Medical Assurance Company of Mississippi

Risk Manager

January 2014

What to Consider When Working with a Medical Student.

Medical Assurance Company of Mississippi
RM
RISK MANAGEMENT
Enhancing Patient Care • Supporting Physicians

MEDICAL ASSURANCE COMPANY OF MISSISSIPPI
Established 1976

From the Cover

Medical students Jessica Hollingsworth (3rd year – University of Mississippi Medical Center) and Alex Stahura (4th year – William Carey University College of Osteopathic Medicine) work in the Lab of Hattiesburg Clinic's family practice clinic in Columbia, Mississippi as part of their education. Rotations like this give students a chance to experience the real-life world of medicine. Coverage begins on page 3.

Dear MACM Insured:

Welcome to the latest copy of the **Risk Manager**! This is the second issue in our new expanded format and I hope that you find it useful. Last year, we began the *Risk Manager Alert,* which is a bulletin emailed to our insureds and their clinic managers. *The Alert* is designed to give you information that we believe is important to you and your practice in a more timely manner than a quarterly newsletter allowed. If you are not receiving the *Risk Manager Alert*, please let our Marketing Department know at wendyp@macm.net.

Once we began the *Risk Manager Alert*, it freed up the **Risk Manager** to expand into the magazine format you hold in your hands. With this format, we can feature our insureds and the work that is being done by them and their clinic staff and can provide more detailed information on some of the issues that our insureds face each day.

In this issue, we are focusing on several areas. The diversion of prescription drugs continues to be a problem for the State of Mississippi, and we have several resources available to you. See the opposite page for more information on the materials we have to offer.

Many of our insured clinics are opening their practices to medical students. And, while we do encourage this, there are some risk management issues for you to consider. Take the time to read how one clinic is benefiting from medical students and then see the risk management tips we suggest. This coverage begins on page 3.

In addition to several other articles in this issue, a re-cap of the 2013 MACM CME meeting begins on page 11. Our staff has written a synopsis of each presentation given at the CME program for you. I hope that you will find this information useful and encourage you to make plans now to attend the 2015 MACM CME meeting! (More details to come.)

I hope this revamping of our communication efforts will prove valuable to you and your staff. As always we are interested in hearing from you! Thank you for your continued support of Medical Assurance Company of Mississippi.

Sincerely,

Maryann Wee, RN, BSN
Director of Risk Management

The Risk Manager is produced twice a year by the Risk Management and Marketing Staff of Medical Assurance Company of Mississippi.

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Prescription Drug Abuse in Mississippi:

What you need to know and what MACM has available to you.

In 2012, for the first time in Mississippi, the number of diverted pharmaceuticals cases investigated by the Mississippi Bureau of Narcotics surpassed both cocaine and methamphetamine cases. This same year, 95 percent of all reported overdose deaths were a direct result of pharmaceuticals, yet only 5 percent had some amount of illegal drugs detected at autopsy.

The area of prescription abuse is growing and receiving more and more attention in the media. Physicians and their staff must be up-to-date on the extent of the problem and how it is manifested in their patient populations. As physicians in Mississippi, you should be knowledgeable about the laws governing the prescribing of controlled substances, as well as the resources that are available to assist you.

MACM is developing resources, as well as working with agencies in Mississippi, such as the Mississippi Bureau of Narcotics and the Mississippi Board of Pharmacy, to provide our insureds with the information they need. Following is a list of the information we have available to you:

Treating Chronic Pain: What you need to Know

This printed brochure compiles the rules, regulations and laws in Mississippi that govern the treatment of pain with controlled substances and the prescribing physicians. The regulations are included in full, as well as quick focus points that allow a busy practice to find the information at a glance. We have included important deadlines from the Mississippi State Board of Medical Licensure on the Mississippi Prescription monitoring Program (MS PMP) and the requirement for CME related to prescribing of controlled substances. There is also a risk management action plan to assist you in handling patients on chronic pain therapy. In addition, a sample pain management agreement is part of this brochure.

Risk Manager Alert

The newly-developed *Risk Manager Alert* provides the avenue for us to get information to our insureds quickly through email and to meet our commitment of providing important information in a timely manner. Two of our email issues in 2013 focused on the new Mississippi State Board of Medical Licensure regulations for physicians with DEA numbers.

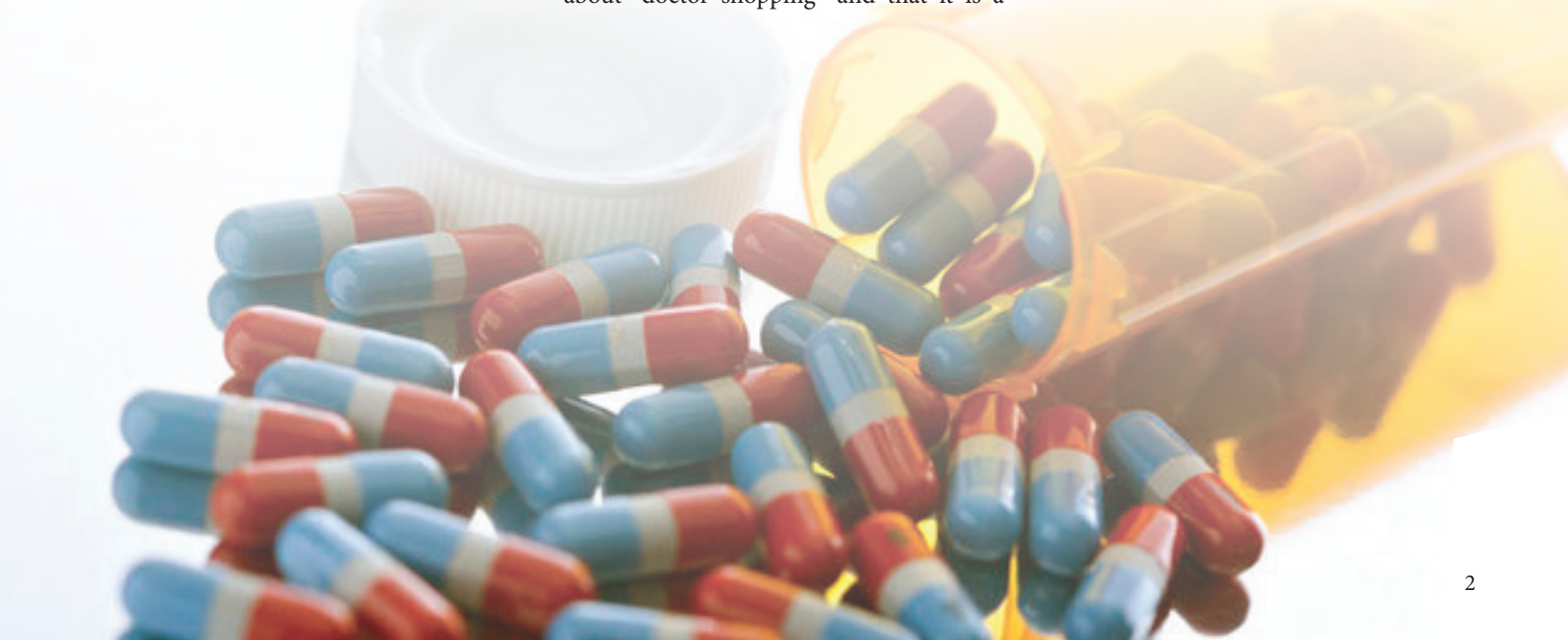
You Might Be Hooked

This poster was produced by the Mississippi State Medical Association and is designed to be displayed in a physician's office. This full color poster informs a patient about "doctor shopping" and that it is a crime. This poster kit includes a letter from Scott Hambleton, MD, Medical Director of the Mississippi Professionals Health Program, discussing the concerns of doctor shopping. We have a limited supply of this poster available to our insureds on request.

