CELEBRATING 150 YEARS!

Stark County Medical Society News

September, October 2016

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INSIDE THIS ISSUE:

Dr. Barbara Volk

President's Message

Dr. Barbara Volk

Will MACRA drive your practice out of Medicare?

The Medicare Access and CHIP Reauthorization Act (MACRA) of 2015 will be a huge challenge for independent practices. By the government's own estimates, it will result in Medicare reimbursement cuts to almost 90% of solo practices and 70% of practices with two to nine physicians.

This represents the majority of practices in Stark County. Are you ready for the challenge?

A recent physician survey showed that roughly one third of physicians in small practices said merger into larger groups promises to be the most likely fallout from MACRA. "Death by bureaucratic strangulation," one emergency medicine physician wrote.

MACRA replaced Medicare's sustainable growth rate formula for setting physician reimbursement with the Quality Payment Program, which represents a shift from fee-for-service to pay-for-performance. The Quality Payment Program has two tracks: the Merit-Based Incentive Payment System (MIPS), which most physicians will initially participate in, and Advanced Alternative Payments Models for physicians more accustomed to getting paid based on how they perform on quality and cost-control measures.

In proposed MACRA regulations issued on April 27, CMS estimated that most physicians in groups with fewer than 25 clinicians in MIPS will get penalized in 2019 on the basis of their low performance scores in Medicare incentive programs in 2014 (failure to report data was the biggest culprit). Worst off are soloists, who have a projected penalty rate of 87%.

In contrast, CMS estimated that 81% of physicians in group with 100 or more clinicians will earn a bonus. Payment adjustments are scheduled to begin in 2019, and will be based on 2017 practice data.

My partner and I are personally working very hard to preserve our autonomy. We are educating our patients to call

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We have access to the politicians and the state medical association. Together, we have a voice that will be heard!

Contact us at starkmedical@ameritech.net or call 330-492-3333. We look forward to hearing from you!

Opinions expressed by the authors are their own, and not necessarily those of the Stark County Medical Society, Trustees or individual members. SCMS News reserves the right to edit all contributions for clarity and length, as well as to reject any material submitted.

CAREFULLY SELECTING AN IT PARTNER TO WORK WITH IS A MISSION-CRITICAL JOB.

AFTER ALL, CONSIDER EVERYTHING THAT IT IMPACTS WITHIN YOUR BUSINESS: DATA • REVENUE • PRODUCTIVITY • LOSS CONTROL • AND ULTIMATELY YOUR BOTTOM LINE

Reasons for utilizing managed service providers (MSPs) include reducing capital expenses, increasing efficiency, providing better service levels and reduced risk, and provide access to technology innovation in changing business conditions.

WHETHER YOU ARE CONSIDERING HIRING A MSP OR CHANGING PROVIDERS, BELOW ARE SOME IMPORTANT POINTS TO CONSIDER:

1. How experienced is the staff? The main project leader should have at least 3 to 5 years of experience. The support staff should have more experience than basic desktop operating system maintenance. Additionally, virtual C-level directors can provide deep industry expertise that is free of politics and other internal worries.
2. Do they have experience with the kind of technologies that you rely on? Ensure that they have documented experience with technologies that matter most to your business. Multivendor support can mean a well-rounded MSP.
3. Can they provide references, testimonials and case studies? A worthwhile technology partner will be able to provide these with ease and if they cannot, then you should consider another partner.
4. Make sure you have a clear understanding of their contact policy. Not all problems happen during standard business hours.
5. Do they offer customized services to fit your needs? Every business is different and one size does not necessarily fit all.
6. SECURITY! Does your IT partner conform to the same regulations that you do? HIPAA and PCI for starters. They are deeply involved in the privacy and security of your data, and your client's data.
7. Have they worked with other businesses in your industry? They should have a proven track record of working on projects and managing security in the healthcare industry.
8. Technobabble? No thanks. If they do not speak using plain language that is easy to understand, then that may be a warning sign that they will be unable to clearly communicate throughout your business relationship.
9. Deep interest. Your environment is not identical to any other environment. Providing excellent service at a good value requires understanding many areas of the company.
10. What are their core values? You want the IT partnership to be a long-term relationship. Motivated, empowered staff with good organization and emphasis on good change management and documentation procedures will ensure that you receive efficient service.

