

## Pharmacists and Medical Malpractice: A Case Study with Risk Management Strategies

In this case, the decedent patient (plaintiff) was a 48-year-old male who was well known to the defendant pharmacist as a multiyear customer of his pharmacy business. The patient had a history of diabetes, obesity, and hypertension and was a smoker. He was taking Diltiazem for hypertension and Lexapro for anxiety and depression. He presented with a prescription for Flomax to treat newly diagnosed urinary symptoms related to prostate enlargement ... *To read the full case with risk management recommendations, go to [www.hpso.com/case-studies/casestudy-article/409.jsp](http://www.hpso.com/case-studies/casestudy-article/409.jsp).*



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# Healthcare Providers Service Organization Risk Advisor for Pharmacists

## Counseling for success

Pharmacists have a wealth of information to share with their patients. Not sharing this information can sometimes endanger patients and put the pharmacist at risk for litigation. For example, if a pharmacist does not tell a patient about adverse effects of a medication and the patient dies because of failing to seek help, the pharmacist could be held responsible.

Time is at a premium for pharmacists, but taking time to provide counseling will save time later should problems arise and you have to defend yourself in court. It also provides professional satisfaction by giving you the opportunity to make a difference in patients' lives.

### Your responsibility

Professional association standards and recommendations all point to the responsibility of the pharmacist to provide counseling, a fact that undoubtedly a plaintiff's attorney would point out in the courtroom. For instance, the standards from the Center for Pharmacy Practice Accreditation call for a "defined process for patient counseling." At a minimum, counseling should occur when the medication is started, with any change in therapy, for high-risk medications, and for high-risk patients. The American Pharmacists Association emphasizes the importance of counseling patients to enhance medication adherence in an article from *Pharmacy Today*, available online at <http://www.pharmacist.com/counseling-enhance-medication-adherence>.

In addition, the Omnibus Budget Reconciliation Act of 1990 (OBRA-90) requires pharmacists to offer counseling to Medicaid patients, and many state regulations require pharmacists to provide counseling as well, in some states extending to all patients.

Community pharmacies rely on pharmacists to provide counseling, and hospitals are increasingly turning to pharmacists to provide education for patients. Pharma-

cist-provided counseling also helps in disease management programs, which can reduce readmission and help patients attain a higher quality of life. Here are strategies you can use to ensure your counseling is effective.

### Tailor your education

Pharmacists need to tailor their teaching to the individual patient. Assessing the patient's attitudes toward self-care and beliefs about illness can help determine the best approach.

The United States has a multicultural population, so it's important for pharmacists to be aware of cultural differences. For example, "once" in English means one time, but in Spanish, it means the number 11. Be sure patient education material is available in languages that support your patient population.

It's easy for patients to forget to take their medications, so offer strategies that fit with a patient's cognitive ability and lifestyle. Examples include taking medications at the same time each day and keeping them in the same place. A date and time form can not only help remind patients but also give them a place to record what they have taken and when. Other options are electronic reminders delivered via smartphones and apps.

### Deliver information effectively

Counseling should occur in a quiet, private area so patient privacy is maintained and the patient doesn't feel rushed. Allow family members and caregivers to participate if the patient desires them to do so. In some cases, pharmacists can answer questions by phone or secure email, which can save time.

Use existing tools such as patient information drug sheets that can serve as a resource at home. These sheets need to be easily understood and in a font size that older patients can read. In some cases,

such as teaching how to administer an injection, a picture and the ability to handle the equipment is key. Other resources for education include reliable and accurate websites. Using resources can help reduce the time needed for face-to-face counseling while still providing needed information.

As you talk, observe the patient for nonverbal messages such as poor eye contact or crossing of arms that might mean he or she isn't absorbing what you are saying. Use the tool of "teach back," which is asking patients to teach you what they have learned so you can ensure understanding. Instead of asking yes or no questions, use open-ended questions and statements such as, "Tell me about what you do to remember to take your medications." Use plain language such as "low iron" instead of medical terms such as "anemia."

