

# ***PHYSICIAN LIABILITY TRENDS***

Arizona ASHRM Chapter

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## ***PHYSICIAN LIABILITY TRENDS***

### **Overview**

- National Medical Malpractice Trends
- Medical Malpractice Trends
- Physician Trends – All Specialties
- Physician Specialty Trends
- Conclusion

# ***NATIONAL MEDICAL MALPRACTICE TRENDS***

## ***NATIONAL MEDICAL MALPRACTICE TRENDS***

### **2009: The National Medical Malpractice Environment The Positives**

- Claims counts/frequency still down markedly
- Severity has modified: Exceptions are PA, NY, FL
- Industry combined ratio indicates continued profitability
- Premiums have softened in all medical malpractice insurance segments
  - More price competition
  - Especially for physicians
- Patient safety initiatives having a positive impact

# **NATIONAL MEDICAL MALPRACTICE TRENDS**

## **2009: The National Medical Malpractice Environment The Positives**

- Reform legislation in 30+ states
- Media focus: Linking healthcare access to litigation
- Markedly reduced claim counts: Frequency is down
- Severity has moderated
- Trial bar reluctant to take cases
  - Except those with clear liability and high damages
  - Trial bar can no longer afford to pursue cases with questionable liability
  - Defense strategy of standing firm in smaller cases has paid off
  - Pursuing other tort cases
  - Searching for certain cases, e.g. Kernicterus, cerebral palsy, ROP

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# **NATIONAL MEDICAL MALPRACTICE TRENDS**

## **2009: The National Medical Malpractice Environment The Positives**

- Reinsurance market has been favorable
- Medical malpractice insurance is profitable again
- Clinical risk management and patient safety are having an effect
- Many carriers with excess capital chasing fewer insureds
- Consolidation among physician carriers
- Overall, a very stable market

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# **NATIONAL MEDICAL MALPRACTICE TRENDS**

## **2009: The National Medical Malpractice Environment The Negatives**

- The economy: Will it drive more civil litigation?
- Loss of investment income should impact pricing in 2009
  - Reinsurers and primary insurers are affected
  - Flat to low double-digit increases?
    - Latter half of 2009
- AIG's problems
- CMS and payors refuse to pay for medical errors
  - Negative impact on litigation?
- CMS mandatory reporting of claims paid to Medicare beneficiaries
  - Self insurers included
  - Makes defense of malpractice claims more expensive and more complicated
- Trial bar's strategy of "judicial nullification"

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## **TOP TEN MEDICAL MALPRACTICE WRITERS THRU 12/31/07**

## **NATIONAL TRENDS: TOP 10 MALPRACTICE WRITERS 2007**

Rank	Company/Group	2007 Direct Premiums Written	% Change in Premium	2006 % Market Share
1	Berkshire Hathaway Ins	\$755,264	4.2	7.4
2	American Intl Group, Inc.	702,555	-14.4	6.9
3	Doctors Co Ins Group	564,102	-2.1	5.5
4	ProAssurance Group	528,042	-14.3	5.2
5	CNA Insurance Cos	482,500	-14.9	4.7
6	Physicians' Reciprocal Insurers	385,594	16.3	3.8
7	ISMIE Mutual Group	373,274	-3.2	3.6
8	ProMutual Group	315,789	-5.7	3.1
9	MAG Mutual Group	310,453	-10.1	3.0
10	State Volunteer Mutual Ins Co	257,816	-3.3	2.5

Source: A.M. Best, 2008

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## **NATIONAL PHYSICIAN SPECIALTY LIABILITY TRENDS**

# NATIONAL PHYSICIAN SPECIALTY TRENDS

PIAA: Claims Closed Between 1985 and 2007  
Comparative Claim Payment Analysis: All Specialties

