

# THE MONITOR



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A MESSAGE FROM THE PRESIDENT & CHIEF EXECUTIVE OFFICER

# MACM IS WORKING TO PROTECT YOU

By: Robert M. Jones



Twenty years ago, a significant piece of legislation dubbed Tort Reform changed the landscape of the legal environment in Mississippi, making our state a better place to practice medicine. Ever since, MACM has been intentional about being certain that Tort Reform remains in place, and we keep a fair and balanced Supreme Court. We accomplish this by means of the Mississippi Physicians Political Action Committee (MPPAC) and the MACM Government Relations Committee as described below.

### **MISSISSIPPI PHYSICIANS POLITICAL ACTION COMMITTEE**

The Mississippi Physicians Political Action Committee is funded by MACM physicians and is the only PAC in Mississippi created for the sole purpose of protecting Tort Reform and maintaining a fair civil justice system in Mississippi. MPPAC is one of the most significant contributors to legislators, statewide officials and judges in Mississippi. See the opportunity to support and contribute to MPPAC on page 5.

### **MACM GOVERNMENT RELATIONS COMMITTEE**

The MACM Government Relations Committee was created to broaden decision making regarding political matters and to involve MACM staff in interaction with key political figures in Mississippi. The Committee consists of Rob Jones, President & CEO, Stephanie Edgar, General Counsel, Kevin Fuller, Vice-President Underwriting and Marketing, Keith Westbrook, Vice-President Claims and Dr. Gerry Ann Houston, Medical Director. The Committee meets regularly to discuss Mississippi legislative, executive, and judicial developments, as well as proposed contributions by MPPAC.

### **RETAINS LOBBYISTS**

The Committee retains lobbyists year-round to assist and advise the Committee on many of its activities and expenditures. The lobbyists were central to MACM's successful effort to pass the Mississippi COVID Immunity Law in 2020. Every year they are called upon to insure that proposed legislation harmful to physicians does not become law.

### **ATTENDS EVENTS FOR LEGISLATORS, STATEWIDE OFFICIALS, AND JUDGES**

When making campaign contributions to legislators, statewide officials, and judges, the MACM Government Relations Committee decided that members of the Com-

mittee should personally develop relationships with public officials. Since then, members of the Committee have been attending fundraising events whenever possible and meeting with public officials, often with the MPPAC lobbyists. Members of the Committee regularly interact with key political figures in Mississippi so that the interests of MACM and its insured physicians are well represented.

### **INFORMS AND EDUCATES MACM INSUREDS ABOUT ELECTIONS**

During elections, the Committee educates MACM physicians, staff and clinic managers about the candidates supported by MPPAC and encourages them to support these candidates. The Committee communicates by email and produces newsletters for mailing to MACM insureds to let them know the candidates MPPAC has endorsed and the reasons why.

### **MONITORS LEGISLATION AND APPELLATE COURT DECISIONS**

During sessions of the Mississippi Legislature, MACM General Counsel Stephanie Edgar reviews every bill filed in the Legislature to determine if it could affect MACM or its insured physicians. When a bill is identified, the Committee determines how to respond to the bill in coordination with MPPAC's lobbyist. Throughout the year, Mrs. Edgar also reviews every decision of the Mississippi Supreme Court and Court of Appeals looking for decisions that affect MACM or its insured physicians. She is certain that MACM Claims Representatives and Defense Counsel are aware of significant decisions.

MACM was founded for the purpose of providing physicians with sound insurance protection and related services at the most affordable cost. MACM Management knows that we must be ever vigilant as MACM continues its 46 years of service and commitment to Mississippi physicians.

*Continued on page 5*

## HOUSTON'S HANDOFFS

# CASE STUDY

# WHO IS RESPONSIBLE?

By Gerry Ann Houston, MD, Medical Director

### CASE 1

While jogging, a 56 year old male was struck by a motor vehicle. He was taken to the ED where CT abdomen report stated the following: "1. No post traumatic abnormalities to the chest are identified; 2. There is a 1 cm mass in the RLL and FOLLOW UP WILL BE NECESSARY; 3. A large, ill-defined area of increased density at the right side of the abdomen, which involves the small bowel, is noted; 4. The findings have been discussed with the ED physician.

