Pain Medicine

Claims Data Snapshot

2025

MedPro Group

MLMIC
MLMIC Insurance Company
CELEBRATING 50 FIFTY YEARS

Introduction

This publication contains analysis of aggregated data from clinically coded cases opened between 2014-2023 in which Pain Medicine is identified as the primary responsible service.

Keep in mind…

A clinically coded 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, and other healthcare professionals.

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.

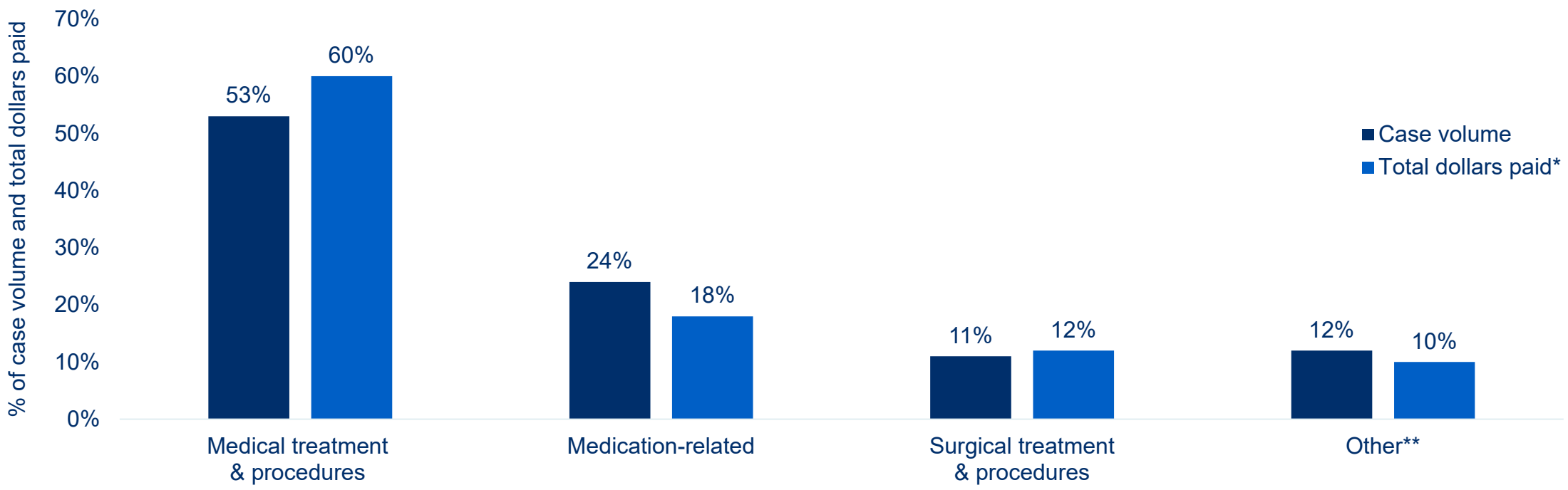
Key Points - Clinically Coded Data

- Medical treatment allegations, which account for half of Pain Medicine's case volume, primarily reflect procedural performance cases. These cases, half of which involve spinal injections, can be impacted by the delayed recognition of complications, while patient treatment/management cases most often reflect issues with selection of the most appropriate course of treatment for the patient, and appreciating and reconciling symptoms and test results.
- The monitoring and managing of patients' medication regimens accounts for 75% of all medication-related allegations. Selection of the most appropriate medication for the patient's condition is one of the most frequently noted risk issues. Patient behavioral issues related to patient non-adherence to prescriptions are sometimes a result of inadequate patient/family education of the importance of prescription adherence. Inadequate patient monitoring, and suboptimal communication about medication regimens across the patient's care team are also commonly noted risk issues.
- Surgical allegations, comprising 11% of case volume, most commonly involve procedural performance issues related to placement of neuro-stimulators and spinal injections. Surgical patient management cases, including pre-, intra-, and post-operative management, are often related to the provider's response to developing complications. 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.
- Contributing factors, which are multi-layered issues or failures in the process of care that appear to have contributed to the patient's outcome, and/or to the initiation of the case, provide valuable insight into risk mitigation opportunities. Technical skill and clinical judgment factors, specifically inadequate patient assessment processes resulting in procedures or medications not ideal for the patient, and poor procedural technique are key drivers of clinical Pain Medicine case severity.

