

MPL ASSOCIATION FELLOWS LEADERSHIP PROGRAM OFFERS PARTICIPANTS A UNIQUE VIEW OF INDUSTRY



Participating Fellows are given “passports” to participate on a MPL Association committee or educational section, Association Board meetings, and/or to speak at MPL Association meetings or workshops and partici-

In 2012, the PIAA—now the Medical Professional Liability Association (MPL Association)—realized the need for a program to offer training to healthcare professionals in the core areas of MPL and to engage that group as future industry leaders. From that idea has evolved the MPL Association Fellows Leadership Program, a two-year program for Association member company healthcare professionals, particularly, board members and senior executives with backgrounds in medicine, nursing, and dentistry. Through the Fellows Program, the Association engages participants with a specific interest in MPL issues in opportunities that allow for a deeper understanding of the industry and with the hope that they will partner with the Association as it carries out its mission to be the forum and voice for companies committed to quality healthcare.

participate in special sessions in conjunction with the MPL Association Board Governance Roundtable, Data Sharing Advisory Committee, and other events. The didactic learning is conducted through customized webinars and provided on-demand for the convenience of Fellows who are still actively in practice.

The MPL Association Fellows Leadership Program requires a commitment of time and effort on the part of the participants. But that commitment is well worthwhile, according to the Fellows who have completed the program. To get an up-close and personal look at what it's like to be enrolled in the program—and what the Fellows stand to gain—*Inside Medical Liability* interviewed, first, the advisor to the group, Paul McNabb, MD, and then two participants, John Evanko, MD, and Sandra Beretta, MD.

Paul McNabb, MD, is the Medical Professional Liability Association Fellows Leadership Program Advisor. He is retired Chair at State Volunteer Mutual Insurance Company. Dr. McNabb has been one of the most active members of the MPLA Board of Directors, having chaired the Strategic Planning Committee, Membership and Bylaws Committee, Nominating Committee, and he has served as vice chair of the Board of Directors. He is a former recipient of the Award of Excellence in honor of Peter Sweetland.

A graduate of University of Tennessee College of Medicine, he completed his medical training at the Mayo Clinic in Rochester, Minnesota. He is Board Certified in Internal Medicine and Infectious Diseases. Dr. McNabb has taught and practiced medicine in Nashville for almost 40 years and is currently a Distinguished Professor of Medicine at the University of Tennessee Health Science Center.

Inside Medical Liability wanted to find out about his personal experience as Advisor to the Fellows Leadership Program.

Q: What first attracted you to the Fellowship Leadership Program?

A: We all know that the MPL Association has a rich and unique history. I think of the Fellows Leadership Program as an opportunity to utilize MPL Association's resources and expertise to illustrate the industry's complex panoply of roles and functions.

The program has given me the chance to engage the next generation of leaders, to watch them tap into this resource, and to observe their expanding skill set.



Q: How has the program evolved over time—what has been added, and in response to which drivers?

A: With passing time, the program has attracted greater interest and more feedback has been created. In response, the Program has offered additional webinars and enhanced its capacity for experiences at MPL Association committee and section meetings.

Also, experts within the industry have really stepped up to the plate to share their experiences in conference calls and seminars. For example, John Mize and Dow Walker put together an interesting webinar on "hard markets" and provided insight into an insurance scenario that the Fellows had not personally witnessed.

Q: Which aspects of the program have you personally found most rewarding?

A: I really enjoy seeing young leaders make contributions to the ever-changing healthcare liability field. The Fellows come from a variety of professional backgrounds and their willingness to be fully engaged, ask questions, and share their knowledge with peers has been informative and fun.

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Paul McNabb, MD



Dr. Evanko

Q: What specific features of the Leadership Fellows program appealed to you?

A: Dr. Evanko: I

think the first thing is that I'm relatively new to the malpractice industry. I was a doctor and a chief medical officer prior, but I didn't really have a lot of malpractice experience or claims experience.

Patient safety and quality—the stuff that I deal with for our company—I'm well versed in. I think the main aspects of the program helped me get up to speed very quickly. The very first Leadership Workshops, teaching about how other companies should handle claims, and describing the various components of the insurance company, and what their functions are, was great. It was like a one-on-one on the malpractice industry. So I think that was the most valuable aspect of it.

The networking, with the other CMOs, has provided quite a bit of terrific interaction. I had that earlier today with Divya [Parikh]. I met Graham Billingham from MedPro, who took me under his wing. Just being able to connect with fellow colleagues was wonderful. I've also connected with Dana Welle from Stanford Risk Authority. I was able to reach out to them and e-mail them questions, and they explained things to me. So that networking opportunity was definitely a fabulous benefit of the program.

And even coming to the annual conferences and hearing the presentations and discussions has been very important for my education and getting me up to speed on things.

