

Hematology/Oncology

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 hematologist/oncologist (medical) 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.



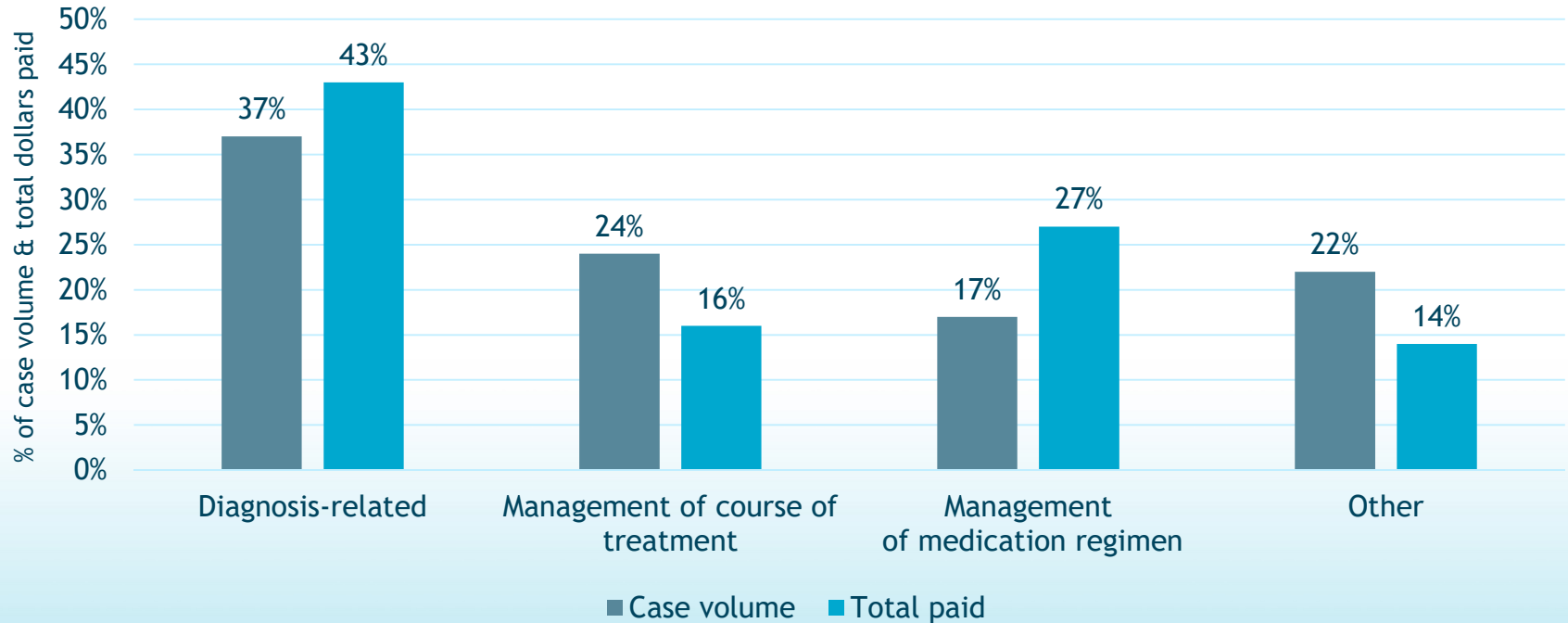
Diagnosis-related, treatment and medication management allegations account for almost 80% of hematology/oncology cases.

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

▶ Allegations & dollars



Case volume is distributed evenly across hematology & oncology; these specialties share a similar distribution of allegation categories and associated dollars paid.



▶ Most frequent allegation details

Diagnosis-related

- Primarily delays in diagnosing various cancers (52% of the diagnostic case volume), as well as infections, including sepsis

