

Cardiology

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 cardiologist 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



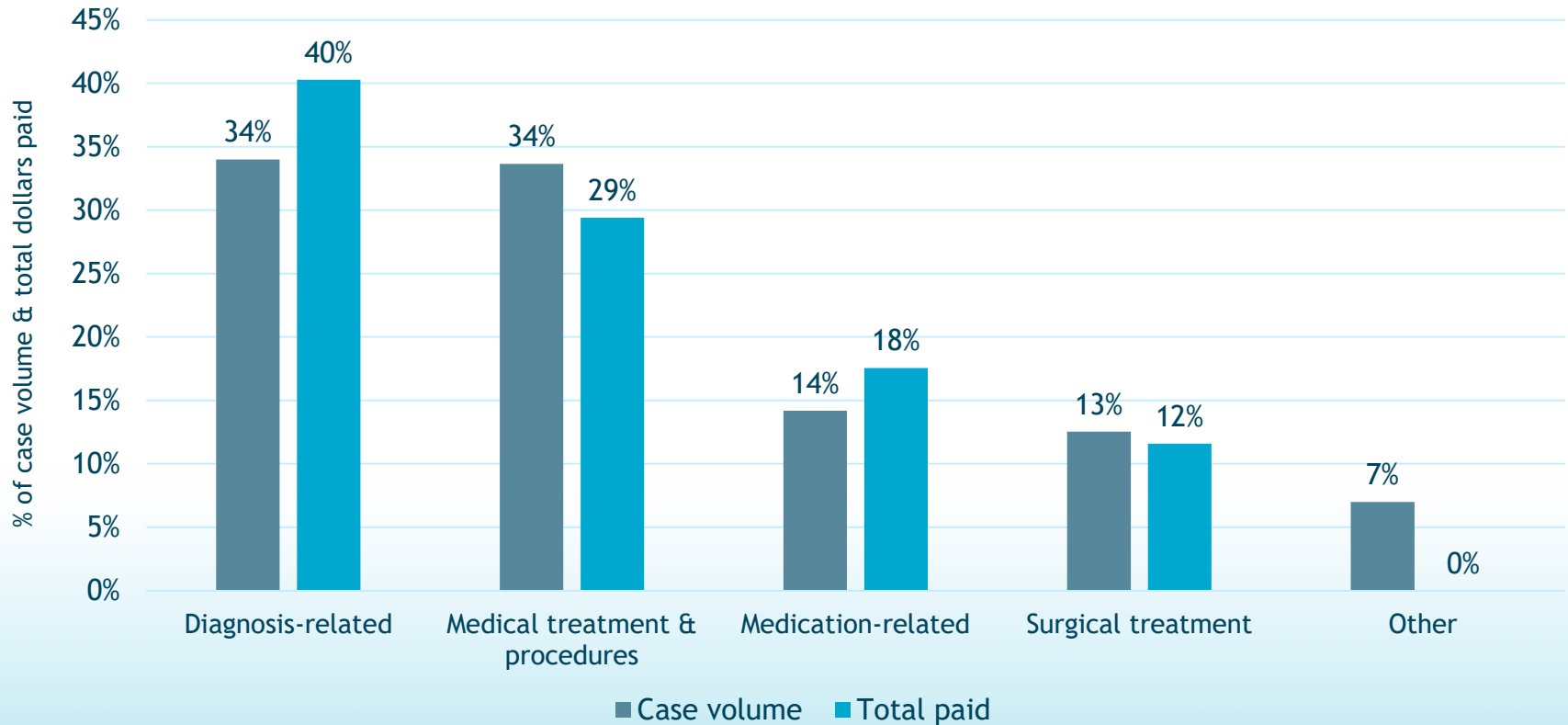
Multiple allegation types can be assigned to each case; however, only one “major” allegation is assigned that best characterizes the essence of the case.



