



# THE MAGNET™



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GEORGIA'S SOURCE FOR IMPORTANT PHYSICIAN INFORMATION

## Good News for MAG Mutual Policyholders

### No Rate Increase for Georgia

For the **THIRD** year in a row, medical professional liability insurance rates in Georgia will **NOT** increase. Tort reform continues to work as planned for Georgia's physicians.

Due to the law's positive impact since it passed in February 2005, MAG Mutual Insurance Company policyholders renewing effective May 15, 2007 and the following 12 months will continue with the same base rates they have today. Three years have now passed since the last rate increase was implemented.

### More Good News—\$10 Million Dividend

Beginning June 1, \$10 million will be returned to eligible MAG Mutual Physicians and Surgeons Professional Liability policyholders of record as of the close of business April 1, 2007.

The dividend amount will be based on the number of years insured with MAG Mutual and the amount of insurance premium. For the majority of physicians, dividends will be 3% of the subject medical professional liability insurance premium. The minimum dividend is 2%.

Beginning with policies renewing on June 1, 2007, we will automatically apply the dividend as a credit on your renewal policy. For eligible policyholders who retire or do not renew their policy, the dividend will be applied to any outstanding balance or provided to them by check. ●

## Risk Management Tips

### How to Offer All Patients Same-day Appointments

Two Columbia University professors and a physician devised a mathematical model to help doctors offer patients same-day appointments. The researchers claim that their system can lead to increased patient satisfaction without an increase in workload or decreasing time with patients to squeeze extra appointments.

The study, "Providing Timely Access to Care: What Is the Right Patient Panel Size," by Linda Green, Ph.D.; Armand G. Erpf, professor of the Modern Corporation and co-director of the Columbia Alliance for Healthcare Management; Sergei Savin, Ph.D., associate professor of decision risk and operations; and Mark Murray, M.D., M.P.A., is published in the April 2007 issue of *The Joint Commission Journal on Quality and Patient Safety*.

The study is based on the concept of "advanced access," which gained popularity a few years ago. Under the advanced access approach, while return appointments are made in the traditional manner, every patient who contacts the practice is offered an appointment that same day. In addition to stabilizing accounts receivable, the system may help close professional liability gaps experienced when there are delays in diagnosis or treatment.

Green, Savin and Murray, proved that the concept can work provided that demand for appointments and supply of appointment slots are properly balanced. They devised an Excel spreadsheet that allows doctors to predict how many daily patient appointment requests they can accommodate by keeping their availability for appointments greater than their average demand.

The Green, Savin and Murray model shows doctors what

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### PQRI Explained in New Resource Guide

To help practice managers understand Medicare's Physician Quality Reporting Initiative, MAG Mutual Healthcare Solutions, Inc. is offering a new resource guide called *Medicare's Physician Quality Reporting Initiative and Beyond*, which provides information on participating in the program and how to implement it. To order, call **1-800-253-4945.**

(Risk Management Tips: How to Offer All Patients Same-day Appointments, continued from page 1)

the difference between their availability and demand should be. Under this approach, doctors occasionally will need to work some overtime because the daily demand for appointments will vary. However, doctors are able to predict the number of days they will work late depending on the number of patients they want to serve.

To order *The Joint Commission Journal on Quality and Patient Safety*, call Joint Commission Resources, **1-877-223-6866** or visit [www.jcrinc.com](http://www.jcrinc.com).

\*MAG Mutual does not presume to establish any standard of care or establish rules for the practice of medicine. The particular patient-care strategies or range of patient-care strategies mentioned in this article should be tempered by the physician's judgement.

## Georgia Supreme Court Strikes Portion of Tort Reform

On May 14, the Georgia Supreme Court, in a 6-1 decision, struck down O.C.G.A. §9-11-9.2, the portion of Georgia's tort reform law that required plaintiffs to file a medical authorization form as a condition of filing a medical malpractice lawsuit. In *Allen v. Wright*, the Court held that O.C.G.A. §9-11-9.2 was preempted by HIPAA. As most physicians are aware, HIPAA establishes the minimum requirements for disclosure or release of a patient's protected health information. One such requirement for disclosure is that patients be informed of their right to revoke an authorization form. The Court found that O.C.G.A. §9-11-9.2 failed to require such notice and failed to allow for revocation of the authorization form filed with the medical malpractice lawsuit. Additionally, the Court held that the statute's failure to require a specific and meaningful identification of the medical information to be disclosed violated HIPAA. Also, the statute's failure to require the authorization to provide for an expiration date or a sufficient expiration event for the medical authorization's use was also contrary to HIPAA.

What does this mean? Unless the Georgia Legislature amends and or rewrites this law, defendants in medical malpractice actions will have to continue using traditional discovery procedures to obtain the plaintiff's medical records. ●

## MAG Mutual's Annual Meeting—June 20, 2007



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