

Family Medicine

Claims Data Snapshot

▶ Introduction

- ▶ This publication contains an analysis of the aggregated data from MedPro Group's cases closing between 2009-2018 in which a family medicine physician is identified as the primary responsible service.
 - ▶ A malpractice case can have more than one responsible service, but the “primary responsible service” is the specialty that is deemed to be most responsible for the resulting patient outcome.
- ▶ Our data system, and analysis, rolls all claims/suits related to an individual patient event into one case for coding purposes. Therefore, a case may be made up of one or more individual claims/suits and multiple defendant types such as hospital, physician, or ancillary providers.
 - ▶ Cases that involve attorney representations at depositions, State Board actions, and general liability cases are not included.
- ▶ This analysis is designed to provide insured doctors, healthcare professionals, hospitals, health systems, and associated risk management staff with detailed case data to assist them in purposefully focusing their risk management and patient safety efforts.

▶ Allegations



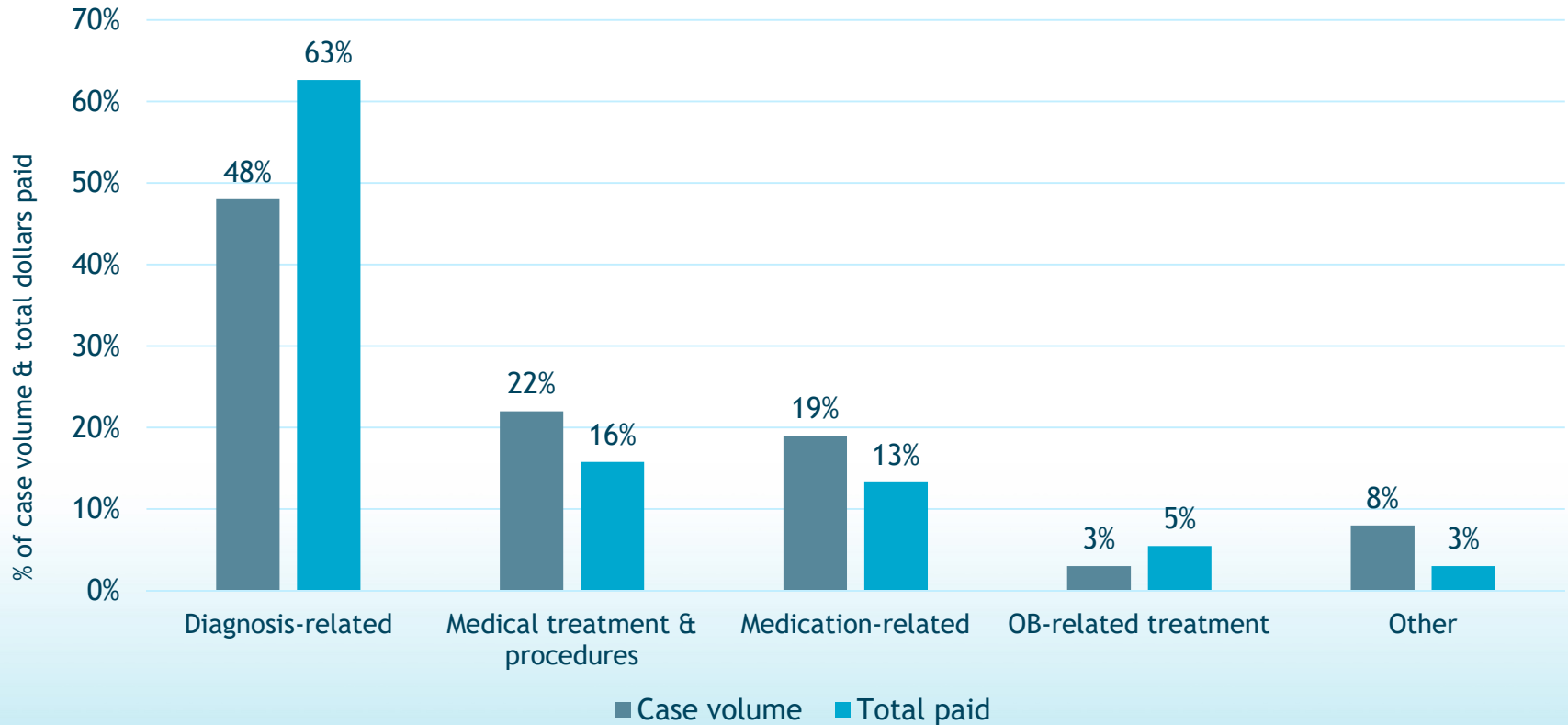
Multiple allegation types can be assigned to each case; however, only one “major” allegation is assigned that best characterizes the essence of the case.