Doctor, Are You Being Shopped?

This is a brochure of the Mississippi Bureau of Narcotics, who allowed MACM to serve in an advisory role on the risk management information. The brochure informs health care providers on how to use the Mississippi Prescription Monitoring Program as a tool to flag patients who "doctor shop". It also includes advice on when to call the Mississippi Bureau of Narcotics with statewide contact information.

As part of our mission to provide insureds with the right tools and information to better their practice, the Risk Management Department has copies of each of these pieces available to our insureds at no cost. If you would like to receive any of this information, please send an email to us at rskmgt@macm.net or call the Risk Management Department at 601.605.4882. We are glad to help you with this ever increasing issue.



Medical Students at Work

Hattiesburg Clinic Continues Support of Medical Education and Mentoring

"Our physicians always introduce their student to the patient and ask the patient for permission to allow the student to come into the exam room. We document this request and when permission is granted"

Photo above

Stephen Fletcher (3rd year – William Carey University College of Osteopathic Medicine) shadows Hattiesburg Clinic Urologist John M. Guice, MD during clinic and discusses exam results between patient encounters.

With two universities in town and a strong commitment to the Hattiesburg community, allowing medical students to work with them in their daily practice just made sense for the physicians of Hattiesburg Clinic. On any given day, students from a variety of schools and with diverse interests are working alongside a physician, a nurse practitioner, or a respiratory therapist at Hattiesburg Clinic or one of its outlying locations.

To manage the students and protect the clinic's patients, the first thing that had to be in place was a policy for guidance, rules and requirements. Hattiesburg Clinic's policy was developed through a joint effort between the Credentialing department, Human Resources and Risk Management. The policy covers medical students, residents, APRN and PA students and was put in place to outline the guidelines for the safety of both the clinic's patients and the students working there.

"The primary purpose of the policy is to ensure the privacy of the patients and to be sure Credentialing and HR have all paperwork completed before a student begins work with a physician-preceptor," Lisa Freeman, Clinic Risk Management and Compliance Officer, said. And, she suggests

having a policy in place before a student ever sets foot in a clinic area.

"You need to have all the credentialing aspects handled and you want to have a policy and contracts in place with the schools to ensure the responsibilities of the clinic and the school are outlined and understood by everyone," Freeman said.

For the medical students working at Hattiesburg Clinic, each one must complete an orientation process which includes training on the Clinic's EMR system and a tour of Forrest General Hospital for those rotations with patients in the hospital. In addition, each student must provide appropriate documentation for immunizations and screenings. Confidentiality is stressed during this orientation and is of utmost concern for the clinic, but the comfort of its patients is just as important.

"Our physicians always introduce their student to the patient and ask the patient for permission to allow the student to come into the exam room. We document this request and when permission is granted," Freeman said. "Our patients' privacy and comfort come first, but for the most part, they enjoy talking with the students as much as our students are learning from them."

For everyone involved, the experience of having students working beside their Hattiesburg Clinic preceptors has been very positive.

"It really is a benefit to everyone – provider, student, patient – involved," Freeman said.

Urology

John M. Guice, MD and Stephen Fletcher, 3rd Year William Carey University

John M. Guice, MD, a physician in the urology practice of Hattiesburg Clinic, believes that having a medical student working in clinic is a win-win for everyone involved.

"It forces me to be a little sharper; the students learn; and the patients benefit." Dr. Guice said.

Dr. Guice uses the time during the student's rotation as an introduction to urology – from reading x-rays to observing surgery and procedures to the approach of various medical problems. Currently, Dr. Guice is serving as the preceptor for Stephen Fletcher, a third year student at William Carey University.

Each day usually begins for Dr. Guice and Fletcher at Forrest General Hospital with morning rounds, followed by clinic. Fletcher shadows Dr. Guice throughout the day with Dr. Guice making a point to engage both the patient and the student.

"If a patient has a medical question that is outside of my specialty, I send the student to study the information," Dr. Guice said. "Through this process, I become more knowledgeable, the student is learning, and the patient is happy."

Between patients, the two spend time discussing presentations of patients and the management of disease, recognizing the limits of a student's abilities and knowledge.

"When taking on increased levels of responsibility, one must always recognize his or her limitations," Fletcher said. "As a student, I must always remain cautious about boundaries and know where my role as a student stops."

The greatest take away that Fletcher has already learned is that patient interaction is a true art form – that a physician treats the patient, not his or her lab results.

"No two patients are the same and each one responds differently to physician instruction," Stephen said.

Family Medicine

Robert R. Herrington, III, MD, Alex Stahura, 4th Year William Carey University, and Jessica Hollingsworth, 3rd year, University of Mississippi Medical Center

At Columbia Family Practice of Hattiesburg Clinic, Alex Stahura (fourth year William Carey University) and Jessica Hollingsworth (third year University of Mississippi Medical Center) start each day with a review of that day's schedule. Their preceptor, Robert R. Herrington, III, MD, a family medicine physician with Hattiesburg Clinic, goes through the day's patients and provides a brief synopsis and history of each. They might discuss an issue or diagnosis from the day before or just start the day, later on stopping to pursue a topic or physical finding of interest.

Dr. Herrington's philosophy is to work each student into the practice slowly, allowing them to follow him the first few days. Once the student is comfortable with how

Bridget Tah-Clayton, DO, Hattiesburg Clinic Internal Medicine, talks to a patient while Sarah Grace Epps (3rd year – William Carey University College of Osteopathic Medicine) begins the exam.

the clinic works, the students will see several patients in the morning and afternoon and have the chance to present to Dr. Herrington before he sees the same patient and evaluates how they did.

"As physicians, we have spent between 11 and 17 years in college and post-college training for our professions," Dr. Herrington said. "We spent many hours in class, lab and book study, but perhaps some of the most important learning we received was from teachers and fellow students. This is what we are emphasizing here."

"This exposure to students allows us to share what we have learned, not only in our academic career, but also in the years – decades – we have spent in the trenches," he continued.

For Hollingsworth, the value of being in a clinic cannot be measured.