Consider placing each drug in a patient's bag as you explain it so all medications are kept together and you don't forget to cover one of them. Remember to verify that patients have the manual dexterity to remove patient safety caps and the visual ability to read labels.

You might want to enhance your communication skills by taking a class or reviewing resources such as the *Guide to Patient Counseling* at [www.cuhk.edu.hk/med/ans/Good%20Communication.pdf](http://www.cuhk.edu.hk/med/ans/Good%20Communication.pdf).

## Document your efforts

It's not enough to complete the consultation and send the patient on his or her way. Documenting your counseling efforts in the patient's pharmacy record will help you defend your actions in the event of legal action. Verify requirements for patient records with your state board of pharmacy and/or your insurance carrier. Remember to note when a patient refuses consultation, and ask the patient to sign, date, and time a note that consultation is being declined.

In your documentation, record the list of drugs that you discussed and the patient's ability to correctly repeat back the information provided. At a minimum, include name; reason for use; dosage and administration; expected results; common side effects; the need to take medication as prescribed; proper storage; what to do if a dose is missed; what to do if an adverse event occurs, including when the patient should seek emergency help; refill information; and interactions with drugs, food, or other remedies. Use a checklist that can be part of the patient's pharmacy record to save time. If the drug is being prescribed for an off-label use,

## Counseling tips

Follow these tips to ensure you meet patients' counseling needs.

- Counsel patients on their medications. Include the brand and generic names and what the pills look like.
- Use the teach-back method to ensure understanding.
- Encourage patients to ask questions.
- Allow new patients additional time during the first consultation so you can answer their questions.
- Teach patients to keep medications in a safe place; consider having them sign a note attesting to their request for nonsafety caps.
- Document counseling sessions in the patient's pharmacy record.

Source: CNA, HPSO. 2013 *Pharmacist liability: A ten-year analysis*.

tell patients to discuss the drug's indications and expectations for results with the prescribing practitioner.

Just as physician keeps an ongoing perpetual record on each patient, pharmacists should do the same to ensure effective care for each patient. The record should reflect more than just a list of medications filled and dispensed; it should also include appropriate documentation of all counseling whether in person, over the phone or via email; over-the-counter recommendations; and any patient care services.

## Keeping patients safe

Patients are frequently taking multiple medications while coping with a multitude of chronic illnesses, many of which can affect cognitive function. Through counseling, pharmacists can provide information to keep patients safe, identify potential problems such as a patient's inability to read the medication label, and protect themselves from legal action.

### RESOURCES

American Pharmacists Association. Counseling to enhance medication adherence. <http://www.pharmacist.com/counseling-enhance-medication-adherence>.

American Pharmacists Association. Medication therapy management services: Documenting pharmacy-based patient care services. <http://www.pharmacist.com>.

CNA, HPSO. 2013 *Pharmacist liability: A ten-year analysis*. [https://www.hpso.com/pdfs/db/Pharmacist\\_Claim\\_Report\\_2013.pdf?fileName=Pharmacist\\_Claim\\_Report\\_2013.pdf&folder=pdfs/db&isLiveStr=Y](https://www.hpso.com/pdfs/db/Pharmacist_Claim_Report_2013.pdf?fileName=Pharmacist_Claim_Report_2013.pdf&folder=pdfs/db&isLiveStr=Y).

Center for Pharmacy Practice Accreditation. Community pharmacy practice standards. March 1, 2013. <http://www.pharmacypracticeaccredit.org/our-program/standards>.

# Evidence-based practice protects against litigation

Whether preparing and dispensing medications, counseling patients, or providing diverse patient care services, pharmacists need to ensure that the services and care they provide is supported by the evidence. To make sure that the safest and most effective systems are in place to ensure patient safety and positive outcomes, pharmacists need to align their practices with established best practices within the profession. Evidence-based practice (EBP) and best practice guidance (BPG) are two tools that pharmacists can use to ensure optimal patient outcomes while protecting themselves from litigation should an untoward event occur.

