

Pathology

Claims Data Snapshot

2024



This publication begins with insight into frequency and financial severity profiles by specialty. Then follows an analysis of aggregated data from clinically coded cases opened between 2013-2022 in which Pathology 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.

Specialty benchmarking

INTRODUCTION | KEY POINTS | GENERAL DATA ANALYSIS | CONTRIBUTING FACTORS | FOCUSED DATA ANALYSIS | RISK MITIGATION

Specialties have different frequency and financial severity profiles which combine to produce differing risk levels.

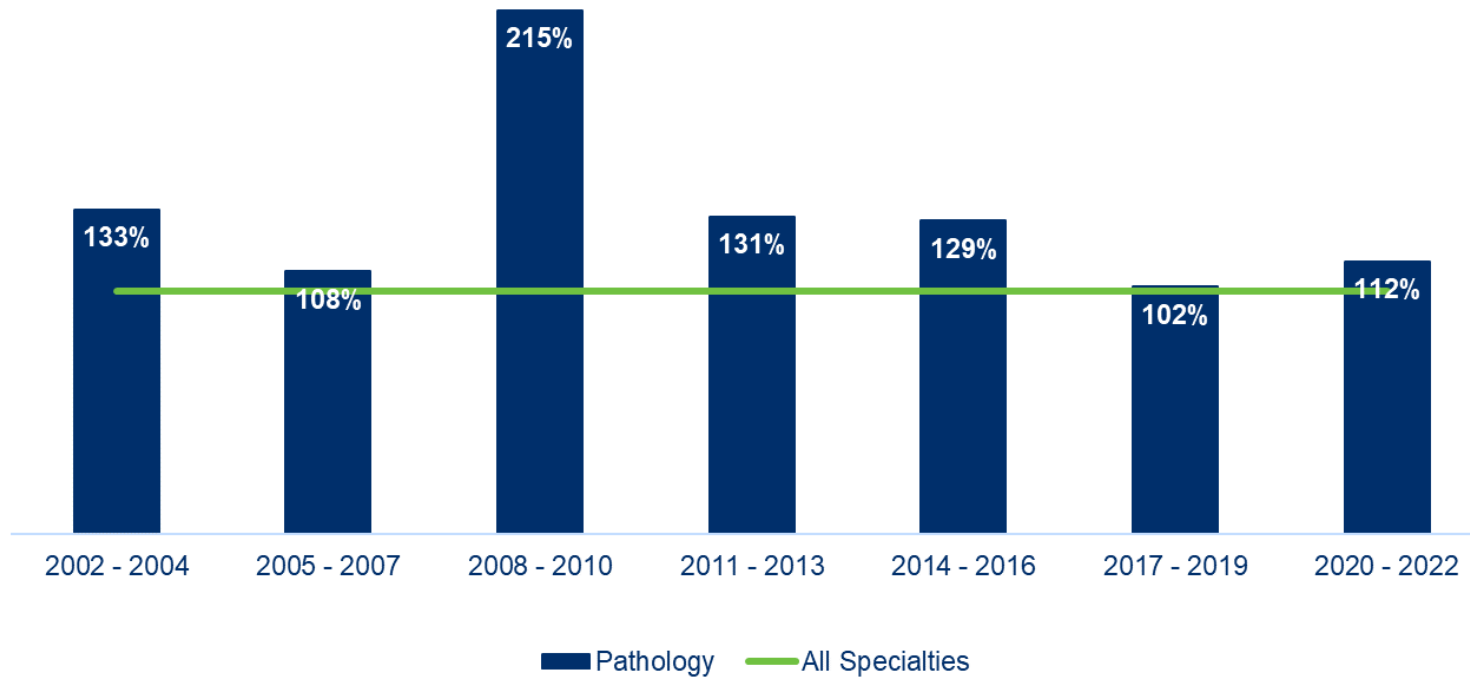
Severity Tier	High	Hematology/Oncology, Pathology, Pediatrics	Anesthesiology, Neurology	Emergency Medicine, Neurosurgery, OB/GYN
	Medium	Family Medicine, Nephrology, Physiatry, Urgent Care	Cardiology, ENT, Gastroenterology, Internal Medicine	Cardiovascular Surgery, General Surgery, Orthopedic Surgery, Radiology, Urology
	Low	Allergy, Dermatology, Occupational Medicine, Psychiatry, Rheumatology	Ophthalmology, Plastic Surgery, Pulmonology	Hospitalists
		Low	Medium	High
		Frequency Tier		

Specialty trends – Pathologists

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Pathologists has a higher financial severity per case and a lower claim frequency compared to all specialties.

