Risk Management Staff Contribute to Mammography Risk Management Manual

MMIC’s Vice President of Risk Management, Debra McBride, RN, JD, CPHRM, and Manager Robert Thompson, RT, JD, CPHRM, contributed their expertise to the Mammography Risk Management Manual, recently published by HCPro, a Boston-based national healthcare publisher.

The end goal of the manual is to provide new workers and veterans in the mammography profession with the resources they need to comply with quality standards and thrive in a challenging environment.

McBride and Thompson drew on their legal, healthcare and risk management consulting experience to provide input into quality control issues and practices presented in the manual that relate to patient communication and assessing risk. Specific topics covered include self-assessment surveys, disclosing medical errors, apologizing to patients and talking to attorneys. These topics, combined with case studies and insights from additional healthcare industry leaders outlining auditing procedures, image quality issues and communication strategies, help mammography departments manage risk where it starts – from relationships with primary care physicians, other healthcare professionals and patients.

The manual, available for nationwide distribution and sale to radiology groups, mammography centers and hospitals, provides ideas, tips and strategies for managing mammography risk in the era of evidence-based medicine. It focuses on four critical principles necessary to maintain compliance with regulatory standards:

- Retention of patients and workers
- Ensuring timely follow-ups
- Creating a game plan for image quality troubleshooting
- Auditing mammography practices on a regular basis

Radiology groups and hospitals insured by MMIC will have the opportunity to purchase the $200 Mammography Risk Management Manual at a discounted price. For more information, contact your Risk Management consultant at 952–838–6700 or 1–800–328–5532.

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MMIC On Pace for 2003 Goals

MMIC is on pace to meet its new business and multiple relationship goals for 2003. As of September 30, new written premium was $4.4 million; our goal is $5.1 million. This year’s goal is low compared to the past two years when we wrote $31 million in new business. We have reached the number one market share in our core states, making our opportunities to expand limited.

This year’s multiple relationship (the number of policyholders that add an additional MMIC Group product or service) goal is 175, currently we have 134.

Multiple Relationships by Product or Service

<table>
<thead>
<tr>
<th>Product or Service</th>
<th>Number</th>
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<tbody>
<tr>
<td>Insurance</td>
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<tr>
<td>Workers’ Compensation/BOP</td>
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<td>Langan &amp; Flynn</td>
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<td>Billing Office Solutions</td>
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<td>Electronic Practice Management</td>
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<tr>
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GAO Report States Medical Malpractice Claims Major Factor in Increased Premiums

The recently released General Accounting Office study entitled, “Medical Malpractice Insurance, Multiple Factors Have Contributed to Increased Premium Rates,” reports that increased claim costs, which make up the largest part of insurers’ costs, appear to be the primary driver of current medical liability rates. The report also suggests that multiple factors, including interest rates, investment income and competitive environment play a small part in the overall scheme of things.

At the request of several Democratic representatives, the GAO undertook the study to help Congress understand the real reasons behind increased medical malpractice rates across the country. MMIC was one of seven insurers interviewed for the report.

The full report can be obtained at no cost from the GAO’s Web site (www.gao.gov/cgi-bin/getrpt?GAO-03-702).
In 2003, medical malpractice reforms were a hot topic for many state legislatures as they struggled to deal with malpractice crises that have physicians retiring early, moving their practices or dropping high-risk procedures. Reforms to help alleviate physicians' malpractice concerns were introduced in several of MMIC's states, but with few exceptions, received little attention from legislators.

**Minnesota**

The one solid reform achievement in 2003 came in Minnesota. After many years of lobbying, a major effort to reform Minnesota's law on joint and several liability was finally successful. Previously, defendants could be held liable for all, or a large portion, of an award, even if they were only minimally responsible for the damages. Under the new law, defendants must be more than 50 percent at fault to be held responsible for more than their portion of the damages.

A package of other malpractice reforms including a $250,000 cap on non-economic damages and reasonable limits on attorney fees was introduced in the Minnesota legislature. However, the bill did not receive any hearings and died early in the session.

MMIC, the Minnesota Medical Association and defense attorneys are reviewing the 2003 bill and studying other potential reforms to introduce in the 2004 legislative session. “Although we are still in relatively good shape in the Midwest,” says Elizabeth Lincoln, MMIC's vice president of law and health policy, “settlements and awards in malpractice claims and the insurance premiums physicians pay are increasing. We want to do everything we can to avert the type of crisis that physicians around the country are facing.”

**Nebraska**

Under the Hospital-Medical Liability Act, Nebraska has long had a cap on damages in malpractice claims. In 2003, the Unicameral Legislature increased the cap, from $1.25 million to $1.75 million. In addition, a new law requires the surcharges on physician premiums that finance the state Patient Compensation Fund to be submitted to the PCF by insurance carriers, rather than by physicians. MMIC is working with the state Insurance Commissioner to ensure this change proceeds smoothly.