"This is going to benefit me so much from seeing a wide variety of age groups and a wide variety of illnesses," she said. "I know now to listen to the patient and then to listen some more. Listening is so important to providing exceptional care."

Every patient is made aware that the Columbia Family Practice Clinic has students working with the physicians and is given the chance to have the student work with them or to opt out of the opportunity.

"My patients have, overall, been very responsive to the students," Dr. Herrington said. "If they perceive the students are genuine in their interest in both them as well as their illness, they really embrace the students and their questions and examinations. And, if the student has family ties to the community that really brings out the conversation."

Stahura agreed. "The doctors in the clinic seem genuinely excited to teach the medical students and the community has been very welcoming in allowing us to participate in their health care management."

Pediatrics

Jonathan W. Shook, MD and Syed Ahmed, 3rd Year William Carey University

Third year medical student Syed Ahmed figured out quickly during his rotation in one of Hattiesburg Clinic's pediatric clinics that kids do not like going to the doctor.

"In dealing with pediatric patients, you have to be very observant and patient," Ahmed said. "Most of the patient history comes from the parents, but by observing the child, you can also get a lot of information about their health."

Ahmed is currently on rotation with Hattiesburg Clinic pediatrician Jonathan Shook, MD, and begins each day at the clinic. While Dr. Shook is seeing patients, he allows Ahmed to see a patient on his own. As Dr. Shook makes his way to that patient's exam room, Ahmed will present the patient history and physical exam findings, as well as his ideas of what the diagnosis and treatment plan should include. From there, he goes with Dr. Shook back into the patient's room and observes the exam. Afterwards, the two discuss the patient and any important issues regarding the history, exam and options for diagnosis and treatment.

Dr. Shook believes that this method of training is different from the way that most physicians were trained in medical schools at larger academic centers, but it does offer some advantages.

"The one-on-one style of teaching allows for more interaction with the attending physician and his patients," Dr. Shook said. "It also gives the student the chance to experience how primary care is delivered in a different setting – outside of an academic center."

When Dr. Shook first considered having students in clinic with him, a concern was the amount of time that he thought it would take away from his clinical duties. However, his concern has not proven to be a significant reality. Most of the time Ahmed spends with patients is time that the patients would othewise spend in an exam room waiting for Dr. Shook while he sees other patients. And, Ahmed is able to help Dr. Shook by gathering the historical information from the patient and family which expedites Dr. Shook's time in the room.

Syed Ahmed (3rd year – William Carey University College of Osteopathic Medicine) and Jonathan Shook, MD, Pediatrician at Hattiesburg Clinic discuss a diagnosis while researching possible options on up-to-date.

Medical Students in Clinic

"Contributing to the training of our future physicians is very important and fulfilling work," Dr. Shook said. "I think physicians who are working hard to deliver high quality, evidence-based care should take the opportunity, if available, to model that delivery to our future generation of doctors."

And, as for Dr. Shook's patients? How do they feel about a student working with them? "Most families appreciate their interaction with the students and the students add another component to the teamwork that we strive to portray at our clinic," Dr. Shook said.

Internal Medicine

Bridget Tah-Clayton, DO and Sarah Grace Epps, third Year William Carey University

For Bridget Tah-Clayton, DO, it is important for every physician to give back to the practice of medicine and one way to do that is through mentoring medical students.

"These are the future physicians that are going to take care of our patients when we are not here," Dr. Tah-Clayton said. "They need to see the whole scope of a medical practice – from paperwork to EMR to holding a patient's hand and just listening. I want to give them that opportunity."

As an internal medicine physician, Dr. Tah-Clayton will see a patient as young as 18 years old and could possibly see that same patient for years.

"You become more than their physician," she said. "You are their counselor, their friend, their advisor, whatever they need as they go through life. It is important for medical students to appreciate that and learn how to interact with a patient."

Currently, Sarah Grace Epps, medical student at William Carey University's College of Osteopathic Medicine is in rotation at Hattiesburg Clinic's Internal Medicine practice working with Dr. Tah-Clayton.

Prior to a patient encounter, Dr. Tah-Clayton will decide if the patient is one that Epps can see. If so, Dr. Tah-Clayton will introduce the patient to Epps and explain that she is a student working in the clinic. She also wants to be sure that the patient is comfortable with Epps seeing them. After that introduction, Epps takes the patient history and asks questions in preparation for Dr. Tah-Clayton's time with the patient. Once Epps has had the initial conversation with the patient, she then goes back into the room with Dr. Tah-Clayton to observe her patient interaction, which usually results in additional work for her.

As part of this education, Dr. Tah-Clayton will give Epps research and homework based on the patients seen through the day, in addition to the work required of her by the school.

"After clinic, I go home to research and read about the various diagnoses and conditions we have seen," Epps said. "Dr. Tah-Clayton then goes over everything the next day after lunch before afternoon clinic begins."

For example, Epps was admittedly weak in the reading of EKGs and shared that with Dr. Tah-Clayton, who regularly does EKGs as part of her practice. Now, Dr. Tah-Clayton removes all identifying information and diagnoses from EKG's and allows Epps to review and determine the results for herself.

"Dr. Tah-Clayton really seems to enjoy having students in her practice," Epps said. "I don't want to ever be a burden to her practice and she makes me feel like I am working with her."

One benefit for Epps is the opportunity to work with different physicians through her time of rotations and get to work in different environments with a variety of practice styles.

"I worked with a physician during an earlier rotation that had a very busy practice and saw close to 60 patients each day. That was great because I saw a lot of different issues and a lot of different diagnoses," Epps said. "In Internal Medicine, I have experienced a little slower pace and a longer time spent with each patient – a totally different style. Dr. Tah-Clayton does a lot of explaining and talking to her patients. She is really good with sensitive issues, such as weight loss. From her, I have learned how to talk with patients without belittling them and how to keep a patient on track and focused. Two rotations exposed me to two totally different styles and I have learned from both."

One thing that Epps stresses to every patient she sees is that she is a student and that all medical advice has to come from the physician.

"We try and give each student a true feel for the entire scope of medicine – not just the didactic," Dr. Tah-Clayton said.

Schools with students working at Hattiesburg Clinic

William Carey University

University of Mississippi Medical Center

University of Southern Mississippi

University of Alabama at Birmingham

Pike University

Pearl River Community College

Jones Junior College

Securing the Future of Healthcare:
Students in your Practice

by Maryann Wee, RN, Director of Risk Management

As a professional in health care today, everyone has a duty to educate future health care professionals and help prepare them for the real life experience of a medical practice. This on-the-job training is an important part of all students' education and helps to prepare them for the real world.

At Medical Assurance Company of Mississippi, we regularly receive questions about the liability of having medical students working in a practice environment. And, while we do support and recognize the importance of this training, there are some risks involved. Please consider the check list of risk management strategies below to assist you and your clinic in making this a rewarding experience for everyone involved.

