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Dial In: 877.668.4493
Code: 668 633 548
**Madge Kaplan** is responsible for developing new and innovative means for IHI to communicate the stories, leading examples of change, and policy implications emerging from the world of quality improvement — both in the U.S. and internationally. Prior to joining IHI in July 2004, Ms. Kaplan spent 20 years as a broadcast journalist for public radio — most recently working as a health correspondent for National Public Radio. Ms. Kaplan was the creator and Senior Editor of Marketplace Radio’s Health Desk at WGBH in Boston, and was a 1989/99 Kaiser Media Fellow in Health. She has produced numerous documentaries, and her reporting has been recognized by American Women in Radio and Television, Pew Charitable Trusts, American Academy of Nursing and Massachusetts Broadcasters Association.
Gordon Schiff, MD, is a general internist, Associate Director of Brigham and Women’s Center for Patient Safety Research and Practice, and Associate Professor of Medicine at Harvard Medical School. He worked for three decades at Chicago’s Cook County Hospital where he directed the general medicine clinic and chaired the hospital’s quality improvement committee and was PI for the AHRQ Developmental Center for Patient Safety Research focusing on diagnostic errors (the Diagnosis Evaluation and Education Research (DEER) Project). Dr. Schiff is currently the Clinical and Research Director of a three-year AHRQ-funded Massachusetts malpractice and patient safety improvement PROMISES project (Proactive Reduction in Outpatient Malpractice: Improving Safety Efficiency and Satisfaction). He is author of numerous articles on patient safety, diagnosis error, test management, lab-pharmacy linkages, health IT, and medication quality improvement. He is also PI for the AHRQ Brigham medication safety HIT CERT CEDAR (Calling for Earlier Detection of Adverse Reaction) Project. Dr. Schiff is the recipient of the 2005 Institute of Medicine Chicago (IOMC) Patient Safety Leader of the Year award, and the Institute for Safe Medical Practices (ISMP) 2006 Lifetime Achievement award and the 2010 Rx for Excellence in Quality Award from the MA Medical Law Report. In 2006 he was selected by Modern Healthcare as one of the top “30 People for the Future” in medicine.
Original Investigation

Primary Care Closed Claims Experience of Massachusetts Malpractice Insurers

Gordon D. Schiff, MD; Ann Louise Puopolo, RN, BSN; Anne Huben-Kearney, RN, BSN, MPA; Winnie Yu, MA, MBA; Carol Keohane, RN, BSN; Peggy McDonough, RN, BSN; Bonnie R. Ellis, RN, BSN; David W. Bates, MD; Madeleine Biondolillo, MD

**IMPORTANCE** Despite prior focus on high-impact inpatient cases, there are increasing data and awareness that malpractice in the outpatient setting, particularly in primary care, is a leading contributor to malpractice risk and claims.

**OBJECTIVE** To study patterns of primary care malpractice types, causes, and outcomes as part of a Massachusetts ambulatory malpractice risk and safety improvement project.

**DESIGN, SETTING, AND PARTICIPANTS** Retrospective review of pooled closed claims data of 2 malpractice carriers covering most Massachusetts physicians during a 5-year period (January 1, 2005, through December 31, 2009). Data were harmonized between the 2 insurers using a standardized taxonomy. Primary care practices in Massachusetts. All malpractice claims that involved primary care practices insured by the 2 largest insurers in the state were screened. A total of 551 claims from primary care practices were identified for the analysis.

**MAIN OUTCOMES AND MEASURES** Numbers and types of claims, including whether claims involved primary care physicians or practices; classification of alleged malpractice (eg, misdiagnosis or medication error); patient diagnosis; breakdown in care process; and claim outcome (dismissed, settled, verdict for plaintiff, or verdict for defendant).
The PROMISES Project

A collaboration led by the Massachusetts Department of Public Health partnered with Brigham and Women’s Hospital, Institute for Healthcare Improvement, Massachusetts Coalition for the Prevention of Medical Errors, Coverys, CRICO, Harvard School of Public Health, Harvard Medical School, Health Care for All, and the Massachusetts Medical Society.

How did PROMISES help primary care practices?

The PROMISES (Proactive Reduction of Outpatient Malpractice: Improving Safety, Efficiency, and Satisfaction) Project, funded by the Agency for Healthcare Research and Quality (AHRQ), recruited 25 small to medium-sized Massachusetts primary care practices to evaluate ways to strengthen key processes related to patient safety. The 15 pilot intervention practices learned how to address inefficient and ineffective processes to improve patient safety and reduce the risk of a medical malpractice lawsuit.

PROMISES coaches visited the pilot primary care offices and worked directly with improvement teams on these “3+1” priority areas:

- Test results management
- Referral management
- Medication management
- Plus overarching strategies.

Communicative facilitation of guidelines...
Nicholas Leydon, MPH, FACP, is the Director and an Improvement Advisor for the PROMISES project. In this capacity, Nicholas coaches primary care teams towards patient safety goals and manages the project’s design and research. From 2007-2011 Nicholas was based in South Africa for the Institute for Healthcare Improvement, serving as an Improvement Advisor for projects throughout Africa. Nicholas previously worked on international health policy while coordinating a national HIV/AIDS campaign at Physicians for Human Rights.

