

THE

MACM

MONITOR

Spring 2019



A MESSAGE FROM THE PRESIDENT & CHIEF EXECUTIVE OFFICER

MACM IS MORE THAN AN INSURANCE POLICY

By Robert M. Jones

The Management and Board of Directors of Medical Assurance Company of Mississippi (MACM) are always looking for ways to add value to being insured by MACM. While the core business of MACM is to defend and protect our insureds, we provide many other services and benefits at no additional cost to the MACM insured. These include risk management evaluations, educational programs, medical practice advice, and insurance coverage for cyber exposure. I am delighted to tell you about two new services MACM is providing to our insureds – enhanced online continuing medical education and a physician job bank.

MACM has partnered with Medical Interactive to make available online CME courses at no cost to our insureds. Once a MACM physician logs in and takes a “seat” at the Medical Interactive website, the physician has unlimited access to almost 250 online courses. The topics include controlled substance prescription, medical procedures, risk management, physician stress and burnout, and medical malpractice. The courses cover multiple specialties and 97 percent are MOC approved. Some are monographs, while others are videos or interactive. Additional information about Medical Interactive and our new online educational program is covered more in this newsletter, and you will soon receive in-

formation about how to access this new benefit of being a MACM insured.

Another new project at MACM is the creation of a job bank whereby our insured clinics can connect with physicians in residency programs around the state. After conducting research, we learned that the primary way residents find jobs and clinics are able to recruit new physicians in Mississippi is by “word of mouth”. Because we are interested in keeping physicians in Mississippi, we thought that having a local source connect our clinics and residents might serve both parties well. I encourage you to begin contacting the MACM Marketing Department if (and when)

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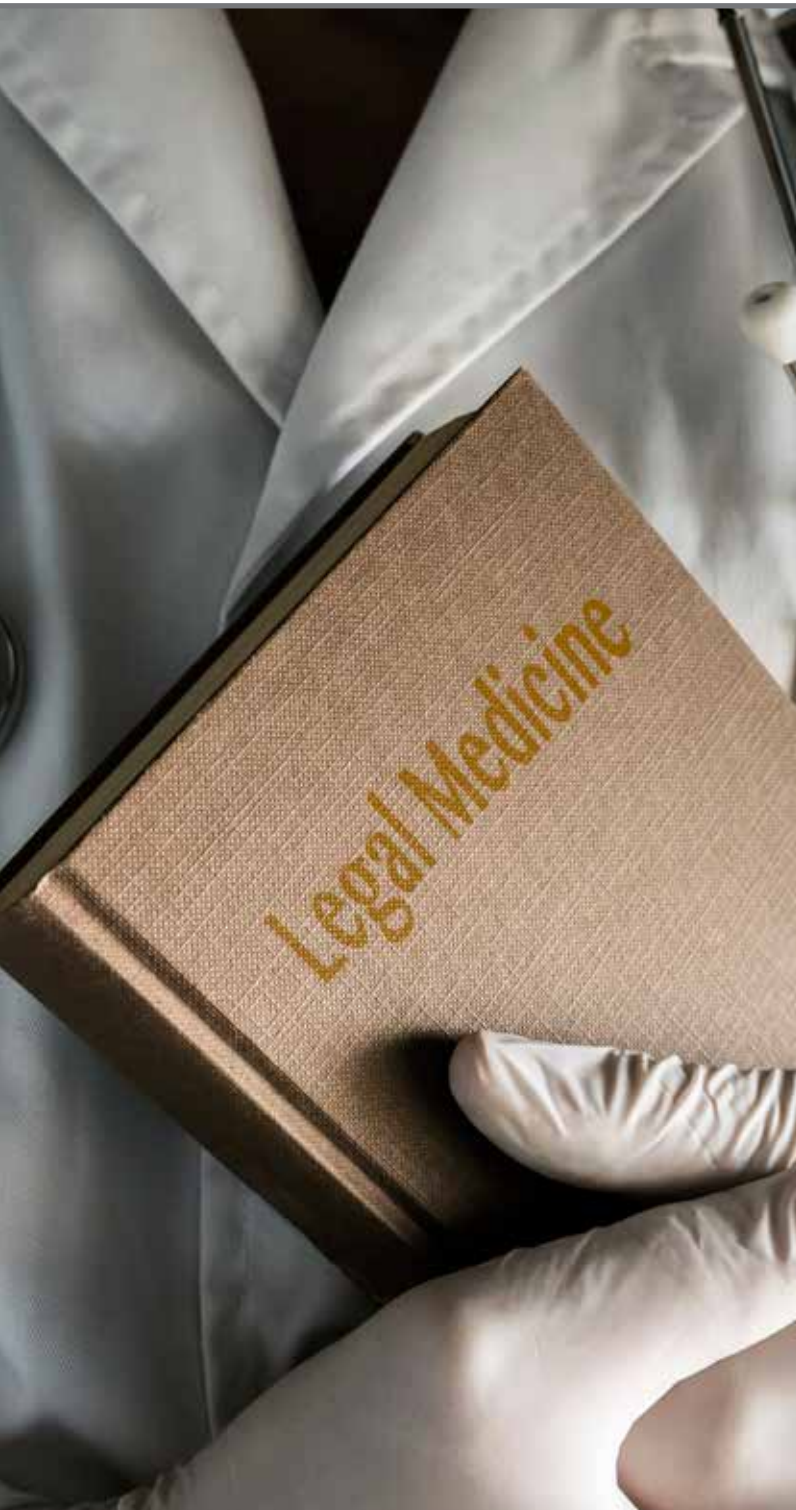