1. ***Know what is expected.*** What are your responsibilities as a mentor and what is to be accomplished during the student's rotation? Ask the school questions. Have a clear understanding of the professional level of student, ***i.e.***, Is the individual a student or resident? Do they have a professional license? Will you be mentoring a nursing student or medical student?, etc. What will be the student's scope of practice? Will the student just be shadowing you and your staff or have actual hands-on experience with the patients in your practice?
2. ***Have a Written Agreement.*** It is important to have all this information in a written agreement with the school. Most likely, the school will provide an affiliation agreement that will spell out the obligations of the school, the student and your clinic. The agreement should also include a provision whereby the school indemnifies you and your clinic for any act of negligence committed by the student while training at your facility.
3. ***Check Insurance Coverage.*** You should be certain that the student is covered by a policy of liability insurance by obtaining a copy from the school, including the limits carried. Also, check with your own insurance carrier to see whether your professional liability and the clinic's policies cover this activity. If the student will be doing actual hands-on practice, you should see if your insurance will cover you for that exposure.

At Medical Assurance Company of Mississippi, we regularly receive questions about the liability of having medical students working in a practice environment. And, while we do support and recognize the importance of this training, there are some risks involved.

4. ***Set Policies and a Checklist.*** Develop a short written policy of how the students will interact in your practice. The students should have a formal orientation checklist. The checklist should include a review of basic office policies, including HIPAA policies. All members of the office should be made aware of the policy and checklist and assist in the orientation.
5. ***Privacy Concerns.*** Impress upon the student the need to protect patient privacy. The best way to accomplish this is to have a confidentiality statement signed after it has been reviewed with the student. It should include a strongly-worded section on not disclosing any information on social media. The student should be cautioned not to disclose information about patients, clinic or staff. The consequences of violating this policy should also be explained and enforced, if necessary.
6. ***Identify Students.*** Identify the student clearly to your patients by means of a name tag.
7. ***Patient Interactions.*** Always verbally ask the patient's permission for the student to work with or be with them. Remember, they have the right to refuse.
8. ***Role in Documentation.*** Establish how or if the student will be entering information in the chart. Review the CMS rules on this to assure that you are in compliance, especially with medical and osteopathic students.
9. ***Cell Phones.*** Have firm rules on the use of cell phones. They should be off and in the student's pocket and under no circumstances should the student be taking photographs or videos in the clinic! Remember, you are dealing with a generation for whom the cell phone is a natural extension of their lives. They ***WILL USE IT*** inappropriately without thinking.

With some careful preparation, clear rules, and good communication, the presence of a student in your clinic should be a valuable experience for everyone involved.

MACM Office Staff Program 2014

dial M for MACM

The phone rings in the MACM Risk Management Department. A Risk Management Consultant answers the phone never knowing who or what might be on the other end of the call. Is it a physician needing advice on working with a nurse practitioner? Or, is it a clinic manager seeking advice on who can and cannot consent for a minor child. Or, is it a frantic office staff member telling us about a threatening patient?

Of the over 1,500 telephone calls and emails the staff of the Risk Management Department handles each year from our insured physicians and clinics, not one is ever considered routine. But, there are a lot of similarities!

Now is your chance to sit in on a discussion of commonly asked questions and issues posed to the MACM Risk Management Department.

Make plans now to attend the 2014 Office Staff Program to see how many other clinic and office staff have the exact same questions that you do.

City	Location	Date	Program
Natchez	Natchez Grand Hotel	02/11/14	S14-1
Greenville	Rodeway Inn	02/26/14	S14-2
Gulfport	Courtyard Beach Front	03/12/14	S14-3
Brookhaven	Poppa's Fish House	03/20/14	S14-4
Oxford	Oxford Conference Center	04/02/14	S14-5
Hattiesburg	Lake Terrace Convention Center	04/09/14	S14-6
Jackson	Belhaven Conference Center (across from MBMC)	04/29/14	S14-7
Pascagoula	SRH - Turner Heart Center Conference Room	05/07/14	S14-8
Columbus	Fairfield Inn & Suites	06/10/14	S14-9
Tupelo	Hilton Garden Inn	06/18/14	S14-10
Meridian	Anderson Regional Medical Center Auditorium	07/17/14	S14-11
Ridgeland	Copeland, Cook, Taylor & Bush Conference Center	07/24/14	S14-12

All programs are free of charge. Registration and lunch starts at **11:00 AM** and the program will begin at **11:30 AM**. Any cancellations must be received prior to the day of the program.

Cancellations the day of the program or "no-shows" will generate a $10 invoice per person to cover the cost of lunch.

Please submit one form per person.

Please indicate in which city you would like to attend the Office Staff Program: _____

First Name: _____ Last Name: _____

Designation / Title: _____ Suffix: _____ Email Address: _____

Cell Phone Number: _____ Clinic Phone Number: _____

Supervising Physician
First Name: _____

Supervising Physician
Last Name: _____

Clinic Name: _____

Clinic Address 1: _____

Clinic Address 2: _____

City: _____ State: _____ Zip: _____ Physician Specialty: _____

Registration also available online at www.macm.net!

Please email registration form to rskmgt@macm.net or fax registration form to 601.605.8849 Attention: Risk Management

Obstetrical Initiative
2013/2014

The goal of all obstetrical care is a *Healthy Mother and a Healthy Baby*. Unfortunately, when an outcome is less than perfect, an accusation of medical negligence or a "medical liability claim" may be filed.

The medical specialty of Obstetrics and Gynecology consistently leads the list in both frequency and severity of claims of all the specialties insured by Medical Assurance Company of Mississippi and for other professional liability companies as well. In response to this, MACM has a history of proactive risk management over many years, working with our insured obstetricians to identify ways to lessen risk while improving patient care.

As in the past, ongoing concerns in obstetrical claims led to a more formal response earlier this year and the MACM Board of Directors requested that an ad hoc Ob-Gyn committee be formed with the purpose of providing guidance in reducing the risks to our insureds. The committee, consisting of nine MACM-insured obstetricians and one labor and delivery nurse, met with the MACM staff on April 25, 2013, to review past efforts and suggest recommendations going forward.

Following is a list of those participating on the 2013 Ob-Gyn Ad Hoc Committee:

James N. Martin Jr., MD, Jackson, Chairman

Charles S. Carroll, DO, Jackson

Thomas J. Cobb, MD, Starkville

Barbara Davey-Sullivan, MD, Jackson

Libby Y.C. Kot, MD, Hattiesburg

Brandy Patterson MD, Tupelo

William R. Rushing, MD, Brookhaven

Missy Westmoreland, BSN, RNC-OB, Jackson

Marshall N. White, III, MD, Pascagoula

Earl T. Stubblefield, MD, Jackson, Chairman of the MACM Board

As part of this first meeting in April, an in-depth review of obstetrical cases involving deliveries revealed major problems with communication between labor and delivery room staff and obstetricians, especially in the area of communicating fetal monitoring patterns. These same communication concerns were very evident between obstetricians also.

