

Best Practice: Office Manager Forum

Kathleen Stillwell, RN, MPA, MHSA, CPHRM
Senior Patient Safety Risk Manager
Richard Cahill, Esq.
Vice President, Associate General Counsel

April 16, 2026



The Doctors Company
TDCGROUP

Disclaimer

This program is being offered for informational and educational purposes only from a Patient Safety Risk Management perspective and does not constitute legal advice. Laws vary from state to state, actual clinical situations often involve subtle differences and nuances from program scenarios or recommendations, and the recommendations provided in this activity may not apply to all practice situations. In complex circumstances, which present significant potential for an adverse event or litigation, TDC and the faculty recommend you consult directly with your corporate or personal counsel for professional legal guidance.

Kathleen Stillwell, RN, MPA, MHSA, CPHRM

Senior Patient Safety Risk Manager

Kathleen Stillwell earned Master's Degrees in Public Administration and Health Services Administration. She is a registered nurse and Certified Professional Health Care Risk Manager (CPHRM). Ms. Stillwell is a nationally recognized expert in healthcare risk management with 39 years of experience in clinical risk management, professional liability claims management, compliance, and high-risk underwriting. Her expertise includes hospitals, medical practices, and integrated healthcare organizations. Kathleen is a frequent presenter for conferences, physicians, and healthcare organizations. She authors articles and creates educational programs for physicians and health care professionals.

Kathleen serves on Advisory Boards for Chapman University, College of Health and Behavioral Sciences in Irvine, CA, UC Riverside Women in Leadership Executive Program, and Brandman University Nurse Advisory Board. She trained with California Medical Association (CMA) to volunteer to coach physicians and nurses for the CMA Care 4 Caregivers program. Kathleen has served as faculty for the American Society for Healthcare Risk Management and is published in the American Hospital Society Risk Management Handbook for Healthcare Organizations. She has held numerous leadership positions with national and state risk management and quality organizations, including Board Member for the American Society for Quality (ASQ), President of the CA State Patient Care Assessment Council, Board member for the California League of Nursing, adjunct faculty for Woodbury University and the University of San Francisco. She served on the Advisory Board of King International, Inc. and is a Business Renaissance Institute Charter Member.



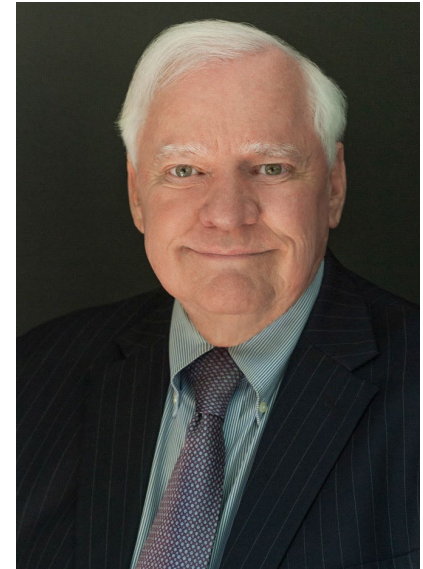
Richard Cahill, Esq.

Vice President, Associate General Counsel

Richard Cahill received his undergraduate degree (summa cum laude) from UCLA in 1975 and his Juris Doctorate from Notre Dame Law School in 1978. He served as a deputy district attorney in California at the outset of his career and was subsequently appointed as counsel on the Central Legal Staff of the Nevada Supreme Court before entering private practice in southern California.

Mr. Cahill has specialized in various facets of health care litigation for more than 40 years, including the defense of hospital and physician professional liability claims, managed care contract disputes, network privileges issues, and related business torts. His principal clients included Cigna Health Plans, Kaiser-Permanente, and Tenet HealthCare. He has completed in excess of 185 trials and binding arbitrations during his career with a combined win-rate of 92% and has been appointed as an arbitrator in more than 350 cases involving complex healthcare issues.

Mr. Cahill is currently Vice President and Associate General Counsel with The Doctors Company and provides legal support to the Claims and Patient Safety Departments, oversees company appellate litigation, researches and submits original content for publication and also lectures frequently around the country on topics related to the health care community. He has a distinguished rating with Martindale-Hubbell, the premiere peer-reviewed attorney rating service in the United States.