The ED physician consulted the on call general surgeon who took the patient to surgery. He found an area of devascularization in the distal ileum with active bleeding from the mesentery. After controlling the bleeding, the devascularized portion of the ileum was resected. The general surgeon's partner discharged the patient home 4 days later. The patient was seen for follow up by the surgeon 3 times with the last visit 6 months after the surgery.

Some 3 ½ years later, the patient was seen by his primary care physician for SOB, wheezing, and hemoptysis. CT chest showed a 6 cm mass in the RLL. Workup revealed an adenocarcinoma with pleural invasion. He died later from metastatic lung cancer.

A lawsuit was filed against the hospital, the ED physician, and the surgeon alleging a deviation from the standard of care for failing to advise the patient of the lung nodule and failing to arrange follow up.

The suit was resolved through a compromise settlement.



### CASE 2

A 54 year old male with history of coronary artery disease was admitted to the hospital for a cardiac cath. A chest x-ray that was ordered precath, but not done until after the cath, reported an "irregular density over the left mid chest and could represent infiltrate or mass. CT will ultimately be necessary to further evaluate." After the cath the patient was sent home without anyone mentioning the chest x-ray finding. He continued to follow up with his cardiologist on a regular basis.

Over 2 years later, the patient presented to the ED with SOB and coughing. CT chest showed a 3 cm mass in the LUL. Further workup found him to have metastatic adenocarcinoma of the lung. Chemotherapy was initiated, but he died a year later.

A lawsuit was filed against the hospital, the cardiologist, and the radiologist. The allegation against the radiologist was that he failed to contact the cardiologist and make him aware of the chest x-ray findings. By not notifying the cardiologist, no additional studies were obtained leading to a delay in the diagnosis and treatment of his cancer at an earlier, more curable stage.

The lawsuit against the radiologist was resolved through a compromise settlement (The cardiologist was insured by another carrier).

With these 2 cases, one has to ask who is responsible for making sure that the abnormal chest ray is followed up correctly and in a timely fashion. Is the burden on the physician who orders the radiographic study, the radiologist who interprets the study, the surgeon who operates on the patient, or do all physicians have liability?

In the first case, the radiologist was not named in the lawsuit as he followed the “American College of Radiology Practice Parameter for Communication of Diagnostic Imaging Findings” by personally contacting the ordering physician, notifying him of the abnormal finding, and documenting this in his report. In the second case, the radiologist did not talk with the cardiologist when the chest x-ray was abnormal. And in both cases, no one addressed the abnormal findings when the patient came back for follow up appointments.

The American Academy of Radiology (ACR) defines certain situations when nonroutine communication should be provided to the ordering physician. This can be in person or by a phone call to the physician/health care provider or designee. If the physician or provider is unavailable, consideration should be given to contacting the patient directly to convey results. The ACR situation that fits the missed findings on the 2 chest rays is “findings that the interpreting physician reasonably believes are significant and unexpected, may have a reasonable probability of impacting the patient’s health, and may not require immediate attention but, if not acted on, may worsen over time and likely result in an adverse patient outcome.”

In both cases, the patients’ health was affected by not having any one address the chest x ray abnormalities that were in fact early cancers. Assuming that the radiologist informs the ordering physician of the suspicious findings, how can one be assured that appropriate follow up will be done? Hospitals, physician offices, and other health care facilities must develop and implement policies and procedures to track and follow up radiologic testing and lab work. Documentation in the medical record of communication with other providers and patients is also essential.

The electronic medical record in the hospital, imaging center, or provider’s office should have the necessary functionality to flag abnormal results and track the follow up once it is initiated.

Now with the utilization of the patient portal, the ACR recommends that all imaging reports be made readily available to the patient. My hope is that the patient is notified by his provider of any suspicious findings before he goes to his portal and sees a report that is not good news.

If a patient has an untoward event, plaintiff attorneys seem to think that there is always someone to blame. Even though the ACR guidelines state that they are not intended to establish a legal standard of care, they are many times used in this fashion. The responsibility of following up on a report does not end with the radiologist but may often involve other physicians as well. With good follow up procedures in place, the plaintiff attorneys and courts do not have to decide who is responsible when there is an unfortunate outcome.

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MPPAC needs your support. We ask that you contribute to MPPAC in one of these ways:

1. By writing a check to “Mississippi Physicians Political Action Committee” and mailing it to 404 West Parkway Place, Ridgeland, MS 39157.
2. Through Venmo at MSPhysiciansPAC, or <https://account.venmo.com/u/MSPhysiciansPAC>, or by using QR code on the right of the page.

