



## HOPING FOR THE BEST . . .

## PLANNING FOR THE WORST

### *Emergency Preparedness and Contingency Planning*

Both 2004 and 2005 have witnessed a series of catastrophic natural disasters - from a tsunami, to a massive earthquake, to an unprecedented Gulf coast hurricane season. In each instance, the impact on healthcare in the regions affected was immeasurable.

In the U.S. alone, over one million people were displaced by hurricanes Katrina and Rita, including thousands of doctors. All forms of communication and transportation in the Gulf region were disrupted. Healthcare facilities, physician offices, and patient medical records were destroyed.

Such disasters and their aftermath underscore the importance of emergency preparation and the need for contingency planning. However, in discussions of emergency preparedness, clinicians tend to focus solely on their response to a disaster as medical practitioners. Nevertheless, as tragically demonstrated by Katrina and Rita, one's ability to respond to a disaster and treat patients is often determined by more than simply one's competence as a clinician.

While most psychiatrists may never encounter an emergency on the scale or severity of the aforementioned disasters, the destruction of resources and records that can occur as a result of a small fire or flood illustrates the importance of having an emergency plan in place. Having such a plan can insure your prompt, effective, and confident response in the event of an emergency.

### **The Purpose Behind Your Plan**

While an emergency plan may not be able to protect you from disaster, it can prepare you for disaster and minimize its effects on your practice.

The overall goals of an emergency plan are to:

- 1) *Minimize* the probability of injury or loss related to your patients, visitors and or employees in an emergency;
- 2) *Minimize*, or prevent altogether, the risk of property loss (including equipment, patient and business records, etc.);
- 3) *Minimize* down time and expedite your recovery from the disaster.

For most psychiatric office settings, an emergency plan need not be lengthy and the planning and preparation should not be time-consuming. The following suggestions may assist you with planning, constructing and implementing an emergency plan for your practice.

### **Four Steps to Being Prepared for an Emergency**

#### **1) Compile and Consider: Identifying and analyzing your potential emergency risks.**

Compile a list of the specific types of emergencies that might occur. Examples: medical emergencies, psychiatric emergencies, fire, bomb threat, hazmat exposure, flood, weather related emergencies, and power outage.

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## Electronic Health Records - Look Before You Leap

The area of electronic health records (EHR), also referred to as electronic medical records (EMR), has been evolving rapidly over the past decade. While much of the actual implementation to-date has taken place within large healthcare systems and hospitals, patient-centered initiatives such as Medem's iHealthRecord ([www.ihealthrecord.org](http://www.ihealthrecord.org)) and other comparable programs are fully operational and available to patients and physicians. In addition, increasing numbers of physicians in private or group practices are exploring or utilizing EMR programs on stand-alone computers or limited networks.

In the optimistic hype surrounding technological progress, it is important not to lose sight of potential pitfalls – while still maintaining a healthy willingness to embrace the future. Several issues impacting the usefulness and effectiveness of EMR are outlined below.

### 1. Disabling Code - How much control do you really have?

Suppliers and programmers who are hired to provide or develop EMR programs have been known to include computer software codes allowing them to disable the program at will or under certain conditions. For example, in the event of a billing dispute, the programmer may be able to disable the program until the issue is resolved to his/her satisfaction. Clearly, such a situation could be potentially catastrophic to a physician's practice.

Prior to implementing an EMR program, physicians should receive assurances from the supplier or programmer that such codes are not present. It may even be advisable to consult with an attorney about including a clause in contracts with suppliers or programmers barring the use of disabling codes.

Physicians using off-the-shelf EMR programs should review the product information carefully for any obligations that must be met in order to keep the program operating.

### 2. Ownership Information – Who owns it?

Assuming that current attempts to modify anti-kickback and Stark statutes are finalized, health plans, managed care organizations, and facilities may become

increasingly willing to provide EMR technology to physicians in affiliated practices. If a health plan, organization, or facility provides the technology, there needs to be clear agreement on what happens to the EMR information if/when the physician leaves the organization's panel or the patient changes insurance plans. Such agreement may be present in contracts or agreements.