HOUSTON'S HANDOFFS

CASE STUDY

MISSED MYOCARDIAL INFARCTION LEADS TO WORST CASE SCENARIO AND EVENTUAL SETTLEMENT

By Gerry Ann Houston, MD, Medical Director



A 63-year-old male presented to a family practice after hours clinic with the chief complaint recorded in the EMR as “pt reports that when he exhales he hurts in mid chest. When he inhales its fine.” In the history of present illness, it was documented as “angina/chest pain.” The pain was described as left substernal, aching, worse with inspiration with no associated symptoms. Noteworthy was his history of type II diabetes and hypertension with medications for each of these.

Physical exam revealed BP 162/94, pulse 76, height 67 inches, weight 141 pounds. He was in no distress, appeared healthy. Lung and heart exams were unremarkable though he had chest pain reproducible upon palpation of the left sternal border.

No blood work, chest x-ray, or EKG was done. He was given a prescription for naproxen, told to rest, push fluids, and avoid exacerbating activities until the pain resolved. He was to return to the clinic in one week if symptoms were not resolved or sooner if worsening.

The discharge assessment was signed out as “painful respiration.”

The following day, he collapsed at home and was in full arrest when the EMTs arrived. He was intubated, resuscitated, and taken to the nearest hospital where EKG was consistent with an inferior myocardial infarction. He was immediately taken to the cath lab.

At cath he was found to have severe multivessel coronary disease and in spite of PCI and PCTA of several vessels, high dose of pressors, and continued CPR, he remained in cardiogenic shock and died while still in the cath lab.

The patient’s wife subsequently filed a claim against the family medicine physician for failure to diagnose leading to a wrongful death. The case was reviewed at Claims Committee and considerable discussion centered around the entry in the EMR of “chest pain/angina” when no workup had been done to determine if this was angina. When questioned, the phy-

sician related that this entry was made by the nurse and may have been the only option when choosing chest pain from one of the drop down choices in the EMR.

The lawsuit was settled for \$111,000.

WHAT DID WE LEARN?

Cardiovascular disease is very common in both men and women and, unfortunately, is often difficult to diagnose correctly and in a timely fashion. When malpractice cases are analyzed, cardiovascular outpatient malpractice cases were more likely to involve errors in clinical judgment, result in death, and lead to larger indemnity payments when compared to noncardiovascular cases. (*The Joint Commission Journal on Quality and Patient Safety 2017; 43:508-516*) The majority of diagnostic errors had initial diagnosis that were either non-specific or were common disease mimics (esophageal spasm, costochondritis) even though patients had known cardiovascular risk factors.

When a patient with chest pain presents to the emergency department, general medicine clinic, or after hours facility, the diagnosis with the worst potential outcome should be ruled out first. In this case, a myocardial infarction would have been at the top of the diagnosis list. A male with chest pain (even atypical) with an elevated blood pressure and risk factors of hypertension and diabetes should have an EKG and chest x-ray done. It is quite possible that an abnormal EKG in this patient would have prompted a referral to the emergency department or a cardiologist followed by a rapid trip to the cath lab and appropriate coronary intervention preventing this patient's death.

WHEN SEEING A PATIENT WITH CHEST PAIN

- Rule out cardiovascular disease before diagnosing esophageal, musculoskeletal, or noncardiac causes of chest pain.
- Be aware of risk factors such as obesity, hypertension, diabetes, smoking, hyperlipidemia, and family history that would increase the chances that the pain is cardiac.