Diagnostic-related, medical treatment & procedures, and medication-related allegations account for almost 90% of family medicine cases.

Diagnostic-related allegations account for the largest individual share of case volume and total dollars paid.

▶ Allegations & dollars

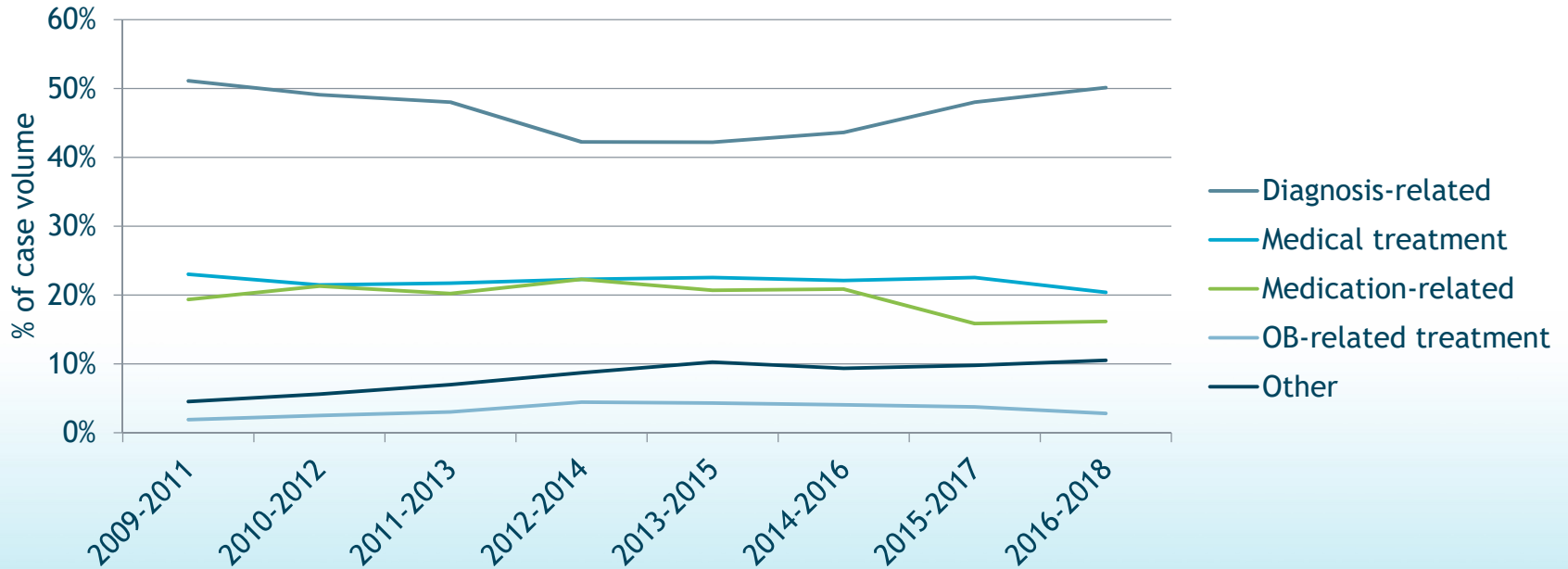


Data source: MedPro Group closed cases, family medicine as responsible service, 2009-2018; total paid = expense + indemnity dollars; "other" includes allegations for which no significant case volume exists.

