

 PROASSURANCE.
Treated Fairly

provisions



COVID-19 vaccines
are on the way.

Big shot.

Who gets'em?

Got yours?

Only about

1.3

per 1 million people
experience an allergic
reaction to a vaccine.

Allergy and Clinical Immunology
Unit at MGH data

“I think that at the end of the day, wearing masks, washing your hands, and keeping your distance is still the name of the game right now. We’re now adding to that the vaccinations, but we’re going to have to speed that up in a dramatic way for us to be really effective in controlling this outbreak...”

Dr. Georges C. Benjamin

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A Word from the CMO

Great Change Brings Liability

The COVID-19 vaccine is a constant point of discussion in our industry and beyond. Unfortunately, at this stage there are significantly more questions than answers. And, when there are questions as to how a situation will play out, there is plenty of room for liability concerns.

Administration schedules, “mandatory” vaccinations, allergic reactions, and more are front page news. And, once again, your clients are responsible for managing these fears with their patients while getting the job done.

While this is the first time in modern history we have experienced such a fast-paced vaccine rollout, providing widespread access to vaccines is nothing new. There are recommended protocols and protections healthcare workers can rely on. Leaders in our industry are familiar with these regulations and have addressed them in our policies and risk management resources.

There will certainly be new challenges, but nothing that cannot be addressed by carefully examining and responding to the facts. We encourage you to use these uncertain times to actively solicit new submissions and reinforce our shared clients.

For our part, we will continue to provide reassurance and support to those on the front lines. Like we have throughout the pandemic, we are monitoring the news and maintaining a Q&A section on our website. Our underwriting and risk management teams are also standing by to answer questions—for you or your clients. Please do not hesitate to reach out.



Jeff Bowlby
Chief Marketing Officer

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Professional Liability Concerns Regarding Vaccine Administration

ProAssurance cannot provide a coverage opinion or confirm coverage as to hypothetical claims. Coverage opinions are provided only after analyzing the specific allegations of an actual claim together with the applicable policy. The information here is general in nature and should not be interpreted to mean any given claim or actions by an insured will be covered by our policy. Rather, we will adhere strictly to the provisions of our policy, which represents our coverage obligations.

Am I covered to administer a vaccine with only Food and Drug Administration (FDA) emergency use authorization (EUA) approval, but not full FDA approval?

The ProAssurance healthcare professional liability policy covers insured professionals who:

- Act within the scope of their employment
- Are engaged in the performance of professional services to a patient
- Hold any required license to perform the service

There is no coverage difference or policy exclusion based on the FDA EUA approval status.

Are my employees and I covered for administering the vaccine at a location outside our normal practice setting such as in a senior care facility, a pop-up clinic, or drive thru clinic, etc.?

The ProAssurance healthcare professional liability insurance policy generally applies to professional incidents arising out of professional services or peer review services rendered anywhere in the world, provided that any resulting claim or suit is prosecuted within the United States of America, its possessions or territories, unless your policy contains an endorsement with a location restriction.

What are the insurance implications of retired physicians administering the vaccine on temporary return to practice or volunteer basis?

Physicians returning to practice from retirement on a temporary basis or as a volunteer to administer the COVID-19 vaccine will not jeopardize extended reporting endorsements issued by ProAssurance without payment of additional premium.

Volunteers may have professional liability coverage under the insurance policy of the facility organizing the vaccination program. We recommend you confirm coverage with the facility in advance of beginning work. If you are unsure or have additional questions, your ProAssurance service representative can advise you or help secure supplemental coverage for your client if needed.

For physicians seeking coverage for more than temporary return to practice activities, please contact your ProAssurance service representative for assistance. We will endeavor to provide an underwriting decision for completed applications within two business days.



Historical ProAssurance Vaccine Claims Data

To date our Claims department has received no claims or first notices related to administration of vaccines for COVID-19.

