# Claims Data Snapshot

## A Ten Year Overview of Medical Cases

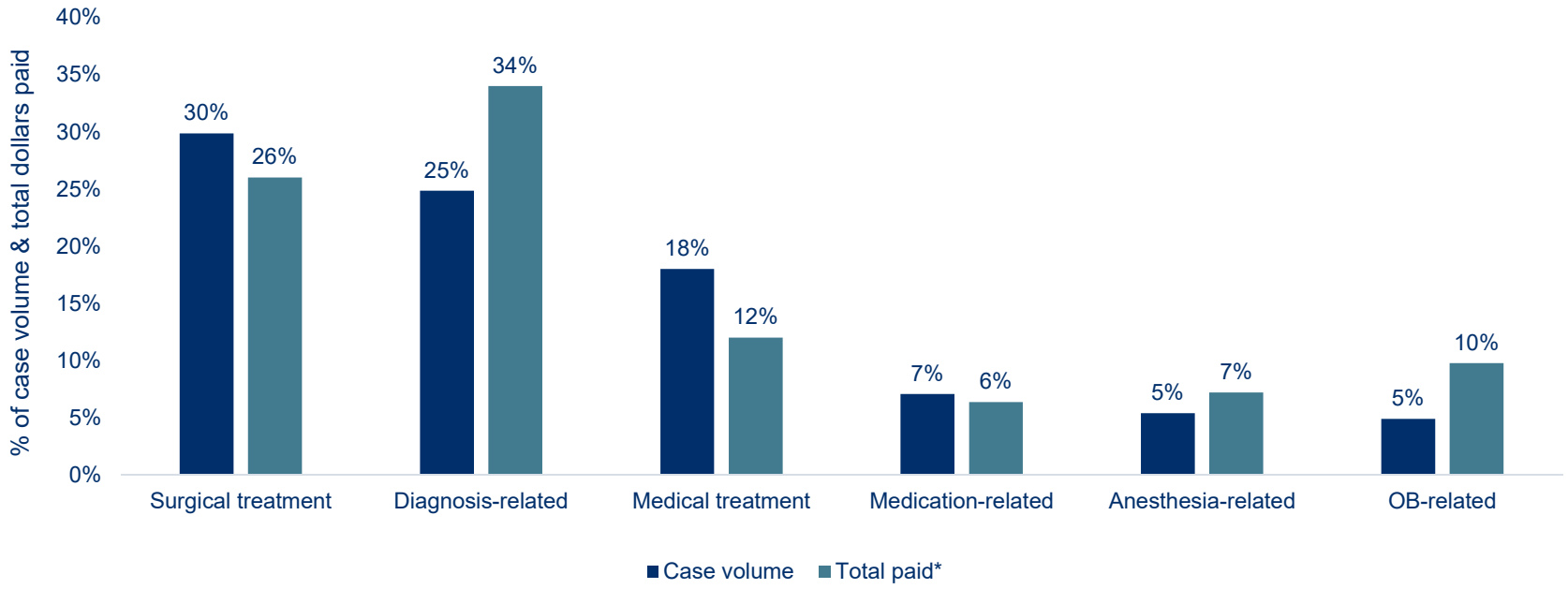
MedPro Group
*a Berkshire Hathaway company*

# Purpose of analysis & data caveats

- The purpose of this report is to assist in understanding better the factors that may have contributed to cases brought against MedPro Group-insured medical practitioners, hospitals and facilities.
  - Dental and senior care cases are excluded.
- Additionally, the report provides coded information related to loss allegation, responsible service, location, contributing risk factors, and severity.
- Our data system, and report, rolls all claims/suits related to an individual patient event into one case for coding purposes. Therefore, a coded case is comprised of one or more individual claims/suits and could include multiple defendant types.
  - Incidents, cases that involve attorney representations at depositions, State Board actions, and general liability cases are not included.
- Data reflect MedPro Group closed cases which were opened between 2010- 2019. All claims/suits related to an individual patient event are rolled into one case for coding purposes, and therefore this report cannot be used to provide actuarial insights, but is intended rather to enhance clinical risk management efforts.

