

# The Physicians REPORT

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## Message From the President and CEO

This quarter I wanted to explore how Physicians Insurance provides value to its members in ways that distinguish it from other companies, so this month I am turning my column over to Dr. Bohmke, one of our members. Her words speak volumes about how Physicians Insurance helps members navigate a hostile legal environment and lengthy process so they can continue to provide quality medical care to their patients.



Mary-Lou A. Misrahy, ARM  
President and CEO

## How Physicians Insurance Helped Me Survive (and Win) a Malpractice Lawsuit

By Karen Bohmke, MD

*Karen Bohmke, MD, practices obstetrics and gynecology in Seattle. In October 2008 she was sued for injuries alleged to have been sustained by an infant delivered in February 2001. Physicians Insurance successfully defended her case. Following a five-week trial, a King County Superior Court jury found for the defendant in October 2010.*

Before I had a claim, I had not really considered the value of professional liability insurance. As an obstetrician, I knew that insurance coverage was an expensive necessity, but I really only remember thinking what I'm sure most physicians think: I hope I never have to use it.

All that changed one day when I received a notice of an intent to file a lawsuit. A few weeks later, the plaintiff filed a lawsuit, and I learned more than I ever thought I would about the experience of being sued. I learned, for example, that a deposition is not about fact-finding at all. I learned that sitting at a courtroom table with my attorneys, and then watching the jury enter, is strange and isolating. I learned what it is like to

question my own competence. But I also learned what it is like to work with amazing people in the legal profession and to feel like an essential part of a legal team. I learned how important it is to be well prepared for trial. I learned what it feels like to be supported by my family, my partners, and Physicians Insurance during a difficult time. In fact, while I still remember the many difficult parts of going through a trial, what also has stayed with me are the good experiences. Three elements of my experience made all the difference.

### Knowledge

I cannot say enough about how impressed I was with the caliber of people who worked on my behalf during this process. From the beginning, I had confidence in my claims representative, Kym Shepherd, and my two lawyers, Jeff Street and Elizabeth Leedom. They were incredibly competent and caring people. They meticulously evaluated every detail of the claims asserted, keeping me informed of the opinions

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

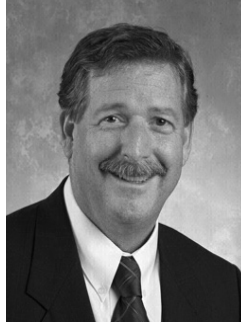
To provide insurance coverage to physicians and other health care providers at the lowest possible cost consistent with sound financial and insurance practices.

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*

### The Value of Physicians Insurance

Whenever I meet with the physicians, clinic administrators, and financial and legal professionals on the Physicians

Insurance Board of Directors and committees, I am reminded of the caliber of people involved at the company's highest levels and their dedication to the values of this company. We listen to our colleagues at home, and we bring important issues to the table. Together we make decisions for the good of Northwest physicians and the improvement of patient care.

#### What do members appreciate about Physicians Insurance?

Every week physicians in my community and in other Northwest communities tell me how much they value Physicians Insurance. At Physicians Insurance, our members appreciate our company's expert claims handling—how we select the best attorneys, work with the best expert witnesses, and stand behind the physicians every step of the way. Members understand the value of our AVERT program, which provides training to health care teams on how to best care for patients and affected providers after adverse events. Members who have participated in our company's obstetrical simulation drills know that these exercises enhance their professional skills and help prepare them for complicated births. Members tell us they appreciate the dividend that we've been able to distribute the last four years. They also value the compa-

ny's prompt service and the availability of a real person to talk to—whether they have a billing issue, a question about the risk management education requirement, a potential claim, or a thorny issue in a medical practice.

