



# provisions

HOW DO WE  
START THE  
CONVERSATION?

## DIVERSITY, EQUITY & INCLUSION

*Opening Lines of Communication*

WHAT ARE  
OTHER  
AGENCIES  
DOING?

*“Diversity has many benefits, yet there is still a disconnect in the workplace, especially within senior level positions. For instance, while women make up 60% of the insurance workforce, they hold a disproportionate 11% of named executive officer positions and 19% of board of director seats. While true diversity extends past gender to encompass experience level, age, race, sexual orientation, background, ethnicity, skills and more, this underrepresentation is the case for most minority groups, especially those that are intersectional. The goal is to achieve a variety of thoughts, opinions, and viewpoints in order to truly innovate and make decisions that are well-thought-out, forward-thinking, and reflective of the needs of customers and other stakeholders.”*

**"Prioritizing Diversity and Inclusion in the Workplace"**  
Insurance Journal

## A Word from Gary Dowling

### Passing the Microphone

This month we would like to feature an article written by Charles Francis, Vice President, Business Development. Charles has been with ProAssurance for over 15 years, and leads business development in the Northeast Region. He has over 25 years of claims and business development experience in property and casualty insurance. Charles is also an active member of a variety of industry organizations including the National African American Insurance Association, Professional Liability Underwriting Society (PLUS), among countless others.

We appreciate Charles offering his analysis of diversity, equity, and inclusion (DEI) in our industry for this issue of *ProVisions*—both in context of efforts various groups have taken on and the importance of maintaining momentum in today’s social climate.

**Read the article by Charles Francis on the next page.**



**Gary Dowling**  
Managing Regional Vice President,  
Business Development

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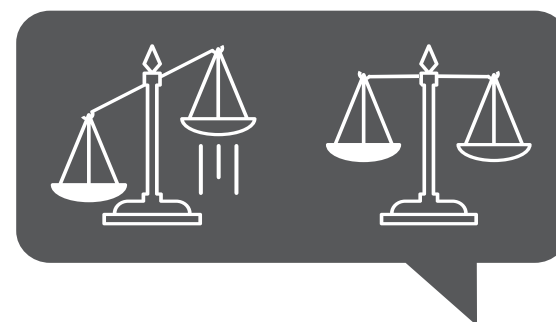
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**“Not everything that is faced can be changed, but nothing can be changed until it is faced.”**

**James Baldwin**  
Author and Playwright

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# DIVERSITY, EQUITY & INCLUSION

*in Business Insurance*

CAN WE MAKE A DIFFERENCE THAT REALLY MATTERS?

**At the inaugural Business Insurance’s Diversity & Inclusion Institute Leadership Conference in 2016, insurance industry CEOs came together to develop a DEI commitment statement.**



**Charles Francis**  
Vice President,  
Business Development

The CEOs represented Zurich North America, Aon Risk Solutions, QBE North America, Willis Towers Watson, Lockton, Marsh, Hartford Financial Services, and Safety National Casualty Corporation.

The commitment stated, in part:

**“We are committed to driving diversity at all levels of our organizations by creating inclusive and engaging cultures that effectively serve our customers, shareholders, communities, and people. By making meaningful progress on diversity in insurance, we can win the critical war for talent, which will allow our companies and our industry to succeed.”**

A lot has transpired since that initial meeting: the murder of George Floyd and resulting social unrest to end systemic racism; COVID-19 and its deadly impact (especially on communities of color); and most recently, race-related attacks on Asian and Jewish Americans. These incidents, and others, are affecting how Americans see race, bringing a renewed focus on DEI in the workplace.

## An evolving landscape

America continues to become a more diverse nation. Early 2020 U.S. Census data reveals 4 of 10 Americans identify with a race or ethnic group other than white. Millennials are now the largest population group. Females outnumber males. LGBTQIA+ equality initiatives continue to grow.

The calls for companies to address diversity and inclusion continue to increase. Unfortunately, our industry, like others, has a great deal of work to do to reflect the diversity of the customers and communities we serve.