# The six most common allegation categories

Surgical & diagnosis-related allegations together account for more than half of all case volume. Diagnosis-related cases account for the largest single percentage of all dollars paid.




MedPro Group closed cases, opened between 2010-2019 (N=>19K; excludes dental & senior care lines of business); *total paid = expense + any indemnity

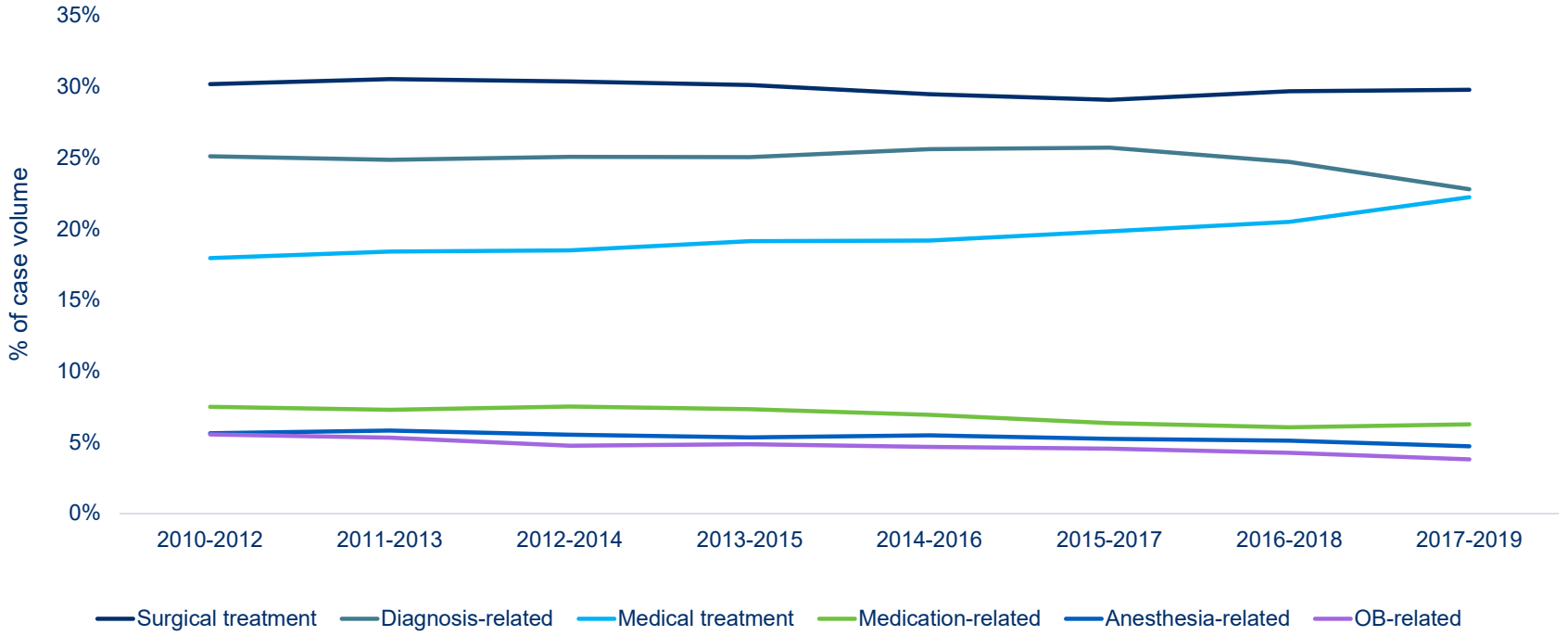
# Details about the six most common allegations

Allegation categories are comprised of sub-categories. The most common sub-categories for each are indicated below.

