

PROASSURANCE[®]
Treated Fairly

provisions



**We
are
here.**

**What have
we learned
so far?**

784,000
healthcare jobs will be cut by July due to
COVID-19

American Academy of Physicians projection

“We do all concern ourselves with whether there might be another wave of the virus. It all just creates a high degree of uncertainty for our industry.”

Shep Tapasak
Senior Vice President
Specialty Underwriting

A Word from the CMO

Managing Essential Relationships at a Distance

The discussion around the COVID-19 pandemic has shifted to addressing the cultural and economic shift caused by the disease’s interruption of the first half of 2020. We find ourselves in an interesting interim period where the initial wave of illness has somewhat subsided, but we are not yet ready to return to business as usual. In many cases, the full spectrum of changes the past few months have caused remain unknown and may be for some time.

We do have enough data to start thinking about what we have learned from this whole experience.

One thing reinforced by social distancing and the move to remote work is the incredible value of high-quality customer service. With so much else in our lives put under strain, there is even less patience for unnecessary barriers in our business relationships.

Persistent and immediate feedback is essential to maintaining the highest possible quality of customer service. Understanding how change is impacting those you serve allows you to make continual improvements. We continually place a high value on feedback from you, our agent community. As always, if you have comments on what ProAssurance can do to improve, your market manager will be happy to speak with you.

The rapid changes of 2020 so far have many working at a higher level of stress. Thank you for all that you are doing to support your clients during this time. Our focus remains on providing support to those who represent our brand. I reiterate, if there is anything ProAssurance can do to assist your business and your sales efforts, please reach out.



Thank you!
Jeff Bowlby
Chief Marketing Officer

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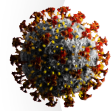
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Real-time Impact on Patient Care Delivery

Preverity, a healthcare analytics company, hosted a free webinar on May 19, 2020 in partnership with the Medical Professional Liability Association discussing COVID-19 and the real-time impact on healthcare delivery. As part of an effort to support the White House COVID-19 response, Preverity founder and Vanderbilt professor Larry Van Horn is tracking respiratory disease and medical care consumption on a daily basis. He presents observations describing how medical care delivery has changed in light of the COVID-19 outbreak in America and highlights important considerations for MPL insurance carriers.

The economic disruption caused by the COVID-19 pandemic is unprecedented and will lead to permanent changes in healthcare.

However, those changes will vary based on geography, specialty, and venue. Isolated hotspots are still experiencing resource constraints. But, a majority of locations are seeing a reduction in elective surgery and medical care consumption. Hospitals cleared space for a surge in coronavirus cases that never arrived. This led to available hospital capacity, furloughed healthcare staff, and financial liquidity issues. Now there is a balancing act in determining when to bring healthcare services back online to address the growing care and revenue needs without creating additional viral risk.

PREVERITY
PREDICTION OF TRUTH

Prevalence of respiratory diagnoses nationwide

Preverity catalogues electronic patient encounter transactions to determine trends in medical care. One data project in the works is tracking how respiratory illness diagnosis and response have changed since the onset of the pandemic. So far, over 265k COVID-19 medical claims have been submitted to health insurance carriers. Introduced on April 1, the code for COVID-19 accounts for 23 percent of the data set.

A look at respiratory illness overall shows a spike in cases much earlier than it was originally thought the virus was spreading. If this earlier surge included undiagnosed COVID-19 cases, it may explain why some people have tested positive without recent exposure. It may also have implications for herd immunity as we continue to move through the first wave of the pandemic.

A change in healthcare delivery

Overall, healthcare consumption had a significant drop through March and April. There is, however, some variance based on venue. The northeast, and areas more severely hit by the COVID-19 outbreak, saw a much higher decrease in emergency room usage, office visits, and outpatient procedures than other parts of the country. These variations are important when considering the difference in exposure carriers may face depending on where they are writing.

Major changes in telemedicine

Telemedicine volume is up 55 times what it was prior to the major onset of COVID-19.

- Unlike other types of healthcare delivery, there is a noticeable trend where virtual visits peak on Monday, then subside through the rest of the week.
- The data also shows that a majority of people using telehealth are established patients, rather than those using a physician's services for the first time.
- There is no indication that telehealth use increases in areas where there were higher rates of COVID-19.

Because of the inconsistency of use, the rise in telehealth is not sufficient to offset the loss of office volume the healthcare industry has experienced.

In America, there are approximately 1.6 billion outpatient healthcare encounters per year. Historically, one third of them could have been performed via telemedicine; business and regulatory challenges stood in the way of this transition. The COVID-19 pandemic stripped away many of those challenges, and in many cases, made the move to virtual healthcare essential to maintain patient contact.

Healthcare finance challenges

Elective procedures are the revenue driver for most hospitals, providing much of the funding necessary to provide other types of care. When shelter-in-place regulations and patient concerns cut off this revenue source, it caused massive upheaval. Hospitals are being forced to furlough employees in spite of the crisis. The speed at which surgical volume returns will be instrumental in determining the course of healthcare for the remainder of 2020.

Financial challenges outside of healthcare will also play a role in the recovery process. Approximately 30 million jobs were lost in April 2020; this caused nearly 10 percent of the country to become uninsured. Healthcare providers will need to determine how they will manage these patients from a revenue standpoint.

Is a surge in procedures coming? Maybe, but not right away.

