

# Ophthalmology

## Claims Data Snapshot

## ▶ Introduction

- ▶ This publication contains an analysis of the aggregated data from MedPro Group's cases closing between 2009-2018 in which an ophthalmologist 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



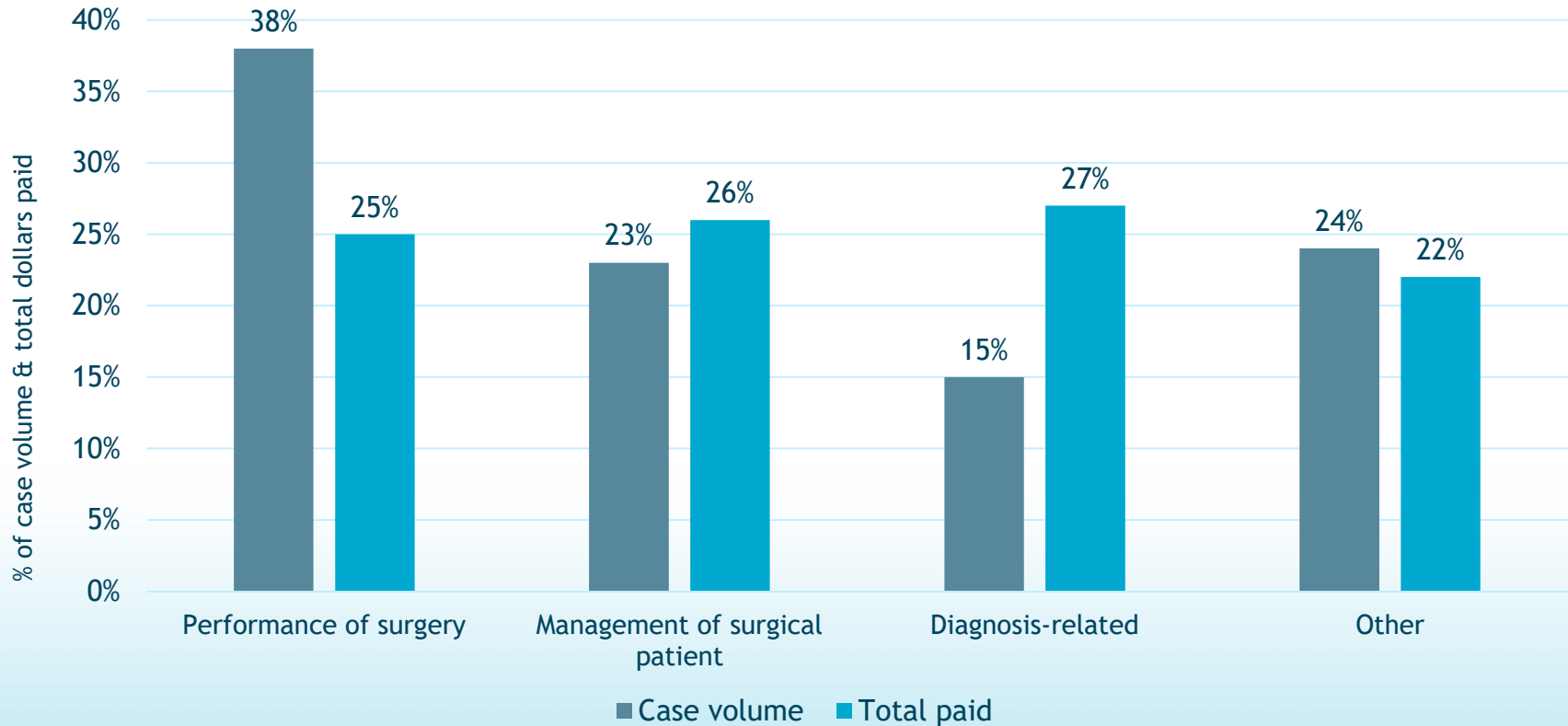
Multiple allegation types can be assigned to each case; however, only one “major” allegation is assigned that best characterizes the essence of the case.



Surgical performance, management of surgical patients, and diagnosis-related allegations account for three-fourths of all ophthalmology case volume.

On average, diagnosis-related allegations are most expensive to resolve.