Looking back we searched our claims files for any reports about vaccines in the last 15 years and found seven cases to review:

- Six of the seven were simply “first notices” from the insured with only one progressing to become an actual claim.
- A minor was involved in 100% of the records. Not surprising, until COVID-19 came along, most vaccinations were administered to children.
- Two of seven were related to a patient fainting after the vaccine was administered; a reminder of how important basic patient safety protocols are to manage risk.
- Two others were related to informed consent and miscommunications, another reminder of how important documentation and communication are for risk management.
- Six of seven were closed with no allocated loss adjustment expense (ALAE) and no indemnity. The seventh is still open but with no paid ALAE.

Here’s a quick summary of each of those seven reports:

- An infant was given the hepatitis B vaccine. Two days later mother reported blisters on first three toes of the right foot. The toes became necrotic and the infant was transferred to the hospital.
- An 18-month-old patient was given “flu mist” instead of an injection. “Flu mist” is indicated for patients 2 to 47-YO. The mistake was discovered when the patient returned for a second vaccine, which was an intramuscular injection, though there was no adverse reaction to the mist.
- A 16-YOF presented for a wellness check. She was given the HPV vaccine after a misunderstanding with her mother.
- A representative of a 14-YOF alleges negligence in the administration of Gardasil and the flu vaccine. The patient fainted, fell from table, and hit head breaking a front tooth.
- A 5-YOM patient’s parents sent a letter to the insured to remove patient from insured’s care. Parents allege failure to diagnose vaccine reaction and asthma.
- A 16-YOF came in for a wellness check and vaccines; after vaccination, nurse turned to retrieve paperwork and the patient fell from table hitting head.
- A 5-YOF patient’s mother called and emailed practice that the patient was given a vaccination after the mother refused. Insured notes a discussion with the mother, who gave authorization. The mother doesn’t recall this discussion and was upset.

While malpractice claims stemming from vaccinations and injections are uncommon, the COVID-19 vaccine rollout presents a number of unique variables. Following established vaccination protocols and documentation practices are of particular importance as this effort continues. ProAssurance’s Risk Resource department has developed information on common vaccine risk management concerns to aid your clients. Find them in the risk management section of the [COVID-19 Vaccine Q&A page](#).



Caution Regarding Liability Immunity for COVID-19 Under the PREP Act

Within the medical professional liability industry there is a healthy and reasonably optimistic discussion about the Public Readiness and Emergency Preparedness (PREP) Act with respect to liability protections for physicians and other healthcare providers vaccinating against or treating COVID-19 patients.

The PREP Act is a federal liability shield protecting individuals and organizations involved in the manufacture or distribution of medical countermeasures in the event of a health pandemic. The PREP Act was signed into law in December 2005 and is triggered by the Secretary of the U.S. Department of Health and Human Services (HHS) issuing a “PREP Act declaration.” Medical countermeasure includes personal protective equipment, therapeutics, vaccines, and related medical devices. PREP Act declarations were previously issued for the H1N1 influenza (aka swine flu) and Ebola outbreaks in 2009 and 2014, respectively.

A declaration was made for COVID-19 on March 17, 2020 and has been clarified through six amendments broadly seen as strengthening the liability protections. The initial declaration and amendments are available to be read on the [HHS's Public Health Emergency website](#).

On January 8, 2021, the HHS Office of General Council issued [advisory opinion 21-01](#) with significant statements including that:

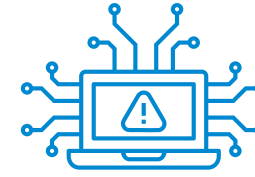
- The PREP Act is a “Complete Preemption” statute; meaning the federal statute completely takes precedence over any state statutes.
- PREP Act liability protection may be triggered when a countermeasure is not used such as in situations when a covered person is making prioritization decisions due to scarce resources.

COVID-19 immunity assertions have not yet been tested in the courts.