Historically, after major disasters (9/11, hurricanes, etc.) there has not been a surge in elective medical procedures. In mid-April, healthcare consultants Jarrard Phillips Cate & Hancock conducted a national study. Of the surveyed patients, 55 percent skipped a medical procedure during the COVID-19 pandemic thus far.

- **53 percent because the hospital cancelled the procedure**
- **35 percent did not feel safe in the facility**
- **20 percent could no longer afford the procedure**
- **16 percent had an insurance change**

Eighty-nine percent of this group said they planned to reschedule the procedure they missed. However, 20 percent were unsure when they would do so, and 33 percent said they would wait four months or longer.

On a similar note for the healthcare liability industry, the significant loss of surgical volume caused a temporary or delayed drop in liability. The speed at which that volume will return, coupled with the patients' comfort level in receiving treatment, will determine the liability risk going forward.

[View the full presentation.](#)

55%
of the surveyed patients skipped a medical procedure during the COVID-19 pandemic thus far.

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33%
said they would wait four months or longer to reschedule.

What Have Physicians Learned During the COVID-19 Pandemic?

In an interview with *Medical Economics*, Dr. Thomas Lee, Chief Medical Officer for Press Ganey, expresses concern for the "invisible patients"—those who require routine medical care rather than emergency treatment during the COVID-19 pandemic. Many of these patients are avoiding care they need, for example, ongoing monitoring of a chronic condition, out of fear. The pandemic also adds the challenge of meeting the needs of patients and their families while they are isolated from each other—and in many cases, the physician is isolated from the patient.

A major benefit Dr. Lee sees coming out of the pandemic is the return to focus on the needs of the community; in the past, practices were forced to focus more on working within the various reimbursement models for treatment. **"It's not to say we're bad the rest of the time, but now [during the pandemic] we're at our best,"** he noted.

The sudden increase in virtual care also brought about positives, says Dr. Lee. In many ways, telemedicine allows for fewer distractions, allowing the patient to get more of the physician's attention during the visit. And, because many feel technology can be a barrier to human connection, he feels there is more of an emphasis on showing empathy during the visit.

What should become standard procedure going forward?

Dr. Lee notes three things he feels physicians should take away from how COVID-19 altered patient care.

1. **Good things happen when you organize around patients and their needs.**
2. **Segmentation of patients is critical to being able to meet their needs.**
3. **Setting up teams who work well together to manage different patient segments is both more satisfying and more effective.**

The pandemic took practice management procedures that were strong academic theories and thrust them into practice. Returning the focus of healthcare to treating the community using the new tools brought about by the pandemic will propel healthcare going forward.

[Watch to the full interview with Dr. Lee \(26m:51s\).](#)

Medical Economics
SMARTER BUSINESS. BETTER PATIENT CARE.

MEDICAL PROFESSIONAL LIABILITY

COVID-19 Industry Articles

While the situation is changing rapidly, these articles help illustrate the impact of COVID-19 on the healthcare liability industry.

- 1. What did we learn from COVID-19?**—As we slowly emerge from the initial spread of COVID-19 infections, the urge is strong to identify things learned from the ordeal. Written by Eric Postal, Diagnostic Imaging, May 18, 2020.
- 2. Reopening doctors' offices costs billions to keep patients safe**—New requirements will make it tougher for hard-hit practices to resume patient visits in the COVID-19 era. Written by Tony Pugh, Bloomberg Law, May 27, 2020.
- 3. Most consumers have changed healthcare usage since COVID-19 pandemic, survey shows**—From delaying care to avoiding urgent care and walk-in clinics,
- 4. How poor payer reimbursements are affecting practices during the COVID-19 pandemic**—Many practices have seen their volumes decrease from 30% up to 90%, with a significant number closing their doors as elective procedures are barred. Written by Cameron Wood, Physicians Practice, May 14, 2020.
- 5. Practice closures and staff layoffs resulting from pandemic**—Around 58,000 primary care practices may close by the end of June, according to the American Academy of Family Physicians. Written by Christine Blank, Physicians Practice, May 22, 2020.
- 6. Can history help us prepare for a potential second wave of COVID-19?**—Mikall Venso, the Missouri Historical Society military and firearms curator, has spent years studying the 1918 pandemic. He said there are lessons from that outbreak a century ago that can be applied today. Written by Wayne Pratt, St. Louis Public Radio, May 26, 2020.
- 7. COVID-19 May news roundup: Six snapshots of coverage published on patient care online**—The first standalone at-home sample collection kit received FDA approval,

consumer behavior is changing as the pandemic continues. Written by Jeff Lagasse, Healthcare Finance, May 22, 2020.

new research showed children also have COVID-19 risk, and more developed in May. Written by Sydney Jennings, Patient Care, May 22, 2020.

- 8. COVID-19 impact on hospitals worse than previously estimated**—Factors such as how many patients would need ICU treatment, average length of stay, and fatality risk are straining hospital resources. Written by Jeff Lagasse, Healthcare Finance, June 1, 2020.
- 9. Telehealth use grew 1.6 times since last summer, Blue Cross Blue Shield says**—According to their National Pulse Survey, over half of the nation's telemedicine growth occurred since the onset of the COVID-19 pandemic. Written by Lisa Burden, HR Dive, May 28, 2020.
- 10. Early social distancing reduced length of virus outbreak, study finds**—Study authors project that, if a second major outbreak of COVID-19 emerges, a one-week delay in social distancing could require up to 17 more days to once again slow the spread. Written by Grace Halsey, Patient Care, June 1, 2020.

