CURRENT ISSUES AND CASES
RELATING TO ALLEGED UNCAPPED EXPOSURES
RE: NEGLIGENCE CREDENTIALING AND
ADMINISTRATIVE NEGLIGENCE;
ISSUES RELATING TO CONTRACTS,
PRODUCTS LIABILITY AND SPOLIATION OF EVIDENCE

PRESENTED BY
WILLIAM E. SCOTT, III
WATSON BLANCHE WILSON & POSNER

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Negligent Credentialing

Background

The plaintiffs, health care providers, and the courts have continued to grapple with the boundaries of the Medical Malpractice Act within the ambit of “negligent credentialing”, following the 2016 Louisiana Supreme Court decision in *Billeaudeau v Opelousas General Hospital Authority*, 218 So. 3d 513 [La. 10/19/16]). In *Billeaudeau*, the patient’s parents asserted the hospital negligently credentialled an ER physician who failed to provide appropriate care for a stroke victim. The Supreme Court, in a split decision, held that negligent credentialing sounded in general negligence and fell outside the purview of the Medical Malpractice Act.

L. R. S. 40:1231.8 states in pertinent part:

1231.8 Medical review panel
A(1)(a) All malpractice claims against health care providers covered by this Part…shall be reviewed by a medical review panel…

L. R. S. 40.1231.1(A)(13) defines malpractice as follows:

(13) *Malpractice means any unintentional tort or any breach of contract based upon health care or professional services rendered, or what should have been rendered by a health care provider, to a patient…, including failure to render services timely in the handling of a patient…*

The factors outlined by the Supreme Court in *Coleman v Deno* (831 So 2d 303) are considered to determine whether alleged misconduct constitutes “malpractice” under the MMA:

1. Whether the particular wrong is “treatment related” or caused by a dereliction of professional skill.
2. Whether the wrong requires expert medical evidence to determine whether the appropriate standard of care was breached.
3. Whether the pertinent act or omission involved the assessment of the patient’s condition.
4. Whether an incident occurred in the context of a physician-patient relationship, or was within the scope of activities which a hospital is licensed to perform.
5. Whether the injury would have occurred if the patient had not sought treatment.
6. Whether the alleged tort was intentional.

Negligent Credentialing

Recredentialing Outside the Scope of Act

The Louisiana Third Circuit Court of Appeal in *Thomas v. Regional Health System of Acadiana, LLC*, 2019 WL 986699 (La. App. 3rd Cir. 2/27/2019) reversed an Exception of Prematurity in favor of the hospital defendants and found that the plaintiff was not required to submit her claim for negligent recredentialing of a physician to a medical review panel.

The Plaintiff in this case filed a claim with the Louisiana Patient’s Compensation Fund against Dr. Geeta Dala, Lafayette General Medical Center and Women’s and Children’s Hospital concerning treatment provided to her premature infant daughter, Mariah Charles. The complaint asserted that Dr. Dalal failed to properly interpret echocardiograms and failed to diagnose pulmonary artery hypertension in the premature infant. In addition to filing a claim with the Louisiana Patient’s Compensation Fund, the Plaintiff also filed a Petition for Damages against the hospitals asserting that they negligently credentialed Dr. Dalal and negligently provided her privileges to practice in their hospitals. Dr. Dalal had been on the medical staffs of each hospital for about thirty years.

In response to the Petition, the defendant hospitals filed Exceptions of Prematurity asserting that the negligent recredentialing claim alleged was within the scope of the definition of “malpractice” in the Louisiana Medical Malpractice Act because the claim involved the supervision of Dr. Dalal and “supervision” was included within the definition of “malpractice” in the Act. The trial court sustained the Exceptions of Prematurity, but the Third Circuit reversed finding that Ms. Thomas was not required to submit her negligent recredentialing claim to a medical review panel as a prerequisite to filing a lawsuit.