Due to the collective strength of the declaration, the amendments, and advisory opinions there is good reason for optimism, however, ProAssurance urges caution for several reasons:

- Whether or not immunity exists, allegations will be brought and will require resources to defend.
- The COVID-19 immunity assertions have not yet been tested in the courts.
- There are limitations to PREP Act immunity such as acts involving “willful misconduct” which, whether or not justifiable, may be alleged requiring an investigation and defense.
- Between state provisions (including statutes, gubernatorial declarations, and emergency orders), and federal remedies (including statutes, departmental declarations, amendments, and opinions including an assertion of the preemption of state statutes), there is a high degree of complexity which introduces many more variables on which the plaintiffs’ bar may base an allegation.
- Standards of care in emergency situations vary widely depending on the location, circumstances, information, and resources available at the time.
- Allegations are dependent on specific circumstances including those which may not have been anticipated when immunity liability or other protections were enacted.

While ProAssurance is optimistic about the PREP Act with regard to COVID-19 immunity in general and vaccine administration in particular, we cannot offer opinions based on hypothetical situations. Insureds should not assume they are immune from liability and continue to provide medical care using risk management best practices based on good patient communication and documentation. Insureds can find regularly updated information by visiting our [COVID-19 Vaccine Q&A](#) or [Guidelines for Practicing During a Pandemic](#) webpages.



COVID-19 and Vaccination Cyber Scams

KnowBe4 and Check Point, two prominent web security companies, have reported a significant increase in cyber scams using COVID-19 as a lure. Some examples include information about the vaccine in the subject line; these contain malicious attachments that spread a Trojan that allows the hacker to take over the victim’s account.

Chris Davis, Associate Security Analyst for ProAssurance, shared what his team is seeing—and how they are working to protect ProAssurance from increased scams.

A focus on current events

Cyber criminals are well aware of current events, and they constantly adjust and change their strategy based on what’s going on in the world. The vaccine is just another example of how bad actors take advantage of sensitive situations.

“We’ve seen a dramatic increase in scam events since COVID hit,” Chris said. “We’ve gotten notifications about the status of your stimulus check, coronavirus testing results, checking your insurance coverage regarding the vaccine ... all trying to gather people’s information.”

Emails are often in the public domain, so it’s easy for cyber criminals to find your email address and add you to a mailing list.

“Hacking can be extremely technical, but hackers tend to rely on phishing because it’s easy. All they need to do is get someone to click instead of having to attack the system directly,” Chris notes.

Hackers will also use your personal and professional connections to trick others—or use accounts you would trust to try and trick you.

“There’s a high chance someone you know will get compromised,” Chris warns. “If someone you know sends you something out of the blue, and the sense of urgency seems off, you should investigate. Call that individual on the phone to ensure they actually sent that email. Also, if there is a link, hover over it before you click on it to make sure it goes to the place it describes.”

“Ultimately, use your best judgment. Don’t click on a link unless you know where it’s going. Sometimes websites are built to look legitimate, or a website can be compromised and used to harvest someone’s credentials. If something seems suspicious, report it.”

Enacting Countermeasures

Ensure your company has software that scans every email coming into your business. Approximately 75% of incoming emails are blocked due to indicators of malware, spam, or other issues. In addition, ensure every employee’s computer is protected with a firewall. In the event someone does click on a link, the firewall will block the virus or malware and alert your security personnel so they can take action. Chris and his security teammates firmly believe the biggest countermeasure to cyberattacks is regular security awareness training. ProAssurance staff receive weekly emails outlining the latest scams their security awareness vendor has seen. Employees are also regularly tested with simulated phishing emails.

“We do continuous training to ensure that muscle memory kicks in if something suspicious ever comes up,” Chris explains. “If an employee does click one of the fake emails, they can be immediately educated on what they should have noticed and how to respond.”

Ultimately, as training advises, you need to stop, look, and think before clicking on a link—in an email or otherwise. Working together to stay aware of the latest phishing attempts helps protect you and your colleagues from falling victim to a cyberattack.

69%

of the 365,500+ consumer complaints made to the Federal Trade Commission have resulted in fraud or identity theft. That is likely to increase due to the influx of vaccine scams.

90%

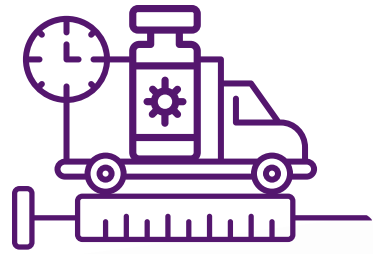
of data breaches are the result of human error.