REMINDER: PREMIUM DEFERRAL DEADLINE HAS ARRIVED

ProAssurance's premium payment deferral period for clients having COVID-19 related financial hardship expires at the end of this month. Policyholders with outstanding balances were mailed notices requesting payment remittance on or before June 30, 2020.

While we expected most policyholders to be able to resume payments, we knew there would be individual circumstances which merit special consideration. If any of your clients need more time to pay, please put them in contact with their underwriter to discuss potential financial flexibility options.

Many insureds found that changing payment plans from quarterly or semi-annually to more evenly spread installments fit their situation. In some cases, we've been able to spread the deferred balance over three months past the deadline. Please note, however, not all options are available in all markets, so it's best to start the discussion with your underwriter. Also note, policyholders moving away from an annual payment plan would forfeit any related discount.

We are thankful the financial situation of our insureds is improving, but please do contact your underwriter should flexibility be needed after June 30. Thank you for all you are doing to assist your clients during this difficult time.

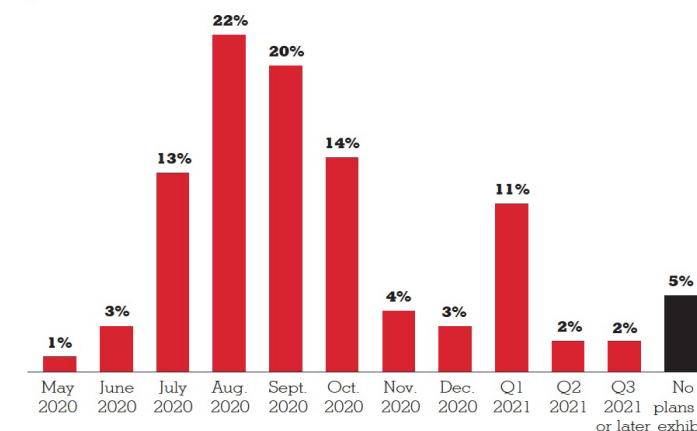
COVID-19

How Trade Shows are Affected

Exhibitor Media Group, a leader in trade show marketing education, recently released their findings on how COVID-19 is impacting the trade show and events industry. The group interviewed a group of over 1,000 event managers and trade show suppliers via a May 4-6, 2020 online survey. Nearly all corporate managers have seen postponement or cancellation of their events. Highlights of the white paper include:

- Uncertainty through year-end 2020**—Only 13 percent of respondents said they would definitely attend events scheduled for later in 2020. In spite of this, 59 percent of interviewed companies anticipated returning to show floors as early as September.
- Limiting travel**—An overwhelming majority (90 percent) of survey respondents' companies had implemented travel restrictions which would prohibit them from attending shows. Sixty-three percent of these companies did not have an established end-date for the restrictions.
- A slow return to normal**—Exhibit managers anticipate face-to-face marketing will not return to normalcy until at least second quarter 2021. Seventy-five percent of respondents anticipated seeing more virtual or hybrid events going forward, and 64 percent assumed in-person events would likely see decreased attendance.
- Staying close to home**—Fifty-three percent of responding corporate exhibit managers expected to see a shift from national shows to smaller, more regional shows.
- Revenue shifts**—Half of the surveyed vendors reported an approximately 71 percent loss in monthly revenue. Two-thirds of respondents expected to lose 50 percent or more through year-end. Forty-six percent of respondents had furloughed employees. Six out of 10 had applied for a Small Business Association loan.
- Assisting with the crisis**—One third of trade show vendors reported retooling their operations to manufacture PPE, provide temporary testing/treatment structures, or otherwise assisting with managing effects of the pandemic.

FIGURE 9: Given what you know right now, when is the next trade show your company plans to exhibit at?



Overall, the return to normalcy for trade shows will depend on when participants choose to attend these events. However, much of this decision relies on outside factors such as the development of a vaccine and corporations easing travel restrictions. Some shows may not survive the changing environment, and some may evolve to meet the new mood and expectations of the public. What is anticipated, however, is that those who do return to attending trade shows and events more quickly are more likely to be dedicated to the topic at hand—making them more serious buyers with higher purchasing intent. This may, perhaps, place more value on leads generated at events.

Get a copy of the white paper.

About Exhibitor Media Group

Exhibitor Media Group is a leader in trade show and corporate event marketing education. The group publishes EXHIBITOR magazine, which features best practices in trade show marketing. They are also a founder and host of EXHIBITORLIVE, the training conference exhibit for marketers and event managers.



90% of companies have implemented travel restrictions. **53%** expected a shift from national shows to smaller, more regional shows. **33%** of trade show vendors/suppliers have transitioned to assist the COVID-19 recovery effort.

