

THE

MACM

MONITOR

Spring 2018



A MESSAGE FROM THE PRESIDENT & CHIEF EXECUTIVE OFFICER

WHOM DOES MACM INSURE?

By Robert M. Jones

The answer to that question is found in the extensive data that we maintain, some of which I would like to share with you.

MACM insures 2,500 physicians, as well as hundreds of nurses and physician assistants. We also insure many other healthcare personnel associated with your practices, including technicians, therapists, phlebotomists, and assistants of all types. Our distribution list for publications, mass emails, and risk management information reaches over 3,300 healthcare individuals in Mississippi. Many MACM physicians still practice solo while others practice in groups of all sizes, with the largest group having 257 physicians. Your medical clinics are located in 66 of the 82 Mississippi counties, some in Jackson with its extensive resources and others in rural settings that face unique challenges.

MACM physicians cover several generations, from Baby Boomers to Millennials, with the youngest being 29 and the oldest still practicing at age 81. We insure several generations of physicians within multiple families. Our insureds reflect recent trends in medicine as 21 percent of our insured physicians are now female.

Those insured by MACM include all specialties. While the largest group of physicians is in primary care (Family Practice, Internal Medicine, Pediatrics), MACM insures every specialty in Mississippi. The largest specialties insured by MACM include Obstetrics-Gynecology, General Surgery, Orthopedic Surgery, Gastroenterology, Nephrology, Ophthalmology, Pathology, Otorhinolaryngology, and Urology. Of course, the lines between specialties are becoming somewhat blurred in certain instances.

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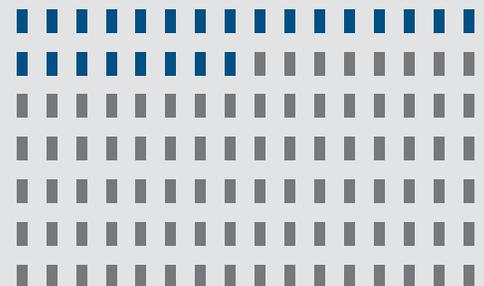
66

MACM insures clinics in 66 of the 82 counties in Mississippi



21%

of our insured physicians are female





HOUSTON'S HANDOFFS

CASE STUDY

FAILURE TO DIAGNOSE OR MISSED DIAGNOSIS:
Proper Procedures Can Prevent Courtroom Appearance

By Gerry Ann Houston, MD, Medical Director

A 66-year-old female had lower back pain with MRI of the lumbar spine showing degenerative changes, foraminal stenosis, and vertebral body abnormalities most likely atypical hemangiomas. When she did not improve with conservative management, she was referred to a neurosurgeon. After a lumbar discectomy, hemilaminectomy, and foramenotomy, her pain was relieved. Three months later the patient presented to the ED in acute renal failure with anemia and hypercalcemia. Dialysis was initiated, and workup revealed multiple myeloma. Three weeks later, the patient died.

During the hospitalization for her renal failure, a consultant reviewed her past records and discovered that the material from her prior discectomy revealed sheets of plasma cells. The neurosurgeon was not aware of this report. It was later learned that the pathologist had noted this "unexpected finding" from the discectomy on a Friday afternoon. His patholo-

gy report was filed electronically at the hospital and was both faxed and mailed to the neurosurgeon. The pathologist tried to call the neurosurgeon on Friday afternoon but was unable to reach him or leave a message at his office. No further attempts were made to notify the neurosurgeon.

A lawsuit was filed alleging that the neurosurgeon was negligent in failure to timely diagnose and treat the multiple myeloma and that the pathologist was negligent in the failure to personally contact the neurosurgeon about the unexpected finding of multiple myeloma.

The neurosurgeon and pathologist appeared before the Claims Committee, who recommended consideration of settlement of the case without going to trial. The suit was settled with considerable payments on behalf of the neurosurgeon and the pathologist.

WHO IS TO BLAME?

Is it the pathologist for not personally talking with the neurosurgeon, or is it the neurosurgeon who did not review the pathology report from a surgery he performed? Yes, the American Society of Clinical Pathology requires that a pathologist communicate unexpected findings to the physician, but is a surgeon not obligated to review ALL pathology reports on patients whom he operates?