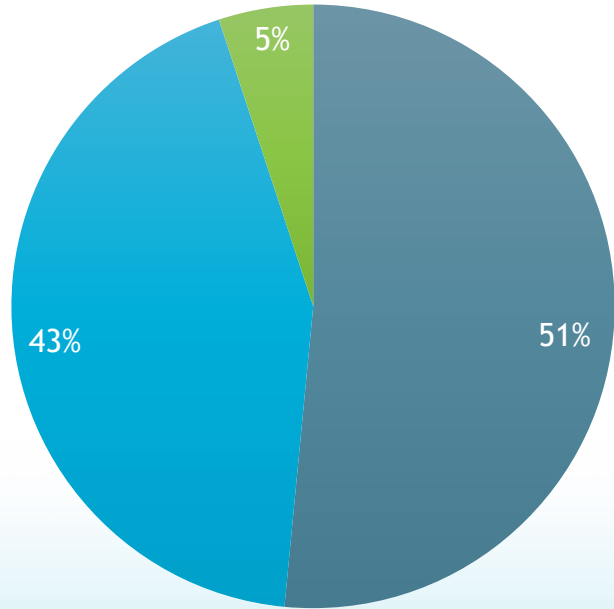
Diagnostic-related, medical treatment & procedures, and medication-related allegations account for over 80% of cardiology cases.

Diagnostic-related allegations account for the largest individual share of total dollars paid.