The Third Circuit said the narrow issue presented was whether the claim for the alleged negligent recredentialing of Dr. Dalal fell under the Louisiana Medical Malpractice Act or sounded in general negligence under the holding of *Billeaudeau v. Opelousas General Hospital*, 218 So. 3d 513 (La. 2016). The Third Circuit conducted a *de novo* review. The court stressed that “credentialing” and “recredentialing” were not included in the definition of “malpractice” under the Act. The court said it was clear from the language of the Act that decisions involving hiring and retention of a physician are not including within the definition of malpractice and are thus excluded from the procedural framework of the Act. The court said hiring and credentialing are one in the same, as are retention and recredentialing, these actions are not covered by the Act and the plaintiff was not required to submit this claim to a medical review panel as a prerequisite to filing a lawsuit. The Third Circuit also conducted a *Coleman* analysis to support its decision.
The Third Circuit concluded its decision by saying:

“Credentialing is credentialing, whether it was done one time or thirty-five times, and it applies to both the initial credentialing process and the recredentialing process. Just as a physician’s prior performance, including past claims for malpractice, are considered in the initial credentialing decision, they will also affect subsequent credentialing decisions. That does not equate the credentialing or recredentialing process to a supervisory function. It continues to encompass the evaluation of the physician’s personal, educational, and skills background in determining whether a physician should be allowed to care for patients within the walls of that particular hospital.”

Judge Keaty dissented with assigned reasons and Judge Gremillon dissented for the reasons assigned by Judge Keaty. According to the dissent, the majority relied heavily on the analysis and holding in *Billeaudeau, supra* to find that the allegations sounded in negligence and not malpractice. Judge Keaty found the assertions in this case were mixed allegations of negligent credentialing and supervision similar to those in *Plaisance v. Our Lady of the Lake Regional Medical Center, Inc.*, 47 So. 3d 17 (La. App. 3rd Cir. 2010) where the Third Circuit sustained an Exception of Prematurity. Judge Keaty also felt the majority’s *Coleman* analysis was somewhat brief and conclusory. Judge Keaty said her dissent was bolstered by the recent decision from the Fifth Circuit in *Matranga v. Parish Anesthesia of Jefferson, LLC*, 254 So. 3d 1238 (La. App. 5th Cir. 8/29/18), which cited *Billeaudeau, supra*. The *Matranga* decision noted that the Louisiana Supreme Court in *Billeaudeau* distinguished the supervision and training of health care providers once they enter the building and engage in the practice of medicine therein, which clearly falls under the definition of malpractice, and negligent credentialing that takes place in the hiring process when the physician first enters the hospital, which the court found to be in general negligence. The court in *Matranga, supra* said negligent conduct that is characterized as negligent credentialing is limited to the time period when the physician was hired to begin practicing at the hospital and any alleged negligent conduct of the hospital that was occurring contemporaneous with the alleged medical malpractice would clearly be conduct within the ambit of training or supervision of health care providers, which falls within the definition of “malpractice.” Judge Keaty noted that Dr. Dalal was credentialled by the hospital approximately twenty-seven years before the conduct in this case took place and she concluded that the allegations against the hospital defendants in this matter necessarily encompassed the training or supervision of Dr. Dalal regardless of the plaintiff having labeled her claim as negligent credentialing.

The Louisiana Supreme Court will likely decide the issue of whether recredentialing is within scope of supervision under the definition of “malpractice” in the Act since the *Thomas* case clearly conflicts with the *Matranga* case on this issue. The hospitals have filed a Writ Application with the Louisiana Supreme Court. On June 17, 2019, the Supreme Court granted the writ issued, so the matter is now in their hands.
Negligent Credentialing: Summary Judgment

In Crockerham v. LAMMICO, 2018 WL 3081610 (La. App. 1st Cir. 6/21/2018), the Louisiana First Circuit Court of Appeal reversed summary judgment on a negligent credentialing claim finding issues of fact as to whether the hospital violated its own credentialing requirements. This case involved the hospital’s credentialing of a physician to perform a robotic-assisted laparoscopic hysterectomy. The plaintiff claimed she lost bladder function as a result of the procedure. A medical review panel found the evidence did not support the conclusion that the hospital failed to comply with the standard of care, but found a material issue of fact with regard to the hospital as to whether the physician had the proper credentials to perform the surgery.

A post-panel lawsuit was filed and the plaintiff asserted that the hospital was negligent in permitting the physician to perform the robotic procedure without the proper credentials. The hospital filed a Motion for Summary Judgment on the basis that the plaintiff had no evidence that the physician was negligently credentialed. There was an issue about the hearing date and the plaintiff did not timely respond to the Motion so the trial court granted the Motion as it was not opposed. The plaintiff appealed and argued the trial court erred in failing to find a genuine issue of material fact based on the medical review panel opinion and the deposition of Dr. Wheeler, both of which were offered in support of the Motion.

