Publication of Medical Mutual/Professionals Advocate®

DOCTORS

Volume 28, No. 1

Spring/Summer 2020

EHR SHOULD STOKE YOUR FIRE, NOT BURN YOU OUT!

find out...

- Make your EHR work for you: The benefits of optimizing your Electronic Health Record
- Steps to take to improve EHR interoperability with Health Information Exchanges
- Quick reference for your convenience: Common health information technology terms

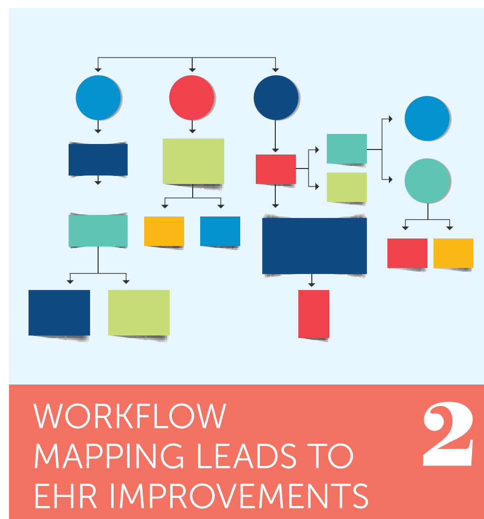
A LETTER FROM THE CHAIR OF THE BOARD

Dear Colleague:

As the mostly uncompensated burden of increased clinical data reporting and use of technology gets laid at the doorstep of the Physician, it is important to find ways to reduce this burden and the burnout that it creates. This latest newsletter will discuss how you can reap the benefits of optimizing your EHR to make it work for you and your practice.

George S. Malouf, Jr., M.D., FACS
Chair of the Board
MEDICAL MUTUAL Liability Insurance Society of Maryland
Professionals Advocate Insurance Company

ISSUE HIGHLIGHTS



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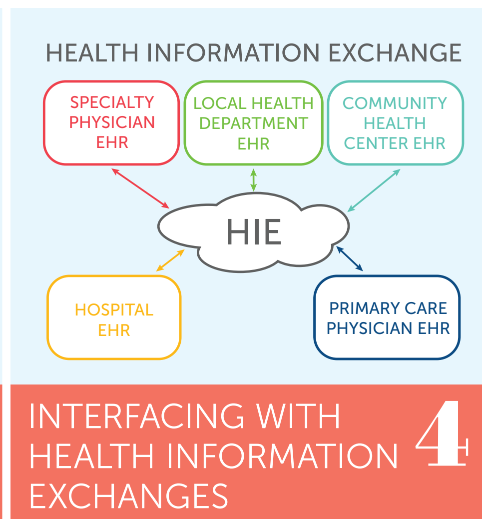

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EHR SHOULD STOKE YOUR FIRE, NOT BURN YOU OUT!

Several recent surveys indicate that Electronic Health Record ("EHR") usage is a leading cause of Physician burnout.[1] Certainly, the forced and expedited transition to EHR in the medical arena did not allow for the "normal" infusion of technology into such a broad and diverse system. Additionally, there were few standards or best practices to rely on for implementing EHR. Even the technology itself was in its infancy, as evidenced by the number of EHR suppliers that have gone out of business or that have made wholesale overhauls to systems introduced just a few years ago. Physicians, without the benefit of information technology expertise, had to find their own systems and develop their own implementation and integration plans.

Amazingly, Physicians were able to meet the EHR compliance levels required of them. However, and not surprisingly, the residual impact of such a transition continues to be a major source of Physician stress and burnout. This reality is the bad news. The GOOD NEWS is that this is NOT supposed to be how the introduction of technology should affect your practice! Technology should make you more efficient, more capable, and provide you with more complete documentation. Put simply, Your EHR system should work for YOU!

Think of other technology applications you are familiar with - your cell phone, your smart TV, your automobile's navigation system. You didn't change the way you talked on the phone, you simply had better access, and with the advent of the smartphone, much more instrumentation. You didn't change the way you watch TV; you now had more content sources and capabilities. You didn't change the way you drove your car; you simply became more efficient at getting from point A to point B. These technologies added value to you and reduced stress, they didn't *add* stress. This is how your EHR system should feel.

