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Message From the President and CEO

How Physicians Insurance Is Responding to Changes in the Health Care Environment

Health care continues to present challenges for physicians, clinics, and hospitals here in the Northwest. Physicians of different specialties are finding that new requirements are expected of them in their daily practice. RAC (Recovery Audit Contractors) audits have intensified, causing physicians and clinics to investigate new ways of protecting their practice. Clinics are looking into medical stop-loss insurance and reinsurance to contain costs. Additionally, physicians and hospitals must find ways to satisfy the quality standards that will have a significant impact on their reimbursement for patient care services. On these issues and more, Physicians Insurance is in step with changing trends, and will remain a valuable resource for health care professionals who want to continue to provide excellent care and improve patient safety.

Focus Groups

Specialty focus groups have allowed us to keep our ear to the ground for new developments and unique challenges faced by different medical specialties. The Risk Management Department has found that frank discussion among a small group of geographically diverse colleagues is invaluable for capturing the concerns faced by the larger specialty community. Issues identified by each group are compiled into a survey sent to all member physicians in that specialty. The resulting data informs the design of risk management resources and CME offerings.



*Mary-Lou A. Misrahy, ARM
President and CEO*

We are expanding our use of professionally led focus groups as an important method for identifying liability risks and opportunities for practice improvement. Specialty focus groups are another way that Physicians Insurance is responding to the changes in health care that are affecting individual physicians.

Billing Errors & Omissions Coverage

Increased threats to health care practices motivate us to take a closer look for solutions. Because the federal government has adopted a zero tolerance policy for "improper" claims and the Centers for Medicare and Medicaid Services is authorized to deny and recover improper payments, audits of medical practices have been aggressive and subjective. We have been monitoring the RAC audits in our region and know what auditors look for, how exorbitant the costs can be, and how physicians might need help. Through Physicians Insurance Agency, we can provide coverage and expertise to assist physicians when faced with billing error claims brought by government and commercial payers.

Medical Stop-Loss and Reinsurance Opportunities

As more and more health care facilities consider self-funding, Physicians Insurance has become

The Board is guided by the company's mission statement:

To provide insurance coverage to physicians and other health care providers at the lowest possible cost consistent with sound financial and insurance practices.

To anticipate and respond to changing needs and trends in a manner that is beneficial to our members.

To improve the quality of medical care and patient safety.

To protect the personal and professional interests of our members consistent with sound financial and insurance practices.

Message From the Chairman



James P. Campbell, MD
Chairman of the Board

How Physicians Insurance's Services Evolve With Changing Needs

One thing I have always admired about Physicians Insurance through the years is the company's abil-

ity to address the needs that physicians and clinics care about at any given time. Only a responsive company—one that continually listens to members and develops projects to address their needs—can give members the resources they need, when they need them.

Simulation Drills

Our obstetrical simulation drills are a perfect example. We know from our evaluation data, validated by an increasing body of medical literature, that simulation drills improve communication and performance during emergency obstetrical procedures. Specific insights gleaned from OB teams where we've conducted drills over the past year are then integrated into drills at the next hospital.

For example, a simple practice such as physicians and nurses completing standardized documentation together arose as an idea during a recent simulation course and is now part of that hospital's protocol. We have also incorporated the idea into course evaluation measures going forward. Participants are asked in a pre-course survey, "Is documentation completed by providers and nurses together?" In that way, the seed for improvement is sowed, to be further cultivated during the drills, as well as through follow-up evaluation forms and re-

mindings. Thus, our simulation drills are evolving as a powerful tool to improve practice throughout the obstetrical community.

HealthPact Forum

This fall a group of seasoned patient advocates, physicians, nurses, insurance executives, trial lawyers, and leaders from the Washington State Medical Association, Washington State Hospital Association, and Washington State Pharmacy Association gathered to discuss a goal they all believe in: improving patient safety. The group was convened by the University of Washington, Physicians Insurance, and the Foundation for Health Care Quality as part of the AHRQ demonstration project.

Together the trio launched the HealthPact Forum with the mission of transforming communication in health care. The HealthPact Forum is a platform to promote communication and transparency. The Forum also aims to open dialogue between the health care community and the general public and to support projects that foster communication and transparency in health settings, professional schools, and institutions throughout Washington State. The HealthPact Web site will serve as a clearinghouse for best practices on disclosure, patient safety, and support for health care providers.