These are questions to be asked and addressed in your practice if you are seeing patients who have tests done:

1. Is there a system in place documenting which patients are going for what tests or procedures and checking to see that these have been done? This would include patients seen in the office as well as in the hospital or ED.
2. If the patient misses the appointment and the tests are not done, is there a mechanism to contact him/her and reschedule?

3. Is there a process to confirm and document the receipt of test results when they are completed?
4. Is the physician able to view and sign off all lab tests, radiographic studies, path reports, consultations, or other results before the information disappears into the bowels of the EMR?
5. Are all patients notified of their results in a timely manner, is the notification documented in the record, and is appropriate follow up arranged?

Failure to diagnose or missed diagnosis is one of the most common reasons that a physician is sued. By having appropriate procedures and tracking systems in place and by following them religiously, the chances of a claim for a missed diagnosis can be significantly reduced and hopefully avoided. Our Risk Management Department is available to help evaluate your practice and guide you in putting the proper procedures in place. Give them a call.

TREASURE TROVE

OF RISK MANAGEMENT

Valuables and Jewels

2018 MACM Office Staff Program

Please visit macm.net for more details.

Every day brings new questions and liability for those managing and working in a medical practice. Prescribing controlled medications, violence in the workplace, technology – the list goes on and on. There are many things that you have to deal with daily, and your time is valuable. Are you ready to get the answers you need to lighten the load and add some shine to your practice?

Informational jewels that will be discussed include the following:

- Factors in prescribing controlled substances
- Prescribing guidelines for friends and family
- Considerations for non-patient vaccinations
- Preparing for potential violence in the workplace
- Strategies to use when a physician moves to another clinic
- Considerations for having students shadow one of your providers
- Plans and policies for addressing patients who want to record visits
- Discussion of genetic testing, including pharmaco-genetic tests
- Treatment of minors in various scenarios
- Guidelines on when NOT to fire a patient
- Management of test results and patient notification
- Proper documentation of phone calls
- Recommendations on retention and destruction of medical records

Name: _____

Designation / Title: _____ Suffix: _____

Email Address: _____

Cell Phone Number: _____

Clinic Phone Number: _____

Clinic Name: _____

Clinic Address 1: _____

Clinic Address 2: _____

City: _____ State: _____ Zip: _____

Supervising
Physician Name: _____

Physician Specialty: _____

April 5, 2018
Oxford
Oxford Conference Center

June 5, 2018
Moss Point
Pelican Landing

April 24, 2018
Gulfport
Courtyard Gulfport Beachfront

June 19, 2018
Summit/McComb
Southwest Community College

May 3, 2018
Tupelo
Bancorp South Conference Center

July 11, 2018
Hattiesburg
Jackie Dole Sherrill Center

May 17, 2018
Cleveland
Delta State University

July 25, 2018
Jackson
Mississippi Sports Hall of Fame
and Museum

Registration and breakfast start at 8 a.m.
The program will begin at 8:30 a.m. and conclude by 11:30 a.m.



TEAMWORK TACTICS

COOPERATION WITH CLAIMS AND COUNSEL IS CRUCIAL

By Stephanie C. Edgar, JD, General Counsel

Being sued or threatened with suit is never a joyful occasion, but it doesn't have to be the most miserable experience of your life. Working closely with your defense counsel, the MACM Claims Committee and the claims professional assigned to your case will go a long way toward strengthening your defense and reducing your anxiety. The importance of this cooperation can't be emphasized enough, which is precisely why it's a condition of your coverage.

Claims Professional Coordination

When you get a claim letter or any indication from the patient that a suit is on the horizon, contact the MACM Claims Department as soon as you can. "As soon as you can" does not mean that you should call on your busiest clinic day, while in the car, or when you have only a few minutes to talk. Before the call, you'll need to fully review the patient's chart so that you have a good recollection of the events at issue. Then, take the chart and any correspondence you've received from the patient or his attorney, go into your office or somewhere quiet and free from interruption and distraction, and call us.



How to Report a Claim to MACM?