Specialty Group	Closed Claims	% Paid to Closed	Total Indemnity	Average Indemnity
Anesthesiology	8,866	32.43	\$636,193,819	\$221,285
Cardiovascular and Thoracic Surgery	6,960	23.59	356,739,943	217,259
Cardiovascular Diseases – nonsurgical	4,248	18.13	191,183,963	248,291
Dentists	838	43.56	14,869,780	40,739
Dermatology	2,620	2889	101,440,748	134,004
Emergency Medicine	3,991	26.28	202,049,937	192,612
Gastroenterology	2,354	18.05	88,121,039	207,344
General and Family Practice	26,658	32.02	1,365,943,314	160,040
General Surgery	24,177	34.33	1,488,680,092	179,381
Gynecology	2,723	30.55	128,846,958	154,864
Internal Medicine	31,299	25.25	1,644,739,599	208,142
Neurology – nonsurgical	3,656	21.20	245,989,686	317,406
Neurosurgery	5,431	28.17	477,770,521	312,268
Obstetric and Gynecologic Surgery	31,486	35.31	3,086,138,311	277,580
Ophthalmology	6,703	28.72	347,735,112	180,642
Oral Surgery	62	32.26	538,583	26,929
Orthopedic Surgery	21,846	29.18	1,042,180,835	163,479
Other Nonsurgical Specialties	2,234	22.96	96,717,958	188,534
Otorhinolaryngology	3,819	31.42	241,644,424	201,370
Paraprofessional	376	23.14	18,194,867	209,136
Pathology	1,633	28.23	112,847,595	244,789
Pediatrics	6,794	27.92	505,084,556	266,254
Plastic Surgery	8,683	26.27	262,301,626	114,994
Psychiatry	2,276	20.12	74,568,108	162,812
Radiation Therapy	2,212	28.03	172,036,688	277,479
Radiology	12,970	29.20	736,138,969	194,386
Resident/Intern	130	32.31	2,515,932	59,903
Urologic Surgery	5,577	29.41	285,762,192	174,245
<b>TOTALS:</b>	<b>230,624</b>	<b>29.56</b>	<b>\$13,926,975,337</b>	<b>\$204,268</b>

Source: PIAA, 2008

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# NATIONAL PHYSICIAN LIABILITY TRENDS

PIAA Physician Claims: Most Prevalent Conditions 1985-2007  
All Specialties

Top Ten Most Prevalent Conditions	Total Claims	% Paid to Closed	Indemnity Paid	Average Indemnity
Brain Damaged Infant	4,653	45.17	\$1,008,526,883	\$522,012
Pregnancy	4,528	28.27	277,147,216	240,371
Malignant neoplasms of the female breast	4,444	38.71	366,676,902	229,891
Symptoms involving abdomen and pelvis	3,750	27.62	212,489,965	227,994
Back disorders, incl. lumbago & sciatica	3,241	24.53	191,577,666	261,718
Myocardial infarction, acute	3,190	33.23	220,696,960	222,029
Displacement of intervertebral disc	2,981	26.39	171,761,192	232,110
Malignant neoplasms of the bronchus and lung	2,568	32.79	146,092,983	186,106
Plastic surgery, desire for	2,453	28.37	69,045,982	108,905
Cataracts	2,424	27.49	95,972,611	154,795
<b>Total for all Specialties:</b>	<b>34,232</b>	<b>31.26</b>	<b>\$2,761,988,350</b>	<b>\$238,593</b>

Source: PIAA, 2008

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***PHYSICIAN LIABILITY  
TRENDS***



***CARDIOLOGY***



# CARDIOLOGY

## Cardiovascular Diseases – Nonsurgical

Cumulative Analysis: January 1, 1985 – December 31, 2007

Patient Condition	Total Claims	% Paid to Closed	Indemnity Paid	Average Indemnity
Coronary atherosclerosis	510	16.63	\$21,541,462	\$262,701
Myocardial infarction, acute	454	19.54	25,465,697	299,596
Chest pain, not further defined	274	21.31	14,455,501	277,990
Heart disease, chronic ischemic	164	12.99	4,823,241	241,162
Dysrhythmia (cardiac)	134	11.81	4,151,607	276,774
Heart disease, not further defined	131	21.49	5,995,252	230,587
Heart failure	103	14.00	2,456,631	175,474
Atrial fibrillation and flutter	106	15.15	5,442,500	362,833
Disorder of lipid metabolism	119	0.00	0	0
Aortic aneurysm	97	30.00	11,267,040	417,298
<b>Totals:</b>	<b>2,092</b>	<b>17.13</b>	<b>\$95,598,931</b>	<b>\$284,521</b>

Source: PIAA, 2008

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# CARDIOLOGY

## Claims by 10 Most Prevalent Procedures Performed Cardiovascular Diseases – Non Surgical

Cumulative Analysis: January 1, 1985 – December 31, 2007

Procedure Performed	Total Claims	% Paid to Closed	Indemnity Paid	Average Indemnity
Diagnostic interview, evaluation, or consultation	1,274	14.96	\$53,143,792	\$295,243
Prescription of medication	564	18.15	20,336,547	216,346
Cardiac catheterization and other diagnostic procedures of heart	533	20.76	18,442,583	177,333
Diagnostic procedures involving cardiac and circulatory functions	328	23.45	25,080,392	348,339
Other operative procedures of vessels of heart	227	21.86	14,727,348	313,348
General physical examination	208	13.07	6,831,890	262,765
No care rendered	181	5.62	3,247,667	324,767
Operative procedures involving blood vessels, excluding heart	105	22.92	5,626,166	255,735
Diagnostic ultrasound	103	20.83	5,324,249	266,212
Coronary artery bypass grafting	89	30.49	5,458,048	218,322
<b>Totals:</b>	<b>3,612</b>	<b>17.67</b>	<b>\$158,218,682</b>	<b>\$263,698</b>