It's HealthPact's unique group of stakeholders that makes it an agent for change. That's because some of these individuals might find themselves on another day as opponents in a courtroom.

"Many have worked closely together, but they have also worked against each other," says Dr. Tom Gallagher of the University of Washington.

A Unique Partnership That Supports You



Thomas J. Curry,
*Executive Director and
Chief Executive Officer,
Washington State Medical
Association*

Physicians Insurance A Mutual Company and the Washington State Medical Association have collaborated on issues and projects to support the company's insureds and the association's members since Physicians Insurance was created in the early 1980s. It is a partnership unrivaled elsewhere

in the nation, and goes well beyond the two organizations' fervent work to foster the best possible tort law climate in this state.

This common work outside of the liability arena has taken on new urgency with the waves of uncertainty, angst, and change now roiling the health care waters. Our management teams have been jointly analyzing the needs of physicians and your medical practices, evaluating tangible levels of support, and providing services that matter as physicians evaluate their medical practice options. And you do have options. The STEPS program is the newest vehicle for these support services. It includes:

Discounted services for Physicians Insurance insureds and WSMA members

Through recognized consultants, we provide guidance in practice operational assessment and long-term strategic planning. See the list of consultants at http://www.wsma.org/practice_resource_center/products-and-services.cfm or <http://www.phyins.com/about-us/news-insight.php?title=Discounted>.

Practice management tools

- Coding and billing assistance, including a chart review service, a coding hotline, and coding office staff certification guidance
- Insurance claim assistance

- ICD-10 implementation guidance
- Seminars and webinars
- An internal billing audit
- A HIPAA transactions CD training tool (with a member discount purchase)

Physicians Insurance and the WSMA understand that physicians and their staff are stressed for time. "I just want to see my patients and keep the doors open" is a common comment when we talk to you. These services respect that desire, while reconciling it with the need. These support services are tiered:

Tier I – Self-guided resources: easy-to-use access to well-organized resources on practice management and legal issues, available at no charge to WSMA members and Physicians Insurance insureds, via www.wsma.org and www.phyins.com.

Tier II – Educational programs: in-person seminars, live and archived online webinars, and other conferences and presentations, dealing with practice management and clinical issues and offered by both the WSMA and Physicians Insurance, often at no charge or at a low cost.

Tier III - Consulting assistance: discounted services

Physicians Insurance and the WSMA are meeting with physicians and practice managers on an ongoing basis to understand your needs and to define further support services and programs. Today, more than ever, physicians contemplating their practice options need data, support, and a strategic plan. The services from Physicians Insurance and the WSMA can support you right now in your desire to maintain an independent medical practice, and provide a better understanding of your options.

Never has the old adage "look before you leap" been more appropriate—and necessary. ♦

New Physicians Insurance Members

We are pleased to welcome the newest member groups to Physicians Insurance.

Caribou Trail Professional Medical Services Group,
Brewster, Washington

East Cascade Women's Group, Bend, Oregon

Eastside Vascular,
2 Washington locations

St. Luke's Rehabilitation Institute, Spokane, Washington

Tri-State Memorial Hospital, Clarkston, Washington

How Physicians Insurance Responds to Changes in Health Care in Eastern Washington and Idaho



Claudette Kenmir, Vice President, Eastern Regional Office

With the health care industry changing so rapidly, Physicians Insurance continues to focus on improving and expanding our relationships with physicians, clinics, and hospitals. In the Eastern Regional Office, in Spokane, Physicians Insurance serves both urban and rural members. Our account representatives, claims team, and risk management experts work closely with our members—meeting personally with them

to help keep their practices safe.

Improving health care in our region

Here are a few of the ways we are working with members:

- We provide risk management seminars on adverse outcomes, patient responsibility, and patient safety for the medical office staff.
- Our new senior healthcare risk management consultant, Leslie Moore, RN, JD, CPHRM, works with large health care systems, rural hospitals, and physicians to improve patient safety, performance improvement, and compliance.
- We collaborate with organizations such as the Inland Northwest Medical Group Managers Association to share information that is beneficial on key topics.
- We continue to strengthen our relationships with brokers who have access to many of our region's small hospitals and physicians.
- We continue to diversify outside of Washington. In Idaho, Physicians Insurance has seen a 79.9% increase in covered physicians.

