



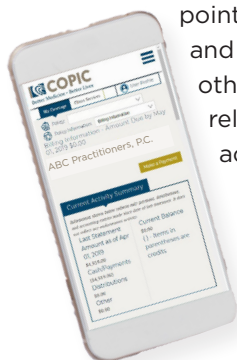
Callcopic.com On-The-Go

Accessing Our
Website's Features on
Your Mobile Device

When COPIC redesigned its website last year, one of the main enhancements was to make it accessible on mobile devices. This allows users to easily access the features and content on **www.callcopic.com** via their cell phones and tablets. Here are some examples of things you can do:

MAKE A PAYMENT OR VIEW ACCOUNT INFORMATION...

Just login to our Service Center and select "Billing Information" and you can make a payment. The Service Center also allows you to review policy details, check your COPIC points balance, and perform other account-related activities.



TAKE AN ON-DEMAND COURSE...



Got some time and looking to gain knowledge and earn COPIC points? Go to www.callcopic.com/education and access one of our many on-demand courses via a tablet device. Most courses only take 20-30 minutes to complete. Be sure to login so the COPIC points are credited to your account.

CONTACT COPIC WITH A QUESTION...

Whether you want to reach our 24/7 Risk Management Hotline for after hours advice, need to call and report an incident, or want to access our Legal Helpline or HR Hotline, the Contact Us page connects you directly with the phone numbers you need. There is also an email inquiry form available.



ACCESS OUR RESOURCE LIBRARY...

The Resource Center gives you immediate access to medical guidelines and tools. These include clinical guidelines, links to opioid resources, HIPAA regulations and practice management resources, as well as our newsletter archive to look through past issues of Copiscope or COPIC News.



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ACCELERATOR PROGRAM
OPPORTUNITIES FOR
STARTUPS AND MENTORS



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COPIC MEDICAL
FOUNDATION: RECENT
GRANT FUNDING

Claims Corner: A BETTER PROCESS

COPIC knows that lawsuits are challenging, and we believe working with your carrier shouldn't be. Here are some ways that our claims management process treats you like a person, not a policy number:



GETTING TO THE HEART OF THE MATTER, FASTER

COPIC encourages **early reporting** because the sooner we know about an incident, the better opportunity we have to manage it. This also allows us to determine if an incident is eligible for our nationally recognized 3Rs Program, which addresses a patient's needs without having to go through traditional litigation.



PROGRAMS THAT OFFER AN INSIDE LOOK

Litigation is unfamiliar territory for most physicians and medical professionals. That's why COPIC offers programs to help our insureds understand key parts of this process:

- **Mock Trials** present enactments of a medical liability trial. Attendees learn about expert witnesses, legal tactics, the review of medical records, and more.
- **Mock Depositions** provide a detailed look at the important considerations in depositions, what can be expected, and how to effectively prepare.



CASE REVIEWS THAT DIG DEEPER

COPIC's claims process includes **multiple, in-depth reviews** of cases. These reviews are conducted by COPIC practitioners, claims consultants, and legal staff as well as specialty advisors and defense attorneys. Together, they dissect the facts, look at every angle, and discuss the results with the insured to determine the best course of action.



SUPPORT WHEN IT'S NEEDED MOST

COPIC knows a claim can be stressful for you, your family, friends, and colleagues. We've developed programs to help cope with the emotional toll of a claim or lawsuit.

- **Care for the Caregiver®** pairs an insured with a peer provider who has also been through a lawsuit and who can offer an empathetic and helpful ear.
- **COPIC's Lawsuit Stress Support Session** is a forum for insureds, their spouses, and staff to share their experiences and learn what to expect during litigation.



GETTING YOU BACK TO YOUR PRACTICE

COPIC's goal is to get you back to what you're trained for—taking care of patients. Our defense team is committed to helping build your resilience and restoring your confidence after facing a claim or lawsuit. And we do this in a timely manner as **claims with COPIC are resolved 27% faster** than the industry average.



PARTNERSHIP WITH HEALTH TECH ACCELERATOR OFFERS OPPORTUNITIES FOR STARTUPS AND MENTORS

Last year, COPIC and Boomtown Accelerator formed a startup accelerator to fund and train early-stage patient safety and risk management startup companies. Boomtown runs a competitive selection process for very early-stage (pre-commercialization) startups from all over the country to participate in the accelerator's program at its offices in Boulder, CO.

Health Tech Startups: Boomtown seeks health care startups focused on reducing medical errors and improving patient safety, quality of care, disease management, and transitions in care using tools such as software, devices, analytics, artificial intelligence, and machine learning among others.