There is some progress. S&P Global Market Intelligence data compiled from the U.S. Bureau of Labor Statistics reveals the percentage of nonwhite insurance employees was 21.4% in 2019—an increase from 19.8% in 2018 and 15.3% in 2010. African American employees in the insurance workforce were 12.4% in 2019, up from 9.0% in 2010. Asians represented 6.2% of the insurance workforce in 2019, an increase from 4.4% in 2010. While the numbers are encouraging, much work remains to be done.

## The work unfolding

Our industry colleagues and regulators have expressed a commitment to do more.

- ProAssurance’s DEI initiative is moving forward. Details about our efforts are below.
- Last year, the NAIC formed a race and insurance special committee to conduct research and analyze diversity and inclusion industry-wide—emphasizing potential practices or barriers that may disadvantage people of color and historically underrepresented groups. ProAssurance is pleased to be a sponsor and supporter of the NAIC and their work.
- Lloyd’s of London CEO John Neal stated organizations operating at Lloyd’s could be ejected for failure to comply with changes aimed at stamping out inequality and harassment.
- The Big “I” Diversity Council works with independent agents, state associations, carriers, and affinity groups to develop strategies to promote diversity.
- Arthur J. Gallagher actively cultivates relationships with “historical black colleges and universities, Hispanic-serving institutions, women’s colleges, schools with diverse student populations, and diverse centers of influence to expand and diversify their talent pool.”

These examples and many more must continue. Doing nothing is no longer an option.

**40%** of Americans identify with a race or ethnic group other than white

**21.4%** of insurance employees in 2019 were nonwhite—an increase of 6.1% from 2010



## DEI Efforts at ProAssurance

ProAssurance is committed to fostering, cultivating, and preserving a culture of diversity, equity, and inclusion (DEI). Our employees are our most valuable asset. The collective sum of our individual differences—life experiences, knowledge, innovation, unique capabilities, and talent that our employees possess contribute to our overall culture, reputation, and success. We embrace our employees’ differences.

We publish [regular reports](#) on diversity within our workforce in order to foster an honest discussion about our current status—and ongoing progress toward improvement.

Our commitment to DEI is a long-term commitment that will be woven into all aspects of our business. Some of our recent steps include:

- Senior leaders working together to develop the business case for DEI
- Forming a DEI Employee Council
- Reviewing and updating our mission, vision, and values through the lens of inclusion
- Providing eight hours of cultural competency training for all leaders
- Providing cultural competency training for all employees later this year

The ProAssurance DEI Employee Council is a diverse group of 18 employees who represent all lines of business with different levels and tenure in the organization. The role of the council is to identify and champion DEI strategic priorities and action plans that will have a measurable impact on our organization.

Focusing on diversity, equity, and inclusion in our workplace is simply the right thing to do. It aligns with our mission, vision, and values as well as our commitment to Treated Fairly.

# DE&I

## *in Medical Professional Liability Insurance*

### AGENCIES & BROKERS

Brokers with a significant national footprint, as well as agencies with a longstanding relationship with ProAssurance, were selected for review.

**48%** of companies reviewed had some reference to diversity, equity, and inclusion on their website.

- 5 featured specific DEI statements.
- 5 provided educational materials for their staff and/or clients (blog posts, podcasts, videos, whitepapers).
- 4 had an equal opportunity employer statement.
- 2 included a statement from their CEO.

#### KEY EXAMPLES

**HUB International** offers [employee engagement resources](#), including four downloadable flyers on inclusion and diversity. Their website also features a [client DEI case study](#) and an article on [how employers can align as allies for the racial equity of their employees](#).

**Arthur J. Gallagher Risk Management Services** features a [diversity statement](#) and won [two 2021 awards for DEI](#): A Best Place to Work for LGBTQ Equality and a Forbes' Best Employer for Diversity.