If you have received a formal Notice of Claim, a lawsuit (Summons and Complaint), or some other type of demand for compensation, you should

1. Report the claim to MACM by calling (601) 605-8878 or (800) 362-2912.
2. Allow between 15 to 30 minutes for the call and have the documents which you have received, as well as the patient's medical record, available for reference.
3. Fax a copy of the Notice of Claim letter and/or the lawsuit documents to (601) 605-8849. You can also send this information by secure e-mail or by overnight mail. Do not attempt to fax a copy of your medical records.
4. Please note that if you are served with a lawsuit, your MACM policy requires that all such lawsuit papers be delivered to MACM immediately following the service or receipt of the lawsuit papers. The Mississippi Rules of Civil Procedure allow only 30 days to file an answer to the complaint. The rules of Federal Court allow only 20 days to file an answer to the complaint.
5. As soon as possible, mail or email a complete and unaltered copy of all of the related medical records contained in your office file. This includes any handwritten records, notes, or forms completed by the patient, any statements of account, and any prior or subsequent treatment records.

On our end during this call, MACM's claims professionals will be gathering information from you which we and ultimately your defense counsel will need to mount a defense. Plan to allot anywhere from 15 to 30 minutes for this phone call.

You will be asked to send us your chart, a confidential summary, as well as any correspondence or legal documents you've received pertaining to the claim. Please don't delay in getting the requested information to us. If you do, you deprive us of the resources we need to effectively protect you early in the process. We wouldn't expect you to treat a patient without getting a sufficient history. Likewise, we can't do our job without getting the facts from you.

If you get threatened with a lawsuit, the very worst thing you can do is attempt to resolve it on your own. If you do this, not only will you likely not adequately protect yourself from a future lawsuit, but we actually have the right to deny coverage if you're later sued. We once had a situation where a physician, upon the wrong advice of the clinic manager, voluntarily paid a patient several thousand dollars. The physician failed to get a release of liability, so the patient filed a lawsuit after accepting the money. The physician couldn't get the money back and didn't get any sort of credit for the ill-advised payment. This situation underscores the importance of not going it alone and enlisting MACM's help as early as possible.

Throughout the claim, your claims professional will be contacting you to discuss various issues. Please respond timely to these efforts. Again, we recognize that being in this situation isn't pleasant, but ignoring a claim or wishing it would go away are not recipes for success.

Claims Committee Collaboration

At some point during the life of a claim, you may be asked to meet with a MACM Claims Committee. The Claims Committee is comprised entirely of physicians, and your case will be reviewed by an expert in your field. For example, if your case concerns obstetrics, an Obstetrician will review your case and report to the Committee. In addition to the actual committee members, members of

MACM's Claims and Risk Management Departments will be present along with the President and Chief Executive Officer, Medical Director, and General Counsel.

In preparation for this meeting, you should meet with your lawyer and review your chart. You will be asked by the Committee to provide a summary of the events giving rise to the lawsuit. Please bring your chart with you to the meeting.

This process is not intended to be an inquisition but rather is used as a tool to educate us and to pinpoint the strengths and weaknesses of your case. The Claims Committee's role is to review and evaluate the medical issues in the case but not mandate that a case be settled or tried.

Attorney Assistance

Your MACM claims representative will discuss legal representation with you. Feel free to tell us what lawyer you'd like to use. If that lawyer is on our approved counsel list and there is no conflict of interest in your particular case, we will retain the counsel of your choice.

The attorneys that work for our insureds are truly the best of the best. When I practiced law, I had the pleasure of working among them, and not only are they some of the best lawyers in Mississippi, but they are among the best in the country at defending medical malpractice cases.

Meet with your attorney as early in the case as you can. This will enable both of you to begin developing a relationship and to nail down the pertinent facts as soon as possible. You should expect to be kept informed at every step of the litigation. If you aren't or if you have questions along the way, don't hesitate to call either your attorney or MACM. MACM pays for your lawyer's fees as well as for any expenses and experts. These amounts are not deducted from your policy limits, so you are not penalized in any way for keeping the lines of communication open with your lawyer. If you don't feel you are getting the guidance you need from your counsel, let us know. We have full confidence in all of our lawyers, but just as every doctor isn't right for every patient, every lawyer isn't right for every client.