Guest Panelists

Neil O'Connor

Health Care Business Development

ROAM Realty

Amy Cuevas, MSN, RN, NE-BC

Director of Group Practice Operations

Hoag Clinic

Ignorance of the law
is no excuse.

Thomas Jefferson 1743 – 1826
Third President of the United States

Objectives

After completing this activity, you will be able to:

- Educate staff and colleagues regarding newest regulations for telehealth medical visits
- Identify opportunities to enhance practice management operations
- Develop strategies to effectively manage challenging patients

Top Risk For Your Practice: Failing to Meet Regulatory Requirements

Federal Extension for Telehealth Approved

February 3, 2026

- Medicare patients can receive telehealth services for non-behavioral/mental health care in their home through December 31, 2027
- There are no geographic restrictions for originating site for Medicare non-behavioral/mental telehealth services through December 31, 2027
- Telehealth services can be provided by all eligible Medicare providers through December 31, 2027
- Federally Qualified Health Centers and Rural Health Clinics can serve as Medicare distant site providers for non-behavioral/mental telehealth services through December 31, 2027
- An in-person visit within six months of an initial Medicare behavioral/mental telehealth service, and annually thereafter, is not required through December 31, 2027

Telehealth & Remote Monitoring Medicare Learning Network Booklet. (n.d.).
<https://www.cms.gov/Files/Document/Telehealth-Faq-Updated-02-04-2026.Pdf>Telehealth.

Non-behavioral and Mental Telehealth Services

- Non-behavioral and mental telehealth services in Medicare can be delivered using audio-only communication platforms through December 31, 2027
- Interactive telecommunications system may permanently include two-way, real-time audio-only communication technology for any telehealth service furnished to a patient in their home if the distant site physician or practitioner is technically capable of using an interactive telecommunications system if patient is not capable of, or does not consent to, the use of video technology

Telehealth & Remote Monitoring Medicare Learning Network Booklet. (n.d.). <https://www.cms.gov/files/document/telehealth-faq-updated-02-04-2026.pdf>

Behavioral Health

- Medicare patients can permanently receive telehealth services for behavioral/mental health care in their home
- No geographic restrictions for originating site for Medicare behavioral/mental telehealth services on a permanent basis
- Behavioral/mental telehealth services in Medicare can be permanently delivered using audio-only communication platforms
- Marriage and family therapists and mental health counselors can permanently serve as Medicare distant site providers
- An in-person visit within six months of an initial Medicare behavioral/mental telehealth service, and annually thereafter, is not required through December 31, 2027

Telehealth & Remote Monitoring Medicare Learning Network Booklet. (n.d.). www.cms.gov/files/document/telehealth-faq-updated-02-04-2026.pdf

Who Can Bill Medicare for Telehealth Services?

- Physicians
- Physician assistants
- Nurse practitioners
- Clinical nurse specialists
- Clinical psychologists
- Clinical social workers
- Registered dietitians or nutrition professionals
- Certified registered nurse anesthetists
- Marriage and family therapists
- Mental health counselors

Telehealth & Remote Monitoring Medicare Learning Network Booklet. (n.d.). <https://www.cms.gov/files/document/telehealth-faq-updated-02-04-2026.pdf>

Prescribing Controlled Substances Via Telehealth

- Drug Enforcement Administration (DEA), jointly with the Department of Health and Human Services (HHS), extended full set of telemedicine flexibilities regarding prescribing of controlled medications, as were in place during the COVID-19 public health emergency, through December 31, 2026
- Telemedicine flexibilities regarding prescription of controlled medications include:
 - A DEA-registered practitioner can prescribe a schedule II-V controlled substance to a patient using telemedicine without having conducted an in-person medical evaluation if required conditions are met

U.S. Department of Health & Human Services (2026) Telehealth frequently asked questions. www.cms.gov/files/document/telehealth-faq-updated-02-04-2026 U.S. Department of Health & Human Services (n.d.) Prescribing controlled substances via telehealth.

Extensions of Telehealth Access Options

Do Medicare beneficiaries need to be located in a rural area and in a medical facility in order to receive Medicare telehealth services?