**Alera Group** produced a video: [Stronger Together](#)

### INSURANCE CARRIERS

The sample set includes the largest carriers by market share which primarily focus on medical professional liability coverage.

**40%** of companies reviewed had some reference to DEI on their website.

- 11 had a DEI statement. One had a more general anti-harassment policy.
- 3 offered DEI risk management materials for their insureds.
- 2 shared awards from diversity or human rights organizations.
- 1 featured a statement from their CEO.

#### KEY EXAMPLES

**ProAssurance** features a [Diversity, Equity & Inclusion statement](#) on our website. Our corporate responsibility statements also include a [regularly updated report](#) on the diversity within the organization.

We reviewed the websites of businesses within and adjacent to our industry looking for statements or other references to diversity, equity, and inclusion.

**A sample size of 25 was used for each category.** Overall the results were quite positive, with a wide range of examples available.

### MALPRACTICE DEFENSE FIRMS

We focused on defense firms with a relationship with ProAssurance—working to represent a variety of states where ProAssurance has a significant presence.

**36%** of reviewed firms had a DEI statement or other initiative on their website.

- 9 had a specific diversity statement available.
- 3 mentioned specific career advancement and networking initiatives.
- 3 named specific diversity committees.

#### KEY EXAMPLES

**Lightfoot, Franklin & White** in Birmingham, AL and Houston, TX offers a [diversity scholarship](#) for first and second year law students.

The **Marshall Dennehey** (Philadelphia, PA) [diversity page](#) includes their DE&I committee, initiatives, and an EEO statement.

**Johnson & Bell** of Chicago, IL has a [diversity committee](#) which monitors the advancement and equitable treatment of women and diverse attorneys.

**Starnes, Davis, Florie** of Birmingham, AL commits to the Mansfield Rule for mid-sized firms for 2020-2021.\*

\*The Mansfield Rule measures whether women, people of color, LGBTQ, and those with disabilities are offered adequate opportunity to gain leadership and governance roles, equity partner promotions, formal client pitch opportunities, and lateral positions.

### HOSPITALS & HOSPITAL NETWORKS

Hospital networks were selected from the U.S. News top hospital rankings, again making an effort to represent a variety of states. A combination of multistate hospital networks, private hospitals, university facilities, and religious organizations were used. For university hospitals, we restricted our findings to materials specifically targeted toward hospital employees and patients rather than the university population as a whole.

**92%** of hospitals reviewed had some sort of DEI literature on their website—most have multiple tools and resources as well.

**21** had a specific DEI or racial equality statement on their website. 13 include this as part of their career information.

**16** have [Healthcare Equality Leader](#) designations from the Human Rights Campaign for promoting fair care for LGBTQ patients and their families—and an inclusive workplace for LGBTQ staff.

**11** had a specific DEI department, council, or task force.

**9** participated in community outreach or events, including grant programs.

**8** have published a statement from the CEO or similar leadership.

**4** shared their workplace demographics.

**3** are participating in research on improving health equity.

#### KEY EXAMPLES

**Ascension** launched the [ABIDE](#) (appreciation, belongingness, inclusivity, diversity, equity) program as part of their mission and values. It affirms their commitment to developing a diverse culture and addressing issues of inequality in medicine.

**Johns Hopkins** in Maryland features training on [Managing Crucial Conversations](#) and works with [Partners for Racial Equity](#).

The **VCU Medical Center** in Virginia offers insight on [“learning from our past to inform our future.”](#) This includes [acknowledging and reburying remains of Black people](#), whose bodies were used for medical education and discarded in the 1800s.

# THE Comments Section

This month's article is from *The Economist*

## How medicine discriminates against non-white people and women

At the peak of the coronavirus epidemic in America, hospitals needed to triage patients. Only the sickest were admitted. Others were sent home to self-monitor. One measure used to determine the severity of an individual's illness was his blood-oxygen level. The devices typically employed to do this, known as pulse oximeters, are easy to use. They clip onto a fingertip like a clothes peg. Regrettably, they record some darker-skinned patients as being healthier than they really are. This may have resulted in people who needed hospital treatment being denied it.