Source: PIAA, 2008

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# CARDIOLOGY

## Claims by 10 Most Prevalent Medical Misadventures Cardiovascular Diseases – Non Surgical

Cumulative Analysis: January 1, 1985 – December 31, 2007

Procedure Performed	Total Claims	% Paid to Closed	Indemnity Paid	Average Indemnity
No medical misadventure	935	5.16	\$9,577,450	\$208,205
Errors in diagnosis	931	21.64	58,101,429	305,797
Improper performance	696	19.94	31,137,784	241,378
Failure to supervise or monitor case	576	17.27	21,108,453	222,194
Medication errors	375	18.10	11,868,185	194,560
Failure to recognize a complication of treatment	196	25.95	12,464,915	259,686
Performed when not indicated or contraindicated	161	22.37	6,619,735	194,698
Not performed	155	25.35	13,578,950	377,193
Delay in performance	95	26.67	4,257,919	177,413
Failure/delay in referral or consultation	80	35.90	7,284,567	260,163
<b>Totals:</b>	<b>4,200</b>	<b>17.49</b>	<b>\$175,999,387</b>	<b>\$254,702</b>

Source: PIAA, 2008

# CARDIOLOGY

## Claims by Medical Misadventure and Procedure/Condition Cardiovascular Diseases – Non Surgical

Cumulative Analysis: January 1, 1985 – December 31, 2007

### Improper performance

Procedure	Total Claims	% Paid to Closed	Indemnity Paid	Average Indemnity
Cardiac catheterization and other diagnostic procedures of heart	181	24.12	\$7,528,998	\$183,634
Other operative procedures of vessels of heart	110	24.04	7,570,810	302,832
Diagnostic interview, evaluation, or consultation	47	9.51	1,790,000	223,750
Operative procedures involving blood vessels, excluding heart	44	23.68	2,383,166	264,796
Operative procedures to insert or remove cardiac pacemaker	41	18.42	446,999	63,857
<b>Totals:</b>	<b>423</b>	<b>23.02</b>	<b>\$19,719,973</b>	<b>\$219,111</b>

Source: PIAA, 2008

# DENTISTS

# DENTISTS

## Claims by 10 Most Prevalent Patient Conditions

Cumulative Analysis: January 1, 1985 – December 31, 2007

Patient Condition	Total Claims	% Paid to Closed	Indemnity Paid	Average Indemnity
Disorder of the teeth and supporting structures	146	39.01	\$1,341,530	\$24,391
Gingival and periodontal disease	141	55.88	2,888,871	38,011
Dental caries	124	38.02	849,765	18,473
Disorders of pulp and periapical tissues of teeth	88	44.32	978,028	24,078
Disorders of hard tissues of teeth not incl. caries	83	38.27	1,020,100	32,906
Dentofacial anomalies	53	42.00	568,135	27,054
Broken tooth	38	28.95	466,815	42,438
Disorders of development of teeth	34	73.53	949,240	37,970
Dental examination, routine	31	31.03	412,477	45,831
Temporomandibular joint disorders	16	50.00	681,333	85,167
<b>Totals:</b>	<b>754</b>	<b>43.73</b>	<b>\$10,156,294</b>	<b>\$31,640</b>

Source: PIAA, 2008

# DENTISTS

## Claims by 10 Most Prevalent Procedures Performed

Cumulative Analysis: January 1, 1985 – December 31, 2007

Procedure Performed	Total Claims	% Paid to Closed	Indemnity Paid	Average Indemnity
Dental procedures	636	45.72	\$9,808,341	\$34,658
Diagnostic radiologic procedures, excluding CAT scan and contrast material	41	64.10	1,007,048	40,282
Diagnostic interview, evaluation, or consultation	36	48.57	656,828	38,637
Miscellaneous nonoperative procedures	25	21.74	193,300	38,660
Other miscellaneous procedures	24	16.67	114,234	28,559
Miscellaneous manual examinations and nonoperative procedures	21	45.00	1,312,827	145,870
Prescription of medication	19	27.78	57,000	11,400
No care rendered	17	17.65	205,000	68,333
Operative procedures on facial bones and joints, not including reduction of fractures	7	57.14	264,950	66,238
Local or topical anesthesia	6	0.00	0	0
<b>Totals:</b>	<b>832</b>	<b>43.94</b>	<b>\$13,619,528</b>	<b>\$38,365</b>

