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## President - Nancy Enos, FACMPE CPC

Dear Member,

As you're enjoying the pleasures that summer brings, we've been planning a great year ahead. Many of you, like me, have been responding to the "surprises" that have cropped up since billing with the NPI numbers, such as the payer not recognizing your group number, address, or hospital affiliation. These gremlin problems have come up so quickly, and we've hammered them equally, that it feels the summer of "Whack a Mole" but we're not at an amusement park! You will have an opportunity to hear and learn how to detect and "whack" each of these problems at our Reimbursement meeting in September. We will also have a presentation on PQRI reporting, now that the CPT II codes are in use, as well as a Lawsuit involving BCBS. Mark your calendar for this practical, timely meeting on September 6<sup>th</sup>. This is the week of Labor Day, so don't miss out by letting the calendar stay on your "summer schedule".



Looking ahead to January 1<sup>st</sup>, we're also keeping an eye on the proposed 9% Medicare. Earlier this year the MGMA Board of Directors approved the "Bringing the Message Home" grassroots campaign. Critical to the success of this campaign to stop the 9.9 percent Medicare payment cut and to reform the SGR formula is maximizing our efforts to request and coordinate meetings between our members in their states and their elected representatives. MGMA realizes that many of us have made great progress contacting our State representatives, but we need to continue to bring our message to Washington. If you have any questions or wish to obtain additional assistance in finalizing meetings which you have requested, I urge you to contact your Government Affairs Representatives, Lisa Goldstein for the Eastern & Southern sections at [lgoldstein@mgma.com](mailto:lgoldstein@mgma.com).

Until September, enjoy some lazy days!

Nancy Enos, FACMPE CPC  
President

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## Exciting changes for 2007-2008

The first change our members will see this year is our new website. We have heard your suggestions for online membership registration, meeting registration, and payments. Many of you have suggested a message board for members to chat. Others have asked about an online membership directory (password protected for members only, of course) to search for peers in the same vicinity, specialty, practice size, or any other characteristic to find someone with a possible solution to your question or crisis!

These ideas will add a convenient benefit for our members. The mission of providing education and networking will be the focus of the website enhancements, and we hope that all members will find them to be very useful tools.

Soon you will receive an announcement about the availability of the new features, as well as a "new look" to our website. We are changing the site to make it easier for you to find information on the job board, vendor listings, and current news. We will be including links to MGMA, MGMA legislative advocacy, RI Medical Society, and the Mass Medical Society.

Today, you can complete your 2007-2008 membership renewal and pay online. Mark [www.mmgma.com](http://www.mmgma.com) in your favorites, and let us know how you like it!

## Newsletter Advertising

As you know, the MA/RI MGMA newsletter is distributed to all members five times per year. If you or someone else in your organization has an article or articles that would be of interest to our members, please forward them to [Brooke.MMGMA@verizon.net](mailto:Brooke.MMGMA@verizon.net) at your earliest convenience. If you know of others who may be interested in writing an article or you have a topic of interest to suggest, please provide us with that information and with the contact name and number or email address so that we can contact them.

The MA/RI MGMA Newsletter is an important educational tool for all MA/RI MGMA members and it provides excellent exposure and recognition for the authors of the articles published. Please plan to have your organization contribute to this effort. Just a reminder...You do not have to be a MA/RI MGMA Member to write an article for our newsletter.

We also have opportunities for advertisements in the newsletter. Discounts are extended to our Gold (25%) Silver (15%) and Bronze (10%) sponsors. Please contact Brooke Carreiro at [Brooke.MMGMA@verizon.net](mailto:Brooke.MMGMA@verizon.net) for more information.

## Legislative Liaison - Anna McGuigan-Morse

The Legislative Committee of MA/RI MGMA is a dedicated committee that researches, educates and advocates for the members, physicians, and patients. State and national lawmakers hear the voice of the MA/RI MGMA through the Legislative Committee. But we need to continue to expand the committee and to get information timely for our membership and the Board so that they can review and comment. The Committee and the membership need to get involved and to carry on.