Work published last year in the *New England Journal of Medicine*, which looked at more than 10,000 patients throughout America, suggested the pulse oximeters used overestimated blood-oxygen saturation more frequently in black people than white. A healthy human being has an oxygen saturation of 92-96%. In this work some patients who registered that level according to pulse oximetry had a true saturation (as recorded by the arterial blood-gas measure, a method which requires the actual drawing of blood) of less than 88%. For black participants this happened 12% of the time—three times the rate at which it occurred for white participants. As Michael Sjoding of the University of Michigan, the study's leader, observes, this difference would also be the difference between being admitted to the hospital and being sent home.

[View the full article.](#)



### About the Comments Section

The Comments Section is a reoccurring feature which focuses on an industry article in line with the monthly theme. ProAssurance thought leaders will offer insight on the article and how the topic presented relates to our industry.

*"This was a very insightful article. I was not aware of the actual percentages of inconsistencies of pulse oximeters. But in all honesty, I wasn't totally surprised. It's unfortunate in today's society with the abundance of technology, education, and resources that these inconsistencies still occur. Race and gender should not be determining factors in who has access to proper healthcare."*



**Darryl Alexander**  
Senior Complex Litigation Specialist

*"This is one more example of relying on screening devices, such as a pulse oximeter, glucometer, and others that, through the years, are now used for diagnostic purposes. Additionally, we discover this particular device has an algorithm that doesn't account for patients' skin tone, size, and gender. Despite our best efforts, the development of new devices, pharmaceuticals, etc., we continue to see design flaws in algorithms, and inclusiveness in research designs. One silver lining in the dark pandemic cloud is the recognition of biases and the disparity in healthcare delivery. We must do better. All our patients are counting on us."*



**Lisa VanDuyn**  
Vice President, Patient Safety and Service Excellence, Risk Resource

*"Risk management education and continuing education remain of paramount importance to change claims trends and healthcare delivery in the U.S. While explicit bias certainly plays a measurable role in the disparities of healthcare received by different races and sexes, I believe much of that impact can be curbed once healthcare providers act upon their own implicit bias concerning known treatment and device issues within their patient populations. Continuing education on the status of device and treatment limitations is paramount to balancing the healthcare being provided to everyone."*



**Bradley Ignasiak**  
Associate Vice President, E&S, NORCAL

*"If asked, I wonder what proportion of healthcare practitioners working with pulse oximeters are aware of the risk of overstated saturation reads due to skin pigmentation, especially at lower true saturation levels. I also wonder how the finger was determined to be the best test site for pulse oximeters. Along with the clear need to diversify trials and recalibrate the devices, perhaps there is a better part of the body for this technology."*



**Mike Iovine**  
Assistant Vice President, Senior Living and Long-Term Care Underwriting

*"Illuminating article. Unbiased testing for medical treatment, as well as for medical device development and usage is critical. Equally important is to fully educate providers that these biases exist and their impact on the patient population."*



**Dillon McCormick**  
Senior Claims Specialist

*"Pulse oximetry was a major part of the reduction in anesthesia-related injury and death helping to push the specialty from one of the riskiest to one of the safest. Still, medicine advances and health care practitioners continue to learn."*



**Rob Francis**  
Executive Vice President, Healthcare Professional Liability

# Equity and Inclusion Issues in Healthcare

Issues such as discrimination, poverty, lack of access to social services, and other barriers often impact patient health equity. Working to understand what barriers their patients may face and developing strategies to combat them is an ongoing effort for healthcare providers. In addition to providing resources on a variety of topics, Risk Resource Advisors are also available to assist with specific questions at 844-223-9648.

## Difficulties with AI prediction models

Predictive analytics are increasingly used in healthcare settings to assist physicians in confirming a diagnosis or recommending appropriate care for patients. These tools require physicians to enter patient information, which is compared against a database of previous diagnoses to predict the likelihood of various outcomes. Unfortunately, this model may inadvertently lead to inaccurate, biased results depending on how the program utilizes the data.