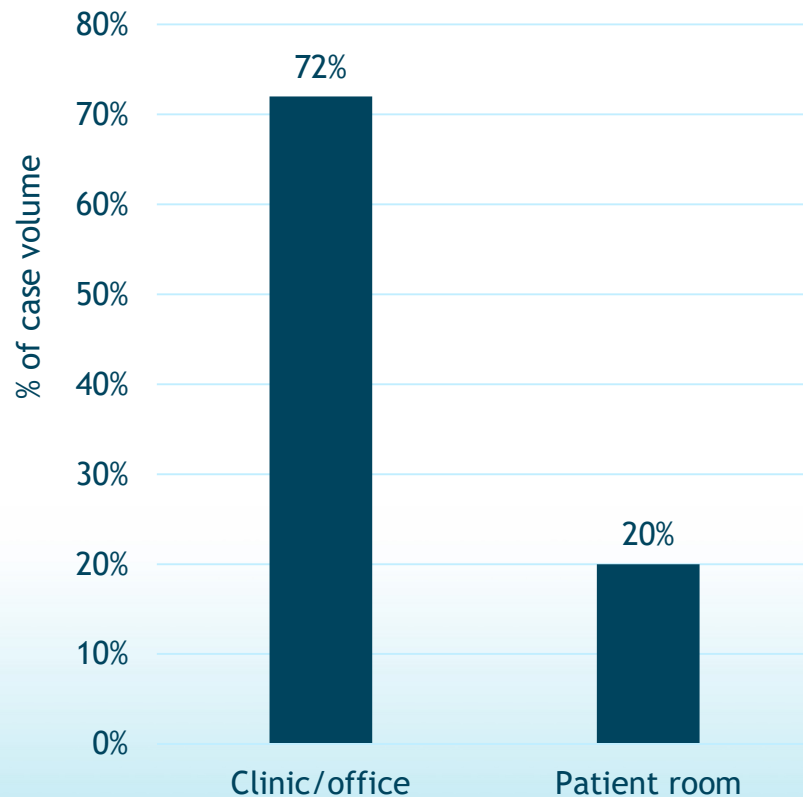
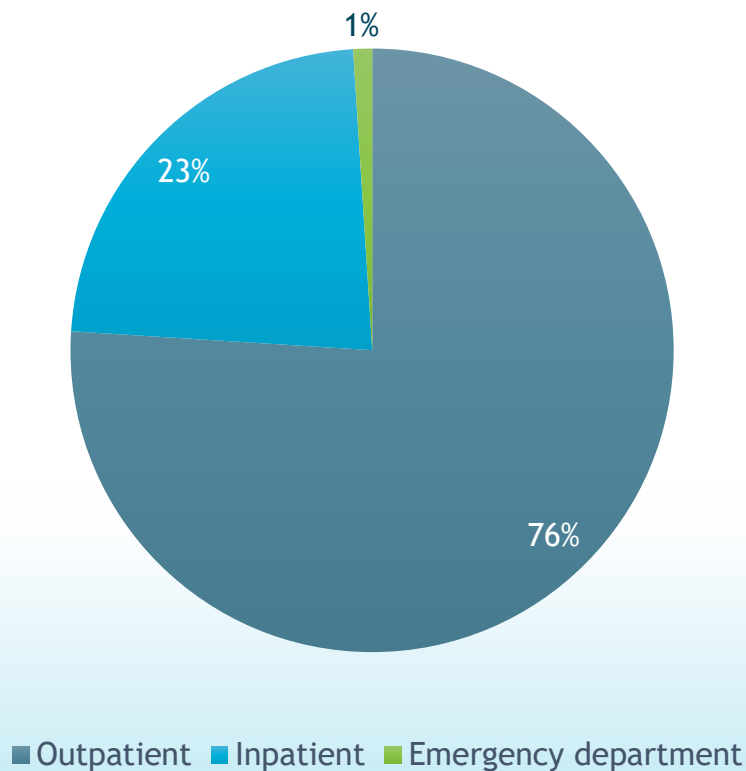
Management of course of treatment

- Clinical decision-making associated with managing treatment and associated complications such as thrombocytopenia

