A PHYSICIANS INSURANCE & MEDCHOICE RRG PUBLICATION

# THE Physicians Report

SUMMER 2021

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## What Is Equity? And Why YOU Should Care.

# The Ebb and Flow of Furthering Equity

In my roles preparing professionals for careers in diverse healthcare environments, I've witnessed the drive to prove one's humanity from the perspective of the provider, patient, family, and community. Everyone in the medical field takes an oath to do no harm—yet reality continues to show that the medical community's commitment to equity wavers in the face of the work required.

Those of us who have worked in the equity realm for many years have seen a pattern repeat itself. After transformative forward movements, communities suffer reprisals; when organizations commit to diversity and inclusion, they experience support among advocates, but also increased bullying in the forms of micro- and macro-aggressions and skepticism about implementation and sustainability.

Perhaps what most hinders equity is a culture lacking in trauma stewardship, as defined by Laura van Dernoot Lispky. Most people navigate life's adversities without tools that can sustain continuous use; healthcare professionals are uniquely positioned to assist with this. Until our culture is bolstered by trauma-transformed practices, the medical field will remain ambivalent around health equity.

I believe it is imperative for us to be transparent about our equity efforts, and to incorporate buy-in from the community in our plans. Leaders must know their patients and innovate ways to reach those who cannot access care, hire staff who impact community health, and empower employees with forms of accountability that make a difference across a variety of patient circumstances.

Culturally competent organizations share the decision-making at all stages of their equity work—a crucial factor in modeling how the organization incorporates the needs of all of its constituents into its vision. Such organizations see increased diversity of personnel, patients, and community partners alongside reassuring rises in recruitment and retention. And they gain trust among stakeholders while bolstering creativity, innovation, and brand recognition.

I recommend that leaders become immersed in their communities by attending events, workshops, and more. I once led information sessions at libraries—my most successful recruitment events—by modeling positive stewardship. And if you host special events for an admission fee that benefits your community, consider gifting attendance to demonstrate commitment and accountability.

In the words of Howard Thurman, "Don't ask yourself what the world needs. Ask yourself what makes you come alive, and go do that, because what the world needs is people who have come alive." My hope for my colleagues in the medical community is that we'll step up to what we have always felt called to do: expand our idea of care by affirming and validating the humanity of those who need us. Those of us who are privileged to care for others are in a position to make the biggest impact—the greater community needs us to lead the way.

**Ché Abram,** Chief of Diversity, Equity, Inclusion, and Belonging, School of Public Health, University of California, Berkeley




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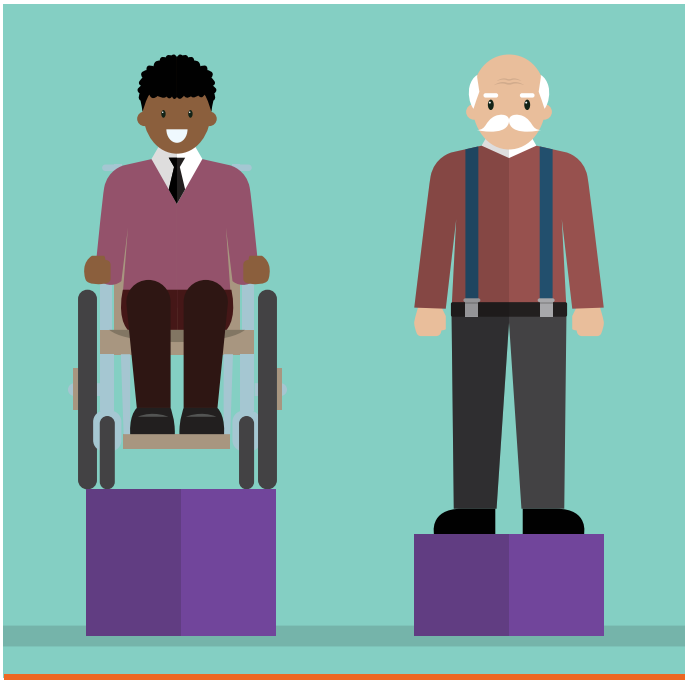







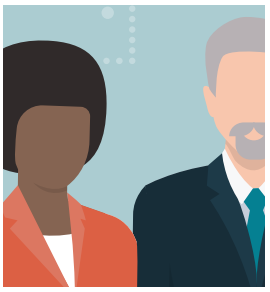



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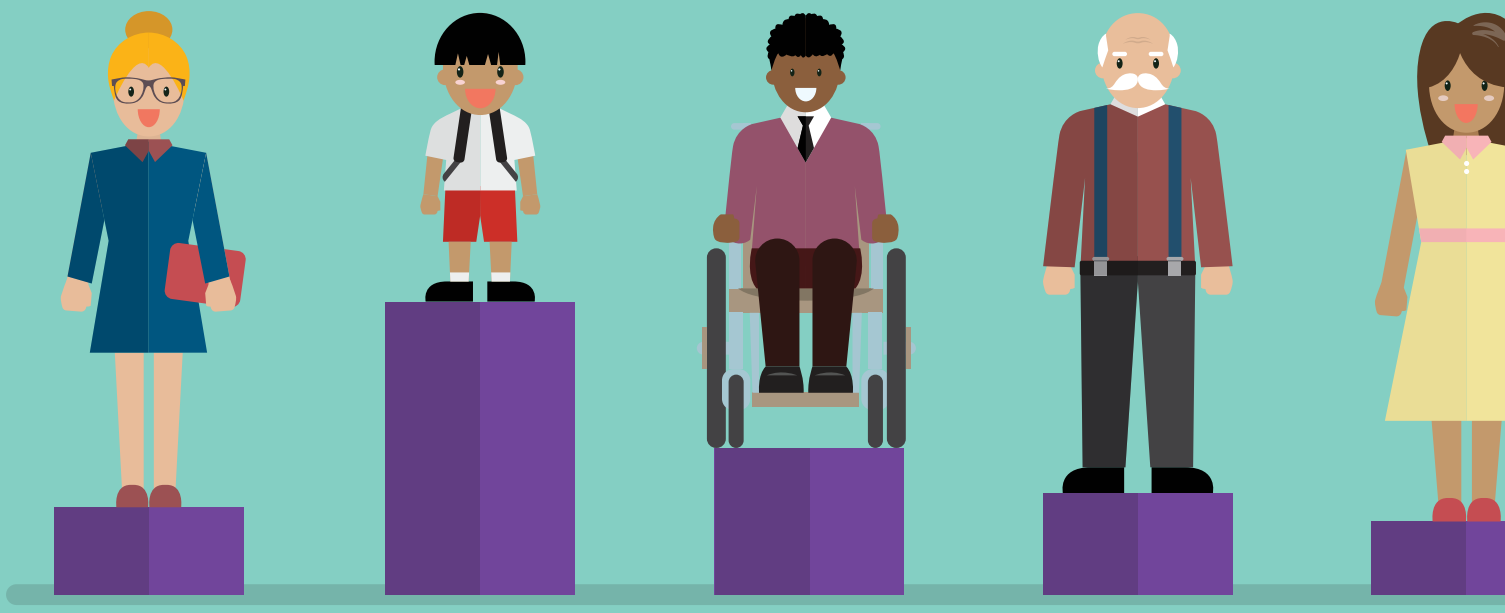
# What Is Health Equity—and Why You Should Care



## Ethics, liability, and financials are all in play as healthcare organizations consider their role in addressing disparities.

A person's health—and the quality of care they receive—shouldn't depend on their skin color, ZIP Code, level of education, or income. Yet for many Americans, these disparities are real.

What's new is that the pandemic and racial tensions in our country over the last 18 months are shining a spotlight on the problem. We're more aware than ever that health and healthcare delivery aren't always fair, and that the problem is exceedingly difficult to solve.

Lack of concern or will are not always to blame, says clinical bioethicist Janine Siegel, PhD, who works at MultiCare, the largest not-for-profit health system in the state of Washington. "Every healthcare system wants to deliver equitable healthcare—it's the right thing to do for their communities and ultimately creates a financial benefit for the organization," Siegel says. "But to achieve equity, society has to address obstacles to health that involve poverty, discrimination, health-insurance costs, food deserts, community distrust, and a host of other issues that are beyond a hospital's direct control."

Efforts to solve the issue remind Siegel of a quote by the naturalist John Muir: "When one tugs at a single thing in nature, he finds it attached to the rest of the world." Every tug at the issue of health equity reveals new complexities.

### HEALTH EQUITY AND HEALTH EQUALITY

Health equity and health equality are related, but not the same. Health equality is a one-size-fits-all approach that means everyone receives the same resources to be as healthy

**"Something that gets missed is that equitable approaches are good for everyone. It's not a zero-sum game where if we invest in one group, we neglect another. If we share more resources with those who need them most, the entire community can benefit."**

as possible. Unfortunately, many social and environmental factors can limit a person's access to these resources.

The Robert Wood Johnson Foundation has made health equity a priority over the years, believing that equity happens when "everyone has a fair and just opportunity to be as healthy as possible." This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and healthcare.

Sarah Dryfoos-Guss, health equity and outreach program manager at MultiCare, describes it this way: "I think of health equity as a strategy that can be used to achieve equality. This strategy can reduce disparities and enable people to live happy, healthy, full lives. Something that gets missed is that equitable approaches are good for everyone. It's not a zero-sum game where if we invest in one group, we neglect another. If we share more resources with those who need them most, the entire community can benefit."