So, how do you get there from here? You already have an EHR system, and you already use your laptop or tablet when you are conducting exams. Often, when you express frustrations, the advice you are given is to "look up more at your patient." While you, or anyone, would agree that more eye contact is a good thing, that really offers very little help for you to conduct your exam and meet the demands of the EHR documentation and still see a reasonable number of patients each day. The solution is found well before the patient enters your exam room. The key to finding that right balance of technology is to OPTIMIZE your system to meet your needs. Yes, certain systems already in place may have some innate limitations, but most will have enough flexibility to get you to a better place. So, let's turn our attention to optimization.

Optimization is making the EHR system do what you want it to do. It is the process of fine-tuning the system to meet a medical practice's individual needs which, in turn, improves clinical productivity, clinical efficiency, billing and documentation. How do we begin? It

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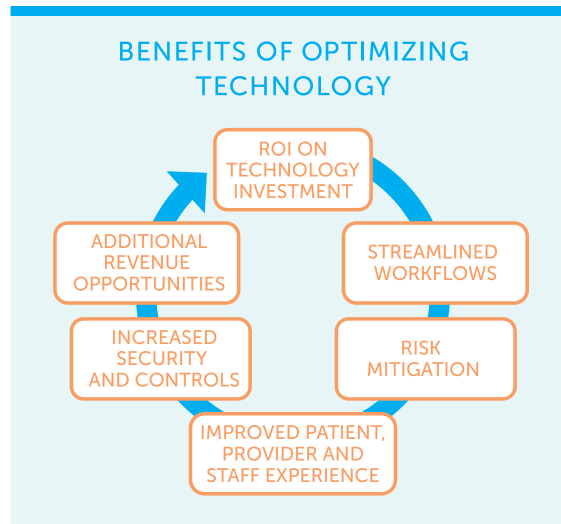
NOTE

See page six for technology terms that are regularly used in the context of utilizing Health Information Technology that would be helpful for Physicians.

starts with determining what YOU want. It may seem simple, but a well-designed "workflow" takes a little time.



STEP 1 - WORKFLOW MAPPING LEADS TO TECHNOLOGY IMPROVEMENTS IN THE EHR

Each practice is unique — with its own culture, user preferences, roles, responsibilities, specialties, patient needs, and geographic locations. That uniqueness is what sets you apart. There are, however, common threads that run throughout the entire industry: all practices need to capture patient demographic information and relevant insurance information. All practices need a secure location to record treatment plans for continuation of care, document the reason for the visit, document vitals, and document basic health history in preparation for medical services. Practices also need to store, transmit, and reconcile billing for services.

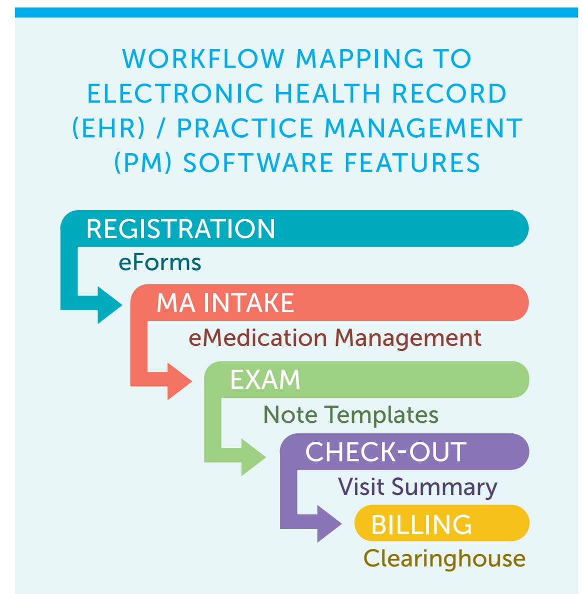
The tech industry (which includes EHR and PM software vendors) tends to place all Physicians into the same "bucket" during program development. The downside to this approach is the lack of flexibility in programing software features. While there are general requirements common to all practices, not all Physicians, Practice Administrators, Nurses, Billers, Front Office, and Medical Assistants have the exact same workflows and goals for the use of technology. There is a tendency to force our unique organizations to fit into the confines of an out-of-the-box software system.