Our growing relationships with hospitals

In Eastern Washington and Idaho, hospitals are gradually employing more physicians. We know that hospitals are employing physicians to deal with a shortage of physicians, to control quality, to improve access to specialists, and to improve call coverage.

Physicians Insurance has chosen to work with the small hospital market so that we can provide excellent coverage and services for the facilities and their employed physicians. Because many hospitals prefer to work through brokers for their coverage needs, we offer our professional liability coverage through select broker relationships.

We now insure three hospitals. Our risk management expertise will be a significant value to these relationships since we know this market and we have a local presence in the state. Our tailored risk management approach with the hospitals will provide some new services:

- Training for physicians, nursing, and other key hospital staff
- An individualized Adverse Event Response Team (AVERT) training seminar to help staff members address the special needs of patients, families, and peers following an adverse event
- Support for risk management assessments
- Guidance on improving policies, procedures, and compliance with federal and state laws
- A provider support program for use in challenging times

Part of our mission is to “anticipate and respond to changing needs and trends in a manner that is beneficial to our members.” We will continue to achieve our mission by providing effective risk management seminars, the excellent level of service that we provide in all parts of the organization, added products and programs in response to the needs in our community, and the personal touch that a local company provides. ♦

Physicians Insurance Making Headway in Oregon



Tim Smigel, Account Executive

As the leading physician-owned professional liability insurance carrier in the Northwest, Physicians Insurance continues to grow in the Oregon market. More and more physicians and their administrative staff are seeing the benefits that we bring to the table in terms of our corporate structure, coverage, services, and claims support. Physicians Insurance's marketing strategy, legislative work, rural reinsurance program, and benefits for hospital-employed physicians are making a difference in Oregon.

Increasing awareness of Physicians Insurance in Oregon

In Oregon we educate physicians and their administrative staff on the ways Physicians Insurance can benefit their practices. To that end we participate in conferences, such as the Oregon Medical Group Management Association conferences, and several specialty-society meetings. We support Project Access Now, which helps low-income people in the Portland/Vancouver metropolitan area obtain access to health care. We write introductory letters and conduct informational meetings for clinics, and we present clinic managers with a variety of options so they can choose the coverage that best fits their needs. We always emphasize how our corporate structure, coverage options, services, and claims handling make our company unique. When physicians and clinics learn about our tailored risk management programs, aggressive claims handling, and focus on service, they often get excited about how Physicians Insurance can make a positive change in their organization.

Our activity in the Oregon legislature

In addition to creating awareness about Physicians Insurance, we are active on the political front, by working to benefit the interests of Northwest physicians. Anne Bryant, our company's senior director of government relations, is a board member of the Oregon Liability Reform Coalition. Physicians Insurance is also a member of the Association of Oregon Industries, and we attend strategic meetings to collaborate with other Oregon organizations committed to improving health care. Currently, we are paying close attention and working as a stakeholder with other medical professional liability insurance carriers as the Oregon Health Authority (OHA) prepares to make recommendations to the legislature in six areas of medical liability and defensive

medicine as a result of section 16 of HB 3650. One study, for example, focuses on the benefits and impacts of caps on awards of damages resulting from medical malpractice. We will continue to work with the OHA and diligently protect the interests of our physician members.

Our support of rural health care in Oregon

While Physicians Insurance has grown in Portland, Salem, Bend, Eugene, and Medford, we are also dedicated to growth in rural Oregon. Physicians Insurance proudly participates in the Oregon Rural Medical Liability Subsidy Program, which provides financial support to qualifying physicians based in rural areas for their malpractice costs. We participate in the program to improve access to care and support physicians in rural areas of Oregon. As a result of the passage of SB 608, the program was fully funded and is expected to extend another three years. To see if your group qualifies for financial relief, and to learn more about the program, please see the Oregon Health & Science University Web site at <http://www.ohsu.edu/xd/outreach/oregon-rural-health/hospitals/oregon-rural-healthcare-quality/index.cfm>.

