Medical Assurance Company of Mississippi

RISK MANAGER

February 2015

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Medical Assurance Company of Mississippi

RM™ RISK MANAGEMENT

Enhancing Patient Care • Supporting Physicians

MEDICAL ASSURANCE COMPANY OF MISSISSIPPI Established 1976

From the Cover

Once again, the insureds of MACM will spend a fall weekend in New Orleans learning, networking, socializing, and eating. Mark your calendars now and plan to join us September 18-19, 2015 at the Sheraton Hotel on Canal Street.

At this year's meeting, attendees will hear from nationally recognized speakers as well as fellow physicians from the region, addressing current changes in healthcare and what you as a physician can do to successfully navigate these changes for yourself, your staff, and your patients.

Join us in New Orleans and *laissez les bon temps roulez!*

Welcome note:

Welcome to the latest copy of the Risk Manager! We hope your new year is off to a great start and you are already planning to participate in the educational opportunities that MACM Risk Management has to offer you in 2015.

For the past year or so, we have been involved in an educational effort targeted to obstetricians and the labor and delivery staff they work with each day. This effort will culminate in April of this year with a day long educational program at the Embassy Suites in Ridgeland. If you are an Ob-Gyn, I hope you have already registered for this program and that you are bringing several members of your hospital's nursing staff with you. Through this effort, we were invited to participate in the Mississippi Perinatal Quality Collaborative – a group of like-minded organizations interested in women's and newborn's health in Mississippi. We believe that our partnership with this group will ultimately provide our insureds with additional resources, information, and risk management services.

One of our bigger projects for this year is the 2015 MACM CME Program in New Orleans. This will be our fourth meeting in New Orleans, and we are hoping for our biggest crowd yet. Registration is open so sign up now and make plans to attend.

As always, if there is anything that anyone in Risk Management can do for you, do not hesitate to let us know.

Sincerely,

Maryann Wee, RN
Director of Risk Management

Houston's Handoffs

Gerry Ann Houston, MD / Medical Director

I have now been at MACM as Medical Director for six months and have come to realize even more how valuable this company is to me and fellow physicians. As Joni Mitchell sang, I have looked at MACM "from both sides now."

For 25 years MACM took care of me in private practice. If I had a claim brought against me (and, yes, I did have more than one MACM successfully defended) or any risk management issues, MACM was there to handle things, but I never stopped to think how this was done or even what else MACM did for physicians. By being on the other side now, I can see and understand what it took for MACM to take care of me so I could take care of patients and have one less thing to worry about.

The Underwriting Department at MACM is the first to see applications from physicians for malpractice coverage. The job of the staff in this department is to review applicants, make sure they are an acceptable risk, and offer coverage to them in the proper class. Other than insureds with risk management issues that require a shorter renewal period, every insured is reviewed annually. The Underwriting Department is responsible for this annual review and renewal process to be sure the physician is still an acceptable risk to the company.

The Risk Management Committee addresses physicians with health concerns or dependency issues, reviews any requests for new procedures or practice changes, and works to lessen the exposure for potential claims. This physician committee meets monthly to work with the staff and serve as a resource, always keeping the future stability of the company in mind. The staff in the Risk Management Department works with physicians and clinics through clinic surveys, consultations, and CME programs to evaluate and suggest ways to reduce risk.

Should a physician be involved in a medical negligence claim, the physician-membered Claims Committee reviews the claim, meets with the physician and his Defense Counsel, and, after review, suggests settlement or a vigorous defense. The Claims Committee and staff of the Claims Department support the physician during this sometimes lengthy process so he can continue to care for his patients, himself, and his family.

Malpractice insurance is like any other insurance; we all must have it but never want to have to use it. Having now seen MACM from both sides, I better understand why it is such a successful company and why I am glad I have been insured by MACM for quite a number of years. It is physician owned with the major focus being to take care of its own. And, it is doing that quite well.

A Risk Management Checklist: Dismissing Patients from Your Practice

One of the most frequent questions we receive in the Risk Management Department concerns how to dismiss a patient from your practice. We hope the following information will serve as a checklist for you in case you face this situation in the future.

Reasons to discharge a patient from your practice:

- Patient or family is disruptive to practice.
- Patient or family has threatened physician or staff (may be grounds for immediate withdrawal from care depending on the level of the threat).
- Patient is non-compliant with treatment plan, including no shows for appointments.
- Patient has not met his financial obligation.
- Patient is suspected of drug seeking or illegal activities, *e.g.* altering prescriptions and/or insurance fraud.

Patients that need special consideration:

- Minors under 18 years old or vulnerable adults. May need to report custodian/parents if you believe there is medical neglect.
- Patient in the midst of an acute medical need – unless you can transfer care.
- Patient in second/third trimester of pregnancy. You should not transfer unless you can find provider willing to take over care.
- Drug seeking patient. Need to confront the patient with objective evidence and offer referral for addiction management.