Practices should work with their software vendors to improve EHR functionality and customize it (where it can be) to fit their unique needs. It's a disservice to think that technology and software are one size fits all solutions. To manage Physician burnout, you should consider a new approach to your relationship with technology. A critical step is taking the time to analyze your workflows and map them to your technology.

Where do you start with mapping workflows to technology?

- *Document* workflows to include *manual* processes. These workflows should be outlined by area (i.e. Front Office, Mid-Office/Nursing, Visit Encounter, Coding and Charge Entry, Billing, Payment Posting, A/R follow up, and Collections).
- *Identify* if there is an EHR/PM software feature that can improve or even replace each workflow documented as noted above. Workflow mapping should lead the practice to identify tasks that can be automated.

It's also a good idea to determine which value-based incentive programs your practice participates with and map the performance measures of each program. It is common to find overlapping measures over several programs. If your practice can connect multiple measures with multiple value-based incentive programs, that will eliminate duplication of resources. It is important to check program regulations during the value-based incentive program measure mapping process to ensure applicable exclusions are considered.[2]



Practices also may customize EHR software *features* to streamline workflows: setting reminders to follow up on orders, using secured messaging, and having access to electronic formularies provides risk mitigation. Mapping workflows to user needs will facilitate an improved patient, provider, and staff experience. Additionally, establishing appropriate access controls and authentication processes will increase security. Leveraging note templates such as Chronic Care Management and Transitional Care Management not only improves patient care, but also offers additional revenue opportunities.

STEP 2 - IT'S NEVER TOO LATE TO CUSTOMIZE

The typical entry point for customizing EHR/PM software technology is during the implementation and planning phase. For those Physicians who have already begun using EHR/PM software, it's never too late to establish a look back/evaluation period after software implementation to identify necessary modifications. This is a good opportunity to analyze practice changes, survey user experience, and identify features that are not being used that may improve productivity. This goes back to the scenario above — even though things seem to be operating the way you would like; it is important to reevaluate as your practice adjusts to the EMR system.

Software re-evaluation after going live allows you to address gaps that may not have been considered during the original software implementation process. Physicians are encouraged to initiate and implement software course corrections after software implementation to avoid the continuation of broken workflows, processes, or features that create additional administrative burdens.

There are also instances in which software upgrades may occur or new features added that require programming or an additional purchase. Understanding the full capability of software allows providers to implement what they need and leave behind what they don't.

Workforce feedback is *essential* to the success of software use. Each person plays a specific role and based on their software access and job expectations, views data from several perspectives. Having input from everyone in the practice allows for comprehensive customization of the entire software based on varying perspectives.

Two of the most important EHR/PM software features that should be customized for every practice are the note templates and Charge Description Master (CDM).

Note templates should be customized by a Certified Coder to ensure:

- Compliance with documentation and coding guidelines
- Templates are specialty-specific when necessary
- Capture of a complete and comprehensive picture of the encounter to demonstrate risk burden and complexity

Note: *Be careful to ensure that templates are **not** customized in a way that consistently or erroneously inflates or minimizes the service level. Doing so could result in fraud or abuse allegations if inflated and might make it difficult to defend if a malpractice claim is made or may result in loss of revenue if minimized. In addition, using templates – in the place of free text – could make it problematic in the defense of a malpractice claim. Instead, utilize free text to outline your thought process and treatment plan rationale. Don't rely solely on "drop downs" and templates. **It is important to incorporate your thought process behind the diagnosis.***

The CDM is the listing of all Current Procedural Terminology (CPT) and Healthcare Common Procedure Coding System (HCPCS) codes that will be billed by the organization. Each PM software has a basic list of CPT and HCPCS codes. This list, however, needs to be customized for the individual organization. The CPT and HCPCS codes are updated annually.

Did you know...