MedPro Group + MLMIC cases opened 2014-2023, Pain Medicine as responsible service (N=384)

Major Allegations & Financial Severity

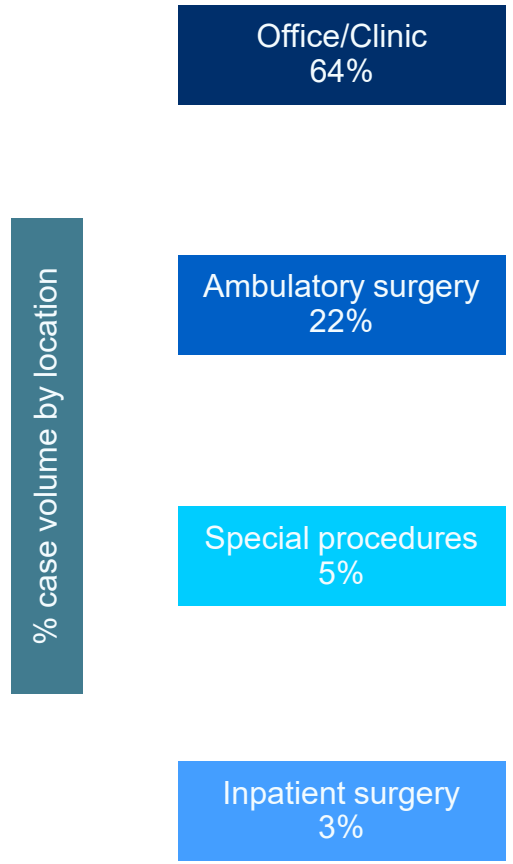
Each case reflects one major allegation category. Categories are designed to enable the grouping and analysis of similar cases and to drive focused risk mitigation efforts. The coding taxonomy includes detailed allegation sub-categories; insight into these is noted later in this report.



MedPro Group + MLMIC cases opened 2014-2023, Pain Medicine as responsible service (N=384); *Total dollars paid = expense + indemnity; **Other includes allegations for which no significant case volume exists

Clinical Severity* & Most Common Locations

Clinical severity* categories	Sub-categories	% of case volume	Definitions
LOW	Emotional Injury Only	**8%**	Mental distress or suffering that is generally temporary; includes HIPAA violations, discrimination, involuntary stay
	Temporary Insignificant Injury		Lacerations, contusions, minor scars, rash; no delay in recovery
MEDIUM	Temporary Minor Injury	**44%**	Infection, fracture set improperly or a fall in the facility, where recovery is complete but delayed
	Temporary Major Injury		Burns, drug side effect; recovery delayed
	Permanent Minor Injury		Loss of fingers or loss or damage to organs; includes non-disabling injuries
HIGH	Significant Permanent Injury	**48%**	Deafness, loss of limb, loss of eye or loss of one kidney or lung
	Major Permanent Injury		Paraplegia, blindness, loss of two limbs or brain damage
	Grave Injury		Quadriplegia, severe brain damage, life-long care or fatal prognosis
	Death		Death
		16%	**% of cases resulting in patient death**



MedPro Group + MLMIC cases opened 2014-2023, Pain Medicine as responsible service (N=384); *Severity codes reflect National Association of Insurance Commissioners (NAIC) injury severity scale

Contributing Factors

Despite best intentions, processes designed for safe patient outcomes can, and do, fail.

Contributing factors are multi-layered issues or failures in the process of care that appear to have contributed to the patient's outcome, and/or to the initiation of the case, or had a significant impact on case resolution.