## FOCUSING ON RACE FIRST?

Dryfoos-Guss points to the example of MultiCare's COVID-19 vaccination campaign earlier this year. MultiCare worked with community partners at the Tacoma–Pierce County Health Department to identify which demographic groups were disproportionally experiencing COVID-related disease burdens and which groups had lower vaccination rates. People of color—especially Black, LatinX, Native Hawaiian, and Pacific Islander populations—were highly represented in both groups. Dryfoos-Guss and their team focused their vaccination

*(Continued on page 6)*

*(Health Equity, continued from page 5)*

efforts on improving access for these communities.

"The literature shows that when you focus on race first when trying to close gaps, all other identities and demographic groups benefit," Dryfoos-Guss says. "Otherwise, race persists as the most negative cause of ill health. So we focused our vaccine strategy to ease burdens for communities of color, built trust with community members, and rolled out vaccines to anyone who wanted them. This strategy helped people feel cared for, and that was important to us."

The vaccine drive is one of many outreach programs that Dryfoos-Guss and their colleagues at the MultiCare Center for Health Equity and Wellness have offered this year. Current programs and services focus on improving healthcare for LGBTQ+ patients, improving how the system collects and analyzes data, and increasing culturally informed care for all providers. In addition, the center provides free community health screenings, conducts community events, and offers community nutrition services.

Like all other not-for-profit health systems, MultiCare conducts a community health needs assessment every three years. This helps them prioritize where to invest to address health inequities and make the greatest impact on people's lives.

"Many health systems lack the resources to do outreach to the extent that MultiCare can," Siegel says. "But hospitals of any size can partner with other organizations to address the social determinants of health, find inefficiencies

"The literature shows that when you focus on race first when trying to close gaps, all other identities and demographic groups benefit. Otherwise, race persists as the most negative cause of ill health."

SARAH DRYFOOS-GUSS, HEALTH-EQUITY AND OUTREACH PROGRAM MANAGER, MULTICARE

that create barriers to care, and grow equity so that everyone prospers."

## THE RISKS OF INACTION

The risks of not addressing health inequities are significant, creating population-health, financial, and liability problems. A few examples:

- Poor health outcomes. According to the American Hospital Association, an individual's life expectancy can vary by as many as 25 years between neighborhoods in some U.S. cities, with similar outcome gaps in infant mortality, obesity, violence, and chronic disease also occurring in these areas.[1]
- Increased costs. Hospitals often absorb the cost when patients lack insurance, are underinsured, or are otherwise unable to pay for their healthcare. This can mean millions of dollars in free and discounted care, raising overall healthcare and insurance costs for insured patients.[2]
- Liability. Legal action against a provider for alleged discriminatory practices that contribute to health inequity can tarnish an institution's reputation and result in financial loss.

In short, health equity matters—a lot.

## PARTNERSHIPS CAN MOVE THE NEEDLE

Since no one organization can do it all, a partnership approach is essential to achieving health equity. It allows health systems and local organizations to share resources and ideas and develop efficient, effective solutions.

A partnership at MultiCare that included the Pierce County AIDS Foundation and other community-based organizations is fueling the success of an innovative initiative to create an LGBTQ+ provider directory, Dryfoos-Guss says. "There is a huge disparity in care for the LGBTQ+ community, especially in terms of underdiagnosed mental health issues that can increase the risk of depression and suicide," they say. "The directory will allow LGBTQ+ patients to find providers who are informed about LGBTQ+ healthcare needs and will help our LGBTQ+ patients receive the care they deserve."

Dryfoos-Guss and other stakeholders worked with community members and local LGBTQ+ organizations, along with national groups, to develop thresholds of what it means to be LGBTQ+-affirming. (There is no national standard at this time.) They are now developing a process that allows providers to self-identify as LGBTQ+-

*(Continued on page 24)*

# What Is Your Data Trying to Tell You?

## And how fast can you act on it?

## The Emergency Department prided itself on its stroke care, especially as it raced to serve the increasing number of stroke patients due to COVID-19.

Consider this real-life scenario: the medical director of an emergency department dug into the data to understand her department's response time—33 minutes from arrival to treatment, slightly above the national average and remaining stable despite the pandemic surge.

Her team had a deep commitment to healthcare equity, and she wanted to ensure that stroke care was being delivered consistently across gender, ethnicity, language, and race. She quickly broke down the data by those subgroups and the time it took her department to get tPA—the common injectable emergency stroke drug that breaks up blood clots—into arms.

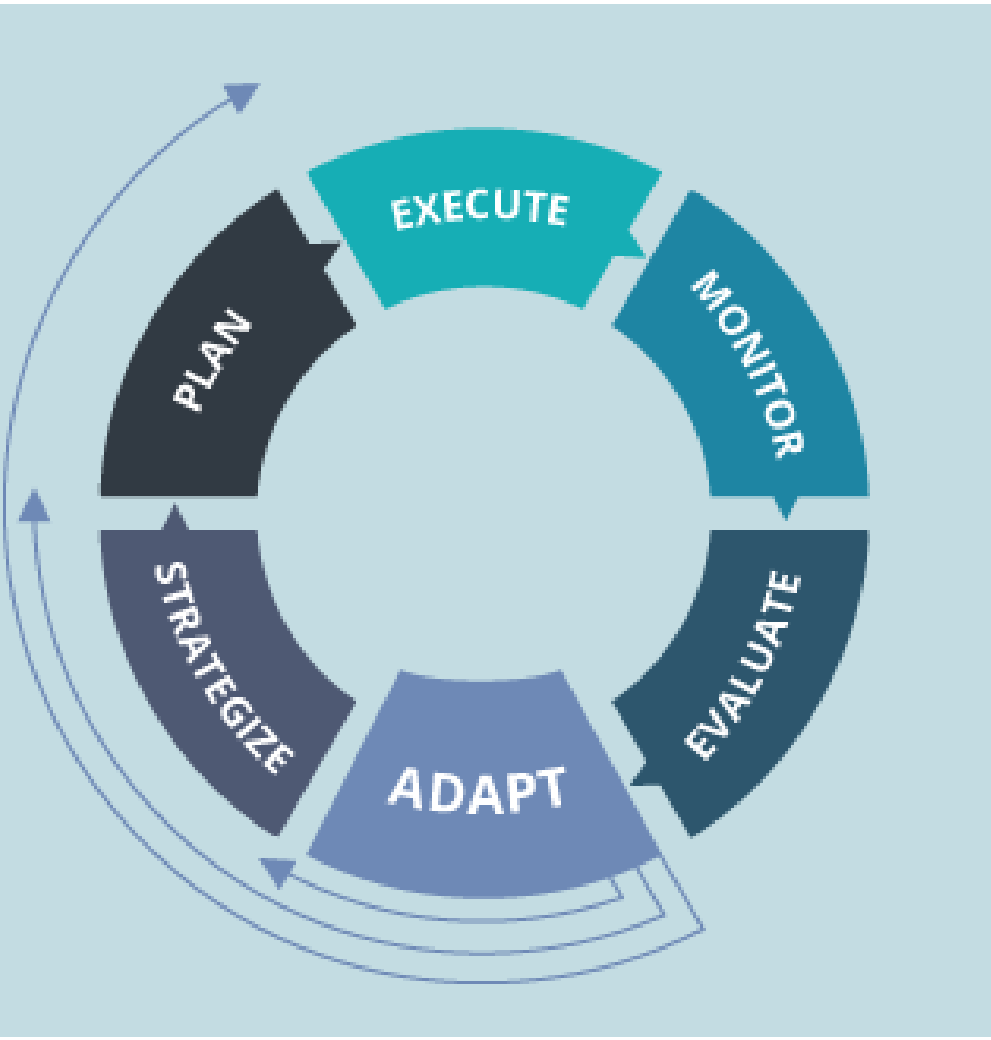
She was dismayed by what she learned: it was taking an average of 20 minutes longer for Black patients to receive tPA.

*(Continued on page 10)*

(What Is Your Data, continued from page 9)

"EHRs were never architected to look across patients. Say you implement a change in your department over the course of nine months. It then takes another 12 months to evaluate if that change is working."

DR. DAN LOW, CHIEF MEDICAL OFFICER, ADAPTX, AND ATTENDING PEDIATRIC ANESTHESIOLOGIST, SEATTLE CHILDREN'S HOSPITAL




"I didn't know that our Black patients had a delay in receiving tPA until we used AdaptX," she said. "Our data opened our eyes, and we took action."

## PERFORMANCE BREAKDOWN

AdaptX, formerly MDmetrix, is a self-service technology solution that functions as an adaptable clinical management tool to empower clinical leaders to dive into key quality measures, easily break down metrics by all kinds of subgroups, and quickly identify variances in care. In a matter of minutes, users can make discoveries that could otherwise have taken months of data mining and manual analysis to determine—operations for which technical resources and time often simply aren't available, leading to decreases in quality of care.

Prior to using AdaptX, the leadership of this particular ED lacked any practical way to look beneath the aggregate performance of their system of care—so they hadn't uncovered the equity gap of Black patients taking 49 minutes to receive their tPA treatments, versus 29 minutes for white patients.