### 3. Printing – Is it all or nothing?

There are numerous situations in which physicians are called upon to provide a legible written copy of a treatment record, e.g., a patient's request, to obtain third-party payment, defense of a malpractice action, etc. Surprisingly, not all EMR programs are able to print a copy of the electronic records. Some may only be able to print a portion of the information. An EMR program which is not able to print the entire record can place the physician in the undesirable position of not being able to meet statutory, regulatory, or contractual obligations.

For more information on the printing of EMRs, the American Health Information Management Association has published an article entitled "The Legal Process and Electronic Health Records." This resource can be accessed at: [http://library.ahima.org/xpedio/groups/public/documents/ahima/pub\\_bok1\\_028134.html](http://library.ahima.org/xpedio/groups/public/documents/ahima/pub_bok1_028134.html).

### 4. Alerts and Clinical Support Functions – How supportive are they?

Many EMR programs come with built in alerts or clinical decision-making support software. The printed treatment record produced by the EMR program should include information about the alerts and decision-making functions, such as whether they were active or whether an alert was acknowledged.

### 5. Hybrid Treatment Records – Piecemeal implementation should not mean piecemeal care.

Some facilities have had little choice but to bring their EMR programs online in a piece-meal fashion. This results in the creation of a hybrid treatment record – part of the record is paper based and part exists as an EMR. Physicians practicing in such a system should be familiar with the latest EMR updates from the facility so as to be certain that all relevant treatment information is reviewed and documented.

### 6. Vendor Solvency – Here today and gone tomorrow.

As with any type of up and coming industry, EMR vendors and suppliers come and go. Physicians should

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## Claims Examiner’s Perspective: Who Owns the Records?

**Q. I work for a group practice as an independent contractor. I’m aware of groups going out of business suddenly and without warning, leaving doctors unable to access patient records and other information. I’m not expecting this to happen to me, but then neither were my colleagues. I’m curious - who do the patient records belong to and to what kind of access am I entitled?**

**A. In most cases, the medical records of the patients you see are the property of the group practice and would continue to belong to the group even if the group dissolved.**

While practicing, you are entitled to access the records of the patients whom you see. If the group becomes insolvent, it becomes unclear what rights of access you have. Therefore, it is wise to clarify your rights to those records at the outset of your business relationship. Such clarification may appear in a contract or agreement.

Such preparation is certainly not required and may seem excessive, however, it will allow you to be prepared for the unthinkable—coming to work on Monday morning and finding a padlock on the door and a “closed” sign in the window.

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**To discuss this or other claims issues, please contact the claims examiner for your state at (800) 245-3333 from 8:30 a.m. to 5:30 p.m. ET Monday through Friday.**

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## Looking for a risk management article on a specific topic?

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Participants in The Psychiatrists’ Program can browse and print over 100 risk management articles. Articles are arranged by topic and can also be accessed through our easy-to-use search function.

Simply visit “For Participants Only” at [www.psychprogram.com](http://www.psychprogram.com) to reach the Online Risk Management Library.



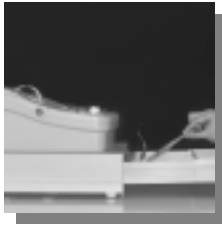
## How Do You Feel About Less Paper in Your Office?

### Would you like to receive *Rx for Risk* via e-mail? You can!

To receive this newsletter via e-mail, simply:

1. Send an e-mail to [Editor@prms.com](mailto:Editor@prms.com). (**Please note:** we will be using the address from which you send your e-mail request, so please be sure that it is the e-mail address at which you would like to receive *Rx for Risk*.)
2. In the subject heading field type "I would like to receive *Rx for Risk* via e-mail."
3. In the message body, type your full name, practice state and APA or Group ID number.

An extensive archive of newsletters is also available in the "For Participants Only" section of The Program’s website at: [www.psychprogram.com](http://www.psychprogram.com).



## Myths & Misconceptions: Selling Products From Your Office

**Q. I've noticed recently that more and more physicians are selling health and non-health related products from their office. I'm considering selling vitamin supplements from my office to some of my psychiatric patients. What factors should I consider in making this decision?**

**A. Prior to undertaking such a business venture, here are some risk management points for you to consider:**

### 1. Understand the positions of the various entities that have addressed the issue

In determining the risks associated with selling goods from an office, physicians should keep in mind that professional liability is evaluated in terms of whether or not the standard of care is met, as is the case with providing clinical services. There are many factors that can be used as evidence of the applicable standard of care for a particular issue. [For more information, Program Participants may access *ECP FYI: The Standard of Care Defined?* in the Summer 2005 *Rx for Risk*, online at [www.psychprogram.com](http://www.psychprogram.com).]