Sources:

<https://www.computerweekly.com/news/252493523/Surge-in-COVID-19-vaccine-phishing-scams-reported>

<https://www.securitymagazine.com/articles/92666-how-hackers-are-using-covid-19-to-find-new-phishing-victims>

<https://www.aarp.org/money/scams-fraud/info-2020/coronavirus.html>



VACCINE RISK MANAGEMENT

Physicians administering the vaccine must be mindful of unique risks.

ProAssurance's Risk Resource department receives questions about the vaccine, vaccine administration, and the impact of the rollout on medical practices. We have catalogued responses to the most common questions.

Your clients can contact a Risk Resource Advisor at 844-223-9648 for assistance with their specific vaccine concerns.

Is my practice eligible to administer the vaccine?

Physicians are eligible providers of the vaccine. Access to the vaccine is managed by state and local health jurisdictions, and vaccine administration will be based on priority.

If your client elects to enroll in the federal vaccine administration program as implemented in your state, they must ensure they are able to manage vaccine storage and maintenance, staff education related to vaccine administration, and all other vaccine administration requirements.

What should be included in staff training, competency, and documentation regarding injection techniques?

The CDC prepared a [clearinghouse of staff education resources](#). Consider which resources best meet your staff's educational needs.

Evaluate staff competency in injection techniques and document employee competency in a [skills checklist](#) to be included in the employee's personnel file.

What all needs to be tracked?

We encourage physicians to document each order for a vaccine in the medical record. If the order is verbal, we suggest the physician co-sign the order. Without this documentation, an employee who administers a vaccine may appear to be functioning outside their scope of practice.

Additional information to document includes:

1. **Allergies, especially to vaccines and/or components**
2. **Discussion of the risks, benefits, and alternatives**
3. **Vaccination date**
4. **Name of vaccine administered**
5. **Dosage**
6. **Injection site**
7. **Manufacturer and lot number**
8. **Signature or initials of person administering the injection**
9. **Known side effects and/or complications**
10. **Instructions provided to the patient**
11. **Patient's receipt of manufacturer's Vaccination Information Sheet**

How should we monitor a patient after vaccine administration?

Refer to the vaccine manufacturer's [recommendations](#) for patient observation following injection. Be prepared to manage allergic reactions in accordance with your emergency response plan.

How should we respond to a patient reporting significant post-vaccine side effects?

Advise the patient to call 911 and immediately seek emergency care if they are experiencing life threatening symptoms.

If symptoms are not life threatening, obtain and review the "Fact Sheet for Healthcare Providers Administering Vaccine" for each vaccine manufacturer, paying special attention to Adverse Reactions and Information to Provide Vaccine Recipients/Caregivers.

Obtain chief complaint from the patient, symptoms, the brand of vaccine received, the date and time, and administration location. Triage care based on the type and severity of symptoms.

Document the communication, including symptoms and advised treatment, in the medical record. Adverse reactions must be reported to the [Vaccine Adverse Event Reporting System](#).

How should we monitor second-dose compliance?

- Document the patient was scheduled for and informed of the necessity to return for the second dose.
- Provide a vaccination card to the recipient or their caregiver with the date when the recipient needs to return for the second dose.
- Establish a tracking system to monitor patient compliance for the second dose.
- Examples of immunization reminder-recall systems would be a centralized log followed by patient calls or patient portal reminders.

Can our practice require employees to take the vaccine?

Refer to governmental [guidance on vaccine requirements](#) for employees.

Are there specific reimbursement criteria related to vaccine administration?

Federal guidance exists to aid practices in coding for vaccination program implementation.

ProAssurance frequently updates information on the vaccine rollout and its impact on your policyholders on our [COVID-19 Vaccine & Medical Liability Q&A](#) webpage.

ADDITIONAL PROFESSIONAL RESOURCES

The [CDC's Healthcare Professionals: Preparing for COVID-19 Vaccination](#) has up-to-date training and educational materials including preparation, handling and storage guidance, and patient communications.