SecuraWealth™
INVESTMENT STRATEGIES

Managing Wealth: The New Doctor's Dilemma

By Jeffrey Eisenberg

Congratulations-you've finished your residency! Years of long hours and hard work are beginning to pay off with a fresh, well-paying and prestigious career as a medical professional. You've earned those benefits. Now the question is, can you keep them?

Because an MD diploma isn't the only thing you have now. If you're like the average medical school graduate, you're also deeply in debt. The median education indebtedness of medical graduates last year was $183,000, according to the Association of American Medical Colleges. The moves you make today to manage those loans and other money matters will have a big effect on how well you can achieve your financial goals. Can you structure your liabilities so you can still be prepared for the future? How do you balance school loans and other debts with your new higher income? What are the big mistakes you want to avoid?

REVIEW YOUR SITUATION

Perhaps the biggest problem for a new doctor is one that most people would like to have-the novelty of managing a suddenly larger paycheck. A Medscape survey showed that the national average compensation for a primary care physician was $195,000 last year, while specialists averaged $284,000. The temptation that new doctors have is to start spending a sizable portion of their pay as the well-earned reward for years of sacrifice.

A luxurious house may not be outside a new doctor's budget, but it's important to do the math and learn how to balance personal spending with the outsized education loans that have accrued over the years. The best place to start is with a careful review of your financial situation to ensure your "house" is in order.

You start with a chore that most people hate but which is essential to the success of any financial goal. Begin by taking a legal pad and making an itemized list of all your assets on one page, and all your liabilities with repayment terms on another page. Your goal will be to maximize the use of your assets and cash flow, reduce debt in a timely fashion, all while meeting your current objectives and saving for the future. It is not uncommon for people looking at a new higher paycheck to quickly incur more debt by living beyond their means. Others focus solely on paying off loans with a relatively low interest rate, while forgetting they also need to invest for their future.

One effective move can be consolidating all your personal accounts to one financial institution. It will allow you to more easily monitor your money and your investment returns, as well as take advantage of special programs to which high-net-worth customers are often entitled. This also is a good time to find a professional who can help you create, execute, and actively manage a well-defined wealth accumulation plan. Being able to clearly see what you have and where you are going will help you stay on track with your goals and priorities.

MAKE A FINANCIAL PLAN

The first step in personalizing a financial plan that meets a new doctor's needs is to meet with an advisor who provides financial planning services. Planners can help solve a host of issues:

- Calculating the amount of annual income you need to cover your expenses and savings;
- Preparing a budget to help set realistic financial goals, manage expenses, and reduce debt;
- Providing adequate insurance to protect your family and estate;
- Selecting smart investments that fit your risk tolerance and objectives, providing a proper asset allocation and diversification;
- Establishing an emergency fund to cover unforeseen expenses.

Proper planning can help you achieve your goals, whether that may be saving for a child's education, buying a house, planning a family vacation, purchasing a new car, or retiring comfortably, all while paying off your debt. An independent financial advisor can also help you determine the best way to plan for future tax liabilities. Are tax-exempt securities or a tax-deferred account a better choice for your situation? Is it a better strategy to save money now or pay off more debt?

Finally, review your financial plan annually with your advisor. This is the time for you to re-evaluate and adjust your goals and asset allocations, and to perform any portfolio rebalancing necessary to keep you on track.

Just as the year spent in medical school and residency form the basis for your career as a physician, the time and effort you spend with your advisor thinking about and planning for your future will be your best way to ensure financial success.

Jeffrey Eisenberg is president and CEO of SecuraWea/thrM Investment Strategies. SecuraWealthrM Investment Strategies does not provide legal or tax advice. Please contact your attorney and/or tax advisor regarding any questions you may have specific to your situation.

SecuraWealth™
INVESTMENT STRATEGIES

Our Firm and Leadership

SecuraWealth™ is a local, independent Registered Investment Advisor, focusing on individual investment solutions, financial planning, retirement plan management, and insurance planning. At the head of our investment team is founder Jeffrey Eisenberg, a longtime wealth advisor to high net-worth clients with an extensive background in finance, banking and investment markets.

