

Neurology

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 neurologist 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

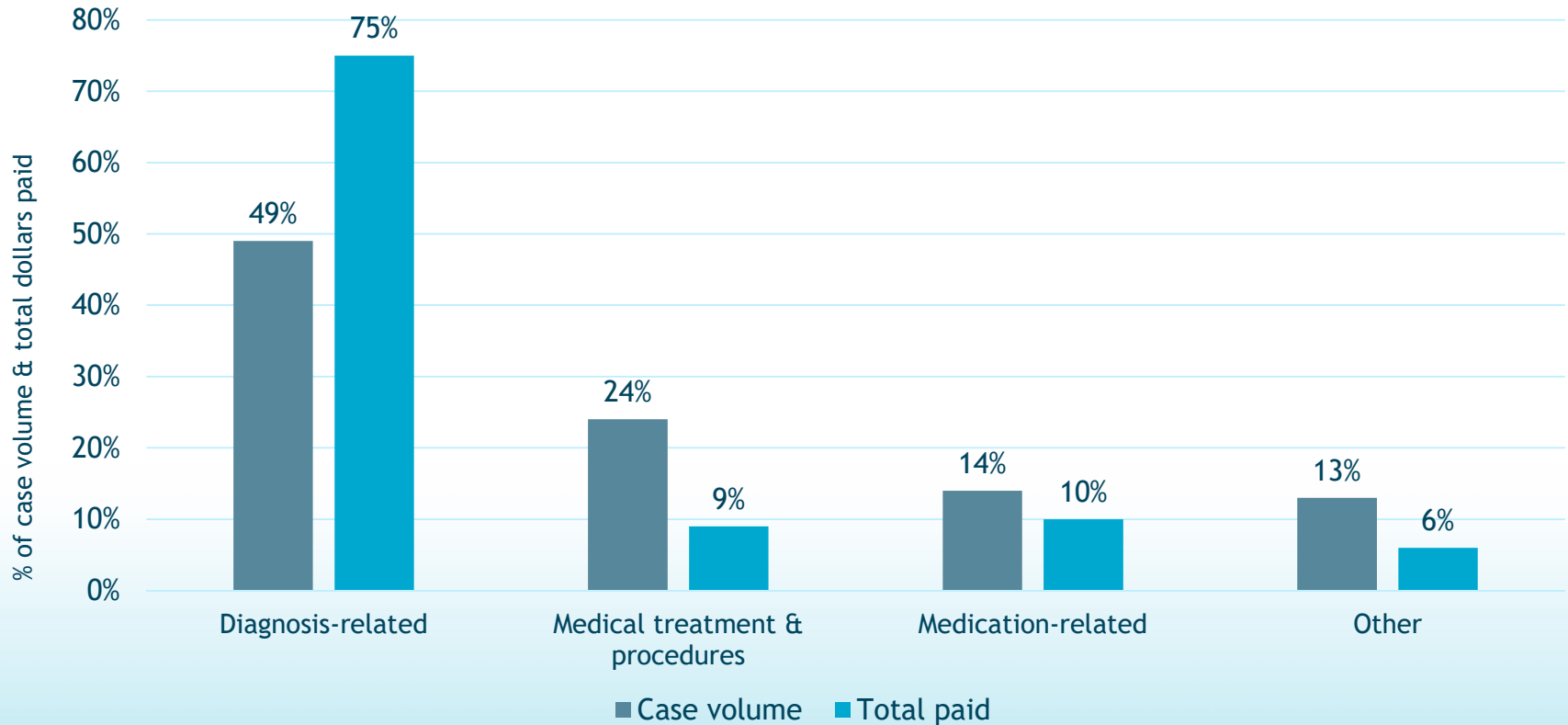


Multiple allegation types can be assigned to each case; however, only one “major” allegation is assigned that best characterizes the essence of the case.



Diagnosis-related allegations account for half of neurology cases and three-fourths of total dollars paid.

▶ Allegations & dollars



▶ Most frequent allegation details

Diagnosis-related

- Primarily delays in diagnosing strokes, infections & cancers; aneurysms & spinal fractures are also noted

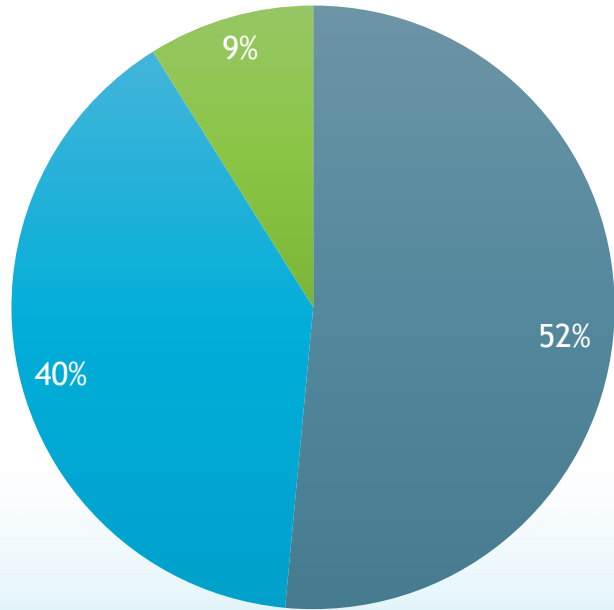
Medical treatment & procedures

- Includes management of a course of treatment and performance of procedures, including arteriography & EEGs

