

Gastroenterology

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 gastroenterologist 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



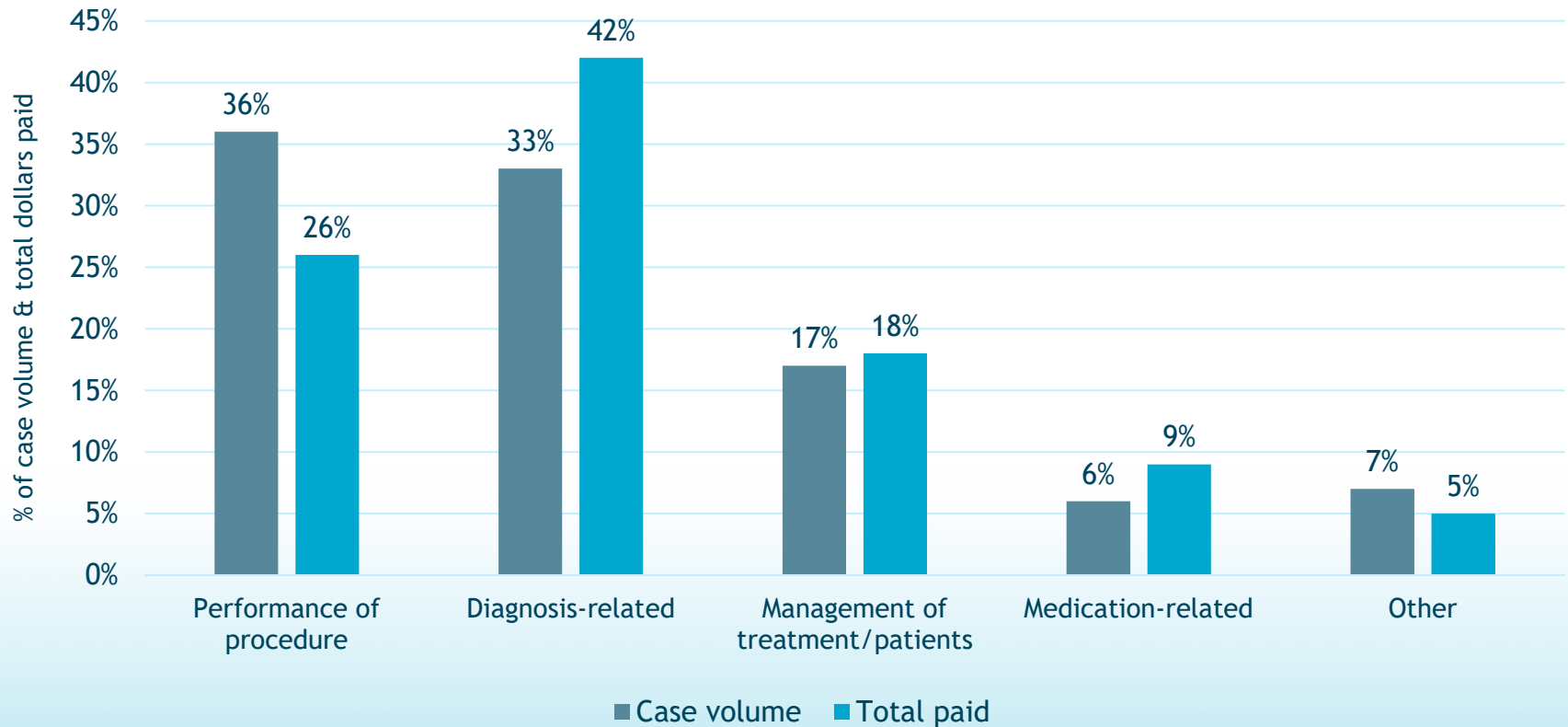
Multiple allegation types can be assigned to each case; however, only one “major” allegation is assigned that best characterizes the essence of the case.



Procedural performance and diagnosis-related allegations account for two-thirds of gastroenterology cases.

Diagnosis-related allegations account for the largest individual share of total dollars paid.