Factors that could be used as evidence of the applicable standard of care for determining professional liability related to selling goods from physician offices could include the following:

**American Medical Association:** The AMA has issued various statements on the sale of goods from physicians offices (1), including the following:

AMA CEJA Report — *Sale of Health-Related Products from Physicians' Offices*, which states, in part:

“...In-office sale of health-related products by physicians presents a financial conflict of interest, risks placing undue pressure on the patient, and threatens to erode patient trust and the primary obligation of physicians to serve the interests of their patients before their own. When these items offer some health-related benefits the physician's influence over the sale is amplified and makes it even more necessary to place limits on such activities.”

AMA Ethics Opinion E-8.063 *Sale of Health-Related Products from Physicians' Offices*, which states, in part:

“...1) Physicians who choose to sell health-related products from their offices should not sell any health-related products whose claims of benefit lack scientific validity...2) Because of the risk of patient exploitation and the potential to demean the profession of medicine, physicians who choose to sell health-related products from their offices must take steps to minimize their financial conflicts of interest. The following guidelines apply: (a) In general, physicians should limit sales to products that serve the immediate and pressing needs of their patients... 3) Physicians must disclose fully the nature of their financial arrangement with a manufacturer or supplier to sell health-related products...4) Physicians should not participate in exclusive distributorships of health-related products which are available only through physicians' offices...”

AMA Ethics Opinion E-8.062 *Sale of Non-Health-Related Goods from Physicians' Offices*, which states, in part: “...Physicians should not sell non-health-related goods from their offices or other treatment settings, with the exception [for the benefit of community organizations subject to specific conditions] noted below...”

**State law:** State law may address the sale of goods by physicians. For example, under New York law (Article 131-A, Education Law) the definition of professional misconduct applicable to physicians (which could subject physicians to professional discipline) includes “... Exercising undue influence on the patient, including the promotion of the sale of services, goods, appliances, or drugs in such manner as to exploit the patient for the financial gain of the licensee or of a third party...”

**State medical boards:** The Federation of State Medical Board's *Model Guidelines for the Use of Complementary and Alternative Therapies in Medical Practice* (2) has a section on “Sale of Goods from Physician Offices”. State medical boards may have issued policies or position statements related to the sale of goods. For example, the North Carolina Medical Board has a position statement, *Sale of Goods from Physician Offices* (3), which states:



## Hoping for the Best

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**Helpful Hint:** Every state and most large cities have an emergency management office tasked with providing guidance and information in case of disaster. Most, if not all of these offices have websites with useful information that will aid you in your emergency planning. Oftentimes, these offices will have resources advising you about risks that are unique to your area. For example, the website for the New York City Office of Emergency Management can tell you whether your office is in a low-lying area at risk from flood damage during a hurricane.

Once you compile your list you will need to prioritize your planning resources based on the likelihood of occurrence. Identifying how and where your office is most vulnerable will allow you determine where you need to focus your attention.

### 2) Inventory and Incorporate: Take inventory of the safety features and emergency plans already in place at your practice location for incorporation into your plan.

Before you allocate any of your own resources in developing an emergency plan, you need to determine what safety features and plans are *already* in place at your location. For example, if your building has an evacuation plan for the building, your plan should incorporate those building procedures that are already there.

Locate and make copies of building and site maps with critical utility and emergency routes clearly marked.

- Identify and clearly mark entry-exit points both on the maps and throughout the building.
- Post maps for quick reference by employees.
- Keep copies of building and site maps with your emergency plan and other important documents and also at an off-site location.

Ask, at a minimum, the following questions:

- Is there an evacuation plan for your city, county or region?
- What are the security procedures for your building?
- Is there an evacuation plan, fire plan, etc. for your building?
- Who is the emergency contact in your building if a problem arises
- Are there working fire and other alarms?

- Are fire extinguishers checked regularly?