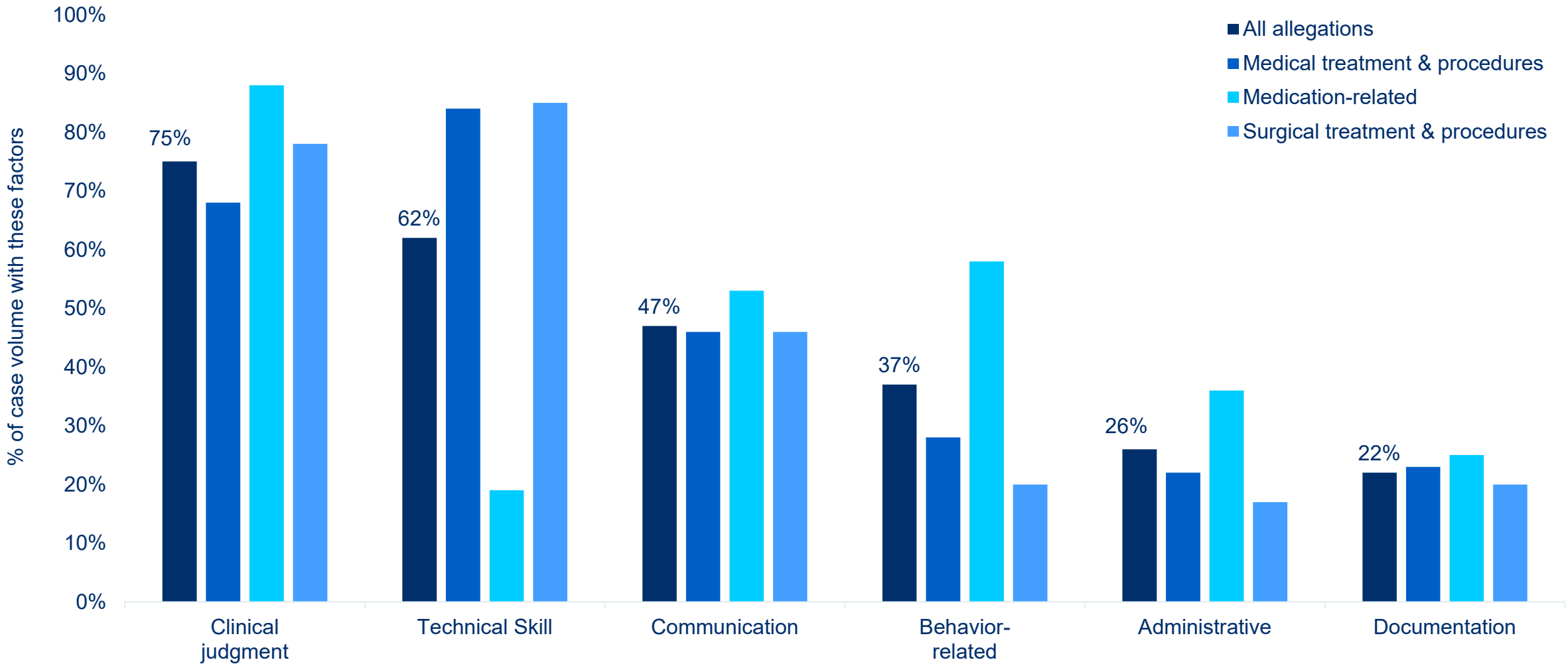
Multiple factors are identified in each case because generally, there is not just one issue that leads to these cases, but rather a combination of issues.