▶ Allegation trending over time

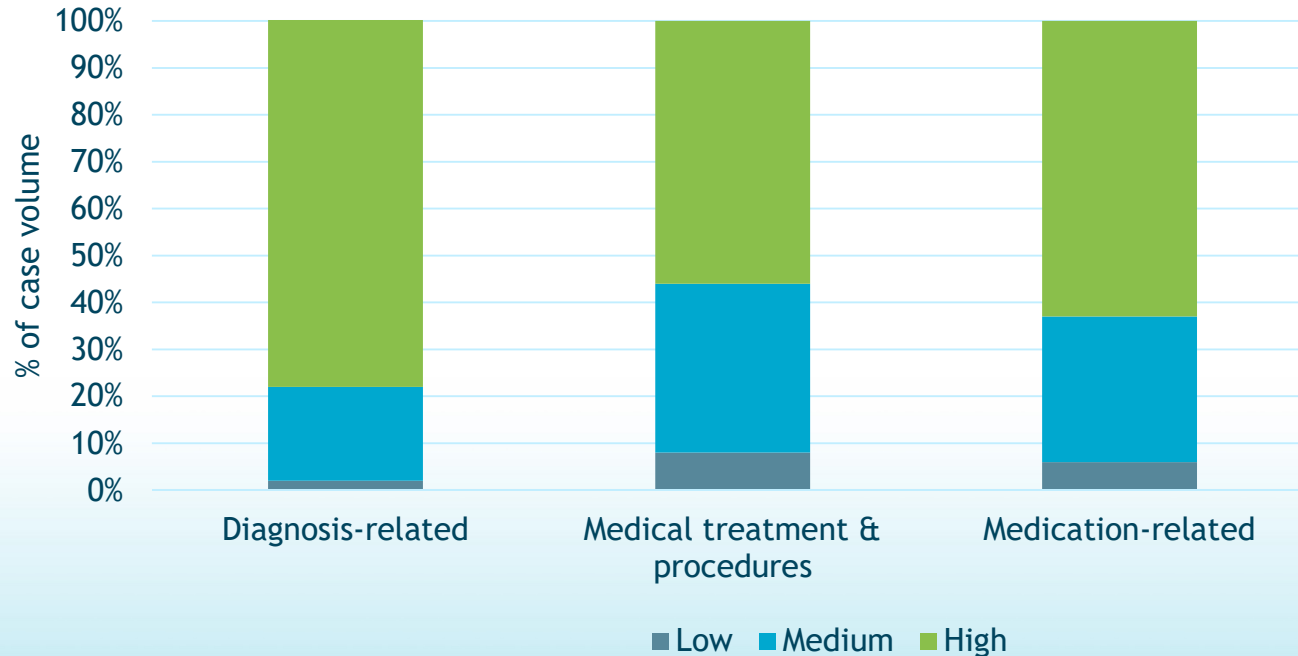


Diagnostic-related allegations have remained the most frequent allegation for family medicine physicians over the past 10 years, and have started to trend upwards as a percentage of all cases.



▶ Clinical severity* – top allegation categories

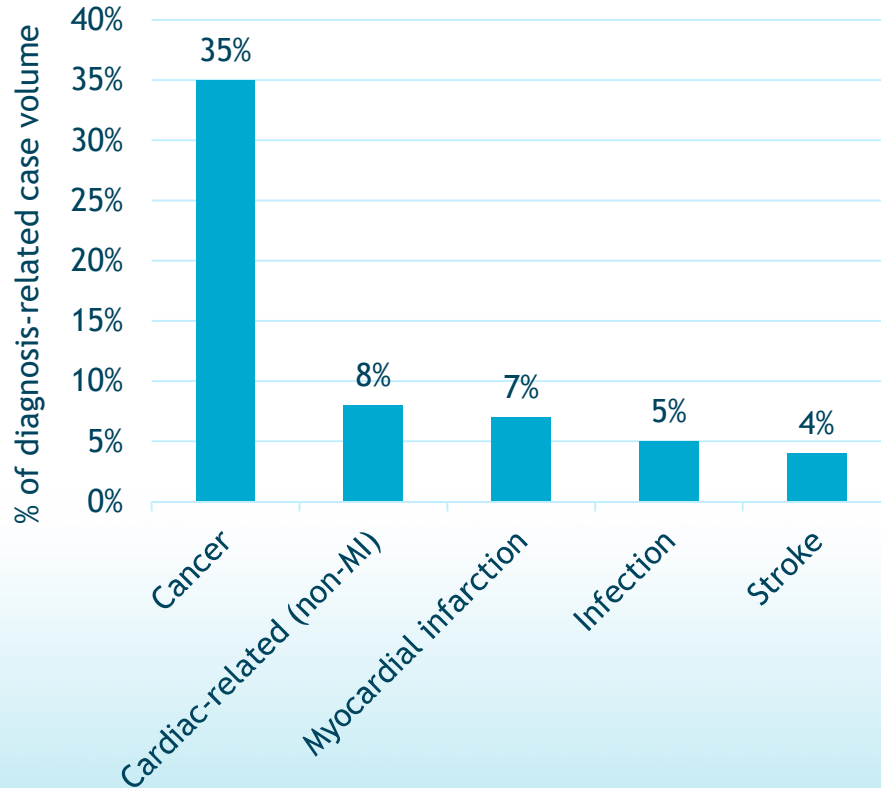
Typically, the higher the clinical severity, the higher the indemnity payments and the more frequently an indemnity payment occurs.