### 3) Allocate Your Resources.

Once you determine what plans and procedures are already in place at your location you can allocate your resources—this can mean something as simple as collecting emergency supplies (e.g., batteries, bottled water, flashlights, and non-perishable food), developing an office evacuation plan, or it can mean a more complex response as in the case of your medical records.

For example, in the past, your building has experienced flooding during severe storms. You identify flooding as a potential risk and determine that you need to allocate resources to prevent the loss of patient and business records. You develop a plan to 1) have electronic back-up records taken weekly to a secure off-site location, 2) transport active patient records to a safe location when a severe storm is imminent, and 3) to store inactive patient records with a medical record storage company. You decide against purchasing file cabinets advertised as waterproof and fireproof due to their high cost.

### 4) Implement Your Plan

The first step in implementing any plan will be the act of communicating it to your office staff. Even the best plan will only be effective if your staff know it, understand it, and are able to put it into practice during an emergency. Here are some guidelines to help you in this process:

**Keep it Simple.** When committing the plan to writing, remember that the best plan—the plan that will be the simplest to implement—will be the one that is easy to read and understand.

**Keep it Accessible.** A hard copy of the plan should be stored in a location that is easily accessible. All staff should know the location of the written emergency plan. You should also keep a copy of the plan along with employee emergency contact information at a separate location such as your home. This will allow you to refer to the plan if you are away from your office and an emergency arises.

**Keep in Practice.** Your staff needs to know the plan and be able to implement it. Provide training and periodic walk-throughs of the plan to ensure that everyone understands their roles and responsibilities during an emergency situation.

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## Underwriter's Corner: How Long Should I Keep My Policies?


**Q. I have been in private practice for 12 years and have maintained professional malpractice insurance the entire time. How long must I keep copies of my malpractice policies? If I am sued and cannot find my copy of the policy for that year, how do I know who to contact?**

**A. We at PRMS, Inc., managers of The Psychiatrists' Program, recommend that doctors keep copies of their malpractice policies indefinitely.** That's the best way to ensure that you will have proof of coverage if you need it.

Most states do have laws requiring insurance agents and brokers to keep business records for some period of time. The laws vary considerably. The problem with relying on your broker is simple: you may not remember who s/he was. We have received inquiries from psychiatrists looking for assistance in determining which company covered them prior to their coverage with The Program. In one case where we suggested that the psychiatrist contact the brokerage with whom he did business at that time, he did not recall who that was. Even if you can recall the name of your broker, it may not be you who needs to find the record – it may be the executor of your estate who is looking to establish the existence of old coverage to defend a malpractice case brought against your estate.

You may be able to go to third-party sources, but this is not a good solution. For example, if you applied for admitting privileges at XYZ Hospital in 1980, the hospital most likely asked for the name and address of your malpractice insurance company on the application. There may still be a copy of your 1980 application around, or the data may be on file somewhere in the hospital database, but it may be difficult to retrieve. Furthermore, an annotation that 'Dr. Smith has coverage with the ABC Insurance Company' is not by itself "proof" of coverage.

If you then go to the ABC Insurance Co. (or their successor) and they do not have a record themselves, you still have a problem because you do not have a policy. You do not have answers to questions like how much coverage did you have? Was ECT covered or excluded? Was it occurrence or claims made? Did the policy give you the right to consent to settlement, or can the company settle without your consent? Only the policy itself and the associated face page (aka "declarations" page) can answer those questions. The best proof of coverage, incontestably, is the actual policy.

 To discuss this or other underwriting issues, please contact your Underwriter at (800) 245-3333 from 8:30 a.m. to 5:30 p.m. EST Monday through Friday.

## Myths & Misconceptions

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"...Inherent in the in-office sale of products is a perceived conflict of interest with regard to physicians' fiduciary duty ...Practice related items may be dispensed only after the patient has been told if those items, or generically similar item, can be obtained locally from another source. Any charge made should be reasonable. Due to the potential for patient exploitation, physicians are encouraged not to engage in exclusive distributorship and/or personal branding. Physicians should not sell any non-health related goods from their offices or other treatment settings" [with limited exceptions].