| Allegations | Sub-categories | % of each set of cases |
|---|---|---|
| Surgical treatment | Performance of surgery | 52% |
| | Management of surgical patients | 37% |
| Diagnosis-related | Failure to diagnose, missed diagnoses, delay in diagnosis (no separation of these issues) | 100% |
| Medical treatment | Performance of non-surgical procedures | 41% |
| | Management of course of treatment | 40% |
| Medication-related | Management of medication regimen | 60% |
| | Ordering, administration, dispensing errors | 23% |
| Anesthesia-related | Performance of anesthesia procedure | 31% |
| | Management of patient under anesthesia | 27% |
| OB-related | Delay in treatment of fetal distress | 27% |
| | Management of pregnancy; performance of vaginal deliveries | 15%; 14% |

# The six most common allegations – trends over time

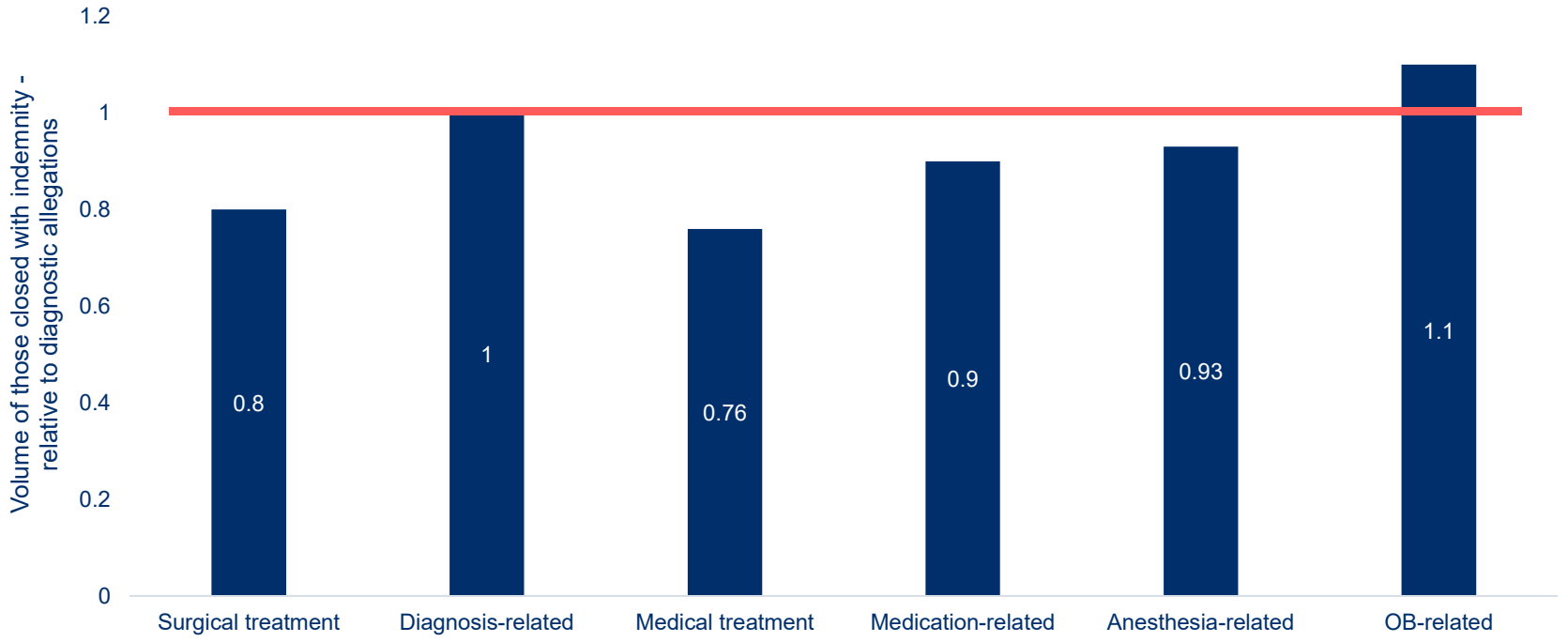
When viewed in rolling three-year* segments, the distribution of these common allegations is relatively consistent.