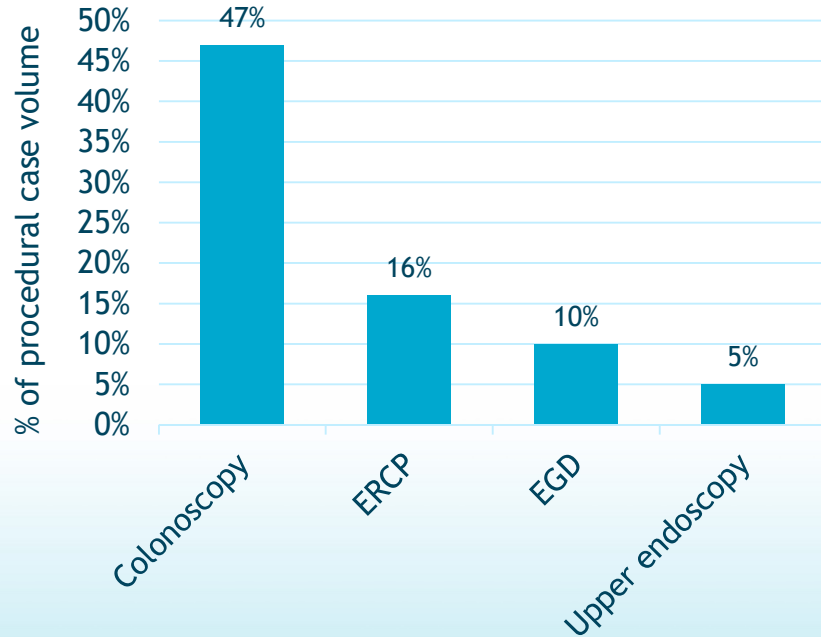
▶ Allegations & dollars



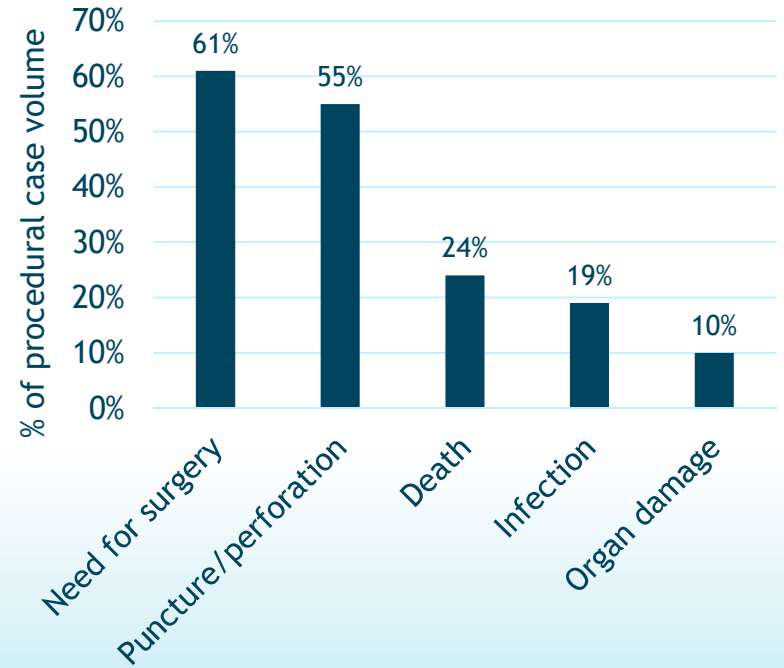
Data source: MedPro Group closed cases, gastroenterology as responsible service, 2009-2018; total paid = expense + indemnity dollars; "other" includes allegations for which no significant case volume exists.

