

REVIEW

MMIC President & CEO David Bounk Announces Retirement Date



David Bounk
CEO and President
The MMIC Group

MMIC President and CEO Dave Bounk recently informed the MMIC board of directors and employees that he will retire in June 2008. Bounk joined MMIC as president in 1990.

During Bounk's leadership, the company's assets have grown from \$125 million to \$442 million. The number of policyholders has increased from 3,400 physicians in three states to more than

12,000 physicians, 800 clinics and 200 hospitals in six states.

Bounk was influential in MMIC's two successful mergers the first in 1993 with the Iowa Physicians Mutual Insurance and again with the Medical Liability Mutual

Insurance Company of Nebraska in 1996. He was also instrumental in MMIC returning \$95 million to its policyholders—\$70 million in policyholder dividends, \$10 million in stock, \$15 million in contributed surplus.

In the late 1990s when policyholders asked for help with noninsurance-related business, Bounk encouraged the MMIC board to devote substantial resources to independent product and market research to address some of their concerns. The results of this work help established the MMIC Group two subsidiaries: MMIC Technology Solutions Inc. and the MMIC Agency Inc.

In discussing his upcoming retirement, Bounk said, "I'm very pleased with the results during my tenure as CEO of MMIC. I will truly miss the many wonderful clients and outstanding employees that I've been blessed to work with. My replacement will build on our accomplishments and continue MMIC's strong physician-centered mission."

The MMIC board's Search Committee has selected an executive recruitment firm to conduct a nationwide search for Bounk's successor. The search will include internal candidates. ■

MMIC's Financial Stability Affirmed by A.M. Best Rating

A. M. Best Company recently affirmed MMIC's rating of "A" (Excellent) for the 15 consecutive year. Best assigns the "A" (Excellent) rating to companies that have, in their opinion, an excellent ability to meet their ongoing obligations to policyholders. MMIC is one of seven physician-owned insurers to obtain at least an "A" rating.

A. M. Best is a leading insurance rating organization. Best's rating evaluation is based on financial strength, business profile, and operating performance. ■

2006 Customer Satisfaction Survey Result

We asked. You responded. We will deliver.

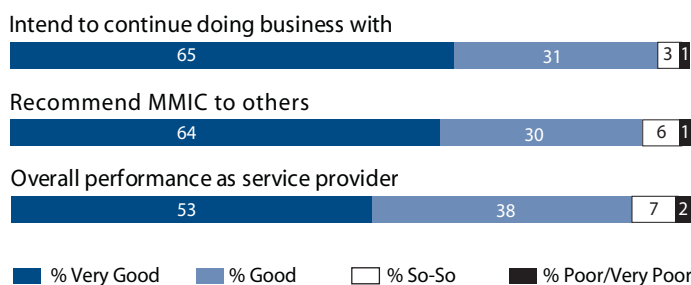
Surveys continue to be our primary means for gathering policyholders' assessment of how we are doing in a variety of areas. Last fall we conducted a customer satisfaction survey designed to evaluate how well we are doing and to discover areas we should target for improvement.

We used Sirota, a nationwide independent customer satisfaction vendor, to conduct the survey. We mailed 2,654 surveys to both our direct customers and those who work with agents and brokers in all our states. Twenty-four percent of those surveyed responded. According to Sirota, this was a credible showing for this type of survey. The response rate varied from 24 percent of policyholders who have been with MMIC three years or less to more than 42 percent who have been with us for more than 10 years.

Here are some highlights from survey:

Overall Satisfaction: Ninety-four percent of our policyholders "were positive" that they would recommend MMIC to other health care providers and 96 percent were positive about their intention to continue doing business with MMIC. According to Sirota, these results are among the highest they have ever seen.

This is an indicator that our policyholders are loyal and they appreciate our commitment to helping them in practicing quality health care and that they value the products and services we offer.



Survey respondents said many of our strengths include professionalism, acting as a trusted partner, personalized service, commitment to customer satisfaction, timely follow through and quality performance.



Areas of Success: Respondents think MMIC is doing a very good job in listening and responding to their needs in all services areas like claims, underwriting, sales and billing. About 90 percent think we do a good job in going the extra mile in meeting their needs. Ninety-one percent said we are quite knowledgeable about medical malpractice insurance.



Areas for Continued Improvement: Though your responses to the survey indicated a high degree of overall satisfaction with our customer service, your responses indicated the following areas that we are continuing to work to improve: timely communication of changing contact persons, tailoring some education programs and services to smaller clients, expanding website services and more focus on service to clients who work with agents and brokers.

Some of the Actions We have Taken:

- To ensure policyholders know whom to contact when they have a need we have updated all contact information. We will notify policyholders annually of this information and whenever there is a change.
- We continue to add to our Frequently Asked Questions section on our website. We just added a claim related FAQ. We are also offering website training to policyholders needing help navigating the site.

- Risk Management has added CME courses on specific risk management issues to our website. They also will begin conducting more site meetings and have more contact with policyholders, agents and brokers.

Thanks for the feedback. Providing superior customer service is a challenge we work at continuously. Your participation in our surveys serves many purposes for us, including helping us assess how we are doing in meeting your needs. We took immediate action to improve on the specific issues you listed in the survey. Going forward, we have a variety of website enhancements in development, as well as each department is developing or has pending enhancements that will be rolled out this year or in 2008 as a result of the survey. ■

MMIC Board Welcomes Drs. Crook, Dehnel and Schoephoerster

This spring the MMIC board of directors welcomed three new members and bid fond goodbyes to members Drs. Geier, Balfantz and McCue. New board members are Drs. Sue Crook, Peter Dehnel and George Schoephoerster.