#### How physician involvement makes our company more responsive

Our physician-majority Board of Directors makes crucial decisions to strengthen the company financially and serve our members to the best of our ability. Physicians on our Risk Management Committee are responsible for new CME courses, useful practice forms and guidelines, and Web site enhancements. Physicians on our Claims Committee thoroughly evaluate complicated claims and help determine a thoughtful plan of action. Physicians on our Compensation Committee, Executive Committee, Finance and Audit Committee, Investment Committee, Nominating Committee, and Underwriting/Marketing Committee perform equally important roles to determine the direction and success of the company. Recent successes coming out of our committee decisions include our growing use of medical specialty focus groups and a strong internal audit function. Our directors and committee members have enabled us to provide superior coverage to physicians who choose hospital employment.

#### How our work with the Washington State Medical Association is good for physicians, clinics, and hospitals

Physicians Insurance was created under the auspices of the Washington State Medical Association (WSMA), and we have been partnering for the good of physicians ever since. As physician practices evolve and different models of health care take hold, it's never been more important

to speak up for physicians and patients in the legislature. We also work in Oregon and Idaho to protect physicians and enhance patient care.

As we remind ourselves of the tenets of our mission, we know that following it moves our company forward. Together we know that the value of our company lies in the members who own

and direct it, who use it to improve patient safety in their own practices, and who know that sharing a personal connection with a local medical professional liability insurance company makes the Pacific Northwest a better place to practice medicine. I am proud to be a part of this local institution.

## Good News for Eligible Members: Dividend Checks in 2011, No Rate Increase in 2012, and the Continuation of the Loss Experience Credit

### Dividend

In September, for the fourth consecutive year, Physicians Insurance sent dividend checks to all eligible members. The \$5 million dividend was a result of several factors: Physicians Insurance members' patient-focused care, conservative investments, sound fiscal and risk management practices, our aggressive claims defense, and our fair and reasonable costs.

### No Rate Increase

There will be no general rate increase for the coming year. Except for members in the early

years of claims-made coverage, whose premiums increase annually during the first five years of coverage, as well as some members whose practice characteristics have changed, most insureds will not see a rate change.

### ACCOLADES Loss Experience Credit

Additionally, as a reward for those who meet our qualifications and have been practicing safe medicine, the ACCOLADES loss experience credit will be included on the 2012 policy.

### New members in Washington, Idaho, and Oregon

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

**Diagnostic Imaging**, in Salem, Oregon

**Morton General Hospital**, in Morton, Washington

**Sound Health Partners**, in Seattle, Washington

**Southern Idaho General Surgery**, in 2 Idaho locations

**Trauma Trust**, in Tacoma, Washington

## Physicians Insurance Members Take CME Courses at No Charge

Register for live risk management seminars; take our e-learning courses, DVD courses, or webinars; or download and print our self-study course on our Web site. At [www.phyins.com](http://www.phyins.com), at the top of the page, go to CME and choose your course. To register by phone, call us at (206) 343-7300 or 1-800-962-1399 (Western Washington & Oregon) or (509) 456-5868 or 1-800-962-1398 (Eastern Washington & Idaho).



Physicians Insurance is committed to informing its members about issues that impact health care professionals.

Since the majority of cases resolved by settlement are confidential, it is impossible for us to disclose all the issues and results of those cases. However, trials are a matter of public record and we are not constrained by confidentiality from disclosure of these cases. Although this information is public, we choose not to disclose the names of the parties when reporting on trial outcomes. The following case summaries are selected from those that went to trial during the first half of 2011 and may represent some of the more prevalent issues facing health care providers today.

As in all of the company's cases, Physicians Insurance retained talented, highly experienced defense counsel to represent its members. As a member, you can feel confident that Physicians Insurance will represent your interests in the event of a claim.