In this case, the physician who performed the robotic procedure said he attended a day-long course where the robotic procedure was performed on pigs, but he did not observe a robotic procedure on a human prior to the plaintiff’s surgery. The physician testified that he was properly credentialed to perform the procedure. But, the deposition of Dr. Wheeler was also offered in opposition to the Motion and Dr. Wheeler testified that the hospital’s credentialing requirements required that the physician observe a robotic procedure on a human prior to performing the procedure and the physician in this case had not done so prior to the plaintiff’s procedure. Dr. Wheeler further testified that because the physician had not observed at least one case on a human prior to the plaintiff’s procedure, the hospital did not follow its own credentialing requirements before credentialing the physician. The First Circuit found that the testimony of Dr. Wheeler was sufficient to raise a genuine issue of material fact precluding summary judgment and reversed summary judgment as to the claim of negligent credentialing.

No Immunity for Negligent Credentialing

In Tebault v. East Jefferson General Hospital, 2019 WL 1339471 (La. App. 5th Cir. 3/25/2019), the Louisiana Fifth Circuit Court of Appeal found that the federal 1986 HCQIA and Louisiana Revised Statues 13:2715.3, which immunizes hospitals in peer review matters, do not immunize hospitals from suits brought by or on behalf of patients alleging negligent credentialing. The hospital filed a partial Motion for Summary Judgment regarding the immunity, which the trial court denied. The Fifth Circuit denied the hospitals Writ Application and said federal and state immunity provisions do not provide hospitals
immunity in patient-brought suits for causes of action arising from negligent credentialing of a health care professional.

**Products and Services**

**Selection, purchase, and implementation of an alternating leg pressure (ALP) medical device** fell within the scope of the act.

In *Arrington v St. Tammany Parish Hospital Service District No. 1*, 267 So 3d 618 (La. App. 1st Cir, 10/31/2018), the patient brought a negligence action against the hospital, based on its selection, purchase, and implementation of an ALP medical device. The Trial Court sustained the exception and dismissed the patient’s lawsuit, without prejudice, because the plaintiff had not first obtained Medical Review Panel decision before filing suit. The plaintiff appealed. The Court of Appeal affirmed the Trial Court decision, rejecting the Arrington’s claim that allegations asserted against the hospital for negligent selection, purchase, and implementation of the ALP device were asserted against the hospital in its “administrative capacity”.

The Court noted the statutory definition of “malpractice”, L.R.S. 40:1231.1(A)(13); the definition of “health care”, L.R.S. 40:1231.1(A)(9); and concluded that under the plain language of those definitions, the selection, purchase, and implementation of the ALP medical device constituted acts performed or furnished by the hospital, a qualified healthcare provider, for, to, and on behalf of Mr. Arrington during his post-operative recovery to avoid DVT, a risk for which he was assessed by his doctor. The Court also asserted the Arrington claim fell within the purview of “malpractice” as analyzed pursuant to the test outlined by the Supreme Court in *Coleman v Deno*.

The Court also distinguished the facts in *Arrington*, from a hospital’s choices in furnishing a bed (see *Blevins v Hamilton Medical Center, Inc.*, 959 So 2d 440, 442 [La. 2007]), or a wheelchair (see *Williamson v Hospital Service District No. 1 of Jefferson Parish*, 888 So 2d 782, 789-90 [La. 2004]), as well as a hospital’s failure to furnish emergency power to maintain life support systems (see *Lacoste v Pendleton Methodist Hospital*, 966 So 2d 519, 525-26 [La. 2007]), for which the Louisiana Supreme Court determined, under the facts in those cases, health care providers could be liable in ordinary negligence.

**Notice of Recalls to a Former Patient**

In *Derouen v. Park Place Surgery Center, LLC, et al.*, 37 So. 3d 525 (LA. App. 3rd Cir 2010) a Davol Band Hernia Mesh Patch was installed. Thirty-five (35) days after the patient was discharged from the hospital, the FDA issued a recall of the patch. The plaintiff alleged the hospital received notice of the recall but did not notify her.

The plaintiff alleged multiple problems resulting from the patch, which was removed more than a year later.
The plaintiff claimed the duty to notify a former patient of the subsequent recall of a medical device was a ministerial or clerical duty, not medical malpractice. The hospital sought review by a Medical Review Panel.