- Through December 31, 2027, beneficiaries can receive Medicare telehealth services anywhere in the United States and territories
- Starting January 1, 2028, except for behavioral health services, beneficiaries will need to be in a medical facility and in a rural area to receive Medicare telehealth services

What About Commercial Insurance and Telehealth?

- Medicare Exemptions authorized February 3, 2026, apply only to Medicare
- Medi-Cal, Medi-Cal managed care, and commercial telehealth coverage is not affected
- Some Medicare Advantage plans and physicians participating in ACO Medicare Shared Savings Program may continue telehealth services
- Commercial health insurers are not legally required to comply with Medicare's telehealth exemptions or extensions
- Physicians should confirm policies directly with each plan

Health Care Business Development

Neil O'Connor, Partner, Roam Commercial Realty

Neil O'Connor brings a wealth of experience in real estate for healthcare business enabling him to offer a diverse range of expertise to support clients in all facets of their operations. He is an exceptional leader whose compassion and business knowledge resonates with clients at every stage of their careers. Neil offers valuable insights to support clients across various healthcare fields. Medical and dental clients are his special expertise.

As a tenant and buyer representative specializing in healthcare, his fiduciary responsibility is with you only. Neil's focus on client success enables him to navigate the complexities of commercial real estate—from finding ideal locations to purchase or lease, startup medical offices, lease and contract negotiation, and successfully matching perspective part-time tenants in different cities or counties. Neil's expertise positions him as a trusted partner dedicated to enhancing the operational success of healthcare organizations.



Solutions to Commercial Real Estate

Neil O'Connor

Health Care Business Development

ROAM Commercial Realty



Neil O'Connor, ROAM Commercial Realty Health Care Business Development

Our fiduciary responsibility is with you and only you!

We are a commercial real estate broker with specialized expertise in the healthcare sector

We are tenant-buyer representatives, we do not represent any landlords or sellers

We focus on healthcare: including doctors, dentists, clinics, and medical groups



ROAM Is Everywhere





SOLUTION

ROAM was started as an alternative to traditional real estate firms that, all too often, tell clients “No” or “That’s not possible.”

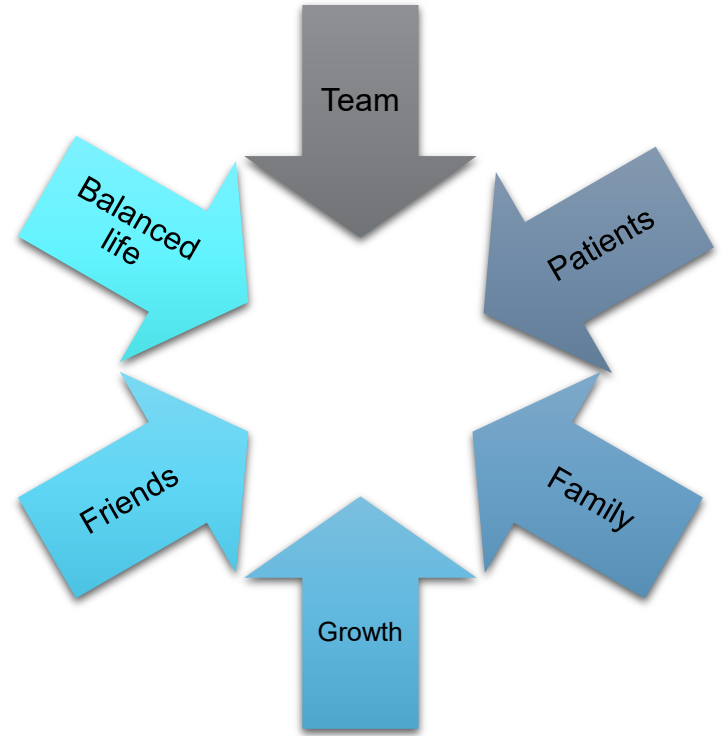
We strive to remove limitations and explore the possibilities.

Our expertise comes from experience, and as a nation-wide collective of top producing healthcare real estate agents.

ROAM Services



Let Us Focus On You



Team of Experts

- Lender
- Designers
- General Contractors
- Attorney's
- CPA's
- Insurance
- Marketing
- Medical Practice Brokers





Time?
Money?
Avoiding Bad Deals?

Your Biggest Questions Answered



If I use a broker, that will cut into my deal?