Administrative | Behavior-related | Clinical environment | Clinical judgment | Clinical systems | Communication | Documentation | Supervision | Technical skill

Contributing Factor Category Definitions

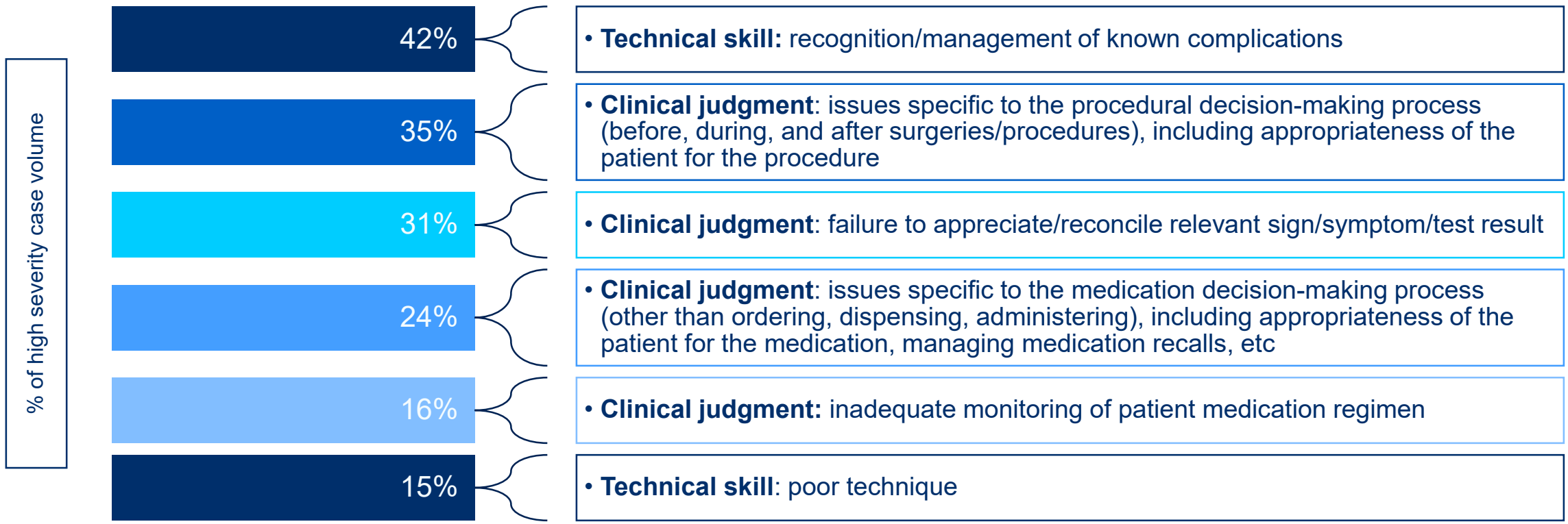
Administrative	Factors related to reporting of adverse events, adequacy of staffing, staff education/training, ethics, failure to follow and/or need for policy/protocols
Behavior-related	Factors related to patient nonadherence to treatment or behavior that offsets care; also, provider behavior including breach of confidentiality or sexual misconduct
Clinical environment	Factors related to workflow, physical conditions and “off-hours” conditions (weekends/holidays/nights)
Clinical judgment	Factors related to patient assessment, diagnostic decision-making, selection and management of therapy, patient monitoring, failure/delay in obtaining a consult, failure to ensure patient safety (falls, burns, etc.), choice of practice setting, failure to question/follow an order, practice beyond scope
Clinical systems	Factors related to coordination of care, failure/delay in ordering test, reporting findings, follow-up systems, patient identification, specimen handling, nosocomial infections
Communication	Factors related to communication among providers, between patient/family and providers, via electronic communication (texting, email, etc.), and telehealth/tele-radiology
Documentation	Factors related to mechanics, insufficiency, content
Supervision	Factors related to supervision of nursing, house staff, advanced practice clinicians
Technical skill	Factors related to improper use of equipment, medication errors, retained foreign bodies, technical performance of procedures

Most Common Contributing Factor Categories by Allegation



MedPro Group + MLMIC cases opened 2014-2023, Pain Medicine as responsible service (N=384); More than one factor per case, therefore totals >100%

Focus on Most Common Drivers of Clinical Severity



Technical skill and clinical judgment factors, specifically inadequate patient assessment processes resulting in procedures or medications not ideal for the patient, and poor procedural technique are key drivers of clinical Pain Medicine case severity.