Average Severity - Pathologists Relative to All Specialties



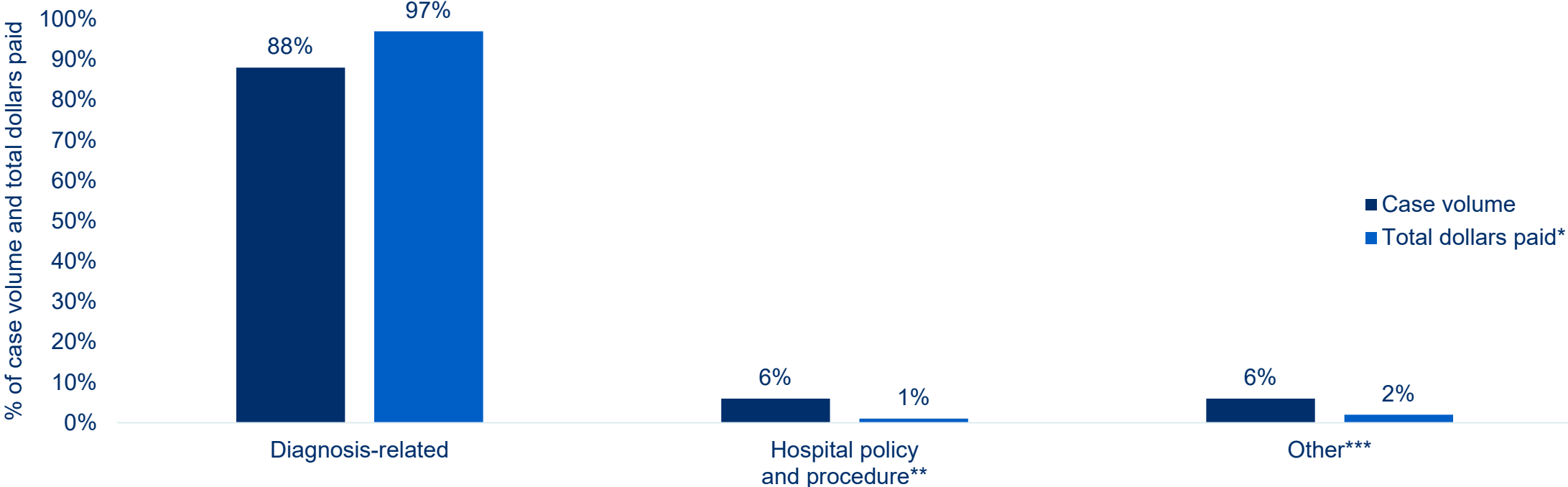
Key Points - Clinically Coded Data

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- As expected, **diagnosis-related allegations account for the vast majority of Pathology case volume**. Almost three-fourths of these involve benign and malignant neoplasms. The types are varied; skin cancers account for 15% of the neoplasm volume; no other particular cancer accounts for a significant proportion. These cases primarily involve misinterpretation of test specimens.
- **Hospital policy and procedure cases**, which account for 6% of case volume, reflect failures to follow post-mortem and safe specimen-handling processes.
- **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. Although there is just one service noted to be primarily responsible for the patient's outcome, **there is often an overlap of errors and missteps along the continuum of care**.
- **The majority of all Pathology cases involve a contributorily responsible medical or surgical specialty**. The majority of all Pathology cases involve a contributorily responsible medical or surgical specialty. Multiple contributing factors can be applied to every case; not all of them are applicable to the pathologist. Clinical judgment factors, specifically pathologist misinterpretation of diagnostic studies and an overall narrow diagnostic focus, are key drivers of clinical Pathology case severity.

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.

