

RED SIGNAL REPORTSM

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Claims Data Signals & Solutions to Reduce Risks
and Improve Patient Safety.

PRIMARY CARE



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MEDICAL LIABILITY INSURANCE • BUSINESS ANALYTICS • RISK MANAGEMENT • EDUCATION

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I. Introduction

The Red Signal ReportSM series is designed to assist healthcare organizations in identifying issues that impact risk management, patient safety, quality outcomes, and provider reimbursements. With the demands from a multitude of quality metrics such as the Medicare Access and CHIP Reauthorization Act (MACRA) and its associated payment models (Merit-based Incentive Payment System [MIPS] and Advanced Alternative Payment Models [AAPMs]), providers are incentivized to adhere to or be subject to significant economic penalties. Many of these metrics overlap with other important risk management focus areas. By mapping these overlapping areas, providers are able to target education and practice change initiatives. The Red Signal ReportSM series will identify the major risk factors, claims warning signals, and safety vulnerabilities within specific specialties and clinical areas where education and practice change initiatives can improve patient safety, reduce malpractice exposures, and increase reimbursements for providers.

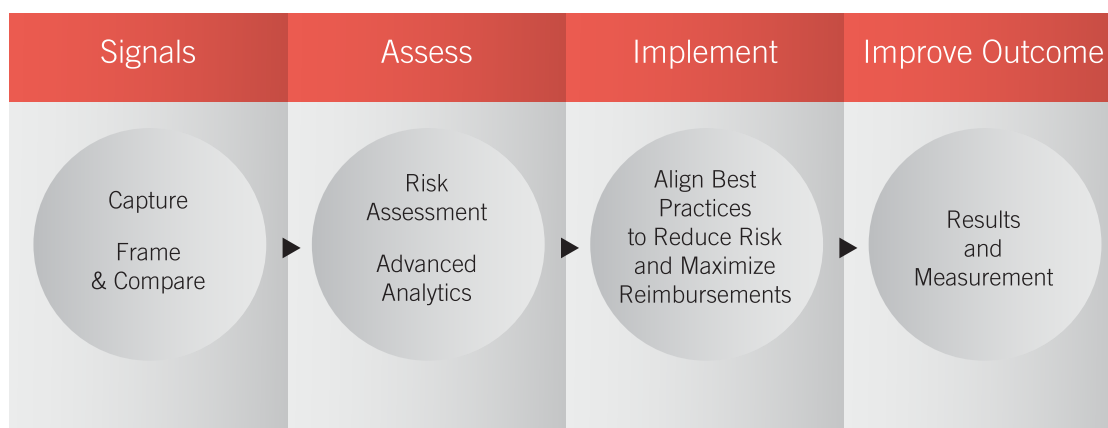
II. Executive Summary: Primary Care

Healthcare models have evolved over the past several decades with the transformation of the traditional “family doctor” into the primary care physician (PCP) role. The typical physician-of-old had an office in the community, made house calls, and performed a large array of clinical services, including the delivery of babies, while also admitting, treating and rounding on their hospitalized patients. If the patient’s needs became too complex, the family doctor would refer the patient to a specialist to provide input and resolution to their medical regimen.

Fast-forward to today’s model, the PCP role has become increasingly challenging, with yesterday’s family doctor now accountable for all aspects of the patient care continuum. This includes referral management, management of multi-morbidities, and transfer to long-term care, all while keeping a sharp eye on utilization, appropriate level of care, and patient quality metric outcomes. This demanding environment is compounded with additional challenges and mandates such as electronic health record (EHR) usage, increased patient volumes with shorter office visits, complicated medication management, and unpredictable transitions of care. Anything but astute attention to all of these factors can potentially lead to unintended patient injury and a claim of malpractice against the PCP.

Coverys Utilizes a Value-Based Model to Improve Outcomes

This Primary Care Red Signal Report reviews five years of Coverys' closed claims to help identify risks and illuminate the warning signals and safety vulnerabilities within primary care practices, as well as provide evidence-based recommendations for avoiding them.