MedPro Group closed cases, opened between 2010-2019 (N=>19K; excludes dental & senior care lines of business); *year case was opened

# The six most common allegations – closed with indemnity

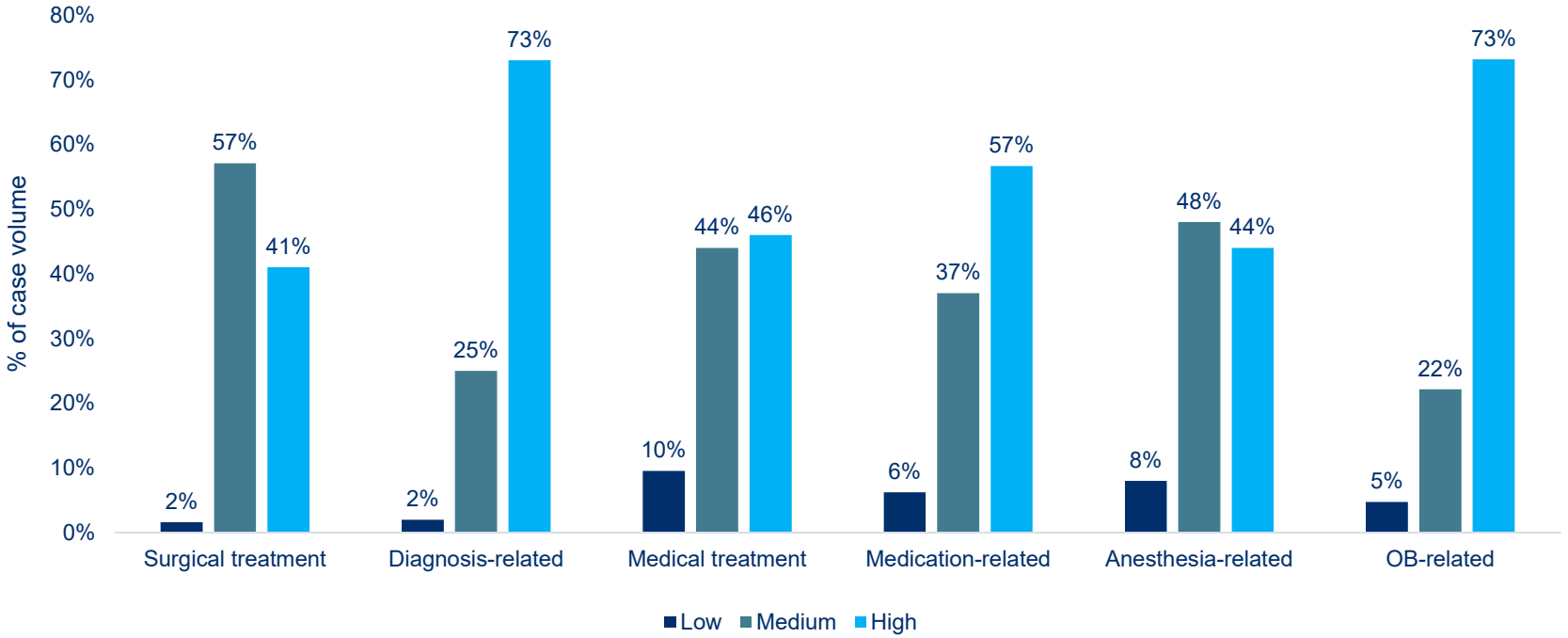
Of these most common allegations, only OB-related cases close more often with indemnity paid than do diagnosis-related cases.