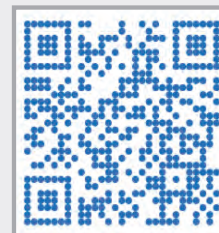
To confirm, the last four digits of the phone number for MPPAC’s Venmo account are 4882.



*Robert M. Jones*

**Robert M. Jones**  
President and Chief Executive Officer

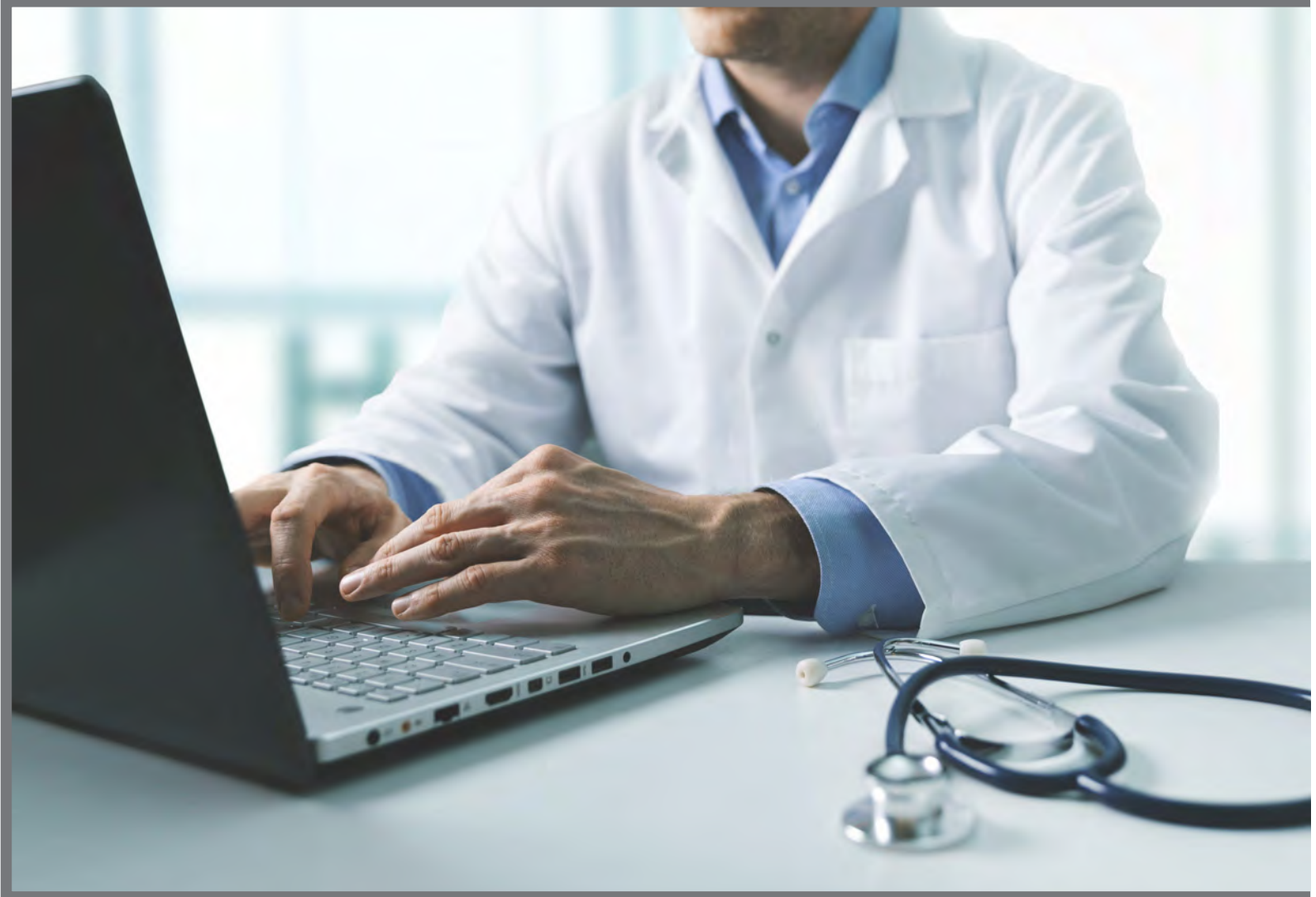
**Scan to open  
Venmo and pay**



# MEDICAL INTERACTIVE

MACM is working with Medical Interactive, a national provider of risk management and patient safety education, to provide our physician insureds access to free online CME and MOC credits. Medical Interactive has a series of courses that meet the requirements of Mississippi's five hours for prescribing controlled substance education. The Medical Interactive CME courses have been approved by 17 medical boards for MOC points.