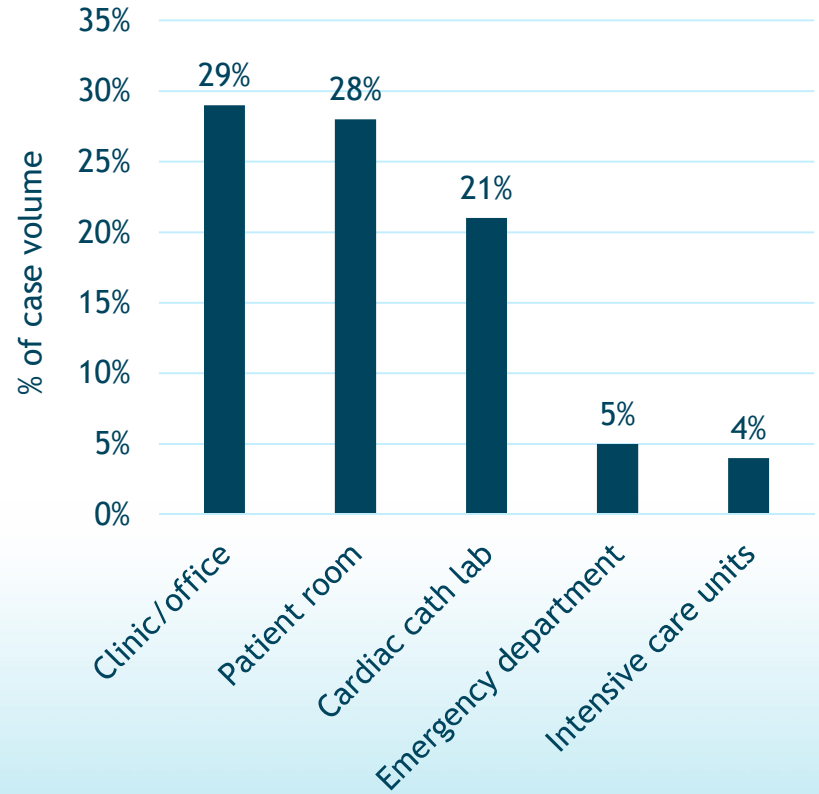
▶ Allegations & dollars



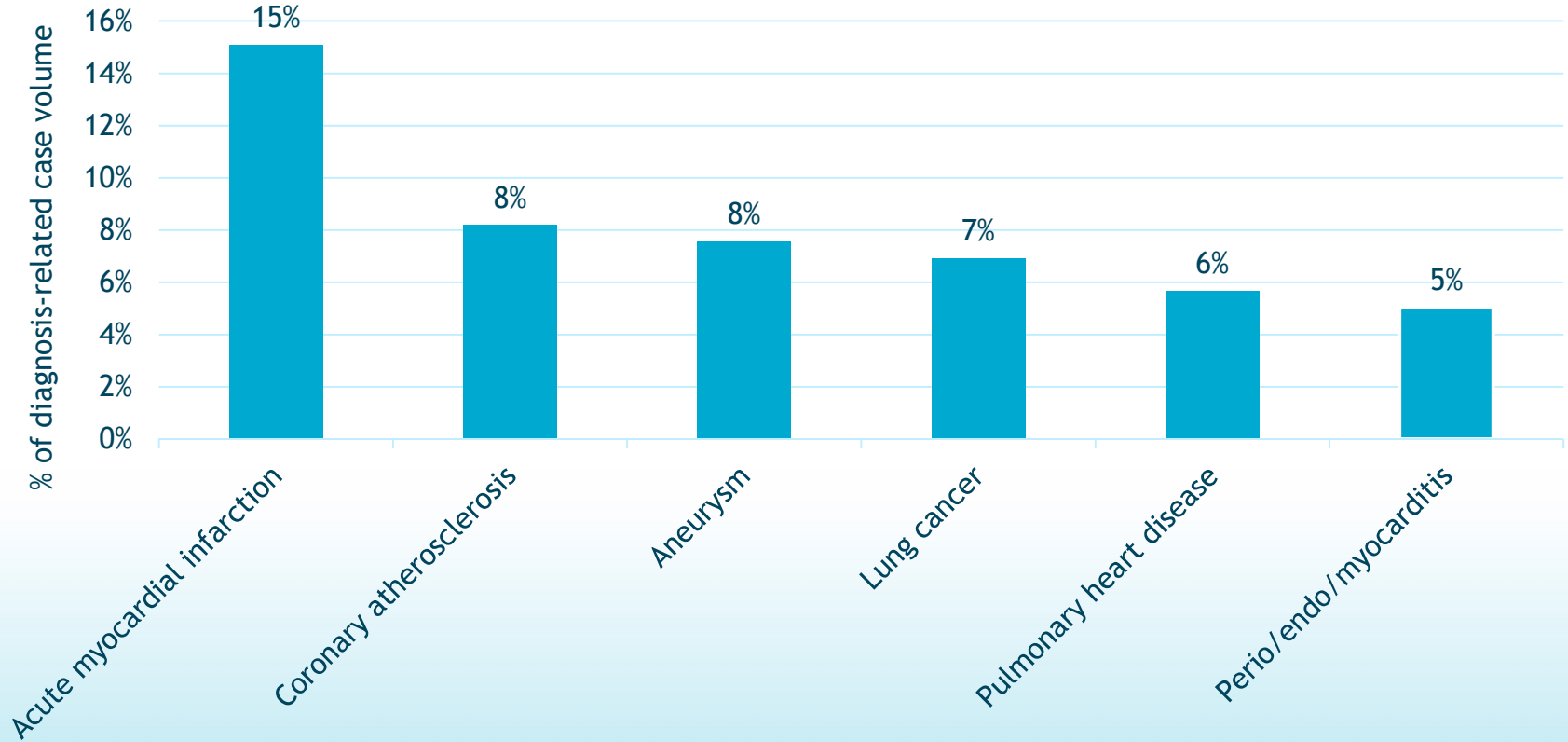
▶ Claimant type & top locations



■ Inpatient ■ Outpatient ■ Emergency department

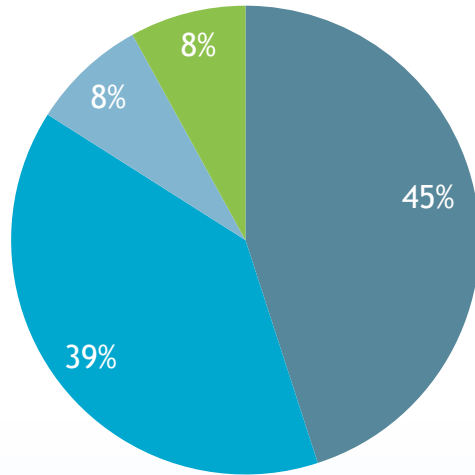


▶ Most frequent diagnoses in diagnosis-related allegations



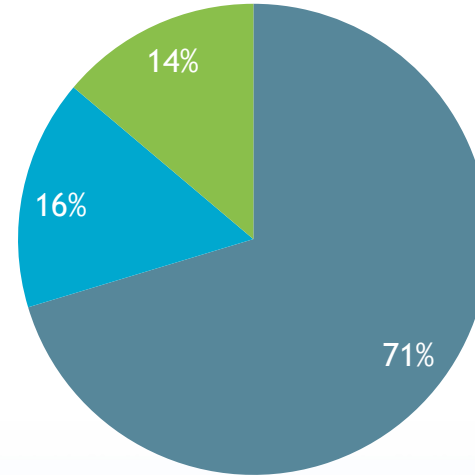
▶ Medical & medication-related allegations