Both you and your lawyer should listen and learn from each other during every encounter. You'll be educating him or her on the medical treatment, and he/she will be educating you on legal procedure and strategy. Neither of you can effectively defend the case by yourself, so learn to work as a team.

Finally, trust the advice you get from your attorney. Your lawyer may point out an issue that, in the grand scheme of things, seems like a nonissue. Don't discount their experience because they've probably seen that seemingly innocuous issue blow up into a huge issue in front of a jury. They've literally "been there, done that" several times over, and their instruction will be invaluable to you as you walk this road.

There's no question that litigation is an adversarial process but know your enemies. Your adversaries are the plaintiff and his counsel. MACM, the Claims Committee, and your lawyer are your allies. You can and should have confidence in us and your counsel at every step of the way.



Do not discuss the case with anyone except a MACM claims representative or the defense counsel assigned to defend you. You should also

1. Maintain your original medical records in a secure location for future reference. Do not make any additions, deletions, or any other type of alteration to the medical records. Secure any other pertinent information or items in your possession, such as billing records, x-rays, hospital charts, etc.
2. Keep all correspondence to and from MACM and your assigned attorney in a separate and secure file. These items should not be inserted into, scanned into, or placed within the original medical chart on the patient. Do not release these materials to anyone unless cleared through your assigned attorney or the Claims Department.
3. The claims representative and the defense counsel assigned to your case will keep you informed as the case proceeds. If you have any questions, do not hesitate to call us at any time.



PRESCRIBING CONTROLLED SUBSTANCES?

HAVE YOU CONTACTED RISK MANAGEMENT FOR HELP?

The MACM Risk Management Department has sounded the alarm repeatedly regarding the dangers associated with inappropriate prescribing of controlled substances. We hope you have heard the clanging of the alarm.

We are here and available to our insureds. We want to help you care for your patients in a way that protects you and gives you reassurance that you are doing all that you should do to keep yourself and your patients safe. Please take advantage of what your MACM Risk Management Department can do to help you.

- Phone review of your practice with immediate feedback and recommendations to strengthen prescribing and monitoring processes
- On-site survey of your practice focusing only on the prescribing of controlled substances and the associated documentation and steps involved
- Education of you and your staff on better use of the Prescription Monitoring Program through an online course located on the MACM website at www.macm.net
- In-service training on good prescribing habits and monitoring processes presented in your clinic

We are just a quick phone call (800-325-4172) or an email (rskmgt@macm.net) away. Please take advantage of at least one, if not all of, these offers.



SUPPORTING EDUCATION AND OUR FUTURE INSUREDS

Supporting the education of Mississippi's physicians-in-training has always been a high priority for the MACM Board of Directors and Staff. Through presentations at residency programs, financial support for scholarships, and simple relationship building, we recognize the importance of communicating with future physicians and MACM insureds.

The next generation of insureds is already being trained in programs throughout Mississippi, and we want those physicians to know that your company is the choice to make for their medical malpractice coverage. In 2017, MACM took on an extra effort of establishing relationships with training programs across Mississippi. During the year, members of our Risk Management and Marketing Department traveled the state putting MACM's name (and the benefits we offer) in front of future insureds. This "Residency Road Show" sent us to Corinth, Tupelo, Hattiesburg, Meridian, and everywhere in between.

And, we are not stopping yet! The 2018 "Road Show" features the MACM Claims Department. Our staff will use examples from the Claims Department files to explain the process of a medical malpractice claim – from initial complaint through trial.



Members of the next class of Mississippi Rural Physician Scholars received their scholarship award at the July 2017 presentation. MACM has funded one of the scholarships for the past seven years.

Help us get MACM in front of these residents today so they can be insured with us in the future. If you work with medical students, residents, or fellows and have the opportunity to introduce MACM to these future insureds, let us know. Contact the Marketing Department at (601) 605-4882 or wendyp@macm.net. We will set up an educational program to speak to your group, provide risk management information, or simply be a resource for you to use in your interactions with them.