Our work with hospital-employed physicians

Physicians Insurance provides several options to hospitals to insure their employed physicians separately from the hospital liability policy. Both the hospital and the physicians benefit when Physicians Insurance provides risk management services and claims handling that is specific to each physician's needs and interests. In addition, we now have a small hospital insurance program, currently active in Washington and scheduled to be available in Oregon in 2012.

Physicians Insurance is still growing in Washington, Oregon, and Idaho, and each year we offer new products and educational opportunities for our members. Whereas other carriers are concerned with their stockholders, Physicians Insurance's sole purpose is to benefit its insured members, who are all owners. If you know physicians who are a part of a group not insured with Physicians Insurance, we encourage you to talk to them about the benefits of Physicians Insurance membership and give us a call. ♦

Electronic Medical Records and Cyber Liability



Janet Jay
*Agency Sales and Service
Representative*

The electronic medical record (EMR) at its best is a great tool for medical providers needing to access patient files from wherever they are. A family practice physician can instantly send a patient's chart to an emergency room physician, who can then get instant access to results of an MRI from the radiologist so that important decisions about the patient's care can be made in a

timely manner.

EMR has the potential to allow access to thousands of patient records at once for researchers to determine and predict trends, to see which treatments work for patients with similar fact patterns, and to assist in the diagnosing of new diseases and the tracking of new pandemic trends.

EMR is also the cyber criminal's dream. Medical records contain all sorts of data that could be valuable to a criminal looking for credit card numbers, patient medical histories, employee records, insurance information, addresses, and even social security numbers. In the days of paper files, someone trying to access patient files would have had to bring a large trailer and make multiple trips in and out of a clinic to get away with a fraction of the patient files that can now fit on a keychain jump drive.

Increased Regulation

Each year millions of medical records are inappropriately released. Some are due to the works of cyber criminals, while most are due to simple negligence. Legislators have responded to this alarming trend by increasing regulation. The HITECH (Health Information Technology for Economics and Clinic Health) Act has been enacted to promote the use and standardization of electronic medical records while maintaining patient privacy. It extends certain provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) to third parties, such as EMR vendors, and mandates patient notification in the event of a data breach.

The HITECH Act calls for increased HIPAA violation

penalties, both criminal and monetary. It also gives Health and Human Services (HHS) the authority to audit for HIPAA compliance. HHS has recently acted on this authority with a new pilot program that will audit up to 150 covered entities between November 2011 and December 2012. The program will give HHS a broad assessment of HIPAA compliance issues, and through identifying and correcting HIPAA concerns found, HHS hopes to share what it learns and develop tools to help covered entities better protect health information.

Tools for Your Practice

While it is unlikely that your group will be one of the 150 entities audited in the next year, the new laws are a good reminder for your office to brush up on patient privacy. Our members have access to HIPAA privacy tools at <http://www.phyins.com/risk-management/popular-rm-topics/hipaa.php>, and can attend two risk management seminars to learn more about the new HITECH provisions of HIPAA. To register for "Patient Safety and the Medical Office Staff" or "Promoting Patient Responsibility," go to <http://www.phyins.com/cme/seminars.php>.

Your office may also benefit from a new planning tool that the FCC has recently released at <http://www.fcc.gov/cyberplanner> to help small businesses develop a cyber security plan. For more information, tips, and other cyber security resources, visit <http://www.fcc.gov/cyberforsmallbiz>.

Insurance Options

In 2010, Physicians Insurance enhanced most of its professional liability policies with a \$50,000 data compromise limit at a minimal premium. In the event of a records breach, this coverage can help identify which patient records were affected and how to respond to those patients. Our members have the option to purchase additional limits above the \$50,000 or to use this coverage as a deductible towards a comprehensive cyber liability policy purchased through our agency. The cyber liability policies include additional features besides the data compromise, such as third-party liability coverage for claims alleging financial loss due to a network security or privacy breach and coverage for defense costs as well as fines and penalties associated with HIPAA and the HITECH Act.

If you would like more information or are interested in purchasing additional coverage limits, please contact your account executive or me at (206) 343-7300 or 1-800-962-1399. ♦

RISK MANAGEMENT CALENDAR OF EVENTS

ADVERSE EVENT RESPONSE TEAM TRAINING

a 2.5-hour seminar for physicians and medical team members

This interactive training prepares you to address the special needs of patients, families, and peers following an adverse event. Learn how to prepare for and deliver a compassionate and empathetic apology, when applicable, and develop an ongoing care plan for the patient and family affected by an unexpected or poor outcome.