In this case, the organization's leader used AdaptX to quickly examine the ED's stroke workflow, including time-to-bed, time-to-physician, and time-to-CT. With time disparities piling up across this workflow, she could now measure the breakdowns causing the overall disparity: five minutes longer for Black patients to reach a bed, six minutes longer for them to see a physician, 13 minutes longer for a head CT. Armed with these actionable

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# Online Education

## for Performance Improvement and Cultural Competence

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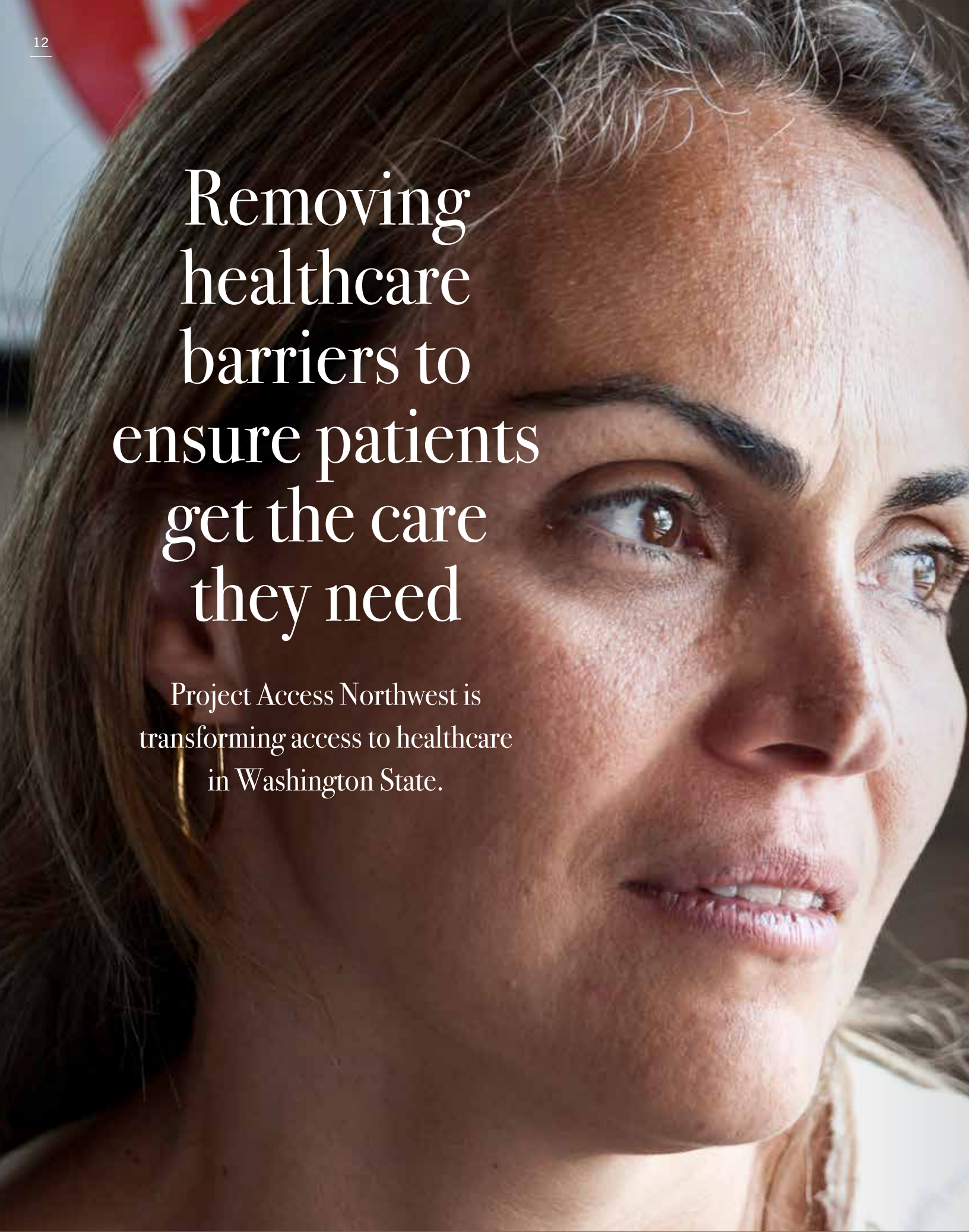


# Removing healthcare barriers to ensure patients get the care they need

Project Access Northwest is transforming access to healthcare in Washington State.

## When Seattle pulmonologist Dr. Manika Jamwal prepared to meet her new patient,

she scanned her file, read the recent office notes, and reviewed lab and imaging results. Then she entered the exam room and greeted Janelle,* a 41-year-old mother of two with concerns about unusual chest pain.

This might appear to be an ordinary appointment between a patient and a specialist, but actually, something quite extraordinary brought these two women together that day.

Janelle is one of approximately 30 million adults in the United States who have no health insurance and cannot easily access this kind of specialty care. She came to Dr. Jamwal's office through a referral from Project Access Northwest, a nonprofit organization dedicated to striking down barriers to healthcare for low-income, uninsured, and underinsured individuals throughout the Puget Sound area in Washington State.

## It was just one of more than 200 points of care that would save Janelle's life.

On this particular day, Project Access Northwest had connected a patient in need—Janelle—with a volunteer provider—Dr. Jamwal—at one of its founding partners, Pacific Medical Centers.

It was just one of more than 200 points of care that would save Janelle's life.

*(Continued on page 14)*

*Janelle's name has been changed to protect the patient's privacy.

"I feel good knowing that I'm taking care of patients who would otherwise not have access to the kind of specialty care they need."

DR. MANIKA JAMWAL,
PULMONOLOGIST, SEATTLE, WA

*(Removing Healthcare Barriers, continued from page 13)*

## The Specialty Care Solution

Project Access Northwest is transforming access to healthcare in Washington State. Formed in 2006 in partnership with local safety-net providers, the nonprofit organization helps low-income uninsured and vulnerable patients access specialty healthcare services through a distributed network of charity care.

The founding partners—Pacific Medical Centers, Swedish, UW/Harborview, King County Medical Society, Public Health–Seattle & King County, and Kaiser Permanente (formerly Group Health Cooperative)—have been joined over the years by Providence, Virginia Mason Franciscan Health, Verdant Health Commission, and Virginia Mason, among many others.

"We're proud to say we partner with every major hospital and healthcare system in our service area," says Melissa Johnson, the organization's deputy executive director. "And we work together closely to create a solution that works for our patients, volunteer providers, and participating healthcare systems." From the start, Project Access Northwest has specialized in care coordination, matching volunteer specialty-care providers and hospital partners with carefully pre-screened patients in need of care.

With nearly 1,800 volunteer specialty providers enrolled, Project Access Northwest offers care in more than 50 specialties, including oncology, neurology, gastroenterology, and cardiology. The program is constantly evolving and adding new services, such as behavioral health, gender-affirming care, and expanded wellness services such as Eastern medicine, fitness, and chiropractic care. All of these specialties bolster the care already offered by primary-care providers in safety-net clinics.

## Connecting Patients To Appropriate Care

Janelle is just the kind of patient Project Access Northwest tries to reach.

"Individuals who are not well connected to the healthcare system, who perhaps have language barriers or other logistical obstacles, need help to navigate this complex system," says Terri Rambosek, chair of the organization's all-volunteer board.

"We really want to help connect patients to care as soon as they need it," explains Andrea Castell, RN, operations nurse. "Early intervention is usually more successful for the patient, and also less costly."

In retrospect, Janelle probably should have gotten help sooner. As the sole parent of two daughters—working hourly jobs to support her family—Janelle had no health insurance and no resources to address her health concerns. So when she began feeling an unusual pain in her chest in 2019, she tried to ignore it. A year later, she could no longer ignore the intense pain and went to the emergency department, where she received X-rays, a pneumonia diagnosis, and instructions to follow up with HealthPoint, her community health center.

*(Continued on page 34)*

# Frequently Asked Questions

**WHAT IS PROJECT ACCESS NORTHWEST?**
Project Access Northwest is a 501(c)3 non-profit organization that helps provide specialty healthcare to uninsured and under-insured, low-income residents of King, Snohomish, and Kitsap counties in Washington State. Its network of volunteer physicians, dentists, community partners, and hospitals provides care at no cost to the patients.

**WHICH PATIENTS DO YOU SERVE?**
Patients must meet the following eligibility criteria:

- A patient may be uninsured or have Medicaid.
- A patient's household combined income must fall at or below 300% of the federal poverty guideline.
- Patients must be referred by their primary-care provider or a hospital or emergency department.
- Patients will be seen in the county in which they live (within our service area).

**HOW DO I VOLUNTEER?**
We welcome doctors, dentists, clinicians, and ancillary providers interested in volunteering. Specialists are asked to pledge to accept an average of two new patients per month (24/year). Specialists will only see the patient for the specific referral request, and no other health issue. For more information, contact H. Scott Shurtleff, senior operations director, at (206) 496-1592 or **info@projectaccessnw.org**.

**I'M RETIRING. CAN I STILL HELP?**
Absolutely! We have many retired providers who give back to the community by volunteering a few hours each month.

**WHAT ABOUT MEDICAL MALPRACTICE INSURANCE?**
In Washington, the Volunteer and Retired Providers (VRP) Program covers malpractice insurance for healthcare volunteers. Healthcare volunteers credentialed with an active or retired active license are eligible for this program, which provides coverage for non-invasive care. Providers licensed from other states are eligible as well and can volunteer in Washington up to 30 days per year. Learn more at: **https://bit.ly/3yFfs9n**

**HOW CAN WE GET THIS STARTED IN OUR COMMUNITY?**
Contact Executive Director Gary Renville to learn how you might develop a solution in your own community: **garyr@projectaccessnw.org**.