MedPro Group closed cases, opened between 2010-2019 (N=>19K; excludes dental & senior care lines of business)

# Clinical severity*

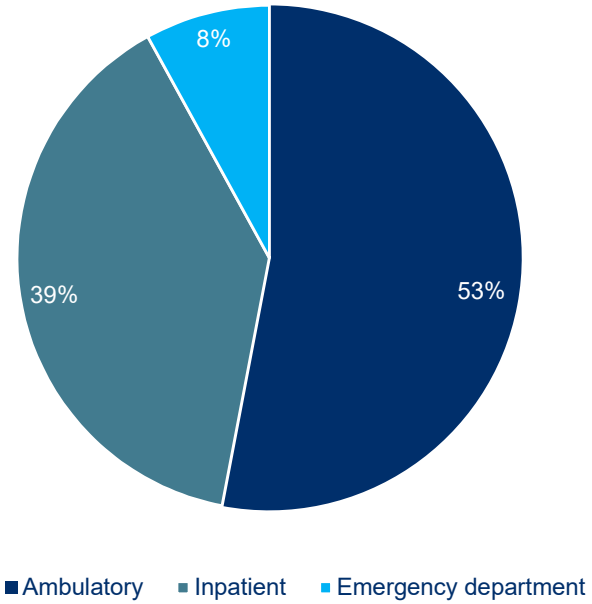
Not only are diagnosis-related cases more likely than four of the five other major case types to close with indemnity payment, they rival only OB-related allegations for the highest proportion of high severity patient outcomes.




MedPro Group closed cases, opened between 2010-2019 (N=>19K; excludes dental & senior care lines of business); *NAIC severity rating scale

# Claimant types & locations

Inpatient cases are less common than those arising from an ambulatory/emergency department encounter.




Most common locations

| Ambulatory | % of ambulatory case volume |
|---|---|
| Office/clinic | 54% |
| Ambulatory surgery | 23% |
| Radiology/Imaging | 6% |

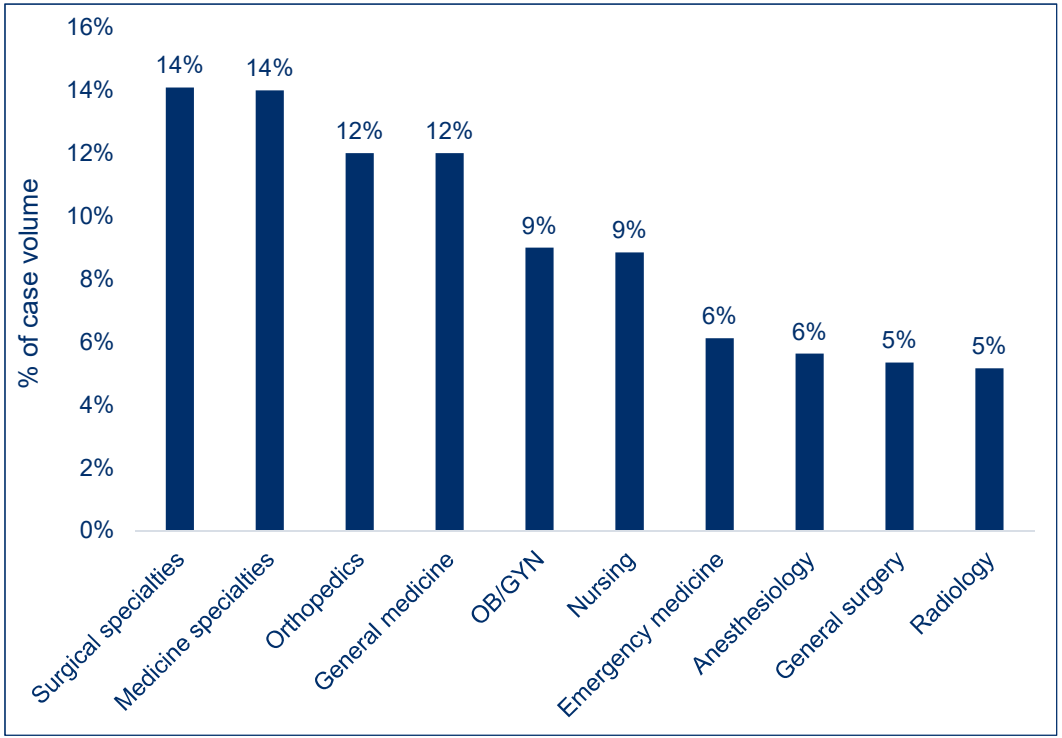
| Inpatient | % of inpatient case volume |
|---|---|
| Inpatient room | 43% |
| Surgical suite | 38% |
| Obstetric unit | 9% |

40% of diagnosis-related cases arise from an office/clinic encounter, and another 22% from the emergency department.