Each selected startup receives a robust training program that guides founders through core subject areas such as product development,

financial modeling, working with investors, and presentation skills. The program also provides \$20,000 in funding.

Provider Mentors/Product Testing:

In addition, medical providers who are interested in serving as subject matter expert mentors or facilities that may be interested in serving as product testing sites are encouraged to contact Tom Base of Boomtown at tom@boomtownaccelerator.com.



For more information,
please visit
<https://boomtownaccelerators.com/accelerators-startups/patient-safety/>.

BOOMTOWN

Patient Safety
Health Tech Accelerator



COPIC MEDICAL FOUNDATION: RECENT GRANT FUNDING

The COPIC Medical Foundation supports initiatives that improve health care outcomes, patient safety and quality of care. Recent grant funding from the Foundation was provided to the following:

LEAP Leadership Training (Nebraska)

Training for the Boone County Health Center staff that focuses on developing a healthy, resilient culture of communication and collaboration.

Simulation Lab and Education Center (Iowa)

Funding for the purchase of advanced simulation equipment at Clarke County Hospital, which will be used for education and training with EMTs, hospital staff, and other health care professionals.

Perinatal Quality Care Expansion Program (Colorado)

A two-year program managed by the Colorado Perinatal Care Quality Collaborative that aims to

increase statewide participation in perinatal QI initiatives.

OB/GYN Simulation Equipment (Colorado)

Funding for the purchase of simulation equipment that will be used for training OB/GYN student nurses at Pikes Peak Community College.

NICU Simulation Project (North Dakota)

Supports the improvement of care and safety of pre-term and critical care babies through the purchase of an advanced simulation device to be used at the Sanford Medical Center Fargo.



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COPICNEWS

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Did you miss a previous edition of COPIC newsletters?
Don't worry. A full archive of past newsletters
can be accessed on callcopic.com.

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24/7 Risk Mgmt. Hotline
720/858-6270 or 866/274-7511

To Make an Incident Report
720/858-6395

Legal Department
720/858-6035

Claims Department
720/858-6157

**Patient Safety & Risk
Management Department**
720/858-6396
720/858-6003 (fax)

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Connect with COPIC  



THE LEGISLATIVE LANDSCAPE

COPIC POLICY PRIORITIES SUCCESSFUL IN 2019

The Colorado General Assembly has adjourned its business for 2019 and COPIC is pleased to report that its three major priorities were passed successfully this year. COPIC defines success not only by the bills passed and priority policies maintained, but also by the partnerships maintained and gained in protecting patient care. The work of a broad coalition of legislators, health care industry partners, and patient and consumer advocates came together to protect and pass these critical policies.



SENATE BILL

234

SUNSET OF THE COLORADO PROFESSIONAL REVIEW ACT

The Colorado Professional Review Act was reauthorized with all of its protections intact until 2030. An amendment was adopted which reached the balance of addressing Colorado Trial Lawyers' (CTLA) concerns without destroying the current protections. The amendment aims to ensure that documents not created for professional review purposes are not being protected under the professional review privilege merely because they were considered by a professional review committee. The bill, with the amendment:

- Recognizes that original source documents containing factual information about a patient not created as part of professional review are not protected under the professional review privilege.
- Allows a mechanism where such documents, that are not otherwise privileged or confidential, are identified and can be obtained by subpoena or discovery from the professional review entity if those records are not otherwise available from the original source that created them.
- Additionally, it was made clear that the log of all original source documents will describe the nature and source of the original source documents.

Lastly, the amended bill encourages consumer member participation on professional review committees and will allow rulemaking by the Colorado Department of Regulatory Agencies to require more robust reporting by the governing boards of professional review entities about the outcomes of their investigations. This would include, for example, where the entity takes no final adverse action on the individual's privileges, but requires additional education or proctoring of the individual.



SENATE BILL

193

SUNSET OF THE COLORADO MEDICAL PRACTICE ACT

The Colorado Medical Practice Act (MPA) was reauthorized and extended until 2026. The MPA established the Colorado Medical Board to regulate the practice of medicine and includes laws controlling the licensing and practice of physician assistants and anesthesiology assistants in addition to the licensing standards for medical doctors and doctors of osteopathy. In addition to extending the Act, the reauthorized MPA eliminates the restriction on the number of days that a physician may practice in a calendar year with a pro bono license, repeals the requirement that the Board send a letter of admonition to a licensee by certified mail, and makes other technical amendments.