- Obtain an EKG and consider cardiac enzymes to evaluate for a myocardial infarction.
- Refer to a cardiologist or the ED if unable to perform the necessary workup in your setting.
- Have a written chest pain protocol to use when patients present with chest pain, typical or atypical.
- Before closing out the visit in the EMR, review entries that your nurse or other mid-level providers may have entered. Make sure all are correct.

It's hard to defend a lawsuit when a patient with known cardiovascular risk factors presents with chest pain, an EKG is not done, and the patient dies the following day of significant coronary artery disease and cardiogenic shock. Completely rule out a cardiovascular etiology before attributing the chest pain to non-cardiac causes.



MACM

MORE THAN JUST AN
INSURANCE COMPANY



**MACM: AN INSURANCE COMPANY
OWNED AND CONTROLLED BY
PHYSICIANS**

We insure 2,500 physicians in Mississippi.

Our Board of Directors is composed of nine physicians elected by insured physicians.

We insure physicians who practice in every specialty and at every hospital in Mississippi.

Physicians serve on committees and consider issues concerning MACM physicians.

- Claims Committee
- Risk Management Committee
- Investment Committee

Our in-house Medical Director assists management in understanding physician issues.



**MACM: KNOWS THE ENVIRONMENT
IN WHICH MISSISSIPPI PHYSICIANS
PRACTICE**

Its Physicians

Its Defense Counsel

Its Plaintiffs Lawyers

Its Judiciary

Its Politicians

Its Healthcare Laws and Regulations



**MACM: INVOLVED IN IMPROVING
HEALTHCARE IN MISSISSIPPI**

We provide a scholarship to the Mississippi Rural Physicians Scholarship Program.

We advise the Mississippi Perinatal Quality Collaborative.

We have worked with most state regulatory agencies on issues affecting physicians and hospitals.

Over

40 *Years*

**PROVIDING PROFESSIONAL LIABILITY INSURANCE TO
MISSISSIPPI PHYSICIANS AND HEALTHCARE PROVIDERS**



MACM: SUPPORTS THE PRACTICE OF MEDICINE IN MISSISSIPPI

We are the sponsored carrier of the Mississippi State Medical Association.

Our staff teaches a class and gives lectures at University of Mississippi School of Medicine, William Carey College of Osteopathic Medicine, and most residency programs in Mississippi.

Our staff lectures at conferences of the Mississippi State Medical Association, Mississippi Nurses Association, Mississippi Osteopathic Medical Association, and numerous specialty conferences.

Our staff knows and provides expertise to officials at the Mississippi Board of Nursing, Mississippi Board of Pharmacy, Mississippi State Board of Medical Licensure, Mississippi State Board of Health, Mississippi Bureau of Narcotics, Mississippi Insurance Department, Mississippi Governor's Office, and the Mississippi Legislature.

We maintain a job bank and serve as a resource for resident physicians in search of a position and our insured medical practices in need of additional physicians.



MACM: PROVIDES EXTRAORDINARY RISK MANAGEMENT SERVICES TO ITS INSURED PHYSICIANS

Our risk management education includes online CME courses that cover multiple specialties and are MOC approved.

In addition, we provide onsite surveys and presentations tailored to the needs of the physicians and clinics.

Our Risk Management Department conducts regional programs attended by physicians, nurses, and clinic managers.

Our staff has over 40 years of experience in physician and clinic risk management in Mississippi. All risk management services are provided at no additional cost to the insured.



MACM: IS A STRONG MISSISSIPPI BUSINESS

MACM premiums are the lowest in Mississippi.

MACM physicians have the benefit of Equity Accounts.

MACM provides cyber liability coverage to physicians and clinics.

MACM is "A" rated by A. M. Best.

MACM has extraordinary surplus and some of the best financial ratios in the industry.

MACM has \$320 million in assets, of which \$253 million is in surplus.



MACM: PROTECTS TORT REFORM FOR PHYSICIANS IN THE MISSISSIPPI LEGISLATURE AND SUPREME COURT

We sponsor amicus briefs involving key appellate issues.

We have a Government Affairs Program, which is active in executive, judicial, and legislative elections in Mississippi.

We monitor and respond to legislation that could adversely affect Mississippi healthcare providers.