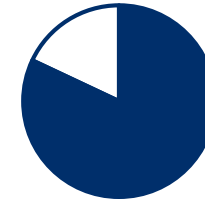


MedPro Group + MLMIC cases opened 2013-2022, Pathology as responsible service (N=146); *Total dollars paid = expense + indemnity; **Hospital policy and procedure cases include failures to follow post-mortem and safe specimen-handling processes; ***Other includes allegations for which no significant case volume exists;

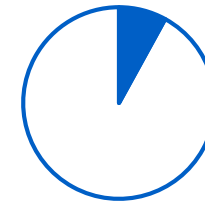
Clinical Severity* & Most Common Locations

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Clinical severity* categories	Sub-categories	% of case volume	Definitions
LOW	Emotional Injury Only	10%	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	29%	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	61%	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



Pathology lab
82%



Office/Clinic
8%

Contributing Factors

“Contributing factors reflect both provider and patient issues. They denote breakdowns in technical skill, clinical judgment, communication, behavior, systems, environment, equipment/tools, and teamwork. The majority are relevant across clinical specialties, settings, and disciplines; thus, they identify opportunities for broad remediation.”

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.

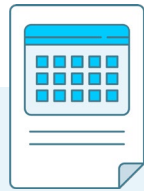
Multiple factors are identified in each case because generally, there is not just one issue that leads to these cases, but rather a combination of issues.