Evidence-based practice (EBP) is a problem-solving approach that encompasses research, clinical expertise, and patient values and circumstances. Pharmacists should use information in these three components to make informed decisions.

Advantages of EBP include the ability to obtain an accurate assessment of the risks and benefits of various pharmacologic agents. Integrating EBP with your practice will improve the quality of your decisions and reduce your risk for legal action.

Best practice guidance is based on current trends and opinions and is usually developed by the profession using a consensus-based process. The American Society of Health-System Pharmacists (ASHP) publishes a number of best practice guidelines, which are available online at [www.ashp.org/menu/PracticePolicy/PolicyPositionsGuidelinesBestPractices](http://www.ashp.org/menu/PracticePolicy/PolicyPositionsGuidelinesBestPractices). The American Pharmacists Association (APhA) is working on an initiative to provide BPG on various topics to those in community pharmacy practice to improve systems targeted at meeting the requirements for accreditation of a community pharmacy practice site.

## The gold standard

Evidence-based practice is accepted as the gold standard for practice because it improves patient outcomes. For example, the 2003 Institute of Medicine (IOM) report “Health Professionals Education: A Bridge to Quality” states EBP is a core competency for healthcare professionals.

Additional support comes from pharmacy associations. The “ASHP (American Society of Health-System Pharmacists) Statement on Standards-Based Pharmacy Practice in Hospitals and Health Systems” states that most ASHP best practices “represent the professional beliefs and aspirations of pharmacists practicing in health systems, based on **evidence** (emphasis added) and expert opinion.” ASHP guidelines also mention the importance of EBP. For example, the “ASHP Guidelines on Medication-Use Evaluation” state that criteria, guidelines, treatment protocols and standards of care for specific medications and medication-use processes should be based on “sound scientific evidence...”

All this adds up to a consensus that EBP is a vital part of the profession. In a court case, an attorney will stress this fact while attempting to prove that you failed to engage in EBP. That’s why your practice must be based on evidence, even though doing so can be challenging.

## Barriers to EBP

Studies have shown that pharmacists support EBP as an important part of improving practice, but they also cite barriers such as time. This includes the time it takes to search for information and the fact that many of the requests pharmacists receive from other clinicians require a quick response.

Other barriers include lack of knowledge about EBP, lack of mentors to help learn the EBP process, and resistance from colleagues and managers. Fortunately, you can take steps to remove these barriers.

## Overcoming the time barrier

Many resources are available to break this barrier, particularly when it comes to collecting and evaluating the evidence. These resources include:

- *ASHP Drug Information* and ASHP guidelines, which you can access at [www.ashp.org/bestpractices](http://www.ashp.org/bestpractices) (free access only for guidelines)
- National Guideline Clearinghouse ([www.guideline.gov](http://www.guideline.gov)), which provides summaries of clinical prac-

- tice guidelines and has a tool that allows you to compare multiple guidelines (free access)
- PubMed, which has a feature that allows you to limit your search to systematic reviews or meta-analysis articles (free access)
  - Trip ([www.tripdatabase.com](http://www.tripdatabase.com)), a clinical search engine where you can quickly find high-quality research evidence (free access)
  - Cochrane Database of Systematic Reviews ([www.cochrane.org](http://www.cochrane.org)), which provides analysis of available literature related to a topic (some information available for free)
  - Joanna Briggs Institute ([joannabriggs.org](http://joannabriggs.org)), which provides evidence reviews (some information available for free)
  - Journals in your specialty practice area (requires subscription)
  - Tools to help in critically appraising the evidence, including those from the Centre for Evidence Based Medicine ([www.cebm.net](http://www.cebm.net)) and the University of Minnesota (<http://hsl.lib.umn.edu/biomed/help/levels-evidence-and-grades-recommendations>). You might also want to review CONSORT (Consolidated Standards of Reporting Trials), an evidence-based tool to help assess the quality of the reports of trials and PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses).