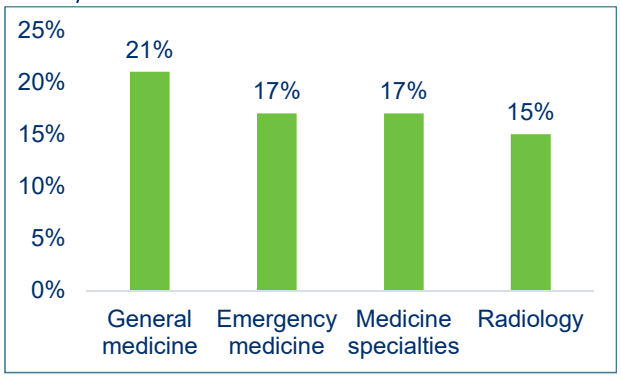
MedPro Group closed cases, opened between 2010-2019 (N=>19K; excludes dental & senior care lines of business)

# The ten most common primary responsible service types

The primary responsible service is the specialty/provider deemed to be most responsible for the resulting patient outcome.




Across the diagnosis-related cases specifically, these four responsible service types are noted most often.




MedPro Group closed cases, opened between 2010-2019 (N=>19K; excludes dental & senior care lines of business)

# Contributing factors

Contributing factors are multilayered 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 not just one issue, but rather a combination of issues leads to these cases.

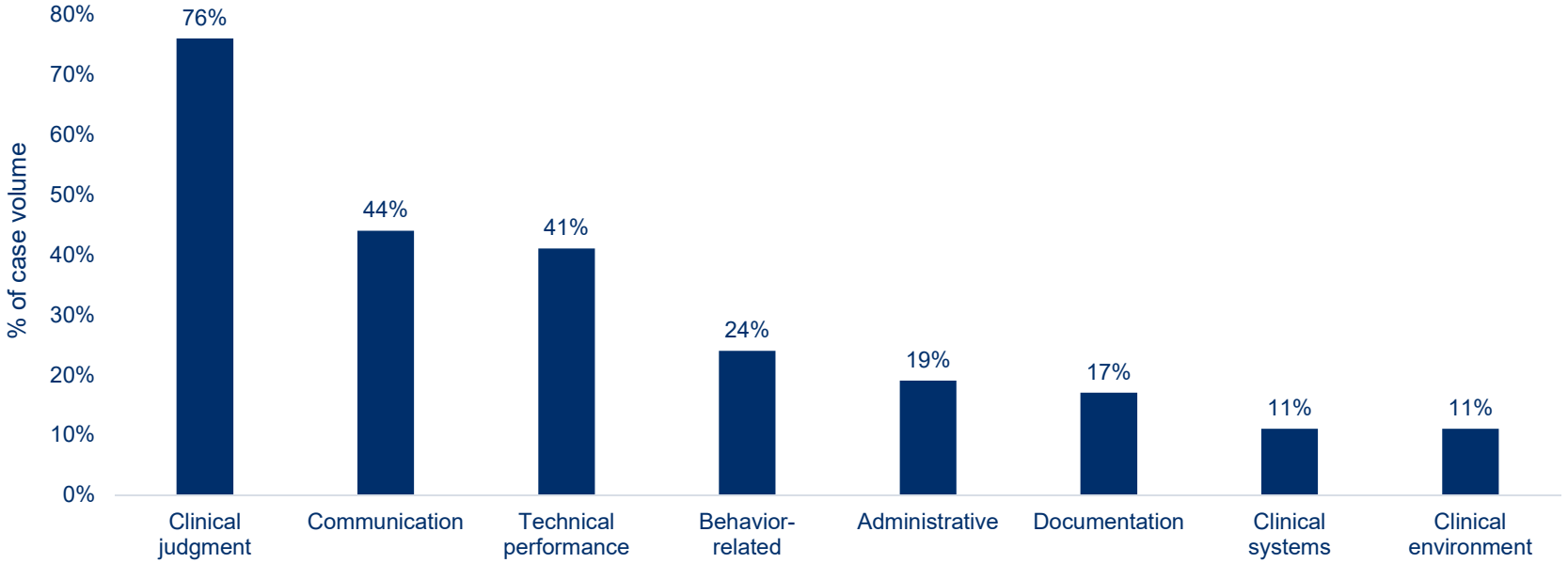
*"Contributing factors reflect both provider and patient issues, but are not programmatically assigned to specific individuals. They denote breakdowns in technical skill, clinical judgment, communication, behavior, systems, environment, equipment/tools, and teamwork. The majority are relevant across clinical specialties, settings and disciplines; thus, they identify opportunities for broad remediation."*