Workforce feedback is essential to the success of software use. Each person plays a specific role and based on their software access and job expectations, views data from several perspectives.

Reporting

The AMA conducted a recent study with the help of a large Physician group. They found an interface within their EHR that allows them to subscribe to patient information from their affiliated hospitals and home health agencies. All lab results, x-ray reports, transcribed notes and Continuity of Care documents go directly to the group's EHR.[3]

The CDM should be maintained and monitored regularly to ensure:

- Updates and education on annually released billable codes
- Tying payer fee schedules to the CDM for alerts of over or underpayments
- Filtering of the organization's most frequently billed CPT/HCPCS codes to minimize searching through unrelated specialty codes

When optimizing technology, Physicians should use this as an opportunity to ensure that staff are working to their full potential. Ensure that staff are working to the top of their credentials by delegating work to ancillary members and by training and motivating staff to take on additional responsibilities as appropriate to relieve some of the burden from providers. Have staff do as much leg work as possible to avoid administrative intervention from the provider. Providers should be limited to those tasks related to medical decision-making, such as: ordering tests and medications, diagnosing conditions, and other medical functions.

Consider this scenario, *a 9-year-old child was seen in a pediatrician's office for a possible upper respiratory infection. After the exam, the pediatrician confirmed the diagnosis and went into his EHR to order amoxicillin for the patient from the drop-down menu. When he entered the dosage, an alert popped up causing the pediatrician to pause – he had selected the adult dose and not the children's dose. This caused him to change the prescription before it was electronically sent to the pharmacy. Since he optimized his EHR to fit his practice's needs by adding programming to provide medication alerts based on a patient's age, he was able to avoid a potential adverse outcome for this patient.*

EHR claims are on the rise for health care providers and generally involve allegations that use of EHR contributed to the patient's injury. These allegations frequently include failure of drug or clinical decision support alerts or user-related factors such as copying and pasting progress notes. Documentation in the medical record provides proof of what was done and EHRs provide a rich source of data. Moreover, optimization efforts institutionalize risk mitigation into your system, aid in reducing the chance of error, and improve patient safety. As evidenced in the above scenario, using the correct EHR, optimized based on your practice needs will result in more complete medical records and aid in your defense should a medical liability claim arise.

STEP 3 - INTERFACING

Another way of streamlining the process is to **interface** (interact) with other systems. Consider interfacing EHR/PM software technology with other platforms for improved interoperability and user experience.

To do so, practices can create a list of software and other health care organizations that they wish to interface with and share information automatically and securely.

A few examples include: Labs, Radiology, Hospitals, Health Information Exchanges, Billing Software, and Clearinghouses.

For example, the AMA conducted a recent study with the help of a large Physician group. They found an interface within their EHR that allows them to subscribe to patient information from their affiliated hospitals and home health agencies. All lab results, x-ray reports, transcribed notes and Continuity of Care documents go directly to the group's EHR.[3] This is just one example of how you can use interfacing in your practice to improve EHR operability.

Practices can take interfacing options a step further, and enhance organizational workflows, by reducing data entry and eliminating the need for staff intervention.

Medical equipment also has the potential to interface with EHR/PM software technology. To determine if this can occur, obtain an approved software interface list from your EHR/PM software vendor. Take that information and use the manufacturer information for your internal equipment to see if there's a fit. If so, connect the EHR/PM software vendor with your equipment vendor and you'll be on your way to an interface. *Ensure the interface is HIPAA-compliant and meets applicable security standards. This can be done by checking with your EHR vendor.*

From a malpractice perspective, interfacing with other systems and EHRs will assist you with getting a clearer picture of a patient's

ongoing care and treatment. For example, if you have a concern over a patient who is on opioids and might be abusing them, you can have access to their ED visits through the Chesapeake Regional Information System for our Patients (CRISP) or the ConnectVirginia system – where you can appropriately track their treatments and medications.