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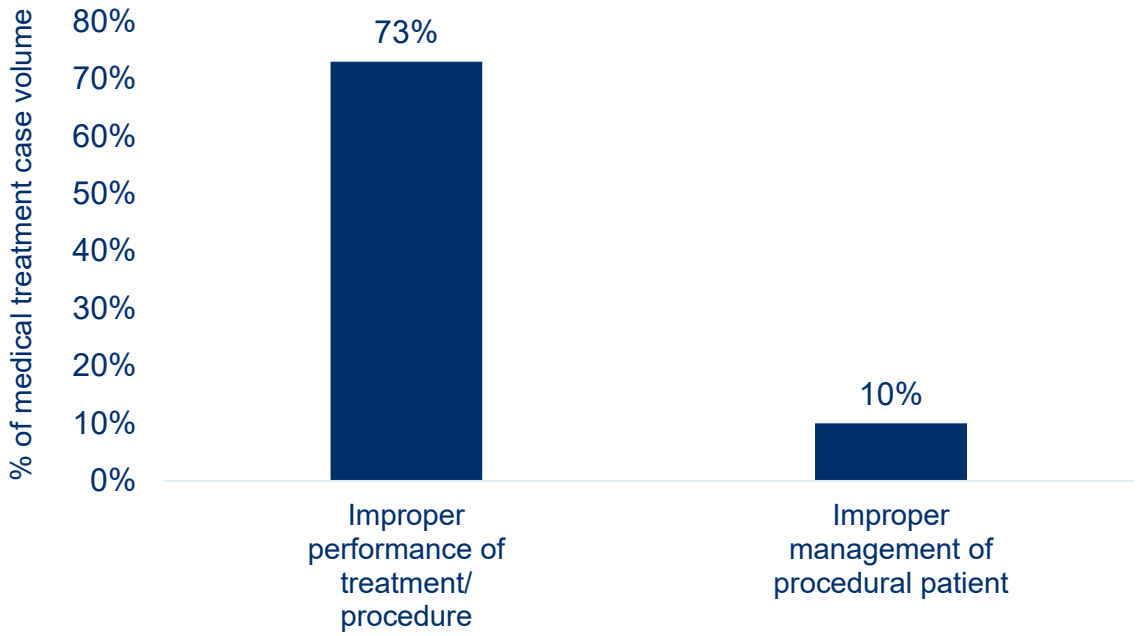
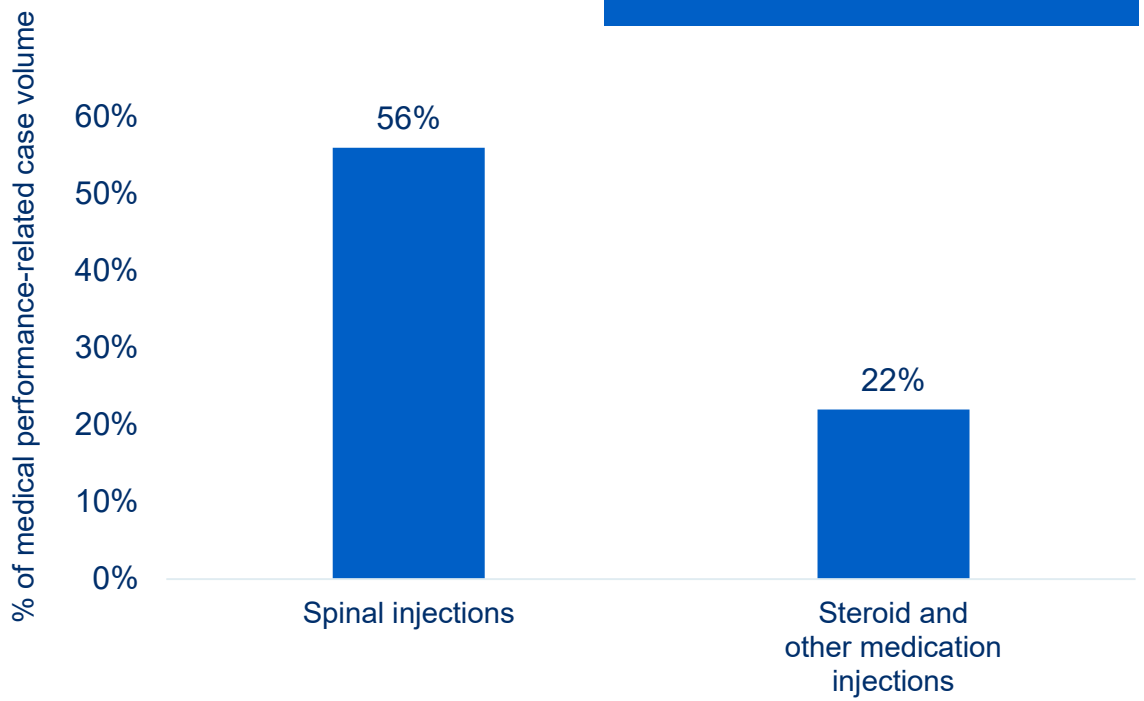
Focus on Medical Treatment Allegations

