

THE MAGNET™

VIRGINIA'S SOURCE FOR IMPORTANT PHYSICIAN INFORMATION



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Claims Committees – Looking Out for Physicians

In the summer of 1982, MAG Mutual formed its first Physician Claims Committee. The committee's primary goal was to help the company claims staff aggressively defend physicians and manage claims.

Dr. Roy Vandiver, our Chairman of the Board, explains why, "From the very beginning, our physician leadership decided to do everything possible to defend our policyholders. These physicians' reputations and careers are on the line, of course, but they are also our friends, neighbors and colleagues. That sentiment is reflected in every decision we make."

Matt Mitcham, Senior VP of Claims, explains further, "We're recognized as one of a few medical liability insurers to provide local, experienced and superior claims management and legal defense. Our defense process really puts our physicians first."

Your Virginia Claims Committee is pictured below. You may recognize a name or face. We invite you to get to know them. They are here to help defend you. For a closer look at MAG Mutual's leadership, visit www.MAGMutual.com and click on the *Our Company* tab. 

Considerations When Using Medical Assistants

With the ever-increasing demands of the physician and his or her practice, physicians understandably will rely upon the office staff to include medical office assistants (also called "medical assistants") for meeting these demands. In light of the recent issues reported by the media involving medical assistants we want to provide a friendly reminder about their supervision.

As many have come to recognize, medical assistants play an important role in a physician's practice. Since they are unlicensed, medical assistants must work under the direct supervision of a licensed health care provider such as a physician, nurse or nurse practitioner. There are individuals who may see the multitude of television commercials promoting medical assistant programs as a quick route to a professional medical career. Thus, reliance upon a medical assistant could have serious consequences if the medical assistant is not thoroughly screened before hiring or is trained improperly.

(Continued on page 2)



Virginia Claims Committee

Seated L-R: Catherine S. Andrews, MD, Chairwoman, Kennesaw Family Physicians, PC – Kennesaw, GA; and **Roy W. Vandiver, MD**, MAG Mutual Chairman – Atlanta, GA

Standing L-R: Jacqueline A. Garringer, MD, Winchester Eye Specialist – Winchester, VA; **D. James Kazakis, MD**, Cardiovascular Associates, Ltd. – Virginia Beach, VA; **Michael J. Bono, MD, FACEP**, Emergency Physicians of Tidewater – Norfolk, VA; **J. Ryan Anderson, MD**, Pratt Medical Center – Fredericksburg, VA; **Gautham Gondy, MD**, The Orthopaedic Center of Central Virginia – Lynchburg, VA; **Roy M. Kaplan, MD**, Portsmouth Anesthesia Associates – Portsmouth, VA; **Jeff Shawcross**, MAG Mutual Claims Supervisor – Richmond, VA; **Reena R. Talreja-Pelaez, MD**, Virginia Beach Obstetrics & Gynecology – Virginia Beach, VA; and **Michael D. Mandel, MD**, Associated Internists, Inc. – Richmond, VA



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Where We'll Be:

September 19-17 - Charlottesville, VA
VA Society Hospital Risk Management

September 26-28 - Virginia Beach, VA
VA MGMA

Site Assessment Pays Off In Real-Life Emergency

Site assessments conducted by our Risk Management & Patient Safety Consultants often identify areas needing improvement in order to reduce future liabilities. However, a recent visit proved to be much more valuable for one specific patient—as well as the practice.

During an initial site assessment, one of our MAG Mutual consultants made the recommendation to add at least one epinephrine pen (EpiPen) to the practice's emergency drug supply, for a total of two. The consultant provided rationale for the recommendation and included it in the written report. In response, the manager ordered a stock EpiPen the following day.

Two months later, while receiving an intravenous infusion, a patient suffered an anaphylactic reaction requiring the use of **both** EpiPens. The patient had received approximately 10 previous infusions of the same medication without incident. After being transferred to the hospital, the patient recovered.

The manager credits MAG Mutual for this positive outcome. Had that emergency occurred prior to the site assessment and recommendation, the outcome might have been different. For more on the Risk Management & Patient Safety Department's latest recommendations, go to www.MAGMutual.com. ☞

(Considerations When Using Medical Assistants, continued from page 1)

Although there are varying state laws regarding the functions a medical assistant can perform, there are no federal or state laws that require a medical assistant to be certified or even registered. It would be prudent to consider individuals who are at least certified, as certification demonstrates to the physician and/or employer that this person has at least a basic knowledge of the profession. Remember, this medical assistant may be the first as well as the last person the patients see when they visit your office. For example, a medical assistant could welcome your patients into the office and do intake while another assistant could take the patient's vital signs, prepare him for the examination and then return to the patient to explain outgoing instructions such as when to take medicine with food.

If care is taken in selecting a qualified assistant and your assistant is well-supervised, that person can be a great asset to your practice and benefit to your patients. ☞

A.M. Best Upgrades MAG Mutual to a Positive Outlook in 2010 rating; Maintains A- (Excellent)



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the **MAGnet**™

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