A great time was had by all—and much learning took place as well—at the elegant Hotel Monteleone in New Orleans for the 2011 Medical Assurance Company of Mississippi CME program held September 9-10, 2011. Over 150 MACM insureds and clinic representatives journeyed to the heart of New Orleans, the Vieux Carre, to hear nationally–recognized speakers discuss the changes occurring in health care and what can be done to ease the transition for yourself, your staff, and your patients, with the goal of reducing the risk associated with such change.

On Friday afternoon, Linda Worley, M.D., adjunct clinical professor of medicine at the Vanderbilt University School of Medicine, opened the meeting by discussing the management of difficult patients during a time when the caring physician is also going through a difficult time. Through her dynamic personality and speaking style, Dr. Worley conveyed a serious message with an uplifting approach.

A discussion of marketing efforts for a medical practice — what can be done versus what should be done—concluded the first day of presentations. MACM’s Wendy Powell, Assistant Director of Marketing, and Judy Cleveland, Senior Risk Management Consultant, discussed that not only can marketing increase liability, but can also decrease your patients’ perception of your professionalism. Where is the balance?

On the next morning, Mary A. Meyer, J.D gave an update on current legislation and regulations that will drive changes in the health care delivery systems and how this affects a physician’s practice of today. Kenneth Davis, M.D., a longtime friend and colleague of the Mississippi medical community, addressed changes and leadership required for physicians to play a primary role in shaping the future of health care. Once Dr. Davis finished, Dr. Worley returned and finished the conference talking specifically to the physician’s stress management needs and strategies to thrive despite it all.

For those MACM insureds who could not attend this year’s meeting, a review of each of the presentations in much greater detail is included in this issue of the Risk Manager. And, the Risk Management Department has a limited number of extra copies of the syllabus from the conference. If you are interested in receiving a copy, please contact us at rskmgt@macm.net or call 601.605.4882.

If you came to this year’s CME meeting, thanks so much! The entire staff of MACM appreciates your continued support. If you were not able to make it this year, keep your eyes open for information about the 2013 meeting!

“I thought the topics were very appropriate and all the speakers were very good. The hotel was comfortable and I always look for a good reason to spend time in New Orleans. I brought the family and stayed around through Sunday. My two girls, my wife and I had a nice trolley ride to the Zoo on Sunday.”

Chuck Borum, M.D.

“The MACM CME meeting is a must for clinicians who practice today. It was very educational and I thoroughly enjoyed the meeting.”

Louise Gombako-Amos, M.D.
MANAGING DIFFICULT PATIENTS: SECRETS TO NAVIGATING THE OBSTACLES

The difficult patients who present to your practice can negatively affect your enjoyment of practicing medicine and even lead to malpractice claims. Difficult patients cause physicians to use their reactive brain instead of their cognitive brain, therefore raising the risk for medical error.

Dr. Worley stated the importance of a good emotional IQ, that is, having the ability to recognize in both your patient and yourself each individual’s present emotional state, and taking steps to dissipate the negative emotions. There are seven primary emotions: acceptance, happy, surprise, disgust, anger, sadness and fear/anxiety. Emotional states have actual physical signs which, if recognized, can give clues to your patient’s true emotional state.

Dr. Worley also stressed that physicians bring to their practice their own emotional programming from how their family handled situations. If the physician does not recognize this and identifies when a patient is breaking his/her family’s emotional rules, then the physician will trigger his/her reactive brain and not handle situations well.

Dr. Worley then identified five types of difficult patients who present to physician practice and strategies to deal with them, (see chart at right).

Dr. Worley summarized the talk with the statement, “Often, the people who get to us most are those who are violating our own personal family rules, behaving in ways that we would NEVER have been allowed to behave growing up. This realization is like taking a deep breath of fresh air and makes it so much easier to deal with that difficult individual.”

Thriving Despite It All: Physician Stress Management

Dr. Worley identified how physicians cope with stress, including substance abuse and working harder, which can lead to burnout and, in extreme cases, even death. Happy and healthy physicians both improve patient safety and decrease risk for malpractice litigation. Dr. Worley, using a nautical theme in her presentation, discussed the importance of managing stress.