2012

Thu. Jan. 26	Lynnwood	5:30 pm – 8:45 pm	Wed. Feb. 15	Tacoma	5:30 pm – 8:45 pm
Wed. Mar. 21	Vancouver	5:30 pm – 8:45 pm	Tue. Apr. 17	Spokane	5:30 pm – 8:45 pm

PATIENT SAFETY AND THE MEDICAL OFFICE STAFF

a two-hour seminar for the medical office team

This two-hour seminar covers today's hot-button issues in medical management: treatment of minors, HIPAA and HITECH, policies and procedures, and communication after an unexpected outcome. It will help staff at all levels to recognize patient-safety weak points and reduce exposure to malpractice claims.

2012

Thu. Feb. 2	Mt. Vernon	11:30 am – 2:00 pm	Thu. Feb. 16	Yakima	9:00 am – 11:00 am
Thu. Mar. 15	Bellevue	11:30 am – 2:00 pm	Thu. Mar. 22	Richland	9:00 am – 11:00 am
Wed. Apr. 4	Puyallup	11:30 am – 2:00 pm	Thu. Apr. 12	Spokane	9:00 am – 11:00 am

PROMOTING PATIENT RESPONSIBILITY AND OTHER TOPICS IN RISK MANAGEMENT

a two-hour seminar for physicians who see patients

Building accountability into your practice can enhance patient relationships while reducing liability and compliance problems. The focus of this seminar is on overcoming communication barriers with patients who are non-English-speaking, disabled, or elderly, or who have suffered an adverse outcome. Significant changes required by the HITECH provisions of HIPAA will also be covered.

2012

Tue. Jan. 24	Olympia	5:45 pm – 8:15 pm	Wed. Feb. 15	Yakima	5:45 pm – 8:15 pm
Thu. Feb. 23	Everett	5:45 pm – 8:15 pm	Wed. Mar. 21	Richland	5:45 pm – 8:15 pm
Wed. Mar. 28	Bellingham	5:45 pm – 8:15 pm	Thu. Apr. 19	Portland	5:45 pm – 8:15 pm

Enrollment is limited, so early registration is encouraged. For more information on risk management seminars, contact the Risk Management Department at 1-800-962-1399 or risk@phyins.com. If you are a member, you can register at www.phyins.com. If you don't see a seminar in your location, look for future seminar dates on updated brochures regularly sent to all members. You can also visit www.phyins.com for up-to-date seminar offerings and registration.

***Mohr v. Grantham*: Could This Supreme Court Decision Change the Practice of Medicine in Washington?**

In the case of *Mohr v. Grantham*, decided on October 13, 2011, the state Supreme Court reversed a trial court's dismissal of a medical professional liability action and allowed a case to go forward despite the lack of evidence that the alleged negligence more probably than not caused the patient's adverse outcome. The Court decided, on a 6-3 vote, that, under some circumstances, a patient can recover damages for medical negligence if the patient can prove the negligence caused the loss of a chance of a better outcome.

This will perhaps be most significant in cases involving an alleged negligent delay in diagnosis or treatment. In many such cases, the delay did not change the outcome of the disease or injury process, and no compensable injury occurred. But now courts may allow recovery of damages for a delay that reduced the chance of a better outcome even if a preexisting disease or injury probably made the outcome inevitable.

There are many unanswered questions about the implementation of this decision. What kind of expert testimony will plaintiffs need to prove proximate cause of the loss of a chance of a better outcome? What kind of guidance will juries be provided to help them measure



the value of a lost chance of a better outcome? Is it sufficient proof if experts present this kind of causation testimony even if they cannot say how much better the outcome would have been?

How will physicians decide what course of treatment or what course of diagnostic testing should be used, knowing it is possible some expert will believe that another approach was required because it would, in that expert's opinion, have increased the chance of a better outcome?

This decision places impossible burdens on physicians. It punishes physicians for negligence that cannot be shown to have caused the patient's outcome. No standard like this has ever been imposed on other professionals, such as architects, engineers, accountants, and attorneys.