Download useful apps and databases such as Epocrates on your smartphone or tablet so you can access them more easily. The annual fee for databases such as UpToDate and Clinical Pharmacology is worth the time saved.

An often overlooked but highly valuable resource is the medical librarian. A medical librarian at your facility, local university, or health center can guide you through the process of conducting a literature search so it's more efficient.

### Overcoming resistance

Overcoming resistance can be challenging. You can start by serving as a role model for others. Take the lead in suggesting practices that could benefit from a re-examination.

If you are also a manager, you might want to consider building EPB projects into pharmacists' job descriptions and evaluations. Another option is to partner with a faculty member at a local university.

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### Steps of evidence-based practice

Here are the basic steps of EBP:

1. **Cultivate** a spirit of inquiry.
2. **Ask** the clinical question in PICOT (**P**atient population, **I**ntervention or issue of interest, **C**omparison intervention or group, **O**utcome, and **T**ime frame) format.
3. **Search** for and collect the most relevant best evidence. This includes searching for systematic reviews and meta-analyses.
4. Critically **appraise** the evidence for its validity, reliability, and applicability.
5. **Integrate** the best evidence with one's clinical expertise and patient preferences and values in making a practice decision or change.
6. **Evaluate** outcomes of the practice decision or change based on evidence.
7. **Disseminate** the outcomes of the EBP decision or change.

Source: Melnyk BM, Fienout-Overholdt E. *Evidence-Based Practice in Nursing & Healthcare: A Guide to Best Practice*, 2nd ed. Philadelphia: Lippincott, Williams & Wilkins; 2010.

## Overcoming a lack of knowledge

You don't need a large budget to gain knowledge about EBP. You can access free self-study programs online. For example, staff at Duke University Medical Center Library and the Health Sciences Library at the University of North Carolina at Chapel Hill developed an "Introduction to Evidence-Based Practice" tutorial, available online at (<http://guides.mclibrary.duke.edu/content.php?pid=431451&sid=3529491>).

For tips on interpreting the information that you find, access the "How to read a paper" section of the *BMJ* website, which contains article on how to read and interpret different types of studies and includes two articles related to statistics ([www.bmj.com/about-bmj/resources-readers/publications/how-read-paper](http://www.bmj.com/about-bmj/resources-readers/publications/how-read-paper)). Another resource is the PowerPoint presentations from the Oregon State University College of Pharmacy that review critical appraisal of randomized clinical trials and systematic reviews and guidelines (<http://pharmacy.oregonstate.edu/search/critical+appraisal/0/1>).

If your organization provides educational reimbursement, consider attending a workshop on EBP. Retain documentation of courses you complete so you can show evidence of your efforts should you be involved in a lawsuit—the evidence will also be helpful for career advancement.

## Keeping up

Staying on top of developments in your field helps ensure you are aware of the latest research. You can use technology to make the process easier. For example, services such as Feedly ([www.feedly.com](http://www.feedly.com)) let you customize feeds of news stories related to your interest areas. You can easily scan the headlines and short descriptions to determine

if you want to learn more. Other options you might want to try:

- Sign up to receive electronic tables of content from journals you are interested in. You can scan the table of contents to determine what's of interest to you.
- Subscribe to electronic newsletters such as those provided by Medscape and JournalWatch.
- Listen to podcasts as you exercise or drive to work.
- Download an app such as Mendeley ([www.mendeley.com](http://www.mendeley.com)) that lets you capture articles as PDFs and organize them according to keywords and other parameters.

Taking just these few steps can ensure that you are current in your knowledge.

## Practicing effectively

Basing your practice on evidence will benefit patients by ensuring optimal outcomes and will benefit you by providing support for your decisions should you find yourself in the uncomfortable position of being named in a legal action.

### RESOURCES

Albrecht S. Evidence-based medicine in pharmacy practice. *US Pharmacist*. 2009;34(10):HS14-HS18.

American Pharmacists Association. Explaining evidence-based medicine. <http://www.pharmacist.com/explaining-evidence-based-medicine>.