Interfacing Success Examples

- Equipment that is interfaced will eliminate the need to scan in results from previously ordered external testing.
- Equipment that is interfaced allows for seamless reconciliation of services reducing the amount of unbilled charges.
- Connecting through a Health Information Exchange (HIE), such as Chesapeake Regional Information System for our Patients (CRISP) or VirginiaConnect, will prompt the Electronic Notification System (ENS), thereby notifying the medical practice of patients who have been either admitted or discharged from the hospital, enabling the Physician to initiate Transitional Care Management (TCM) services to avoid potential readmission.
- Laboratory interfaces allow for electronic orders and incoming results directly into the EHR, which improves patient care and communication of results.
- Many EHRs have a built-in PM billing component, so the need for an interface is not necessary. However, if a selected EHR does *not* have a built-in PM component, interfacing the two systems will eliminate the need for duplicate entry of patient demographic, insurance, and billing information into both systems.
- Having a medical billing clearinghouse interfaced with PM software offers the capability of electronic benefits check through the appointment scheduler, an automated posting of incoming Electronic Remittance Advice (ERA) with payment details from insurance companies, as well as the ability to manage insurance denials in a cohesive fashion.

STEP 4 – PERIODICALLY REPEAT STEPS 1-3

Over time, and as technology continues to evolve, it is important to view EHR optimization as a continuous process to improve your system. Keeping an open line of communication with key stakeholders and superusers across both clinical and financial areas, revisiting implemented changes to evaluate their effectiveness, and making data-driven adjustments throughout the process will help your practice get the most from your EHR investment.

TO SUMMARIZE:

It is important to remember that the key elements listed above will help you properly

Reminder:

Over time, and as technology continues to evolve, it is important to view EHR optimization as a continuous process to improve your system.

FOR MORE INFORMATION, VISIT

MMLIS.COM/EHR

OR

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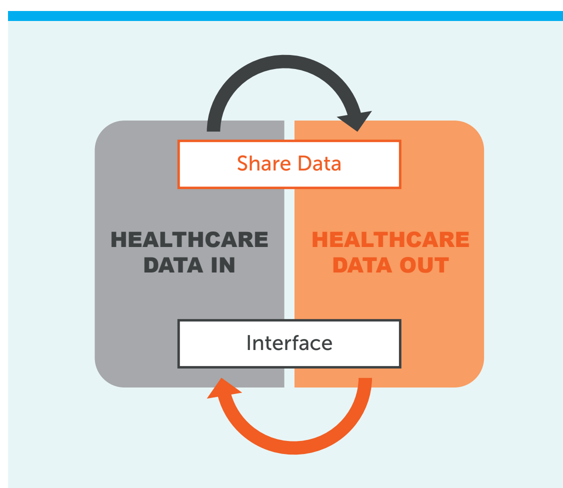
implement and/or optimize your EHR and help with EHR fatigue:

- *Workflow Mapping.* Remember to work with your EHR vendor to improve technology and customize it to fit your unique needs — **document** those workflows and **identify** those tasks that can be **streamlined**.
- *Customize.* Remember, it's never too late to customize your EHR. Typically, it's best to customize during implementation. However, even if you have already begun using your EHR, you can establish a "go-back" period to evaluate and improve the functionality of your EHR system. It is important to get workforce feedback during this period as well. It is key to focus on templates and the Charge Description Master.
- *Interface.* Look to streamline the process it takes to interact with other systems — like labs, Radiology clinics, Hospitals, Health Information Exchanges, billing software, and clearinghouses.
- *Repeat* periodically and as technology continues to evolve, reevaluate your EHR system to ensure it is successfully meeting your needs and the needs of the practice. Remember, an electronic medical record is an investment, and it's important to try and grow that investment as your practice groves.



EHR and other technologies can seem intimidating, but they can be leveraged to work *for* and *not against* you. Take the steps outlined in this newsletter to optimize performance, help reduce burnout, and improve documentation to mitigate potential malpractice claims. The EHR is not going anywhere anytime soon, so take the steps above, take control, and continue to move your practice forward.

