

Dermatology

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 dermatologist 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



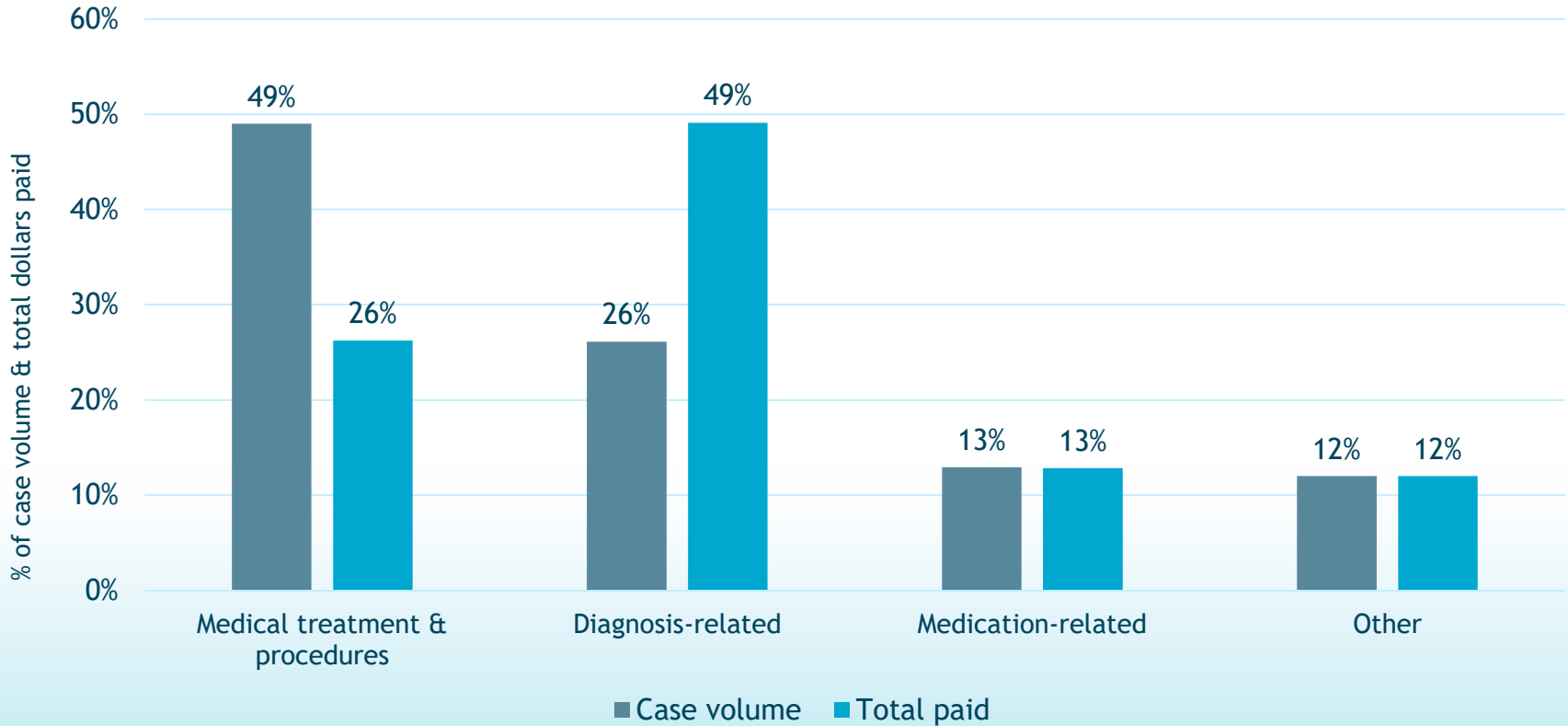
Multiple allegation types can be assigned to each case; however, only one “major” allegation is assigned that best characterizes the essence of the case.



Medical treatment & procedures, diagnosis, and medication-related allegations account for almost 90% of dermatology cases.