Top allegation details



Top procedures involved



Procedural performance cases can be impacted by delayed recognition of complications, while management cases most often reflect issues with selection of the most appropriate course of treatment for the patient, and appreciating and reconciling symptoms and test results.

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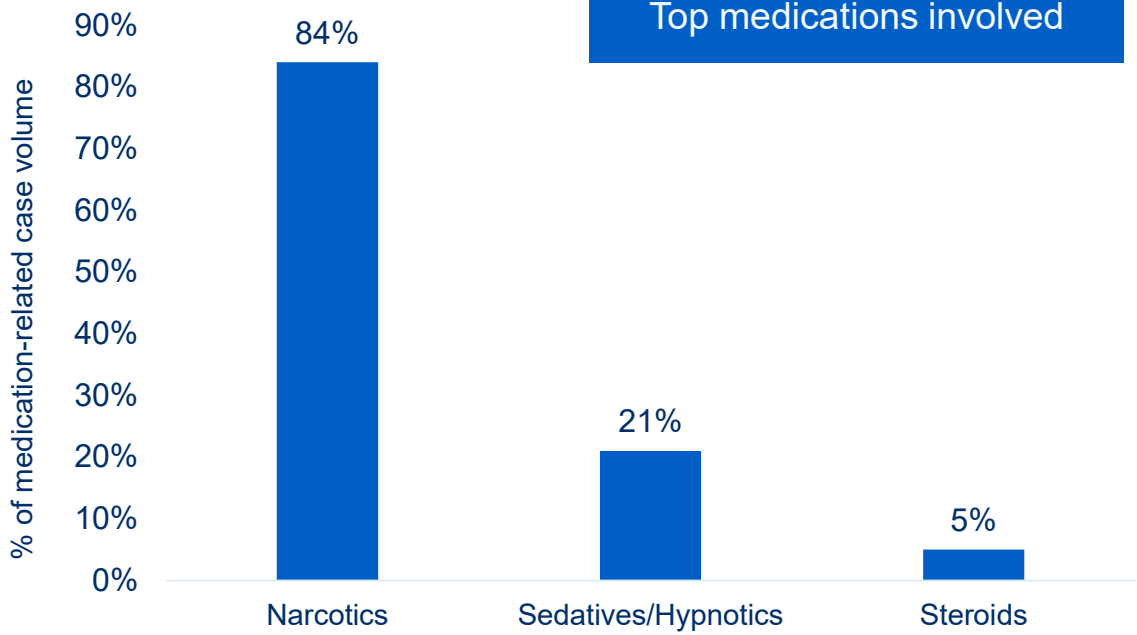
Focus on Medication-Related Allegations

Top allegation details

Top medications involved



Selection of the most appropriate medication for the patient's condition is one of the most frequently noted risk issue in medication cases. Patient behavioral issues related to patient non-adherence to prescriptions are sometimes impacted by inadequate patient/family education of the importance of prescription adherence. Inadequate patient monitoring, and suboptimal communication about medication regimens across the patient's care team are also commonly noted risk issues.

