



# Eye on OMIC

## OMIC

The Ophthalmic Risk Management Digest is published quarterly by the Ophthalmic Mutual Insurance Company, a Risk Retention Group sponsored by the American Academy of Ophthalmology, for OMIC insureds and others affiliated with OMIC.

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Photos by Mike Shore

## OMIC Launches Social Network

A recent study of web trends suggests that the ophthalmic community has embraced social media for online marketing and professional collaboration to a greater degree than other medical specialties. In 2010, ophthalmologists were more likely to use online physician directories to reach patients and had higher adoption rates for social networking sites to collaborate with both patients and colleagues. A 2011 survey by the American Academy of Ophthalmology indicates that 50% of Academy members use social networks professionally with participation higher among younger ophthalmologists, who are connected through sites such as Facebook, Twitter, LinkedIn, and the AAO Community. The precursor to these sites, ophthalmic LISTSERVs and email groups, are still used by many ophthalmologists for clinical and administrative advice and dialogue as well.

To facilitate enhanced online interaction and feedback from policyholders and the broader ophthalmic community, OMIC has launched several new social platforms. Visit [OMIC.com](http://OMIC.com) for links to social networking pages on Twitter, Facebook, and LinkedIn. Followers will be

alerted to news, updates, and announcements from OMIC, including notification whenever new patient consent documents or loss prevention resources are published. OMIC's [Twitter feed@myOMIC](https://twitter.com/myOMIC) will link OMIC's Facebook fans and LinkedIn network with associated content. Ophthalmologists who want *only* to be notified when OMIC publishes new patient consent documents (and not other OMIC news) can link to and follow our companion [Twitter page@OMICdocs](https://twitter.com/OMICdocs).

OMIC's blog features risk management tips and resources, underwriting and coverage announcements, practice administration advice, information for upcoming seminars and conferences, course materials and forms, case studies, statistics, state and cooperative venture updates, and other relevant OMIC news. Blog entries will automatically be published throughout OMIC's social network. Those who do not use social networking sites can still follow the RSS feed for OMIC's blog by visiting <http://www.omic.com/blog/> and subscribing to the feed through their web browser favorites tab by choosing the RSS link at the bottom of the OMIC blog page and following the subscription instructions.

## Message from the Chairman

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is observable physical damage, pain and suffering, or financial loss. Physicians may feel cheated if a settlement is paid out when they are certain that everything was done correctly and within acceptable standards of care. However, one can't escape the reality that a patient lost an eye or vision, suffered a stroke, or passed away in the course of treatment. Even when an adverse outcome is the result of maloccurrence, not malpractice, juries often take the approach that someone has to pay. That "someone" is usually the professional medical liability insurance carrier, which provides protection for physicians both when there is clear evidence of wrongdoing and when there is a settlement in the absence of malpractice. This coverage provides a safety net for patients who have been harmed and protection for the physician's assets.

When a claim comes in to OMIC, investigation and defense of the claim falls to the claims department headed by Mary Kasher, MSN, JD. Insureds are familiar with OMIC's outstanding claims history: average indemnity 18% lower

than average ophthalmology indemnity reported by other carriers; 79% of cases closed with no indemnity payment; expense per closed claim 30% below industry average; 85% win rate at trial. This remarkable record reflects Mary's experience and direction and the dedication and skill of senior litigation analysts Ryan Bucsi, Richard Isom, Stacey Meyer, and Randy Morris. This team of claims specialists serves as the intermediary between the attorney and doctor, supervising each claim in their respective geographic jurisdiction and leading each ophthalmologist through the litigation process from beginning to end.

Mary's biggest challenge has been finding outstanding attorneys in each of the 49 states where OMIC insures ophthalmologists and educating them about the specialty so they could knowledgeably and skillfully defend insureds.

Mary's approach to claims defense is shared by the OMIC Board and senior leadership: If a doctor is not negligent, provide the best defense possible, and settle those cases that need to be settled early and fairly.

**John W. Shore, MD**  
Chairman of the Board