



# provisions



**Ob-Gyn  
Risk Alliance**  
Our special program  
for a high-risk specialty  
turns ten years old.

The average ob-gyn  
delivers approximately

# 100

babies per year, plus  
prenatal, perinatal, and  
postpartum care.

*Doximity 2019 ob-gyn  
workforce study*

*“OBRA attracts providers who care about quality care and risk management. Self-motivated learners. They commit to self-assessment and annual education. In this common culture, OBRA providers are consistent as they continue in their efforts to reduce their risks while maintaining a quality medical practice.”*

**Dr. Steven Suba**  
OBRA Board Member

**ProVisions** is ProAssurance’s monthly agent magazine. If you or your colleagues do not receive the digital version, email [AskMarketing@ProAssurance.com](mailto:AskMarketing@ProAssurance.com). Please include names and email addresses for everyone who would like to subscribe.

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## A Word from the CMO

### My Last Word

With my retirement officially announced, it is with excitement and an overwhelming sense of anticipation that I say simply, Thank You.

Thank you for all the effort, encouragement, and mutual respect over the years. Thank you for making me a better executive, salesperson, and human being. Thank you for the millions and millions in business we sold. Thank you for placing physicians in our care so they may be properly defended on the way to their ultimate mission, improving patient care—a noble cause.

Thank you for some great conversations, laughs, challenging encounters, and euphoric wins. Thank you for your deep and unwavering trust. Thank you for listening to my never-ending requests and stories. Yes, thank you for more submissions.

Most of all, thank you for the solid friendships forged over two decades. Priceless.

Thank you, as I carry with me the fondest of personal memories of my career—spent predominantly with you, agents in the field.

**Thank you for “a good run.”**

Best wishes and go sell something.



**Jeff Bowlby**  
Chief Marketing Officer

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 **PROASSURANCE**  
Treated Fairly



# Ob-Gyn Risk Alliance

Underwritten by  PROASSURANCE.  
Treated Fairly

**The Ob-Gyn Risk Alliance® (OBRA) is the first medical professional liability insurance program established exclusively for obstetrician-gynecologists.**

**OBRA is overseen and guided by a team of ob-gyns to ensure the best interests of all members are addressed.**

## COVERAGE SPECIFICS

- **Participants receive a 25% up-front risk management premium credit**—based on the agreement to participate in educational programs administered or approved by ProAssurance, including specified Relias online learning courses. OBRA members who document completion of the required risk management activities continue to qualify for the 25% premium credit during renewal consideration.
- **Applications are reviewed by underwriters who specialize exclusively in ob-gyn practices.** Those who join the program receive enhanced policy terms such as separate primary limits for mother and child and an extended 60-day reporting period for claims without an assertion of liability.
- **OBRA members have access to extensive risk management tools and support** in addition to the annual programs selected for the 25% premium credit. They can discuss specific risk management concerns with risk advisors—and receive an ob-gyn tool kit with resources tailored to their specialty.
- **All claims are managed with a panel of attorneys who specialize in ob-gyn defense.** Should a member experience a claim, they will receive a personalized, differentiated defense.
- **Members benefit from profit-sharing premium and renewal credit** if the OBRA program experiences favorable loss ratios.

*OBRA's mission is to support and partner with ob-gyn providers in their efforts to reduce medical errors and enhance patient safety while controlling liability loss.*

*We do this by offering ob-gyn focused practice improvement tools and medical professional liability insurance solutions—along with evidence-based risk management programs and resources. We strive to be the insurer of choice for obstetricians and gynecologists.*

### Review OBRA Online

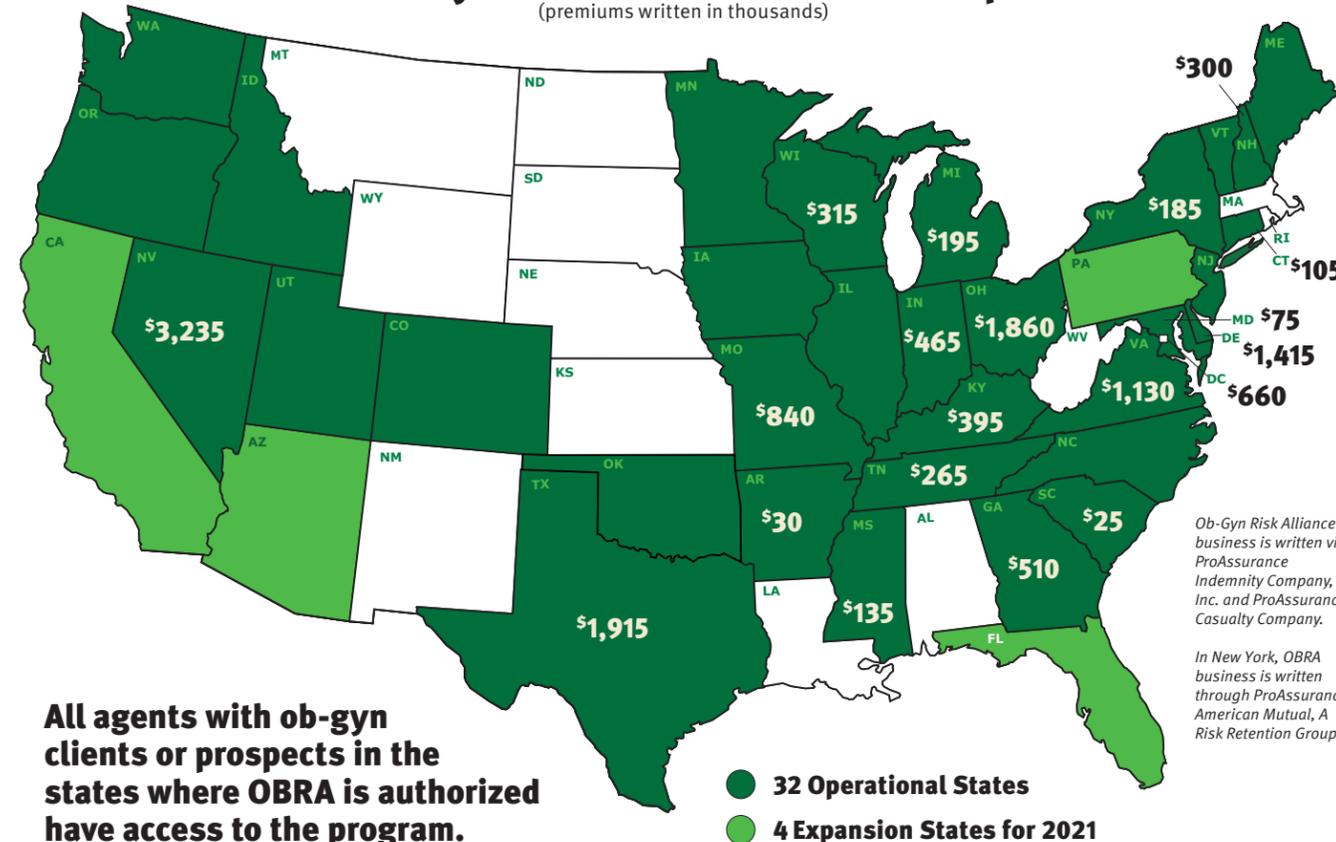
Visit [ObGynRiskAlliance.com](https://ObGynRiskAlliance.com) for an in-depth look at the program. Members can also sign in [here](#) to access their Relias courses.