Institute of Medicine. Health Professions Education: A Bridge to Quality. April 18, 2003. <http://www.iom.edu/reports/2003/health-professions-education-a-bridge-to-quality.aspx>.

Melnik BM, Fienout-Overholdt E. *Evidence-Based Practice in Nursing & Healthcare: A Guide to Best Practice*, 2nd ed. Philadelphia: Lippincott, Williams & Wilkins; 2010.

Saver C. Keeping practice knowledge current. Part 1. *Nurse Pract*. 2012;37(12):1-5.

Weng Y-H, Kuo KN, Yang C-Y, Lo H-L, Chen C, Chiu Y-W. Implementation of evidence-based practice across medical, nursing, pharmacological and allied healthcare professionals: a questionnaire survey in nationwide hospital settings. *Implementation Science*. 2013;8: <http://www.implementationscience.com/content/8/1/112>.

# Beat the clock: Time-to-fill guarantees

A pharmacist arrives to work at his retail pharmacy to find that one of his colleagues has called in sick. It's a typical busy Friday, with a multitude of prescriptions lined up, waiting to be filled. The pharmacist and his team soon fall behind their usual fill volume rate. Before long, two customers are at the counter de-

manding store gift cards because their prescriptions weren't filled in the guaranteed time frame.

Scenes like this are becoming all too frequent in community pharmacies as pressures on pharmacists build. Many of their colleagues in acute care settings also face grueling time pressures. What

do these pressures mean to you and your patients, and what can you do to ensure safe practice so you don't end up being named in a lawsuit?

### Volume requirements

Time-to-fill requirements refer to a mandate to fill a certain number of prescriptions per hour, and its corollary, a guarantee to patrons of community pharmacies that a prescription will be filled within a certain time frame, referred to as *prescription drug time guarantee*.

Pressure for time requirements comes from several sources. First, the sheer volume of prescriptions has increased in the past several years. A 2013 study in *Mayo Clinic Proceedings* reported that 68% of the population took at least one prescription drug. Although limited to one county, researchers believe the findings are representative of the rest of the United States. A statistical brief from the Agency for Healthcare Research and Quality found that from 2000 to 2010, the total number of outpatient prescriptions for persons under age 40 increased for antidiabetics, antihypertensives, and statins: 41%, 49%, and 179%, respectively. Unfortunately, the number of pharmacists has not kept pace with the demand.

A second factor is that reimbursement only occurs if a pharmacist dispenses a drug, increasing the workload of an already busy professional. Third, competition among community pharmacies makes customer satisfaction paramount for long-term success of the pharmacy. All these factors have created an environment where filling the most prescriptions in the least amount of time possible is valued.

### Challenges for patient safety

In the 2012 Community Pharmacy Time Guarantee Survey, conducted by the Institute for Safe Medication Practices (ISMP) and the American Pharmacists Association, two-thirds (62%) of the 673 pharmacists who responded to the survey reported that their pharmacies have policies and procedures related to the time it takes to fill a prescription, and more than a quarter (27%) reported their pharmacies offer a time guarantee to patients. The most frequent reported time frame for the pharmacies with a guarantee was 15 minutes to fill one to three prescriptions, although as many as 10 prescriptions in 10 minutes was reported. Nearly half (49%) of the guarantee-

### Creating a safe workplace

The following tips will help prevent errors in the pharmacy where you work:

- Understand your competencies and scope of practice.
- Understand the competencies and scope of practice for technicians.
- Create a contingency plan for staffing issues.
- Be sure the pharmacy is well lit, has enough room to work, and is not too noisy.
- Use electronic systems effectively (for example, base flags on the patient's profile).
- Follow recommendations from the ISMP and other organizations involved in medication safety (for instance, use the list of look-alike drug names with recommended tall man letters, available at [www.ismp.org/Tools/tallmanletters.pdf](http://www.ismp.org/Tools/tallmanletters.pdf)).
- Base staffing levels on factors such as acuity of care, breadth of services, historical safety data, and results of research on the relationship between staffing patterns and patient safety.
- Report near misses.
- Document appropriately.