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

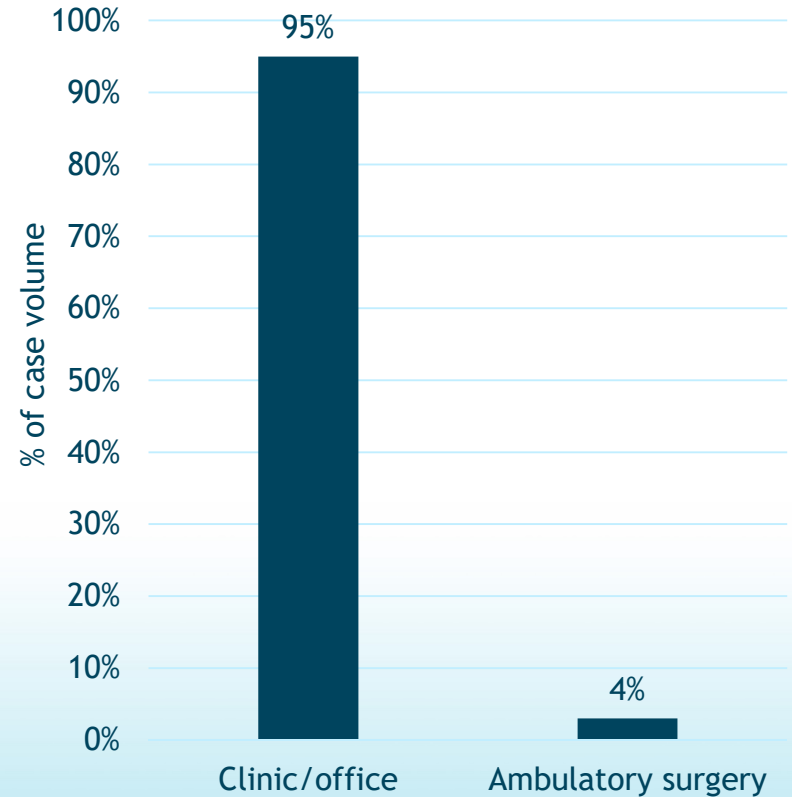
▶ Allegations & dollars



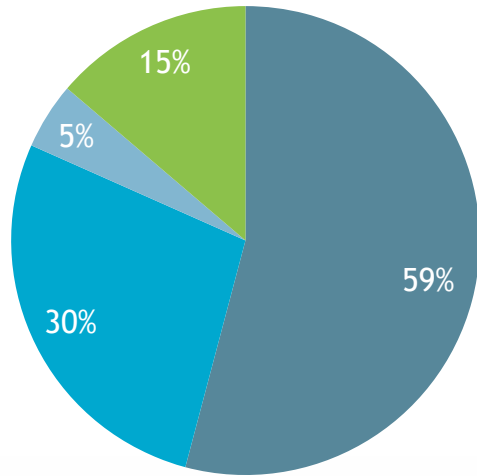
▶ Claimant type & top locations



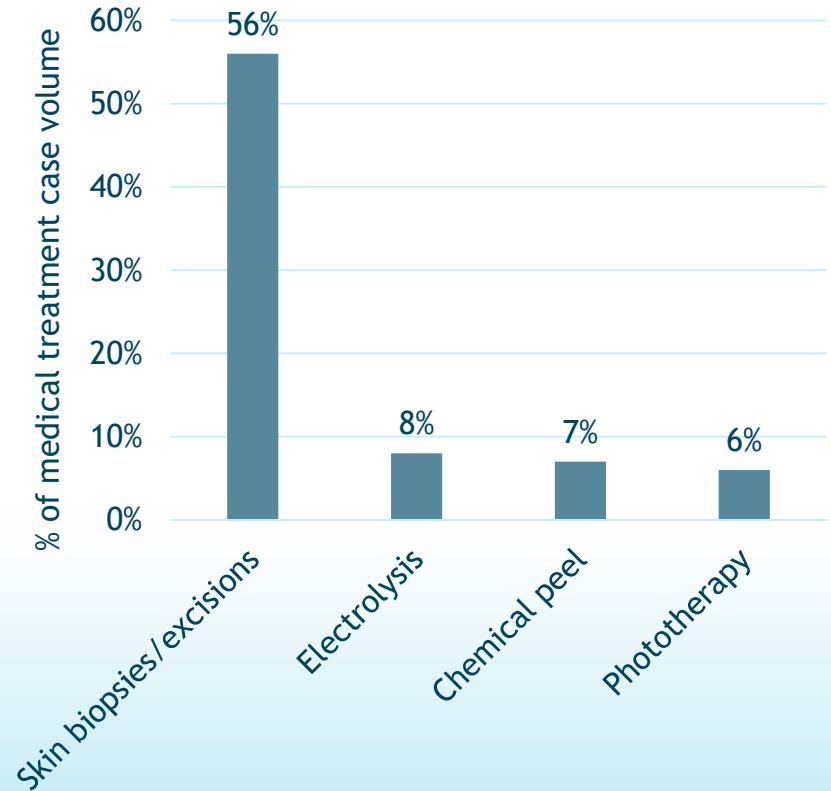
All but a small number of cases involved outpatients.