The Court of Appeal found the claims against the hospital were not for the injury caused by the device, but for the delay in notifying the former patient. No Medical Review Panel was required. The Supreme Court denied the writ.

In Bush v. Thoratec Corporation, 2011 WL 5038842 (U.S. Dist. Ct. ED LA 2011), a lawsuit followed the death of a patient who received a Thoratec Heartmate II Left Ventricular Assist System. The heart pump was implanted at the VA hospital in Richmond, VA on September 26, 2008. On October 24, 2008, the FDA issued a notice regarding problems with the pump that could potentially lead to injury and death.

The patient returned to New Orleans and visited the Heath Failure Department of Tulane from early 2009 through May 2010. On May 4, 2010 the device stopped functioning and this lead to the patient’s cardiac arrest and death.

The plaintiff alleged Tulane failed to test the device and failed to inform the patient of the FDA recall notice. Using a Coleman v. Deno analysis, the court distinguished the Derouen case primarily because the patient had an ongoing relationship with Tulane. The hospital’s Exception of Prematurity was granted.

**Failure to Properly Maintain and Service Sterilization Equipment was Within the Act**

In Dupuy v. NMC Operating Company, LLC, 187 So. 3d 436 (Louisiana, 2016), the plaintiff sustained a post-operative osteomyelitis infection. He sued the hospital for its alleged failure to properly sanitize or sterilize equipment used to sterilize surgical instruments.

The Supreme Court conducted a Coleman v Deno analysis, and held that the alleged hospital failure to properly maintain and service the equipment used in the sterilization of surgical instruments, fell within the LMMA.

**Claims against hospital administrators for alleged negligent failure to adopt a hand-off policy for transfer of a patient’s care sounded in malpractice, rather than general tort.**

In Bonilla v Jefferson Parish Hospital Service District No. 2, 212 So. 3d 540 (12/28/2016), the patient filed suit against the hospital, alleging a tort claim sounding in general negligence. The plaintiff claimed that before she was admitted to the hospital, the hospital administrators had a duty to implement an administrative policy setting forth the procedure for physicians to follow when handing-off patients.
The patient was admitted to the hospital on a Saturday, 8/31/13, with complaints of abdominal pain, nausea, and dizziness. She was 37 weeks pregnant. Her OB/GYN diagnosed a bacterial infection affecting the membranes surrounding the fetus and amniotic fluid, and immediately proceeded with a c-section. The patient remained at the hospital for the next four days, receiving antibiotic treatment. She was under the care of two treating physicians.

On the date of her child’s delivery, the patient’s OB/GYN transferred or “handed-off” the care of Ms. Bonilla to Dr. Hogan, who himself transferred care of Ms. Bonilla back to the OB/GYN on September 3, four days later. The patient was discharged from the hospital on September 4.

On September 6, the patient was re-admitted to the hospital and diagnosed with acute sepsis, acute multi-organ failure, and acute septic shock. As a result, the patient’s hands and feet became gangrenous, and were amputated. She was discharged from the hospital on October 10, to an inpatient rehab program. She returned to her parents’ home about a month later, and had been hospitalized many times thereafter as a result of setbacks resulting from her amputations.

In addition to a Medical Malpractice Complaint, the patient filed a Petition for Damages against the hospital, claiming administrative negligence in breach of a duty to set forth an administrative policy establishing the procedure for physicians to follow when handing off patients. She asserted two improper hand-offs by the physicians, and an administrative failure to adopt a hospital-wide hand-off policy.

The Court of Appeal held the plaintiff’s allegations against the hospital administrators for negligent failure to adopt a hand-off policy sounded in medical malpractice, citing the 2001 statutory amendment to include “…all legal responsibility…arising from acts and omissions…in the training and supervision of health care providers…”

The Supreme Court concluded that while Ms. Bonilla’s “…inextricable dependency of the administrative negligence claim upon a subsequent act of medical malpractice by the physicians is true of the claims involved in Billeaudeau, we find the claims in Billeaudeau distinguishable from the administrative negligence claim before us because of the difference in the nature of the claims…”

The Bonilla Court pointed out the act of credentialing, which merely allows access to the hospital, does not thereafter dictate to that physician how to practice any aspect of medicine once she is credentialed. To the contrary, the hand-off policy in question in Bonilla would specifically dictate to physicians what information they must share with each other concerning a patient’s medical condition when transferring that patient between physicians. The Court found that not only was the viability of the patient’s cause of action against the hospital administrators entirely dependent on the existence of the subsequent underlying medical malpractice by the physicians, but the complained-of administrative negligence in failing to adopt a hand-off policy was specifically directed to instructing
physicians on how to provide the very treatment to patients that Ms. Bonilla alleged her physicians negligently provided to her.