Jeff has provided strategic financial planning and investment management solutions to sophisticated, high net worth individuals and small-business owners since 2000. He spent the prior decade working in banking and finance, analyzing and evaluating the financial strength of companies in a variety of industries; the organizations included The CIT Group, JPMorgan Chase & Co., the Office of the Comptroller of the Currency, and KPMG. This has given Jeff an in-depth understanding of markets, and the insight needed to identify financially sound investments. Jeff holds a B.S. degree centered in real estate, accounting and finance from Pennsylvania State University, and an M.B.A. in Finance from Fairleigh Dickinson University.

SecuraWealth™ is a Preferred Vendor with the Stark County Medical Society in Canton, Ohio. Jeff volunteers with the boards of various charities in the Canton region, including the Paul and Carol David YMCA, the YMCA of Central Stark County Endowment Committee, and the Mercy Development Foundation Planned Giving Committee. Jeff is also a member of the Jackson-Belden Chamber of Commerce and the Jackson Rotary Club.

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- Complete independence.
- No obligations to anyone except our clients.
- More investment choices.
- Personalized and customized solutions.
- Active management approach.
- Limited client base ensuring a consultative, hands-on approach, for maximum individualized attention.
- Strategic Investment selection process.
- Portfolios that work for clients at all times and in a variety of market conditions.

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Retire Early.
Live More.

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Huntington Welcome℠

IS YOUR CURRENT MED MAL INSURANCE COVERAGE RIGHT FOR YOU?

In the late 70's when large commercial carriers pulled out of the malpractice arena and left doctors exposed, the State of Ohio responded with a temporary solution called the Joint Underwriting Association, (JUA).

While some carriers remained available, two predominant carriers, Physicians Insurance of Ohio (PICO) and Physician's Insurance Exchange (PIE) flourished over the next two plus decades. Some funds from the JUA were eventually absorbed into the state general fund and gradually, the JUA in Ohio was relegated to the background.

A number of carriers referred to as "bedpan mutuals" were formed to do business across the nation and in Ohio. Medical Protective was purchased and repurchased. Other popular names we know today like Pro Assurance, Michigan Hospital Association (MHA) now rebranded under the Coverys name, The Doctors Company and a few others came into being and continue to do business in Ohio today. A number of others have gone bankrupt or have been purchased by other carriers. Professional liability continues to be a volatile line of insurance coverage that not all insurance carriers desire.

In the past, carriers were permitted to invest in speculative high yielding instruments to help offset even higher premium costs for the professional liability line of business. Negative outcomes, bankruptcies and other factors caused State Departments of Insurance to mandate adequate reserving protocols, stable investment portfolios and quality management initiatives, and today, many are familiar with and benefit from positive outcomes of such consumer oriented approaches. Things like "A" ratings from companies like AM Best are often deciding factors on which carrier a physician chooses to use.

All, including Ohio's tort reform environment, has meaningful benefit to Ohio's physician population.

Drilling down further though, how does the individual physician take advantage of all the information that has accrued to his or her profession along with carrier familiarity that may benefit them, protect their professional careers, personal assets, and futures?

A level of expertise is needed for today's highly stressed physician environment. Unprecedented exposures like cyber liability where a computer ransom notice can stop an active practice in its track, or an Employment Practice Liability encounter can end up sensationalized in the local newspaper and may cause many to react by giving in to hospital acquisition offers.

Where trending indicates a need to have the physician or the practice informed, personal meetings are scheduled and discussions include deeper insights as to why the physician should be aware of issues that may impact the practice. Recently, we discussed the issue of shared versus separate limits of entity coverage. In the past, some practices opted to either retain or go to shared entity limits to save premium. A shared limit simply means that the physician shares his or her limits with the entity. A suit against the entity could then, potentially reduce the physician's personal limit of coverage. If that limit is on a claim made policy form, a reduction in limits has further coverage implications as well.

In the past, physicians were more likely to stay with one practice. These days, along with hospital acquisition offers to individuals, and a reduction in the actual number of physicians, there is a tremendous amount of movement by physicians to leave one practice and go elsewhere. Expensive tail coverage endorsements come into play and for a practice with a shared limits situation, failure to secure the reporting endorsement (tail coverage) for a departing physician, could mean that the practice may not be insured if named in an action cause by the physician who left.

It is helpful to have an insurance consultant to advise on current and prospective practices of issues such as these.