The [CDC's COVID-19 Vaccination Program Operational Guidance](#) posts the most up-to-date playbook for jurisdictional operations and downloadable plans for every state and U.S. territory.

The Kaiser Family Foundation's [How are States Prioritizing Who Will Get the COVID-19 Vaccine First?](#) page includes links to prioritization guidelines for all states.

COVID-19 VACCINE

Industry Articles

We have curated a selection of articles which highlight current trends and major events impacting the healthcare professional liability market.

Pfizer and Moderna COVID-19 vaccines: side-by-side comparison—

The vaccines are similar in terms of efficacy and doses required, but cold storage and minimum purchase amounts required are impacting their distribution. (Patient Care Online)

How the U.S. government will handle COVID-19 vaccine injury claims is largely a secret—

Which jurisdiction will manage claims stemming from administering the vaccine, and what funding is available to manage them, is largely unknown. (Insurance Journal)

Who's on the hook if COVID-19 vaccines go wrong?:

viewpoint—With manufacturing, distribution, and administration crossing borders, and the rapid pace of the rollout, liability becomes more complicated very quickly. (Insurance Journal)

Allergists offer reassurance regarding potential allergic reactions to COVID-19 vaccines—

Patients with severe allergies to foods, oral drugs, latex, or venom can still safely receive the COVID-19 vaccines. (Healthcare Finance News)

Challenges facing healthcare pros on COVID vaccine frontlines: Q&A with Aon experts—

From who will be administering the shots to determining how to get patients back for their second dose, healthcare workers face a significant challenge administering the vaccines. (Insurance Journal)

Retired doctors, nurses will be approved to give COVID vaccine, White House says—

Rules have been drafted under the Public Readiness and Emergency Preparedness Act to allow retired healthcare professionals to assist with the rollout efforts. (U.S. News)

Why nursing homes' COVID-19 legal shields may interfere with other cases—

Twenty-seven states have granted legal immunity to nursing homes, which some advocates worry could be used to hide misconduct not related to coronavirus. (NPR)

COVID-19 Vaccines: 8 Myths and the Facts to Refute Them—

Patient Care assembled myths and care information from Centers for Disease Control and Prevention, the World Health Organization, the Mayo Clinic, and the Cleveland Clinic in one resource. (Patient Care Online)

Can a healthcare worker refuse the COVID-19 vaccine?—

The Centers for Disease Control and Prevention designated healthcare workers as the first to get the vaccine, but some do not want to be the first to try it. (Medscape)



COVID-19 Risk Management Resources

ProAssurance COVID-19 Online Resources

ProAssurance maintains several resources for up-to-date COVID-19 healthcare liability resources.

- **COVID-19 Vaccine & Medical Liability Q&A** – Professional liability and risk management information, as well as public resources regarding administering the COVID-19 vaccines
- **Guidelines for Practicing During a Pandemic** – Information on a variety of risk management topics regarding potential health risks encountered by patients and employees during a pandemic
- **COVID-19 Department of Insurance Bulletins** – A list of insurance bulletins that may be pertinent to insureds and agents, with links to the full copy

WEBINAR

COVID-19 Vaccine and Compliance Unraveling Legal Complexities Surrounding Immunizations in Your Workplace

Administration of the COVID-19 vaccine has significant implications on the workers' compensation industry. The EHS Daily Advisor recently hosted a webinar discussing the legal complexities surrounding providing or requiring immunizations in the workplace.

Attorney and safety professional Adele Abrams addressed the latest on COVID-19 vaccine guidance from the federal government and Equal Employment Opportunity Commission, including how at-risk workers might be impacted and which workers may be excluded from mandated vaccine requirements under civil rights and disability laws, and more. Best practices for establishing vaccine programs and incentives that will not run afoul of the law were discussed, as well as the legal consequences of improperly structured programs and handling any adverse reactions that workers might have during vaccines administered at the worksite.

Register to listen to a playback of the webinar from January 28, 2021.