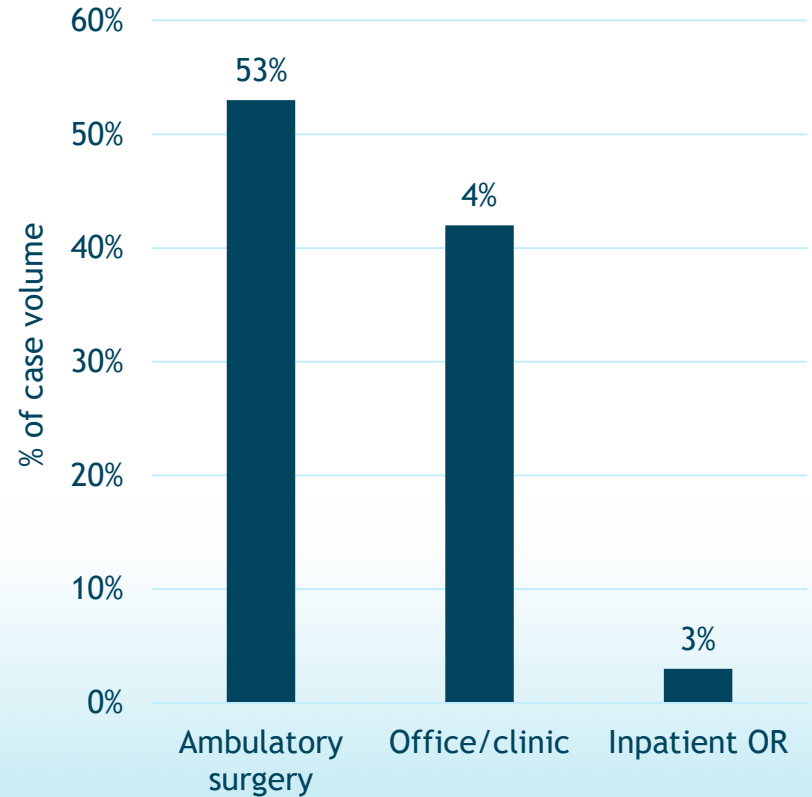
## ▶ Allegations & dollars



## ▶ Claimant type & top locations

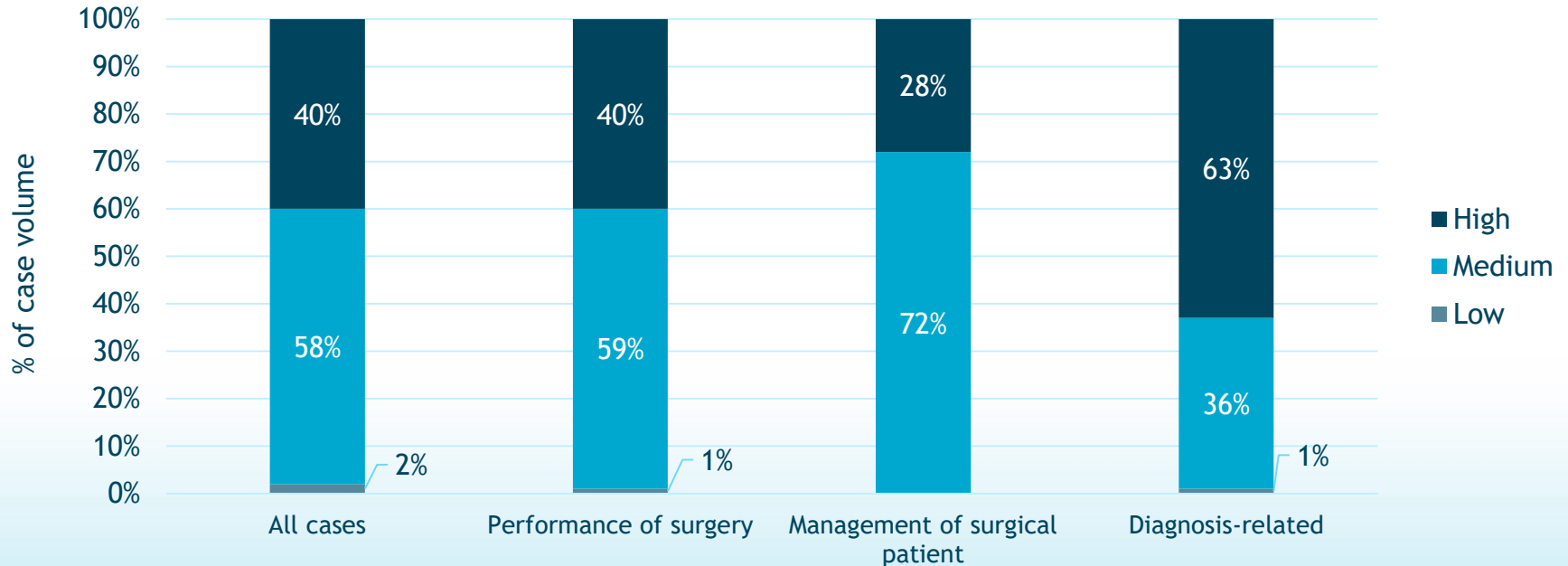


All but a small number of cases involved outpatients.