Steps leading up to decision to dismiss patient:

- Make notes in patient records that fully describe reason for withdrawal, including every instance when patient was disruptive or non-compliant. Also include pertinent conversations (in person and on the phone) that took place with the patient/family.
- If group practice, it should be decided if only the individual physician will withdraw or whole group. Also, decide if the group will withdraw from care of any other family members.
- Treating physician should review chart for clinical prohibition of withdrawing from care and make the final determination.
- Determine if the clinic or entity policies for withdrawal of care have been followed. ***Every clinic should have a withdrawal from care policy which has been approved and is followed by all members of the practice group***.

Steps to take when decision made to dismiss patient:

- Inform the patient of your intention to withdraw from care. Whenever feasible, this should be done in person, by the treating physician during a clinic visit, unless the patient has threatened the physician/staff.
- Send a written notice by registered mail with return receipt requested. Keep a copy of both in the medical record.
- Send the same written notice by first class mail because some patients will not claim registered mail letters.
- Document in the medical record all attempts to contact.
- Notify all staff and providers that the patient has been terminated and have a note in the EMR to alert the staff to avoid re-appointing the patient.

What the written notice to withdraw from care should include:

- Notation on the letter S*ent by registered and first class mail.*
- Clearly state that you are terminating your medical care.
- State the exact date (month, day, year) you will no longer provide medical care. This is usually 30 days from date of letter; but, if the patient exhibits threatening or criminal behavior, the physician may terminate immediately.
- Simply state why you are terminating and, if you had a conversation prior to termination, include references to that conversation.
- Advise the patient you will be available to provide medical care during the 30 days, but after the stated date, you cannot provide further care.
- The letter should be signed by the treating physician, not a nurse or clinic manager.

Considerations when withdrawing from care:

- Managed care plans usually have special requirements regarding withdrawal from care and you should follow them.
- The Americans with Disabilities Act prohibits the denial of treatment or service solely on the basis of a disability. Any denial of treatment or service must be documented and be according to the normal operations of the healthcare provider.
- If the patient subsequently presents unreferred to the Emergency Department and you are the physician on call for unreferred care, you must care for that patient as you would for any other unreferred patient. If you give a refill to the patient or provide other services after the 30-day termination date, then you may have re-established a patient/physician relationship and will have to start the process over again.
- It is better to go through a formal withdrawal from care process than ignore the problem or not respond to the patient.

If you have questions or concerns about withdrawing from care, please contact the MACM Risk Management Department for advice at (800) 325-4172.

MACM Involvement in MSPQC Will Prove Beneficial to Insureds

Healthy Mother and Healthy Baby

Charlene Collier, MD serves as the State Director of the Mississippi Perinatal Quality Collaborative (MSPQC).

In an effort to improve birth outcomes, create a cultural change, and emphasize a more data-driven approach to the practice of medicine, representatives of women's health in Mississippi have joined together to form the Mississippi Perinatal Quality Collaborative (MSPQC). And, members of the MACM Risk Management Department are sitting at the table as active participants in this group.

Led by MSPQC State Director Charlene Collier, MD, an ob-gyn with an active practice at the University of Mississippi Medical Center, the collaborative was formed in Mississippi last year as a partnership between clinicians, hospitals, public health professionals, insurers and families dedicated to reducing maternal and infant morbidity and mortality in Mississippi. Dr. Collier also serves as the Perinatal Health Research and Policy Consultant for the Mississippi State Department of Health.

"Other states have formed similar collaboratives and it made sense for Mississippi to do the same," Dr. Collier said. "There are so many participants in women's health that it is logical to align our interests and work together for the betterment of perinatal care. We all have the same basic overall purpose – *a healthy mother and baby*. The collaborative is a way to work together within the entire system to find opportunities where everything aligns for better outcomes."

Representatives of the MACM Risk Management Department were asked to participate in the collaborative because of the company's interest in patient safety and outcomes, as well as the education efforts of the past year with insured obstetricians and the labor and delivery staff working with them in the hospitals where they deliver.

"This was a perfect fit for our recent efforts in obstetric education," Maryann Wee, RN, Director of Risk Management, said. "We were excited to be asked to participate in this group and believe our attendance at meetings and involvement in project work will ultimately give us greater knowledge to work with our insureds. We are in Mississippi and want to help our Mississippi obstetricians and neonatologists take care of Mississippi mothers and babies."

As individual organizations participating in the MSPQC, each one will continue with its own priorities and efforts. In addition, these organizations will join together to work on the projects resulting from the MSPQC State Meeting held in November of last year. One of the first priorities of the MSPQC in 2014 was the coordination of this meeting to bring participants and those interested in women's health together.