Coverys analytics leverages claims data to mine and capture prominent risk signals.

Coverys Risk Management provides the methodology for on-site assessment or a self-assessment tool to identify and validate the presence of risk signals.

The Risk Management team recommends proactive tools and best practice models to combat risk exposures and improve patient safety.

Implementation of measurement tools can document progress or expose further areas needing intervention.

Signals

Assess

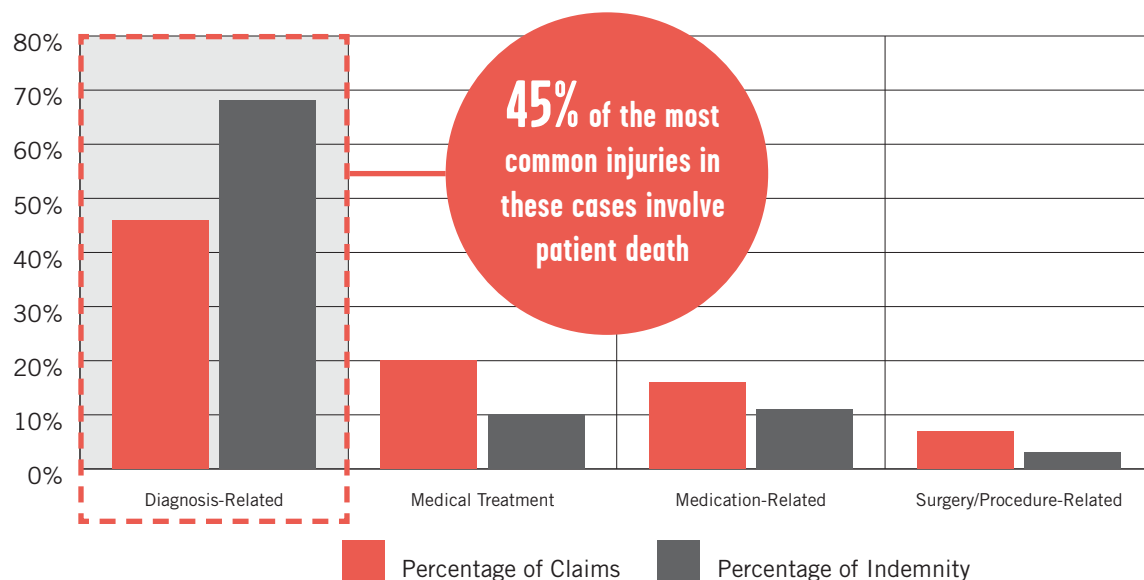
Implement

Improve Outcomes

III. Key Data Displays

Malpractice data, while a look to the past, can provide “signal intelligence” for potential risks in primary care practices that might not be on the radar of care team members and risk managers. This is particularly true in that many of these claims originate in the office setting, an environment that is often out of the line of vision of a traditional risk management program. A review of Coverys claims (N=1,800) closed between 2013 and 2017 provides insight into primary care-related risks that should be assessed for their relevance in current primary care practice. Top malpractice allegations involve issues with diagnosis, treatment, and medication. For primary care physicians, diagnostic errors were the leading type claims (46%), accounting for the highest proportion of indemnity paid (68%) (Figure 1).