## FIRST HALF

# 2011 Trial Results

### Alleged Negligent Diagnosis & Treatment

**Specialty:** Oncology/Corporation (ARNP)

**Allegation:** A 43-year-old female alleged she was wrongly diagnosed with myelodysplastic syndrome (MDS) following a suspicious bone marrow biopsy. The patient underwent arsenic trioxide treatment for a period of six months. Following a second bone marrow biopsy, which was normal, her treatment was stopped. A third bone marrow biopsy confirmed there was no evidence of MDS and the patient was ultimately diagnosed with thalassemia. The patient claimed unnecessary treatment resulting in medical expenses that she was unable to pay, damaged credit rating, and having to endure unnecessary and unpleasant treatment and the emotional distress in believing she would die from MDS. The patient had no residual physical injuries from the arsenic trioxide treatment.

**Plaintiff Attorney:** Thomas Vertetis, Pfau, Cochran, Vertetis, Amala, Tacoma, WA

**Plaintiff Experts:** Paul Weiden, Oncology, Seattle, WA; Samuel Waxman, MD, Oncology, New York, NY

**Defense Attorneys:** Rebecca Ringer, Floyd, Pflueger & Ringer, Seattle, WA; Amy Forbis, Bennett, Bigelow & Leedom, Seattle, WA

**Defense Experts:** Robert McCroskey, MD, Oncology, Puyallup, WA; James Berenson, MD, Oncology, West Hollywood, CA; Dan Douer, MD, Oncology, Los Angeles, CA

**Result:** Hung jury as to the physician defendant; defense verdict for the corporation. Case later settled on behalf of the defendant physician for less than what was offered prior to trial. King County Superior Court, Judge Barnett.

**Cost to Defend:** \$418,627

### Alleged Negligent Surgery

**Specialty:** Podiatric Surgery

**Allegation:** A 69-year-old male had painful hammertoe deformities of the right foot. Conservative treatment by his primary care physician failed to relieve his symptoms. The patient sought surgical consultation and was advised the options were to proceed to surgery or do nothing and that there was a risk of an unsuccessful repair. The patient consented to surgery and underwent an uneventful arthroplasty, with

K-wire fixation on the second, third, and fourth toes. Postoperatively, the patient complained of worsening pain and discomfort in his foot. He ultimately sought additional opinions and underwent a second unsuccessful surgery. The patient alleged inadequate informed consent and claimed that had nonsurgical treatment been utilized, his complaints would have been relieved. The patient claimed permanent pain and disability.

**Plaintiff Attorney:** William P. Pickett, The Law Office of William P. Pickett

**Plaintiff Expert:** Michael DiGiacomo, DPM, Oakland, CA

**Defense Attorney:** Jeffrey Kreutz, Miller, Mertens, Comfort, Wagar & Kreutz, Kennewick, WA

**Defense Expert:** Thomas Chang, DPM, San Francisco, CA

**Result:** Defense verdict. Yakima County Superior Court, Judge Gavin.

**Cost to Defend:** \$139,019

### Alleged Delayed Diagnosis

**Specialty:** General Surgery

**Allegation:** A 47-year-old female had been followed by her internist and gynecologist for a right breast lump since 2003. In December 2004 the patient underwent her annual mammogram and ultrasound, which were negative. In January 2005 the patient was referred for consultation, and breast densities were noted. In conjunction with this consultation and knowledge of the previous month's normal mammogram and ultrasound, the patient was advised to repeat the mammogram in one year. The patient was also told to return if there were any breast changes. Coincidentally, during the patient's physical examination, a right thigh neoplasm was noted and a biopsy was performed that day. In October 2005 another lesion was noted, which was excised and noted to be without pathology. The patient saw her primary care provider in November 2005, and had a normal breast exam. In January 2006 the patient's annual mammogram was normal. In October 2006 a right diagnostic mammogram and ultrasound revealed suspicious changes from previous mammograms. The patient underwent a right

breast biopsy and was diagnosed with invasive lobular carcinoma. The patient was scheduled for a mastectomy, but a previously scheduled hysterectomy for uterine bleeding revealed cancer in the abdomen and pelvis. The mastectomy was cancelled and instead the patient underwent chemotherapy. The patient claimed an 18-month delay in diagnosis of breast cancer resulting in past and future medical expenses, lost wages, emotional distress, and lost chance of survival.