OVER 200 FREE ONLINE CME COURSES NOW AVAILABLE TO MACM PHYSICIANS



Medical Interactive has many options available that qualify for the one time eight-hour training requirement for all DEA registered practitioners. You can find several topics related to the treatment and management of patients with opioid or other substance use disorders including the “Controlled Substances Series: Mississippi License Renewals” for a total of 5 hours.

## ONLINE LIBRARY TOPICS INCLUDE:

- DEA/MATE Act Courses
- Controlled Substances
- Diagnostic Error
- Documentation
- Medical, Legal, & Ethics
- Perinatal
- Practice Management
- Professional Interaction
- Provider Burnout
- Quality Improvement
- Risk & Claims
- Regulatory & Compliance

### Steps to access the online CME:

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

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

## SPOTLIGHTING OUR PHYSICIANS

# PERRY WALTON, M.D.

EMPOWERING TEACHERS, FIRST RESPONDERS, AND OTHERS TO SAVE LIVES THROUGH CITIZENAID.

By: Kim Mathis, Director of Marketing



DR. PERRY WALTON IS THE CURRENT REGIONAL MEDICAL OFFICER FOR OPTUM'S VALUED-BASED IN-HOME MEDICAL GROUP, LANDMARK HEALTH. PRIOR TO THAT HE WAS AN EMERGENCY ROOM PHYSICIAN WITH SINGING RIVER HOSPITAL, A FORMER FLIGHT MEDIC IN THE U.S. ARMY, AND AN ACTIVE MEMBER OF TWO SWAT TEAMS. THROUGH THESE EXPERIENCES HE HAS SEEN FIRST-HAND HOW IMPORTANT BASIC TRAUMA CARE CAN BE FOR IMPROVING OUTCOMES IN TIMES OF DISASTER.

"Medical professionals can only get to an emergency so quickly, and as a result there will always be a lapse in time between the point of injury and access to professional treatment. The military has a program that trains non-medics on how to render simple care until a medical professional arrives."

Dr. Walton volunteers his time with **citizenAID™**, a company that trains, educates and provides equipment to teachers, first responders, stadium workers and others who are involved with or come upon a major incident. **citizenAID™** offers an online course that will help you to save lives by learning what to do at a shooting, stabbing, bombing or vehicle accident. Once you have taken the online class,

there is a Public Treatment Kit that you can use. These kits can mount to a wall or simply be carried in your car, backpack, or at your desk at work. The goal is to make it very easy for anyone to use the kit and stop the bleeding. The kit contains a tourniquet, gauze, scissors, instruction card blanket, gloves, wound pressure dressing, mylar blanket, and towelettes. Everything is numbered in order of use to make it very easy to use.

Through this program the preventable death rate on the battlefield has decreased by approximately twenty-five percent. **citizenAID™** has taken this program and contextualized it into a program for everyday citizens.

"Not only am I a veteran, a doctor, and a SWAT team member, I'm also a dad. I don't need to tell you that my kids' safety is my number one concern, I have peace of mind dropping them off at a school that's well equipped with **citizenAID™** Public Treatment Kits and trained teachers." More than 800 teachers and staff have been trained district-wide.

"If I can help get other kids' teachers trained and their schools equipped to deal with the unforeseeable, I will."

"That's why I've joined **citizenAID™** North America: To get training into our schools, businesses, and stadiums to make sure every possible life can be saved in an act of violence or natural disaster."

I could tell from talking with Dr. Walton that this is a true passion for him. His goal is to educate and train all teachers in the State of Mississippi, to have kits on every bus and in every school. **citizenAID™** donates a class to teach for every class purchased by the public.

Dr. Walton goes on to say, "Many people across the country have prepared themselves to know what to do when someone collapses with a heart attack. But being able to act effectively after serious injury from an accident or an intentional act requires different knowledge and skills."

There are many people alive today because of the actions of "citizen responders." In the first crucial minutes following an incident, before emergency services arrive, simple actions like opening an airway or stopping bleeding, have been vital in saving people's lives.