Get applications to the program at <https://obgynriskalliance.com/find-an-application/>.

## WHERE IS OBRA?

### Ob-Gyn Risk Alliance Business Map

(premiums written in thousands)



**All agents with ob-gyn clients or prospects in the states where OBRA is authorized have access to the program.**

## MEET THE OBRA TEAM



**Tammy Sternberg**  
Director of Underwriting  
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800-282-6242, extension 4745

I started my career in insurance 33 years ago, the first five years as an agent handling personal lines. I have been in medical professional liability ever since. My career and talents have enabled me to work in operations, claims, and underwriting. My responsibilities for the OBRA program include managing the underwriting and operational needs for the program. I prepare the quarterly Advisory Board meetings to discuss underwriting issues, claims concerns, and risk management requirements.

I started my career with ProAssurance in September of 2002. I enjoy working in this industry; helping agents and insureds come up with solutions to their insurance needs is one of the aspects of my job. There is a sense of accomplishment when I am able to ease insureds' minds regarding coverage issues and program requirements.

My husband, George, and I have been married for 28 years and have two daughters. Outside of work, my favorite activities are anything I can do with my family, especially time at the beach and deep-sea fishing. I also enjoy reading and doing puzzles.



**Lauren Jones**  
Associate Policy Specialist  
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Hi, my name is Lauren Jones. My current role at ProAssurance is Associate Policy Specialist for the Ob-Gyn Risk Alliance program. I have been employed at ProAssurance for almost three years and started in our Credentialing department prior to moving to the new role of Policy Specialist in February 2020. My favorite part of being a part of the OBRA team is helping and working with our agents and insureds.

Prior to joining ProAssurance, I worked in many different customer service roles throughout the Southeast for the last ten years and learned a different set of skills from each of them. As a naturally positive person, I am a firm believer that a smile can change someone's day. I try to bring that belief with me every day and to every conversation I have whether on the phone or in person.

When I am not working, I enjoy spending time with my husband and our two toddler sons. While they are only four and three, I am impressed daily with how quickly they can get into some mischief and can look so innocent while doing it, especially on Zoom calls.



**Angela Burch**  
Associate Underwriter  
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Hello, my name is Angela Burch and I'm the Associate Underwriter for the Ob-Gyn Risk Alliance program. I have been with ProAssurance for five years. I started in the Service Center and was promoted to Associate Underwriter last March. I enjoy working alongside coworkers and agents not only in my home state of Alabama but throughout the U.S. Every state and policy is different so I love the ProAssurance pledge of Treated Fairly®.

Prior to working at ProAssurance, I have had the privilege of working within ophthalmology, nephrology, and cardiology office settings for eight years. With that being said, nothing that might happen in a medical office setting would take me by surprise!

Outside of work, my morkie poo Miko keeps me on my toes. He can't meet a stranger and is either wanting to play all day or take over my lap for a nap.



**Lisa Van Duyn, RN, BSN**  
Vice President, Patient Safety and Service Excellence  
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Lisa Van Duyn received her Bachelors in Nursing from the University of Evansville. She is a member of the American Society of Healthcare Risk Management.

Ms. Van Duyn has extensive hospital nursing and leadership experience, including staff nursing in orthopedics, assistant director of nursing, chief nursing officer, and vice president of patient care services.

Ms. Van Duyn oversees the risk assessment functions and has provided risk management program development and services to the Ob-Gyn Risk Alliance since the program's inception.

Ms. Van Duyn joined ProAssurance in 2001.

# Ob-Gyn Risk Alliance

## ADVISORY BOARD



**David C. Giammittorio, MD, FACOG** is the founder and former CEO of Physicians and Midwives, a regional ob-gyn practice in Northern Virginia. Retired in 2019, Dr. Giammittorio now volunteers with the Virginia Reserve Medical Corps, a medical school's admissions committee, and medical and undergraduate student mentoring programs. He is also president pro tem (longest serving member) of the Central Credentialing Advisory Committee for CareFirst BlueCross BlueShield. Previously Dr. Giammittorio was a member of the Virginia Board of Medicine. He also chaired the Cesarean Section Committee Department of OBGYN and was a Quality Improvement Committee member at INOVA Alexandria Hospital.

