Gastroenterology

Patient Safety & Risk Solutions: 2018
Introduction

- This publication contains an analysis of the aggregated data from MedPro Group’s Gastroenterology claims closed between 2007 and 2016. All claims included in this analysis identify an gastroenterologist as the primary responsible service. Claims in which another specialty is identified as the primary responsible service are not included, unless otherwise noted.

- This analysis is designed to provide MedPro Group insured doctors, healthcare professionals, hospitals, health systems, and associated risk management staff with detailed claims data to assist them in purposefully focusing their risk management and patient safety efforts.

- Data are based on claim counts, not on dollars paid (unless otherwise noted). The type of claims and the details associated with them should not be interpreted as an actuarial study or financial statement of dollars paid; however, the information may be referenced for issues of relativity.
Almost three-fourths of all allegations against gastroenterologists involve medical treatment/procedural and diagnostic issues. The majority of the dollars paid for these claims are attributed to these two allegation categories as well.

Treatment-related claims primarily involve performance of colonoscopies, EGDs and ERCPs.

Failures and delays in diagnosing malignancies are noted most often in the diagnostic claims.

Surgical treatment claims are primarily about the gastroenterologist’s role in managing surgical patients, both pre- and post-operatively. Sometimes, the medical procedure performed by the gastroenterologist resulted in a perforation or other complication, and surgical intervention was subsequently required. Timely recognition and appropriate treatment of post-operative complications such as infections inadequate pre-operative assessments are frequently noted.

Medication claims most often involve allegations of improper medication regimen management antibiotics and steroids.

NOTE: The “other” category includes allegations for which no significant claim volume exists. Any totals not equal to 100% are the result of rounding. Total dollars paid = indemnity + expense.
Medical treatment

- Medical treatment claims encompass a broad spectrum of allegations, including procedure-related and medical management issues.
- Procedure-related claims most often involve the performance of colonoscopies, ERCP’s and EGD’s.
- Allegations involving management of a course of treatment are broad, and tend to involve the gastroenterologist’s evaluation of a patient’s changing clinical presentation and the selection of the most appropriate next course of treatment.
- Allegations of wrong or unnecessary procedures/treatment, delay in the initiation of a treatment regimen, and a limited number of retained foreign body claims are noted in the ‘other’ category.

NOTE: The “other” category includes allegations for which no significant claim volume exists. Any totals not equal to 100% are the result of rounding.
Diagnosis-related

- Failure to diagnose, delays in diagnosis, and wrong diagnoses are included in this category.
- Failures and delays in diagnosing GI-tract malignancies are noted most often in the diagnostic claims. Other diagnoses include post-procedure infections, perforations, and bowel obstructions.
- More than half of the diagnostic cases arose from an inpatient setting, and 82% are noted to have resulted in a high severity patient outcome.
58% of all gastroenterology claims resulted in a high severity patient outcome, including death and permanent disability. By allegation category, diagnostic cases were the most severe.

Gastroenterology claims occurred most frequently in an outpatient setting (69% - encompassing both a physician office and an ambulatory surgery setting), although the severity outcomes differed by location.

NOTE: Any totals not equal to 100% are the result of rounding.
Over time, the distribution of allegation categories has been relatively stable, although in recent years there has been a slight decrease in the frequency of procedural and diagnostic claims, but an uptick in surgical treatment-related allegations.

NOTE: The “other” category includes allegations for which no significant claim volume exists. Any totals not equal to 100% are the result of rounding.
## Top risk factors in gastroenterology claims

<table>
<thead>
<tr>
<th>Risk Factor</th>
<th>Description</th>
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<tbody>
<tr>
<td>Clinical judgment</td>
<td>Inadequate patient assessment, including failures/delays in ordering diagnostic testing and failure to establish differential diagnoses</td>
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<tr>
<td>Technical competency</td>
<td>Occurrence of recognized complications; poor technique and procedural inexperience were also common; sometimes when a complication occurred, the situation was compounded by inappropriate clinical decision-making and a narrow diagnostic focus</td>
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<tr>
<td>Communication</td>
<td>Failure to share clinical information among providers, and an inadequate informed consent process repeatedly impacted the communication breakdowns</td>
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<tr>
<td>Documentation</td>
<td>Insufficient documentation related to informed consent, clinical findings and adverse events</td>
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<tr>
<td>Clinical systems</td>
<td>Failure in the process of care designed to ensure that appropriate diagnostic testing is ordered, scheduled and carried out, and failure to ensure that the patient is informed of test results</td>
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Risk factors are broad areas of concern that may have contributed to allegations, injuries, or initiation of claims.

**NOTE:** Top factors within each risk category are identified. Totals exceed 100% because generally more than one factor is associated with each claim.
**Clinical judgment**
- Conduct a thorough pre-procedure screening of patients for risk factors.
- Be aware that inadequate patient assessment might be a result of cognitive biases, inadequate medical and family history taking, or inadequate sharing of information among providers.
- Maintain a consistent post-procedure discharge assessment process, and carefully consider repeated patient complaints or concerns when making clinical decisions about patient care and diagnostic testing.

**Technical competency**
- To minimize the risk of recognized complications, ensure adherence to credentialing policies, including evaluation of procedural skills and competency with equipment.

**Communication**
- Ensure adherence to a comprehensive discharge planning process, including patient education with an incorporated ‘teach-back’ methodology.
- Focus on maintaining open lines of communication between all members of the healthcare team.

**Documentation**
- Verify that documentation supports the clinical rationale for the method of treatment.
- Describe the rationale for inclusion/exclusion of differential diagnoses.

**Clinical systems**
- Focus on the scheduling, performance, interpretation of tests, and timely communication of results.
- Recognize that failure to communicate results to the patient, failure to arrange for follow up testing, and failure to document the plan for follow up can drive malpractice allegations.
Improper performance of colonoscopies, EGDs and ERCPs and diagnostic errors involving malignancies are among the top allegations against gastroenterologists.

Failure to diagnose colon cancers are noted most often within the diagnostic allegations. While diagnostic allegations account for 31% of the total claim volume, 82% of them result in a high severity outcome, and until recently, have been trending higher as a proportion of the total volume of claims over the last several years.

A narrow diagnostic focus, inadequate clinical assessments, and the failure to timely share test results and clinical updates across specialties are among the top risk factors for gastroenterologists.
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.

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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