In this very difficult time in medicine, it is important to explore the stresses in your practice and meet these stressors head on to achieve a life of joy and meaning. See chart for more tips.

TIPS FOR MANAGING STRESS

- Maintaining a strong physical self.
- Obtaining and maintaining your knowledge and skills.
- Developing strong relationships in both your family, private, and professional life.
- Knowing and living your values and living your life consistent with those values.
- Recognizing the negative emotions of anger fear and sadness within yourself and how you were taught to handle them.
- Relearning how to express negative emotions in a positive manner.
- Learning to triage, delegate and negotiate in your life and reaching out for and accepting help when needed.
### Presentations of Difficult Patients

<table>
<thead>
<tr>
<th>What Difficult Patients Trigger in Physicians</th>
<th>Strategies to Deal with Patient</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Mystery Diagnosis</strong></td>
<td>Empathy for patient’s suffering:</td>
</tr>
<tr>
<td>“It’s all in your head.”</td>
<td>• Resist urge to tell them they are not ill.</td>
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<tr>
<td></td>
<td>• Refer to consultation to “help you take better care of them.”</td>
</tr>
<tr>
<td><strong>Constructive Deniers</strong></td>
<td>When you feel helpless and hopeless:</td>
</tr>
<tr>
<td>Anger and Hopelessness</td>
<td>• Acknowledge that patient may be terminal.</td>
</tr>
<tr>
<td></td>
<td>• Use team approach.</td>
</tr>
<tr>
<td><strong>Rejecters</strong></td>
<td>When you feel frustrated with progress:</td>
</tr>
<tr>
<td>Frustration and Self-Doubting</td>
<td>• Engage the patient’s ideas.</td>
</tr>
<tr>
<td></td>
<td>• Ask what three wishes they may have.</td>
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<tr>
<td><strong>Entitled Demander</strong></td>
<td>When you feel like attacking:</td>
</tr>
<tr>
<td>Launching a counter attack or run</td>
<td>• Affirm that the patient deserves the best medical care.</td>
</tr>
<tr>
<td><strong>Dependent Clingers</strong></td>
<td>When you feel like running:</td>
</tr>
<tr>
<td>Avoidance and Refer</td>
<td>• Set appropriate limits.</td>
</tr>
<tr>
<td></td>
<td>• Keep careful professional boundaries.</td>
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</tbody>
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**by Kathy Stone, Senior Risk Management Consultant**

**Caring for Patients and Practice Under Healthcare Reform**

Dr. Davis has long had an interest in providing the best care for patients while also remaining cost effective. In addition to being a board-certified internist, he also holds a Masters Degree in Health Policy and Management from the Harvard School of Public Health. These credentials and his extensive experience in the area of medical management make Dr. Davis uniquely qualified to address physicians’ concerns and apprehensions regarding the rapidly changing healthcare system in America.

Dr. Davis reviewed the history of rising healthcare costs and the subsequent realization by the public and government that this ever increasing cost was unsustainable. This was the impetus for the federal government, in 2009, to employ the far-reaching reforms known as the Patient Protection and Affordable Care Act (PPACA). Among the many goals, one of the most significant in this legislation is the transitioning from volume-based reimbursement for medical services to a value-based reimbursement system.

Dr. Davis demonstrated that even though physicians and the healthcare system have worked diligently to provide high-quality care to patients, the framework in which that care is rendered does not effectively coordinate patient care or encourage a research-based standard of care which has unfortunately resulted in a high incidence of avoidable adverse events and significant increases in the cost of care.

The mandated shift in the delivery of patient care will require significant changes on the part of the healthcare system and will affect physicians substantially. Dr. Davis wants physicians to recognize medical care is changing and to understand that physicians should be in the forefront leading the way rather than having changes affecting the practice of medicine be dictated to them.