Cosulich Named 2017 Caldwell Memorial Award Winner

Since 1982, MACM has awarded the Robert S. Caldwell, MD, Memorial Award each year to the “top” resident at UMMC. Last year’s winner was Michael T. Cosulich, MD, a resident in Dermatology. The award, which comes with a gift of \$1,000, recognizes excellence in medical care, record keeping and leadership – characteristics that MACM deems valuable in physicians.

MACM Chairman of the Board Earl T. Stubblefield, MD, and Robert Brodell, MD, professor and chair of the Department of Dermatology, presented the award to Cosulich.

Help us get MACM in front of these residents today so they can be insured with us in the future.

MACM Chairman of the Board Earl T. Stubblefield, MD, presents a \$1,000 check to Michael T. Cosulich, MD, the 2017 Robert S. Caldwell, MD, Award winner, as Robert Brodell, MD, professor and chair of the UMMC Department of Dermatology, looks on.



“Michael is a team player,” Dr. Brodell, said. “Like LeBron James, he makes everyone around him better by modeling professionalism. His *Mississippi Dermatology Manual* is an example of an investment of an incredible amount of time to highlight important information about our department for residents and scientific information that can be applied to help our patients.”

Dr. Cosulich is a magna cum laude bioengineering graduate of the University of Pennsylvania. He spent two years performing research at the Children’s Hospital of Philadelphia before earning his M.D. at the Georgetown University School of Medicine, graduating cum laude. He completed an internship in internal medicine at Jersey Shore University Medical Center in Neptune, NJ.

“I am truly honored to receive the Robert S. Caldwell Award from Medical Assurance Company of Mississippi,” Dr. Cosulich said. “I am glad to have won the award for the dermatology department, as our chairman Dr. Brodell not only loves to win things, but he also places a strong emphasis on providing excellent patient care.”

Dr. Cosulich began private practice in New Jersey in the fall of 2017.

Support of the Mississippi Rural Physicians Scholarship Program

In 2007, the Mississippi Legislature authorized the Mississippi Rural Physicians Scholarship Program (MRPSP), creating a unique program that identifies college students who aspire to return to their roots to practice medicine in rural Mississippi. The program, which now claims 25 practicing physicians, provides academic enrichment, faculty and physician mentoring, and medical school financial support to young Mississippians interested in addressing the challenge of the state’s healthcare crisis.

In 2010, recognizing the benefits of the MRPSP and the importance of educating future primary care physicians, the MACM Board of Directors approved financial support for a perpetual scholarship, renewing every four years, through the program.

“Our relationship with everyone involved in the Mississippi Rural Physicians Scholarship Program – from staff to scholars – is a great benefit to MACM,” Rob Jones,

The program, which now claims 25 practicing physicians, provides academic enrichment, faculty and physician mentoring, and medical school financial support to young Mississippians interested in addressing the challenge of the state’s healthcare crisis.

President and Chief Executive Officer, said. “Not only is this program providing healthcare to rural Mississippi, we are insuring several of the practicing physicians.”

Each summer, the MRPSP recognizes the next incoming class, as well as the three other classes, by awarding scholarships to the medical students. As part of the 2017 recognition ceremony, former Mississippi Rural Physician Scholar, Dustin Gentry, MD, addressed the attendees and offered his thoughts on his life as a physician in a small town. Dr. Gentry is a MACM insured and also serves on the MACM Young Physician Advisory Committee. Following are Dr. Gentry’s remarks:

I grew up in Kosciusko, but I practice in Louisville, which is about half an hour from Starkville. My grandfather had a grocery store in Louisville from the 1950s through the 1980s and five boys that everyone knew. “Which one was your dad?” my patients ask. I tell them, and we talk for a few minutes before we get down to business. My mom grew up on the other side of the county and the same sort of questions come from people that knew her as a child.

It’s a small town, and everyone knows everyone.

In my practice I see hospital, nursing home, clinic, and ER patients. There have been days when I have literally done all of that before lunch.

One thing I learned quickly as a new physician in a small town was that if your hospital patient begins to crash, you can’t call the intubation team or the code team or the central line team. You can but you’d better not hold your breath, because you and the small hospital staff around you are the team.