The 2013 Ob-Gyn Ad Hoc Committee made the following recommendations.

Three-Step Plan of Action

After much discussion and review, the Ad Hoc Ob-Gyn Committee made three recommendations to the MACM Board of Directors, all of which were approved at the Board's June 7, 2013, meeting. While the recommendations are not mandatory, the Ad Hoc Ob-Gyn Committee and the MACM Risk Management staff believe they are worthy of consideration by each of our insured obstetricians.

1 Provide written educational risk management materials to MACM-insured obstetricians and to the labor and delivery staff of the hospitals where MACM insureds practice.

Accomplished by:

The MACM Risk Management Department will send out a series of informational and data-driven articles for both insured obstetricians and labor and delivery nurses. These articles will be distributed by email and print as needed from September 2013 through June 2014. Information included will cover risk management concerns and strategies to solve common problems.

Progress:

Since the meeting in April, one issue of the written educational materials has been distributed to all MACM-insured obstetricians and to the Labor and Delivery staff of the hospitals where they deliver. The next product in this series of articles is scheduled for distribution at the end of January 2014.

For any insured that is interested in this information and would like copies of the articles already distributed, please contact the Marketing Department at 601.605.4882 or wendyp@macm.net.

2 Offer the latest Fetal Monitoring Course to L&D Staff and Obstetricians.

Accomplished by:

The GE Healthcare Fetal Monitoring Course will be offered to all labor and delivery room nurses that work with MACM-insured obstetricians. This course will be available for nurses to take and will be funded by MACM on a one-time basis. In addition, we will encourage MACM obstetricians to repeat the course. For the initial phase, a pilot program involving four or five hospitals will be established. If the program is successful in these initial test hospitals, then the course would be offered to all hospitals in which MACM insured providers deliver.

Progress:

The following hospitals have participated in the pilot program or requested to be included for this part of the OB initiative and have had or will have their Labor and Delivery staff take the GE Healthcare Fetal Monitoring Course.

Baptist Health Systems
Jackson

King's Daughters Medical Center
Brookhaven

Natchez Community Hospital
Natchez

Forrest General Hospital
Hattiesburg

Southwest Mississippi Regional Medical Center
McComb

3 Offer Educational Courses Stressing Improvement of Communication to L&D Staff and Obstetricians.

Accomplished by:

MACM will coordinate two or three statewide educational programs focusing on improving communication. Key obstetrical nurses and obstetricians in each hospital would be encouraged to attend the program and take the information back to their facilities. In addition, we will develop a web-based version of this program that could be viewed on demand by all nursing and obstetrical staff.

In addition to offering the GE Healthcare Fetal Monitoring Course to the labor and delivery staff of hospitals throughout the state, MACM is willing to pay for our insureds to re-take this course as well. For physicians that would like to re-take this course, please contact Maryann Wee at 601.605.4882 or mawee@macm.net.

Crossing the Bridge to the Future of Health Care

2013 Medical Assurance Company of Mississippi Continuing Education Program

A great time was had by all – and much learning took place as well – at the Sheraton Hotel on Canal Street in New Orleans for the 2013 Medical Assurance Company of Mississippi CME program held September 13-14, 2013.

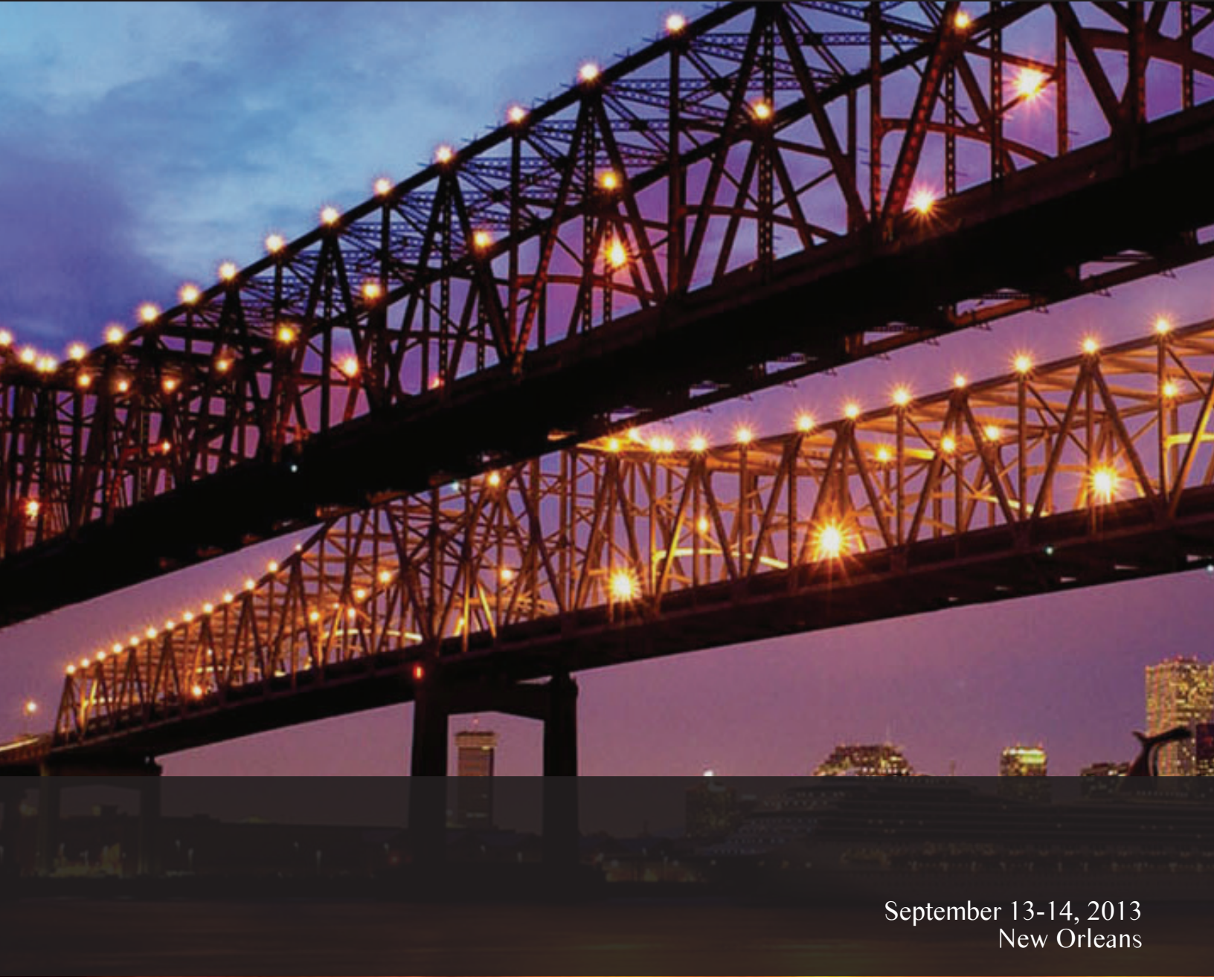
Over 250 MACM insureds and clinic representatives journeyed to the heart of New Orleans to hear nationally–recognized speakers discuss the changes occurring in health care and what can be done to ease the transition for yourself, your staff, and your patients, with the goal of reducing the risk associated with such change.