Figure 1. Top Allegation Categories

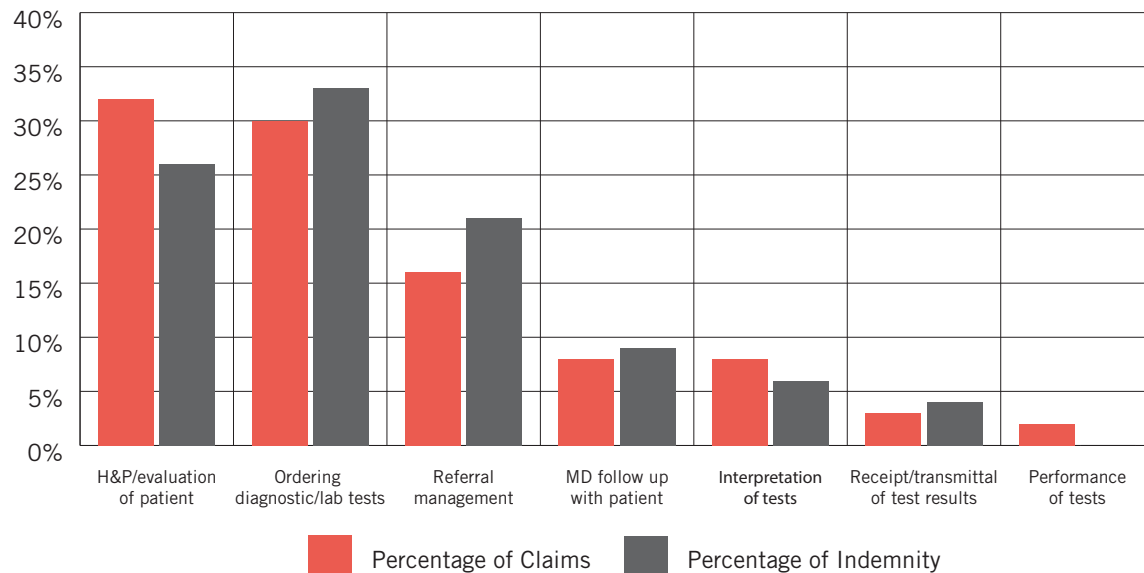


Selection: N=1,800 closed PL claims from 2013-2017 with a Primary Care Physician

Diagnostic Allegations

Breakdowns occur in the diagnostic process of care in several steps. The top allegation for primary care providers involves inadequate patient assessment. This step includes the capture of a complete family history and a thorough physical exam. The ordering of lab and diagnostic tests is the second most frequent allegation. Inadequate referrals are also a cause for concern for these providers (Figure 2).

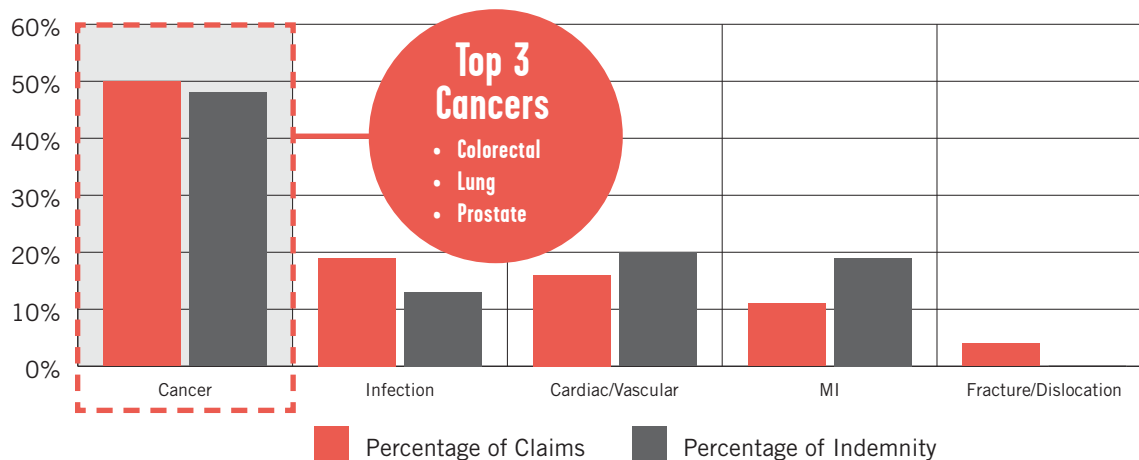
Figure 2. Top Allegation Details - Diagnosis-Related



Selection: N=834 closed PL claims from 2013-2017 with a Primary Care Physician and a Diagnosis-Related allegation

Among the top clinical conditions associated with a diagnostic failure in primary care, cancer cases are the most frequent, constituting 50% of diagnosis-related claims. The next highest categories are infections (19%), cardiac/vascular (16%), and myocardial infarction-related injuries (11%) (Figure 3). The top missed cancer diagnoses are colorectal (20%), lung (19%), prostate (11%), bladder (9%), and breast (8%).