You can call a specialist, but they don’t always call back quickly. You absolutely must know what to do for any type of emergency. There are no specialists to have lunch with and curbside about different issues. No one that can just “take a quick look” at a patient or give you their thoughts about something, and a specialist cannot intubate the patient or place a chest tube for you.

You must do a lot of reading and research on your own. Not being a specialist does not give you an excuse to offer less than specialty care, and you certainly cannot transfer every patient that is difficult.

MACM insured and former Rural Scholar Dustin Gentry, MD, speaks to the attendees of the July 2017 Scholarship Awards Ceremony about his life as a small town physician in Louisville, Mississippi.



At some point you have to decide whether or not you're going to be a real doctor or a doctor that just refers patients to real doctors.

One of the best movies from the '90s told the story of a group of astronauts on a mission to the moon. By the time Houston was informed of that famous problem, they all knew that their resources were limited, as was their time.

Being a family doctor in a small town can be like that sometimes. When a patient is going south, you have to use the resources available to bring him north again. The most important resource you have is your training. So when classes start, make sure you pay attention to everything, because it's all important.

A typical day for me starts around 6:30 a.m. with changing diapers that range anywhere from barely wet to Mount St. Helens after it blew up. By 7:30, I have completed the treacherous 2 minute commute to work and am at the hospital deep in rounds. Pneumonia, Pancreatitis, Cellulitis, CHF, COPD, chest pain, and more.

By 8:30, I'm in clinic seeing whatever walks in the door. Fighting with insurance companies, handling calls from the nursing homes, hospital, home health, and geri-psych...all amid seeing 20 to 30 clinic patients. Lunch is a luxury.

My goal is to be home before the girls go to sleep so they can play with daddy for a little bit. Tuesday nights and every few weekends I'm on call for the hospital and nursing homes.

I realize that description does not seem glamorous, but it is a bird's eye view only. If one could zoom in on each one of those patient encounters. You would see people.

You would see a lonely 90-year-old man who had just gotten back from driving himself up the east coast and back again to visit some family. I told him during hos-

pital rounds that he had cancer and was transferring him to another hospital for more extensive evaluation and treatment. Little did we know - though I suspected it - that he would not make it home. He had come to see me many times in the clinic, and we talked shop about different things that he knew a lot about. He had become my friend.

You would see a sweet lady with a lot of problems and pain. She just wants to know what can make her better. Her husband is a medical train wreck, but neither of them is able to travel to their specialists any more. No close family. They want me to take care of them.

You would see a truck driver with diabetes trying to stay off insulin.

You would see a mother who has chronic lung disease that just got over pneumonia that I treated in the hospital.

You would see a lady that needs a skin cancer removed and is waiting in the procedure room. She begged me not to send her away from Louisville to another doctor.

You would see a hairdresser who wants a second opinion from me about the treatment plan for her cancer. She knows I'm not an oncologist but still wants my opinion.

You would see a set of twins that are now a year old. I've seen them since birth. Their mother is always tired; go figure. They're here for a well-child exam and shots.

You would see a married couple, near centenarians, who share a room at the nursing home. He was a Purple Heart recipient during World War II and a bomber pilot. She was a housewife. Both still in love. Their bodies are only a shell of the man and woman they once were.

And it goes on and on. You'd see people; not just a busy, hectic schedule. You'd see

my friends. They have problems, and I try to have answers. I see them at work, in town, and sometimes even at my house (though not often).

I can't tell you how many times I am asked about a rash or lab results while eating out with my family or after church (sometimes during church). Some of my patients even have my cell phone number and, no, they don't bother me. I have even made a few house calls over the last few years.

When you live in a small town you have to be ready for a close interaction with your patients outside of the clinic, because they are more than just patients. They are friends, neighbors, restaurant owners, teachers, accountants, and pastors... people that have lives and count on you to keep them healthy.

So, I don't let it bother me. I look at the rashes, examine their elbows, and tell them I'll call them in the morning about their labs.

Then we talk about how their family is doing and what's going on with the news or the big game. I go to the schools and give talks about being a doctor and have students often in my clinic. It's all part of integrating into a small town, and I would not have it any other way.

One thing you'll learn, as I have: A doctor in a small town is more than just a doctor, and the patients are more than just patients.