**Plaintiff Attorney:** Russell Odell, Bellevue, WA

**Plaintiff Expert:** Stephen Karp, MD, Oncology, Burlington, MA

**Defense Attorneys:** Rebecca Ringer and Dylan Cohon, Floyd, Pflueger & Ringer, Seattle, WA

**Defense Experts:** Cary Kaufman, MD, General Surgery, Bellingham, WA; Rodney Pommier, MD, Oncology, Portland, OR

**Result:** Directed verdict for defendants. (This is a rare situation. The judge ruled as a matter of law that the plaintiff had failed to prove her case, and directed that a defense verdict be entered.) Snohomish County Superior Court, Judge Lukas.

**Cost to Defend:** \$121,238

## Have You Made Changes to Your Practice?

Renewal policies will be mailed to most members in December. If you have moved or made any practice changes, please contact us to update your coverage to ensure that your new policy will reflect your changes. Call us at 1-800-962-1399 (Western Washington & Oregon) or 1-800-962-1398 (Eastern Washington & Idaho), or contact us at [info@phyins.com](mailto:info@phyins.com).

## Do You Qualify for a WSMA Credit?

Physicians Insurance members qualify for a \$300 credit if they are members of the Washington State Medical Association (WSMA). The following guidelines will help you understand how this credit applies:

1. Physicians Insurance members who are members of the WSMA as of the effective date of their policy will receive the credit.
2. Physicians joining the WSMA midyear will receive the credit at renewal.
3. To receive a credit at policy renewal, Physicians Insurance members must have paid their WSMA membership dues by December 31 of the preceding year. If you are a member of WSMA when your policy becomes effective and do not receive the credit, send us verification of your current membership by February 1 and we will apply the credit effective at your renewal.

Alternative-rated physicians are not eligible for this credit. If you have questions about your eligibility for the WSMA membership credit, contact your Physicians Insurance marketing representative at 1-800-962-1399 (Western Washington) or 1-800-962-1398 (Eastern Washington).

Washington  
State Medical  
Association | **WSMA**

# Frequently Asked Questions About Billing Errors & Omissions Insurance



**Janet Jay**  
Agency Sales and Service  
Representative

Physicians Insurance Agency offers value-added insurance products to address physician needs. In the past year, Billing Errors & Omissions (Billing E&O) insurance has been the most asked-about product in our agency. This is due in large part to the methods that the Centers for Medicare and Medicaid have employed in auditing past medical billing

records. Below are the answers to some of the many questions we get about this important insurance coverage.

## What is Billing E&O insurance?

Billing E&O insurance provides coverage for 1) the defense of alleged improper billings and 2) the fines and penalties associated with the alleged overbillings.

## Does the policy cover repayments of money owed?

The Billing E&O policy does not cover payments that are owed to the government or commercial payers. (These payments are also known as restitution). However, the amount of restitution may be substantially reduced with a focused defense counsel provided under the policy.

## How much does the coverage cost?

Premiums vary based on the number of providers in your group, as well as on claims experience and the type of billings handled.

## Isn't this coverage provided under my professional liability policy?

No. The professional liability policy covers claims arising out of patient care. It does not cover claims for alleged billing errors.

## What triggers the policy?

If you receive a letter from the government or other commercial payer alleging that you made billing errors and owe restitution, this is a policy trigger, or claim, that should

be reported immediately under the Billing E&O policy. The defense counsel assigned to your claim then will assist you in your response.

## Why is this coverage so important now?

As our legislators look to both balance the budget and reform health care, the Centers for Medicare and Medicaid Services (CMS) receive considerable attention because they account for about one-fifth of the national budget. Consequently, CMS has been empowered with the resources to research, audit, and recoup the money it has paid wherever it can identify an overpayment, independent of whether the overpayment occurred due to fraud, dishonesty, or a legitimate error.