***"citizenAID™ is passionate about empowering people so that they have the skills to help in the unlikely event they are caught up in a traumatic incident."***

When there is a catastrophic event, whether it's an intentional act, an accident, or a natural disaster, the initial priority will be public safety. This can delay the time before first responders are able to reach the injured. **citizenAID™** enables the general public to be effective in these situations before EMTs and paramedics are available to provide professional medical support.

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*Top photo: Dr. Perry Walton as SWAT team medic  
Bottom photo: Dr. Perry Walton and his two daughters*

# macm<sup>®</sup>PREP

PHYSICIAN RECRUITMENT & EDUCATION PROGRAM



## LET US HELP YOU CONNECT!

If you are currently recruiting for physician positions in your clinic, let us know - we can help you connect with potential candidates.

We can help you use your partnership with MACM, including the Physician Equity Account, as a recruiting tool.

## WHAT IS MACM PREP?

**macm**<sup>®</sup>PREP is a free program developed to help connect MACM insured clinics with residents from over a dozen training programs throughout the southeast. The goal for the program is to help keep talented and skilled physicians in the state of Mississippi.



**FREE**  
FOR MACM INSURED



**CONNECT**  
WITH QUALITY CANDIDATES

### Contact Us

Contact **Kim Mathis, Director of Marketing**, when you have a physician job opportunity in your clinic.

(601) 605-4882 or [kimm@macm.net](mailto:kimm@macm.net)

**MACM will not be screening any candidates, only making connections between clinics and physicians.**

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**citizenAID™** is a simple, logical system of immediate actions, designed to guide the public to react safely, to pass effective messages to first-responders, to prioritize the injured, and to give life-saving first aid. This combination of effective organization and immediate treatment will save lives. This is done through online training and access to the kit. The bleeding control equipment consists of step-by-step instructions. Ninety five percent of the general public can use this kit in real time.

The fundamental resources of **citizenAID™** are available to the whole public, and are free to access and use. Additional optional training is available for those who work in jobs where there is a perceived higher threat or increased likelihood of encountering multiple casualties.

“We’re committed to our mission to save lives and have set an ambitious goal of training one million teachers to help achieve it.”



**citizenAID™** has three simple steps to ensure you are prepared for an incident

## 1. GET THE FREE LIFESAVING APP

Ensure you have an easily available guide to save a life. Get the free ‘STOP The Bleed’, **citizenAID™** App from either Google Play or Apple iTunes.

[Learn More](#)



## 2. GET LIFESAVING TRAINING NOW

Take a short, inexpensive, yet invaluable, online course guided by the best safety experts and doctors in America. Buy one; give one. For every course purchased, WE TRAIN A TEACHER FOR FREE!

[Learn More](#)



## 3. GET A LIFESAVING KIT NOW

We can ensure that your home, school, workplace and house of worship have easily accessible lifesaving kits. There is no reason your entire community should not be prepared.

[Learn More](#)



Medical Assurance Company of Mississippi  
404 West Parkway Place  
Ridgeland, Mississippi 39157

601.605.4882 | 800.325.4172  
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## MACM WELCOMES NEW EMPLOYEES



### Wendy Biggs

Wendy Biggs joined MACM in November 2022. She is from Crystal Springs and now resides in Ridgeland. She graduated from the University of Memphis and has one daughter who is married. Wendy attends Madison Heights Church and is a

member of the host committee. She has worked for many years in the life insurance brokerage business, and is now excited to be working at MACM as an Account Manager.



### Kim Martin

Kim Martin joined MACM in January 2023. Kim has gained nursing experience in a variety of settings over the past 27 years, including inpatient care, outpatient procedures, clinic, and ambulatory surgery center. Most recently, Kim

served as the Patient Advocate for a large medical practice. Through this work, she focused on patient satisfaction along with the evaluation of processes, policies, and procedures; all of which helped reduce risk to the practice.



### Joly Fields

Joly Fields joined MACM in July 2022. Joly grew up in southwest Mississippi and is a graduate of Ole Miss, where she was a diamond girl and member of Chi Omega sorority. Prior to coming to MACM, Joly worked in Human Resources, as well as staffing healthcare workers on travel assignments nationally. She has lived in Madi-

son for fourteen years with her two sons and daughter, who attend Madison Central, Madison Middle, and Madison Station schools. They are members of Broadmoor Baptist Church, and love supporting the Jaguars and the Ole Miss Rebels at different events.