Management of medication regimen

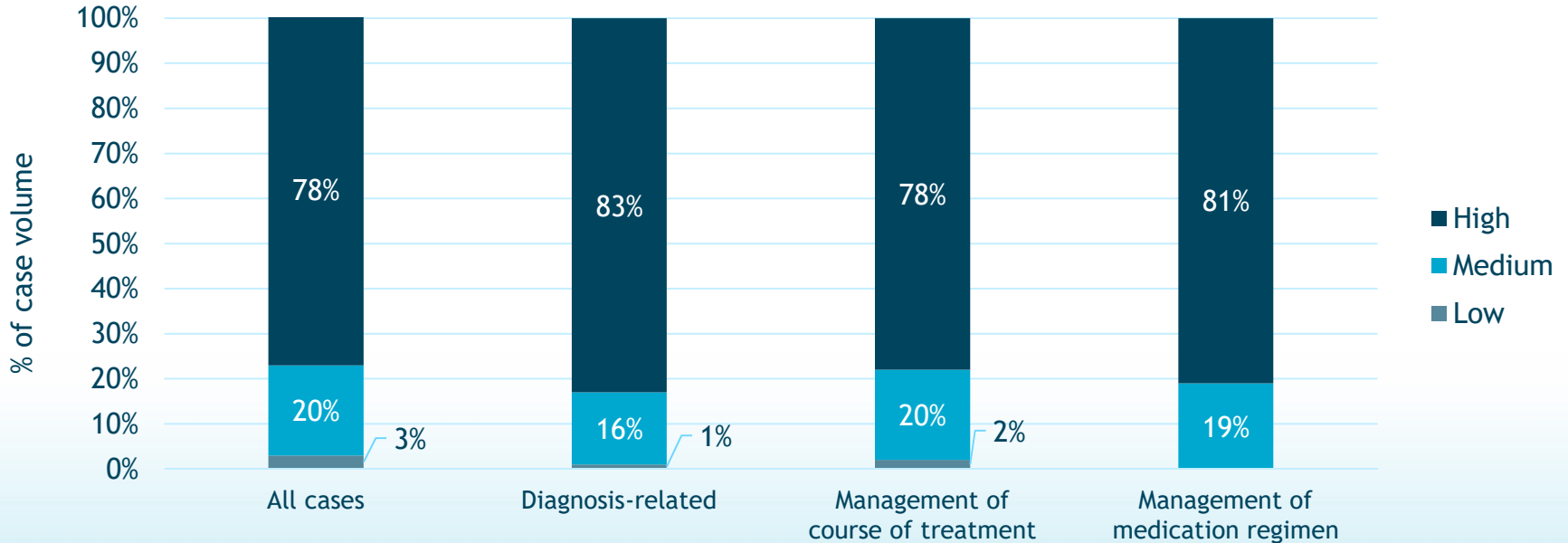
- Chemotherapy, anticoagulants and antibiotic regimens noted most often

▶ Claimant type & top locations



▶ Clinical severity*

Within the high severity cases are permanent patient injuries ranging from serious to grave and patient death. Typically, the higher the clinical severity, the higher the indemnity payments & the more frequently payment occurs.