Huntington retains an exclusive arrangement with The Stark County Medical Society and Coverys, one of our carriers. Where Huntington is endorsed, Coverys extends an additional membership discount to active members. This endorsement with Stark and other Ohio Medical Societies has saved thousands of practice dollars that can be used for other important operational expenses.

Soon, we'll be bringing news and a presentation of Coverys' Visual Dx program to the membership. This diagnostic tool, offered free of charge to Coverys insureds, offers a solution that may help reduce office diagnostic errors, a leading cause of professional actions against physicians.

We have also negotiated the Stark County membership discount through Pro Assurance so that membership in the local County Medical Society, qualifies the physician for the same discount previously given only for OSMA membership. Each of these efforts is a contributing factor in the growth of your medical society and we're glad to assist. For more information on services and products, contact Edward Hassay at 330 301-0476 or Ed.hassay@huntington.com.

Update on Medical Records Retention in Ohio

Scott P. Sandrock • Brennan, Manna & Diamond, LLC

Based on custom and practice over the years, the concept of what items are included in a "medical record" had become fairly well accepted. The patient's history, the physician's observations, diagnoses, treatment plans and the like, would generally receive universal agreement as to certainly being part of a patient's "medical record." Other information obtained related to the patient, such as test results, diagnostic images or other similar records, are also generally considered part of the patient's record if the physician saw, reviewed or considered those results germane to the patient and their treatment.

Technology changes, however, have resulted in an expansion of information and where that information may be maintained, or if it is maintained. A recent decision by the Ohio Supreme Court has expanded the topic of a "medical record," which will require all practitioners to examine their record retention practices.

The Ohio Revised Code has a statutory definition of medical record as follows:

> "Medical record" means data in any form that pertains to a patient's medical history, diagnosis, prognosis, or medical condition, and that is generated and maintained by a health care provider in the process of the patient's health care treatment.

While the definition seems fairly straightforward, the devil, of course, is in the details.

The Ohio Supreme Court in the case of *Griffith v. Aultman Hospital* was faced with the issue of what constitutes a medical record. In the *Griffith* case, a patient had been admitted at the hospital where he had been placed on continuous cardiac monitoring. Mr. Griffith died in the hospital and a request was made for the patient's complete medical records. A lawsuit followed claiming the hospital had not produced the complete medical record as requested by the family of the patient.

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CELEBRATING 150 YEARS!

Please Join Us for the Stark County Medical Society's 2016 Annual Meeting

Honoring our 50 Year Members and Retirees for their Years of Service to the Medical Profession, the SCMS, and the Community

Thursday, October 20, 2016
At Brookside Country Club • 1800 Canton Avenue NW in Canton

Fellowship: 6:00 PM
Buffet Dinner: 6:30 PM
Recognition of Honorees: 7:15 PM

Entertainment: EN-RICH-MENT
Art show: Imagine Gallery
This is a Complimentary Dinner Meeting for SCMS Active, Retired & Resident Members with Advance Reservations Only.

Reservations are due by October 17th
Cancellations will be accepted until noon on October 7th to avoid a $30.00 per person no-show charge.

Reservations Form for the SCMS Annual Meeting
Please PRINT

NAME _____

SPOUSE/GUEST _____
SPOUSE/GUEST: $30.00 PP ADDITIONAL GUESTS: $30.00 PP

SPOUSE/GUEST _____
SPOUSE/GUEST: $30.00 PP ADDITIONAL GUESTS: $30.00 PP

TOTAL AMOUNT ENCLOSED: $_____

*Please return this form by **October 17, 2016** (& check, if applicable) to:*

SCMS • 4942 Higbee Ave NW • Suite L • Canton, OH 44718 • 330.492.3333

Stark County Medical Society 1866 ~ 2016

CELEBRATING 150 YEARS

OF ADVOCACY FOR AND SERVICE TO PHYSICIANS AND PATIENTS IN STARK COUNTY

EXECUTE YOUR BUSINESS ASSOCIATE AGREEMENTS UNDER HIPAA!

By Diane Evans, Publisher, MyHIPAA Guide

In a recent memo, the U.S. Office for Civil Rights (OCR) raised this question: Is your business associate prepared for a security incident?

Well, how would you answer?