MACM: A LOCAL COMPANY WITH STAFF IN MISSISSIPPI

LOCAL claims adjustment services and representatives available to promptly handle claims

LOCAL risk management services tailored to insureds

LOCAL underwriting responsive to the needs and questions of insureds

LOCAL senior administration who personally know Mississippians, including those in the medical, healthcare, political, and regulatory communities



REPORT OF TRIALS:

By Todd Savell, Vice President – Claims

During 2018, eight cases were decided by jury trials. Defense verdicts were rendered in favor of the MACM defendant physician in every case. Also, one case went to binding arbitration with the arbiter finding for the physician. Below is a brief description of each case.

TRIAL 01: OB/GYN

Alleged Improper Management of Pregnancy

This lawsuit alleged improper management of pregnancy and failure to perform a C-section on the mother who had gestational diabetes, advanced maternal age, and obesity. It was alleged that the physician failed to predict shoulder dystocia, which occurred, resulting in moderate Erb's Palsy of the infant.

This case reached trial in Forrest County Circuit Court with Honorable Jon Mark Weathers presiding. Following three days of trial, the jury returned a defense verdict (12-0). There was no appeal.

TRIAL 02: GENERAL SURGERY

Alleged Improper Management of Inguinal Hernia

This lawsuit alleged improper management of an incarcerated inguinal hernia in an elderly male patient. The patient underwent laparoscopic hernia repair and developed urinary retention postoperatively. The patient claimed he was not offered other alternatives to surgery such as watchful waiting. It was also alleged that the surgeon should have had a heightened suspicion of urinary retention which would have initiated earlier treatment of the urinary retention and prevented the acute renal failure.

This case was tried in Lauderdale County Circuit Court with Honorable Charles Wright, Jr., presiding. Following four days of trial, the jury returned a defense verdict (12-0). There was no appeal.

TRIAL 03: DERMATOLOGY

Improper Management and Treatment of Herpes Zoster Infection

This lawsuit alleged improper management and treatment of severe herpes zoster infection with the administration of Acyclovir. It was alleged that the provider failed to order a “renal dose” which resulted in renal failure in the elderly female patient.

This case was tried in Harrison County Circuit Court with Honorable Lawrence P. Bourgeois presiding. Following one week of trial, the jury returned a defense verdict (10-2). There was no appeal.

TRIAL 04: OB/GYN

Improper Management of Hypertension in Pregnancy

This lawsuit alleged improper management of hypertension in pregnancy resulting in stillbirth. Although there was a true knot in the cord at birth, the plaintiff alleged that had she been properly assessed for pre-eclampsia, a C-section would have been performed prior to the fetal demise.

This case was tried in Forrest County Circuit Court with Honorable Jon Mark Weathers presiding. Following four days of trial, the jury returned a defense verdict (10-2). There was no appeal.

TRIAL 05: ADDICTION MEDICINE

Failure to Properly Secure Medication

This lawsuit alleged that the physician was negligent for failing to properly secure Suboxone, which was stolen from the physician’s office at an inpatient treatment facility and consumed by a male patient in his mid-20s. The patient was later found unresponsive. An autopsy with toxicology revealed toxic levels of Suboxone in the blood.

This case was tried in Rankin County Circuit Court with Honorable John Emfinger presiding. Following four days of trial, the jury returned a defense verdict (10-2). There was no appeal.

TRIAL 06: PEDIATRICS

Failure to Diagnose and Treat “FPIES”

This lawsuit alleged that the infant’s pediatrician failed to timely diagnose and treat “FPIES” (Food Protein Induced Enterocolitis Syndrome). Within the first month following birth, the infant suffered from dehydration, weight loss, and malabsorption syndrome.

This case was tried in Bolivar County Circuit Court with Honorable Charles Webster presiding. Following one week of trial, the jury returned a defense verdict (9-3). There was no appeal.

TRIAL 07: UROLOGY

Improper Performance of Procedure

This lawsuit alleged that the urologist improperly performed a Robotic Assisted Radical Prostatectomy on a middle-aged male patient. Several months following the surgery, the patient complained of pain with voiding. It was discovered that some hemoclips placed during the surgery eroded into the posterior bladder neck and into the bladder. The hemoclips were removed via cystoscopy.

This case was tried in Rankin County Circuit Court with Honorable Steve Ratcliff presiding. Following three days of trial, the jury returned a defense verdict (12-0). There was no appeal.

TRIAL 08: GENERAL SURGERY

Improper Management of Splenic Rupture

This lawsuit alleged that two general surgeons were negligent in their management of a splenic injury in a male patient following an MVA. The patient had a Grade 1 injury to the spleen which was managed conservatively. Several days into the hospitalization the patient expired from a sudden cardiac event.