Medical



- Management of course of treatment
- Performance of medical procedure
- Wrong/unnecessary treatment/procedure
- Other

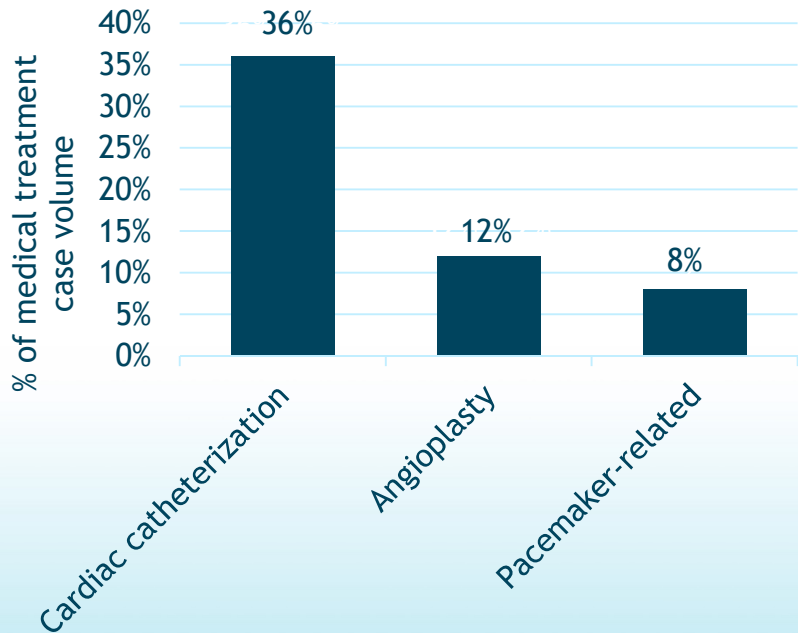
Medication-related



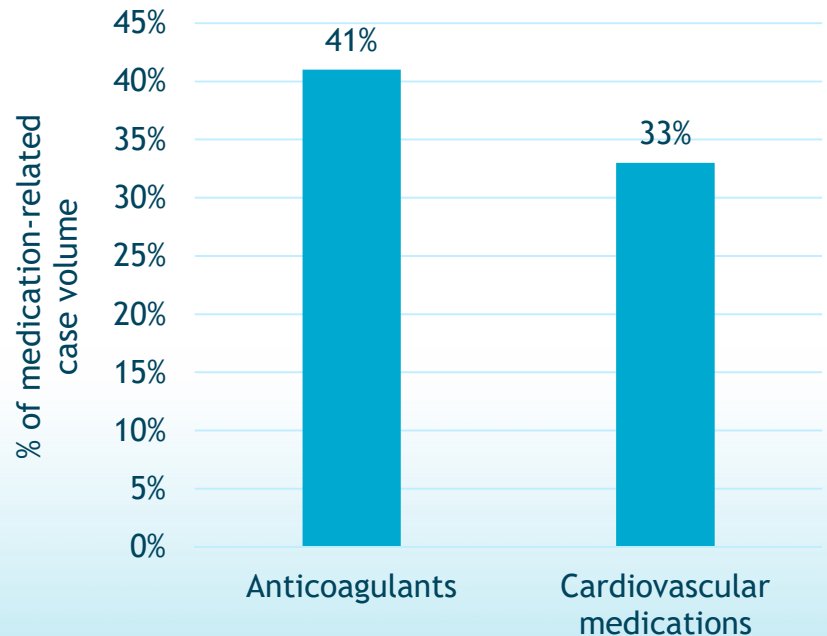
- Management of medication regimen
- Ordering errors
- Other

▶ Most frequent procedures & medications

Procedural performance can be complicated by delayed recognition of clinical symptoms, and/or inadequate assessment of the patient.