# A Legal Perspective on Equity in the Healthcare Workplace

**A physician who spent their formative years in another culture. A nurse originally from a rural, impoverished background. A payroll specialist with a disability not visible to the trained eye.**

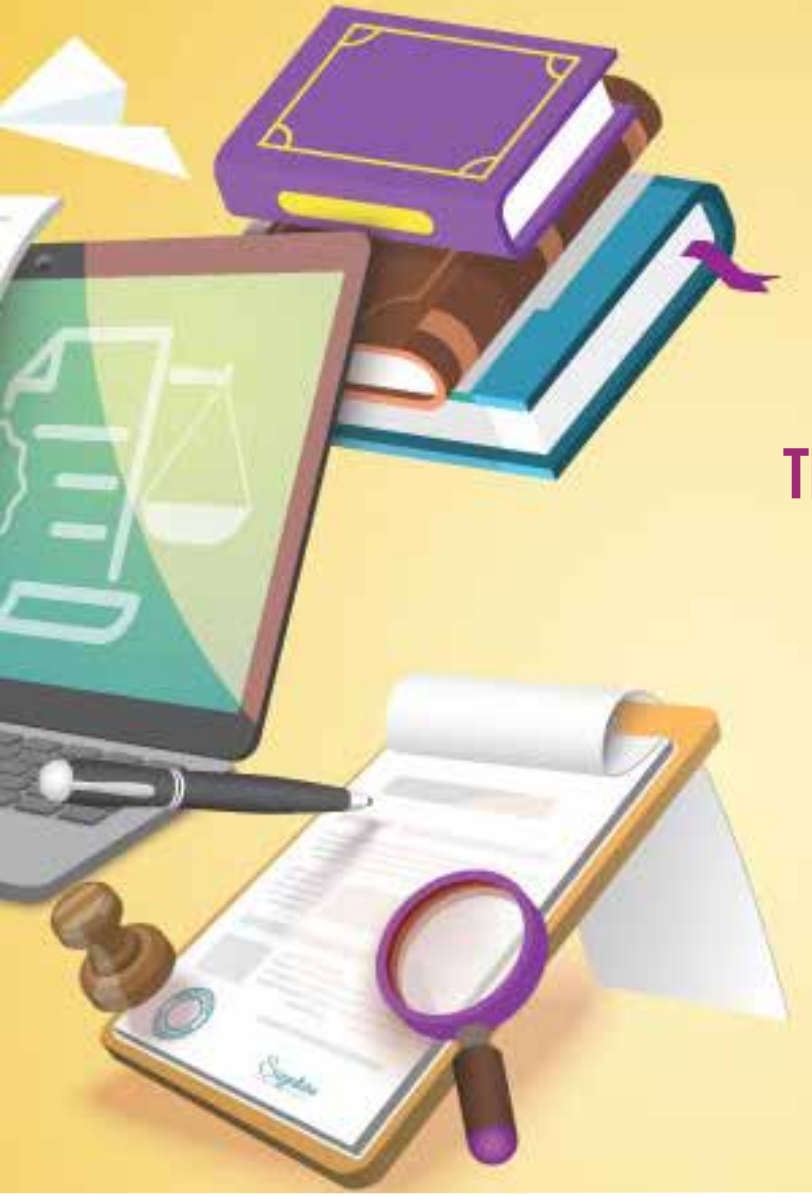
**All of these people are valuable members of today's healthcare workforce. Yet they might not be hired or treated equitably on the job.**

With America's increasingly diverse patient population, how can you ensure that your workplace promotes equity in hiring, retention, and other areas of your practice? These days, creating an equitable workplace is key to a successful practice—and to improving patient outcomes.

## DEFINING EQUITY

First, we have to define equity in the context of a healthcare workplace. It's not defined simply, and it means more than fair treatment for members of protected classes. According to Jenae Ball, an employment-law attorney at Randall Danskin in Spokane, Washington, "When we're looking at things through an equity lens, we may look at it through income, race, gender, national origin, or other areas. There are a whole host of things that may impede or help people in getting where they are in their life."

Generally, the law tends to be behind the cultural and technological curve in matters of equity, so issues commonly



**These days, creating an equitable workplace is key to a successful practice—and to improving patient outcomes.**

discussed today impact the workplace even if they haven't been legally adjudicated. For example, you might have a woman in your practice who's a primary caregiver, and assume she wouldn't want to travel because she has young children at home. As a result, she misses out on career-accelerating opportunities. According to Ball, "That's an example of caregiver discrimination on the basis of gender."

## EQUITY ISSUES IN THE HIRING PROCESS

Of course, employers are looking for the best candidate to fill every job opening. But when looking at hiring through an equity lens, they may overlook life experiences. Perhaps you're interviewing a candidate who didn't attend a high-status university—but it's because they're a first-generation immigrant who had to pay their own way through school. Is that an indication you wouldn't be getting a top performer if you hired them? Of course not. But it might impact that person's chances of getting the job.

"We can see that a person is Black or Latino. We can see that somebody is female," Ball says. "But if you're a primary caregiver, if you have dyslexia or a vision or hearing impairment that needs a reasonable accommodation—those can be harder for an employer to determine. It's really hard during the interview process. Employers don't want to know that information, because if they do find out, and they don't end up hiring that person, the applicant may allege that they weren't hired because of their membership in that protected class."

She adds that certain mental disabilities can also be difficult to ascertain. "There's a lot of fear and misunderstanding around people who suffer from mood disorders, bipolar, or other conditions. And therefore there's a tendency for employers, once they learn this sort of information, to not want to have to deal with those employees, and to try and get rid of them. To do so, however, could invite a discrimination claim. Additionally, an employer may be required to accommodate an employee with a mental or emotional disability.

*(Continued on page 18)*

"In some cultures, disclosing a mother's terminal diagnosis only to her son, and not to the mother at all, is an appropriate course of action."

JENAE BALL, EMPLOYMENT-LAW ATTORNEY, RANDALL DANSKIN, SPOKANE, WA

*(A Legal Perspective, continued from page 17)*

That employer must have notice, actual or constructive, that an employee has a disability for which they may need an accommodation. Unless the employer is on notice, the duty to accommodate that disability is not triggered."

## OVERCOMING CULTURAL DIFFERENCES IN THE WORKPLACE

Equity issues aren't limited to support staff or lower-level employees. Increasingly, healthcare practices and hospitals are hiring physicians with H-1B visas, who often come from a different culture. This brings tremendous advantages for patient care, but also may present cultural conflicts that need to be addressed.

As an example, Ball points to HIPAA and patient privacy. "In some cultures, disclosing a mother's terminal diagnosis only to her son, and not to the mother at all, is an appropriate course of action," she says. "Doctors come here, and they've been operating within their cultural framework for decades. Then they're having to completely rethink how they engage their patient population, the notion of informed consent, and how everything is supposed to flow through their patient."

Ball also notes the cultural differences that affect how staff members are treated. "When you have physicians coming from societies that are very male-dominated, often they didn't experience a lot of women in higher education or within the medical field," she says. "They're not used to dealing with female physicians who are their equals, and they're also used to really ruling the roost with mid-level employees and other support staff. So those physicians can get into trouble over that as well."

## EQUITY PROMOTES BETTER PATIENT OUTCOMES

Physician practices and healthcare systems should be working toward equity in their hiring, staffing, and management policies, and that takes time and effort on everyone's part—but the benefits are significant. Think of the patient experience. A patient could wait months to see a physician. With so much riding on the time they have with that physician, a proper care plan is only part of the equation. Was the patient treated with dignity, kindness, respect, and warmth? Do they feel like the doctor really listened to them? Did the patient identify with the healthcare provider?

It's also worth noting that many patients are comforted by interacting with healthcare professionals who have had similar life experiences to theirs—so the more different backgrounds represented on staff, the better. Practices with equitable workforces can see better outcomes, along with a higher level of satisfaction when patients evaluate the practice. As Ball says, "It's wonderful for a patient when they come in to see a physician, and they're from the same culture. They can speak freely, and that doctor understands where they're coming from. Imagine how comforting that is to that patient. There's so much beauty in that. And I just think it's really unfortunate that there isn't more focus on it." PR

# Building Equity and Protecting Against Liability

**What steps can employers take to build an equitable practice and protect themselves against liability?**

- Create an environment with "intercultural competence." This includes making your work environment attractive to people from diverse backgrounds, so everyone can think, act, and communicate appropriately. Depending on the size of your practice or hospital, this can be a challenge. But it's always an advantage when your staff work alongside other members of their cultural community and don't feel singled out.

In addition, intercultural competence is critical when dealing with patients. For example, consider a basic component of care: discharge instructions and documents. Having a staff that is diverse, has language skills, or is savvy about finding medical translation is important when you serve a multicultural population.

- For open positions, place job listings in a way that targets the cultures you want to reach. Are there geographic areas, websites, publications, or other media in which people of color or from other cultures are more likely to see your listing? If your job listings aren't generating the desired response, it's time to think differently and creatively about reaching prospective employees.
- Review your current policies and procedures. Ball suggests starting with unlawful discrimination, sexual harassment, and retaliation policies—all of which may manifest themselves in subtle ways, sometimes in combination. "It's a multi-layered analysis that you need to go through," says Ball. "I often see clients trip up in that, and that's where they get sued sometimes."
- Ensure that your policies and procedures are clearly communicated. This may include translating them into other languages for support staff whose primary language isn't English.
- Document everything. "The lack of documentation is the kiss of death in a case," Ball notes. "Juries and judges don't care when you say, 'Oh, we had this conversation, this is what I intended.' Rightly or wrongly, the burden is on the employer, the practice, and the provider to have that information. And if you don't, they almost invariably default to what the plaintiff says. So in the employment realm, when you're having those disciplinary meetings or issues and an employee says, 'I feel I'm being discriminated against,' you have to be papering the hell out of that file. You just have to."

# GOVERNMENT RELATIONS

## LEGISLATIVE REPORT FOR THE 2021 SESSION

*At Physicians Insurance, we believe effective advocacy is crucial for ensuring that the concerns of our members and their patients are heard by lawmakers at both the state and national level. We work in close cooperation with others to preserve and enhance the healthcare liability system, promote meaningful patient safety, improve quality, and support communication between healthcare professionals, providers, and patients. We have established Physicians Insurance as a leading advocate of healthcare liability policy nationally and in the Pacific Northwest. For the 2022 session and beyond, we will be adding the interests of MedChoice to our legislative advocacy efforts.*


### FEDERAL

We are working with our national partners to promote the *Coronavirus Protection Act,* which provides reasonable COVID-19 liability protections for healthcare providers and facilities that are leading the efforts to address the pandemic. We are also working to draft federal legislation that provides telemedicine liability protections for healthcare providers and facilities that deliver telemedicine care.