Dr. Giammittorio graduated and interned at the Medical College of Virginia (now Virginia Commonwealth School of Medicine). He served his residency at Providence Hospital in Washington, DC.

*Dr. Giammittorio enjoys cooking. He also sharpens knives for friends and neighbors.*



**Cornelia "Connie" Graves, MD, FACOG** is a perinatologist and medical director of both the perinatal program at Ascension Saint Thomas and Tennessee Maternal Fetal Medicine (TMFM) in Nashville, Tennessee. She received her medical degree from the University of Arkansas for Medical Sciences, completed her internship and residency at Vanderbilt University Medical Center, and cofounded the Collaborative Perinatal Cardiac Center, a joint venture with Ascension Saint Thomas and TMFM. Considered an international expert in the management of maternal disease, Dr. Graves is a professor at the University of Tennessee and a clinical and adjunct professor for Vanderbilt University and Meharry Medical College, respectively.

*Dr. Graves supports her church as a keyboardist, choir director, and youth ministry volunteer.*



**Sharon O'Leary, MD, FACOG** is a practicing obstetrician and gynecologist who serves as the chief quality officer for three Trinity Health hospitals in Michigan. Her past roles include residency program director, department research director, director of hospital simulation and team training, and chief of staff. She is an oral board examiner for the American Board of Obstetrics and Gynecology and served on the Michigan ProAssurance Claims and Underwriting committee prior to joining the OBRA board.

Dr. O'Leary is a proud graduate of Michigan State University College of Human Medicine. She completed her residency at Beaumont Hospital in Royal Oak, Michigan.

*Dr. O'Leary likes vegetable gardening, cooking, and collecting wine.*



**Steven A. Suba, MD, FACOG** has practiced obstetrics and gynecology in Fort Worth, Texas since 1988. He is the medical director of Grace Obstetrics and Gynecology; managing director of Faron Group, an OB laborist/hospitalist service; and an assistant professor, obstetrics and gynecology, at Texas Christian University and University of North Texas Health Science Center School of Medicine. Dr. Suba was a medical director at Texas Health Southwest and a chief of staff and board member at Texas Health Southwest Fort Worth.

A Texas Tech University School of Medicine graduate, Dr. Suba completed his ob-gyn residency at John Peter Smith Hospital in Fort Worth.

*Dr. Suba loves spending time with his family. He feels lucky that his daughters and grandkids live nearby.*



## OBRA BOARD ROUNDTABLE

### What does OBRA mean to you?

**Dr. Giammittorio:** Dow Walker, the program's founder, sold me one of the first OBRA policies. He then recruited me for the board. Our immediate task was to set up OBRA's educational component. OBRA is unusual in that it requires education that can help doctors reduce their risks. Lower risks mean lower costs, and that makes OBRA's up-front 25% discount possible.

**Dr. Graves:** OBRA helps members mitigate risks, especially when treating patients with high-risk conditions. The education OBRA provides helps our ob-gyns improve patient care and outcomes. It also helps protect them if there is a claim. When you can prove that you used the checklists, you have a strong defense.

**Dr. O'Leary:** OBRA is a unique opportunity to really help prevent harm. As a chief quality officer, I am proud to work with an insurer that takes a proactive approach, focusing on exactly what insureds can do to minimize their risks.

**Dr. Suba:** OBRA attracts providers who care about quality and risk management. Self-motivated learners. They commit to self-assessment and annual education. OBRA can reflect this commitment in the premiums. In this common culture, OBRA providers are consistent as they continue in their efforts to reduce their risks while maintaining a quality medical practice.

### How does OBRA help ob-gyns?

**Dr. Giammittorio:** The discount is substantial, and the educational commitment is reasonable. We use the Relias online platform; its content is excellent. Insureds take a pretest which saves them time. The program skips what they already know and focuses on topics that will help lower their risks.

**Dr. Graves:** Not every practice setting provides a lot of support for quality improvement. OBRA has the resources to help ob-gyns stay on top of their game no matter where they practice. The quality guidelines help you improve patient care and outcomes.

**Dr. O'Leary:** OBRA really collaborates with ob-gyns, supporting them by helping them improve the care they and their team provide. The education modules are efficient and contain information that will help our insureds stay abreast of current best practices.

**Dr. Suba:** OBRA is a culture of safety and quality, built around a desire to self-assess, minimize your risks, and improve patient care. Through the Relias program, our providers engage through an online pretest. This gauges appreciation of the topic, allowing the coordination of a specific, online education focusing on areas for you to strengthen. OBRA brings tangible assets you can use—education, annual site surveys, and risk advisor access.

### What are the emerging risks, practice issues you are concerned about these days?

**Dr. Giammittorio:** Medicine and medical practice have changed tremendously during my 40-plus years of practice. It won't take nearly that long for healthcare to become unrecognizable by today's standards. We have to keep the human part of medicine—and our focus on quality.

**Dr. Graves:** Maternal disease is my specialty—maternal mortality and health equity are huge issues. Quality helps drive health equity. When quality measures are applied across the board, all patients benefit. Checklists and guidelines can help insureds avoid implicit biases that can lead to diagnostic errors. When you reduce disparities, you improve outcomes for everyone.

**Dr. O'Leary:** High on my list is communication—always. Communication during handoffs especially, but it all matters. You have to have a culture of safety where anyone can question anyone if there is an issue. Second is creating an environment where frontline providers are continuously learning. The way we approach teamwork is changing constantly and we need to stay on top of that.

**Dr. Suba:** While the practice of medicine and art of healing has not changed its focus, OBRA supports your focus on improving patient care, providing tools you can use in your practice environment.