The issue is critical, as OCR audits are in progress under the federal Health Insurance Portability and Accountability Act (HIPAA). The audits extend to business associates, and according to OCR, business associates will need to demonstrate security risk analysis, risk management, and breach reporting procedures.

As if to underscore the seriousness of this issue, the feds have cracked down on business associates in recent cases. In one such case in April 2016, an orthopedic clinic in North Carolina agreed to pay $750,000 for failing to execute a business association agreement.

In its memo, OCR refers to a widespread perception that it is difficult for healthcare providers to know whether their business associates are adequately protecting patient information.

First, let's make sure you know who your business associates are. In sum, a business associate is any outside person or company with whom you share protected health or personally identifiable information about the people you serve. They -- through you -- are obligated to meet all federal privacy and security laws to protect that information. This includes billing companies, technology vendors, temporary staffing companies and anyone else with potential assess to patient information. With all of your business associates, you need an agreement that legally binds you (the HIPAA covered entity) and the business associate with very clear terms for managing and protecting health information emanating from you.

In its new memo, the feds say that you should also plan in advance for how you will confront a breach by business associates, including subcontractors. OCR's memo recommends the following:

1. Business associate agreements should define how and for what purposes patient information may be used or disclosed. Be clear about what constitutes unauthorized disclosures and incidents that need to be reported back to the HIPAA-covered healthcare provider.

   HIPAA defines "security incidents" as attempted or successful unauthorized access, use, disclosure, modification, or destruction of information, or interference with system operations in an information system. This could include:

   - Attempts (either failed or successful) to gain unauthorized access to electronic Patient Health Information (ePHI), or a system that contains ePHI;
   - Unwanted disruption to systems that contain ePHI;
   - Changes to system hardware or software characteristics without the owner's knowledge or consent.

2. Business associate agreements should specify the time frame for business associates or subcontractors to report a breach, security incident, or cyber-attack. Keep in mind: Reporting should be prompt, and covered entities are liable for untimely HIPAA breach reporting to affected individuals, OCR and, in some cases, the media.

   The federal government's website says that HIPAA-covered providers should file a breach notification by filling out and electronically submitting a breach report form to the U.S. Department of Health and Human Services.

   If a breach affects 500 or more individuals, covered entities must file a report promptly, and in no case later than 60 days following a breach. If a breach affects fewer than 500 individuals, the covered entity must submit notification no later than 60 days after the end of the calendar year in which breach is discovered. The government's website also describes circumstances that require reporting to the media.

3. Business associate agreements should identify the type of information a business associate or subcontractor will need to provide in a breach or security incident report. Such reports should include the business associate's name and point of contact information, and descriptions of:

   - What happened, including the date of the incident and the date of the discovery of the incident, if known.
   - The types of protected health information potentially compromised due to the incident.
   - How the business associate is investigating the incident, and what measures are being taken to protect against further incidents.

4. Finally, covered entities and business associates should train workforce members on incident reporting. OCR says covered entities may want to conduct security checks to make sure this is happening.

   An important point to keep in mind is that in actual cases, federal investigations are often triggered by carelessness or neglect.

   In once recent case, the Archdiocese of Philadelphia agreed to pay $650,000 to settle potential violations stemming from the theft of an iPhone.

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EXECUTE YOUR BUSINESS ASSOCIATE AGREEMENTS UNDER HIPAA! *continued from page 11*

Catholic Health Care Services (CHCS), an agency of the Diocese, performed IT services as a business associate to six skilled nursing facilities. Here is what happened, according to an announcement by the U. S. Office for Civil Rights (OCR):

In April 2014, ORC initiated an investigation following the theft of a CHCS-issued employee iPhone. The iPhone was unencrypted and was not password protected. The information on the iPhone included social security numbers, information about diagnoses, medications and treatments, and names of family members and legal guardians.

Investigators found that CHCS had no policies addressing the removal of mobile devices containing patient information from its facility, and no risk analysis or risk management plan.

The feds signaled they went light on the settlement amount, saying they considered that CHCS provides much-needed services in the Philadelphia area.

The lesson: When it comes to protecting patient information, there is no cloak to hide behind!

QUESTIONS? Contact Diane Evans, Publisher of MyHIPAA Guide, at 330-990-1470, or by email at dmevans@medmediamart.com. This article is for informational purposes and does not constitute legal advice for individual circumstances. MyHIPAA Guide offers a comprehensive solution for HIPAA compliance.