SENATE BILL

201

OPEN DISCUSSIONS ABOUT ADVERSE HEALTH CARE INCIDENTS

The Colorado Candor Act originated from discussions between the Colorado Academy of Family Physicians (CAFP) and legislators at the beginning of the 2019 state legislative session. CAFP served as a strong advocate for the health care community and its patients by highlighting the benefits of Candor. CAFP worked closely with other stakeholders, including CTLA and patient safety advocates, to garner support for this bipartisan measure that passed as legislation (SB 201). The Colorado Candor Act went into effect as of July 1, 2019.

What types of incidents qualify under the Colorado Candor ACT?

Adverse health care incidents arising from or related to patient care resulting in the physical injury or death of a patient.

What types of medical providers and facilities can utilize the new Act?

Physicians, physician assistants, podiatrists, licensed practical and registered nurses, advanced practice nurses, pharmacists, and others who are licensed, certified, registered or otherwise permitted to provide health care services in Colorado.

In addition, hospitals and health care facilities including clinics, community health centers, community mental health centers, surgical centers, and residential care or nursing homes are eligible to participate jointly with a health care provider involved in the adverse health care incident.

Can a patient still file a lawsuit after a Candor discussion?

The Colorado Candor Act does not limit a patient's ability to use the legal system. Patients can choose to withdraw from the Candor process, however, the discussions and communications that occurred during the process, including any offers of compensation, remain privileged and confidential. Under the Act, an offer of compensation does not constitute an admission of liability. In addition, if a patient chooses to accept an offer of compensation, a provider/facility may require the patient to sign a release of liability, so he or she cannot bring a subsequent lawsuit.

What reporting requirements apply to the Colorado Candor Act?

Because no payments are made as a result of a written complaint or claim demanding payment based on a practitioner's provision of health care services, incidents handled through the Candor process are not required to be reported to the National Practitioner Data Bank. Patients participating under the Colorado Candor Act do not waive their right to file a complaint with the relevant licensing board or the Colorado Department of Public Health and Environment, which oversees health care facilities. Where indicated, a provider's actions can also be addressed through Colorado's professional review process for physicians, PAs, and APNs, or a facility's quality management process for other licensed health care professionals.

States outside of Colorado may require notification of incidents where there is compensation under the Candor process for providers who are licensed in those states, including through the Interstate Medical Licensure Compact.

COPIC has created a Colorado Candor Act Resources page at www.callcopic.com/resource-center/guidelines-tools/colorado-candor-act-resources with more information.

COPIC works closely with partners including the Colorado Medical Society, Colorado Hospital Association, Colorado Academy of Family Physicians as well as elected officials and regulators on these important issues. We will continue to track these laws as they get implemented by the various agencies of jurisdiction. As always, COPIC remains committed to protecting the delivery of safe, quality care to patients.

If you have questions about COPIC's legislative and policy engagement efforts, contact Beverly Razon, Vice President of Public Affairs, at (720) 858-6056 or brazon@copic.com.

2019 PRACTICE ADMINISTRATOR MEETINGS

Join us for our next practice administrator meeting to connect with other practice staff and learn about timely topics. The meetings are hosted at COPIC's Denver office from 11:30am-1pm (MDT) with lunch provided.

• WEDNESDAY, NOVEMBER 13

HIPAA Protections: COPIC Legal Department

Can't make it in person?

Call and connect through our video conferencing services to watch and participate remotely. Please contact Diane Laff at (720) 858-6165 or dlaff@copic.com for more information.

NOMINATE A PHYSICIAN FOR THE COPIC HUMANITARIAN AWARD

Do you know a Colorado physician who deserves to be recognized for going beyond the scope of practice to improve lives in his or her community?

If so, please consider nominating him or her for our annual COPIC Humanitarian Award. **Nominations are being accepted through August 31, 2019.** The award provides a \$10,000 grant to be awarded to a Colorado health care-related nonprofit organization of the recipient's choice.

To nominate a physician, visit COPIC Medical Foundation at www.copicfoundation.org and select "COPIC Humanitarian Award," or email Meredith Hintze at mhintze@copic.com.