Administrative



Behavior-related



Clinical environment



Clinical judgment



Clinical systems



Communication



Documentation



Supervision



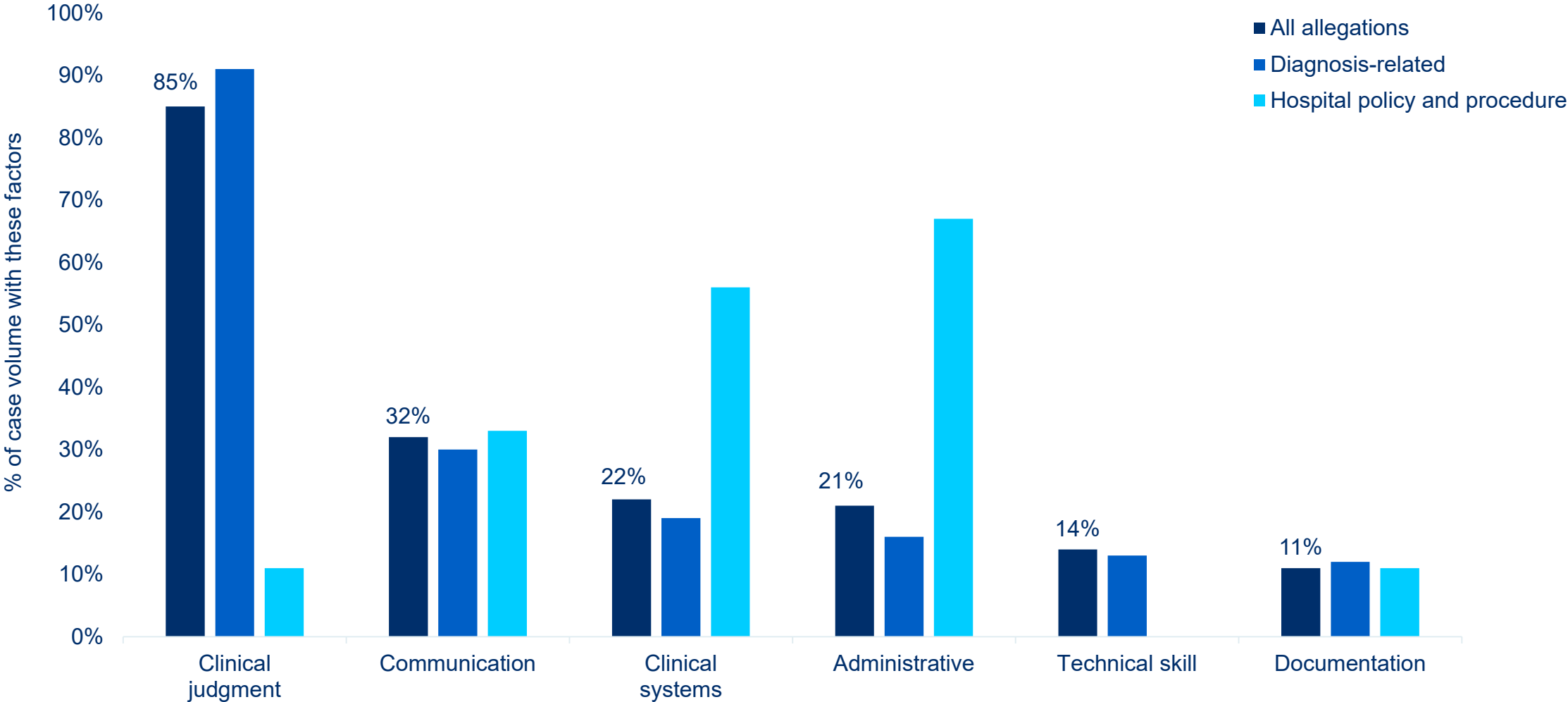
Technical skill

Contributing Factor Category Definitions

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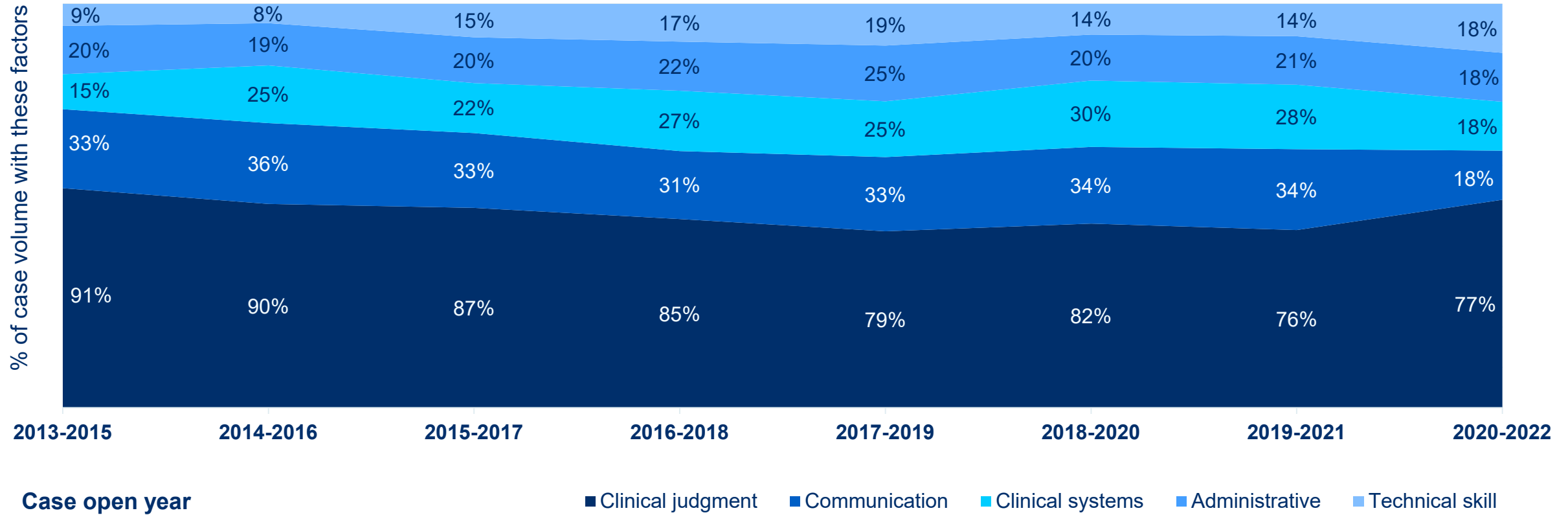
Administrative	Factors related to reporting of adverse events, adequacy of staffing, staff education/training, ethics, failure to follow and/or need for policy/protocols
Behavior-related	Factors related to patient nonadherence to treatment or behavior that offsets care; also, provider behavior including 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 2013-2022, Pathology as responsible service (N=146); More than one factor per case, therefore totals >100%