This case was tried in Jackson County Circuit Court with Honorable Kathy Jackson presiding. Following three days of trial, the jury returned a defense verdict for both surgeons. The jury was not polled. There was no appeal.

ARBITRATION: GENERAL SURGERY

Post-Operative Death Following Bariatric Surgery

This case was brought by the Wrongful Death beneficiaries of the middle-aged male patient who died following a bariatric procedure. The patient did well following surgery and was moved from recovery to the floor. After several hours on the floor, the patient suffered a sudden cardiorespiratory event. Resuscitative efforts, including chest compressions, were successful, and the patient was moved to ICU. The patient did well for a few hours until it was reported that his blood counts dropped significantly. He was taken back to surgery emergently, and an arterial bleed was recognized and repaired. Unfortunately, the patient expired two days later.

This case was defended in binding arbitration according to an arbitration agreement before a sole arbiter who heard testimony and issued a finding for the defendant surgeon. This finding was not appealed.

By referencing the allegations of these claims, we are not stating that the allegations are true. We are only providing the allegations in order to show what the plaintiffs claimed, which were generally unsupported as shown by the defense verdicts.



MACMCONNECT

Are you currently recruiting for physician positions in your clinic?
Let us know so we can help you connect with potential candidates.



Connection

We want to connect MACM insured clinics with residents around the state and with physicians who may be looking for a change.



Goal

Our goal is to keep physicians in Mississippi and insured by MACM.

Organic Growth

Roughly 70 percent of our new insureds join a clinic already insured by MACM.



Free

For MACM insureds, there is no cost associated with listing your position.



Confidential

All conversations regarding position opportunities will be private and confidential to avoid favoritism or competition.

As part of the recruitment process, what can MACM provide you to help explain the benefits of being insured with us?



We will not be screening any candidates, only making connections between a physician in the job search and a practice in need of a physician.

Let us help you connect!

Contact the MACM Marketing Department when you have a physician job opening in your clinic.

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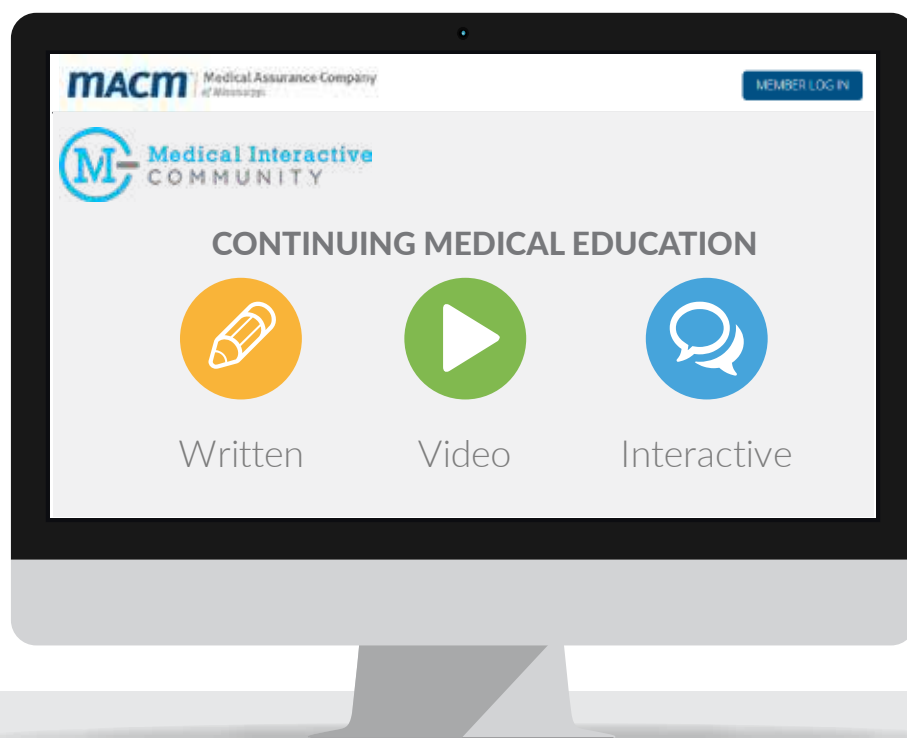
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MACM OFFERING OVER 150 FREE ONLINE

MACM is now working with Medical Interactive, a national provider of risk management and patient safety education, to provide our physician insureds access to free online CME and MOC credits. This educational material is written and presented by a national faculty of experts and medical educators.