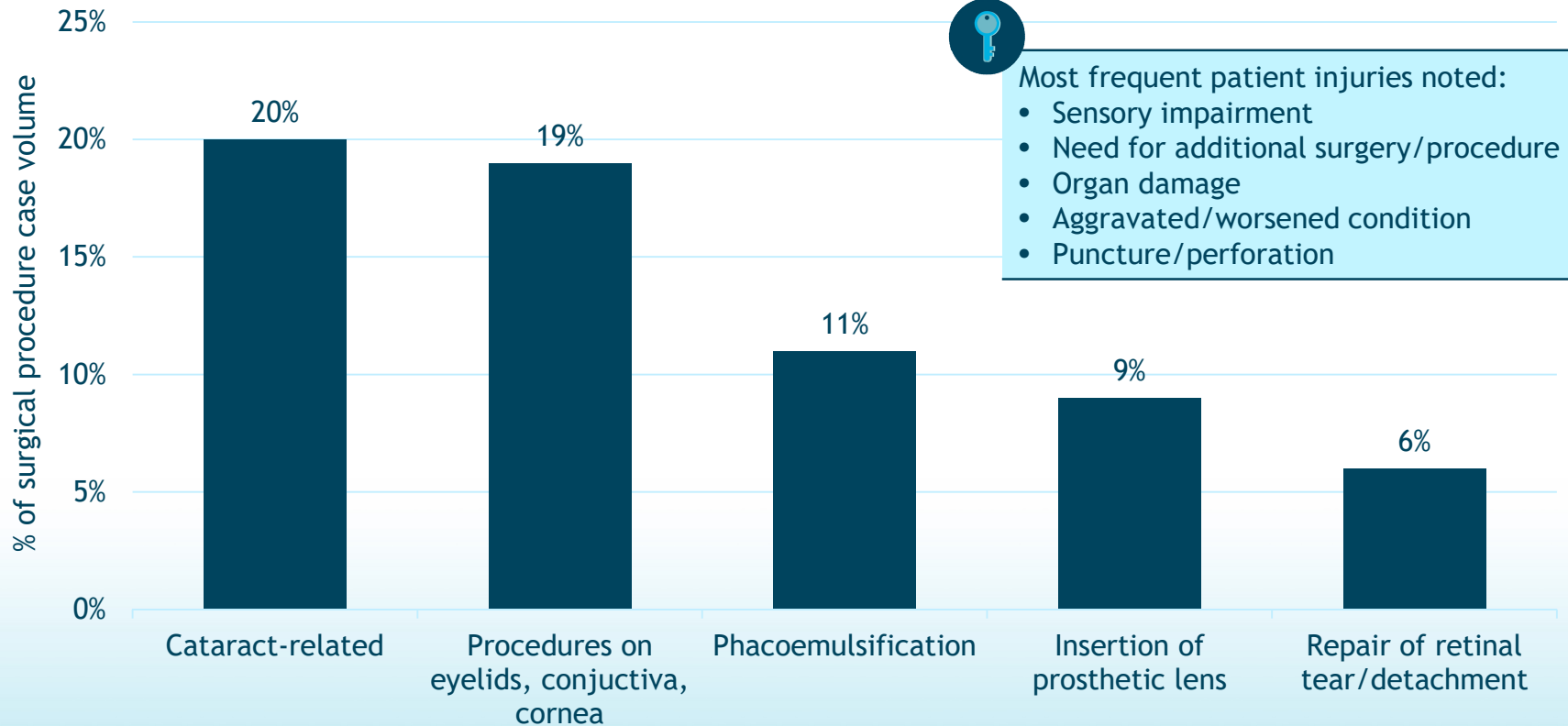
# ▶ Clinical severity\*

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.