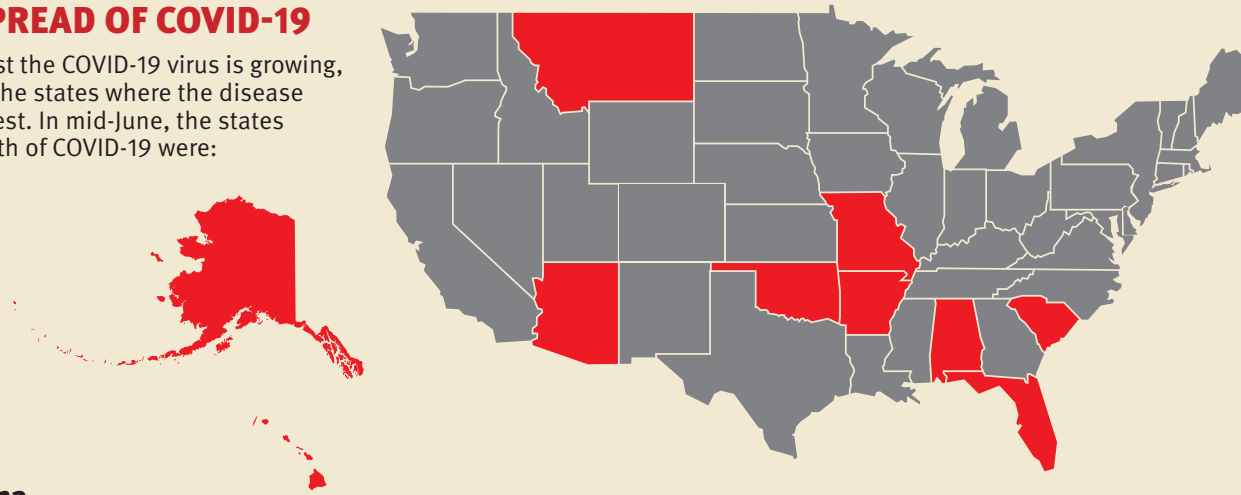
COVID-19 Big Picture Data Resources

Though many social distancing restrictions have been lifted in many areas, there are still concerns about COVID-19 spread. Keeping up with where the disease is still spreading at a high rate, and what activities encourage spread, helps identify the potential risk.

TRACK THE SPREAD OF COVID-19

Rt.live tracks how fast the COVID-19 virus is growing, helping to calculate the states where the disease is spreading the fastest. In mid-June, the states with the fastest growth of COVID-19 were:

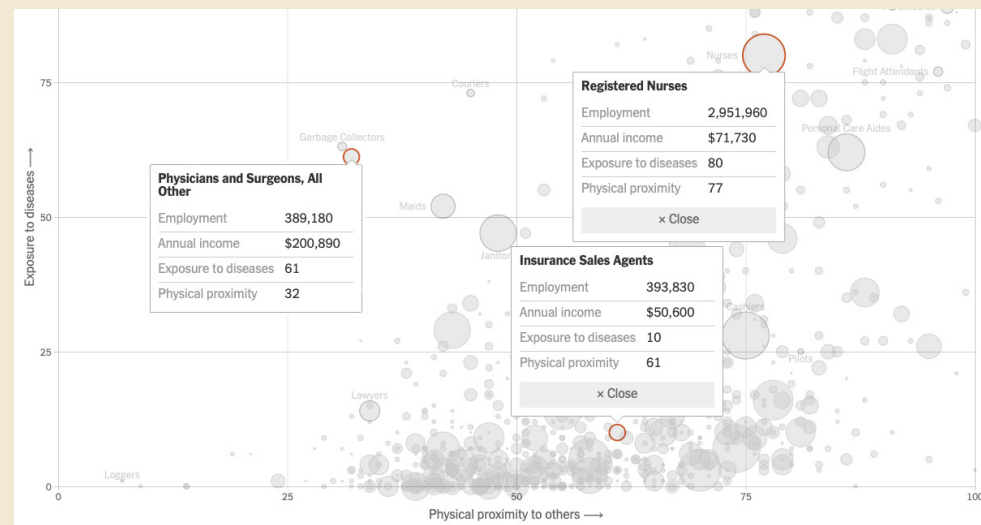
1. Arizona
2. Oklahoma
3. Hawaii
4. Alaska
5. Arkansas
6. Montana
7. Florida
8. Missouri
9. South Carolina
10. Alabama



KNOW WHICH WORKERS ARE AT THE HIGHEST RISK OF EXPOSURE

Jobs which put people in close proximity to each other or expose workers to disease are at the highest risk of spreading COVID-19. On the chart, Department of Labor data was used to calculate both of these factors—ranking jobs based on exposure risk. The size of the bubble represents the amount of people who perform that job.

Healthcare professionals, specifically dental hygienists, represent some of the highest risk. Loggers, fine artists, and writers represent some of the lowest.



Visit [The New York Times](#) to further explore this interactive chart.

TRACK UNEMPLOYMENT STATISTICS DURING THE PANDEMIC

Overall, the pandemic has eliminated almost 39 million jobs throughout the United States as of late May. Much of this job loss is expected to be short-term, which softens the blow compared to economic disasters such as the Great Depression.

WalletHub compared the change in employment rates to each state's overall unemployment rate on a month-by-month basis to identify the states most affected by COVID-19 unemployment.

State	April 2020 Unemployment Rate	Growth in Unemployment (Jan to April)
Nevada	29.8%	609.1%
Hawaii	23.5%	666.2%
Michigan	23.8%	416.8%
Vermont	16.8%	474.1%
New Hampshire	17.2%	412.6%
Indiana	17.1%	355.9%
Rhode Island	17.8%	313.7%
Massachusetts	15.9%	319.7%
New Jersey	15.9%	253.0%
Ohio	17.4%	238.9%

WHAT ARE HEALTHCARE WORKERS' HABITS?

The New York Times surveyed 511 epidemiologists to see when they planned to get back to their old habits. Here are the majority votes.