▶ Focus on procedural performance cases

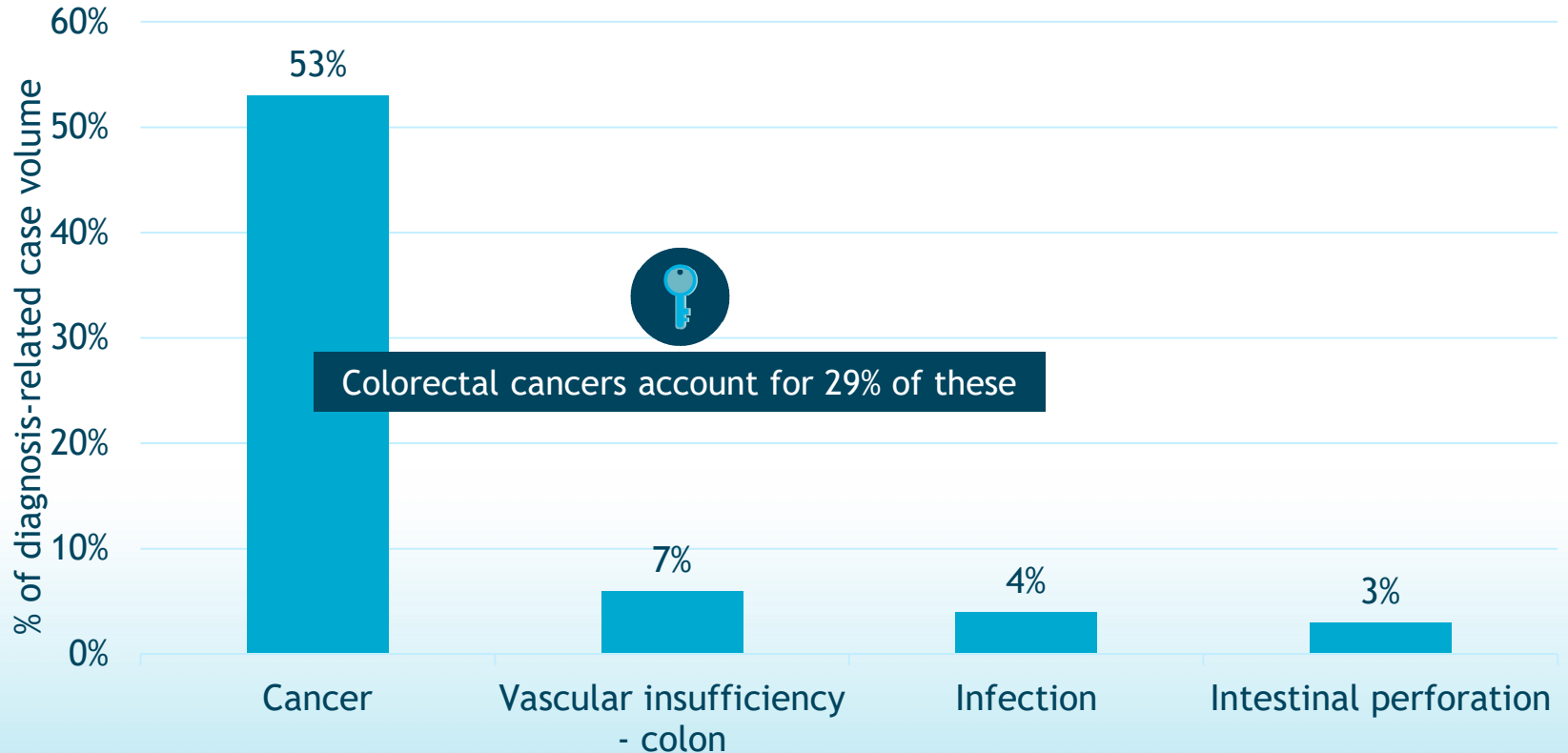
Top procedures



Most frequent patient injuries*

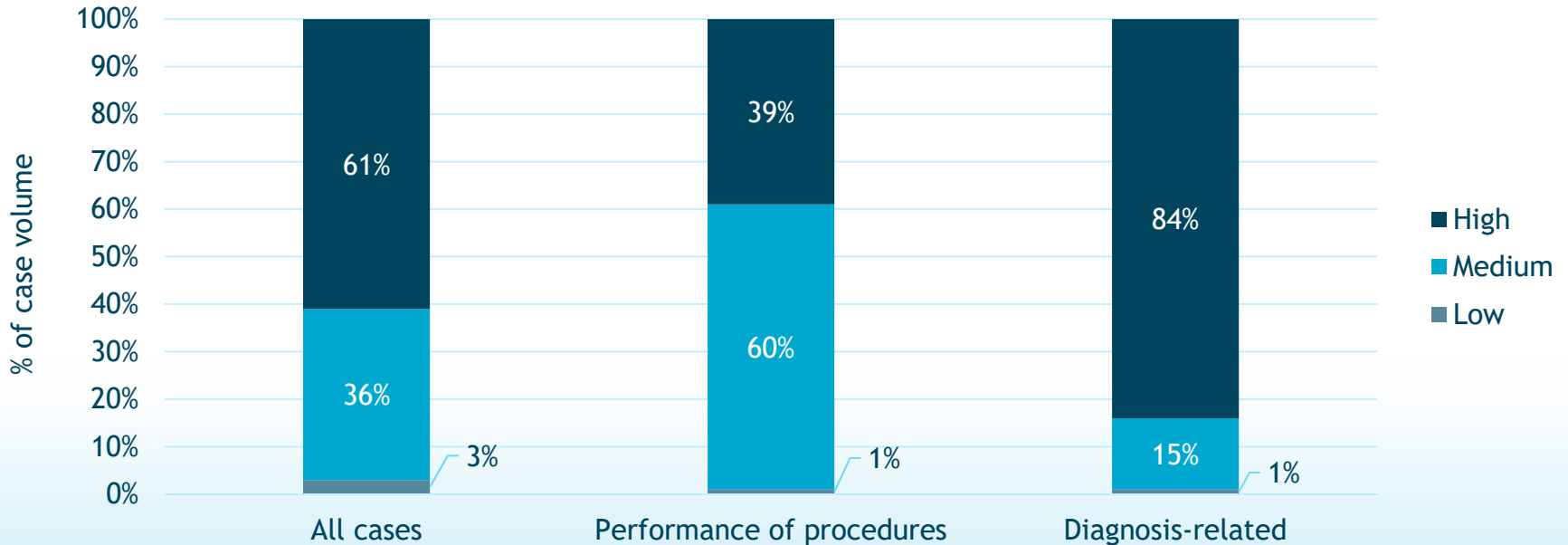


▶ Focus on diagnosis-related allegations