An example of this recently came to light regarding a calculator commonly used to determine whether it's safe to recommend a vaginal birth after cesarean (VBAC) to expectant mothers. Several factors including the mother's age, previous C-sections, weight, and more are used to determine the chances of a successful VBAC. A result lower than 60% is often considered too risky.

The calculator included race as one of the predictors, as black and Hispanic mothers have previously been more likely to undergo unscheduled C-sections. However, race is not a biological factor, as Dr. Darshali Vyas of Massachusetts General Hospital argued as she began research on this problem. Factors such as access to private insurance or marital status were affecting medical outcomes, and therefore skewing the data and subjecting women of color to unnecessary C-sections. Dr. Vyas' research was instrumental in getting race removed as an indicator in the calculator going forward.<sup>1,2</sup>

Issues like these increase the risk of racial trauma in medical care. Relias, ProAssurance's educational partner for the Ob-Gyn Risk Alliance®, has a [series of blog posts](#) and a [webinar](#) on how ob-gyns can better understand the causes and impact of racial trauma so organizations can better connect with their patients.

Sources:

- <https://www.consumerreports.org/pregnancy-childbirth/taking-race-out-of-an-equation-for-childbirth-a1201400994/>
- <https://www.statnews.com/2021/06/03/vbac-calculator-birth-cesarean/>

## Addressing implicit bias

A significant factor in increasing cultural competency is acknowledging our own implicit bias. Our brains are wired to make assumptions, which can sometimes be off base. We think it's an honest mistake; science calls it a blind spot. First impressions can block objectivity, and sometimes wanting to be "right" can take us in the wrong direction.

NORCAL's risk management team examines these ideas in "Cultural Competency: Guard Against Implicit Bias in Patient Care." This webinar focuses on addressing the science behind implicit bias and encourages healthcare providers to reorient their thinking to better consider their own blind spots in a positive and inclusive way.

Those without access to NORCAL's policyholder portal may start this discussion with PwC's videos on [enhancing objectivity](#) and [challenging assumptions](#)—which are featured prominently in the presentation.

## LGBTQIA+ in Healthcare

The number of LGBTQIA+ individuals who voluntarily share their gender identity increases every day. As awareness and visibility increases, individuals will continue to reveal their true selves. LGBTQIA+ patients struggle with barriers and fears that physician office practices and healthcare systems are often unaware exist. Many practices and healthcare systems receive little if any training on how to provide the best patient journey and how to minimize the associated risks.

ProAssurance's seminar, "LGBTQIA+ in Healthcare," emphasizes the importance of physician and staff education, includes best practices, and discusses ways to mitigate discrimination risks. ProAssurance insureds may sign in at [ProAssurance.com](#) to take this seminar.

[Watch a preview.](#)

## Claims Rx

NORCAL's January 2021 issue of *Claims Rx* defines, discusses the science supporting, and describes the influence of implicit bias (also referred to as "unconscious bias") on healthcare provider interactions with patients, and the ways it affects patient safety. Case studies based on NORCAL Group closed claims are presented for reflection. Readers will recognize the obvious patient care issues that prompted the patient to file a malpractice lawsuit. What might not be so obvious are underlying implicit biases, which may—or may not—have affected the patient's outcome. It is impossible to tell, but worth considering.

NORCAL insureds may access [this article](#) for CME credit by signing into their policyholder portal or the MyNORCAL CME mobile app.

## Communication with patients

Patients may have difficulty understanding medical terminology, or could be misinformed about medical facts. This may lead to difficulties in connecting on a treatment plan. In a recent ProAssurance video, Senior Risk Resource Advisor Tina Reynolds discusses how to recognize and address limited health literacy when communicating with patients.