Source: CNA, HPSO. 2013 *Pharmacist liability: A ten-year analysis*.

fulfillment pharmacists reported they were penalized if they didn't meet the requirement.

Eighty-three percent of pharmacists whose pharmacies offer time guarantees reported that it was a contributing factor to dispensing errors, and almost half of them felt this contributing factor was significant. Forty-four percent of pharmacists reported being personally involved with a dispensing error directly attributed to trying to comply with the time guarantee.

Time guarantees send a message to patients that the pharmacy values time over safety. They also result in pharmacists developing workarounds that can lead to at-risk behaviors. Ultimately, at-risk behaviors lead to sustained unsafe practice and errors.

### Taking action

Timely fulfillment of prescriptions is important to both managers and pharmacists. Managers have to keep an eye on efficiency, and pharmacists want to ensure patients have their prescriptions as soon as possible. It's important to balance demand with time

needed to not only to fill the prescription, but also to provide education that keeps patients safe.

Pharmacists need to adhere to national standards, guidelines, and best practices when trying to balance timeliness with safety. Community-based pharmacists can encourage their managers to follow standards from the Center for Pharmacy Practice Accreditation (CPPA). The standard “The pharmacy practice has appropriate professional and support staff to deliver quality services” calls for performance appraisals to be crafted so they “incentivize staff to support and promote positive patient outcomes and compliance with policy and rules, rather than primarily focusing on **volume** [emphasis added] or financials.”

Statements from national associations support pharmacists in their quest to remove time requirements. In 2013, the National Coordinating Council for Medication Error Reporting and Prevention released a statement calling for elimination of prescription time guarantees in community pharmacies.

Pharmacists can also take steps to protect themselves by taking some simple precautions (see *Creating a safe workplace*).

## Time out for safety

The swift pace of healthcare affects pharmacists where they work. Although timeliness is important for patients and for financial viability, too much emphasis on time can put patients in danger. Will pharmacists be able to resolve timing requirements? The patient safety clock is ticking.

### RESOURCES

Agency for Healthcare Research and Quality. Trends in utilization and expenditures of prescribed drugs treating diabetes, hypertension, and high cholesterol for persons under age 40 in the U.S. civilian noninstitutionalized population, 2000 and 2010. June 2013. [http://meps.ahrq.gov/mepsweb/data\\_files/publications/st407/stat407.shtml](http://meps.ahrq.gov/mepsweb/data_files/publications/st407/stat407.shtml).

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standards. March 1, 2013. <http://www.pharmacypracticeaccredit.org/our-program/standards>.

CNA, HPSO. 2013 *Pharmacist liability: A ten-year analysis*. [https://www.hpso.com/pdfs/db/Pharmacist\\_Claim\\_Report\\_2013.pdf?fileName=Pharmacist\\_Claim\\_Report\\_2013.pdf&folder=pdfs/db&isLiveStr=Y](https://www.hpso.com/pdfs/db/Pharmacist_Claim_Report_2013.pdf?fileName=Pharmacist_Claim_Report_2013.pdf&folder=pdfs/db&isLiveStr=Y).

Institute for Safe Medication Practices. Prescription drug time guarantees and their impact on patient safety in community pharmacies. ISMP Medication Safety Alert!: Acute Care. Sept. 6, 2012. <http://www.ismp.org/newsletters/acutecare/showarticle.aspx?id=30>.

National Coordinating Council for Medication Error Reporting and Prevention. Statement advocating for the elimination of prescription time guarantees in community pharmacy. Council Recommendations. October 31, 2013. <http://www.nccmerp.org/council/council2013-10-31.html>.

Zhong W, Maradit-Kremers H, St. Sauver JL, et al. Age and sex patterns of drug prescribing in a defined American population. *Mayo Clin Proceed*. 2013;88(7):697-707.



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