Do you remember the survey you completed in the late summer and fall of last year? Well, you should, as you did an excellent job in responding to our inquiries. Some of the answers we expected and some were opposite of what our conventional wisdom predicted. We distributed the survey to all our insureds and 47 percent responded; no surprise to us in Risk Management, as our physicians have always helped us in our surveys. Congratulations and thank you! So, what about the results?

First of all, the majority of responders (68 percent) indicated that they had never attended one of our Annual CME programs in the nine years prior. Less than 1 percent stated that they had attended five or more of the programs. Seventy-six percent cited “Work Schedule” as the main obstacle to attendance, followed by “Prefer Specialty Seminars” (27 percent), “Travel Distance” (25 percent), and “Program Content Not Interesting” (8 percent).

The number one preference for obtaining CME credit (all responders) was “Specialty Organization” (35 percent), with “One Off-Site Seminar with Multiple Credits” being a close second (31 percent). “Multiple Local Evening Seminars” (10 percent) was the least preferred (an interesting finding, given that the most prevalent reasons cited for non-attendance were work schedule and travel distance (third)). Of those physicians who had attended our programs, the most preferred method of receiving CME was “One Off-Site Seminar with Multiple Credits” (38 percent), with “Specialty Organization” (32 percent) being number two. “In-house Staff Seminar” (10 percent) was least preferred. Of those who had never attended our programs, rankings mirrored those of the entire group (see above), “Online Education” was ranked third in all categories.

So, where are we? The MACM Continuing Education Committee reviewed these findings and brainstormed for 2008 and beyond. The first issue to approach was the 2008 Annual Program. Although the attendees of our programs consistently rated each year’s program as excellent to outstanding, attendance numbers have dropped in the past few years. This fact, coupled with the survey results (and some ideas for future programs) led the CME Committee to recommend that MACM not offer the fall Jackson-based CME program for 2008. We appreciate that, for some of you, this will be a disappointment. We are grateful to those who have consistently attended the fall session, and we hope to plan an even better offering for early 2009.

Other thoughts include development of MACM online programs, partnering with specialty organizations (with your help), and offering our programs to your hospitals for your regular in-hospital medical staff programs.

We appreciate your help in the survey, and ask your understanding while we strive to provide you with meaningful risk management continuing education at a time, place, and medium most suitable to your learning needs and preferences.
Be ignorant of recent developments in medicine and speak irresponsibly to patients and referring physicians and you will become involved with lawyers (plaintiff and/or defense).

We have numerous cases where it is evident that an off-hand remark by a physician, who is quoting outdated information, leads to a lawsuit. MACM Risk Management surveys also find cases in which the physician totally ignores the information in the history or, worse yet, has no idea of the risks involved in treating a patient with an unusual disease and taking unusual medicines.

Example: A woman who has smoked for years is found to have pulmonary fibrosis (diffuse). She had a lumpectomy for breast cancer in 2003 and received chemotherapy and radiation. Her primary care physician mentions to her that radiation can cause pulmonary fibrosis. He does not recognize the advances in radiation therapy that have occurred in the past 30 years nor does he explain that this is a local phenomenon when it does occur. Granted, he does not grasp that this patient wants to blame someone else for her problems and is desperate to do so. The developing disagreement is not all the physician’s doing, but the resolution of the misinformation requires a great deal of time and money and aggravation. Please use your knowledge and words carefully. They can be used for good...to relieve suffering and comfort the sick.

Example: A patient is seen by a primary care physician and, in the history (taken by the nurse), note is made of a renal transplant. Immunosuppressive drugs are not recorded, though it is subsequently learned that the patient is taking two medicines to prevent rejection. Without consulting with the transplant doctors, the physician prescribed medication and immunizations that resulted in profound sepsis. The patient survived and the transplanted kidney was not lost, but the function was diminished considerably. The patient spent many weeks in the hospital and required dialysis temporarily. Could you defend this case?

The world of medicine is changing rapidly. Being up to date in one’s own specialty requires great effort, time and money (but it is worth it). Being well informed about other specialties is nearly impossible. Having good, well trained and knowledgeable people to help you manage your patients can save you and your patients a lot of grief—a lesson we relearn every day at MACM.
MEDICATION SAFETY: ARE YOU MISSING THE BOAT?
How effective is your office practice in preventing medication errors? Take a few minutes to see how you rate.

