

From the President's Desk

Greetings to all our wonderful members! I hope everyone had a great holiday season with friends and family, and looking forward to Spring as much as I am.

Even though the holiday season is behind us, I think it is important to not forget the things that we are thankful for as we move forward in 2018, with a fresh perspective, and looking to educating and empowering ourselves in all things that help us be the best we can be every day. This includes being the best in our professions, and MSHRM is one of the best resources that I am continually thankful for in bringing current topics to our membership. Our organization is one that never sits idle with just providing routine information, but rather is constantly striving to evolve with the most relevant subject matter to bring to our members. By virtue of this function of our great organization, this assists each and every one of us in staying current and educated, with the best tools for our respective positions, and in turn making our *own* organizations the best they can be.

I encourage each member to take the exciting upcoming educational content from our conferences back to your organization, and demonstrate how MSHRM is continually making each of you a better person, better role model, and the best asset to your workplace. Because we should not go through life, but grow through life, and the best investment you can ever make is spending time growing yourself.

Here is to continuing to grow together in 2018,

Jenna Wright Greenman, MSHRM President



In This Issue

- ⇒ Education Update, p 2
- ⇒ Membership Committee, p 2
- ⇒ Throw Back Pictures, p 2, 6, 7
- ⇒ Government Issues, p 3
- ⇒ Communication Committee, p 7
- ⇒ Sponsorship Taskforce, p 7
- ⇒ Upcoming Events, p 8
- ⇒ Did You Know, p 8
- ⇒ MSHRM & ASHRM Members, p 8

Education Committee Update

It is the aim of the MSHRM Education Committee to get you through the long winter and to transition you to SPRING. The first step was the January Webinar, which was well received and attended. I would like to thank both Ted Passineau and Anne Lawter for their fantastic job. The Winter webinar is now an annual event.

Our next transition to Spring is our Spring Meeting on March 20th at the Henry Center in Lansing. This is a full day of education and includes a legal update, a discussion on peer review, a discussion on the role of fear in communication and de-escalation, as well as personal story of a physician who became a very sick and lived to tell about her personal experiences. We moved the timing of this meeting to later in March a few years back, and this year's meeting is actually on the first day of Spring. Hope to see everyone there, as well as at the annual meeting in Traverse City on May 23-25.

~ Dean Etsios,
Education Committee Co-Chair A

Membership Committee Update

The Membership Committee would like to welcome the following new members that joined and have received formal approval by the Board of Directors since the last issue of this newsletter:

- Robert Jackson, Manager of Risk & Patient Safety, Aspirus
- Ashley Tuomi, CEO, American Indian Health & Family Services
- Hillary McConnachie, Clinical Risk Consultant, Michigan Medicine
- Christine Carroll, Clinical Risk Consultant, Michigan Medicine
- Lisa Leader, Manager - Risk, Patient Safety, Patient Experience, Promedica Bixby Hospital

~ Saulius Polteraitis & Joslyn Iafrate
Membership Committee Chairs

Throw Back!



Government Issues Update

Keep Your Attorney on Speed Dial if Requested to be Interviewed by Michigan's Licensing and Regulatory Affairs (LARA)

"Some patients...recover their health simply through their contentment with the goodness of the physician. Some doctors...maintain their legal health with the goodness of their lawyer."
~Hippocrates, Precepts

Doctors need assistance maintaining their legal health. There are multiple reasons not to take a "Pollyanna" approach and submit to an interview. In the past year, the frequency and the significance of Licensing and Regulatory Affairs (LARA) "interviews for investigation" have increased. These "interviews for investigation" are to the detriment of medical practitioners and frequently provide the foundation for LARA to file an administrative complaint. Frequently, attorneys get calls from physicians or insurance carriers after an investigative interview. Many times it's like trying to put the toothpaste back in the tube. It's too late! The absence of a lawyer representing the physician's interests can be devastating; the licensing impact by LARA can be far worse than any medical malpractice case. Not only can a LARA investigation result in suspension, reprimand, or revocation of the physician's license, mentoring services at the doctor's costs, and substantial fines can be imposed before reinstatement of your license. Then comes the final scourge; a report to the National Practitioners Data Bank. This affects future credentialing, privileges,

medical malpractice insurance premiums, and licensing.