## CALIFORNIA

The regular session is scheduled to adjourn around September 10, 2021. The expansion of Government Relations in California continues. We have joined with partner organizations to prepare to defeat the 2022 ballot challenge to increase the $250,000 cap on noneconomic damages recoverable in personal injury and wrongful-death actions in California's Medical Injury Compensation Reform Act. We are working with our partners to defeat **SB 447**, which allows for survivors to collect pain and suffering damages in survival actions. The bill is not limited to personal injury, but is open to all tort claims. In addition, we are cosponsoring the State of Reform conference, *Bridging the Gap between Health Care and Health Policy*, on September 23, 2021, in Los Angeles.


## IDAHO

The regular session Senate adjourned May 12, 2021, while the House of Representatives recessed until December 31, 2021. Due to the impact of COVID-19, the legislature limited the number of bills introduced this session. The legislature **passed H0149** ***(PI support)***, which extends the sunset clause in the Coronavirus Limited Liability Act to July 1, 2022. The bill was signed by Governor Little on March 19, 2021. We will continue to work with the Idaho Liability Reform Coalition to introduce phantom damage legislation in the 2022 session.


## OREGON

The regular session adjourned on June 26, 2021. The session operated fully remotely, with all public hearings and actions held online. As in Washington, several bills were introduced that impacted Physicians Insurance. To highlight a few:

- **SB 567:** Establishes it as an unlawful practice for medical providers to deny treatment based on patients' race, color, national origin, sex, sexual orientation, gender identity, age or disability ***(PI neutral—passed)***
- **SB 780:** Limits the liability of healthcare providers, health-maintenance organizations, and hospitals for certain claims arising during the COVID-19 pandemic ***(PI supported—defeated)***
- **SB 193:** Clarifies the $500,000 limitation of noneconomic damages in wrongful-death actions ***(PI opposed—passed)***
- **SB 110:** Repeals the sunset on the Early Discussion and Resolution Program for adverse healthcare incidents ***(PI neutral—passed)***
- **HB 2207:** Increases the limitation on damages under the Oregon Tort Claims Act ***(PI neutral—defeated)***
- **HB 2525:** Provides that limitations on claims for personal injury and death under the Oregon Tort Claims Act do not apply to claims against Oregon Health and Science University ***(PI neutral—defeated)***
- **HB 2637:** Provides for the regulation of litigation funding ***(PI supported—defeated)***
- **HB 2638:** Limits liability for certain claims for damages arising out of acts or omissions or in reasonable compliance with government guidelines during the COVID-19 pandemic ***(PI supported—defeated)***

*(Continued on page 22)*

*(Govt. Affairs, continued from page 21)*

- **SB 813:** Clarifies that the extension of time to commence an action applies to claims or notices that would have expired on or after March 8, 2020, and through the duration of the COVID-19 pandemic or any subsequent states of emergency due to COVID-19 ***(PI neutral—passed)***

Physicians Insurance and our Oregon partners engaged in a robust grassroots campaign for the remaining weeks of the session to promote the passage of **SB 780** and defeat **SB 193**. The primary focus was on the Oregon House of Representatives. The outcome of those bills was determined in the final days of the session.

Several other proposals that expanded liability for both Physicians Insurance and MedChoice were introduced this session, along with proposals that add insurance to the Unlawful Trade Practice Act, legislation with private rights of action, and proposals that expand the types of lawsuits that are brought against insurance companies (known as "bad faith" or "second suit" lawsuits). All five of those legislative proposals were ***PI opposed and defeated***.


## WASHINGTON

The regular session adjourned on April 25, 2021. Due to the pandemic, the session operated fully remotely, with all public hearings and actions held online. Several bills were introduced that impacted Physicians Insurance. To highlight a few:

- **SB 5155:** Increases the amount due for prejudgment interest ***(PI opposed—defeated)***

- **SB 5229:** Establishes a health-equity CME requirement once every four years ***(PI neutral—passed)***

- **SB 5185:** Provides that a person who is of the age of consent to make a healthcare decision is presumed to have capacity ***(PI supported—passed)***

- **SB 5271:** Provides COVID-19 legal protections for healthcare providers and facilities by establishing and recognizing evolving standards of care during the pandemic ***(PI supported—passed)***

- **HB 1076:** Allows private citizens to sue on behalf of the government (known as "qui tam") over alleged labor violations in exchange for a portion of the financial award ***(PI opposed—defeated)***

- **SB 5062:** Addresses data privacy and adds a private right-of-action provision ***(PI opposed—defeated)***

On January 15, 2021, the legislature extended several of Governor Inslee's proclamations until the end of the declared public-health emergency. As a result, these proclamations are no longer subject to monthly approval for extension. Several other proposals that expand liability for Physicians Insurance and MedChoice were defeated this session, along with any draft proposals that introduced exemplary damages (known as "punitive damages") in Washington.

## OTHER STATES

Several states have passed COVID-19 liability protections during their 2021 sessions. We anticipate that telemedicine liability protections will be the next wave of state legislation under consideration as telemedicine continues to expand.

Every 10 years, following the completion of the US Census, the state Redistricting Commissions form to redraw and balance the district boundaries. The 2020 US Census is complete, and the 2021 process has started. The redistricting plans must be filed before the 2022 elections. Redistricting can have a significant impact on legislative environments in our various states.

Physicians Insurance will continue to serve as a trusted, reliable resource of information for our insureds and lawmakers. We are well positioned to work as a leading advocate on initiatives that impact healthcare nationally and for the 2022 state sessions. President Thomas Jefferson once said, *"We in America do not have government by the majority. We have government by the majority who participate."* Physicians Insurance participates. (PR)

## More Information

To learn more about our Government Relations efforts, contact: Anne E. Bryant, Senior Director of Government Relations, at **anne@phyins.com,** or visit the Government Relations tab at **phyins.com/about**.

# Understanding Your Policy

## WE'VE ALL DONE IT:

Received an insurance policy and immediately filed it away without so much as peeking at it. It's understandable—insurance policies can be intimidating. But your insurance policy contains some important information to understand. And it doesn't have to be daunting to read, if you understand the basics of a policy.

### HOW TO READ YOUR POLICY TO EASILY FIND WHAT YOU NEED

The first step in reviewing an insurance policy is to check it for accuracy. You want to ensure that the insured names are correct, that you received the right forms, and that you purchased the coverage you were expecting. If you see any errors, immediately report them to your broker or underwriter.

Every insurance policy has five parts. (Some will include a sixth section known as Endorsements, which we've also included here.)

1. **Declarations**—The declarations page contains the name and address of the insured and the policy's term, retroactive date, coverages, limits, and premium.

2. **Insuring agreement**—The insuring agreement describes what the insurer agrees to pay for or provide. It basically describes what is included in your coverage for the policy term—in other words, what the insured is covered for. Generally, this is broad in scope and then further defined by exclusions, definitions, conditions, and endorsements.

3. **Exclusions**—Almost as important as what you are covered for is clarification on what you are not covered for. These clarifying points are called "exclusions." Be sure you understand any exclusions that reduce coverage.

4. **Definitions**—Insurance policies have common words with special meanings within the context of insurance, so your policy contains a section entitled "Definitions." These defined words will be in bold print throughout the policy and further clarify the coverages, terms, and conditions of your policy.

5. **Conditions**—Insurers require policyholders to adhere to certain conditions to remain insured. These conditions describe your duties and obligations. Conditions can also be things that are required of the insurer, such as state regulations.

6. **Endorsements**—In some but not all cases, a policy will have endorsements after the foregoing five main sections. This constitutes an amendment or addition to your policy. Endorsements can be included at the time your policy is issued, during your policy term, or at renewal, and your premiums may be adjusted as a result of an endorsement. Endorsements can cover a wide range of situations—for example, they can add, limit, or remove coverage or insureds. They can also add restrictions or limitations, change definitions, or add conditions. Always be sure to review any endorsements to your policy and make sure you understand them.

## We Heard You

The results of our customer-satisfaction survey revealed that our members would like to better understand their policies. You can see and share our new tutorial that includes all this information in an interactive educational module, found at: **phyins.com/policyvideo**

### FURTHER ASSISTANCE

If you have any questions, be sure to ask your broker or your underwriter. He or she will be happy to explain things so you fully understand your insurance policy. It can be especially helpful to ask about any specific coverage questions you have; discussing scenarios from your actual experiences with your broker or underwriter may help everyone understand how your policy can best meet your needs. (PR)

*(Health Equity, continued from page 7)*

affirming and are creating a webpage to make these providers easy to find.

## DISRUPTION AND INNOVATION

Many social determinants of health—poverty, educational opportunities, and housing access, to name a few—are deeply entrenched, which makes achieving health equity elusive. Lasting change requires a disruptive mindset to envision new solutions.

It's that mindset that led Navicent Health (now Atrium Health Navicent) to establish a Center for Disruption and Innovation in 2015. The combined efforts of the health system, with support from the center's novel technology, would eventually resolve readmission disparities among Black patients with chronic obstructive pulmonary disease (COPD), heart failure, and diabetes in a scalable and sustainable manner.