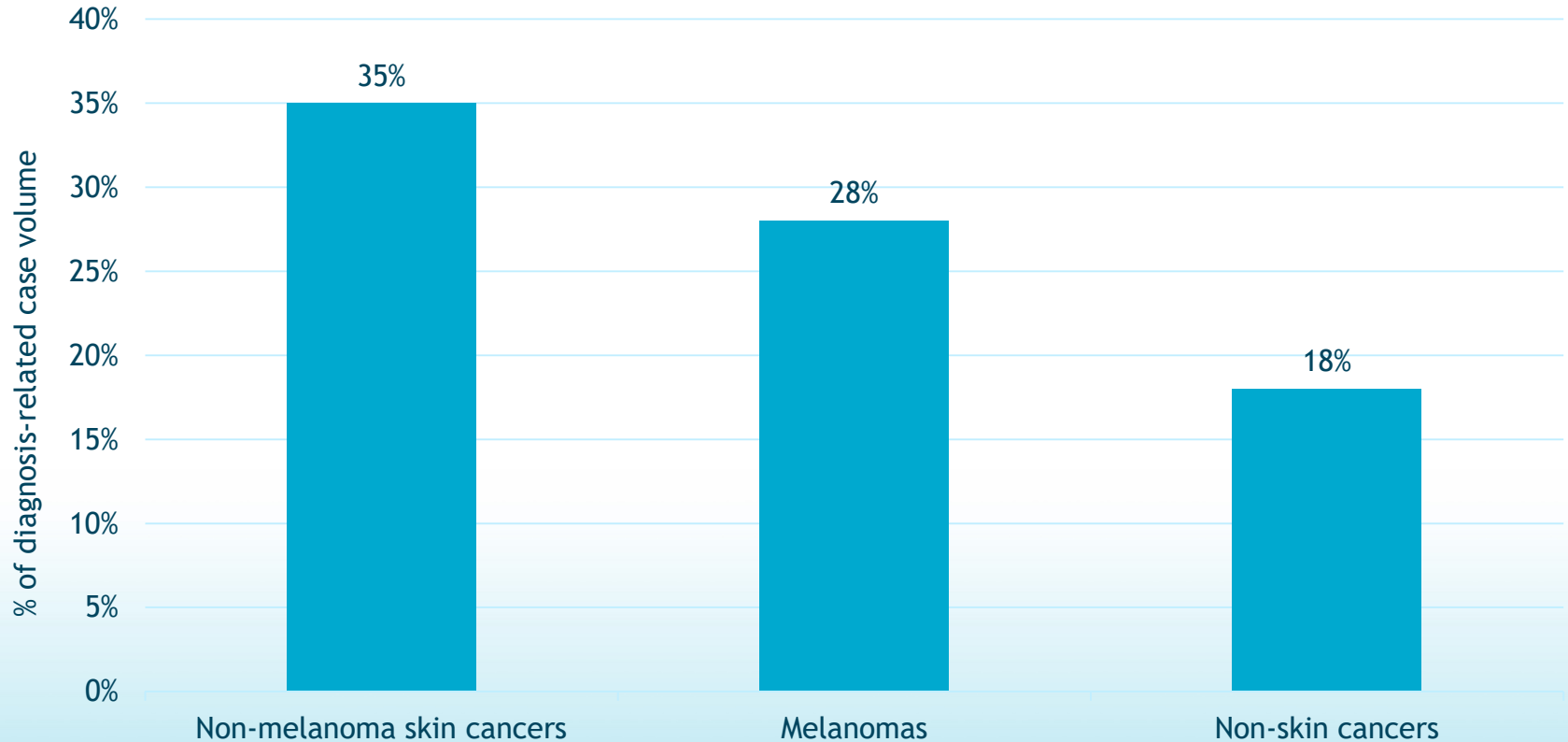
▶ Medical treatment/procedure allegations & top procedure types