Figure 3. Top Clinical Outcomes



Selection: N=834 closed PL claims from 2013-2017 with a Primary Care Physician and a Diagnosis-Related allegation and an identified condition

Signals

Assess

Implement

Improve Outcomes

Once the diagnostic signal data is known, the next step in the process is to evaluate the current risk. Office assessments can provide an evaluation of current clinical risks.

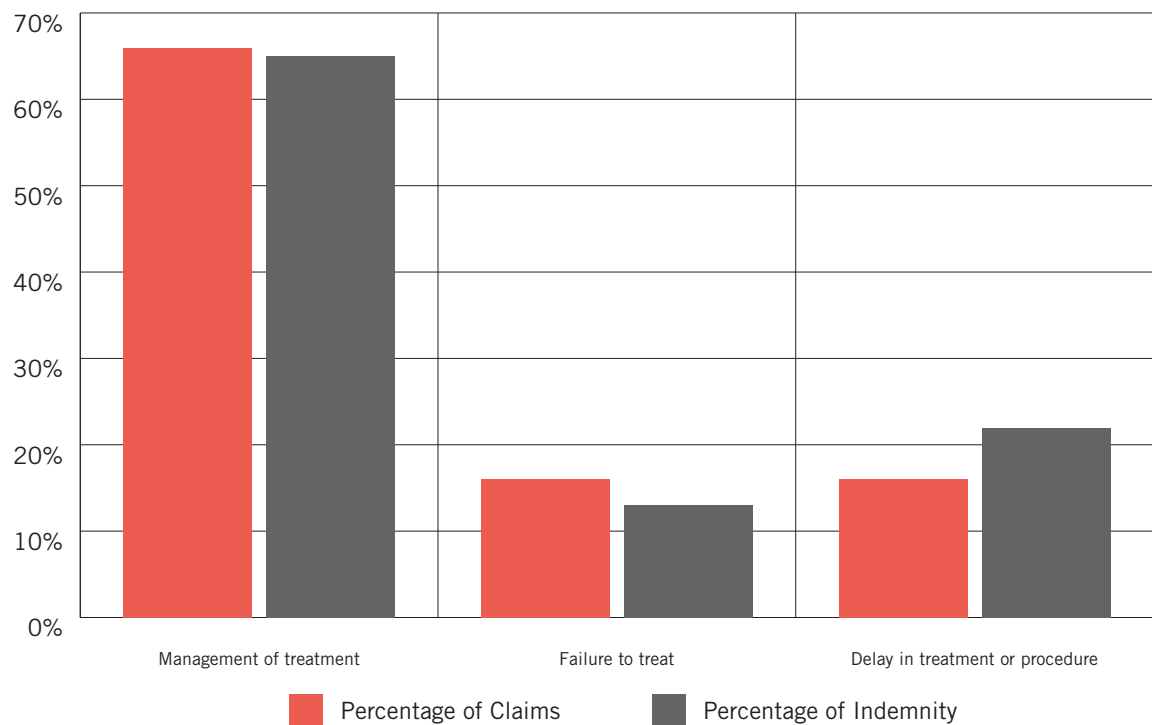
IV. Questions Posed by the Signals - Diagnostic-Related Claims

- Was a differential diagnosis established at the onset of presenting complaints in order to narrow the list of possibilities?
- Were appropriate diagnostic and lab tests chosen and ordered where indicated?
- Is there a process in place to track test results with appropriate notification and sign off routed back to the ordering provider?
- Is there a process for communication of test results, both normal and abnormal, back to the patient?
- Are electronic health records with alert-based notification systems sending test results to the primary care provider?
- Are appropriate referrals and consults being obtained by the provider to seek additional advice or input where clinically indicated?
- Did the office schedule appropriate follow-up tests or office visits to evaluate treatment or evidence of new symptoms post diagnosis?