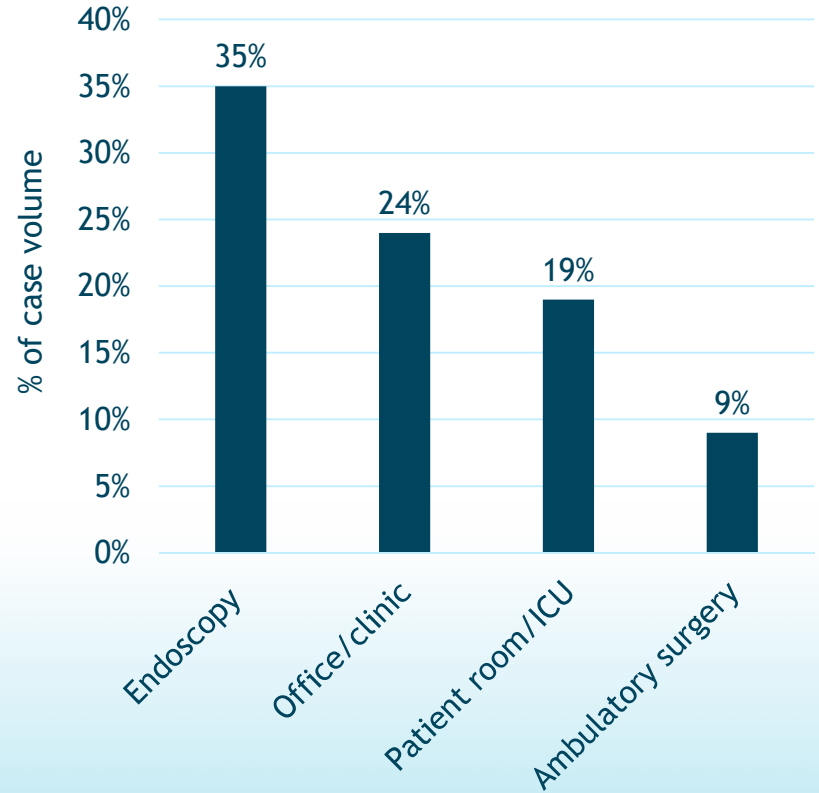
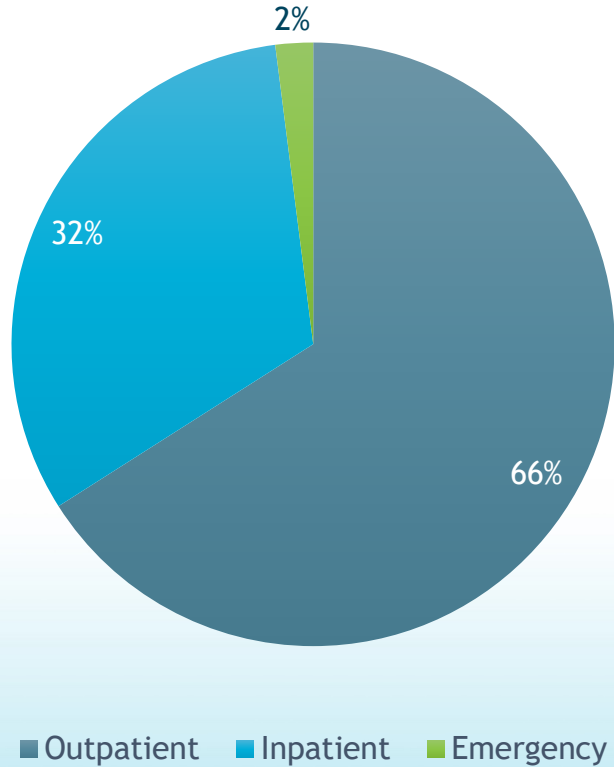
▶ Clinical severity*

Within the high severity cases are permanent patient injuries ranging from serious to grave and patient death. Typically, the higher the clinical severity, the higher the indemnity payments & the more frequently payment occurs.



There has been a slight increase in the volume of the most severe patient outcomes over the last 10 years.