A number of factors including the Medicaid, Medicare, MAPS recently replaced by updated software PMP AWARxE, EHRs/EMRs can track overuse of any prescriptions and each medical procedure, the Medi-Data system for Medicare audits, and increased federal funding to LARA have resulted in increased licensing actions. Narcotic distribution can be easily and accurately tracked through the use of MAPS (Michigan Automated Prescription System) and the new MAPS AWARxE software program. Please visit the following link to determine that electronic medical record has made life much more difficult for practitioners prescribing Schedule II drugs. The electronic medical record has created many unintended consequences including further regulation of fees and now your license. This should cause pause.

http://www.deadiversion.usdoj.gov/mtgs/pharm_awareness/conf_2013/may_2013/maps.pdf

Michigan's prescription monitoring program (MAPS) is used to track controlled substances, Schedule II-V drugs. It is a tool used by prescribers and dispensaries to assess patient risk and is also used to prevent drug abuse and diversion at the prescriber, pharmacy, and patient levels. On April 4, 2017, the State of Michigan replaced the MAPS platform with PMP AWARxE.

Government Issues Update

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The second troubling aspect of LARA investigations is the post-medical malpractice settlement scenario. If a physician settles or is involved as a named defendant in a medical malpractice case it may trigger a licensing investigation.

The following statutes mandate an investigation of the settlement following a medical malpractice action.

MCLA 333.12631, sub-section 4, requires that if LARA receives information reported under §16243, sub-section 2, that indicates 3 or more malpractice settlements, awards, or judgments against a licensee in a period of 5 consecutive years, or 1 or more malpractice settlement awards or judgments against a licensee totaling more than \$200,000 in a period of 5 consecutive years, whether or not a judgment or award is stayed pending appeal, the Department shall investigate.

Secondly, the Public Health Code requires under §16243 that insurance companies must report.

Information from an insurer providing professional liability insurance as to claims or actions for damages against an licensee; settlements in any amount, final disposition not resulting in payment on behalf of the insured, and a personal injury claim to have been caused by an error,

omission, or negligence in the performance of the insureds professional services. An insurance carrier that receives a request under this sub-division shall submit the information requested directly to LARA.

This means the carrier must provide information that is requested by LARA that **may not** have even resulted in a settlement or payment on behalf of the insured. This should cause you to pause.

A third area of concern is LARA's request for your interview may quickly turn into criticism of a colleague. Even though LARA may represent their focus is not upon you, your interview may become the basis of an administrative complaint against a colleague. Once you're in the interview, without a lawyer, you can't put the toothpaste back in the tube. Negligence questions may be asked of you without a "look see" at the involved records or knowledge of the particular patient. A lawyer can assist in setting some ground rules with LARA and providing advanced knowledge as to the patient's name and a record review. This will make your interview manageable, if you decide to move ahead with a discussion of your treatment.

The task force, the non-focused interview and these 2 statutory sections are fertile ground for licensing investigations. No physician or healthcare provider

Government Issues Update

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should have a Pollyannaish approach about an interview without gathering the records, and interview with LARA. In my experience, some LARA discussing the scope of the interview through investigations lack medical sophistication (after all his/her attorney. Be wary! Many physicians believe a doctor is not heading up the investigation) and they are simply giving an interview, when solid foundational data to judge your medical unbeknownst to them; this interview becomes the standard of care, other LARA investigators are focus of the investigation. Many physicians have sophisticated and understand the medicine. Myriad provided interviews without the medical record. For problems include:

1. All medical records of the particular patient are not obtained for the investigation.
2. Healthcare providers in other practice fields or specialties may be reviewing the case for negligence rather than the standard of care (one case involved a Ph.D. reviewing the standard of care of a general surgeon).
3. Subpoenas and medical information may be obtained prior to the interview without your knowledge (MAPS reports are confidential on other providers).
4. Interviews with other colleagues, including nurses or support staff may have taken place without your knowledge.

the most part, interviews should remain confidential, until the interview rears its ugly head in an administrative complaint. Finally, many physicians may not know the particular patient involved which may form the basis of the administrative complaint (the patients don't have names only initials). LARA must maintain confidentiality until the administrative complaint is pursued. Why should a physician be ill prepared and provide an interview in the absence of the specific patient and without an opportunity to review the pertinent medical records? The question is rhetorical. I can't imagine a physician providing a deposition, in the absence of the medical record and attorney representation. Many insurance carriers provide an attorney of your choice to represent you in a licensing action without further premium costs to you.

What are the ramifications if an interview doesn't go your way?

You may be stepping on a landmine in the hopes of "cooperation". For these reasons, it is not recommended that a physician provide an

*Possibility of the issuance of an administrative complaint;

*The absence of a thorough medically

Government Issues Update

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sophisticated investigation;

- * The frustration of learning your interview formed the basis of a complaint against a colleague;
- * The need for an adversarial hearing before the Sub-Disciplinary Committee of the Board of Medicine which may result in huge sanctions, reprimand, suspension and/or revocation of your license;
- * The licensee may consent to a LARA consent order imposed probationary period to avoid a decision from the Board of Medicine. Your probationary period may be mentored by an outside group;
- * Quarterly reporting or more frequent reporting to the Board of Medicine to satisfy the probationary terms of the consent order;
- * Costs of continuing medical education programs or forced CME's;
- Costs of monitoring and proctoring are the responsibility of the licensee.

Finally, in the event of a licensing sanction, reporting is done to the National Practitioners Data Bank. This results in checking the "yes" box for credentialing, privileges, and medical malpractice insurance. Much, if not all of this scenario can be avoided by following one simple mantra:

PLEASE CALL YOUR LAWYER!

¹See Michigan.gov, Michigan Launches New Prescription Drug Monitoring Program to Help Prevent Opioid Abuse.

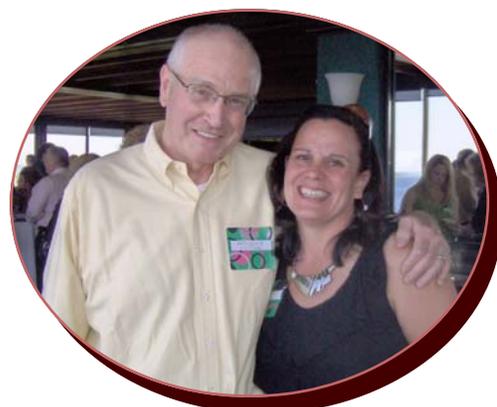
²This can be from a report filed with the National Practitioner's Data Bank or a patient complaint.

SUGGESTED READING OR WEBSITE EXPLORATION:

www.Michigan.gov/MIMAPSINFO

The Perfect Storm: Opioid Risks and "The Holy Trinity," www.pharmacytimes.com

Responsible Opioid Prescribing, a Guide for Michigan Physicians, by Scott M. Fishman, M.D.



Communication Committee Update

The MSHRM Communication Committee is diligently working to connect our members on social media. The intent is to share information among current MSHRM members and to engage with the healthcare community. If you have any relevant information to share with MSHRM please send an email to rebecca.luna@spectrumhealth.org or lindsey.dempster@spectrumhealth.org and we will share on our MSHRM social media sites. Please make sure to follow us for fun, educational, informational content!

“Follow” us on Instagram https://www.instagram.com/MI_SHRM

“Like” us on Facebook at <https://www.facebook.com/MichiganSHRM/>

“Follow” us on Twitter at https://twitter.com/MI_SHRM

“Connect” with us on LinkedIn at <https://www.linkedin.com/groups/8199675>.