For this and other reasons under the Coleman v Deno analysis, the Court found the patient’s claim for failure to adopt a written physician hand-off policy sounds in the MMA.

**Spoliation of Evidence**

The theory of “spoliation” of evidence refers generally to the intentional destruction of evidence for the purpose of depriving an opposing party of its use.

In Longwell v Jefferson Parish Hospital Service District No. 1, 970 So 2d 1100 (La. App. 5th Cir. 2007), the patient asserted a claim against the hospital for spoliation of evidence arising from the loss or destruction of x-ray images taken during a trans-femoral coil immobilization procedure that resulted in the patient’s suffering a stroke.

The Court held the hospital’s inadvertent loss or destruction of x-ray images did not support the patient’s claim for spoliation of evidence, but, the Court also held the loss or destruction of images in violation of a statutory duty was actionable in negligence. This is because L.S.A.-R.S. 40:2144(F)(2) required such images be maintained for a period of 3 years which was violated by the hospital’s inadvertent loss or destruction of those x-ray images.

The Court of Appeal noted that a state law tort claim for spoliation must allege the defendant intentionally destroyed evidence. Where no suit was filed, and there was no evidence that a party knew a suit would be filed when the evidence was discarded, the theory of spoliation of evidence would not generally apply.

In Clavier v Our Lady of the Lake Hospital, Inc., 112 So 3d 881 (La. App. 1st Cir. 2012), the patient’s parents filed suit against a physician, physician’s group, and the hospital alleging the tort claim of spoliation of evidence as the alleged cause of the patient’s death on the day after surgery, while he was on a patient-controlled analgesia pump. The Court of Appeal held the defendants had no duty to conduct a toxicology screen or collect other evidence; the parents failed to allege intentional actions on the part of the defendants. The defendants had no duty to collect the data to support the plaintiffs’ theory of how the patient’s death was caused. There was no pending or imminent litigation at the time of the defendants’ alleged actions or omissions.

It was significant that there were no facts indicating hospital employees unplugged the PCA pump for the purpose of erasing information so that the plaintiffs would be unable to prove the amount of prescribed narcotics the patient received. The Court also found that the hospital’s having reported the death to the Parish, as opposed to the Coroner, was not shown to have been for the purpose of avoiding an autopsy. There was no proof of any legal duty requiring the hospital to include toxicology screens, or for the hospital to require that a PCA pump not be disconnected, so its recorded data could be made part
of the hospital record where no litigation was pending. The Court noted nothing would preclude the plaintiffs from asserting a claim in a medical malpractice action that the doctor and hospital breached the standard of care in doing those things; and nothing precluded the plaintiffs from asserting their entitlement to an application of the adverse presumption of spoliation, if they have met the requirements for that claim. The Court recognized that historically, when a litigant fails to produce evidence within his reach, the Courts have applied a presumption that the evidence would have been detrimental to his case. The obligation or duty to preserve evidence arises from the foreseeability of the need for the evidence in the future. The failure to identify evidence that was intentionally destroyed to deprive its use, where the defendant had duty to collect such evidence, is detrimental to the plaintiff’s claim for spoliation.

In Reynolds v. Bordelon, 172 So.3d 589 (LA, 2015), the court held there was no cause of action for negligent spoliation of evidence. However, the court also said there were alternative remedies available to plaintiffs and in certain cases, such as discovery sanctions, criminal sanctions, and an adverse evidentiary presumptions against defendants who had access to evidence and did not make it available or deleted it. In the Reynolds case, the plaintiff sued his insurer and the junkyard for failure to preserve his vehicle for inspection purposes to determine why the airbag did not deploy. The court noted the plaintiff could have retained control of his vehicle and not released it to his insurer, or, he could have bought it back for a nominal fee.