Chief Justice Madsen, in her dissenting opinion, suggested the legislature should be asked to look at the public policy considerations that might warrant revisiting the majority decision.

We are drafting a legislative fix and developing a strategy with the Washington State Medical Association for seeking bipartisan support. To learn more or get involved, please contact Anne Bryant, Senior Director of Government Relations, at anne@phyins.com. ♦

Message From the President and CEO *Continued from page 1*

a key resource. Our Medical Stop-Loss Program offers secure risk coverage that protects medical practices from catastrophic medical costs, providing excellent customer service, flexibility, and value to customers. Our book of business has increased steadily, demonstrating both the need in the Northwest and our ability to provide the coverage clients are looking for. Also, through our reinsurance partner, Swiss Re, we offer complimentary consultation for catastrophic claims and care management challenges.

As we plan for developments in 2012 and beyond, we continue to work closely with the Washington State Medi-

cal Association (see the article on page 3 for more information), explore ways to promote better health care outcomes and satisfy quality standards established by CMS and others, seek greater opportunities for new members in Oregon and Idaho (see the articles on page 4 and page 5), and monitor legislative activity that can affect local health care practices (see the article at the top of this page). In our meetings with physicians on the Board of Directors, Board committees, specialty focus groups, and personal visits with members, we continue to seek an open dialogue with physicians and health care professionals who are preparing for changes while striving to maintain the highest standard of care. ♦

CME That Reflects the Changing Practice of Medicine



**Celia Smith, CCMEP,
Director, Continuing
Medical Education**

Today's physicians integrate a dizzying amount of new information, advancing technology, shifting staff, and treatment complexity. They require CME that moves beyond the didactic and helps them to effectively address practice-specific problems.

Physicians Insurance offers Category I-certified courses featuring formats that incorporate new standards of patient-centered care, interdisciplinary teams, and quality improvement. In other words, our CME walks the talk. We aim at nothing less than to help our members measurably improve patient safety and clinical outcomes. This article gives you a glimpse at a few of our current and upcoming programs.

Simulation Training

Effective teamwork requires practice. Physicians and nurses don't magically overcome differences in training and communication styles when they're thrown together in a patient emergency. The very word *team* is a misnomer, considering the countless configurations of personnel who might be on shift at any one time.

Simulation training provides that practice. Physicians, nurses, and technical staff work in small groups to clarify roles, then respond to a staged crisis in their hospital's setting, using a high-tech mannequin to test skills. The exercise is videotaped to guide discussion after the drill, and to identify process improvements. Physicians Insurance has conducted 13 days of simulation training in emergency cesarean section and shoulder dystocia delivery. Planning is under way to expand the training to emergency physicians.

Communication in Anesthesiology: Making the Most of Brief Patient Encounters

"You're not going to give me that drug they gave Michael Jackson, are you?" Anesthesiologists often meet their patient for the first time immediately before surgery. They have only a few minutes to ensure readiness for anesthesia, explain their role, and address anxious questions. Estab-

lishing trust in a compressed time frame, without the appearance of being rushed, requires distinct communication skills. This 2-hour course will help you to strengthen those skills by providing examples, practice, and feedback in a congenial, confidential setting. Participants will be able to view and debrief a patient interview. More details on these 2012 workshops will be sent to our member anesthesiologists and CRNAs.

Risk Management Essentials for the Laboratory: a Webinar for Pathologists

Most laboratory errors are not simply a matter of misjudgment. The potential for error accumulates with every person processing a specimen before it arrives in the lab for interpretation, and then in reporting results. This 1-hour webinar shows best communication practices with referring physicians, and strategies for mitigating risk. It was planned with input from our 12-member focus group, survey results from member pathologists, discussion with University of Washington faculty, and analysis of claims data.

Chronic Pain Management

The Institute of Medicine (IOM) reported in June 2011 that chronic pain affects at least 116 million American adults, making it an unprecedented public health emergency. From 2003 to 2008, the death rate from prescription pain medication in Washington State increased 90 percent. In response to these alarming figures, the state legislature passed Engrossed Substitute House Bill 2876, to guide opioid prescribers towards safer treatment practices.

The e-learning module described below summarizes the pain rules and recommendations for tracking clinical progress. In addition, we have built upon our foundational 2009-2010 seminar with numerous options that all support the rules, reinforce learning objectives, and align with different learning styles.