# ▶ Top procedures in surgical performance cases



## ▶ Management of surgical patients

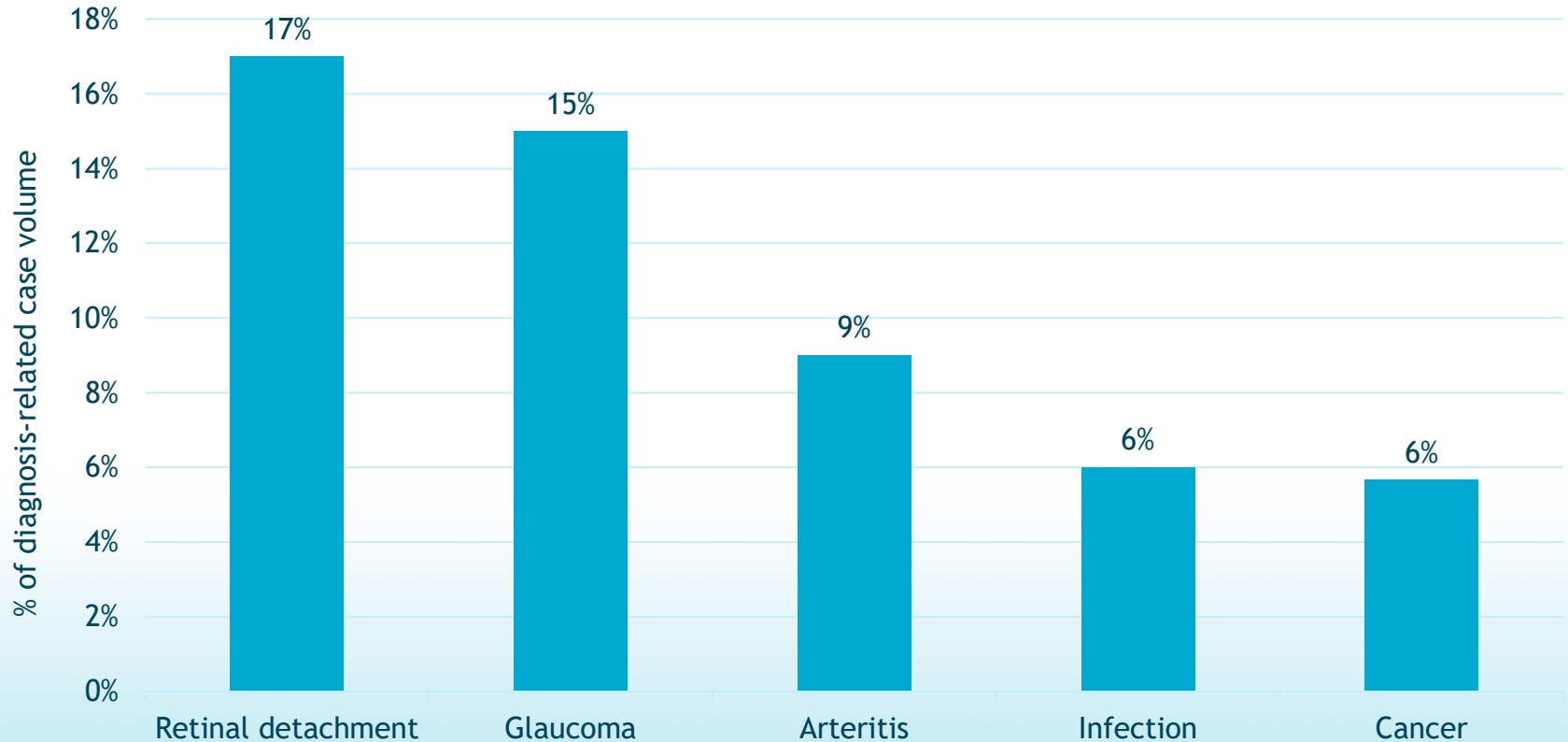


Cases involving the management of surgical patients, including the ophthalmologist's response to developing complications, are on average twice as expensive\* as cases arising from the actual performance of procedures.

While complications of procedures may have been the result of procedural error, the failure to timely recognize and/or monitor/manage the issue prevents the opportunity for early mitigation of the risk of serious adverse outcome.