So to the newest class of future rural physicians: I challenge you to think forward while you study. For every disease or treatment you learn about, consider which friend you will be treating. Because if you live in a small town, that's the way it will be.

THANK YOU!

Investing in a fair and balanced legal system and business environment for Mississippi benefits every MACM insured. Thank you to the following 2017 contributors of the Mississippi Physicians Political Action Committee. Because of you, 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, MD</i>	<i>Kenneth R. Barraza, MD</i>	<i>Charles D. Borum, MD</i>	<i>Charles C. Bush, Jr., MD</i>
<i>Hans W. Adams, MD</i>	<i>Austin M. Barrett, MD</i>	<i>Julius S. Bosco, Jr., DO</i>	<i>Robert A. Butler, MD</i>
<i>Jonathan Adkins, MD</i>	<i>J. Patrick Barrett, MD</i>	<i>Douglas E. Bowden, DO</i>	<i>Richard W. Byars, MD</i>
<i>Mohammad A. Ahmed, MD</i>	<i>Lauren Barry, MD</i>	<i>James J. Boyd, MD</i>	<i>Martin B. Bydalek, MD</i>
<i>Belinda B. Alexander, MD</i>	<i>Harry A. Bartee, Sr., MD</i>	<i>Judith L. Bradley, MD</i>	<i>Thomas H. Cabell, MD</i>
<i>Russell E. Allman, Jr., MD</i>	<i>W. Robert Battle, MD</i>	<i>Steven C. Brandon, MD</i>	<i>Bryan S. Calcote, MD</i>
<i>Jeff D. Almand, MD</i>	<i>Victor T. Bazzone, MD</i>	<i>Terry K. Brantley, MD</i>	<i>Graham C. Calvert, MD</i>
<i>Chad S. Altmyer, MD</i>	<i>Leslie H. Bear, MD</i>	<i>Kara L. Brantley, MD</i>	<i>Ashley M. Canizaro, MD</i>
<i>Stephen T. Amann, MD</i>	<i>Herman R. Beard, MD</i>	<i>Clayton R. Bratton, MD</i>	<i>Susan S. Cannon, MD</i>
<i>Eric W. Amundson, MD</i>	<i>Robert C. Becker, MD</i>	<i>William C. Brawner, MD</i>	<i>John E. Cantrell, MD</i>
<i>Vinod K. Anand, MD</i>	<i>Donald W. Benefield, MD</i>	<i>Donna G. Breeland, MD</i>	<i>Troy Cappleman, MD</i>
<i>Jeffrey R. Anderson, DO</i>	<i>Allison D. Bennett, MD</i>	<i>David I. Bridgers, III, MD</i>	<i>C. Shannon Carroll, DO</i>
<i>Shawn C. Anderson, DO</i>	<i>Brett A. Bennett, MD</i>	<i>Eric W. Bridges, MD</i>	<i>Michael H. Carter, Jr., MD</i>
<i>Michael D. Anthony, MD</i>	<i>J. Grey Bennett, MD</i>	<i>Steven L. Brister, MD</i>	<i>Keith L. Carter, MD</i>
<i>Robert R. Applewhite, MD</i>	<i>Michael A. Berry, MD</i>	<i>Marcus L. Britton, MD</i>	<i>Clifton C. Cartwright, MD</i>
<i>Michael L. Ard, MD</i>	<i>Barry D. Bertolet, MD</i>	<i>James M. Brock, Jr., MD</i>	<i>Rosalie A. Casano, MD</i>
<i>Rodolfo N. Arriola, MD</i>	<i>William M. Billington, DO</i>	<i>Jacob A. Brown, MD</i>	<i>Matthew W. Cassell, MD</i>
<i>Michael Artigues, MD</i>	<i>William A. Billups, III, MD</i>	<i>Jonathan D. Brown, MD</i>	<i>Gordon M. Castleberry, MD</i>
<i>Giorgio M. Aru, MD</i>	<i>Arthur Black MD</i>	<i>Julian A. Brown, Jr., MD</i>	<i>Carolyn Cegielski, DO</i>
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<i>John B. Averette, MD</i>	<i>Darrell N. Blaylock, MD</i>	<i>Robert C. Buckley, MD</i>	<i>Chris M. Charles, MD</i>
<i>Seema A. Badve, MD</i>	<i>Benjamin D. Blossom, MD</i>	<i>Stephen E. Buckley, MD</i>	<i>Bennett W. Cheney, MD</i>
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<i>David A. Ball, MD</i>	<i>Philip J. Blount, MD</i>	<i>John D. Burk, MD</i>	<i>Gregory W. Childrey, MD</i>
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Alan C. Schwartz, MD
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NEW EMPLOYEES