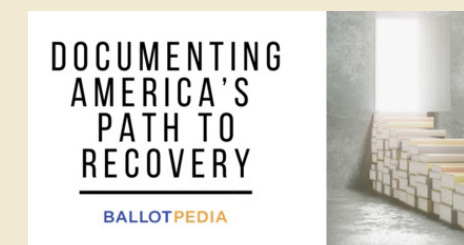
While a small minority said they would permanently cut some of these activities from their lives, there was no activity a majority claimed they would never do again.

See the full spread.

Activities they said they might start doing soon	THIS SUMMER	3 TO 12 MOS.	1 YR.+	NEVER AGAIN
Bring in mail without precautions (n = 379)	64%	16	17	3
See a doctor for a nonurgent appointment (507)	60	29	11	<1
Vacation overnight within driving distance (372)	56	26	18	<1
Get a haircut at a salon or barber shop (485)	41	39	19	1

Later in the next year	THIS SUMMER	3 TO 12 MOS.	1 YR.+	NEVER AGAIN
Attend a small dinner party (n = 509)	32	46%	21	<1
Hike or picnic outdoors with friends (506)	31	41	27	<1
Send kids to school, camp or day care (304)	30	55	15	<1
Work in a shared office (434)	27	54	18	1
Send children on play dates (272)	23	47	29	1
Ride a subway or a bus (408)	20	40	39	1
Visit elderly relative or friend in their home (485)	20	41	39	<1
Travel by airplane (512)	20	44	37	<1
Eat at a dine-in restaurant (506)	16	56	28	<1
Exercise at a gym or fitness studio (406)	14	42	40	4

Maybe a year or more	THIS SUMMER	3 TO 12 MOS.	1 YR.+	NEVER AGAIN
Attend a wedding or a funeral (n = 501)	17	41	42%	<1
Hug or shake hands when greeting a friend (503)	14	39	42	6
Go out with someone you don't know well (363)	14	42	42	2
Attend a church or other religious service (220)	13	43	43	2
Stop routinely wearing a face covering (513)	7	40	52	1
Attend a sporting event, concert or play (489)	3	32	64	1



GET DAILY UPDATES ON THE PATH TO RECOVERY

The coronavirus pandemic has a significant ongoing impact on civics and politics across the United States. Ballotpedia is cataloging federal, state, and local responses to the crisis, as well as curating debates on the impact and recovery from the pandemic.

Visit [Ballotpedia.org](#) to subscribe.

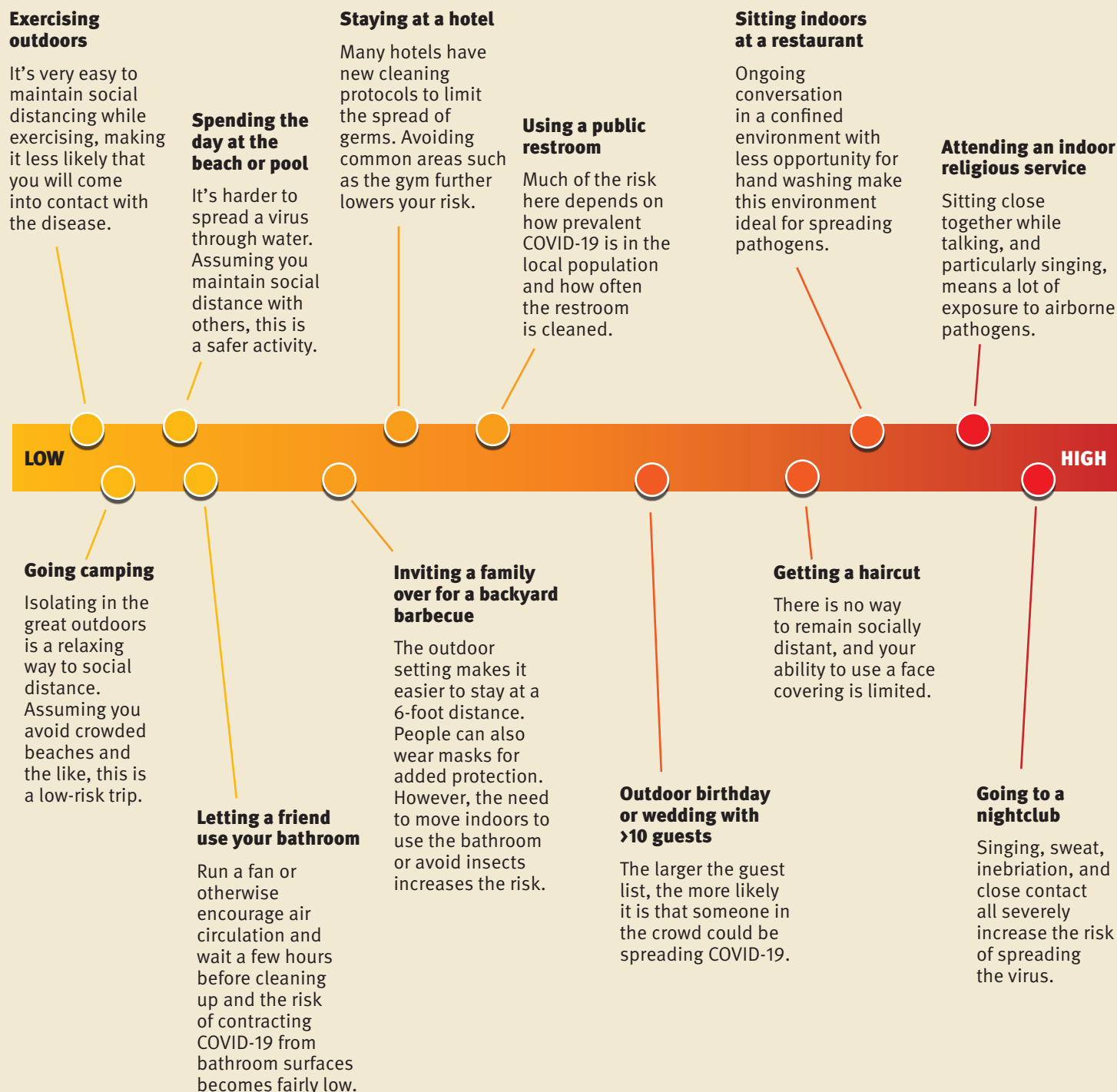
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COVID-19