Why do most doctors lose an advantage on a lease renewal?



If you have a million in revenues, lenders will fund up to 4 million for a purchase?



If I hire a broker, will it anger my landlord?



Benefits of Using ROAM Commercial Realty



Starting, buying, or expanding a practice can be intimidating as you try to navigate unfamiliar territory with sophisticated landlords and sellers.



ROAM was created to flip the script on traditional commercial real estate and ensure tenants and buyers always come first.



We are a collective of the top-producing healthcare real estate agents in the nation, which gives our clients the opportunity to work with the very best in every market.



From dreaming big with startup clients, to lease vs purchase evaluations with established practices, we unveil a reality where your practice thrives at the highest level.

When others say it can't be done, we make it happen!

Information or Questions

Neil O'Connor

ROAM Commercial Realty

949.619.5955

Neil@RoamCommercialRealty.com



Amy Cuevas, MSN, RN, NE-BC

Amy started her nursing career 22 years ago in Labor and Delivery. She holds a Master's Degree in Nursing and earned her Nurse Executive Board Certification through the American Nurses Credentialing Center. She has held multiple leadership roles in ambulatory clinics and is the Director of Group Practice, OB/GYN for Hoag Clinic and Hoag Maternal and Fetal Diagnostic Centers in Newport Beach and Irvine. Amy manages operations for 11 medical offices and a lab. She is dedicated to creating a culture of inclusion, leadership and patient safety as she supports her health care providers and team staff throughout Orange County.

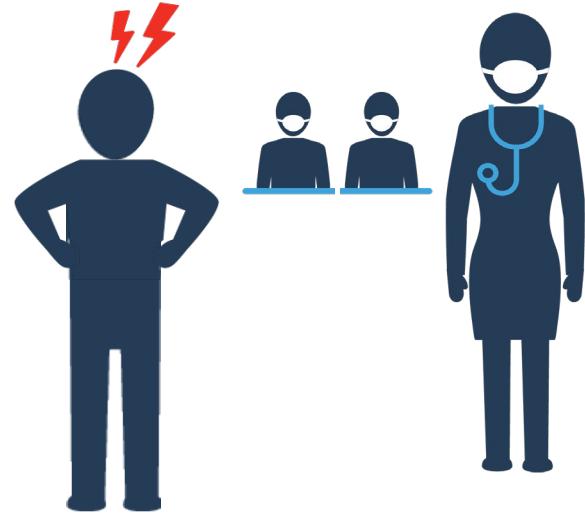
A devoted wife and mother, Amy loves to be with her family and share in their sports and curricular activities. She enjoys the beautiful outdoors and is an avid reader of fiction and thrillers. She makes annual trips to visit her family in Chicago as family is the center of Amy's universe!



Managing Challenging Disruptive Patients

Challenging and Disruptive Patients Are a Problem

- Communication problems
- Frustration for providers and staff
- Adverse impact on relationship building
- Possible compromise in quality of care
- Negative affect on patient experience
- Disruptive patients can adversely affect your business



Who is the Disruptive Patient?

- Unrealistic expectations
- Hostile, angry, demanding, unreasonable
- Do not follow treatment plan, non-compliant
- Rude and inappropriate on phone and in office
- Rude to staff, nice to physician
- Nice one day, a bully the next day
- Confrontational and displays manipulative behavior
- Frequent no show, cancels appointments same day

Consequences of Poor Medical Record Documentation

- Errors and delays in treatment
- Potential for harm to patient
- Civil action by patient or family
- Medical Board sanctions
- Health Plan grievance
- Delayed and denied reimbursement
- Plaintiff verdict
- Reputation and brand damage



The Medical Record Speaks for You

- Ensure documentation of inappropriate comments and behavior
- Ensure documentation is detailed
- Use quotes for patient comments
- Consider warning letter following a visit for disruptive patient
- Ensure warning letter is in patient medical record
- Patient termination is a last resort

The Warning Letter

Always Use “Quotes” to Document Patient Behavior

Always document rude or inappropriate comments a patient makes using first person quote with quotation marks in the medical record

- Patient stated: *“You are an idiot and I do not care what you think?”*

Document a nasty comment and use actual vulgar words patient used

- Do not document “rude or foul language”
- **Document actual words patient used**

Tell patient “we have a zero-tolerance policy for inappropriate language. I want to help you, but I will not be able to assist you if you use profanity.”