THE LEGISLATIVE LANDSCAPE

COPIC EXCITED ABOUT EXPANSION OF PATIENT SAFETY

The Nebraska Unicameral completed its 2019 legislative session, and many bills passed that relate to how care is delivered for the patients of Nebraska. COPIC's efforts focus on reviewing bills that have the potential to impact health care. The following are updates on some of the bills that COPIC was involved in or monitored:

PASSED:



LEGISLATIVE BILL 119

The bill, passed unopposed by the Unicameral, extends the protections of peer review to physician practices. The Nebraska Health Care Quality Improvement Act (HCQIA) currently allows for peer review in licensed health care facilities, including professional credentialing and quality review activities. These facilities have utilized peer review committees to provide oversight and improve care delivery every day. LB 119 now provides for the same confidentiality of records and qualified immunity from liability for peer review participants of professional health care service entities involved in peer review, including physician practices. Importantly, this bill makes learning through confidential reviews available to all professional health care service entities. COPIC worked to support the bill's proponents, the Nebraska Medical Association, and sponsor, Senator John Arch.



LEGISLATIVE BILL 556

The bill updates and modernizes the state's prescription drug monitoring program by allowing for easier integration with electronic health record systems and permits sharing data with other states' prescription drug monitoring programs to combat doctor shopping in border areas.



LEGISLATIVE BILL 557

The bill makes needed changes after hiccups in implementation of a bill last year that required physicians to educate patients on the risks of opioids when prescribing them. LB 557 eliminates the requirement to educate on the third prescription and provides that the education requirements do not apply to a prescription for a hospice patient or for a course of treatment for cancer or palliative care. The bill also transfers the education requirements from the state's criminal code, and instead, inserts them in the Uniform Credentialing Act.



LEGISLATIVE BILL 25

This bill increases annual licensing fees for physicians by \$25 and physician assistants by \$10 in order to expand the educational efforts, public outreach, and training efforts of the Patient Safety Coalition.

REMAINS ACTIVE FOR CONSIDERATION NEXT SESSION:



LEGISLATIVE BILL 365

The bill creates the Health Care Directives Registry Act which requires the Department of Health and Human Services (DHHS) to establish and maintain access to a secure portion of DHHS' website that provides an electronic reproduction of advance health care directives that can be retrieved from the website. Access to

the website is limited and requires registration with a password to the advance health care directive. The bill creates some obligations on a provider who completes a copy of an advance health care directive to submit a copy of the directive if the patient/patient's decisionmaker chooses to participate in the registry, however, this burden is outweighed by the benefit of having ready access to the directives when needed to assist with treatment decisions.

CONTINUED ON PAGE 2

LEGISLATIVE LANDSCAPE: BILLS THAT REMAIN ACTIVE FOR CONSIDERATION NEXT SESSION (FROM PAGE 1)



LEGISLATIVE BILL

365

The bill requires each credential holder under the Uniform Credentialing Act to register with the DHHS for the prescription drug monitoring system if the credential holder is a dispenser or prescriber. The DHHS shall establish a system of registration.

COPIC is working closely with its health care partners on these important issues and remains committed to keeping you informed on matters that impact your ability to deliver safe, quality care.

If you have any questions, please contact COPIC's Vice President of Public Affairs, Beverly Razon, at (720) 858-6056 or brazon@copic.com.

IT'S A WRAP! ANOTHER YEAR, ANOTHER SUCCESSFUL Symposium

COPIC would like to thank everyone who attended the 2019 Symposium. One of the reasons why we host this event year-after-year is the dedication and involvement of our attendees. Their engagement with presenters and each other leads to in-depth discussions on how to improve medicine. As in previous years, we surveyed attendees for feedback and the following are some highlights about what we learned:



Are there specific actions you plan to enact?

"We will be implementing a new process to better track patient referral appointments to ensure patients are attending these appointments."

"Develop a safety committee that will address errors/issues in real time, and not to blame or shame the person. Instead, make it a learning situation."

"Double check things. Do not just glance through. Practice the safe steps of medication administration."

"Review and look at more of the human factors in systems when implementing or designing changes in the EHR."

"Focus more on how a patient interacts throughout an appointment from his or her perspective."

Top barriers to implementing changes:

50% Breaking old habits

43% Lack of time/staff/resources to implement changes

36% Increasing workload/fatigue

34% Patient adherence

22% Organizational/institutional/system barriers that prevent change

After the Symposium, how will you change your practice or professional development?

50% Apply new skills/strategies/information to my area of practice

28% Consider changes that haven't been implemented yet

27% Feel good about the status of current practices

26% Use alternative communication methodologies with patients /families

SAVE THE DATE



2020 Symposium

The 2020 Patient Safety and Risk Management Symposium will take place April 23 & 24, 2020. Be sure to mark your calendar so you can arrange to attend this valuable event.