The road was far from easy, says Simeon Sessley, who served as executive director of the center for three years after its inception. Navicent Health's president and CEO at the time, Dr. Ninfa Saunders, was determined to have the center invite as many partners to the table as possible in its efforts to close disparity gaps. More than 50 "clinicians, community members, and creatives" signed on, Sessley says. The center, and its expert team of project managers, nurse researchers, PhD scholars, and innovative physicians, was based in Macon, Georgia. It brought together:

- Startup companies and scholars from Georgia Tech, State University of New York-Binghamton, and the Massachusetts Institute of Technology, and from as far away as Australia
- Physicians who specialize in serving communities needing significant diabetes and cardiology care
- Adults and teens from the community

"Health equity is multi-layered and complex, and there's no one-size-fits-all answer or quick solution," says Sessley. "You have to find the right resources and include experts with different perspectives. We wanted to take a scientific approach to solve problems that would allow us to tinker and tweak as we went along. This type of intricate work can be daunting, and doubt can set in. But we found ways to create ownership and keep each other motivated."

## TAPPING THE INNER SCIENTIST

Clinicians and creatives teamed up at Navicent to analyze diabetes and heart-

"Health equity is multi-layered and complex, and there's no one-size-fits-all answer or quick solution. You have to find the right resources and include experts with different perspectives."

SIMEON SESSLEY,
EXECUTIVE DIRECTOR,
NAVICENT HEALTH

disease data, looking for clues to explain health disparities experienced by Black patients. Among their strategies:

- Examining operations and clinical-care practices to find opportunities to improve efficiency and impact
- Considering socioeconomic factors that could be affecting patient compliance, such as lack of transportation and housing insecurity
- Inviting community feedback on ideas, including hosting a "hack-a-thon" for college and high-school students to weigh in on potential solutions

Eventually, these teams evaluated more than 230 pilot programs, which they presented to a panel of clinicians, administrators, foundation leaders, and community members, who in turn selected 12 startups for funding.

One pilot program that received funding was based at a federally qualified health center (FQHC) in Georgia. The program recruited a group of patients with diabetes who had been seen at the center more than seven times the previous year. Each patient received a tablet, free WiFi, a digital health app, a food scale, and other technology and followed a regimen to improve their blood-glucose control. In one year, 75 percent of high-risk patients reduced their hemoglobin A1C by an average of 2.3 points. (High A1C levels are associated with worse blood-glucose control and a higher risk of diabetes complications.)

Two other Navicent Health FQHCs adopted this program with similar success. "Working on projects like this was a welcome change for physicians, so many of whom are fatigued by keeping up with other administrative tasks while still going above and beyond for their community," Sessley says. "They enjoyed tapping into their inner scientist, mentoring young startup folks, and solving problems that had not only a financial impact on the hospital system but a health-equity impact as well."

## NATIONAL RECOGNITION

In 2018, the American Hospital Association recognized Navicent Health for its commitment to reducing health disparities with the Equity of Care Award. The AHA noted the organization's "measurable steps to improve diversity, inclusion, and health equity…and comprehensive gains in addressing the health disparities in the community it serves."

About a year later, Navicent Health merged with Atrium Health. Sessley led the Center for Disruption and Innovation through the transition until it relocated to Atrium Health's headquarters in Charlotte, North Carolina, where the work continues. He then founded Advisory Trail, a consulting practice that has helped companies such as Walmart Health and Wellness develop new products and ideas.

"Winning awards was exciting," Sessley says. "But what made all of us really happy was the chance to achieve sustainable health outcomes with patients who previously lacked the resources to do so."

## WORTHWHILE ENDEAVOR

When people set aside their preconceived notions, unconscious biases, and established ways of looking at the world, these types of outcomes are possible, Siegel says. "The work is difficult, but if we can learn to listen to each other and explore new ideas, we can break down longstanding barriers to health equity," she adds. "The end goal is healthy communities, which are foundational to a healthy and economically vibrant society." PR

**Sources:**

1. https://www.aha.org/news/blog/2019-12-11-how health-equity-impacts-outcomes
2. https://www.aha.org/system/files/2018-01/ factsheet-hospital-billing-explained-9-2017.pdf

# Why Board Diversity Matters and How to Help Your Organization Get There

## Board diversity is a hot topic right now, especially as more states consider mandating it for publicly traded corporations.

*California was the first state to require gender diversity—now, public companies headquartered in the state must have at least one female member. California Gov. Gavin Newsom signed a new law in 2020 giving companies until the end of this year to have at least one board member from an underrepresented ethnic community or who identifies as LGBT (lesbian, gay, bisexual, transgender) on their board. Other states are considering measures like these and more.*

*Potential legal requirements aside, why should your healthcare organization strive for diversity on its board of directors? And how can you make it happen in a way that is constructive, benefits your board performance, and serves your community?*

*We asked David Shimkin, a trial attorney with Cozen O'Connor in Los Angeles, to weigh in on the topic. Shimkin was previously one of the first Co-Chairs of Cozen's Hispanic Attorney Resource Group and now Chairs the firm's Diversity, Equity, and Inclusion Committee.*

### WHAT DOES IT MEAN TO HAVE A DIVERSE BOARD?

SHIMKIN: A diverse board doesn't just "check the boxes" by including women and people of color. It includes people with different backgrounds, perspectives, and ideas, some of whom happen to be female, Black, Hispanic, etc.

You want that kind of diversity when you are having in-depth conversations about strategy and deciding where to invest corporate resources. These individuals will bring different perspectives to the table and help others understand how board decisions may affect different communities.

Diversity is good in and of itself, and it's what our stakeholders and clients want to see, because they know that

diverse attorneys often offer unique perspectives. Back in January, Coca-Cola began requiring law firms handling its new matters to commit to having at least 30% of associate and partner time be billed by diverse attorneys. Our firm welcomes that kind of commitment to diversity, which other companies are increasingly undertaking.

## WHAT STEPS CAN COMPANIES TAKE TO FIND DIVERSE BOARD CANDIDATES?

SHIMKIN: People sometimes talk about a "pipeline problem"—a sense that there aren't enough qualified women and people of color out there to serve on boards. This doesn't fly. The talent is out there, but you have to look for it in places that maybe you haven't before. Board diversity should be something everyone on the board gets behind, particularly those who have the power and the privilege to push for it.

The best referrals are the people you know. Consider people you went to college or even high school with, even if they aren't an obvious choice at first. Then think about people with different backgrounds and skillsets that you interact with outside of work. If your employees and board members are involved in community organizations, ask them to be looking for candidates.

I volunteer with a non-profit, and when we recruit people to our board, we look for candidates who are engaged with and passionate about our community. They don't necessarily always have relevant job experience, but they do have relevant life experience. A healthcare organization might consider tapping a doctor who works in a low-income community, for example, or someone who runs a social service agency in an urban neighborhood.

"A diverse board doesn't just 'check the boxes' by having women and people of color. It includes people with different backgrounds, perspectives, and ideas, some of whom happen to be female, Black, Hispanic, etc."

DAVID SHIMKIN, TRIAL ATTORNEY, COZEN O'CONNOR, LOS ANGELES, CA

Your board can also engage a search firm that specializes in recruitment—there are so many more resources now than there were five or ten years ago.

## HOW CAN BOARDS BE MORE ATTRACTIVE TO DIVERSE CANDIDATES?

SHIMKIN: So many companies are prioritizing board diversity that recruitment can be highly competitive. Successful people are always in demand, and highly qualified candidates may be fielding multiple requests. They'll select the opportunities that are the best fit for them. What they've heard about your company in the news and from colleagues will no doubt influence their decision. Your company needs to be active in the community. You also need to communicate broadly in the media and on your website about what your company's mission, vision, and values are.

## HOW CAN BOARDS CREATE A WELCOMING ENVIRONMENT FOR BOARD MEMBERS WHO ARE WOMEN OR PEOPLE OF COLOR?

SHIMKIN: Once your board is more diverse, you want to focus on retention. It's easier if the candidates you've recruited already know people on the board or at your company. That makes them feel more at home.

You need to actively encourage these new members to share their input, not just on issues related to diversity but also on other topics. They didn't join your board for the sole purpose of representing their demographic group.

## ANY FINAL WORDS OF ADVICE?

SHIMKIN: Building a diverse board (or workforce) can be a time-consuming process, but the rewards are many. Even better, diversity eventually takes on its own momentum: the more diverse your organization is, the easier it will be to recruit and retain diverse people. PR

# ATTENTION HR PROFESSIONALS

# Have Diversity, Discrimination, and Unconscious Bias Been Grabbing Your Attention Lately?


## For any organization, Human Resources is one of the most complicated and fastest-changing areas of business management—and one that is fraught with liability.

Add the challenges of running a medical practice and addressing the newly focused-upon issues of discrimination and equity, and Human Resources managers in this field have their hands full.

Meet HR Hero—a Business and Learning Resources (BLR) portal provided to Physicians Insurance members to help mitigate your employment liability. HR Hero is a collection of online state-specific and federal employment-law resources for HR professionals, created to help them find quick answers to their employment-law and management questions, maintain a positive and productive workplace, and avoid devastating lawsuits. Users of HR Hero can rely on the expertise of employment-law experts in all 50 states and Washington, D.C., for assistance with employment-law compliance and strategic planning via tools with customization options for each organization.

"A resource like HR Hero is preventative care for those with HR responsibilities," says Susan Brodeur, a representative from BLR who provides and maintains content on HR Hero. "Any HR mistake can potentially become a claim, so HR Hero is a crucial support resource to access for guidance on HR issues, in advance, to avoid mistakes and hopefully mitigate the likelihood of possible claims."

Further, HR Hero offers customizable instructor-led training resources that include course materials for group trainings on more than 165 HR topics, in the form of "10-minute trainer" documents and customizable slides with supporting documents such as exercises, handouts, quizzes, and speaker notes. With your access, several topics can be delivered in a narrated training for your group, so all you need to do is press Play.