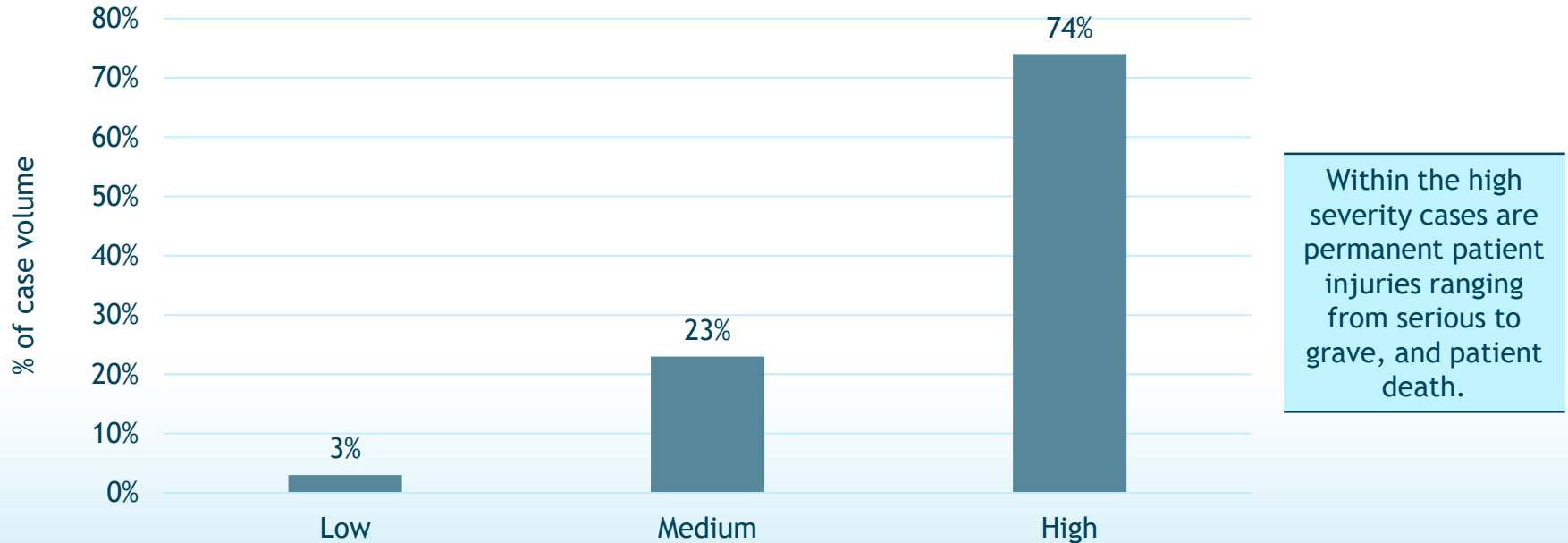


Failure to identify which provider is coordinating care is often noted in anticoagulant cases; inadequate patient monitoring is associated with other medications.



▶ Clinical severity*

Typically, the higher the clinical severity, the higher the indemnity payments and the more frequently an indemnity payment occurs.



There has been a slight lessening in the volume of the most severe patient outcomes over the last 10 years.