1. New patients to our practice (regardless of specialty) are asked to bring a list of all medications they are taking, to include name, dosage, schedule, and indication. This includes herbal remedies and over-the-counter drugs.
   YES  NO

2. Initial Patient Medical History forms contain questions regarding current medications, to include name, dosage, schedule, and indication. Over-the-counter and herbal remedies are included.
   YES  NO

3. For paper records, medications are tracked on one Medication Flow Sheet to be used quickly and easily in tracking ALL medications patients have been prescribed, including those prescribed by other physicians. For electronic medical records, we always document the above information in the proper field within our electronic system so that safeguards and alerts are not bypassed.
   YES  NO

4. Current medications are updated at EVERY clinic visit (medication reconciliation), to include name (generic and brand), dosage, schedule, and indication.
   YES  NO

5. For paper records, allergies are displayed prominently on the outside of the record, or in an area immediately visible to the physician and staff. For electronic records, allergies are always documented within the proper field so that safeguards and alerts are not bypassed.
   YES  NO

6. Allergies are updated at EVERY visit and positive responses are annotated with type of reaction and the date it was first reported to the caregiver.
   YES  NO

7. Sample medications provided to the patient are ALWAYS documented in the medical record, to include name (generic and brand), dosage, schedule, and indication.
   YES  NO

8. A complete review of current medications (medication reconciliation), including over-the-counter and herbal remedies, is performed and documented appropriately on the first visit following a patient’s discharge from a hospital (inpatient or outpatient) or after a surgical procedure.
   YES  NO

9. Sample medications are located in a secure area with access restricted to authorized clinic personnel. Clinic policy prohibits personnel from dispensing for personal use or ongoing patient use, i.e., acting as a free pharmacy.
   YES  NO

10. Medication specific informed consent forms are used for all medications which require periodic follow-up, have serious side effects, cosmetic or reproductive implications, or have a narrow therapeutic range.
    YES  NO

BONUS POINT

11. Our clinic has a system for educating patients on the drugs commonly used in our practice, including pamphlets, handouts, instructions regarding necessary follow-up, and consent forms (see #10).

HOW DO YOU RATE?

11 points  THANK YOU! THANK YOU! THANK YOU!
9-10 points  GREAT! YOU'RE ON THE RIGHT TRACK.
6-8 points  YOU MAY HAVE TO PLUG THOSE HOLES IN YOUR SAFETY NET.
3-5 points  THIS IS A MEDICATION ERROR WAITING TO HAPPEN. CALL US.
0-2 points  YIKES! CALL US NOW! PLEASE!

1(800)325-4172 or (601) 605-4882
MANDATORY ORIENTATION PROGRAM FOR NEW PHYSICIANS

New physicians whose policy inception began August 1, 2007 thru December 31, 2007, have until December 31, 2008 to attend.

NEW GUIDELINES

Effective January 1, 2008

New physicians whose policy effective date begins January 1, 2008 or later, have one year from the month of policy inception to complete this requirement, e.g., if policy effective date is March 5, 2008, the new physician must complete the requirement by March 31, 2009.

Failure to attend one of the programs scheduled within your one year time frame will result in a 5 percent premium surcharge or $1000, whichever is greater. Continued failure to attend through the next policy period will result in a 10 percent surcharge or $1000, whichever is greater. If the requirement is not met within the third policy period, the physician will be considered for non-renewal.

To Receive Credit for Attendance, Physicians Must Be Present for Entire Two Hour Program.

CME CREDIT

Medical Assurance Company of Mississippi is accredited by the Mississippi State Medical Association to provide CME for physicians. MACM takes full responsibility for the content, quality, and scientific integrity of this activity. MACM accepts no commercial support for its CME activities. Medical Assurance Company of Mississippi designates the Risk Management portion of this educational activity for a maximum of 1.0 AMA PRA Category 1 Credit™. Physicians should only claim credit commensurate with the extent of their participation in the activity.

Evening Programs: Registration + refreshments & hors d'oeuvres from 5:30-6:00 pm; Program 6-8 pm
Luncheon Program: Registration + lunch from 11:30 am-Noon; Program Noon-2 pm

2008 SCHEDULE

N8-2 April 8, 2008 5:30 PM – 8:00 PM Oxford Baptist Cancer Institute
N8-3 June 3, 2008 5:30 PM – 8:00 PM Hattiesburg Forrest General Hospital
N8-4 August 5, 2008 11:30 AM – 2:00 PM Jackson UMMC Student Union
N8-5 August 28, 2008 5:30 PM – 8:00 PM Biloxi Biloxi Regional Medical Center
N8-6 October 21, 2008 5:30 PM – 8:00 PM Jackson Mississippi Baptist Medical Center
N8-7 October 28, 2008 5:30 PM – 8:00 PM Tupelo North Mississippi Medical Center

Clinic Managers are invited to accompany their physicians. Please be sure to register. We strongly encourage new physicians to attend one of our programs at their earliest opportunity.

If you do not receive a fax or e-mail letter from MACM confirming registration within two weeks, please resubmit.

Name: ____________________________
Physician/Clinic Address: ____________________________
Phone: __________ Fax: __________ E-mail: __________
I wish to register for Program Number: ______ Place: ______ Date: ______

A fax or e-mail reminder will be sent to you approximately two weeks before each program.