"This is a new idea for us – a new concept in Mississippi of this one umbrella group working with each other," Dr. Collier said. "Our goals for the State Meeting were to introduce the creation and purpose of the collaborative; provide a general background and under-

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Maryann Wee
Director of Risk Management

standing of the creation and purpose; and to review potential projects that the collaborative could take on during this first year of work."

To achieve these goals, attendees at the November meeting received a review of the current state of perinatal health in Mississippi, heard from national experts in perinatal care quality about potential statewide initiatives and, through the input of participants, determined the initial projects for the MSPQC in 2015.

Invitees to the State Meeting included neonatal and maternity providers, hospital staff and representatives, lactation consultants – anyone with a common interest in perinatal care. Originally, Dr. Collier and her staff planned for 120 participants at the State Meeting, but 183 actually attended, with over 30 birthing facilities represented.

"I think the overwhelming interest and response by the perinatal care community in Mississippi just shows the needs and interests that are out there," Wee said. "People are hungry for information and we want to help facilitate and encourage this obvious interest. Working with the collaborative is one way that we believe we can enhance MACM's value for our insureds."

A variety of projects were presented to attendees at the State Meeting. Not all projects were relevant to every hospital or provider, but parts of each project could be pulled out and applied to all, *e.g.* breast feeding or family care. At the end of the day, participants voted on the projects that they had learned about as part of the meeting and supported those projects that they thought would be good ones for the collaborative to take on during this first year of effort.

"The voting was actually empowering," Dr. Collier said. "I was somewhat surprised at how vested the participants were to that part of the meeting. Each participant used their vote to make their voice heard."

As a result of the voting, following are the two projects elected as the first projects of the MSPQC at the November 2014 meeting:

> *The Golden Hour: A quality improvement project and statewide initiative.* Information presented by Aja Talati, MD of the University of Tennessee, Health Science Center.
>
> *Reducing Maternal Morbidity and Mortality from Acute Severe Hypertension during Pregnancy*. Information presented by James Martin, Jr., MD, FACOG, FRCOG(H) of the University of Mississippi Medical Center.

Each project is currently in a three to four month time of development. Then, the project itself lasts around 18 months of implementation with updates given at the November 2015 State Meeting.

"We should see improvements to very specific measures within our system," Dr. Collier said. "And, we should be able to measure our accomplishments much quicker."

In addition to the work resulting from the State Meeting, the MSPQC will continue to serve as a networking opportunity for participants. Members of the collaborative can look at what other states are doing and see what tools and what projects have worked and have not worked.

"If there is a need within perinatal care that we can all work toward, why not work together for our effort to make a difference," Dr. Collier said. "The collaborative is a good support system to help smaller hospitals implement ideas and is a good place for larger hospitals to connect."

For the provider, the members of the collaborative want to make the practice of

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MISSISSIPPI PERINATAL QUALITY COLLABORATIVE MEMBERS

Mississippi State Department of Health

March of Dimes

Mississippi ACOG

Mississippi AAP

SOAP - Society of Obstetric Anesthesia & Perinatology

Mississippi AWHONN

Mississippi Hospital Association

Mississippi Academy of Family Physicians

Medical Assurance Company of Mississippi

BlueCross BlueShield of Mississippi

Mississippi Medicaid

Mississippi Public Health Institute

River Oaks Hospital

Woman's Hospital

University of Mississippi Medical Center

North Mississippi Medical Center

Forrest General Hospital

Gulfport Memorial Hospital

Mississippi Baptist Medical Center

Delta Regional Medical Center

Wesley Medical Center

Baptist Memorial Hospital – Golden Triangle

Anderson Regional Medical Center

Zoe Rose Memorial Foundation

Newborn Associates

Association of Certified Nurse Midwives

POWER OF TEAMWORK

FOR A HEALTHY MOTHER & BABY

April 10, 2015

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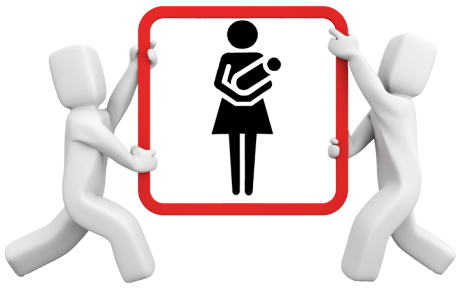
Ridgeland, Mississippi



Online registration is now open at: *www.macm.net*

Effective communication is a critical component of patient safety and, within a busy labor and delivery unit, the inability for obstetricians and staff to communicate successfully can sometimes lead to catastrophic results. Communication could be hindered by a difference in training or perspectives on clinical management. Effective communication is respectful, clear, to-the-point, and unambiguous.