So in that sense it was very comforting, in moving from clinical practice in a hospital-based academic university system to now an insurance company, which is very scary for a doctor, to know that there was this program could really bring me up to speed and teach me about all the different aspects of MPL.

I practiced in New York City, Columbia University, did my residency and training there. I've had only two jobs—this one and that one, I worked there for 18 years. I was in Ob/Gyn. I went back to business school a couple of years after I started doing more hospital administrative activities, and then became an OR director, then director of our department—I ran the clinics, ran the ORs, then medical affairs and then became chief medical officer, at one of the community hospitals that was acquired, as the first executive setting out “from the mother ship.”

So I had a nice variety of experience in my prior career. We're a risk retention group at MCIC Vermont. And now I get to work with not only Columbia, which I'm very familiar with, and Cornell University and New York Presbyterian—but also Yale, Johns Hopkins, and Rochester. And seeing how those institutions are managed and governed. It's been eye-opening to see five academic systems, how they're different, how they're similar, and also understand their quality and safety efforts with the insurance company really supporting those efforts.

Q: Have you discussed the issue of risk sharing with your program colleagues?

A: Yes. I feel like I'm not from a commercial company, in essence, so I feel like I have a different perspective. But everything they're talking about [in the CMO

Forum]—how to get physicians to do best practices to avoid lawsuits—we're all working towards the same goals. We may achieve differently because ours is more like an academic system where everyone is faculty, and we have a little bit more control, I would say, so there are nuances. But I think that in the sharing, we're all experiencing the same thing.

We're even listening to people across the globe, such as the U.K., talk about similar experiences. It's all been very educational.

Q: Were you looking to change your career in a fundamental way, or did you just want to add more to your personal or professional life?

A: The fellowship was more like a refresher course—maybe not even that, but really more like an introduction to medical malpractice. So when I did make the transition of leaving a hospital system and a university system to the insurance industry, I was seeking how I could learn about even the terms they used. One of the journal clubs we had involved a primer of definitions—what a mutual was, for example. I never thought about this as a practicing physician. There was just a bill to be paid.

Here, you see how all the different companies are formed, and their corporate structure. Learning this, through the program, was very helpful. Understanding about reserving, and how claims are managed and why things are a certain way; the program sped me up along the learning curve so much faster than if I had to learn this all by myself.

Q: Which of the issues impinging on MPL are of greatest concern to you?

A: One of the things I learned very quickly was that the MPL industry has a lot of

lagging indicators—lawsuits take a long time to develop, and often our work is really retrospective. You're looking back to see where the future will be. Now that health-care is really evolving at a faster pace, and things are changing so much quicker, in politics and the insurance industry as a whole, trying to anticipate where the problems are going to be in the future, so that we're not always reactive, but are more proactive.

There are robotics and telemedicine, genetics and precision medicine—so many clinical changes that are happening. Are those areas we get in front of, instead of falling behind and reacting to them? Are there things that clinicians are doing, whether it be research or new clinical advances—that are potential risks that our companies have to learn about, be aware of and sort of put in place mitigation steps to try and soften that risk so it doesn't hurt us or catch us blindsided? I think that is something's that's really important.

Q: What sorts of leadership roles will you be assuming, after the Fellows program?

A: Here's an example. Tomorrow, for the first time, I will be leading a panel discussion. It's on quality measures, and how they are affecting hospitals and the MPL industry.

Q: Will you be working with academic medical centers (AMC) now?

A: My company has many subscribers that are academic medical centers—Yale University, and also Johns Hopkins and Rochester. We insure the university and the hospital.

Q: Are there different issues for the AMCs, versus the other healthcare entities?

A: Actually, they are mostly the same, but I think the difference is that they have a lot more training programs. Residents really do provide the majority of care, whereas in community hospitals, it's the lead attending who's leading, orchestrating, the care. Also, a lot of the AMCs are on the cutting edge and doing a lot of innovative techniques, and writing the textbooks that everyone is going to be reading.

Are those things we don't understand yet, because they haven't been fully developed? Maybe, but you can't slow down the progress of the AMCs, because they're the ones making the advances in medicine. But we're insuring that risk on that progress.

Q: Did your view of the issues of import to MPL change during the program?

A: I don't know that they actually changed, because I'm in Ob, which is always a heavily sued area. But I hadn't appreciated the complexity of what goes into why cases are won or lost—what makes a good case or a bad case. That was really brought to my attention early on. I have a very good working relationship with the head of our claims department. The two of us work together to do risk management. I always think, how can I make the clinicians better—avoid the pitfalls of misdiagnosis or errors on whatever they're doing.