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Frank Federico, RPh, Executive Director, Strategic Partners, Institute for Healthcare Improvement (IHI), works in the areas of patient safety, application of reliability principles in health care, preventing surgical complications, and improving perinatal care. He is faculty for the IHI Patient Safety Executive Training Program and co-chaired a number of Patient Safety Collaboratives. Prior to joining IHI, Mr. Federico was the Program Director of the Office Practice Evaluation Program and a Loss Prevention/Patient Safety Specialist at Risk Management Foundation of the Harvard Affiliated Institutions, and Director of Pharmacy at Children’s Hospital, Boston. He has authored numerous patient safety articles, co-authored a book chapter in Achieving Safe and Reliable Healthcare: Strategies and Solutions, and is an Executive Producer of “First, Do No Harm, Part 2: Taking the Lead.” Mr. Federico serves as Vice Chair of the National Coordinating Council for Medication Error Reporting and Prevention (NCC-MERP). He coaches teams and lectures extensively, nationally and internationally, on patient safety.
Damian Folch, MD, is a primary care physician providing family medicine to residents in the Greater Lowell area in Massachusetts. Dr. Folch has worked as a consultant for the Hispanics Health Service for Greater Lowell and has served as Medical Director of the Mediplex of Lowell Skilled Nursing Home in Lowell and Country View Nursing Home in Billerica. He is currently a Board member of the Lowell General Hospital Physician Hospital Organization and a member of the Primary Care Provider Risk Allocation Committee. Dr. Folch is a member of the American Medical Association, the Massachusetts Medical Society, the National Hispanic Medical Association, the American College of Lifestyle Medicine and the American College of Sports Medicine. In 1996-1998 he served as the President of the Middlesex North Medical District Society of the Massachusetts Medical Society, and as Chairperson of the Committee on Ethnic Diversity and the Presidential Task Force on Ethnic Diversity of the Massachusetts Medical Society.
Medical Liability Reform and Patient Safety
Demonstration Grants

• Reducing preventable harms.

• Informing injured patients promptly; provide prompt compensation.

• Promoting early disclosures and settlement,
AHRQ Liability Reform & Safety Grants

- **University of Illinois at Chicago** - Communication, transparency, disclosure of adverse events, early offers of compensation.
- **Fairview Health Services, Minneapolis** - Perinatal safety best practices to eliminate preventable perinatal harm.
- **University of Texas Health Science Center** - Prompt disclosure and compensation model; use events to improve patient safety.
- **Ascension Health System, St. Louis** - Perinatal care delivery quality eliminating variations in practices in 5 diverse hospitals.
- **University of Washington** - Statewide communication training to improve adverse event analysis, disclosure, and compensation.
- **New York State Unified Court System** - Protect OB, surgery patients from injuries and reduce malpractice costs through expanded Judge-Directed Negotiation Program.
- **Massachusetts PROMISES Consortium** - Improve key ambulatory patient safety processes and communication skills and issues in 16 Demonstration practices; disseminate best practices statewide.
### Cases Closed: Allegations by Close Year

<table>
<thead>
<tr>
<th>Category</th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diagnosis-related</td>
<td>72</td>
<td>82</td>
<td>79</td>
<td>83</td>
<td>81</td>
<td>397</td>
</tr>
<tr>
<td>Medication-related</td>
<td>11</td>
<td>13</td>
<td>14</td>
<td>14</td>
<td>16</td>
<td>68</td>
</tr>
<tr>
<td>Medical Treatment</td>
<td>14</td>
<td>4</td>
<td>10</td>
<td>8</td>
<td>5</td>
<td>41</td>
</tr>
<tr>
<td>Communication</td>
<td>2</td>
<td>4</td>
<td>1</td>
<td>5</td>
<td>3</td>
<td>15</td>
</tr>
<tr>
<td>Violation of Rights</td>
<td>5</td>
<td>0</td>
<td>2</td>
<td>3</td>
<td>1</td>
<td>11</td>
</tr>
<tr>
<td>Safety &amp; Security</td>
<td>0</td>
<td>2</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>8</td>
</tr>
<tr>
<td>OB-related Treatment</td>
<td>2</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>6</td>
</tr>
<tr>
<td>Surgical Treatment</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>Breach of Confidentiality</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td><strong>Total Number of Cases</strong></td>
<td><strong>108</strong></td>
<td><strong>109</strong></td>
<td><strong>107</strong></td>
<td><strong>116</strong></td>
<td><strong>111</strong></td>
<td><strong>551</strong></td>
</tr>
</tbody>
</table>

N=551 CRICO and Coverys outpatient PL cases closed 2005–2009 naming General Medicine staff/fellow physicians (excl. Hospitalists) and excluding ED locations.
# Cases Closed: Top Final Diagnoses