## ▶ Most frequent diagnoses in diagnosis-related allegations



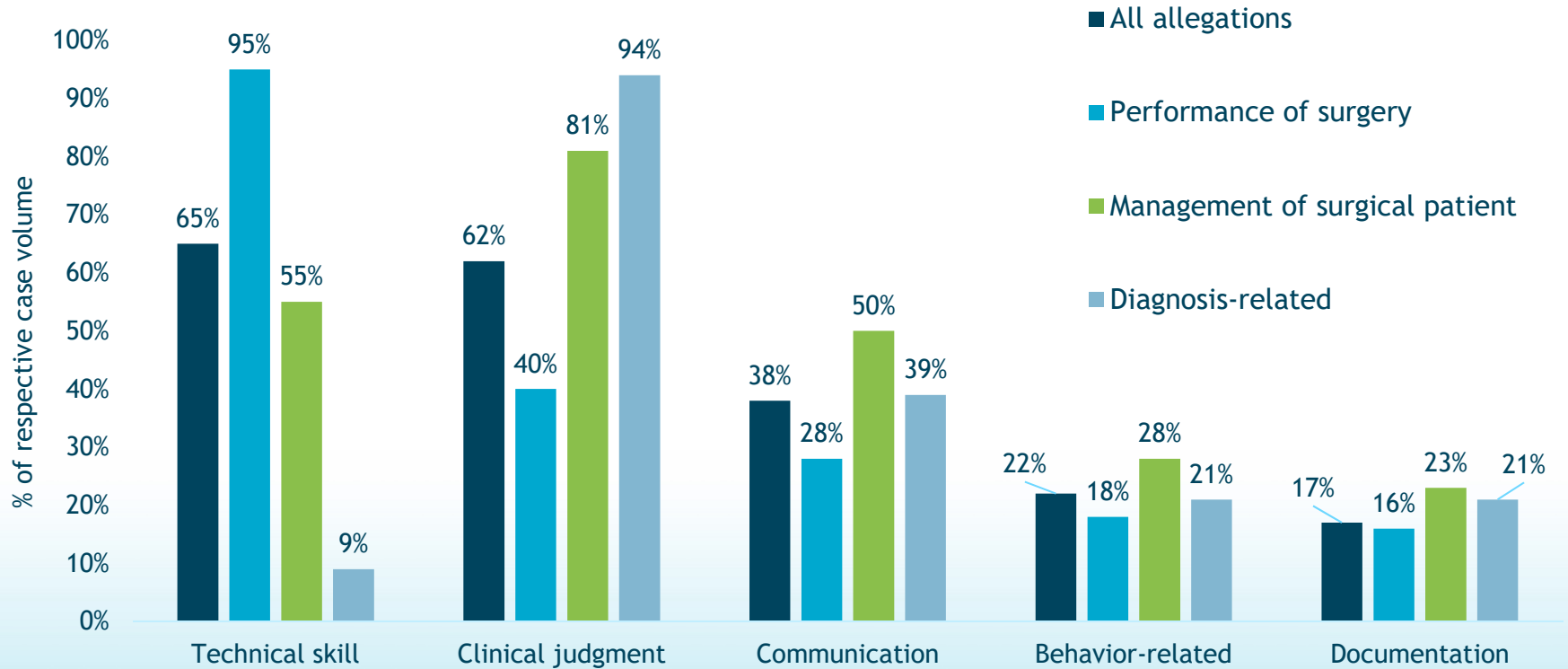
## ▶ Contributing factors



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 surgical performance: 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?*
Technical skill	Poor technique	94%
Clinical judgment	Issues with selection of the most appropriate procedure for the patient	27%
	Failure/delay to obtain consult/referral	167%
Communication	Inadequate informed consent for procedures	122%

## ▶ Focus on surgical management: 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	Failure to appreciate/reconcile patient signs/symptoms	83%
	Failure/delay to obtain consult/referral	46%
Communication	Failed communication among providers - specifically, critical patient information which, if shared, could have mitigated the risk of patient injury	164%
Documentation	Insufficient documentation about clinical findings & sequence of events	79%

## ▶ 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	Inadequate patient monitoring	111%
	Failure to appreciate/reconcile signs/symptoms/test results	28%
	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	48%

# ▶ In summary: where to focus your efforts

- Ongoing evaluation of procedural skills and competency with equipment is critically important.
- Conduct a thorough assessment of the patient.
  - Pre-operatively, ensure that all testing and specialty evaluations are available for review; in an ambulatory setting, these details might not always be as readily available as in the inpatient setting.
  - Update and review medical and family history at every visit to ensure the best decision-making.
  - 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.
  - Elicit a comprehensive patient history and conduct a thorough informed consent with 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.
  - The surgical record is critically important for detailing the pre-operative patient assessment, intra-operative steps, and post-operative sequence of events. Discrepancies or gaps in the details/timing make it much more difficult to build a supportive framework for defense against potential malpractice cases.

# ▶ 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

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