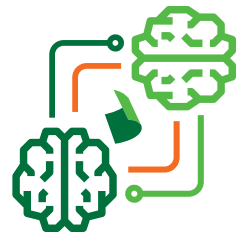
Medmarc Risk Management Resources

Risk management activities for physicians are separate and different from manufacturers' activities. Throughout the course of the pandemic, Medmarc has developed a variety of risk management resources for medical technology and life sciences companies focusing on COVID-related topics.

[View COVID-19 topics on the Medmarc blog.](#)

[View Medmarc webinars on COVID-19 topics.](#)





THE HOMEPAGE

Two Ideas for Vaccinating Yourself Against Cold Calls

My daily count of unexpected vendor solicitations varies but is usually in the double digits. If I took all the introductory phone calls and accepted the emailed meeting requests, it would be at least another full time job. Time, the proliferation of data, the lack of gatekeepers, and the sophistication of CRM and sales processes means this will only increase.

Frankly, most of the time it doesn't matter how good the product on offer is. Even if I wanted it or knew I'd eventually need it, my bandwidth for implementing new initiatives is tight.

I hope these vendor management confessions are either useful to you in managing your own approach to unexpected solicitations, or maybe they'll give you a new insight into the behavior of time-constrained prospects as you work your own sales process.



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.

Schedule a Vendor Day

Rarely, but sometimes I am interested or curious enough to find out more. "vendor day" gives me a place to put it plus some control over the process.

In the unlikely event I'm interested in an unsolicited opportunity, I'll feed the person asking for my time into my system rather than letting their process or calendar demands command my time. Vendor day is a block of time set aside for initial meetings with folks who've gotten me curious. These appointments are batched in one block for a few reasons:

- One focused day limits the distraction that would otherwise come from "trying to work something into the calendar in the next couple weeks..." on an ad hoc basis.
- There is a finite amount of time in the block. If the meeting slots are all booked, sorry that's just it; no more meetings until the next vendor day.
- It's a check on the person trying to get my time. Are they interested enough to react to my process even if it means waiting a couple of months until the next vendor day?

In agreeing to an initial meeting, I set clear expectations about the degree to which I'll be sharing information (it rounds down to zero). Yes, I will attentively listen to a presentation or watch a live demo and I like case studies about what they've done for clients like me. No, I will not be sharing some of my recent challenges in ABC area nor my strategy to address XYZ industry trend in this meeting.

Vendor day can, of course, be conference calls or Zoom meetings booked back-to-back-to-back in 30 minute increments. Use an online scheduler so they can book their own time slots. This saves you the back and forth scheduling emails and also reinforces the message: you're the one who wants my time, and this is the process for getting it.

Pre-COVID, I actually looked forward to my local vendor day here in Birmingham. I prefer meeting with potential business partners at their place. There's always a tour and the office culture can help you break ties about whether to place business with them.

One of my favorite vendor days in the year before COVID was riding around Birmingham with a couple members of my design team visiting some marketing/communications agencies and promo item/design shops. We hired one for a foot in the door project as a result of that visit ... and they have since been delivering a page of content in this very newsletter.

Reply With a Blind Copy Referral

When a vendor email is fishing for the right contact, or they are mistaken in thinking I'm the right person, 99 out of 100 times this will go straight into my deleted bin with no reply. I do usually give it a quick peak to make sure they didn't name drop a highly placed colleague. In rare circumstances, the product will be related to a problem I know a colleague has. In those instances, my email reply uses the "blind copy referral."

"Hello, I've blind copied the person in my organization who handles this type of opportunity on this reply. If they have interest they will contact you directly. If they do not contact you, please assume there is no interest on our side.

Since this is not an area of responsibility for me, please remove me from your marketing list."

Yes, I actually do blind copy the other person on the reply.

If the vendor reached me via phone instead of email, the blind copy approach can still work.

"I'm not the correct person for this and I won't give you that person's contact info, but if you send an email, I'll forward it..."

Again, this is 1 in 100. Most of the time the call ends after the No and I won't take part in the above script.

Also Avoid Local Presence

This is not a vaccination against vendor calls, but woe unto the caller who uses "local presence" to get me to pick up the phone. Local presence is a dialing service that spoofs the area code so as to appear local and it's an option with both standalone dialing services and Enterprise class CRM systems.