Within the high severity cases are permanent patient injuries ranging from serious to grave, and patient death.

79% of all diagnostic-related allegations resulted in a high severity patient injury.

▶ Diagnosis-related allegations



Focus on cancer -
as a percentage of all cancer diagnoses:

Lung: 22%

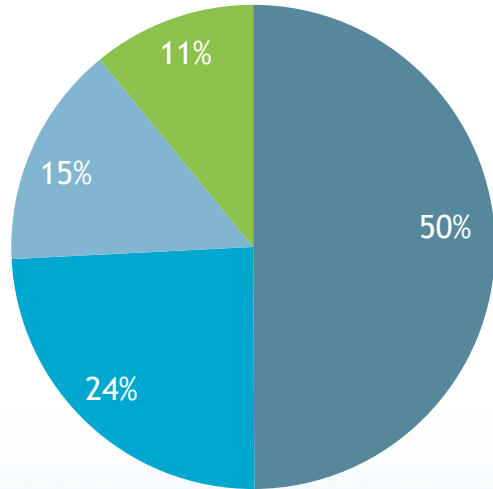
Colorectal:
16%

Breast: 11%

Prostate:
11%

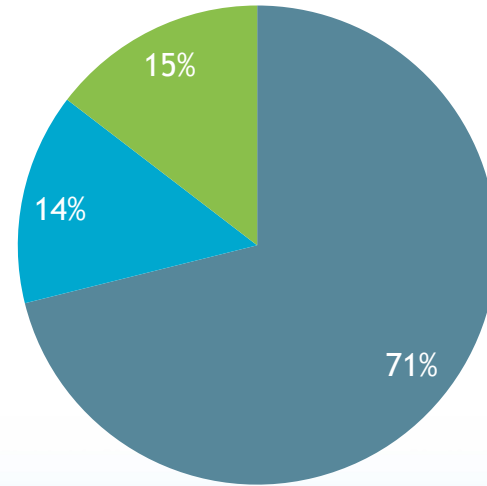
▶ Medical treatment & medication-related allegations

Medical treatment & procedures



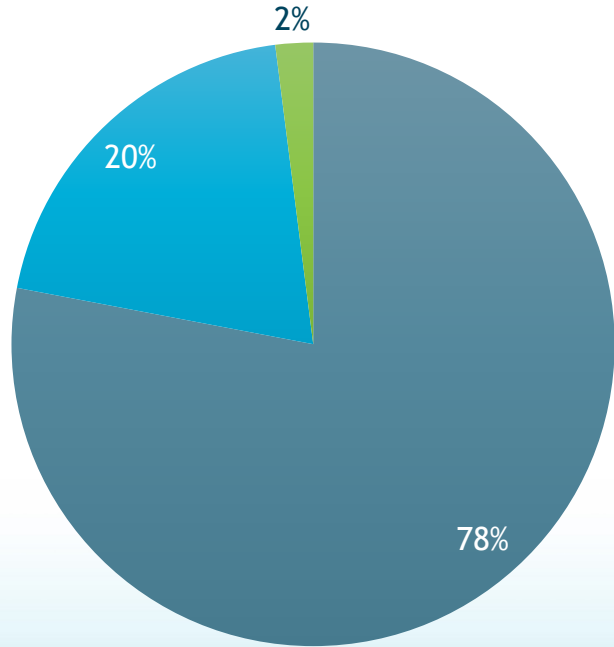
- Management of course of treatment
- Performance of medical procedure
- Failure/delay in treatment
- Other

