

PRACTICE PEARLS

Shop around for malpractice insurance

My practice has regularly sought bids before renewing most of our insurance policies to make sure we are getting the lowest possible rates. We began doing this after it became apparent that insurance companies generate substantial profits by gradually escalating their fees and relying on customers to simply renew each year.

Unfortunately, we never applied this review process to our malpractice coverage. I suspect it was because the company we used provided free tail coverage under its claims-made policy if physicians retired with the company but charged \$14,000 for tail coverage if physicians chose to switch. At the time, the company was charging approximately \$16,600 a year for a full-time family physician performing minor surgeries.

I contacted a competitor who quoted me \$7,700 for the same insurance, plus a 20-percent dividend reduction, bringing the price to \$6,160 per year. That is a savings of approximately \$10,000 per year, or \$300,000 over the course of a 30-year career. The new insurer also agreed to provide the tail coverage on the transfer of the policy for free.

I strongly recommend that all physicians review their malpractice insurance rates every few years to ensure they are getting the most equitable coverage. Not doing so may cost you dearly over the course of your career.

Michael S. Niziol, MD
Dryden, N.Y.

Use a scoreboard to help your team accomplish its goals

It is not enough to simply set goals for improvement. Teams also need

Q&A

Physician orders and transitional care management

Q Does Medicare require explicit, written physician orders before a practice provides transitional care management (TCM) services? A recent Medicare Learning Network (MLN) article (<http://go.cms.gov/1WCObhY>) about physician supervision of TCM services said, “The required face-to-face visit must be furnished under a minimum of direct supervision and is subject to applicable State law, scope of practice, and the Medicare Physician Fee Schedule (PFS) ‘incident to’ rules and regulations. The non-face-to-face services may be provided under general supervision. These services are also subject to applicable State law, scope of practice, and the PFS ‘incident to’ rules and regulations. *The practitioner must order services, maintain contact with auxiliary personnel, and retain professional responsibility for the service*” (emphasis added).

A Nothing in the MLN publication or *Current Procedural Terminology* requires a written order for TCM services to commence on the patient’s discharge. The italicized text refers to services physicians may order and follow up on within the TCM period. Physicians can order these additional services, such as home health or meals on wheels, immediately upon discharge; they do not have to wait for the face-to-face visit.

Barbara L. Hays, CPC, CPCC, CPMA, CPC-I
American Academy of Family Physicians
Leawood, Kan.

to stay motivated and keep moving toward their goals.

One way to do this is to track your progress using a simple, highly visible scoreboard that immediately tells you if you are winning (or not) on key measures. This should be designed to motivate, not punish.

That said, you should create accountability. At a weekly team meeting, review the updated scoreboard and have team members make a commitment for the coming week

(i.e., “What one or two things can I do this week that will affect our scoreboard the most?”). At next week’s meeting, team members report if they met their commitments. This isn’t a punitive exercise; the point is to move your team forward.

Source: Covey S, McChesney C, Huling J. *The Four Disciplines of Execution: Achieving Your Wildly Important Goals*. New York, NY: Simon & Schuster; 2012.

FPM

WE WANT TO HEAR FROM YOU

Practice Pearls presents readers’ advice on practice operations and patient care, along with tips drawn from the literature. Send us your best pearl (250 words or less), and you’ll earn \$25 if we publish it. We also welcome questions for our Q&A section. Send pearls, questions, and comments to fpmedit@aafp.org, or add your comments to the article at <http://www.aafp.org/fpm/2017/0300/p37.html>.