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

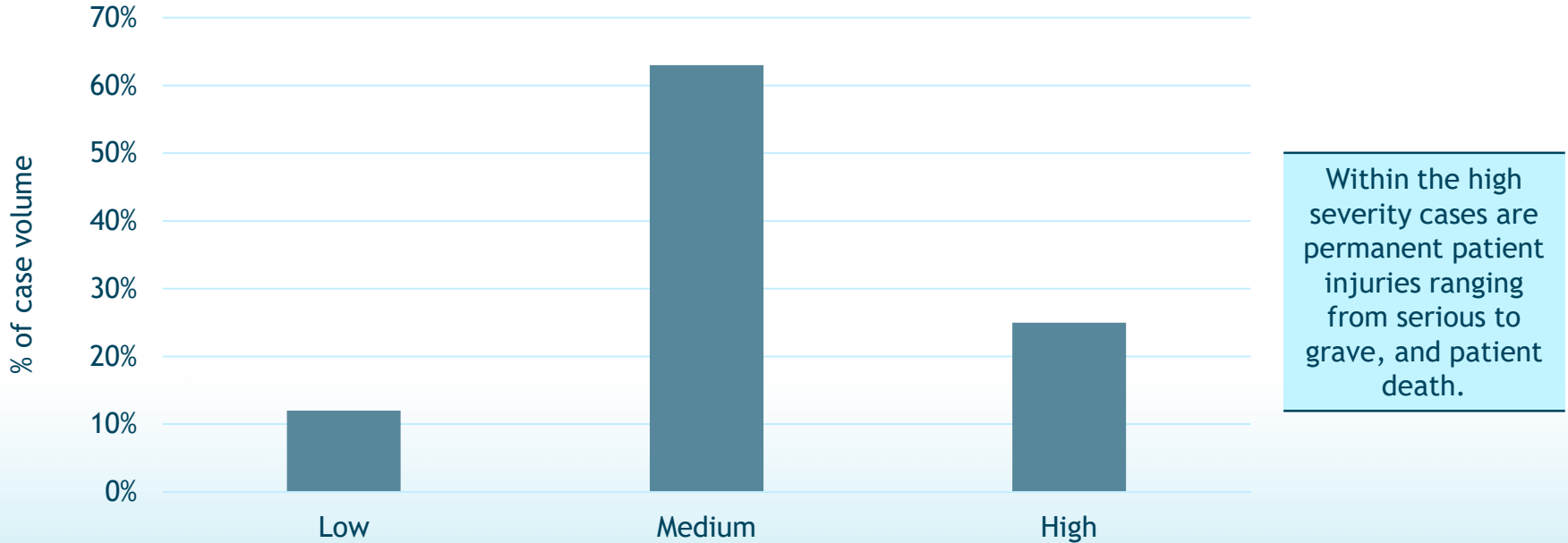


▶ Most frequent diagnoses in diagnosis-related allegations



▶ 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 very slight upward trend in the volume of the most severe patient outcomes over the last 10 years.