Medication-related

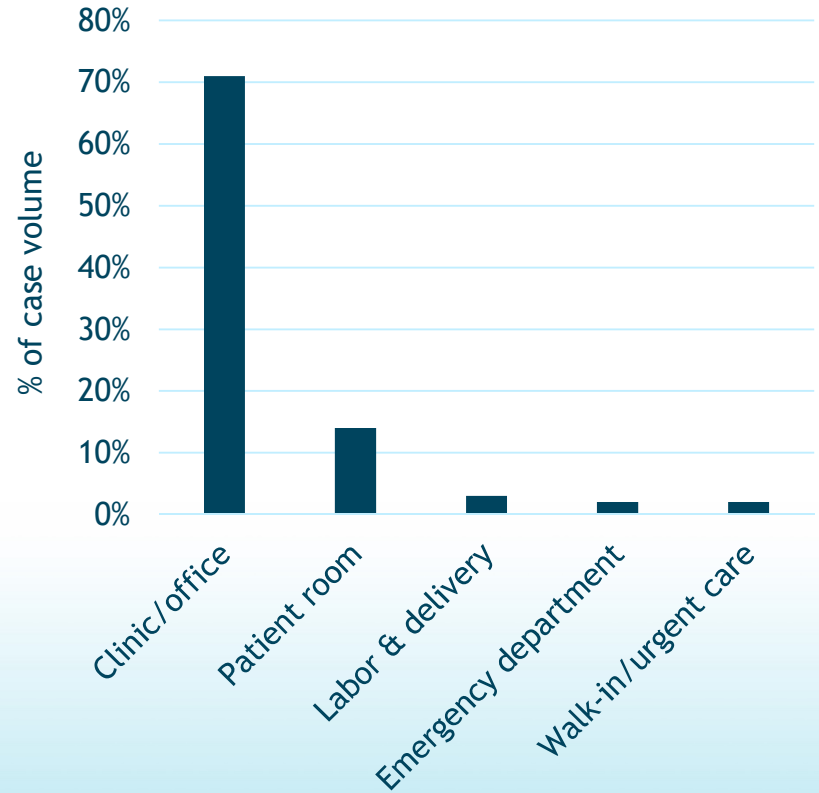


- Management of medication regimen
- Ordering errors
- Other

▶ Claimant type & top locations



■ Outpatient ■ Inpatient ■ Emergency department



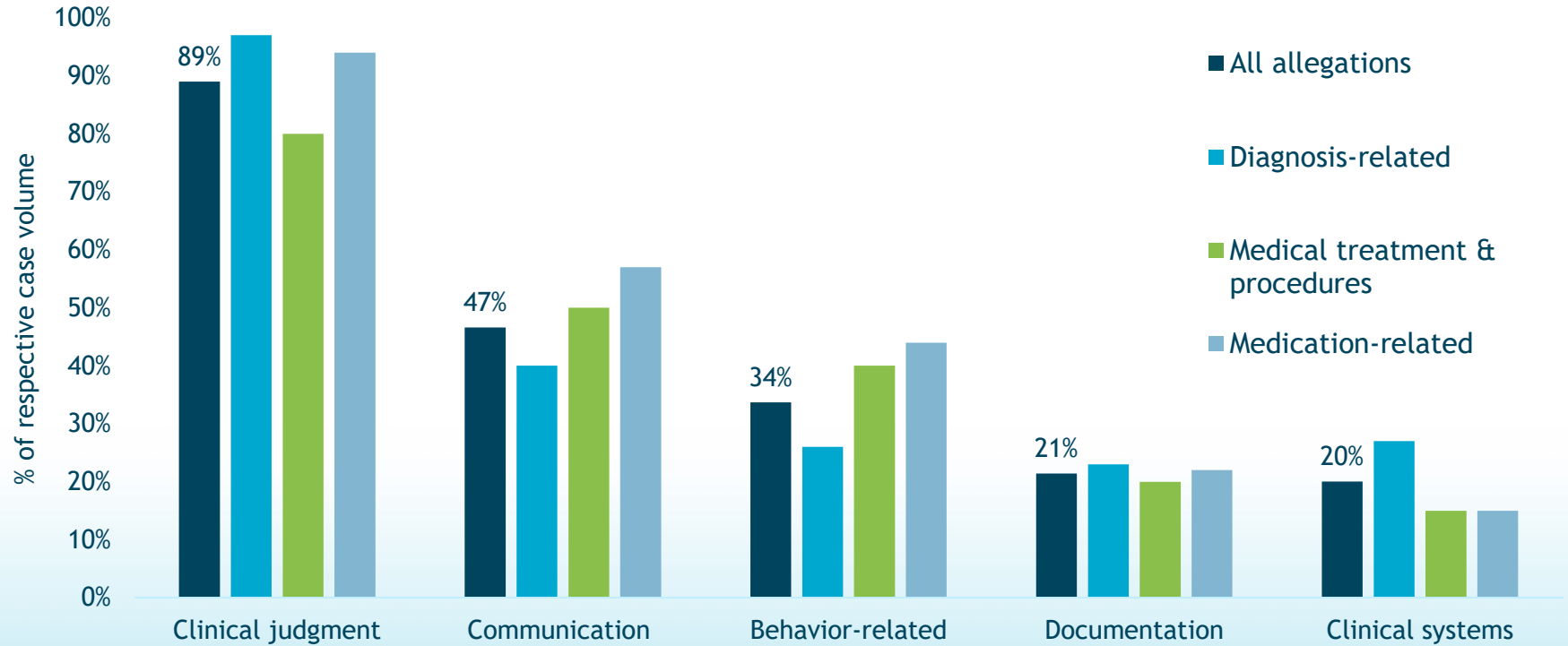
▶ Contributing factors



Contributing factors are multi-layered issues or failures in the process of care that appear to have contributed to the patient outcome and/or to the initiation of the case.

Multiple factors are identified in each case because generally, there is not just one issue that leads to these cases, but rather a combination of issues.

▶ Top contributing factor categories – by allegation



▶ Focus on diagnosis-related allegations: these specific factors...

...are among those frequently noted in cases with clinically severe patient outcomes, and are more expensive.*

Factor category	The details	How much more expensive?*
Clinical judgment	Delays or failures in obtaining consults/referrals	19%
Communication	Failed communication among providers - specifically, critical patient information which, if shared, could have mitigated the risk of patient injury	37%
Patient behaviors	Non-adherence with treatment regimens	9%
Documentation	Insufficient documentation about clinical findings	34%
Clinical systems	Failures in the processes designed to ensure patients are notified of test results	20%

▶ In summary: where to focus your efforts

- ▶ Conduct an appropriate and thorough assessment of the patient.
 - ▶ Understand patient complaints and concerns.
 - ▶ Update and review medical and family history at every visit to ensure the best decision-making.
 - ▶ Be alert to high-risk diagnoses, such as cancer, MI, stroke and infections.
 - ▶ Maintain problem lists.
- ▶ Communicate with each other.