Contracted auditors typically look at records up to six years back and receive incentives in the range of nine to twelve percent of the errors they find. They can also extrapolate the data found in a single audit to all your billings and charge additional fines and penalties.

## Does the insurance cover commercial payers?

Lately, most of the focus has been on Medicare audits because of the reasons outlined above. However, Billing E&O insurance also covers claims arising from audits by commercial payers, such as Regence and Premera.

## Is this the same as data compromise coverage?

No. Most of Physicians Insurance's professional liability policies contain a \$50,000 limit for data compromise coverage at a minimal premium. This protects your patients, employees, and others from identity theft due to data breach or other release of personal data that has been entrusted to you. It does not cover your practice for alleged billing errors as a Billing E&O policy does.

While the answers to the questions above are typical for the policies offered through our agency, it's important to note that policies do vary. Always check the specific language in your policy for its coverage description.

If you have any question about Billing E&O insurance that hasn't been answered here, please feel free to contact your Physicians Insurance account executive or Janet Jay 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.

### 2011

Thu. Oct. 13	Richland	5:30 pm – 8:45 pm	Tue. Oct. 25	Seattle	5:30 pm – 8:45 pm
Tue. Nov. 15	Everett	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.

### 2011

Thu. Oct. 20	Everett	11:30 am – 2:00 pm	Thu. Oct. 20	Richland	8:30 am – 11:00 am
Thu. Oct. 27	Tacoma	11:30 am – 2:00 pm	Thu. Oct. 27	Twin Falls	8:30 am – 11:00 am
Thu. Nov. 3	Yakima	8:30 am – 11:00 am	Wed. Nov. 9	Olympia	11:30 am – 2:00 pm
Thu. Nov. 17	Spokane	8:30 am – 11:00 am	Thu. Dec. 1	Lynnwood	11:30 am – 2:00 pm

## 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, elderly, or who have suffered an adverse outcome. Significant changes required by the HITECH provisions of HIPAA will also be covered.

### 2011

Wed. Oct. 26	Twin Falls	5:45 pm – 8:15 pm	Thu. Nov. 3	Vancouver	5:45 pm – 8:15 pm
Tue. Dec. 6	Seattle	5:45 pm – 8:15 pm	Thu. Dec. 8	Bellevue	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](mailto:risk@phyins.com). If you are a member, you can register at [www.phyins.com](http://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](http://www.phyins.com) for up-to-date seminar offerings and registration.

## AHRQ Demonstration Update

Physicians Insurance is partnering with the University of Washington and participating hospitals and clinics on a three-year demonstration project, designed to improve communication to prevent adverse events and to communicate more effectively when events occur. The project is funded by the Agency for Healthcare Quality and Research (AHRQ).

### Avoiding Adverse Events Through Better Communication and Teamwork

When an adverse event occurs in the health care setting, people may assume it's because of a lack of clinical knowledge or skill. But to the contrary, several studies show that most are the result of poor communication or teamwork.

"Communication is a major contributor to 60 percent or more of all health care errors according to the Joint Commission," says Sarah Shannon, PhD, RN, who is leading the communication training core for the AHRQ demonstration project.

That's why communication training is a major part of the AHRQ demonstration project. A key component of the curriculum that's being used is called TeamSTEPPS.

William Hurley, MD, an emergency physician at Seattle's Harborview Medical Center, co-teaches the curriculum to our partner hospitals along with other University of Washington (UW) faculty. He helped develop the precursor program for TeamSTEPPS in the 1980s. Adapted from the aviation industry, it focuses on teamwork and communication as drivers of patient safety. The training is intended for interprofessional teams of physicians, nurses, pharmacists, medical assistants, and other team members.

"TeamSTEPPS makes communication intentional and focused on safety," says Dr. Shannon, an associate professor at the UW School of Nursing. "It also addresses the conflicts that can occur among teams in providing care."