For the past two years, members of the MACM Risk Management Staff, along with a committee of insured obstetricians and a labor and delivery nurse, have been working to educate the obstetricians insured by the company, as well as the labor and delivery staff they work with each day on the benefits of communication. The culmination of this education process will take place on April 10 at a joint meeting offering both CME and CNE to attendees.

Through presentations by nationally recognized speakers, meeting attendees will focus on the concepts of teamwork and communication and how these ideas can benefit their work each day.

Conference Topics:

- Current OB clinical issues.
- Obstetrical emergencies and the role of OB Response Teams in an emergent situation.
- A case presentation involving an obstetrician, a labor and delivery nurse, and the legal team involved in the trial process.
- A review of the current physician/nurse management of obstetric emergencies.
- The role of the obstetrical and labor and delivery nurse team in recognizing and communicating electronic fetal heart rate monitoring findings.

For everyone working in the field of obstetrics, the ultimate goal of all obstetrical care is a delivery resulting in a healthy mother and a healthy baby. Communicating and working together as a team are two ways to strive for that goal. During this educational opportunity in April, our speakers and information will help you keep your eyes focused on this goal.

ENDURING THE CHALLENGES OF MEDICINE

September 18-19, 2015

Sheraton Hotel on Canal Street
New Orleans, Louisiana

Once again, the insureds of MACM will spend a fall weekend in New Orleans learning, networking, socializing and eating. At this year's meeting, you will hear from nationally recognized speakers as well fellow physicians from the region who are authorities in their field. They will be addressing current changes in healthcare and steps you can take to successfully transition yourself, your staff, and especially your patients and their families while avoiding potential risks.

Because of the overwhelmingly positive feedback from our time in 2013, we are returning to the Sheraton New Orleans Hotel. The Sheraton New Orleans Hotel's superb location on historic Canal Street borders the French Quarter and is just steps away from a myriad of Mississippi River Attractions: the Aquarium of the Americas, the National World War II Museum, and such popular shopping destinations as Canal Place, River Walk Marketplace, and JAX Brewery. The hotel is also located on the New Orleans Streetcar line, so you can catch a ride to the beautiful Garden District, riverboat cruises, live jazz, and hundreds of award-winning restaurants!

Conference Topics:

- Development of quality improvement programs based on CMS measures.
- Update on healthcare legislation.
- Analysis of a 17 year case from MACM Claims Department files.
- Insights from the Special Agent in Charge of the New Orleans Division of the Drug Enforcement Administration.
- Identify ways to effectively implement and use telemedicine in today's practice of medicine.
- Review of misdiagnosis prevalence.

Once the meetings conclude, you will have the chance to experience the sights, sounds, and tastes of New Orleans, a city unlike any other. Food, culture, music, ambience . . . New Orleans has it all!

We invite you to experience the City for yourself to see what it has to offer. Come join us and spend the weekend learning in the Big Easy!

Online registration is now open at: *www.macm.net*

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medicine easier for them. "We want to look at what we can control and influence and look for ways to improve those areas. We want to strengthen the capacity of our providers and hospitals. This isn't about adding another burden or layer to what they are already doing," Dr. Collier said.

The collaborative efforts bring together the best resources in women's health to strengthen each other. Overall, Dr. Collier and the members of the MSPQC see this group as an opportunity to work together for better care in Mississippi.

Kathy Stone Named Assistant Director of Risk Management

Kathy Stone, RN, BSN, was recently promoted to the position of Assistant Director of Risk Management. In this new position, she will continue to work with the insureds of MACM in their risk management and education efforts, as well as be responsible for some administrative duties within the Risk Management Department.

Stone's clinical experience includes ICU Nursing and infusion therapy for oncology, infectious disease, and pain management. Her background also includes ICD-9 auditing for a major insurance company, claims analysis for a Medicare Program Integrity Unit, and research and medical evaluation for a large defense law firm. She joined MACM in November 2002.

Congratulations Kathy in this new role at MACM!

MISSISSIPPI PERINATAL QUALITY COLLABORATIVE

PURSUING EXCELLENCE IN MATERNAL AND INFANT HEALTH

Mission:
Through collaborative partnerships, MSPQC seeks to transform Mississippi maternity and newborn care into a positive model of change that will help eliminate preventable maternal and infant morbidity and mortality in our state.

Goals:

- Establish quality and safety as the clear priorities for all aspects of perinatal care.
- Gather, review and organize perinatal data and statistics to promote change.
- Promote evidence-based best practices in neonatal and obstetric care through statewide, data-driven provider and community-based performance improvement initiatives.
- Promote systems changes in public health and clinical care that will maximize the health of mothers and neonates and reduce morbidity and mortality associated with congenital diseases, pre-term birth and low birth weight, maternal illness and obstetric emergencies.
- Understand and help eradicate racial disparities in maternal and infant morbidity and mortality.