Common Health Information Technology (HIT) Terms

Bi-Directional Interface Two independent systems sharing information back and forth with one another
Clearinghouse Software platform that typically interfaces with billing/practice management software for the purposes of claim submission, denials management, and insurance eligibility
Data Migration Transferring or moving data from one software to another
Device Configuration Aligning of health care organizations equipment to include computers, laptops, and printers with software technology for the successful use of software on devices
Electronic Prescribing of Controlled Substances (EPCS) Feature within EHR that allows for ePrescribing of controlled substances through a registration process that eliminates the need for paper prescriptions; typically includes an additional cost above the standard EHR license fee
Electronic Health Record (EHR) Software that maintains medical record information electronically
Health Information Exchange (HIE) Software platform that stores information online and allows patients access along with regional health care provider sharing of stored health-related data
Health Information Technology for Economic and Clinical Health (HITECH Act) - The HITECH Act expands privacy and security under the HIPAA law and increases penalties for non-compliance
HIPAA Security Risk Assessment Mandated for medical organizations to assess the security and privacy of protected health information (PHI); Outcomes include a list of security vulnerabilities that should be addressed to secure PHI
Interface Independent systems interacting; one system sharing information with the primary system automatically and seamlessly
Interoperability Multi-disciplinary and multi-organizational sharing of health information for coordinated and cohesive care
Patient Portal Software that typically is included in an EHR system that allows patients to access portions of their health record and communicate with health care providers and their staff
Patient Security Access Groups Used to limit access to health records to groups of individuals such as employees who also are patients or family members of employees who are patients
Practice Management Software (PM) Software that typically interfaces/communicates with an EHR for the purpose of managing and documenting practice operations such as registration, scheduling and billing
Open Application Program Interface (API) Allows for an App to interface/communicate with a proprietary software
Structured Data Important data points (i.e., name, DOB, Dx, CPT) that are programmed to populate in a repository such as a report
Test Environment Used to practice on software features prior to using live patient data

references

[1] Devitt, M. (2019, January 16). Study: EHRs Contribute to Family Physician Stress, Burnout. Retrieved May 7, 2020, from https://www.aafp.org/news/practice-professional-issues/20190116ehrstudy.html

[2] For example, if a provider participates in the Maryland Primary Care Program, they are excluded from billing for Chronic Care services as they already are financially incentivized under that program for that service.

[3] Cut burnout by following these 3 steps to optimize the EHR. (2019, August 7). Retrieved April 16, 2020, from https://www.ama-assn.org/practice-management/digital/cut-burnout-following-these-3-steps-optimize-ehr

CME TEST QUESTIONS

1. The first step in mapping workflows is to *identify* software features that can improve or replace each workflow.

   A. True   B. False

2. It is a good idea to determine which value-based incentive programs the organization participates with and map the performance measures of each program.

   A. True   B. False

3. The only time to customize your EHR is when it is first implemented in the practice.

   A. True   B. False

4. You do *not* need workforce feedback to ensure the success of the software's use.

   A. True   B. False

5. Physicians should also consider optimizing staff by delegating tasks that can be done by an ancillary member based on their credentials.

   A. True   B. False

6. It is important to interface with other covered entities to improve interoperability.

   A. True   B. False

7. Reducing data entry and eliminating staff intervention can enhance organizational workflows.

   A. True   B. False

8. Ensuring interfaces are HIPAA compliant and meet security standards is not essential to interfacing.

   A. True   B. False

9. If your selected EHR does not have a billing component, interfacing the two systems will eliminate the need for duplicate entry of patient demographic, insurance, and billing information into both systems.

   A. True   B. False

10. After optimization is complete, you do not need to repeat any of the steps listed as your practice changes.

    A. True   B. False

Instructions – to receive credit, please follow these steps:

Read the articles contained in the newsletter and then answer the test questions.

Mail or fax your completed answers for grading:

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Attention: Risk Management Services Dept.

1. One of our goals is to assess the continuing educational needs of our readers so we may enhance the educational effectiveness of the *Doctors RX*. To achieve this goal, we need your help. You must complete the CME evaluation form to receive credit.
2. Completion Deadline: August 31, 2020
3. Upon completion of the test and evaluation form, a certificate of credit will be mailed to you.

