Litigation Stress Syndrome (LSS)

Every practicing physician reading this has a high probability of being sued during his or her career. One in every 14 physicians face a malpractice suit every year. And when you receive the lawsuit, you will experience emotional reactions to the initial receipt and the litigation process to follow. This is Litigation Stress Syndrome, and is often described as closely resembling Post Traumatic Stress Disorder. It essentially is a group of stress reactions that arise from the experience of being personally sued. Although it is not a permanent problem, it is chronic for the duration of the litigation process with an average of 27.5 months from the beginning of a lawsuit to the end. When you are sued, the litigation process can take a substantial personal toll on you, your family, your staff, and your patients.

As a physician, you experience and handle numerous stressors in your practice. Handling these everyday stressors takes tremendous coping and balancing skills. It is easy to see why receiving a complaint alleging you fell below the standard of care and caused injury to your patient would be overwhelming and emotionally distressful. You are not alone. More than 95% of physicians react to being sued by experiencing periods of physical and/or emotional distress during all or portions of the lengthy process of litigation.

Attorneys will advise you not to take the accusations listed in the complaint personally; it is just the cost of doing business. And although this is true, being

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What motivated you to choose medicine as a career?
My interest in medicine arose from my experience with sports-related injuries, subsequent therapy and rehabilitation. I always seemed to have a natural curiosity of how things work, at the high school level I developed real interest in the biology and physiology of sports performance. I was strongest academically in the biology and science courses, so a career in healthcare seemed like a logical choice. I spent quite a bit of time in physical therapy for various injuries, and initially wanted to pursue physical therapy school and I was fortunate enough to get a job as a physical therapy assistant at a local hospital. It was this work experience that helped me realize I might be happier practicing medicine.

Who are the people who influenced you the most in your professional life and why?
I would have to say my anatomy and physiology professor in college, who encouraged me and gave me the confidence that I had what it takes to get into and through medical school. Then I would have to say Dr. Xavier, the physical medicine rehabilitation specialist I had gotten to know so well while working at the hospital, his willingness to answer my many questions and allow me to see firsthand how his practice worked helped me to stay on the right track to a career as a physical medicine and rehabilitation specialist.

Why did you choose your specialty?
While working at the hospital as a physical therapy assistant and I got to know the rehabilitation physician pretty well, who specialized in physical medicine and rehabilitation. We had a lot of conversations about his role in patient care, and the kinds of problems physical medicine and rehabilitation doctors typically take care of. Since I did attend an osteopathic medical school, there was a strong emphasis on choosing a primary care specialty, and while I did enjoy by family practice rotation, I always came back to physical medicine and rehabilitation as a better fit for my areas of interest and preferred practice lifestyle.

What advice would you give a medical student in school right now?
Get out now while you still can!!! No just kidding, medical school and residency is a long process, you have to think of it like a multi-day marathon, it is not a sprint. It can be a very stressful and challenging initial experience, the course load the first 2 years is enormous, and all of your classmates are high achievers just like you, and for the first time in their lives, 90% of them can’t be in the top 10% of the class and that is okay. Medical school will teach you the language of medicine and the fundamentals, your residency and your first year of practice is when you will really learn how to practice medicine. So don’t sweat the small stuff too much along the way.
Telemedicine

Michael Cash, SVMIC

Telemedicine has grown in acceptance over the last several years. The quick market adoption of telemedicine is fueled by powerful economic, social, and political forces — most notably, the growing consumer demand for more affordable and accessible care. These forces are pushing health care providers to grow and adapt their business models to the new health care marketplace. One of the challenges to telemedicine is that payers and vendors are struggling with the patchwork of regulatory overseer in this area. The practice of medicine and the practice of nursing are regulated by individual states and as a result we have 50 states that have attempted to regulate telemedicine in one way or another.

The telemedicine presentation covers the growth, trends, and application in healthcare. We will cover the governmental and commercial payor guidelines, and review the Arkansas state regulations for telemedicine. We will also highlight the operational issues to consider when implementing telemedicine in practices.

MAY 24, 2017 - LUNCH & LEARN SESSION

“Don’t Let MACRA MIPS you in the Bud”

Rebecca Tutton, AMIC

“This will be an overview to help demystify MACRA (Medicare Access & CHIP Reauthorization Act), and MIPS (Merit-Based Incentive Payment System).”
Healthcare looks very different than it did 25 years ago. Physicians are using tablets, smartphones, interactive apps, and other electronic means to provide efficient healthcare to patients.

According to several sources, between 75 and 85 percent of physicians use a smartphone or tablet for professional purposes. Uses include email, research, EMR entry, x-ray review, telehealth, and more. While electronic devices have many benefits, their use presents new risks.

Chief among these risk exposures is the increased possibility of a HIPAA violation. While a HIPAA violation is not the same as a malpractice claim, it can still negatively impact you and your practice, staff, and patients.

HIPAA concerns arise in several areas of electronic device use. Losing a device may allow an individual access to protected health information (PHI) stored on the device. If the device is not properly encrypted or secured, an individual may access PHI through apps, email, or hacking into a system using the device’s connectivity.

Another risk arising from mobile electronic devices involves app usage. There are approximately 26,000 healthcare apps available, and 7,400 of those apps are marketed to physicians. Somewhat surprisingly, the FDA has only approved 10 healthcare apps as of July 26, 2016.