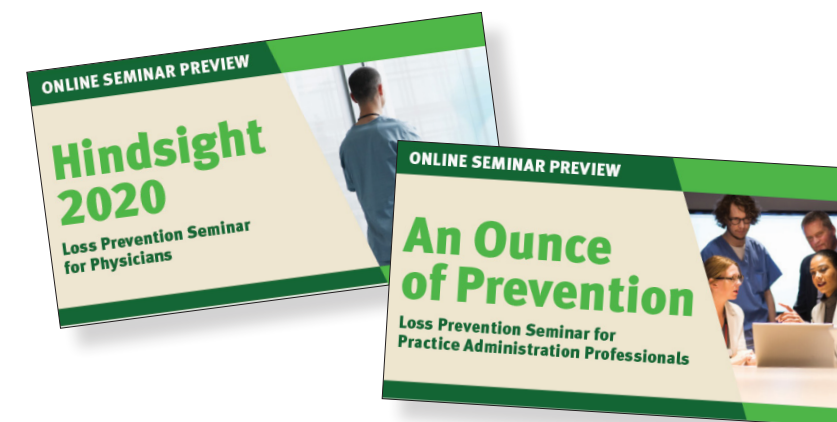
Big Picture Data Resources continued

WHAT ARE THE RISKIEST ACTIVITIES?

As shelter-in-place restrictions continue to ease, people are left wondering which activities are safe—and which might be best to leave alone for now. NPR interviewed a panel of public health and infectious disease professionals, asking them to rank common activities for their COVID-19 risk.



Convenient New ProAssurance Online Seminars for Your Clients



Easy to earn CME—and premium discounts where permitted

Your clients may be looking for continuing education credits, now that many of their healthcare professional meetings have been cancelled for 2020. ProAssurance has 20 online seminars insured physicians can use to earn continuing medical education (CME) credit. In addition, some insureds may be able to earn premium discounts. All seminars are available to our insureds as part of their coverage.

New this year

Both of our live seminars, *Hindsight 2020* for physicians and *An Ounce of Prevention* for practice administration professionals, are online. More seminars, which will also qualify physicians for CME credit, are in development, including programs on physician wellness, HIPAA, and anti-microbial stewardship.

Five good Things to Know

- Insureds can access CME credit online seminars by [signing into](#) the secure services portal (SSP), then selecting “Seminars.” If they don’t already have one, it’s easy to [create an SSP account](#)—each person should have their own.
- We’re here to help if you or your clients have questions:
 - ▶ Seminar content and CME—Risk Resource (RiskAdvisor@ProAssurance.com or 844-223-9648, option 2)
 - ▶ Premium discount eligibility—your ProAssurance underwriter (800-282-6242)
 - ▶ SSP account sign-in help—Web Support (WebSupport@ProAssurance.com or 205-439-7956)
- To earn CME credit or a potential premium discount, insureds must pass the posttest. They have a maximum of three opportunities to do so. Programs cannot be retaken for additional credit.
- You can use [The Seminar Activity Report](#) in the SSP to check on your clients’ seminar activity.
- CME credits are for physicians only, but other learners will receive a certificate of attendance for successful completion. Some organizations may accept the certificate as proof of continuing education.

Thank you for helping your ProAssurance clients take full advantage of their CME and potential premium credit opportunities.

Reminder: Live seminar discounts

Physicians who were eligible to receive a premium discount for attending *Hindsight 2020* in person, can receive the same discount for attending the online version, subject to the same state and policy restrictions. They may also qualify for an additional premium discount, subject to the same state and policy restrictions, if the majority of physicians in the practice take *Hindsight 2020* and the practice administration professional completes our *An Ounce of Prevention* seminar.

Online seminar discounts

Eligible insureds in other states can earn premium discounts where allowed by their state and policy requirements. (OBRA, E&S, and Wisconsin physicians who are not Wisconsin Medical Society members do not qualify.)

Online seminars at a glance

2019	2020
• 21 physician seminars	• 20 physician seminars
• 0 practice administration professional seminars	• 1 practice administrator professional seminar
• 4,013 seminars completed	• 3 new seminars in development
• 5,254.5 CME credits awarded to physicians	
• 229 completion credits sent to other learners	

OBRA Seminar Website Changing

On **Wednesday, July 1**, the OBRA [online seminar](#) website for insureds will change from GNOSIS (ProAssurance.MyGNOSIS.com) to Relias (OBRA.Training.ReliasLearning.com). The seminar website will be unavailable to insureds during the transition. A notice of the change and requirements was sent to insureds and agents June 12.

Any courses that are in progress, but not completed by midnight, June 30, will need to be restarted from the beginning. Any insured data, including course completion certificates, will be available July 2.