Clinicians learn to call out their concerns in the health setting and ask for briefs and huddles to plan care and solve problems. Many teams struggle because some clinicians aren't comfortable speaking up, so members learn standard language to express their concerns. Participants learn how to be active team leaders and team members, and to move between these roles when necessary.

Dr. Shannon goes on to mention, "Our project will supplement TeamSTEPPS with additional tools to deal with the entrenched conflicts that can go on for years, helping clinicians to reopen communication."

Conflicts may typically exist among nurses or physicians, between specialties, or between members of a health care team with a rigid hierarchy.

### Tackling honest mistakes and "undiscussables"

In 2005, the study *Silence Kills: The Seven Crucial Conversations for Healthcare* defined two types of errors. The first are "honest mistakes" where—for example—someone might say the wrong order or an error occurs because of poor handwriting. "These are somewhat inevitable and we do our best to correct them through tools like checklists, protocols, and automated systems," says Dr. Shannon.

Then there are the "undiscussables." Examples might involve a clinician witnessing a mistake and not speaking up, or a team taking a dangerous shortcut. It might involve disrespect amongst clinicians or overloading a colleague without seeking help. TeamSTEPPS can help address both types of errors, but the additional conflict training is intended to help with the "undiscussables."

### Providence Everett kicks off training

Providence Everett Medical Center was the first AHRQ partner hospital to get its training under way this spring. Providence Everett sent 10 health care professionals for Master TeamSTEPPS training at the UW's Institute for Simulation and Interprofessional Studies. UW faculty came to Providence for a Grand Rounds targeted to emergency-department physicians, administrators, and nurses.

Every partner hospital will customize its incorporation of the project to improve team communication to focus on a specific service line.

### A glimpse of the future

While this demonstration trains physicians, nurses, and other clinicians already in the field, training for students is already becoming the norm.



“Communication and teamwork are skills that some physicians develop over time while others have never recognized the need. We didn’t learn it in medical school,” says Dr. Hurley. “However, today at the UW, medical, nursing, and pharmacy students are trained to-

gether. I encourage physicians to open their minds, study the literature, and embrace the opportunity to learn something different. We have a real opportunity to lead and promote safety for our patients.”

## Focus Groups Provide Insights Into Specialty Concerns

By Celia Smith, CCMEP, Director, Continuing Medical Education

Physicians Insurance has historically used focus groups to gain insight into factors that influence trial outcomes. Over the past year we have also used focus groups to increase our knowledge of the unique challenges faced by different medical specialties. Together with claims data and input from our physician committees and stakeholders in the medical community, focus groups are a vital resource as we develop CME and risk management services of the highest relevance to our members.

### The Focus Group Process

Invitations to participate in a focus group meeting were sent earlier this year to a random and demographically diverse group of our members practicing in Pathology and Ophthalmology. Twelve physicians in each group were selected. They recently met for a three-hour discussion with a professional focus group facilitator at the office of Dodge Blount & Hunter LLP.

Andrea Blount, PhD, posed questions to each group on the topics of patient-safety challenges, clinical risks specific to their area of practice, liability concerns, ideas for education, and how Physicians Insurance might better meet their needs. The discussion led to the kind of insights that occur when individuals share a common experience, with one idea sparking another. Conversation was animated, convivial, and productive.



Foremost concerns expressed by the Pathology focus group included being sued for someone else’s mistake, and communication with ordering physicians. “Some referring doctors act like reading the slides is black and white,” said one participant. “Like the words for the diagnosis are printed on the slide somewhere.” The Ophthalmology group voiced apprehension about wrong-site surgery and communication challenges that include language barriers, elderly patients, and achieving patient compliance. Both groups expressed appreciation

for Physicians Insurance’s risk management telephone consultation, and stated a preference for interactive learning and specialty-specific online CME.

### Next Steps

Insights from the focus groups conducted last year for Obstetrics, Anesthesiology, Emergency Medicine, and Radiology have formed the basis for current programs and those in development.