Medical Treatment

Treatment-related claims are the second most common allegation for PCPs. These claims involve issues with care rendered from non-procedural therapies. They frequently are associated with cardiac treatments, pain management, wound care, and blood administration. They also can be related to allegations of unnecessary treatments or scenarios involving the wrong patient. The top medical treatment allegations are management of treatment (over 60% of the claims), failure to treat, and delay in treatment (Figure 4).

Figure 4. Medical Treatment Allegations



Selection: N=364 closed PL claims from 2013-2017 with a Primary Care Physician and a medical treatment allegation

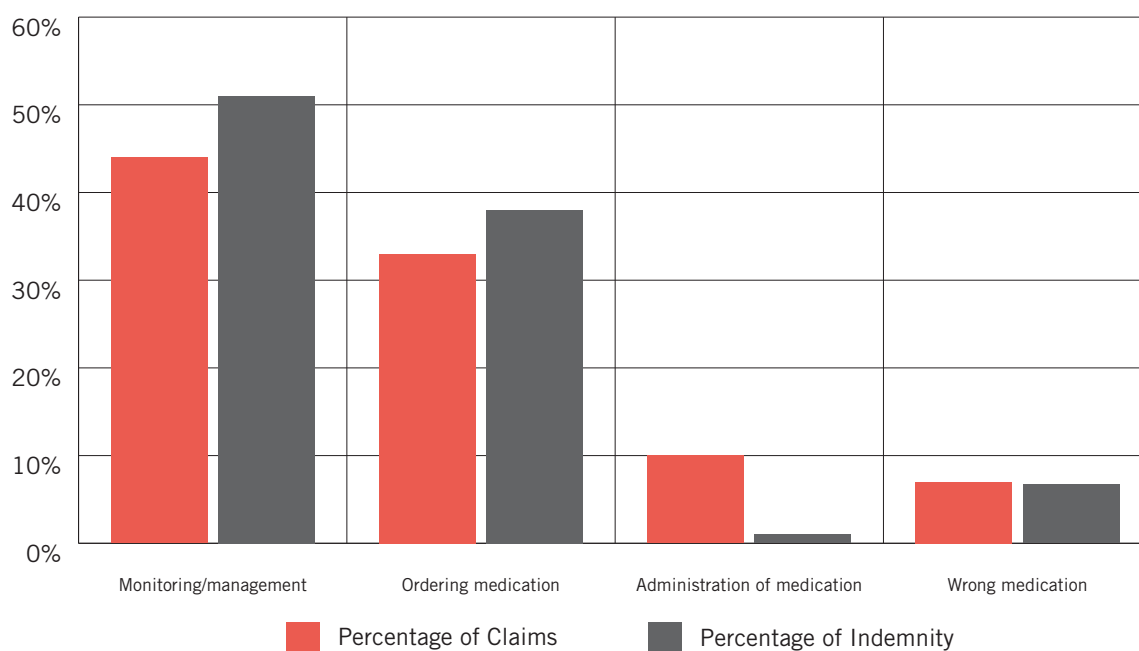
Questions Posed by the Signals - Treatment-Related Claims

- Was the treatment plan documented and communicated clearly to the patient?
- Was appropriate follow-up scheduled for tests or referrals?
- Were appropriate medications evaluated for their effectiveness?
- Were preventative cancer screenings ordered?
- Were treatments ordered on the appropriate patient?
- Were appropriate processes in place for providing procedures in the office?
- Is there a process in place for patients to communicate with providers if the treatment plan does not address the patient's symptoms in a timely fashion?

Medication

The most critical step in the medication process for PCPs is the monitoring of the patient's medication regimen. These claims often result in high-severity injuries; this is especially the case when high-risk medications such as anticoagulants and opioids are not being closely managed. Approximately 45% of the medication-related claims and over 50% of the indemnity dollars paid are directly related to allegations of inattentive monitoring and management. Medication ordering is the second most frequent claim allegation, constituting approximately 33% of the medication-related claims and 38% of the indemnity dollars (Figure 5).