**State medical associations:** As an example, the Texas Medical Association has issued an ethics opinion, *Sale of Health Related Products from Physicians' Offices* (4), which states:


"The for-profit sale of health-related products by a physician can create a conflict of interest for the physician. The conflict of interest exists because the physician has a financial interest in selling the products. Concern about the conflict of interest is heightened because of the unique nature of the physician-patient relationship. The basis of the physician-patient relationship is trust. The for-profit sale of health-related products risks demeaning the relationship and the professional practice of medicine."

2. **Consider discussing ethical issues with your state professional organization**
3. **Consider seeking legal advice for additional potential liability issues, such as product liability**
4. **Consult with your Underwriter to discuss coverage issues**

End Notes:

- (1) Accessed online at [www.ama-assn.org](http://www.ama-assn.org), 12-2-05
- (2) Accessed online at [www.fsmb.org](http://www.fsmb.org), 12-2-05
- (3) Accessed online at [www.ncmedboard.org](http://www.ncmedboard.org), 12-2-05
- (4) Accessed online at [www.texmed.org](http://www.texmed.org), 12-2-05

**We are committed to providing you with excellent customer service.**

 To discuss this or other risk management issues, please contact the Risk Management Consultation Service helpline (RMCS) at (800) 527-9181 from 8:30 a.m. to 5:30 p.m. ET Monday through Friday.

## Electronic Health Records

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think about what might happen to patient treatment records if the EMR vendor or supplier goes out of business. An important step to take regarding this potentiality is inquiring about the EMR program's compatibility with other EMR programs.

### 7. HIPAA Compliant –

Physicians who are Covered Entities under HIPAA should be aware of their obligations under the Privacy Rule and the Security Rule. Under the Privacy Rule, if a physician who is a Covered Entity contracts with a programmer to create or maintain an EMR program, the physician and programmer will need to enter into a Business Associate Agreement. The physician will need to take steps to ensure that the programmer protects the privacy of patients' health information and take corrective action if the physician becomes aware that the programmer is misusing patients' health information.

For more information on the Privacy Rule's requirements, physicians may visit <http://www.hhs.gov/ocr/hipaa/> or the Program's HIPAA Help page [http://www.psychprogram.com/fpo/hipaa\\_help/hipaa\\_help.aspx](http://www.psychprogram.com/fpo/hipaa_help/hipaa_help.aspx) (requires login).

The Security Rule identifies administrative, technical, and physical security procedures for covered entities to use to protect the confidentiality of electronic health information. For more information on the Security Rule, physicians may visit <http://www.cms.hhs.gov/hipaa/hipaa2/education/default.asp#SecurityEd> or the Program's HIPAA Help page.



## Vagus Nerve Stimulation Therapy

**Psychiatrists who are Participants in The Psychiatrists' Program and are considering prescribing and/or monitoring VNS Therapy™ should notify their Underwriter in order to discuss coverage issues by calling 800-245-3333 between 8:30 a.m. and 5:30 p.m. EST Monday through Friday.**

The vagus nerve stimulator device is a pulse generator, which is surgically implanted in the left chest, with an electrical lead that connects to the vagus nerve. Intermittent electrical signals are sent through the electrical lead to the brain via the left vagus nerve.

It can be turned off by holding a magnet over the stimulator. The VNS Therapy System, manufactured by Cyberonics, Inc., includes software on a handheld computer that “communicates” via a wand that can be held over the implanted device to monitor and change the settings of the pulse generator.

The VNS Therapy System received the U.S. Food and Drug Administration's (FDA) approval for marketing on July 15, 2005 for the adjunctive long-term treatment of chronic or recurrent depression. The FDA states that “the device is to be used only in patients 18 years of age or over with treatment-resistant depression (TRD). These are patients who have been treated with, but failed to respond to, at least 4 adequate medication and / or ECT treatment regimens prescribed by their physician. It is not intended to be used as a first-line treatment, even for patients with severe depression.” (see [www.fda.gov/cdrh/mda/docs/p970003s050.html](http://www.fda.gov/cdrh/mda/docs/p970003s050.html) for the new device approval and links to additional information about VNS Therapy™).

The FDA specifies that the device should be prescribed and monitored only by physicians who have specific training and expertise in the management of treatment resistant depression and the use of this device. The device should be implanted only by physicians who are trained in surgery of the carotid sheath and have received training in the implantation of the device.