 - ▶ Focus on care coordination if other specialties are involved, including next steps and determining who is responsible for the patient.
 - ▶ Give thorough and clear patient instructions.
- ▶ Engage patients as active participants in their care.
 - ▶ Consider the patient's health literacy and other comprehension barriers.
- ▶ Document.
 - ▶ Timely document thorough, objective information about the results of patient assessments, education of the patient/family about treatment plans - including medication regimens, and any instances of patient nonadherence.
 - ▶ Thorough, consistent documentation in the chart enhances communication between providers and provides a supportive framework for defense of any subsequent malpractice case.
- ▶ Review office processes for test tracking, consults/referrals, appointment setting, and managing patient nonadherence.

▶ MedPro advantage: online resources

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Tools &
resources

Educational
opportunities

Consulting
information

Videos

eRisk Hub
Cybersecurity Resource

Education

Materials and resources to educate followers about prevalent and emerging healthcare risks

Awareness

Information about current trends related to patient safety and risk management

Promotion

Promotion of new resources and educational opportunities

▶ A note about MedPro Group data

MedPro Group has entered into a partnership with CRICO Strategies, a division of the Risk Management Foundation of the Harvard Medical Institutions. Using CRICO's sophisticated coding taxonomy to code claims data, MedPro Group is better able to identify clinical areas of risk vulnerability. All data in this report represent a snapshot of MedPro Group's experience with specialty-specific claims, including an analysis of risk factors that drive these claims.

crico | strategies

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