### Anything else?

**Dr. Giammittorio:** The board also reviews ob-gyn malpractice claims. These cases keep us current on medical-legal trends and drive us to provide education that will help protect our members and their patients.

**Dr. Graves:** OBRA has a lot of good education modules, and members can take as many as they want. We recently added a module on hypertension, and the board is always evaluating new subjects.

**Dr. O'Leary:** My focus is safety. Like everyone, I keep a lot of plates spinning. I make time for the OBRA board because OBRA really makes a difference for ob-gyns and their patients.

**Dr. Suba:** The four current members of the OBRA Advisory Board have been seated since the start, as well as others who have transitioned through the years. Dow chose people who would help him create a culture of safety for our specialty, and we all take that charge seriously. OBRA's staff and defense attorneys are great.

# Ob-Gyn Risk Alliance & RELIAS

Offering individual educational paths to help ob-gyn professionals identify learning opportunities to perform better, which ultimately reduces risk, improves patient care, and saves lives.

**OBRA leadership found Relias online courses to be effective tools for improving ob-gyn patient safety and reducing risk.**

**We sat down with Relias leaders John Harrington, Founder of GNOSIS and now Director of Clinical Solutions, and Lora Sparkman, Partner, Clinical Solutions, to learn more about this training system and its transformative impact in the obstetrics industry.**



**John Harrington**  
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**Lora Sparkman, RN, BSN, MHA**  
Partner, Clinical Solutions  
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## What is your career path and how did you get to Relias?

**John:** I trained as a medical illustrator. Medical illustrators specialize in taking complex medical information and distilling it into visual representations that are more readily understood by learners at all levels. When I started Advance Practice Strategies (APS), we worked in many areas of litigation; however, we quickly evolved into medical malpractice specializing in the creation of demonstrative evidence.

Within the medical malpractice arena, we further specialized into obstetrics, which is a high-risk area. We started to realize that we were in a unique position to take these salient risk management messages that were coming out of the trial experiences and put them in proactive training and education to prevent these issues from ever happening in the first place. We built GNOSIS, an assessment-driven learning system. We do a deep assessment of the learner's competency and our software uses an algorithm that creates a unique learning path. Once a learning path is created, the content is delivered in "content snacks," short vignettes (typically 8, 10, or 16 minutes).

**Lora:** I've had an interesting and varied career with hospital bedside nursing, transitioning to a health plan as a catastrophic case manager, and then contracting with providers, ancillary companies, and hospitals. I knew that I wanted to be more on the provider strategy and operational side of healthcare and lead change that improved healthcare. I was a consultant for Ascension

and other Catholic healthcare systems, and later took on a different role related to patient safety and high reliability. I was asked to lead prenatal safety and that's where I met John Harrington. His company offered me a new role to lead work in optimizing the education and I became their Vice President for Clinical Effectiveness.

## What's the incentive that drives doctors and nurses to use this technology?

**John:** The stakes are high in obstetrics, so doctors in hospitals and nurses want to be the best at their jobs so they improve outcomes and reduce risk. ProAssurance was the first to get behind our product. They believe in our product so much, they offer a premium credit to doctors who take our training. ProAssurance isn't just an insurance company—they're committed to the quality, safety, and outcomes of their insureds. That's how they differentiate themselves from their competitors.

## How did you determine how to measure a learner's judgment and knowledge?

**John:** We immerse learners in a clinical scenario that tests their critical thinking, fluid reasoning, and judgment capability. We worked with world-renowned experts who wrote a bank of questions and another set of experts who took those questions and set the concordance level. We create highly reliable teams in that concordance, and we reduce variation of care. When we look at adverse events, it's not about what a person knows, it's about how well a person *applied* what they know. If we can identify that up front and train to remediate that, we'll reduce their risk.

## How has assessment-based, personalized learning changed the landscape of building a safer environment for patients?

**Lora:** The Relias software addresses the highest risk areas of obstetrics where most insurance claims occur:

1. Delays in responding to category II or III fetal monitoring tracings
2. Injuries associated with a shoulder dystocia
3. Obstetric hemorrhage
4. Hypertension and preeclampsia
5. Promoting vaginal birth
6. Maternal sepsis

Our assessments and personalized learning paths are efficient and interactive, allowing learners to test out of content that they know well. Our unique learning approach gives learners what they need to know when they need it.

## How are stakeholders using Relias' adaptive learning product and data to improve ob-gyn patient care?

**John:** Organizations use the assessments to identify variation and learning opportunities. It helps them make sure their care teams are adopting a shared mental model and a common vision and following evidence-based practice. The data from the assessments helps educators design learning approaches whether it's an instructor-led training or in a synchronous simulated training environment. When we bring teams together and improve teamwork and communications skills, we're practicing how to work together as a cohesive team. This work translates into improved outcomes and reduced risk.

**Lora:** Our stakeholders are mostly health systems and insurance providers—organizations that have a vested interest in improving patient

safety and reducing risk. They improve patient care and reduce litigation costs by providing their physicians and nurses access to Relias education solutions. Through our data that is derived from assessment scores, we can identify variation in understanding of the national evidence-based guidelines. Through this training, we help clinical teams get better; we improve knowledge, judgment, confidence in nurses and empower them to advocate for the patients because they have learned what the national evidence is for that clinical situation.

## What trends/changes are you seeing or hearing about specific to practicing ob-gyns and other ob-gyn healthcare professionals?

**Lora:** This training software is needed now more than ever because unfortunately, maternal mortality in the U.S. is going up. We have the highest rate of maternal mortality, which is death of a mother during or after pregnancy, compared to any other developed country. It's a national crisis and one that now has the attention of the Health and Human Services at the federal level. Another trend we're seeing is the rise of telehealth due to the pandemic. This allows women to manage their health/pregnancy with their provider without having to go to the doctor's office as much as they did in the past. This trend in healthcare is being monitored closely to make sure we still meet the unique needs of patients and mothers for good outcomes. We're also seeing trends of more postpartum depression and isolation from new mothers during the pandemic and this is

also coming to the surface. Relias is looking at this closely as we have the best-in-class obstetrics and behavioral health education, and we are uniquely qualified to develop solutions in this area of need.