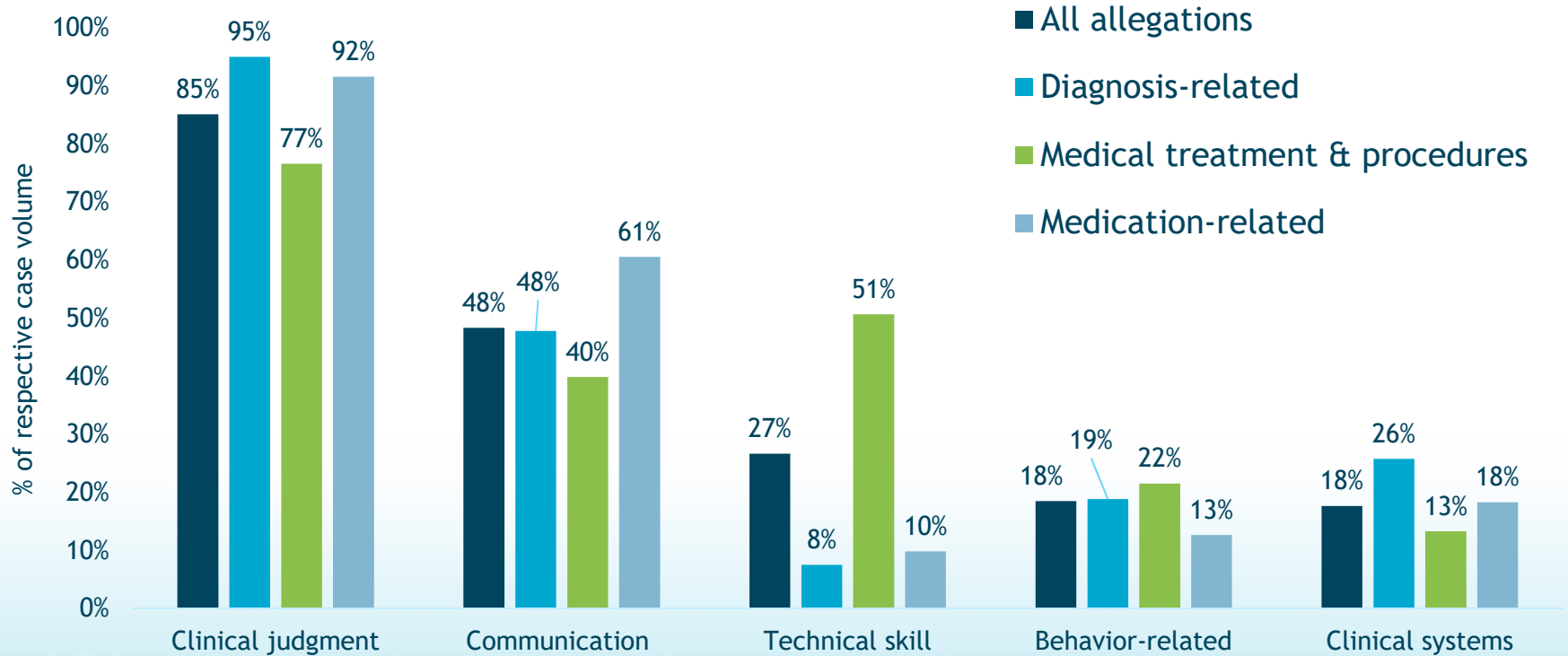
▶ Contributing factors



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.

▶ Most frequent contributing factor categories – by top 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	Failure to order medication and/or failure to select medication regimen most appropriate for patient's condition	43%
	Failure to appreciate/reconcile patient symptoms and/or test results	38%
	Narrow diagnostic focus	28%
Communication	Failed communication among providers - specifically, critical patient information which, if shared, could have mitigated the risk of patient injury	33%
Patient behavior	Non-adherence to medication regimen	35%
Clinical systems	Failure/delay in scheduling/performing testing and/or obtaining consults	67%
	Failure/delay in reporting diagnostic test findings	33%

▶ In summary: where to focus your efforts

- To support sound clinical decision-making:
 - Conduct a thorough pre-procedure screening of patients for risk factors.
 - Consider differential diagnoses, especially when faced with repeated patient complaints or concerns when making clinical decisions about patient care and additional diagnostic testing.
 - Incorporate standardized practices to reduce the risk of adverse events, including anticoagulant dosing regimens and flowcharts.
- Communicate with each other. Actively collaborate with other members of the patient's care team.
 - Focus on care coordination (next steps and who is responsible).
- Engage patients as active participants in their care. Consider patients' health literacy when communicating.
 - Carefully document nonadherence using objective information.
- To minimize the risk of complications, ensure adherence to credentialing policies, including evaluation of procedural skills and competency with equipment; consider using the American College of Cardiology's "Tools and Practice Support" website option.
- Ensure a consistent system for safe patient care.
 - Focus on the scheduling, performance, interpretation of tests, and timely communication of results.
 - Consider expanding the role of clinical pharmacists to assist in management of anticoagulant services.
 - Recognize that failure to communicate results to the patient, failure to arrange for follow up testing, and failure to document the plan for follow up can drive malpractice allegations.

▶ MedPro advantage: online resources

Find us at

www.medpro.com/dynamic-risk-tools



Follow us on Twitter @MedProProtector

twitter.com/MedProProtector



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.

MedPro Group is the marketing name used to refer to the insurance operations of The Medical Protective Company, Princeton Insurance Company, PLICO, Inc. and MedPro RRG Risk Retention Group. All insurance products are underwritten and administered by these and other Berkshire Hathaway affiliates, including National Fire & Marine Insurance Company. Product availability is based upon business and/or regulatory approval and/or may differ between companies.

© 2020 MedPro Group Inc. All rights reserved.