<https://www.youtube.com/watch?v=38w4P5hjb8c>

An additional barrier may arise when English-speaking healthcare providers work with patients that have a different primary language. In ProAssurance's "Two Minutes: What's the Risk?" video, Dr. Greg Jackson provides an overview of communication risks and responsibilities regarding patients who speak little or no English.

<https://www.youtube.com/watch?v=wKoduOKdp4E>

## Recognizing signs of distress

As discussed in this month's Comments Section, additional challenges may arise when calculating blood oxygen levels on individuals with darker skin tones. A previous issue of ProAssurance's *Vital Signs* reviewed a case where problems arose from a patient's intubation during surgery. While not the only factor in the case, an expert witness noted the patient's skin color may have made it more difficult to notice the oxygen supply was insufficient.

[Read this issue of Vital Signs.](#)



## DEI & MEDICAL PROFESSIONAL LIABILITY

# Industry Resources

There are numerous resources available for those who are interested in learning more about DEI issues in the MPL industry.

**The National African American Insurance Association (NAAIA)**—The NAAIA is a network for people of color employed or affiliated with the insurance industry.

**The Association of Professional Insurance Women (APIW)**—The APIW provides networking, engagement, and education for female insurance industry professionals.

**The Claims and Litigation Management Alliance (CLM)**—The CLM focuses on the professional development needs of the claims and litigation industries. The organization will be hosting their [2021 CLM Focus event](#) in Chicago October 19-20. One of the main topics is diversity, equity, and inclusion.

**Historically Black Colleges and Universities (HBCUs)**—HBCUs can be used to expand networking, recruiting, or internship programs. [See the full list of HBCUs in the U.S.](#)

**Pride at Work**—Pride at Work highlights the needs and interests of the LGBTQ+ working class. Their website also provides FAQs on common topics such as inclusive workplace policies, contract language, and terminology.

**Office for Disability Employment Policy**—This office within the U.S. Department of Labor provides resources for employees and employers on creating a more accommodating workplace—including a [list of ideas](#) on how to get started.

### Industry News

**The DiversityInc Top Hospitals and Health Systems Companies**—This list evaluates healthcare providers based on representation metrics, leadership accountability, talent programs, workplace practices, supplier diversity, and philanthropy. (DiversityInc)

**Time to get uncomfortable: addressing diversity and inclusion in insurance**—True progress in promoting diversity and inclusion in insurance will require a departure from the “safety” of comfortable silos. (Risk & Insurance)

**Time is now for insurance industry to embrace D&I: experts**—Many are calling for a clear path to adding more diversity to leadership roles in the insurance industry. (Business Insurance)

# Ties that Bind



## Networking in the Digital Age

We are halfway through 2021 (hard to believe, right?), and firmly into what in a normal year would be “trade show season.” One of your sales goals for this year may have been to attend more networking events.

Many event organizers, associations, chambers and organizations have gone online. But now some events are coming back in a blended fashion. For some this feels limiting, but it actually offers the opportunity to gather a more diverse group of people than ever before if organized correctly. If approached carefully, you can learn a lot and expand your view of industry issues and opportunities—growing new channels of communication you may not have approached in your comfort zone on the trade show floor.

As an attendee, you must be good at building rapport in this new sphere. Getting the basics down will help you relax and focus on the person in front of you, instead of staying internal and wondering how you are coming off. Here are a few musts.

### Presenting yourself in the digital arena

**Make a plan that addresses your purpose for attending.** You can’t wander and mingle at a virtual event like you would in person. Are you hoping to meet a particular person, or a group? Do you want to build rapport with someone you already know? Are you looking for specific information? Find your purpose and build from there.

**Have good eye contact.** Look directly into your camera. That is where the eye contact is. Relax and smile. You should also have your head located about two-thirds of the way up your screen. So many people have their heads out of place on their cameras. It makes them look like giants looking down on someone (intimidating) or looking up like a child looks at a parent (submissive).

**Replace the handshake.** A simple nod or saying, “hello” is fine and gives you the opportunity to acknowledge anyone already in the virtual space. You can also type a short hello and introduce yourself in the chat.