## What trends/changes have you seen in the Ob-Gyn Risk Alliance data since the program's inception?

**Lora:** We've seen improvement in knowledge and judgment scores and adoption rates have also improved year over year. We're hearing about reduced harm/risk and reduced claims. ProAssurance continues to invest in the program every year because it's effective. In fact, an Ohio-based healthcare system of 18 hospitals saw a \$34 million reduction in litigation costs after implementing Relias software.<sup>1</sup> Women and children are considered one of the most vulnerable populations, and ProAssurance is supporting this population by implementing programs like Relias OB. The Ob-Gyn Risk Alliance team can be proud that ProAssurance is leading the charge in providing training to care teams that save lives.

## What future learning modules, technologies, areas, or concepts do you anticipate?

**Lora:** We recently released a whole set of courses for neonatal emergencies, and we released maternal sepsis on March 22. And we are excited to launch new courses in Social Determinants of Maternal-Fetal Health and Implicit Bias and Maternal-Fetal Outcomes. These two courses will start to address issues related to maternal mortality in the U.S. Both courses will be available at the end of the year.

Source:

<sup>1</sup>Cassler, Nancy, et al, "Malpractice Litigation, Quality Improvement, and the University Hospitals Obstetric Quality Network," *Journal of Patient Safety and Risk Management*, October 9, 2019, accessed March 16, 2021, <https://journals.sagepub.com/doi/10.1177/2516043519877330>.





# Ob-Gyn Industry Malpractice Claims Statistics

 **83%** of ob-gyns have been named in a lawsuit.<sup>1</sup>

 **42%** of ob-gyns who experienced a malpractice claim spent more than 40 hours on their defense.<sup>2</sup>

 There is an industry average of **1.62** malpractice claims per ob-gyn.<sup>3</sup>

## Ob-Gyn Top Claims Presenting Medical Conditions

1. Excessive, frequent, and irregular menstruation
2. Leiomyoma of uterus
3. Encounter for supervision of normal pregnancy
4. Pregnant state
5. Encounter for full-term uncomplicated delivery

## Ob-Gyn Top Claims Outcomes

1. Inoperative and post-procedural complications of the spleen
2. Complications of procedures not elsewhere claimed
3. Birth injury to peripheral nervous system
4. Emotional distress only
5. Cerebral palsy



## MPL Association Ob-Gyn Claims Data

COSTS 2014-2018 <sup>4</sup>	ALL SPECIALTIES	OB-GYN
<b>Total Indemnity Paid</b>	<b>\$3.5 Billion</b>	<b>\$573,603,398</b>
<b>Average Indemnity Paid</b>	<b>\$367,618</b>	<b>\$476,415</b>
<b>Largest Indemnity Paid</b>	<b>\$12,250,000</b>	<b>\$12,250,000</b>
<b>Average Expense</b>	<b>\$52,738</b>	<b>\$73,376</b>
<b>Closed Claims with Indemnity Payment</b>	<b>6.0%</b>	<b>8.5%</b>
<b>% Claims Resulting in an Indemnity Payment ≥ \$1 Million</b>	<b>4.9%</b>	<b>8.3%</b>

Claims statistics have shown that over recent years, ob-gyn is one of the most litigious and verdict severe specialties.

- **Cesarean section, hysterectomy, and procedures to assist delivery were ranked 6th, 8th, and 9th most frequent procedures resulting in a claim.**
- **Highest average ob-gyn surgery indemnity payment: \$476,415**
- **Percentage of total claims paid to close: 34.3%**

Sources:

1 and 2: Leslie Kane, MA; Captions: Debra A. Shute. "Medscape Malpractice Report 2019." Medscape (November 20, 2019): <https://www.medscape.com/slideshow/2019-malpractice-report-6012303>  
 3: José R. Guardado, PhD. "Medical Liability Claim Frequency Among U.S. Physicians." American Medical Association (2016): <https://www.ama-assn.org/media/21976/download#:~:text=Thirty%2Dfour%20percent%20of%20all,sued%20recently%20is%20much%20lower>  
 4: Medical Professional Liability Association industry claim data, 2014-2018



## Obstetrician Malpractice Verdict Overturned in Maryland

The Maryland Court of Special Appeals overturned a \$205 million malpractice verdict against Johns Hopkins Bayview Hospital—one of the largest malpractice verdicts in United States history. In a unanimous ruling from the three judges, the court determined the evidence presented at trial was “not sufficient” to prove the plaintiff received negligent treatment or that the hospital withheld information about delivery options for her daughter.

“Against Bayview’s clear advice, [the plaintiff] refused to consent to a cesarean section unless her own life was in danger,” the opinion stated. “She chose to induce vaginal delivery despite Bayview’s warnings. The consequences were tragic. The injuries to the baby were just as Bayview warned. But the record clearly shows that Ms. Byrom received all the material information necessary to make an informed decision about her care.”

### Background on the case

In 2019, the jury awarded the plaintiff and her daughter \$229.6 million, which was later reduced to \$205 million due to state caps on malpractice verdicts.

Five years prior to the case, the plaintiff was admitted to Hopkins Bayview with severe preeclampsia at 25 weeks of pregnancy. Her condition worsened, and her baby was viable outside the womb so physicians induced labor. The plaintiff was told her baby could die or suffer brain damage, but she refused a cesarean section. Ultimately, the lack of oxygen during delivery did cause brain damage—causing cerebral palsy.