~ Rebecca Luna and Lindsey Dempster
Communication Committee Co-Chairs



Sponsorship Taskforce Update

In conjunction with our membership dues, sponsorships are the welcomed warm lifeblood of a non-profit organization such as MSHRM. The Sponsorship Taskforce has been charged with the responsibility of revisiting and refreshing the value of sponsorship within our organization.

The Taskforce has worked diligently and in depth on evaluating past, present, and future sponsor value to our members and to the sponsors themselves with investigations and discussions regarding sponsorship programs of other similar societies and ASHRM.

We have developed a short survey inviting your thoughts on recommendations for expanding the opportunities for sponsors to share their information with you on how they can assist with your healthcare facility's risk management efforts.

However, one of the simplest benefits of sponsorship, and sometimes one that is not conveyed enough, is a simple heartfelt two words from us to our present and even past sponsors: **“THANK YOU!”**

~Rik Joppich and Bill Krueger
Sponsorship Task Force

Upcoming Events

- Annual Meeting—Wednesday, May 23—Friday, May 25, 2018—Grand Traverse Resort and Spa, Acme, MI
- 40th Anniversary—Annual Meeting, Wednesday, May 22—Friday, May 25, 2019—Grand Traverse Resort and Spa, Acme, MI

Did you Know....

MSHRM has a “Distinguished Service Award.” Here are the highlights of that award:

- Granted for activity(s) or contribution beyond the norm, which is of notable benefit to MSHRM.
- Nominations can be accepted all year (there is not a call for nominations).
- There are no limits to the number of awards that can be given each year.
- The Nomination Form is available on our website: http://mshrm.org/Distinguished_Service_Award.

ASHRM and MSHRM Members

We'd like to recognize our MSHRM Members who are also members of ASHRM!

Christopher Allman * Susan Anderson * Laura Bailey * Kerry Barkel * Beth Bedra * Hallie Bradley * Elizabeth Buckley * Eleanor Candela * Carol Carlson * Kathleen Carter * Debra Caverley * Constance Chrisman * Phyllis Clark * Kelly Clement * Kevin Cole * Barbara Cote * Margaret Curtin * Sharon Daust * Lindsey Dempster * Phaedra DesJarden * Susan Dolby * William Duggan * Kathy Early * Kristine Ebbert * Lee Elston * Dean Etsios * Mary Ellen Filbey * Julianne Filippini * Kathryn Frei * Jennifer Fuhrman * Jill Gibson * Tamitha Gipson-Goodnough * Lydia Glusko * Bethany Gomez * Ruth Goodell * Laurie Graybiel * Jenna Greenman * Sarah Hagen * Connie Hall-Burke * Aaron Hamming * Jackie Hansen * Amanda Haverdink * Beth Holtz * Michelle Hoppes * Jennifer Kelleher * Beth Kirby * Alisha Kittlaus * Christine Klenk * Tracey Kovatch * Kevin Krupp * Bruce Kumfer * Kathleen Lanava * Anne Lawter * Jennifer LeMaire * Edward Lynch * Van Maas * Amy Maguire * Kelly Martin * Amber Mayers * Kimberly McCoy * Stephanie Mentalewicz * Katie Moresi * Ellen Moyer * Vanessa Mulnix * Joyce Nichols * Molly Nolan * Laura Nordberg * Royal Norgan * John O'Loughlin * Lena Payne * Kristen Rifenbark * Beverly Robbins * Cindy Rollenhagen * Susan Rose * Annette Rowinski * Christine Sangalli * Kelly Saran * Joyce Schaefer * Kathryn Schaefer * Patricia Schankin * Kimberley Scholma * Elizabeth Seelhoff * Teri Simpson * Kevin Smart * Chi Smedley * Debbie Smith * Lorna Spiekerman * Karen Stein * Cheryl Sullivan * Teresa Todd * Bridget Vandebussche * Joy Vanlier * Michelle Voss * Karol Wareck * Robin Wildman * Denise Winiarski * Vicki Young