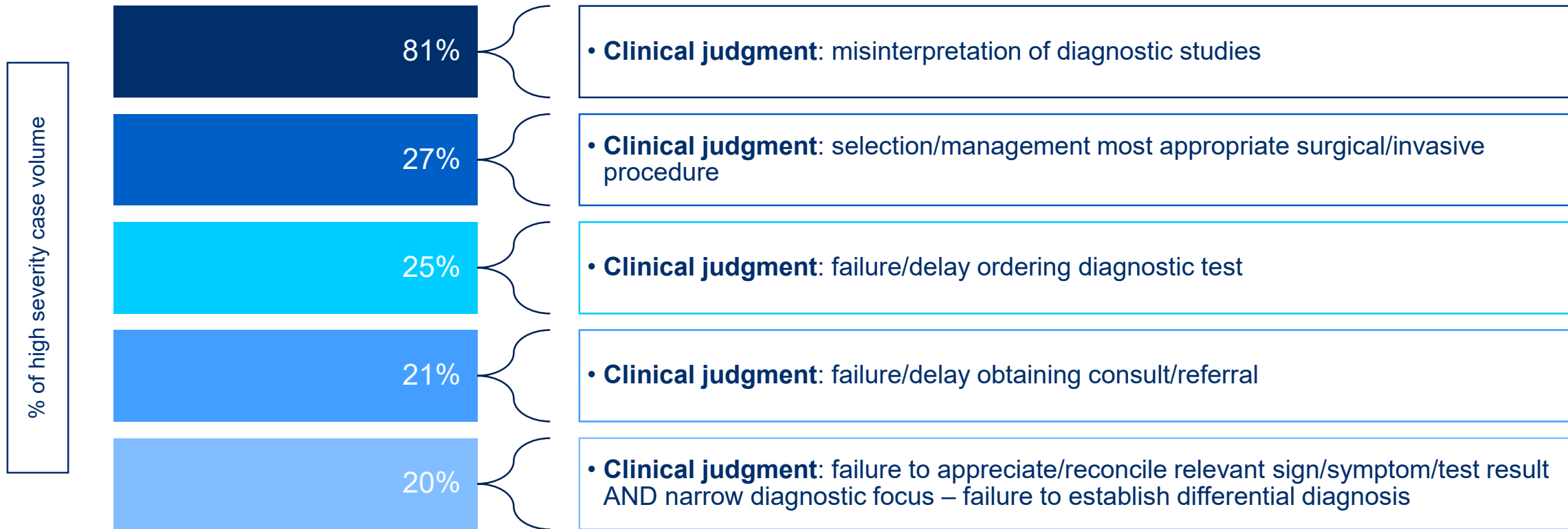
Distribution of Top Five Factor Categories Over Time



While the distribution of these top (most common) factors across rolling three-year timeframes is relatively consistent, take note of even slight increases over time as indicators of emerging risk issues.

Focus on Most Common Drivers of Clinical Severity

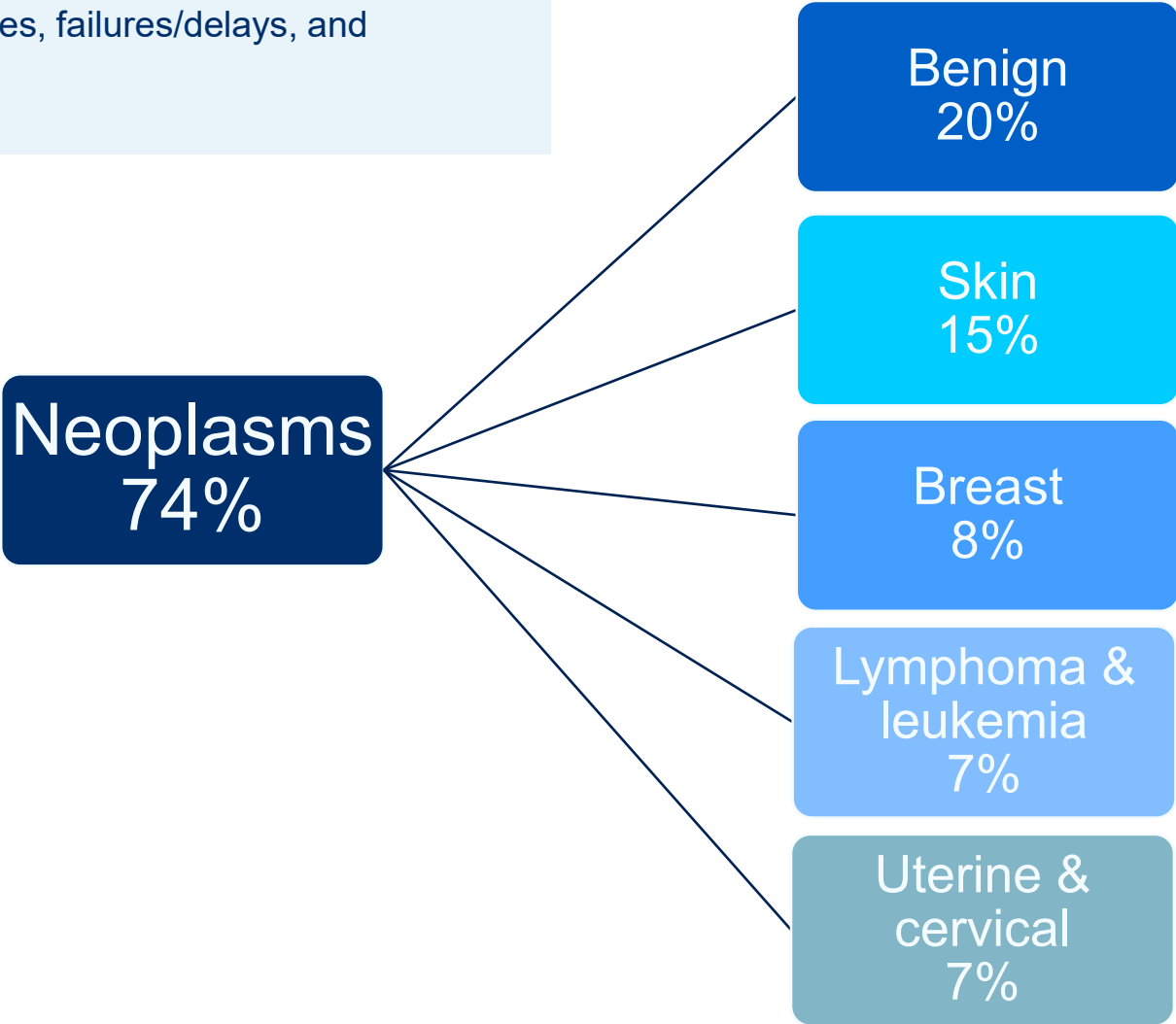
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Although there is just one service noted to be primarily responsible for the patient's outcome, there is often an overlap of errors and missteps along the continuum of care. The majority of all Pathology cases involve a contributorily responsible medical or surgical specialty. Multiple contributing factors can be applied to every case; not all of them are applicable to the pathologist. Clinical judgment factors, specifically pathologist misinterpretation of diagnostic studies and an overall narrow diagnostic focus, are key drivers of clinical Pathology case severity.