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CME EVALUATION FORM

Statement of Educational Purpose

Doctors RX is a newsletter sent twice each year to the insured Physicians of MEDICAL MUTUAL/Professionals Advocate.®
Its mission and educational purpose is to identify current health care-related risk management issues and provide Physicians with educational information that will enable them to reduce their malpractice liability risk.

Readers of the newsletter should be able to obtain the following educational objectives:
1) Gain information on topics of particular importance to them as Physicians
2) Assess the newsletter's value to them as practicing Physicians
3) Assess how this information may influence their own practices

CME Objectives for "EHR Should Stoke Your Fire, Not Burn You Out"

Educational Objectives: Upon completion of this enduring material, participants will be better able to:
1) Understand the importance of optimizing their EHR
2) Identify the key elements necessary to obtain the benefits of optimization
3) Address gaps that may have been overlooked during the implementation process

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Part 1. Educational Value:	Strongly Agree 5	4	3	2	Strongly Disagree 1
I learned something new that was important.	❏	❏	❏	❏	❏
I verified some important information.	❏	❏	❏	❏	❏
I plan to seek more information on this topic.	❏	❏	❏	❏	❏
This information is likely to have an impact on my practice.	❏	❏	❏	❏	❏

Part 2. Commitment to Change: What change(s) (if any) do you plan to make in your practice as a result of reading this newsletter?

____

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Part 3. Statement of Completion: I attest to having completed the CME activity.

Signature:______________________________ Date:____________________

Part 4. Identifying Information: Please PRINT legibly or type the following:

Name:______________________________ Telephone Number:____________________

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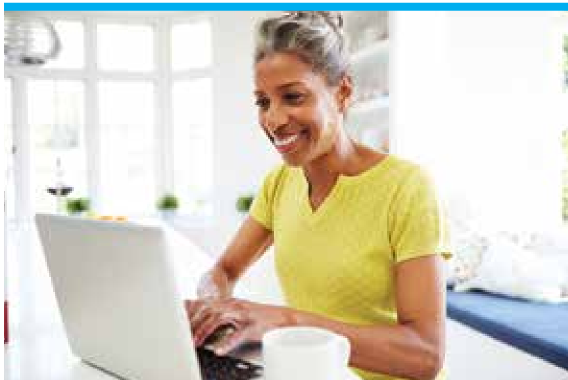
RISK MANAGEMENT NEWS CENTER

COVID-19 UPDATES AND RESOURCES AVAILABLE ON WEB SITE

We understand there are many issues facing you and your practice during the COVID-19 pandemic. That is why we have compiled a wide range of useful reference information on our web sites, **mmlis.com** and **proad.com**. Just click on the "COVID-19 News-Updates-Resources" alert bar at the top of the home page and choose your category of interest.

OUR RISK MANAGEMENT EXPERTS ARE HERE TO MEET YOUR NEEDS

While we aren't able to be in our Home Office at this time due to the Governor's executive orders, we are proud to continue to offer all of our services while working remotely. Our Risk Management specialists are available to assist with your risk management questions. If you need personal service, please call us at 410-785-0050 or 800-492-0193.



RISK MANAGEMENT EDUCATION PROGRAMS OFFERED ONLINE

Although in-person Risk Management education programs are temporarily postponed due to COVID-19, you can still register for an online Risk Management program. When you take one of these eligible programs, you can earn CME credits and a 5% discount on your 2021 professional liability renewal policy. Select the "Register for a Program" option on our web site.

RISK MANAGEMENT ALERTS PROVIDE TIMELY INFORMATION

Our medical and legal experts regularly compile the latest risk management news and alerts issued by government agencies and health care organizations on the home page and in the "Risk Management Alerts" section of our web sites. Stay up to date on the information your practice needs by visiting **mmlis.com** or **proad.com**.

MEDICAL MUTUAL and Professionals Advocate offer a variety of online tools and resources that are specially designed to help Doctors identify and address preventable issues before they escalate into potentially serious legal action.

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FREE PROGRAM, *"MEDICAL PRACTICE IN THE FACE OF COVID-19,"* AVAILABLE NOW

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