Finally, many people struggle to make small talk. Some don’t like it, while others just don’t have any idea what to discuss. Making the effort to move out of your sphere can heighten this anxiety if this is a particular area of discomfort.

Here is an acronym to assist with that: F.O.R.D.—family, occupation, recreation, and dreams. People love to talk about themselves. This provides you direction on how to find out more about them. Ask more inquiring questions and not only do you have a conversation, but you’re building rapport with that individual.



Written by **Greg Coyne** of Gerry Weinberg & Associates, Inc.

Greg is a Principal at [Gerry Weinberg & Associates, Inc.](#), a Sandler Training center. In his role he helps CEOs in manufacturing, financial, insurance, and technology generate growth by implementing management and sales strategies.

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

### 2021 PAP Seminar is Live

# PPE

## PANDEMIC PRACTICE ESSENTIALS

The 2021 loss prevention seminar (LPS) for practice administration professionals (PAP), *Pandemic Practice Essentials*, is now live on [ProAssurance.com](https://ProAssurance.com). ProAssurance insured practice administration professionals and medical office staff may sign in to the secure services portal (SSP) to take the seminar. As a reminder, both the physician and PAP LPS seminars are available exclusively online in 2021.

A flyer will be mailed to eligible insureds to announce this year's program is now available. Copies are also available on the Marketing Materials page in the SSP for your reference. Email [AskMarketing@ProAssurance.com](mailto:AskMarketing@ProAssurance.com) if you would like to order copies. Please specify the quantity needed and the appropriate mailing address with your order.

### About the seminar

The COVID-19 pandemic has affected us all, especially medical practices and healthcare facilities. Healthcare providers were either called to the front lines of battling the virus, or they were ordered to close their doors by state health authorities, except in cases of emergency. Slowly, practices returned to treating patients, but some government restrictions remained, continuing to present facilities with new challenges. Many practices and facilities rushed to adopt telemedicine, allowing practices to continue caring for their patients while limiting the spread of coronavirus, but telemedicine has its own associated risks. This presentation will address the risk considerations for telemedicine visits, issues with patient appointments, and tracking-and-follow-up concerns caused by the pandemic.

### About this year's Physician LPS program

*Practice Pandemic Essentials* is being offered in conjunction with this year's physician seminar *Trial and Error*. This loss prevention seminar is intended for physicians of all specialties, physician assistants, CRNAs, and nurse practitioners; no experiential or academic prerequisites are necessary.

Surviving during this pandemic has been a learning experience for everyone and for physicians and healthcare providers, it has been especially challenging. Office closures, PPE shortages, and increased patient mortality concerns have all placed tremendous strain on the delivery of healthcare. The challenge is great, but through trial and error, practices are finding ways to survive. This presentation will address the changes and associated risks physician practices continue to face during the COVID-19 pandemic.

The 2021 loss prevention seminar can be conveniently taken online at [ProAssurance.com](https://ProAssurance.com) and signing into the SSP.



## Shep Tapasak,

our Senior Vice President of Specialty Underwriting, was recently featured in two insurance industry publications.

### Risk & Insurance

The article, "[Infrastructure and Health Care: Where the Roads Meet to Provide Essential Services](#)," discusses the impact of national infrastructure on healthcare providers' ability to provide quality care.

"Infrastructure and health care, for the most part, connect around resiliency," Shep said in the article. "I don't think there's much disagreement that the U.S. has not invested enough to keep up with infrastructure issues and needs. I would say that we tend to be more reactive. And I think part of this is because of the sticker shock."

*Risk & Insurance* magazine features discussions on commercial insurance and risk management. Stories include industry discussions, profiles of influential insurance professionals, and timely news.