Whether as a full-time Legislative Committee member or as a part-time consultant Legislative Committee member both require strong written and verbal communication skills. This position is a volunteer position. The Legislative Liaison member will be responsible to establish and develop collaborative relationships with the Massachusetts Medical Society (MMS) Government Relations, National MGMA, MGMA Government Relations, Federal and State Legislators in medical disciplines. The member also will be requiring increasing awareness of the needs and concerns of the medical community and the MGMA.

Some of the topics of interest for 2007 to 2008 year are as follows:

- Professional liability reform
- H.S.A. amendment 800 – free stand ambulatory surgical centers (State level)
- practice concerns: EMR, high deductibles, staffing both professional and non-professional personnel and the cost of a practice in Massachusetts
- Expanded health insurance coverage to the uninsured due 7/1/07 in Massachusetts
- Increase Medicaid reimbursement
- Keeping quality health care coverage affordable and accessible to all
- Managing inpatient admissions and length of stay
- Should DPH allow application of CVS Corporation to open a *Minute Clinic* in its Weymouth store? CVS also signaled its intention to open more of these facilities in the future
- MA physicians are receiving new ratings plans participating in the Group Insurance Commission's "Clinical Performance Improvement" initiative. Beginning 7/1/07 these rating based on quality data (ownership of quality data (??)) will determine copays for patients who are employees, or non Medicare retirees, of state government (GIC). How was their tier status developed and by whom?
- NPI: I would refer this topic to Kevin Mulcahy and Nancy Enos do to their expertise on this subject and the volume that they see both on a private level and on an academia level. *Comments, please*

As we enter 2007-2008 year will begin to read and hear about these topics. As a committee the voices of one and all speaking together as a team are louder and more powerful than one voice speaking alone. We are on the cutting edge of medical legislative information.

- ▶ Now is NOT the time to sit back and gaze at the stars
- ▶ Now is NOT the time to dissolve the Legislative Committee
- ▶ Now is NOT the time to wait and see what happens
- ▶ Now is the time for the MA/RI MGMA to be heard

Sometimes it may seem that a large national and/or state issue is so far remove from your backyard you may feel powerless to influence the outcome. But no matter how complicated the issue may seem your voice needs to be heard. As a team, our voices will be heard as we identify ways of opportunities to improve quality of care and the cost of health care along with educating all parties timely on issues of concerns.

Thank You,

Anna McGuigan Morse  
Chairperson for the MA/RI MGMA Legislative Committee  
2007 to 2008

# Navigating Adverse Events by Saying “I’m Sorry”

## By Nina Akerley, ProMutual Group

When it comes to an undesirable or unexpected outcome, no one finds the resulting situation pleasant. Patients and/or their families are understandably upset, confused, angry or frightened. Physicians on the other hand are likely to experience a mix of emotions ranging from denial, sadness, uncertainty and guilt, regardless of fault. At the same time, when something goes amiss, the fragile patient-provider relationship is in jeopardy. The question is how to best preserve a positive patient-provider relationship while navigating the treacherous waters after an adverse outcome. The answer is by initiating the disclosure process by first saying two very powerful words, “I’m Sorry.”

For most healthcare providers, it is important that they do what is right because they recognize that the uniqueness of the patient-provider relationship engenders familiarity and trust coupled with responsibility and compassion. From the perspective of many industry experts the best thing to do is to initiate the disclosure process by starting with an apology. This segues into an adverse outcome process, in which most will agree that there are several important stages on the road to recovery. These stages begin with first recognizing that an undesirable or unexpected outcome resulted from a medical procedure, expressing regret with sincerity, disclosing information about the event to the patient, looking into procedures to reverse or treat the outcome, remaining engaged in the patient’s care and working towards preventing a recurrence of the incident.

“We see many physicians who are in anguish and emotional turmoil after an adverse event has occurred with one of their patients,” said Maureen Mondor, vice president of risk management for ProMutual Group. “It has always been our experience that every physician is deeply invested in the well-being of his or her patient. When something goes wrong it greatly affects them. We always tell them to have an honest and upfront conversation with their patient by starting off by saying ‘I’m Sorry.’ This type of conversation can be difficult, but is of vital importance in maintaining a positive patient-provider relationship.”