In the initial trial, plaintiff attorneys argued the patient received too many options and physicians did not disclose risks for her or the baby. The special appeals court said the medical record showed the patient was “fully informed” about her choices and risks, and the consequences of her choice were as the physicians predicted.<sup>1</sup>

### Informed refusal

If a patient refuses treatment, discuss the potential consequences of their refusal. Document that you advised the patient of the risks involved in refusing treatment and note the patient’s reasons for refusing treatment. Consider having the patient sign an informed refusal form; this form should indicate the treatment/procedure was explained, the risks of refusing treatment were discussed, and the patient elected to refuse. Give the patient a copy of the form. When a patient refuses treatment, encourage them to obtain a second opinion and document this discussion.

<sup>1</sup><https://www.baltimoresun.com/health/bs-md-ci-appeals-court-overturns-birth-injury-settlement-20210203-ke7tg6ximvetlvcugdxxkny7pi-story.html>

## Ob-Gyn Focused Industry Articles

We have curated a selection of articles which highlight current risk management and professional liability concerns which uniquely impact your ob-gyn clients.

1. **Risks in ob/gyn primary allegations**—The top three major allegations against ob-gyns include ob-related treatment, surgical treatment, and diagnosis issues. (CRICO)
2. **Potential ob-gyn shortfall in U.S. presents serious public health challenge**—Researchers found only 19% of ob-gyns in the U.S. are under the age of 40, which implies the shortages in this specialty will continue to worsen. (Healio News)
3. **The evolving liability landscape and obstetrical care**—An 84% increase in jury verdicts over \$10 million coupled with COVID-19 uncertainty leaves ob-gyn care in a precarious state. (Medical Economics)
4. **Obstetrician & gynecologist burnout & happiness report 2021**—A high level of bureaucratic tasks, lack of respect, and insufficient compensation top the list of reasons why ob-gyns report being burned out. (Medscape)
5. **How telehealth can help with the ob-gyn shortage**—The U.S. has a shortage of approximately 8,800 ob-gyns, with many communities lacking access to this care. But allowing ob-gyns to reach these patients via telehealth may help. (Privia Health)

# Catching Up **With Dow**

*This month we sat down with Dow Walker, a founder of Mutual Assurance, an insurance company in Alabama, that became ProAssurance. Since the age of 24, Dow has started insurance companies and programs from the ground up. Keep reading to learn how Dow lived by vision and not by circumstance to create a successful career in medical malpractice.*



## Tell us about your career path.

I grew up in Montgomery, Alabama and attended the University of Alabama where I received a degree in Finance, and later received an MBA at Samford University. After college I went to work for Prudential for two years. A friend called me and said the Medical Association of the State of Alabama was looking for someone to run their medical malpractice program for Alabama doctors. I interviewed and got the job.

We insured about 1,500 Alabama physicians for medical malpractice. Shortly thereafter, the first medical malpractice crisis happened and insurance companies terminated coverage all over the U.S., leaving Alabama physicians without insurance. Most state medical associations found a way to insure themselves by forming their own state medical malpractice insurance companies. By October 1976, we formed our own insurance company for Alabama physicians—Mutual Assurance Society of Alabama (MASA). Mutual Assurance became what is now known as ProAssurance Indemnity Company, Inc., and we issued our first policy in April 1977.

Through the '70s and '80s the company grew, and we covered 2,200-plus doctors insured. During 1985, Mutual Assurance became the first A+ rated startup medical malpractice insurance company. By 1988, we had 125 employees; I was Executive Vice President and Derrill Crowe, MD was President. I was also a member of the board of directors. Later that year I received an offer to join the Corroon & Black healthcare practice, so I moved to Nashville, Tennessee. I specialized in reinsurance for physician-owned companies and large hospital systems. I spent time traveling to visit clients all over the United States and London.

After 22 years at (what is now) Willis, I wanted to do something different. So, I went back to ProAssurance and founded a program called OBRA that offers specialty-specific medical professional liability insurance to ob-gyns. I was with ProAssurance for another 10 years.

*“I always tried to understand that every job has its challenges, and “there’s always going to be a bur underneath your saddle.” Be careful not to trade one set of bad circumstances for another.”*

## What attracted you to the professional liability insurance industry?

While in school, I worked at First National Bank of Tuscaloosa at night. I worked there for 1 ½ years, then went to City National Bank. By the time I graduated from college, I knew banking wasn't what I wanted to do. Before graduating, I took one basic insurance course in college and found it interesting. I got into the medical malpractice industry when I was 24 years old, and that's been my entire career from that point on. I learned a lot about starting an insurance company from the ground up. I knew what it was like to have a vision and reach it.

## What makes you most proud of your career at ProAssurance?

I'm proud that during the early years, we hired a number of talented people who helped to make ProAssurance successful and then moved on to become executives at other organizations. Derrill Crowe, Paul Butrus, and Stan Starnes created an environment for people to learn and take their skills to be successful at other companies.

I'm also proud of the William Crawford Gorgas Award that I was awarded in 1990 from the Medical Association of the State of Alabama. I appreciated the award because it recognized all the work that was put into creating Mutual Assurance.

## What do you miss about your career at ProAssurance?

I miss the people I worked with and spending time with them. I have a lot of friends in London, New York, and Birmingham, and I don't get to see them like I used to. I miss having problems to solve and working with people to solve them together.

## What are you doing now in retirement?

I was scared to retire because I woke up every morning excited to go to work, and I didn't know what I was going to do after retiring. After retiring, I haven't had one day that I haven't felt fulfilled. I enjoy spending time with my wife and grandchildren and do a lot of running, playing golf, and reading.