Local presence gets me every time and I have an involuntary visceral negative reaction which I tend to share with the caller in a professional manner. Others may disagree but in my opinion this is a deceptive marketing practice and I'm not interested in a business relationship when the initial contact is rooted in deception.

Any thoughts on either how you handle unsolicited vendor calls, or how you ethically and successfully make your way into an appointment? Please let us know at TreatedFairly@ProAssurance.com.

For getting rid of unwanted solicitations, consider this direct but respectful blind copy referral:

"Hello, I've blind copied the person in my organization who handles this type of opportunity on this reply. If they have interest they will contact you directly.

If they do not contact you, please assume there is no interest on our side.

Since this is not an area of responsibility for me, please remove me from your marketing list."

Catching Up With Chris

Looking to the future often comes with a bit of nostalgia. We connected with a few familiar faces from ProAssurance's past to look back on the good old days—and get a look at what they've been up to since retirement.

*This month we sat down with **Chris Brady**, former Regional Vice President, Sales at ProAssurance. Keep reading to learn about how this die-hard Buckeye fan “accidentally” applied for a position with an insurance company and remained in the industry until retiring in 2016.*

Tell me a little about your career and how you got to where you are now.

I grew up in Ohio and went to THE Ohio State University. I'm a huge Buckeye fan. After I graduated from Ohio State and taught high school for about 6 ½ years, I saw an advertisement for a sales and marketing position, applied, and got a job at Motorist Insurance Companies. Had I known the ad was for a job at an insurance company, I never would've applied. It turned out to be a good opportunity. After a few years at Motorist, I moved over to Physicians Insurance Company of Ohio (PICO), then I joined PIC Wisconsin. PIC Wisconsin was acquired by ProAssurance in 2006. I finally retired in 2016, and today I'm enjoying retirement.

What would you say are the greatest attributes that you brought to ProAssurance?

I would characterize myself as a people person. I always believed that you should seek to understand over seeking to be understood. When making corporate decisions, I always brought in the outside perspective. It's important to understand who your clients are and understand where they're coming from before you recommend what they should do. I also believed that I couldn't control whether someone was going to agree with me, but I could control the time I took to explain why we do the things we do and what's behind our decision.

Do you have any words of wisdom for ProAssurance employees?

“If you surround yourself with good people you can do some really great things.

Believe in and enjoy what you're doing, and the people you're doing it with.”

Next month we'll be catching up with golf enthusiast and former Medmarc CEO **Mary Todd Peterson**.

Get an inside look on her rise through the industry and how she worked to blend Medmarc's unique culture into the ProAssurance family of companies.

If you'd like to have a ProAssurance colleague profiled [let us know!](#)

What is a typical day like for you now?

I keep myself as busy as I was before – the difference is this is a relaxed type of busy. I enjoy outdoor activities during the warm months in Wisconsin. I golf, hunt, and fish, and spend time at my cabin in Wisconsin. I also bike and hike. I spend more time exercising now.

I'm also involved with volunteering at a local food pantry. Prior to COVID, I was going in once a week and helping with food distribution. I also travel more than I did previously (mostly domestically). Right after retirement, my wife and I went to Whistler, British Columbia which is somewhere I had always wanted to go.



Chris Brady (left) and his brother Tim (right) enjoying a fishing getaway.

Former Regional Vice President of Sales at ProAssurance

Chris Brady



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

Patient Safety Awareness Week is March 14-20

The Institute for Health Improvement began Patient Safety Awareness Week as a way to encourage everyone, locally and globally, to take action to improve healthcare safety—both for the patient and the healthcare workforce.

Healthcare providers and those in healthcare-adjacent industries are encouraged to dedicate this time for having important discussions about patient safety, and celebrate how far the field has come.

Doctors' Day is March 30

On Doctors' Day we encourage you to say “thank you” to your physician clients for their hard work and dedication. This is a small way to show appreciation for the long hours doctors put in every day—and an ideal way to demonstrate the value in your sales relationship. With all of the extra work doctors have been putting in on the front lines managing the pandemic, we would like to extend an added thanks this year.