● **The Medical Quality Assurance Commission Pain Rules—What Washington State Physicians Need to Know . . . and All Prescribing Physicians Will Benefit From:** Accessible from our Web site, this 1-hour e-learning module walks you through the

Message From the Chairman of the Board *Continued from page 2*

“HealthPact presents an opportunity for dialogue among health care providers and organizations, including regulators, attorneys, and patient advocates. We all have insights to provide about communication and transparency in health care. The lack of it has made health care more difficult, particularly when an unanticipated outcome occurs.”

HealthPact’s first success has been to pull all the stakeholders to the table. “Malpractice litigation is adversarial and nobody trusts the other side. Ideally, participating in HealthPact is one way to break through that lack of trust,” says Andrew Bergh, an attorney representing the Washington State Association for Justice. “There will always be cases where people don’t agree whether a medical mistake occurred, but at least we can strive to resolve disputes in an ethical and civilized way.”

Swedish Medical Center’s Chief Medical Officer John Vassall, MD, has high hopes for HealthPact and also serves on the HealthPact Forum’s Leadership Group. “At Swedish we’re promoting a culture of safety across our system and teaching physicians safety tools and techniques to implement a safe culture. One of our goals is to help physicians improve communication with their patients, including communicating about risk when obtaining informed consent.”

According to Dr. Vassall, good communication begins with shared decision making between patient and provider: “The conversation starts before an adverse outcome occurs. It’s better for patients to be in the position of understanding their risk and knowing what to expect in their care in order to receive an optimal outcome. Patients must also know what they can do to assure a good result. The more information patients receive up front, the better off they are.”

Still, as patient and Leadership Group member Brandelyn Bergstedt knows, there will always be unexpected outcomes (see “Why Communication Counts” on page 11). “When hospitals have patients who are upset, they tend to assume they have to fix everything in order to maintain a rapport with the patient. That isn’t always true; they can reduce the patient’s anxiety, fear, and mistrust simply by the way they communicate once they are aware of the mistake.”

The HealthPact Forum will begin offering semiannual meetings that train and engage participants in 2012.

As Physicians Insurance continues to participate in projects encouraging open communication and improved patient safety, I feel confident that our members will be part of this shift. Together, we will be prepared for the challenges of the changing health care environment—continually focusing on patients’ needs and strengthening health care in the Northwest. ♦

CME *Continued from page 9*

rules required for treatment of chronic, noncancer pain in Washington State. Participants will be able to identify which of their patients need consultation, and how to conduct consultation electronically. The course links to tracking and assessment tools useful for organizing a treatment plan.

● **Balancing Risk in the Management of Chronic Pain:** Filmed from a live seminar, this 1-hour webinar self-study gives you prescribing guidelines, recommendations for developing a care plan, and examples of effective patient coaching.

● **Simplified Management of Patients With Chronic Pain:** In this 1-hour webinar you will review standards for

treating and tracking the progress of patients with long-term pain. Also covered are recommendations to avoid diagnostic blind spots and tools to standardize care among providers and staff.

● **Goal Setting in Chronic Pain Management:** Video vignettes are incorporated into this 1-hour e-learning module that demonstrates communication and goal-setting techniques with challenging patients. Publication is set for spring of 2012.

● **Recognizing and Responding to Addiction:** This 1-hour e-learning module clarifies ways to prevent, recognize, and manage addictive behavior. It includes strategies you can use to minimize your liability risk, and illustrates common scenarios along with suggested scripts for handling difficult patient interactions.

Why Communication Counts: A Patient Speaks

Brandelyn Bergstedt knows firsthand that communication is critical to good health care relationships. She's had difficult encounters with health care providers as a patient. Twenty-three weeks into her pregnancy, Bergstedt was rushed to a hospital experiencing labor contractions. The admitting nurse performed a physical exam and told her that she was losing her baby. For 12 hours, Bergstedt waited to see a doctor in a labor and delivery room, declining to hasten labor because she knew that her baby could not survive outside the womb at such a young age. She struggled to convince her hospital team that she was not losing her baby after a fetal monitor detected a heartbeat and she felt her baby kicking.