## ACCESSING DIVERSITY AND DISCRIMINATION RESOURCES IN HR HERO

"Unconscious-bias training is a newer course and is increasingly popular," Brodeur says. "Everyone has some unconscious bias, and it's important to explore this topic with both supervisors and employees in order to get at the root of recognizing and overcoming potential discrimination issues." Sexual-harassment, diversity, and workplace training resources are also available.

To access HR Hero, log into either **phyins.com/resources** or **medchoicerrg.com/resources**, click the link to HR Hero, then select "TRAINING" and search for the resources that fit your needs. You can use filters to select, for example, "Discrimination" and "Diversity" topics to find training documents such as the following PowerPoint presentations and handouts, which you can customize with your organization's logo and other information:

- Recognizing and Overcoming Unconscious Bias for Employees and Supervisors
- Title VII Discrimination—What Supervisors Need to Know
- Diversity for all Employees (English and Spanish)
- Diversity Fundamentals for Supervisors
- Generational Diversity
- Interrupting Unconscious Bias for Supervisors
- Managing Non-English-Speaking Employees
- Preventing Discrimination in the Workplace

## IMPORTANCE OF THE EMPLOYEE HANDBOOK

In addition, two of the most popular HR Hero tools are the Employee Handbook Builder and the Fair Labor Standards Act (FLSA) Audit and Classification tool.

HR Hero resources are designed to help reduce mistakes that could lead to a claim. However, if you have an imminent issue that requires immediate legal attention, contact Physicians Insurance and ask for a claims representative.

"The employee handbook is the most important HR document," Brodeur says. "If a problem arises, it is likely that an employee's attorney will request a copy of it." She urges all organizations to make sure their handbooks are updated and not missing essential elements. HR Hero's Employee Handbook Builder generates an employee handbook with updates specific to the user's needs—including state addendums—that can be downloaded. Policies regarding discrimination, sexual harassment, and substance use are part of a handbook and should also be part of a training program, which the resource can support.

The FLSA Audit and Classification tool is a step-by-step assessment of an individual job that helps determine whether the position should be paid on an hourly basis or if it can be salaried (exempt). The Fair Labor Standards Act (FLSA) establishes minimum wage, overtime pay, record-keeping, and youth-employment standards affecting full-time and part-time employees in the private sector and in federal, state, and local governments. Some of the federal rules for determining salaried and hourly status have changed effective January 2020, and the Biden administration is reviewing exemption rules as well, so businesses should use the tool to aid in complying, Brodeur says.

## ADDITIONAL RESOURCES INCLUDE:

- A state-law compliance chart builder
- Self-audit checklists
- A regulatory analysis that summarizes details to aid understanding
- A job-description builder
- A salary finder for more than 2,500 job titles
- Email-based support from employment-law experts—with a typical turnaround time of 24 hours, responses come with details to save for your files

"If you aren't sure about something, ask before you act," Brodeur says. "It's easier to prevent a mistake than to resolve one." (PR)

# Finding Additional Resources

**Physicians Insurance and MedChoice RRG provide their clients with resources to help mitigate liability. Many of these resources can be found online in our password-protected websites.**

**Look for HR Hero in the Resource Libraries found at either phyins.com/resources or medchoicerrg.com/resources.**

*We hope you can join us at the*

# INSIGHTS SUMMIT 2021

## A Virtual EMSL Event on August 24 And 25

## Get Answers to Your Biggest Employer Medical Stop Loss Questions

We are pleased to provide two half-days that feature experts answering questions about the employer medical stop loss world. Our event will cover topics such as marketplace trends, insurance legislative updates, captives, direct contracting, and more.

- **What:** Two half-days of industry leaders addressing important employer medical stop loss topics
- **When:** August 24 and 25 | 9:00 a.m.–12:00 p.m. PST
- **Who:** Agents, producers, consultants, TPAs, and others in the employee benefits field would gain by attending
- **Where:** Wherever you are—it's virtual!

### SPEAKERS AND TOPICS

- **Overview of Captives for Medical Stop Loss—An Emerging Segment** Wendy Dine | Associate Director, Strategic Risk Solutions (SRS)
- **Learning to Sneeze with Your Eyes Open: Achieving Benefit Cost Savings Using Direct Contracting** Jaja Okigwe | President and CEO of First Choice Health (FCH)
- **Insurance Legislation—What's on the Horizon?** Mel Sorenson | Government Affairs and Legislative Relations/ Insurance Relations, Firm of Carney Badley Spellman
- **Cell and Gene Therapy Impact for Self-Insured Employers** David J. McLean, PhD | CEO, Emerging Therapy Solutions, Inc.

Learn more at **phyins.com/insightssummit**

# MITIGATING RISK
# Our Approach

**You need to know where and how you may be at risk for a malpractice suit.**

Our Risk Management team supports members to reduce their risk of exposure through consultation, member education, and targeted risk-management offerings. Depending on your specific needs, Physicians Insurance offers several options for identifying risk exposures:

**Risk Consultation.** An experienced member of the Risk Management team is available to provide members with personal, on-call risk-management advice, Monday through Friday, 8:00 a.m. to 5:00 p.m. Pacific Time, at (800) 962-1399. You may also submit questions via email to **riskmanagement@phyins.com**.

**Risk Evaluation.** Another place to start engaging with our Risk Management team is through a risk evaluation. With this evaluation, you have an interactive dialogue with one of our risk consultants to establish a high-level understanding of your risk-management opportunities and priorities.

**Risk Assessment.** As a possible next step, your practice may warrant a risk assessment. This is an in-depth analysis that includes leadership interviews, physical observation, and file reviews to provide a comprehensive report of potential risk exposures within your organization or practice. To learn whether your practice could benefit from this assessment, contact our Risk Management team.

**Self-guided Risk Assessment Toolkit.** Members can also independently assess areas of potential risk within their practice through a Self-guided Risk Assessment. This toolkit is intended to assess risks in the outpatient setting and includes an anonymous online questionnaire, a template for medical record audits, and downloadable tips for best practices.

The first step is to complete the password-protected questionnaire at **phyins.com/selfassessment**. Participation is completely anonymous, and you can complete the survey over time, starting and stopping to fit your schedule. Upon completion, you will have the opportunity to review the results, including identified risks and associated tips for best practices. The toolkit also includes "Outpatient Self-guided Risk Assessment Tips for Best Practice" and the "Self-guided Risk Assessment: Medical Record Review Template" for conducting your own medical record audit. (Due to the anonymous nature of the Self-guided Risk Assessment toolkit, we are only able to provide follow-up support if you contact us with the specific risk exposures you wish to address.)

While it is our priority to be proactive in identifying and addressing risk exposures, we also provide member support in response to incidents or claims activity. PR

## Resources

The following are just a few of the additional resources to help reduce risk that are available to all our members at no additional cost (depending on your policy type):

- **Education** at phyins.com/education or medchoicerrg.com/education. Libraries of online courses, available 24/7, across a wide array of topics and issues for providers and staff. Many of these courses offer CE credit.

- **RM Resource Library** at phyins.com/resources or medchoicerrg.com/resources. Searchable and sortable libraries with articles, guidance, customizable sample forms and letters, and more. In our resource libraries, under "Additional Resources," you can also access:
  - **Cyber Center**. An online resource offering best practices, staff training, protocols, and more resources to improve your cyber security.
  - **HR Hero**. An online portal offering handbooks, checklists, and staff training to reduce your risks related to Human Resources.

"Given the complexities involved in delivering healthcare, it's incredibly difficult for clinical leaders to solve problems by relying on anecdotes and intuition—they need data, and they need the ability to continuously monitor and evaluate the subsystems underlying treatments and workflows."

WARREN RATLIFF, CEO, ADAPTX

*(What Is Your Data, continued from page 10)*

insights, she moved rapidly, addressing racial inequities at each stage of the stroke-care process. Once her team was conscious of the equity gap and was supported with resources, training, and awareness about racial bias, they actively worked to rectify it—and within 30 days, they had changed their tPA subprocesses and successfully shortened the time-to-tPA faced by Black patients to under 30 minutes, which also dropped the aggregate time-to-tPA for a system improvement of 10%.

## SPRAWLING DATA

Given the complexities involved in delivering healthcare, it's incredibly difficult for clinical leaders to solve problems by relying on anecdotes and intuition—they need data, and they need the ability to continuously monitor and evaluate the subsystems underlying treatments and workflows. Fortunately, in the last decade, a treasure trove of data has become available. Thanks to the transition to electronic health records (EHRs) that collect and store patients' medical histories in a digital format, a wealth of data is now stored by health systems across the country.

EHR data that tracks individual patients is useful for billing and improving communication across medical teams for that patient, but it isn't useful for looking across multiple patients or quickly tapping and synthesizing that data into meaningful information about performance trends over time—from the efficiency of workflows to the effectiveness of protocols.

Dr. Dan Low, Chief Medical Officer of AdaptX and attending pediatric anesthesiologist at Seattle Children's Hospital, has 20 years of clinical experience and saw first-hand how the transition from paper to electronic medical records, while crucial, didn't go far enough. "EHRs were never architected to look across patients, so you have many of the same problems as before," he said. "Say you implement a change in your department over the course of nine months. It then takes another 12 months to evaluate if that change is working."

## TRANSFORMING CHANGE

AdaptX was born out of that frustration. Its founders began building the technology for the solution five years ago and tested it in a live environment for two years before launching. It works by taking the data from hospital EHRs and making it accessible through a digital dashboard that gives clinical leaders visibility on where they have successes and where they have room for improvements in their care delivery.