But I think that what the practicing doctor may not understand is that it's not that you didn't do good care. It's what's the evidence of the good care in the medical record. Our claims team often agrees that good care was rendered. They just

can't document it. I think that's what the clinician doesn't quite get. It's something like a game — of proving what you did, as opposed to knowing what you did. The evidence—the record—is the only thing you can go by.

So it's not just a better clinical practice, but the better proof or record, the evidence, that you did that care. That's something we're trying to focus on in our clinical initiatives—to really improve the clinical care, but also to improve the defensibility. It's got to be that dual-pronged approach.

Clinicians really need to show that their judgment, and their decision-making, has been clearly documented in the record, so the attorney and jury can understand why they went down a particular decision path. They may still make errors, or they may not have the best outcome. But as long as you can understand what the thinking was, that probably makes the case easier to defend—or at least limit the damages that are going to be rendered.

Q: Did you learn how to be an effective advocate for MPL?

A: One of the early activities was going to Capitol Hill, and actually lobbying representatives and senators, while fully understanding the politics—are they for or against MPL reform. That, too, was a major eye-opener. I had thought I might one day be president. Now I have no interest whatsoever in that—dealing with politics and politicians.

Q: When you say that was an eye-opener, what do you mean?

A: Just how Capitol Hill responds. There were one or two people that wouldn't even let us enter their office, knowing what side of the fence we were on. We had to meet with a staffer, out in the hallway.

It's amazing that that's how lobbying works—or doesn't work.

Q: What aspect of the program did you find most rewarding, personally?

A: The Leadership Boot Camp; just getting me up to speed there was most rewarding. I also value the networking opportunities, like the CMO Forum. And Divya [Parikh, Vice President, Research & Education, MPL Association] is an absolute treasure. When I emailed her questions, she was very responsive.

Q: And now, what's your next move?

A: I think there are some storm clouds forming over the MPL industry. People are concerned that we're entering a hard market, and things are getting tough. Having that base, that foundation in MPL has been helpful; now I'm trying to really be a leader and advance things in risk mitigation, safety, and patient outcomes that will work in fighting those storm clouds, and also to help in trying to improve on clinical outcomes.

My company, MCIC, is an MPL company. But we are also a healthcare company. I think a lot of our efforts in clinical practice have decreased injury, or decreased harm, which is improving patient care. So I'm still very much involved in being a force for healthcare and improvement in patient care.

You're not going to lead it in the sense that the hospitals really have to do their own quality programs. But you can really be the nudge, or the tugboat, that really pushes them in the right direction.

I think what was really fascinating as a learning point was I was involved in a lot of hospital quality when I was there, but MPL really has a direct ROI that you can measure. A safety program like one focused on hand hygiene—how do you really measure how much that changes? With claims, you have a direct number that you can really calculate. In dollars. So I really think we are that catalyst that drives a lot of the safety efforts—or steers them in the right direction.

I think of our own company. We're working with a lot of specialties. They are the usual ones—neurosurgery, obstetrics, etc. But having worked with the physicians directly and having them see why they're being sued and becoming active in the process, we call it clinician-driven analysis—it gets the doctors really engaged in helping us find commonality. What's the risk theme that's really driving why you're in a courtroom and not in an operating room? That's really where we could help get them involved. Because we share a common enemy and that's the bad outcome.

In patient safety, we're really the “tip of the spear” as I like to say, to really help

identify where patients are getting the most harm, which is linked with the most ROI. It's really streamlined and efficient patient safety work.

It's said that one in nine sue when they get harmed. But working closely with our hospitals as a partner, I'd like to know what those other eight are, to really refine and make our efforts efficient at improving our care, such that all nine patients are cared for in the right way. It's hard to predict which of our patients are going to sue. What's easier to predict is what's the harm that's causing all nine bad outcomes. If you improve that, then I think you'll limit your overall risk of exposure to liability.

Q: Do you see any low-hanging fruit in that?

A: Yes, hand washing in one example—that will reduce infection rates. I don't know how often a doctor gets sued for infections per se. They get sued more for the bad outcomes of a surgery where there is an infection.

It varies with the specialty. For surgeons, it's a lot about the technical issue that happened in the OR. So I think they have to be really fastidious in recognizing that complications will occur. As an ex-surgeon type, I knew that the joke, was if you didn't have complications, it meant you weren't operating enough. So if you are going to operate enough, knowing what your pain points are and knowing how to look for them, and educating your residents or whatever the care team is, to really jump on that potential problem right away, so that there's never a delay in recognizing a complication. That's where a lot of surgeons go wrong.

With Ob/Gyn's, where they go wrong happens when you've been sitting with a woman for many, many hours in labor, and

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you lose perspective. With the changes in the heart rate pattern—you have to be really attuned to where you're going with this delivery, and not having hours of bad tracings or whatever it is that people will question—should you have done something, five minutes sooner, or 10 minutes, or an hour sooner? Almost pulling yourself out as an objective bystander, to say, "Oh I should do something differently now." When you retrospectively look at it, you may say, "What was I thinking?"