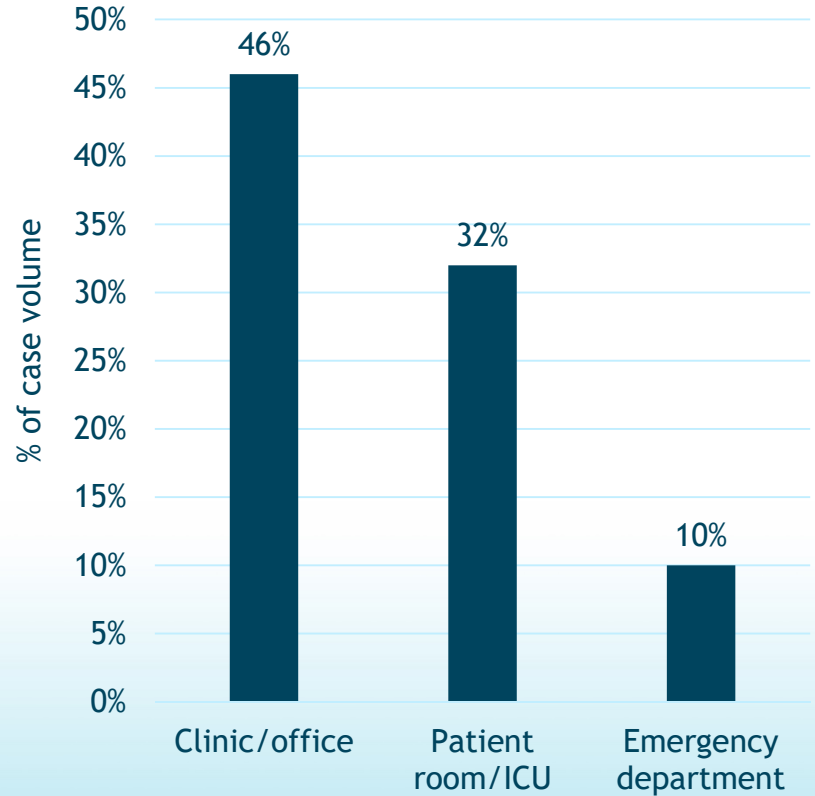
Medication-related

- Most often involves management of medication regimens, including anticonvulsants, anticoagulants & sedatives

▶ Claimant type & top locations

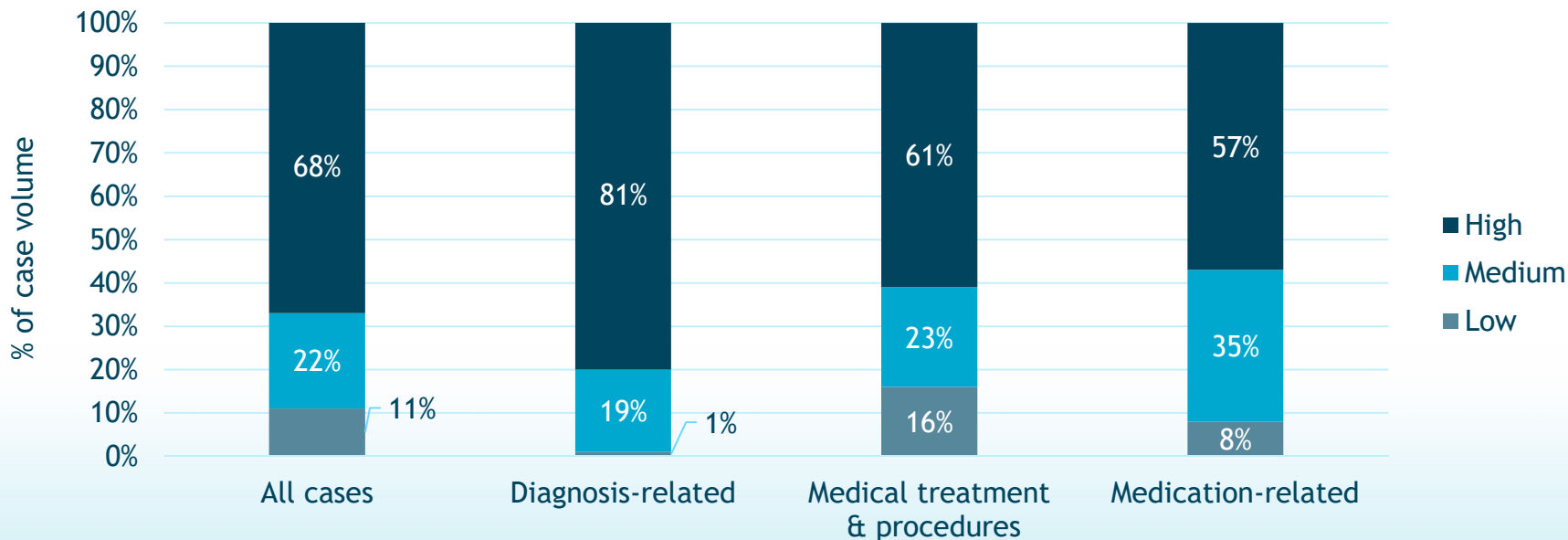


■ Outpatient ■ Inpatient ■ Emergency



▶ 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 decrease in the volume of the most severe patient outcomes over the last 10 years.