In Willis v. Cost Plus, 2018 WL 1319194, room dividers fell on to plaintiff and allegedly resulted in a brain injury when her head struck the concrete floor. The defendant’s store manager checked “yes” on an incident report form indicating the incident was recorded on surveillance video. The store later said this was a mistake, and there was never a video of the accident location. The court said the Louisiana Supreme Court has not yet addressed whether Louisiana law recognizes an independent tort for the intentional spoliation of evidence. However, the court noted all Louisiana appellate courts recognize the tort of intentional spoliation of evidence; and the Louisiana Supreme Court would also recognize a spoliation claim based on intentional conduct. Spoliation of evidence refers to the intentional destruction of evidence for the purpose of depriving the opposing parties of its use.

**POTENTIAL FOR VICARIOUS LIABILITY OF HOSPITAL – EMERGENCY SERVICES**

The important distinction in determining employee status is the right to control the work of the physicians. Campbell v Hosp. Serv. Dist. No. 1, Caldwell Par., 33,8784, p. 4 (La. App. 2 Cir. 10/4/00); 768 So 2d 803, 807, writ denied, 00-3153 (La. 1/12/01); 781 So 2d 558. This, however, does not hinge upon the requirement that the hospital exercises control, but whether the right to control arises out of the nature of the relationship. Id. The issue of whether an emergency room physician is an employee or independent contractor of a hospital is a factual determination regarding the relationship between the hospital and physician. Hastings v Baton Rouge Gen. Hosp., 498 So 2d 713, 721 (La. 1986).
In *Tabor*, the Louisiana Supreme Court dealt with the issue of whether a hospital is vicariously liable for an emergency room physician that was placed in the hospital by a staffing agency. *Tabor v Doctors Mem’l Hosp.*, 563 So 2d 233, 239 (La. 1990). The Court noted that the hospital contracted with the staffing association to provide doctors in the emergency room and ultimately held that the physician who committed malpractice was working in the course and scope of his employment with the staffing agency. *Id.* at 239. In its reasoning, the Court recognized that the staffing agency was ultimately liable because the negligent physician was only an employee of the staffing agency, not the hospital. *Id.* at 240.

On the other hand, the Louisiana Supreme Court and several appellate courts have found that a hospital is vicariously liable in certain circumstances. See *Hastings v Baton Rouge Gen. Hosp.* 498 So 2d 713, 722 (La. 1986) (holding that a hospital is vicariously liable for a physician provided by a staffing group when it regulates physician behavior in regard to emergency service protocol); see also *Arrington v Galen-Med, Inc.*, 02-987, p. 5 (La. App 3d Cir. 2/5/03); 838 So 2d 895, 898 (noting that an independent contractor agreement between a hospital and staffing group does not automatically relieve hospital of vicarious liability; the court found that the hospital exercised a degree of control over the physician through its by-laws that amounted to employment, thus triggering vicarious liability); see also *Campbell v Hosp. Serv. Dist. No. 1, Caldwell Par.*, 33,974, p. 6 (La. App. 2d Cir. 10/4/00); 768 So 2d 803, 808, *writ denied*, 00-3153 (La. 1/12/01); 781 So. 2d 558 (holding that even though the hospital did not compensate the physician, it was still vicariously liable because it controlled and determined the duties of the physician staffed by the physician group); see also *Suhor v Medina*, 421 So 2d 271, 274 (La. App. 4th Cir. 1982) (holding that a hospital is vicariously liable for an alleged independently contracted physician when it pays the physician a salary and determines the physician’s working hours).

**Contracts:**

Services, Supplies, Equipment, Construction

1. Read the fine print
   A. CI
   B. Insurance

2. Designate 1 person responsible for contract review

3. Request CI and in the appropriate setting, insist upon it.

4. For service contracts with HCP’s, require CI. The third-party contributor/provider must deliver documentation of insurance coverage and PCF qualification.

5. For construction/renovation projects:
   A. Negotiate the AIA forms
   B. Require CI and insurance. Watch out for anti-indemnity statute

Contracts:
ER Service Contracts:
ERMD Services:
1. CI
2. Insurance and/or self-insurance with PCF coverage
3. Walk the line in the service contract between the right of control and the right to terminate service for violation of bylaws.
4. Signage
5. Stark-list-type disclosure
   RE: Independent contractors:
   ER MDs
   Hospitalists
   Anesthesiologists
   Radiologists
   Others – not just the patients’ PCP, the consulting MDs, and their surgeon