MOC CREDIT



NO COST TO MACM INSURED PHYSICIANS

Steps to access the online CME:

1. Open the MACM website at www.macm.net.
2. Sign in to the Member Log In section of the website using your email address and password currently on file with MACM.
3. Once you have signed in to Member Log In and your personalized home page is open, click on the Education tab and then click on the Continuing Medical Education button.
4. Click on the Medical Interactive CME button. Doing this will allow you to leave the MACM Member Log In section of the MACM website and open a new browser for the Medical Interactive site.
5. **PLEASE NOTE!** The first time you attempt to use the Medical Interactive site, you must create a separate user name and password. The information you use to log in to the MACM Member Log In will not work on the Medical Interactive site.

ONLINE CME COURSES TO PHYSICIANS

Medical Interactive has a series of courses to address the national need for controlled substance education. Specific courses within this community meet the requirements of Mississippi's five hours for prescribing controlled substances education.

ONLINE LIBRARY INCLUDES:

- 157 CME Courses
- 75 CNE Courses
- 12 Non-CE Courses
- 3 Learner Assessments



97 percent of the Medical Interactive CME courses have Maintenance of Certification credits, with 17 medical boards accepting the CME courses. Patient safety points are available on applicable courses.

ONLINE LIBRARY TOPICS INCLUDE:



Controlled Substances



Medication Therapy



Provider Burnout



Diagnostic Error



Perinatal



Quality Improvement



Documentation



Practice Management



Risk & Claims



Medical, Legal & Ethics



Professional Interaction

Should you have any questions or comments, please contact the MACM group administrator:
Yevgenia Wilkerson, Senior Administrative Assistant for Risk Management
yevgenia.wilkerson@macm.net | (601) 605-4882 | (800) 362-2912



MACM'S CONSENT TO SETTLE:

NO STRINGS ATTACHED

By Stephanie C. Edgar, JD, General Counsel

Since inception, MACM has managed 8,800 claims. Of those, approximately 14 percent have been resolved through settlement. We never hesitate to take a defensible case to trial but not all cases are defensible. Whether a case can be successfully defended is a decision that will be made by you, your lawyer, the MACM Claims Committee, and MACM's Claims Department staff. If you find yourself sued in one of those cases where settlement needs to be explored either because of the care rendered or because of other extraneous factors, you'll become familiar with MACM's consent to settle provision. MACM's consent to settle provision is a pure consent clause, meaning that MACM must obtain our insured's consent before we settle a case.

There are only six exceptions to MACM's consent to settle provision, meaning that if any of these conditions take place, MACM is not required to obtain your consent at the time of settlement: (1) you're no longer insured with MACM; (2) you're no longer practicing medicine; (3) you've been deemed legally incompetent; (4) you die; (5) your professional organization has been dissolved, declared bankruptcy, or otherwise ceased operations; or (6) a verdict, award, or judgment has already been rendered against you. If none of these six exceptions is present, MACM must obtain your consent to settle. If you don't consent, there are no further ramifications for you or your case. We will continue defending the case and pay any judgment up to your available limits should you not prevail at trial.

All consent to settle provisions in medical malpractice insurance policies are not created equally. In addition to the pure consent clause, there are three other types of consent to settle provisions, all of which are very different than what you have with your MACM coverage.

For example, other carriers tout consent to settle provisions; however, if a claim arises and you withhold consent, the insurance company's liability for the claim is limited to the amount for which the claim could have been settled plus the legal fees incurred before receipt of the settlement demand.

Another variation is a scenario in which you withhold settlement consent and the insurer pays you the amount of the settlement demand as well as defense costs incurred up to the date of the settlement demand and steps out of the picture. In other words, you have the right to continue with the litigation but you will do so on your own with a little money from the insurance company in your pocket.

A final method is to require consent; however, if it isn't given, the insured agrees to shoulder a certain percentage of the judgment above the recommended settlement amount.

MACM recognizes how difficult a decision to settle is for any healthcare provider. Aside from the looming threat of your name landing in the National Practitioner's Data Bank, you may have a legitimate fear of damage to your professional and personal reputation. MACM will be with you every step of the way — whether you consent to settle or choose to forge ahead.



Because being insured isn't the same as being prepared.

MACM, in partnership with our cyber risk experts, NAS Insurance, brings you CyberNET® - the most advanced cyber risk management solution, as part of your medical professional liability policy.

With access to expert cyber risk advisors when you need them, plus 24/7 online training courses, best practices, compliance and incident response guidelines, sample policies, vendor agreement templates and more, CyberNET® helps you and your organization mitigate the risk and impact of a cyber breach.