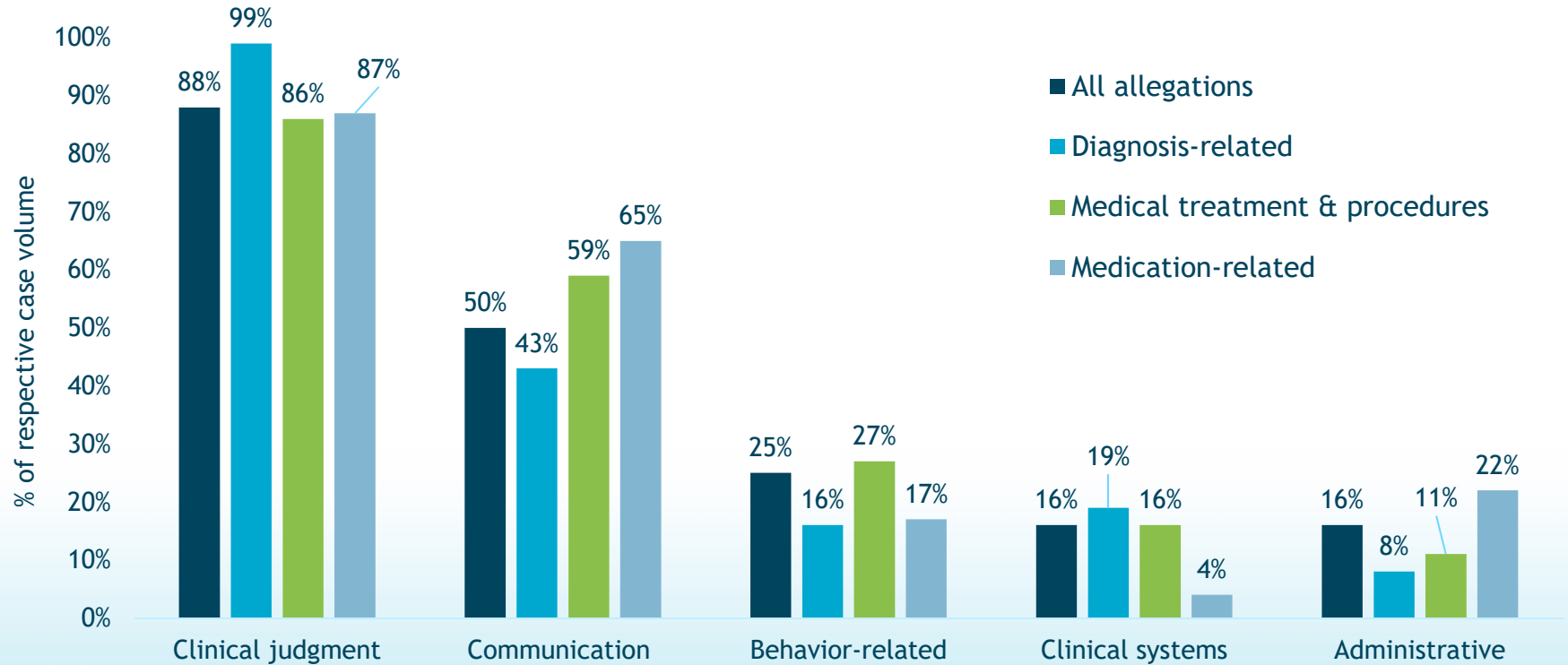
▶ Contributing factors



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



▶ In diagnosis-related cases, these specific factors...

...are among those frequently noted in cases with clinically severe patient outcomes.

Factor category	The details	% of case volume
Clinical judgment	Failure/delay in ordering diagnostic tests	44%
	Failure to appreciate/reconcile patient symptoms and/or test results	41%
	Failure to establish differential diagnosis	40%
Communication	Failed communication among providers - specifically, critical patient information which, if shared, could have mitigated the risk of patient injury (these cases are often more expensive to resolve)	29%
Clinical systems	Failures in the process for reporting test results - including patients who do not receive the results of tests; also, failures/delays in scheduling/performing diagnostic tests	19%

▶ 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 & 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.
 - ▶ Recognize patterns of patient non-compliance, and focus on documentation of efforts made to encourage compliance and follow up with treatment.
- ▶ 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

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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