INFORMED CONSENT QUIZ: HOW DO YOU RATE?

By Joann Bienvenu, RN, WHNP-BC, Director of Risk Management

How much attention do you give to your informed consent process and its documentation? Take this short quiz and see how you rate.

1. We are not a surgical specialty, thus, we do not have to be concerned about the informed consent process.
   True  False

2. The following statement characterizes the forms we use to document our informed consent process.
   a. We use our general consent form to document our patient’s consent.
   b. Our consent form is a predetermined template outlining the standard risks; we just need to fill in the blanks.
   c. We use the hospital’s form.
   d. The following phrase is used in the patient record and in the physician’s pre-procedure history and physical: “The risks and benefits of the procedure have been discussed in detail with the patient and he (she) wishes to proceed”.
   e. We use procedure/medication specific consent forms which contain all the elements of the informed consent process discussed with the patient, including patient specific risks.

3. Usually, our consent process occurs in which setting?
   a. The patient signs the consent form the morning of the procedure.
   b. The patient signs the consent form in the office after the surgery is scheduled.
   c. A licensed caregiver in the office provides the informed consent and has the patient sign the form at that time.
   d. The person performing the procedure provides the informed consent in the office, answers any questions the patient may have, and has the consent signed at that time.

4. We find the following helpful in the education and consent process:
   a. Brochures
   b. Films, DVDs, or other type presentations
   c. Face-to-face discussion with “teach back”
   d. Computer based, patient interactive programs

5. The goal of the informed consent process is to provide the patient information which he or she needs to make an informed decision regarding his or her treatment options, and to provide it in a way which best supports that decision making process.
   True  True

See Answers on page 3
What if parents began telling their bright, industrious, compassionate children to become investment bankers and politicians?

What if the admissions committees at US medical schools began selecting marginal candidates for admission to medical school?

What if doctors advised the bright, industrious, compassionate children in their community to become professional athletes and entertainers?

What if corporations stopped valuing health care for their employees?

What if the government ran out of money to fund health care research?

What if doctors began to spend more of their time and efforts trying to make patients “look younger” rather than treating life threatening diseases?

What if “doctors” became thought of as para-medical personnel who only follow a protocol, write prescriptions, and order CT’s and lab?

What kind of doctors would we have?

All of these “what ifs” are risks to MACM because they would, eventually, de facto, lower the quality of physicians entering the profession.

It is far easier to defend a bright, intelligent, caring, compassionate physician than one who is obviously self-centered and distracted. And, defending doctors is MACM’s primary job.

COMPLIANCE WEBSITE OFFERED AS PART OF eMD COVERAGE

By Judy Cleveland, Senior Risk Management Consultant

On January 1, 2012, MACM began offering its insured physicians and clinics insurance protection from the unauthorized access of patient information and other sensitive data through eMD cyber liability coverage. This coverage is underwritten by NAS Insurance Services and provides protection in such areas as Network Security and Privacy, Regulatory Fines and Penalties, Patient Notification & Credit Monitoring Costs, and Data Recovery Costs. As part of your eMD coverage, you also have access to a website designed to assist you. The website is a part of the NAS Insurance Services compliance program and can be accessed through the MACM website at www.macm.net.

Here are just a few of the things I discovered while on this website recently.

- We all know patient health information is protected under HIPAA, but we don’t always remember that other things are just as protected. For example, did you know that any information gathered when an employee applies for FMLA (Family Medical Leave Act) is protected? To find out more, click on the “comply” tab on the Home page, then on the “Protecting Specific Types of Data or Information”. This section also offers tips on managing your personal protected information.

- If there is a breach and PHI is compromised, the site offers guidance on dealing with the breach under the “handle breach” section. A basic overview of the Mississippi Breach Notification Laws can be found under the State by State Data Breach Notification Requirements section.

- The Training section offers information on social media which is a rapidly growing concern. Under Awareness Bulletins and Posters there is a bulletin entitled “Using Social Media Wisely” that you may want to read. Medical providers have to take the social media issue a step further to ensure that patient confidentiality is not compromised and this bulletin is a good starting point.

- The site offers sample policies for Vendor agreements, Data Security, etc. that are good starting points. Keep in mind that you should not use these policies without consulting your clinic attorney to ensure that the policy you adopt works for your clinic.

If you have a question about this coverage or if you do not have the information to register on this site, contact Kevin Fuller (Director of Underwriting and Marketing) in our offices at 601.605.4882.
EMRs—FACT, FICTION, AND FRUSTRATION!
A PROGRAM FOR OFFICE STAFF PERSONNEL

EMRs can be a useful tool for a medical clinic, but it can also be a source of frustration and confusion.