On Friday afternoon, Mary Angela Meyer, JD, a Texas attorney specializing in risk management for health care professionals, opened the meeting with an overview of current federal regulatory and legislative changes that affect a physician's practice, including how federal regulations and laws impact the delivery of health care and the daily practice of medicine. Her timely information gave attendees the chance to become familiar with policies to assist with prevention of punitive actions or compliance issues.

Following Ms. Meyer, MACM Defense Counsel Whit Johnson and Senior Risk Management Consultant Kathy Stone shared a rousing presentation of a somewhat tedious subject – Electronic Medical Records. This segment of the program highlighted potential hazards of EMR (using real examples – both good and bad) from both a legal defense and patient safety and liability perspective.

The Friday afternoon session concluded with a presentation by MACM Legal Counsel Rob Jones on the potential med-mal issues and concerns surrounding the additional products and services physicians sometimes offer their patients. Mr. Jones also addressed the use of nurse practitioners and physician assistants in a medical practice.

The next morning opened with Dr. Daniel O'Connell, a familiar face to previous MACM CME attendees. Dr. O'Connell is a



recognized speaker in medical and behavioral health and focused his presentation on the process of understanding, disclosing and resolving adverse events and outcomes. His discussion included situations with or without clear medical error and specific steps to take to increase the chance that everyone involved in an adverse situation will feel satisfied with how the situation has been managed.

The conclusion of the meeting was a panel discussion on the abuse of prescription drugs in Mississippi. The panel members included MACM Board Member and ER physician Steve Demetropoulos, MD; Director of the Mississippi Bureau of Narcotics Marshall Fisher; and Medical Director of the Mississippi Professionals Health Program Scott Hambleton, MD. With the recent publicity regarding prescription drug abuse in Mississippi, the prescribing of controlled substances for non-cancer pain is being scrutinized more than ever. The panel members discussed reasons for the increasing rate of diversion and abuse of prescription drugs and analyzed facts and fallacies of addiction as well as preventive strategies.

For those insureds who could not attend this year's meeting, a review of each of the presentations in much greater detail is included on the pages that follow in this issue of the **Risk Manager.** If you came to the 2013 CME meeting, thanks so much! The entire staff of MACM appreciates your continued support. If you were not able to make it last year, keep your eyes open for information about the 2015 meeting. Plans are to return to New Orleans for another great weekend of learning in the Big Easy!

Legislation, Litigation, and Regulation

Synopsis written by Beth Easley

Speaker: Mary Angela Meyer, J.D.

In her current practice of law, Mary Angela Meyer, JD focuses on educating health care professionals and risk management consulting.

Her main objectives during the presentation at the 2013 MACM CME were to have participants be able to:

- Evaluate potential risks before entering into an employment contract;
- Evaluate the risks of utilizing physician extenders;
- Be more knowledgeable about current federal regulatory and legislative changes that may affect their practices; and
- Be familiar with some of the federal regulations and laws that impact the delivery of health care and the daily practice of medicine.

It is estimated that the Affordable Care Act (signed into law by President Obama in March 2010) will allow for an estimated 34 million people to gain coverage for health care. Of those 34 million, about 18 million will be enrolled in Medicaid. The law redesigns care to include a team of non-physician providers such as nurse practitioners, PAs, nurse midwives, etc. So many changes are inevitable.

Areas of caution to be cognizant of when employing physician extenders include:

- Know state statutes and be compliant with them.
- Make sure MACM knows about your extenders and what they are doing because you are ultimately responsible for them.
- Be sure to delegate tasks appropriately.

A crucial trend that Ms. Meyer discussed was the fact that physicians are becoming employed by hospitals. A national survey of health care executives indicated that 74 percent of hospital leaders said they plan on employing more physicians and 70 percent said they had received requests from physician groups for employment.

Be very careful if this is something that you are considering and know that the "Devil is in the Details". You don't want to be sitting across the desk from your attorney and have him tell you, "Well, I should have looked this contract over before you signed".

Know before you sign the areas that place you at an increased risk, such as:

- Termination provisions
- Confidentiality
- Medical liability insurance provisions
- Compensation provisions
- Provisions that unjustly benefit the employer
- Non-competition clauses
- Contracts with other organizations
- Is there a due process for evaluation of your professional competence?

Yep, as Bob Dylan said, "The times they are a-changing."

Disclosing and Resolving Adverse Outcomes and Medical Errors

Synopsis written by Kathy Stone

Speaker: Daniel O'Connell, PhD.

Dr. Dan O'Connell is a clinical psychologist with a wide range of experience. He currently teaches in the residency programs at the University of Washington School of Medicine. In addition to his private practice and teaching, he also provides training and consulting services to a variety of health care organizations. Dr. O'Connell is an excellent communicator and never fails to connect with his audience, while also providing insight into other points of view.

This is exactly what he did during his presentation at the 2013 MACM CME Program. Dr. O'Connell expressed sympathy and concern for health care providers who have contributed to a medical error, especially if it resulted in patient harm. However, he deftly led the audience to a deeper understanding and empathy for the patient's and family's point-of-view when an adverse event affects them.

Dr. O'Connell first explained the expectation of health care providers to be honest and forthright with themselves, their colleagues, and the patient and family members in the aftermath of an adverse event which caused harm. He described in detail how best to communicate an adverse event to the patient and family. While an honest accounting of the event must be given, the provider should not make assumptions as to the cause or contributing factors until an investigation has clarified them.

Following an in-depth investigation, the provider and any other stakeholders should meet with the family in a timely manner and share all of the facts learned during the investigation. If harm has been caused, a plan to prevent a recurrence should have been developed and the information offered during the conversation with the patient and family. If appropriate, the patient should be offered some recompense for harm, the least of which would be to provide on-going excellent medical care of the patient related to the error.

Dr. O'Connell explained that the investigation into any adverse event should search for all contributing factors rather than looking for where to place blame. "The word *blame* does not belong in health care," he said. "But, *contributions* does." There may be numerous contributing factors which led a health care provider to act in an improper manner that resulted in an adverse outcome. It is not appropriate to blame or shame a provider for an error in judgment or a mistake.

Becky Wells with the Mississippi State Medical Association updates a physician about the recent work of the organization.

Daniel O'Connell, PhD

Left to Right: Marshall Fisher, Director of the Mississippi Bureau of Narcotics; Earl T. Stubblefield, MD, Chairman of the Board; Maryann Wee, RN, Director of Risk Management.

Electronic Medical Records: Vulnerabilities and Defenses

Synopsis written by Anne Everett

Speakers: Whitman B. Johnson, III and Kathy Stone, RN, BSN

Maryann Wee worked the registration desk and welcomed insureds to the CME meeting.