CRICO Strategies. (2020). *The Power to Predict: Leveraging Medical Malpractice Data to Reduce Patient Harm and Financial Loss.* Retrieved from https://www.rmf.harvard.edu/Malpractice-Data/Annual-Benchmark-Reports/The-Power-to-Predict]

# The eight most common contributing factors* across all cases

Cases involving insufficient documentation and/or failure to follow administrative policies/procedures close with indemnity payments most often.

Defense is made more difficult when documentation of events/care provided is sub-par, and it is difficult to defend a failure to follow established policies/procedures.



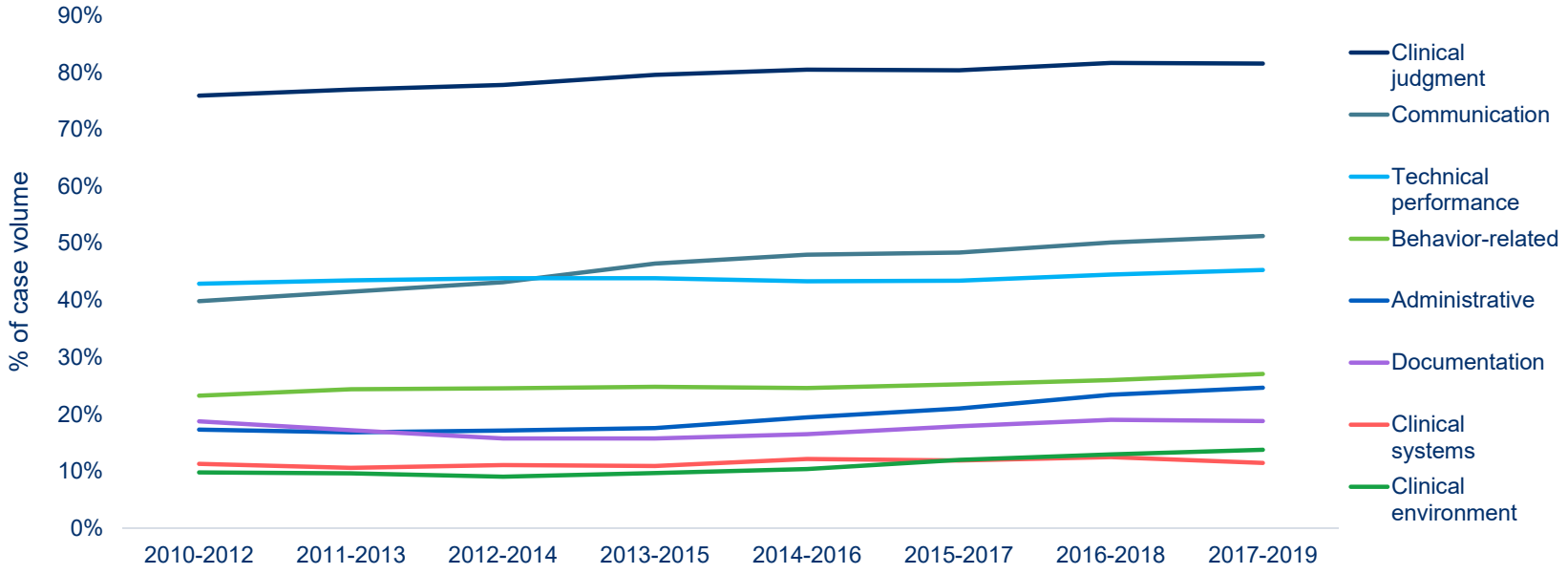

MedPro Group closed cases, opened between 2010-2019 (N=>19K; excludes dental & senior care lines of business); *more than one factor per case, therefore totals do not equal 100%