VNS Therapy™ is intended to be used along with other traditional therapies (medication, ECT, psychotherapy). Various side-effects may be experienced by patients receiving this therapy. In clinical studies, not all patients responded to VNS Therapy™ to the same degree and some did not respond at all. Post-approval clinical studies are ongoing as required by the FDA as part of the approval given in July 2005.

There are important risk management issues to weigh before recommending VNS Therapy™ for patients with TRD including, but not limited to:

- Specific training about VNS Therapy™ is required before prescribing and monitoring this therapy
- A thorough and comprehensive informed consent by patients is necessary
- Patient selection should be carefully considered in light of the current information from clinical studies re: side-effects and response rates to this therapy
- At this time, VNS Therapy™ should not be prescribed for off-label use

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## Hoping for the Best

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**Keep it Updated.** Your office may experience changes in personnel, facilities, computer systems, and record keeping. Your plan will need to change and evolve to reflect the changes in your practice. Keep your staff involved in updating the plan and inform them of any changes to the plan.

## Plan For The Unthinkable: What if something happens to you?

One potential emergency that cannot be overlooked is if something were to happen to *you*. Psychiatrists should prepare a set of instructions for staff, family members, and willing colleagues regarding what should be done in the event of the psychiatrist's sudden incapacity. The incapacity can be due to an accident, an illness, a family emergency, or other type of unanticipated event that takes you away from your practice on short notice. The plan need not be complex, but as with any emergency preparedness plan, it should be documented, readily accessible to those who may need to implement it, and regularly updated.

A list of suggested items to be covered in a contingency plan includes:

Contact information: the physician's pager number, cell phone number, home phone number, e-mail address, and home address.

Contact information for the physician's spouse, life partner, adult children, or anyone else who would likely know of the physician's whereabouts or sudden health problems.

A statement that staff is authorized to contact these people in the event of the physician's unexplained absence from the practice.

Instructions regarding how long staff should wait before implementing the emergency contact plan in the event of any unexplained absence. One hour is probably the longest period of unexplained absence the plan should allow.

Instructions regarding who is authorized to have access to patient records in the physician's unexplained absence. These instructions also should specify what information can be released from the records.

Instructions regarding prescription refills and release of information to third parties.

Instructions regarding how to deal with patients who become upset, either physically or emotionally, in the event of a crisis.

Names, addresses, and phone numbers of psychiatrists who have agreed to act as emergency backups. There should be more than one. Staff should be trained on proper referral procedures and proper termination-of-care procedures.

**Helpful Hint:** Hurricane Katrina displaced both doctors and patients and destroyed medical facilities and countless medical records. Many mental health patients were displaced to other states and unable to contact their psychiatrist or gain access to their records. Katrina illustrates the importance of encouraging your patients to document their own medications and treatment history.

## In Conclusion

Psychiatrists and other healthcare professionals are often accustomed to planning for and responding to medical emergencies in acute care settings. Once in an office setting, however, many professionals fail to recognize the need for emergency planning. But injuries and damages resulting from disasters in an office setting are often just as devastating as those arising from emergencies in a hospital. Advance planning, staff training, and periodic reviews can insure an effective response in even the most modest of practice settings and prepare both your staff, and your patients for the unthinkable, so that when an emergency does occur, you can confidently maintain your focus on patient care.

## Resources

These resources will help you develop your practice's emergency plan.

American Health Information Management Association – [www.ahima.org](http://www.ahima.org)

See "Practice Brief: Disaster Planning for Health Information":

[http://library.ahima.org/xpedio/groups/public/documents/ahima/pub\\_bok1\\_019242.](http://library.ahima.org/xpedio/groups/public/documents/ahima/pub_bok1_019242.html#contingency)

[html#contingency](http://library.ahima.org/xpedio/groups/public/documents/ahima/pub_bok1_019242.html#contingency)

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**Hoping for the Best***(continued from page 8)*

Federal Emergency Management Agency - [www.fema.gov](http://www.fema.gov)

FEMA also has a webpage listing links to your local state Emergency Management Agency - <http://www.fema.gov/fema/statedr.shtm>

The Department of Health and Human Services along with the CDC have compiled a form whereby patients can document their own medical care - <http://www.bt.cdc.gov/disasters/hurricanes/katrina/kiwy.asp>