MACM Insurance Services was on hand to talk with physicians about the products offered by the agency.

Program speaker Mary Angela Meyer, JD

Are you aware of the vulnerabilities and defenses of the Electronic Medical Records (EMRs) system used in your clinic? Information to help answer this question, plus much more on areas of potential liability regarding EMRs, was presented by MACM Defense Counsel Whit Johnson, JD and Senior Risk Management Consultant Kathy Stone, RN, BSN at the 13th annual Continuing Medical Education Program held in New Orleans.

Some areas of potential liability discussed with participants regarding EMRs included metadata and legal discovery, documentation, EMR policies, safety-related issues, and mobile devices/e-communication. A good example of metadata provided during the presentation was the date dictated and date transcribed on an operative note. According to Mr. Johnson, this information does not change the substance of the operative note. However, it could impact the believability of the information listed in the operative note if the physician was late dictating the operative note.

In regard to documentation, each participant was urged to closely examine their respective EMR system to note if the system is actually documenting what you think it should be. In addition, participants were shown several examples of copy and paste or carry-over (cloning) of notes in the EMR. Cloning has been determined to produce a lot of meaningless information, which makes it difficult for clinicians to find the information they need. To help with managing risks, strong policies for EMR transition and subsequent use should be developed. According to Ms. Stone, research has shown that the dual use of paper charts with EMR creates a dangerous situation and requires double and triple work from staff to keep both systems up. Also, clinicians need to keep in mind that staff will need to be trained on EMR privacy issues and records requests.

As far as patient safety-related issues, participants learned there is a real danger in that clinicians may grow tired from the numerous alerts/clinical guidelines popping up possibly preventing them from completing their documentation in the high-pressure, time-sensitive clinical environments present in today's health care. If possible, clinicians should limit alerts and clinical guidelines to those that are most applicable to their practice setting to help with this issue. Failure of the physician to abide by clinical guidelines or respond to alerts provided in EMR may be a key piece of evidence in a malpractice claim. Participants were also encouraged to take note of the many types of mobile devices used in health care. One of the most important points discussed regarding mobile devices was that all communication from mobile phones should be integrated into the EMR.

In conclusion, the main point Ms. Stone wanted participants to take away from the presentation was to be mindful of what you are doing with EMRs in terms of what you are documenting. Mr. Johnson's message to clinicians was that the best thing he has to prove to a jury that you are a conscientious doctor who cares about your patient is your "contemporaneous documentation." According to Mr. Johnson, if you accurately document your findings and thought process, the case can usually be defended. But, if your "documentation is sloppy, inconsistent or contradictory, the jury will believe your care was sloppy, inconsistent or contradictory too, and question your believability." Clinicians should keep in mind that EMRs are not the panacea to health care, but one of many tools that when used efficiently help improve the quality of patient care.

Trends in Medical Practice and Other Stuff

Synopsis written by Maryann Wee

Speaker: Robert M. Jones, JD

Every day, the MACM Risk Management Department receives phone calls and emails from insureds. These conversations usually begin with "What do I do if...?" At the 2013 CME program, MACM Legal Counsel Rob Jones took these most asked questions and elaborated on the answers. His presentation was based on the problems and concerns faced each day by our insureds and how the MACM Risk Management staff handles these inquiries.

Withdrawal from Care

This is a process which needs to be well handled to avoid the allegation of abandonment of the patient. It is important to realize that Withdrawal from Care is a process in which the physician must take both an active and lead role. Key points to remember about the process are:

- Exhaust communication with the patient and the family. Give the patient options face-to-face — unless the patient threatens violence or has committed a criminal act.
- Document discussion in medical record.
- Send a letter — both certified and regular mail — with timeline until withdrawing from care. In the letter, cite the reason for withdrawal and an explanation of risk if patient fails to seek medical care for his or her medical problems.

Jackie Parker and Lisa Freeman with Hattiesburg Clinic visit during a break

- Establish and enforce a clinic policy, but be flexible, to accommodate clinical exceptions.

Students in your Practice

It is important to accommodate students in your practice for the future of health care but remember to:

- Have a written agreement with the school and confirm the liability coverage of both the student and your policy.
- Define what the role of practice of the student will be in your clinic, whether shadowing or hands-on and what your supervisory role will be.
- Have a written policy and orientation for the student which includes confidentiality concerns.

Telemedicine, Websites, Advertising

When using these technologies and methods of communication, be sure you know the Mississippi Board of Medical Licensure regulations and any other applicable laws and regulations. If you are engaged in telemedicine out of state, you may be subject to other state's rules.

Both in advertising and in use of the social media keep the content and your relationship with the users professional. Take steps to maintain the patient's privacy. Have a written policy that covers both your physicians' and employees' use of social media and enforce it.

Nurse Practitioners

Know the current rules and regulations for both the medical and nursing boards. Be sure that your collaboration with the nurse practitioner is within your scope of practice. For example: if you are a general internal medicine physician, you cannot collaborate with a family medicine nurse practitioner who will be seeing pediatric patients.

Most importantly remember that both advanced practice nurses and physicians are facing the same liability challenges. It is important to work together to provide good patient care, communicate with the patient and other health care professionals. And document accurately and fully in the medical record, including discussions with the patient and their families.

Representatives of the Mississippi Board of Pharmacy were available to answer questions about the Prescription Monitoring Program.

Perspectives on Prescription Drug Abuse in Mississippi:
A Panel Discussion

Synopsis written by Judy Cleveland

Speakers: Steve Demetropoulos, MD; Scott Hambleton, MD; and Marshall Fisher

In 2013, Mississippi physicians learned that if they have a DEA number, it is mandatory that they register for the Prescription Monitoring Program (PMP). They have also been told that they now must have five hours of CME addressing prescribing of controlled drugs as part of their CME requirement for licensure. So why is this happening, why all the new rules?

In an effort to address this, we presented a Prescription Drug Panel that was comprised of Marshall Fisher, the Director of the Mississippi Bureau of Narcotics, Scott Hambleton, MD, Medical Director of the Mississippi Professionals Health Program, and Steve Demetropoulos, MD, immediate past president of Mississippi State Medical Association and an Emergency Room Physician. The panel covered multiple topics and following are some of the highlights.

Director Fisher started the program by pointing out that in 2012 the number of diverted pharmaceuticals cases surpassed cocaine and methamphetamine cases for the first time in Mississippi. Also in 2012, 95 percent of all reported overdose deaths were a direct result of pharmaceuticals and only 5 percent had some amount of illegal drugs detected at autopsy.

Dr. Hambleton talked about the fact that even though opioids are now routinely prescribed by many for chronic, non-terminal pain, they have never been proven as safe or effective for this kind of pain, and over 25 percent of chronic pain patients on opioids become addicted. He expounded on this by sharing the International Narcotics Control Board 2011 Report that showed that, while the United States represents 5.2 percent of the world's population, we consume 55 percent of all morphine, 56 percent of all hydromorphone, 80 percent of all oxycodone, and 99 percent of all hydrocodone.