Insureds access online seminars by signing into the secure services portal from ObGynRiskAlliance.com. After July 2, they’ll be redirected to the Relias website instead of GNOSIS. Other than the website change, insureds will not experience changes in how they take courses.

If you have questions, please contact Jason Esparza, Assistant Vice President, Programs, at JasonEsparza@ProAssurance.com or 512-314-4351.

THE HOMEPAGE

[Inclusive Exclusions] and the ProAssurance Style Guide

ProAssurance has an internal educational platform for employees; coincidentally, I took a class called *Your Role in Workplace Diversity* May 22, three days before the death of George Floyd in Minnesota.

On one hand, spending 30 minutes taking an online course about diversity is entirely insufficient to move culture in a positive direction if that's the only thing you do. On the other hand, it's a start. It did get me thinking about things our Marketing department could do to support a more diverse and inclusive ProAssurance. You never know what will tip over the first domino, how far the chain of dominos stretches, where it ends, or how watching them tip might inspire others to take action.

Your Role in Workplace Diversity was helpful on gender awareness with respect to language and communication. Simple examples of avoiding unnecessarily gendered words are using firefighter instead of fireman, server instead of waitress, flight attendant and not stewardess, etc. Using the gendered term excludes and disenfranchises many human beings. And, choosing the ungendered alternatives has no cost ... so it's easily done.

While instructive on gender and cultural awareness for foreign travel, the online class did not address the issue of race, which finally gets me to the point of this month's column. In addition to use of unnecessarily gendered words, there are numerous easy examples of language that disenfranchises people on the basis of skin color. These too have completely understandable and inclusive alternatives that carry no cost other than maybe the occasional grumpy relative muttering about political correctness.

Did you know "grandfathering something in," as in allowing exceptions to a new rule, has racist origins in the Jim Crow south?

My former stomping ground is IT. In the IT world, examples abound of words and phrases characterizing things that are good as white and things that are bad as black. Managing an email server? An email server admin typically says they will "whitelist" the addresses to allow in and "blacklist" the addresses to block. A more inclusive way is to say that you're adding an email to your safe sender list or blocking one via the SPAM filter. Another example would be the "white hat hacker" as the good guy (meaning person) hired to find security vulnerabilities, while the

"black hat hacker" will sell our secret data out on the "black market" that exists somewhere out there on the "dark web."

These and all other terms that use white/light as a proxy for good and black/dark for bad have completely understandable and inoffensive alternatives, so choose to use them. Whether or not you realized it before and whether or not any given term's etymology is itself racist, it's easy to use the understandable and inoffensive alternatives.

Additional terms to consider

There are other terms that need to be put on the "blocked sender" list which are harder to identify. These too also have easy alternatives, the problem is often just a matter of awareness. Did you know "grandfathering" something in, as in allowing exceptions to a new rule, has [racist origins in the Jim Crow south](#)? Now that we know, we can simply say "create an exception for" or some other similar alternative instead. My own use of "[peanut gallery](#)" recently was called out by a friend and corroborated when I went online. Even when I'm not sure something has a racist or divisive origin, I would rather err on the side of inclusiveness by excluding it.

Why am I writing about this in my ProVisions column?

First, I'm a middle aged white guy with lots of taken-for-granted privilege and a heck of a lot to learn. I also have leadership responsibility as a department head in our organization. Although I have good intentions, I am largely at a loss for things to do and somewhat scared to make a mistake. Simply endorsing inclusive language out loud feels like a safe step in the right direction. If just a couple of folks say "hey, I never thought about it that way before, but he makes a valid point and I'm going to stop using it," then maybe some other domino chains will get tipped over in a positive direction.

Second, our department has responsibility for and control over ProAssurance HCPL's writing style guide—the book we refer to for writing and editing rules and preferences. I think we've done a good job about inclusivity over the years, especially with respect to gender.

We will now formalize racially inclusive language guidance as policy in our writing style, meaning "blacklist" is now on the block-list and won't be grandfa...

...receiving an exception.

Our copy editors will take care to apply this policy in our written publications, and we'll make this a point of discussion when presenting/training on brand and the Company voice.

I am well aware that we have a lot of unknown improvements yet to even become aware of on this topic, but please be assured that any missteps are rooted in good intentions.

If you have feedback, or terms to suggest for the "blocked list," or any other concern, say so—please do let us know at AskMarketing@ProAssurance.com and we'll try to do better next time.

Excerpts from the HCPL marketing style guide

Inclusive Language

Do not use racist, sexist, or ableist language.

- Use alternatives to terminology which equates white or lightness with being good and black or darkness being bad.
- › Avoid common phrases such as *spirit animal, gypped, mumbo jumbo, etc.*, which are racist or involve cultural appropriation.
- › Do not use slang, idioms, acronyms, and metaphors that show bias, refer to violence, or assume a common cultural experience. This includes avoiding religious metaphors.
- Rather than assume a particular gender, use they in a singular context. Additionally, use neutral word choices whenever possible to maximize inclusivity and focus on the person not a disability.
- › Use *firefighter, police, chairperson, chair* rather than *fireman, policeman, chairman*. Also, *folks, people, coworkers, colleagues* not *guys, fellow, or men*.
- Use *persons with disabilities* rather than *the disabled*



Pre-pandemic



Under lockdown



When will this end?



Seems like he's accepted and embraced the new look!

Steve Dapkus, Vice President, Marketing

Please note: The Homepage is not an advice column. The purpose of The Homepage is marketing, communications, and business operations insights in the digital age. The opinions expressed herein are those of the author, and not necessarily those of ProAssurance.