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

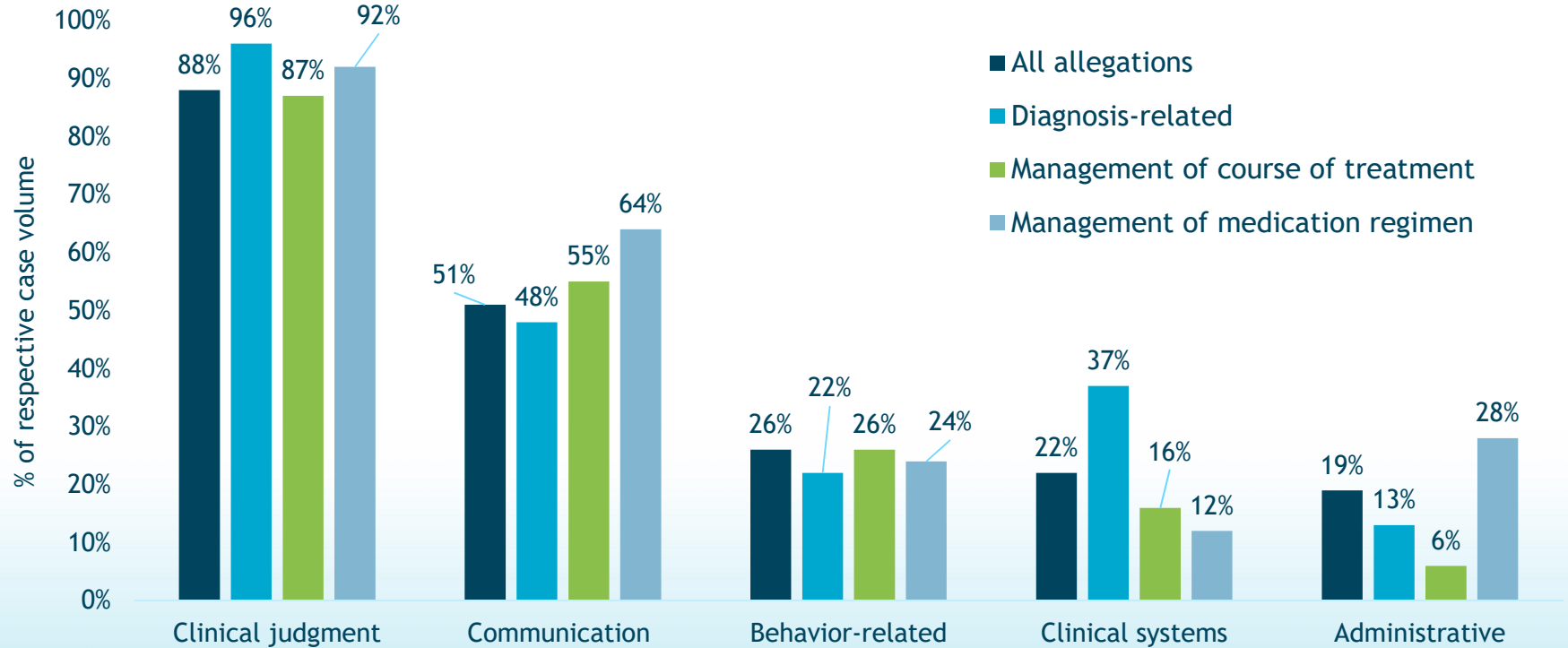
▶ Contributing factors



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



▶ In diagnosis-related cases, these specific factors...

...are among those frequently noted in cases with clinically severe patient outcomes.

Factor category	The details	% of case volume
Clinical judgment	Failure/delay in ordering diagnostic tests	48%
	Failure to appreciate/reconcile patient symptoms and/or test results	43%
Communication	Failed communication among providers - specifically, critical patient information which, if shared, could have mitigated the risk of patient injury	30%
Patient behavior	Includes non-adherence to follow-up visits & patient dissatisfaction	22%
Clinical systems	Failure/delay in reporting findings/test results	17%
Administrative	Policy/protocol-related, including failure to follow and lack thereof	9%



In treatment management cases, these specific factors...

...are among those frequently noted in cases with clinically severe patient outcomes.

Factor category	The details	% of case volume
Clinical judgment	Failure to appreciate/reconcile patient symptoms and/or test results	43%
	Issues with selection of the most appropriate course of treatment	19%
Communication	Failed communication among providers - specifically, critical patient information which, if shared, could have mitigated the risk of patient injury	26%
	Failed communication with patients involving the setting of treatment expectations	19%



In medication management cases, these specific factors...

...are among those frequently noted in cases with clinically severe patient outcomes.

Factor category	The details	% of case volume
Clinical judgment	Failure to appreciate/reconcile patient symptoms and/or test results	60%
	Issues with selection of the medication regimen most appropriate for the patient's condition	52%
	Inadequate patient monitoring involving medications/impact on patient	44%
Communication	Failed communication among providers - specifically, critical patient information which, if shared, could have mitigated the risk of patient injury	24%
	Failed communication with patients involving the risks of medications	36%
Administrative	Failure to follow existing policies/protocols for safe medication management	16%

▶ In summary – where to focus your efforts

- ▶ Clinical judgment
 - ▶ Conduct a thorough pre-treatment assessment of patients for risk factors related to medication regimens and maintain a consistent post-medication administration assessment process.
 - ▶ Update and review medical and family history at every visit to ensure the best decision-making.
- ▶ Communication
 - ▶ Maintain open communication across all members of the patient's health care team, and identify the primary provider who will coordinate care.
- ▶ Behavior-related
 - ▶ Recognize patterns of patient non-compliance, and focus on documentation of efforts made to encourage compliance and follow up with treatment.
 - ▶ Engage patients as active participants in their care. Consider the patient's health literacy and other comprehension barriers.
- ▶ Clinical systems
 - ▶ Focus on 'closing the loop' with regards to receiving, reporting and acting on test results, including incidental findings
 - ▶ Educate the patient on the importance of receiving test results, and how to follow up with the provider if results are not received.
- ▶ Administrative
 - ▶ Reinforce the need for ongoing staff training/education related to administrative policies/procedures, including those involving clarification of orders and appropriate medication administration protocols.

▶ 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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