Measuring clinical performance as it pertains to healthcare equity is only one of many ways the AdaptX solution is applied. Clinicians can also use it to evaluate, for example, how long routine surgeries take per provider, which provider has more successful outcomes regarding pain management, or whose patients spend less time in recovery. This kind of data allows clinical leaders to isolate best practices and manage consistency across providers. With the use of AdaptX, for example, the Bellevue Clinic and Surgery Center

(BCSC) was able to eliminate the use of opioids for most pediatric outpatient surgeries, while dramatically improving patients' surgery experience and satisfaction.

AdaptX users range from hospital department chiefs to front-line medical workers. In the case of BCSC, it was a nurse with access to AdaptX's solution who pushed to develop opioid-free anesthesia protocols.

"The solution is an opportunity to speed improvement and reduce risk across the care environment," said Warren Ratliff, CEO of AdaptX. "Now, clinical leaders can monitor, evaluate, and adapt care on a daily or weekly basis, enlisting clinicians in new ways to transform treatments and workflows. If we truly want to address equity in care, we need to empower our clinical leaders to assess and act on disparities in this way."

Healthcare is a high-risk environment—patients can experience pain, lives may be at stake. As a result, Ratliff explained, physicians can be understandably resistant to change, and it can be hard to convince them to make changes when they can't quickly verify whether a change really represents an improvement. Hence, medical progress has historically been slow. With a tool like AdaptX, the pace of improvement becomes dramatically faster, potentially dropping from years to weeks.

"AdaptX makes it easy for everyone to get actionable answers in seconds, so they can adapt and manage care every day," Ratliff said.

Some clinics can be hesitant to introduce a new technology tool, assuming it will be a burden on their IT team to get it up and running. Not so, Ratliff said. "It's a matter of days, not months. That little bit of time on the front end enables them to maximize the tremendous investment of money and work hours that they put into electronic health records in the first place." (PR)

To learn more about AdaptX, visit AdaptX.com

# Learn More

Once you are aware of issues within your organization, effective and accessible training is often the next step.

To learn more about training resources available to our members around unconscious bias, social determinants of health, and cultural competence, see pages 11 and 31.

**phyins.com/education**
**medchoicerrg.com/education**

*(Removing Healthcare Barriers, continued from page 15)*

At that follow-up appointment, Janelle learned that the X-rays had revealed a breast nodule and a buildup of extra fluid between her lungs and chest wall. She needed immediate care from a specialist, and Project Access Northwest arranged for her to see Dr. Jamwal.

The appointment was a regular part of Dr. Jamwal's work at Pacific Medical Centers; in fact, Dr. Jamwal sees a few patients like Janelle each month, and they blend seamlessly into her practice.

## At a Glance

Major hospitals and medical systems in its service area:
**ALL**

Volunteer providers:
**1,770**

Patient appointments:
**58,000**

Average care coordination cost per patient:
**$325**

No-show rate:
**< 5%**

But this patient was going to need much more support.

"I noticed [something] I thought needed further evaluation," Dr. Jamwal recalls. She communicated her concerns to Project Access Northwest, which arranged for more tests. Expedited advanced imaging revealed that Janelle had an aggressive form of breast cancer.

Project Access Northwest's coordinators got to work, arranging for Janelle to see a variety of specialists at Pacific Medical Centers who volunteer their time to help patients like her.

"She presented with a really aggressive, somewhat delayed presentation of breast cancer…cancer she could have died from without the right care," recalls surgeon Dr. David M. White. "A lot of us get into medicine imagining we're helping people—we're trying to help people have better lives, help their medical problems—but it's easy sometimes to lose sight of exactly what we're trying to do."

In Janelle's case, he knew his work was important and life-saving.

"Had she not had this ability to be seen, she would have died of breast cancer, I think," Dr. White says. "It not only saved her life, but certainly has made it possible for her to be around for her family and take care of herself. That, in and of itself, is kind of the reason people go into surgery and medicine—to do the most good for people."

Project Access Northwest partnered with a wide range of specialists at Pacific Medical Centers to make sure Janelle had the best chance of surviving cancer and being there for her daughters as they grow up. Dr. Jamwal stayed in the loop on Janelle's care. And from the first referral to the last, Janelle received expert care, life-saving surgery, and chemotherapy—all at no cost to her.

"I don't know what I would have done," Janelle reflects, when asked how she could have handled this health crisis on her own. "I would have ended up at great risk, and something worse could have happened. I didn't have money or insurance. It would have been chaos for me. I could have died."

## Care Coordination Is Key

Project Access Northwest's team of care coordinators and other staff provide a critical link between the community's primary-care providers—who serve low-income and uninsured patients in community health centers, free clinics, and mobile or pop-up clinics—and the specialty providers who can offer

these patients advanced, life-changing treatments within their own practices.

"I know the work we do matters," says Scott Shurtleff, senior program director. "When I meet with a clinic manager, and they realize they have access to specialty care that they didn't have before, I hear the excitement and gratitude in their voice. Our organization was founded because there were limited options for specialty care. As a result of our partnerships, we can provide access to specialists in over 50 specialties."

And even the smallest primary-care operations can access specialty care through Project Access Northwest. Dr. Patrick Tracy, a retired physician who helped establish the West Sound Free Clinic, relies on Project Access Northwest to serve his patients. He and seven other volunteer healthcare providers run half-day clinics just three or four times a month at various locations in Kitsap County. Many of his patients are immigrants—some undocumented—who would otherwise seek care at an emergency department.

Project Access Northwest's care coordinators work closely with primary-care providers to gather all the notes, imaging, lab results, and any other details a specialty provider might need. According to Dr. Jamwal, the care coordinators do a great job in the preparation. "All the paperwork from the referring provider—recent office notes, imaging, labs—everything is always well put in place," she explains. "All of that is provided in a nice package that comes with the patient, and it's actually sent to our clinic beforehand, so it's already in our EMR."

Care coordinators also provide logistical support for patients, helping them arrive for appointments on time. As a result, no-show rates are below 5 percent. In the past, Pacific Medical Center reported no-show rates as high as 30 percent for uninsured patients.

"Multi-specialty practices and hospitals know that Project Access Northwest can help large systems see more charity-care patients and manage their bottom line," says Greg Clark, chief administrative officer for Pacific Medical Centers, who also serves on Project Access Northwest's board of directors. "It's a solution that works for everyone involved—especially for the uninsured patients in our community."

## Uniting for A Healthier Community

Connecting the uninsured to the care they need can protect them from long-term issues such as disability, unemployment, hunger, and homelessness. Over the last 15 years, Project Access Northwest has connected more than 60,000 uninsured patients to important care and has become a vital part of the community safety net. This success, executive director Gary Renville explains, is the result of a web of reciprocal relationships between the patients served, the providers who volunteer, the healthcare systems that support them, and the community that surrounds them.

"For each, it's a give and take," Renville says. "We connect patients to care, but we ask that they show up on time and follow through as instructed. We collect complete patient records for our specialty providers to make the most of their time, but we ask them to donate their expert care. We significantly reduce costs for our hospital partners, but we ask them for financial and logistical support. And we are helping to build a stronger, healthier community, but we ask community members to donate their time, talent, and treasure to support those we serve." (PR)

# Strike Down Barriers to HealthCare

Concerned about healthcare in our community? Project Access Northwest invites you to become part of the solution—helping our uninsured and underinsured neighbors receive the specialty medical and dental care they need.

1. Donate your time, talent, or treasure. Visit **projectaccessnw.org** for more information.

2. Discover how to replicate this model in your community. Connect with Gary Renville at **(800) 579-1494**.

3. Tune in to the annual fundraising event, STRIKE Down Barriers to Health Care! September 14, 2021, **panw.ejoinme.org**

# Three Strategies That Save Healthcare Dollars

**1. EFFICIENT VISITS**
By ensuring that a specialist sees a patient with the right paperwork, imaging, and lab reports, Project Access Northwest creates an efficient visit, maximizing the use of a specialist's time.

**2. APPROPRIATE CARE**
By helping patients find care in a provider's office instead of a hospital emergency room, Project Access Northwest increases efficiency, lowers costs, and improves patients' continuity of care.

**3. INSURANCE COVERAGE**
By enabling patients to continue their insurance coverage through Premium Assistance, Project Access Northwest helps them continue to access the care they need while helping hospitals manage their charity care.

Physicians Insurance
A MUTUAL COMPANY
MedChoice
RISK RETENTION GROUP

PO Box 91220
Seattle, WA 98111





# WELCOME TO OUR NEW MEMBERS!

## Physicians Insurance
A MUTUAL COMPANY

**Community Eldercare, d.b.a. St. Paul's PACE**
San Diego, CA

**Arizona Children's Risk Solutions**
Phoenix, AZ

**Diabetes and Obesity Care LLC**
Bend, OR

**Heart Central of Washington PLLC**
Yakima, WA

**mmMedical Group LLC**
Boise, ID

**MultiCare Health System Contracted Providers**
Tacoma, WA

**Phoenix Children's Hospital**
Phoenix, AZ

**Primary Care Specialists**
Pocatello, ID

**Rady Children's Hospital and Health Center**
San Diego, CA

**St. Luke's Health System, Ltd**
Boise, ID

**Umpqua Health Alliance, LLC**
Roseburg, OR


## MedChoice
RISK RETENTION GROUP

**Asante Health System**
Medford, OR

**Cedars-Sinai Medical Center**
Los Angeles, CA

**Desert Surgical Associates, PLLC**
Las Vegas, NV

**Duncan Regional Hospital Inc., d.b.a. DRH Health**
Duncan, OK

**MD2 Austin**
Austin, TX

**Midland Emergency Managers, PLLC**
Midland, TX

**Naugatuck Valley Radiological Associates, PC**
Waterbury, CT

**Olympia Emergency Services PLLC**
Olympia, WA