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SureShred: Ryan Heckert - 330.479.3958

NEW CEO SELECTED FOR STATE PHYSICIAN GROUP

The Ohio State Medical Association (OSMA) has selected Todd M. Baker as its new CEO. The move will be the first leadership change at the state's largest physician-led organization in nearly a quarter-century. *"I have worked for physicians all my professional life, the last 20 years in Ohio," Baker said. "I am honored to be able to continue to do so as CEO of the OSMA."*

Baker, who since 2014 has served as co-CEO of the OSMA, responsible for all day-to-day operations of the organization, will begin his new post in January. In the three years prior to becoming co-CEO he served as the OSMA's senior director of professional relations where he provided strategic leadership and management for the OSMA's independent physician, advocacy and external relations divisions. Baker has also served as the executive director of the Ohio Ophthalmological Society (OOS) since 1995.

"I have a strong working relationship with the leading healthcare organizations and policymakers in Ohio, and I look forward to continuing our partnership to make healthcare in Ohio the best it can be for patients and providers," he said. Baker, 48, will replace D. Brent Mulgrew who announced late last year that he was retiring after 42 years at the OSMA, the past 24 years as executive director. The OSMA Council, the association's governing board of practicing physicians, appointed a search committee that, after a five-month search, recommended Baker to be CEO. The Council, at its quarterly meeting in Cleveland on Aug. 20, unanimously voted to accept the committee's recommendation to promote Baker to the top post.

Update on Medical Records Retention in Ohio *continued from page 8*

The issue on the medical record production focused on whether hard copies of the cardiac monitoring data were to be considered part of the "medical record" because the printouts had not been included within the records maintained by the medical records department. An issue further arose that the cardiac monitor maintained information electronically, and that the paper copies were not created until after the patient had died. After a series of depositions, the hospital had produced the cardiac rhythm strips to the family. After consideration, the trial court concluded that the hospital had produced the "medical records" as defined by law. The Court of Appeals upheld the decision of the trial court, and the matter was thereafter appealed to the Ohio Supreme Court.

The Ohio Supreme Court, in looking at the issues, concluded that a "medical record does not include all patient information of any type, but a medical record does include any data that a health care provider has decided to keep or preserve in the process of treatment." The Supreme Court reversed the decisions of the trial court and the Court of Appeals, finding that in the case of the hospital, the records in the medical records department certainly do constitute medical records, but in addition, any other medical records within the hospital in other forms or locations would likely also be considered part of the medical record once the health care provider made a decision to keep the data that was generated in the process of the patient's health care treatment, and does pertain to the patient's medical history, diagnosis, prognosis or medical condition. Based upon the admission that the cardiac monitor strips had been printed, the burden was on the hospital to produce all the records. It was not the responsibility of the patient or the patient's family to know by instinct where else within the hospital system they should ask for information. The Supreme Court returned the case to the trial court for further proceedings.

The *Griffith* case presents additional insight for practitioners into the law regarding the health care provider's responsibilities regarding medical records.

The Court affirms the notion that a "medical record" does not include all information regarding a patient, but only includes data that a health care provider has decided to keep or preserve in the process of treatment of the patient. This is an important distinction to clarify that a health care provider is not required to keep a permanent record of every piece of information related to a patient, but only to include such information that the provider believes appropriate to keep as a part of the treatment for that patient. Each case on a case-by-case basis will later determine if the provider maintained adequate amounts of information, but at least it is clear that a provider

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ANTIBIOTIC RESISTANCE THREATENS THE HEALTH OF AMERICANS

From the RED Network

In 2013, the Centers for Disease Control and Prevention (CDC) published a report regarding antibiotic resistant threats in the United States. Methicillin-Resistant Staphylococcus aureus (MRSA) was classified as a "severe" threat with an estimated 80,461 severe infections and 11,285 deaths from MRSA per year. Severe infections were seen to have occurred during or soon after inpatient medical care. In comparison, Vancomycin-Resistant Staphylococcus aureus (VRSA) was classified with a threat level of "concerning" since from 2002 to 2011 there were thirteen cases in the United States. In addition, Staphylococcus aureus can also develop an intermediate resistance to vancomycin and is then referred to as Vancomycin-intermediate Staphylococcus aureus (VISA). During April of 2016, Stark County received its first reported case of VISA. All VISA cases examined by the CDC have had non-transferable resistance mechanisms. The resistant mechanisms also appear not to be maintained by the bacteria when vancomycin is absent because of their demand of resources on the organism. Due to this, VISA is considered even less of a concern than VRSA, but physicians, infection control personnel, and the local health departments should still be notified when cases are identified.