Bergstedt perceived that her nurse stopped talking to her and considered her resistant, and staff told her throughout the day that the doctors were too busy to see her. Then 12 hours later—after the hospital finally performed an ultrasound that showed that the baby was, in fact, viable—the hospital transferred her to a medical center specializing in high-risk pregnancy.

Bergstedt delivered her daughter at 24 weeks, and her daughter spent the next four months in neonatal intensive care. During that time, a clinician hung the wrong bag for her daughter's IV and she received the wrong medicine for 12 hours. Expecting to be shut out, Bergstedt says, "I was pleasantly surprised by their reaction. I expected more avoidance and conflict. Instead they told me they were holding a meeting that same afternoon to find out why it happened

and that they wanted me there. They believed my daily observations of their process were going to be key in finding the solution. What was most important to me was helping to make sure an error like this couldn't happen again."

Bergstedt doesn't believe the caregivers had malicious intentions in either setting. But their approaches to talking with her in the midst of a difficult patient care situation were strikingly different.

Several months later, Bergstedt approached the neonatologist of the first hospital and described her experience. "The doctor responded, 'Why didn't they call me?'" says Bergstedt. The physician next acted promptly with the hospital to begin an investigation. At a meeting with a hospital patient relations representative and the heads of Neonatology and Women's Health, the hospital reported every step in the process where its standard of care was not followed. The leaders apologized to Bergstedt and gave her the opportunity to talk to her obstetrician about her experience. They also gave their recommendations for how the hospital would improve its care and asked Bergstedt if she believed the changes would be effective or if she had other ideas.

"That hospital generally provides excellent care," Bergstedt says. "Unfortunately, mistakes will happen. There will always be the perfect storm. But when hospitals get into a difficult situation, patients deserve transparency, honesty, and an apology."

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• **Resources for Pain Rule Compliance:** From the Physicians Insurance Web site, you can download a patient booklet, *Structuring Your Own Management of Pain*, that is filled with ideas for goal-setting and adjuvant therapies. Also available is a pocket card for quick access to key points and Web site addresses, the Washington State Agency Medical Directors' Group Interagency Guideline on Opioid Dosing, and sample forms to help with screening and tracking.

Managing Risk with the Noncompliant Patient: Tools and Techniques to Promote Accountability and Improve Documentation

Upcoming in early 2012 is a 1-hour webinar that takes an honest, practical look at the frustrating issue of patients who

don't follow treatment instructions. Accountability tools combined with behavior modification strategies will help you to shift the balance of responsibility and negotiate reasonable goals. You will learn to phrase questions in ways that elicit information without lengthening the office visit.

Integrating Cultural Competency into your Practice

The Northwest is among the fastest-growing areas in the country, with projected increases of diverse populations expected to reach up to 150 percent in the next 20 years. Effective cross-cultural health care involves a combination of communication skills and resources for providing appropriate services. At the completion of this 1-hour e-learning module, you will have more proficiency at communicating

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with culturally diverse patients and those with low health literacy. You will know how to update practice forms and provide easily understood patient-related materials. Look for this Web-based program in the first half of 2012.

Adverse Event Response Team Training (AVERT)

Open communication after an adverse event requires a quick, coordinated response. This multi-faceted training incorporates a variety of media and experiential learning methodologies that will be customized upon request for different specialties and practice groups.

Incorporating New Standards

Most specialty boards have now adopted a program involving continuous professional development called maintenance of certification (MOC) as a formal means of measuring a physician's continued competency in his or her certified specialty or subspecialty. More rigorous standards for both CME and MOC require active participation by physicians to evaluate their practice on a regular basis, to measure their performance against competency benchmarks, and to demonstrate practice improvements.

Technology and performance measures might at times feel like an infringement on your autonomy. Standardized procedures, another step in modernizing medical practice, can imply a rigid bureaucracy. But these system updates also put safeguards in place that could free more of your attention for individual patient needs.

Communication is the art that makes the science of medicine work. It's the common thread running through each of the above course offerings. Even the practice of pathology, detached from direct patient care, depends upon communication among providers. Our CME reflects the changing practice of medicine by incorporating new standards into a foundation of interpersonal skills. In addition to the options above, additional activities are described on the Physicians Insurance Web site, www.phyins.com. We hope you'll take advantage of them, and that you'll integrate CME into your daily practice. ♦