As the economy has faltered, the age old issue of trying to run a profitable practice, while taking care of one's own health and well-being, becomes even more difficult. Physicians look for ways to increase productivity and income. One way they may attempt to do this is by expanding the roles of office staff, sometimes in ways which can not only jeopardize licensed personnel, but also increase malpractice risk. As averse as we at MACM are to intervening in what should be practice and clinical issues, we would be doing our insureds a disservice by remaining silent on the issue.

Our first plunge into this area was our introduction to the expanded scope of responsibilities for the Medical Assistant. Many offices employ Medical Assistants or Certified Medical Assistants to assist the physician in the clinics. Although we acknowledge the vital role they play in helping to run a smooth clinic, we are disturbed that some are being put into roles which, given the Medical Assistant’s training and supervision requirements, are highly inappropriate and a liability risk.

Medical Assistants, including those who may be recognized by a certifying body, i.e. CMAs, are not licensed in the state of Mississippi. Thus, their practice is supervised by the physician and guided by policies of the Mississippi State Board of Medical Licensure. Section 3.12 of Board policy (adopted June 17, 2004) outlines the responsibilities of physicians who consult with or employ allied health professionals. Although the policy may apply to more than the Medical Assistants, it is very specific about the physician’s responsibility when supervising. In the event that a Medical Assistant’s actions precipitate a claim, at issue will be the scope of practice appropriate for that individual, and the physician’s delegation of responsibility. If it is generally recognized that the delegation of duties was inappropriate for the training and education of these allied health personnel, the claim would be difficult to defend. Further, if it were deemed that the Medical Assistant was “practicing medicine” under the direction of the physician, the physician’s professional liability would exclude coverage for a claim arising from that person’s actions.

Additional areas of concern might be the employment and supervision of health professionals who must be licensed in the state of Mississippi in order to practice. These individuals, e.g. Physician Assistants, Radiology Assistants, etc., are governed by their individual professional Practice Acts and/or applicable Rules and Regulations. It is important that physicians recognize the entity which governs their practices and consult with that entity when seeking information on scope of practice.

Registered Nurses, Licensed Practical Nurses, and Advanced Practice Nurses (NPs, CNMs, CRNAs) are governed by the Nurse Practice Act and the Rules & Regulations set out by the Mississippi State Board of Nursing and must practice within their scopes so as not to endanger their licenses or put them at increased risk for litigation.

There are many other allied health professionals who provide care, and who work with the physician to assist the patient back to optimal health. It is important that the physician who employs and/or supervises these individuals be familiar with the entity which makes and promulgates the laws, rules, and regulations governing their practices.
From resources available to insureds and their staff, to the investment MACM is making in helping doctors develop best practices, the physicians who sit on the Risk Management Committee have a first hand appreciation of the benefits that risk management has to a medical practice.

Each month, the six members of the Risk Management Committee take time away from their own practices to meet with other MACM insureds and review coverage requests for new procedures, technology, and risks. Through this experience each month, they sometimes find themselves with an increased appreciation for risk management in their own practice.

“Serving on the committee has made me much more aware of issues such as informed consent, proper documentation, and understanding the immense importance of obtaining and maintaining the trust of the patients we treat,” Committee Chairman Jeff Moses, MD said. Dr. Moses has been a member of the Committee since 1998.

Since Kate Aseme, MD began serving on the Committee in 1989, she believes physicians have become more aware and more involved in risk management as part of their daily practice.

“The benefits of risk management — upfront openness and good communication with patients — are becoming more and more a regular part of a physician’s practice,” Dr. Aseme said.

Over the years, the Committee has seen many changes in the questions and requests asked of it. As technology has advanced the practice of medicine, so has it changed requests for new procedures and expanding the scope of a practice. To keep up with these requests, Committee members educate themselves constantly.

In her role as Chair of the Department of Family Medicine at UMC, Committee Member Dianne Beebe, MD educates herself on current risk management issues while educating her students and residents at the same time. The discussions in Risk Management Committee meetings allow her to constantly reflect on how to improve upon the teaching of others.

“As a member of the academic teaching faculty I know it is important to teach students and residents in areas of QI/QA. This is imperative for their future success and to ensure patient safety,” Dr. Beebe said. “Increasing attention is focused now within medical education on those principles, as well it should be. Through my work on the Risk Management Committee, I’ve been able to share with colleagues and office staff ideas for best practices and quality improvement.”

Each of the members of the committee is extremely dedicated to protecting the interests not just of the Company, but the insureds and especially the patients.

“There is a strong concern for patient care quality among the committee members,” Dr. Beebe said. “As a relatively new member, I realized quickly that this is a group of caring, committed, competent and reasonable professionals who understand the challenges our insureds face in today’s practice of medicine.”

One very positive aspect of the time involved in this Committee is to see physicians succeed in improving their practices — oftentimes their personal circumstances and confidence as well — with the guidance of the Risk Management professionals.

“All MACM insured physicians should know that the Committee and MACM’s Risk Management Department have their best interests at heart in providing the education, guidance, support and monitoring to improve our practices. The process is about making medicine better and safer,” Dr. Beebe said.

The overall responsibility of the Risk Management Committee remains the protection of MACM, the individual insureds and, ultimately, the patient from avoidable risk. Because of their
Maples’ Musings

PATIENTS AS HEROES

Michael D. Maples, MD, Medical Director

Many of our patients are heroes and we don’t even know it.