▶ Claimant type & top locations



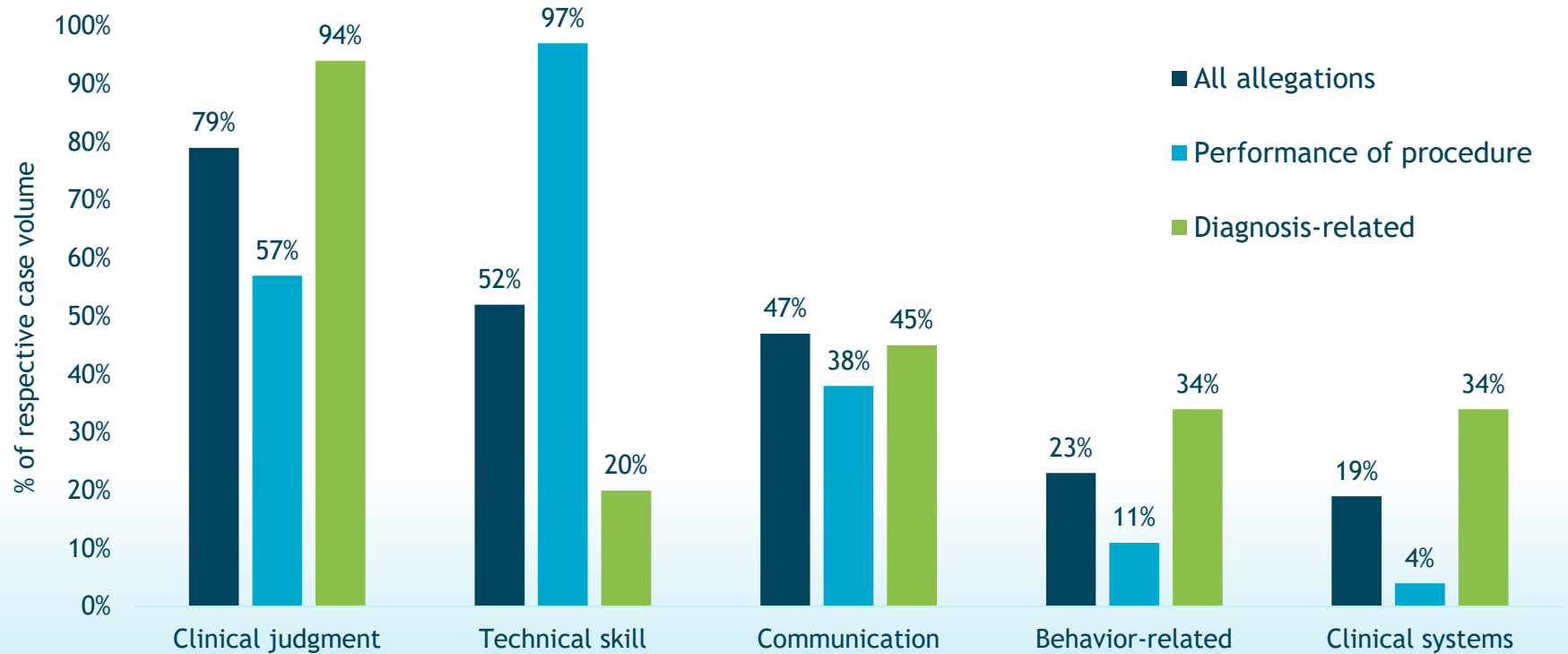
▶ Contributing factors



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



▶ These specific factors in procedural cases...

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

Factor category	The details	How much more expensive?*
Technical skill	Poor technique	2%
Clinical judgment	Issues with selection of the most appropriate procedure for the patient	23%
	Failure to appreciate/reconcile relevant signs/symptoms	24%
	Inadequate patient assessment resulting in premature discharge post-procedure	24%
Communication	Failed communication among providers - specifically, critical patient information which, if shared, could have mitigated the risk of patient injury	36%

▶ These specific factors in diagnosis-related cases...

...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	Inadequate patient monitoring	119%
	Inadequate patient assessments	19%
Communication	Failed communication among providers - specifically, critical patient information which, if shared, could have mitigated the risk of patient injury	25%
Patient behaviors	Includes dissatisfaction with care and non-adherence with treatment regimens	14%
Clinical systems	Failures in the process for reporting clinical findings and/or test results	63%
	Failures in the processes designed to ensure patients are notified of test results	26%

▶ In summary: where to focus your efforts

- ▶ Conduct an appropriate and thorough assessment of the patient.
 - ▶ Understand patient complaints and concerns, and be alert to high-risk diagnoses, such as cancer.
 - ▶ Update and review medical and family history at every visit to ensure the best decision-making.
 - ▶ Reassess patients prior to procedural discharge.
- ▶ Ensure a process is in place for ongoing evaluation of procedural skills and competency with equipment.
- ▶ 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.
- ▶ Do not use a “no news is good news” and/or “If you don't hear from us, you can assume your results are normal” approach.
 - ▶ Create and review problem lists at each visit.
 - ▶ Ensure a process for relaying test results to both patients and providers.
 - ▶ Track missed appointments and follow-up attempts.

▶ 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

Disclaimer

This document should not be construed as medical or legal advice. Because the facts applicable to your situation may vary, or the laws applicable in your jurisdiction may differ, please contact your attorney or other professional advisors if you have any questions related to your legal or medical obligations or rights, state or federal laws, contract interpretation, or other legal questions.

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