Dr. Davis described the attributes of an effective leader. He discussed character development, listening skills, and the importance of accountability for physician leaders. “The biggest gap in leadership skills is failing to confront and hold people accountable,” he said.

Dr. Davis concluded by stating that caring for patients in this new era will require 1) an understanding of and participation in the coordination of care, and 2) physician leadership to create and support a focus of improved patient care at local, regional, and even national levels. Ultimately, Dr. Davis wanted the physicians to recognize this. “If we do what’s best for the patients, the dollars will follow.”
STOP, LOOK AND LISTEN: THE MARKETING OF MEDICINE

At the MACM 2011 CME Program, Wendy Powell, Assistant Director of Marketing, and I presented a program on the marketing of medicine. In this presentation, Wendy discussed various marketing techniques and I, as a Risk Manager, offered cautions. Not everyone chooses to embrace it, but marketing can be an effective tool for building your practice. And like all tools, it only works when used properly. So, how can you market your practice effectively and correctly?

WORD OF MOUTH

• Very effective marketing tool.
• People talk about their experiences, both good and bad.
• Actions of your staff weigh mightily on your patient’s perception of the care they receive.
• Your staff also represents you through their actions outside of the clinic and with their comments and activities online.

INTERNET

• Facebook and Twitter are becoming useful vehicles for clinics and physicians to share information with patients and potential patients.
• Personal and business sites and comments are kept separate.
• Website information needs to be accurate.
• Check your sites periodically for accuracy.
• Password and privacy settings should be taken seriously.
• Posts on websites are permanent.
• There is no expectation of privacy on the internet.
• Never use any patient information, such as photos or comments, in any advertisement or on your website unless you have the proper written consent.
• There are very specific HIPAA/HITECH regulations regarding consent.

COMMUNITY INVOLVEMENT

• Great way to publicize your practice for little or no cost.
• Make yourself available for comments for periodic news items.
• Volunteer to work health fairs or to be a team physician for a local sports team.
• Various groups such as Rotary Clubs, church groups, or senior citizens groups always need speakers.
• You do not have automatic immunity just because you are not being paid.

There are lots of ways to market, and lots of things to look out for, but the bottom line is that the most important thing you can do to market your practice is to take good care of your patients.
The recent CME meeting provided excellent tools to enable physicians to minimize stress and improve their medical practices. Implementation of the information will promote physician health and result in better care for our patients. Great job!

Scott Hambleton, M.D.
CMS and Medical Assurance Company of Mississippi are becoming aligned in a most unfortunate way. MACM’s Claim and Risk Management personnel have long been interested in accurate documentation of medical care, primarily as a means to foster good medical care. Ultimately this helps us defend a doctor’s actions when sued, but mostly it helps the patient obtain seamless, exacting care.

Now comes CMS, contracting with a third party, to encourage physicians to document their charges to Medicare and Medicaid. The encouragement comes in the form of RAC audits. All it is going to cost you, the physician, is money and time. I, and the attendees at the recent MACM sponsored CME course in New Orleans, learned about the application of these audits from a lawyer, Mary Angela Meyer, J.D., who has a lot of experience helping doctors in Texas. You may be able to envision the future once you realize that the auditor that the CMS hires is paid by commission (9-10 percent). Billions of dollars have already been recovered by these audits and we certainly are in the early stages.

Now I can certainly muse and reflect about the reason(s) that the federal agencies want money back from doctors but it comes down to this: If they pay you, they own you. Their money, their rules.

From our standpoint at MACM, good documentation of your care should result in you being paid fairly and should result in better patient care. We have to believe that. The Risk Management Department is willing to help you and your office with medical care documentation. We don’t do CPT code help and, in fact, we find that some EMR is designed primarily to help with reimbursement. That is unfortunate.

The CME program was designed to address some of the current stressors to physician life. Unfortunately, those are easy to find. JoAnn Bienvenu and Wendy Powell, along with all of the staff, worked tirelessly to provide this program. It was a big success. Those of us in attendance learned a lot about what the future holds. MACM will do its best to help you.