JUNE 2020

What is The Big Question?

A place to share your thoughts and expertise regarding industry issues...

Each month, **The Big Question** asks the ProAssurance community for input on timely medical professional liability topics. Our goal is to provide our agents, insureds, colleagues, and professional connections with a place to share anecdotes and resources that make it easier to discuss the complexities of MPL market dynamics and insurance solutions.

We're interested in your answers and comments to each monthly question and would like to know what questions you would like to see asked. Submit both at ProAssurance.com/BigQuestion.

The Big Question

A lot of assumptions at the start of the pandemic didn't work out quite the way it was originally assumed.

What surprised you most as the pandemic developed?

"Many ERs saw a dramatic decrease in volume when the opposite was expected."

Mike Soares, Professionals' Insurance Agency

"After hearing the number of cases nationwide, I expected the healthcare industry to flourish. On the contrary, reports show that many hospital systems are losing money due to cancellations of elective procedures."

Andrew Knickerbocker, Graphic Design Coordinator, HCPL Marketing

"Some very smart folks I know are SO SENSITIVE about social distancing and trying to flatten the curve and others are EXTREMELY DEFIANT. It's hard for me to comprehend why we aren't all on the same page regarding safety protocols."

Brian Cools, Director of Creative Services, & Brand Management, HCPL Marketing

The July Big Question

In the age of COVID-19, business lunches, sales meetings, and travel are extremely limited. We'd like to know how your colleagues are working around these limitations.

What advice do you have for ProVisions readers selling in the age of COVID-19?

To submit your answers, or suggestions for new questions, visit ProAssurance.com/BigQuestion.

eOasis Rollout Begins

On June 8, eOasis was upgraded to the latest Delphi base code and over 75 major HCPL software enhancements were made. These include:

- Indications, quotes, binders, and policies are all in one system
- Automated rating for all MPL, allied, E&S products
- Physician rating available on hospital policies
- Greater policy, risk, and coverage details
- Enhanced schedule management
- Multistate rating
- Premium audit
- Improved financial reporting

This release included the eight original hospital states (Arkansas, Indiana, Kansas, Kentucky, Louisiana, New Hampshire, Pennsylvania, and Virginia); it also added six new MPL, allied, and E&S states: Arizona, Idaho, Mississippi, South Dakota, Utah, and Wyoming. Policies in this initial list of states will renew from Oasis into eOasis upon the policy's renewal date. We will update you as ProAssurance adds new states over the next 3-9 months.

5 Hard-Market Healthcare Sector Considerations—Other than Price

Shep Tapasak, ProAssurance's Senior Vice President of Specialty Underwriting, was interviewed for *Risk & Insurance* magazine regarding changes brought about by the hard market. Shep touched on coverage restrictions, deductibles, the move from admitted to surplus, and more. [Read the full article.](#)

Senior Care Webinar Replay

ProAssurance hosted a webinar, **Value Drivers & Other Risk Management Considerations in Senior Living Claims**, presented by Reed Bates, Partner, Starnes Davis Florie LLP and Frank Bishop, Regional Vice President, Claims.

A recording of the webinar is now available in the secure services portal (SSP) at ProAssurance.com. To view, sign in, and click the "Webinar Archives" tab under the "Agent" menu item in the SSP. If you have feedback or suggestions for future webinar topics, please let us know at TreatedFairly@ProAssurance.com.



CANCELLATIONS

Claims and Underwriting Committee Meetings

Due to the pandemic, ProAssurance has cancelled all Claims and Underwriting Committee meetings outside of Alabama for the remainder of 2020. As 2021 approaches, we will reevaluate the schedule for the following year.

Leadership Circle 2020

Due to the ongoing uncertainty around the COVID-19 outbreak, ProAssurance has cancelled the 2020 Leadership Circle Meeting, scheduled October 4-7 at Streamsong Resort, in Bowling Green, Florida. Our Streamsong reservations will move to 2022.

We are considering alternatives and will share any decisions as they are finalized. If you have specific questions, please contact Gary Dowling (GaryDowling@ProAssurance.com or 512-314-4502) or Charles Francis (CharlesFrancis@ProAssurance.com or 202-969-3122).

We look forward to continuing the tradition in Lake Tahoe next year.

MEDICAL
PROFESSIONAL
LIABILITY

Market
Dynamics
2020

As part of our efforts to monitor ongoing market conditions, we have curated the following recent industry articles.

1. **Best's Special Report: U.S. property/casualty industry's surplus declined by 9.3% in first quarter 2020**—Part of that drop-off in surplus was attributed to an \$83.4 billion change in net unrealized capital losses. Written by Business Wire, May 26, 2020.
2. **Physician compensation increased in 2019: Five things to know**—The Medical Group Management Association's annual Provider Compensation and Production Report revealed increases in physician compensation nationwide. Written by Ayla Ellison, Becker's Hospital Review, May 21, 2020.

PROASSURANCE
Treated Fairly

provisions

To subscribe or see previous issues, visit ProAssurance.com/ProVisions



Prepare for a Safe Transition

Share Return to Practice Resources With Your Insureds

The COVID-19: Returning to Practice Guide is available at ProAssurance.com/ReturningtoPractice. This site includes frequent updates that will help physicians with office-based practices safely transition to more normal operations while mitigating COVID-19 risks.

Information Center for Policyholders & Agents: ProAssurance.com/COVID-19