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Focus on Medication-Related Allegations

Medication-related allegations primarily encompass management of medication regimens and ordering/dispensing/administration errors. Note the key opportunities to reduce medication errors along the process of care* below.

Phase 1

Ordering
4%
of cases

Includes failures to order, and wrong medication/dose/route orders

Phase 2

Dispensing
0%
of cases

Includes pharmacy dispensing of wrong medication/dose/method (route)

Phase 3

Administration
24%
of cases

Includes failures to medicate, administration wrong medication/dose/route

Includes technique involved with medication administration

Phase 4

Monitoring & management
56%
of cases

Includes management of regimen/patient response/reaction

Includes monitoring immediately after medication administration

Phase 5

Other
22%
of cases

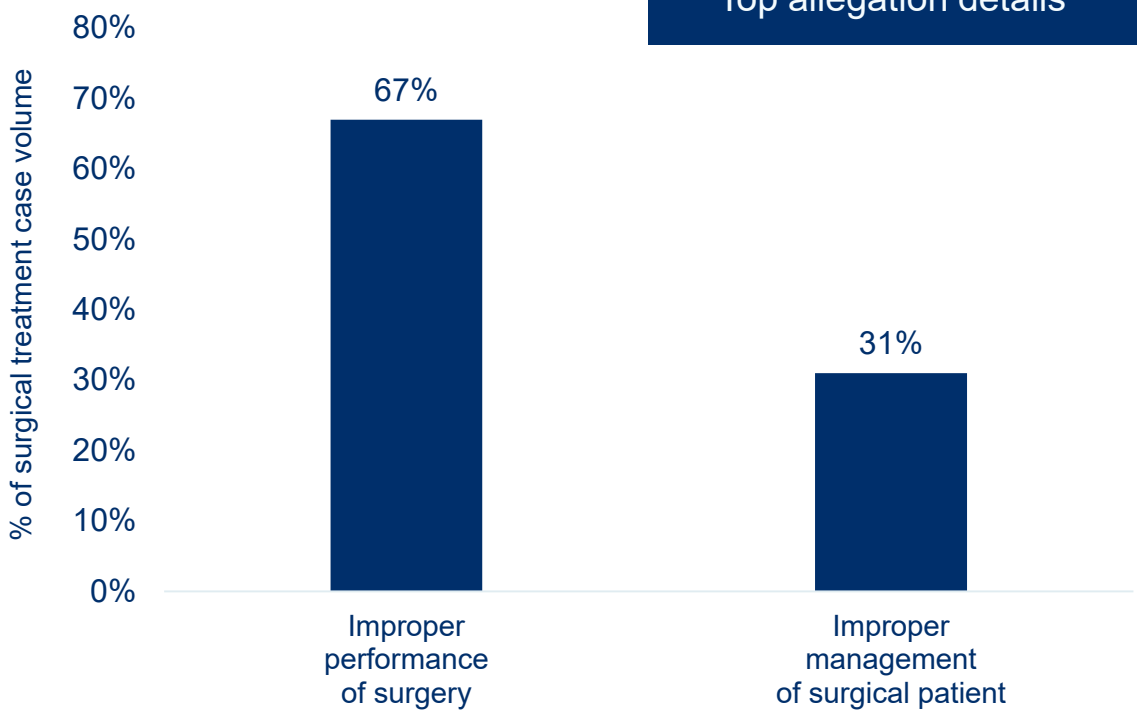
Includes other process of care issues not captured in the previous steps, including patients with unknown allergies and cases in which medication shortages, contaminations or recalls impact the delivery of care

Process of care breakdowns within this set of cases are primarily noted within the administration & monitoring & management phases.