American Red Cross - [www.redcross.org/services/disaster/beprepared/busi\\_industry.html](http://www.redcross.org/services/disaster/beprepared/busi_industry.html)

U.S. Department of Homeland Security has a website that provides information and resources including a common-sense framework for planning an emergency/disaster plan for any business: <http://www.ready.gov/business/index.html>

At the following website there is a cost estimator for emergency plan expenses: <http://www.ready.gov/business/over-cost.html>

The National Partnership for Workplace Mental Health: <http://www.workplacementalhealth.org/>

**VNS Therapy***(continued from page 7)*

For more information about VNS Therapy™ and related risk management issues you can call the Risk Management Consultation Service at 1-800-527-9181 as well as consult the following resources:

*Informed Consent – More Than a Piece of Paper.* Rx for Risk, Volume 11, Issue 1 (Winter 2003).

The Risk Management Resource for Psychiatric Practice, Chapter 6: The Informed Consent to Treatment Process and page F-65.

- the above are accessible to Program Participants at [www.psychprogram.com](http://www.psychprogram.com) in For Participants' Only section

FDA Center for Devices and Radiological Health <http://www.fda.gov/cdrh/PDF/P970003S050.html> - accessed 12/13/05

*Principles of Informed Consent in Psychiatry*, APA Resource Document Reference No. 960001. [www.psych.org](http://www.psych.org) - accessed 12/13/05

*Physician's Manual – Depression and Patient's Manual – Depression* at [www.vnstherapy.com](http://www.vnstherapy.com) – accessed 12/13/05



## Seminar Materials Available For Purchase!

If you were unable to attend, “*From Theory to Practice: Risk Management and Patient Safety*” you can now purchase the slides, resources and articles that were available at these seminars. Topics addressed include:

- Patients with Suicidal Behaviors and Risk Management
- Dangerous Patients and High Risk Professional Liability Risk
- Thinking Outside the FDA Black Box: Risk Management and Psychopharmacology
- Risk Management Process and the Basics of Medical Malpractice Lawsuits
- A Defense Attorney's Perspective on Psychiatric Malpractice Lawsuits
- Does Saying You're Sorry Mean You Never Have to Be Involved in a Malpractice Lawsuit?
- Enforcement of HIPAA's Privacy Rule - by OCR, DOJ, and the Courts

Materials are presented in an easy to use reference notebook and are available for \$99. **Psychiatrists' Program participants can purchase the materials for the discounted rate of \$35.**

**To place your order, call (800) 245-3333 ext. 347 or visit:**

**[www.prms.com](http://www.prms.com)**



## 2006 Risk Management National Seminars Earn a five percent premium discount!\*

Professional Risk Management Services, Inc., the manager of The Psychiatrists' Program, presents several psychiatric-specific seminars each year. Nationally recognized specialists and experienced clinical, legal, insurance and claims professionals reinforce basic risk management skills and techniques as well as current professional liability trends in the psychiatric field.

The dates and locations for our 2006 seminars have been announced:

<b>June 3, 2006</b>	<b>Seattle, WA</b> Bell Harbor International Conference Center 2211 Alaskan Way, Pier 66 Seattle, WA 98121-1604
<b>July 29, 2006</b>	<b>Denver, CO</b> The Warwick Hotel 1776 Grant Street Denver, CO 80203
<b>September 9, 2006</b>	<b>Providence, RI</b> The Westin Providence One West Exchange Street Providence, RI 02903

**Participants in The Psychiatrists' Program can attend this seminar at no charge.** (Otherwise registration is \$299—discounts are available.) Attendees are eligible to receive a 5% premium reduction on their Program insurance premium.\*

**Online registration and full agenda for these seminars will be available soon.** In the meantime, for more information or to register call (800) 245-3333, ext. 347.

*\* In New York State, per insurance regulations, Program participants are required to complete a risk management course with a written follow-up every two years in order to receive and maintain the premium discount.*

### The Psychiatrists' Program's Customer Care Line . . .

To facilitate customer service requests we established the new 24-hour **Program Customer Care Line** at (800) 245-3333, ext. 332. Simply follow the automated instructions to request a certificate of insurance, verify receipt of a payment or check on the status of a renewal application. Requests will be handled within two business days.