One physician wrote about a blood pressure app he was using that gave inaccurate readings. When he contacted the app’s developer, he was told the app was in the “beta-testing stage” and intended for “entertainment purposes only.” Despite this information, the developer was selling the app to end-users—without any disclaimers or mention of its test status.

Healthcare providers need to be vigilant when deciding whether to use certain apps. Research the app’s usage and do preliminary testing to ensure its accuracy. Use the app, then verify the results with traditional testing until the physician is satisfied the app’s results are accurate. Another suggestion is to contact the app’s developer and request testing/clinical trial results on its accuracy.

Use of smartphones, tablets, laptops, etc., in healthcare becomes more mainstream every day. Be sure you are proactive in mitigating the accompanying risks. You may need to contact an IT security specialist to help ensure you are managing potential risks as effectively as possible.

About the Author:

Jeremy Wale
Mr. Wale is a licensed attorney in Michigan where he works as a Risk Resource Advisor for ProAssurance. He has authored numerous articles about mitigating medical professional liability risk. Mr. Wale also conducts loss prevention seminars to educate physicians about new and emerging risks.

4 Sher, D, MD, op. cit.
Researchers at the University of Arkansas for Medical Sciences (UAMS) have found a new way to replicate Lou Gehrig’s disease in mice, in what they hope will bring scientists one big step closer to a cure.

Mahmoud Kiaei, Ph.D., an assistant professor in the department of Pharmacology and Toxicology in the UAMS College of Medicine, published the project recently in Human Molecular Genetics, a peer-reviewed journal published by The Oxford University Press on all topics related to human molecular genetics. https://www.ncbi.nlm.nih.gov/pubmed/28040732

Lou Gehrig’s disease, also called amyotrophic lateral sclerosis (ALS), attacks the nerve cells that control muscles, called motor neurons. Patients become progressively weaker, eventually losing the ability to speak, eat, move and breathe. There is no cure and the disease is 100 percent fatal. Death sometimes occurs as fast as six months to a year after diagnosis.

“This is an exciting new advance for the future of cancer care,” says interventional radiologist David Hays, M.D., medical director of imaging and interventional oncology at CARTI. “These systems not only makes it easier to diagnose and stage disease as early as possible, but it also helps guide us in developing treatment strategies.”

Day at the Races March 16 to Benefit UAMS Winthrop P. Rockefeller Cancer Institute

You are invited to enjoy a day of thoroughbred racing while also supporting cancer patients at the Winthrop P. Rockefeller Cancer Institute at the University of Arkansas for Medical Sciences (UAMS).

Day at the Races is set for 11:30 a.m. March 16 at Oaklawn Jockey Club in Hot Springs. Guests will enjoy lunch and an afternoon of thoroughbred racing. Tickets are $50 per person and can be purchased at www.giving.uams.edu/dayattheraces or by calling (501) 526-2277. Seating is limited, and parking is available in the parking lot near the north entrance.
sued is personal, and your emotional reactions to this unexpected but life-changing experience are normal. Anticipate at this point that active involvement with the litigation process has begun and will be time consuming, frustrating, and stressful. You need to remember that these allegations are the plaintiff attorney’s perspective and are usually exaggerated and/or false.

Your reactions reflect your personality and the variables and characteristics of the case. Despite your best efforts, unwanted intrusive thoughts and emotional reminders of the event will occur. You may find yourself trying to avoid thoughts, feelings, or conversations about the event and to avoid people and places that once again place you in similar circumstances. This is a coping mechanism to allow processing of the event, but long-term, it is not healthy.

Knowledge is the key to coping: knowing you will have emotional reactions to the lawsuit and educating yourself about the litigation process. Once you acknowledge through observation your emotional and physical reactions, you can begin to exercise control over your thoughts, perceptions, and behaviors. Active participation in the litigation process is one of the keys to coping with the emotions of litigation.

Change your perception of yourself to that of being a compassionate, competent, and caring person and physician. Activities such as reading available material on litigation stress, sharing your feelings with someone who is trustworthy, engaging in outside activities and hobbies, seeking social support through your colleagues or your church, and participating in regular exercise or sports will provide you the coping mechanisms to regain control over your thoughts, emotions, and behavior. Regaining control is central to coping, and the more rapidly you regain control, the better off you will be, because chronic stress can lead to destructive tendencies and disability.

Emotional distress does not automatically end when the lawsuit is over, but the feelings will begin to fade over time. Continue to maintain a life balance and the social support and coping mechanisms that work. If you feel overwhelmed with the stress, seek help from a mental health professional.

For your psychological armor, to the extent possible, ignore what the other side says or does and focus on the fact the plaintiff is only entitled money. When you read the expert physician’s deposition, remember he or she is being paid to render an opinion, and it is only an opinion. Knowledge is power and must be acquired as you go through the process, so access resources (including counselors and consultants in litigation stress and witness preparation), talk to those who are trustworthy, and attend support groups. Listen to your attorney.

Being sued for medical negligence is personal and is one of the most stressful events in the life of any physician—but it is survivable and surmountable. It can be an experience that can actually help you become a better doctor.

This excerpt was taken from “Litigation Stress Syndrome” written by Rebecca S. Tutton, J.D., R.N.
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