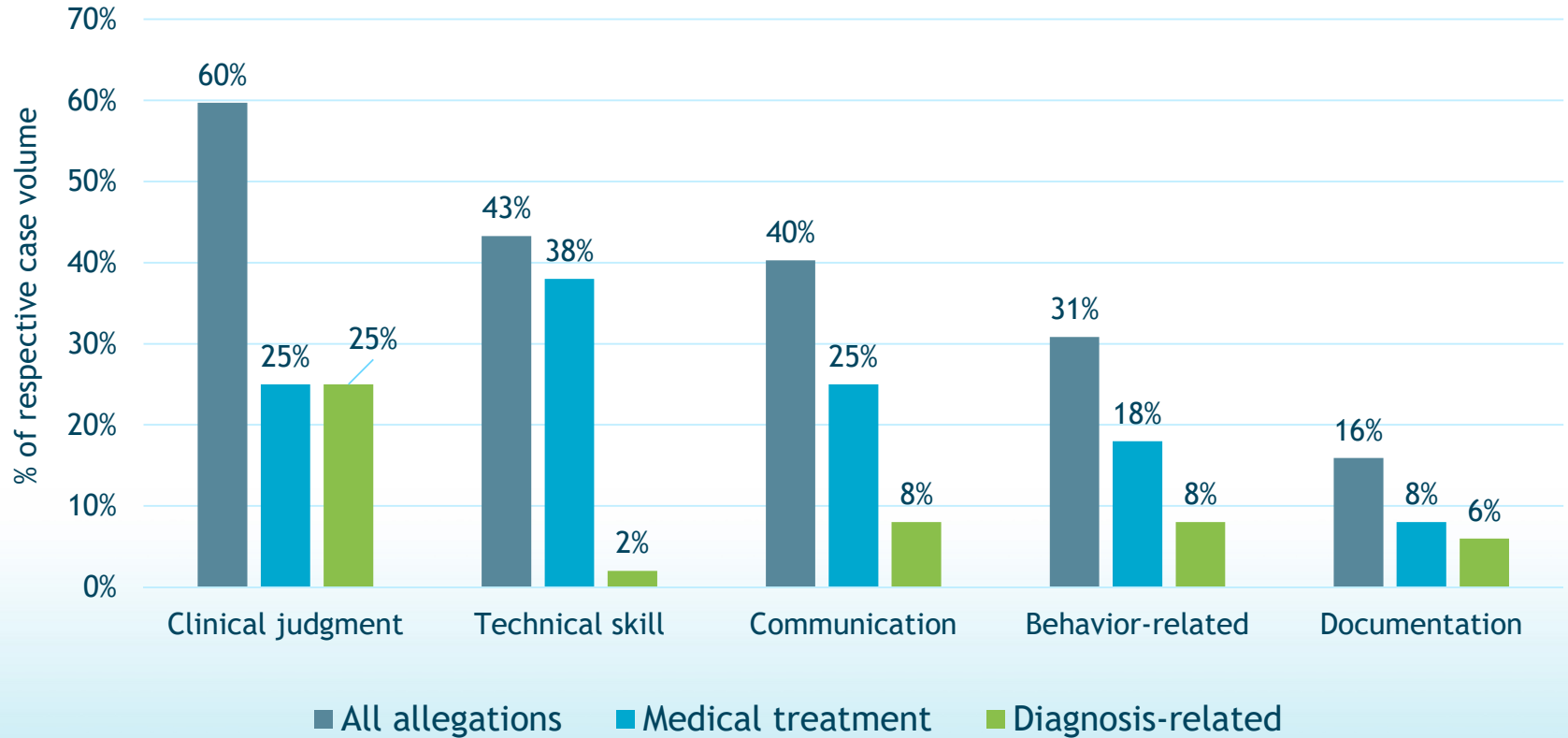
▶ Contributing factors



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.

▶ Top contributing factor categories – by allegation



▶ 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 assessments	63%
	Failure/delay in obtaining consult/referral	96%
Communication	Failed communication among providers - specifically, critical patient information which, if shared, could have mitigated the risk of patient injury	95%
Documentation	Insufficient documentation about clinical findings	120%
Administrative	Failure to follow policies/protocols	56%

▶ In summary: where to focus your efforts

- 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.
 - Maintain problem lists.
- Ensure a process is in place for ongoing evaluation of procedural skills and competency with equipment.
- 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, and document any instances of patient nonadherence.
- Document.
 - Verify that documentation supports the clinical rationale for the method of treatment and describe the rationale for inclusion/exclusion of differential diagnoses.
 - Thorough, consistent documentation in the chart enhances communication between providers and provides a supportive framework for defense of any subsequent malpractice case.

▶ 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

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.

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