Katherine Mangum

Claims Representative

The Claims Department welcomed a new team member on January 8, 2017, when Katherine Mangum began work as a Claims Representative. She is now available to offer sound advice and support –both to insureds and defense counsel – regarding potential claims.

A graduate of the University of Mississippi, Mangum comes to MACM from another carrier and has extensive experience in the management of medical malpractice claims. She is a licensed Property and Casualty Adjuster in Mississippi.

“My greatest responsibility to our insureds is to provide the attention and service that MACM has always provided while, at the same time, using sound judgment and recommendations to assist in achieving favorable outcomes,” Mangum said. “MACM has an extremely large presence in the healthcare industry and is well known for its excellent service and attention given to insureds.”



Karen Blair

Receptionist

You may not recognize the voice answering the phone the next time you call MACM because it changed on January 29, 2018, when Karen Blair joined MACM as the receptionist. Currently residing in Florence, Blair comes to MACM after years of experience as a receptionist with dental practices, most recently a local orthodontist.

PROMOTIONS



Kelsey Thompson

Underwriter

After serving for several years as the Underwriting Assistant, Kelsey Thompson has been promoted to Underwriter and is now available to assist insureds with questions or changes regarding policy information.



Kathy H. Jones

Underwriting Assistant

Moving from the front desk and receptionist position, Kathy H. Jones is now working in the Underwriting Department as the Underwriting Assistant. She is responsible for assisting the Underwriting Staff in their responsibilities.

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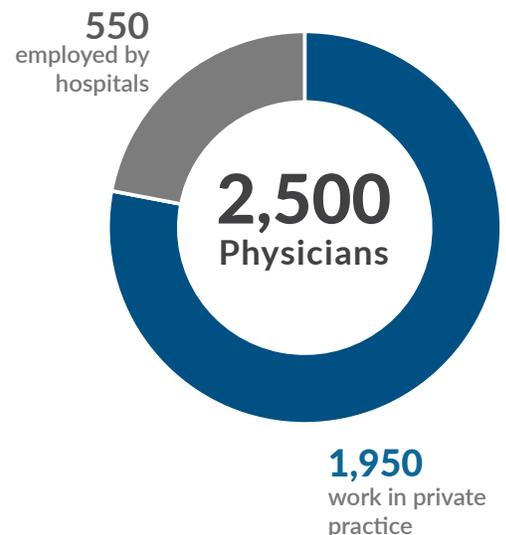
While some MACM physicians have become employed by hospitals, 78 percent of MACM physicians are still in what has traditionally been referred to as private practice. Regardless, we know that all medical practices are dealing with issues relating to electronic medical records, healthcare reimbursement models, physician burnout, and measuring quality of care.

Why Do We Care?

Of course, insurance companies love data; but why is this information important to MACM? We need to know everything we can about your medical practice and your needs as a healthcare provider! As noted above, each of your medical practices is different. We need to remember that! We want to respond to your risk management challenges, properly insure your medical practice, and be prepared to defend you in the event of a lawsuit. As the practice of medicine changes, MACM must change to meet the needs of our insured healthcare providers.

We attempt to keep up with what is going on in your practice through your interactions with our Underwriters, Risk Managers, Claims Representatives, Marketing Representatives, and others at MACM. It is important for you to tell us about changes occurring in your specialty and in your medical practice. We want to hear from you! Please do not hesitate to contact us.

We appreciate the confidence and faith you have in MACM. We will do our best to understand what is happening in your world, so we can properly advise and protect you.



As the practice of medicine changes, MACM must change to meet the needs of our insured healthcare providers.