Consider:

- Do you get frustrated trying to find information you really need in the EMR “Sea of Data”?
- Does your EMR “tell the story” of the patient or does it just put a lot of data on the page?
- Are you suffering from template overload/under-load?
- Have you run out of arguments to get that last physician/staff member using the EMR?

To help you with concerns the MACM Risk Management Department is developing an office staff program to address EMR issues. Watch your mail, e-mail and future issues of the Risk Manager for information about dates and locations.

INFORMED CONSENT QUIZ: HOW DO YOU RATE?
Answers from page 1

1. Non-surgical specialties are not exempt from the informed consent process. Any number of procedures, medications, or treatments possess risks and benefits which mandate educating the patient in order for there to be an informed decision. Some examples include medications which may have serious ramifications for future fertility, screening tests which expose the patient to large amounts of one time or cumulative radiation, or treatments which require meticulous patient followup and compliance. This statement is “False”.

2. The general consent form is just that—a general consent for treatment and the necessary consents for sharing information with third party payors to receive payment for services. It is never sufficient for specific treatments and interventions. Hospital consent forms are designed to meet accreditation requirements and many times do not adequately reflect the informed consent discussion—and indeed, if the patient signs the form upon presentation to the hospital that discussion may not have had the opportunity to occur. Thus, “A” and “C” are not correct. Using predetermined templates which list general risks of all procedures may not adequately reflect risks and benefits specific to that procedure or patient. Thus, “B” is incorrect. A “canned” phrase such as outlined above tells nothing about the nature of the procedure or treatment, nor the discussion thereof, so “D” is not the best answer. The correct answer is “E”.

3. Answers “A” and “B” are incorrect as they indicate that the decision to proceed with the treatment was already made prior to giving consent. After all, wouldn’t it make more sense to complete the paperwork at the time of the discussion? Although licensed personnel may aid the physician in the consent process, the physician performing the procedure/treatment must be involved and available to the patient to assure the patient has the proper information and answer any questions the patient may have. Answer “C” leaves open the possibility that the physician may not be involved, and is therefore, incorrect. The correct answer is “D”.

4. Brochures, films, DVDs and other type presentations are helpful in the informed consent process, and thus, “A” and “B” are correct to be used to help illustrate certain points in the education process. They should not, however, be used as “stand alone” resources. The most effective teaching aids, however, have been found to be interactive aids, such as discussions involving “teach back” and interactive computer based programs. “Teach back” involves having the patient repeat (“teach”) key elements of the discussion to demonstrate understanding, giving both the patient and the clinician the opportunity to focus on important aspects and allowing for correction of misperceptions. Evolving technology which uses computer based programs which require patient interaction also provides a wealth of resources for education of patients. Thus, “C” and “D” are the best resources.

5. No, this was not a typographical error. There is no other possible answer but “True” to this statement.

Well, how did you do? I trust you got all of them correct, and had the opportunity to review the reasons behind your answers. Give yourself an “A”!
MANDATORY ORIENTATION PROGRAM FOR NEW PHYSICIANS

GUIDELINES

New physicians have one year from the month of policy inception to complete this requirement, e.g., if policy effective date is January 3, 2012 the new physician must complete the requirement by January 31, 2013.

Failure to attend one of these live activities scheduled within your one year time frame will result in a 5% premium surcharge or $1000, whichever is greater. Continued failure to attend through the next policy period will result in a 10% surcharge or $1000, whichever is greater. If the requirement is not met within the third policy period, the physician will be considered for non-renewal.

To Receive Credit for Attendance, Physicians Must Be Present for Entire Two Hour Program

CME CREDIT

Medical Assurance Company of Mississippi is accredited by the Mississippi State Medical Association to provide CME for physicians. MACM takes full responsibility for the content, quality, and scientific integrity of this live activity. MACM accepts no commercial support for its CME activities.

Medical Assurance Company of Mississippi designates the Risk Management portion of this live activity for a maximum of 1.0 AMA PRA Category 1 Credit™. Physicians should only claim credit commensurate with the extent of their participation in the activity.