Cyber Security Training

Get 'cyber smart' with online courses, including:

- Safeguarding Information
- Introduction to Breaches
- Password Best Practices
- PCI Training
- Privacy Basics for Healthcare
- Social Engineering Attacks
- Ransomware

Risk Management

Guidance to implement preventative measures:

- Best Practices Guidelines
- Risk Assessment & Fitness Checklist
- Incident Response Planning
- Sample Policies and Vendor Agreements

Compliance Material

Keeping your organization up to date:

- State and Federal, Industry Specific
- Data Protection Guidelines
- Links to government sites



Getting There is Easy:

From the MACM home page:

- 1 Click [MEMBER LOGIN](#) at top right
- 2 Log into your account
- 3 Choose "Cyber Liability Compliance" from top menu

Cyber Expertise Anytime, Anywhere

Information and support brought to you when and where you need it most, including:

- Downloadable templates, guides, and training posters
- Live and archived webinars



For more information about **CyberNET®** or to report a claim, contact:

Charity Huston or
Tammi Arrington
info@macm.net
(601) 605-4882

To report a claim after business hours,
contact our afterhours hotline:
(877) 316-1627

MISSISSIPPI PHYSICIANS POLITICAL ACTION COMMITTEE

PROTECTING HEALTHCARE AND THE INSUREDS OF MACM

In addition to protecting our insured physicians from and during litigation, Medical Assurance Company of Mississippi (MACM) is actively involved in educating you about legislation or judicial decisions which directly impact the benefits of tort reform. As the only political action committee funded by the physician insureds of MACM, the focus of the Mississippi Physicians Political Action Committee (MPPAC) is to support and contribute to those judicial, legislative, and statewide candidates who will protect current tort reform legislation and maintain a fair civil justice system in Mississippi.

WHAT HAPPENED IN NOVEMBER 2018 AND WHAT IS NEXT?

Last November, elections were held for judicial positions throughout the state. After research and evaluation, your PAC contributed to 11 Circuit Court candidates who we believed to be reasonable and impartial. Of those 11, eight were elected to hear criminal prosecutions and civil lawsuits, including medical malpractice cases. Unfortunately in Hinds County, two of the judges we supported lost, resulting in a situation where all four Circuit Court Judges are former Plaintiff Attorneys.

In addition, MPPAC supported a candidate for the Mississippi Court of Appeals. Our supported candidate was ultimately defeated; however, we believe the Court of Appeals remains fair and balanced and will monitor the decisions to be sure this is accurate.

In 2020, Mississippi will once again elect judges to the Mississippi Supreme Court and the Mississippi Court of Appeals. In anticipation of these upcoming – and all future – judicial elections, BIPEC, the business and industry political education committee of which MACM is a longstanding supporter, established the Mississippi Civil Justice Alliance (MCJA). This group, organized to protect fairness and stability in Mississippi's court system, is committed to protecting Mississippi's tort reform laws, promoting additional reforms for a healthier legal climate, and monitoring the rulings and opinions of Mississippi's trial courts, Court of Appeals, Supreme Court and the U. S. Supreme Court. The MCJA will also monitor and

educate Mississippians regarding litigation filed and opinions given by the state's chief legal officer, the Attorney General.

We encourage you to review the website for the MCJA at www.msiviljustice.org as we hold our elected judges accountable for the decisions made and their effect on your medical practice. If you are interested and would like to receive emails and notifications of legal decisions significant to the protection of tort reform legislation, you can sign up for notifications through the website as well.

If you are interested and would like to receive emails of legal decisions significant to the protection of tort reform legislation, you can sign up for notifications on the home page of the Mississippi Civil Justice Alliance website at www.msiviljustice.org.

PREPARING FOR 2019 ELECTIONS

In 2019, statewide executive offices and all legislators will be elected, and it is shaping up to be an interesting election season. Your PAC has already participated in fundraisers for candidates proven to be advocates for physicians and business in Mississippi, and we will continue to work with business and medical community leaders to research and support like-minded candidates for elections across Mississippi.

As always, we will keep you informed of the progress and communicate your PAC's endorsements before you go to the polls in November. Because of you, MPPAC is recognized as an organization interested in protecting healthcare and the physicians of our state, giving you a voice with elected officials in Mississippi.

THANK YOU!