Q: What can happen with the tracings?

A: There are subtleties and nuances with the tracings. If it was cut and dried, like a stoplight, where red means do a C section green means continue, we wouldn't have all these lawsuits.

So it's being aware of that subtlety, and documenting why you're continuing or why you're not. In that way, people will follow your reasoning—you will be understood.

Overall, if doctors could know their pain points, and how to avoid them, that would be 50% of the battle. Also, we have to boil most things down to a brief list that doctors can remember, in a differential diagnosis, and in the best treatments for the various conditions.



Sandra Beretta, MD

Dr. Beretta has been a Director of NORCAL since 2011 and served as a member of NORCAL's Claims Advisory Committee

from 2003 to 2015 and elected Board Chair in 2017. Dr. Beretta is a managing partner of a private practice partnership in San Mateo, Calif., and has been a practicing Ob/Gyn for nearly 25 years. Dr. Beretta has been a past Department Chair of Obstetrics and Gynecology at Mills-Peninsula Hospital. She also serves as a Director of Mills-Peninsula Medical Group. Now that she has completed the Fellows program, we wanted to know what aspects of Dr. Beretta has found most significant.

Q: What specific features of the Fellows program appealed to you?

A: Over the last 12 years I have been exposed to many aspects of the MPL [medical professional liability] market, so for me it was gaining a better familiarity with members in the various companies represented. Identifying our many similarities allowed more informed and frank discussions about leveraging our collective knowledge to improve the industry.

When I first came to these meetings, it was kind of overwhelming to try and keep everybody straight—not only each of their roles in their respective companies, but also what made each of the companies unique. One by one, as you get to know someone from one company and then another, the various pieces start to come together. The relationships that are formed become satisfying, both personally and professionally.

I found the educational component of the program very helpful, but for me, getting to know the various participants was my real mission. One way or another we all have similar business issues, and we may be approaching their solutions each a bit differently. It seems reassuring to know we are all basically trying to keep our companies profitable and helpful to the physicians we serve.

Q: Were you looking to change your career in a fundamental way—or just add to it for personal or professional reasons?

A: I am a practicing Ob/Gyn physician, and now Chairman of the Board of The NORCAL Group. I view this work as an extension of my earlier learning so that I can be more effective in my role. It is always helpful to know a bit more about the industry and the people in it.

Q: Which issues were of greatest concern to you?

A: For our particular company, I came on board at a time when we were deciding if were we big enough to take on some of the issues of government relations alone or whether it might be better to do that as part of an association. We concluded that if each company tried to make an impact on their own, no one would accomplish much in this political environment. But, if we worked together, through the MPL Association, we might have a substantial voice.

The educational aspect also has been paramount. As we bring on new directors, continuing to educate them to ensure that they have the tools they need to participate in and lead is paramount to each of our companies' futures.

I recognize the fundamental transfor-

mations that are occurring, and will continue to occur, in healthcare that will cause our companies to need to change. It is interesting to see how some companies readily recognize that need while others seem to be staying on their original course.

Q: Did your work with the program change your perspective on the issues?

A: I think so. The work needed for government relations seems even more overwhelming now than ever. I now recognize how instrumental long-standing advocacy can be for our industry. I better appreciate all of the educational opportunities the association provides to its members, whether if be by attending a conference or participating in a webinar. Prior to this exposure, I did not know what was available to each of us as members and there truly is a large amount of information readily accessible.

Q: Did you learn to work as an effective advocate for MPL after the two years in the program?

A: I am passionate about the work these companies do on behalf of physicians. As an OB/Gyn, I recognize I would not be able to do what I do best without knowing I am protected by a financially stable well-run company with my interest at heart. Their work is critical to my mission as a professional.

Now I can speak with a bit more authority, and a little more knowledge across the spectrum of companies, when I speak to people about what an MPL provider offers. I think it has given me a better industry-wide perspective. In each of our companies, I am continually amazed to see how much non-doctors care about their physician policyholders and am in awe of the support.

Q: What aspect of the program was most rewarding to you personally?

A: Making new connections. I met many new colleagues and even made some friends along the way.

Q: So now—what's next?

A: I'm not sure I'll be doing anything vastly different. I'm still going to continue practicing and I will remain as Chair for another few years, I hope.

I will probably become more involved with the MPL Association as my experience was very positive.

Q: So I guess you rate the program highly?

A: Yes, the program is very helpful and very doable, in terms of time requirements. They have designed it to make each aspect worthwhile and productive and additionally workable around a busy schedule. Everything was particularly mission focused: let's get you educated, let's get you those connections. **MPL**

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