and reporting requirements here](#)

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## *Advocacy*

### **New York State Workers' Compensation Board to Reduce Paperwork and Lower Administrative Burdens for Physicians**

The New York Chapter has been diligently advocating to reduce worker's compensation board administrative burdens for over a decade, and as announced on April 17, 2018, the New York State Workers' Compensation Board (Board) will replace the current Board treatment forms: Doctor's Initial Report (Form C-4), Doctor's Progress Report (Form C-4.2), Occupational/Physical Therapist's Report (Form OT/PT-4), Psychologist's Report (Form PS-4), and Ancillary Medical Report (Form C-AMR) with a singular form, the CMS-1500. This initiative will help reduce paperwork, lower provider administrative burdens, and will leverage physicians' current medical billing software and medical records while promoting a more efficient workers' compensation system.

It is expected that the initiative will roll out in three phases, [see details here](#).

Visit the [CMS-1500 Initiative](#) section of the CMS website to access [technical specifications](#) for the CMS-1500 medical billing and associated acknowledgement data and to find periodic updates.

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## *Membership*

### **NYACP Seeks Your Input for 2018 Fall BOG Resolutions**

Every member has an opportunity to provide input regarding the development of policies and positions of ACP and the Chapter through the resolutions process.

We ask for your input on the proposed resolutions to be acted on at the ACP Board of Governors (BOG) Fall meeting in October 2018. [You may submit comments on any or all of the resolutions through our online comments page here](#).

[Please review this copy of the ACP 2018 Fall BOG Resolutions to see the resolutions in more detail.](#)

*Please note that the New York Chapter Resolutions have been extracted since they have previously been acted upon by NY Chapter members*

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## Opportunities to Represent ACP in Projects Related to Clinical Policies



ACP frequently receives requests from medical societies, governmental agencies, and other external health care organizations to provide input related to clinical policies and projects, such as clinical guidelines or performance measures. The level of participation varies from reviewing and commenting to participating in meetings in-person. These are important opportunities to provide an internist's perspective on evidence-based approaches to care.

Please keep a look out for our communications in the coming months, and we thank you in advance for your contributions to these important initiatives. If you have any questions about this work, please contact Amir Qaseem, MD, PhD, MHA, FACP at [aqaseem@acponline.org](mailto:aqaseem@acponline.org).

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## MLMIC Provides Clarification to Consent Form Instructions Contained in Policyholder Information Statement

PARTNERING WITH NYACP  
GET MORE THAN A POLICY



MLMIC recently sent notices to eligible policyholders who, according to MLMIC's records, had a policy administrator or an employer on an Employee Professional Liability Insurance Policy (EPLIP Employer) in effect at any time from July 15, 2013, through July 14, 2016. The notices explained how cash consideration allocable to eligible policyholders upon completion of the Proposed Transaction with Berkshire Hathaway could be designated to such policy administrators or EPLIP employers by completing a consent form and returning the executed consent form to MLMIC's tabulation agent, Computershare Inc., in the envelope provided with each notice.

If you have any questions about the designation process, please call 1-888-467-9074 from 9 a.m. to 4 p.m., Eastern time, Monday through Friday.

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## MLMIC's Summer 2018 Case Review

A new set of case studies, for MLMIC insured physicians and facilities is available now for online reading. Both cases are followed by a legal and risk management perspective.

1. **Case Study #1: The Importance of Protocols for Dealing with Noncompliant Patients** - This case details what happens when an internist and a psychiatrist fail to communicate with each other to coordinate their patient's care.
2. **Case Study #2: Lack of Communication Between Treating Physicians is a Serious Detriment to Patient Care** - In this case, failure to file a discrepancy report results in a delayed diagnosis of breast cancer.

To access the Summer 2018 *Case Review*, click [HERE](#).

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## **MLMIC's New Online CME Module Series Addresses Diagnostic Errors**

MLMIC has recently announced that a new series of CME modules addressing diagnostic errors is now available online.

*High Exposure Liability: Errors in Diagnosis – Parts I & II* feature a physician expert and a defense attorney discussing high exposure liability claims associated with errors in diagnosis. The top medical factors that contribute to diagnostic errors are reviewed, and strategies to prevent claims are outlined. Risk management strategies to help physicians improve the quality of patient care and reduce their potential liability risk are also provided.

To learn more about MLMIC's CME modules, including how to register and view them, [please click here](#) or contact MLMIC at (518) 786-2700.

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