Participants can also e-mail [customercare@prms.com](mailto:customercare@prms.com) or simply visit the **Online Customer Care Center** in the "For Participants Only" section at:

[www.psychprogram.com](http://www.psychprogram.com)



## Important News for Participants in New York's Excess Medical Malpractice Insurance Program

*Excess participants can now take the Follow-up course every two years!*

Previously, New York Excess Medical Malpractice Insurance Program participants were required to complete a risk management Basic course, then a Follow-up course every year. A new law went into effect in New York in August, 2005 changing this requirement. The Follow-up course now must be completed every *two* years.

The deadline for completion of the Follow-up course in order to be eligible for continued participation in the Excess Program will remain the June 30th prior to the start of the Excess policy year. (The Excess policy year begins on July 1.)

Example: If you took the Basic or Follow-up course in the spring of 2005, you must complete the Follow-up course before June 30, 2007 to satisfy the Excess course requirement.

### New York Excess Risk Management Courses *2006 In-Person Seminar Schedule and Online Course Information*

The courses listed below have been designed for The Psychiatrists' Program participants to meet the New York Excess Medical Malpractice Insurance Program requirements and offer important information about preventing and minimizing medical malpractice risk.

#### New York In-Person Seminars

Plan to attend a New York risk management seminar if:

- You need to take a Basic or Follow-up risk management course to satisfy the New York Excess Medical Malpractice Insurance Program requirements;
- You want the 5% premium credit whether or not you participate in the New York Excess Medical Malpractice Insurance Program;
- You want to earn Continuing Medical Education Credits; or,
- You just want to learn more about preventing and minimizing medical malpractice risk.

#### Course Options

##### • **In-Person Seminars**

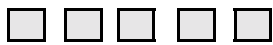
Buffalo, NY	April 8, 2006	Basic & Follow-up Course	<b>Adam's Mark Buffalo</b> 120 Church Street Buffalo, NY 14202
White Plains, NY	May 6, 2006	Basic & Follow-up Course	<b>Crowne Plaza - White Plains</b> 66 Hale Avenue White Plains, NY 10601
Manhattan, NY	June 16, 2006	Basic & Follow-up Course	<b>Downtown Conference Center @ Pace University</b> 157 William Street New York, NY 10038

- **Online** – All courses will soon be available on [www.psychprogram.com](http://www.psychprogram.com). Watch our website for updates.

#### How Do You Know Which Course to Take?

To determine which course (Basic or Follow-up) is right for you, please visit [www.psychprogram.com](http://www.psychprogram.com) and enter the "For Participants Only" section to get the latest information.

**Further details and registration information will be sent out  
and posted on [www.psychprogram.com](http://www.psychprogram.com) in early 2006**



# R<sub>x</sub> for Risk

c/o PRMS, Inc,  
1515 Wilson Boulevard, Suite 800  
Arlington, VA 22209

(800) 245-3333  
www.psychprogram.com



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*The APA-endorsed Psychiatrists' Professional Liability Insurance Program*  
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## Beyond the Basics: *Privacy and Security of Medical Information Under HIPAA*

**NOW AVAILABLE!**

Regular price: \$79.99

**Participants in The Psychiatrists' Program receive a \$10 discount!**

Call 800-245-3333, x347 or visit [www.prms.com](http://www.prms.com) to order your copy today!

Turn to *Beyond the Basics* for in-depth and useful information that will assist you in meeting and exceeding Privacy Rule and Security Rule expectations. Professional Risk Management Services, Inc. has published a compilation of its best risk management articles, published in *Rx for Risk* from 2001—2005, addressing HIPAA. This book provides over 200 pages of information, articles and checklists in an easy-to-use reference format which includes an extensive index.

In your effort to protect health information turn to *Beyond the Basics* to answer all the tough questions, such as:

- ◆ What happens if PHI is inadvertently disclosed or intentionally stolen?
- ◆ Does the Privacy Rule change parents' rights to access their child's PHI?
- ◆ Does the patient really have the right to access the entire record when state law only requires the release of a summary?
- ◆ What are the rules for determining if state law is preempted by the federal regulations?
- ◆ And much more!

Excerpts from *Beyond the Basics* are available on [www.prms.com](http://www.prms.com).