Registration, food and refreshments are from 5:30-6:00 pm; Programs are from 6:00-8:00 pm

2012 SCHEDULE THROUGH REMAINDER OF THE YEAR

N12-3 April 19, 2012 5:30 PM – 8:00 PM Hattiesburg Forrest General Hospital
N12-4 June 26, 2012 5:30 PM – 8:00 PM Biloxi Biloxi Regional Medical Center
N12-5 August 23, 2012 5:30 PM – 8:00 PM Jackson NewSouth Neurospine
N12-6 October 9, 2012 5:30 PM – 8:00 PM Tupelo North Mississippi Medical Center
N12-7 October 25, 2012 5:30 PM – 8:00 PM Jackson NewSouth Neurospine

Clinic Managers are invited to accompany their physicians. Please be sure to register. We strongly encourage new physicians to attend one of our programs at their earliest opportunity.

If you do not receive a fax or e-mail letter from MACM confirming registration within two weeks, please resubmit.

Name: _____________________________________________________________
Physician/Clinic Address: ___________________________________________
Phone: ______________________ Fax: ______________________ E-mail: ______
I wish to register for Program Number: ____________ Place: ________ Date: ____________

A fax or e-mail reminder will be sent to you approximately two weeks before each program.

Medical Assurance Company of Mississippi / Attention: Risk Management Department
404 West Parkway Place / Ridgeland, Mississippi 39157
FAX: (601) 605-8849
ADVANCED PRACTICE, ADVANCED RISK?
A RISK MANAGEMENT PROGRAM FOR APRNs AND PAs

The role of the Advanced Practice Registered Nurse and Physician Assistant is of growing importance in providing health care in Mississippi. However, this also places these groups at a higher risk of becoming involved in a malpractice action. In this program, featuring speakers from both the Claims and Risk Management Departments of Medical Assurance Company of Mississippi, these concerns will be addressed as follows:

- Discuss the claims process and your role if you are named in a malpractice action.
- Review MACM’s claims experience for these caregivers and the root causes.
- Address risk management concerns, including the importance of communication, documentation, and the informed consent process and how they can help limit litigation.
- Develop an understanding of the importance of the claims and risk management processes through a review of an actual case.

**TARGET AUDIENCE:** Advanced Practice Registered Nurses and Physician Assistants who are either insured by MACM or are in a collaborative relationship with a MACM insured physician.

Registration, food and refreshments are from 5:30-6:00 pm; Programs are from 6:00-8:00 pm

<table>
<thead>
<tr>
<th>Program #</th>
<th>Date</th>
<th>Time</th>
<th>City</th>
<th>Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>AP12-1</td>
<td>March 29, 2012</td>
<td>5:30 pm-8:00 pm</td>
<td>Jackson</td>
<td>NewSouth NeuroSpine</td>
</tr>
<tr>
<td>AP12-2</td>
<td>April 10, 2012</td>
<td>5:30 pm-8:00 pm</td>
<td>Tupelo</td>
<td>North MS MedicalCenter</td>
</tr>
<tr>
<td>AP12-3</td>
<td>April 17, 2012</td>
<td>5:30 pm-8:00 pm</td>
<td>Biloxi</td>
<td>Biloxi Regional Medical Center</td>
</tr>
<tr>
<td>AP12-4</td>
<td>May 15, 2012</td>
<td>5:30 pm-8:00 pm</td>
<td>Greenville</td>
<td>DRMC Pavilion</td>
</tr>
</tbody>
</table>

Seating is limited, so register early!

*If you do not receive an email or fax notification from MACM confirming registration within two weeks, please resubmit.*

Name: ________________________________

Physician/Clinic’s Name and City: ____________________________________________

Phone: __________________ Fax: __________________ E-mail: __________________

I wish to register for Program #: __________________ City: ______________ Date: _____________

A fax or e-mail reminder will be sent to you approximately two weeks before each program.

Medical Assurance Company of Mississippi / Attention: Risk Management Department
404 West Parkway Place / Ridgeland, Mississippi 39157

FAX: (601) 605-8849
We recently received this information as a **HIGH PRIORITY** communication from the Board of Medical Licensure.

ANY off-label use of ANY medication that does not have Food and Drug Administration approval for use in the treatment of weight loss is prohibited. Thyroid hormone, diuretics, vitamin B12, B1, B2, B6, methionine, choline, inositol, chromium picolinate and human chorionic gonadotropin are examples of medications that may NOT be used in the SOLE treatment of weight loss and are not inclusive examples. Off-label use in individual practice or allowing off label use by midlevel providers will result in discipline by the Board.

If you are planning to start a weight loss program, or have a weight loss program that you have started but have not reported to MACM, please contact Brian Fortenberry in our Underwriting Department immediately. Brian can be reached by calling (601) 605-4882.