An outgrowth of the feedback from these focus groups has been our popular simulation training. Another outgrowth has been an expansion of our online CME program at [www.phyins.com](http://www.phyins.com).

Insights from the most recent meetings will form the foundation for a comprehensive online survey for Pathology and Ophthalmology members. The survey results will direct content for education and practice tools to be developed over the next year.

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

of our medical experts and developments in the case. The experts retained to review the case, who would ultimately testify on my behalf, were knowledgeable and credible, and many are nationally respected in their fields. Decisions were made in a thoughtful, well-reasoned, and collaborative way. My legal team honored my choices and valued my input. Throughout the process, we as a team evaluated settlement options, and I felt well informed before I made my decision. While settlement would have meant that the whole process would end more quickly, the best choice for me was to proceed to trial, and Kym, Jeff, and Liz were well prepared.

**Protection**

I was impressed with the effort that went into preparing my case. To prevail at trial, my attorneys knew the jurors would need to understand the judgments I made when providing care to my patient nine years earlier. They knew we would need to educate a jury—composed of individuals with varied backgrounds and experiences—on complex medical issues, changes, or evolutions in medicine during the preceding decade and be able to explain why the plaintiff's disabilities were unrelated to the medical care I provided. To tell our story, they employed the use of consultants, conducted jury research, developed incredible illustrative exhibits, and presented the most thoughtful, intelligent expert witnesses. Prior to the start of trial, I was prepared for every detail—from jury selection through the verdict. Countless hours were spent and every consideration given to achieve the best outcome at trial. It was gratifying to see the results of our efforts as the case was presented to the jury. I gained an appreciation for the level of professionalism, dedication, and commitment by my legal counsel and Physicians Insurance. They advocated for me with strength and conviction—always in a respectful manner and with an unwavering belief in me and in our case. Though I know trial always poses uncertainties, I could not have been more confident in my legal team.

**Support**

Soon after my claim was filed, Dr. Ron Hofeldt, the director of physician affairs at Physicians Insurance, contacted me to say he was available for support throughout the legal process. His availability as a resource was reassuring, and his calls were timely, informative, and supportive. Dr. Hofeldt proved to be a great resource.

Kym, Liz, and Jeff were always available and supportive. It was wonderful to feel supported by well-prepared, knowl-

edgeable, intelligent people. The days and weeks of trial were tiring in every sense. It was difficult to be away from practice and the comfort of normal routines. There were intense moments, listening to criticisms of my professional judgments or competency, and tedious moments, dealing with legal matters or issues that seemed to be remote from anything relevant to medicine. It helped that my partners, members of my office staff, and my family attended the trial whenever possible. I also appreciated seeing Physicians Insurance staff members who attended my trial.

The plaintiff asked the jurors to return a verdict of approximately \$8 million. While the jury was deliberating, I felt confident. Whatever the outcome, I knew my lawyers had done a great job on my behalf. The jury deliberation was brief, and fortunately, we won the case.

Following the verdict, I had an opportunity to speak with several jurors who were supportive of our case. The jurors were very compassionate toward the plaintiff but well understood the toll taken on a physician who has had an adverse outcome. Physicians Insurance conducts formal interviews following trial as part of their continuing effort to enhance the potential for success at trial. I was heartened to learn how well the jurors understood the complex medical issues, and I think this is a tribute to my lawyers and the expert witnesses.

Throughout the two-year process, Physicians Insurance did everything they could to help me continue with my practice. I was able to focus on my patients, and they helped me manage the burden of being involved in a legal case. I knew that Physicians Insurance and my attorneys were taking care of every detail. During the trial my partners cared for my patients, and Physicians Insurance provided support to offset financial pressure associated with being away from my practice.

Now that the experience is behind me, I can say that my attitude toward being sued has changed. I thought the experience might impact my interactions with patients in a negative way, but that has not been the case. I continue to enjoy my practice and my patients. In my line of work, with its potential for complications, I realize I don't control everything. I know things can go wrong despite my best efforts. I know that a physician can get through a long trial with a company like Physicians Insurance.