## What's your secret to a successful career?

I only had three major changes during my career and for that, I'm very lucky. I always tried to understand that every job has its challenges, and “there's always going to be a bur underneath your saddle.” Be careful not to trade one set of bad circumstances for another. For me, I never felt like I worked one day in my life. I always loved what I did.

## Any other advice you would give to ProAssurance employees?

I always try to live in vision and not by circumstance. If you live day-to-day focusing on circumstances beating you down, you won't go anywhere. You need to have a vision for what's ahead.

**As I look back over my career, I always had a vision of what projects would look like when completed and successful. I knew what it would feel like to work day in and day out to achieve that vision.**



*Founder of Mutual Assurance • Former Ob-Gyn Risk Alliance Program Leader*

# Dow Walker



# Ties that Bind



Ties that Bind features anecdotes and advice from seasoned sales professionals.

Have a topic you'd like to see covered? Email your suggestions to [AskMarketing@ProAssurance.com](mailto:AskMarketing@ProAssurance.com).

## Want Renewals?

### Don't Let Your Clients Forget Why They Chose ProAssurance

"Hi, I'm calling about your medical professional liability policy renewal."

"What's that? You're going with a different company? Is there a problem...?"

Yes, there is a problem. Your client didn't renew.

Didn't they recognize the value their ProAssurance MPL policy provided?

Maybe they forgot. Over time, value can fade, especially when a product isn't always top of mind.

You think about MPL insurance every day. Healthcare providers only think about it when they:

1. First buy it.
2. Renew it.
3. Are frightened by a malpractice claim.
4. Or read/hear about medical lawsuits

You won the initial sale because your client saw the value of moving forward with you. Your ongoing task is to keep clients aware of all the relevant value their ProAssurance coverage provides. This will make your job easier at renewal time.

Relevant value refers to product features, benefits, or outcomes that address the client's current needs. And clients won't always remember or recognize relevant value on their own. This understanding requires ongoing guidance from you.

Many salespeople squander valuable contact opportunities—random drop bys to say hello, and the occasional phone call, email, or birthday card that hopefully keep them from forgetting you. Yes, you want to keep your name in front of them, but in these times of drastic change and challenge, it's more important that they remember why they became a client.

Discussing relevant value requires planning. Before contacting a client, ask yourself: "What's affecting your client's world right now? How does their ProAssurance policy provide value in a relevant way today?"

At the time of this writing, COVID-19 is a universal concern, especially in healthcare where medical professionals face challenges and obstacles that expose them to potential lawsuits. This is a perfect time to identify real-time concerns addressed by their ProAssurance policy or program.

Begin discussions by focusing on relevant issues related to their coverage or program. Topics might include:

- How liability is changing during the pandemic
- Liability associated with telemedicine
- COVID-19 vaccine concerns
- Recommendations regarding deferring or not deferring medical care

Review specific parts of their coverage or program that address these and related issues.

For example, **medical practices reported an average of 32% reduced revenue during 2020. If you're talking to an ob-gyn client whose practice revenues declined over the last year—why not mention OBRA's 25% up-front risk management premium credit** for participating in educational programs? They'll save money and discover ways to reduce risk. While they may not have given this benefit much attention previously, it might prove relevant now.

Don't forget to remind clients that they have access to a team of risk advisers and an ob-gyn tool kit. Uncertain times raise new concerns. Expert advice is a phone call or email away.

Consider ProAssurance's "Treated Fairly" doctrine. Is it more relevant during these uncertain times? Make it relevant! Don't let clients forget that ProAssurance will always treat them fairly and give them a choice as to whether to settle or defend a liability case.

Your clients' perception of relevant value at renewal time determines whether they'll stay with you or not. And it's not their job to remember why they do business with you. It's yours! Keeping real-time relevant value top-of-mind is good for clients and good for you. They'll have peace of mind and you'll have more renewals.

<sup>1</sup>AMA survey, November 2020

#### Mace Horoff Medical Sales Performance



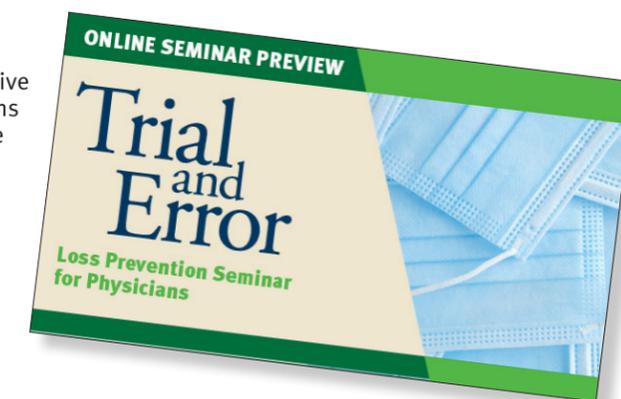
Mace Horoff is a representative of Sales Pilot. He helps sales teams and individual representatives who sell medical devices, pharmaceuticals, biotechnology, healthcare services, and other healthcare-related products to sell more and earn more by employing a specialized healthcare system.

## Trial and Error is Live!

This year's loss prevention seminar (LPS), *Trial and Error*, is now live on the ProAssurance website. As a reminder, due to ongoing concerns surrounding the COVID-19 pandemic, this year's seminar is available exclusively online.

[View a preview of the seminar.](#)

Your clients will be notified that the seminar is available with a letter, followed up by an eblast one month later to those who have not yet registered. We will continue to share updates about this year's LPS program as needed in upcoming issues of *ProVisions*. In the meantime, if you have any questions, contact your business development manager.



## Claims History Report Update

The agent of record may now pull a claims history document for a policy in the [secure services portal \(SSP\)](#)—for all risks or policyholders associated with that agency. Previously, agents were required to send an authorization form in order to access these documents.