Dr. Sue A Crook is a board certified diagnostic radiologist at Suburban Radiologic Consultants, Ltd. in Minneapolis. She received her medical degree from the University of Minnesota Medical School in 1988 and a bachelors of science from the University of Wisconsin in 1984. Dr. Crook conducted postdoctoral training as a radiology resident in the Department of Radiology at University of Minnesota Hospitals and Clinics. She is president of the Minnesota Radiological Society (MRS) and Suburban Radiologic Consultants, where she is also a board member; chairperson of MRS' the Ultrasound

and Membership committees, a member of the MMIC Claim Committee and an alternate representative of the Minnesota Medicare Carrier Advisory Committee.

Dr. Peter J. Dehnel is with All About Children Pediatrics in Eden Prairie, Minn., and Children's Physician Network in Minneapolis. He is board certified with the American Board of Pediatrics. He received his medical degree from the University of Minnesota Medical School in 1982 and his bachelors of art from the University of Minnesota in 1977. He completed postdoctoral training in the Department of Pediatrics at the University of Minnesota Hospitals and Clinics. Besides being chief of staff, he also serves on the Performance Improvement, Patient Safety Steering, Credentials, Peer Review, and Professional Executive committees at Children's Hospitals and Clinics of Minnesota.

Dr. George Schoephoerster is family physician section chair at CentraCare Plaza Family Medicine in St. Cloud, Minn. He is board certified in family practice. Dr. Schoephoerster received his medical degree from the University of Iowa Medical School in 1979. He earned a bachelors of arts degree from the University of Iowa in 1975. He did his residency at Westside Family Medical Center and Akron General Medical Center in

Akron, Ohio. From 1995 to 1997, Dr. Schoephoerster completed various programs and workshops through the Bush Medical Fellowship Program. He is a board member of the Stearns-Benton County Medical Society and a member of the Minnesota Medical Association, Minnesota Academy of Family Physicians and American Geriatric Society. ■

Spheris Transcription

If you aren't yet ready for an EMR solution and your current transcription services is slowing you down, you'll want to explore Spheris, MMIC Technology Solutions' recommended medical transcription service.

Spheris, formerly HealthScribe, can provide you with a temporary solution to your transcription woes as well as reduce your transcription expense. Spheris provides specialized dictation solutions with the right combination of technology and services specific to your regulatory standards, physician needs and budget.

As a registered MMIC group site member, you receive special pricing providing you with a 10 percent savings

on Spheris' eChart services, which includes central Web-based viewing, electronic signature and reporting functions. Spheris also offers options for populating electronic medical records.

So if your needs are as immediate as your transcriptionists going on leave, you need a STAT report or your needs are more complicated and long-term as replacing your transcription services or an interface with your EMR, visit our website (www.MMICGroup.com), or call Brian Salzman at 763-201-0304 for more information on the current and preferred pricing for group site members. ■

Legislative Update: Apology Bills Pass in Nebraska and North Dakota

The 2007 legislative sessions in Nebraska and North Dakota both saw the enactment of “Apology Laws.” Apology laws, also referred to as “I’m Sorry” laws, allow providers to express sympathy and to apologize for an adverse treatment outcome without worrying that the words will be construed in a court of law as an admission of guilt. “It takes some of the fear out of doctor/patient communication in already stressful situations,” said Peggy Wagner, vice president of Risk Management. “Sometimes, all a patient wants is an apology, and physicians should be free to say ‘I’m sorry this happened’ without having to worry that it could be used against them.”

The benefits for the patient are equally important: An expression of caring and sympathy is a critical first step in the patient’s follow-up care. “It clears the way for continued open communication at a time when the relationship could otherwise be strained. Everyone benefits this way,” Wagner continued. A more detailed discussion of the new laws will be included in the next issue of *Perspectives*, a risk management publication.

South Dakota and Iowa passed Apology Laws in 2005 and 2006, respectively. Similar laws have been proposed in Minnesota, where it was not acted on before the legislature adjourned, and in Wisconsin, where the bill has not yet been heard. ■

Nebraska LB 373: http://uniweb.legislature.ne.gov/Apps/BillFinder/finder.php?page=view_doc&DocumentID=393

Pertinent part:

1) In any civil action brought by an alleged victim of an unanticipated outcome of medical care, or in any arbitration proceeding related to such civil action, any and all statements, affirmations, gestures, or conduct expressing apology, sympathy, commiseration, condolence, compassion, or a general sense of benevolence which are made by a health care provider or an employee of a health care provider to the alleged victim, a relative of the alleged victim, or a representative of the alleged victim and which relate to the discomfort, pain, suffering, injury, or death of the alleged victim as a result of the unanticipated outcome of medical care shall be inadmissible as evidence of an admission of liability or as evidence of an admission against interest. A statement of fault which is otherwise admissible and is part of or in addition to any such communication shall be admissible.

North Dakota HB 1333: <http://www.legis.nd.gov/assembly/60-2007/bill-index/bi1333.html>

Pertinent part:

A statement, affirmation, gesture, or conduct of a health care provider, or health care provider’s employee or agent, that expresses apology, sympathy, commiseration, condolence, compassion, or benevolence to a patient or to a patient’s relative or representative is not admissible as evidence of liability or as an admission against interest in a civil action, arbitration proceeding, or administrative hearing regarding the health care provider.

**To pay your premium online, go to our
website at www.mmigroup.com**

To receive the *Review* by e-mail, contact the editor at rosalind.miller@mmihc.com or 1-800-328-5532. You may also download this publication from our website at www.mmigroup.com.