Figure 5. Medication-Related Allegations



Selection: N=296 closed PL claims from 2013-2017 with a Primary Care Physician and a medication allegation

Questions Posed by the Signals - Medication-Related Claims

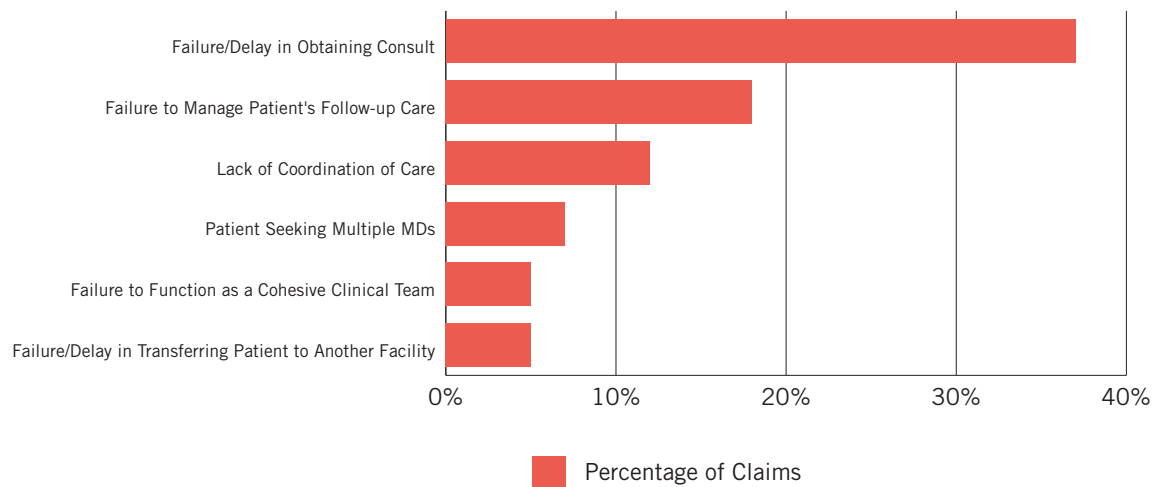
- Are medications up to date in the medical record documentation?
- Are medications reviewed with the patient at each visit?
- Is there a process in place when side effects are reported by the patient?
- Is there a follow-up appointment scheduled to evaluate changes made to the medication regimen?
- Do patients understand how to monitor the effects of new medication or changes to their medication routine?
- Is there a process in place to monitor therapeutic dosing of prescribed medications?
- How are adverse effects being assessed and reported back to the ordering provider?

Transitions in Care

When being transferred from one healthcare setting to another (or to home), patients are vulnerable to unexpected issues when there are failures by the clinical care team to communicate and hand off critical information related to their care.

Transitions in care can be fraught with fragmented instructions and inconsistencies if not managed correctly. The top risk management issue associated with transitions of care involves a delay or failure to obtain a specialty consult when clinically indicated (38%). Other problem areas also surface in the malpractice claims: failure to coordinate follow-up care, communication breakdowns among multiple physicians who may be providing care to a single patient, not working as a cohesive clinical team, and a failure or delay in transferring to an alternative facility (Figure 6).

Figure 6. Risk Management Issues



Selection: N=355 closed PL claims from 2013-2017 with a Primary Care Physician and a risk issue involving Transitions in Care

Questions Posed by the Signals - Transitions in Care

- Was there an appropriate communication hand off from a clinical team member at time of transfer or discharge?
- Were appropriate follow-up plans scheduled for results of tests or labs pending prior to discharge?
- Was appropriate education done with the patient on his/her diagnosis and medicines?
- Did the patient understand the discharge plan?
- Were discharge summaries transmitted to the facility accepting the patient's care?
- Was a medication reconciliation completed prior to discharge or transfer to another facility?
- Was a specialty consult referral obtained as indicated?