Medical Assurance Company of Mississippi
Attention: Risk Management Department
404 West Parkway Place
Ridgeland, Mississippi 39157
FAX: (601) 605-8849
When you first look at it, a medical clinic seems fairly straightforward. You take care of patients medical needs and deal with medical records and payment issues. But, once you start operating a clinic day-to-day, you may face a variety of situations you never expected to deal with. There are a lot of things to be aware of. For example, what about:

**Answer:** A non-custodial parent who has not terminated their parental rights.
**Question:** Who is one of the persons that can give consent to treat a minor under Mississippi Statutes?

**Answer:** *The most important thing to remember is to remain calm.*
**Question:** What is the basic rule staff should know about confronting disruptive people, such as an angry family member or an irate physician?

**Answer:** *Only the person named should accept this document.*
**Question:** What is a summons?

Come play the game of Jeopardy with us and learn the reasons behind these answers - in the form of a question of course.

### 2008 Schedule

<table>
<thead>
<tr>
<th>Program</th>
<th>Date</th>
<th>Time</th>
<th>Place</th>
</tr>
</thead>
<tbody>
<tr>
<td>S8-1</td>
<td>April 15, 2008</td>
<td>11 AM – 1 PM</td>
<td>Tupelo</td>
</tr>
<tr>
<td>S8-2</td>
<td>April 23, 2008</td>
<td>11 AM – 1 PM</td>
<td>Gulfport</td>
</tr>
<tr>
<td>S8-3</td>
<td>May 1, 2008</td>
<td>11 AM – 1 PM</td>
<td>Greenville</td>
</tr>
<tr>
<td>S8-4</td>
<td>May 13, 2008</td>
<td>11 AM – 1 PM</td>
<td>Natchez</td>
</tr>
<tr>
<td>S8-5</td>
<td>June 26, 2008</td>
<td>11 AM – 1 PM</td>
<td>Oxford</td>
</tr>
<tr>
<td>S8-6</td>
<td>July 15, 2008</td>
<td>11 AM – 1 PM</td>
<td>Clinton</td>
</tr>
<tr>
<td>S8-7</td>
<td>July 24, 2008</td>
<td>11 AM – 1 PM</td>
<td>Columbus</td>
</tr>
<tr>
<td>S8-8</td>
<td>August 13, 2008</td>
<td>11 AM – 1 PM</td>
<td>Hattiesburg</td>
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<tr>
<td>S8-9</td>
<td>September 9, 2008</td>
<td>11 AM – 1 PM</td>
<td>McComb</td>
</tr>
<tr>
<td>S8-10</td>
<td>September 23, 2008</td>
<td>11 AM – 1 PM</td>
<td>Meridian</td>
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<tr>
<td>S8-11</td>
<td>October 2, 2008</td>
<td>11 AM – 1 PM</td>
<td>Jackson</td>
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<tr>
<td>S8-12</td>
<td>October 22, 2008</td>
<td>11 AM – 1 PM</td>
<td>Pascagoula</td>
</tr>
<tr>
<td>S8-13</td>
<td>November 6, 2008</td>
<td>11 AM – 1 PM</td>
<td>Tupelo</td>
</tr>
</tbody>
</table>

If you do not receive a fax or e-mail letter from MACM confirming registration within two weeks, please resubmit.

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Name: ____________________________________________

Physician/Clinic Address: ____________________________________________

Phone: ____________________ Fax: ____________________ E-mail: ____________

I wish to register for Program Number: _______________ Place: ______________ Date: ________________

A fax or e-mail reminder will be sent to you approximately two weeks before each program.
Congratulations!

Kathy Stone Promoted to Senior Consultant

Please join us in congratulating Kathy Stone on her promotion to Senior Risk Management Consultant.

Kathy, who joined MACM in November 2002, has a diverse professional background which includes ICU Nursing and infusion therapy for oncology, infectious disease, and pain management. She has experience in DRG auditing, Medicare Program Integrity Unit auditing, and research and medical evaluation for a large defense law firm.

“Since she joined MACM, Kathy has been an asset to the Risk Management Department and I am pleased to announce this promotion,” JoAnn Bienvenu, Director of Risk Management, said.

Do You Deliver Babies? Don’t Wait Until the Last Minute to Fulfill MACM’s Educational Requirement!

Deadline for completion of the two part educational requirement is June 30, 2008. Physicians who have not successfully completed the quiz on the DVD entitled “Preventing Obstetrical Claims: A Reality Check” and the online GE Healthcare course, “Electronic Fetal Heart Rate Monitoring Interpretation and Management,” by this date will be surcharged 10 percent of the 2008 premium for the 2009 policy year.

Be aware that access to the online EFM course is delayed while GE Healthcare verifies your payment arrangements. This delay has ranged from a few days to two weeks. We urge you to take a moment and locate your educational packet and complete this requirement.

If you have any questions, please notify the Risk Management Department at rskmgmt@macm.net.

Please note: A copy of your Certificate of Completion of the EFM course will suffice for proof of successful completion.

Congratulations!

Kathy Stone Promoted to Senior Consultant