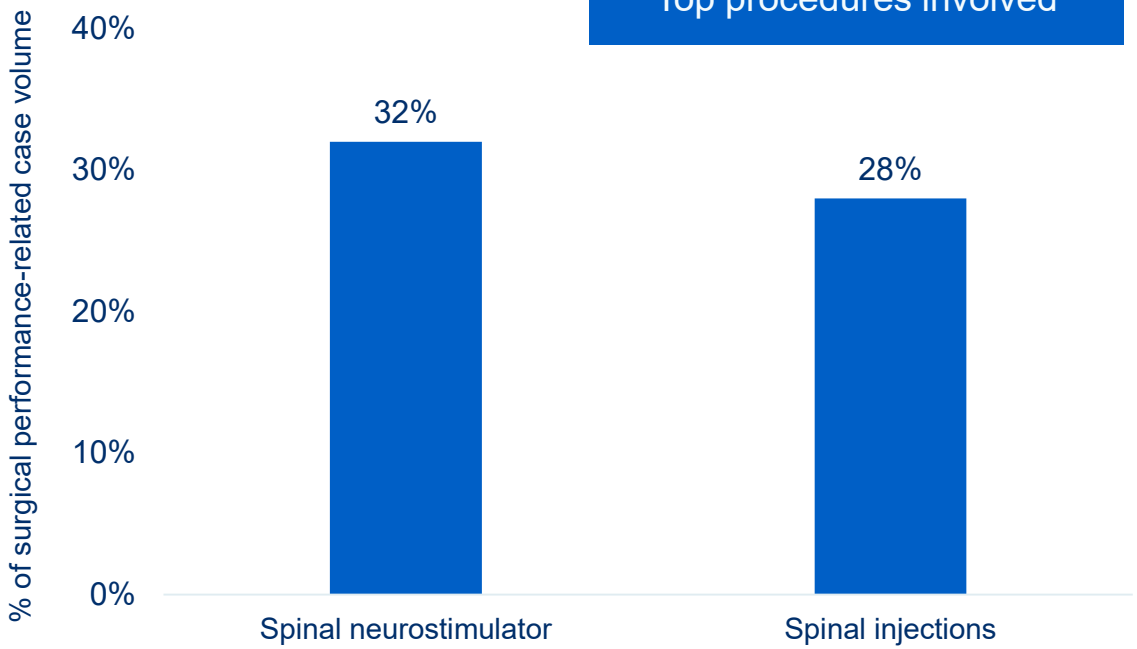
MedPro Group + MLMIC cases opened 2014-2023, Pain Medicine as responsible service (N=384); *each step reflects a combination of allegations; medication process of care algorithm courtesy of Candello, a division of CRICO Strategies

Focus on Surgical Treatment Allegations

Top allegation details



Top procedures involved



Cases involving the management of surgical patients, including pre-, intra-, and post-operatively, are often related to the provider's response to developing complications. 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.

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Risk Mitigation Strategies

- **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, cardiac disease, 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.
  - Recognize that patient satisfaction with treatment outcomes can be influenced by a thorough informed consent and education process.
- **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.**
- **Know (and adhere to) your supervision responsibility for advanced practice providers.**

MedPro Group & MLMIC Data

MedPro and MLMIC are partnered with Candello, a national medical malpractice data collaborative and division of CRICO, the medical malpractice insurer for the Harvard-affiliated medical institutions.

Derived from the essence of the word candela, a unit of luminous intensity that emits a clear direction, Candello's best-in-class taxonomy, data, and tools provide unique insights into the clinical and financial risks that lead to harm and loss.

Using Candello's sophisticated coding taxonomy to code claims data, MedPro and MLMIC are better able to highlight the critical intersection between quality and patient safety and provide insights into minimizing losses and improving outcomes.

Leveraging our extensive claims data, we help our insureds stay aware of risk trends by specialty and across a variety of practice settings. Data analyses examine allegations and contributing factors, including human factors and healthcare system flaws that result in patient harm. Insight gained from claims data analyses also allows us to develop targeted programs and tools to help our insureds minimize risk.