As a senior medical student, I was privileged to be assigned to Dr. Hank Lewis and Beacham Memorial Hospital in Magnolia, Mississippi, for a month. Dr. Harry Frye and Dr. Warren Hiatt, Sr., both outstanding men of medicine and good citizens, were also my mentors in Magnolia. A recurring memory for me is the patient who was dying of carcinoma of the stomach. During the detailed history (I had plenty of time for the history as I was living in the hospital for the month), I learned that he was in the Third Army and was a tank commander. He did not offer this immediately; I had to pry it from him during the history related to military service. I asked him what it was like to serve under Patton. He considered it an honor and remarked that oftentimes in the midst of a fire fight, Patton would appear on foot and jump on the outside of his (the patient’s) tank and begin directing the battle. This obscure hero of freedom died in Magnolia, Mississippi, with little fanfare. When I, in my naiveté, opined that it did not seem fitting for such a man to die in such a place and in such a way, I was gently chastised by those that knew him, saying that it was entirely appropriate. He fought so that he could die exactly where and how he did and surrounded by the people he wished.

Doctors are sometimes prone to think of themselves as heroes; partly because of what they do and the sacrifices they have made. Those doctors who delude themselves into thinking that they are more heroic than their patients may be surprised. Those who transmit this feeling to their patients are oft times rejected as physicians and/or sued.

Many patients we have seen or will see are heroes in ways we can not detect with any amount of medical history-taking. It is an awesome responsibility to care of such people.

MANDATORY PROGRAMS FOR MACM INSURED: Are you required to attend either of these meetings? Check and See!

Hospice Medical Directors Program

In order to support and insure our physicians who are Medical Directors for hospices, the Board of Directors has mandated that the Risk Management Department develop a program for our insured physicians who serve as Medical Directors for both inpatient and outpatient hospice programs. Medical Directors of hospices must attend one of the scheduled programs in order to continue to be insured for this activity in 2010. Physicians who treat patients in Hospices, but are not Medical Directors, are invited to attend, although attendance is not mandatory.

2009 SCHEDULE

H9-1 July 16, 2009 5:30 pm – 8:00 pm Hattiesburg Forrest General Hospital
H9-2 August 25, 2009 5:30 pm – 8:00 pm Biloxi Biloxi Regional Medical Center
H9-3 September 29, 2009 5:30 pm – 8:00 pm Oxford Baptist Cancer Institute
H9-4 October 15, 2009 5:30 pm – 8:00 pm Jackson St. Dominic Hospital

Orientation Program for Newly Insured Physicians

New physicians 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.

2009 SCHEDULE

N9-3 June 23, 2009 5:30 pm – 8:00 pm Hattiesburg Forrest General Hospital
N9-4 August 11, 2009 5:30 pm – 8:00 pm Biloxi Biloxi Regional Medical Center
N9-5 August 27, 2009 11:30 am – 2:00 pm Jackson UMCC Student Union
N9-6 October 6, 2009 5:30 pm – 8:00 pm Jackson Mississippi Baptist Medical Center
N9-7 October 27, 2009 5:30 pm – 8:00 pm Tupelo North Mississippi Medical Center

Use this Form to Register for Either Program

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

I wish to register for (Please circle your choice): New Physician Orientation Hospice Medical Director Program

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
“Be In The Know In N.O.”

MACM
Continuing Medical Education

September 18 - 19, 2009
The Windsor Court
New Orleans

Register Now for Your Continuing Medical Education!
Space is Limited!

www.macm.net

- more details
- registration information
- meeting agenda
- free registration for MACM insureds

MAKE YOUR HOTEL RESERVATIONS NOW!

Call The Windsor Court at (800) 262-2662 to reserve sleeping accommodations for your time in New Orleans. Rooms are being held for our group on Friday, September 18, 2009 and Saturday, September 19, 2009 at a rate of $189 for each night. Please identify yourself with Medical Assurance Company to receive the special group rate for this program.
Directors continued from Page 1

work on this Committee, the members take this responsibility into their own practices each day.

“I believe the Risk Management Committee will remain an integral part of MACM’s overall health,” Dr. Moses said. “I know that we will continue to be challenged with difficult requests, but I know that there will always be well trained, educated and prudent physicians from our ranks to serve on the Committee and make those difficult decisions.”

IMPORTANT: RED FLAGS RULE TAKES EFFECT MAY 1, 2009

In November 2007, the Federal Trade Commission (FTC) issued a set of regulations known as the “Red Flags Rule” requiring certain entities to develop and implement written prevention and detection programs to protect consumers from identity theft. The FTC has ruled that these regulations apply to physician practices, even though the American Medical Association has voiced objections to physicians being termed “creditors” for purposes of the rules. Although the AMA continues to advocate for physicians, the rules did take effect on May 1, 2009, and physician practices that accept insurance or allow payment plans are covered under the Red Flags Rule and must have adequate policies and procedures in place or they may face a penalty of up to $2500 per “knowing violation.” You can download guidance documents and sample policies to incorporate a simple identity theft prevention and detection program into your practice’s current compliance and HIPAA security and privacy policies by visiting the AMA web site at:

http://www.ama-assn.org