“There are some big issues with the PCF that legislators are going to have to deal with in 2004,” notes Lincoln. “The PCF is already significantly underfunded for the liabilities it faces. The increase in the cap on damages increases the Fund’s exposure, but doesn’t address how that heightened exposure will be paid for.”

**North Dakota**

Proposals to reform malpractice laws to allow for periodic payment of future damages, evidence of other sources of compensation available to the plaintiff, and reasonable limits on attorney fees were defeated in the 2003 House after a “do not pass” recommendation from the House Human Services Committee.

The North Dakota Insurance Commissioner has formed a task force to study medical liability insurance issues in preparation for the next biannual legislative session in 2005. MMIC will work with the North Dakota Medical Association and the task force regarding the issues and potential reforms.

If you have questions about legislative issues, contact Libby Lincoln, vice president, law and health policy, at 800-328-5532, 952-838-6752 or libby.lincoln@mmihc.com.
U.S. Senate Fails to Address Malpractice Reform

In July, on a procedural vote, the U.S. Senate refused to take up S. 11, the “Patients First Act of 2003.” S. 11, a malpractice reform bill, mirrored the provisions of H.R. 5, the “Help Efficient, Affordable, Low-Cost, Timely Healthcare (HEALTH) Act” passed by the House of Representatives earlier this year.

The HEALTH Act contains the key provisions of the California tort reform package that has proven successful in moderating the costs of medical malpractice insurance. The Act’s $250,000 cap on non-economic damages, reasonable limits on attorney fees, periodic payment of future damages and other reforms are strongly supported by President Bush.

Supporters of malpractice reform in the Senate are not ready to declare the issue dead. Several senators are working on new bills to address the true crises in liability insurance and access to health care that many states are experiencing.

Group Practice Symposiums Continue to be Good Learning Tool

The MMIC Sales and Marketing Department sponsors four Group Practice Symposiums each year for MMIC clinic managers. Part educational and recreational, the GPS varies from year to year, but policyholders can always count on receiving company and industry updates and highlights of the latest MMIC product or service.

This year’s topics include information technology security, Abusive Behavior in the Medical Workplace: Increasing Your Malpractice Risk, and human resources issues relative to healthcare and industry trends. Clinic managers also have time for lengthy discussions with key MMIC staff and networking with their peers.

The symposiums are held in Iowa, Minnesota, South Dakota and Nebraska. The last two for 2003 will be held in Nebraska: November 4, in Kearney and November 5 and 6, in Scottsbluff. To learn more about the Nebraska symposium, e-mail Kim Gregor at kim.gregor@mmihc.com or call 1-888-397-3034.

To learn how you can attend the next year’s GPS in your area, contact:

Minnesota, North Dakota and Wisconsin:
Lois.Mace@mmihc.com or 1–800–328–5532

Iowa, Nebraska and South Dakota:
Kim.Gregor@mmihc.com or 1–888–397–3034

Iowa Office on the Move

The MMIC Iowa office has moved to a new address:

1415 28th Street, Suite 125
West Des Moines, Iowa 50266–1463

The telephone numbers are the same:
Phone:   1–800–798–9870
Fax:   515–222–0966
Physicians using the Web-based transcription service available through the MMIC Group Web site (www.mmicgroup.com) now have the option of dictating their reports into a wireless personal digital assistant (PDA). This new service option, which is compatible with numerous PDAs running either the Pocket PC or Palm operating system, provides added convenience for busy physicians.

The MMIC Group provides seamless online access to HealthScribe’s eChart, the nation’s leading Web-based transcription solution. MMIC began offering this service one year ago to address the transcription availability, quality, turnaround and cost issues faced by many physician groups. Since that time, numerous clinics have signed up to benefit from:

- Discounted Pricing – available only through the MMIC Group Web site.
- Excellent Quality – 98 percent accuracy guaranteed.
- Convenient Dictation – via phone or PDA.
- Rapid Turnaround Time – within 24 hours (or four hours for STAT).
- Online Access – to view, edit, fax, print or download your transcribed reports.
- Real-time Activity Reports – tracking individual jobs and overall account activity.
- HIPAA Ready – 128-bit encryption is used to protect your data.
- Quick Setup – New accounts are established within 24 hours.
- Risk Free – No required capital or set up costs, and no volume commitments.

Physician practices can even try out the eChart solution at no cost...all groups receive their first five dictated reports free of charge.

To learn more, contact the Technology Solutions sales team at 1–800–328–5532 or 952–838–6700, e-mail technologysales@mmihc.com or visit the Business Services section of the MMIC Group Web site.

**Review Available via E-mail or Web Site**

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 by going to the Publications section of our Web site at www.mmicgroup.com.