Investing in a fair and balanced legal system and business environment for Mississippi benefits every MACM insured. Thank you to the following contributors of the Mississippi Physicians Political Action Committee. Because of your contributions during the 2018 election cycle, MPPAC is recognized as an organization interested in protecting healthcare and the physicians of our state. We appreciate the confidence and trust you have in us.

<i>John M Abide, M.D.</i>	<i>John R Barnes, M.D.</i>	<i>Douglas E Bowden, D.O.</i>	<i>Richard W Byars, M.D.</i>
<i>Audie M Adams, Jr., M.D.</i>	<i>Harry A Barte, Sr., M.D.</i>	<i>James J Boyd, M.D.</i>	<i>Thomas H Cabell, M.D.</i>
<i>James G Adams, M.D.</i>	<i>William R Battle, M.D.,</i>	<i>Judith L Bradley, M.D.</i>	<i>Richard C Calderone, D.O.</i>
<i>Jonathan Adkins, M.D.</i>	<i>Victor T Bazzone, M.D.</i>	<i>Steven C Brandon, M.D.</i>	<i>Thomas B Calvit, M.D.</i>
<i>Todd N Adkins, M.D.</i>	<i>Leslie H Bear, M.D.</i>	<i>Shelby K Brantley, Jr., M.D.</i>	<i>Annyce R Campbell, M.D.</i>
<i>Mohammad A Ahmed, M.D.</i>	<i>Herman R Beard, M.D.</i>	<i>Terry K Brantley, M.D.</i>	<i>Susan S Cannon, M.D.</i>
<i>Michael H Albert, M.D.</i>	<i>Robert C Becker, M.D.</i>	<i>Donna G Breeland, M.D.</i>	<i>Troy Cappleman, M.D.</i>
<i>Richmond L Alexander, III, M.D.</i>	<i>Donald W Benefield, M.D.</i>	<i>David I Bridgers, III, M.D.</i>	<i>Gary D Carr, M.D.</i>
<i>Russell E Allman, Jr., M.D.</i>	<i>Allison D Bennett, M.D.</i>	<i>Steven L Brister, M.D.</i>	<i>Charles S Carroll, Sr. D.O.</i>
<i>Stephen T Amann, M.D.</i>	<i>Barry D Bertolet, M.D.</i>	<i>Marcus L Britton, M.D.</i>	<i>Michael H Carter, Jr., M.D.</i>
<i>Vinod K Anand, M.D.</i>	<i>Yashashree L Bethala, M.D.</i>	<i>James M Brock, Jr., M.D.</i>	<i>Keith L Carter, M.D.</i>
<i>Michael D Anthony, M.D.</i>	<i>Carolyn L Bigelow, M.D.</i>	<i>Tami H Brooks, M.D.</i>	<i>James M Carter, M.D.</i>
<i>Robert R Applewhite, M.D.</i>	<i>William M Billington, D.O.</i>	<i>Julian A Brown, Jr., M.D.</i>	<i>Rosalie A Casano, M.D.</i>
<i>Rodolfo N Arriola, M.D.</i>	<i>Jason L Black, M.D.</i>	<i>Brett O Brown, M.D.</i>	<i>Gordon M Castleberry, M.D.</i>
<i>Michael Artigues, M.D.</i>	<i>Arthur Black, M.D.</i>	<i>Jonathan D Brown, M.D.</i>	<i>Carolyn Cegielski, D.O.</i>
<i>Anna C Asher, M.D.</i>	<i>Donald J Blackwood, M.D.</i>	<i>Jacob A Brown, M.D.</i>	<i>Lisa L Chandler, M.D.</i>
<i>John B Averette, M.D.</i>	<i>Darrell N Blaylock, M.D.</i>	<i>Robert G Browning, M.D.</i>	<i>Chris M Charles, M.D.</i>
<i>Olurotimi J Badero, M.D.</i>	<i>Phillip K Blevins, M.D.</i>	<i>Joel R Brunt, M.D.</i>	<i>Constantine P Charoglu, M.D.</i>
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you have a physician position in your clinic. As we collect open positions and move to an online job bank, we will let you know more about it. Additional information about the job bank is included in this newsletter.

Based upon recent discussions with some of our insured physicians, we became aware that you do not necessarily know all MACM does and what you get for your premium. On page 4 and 5 is material used by our Marketing Department. This information covers the success of MACM and the extent to which our staff is involved in matters affecting MACM and its insured physicians and healthcare providers. I thought you would be encouraged to know that, although we know our reason for existence is to protect you, we believe in order to accomplish this task, we must be involved and successful in many areas. For that reason, MACM is much more than an insurance policy!

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