

Section II

The Physicians Foundation Issues a List of Concerns for 2016–2017 and Beyond

MEDICAL PRACTITIONER BUSINESS ISSUES

(CORPORATE LIABILITY IS JUST THE TIP OF THE RISK MANAGEMENT ICEBERG)

For modern physicians and medical providers, a comprehensive enterprise risk management plan must acknowledge more business and corporate risks than ever before, and in an economically sound manner not counterproductive to individual components of the plan. These business risks include those not considered just a decade ago, in addition to the personal perils reviewed in the first section of this book.

For example, evidence-based medicine (EBM) and health economics outcome research (HEOR) risks necessitate billing company reviews; debt and accounts receivable (AR) protection strategies with internal controls for office embezzlement protection; patient Internet portals, data breaches, cybersecurity, and digital asset protection architectures; and LGBT (lesbian, gay, bisexual, and transgender) discrimination issues with workplace violence risks; all while pay-for-performance (P4P), global reimbursement, and capitation payer risks increase, along with whistleblower, *mystery shopper*, and reputation management concerns for blogging doctors and social media medical aficionados.

Now, add peer-review perils, state medical licensing board overreach, hospital credentialing, and physician hospital organization (PHO) risks to the mix. And, don't forget the psychological stress of change management, career depression, physician self-burnout with premature retirement, and the ultimate—doctor suicide.

Moreover, a plethora of acronymic risks include the Patient Protection and Affordable Care Act (PP-ACA), the Health Insurance Portability and Accountability Act (HIPAA) and the Health Information Technology for Economic and Clinical Health (HITECH) Act, Occupational Safety and Health Administration (OSHA) Act, Clinical Laboratory

Improvement Act (CLIA), Emergency Medical Treatment and Active Labor Act (EMTALA), Comprehensive Error Rate Testing Contractor (CERT), Nation Provider Identification (NPI) number, National Correct Coding Initiative (NCCI), Health Care Fraud and Abuse Control Program (HCFACP), Medicare Drug Integrity Contractor (MEDICP), Environmental Protection Agency (EPA) Act, Limited English Proficiency (LEP) Act, Drug Enforcement Agency (DEA) Act, Recovery Asset Contractors (RACs), Medicare Administrative Contractors (MACs), Medicaid Integrity Contractor (MIC) programs, Zone Program Integrity Contracts (ZPICs), Corporate Integrity Agreements (CIAs), Regional Extension Centers (RECs), Civil Asset Forfeiture (CAF) Act, Federal False Claims Act (FFCA), National Supplier Clearinghouse Contractors (NSCs) and Coordination of Benefits Contractors (COBCs), Preventing and Reducing Improper Medicare and Medicaid Expenditures Act (PRIME), Department of Transportation, Employee Retirement Income Security Act (ERISA), Consolidated Omnibus Budget Reconciliation Act (COBRA), Federal Trade Commission (FTC) antitrust risks, etc.; all seem unending.

"...Federal Trade Commission (FTC) antitrust risks, etc.; all seem unending." - edits OK?

Therefore, much like the personal risks reviewed in Section I, the integration of these enterprise practice issues is no longer an academic luxury for modern health-care business entities, office practices, medical clinics, and/or providers, but a pragmatic survival imperative long recognized by the Institute of Medical Business Advisors, Inc. (iMBA, Inc.) and presented in Section II of this textbook.

On December 14, 2015, the Physicians Foundation released its *2016 Physicians Watch List*, an insight into the business and management trends physicians are witnessing or predicting will occur in health care.

The *Watch List*, based on the results of a survey of over 20,000 physicians, noted “five critical areas that will have major impact on practicing physicians” during the 2016–2017 calendar period, and beyond: (1) increasing provider consolidation; (2) increased strain on the physician–patient relationship; (3) electronic health records (EHRs) and the implementation of ICD-10; (4) liability and the cost of care transparency for both patients and physicians; and (5) telemedicine and access to medical care.

If “ICD-10” is an abbreviation, please define.

Definition of “EHR” correct?

Health-care providers, administrators, risk managers, and compliance personnel can use this information to develop courses of action to mitigate these liability concerns while also promoting high-quality, cost-efficient medical practice.

Therefore Section II, on the business risk of medical practice, summarizes these five known areas of management concern and includes many additional new-wave risks, perils, hazards, menaces, dangers, pitfalls, and future threats. And, it suggests possible courses of action that all physicians, medical providers, health-care administrators, and risk managers may take to potentially mitigate these impending concerns, at least in some small increment.

Remember, forewarned is forearmed.

Prof. Hope Rachel Hetico, RN, MHA, CPHQ, CMP™
Distinguished professor of health-care administration