- If patient makes an inappropriate comment back, document in quotes

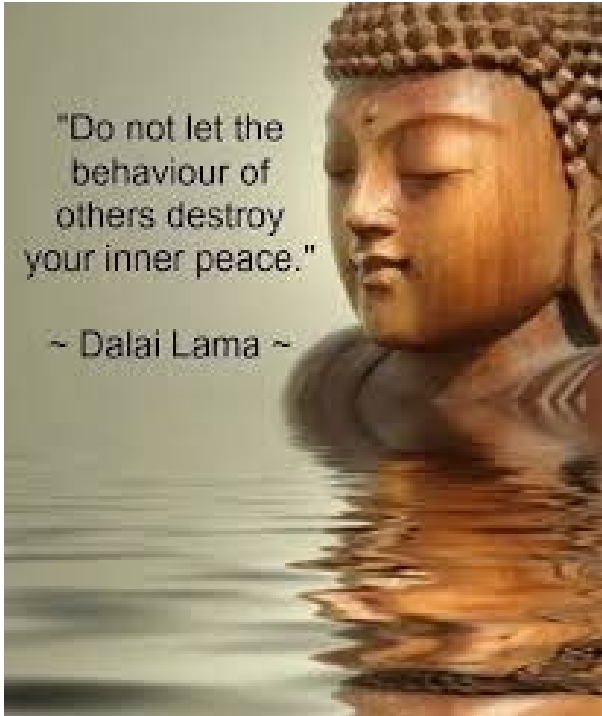
Sample Warning Letter: Dear Patient Name

During your (Date) office visit you were disruptive at the front desk and verbalized how unhappy you were with our new procedure to update your medical records information. After completing the information, you were upset, raised your voice and told our staff *“You are an idiot and I am not giving you any information.”* Our efforts to assist you and explain that the information process was required were unsuccessful.

On (Date) you called our office multiple times; during one call you threatened a staff member stating, *“You better think twice about not giving me the appointment. Trust me, you will be sorry.”*

Our practice maintains a zero-tolerance for (disruptive patients) (rude or inappropriate language) on the phone and in the office. This letter shall serve as a warning that any disruptive actions or comments on the phone or in the office, in the future, may result in your dismissal from the practice. We value and respect our patients and appreciate the opportunity to care for you. Our goal is to provide high quality patient care and a positive experience for all patients.

Sincerely,
Office manager signature



"Do not let the
behaviour of
others destroy
your inner peace."

~ Dalai Lama ~

TDC Resources

- American Medical Association. Quick Check: Appointment Management. The Doctors Company. <https://www.thedoctors.com/articles/quick-check-appointment-management/>. Accessed April 16, 2026.
- American Medical Association. Quick Check: Dissatisfied Patient Management. The Doctors Company. <https://www.thedoctors.com/articles/quick-check-dissatisfied-patient-management/>. Accessed April 16, 2026.
- American Medical Association. Quick Check: Informed Consent Process. The Doctors Company. <https://www.thedoctors.com/articles/quick-check-informed-consent-process/>. Accessed April 16, 2026.
- American Medical Association. Quick Check: Patient Dismissal Process. The Doctors Company. <https://www.thedoctors.com/articles/quick-check-patient-dismissal-process/>. Accessed April 16, 2026.
- American Medical Association. Quick Check: Telehealth Care. The Doctors Company. <https://www.thedoctors.com/articles/quick-check-telehealth-care/>. Accessed April 16, 2026.
- The Doctors Company. Exclusively for Member Practices: Risk Management Fundamentals for the Practice. Accessed April 16, 2026.
- The Doctors Company. Resources for Practice Managers. <https://www.thedoctors.com/patient-safety/resources-for-practice-managers/>. Accessed April 16, 2026.

Our Mission is to Advance, Protect, and
Reward the Practice of Good Medicine.

Best Practice: Office Manager Forum

Thank you!

Kathleen Stillwell, RN, MHSA, MPA, CPHRM

kstillwell@thedoctors.com

800-421-2368 ext. 4254

Cell 562-900-3008