# Details about the eight most common contributing factors

| Factor | Most common factor details |
|---|---|
| **Clinical judgment** | Inadequate assessments, patient monitoring, and failures/delays associated obtaining consults/referrals |
| **Communication** | Suboptimal communication between patients/families & providers often related to expectations & informed consent<br>Suboptimal communication between providers related management of patients and hand-offs |
| **Technical performance** | Procedural performance issues, improperly utilized equipment, retained foreign bodies; consistently noted in both inpatient & ambulatory procedure settings |
| **Behavior-related** | Primarily patient-related behaviors impacting outcomes, including non-adherence to recommended treatment regimens and/or follow-up visits; more often noted in ambulatory care |
| **Administrative** | Failure to follow policies/protocols and inadequate staff training/education |
| **Documentation** | Insufficient/lack of documentation reflective of care/services provided |
| **Clinical systems** | Failure/delay in reporting diagnostic findings, delays in scheduling/performing diagnostic testing, general failures in the processes designed for safe patient care |
| **Clinical environment** | Events occurring during weekend, night, and/or holiday shifts; more often noted in the ED |

# The eight most common contributing factors – trends over time

When viewed in rolling three-year* segments, the distribution of these common risk factors is relatively consistent, although a recent steady increase in the percentage of communication-related & administrative issues is noted.




MedPro Group closed cases, opened between 2010-2019 (N=>19K; excludes dental & senior care lines of business); *year case was opened; more than one factor per case

# The three factors most predictive of cases closing with indemnity paid

**37,000**
**CLAIMS & SUITS**

CRICO analyzed 37,000 medical professional liability (MPL) cases closed between 2014 and 2018 to determine which breakdowns in health care processes ("contributing factors") indicate the highest odds of an asserted claim or lawsuit closing with a payment.

**Administrative**

## Failure to have or follow a policy or protocol

2.45
ODDS RATIO

*The odds of an MPL case closing with an indemnity payment increase **145%** when the absence of, or failure to follow a formal policy or protocol contributed to the patient's harm.*

**Clinical judgment**

## Patient assessment failures

1.85
ODDS RATIO

*The odds of an MPL case closing with an indemnity payment increase **85%** when there are indications of an inadequate patient assessment that contributed to an errant diagnosis or substandard treatment.*

**Documentation**

## Absent or insufficient documentation

1.76
ODDS RATIO

*The odds of an MPL case closing with an indemnity payment increase **76%** when there is insufficient documentation to guide the patient's care or support the defendants' practice.*

CRICO Strategies. (2020). *The Power to Predict: Leveraging Medical Malpractice Data to Reduce Patient Harm and Financial Loss.* Retrieved from https://www.rmf.harvard.edu/Malpractice-Data/Annual-Benchmark-Reports/The-Power-to-Predict; MedPro Group is a member of CRICO Strategies' Community Benchmarking System (CBS); CBS represents 30% of all US MPL cases.

# MedPro advantage: online resources

Find us online at [www.medpro.com/dynamic-risk-tools](www.medpro.com/dynamic-risk-tools)

- Tools & resources
- Educational opportunities
- Consulting information
- Videos
- eRisk Hub Cybersecurity Resource

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**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 is partnered with CRICO Strategies, a division of the Risk Management Foundation of the Harvard Medical Institutions Incorporated. 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 MedPro Group's experience with the particular specialty, topic and/or location-specific claims, including an analysis of risk factors that drive these claims.