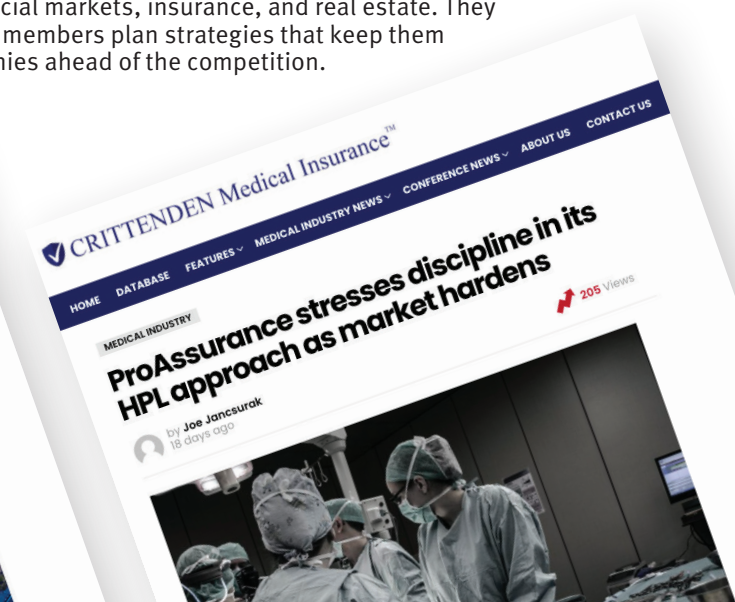
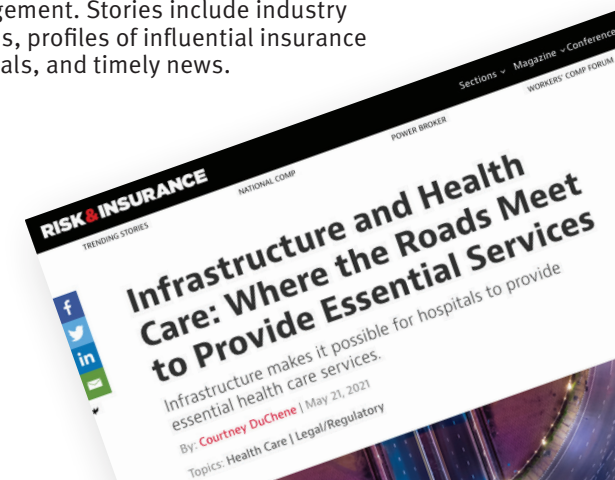
### Crittenden Medical Insurance

The article, "[ProAssurance Stresses Discipline in its HPL Approach as Market Hardens](#)," discusses the rise in hospital professional liability rates.

"We have been seeing rate increases in the hospital professional liability space for about 18 months," Tapasak said. "I would not say we're in a hard-market cycle yet, but it's firming up after a prolonged soft market of seven or eight years, during which insurers and hospitals benefited from favorable loss development on older accident years."

The article goes on to discuss using a disciplined approach for rate sustainability and potential future COVID-19 claims.

*Crittenden Medical Insurance* provides content on the forecast and analysis on financial markets, insurance, and real estate. They focus on helping members plan strategies that keep them and their companies ahead of the competition.



### ProAssurance Specialty Underwriting

The ProAssurance Specialty Underwriting division provides coverage on an excess and surplus basis. This includes:

- Custom Physicians
- Hospitals & Facilities
- Senior Care
- Miscellaneous Medical
- Reinsurance & Alternative Risk

### EVENTS

While we are still taking care to monitor the latest COVID-19 safety guidelines, more opportunities are opening up for us to meet in person. Check [ProAssurance.com/Events](https://ProAssurance.com/Events) for the latest information about where you can find us through year-end 2021.



PROASSURANCE.  
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# provisions

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DO YOU  
TREAT OTHERS  
FAIRLY?

ARE YOU  
PRIVILEGED?

WHAT ARE  
YOUR  
IMPLICIT  
BIASES?

IS YOUR AGENCY  
PREPARED  
TO ENGAGE IN  
DISCUSSION?

## Positive change is hard work!

Next month's issue will report progress made merging medical professional liability talent from NORCAL Group with the team at ProAssurance.