So, what can providers do in response to this problem?

Dr. Demetropoulos shared how Singing River Hospital System (SRHS) is responding to this situation. They have developed a clearly worded policy that is posted throughout their facilities that states how controlled drugs will be handled in any SRSH facility. If a "problem patient" presents in the Emergency Department, physicians can point out that they have a policy that governs how this is done and that they will not deviate from the policy. Dr. Demetropoulos encouraged interested physicians to contact SRHS to obtain a copy of this policy.

Dr. Hambleton explained physicians should obtain an appropriate medical history, conduct a physical examination consistent with the nature of the complaint, formulate a diagnosis and treatment plan, and fully document all of this in their record. Physicians should not prescribe controlled substances when the physician knows or should know that the patient is an addict.

All agreed a "red flag" should go up any time a patient refuses non-addictive alternatives, wants to be allowed to name or choose their desired drug, presents with specific knowledge of a drug such as dosages and quantities, or refuses to be examined/refuses diagnostic testing. These are just a few behaviors of drug seeking patients. The physician has every right to say "no".

The panelists agreed that use of the Prescription Monitoring Program is a must whenever controlled drugs are being prescribed. If significant information is discovered as a result of checking the PMP, then this information can be included in the patient's chart. If a physician chooses to prescribe medications for ADD/ADHD, then he needs to follow the guidelines set out by the American Academy of Family Practice. These guidelines have been adopted by the American Academy of Pediatrics.

Finally, any suspicion of diversion of controlled medications or ADD/ADHD medications should be reported to law enforcement.

Cardiology Associates of North Mississippi

Communicating with Patients and the Community

For Cardiology Associates of North Mississippi (CANM), communicating with their patients is important, but confidentiality while communicating is critical. As the clinic has expanded into more and more communication and promotion, the governing policies have been updated to include strict confidentiality sections.

"We have several policies for employees regarding communication," Debbie Adams, Compliance Analyst for CANM, said. "And, each policy stresses the need for utmost confidentiality when it comes to interaction with our patients."

For the past several years, the staff of CANM had sensed that their patients wanted more ease in their communications with the clinic and the use of a patient portal provides just that.

"We strive to meet the needs of our patients," Lisa Henry, Communications and Facility Manager for CANM, said. "So many in this generation expect a web presence that we recently revamped our existing website (www.canm.com) and added a Facebook site a few years ago that became very active this year."

With a goal of community building in mind, the physicians and staff wanted to offer information that their patients would appreciate and use, while offering a more flexible method of interaction. Eddie Barber, CEO, and the Medical Board (comprised of physicians at the clinic) have had a strong interest in marketing for the past year to promote new services, including a vein clinic and preventative care product, offered by the physicians. These new services have been promoted through television and print advertising, banner ads on community news sources, mobile apps, and the CANM website. Cardiologist Barry Bertolet, MD serves as the Clinic's advocate for marketing efforts.

The clinic's website serves as a primary communication for general information – office locations, information on each provider, and services offered. The website allows anyone (patients and non-patients) to make an inquiry of the clinic or an outside provider can submit a referral request.

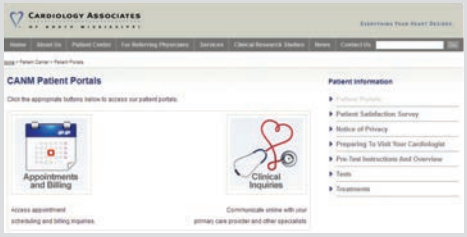
In addition to general information about the physicians and the clinics, a CANM patient uses the website to access two patient portals – one designed for appointment requests, change of address or billing questions and the other designed specifically for clinical issues, such as lab results or refill requests. A patient can also make payments through a portal on the website.

"The patient portal is a great communication tool and allows our staff to manage their time more effectively," Henry said. "The portals reduce the number of phone calls, but more importantly provide a paper trail of documentation between our patients and our staff."

A community presence and promotion of activities within the clinic are just a couple of the uses of the clinic's Facebook site. Through Facebook, Henry and her staff can post announcements of community activities, health fairs that physicians are participating in, or simply just an award that a physician received – anything to make a patient's interaction with CANM more personal and to get information to the North Mississippi area.

Another way that Facebook is used is to simply drive more people to the CANM website. When one of the cardiologists participates in clinical research that receives coverage in a news release from North Mississippi Medical Center, Henry will repost that news release to the CANM Facebook site with a link back to additional information on the CANM website.

Feedback from these communication efforts has been extremely positive from the patients, and plans are to continue learning what the patients need and making their interactions with everyone at CANM a great experience.



...a CANM patient uses the website to access two patient portals – one designed for appointment requests, change of address or billing questions and the other designed specifically for clinical issues...

Through Facebook, the CANM staff can post announcements of community activities...

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MSBML Weight Loss Requirements

Regarding Prescribing Weight Control Medications and Operating Weight Loss Clinics

by Beth Easley, RHIA – Sr, Risk Mgt. Consultant

In July 2013, the Mississippi State Board of Medical Licensure made changes to Part 2640, Chapter 1 of the Administrative Code, specifically the rules pertaining to prescribing, administering, and dispensing of medication (Rule 1.2 and Rule 1.5).

Medical Assurance Company of Mississippi has specific underwriting requirements for a physician to be insured to provide direct care in a weight loss program. With those underwriting requirements and recent changes in the regulations – both in the area of prescribing weight control medications and operating a weight loss clinic – consider the following if you are insured to practice in the area of weight loss.

Focus points of the MSMBL regulations for Bariatric Medicine and/or Weight Loss Clinics:

- Defines a weight loss clinic.
- Requires registering the clinic with MSBML and obtaining a certificate.
- Explains CME requirements for the physician operating or collaborating with a nurse practitioner and/or a physician assistant in a weight loss clinic
- Explains how the regulations apply to a medical spa facility.

Focus points of the MSMBL regulations for Prescribing Diet Medications:

- Defines which patients can be prescribed weight loss medication, including contraindications.
- Explains how diet medications can be prescribed, including controlled substance anorectics in Schedules III, IV and V.
- Stresses monitoring of patients on the medications, including what must be documented in the medical record.
- Prohibits the off-label use of any medication for weight loss that is not FDA approved.

The full copy of the rules and regulations can be accessed by going to the Mississippi State Board of Medical Licensure's website at www.msbml.ms.gov. Click on the Rules, Laws & Policies tab on the left and then on Administrative Rules. Scroll to page 98 "Rule 1.5 Use of Diet Medication" and Rule 1.6 Bariatric Medicine/Medical Weight Loss Clinics. In addition, the MACM Risk Management Department recently emailed to all insureds and clinic managers a *Risk Manager Alert* with the complete version of Rule 1.5 and Rule 1.6. If you would like a copy of that "Alert", please email the Department at rskmgt@macm.net.