While having an honest and compassionate conversation is usually the right move in most situations, being a good communicator isn’t as easy as it sounds! Offering an apology without sincerity, pointing fingers or becoming emotional can cause good intentions to backfire. To help guide these conversations, here are some suggestions:

- Initiate the disclosure process as soon as possible after an unanticipated event.
- Express empathy with the patient or family and sympathy for the pain and suffering.
- Disclose the facts surrounding the event as you understand them at the time of the disclosure.
- Offer treatment options or referral to reverse or minimize injury.
- Ensure preventive action to minimize the risk of a similar occurrence in the future.
- Remain open and let the patient/family know you are available to answer their future questions.
- Follow up and get back to the patient/family, if appropriate.

Document the meeting, including date, time, those in attendance, substance of disclosure, outcome and next steps.

Following these guidelines leads to a compassionate and productive conversation between the patient and/or their family and the physician. However, sometimes even a great communicator cannot assuage the anger of a patient and/or their family.

“After an adverse outcome, physicians should contact their insurer as soon as possible to notify them of the event,” said Almor Afonso, vice president of claims for ProMutual Group. Notifying the insurer activates a professional team of claims representatives and defense counsel to assist and guide the physician through the effects of an adverse outcome. Mr. Afonso also points out, “We do not have empirical evidence to support the assertion that apology and disclosure leads to fewer placed claims, but studies do suggest that when a physician is forthright and honest with a patient after an event has occurred, the likelihood of litigation is actually decreased.”

Studies that support the use of apology and disclosure include a 1992 study by Gerald Hickson, M.D., et al published in the *Journal of the American Medical Society*, which found that of 127 families who sued physicians for perinatal injuries, 24 percent were motivated to litigate because they recognized or suspected a cover-up.

Furthermore, in a 2004 study published in the *Annals of Internal Medicine*, Mazor, et al found that full disclosure reduced the likelihood of a patient changing physicians after a medical error and increased patient satisfaction, trust and positive emotional response. Additionally, 98.8 percent of respondents wanted to be told of errors.

In another study done by Witman, et al published in 1996 in the *Archives of Internal Medicine*, researchers looked at how patients would prefer physicians to handle mistakes. They found that for both moderate and severe mistakes, patients were significantly more likely to consider litigation if the physician did not disclose an error. For the moderate mistake scenarios, 12 percent of patients would choose a path of litigation if informed by the physician in comparison to 20 percent of patients that would sue if a physician failed to disclose the error and they found out by some other means.

While the research is encouraging of the many benefits open apology and disclosure has on both the patient-provider relationship and on potential claims, there is still more research that needs to be done to examine the full impact of medical apology and disclosure. In the meantime, it seems that the best practice for both the patient and the physician is to apologize for the outcome and disclose information specific to the event. Before enacting any disclosure practices, a good idea is to discuss how you'd like to handle adverse outcomes with your insurer and/or practice and decide upon a method that suits you and your patients. This way expectations and procedures are clearly outlined for staff.

For those who are going through the painful experience of an unexpected outcome and/or litigation, the effects are often very difficult and painful for both patient and physician. Whether an injury is the result of negligence or not, the occurrence alone is often emotionally draining and difficult for physicians to handle. Because of this very common and understandable experience after unexpected outcomes, counseling and support groups are encouraged if physicians feel their emotional burden is interfering with their personal or professional lives.

To assist physicians who are undergoing the effects of malpractice litigation, specialized programs have been instituted. In addition to state medical society physician health services programs, some medical malpractice insurance providers have instituted their own emotional support program for healthcare professionals in crisis, offering confidential counseling and psychiatrist-facilitated peer support groups for physicians facing the stress of malpractice. More information about professional counseling and support groups is available by contacting the state medical society or your medical malpractice insurance company.

In conclusion, the impact of an unexpected outcome on both the patient and the provider can be emotionally devastating and have lasting effects. Monitoring efforts and applications of apology and disclosure and its effect on patient safety and risk management implications is necessary to gain a clearer picture of this practice. In the meantime, physicians can feel confident in taking the first step towards healing for both themselves and their patient by saying "I'm Sorry."