<table>
<thead>
<tr>
<th>Final Diagnoses</th>
<th>Number of Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cancer</td>
<td>190</td>
</tr>
<tr>
<td>Diseases of the heart</td>
<td>43</td>
</tr>
<tr>
<td>Diseases of blood vessels</td>
<td>27</td>
</tr>
<tr>
<td>Infection</td>
<td>22</td>
</tr>
<tr>
<td>Cerebrovascular disease</td>
<td>16</td>
</tr>
<tr>
<td>Lower gastrointestinal disorders</td>
<td>9</td>
</tr>
<tr>
<td>Orthopedic injuries</td>
<td>7</td>
</tr>
<tr>
<td>Pneumonia</td>
<td>6</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Top Cancers</th>
<th>Number of Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Colorectal</td>
<td>56</td>
</tr>
<tr>
<td>Lung</td>
<td>29</td>
</tr>
<tr>
<td>Prostate</td>
<td>26</td>
</tr>
<tr>
<td>Breast</td>
<td>18</td>
</tr>
<tr>
<td>Other GI</td>
<td>10</td>
</tr>
<tr>
<td>Benign neoplasm</td>
<td>8</td>
</tr>
<tr>
<td>Urinary organs</td>
<td>8</td>
</tr>
<tr>
<td>Lymphatic and hematopoietic tissue</td>
<td>8</td>
</tr>
<tr>
<td>Head and neck</td>
<td>6</td>
</tr>
<tr>
<td>Uterus and cervix</td>
<td>5</td>
</tr>
</tbody>
</table>

N=551 CRICO and Coverys outpatient PL cases closed 2005–2009 naming General Medicine staff/fellow physicians (excl. Hospitalists) and excluding ED locations.
Disposition of Closed Cases
GM Cases More Frequently Settled or Plaintiff Verdict

DIAGNOSIS CASES (N=397)
- Dropped/denied/dismissed: 2%
- Settled: 14%
- Defense Verdict: 45%
- Plaintiff Verdict: 39%

MEDICATION CASES (N=68)
- Dropped/denied/dismissed: 2%
- Settled: 12%
- Defense Verdict: 29%
- Plaintiff Verdict: 57%

ALL GM CASES (N=551)
- Dropped/denied/dismissed: 2%
- Settled: 14%
- Defense Verdict: 49%
- Plaintiff Verdict: 35%

ALL NON-GM CASES (N=6,673)
- Dropped/denied/dismissed: 1%
- Settled: 10%
- Defense Verdict: 20%
- Plaintiff Verdict: 69%

N=551 CRICO and Coverys outpatient PL cases closed 2005–2009 naming General Medicine staff/fellow physicians (excl. Hospitalists) and excluding ED locations.

Schiff et al  JAMA Internal Med 9/29/13
3+1 = PROMISES

3 key ambulatory safety process areas:
- Test result management
- Referral Management
- Medication Management

Plus 1
Overarching communication issues
Are Abnormal Test Results being Reliably Acknowledged and Acted on?

<table>
<thead>
<tr>
<th>Test</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>TSH</td>
<td>251</td>
</tr>
<tr>
<td>Cr</td>
<td>572</td>
</tr>
<tr>
<td>K</td>
<td>278</td>
</tr>
<tr>
<td>INR</td>
<td>213</td>
</tr>
<tr>
<td>PSA</td>
<td>148</td>
</tr>
<tr>
<td>Guaiac+</td>
<td>10</td>
</tr>
<tr>
<td>Abnl Colonspy</td>
<td>18</td>
</tr>
<tr>
<td>Abnl Mamgrm</td>
<td>11</td>
</tr>
<tr>
<td>Abnl Pap</td>
<td>4</td>
</tr>
<tr>
<td>Pulm Nodule</td>
<td>22</td>
</tr>
<tr>
<td>Abdom Mass</td>
<td>17</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>1544</strong></td>
</tr>
</tbody>
</table>

Result Found in Chart: 97.1%
Abnormal Acknowledged: 90.1%
Action Plan Documented: 78.7%
Action Plan Completed: 80.0%
Patient Notified: 77.4%

Preliminary data  PROMISES Project Unpublished 2013
Improved communication:

Domains of improved communication for safer office care

• Around 3 risk-prone key processes
  – Lab test, referral, medication management

• Among care team members
  – Culture of safety elements

• With patients during and between encounters
  – Access when and how patients need and want.
  – Shared agendas, decisionmaking; pt literacy/understanding
  – Working with difficult/challenging patients

• Hearing patients concerns and ideas
  – Inputs to improve safety

• With dissatisfied pt/families and/or after adverse even
  – When Things Go Wrong in the Ambulatory Setting
Success Story

Same thing happened with a 62 year old Portuguese guy who didn’t want to have a colonoscopy, and I convinced him to do the FIT. It came back positive...with a big, big tumor growing, still within the polyp. And he got partial resection of the colon, and he is cured. - Dr. Folch
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Join us at the 25th Annual National Forum on Quality Improvement in Health Care

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Want to learn about **improving safety and satisfaction in ambulatory care** at the IHI National Forum?

**L27**: Creating a Culture of Safety in an Ambulatory Care Setting  
**D27/E27**: Building an Integrated Outpatient Safety Net Program

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