Focus on Diagnosis-Related Allegations

Diagnosis-related allegations encompass wrong diagnoses, failures/delays, and misdiagnoses. Note the top diagnoses* in these cases.



MedPro Group + MLMIC cases opened 2013-2022, Pathology as responsible service (N=146); *as a percentage of all diagnosis-related allegations

Focus on Diagnosis-Related Allegations

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Diagnosis-related allegations encompass wrong diagnoses, failures/delays, and misdiagnoses. Note the key opportunities to reduce diagnostic errors along the diagnostic process of care* below.

Phase 1

Initial diagnostic assessment 59% of cases	Patient notes problem & seeks care
	History & physical
	Patient assessed, symptoms evaluated
	Differential diagnosis established
	Diagnostic testing ordered

Phase 2

Testing and results processing 88% of cases	Performance of diagnostic tests
	Interpretation of diagnostic test results
	Test results transmitted to/received by ordering provider

Phase 3

Follow-up and coordination 45% of cases	Physician follows-up with patient
	Referrals/Consults
	Patient information communicated among care team
	Patient compliance with follow-up plan

MedPro Group + MLMIC cases opened 2013-2022, Pathology as responsible service (N=146); *each step reflects a combination of contributing factors; diagnostic process of care algorithm courtesy of Candello, a division of CRICO Strategies

- **Clinical judgment**
 - 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. Recognize that delays in obtaining consults/referrals are one of the top driving factors behind diagnostic claims.
- **Communication**
 - Ensure efficiencies in the sharing and discussing of test results and consultative reports among other providers. Encourage verbal sharing of subtle changes which are not individually noteworthy when multiple providers are involved.
- **Clinical environment**
 - Recognize that weekend and night shifts can impact the timeliness of assessments, response to consult requests, and return of test results. Focus on eliminating any variation in processes during “off-hours.”
- **Clinical systems**
 - Focus on ‘closing the loop’ with regards to receiving, reporting and acting on test results, including incidental findings. Insist upon care coordination – determine which next steps belong to which provider.
- **Administrative**
 - Ensure that policies/procedures are well-constructed and that staff awareness and training is a priority.
- **Document.**
 - Discrepancies or gaps in the details/timing of care and clinical decision-making make it much more difficult to build a supportive framework for defense against potential malpractice cases.
- **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.

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.



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