### Accessing claims history reports

Claims history reports and Certificates of Insurance (COI) can be found in the "Credentialing" tab of the SSP. All policy documents associated with the users' account are available in this menu. You can search by policy number or policyholder, as well as active or cancelled policies. Once you have selected the policy documents you need, you can download the items as a single PDF or separate PDFs depending on how they will be used.



## NORCAL Mutual Public Hearing and Special Meeting

On April 1, the Insurance Commissioner of the State of California held a public hearing on the plan of NORCAL Mutual Insurance Company to convert from a mutual insurer into a stock insurer. The California Department of Insurance will make a transcript of the hearing available as part of the public record.

NORCAL members who were insured on February 18, 2020, and remained insured on February 27, 2021 voted their preferred method for compensation according to the plan of conversion. The deadline for voting on the conversion of NORCAL was 5:00 p.m. PT on April 21, 2021. The deadline to submit elections for payment of consideration was 5:00 p.m. PT on April 27, 2021.

A virtual special meeting of NORCAL Mutual members took place April 26, 2021. Members ultimately voted in favor of the conversion plan; approved the amended and restated articles of incorporation, approved the amended and restated bylaws, and approved the new board of directors.

With these final steps completed, the companies will move forward to complete the transaction.





THE HOMEPAGE

# Zoom Chat Hazard Avoidance

*When I wrote last October's article "11 Ways to Up Your Zoom Game" I thought there wasn't much more to learn about Zoom meetings. The article was especially bullish on tips for using the chats to meet people and get more work done.*

*I still think chat is the most underused way to be effective in Zoom meetings, but there is risk involved due to our lack of common meeting protocols and a widening disparity in hosts' ability to moderate meetings. Yes, you should still use the chat, but beware and put in some safety nets just in case.*

## **Zoom Chat Hazard #1 – The host stops the meeting to read your group message out loud**

You are professional sales people who can stay on script during a presentation while also taking in additional information (like a chat feed) and internally processing whether/how to insert the new information into the meeting.

Many of your colleagues don't have that skill and will abruptly take the meeting down a side alley by reading your group chat out loud. Usually, that's not what you wanted to happen and now you are on the spot to get the meeting back on track. While you're doing that, others are wondering why you are disrupting the meeting with a side issue—the side issue you tried to keep as a side issue by using the chat in the first place.

One day we may converge on common signals for how/whether chat messages need to be elevated. Maybe Zoom will build it into the reactions menu or add an emoji keyboard. Maybe we'll invent some new acronyms like the old "eom" for email subject lines. I don't have the answer. A simple "Just FYI" or a "FWIW" or "Not important, but" at the beginning of the message seems to help keep it from spilling into the verbal content.

My advice to presenters is do not, by default, read chat messages out loud—let alone redirect the main meeting to discuss them. If you cannot manage the chat by yourself, appoint someone to be your "producer" and periodically ask "Are there any questions in the chat that we need to address before we move on?"

My advice to attendees is still to be active in the chat, but stay on your toes and don't get burned twice by hosts that have a hard time with this issue.

Since it was in the "to everyone" feed, it's probably OK, but oh it's painful when ...

## **Zoom Chat Hazard #2 – The host calls attention to your direct message (DM)**

Ooof this is a tough one. If you catch it early enough, tag in with a "hey that was just to you, but (insert something to quickly get the meeting back on track)."

DMs to other attendees (or folks who are not speaking at the current moment) are usually not an issue. Something about the host having one more ball to juggle seems to make the risk go up quite a bit.

My advice to hosts is the same; don't by default read chat messages aloud. Once you have a level of comfort with managing the chat, make sure you are also aware of DMs vs. group messages.

My advice to attendees is simply to avoid DMing the host at all. Sometimes you simply have to risk it; "Hey you are presenting from the outdated PowerPoint, I just emailed you the current version." Again, don't assume others have the same level of comfort with technology or online presentation skills.

Leaky DMs are cringe-worthy, but survivable. But what about ...

## **Zoom Chat Hazard #3 – You meant it as a DM but it went to everyone**

I sincerely hope your message was not damaging to your relationships or the advancement of your agenda in the meeting itself. Start with a quick group "Sorry! Meant as a DM. Ignore ^." Take comfort in the fact that many still don't seem to notice, let alone click on, those little red numbers letting you know there's a new message; more so if there's an active screen-share.

If you are in a meeting with multiple parties, and it's better if YOUR party establishes a back channel for sharing information, do it! But use a different chat platform (Teams, Cisco Jabber, Slack, text on your phone, or whatever chat you were using before Zoom). On Zoom there are only options for "send to all" and "send to one person." Even if you could do a group subset chat, you don't want to risk making a "send to all" mistake.

While you are back-channel chatting, turn off the sound alerts (bing!) and try to guard your expression/body language. At this point in the game, folks can figure out who is chatting, at least if they are paying attention and not tabbed off chipping away at emails.

Zoom meetings (or some sort of video meeting function) have become a permanent fixture in our work life. As companies and individuals embrace that, more socially accepted standards of behavior will emerge. In the meantime, do your best to stay engaged, be polite, and assist the more technically challenged among us in successfully navigating all portions of a meeting.

Do you have different best practices for online meetings that you'd like to share? If so, send them to [AskMarketing@ProAssurance.com](mailto:AskMarketing@ProAssurance.com) and we may share them in a future *ProVisions*.



**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.

PROASSURANCE.  
Treated Fairly

# provisions

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visit [ProAssurance.com/ProVisions](https://ProAssurance.com/ProVisions).

*“Ob-gyns perform some of the most delicate work in settings charged with high hopes. It’s complicated and even with the best patient safety procedures in place they can still run into problems.*”

*OBRA provides a peer network and medical liability support that helps them mitigate risk and practice with greater confidence.”*

**Lisa Van Duyn, RN, BSN**

Vice President

Patient Safety and Service Excellence



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