V. Risk Recommendations for Primary Care

PCPs need a strategy and plan to address and monitor their risks. Below are some important actions to consider when addressing many of the most pressing risk issues.

✓ **Improve diagnostic accuracy and treatment by regularly performing a complete age-appropriate history and physical exam on every patient that includes cancer screening.**

- Establish written cancer screening guidelines and adhere to them.
- Obtain and document complete family history, including history of cancer. Additionally, document “no history” or “negative history” of cancer if that is the case.
- Perform cancer-screening physical exams, unless deferred. Document cancer-screening deferred physical exams; for example, if a breast exam is deferred when a patient sees another physician for gynecologic care.

✓ **Close the referral loop.**

- Use an EHR to track all ordered tests and consults.
- Engage patients in the referral process by providing relevant patient education materials as well as scheduling referrals and diagnostic tests performed outside the office setting.
- Set up policies to ensure practitioners review and document all consultant reports and test results received, including when results are received from outside their own EHR.
- Communicate ALL test results to patients. Consider secure messaging via a patient portal when communicating normal results.

✓ **Prescribe and administer medications safely.**

- Develop and implement a process for obtaining informed consent when medications with a known degree of high risk are prescribed or administered.
- Develop and implement a formal medication reconciliation process.
- Use an EHR e-prescribing module with clinical decision support.
- Comply with state regulations regarding the administration of injections by unlicensed assistive personnel.

✓ **Ensure safe care transitions take place.**

- Provide written information when referring a patient for consultation, second opinion, or diagnostic test.
- Offer care coordination to patients who are identified as having complex medical conditions and/or social needs and/or being at high risk.
- Schedule follow-up appointments for patients with complex medical needs within 14 days of discharge home from a hospital.

VI. Alignment of Risk Recommendations with Quality Measures

Value-based purchasing is emerging as the de facto method of reimbursement. This approach will financially impact physicians and other healthcare systems regarding reimbursement and incentives. The following quality measures are in alignment with Coverys' risk management recommendations for PCPs.

The alignment falls within the financial reimbursement plan under the Medicare Access and CHIP reauthorization Act of 2015 (MACRA). The Merit-Based Incentive Payment System (MIPS) is part of the new quality payment program under MACRA. As these payment models evolve, we will continue to evaluate the linkage between MPL risk, quality measures, and value.

2018 Merit Incentive Payment System (MIPS) Top Risk-Related Measures for Primary Care

Measurement Description	Quality	Improvement Activities	Promoting Interoperability
Use of CEHRT to support coordination of care			✓
Use of electronic prescribing			✓
Use of CPOE for laboratory, radiology, and medication		✓	
Patient-specific education resources electronically	✓		✓
Medication reconciliation with transitions of care	✓		✓
Secure electronic messaging with patients		✓	✓
Timely transmission of the medical record upon discharge whether inpatient to home or another facility		✓	✓
Closing the referral loop by acknowledging receipt of specialist report	✓	✓	✓
Communication between patients and their physician	✓	✓	✓

VII. Summary

Examination of primary care claims data can help signal potential vulnerabilities during multiple phases of the patient care continuum. Primary care physicians play a critical role in the delivery of a timely and accurate diagnosis, selection of treatment therapies, and the monitoring of high-risk medications. PCPs are also responsible for ensuring safe transitions of care. Failure to correctly assess patient conditions during these complex phases of care can result in significant patient harm. An assessment of current office practice processes can highlight current vulnerabilities. Coverys' risk management recommendations offer providers the opportunity to reduce patient harm, improve the quality of care, and improve reimbursement.

Sources

1. Balough, E. R., Miller, B. T. & Ball, J. R. (Eds.). (2015). Improving diagnosis in health care, Washington, D.C.: National Academies Press.



Coverys is a leading provider of medical professional liability insurance to help protect healthcare professionals. We are committed to providing data-driven insights to reduce claims and proactive risk management and education services to increase quality patient outcomes. Our services are designed to help clients reduce distractions to improve clinical, operational, and financial outcomes.



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