➢ INFECTION CONTROL

- Patients should be isolated in a private room. If a separate room is not available during procedures such as dialysis, a station with as few adjacent stations as possible ought to be used.
- Standard and contact precautions must be used. Facemasks, face shields, or eye protection should be worn if there is potential for splattering of contaminated materials such as bodily fluids.
- Items that are non-disposable and cannot be cleaned between patients should only be used on this infected patient.
- The number of people coming into contact with the patient should be kept to a minimum and good hand hygiene should be ensured.
- If the patient is transferred, the receiving facility must be notified in advance.

➢ CONTACT INVESTIGATIONS

- Contact investigation should be conducted whether or not transmission is suspected for a case of VRSA. However, contact investigation is only recommended for VISA cases if transmission is suspected. Contacts can be categorized based on the level of their interaction with the case and specimens can be collected for testing. If a contact is identified as being colonized with the bacteria the decision whether or not to decolonize should be made based on the contacts health status and their risk of transmitting it to others.

Update on Medical Records Retention in Ohio *continued from page 14*

is not required to keep every single piece of information for each patient.

The challenge presented to health care providers is to explore the location of a "medical record." Even under the security requirements of HIPAA, providers frequently receive appropriately protected information electronically on their phones, tablets or through other secure devices. The health care provider needs to ask if this information is duplicated within the patient's central medical record for the practice. Does the on call physician for a group practice routinely document patient's complaint if they take an evening call, and make an appropriate note to the patient's chart of their direction to the patient such as go to the emergency room or issue a prescription for the patient's use. Are the actions noted in the central medical record it handled via a text or internal communication, or perhaps not documented at all?

The *Griffith* case presents an opportunity for practices to re-examine their medical record policies and consider implementing the following steps:

1. Make sure that there is a centralized medical record for each patient, and that electronic notes or communications related to patient care are added to those records in a timely manner if the treating physician believes the information is appropriate to preserve.

2. If the practice does not include a text, email or other electronic communications as part of the patient's medical record, the practice should have a policy of routinely deleting those messages and communications. If not routinely deleted as part of a pre-existing policy, a subsequent request for medical records for any patient may trigger a responsibility for the practice to regularly search the cell phones, tablets or other electronic devices of each practitioner in order to appropriately certify the production of a complete medical record.

Again, please note that the *Griffith* court did not impose an obligation to maintain all records, but does say that if a record is maintained anywhere, then the record needs to be produced upon request. By adopting a comprehensive electronic record retention policy, practices would be well served to prevent lawsuits as was the case with the hospital, and to eliminate aggravation and significant expense in having to review historical electronic records if the information actually was never intended to be included in the patient's medical record.

If you would like a copy of the case decision or the statute or have any questions concerning these matters, please contact Scott Sandrock at 330-253-4367, spsandrock@bmdllc.com.

Presidents Message *continued from front cover*

us before going to the emergency room, keeping them vaccinated, and documenting and reporting metrics that define quality in today's health care environment.

The AMA and many other health care organizations are recommending:

- Establishing a transitional period to give physicians more time to have a successful launch of MACRA.
- Providing more flexibility for solo and small group practices.
- Simplifying reporting burdens and improving chances of success by creating opportunity for partial credit and fewer required measurements in MIPS.

If this issue is important to your practice, please communicate this to your elected officials. The SCMS can assist you in this process. If you want to learn more about Medicare Quality and Resource Use Reports (QRUR) you can go to the following web sites:

- https://healthinsight.org/tools-and-resources/send/53-webinars/152-qrur-report-webinar-slides-aug-27-2015.
- https://www.qualityinsights-qin.org/getattachment/Events/Archived-Events/WVMI-QRUR-Presentation-Sept-2015-Updated-FOR-WEB.pdf.aspx

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