I feel very fortunate that Physicians Insurance provided such excellent coverage, and I am grateful I had an amazingly supportive insurance company willing to stand behind me.

## Expanded Provider Support Program

Because provider wellness is correlated with patient safety, Physicians Insurance has expanded its Provider Support Program to include innovative services to members. In addition to our Litigation Support Program, in which Dr. Ron Hofeldt, Director of Physician Affairs, provides confidential coaching after serious adverse events, Physicians Insurance offers our Adverse Event Response Team (AVERT) program, provider support/wellness committee consultations, and Balint Group formation.

Physicians Insurance is accredited by the Washington State Medical Association CME Accreditation Committee to

sponsor continuing medical education activities for physicians. Many of our courses are certified Category I credit, and all of them fulfill the risk management education requirement mandated by the Washington Health Services Act of 1993.

If you would like to learn more about our expanded Provider Support Program, please call our Risk Management Department today at 1-800-962-1399 (Western Washington & Oregon) or 1-800-962-1398 (Eastern Washington & Idaho).

## Physicians Insurance Joins Oregon's Rural Medical Liability Financial Reinsurance Program

Physicians Insurance has expanded its support of Oregon physicians by participating in Oregon's Rural Medical Liability Financial Reinsurance Program. This program provides physicians and nurse practitioners practicing in qualified rural areas to be reimbursed for a portion of their

malpractice premium. To see if you qualify, and for more information on the program, visit <http://www.ohsu.edu/xd/outreach/oregon-rural-health/providers/medical-malpractice.cfm>, or call Tim Smigel, Physicians Insurance's account executive for Oregon, at (503) 313-6934 or 1-800-962-1399.

### CONFERA Partners with Physicians Insurance

By Mike Terhaar, Vice President of Business Development, CONFERA

CONFERA partners with Physicians Insurance for its liability coverage and is pleased that Physicians Insurance supports innovations in health care that promote cost-effectiveness, excellence in care, and patient safety.

As hospitals and physicians grapple with rising costs, declining reimbursement, and increasingly limited access to specialty care, CONFERA, an independent physician group, is partnering with hospitals and medical staffs to confront these challenges. CONFERA provides specialized medical expertise to patients via telemedicine, augmenting the care provided by local physicians. Through the use of an on-site robot, or similar equipment, a CONFERA hospitalist beams into the hospital and allows for high-quality, real-time patient-physician interactions through high-resolution video, audio, and medical peripherals. The hospitalist can see and talk with the patient, observe and conduct an assessment, view radiologic images, review lab results, and collaborate with the medical team to develop the most appropriate treatment plan for the patient. This allows patients the comfort of being cared for in their own community—near friends and family—by the primary care providers who know them best, while benefitting from a team of specialty physicians collaborating on their care.

"Patients appreciate staying close to their family under the care of their local primary care physician," says Tom Martin, Lincoln Hospital administrator in Davenport, Washington. "Our physicians benefit from having the additional medical expertise at their side."

Fred Reed, MD, Lincoln Hospital's chief of medical staff, also sees the value of telemedicine: "Having the robot available to us and specialists behind it really enables us to get a fresh viewpoint and another set of eyes on the patient."

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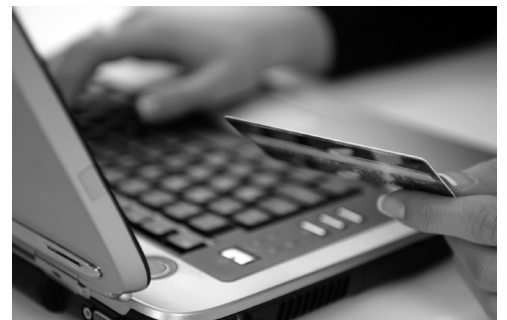
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