Source: PIAA, 2008

# DENTISTS

## Claims by 10 Most Prevalent Medical Misadventures

Cumulative Analysis: January 1, 1985 – December 31, 2007

Medical Misadventure	Total Claims	% Paid to Closed	Indemnity Paid	Average Indemnity
Improper performance	464	45.13	\$5,766,729	\$28,268
Errors in diagnosis	90	63.22	3,838,717	69,795
No medical misadventure	76	12.00	300,521	33,391
Performed when not indicated or contraindicated	30	70.00	1,041,000	49,571
Failure to supervise or monitor case	29	17.24	477,000	95,400
Not performed	27	48.15	1,398,155	107,550
Medication errors	26	23.81	42,000	8,400
Surgical foreign body left in patient after proc	25	54.17	336,598	25,892
Wrong patient or body part	24	58.33	126,900	9,064
Failure/delay in referral or consultation	21	50.00	479,500	47,950
<b>Totals:</b>	<b>812</b>	<b>44.23</b>	<b>\$13,807,120</b>	<b>\$39,562</b>

Source: PIAA, 2008

# EMERGENCY MEDICINE

# EMERGENCY MEDICINE

## Claims by 10 Most Prevalent Patient Conditions

Cumulative Analysis: January 1, 1985 – December 31, 2007

Patient Condition	Total Claims	% Paid to Closed	Indemnity Paid	Average Indemnity
Myocardial infarction, acute	184	53.11	\$24,232,648	\$257,794
Symptoms involving abdomen and pelvis	145	15.15	4,832,625	241,631
Appendicitis	144	27.01	2,125,554	57,447
Chest pain, not further defined	135	27.64	11,959,750	251,757
Meningitis	88	48.78	17,881,697	447,042
Pneumonia	78	29.17	3,010,832	143,373
Fingers alone, open wound of	71	30.00	1,297,079	61,766
Aortic aneurysm	69	32.20	5,791,486	304,815
Fracture of vertebral column	65	25.86	5,121,820	341,455
Injury to multiple parts of body	56	13.46	1,432,332	204,619
<b>Totals:</b>	<b>1,035</b>	<b>32.02</b>	<b>\$77,685,823</b>	<b>\$252,227</b>

Source: PIAA, 2008

# EMERGENCY MEDICINE

## Claims by 10 Most Prevalent Procedures Performed

Cumulative Analysis: January 1, 1985 – December 31, 2007

Procedure Performed	Total Claims	% Paid to Closed	Indemnity Paid	Average Indemnity
Diagnostic interview, evaluation, or consultation	1,445	29.03	\$85,224,524	\$216,856
General physical examination	511	23.96	29,227,549	254,153
Prescription of medication	411	28.42	14,608,559	135,264
No care rendered	259	9.75	2,985,272	129,794
Operative procedures on the skin, excluding skin grafts	174	25.00	1,814,913	43,212
Diagnostic radiologic procedures, excluding CAT scan and contract material	168	25.00	4,139,583	106,143
Diagnostic procedures involving cardiac and circulatory functions	125	52.63	17,510,328	291,839
Injections and vaccinations	97	27.59	3,379,384	140,808
Computerized axial tomography (CAT scan)	93	13.10	2,181,433	198,312
Miscellaneous nonoperative procedures	92	28.24	2,850,430	118,768
<b>Totals:</b>	<b>3,375</b>	<b>26.69</b>	<b>\$163,921,975</b>	<b>\$195,378</b>

Source: PIAA, 2008

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# EMERGENCY MEDICINE

## Claims by 10 Most Prevalent Medical Misadventures

Cumulative Analysis: January 1, 1985 – December 31, 2007

Medical Misadventure	Total Claims	% Paid to Closed	Indemnity Paid	Average Indemnity
Errors in diagnosis	2,023	32.34	\$129,413,029	\$213,906
No medical misadventure	716	10.44	18,957,889	267,013
Improper performance	488	23.30	11,771,469	114,286
Medication errors	144	23.53	869,892	27,184
Not performed	141	29.10	3,969,440	101,781
Failure to supervise or monitor case	133	31.75	6,906,056	172,651
Failure/delay in referral or consultation	125	31.82	4,914,826	140,424
Failure/delay in admission to hospital	118	30.82	8,933,905	270,724
Delay in performance	99	28.57	7,428,286	285,703
Failure to recognize a complication of treatment	81	16.88	1,494,000	114,923
<b>Totals:</b>	<b>4,068</b>	<b>26.42</b>	<b>\$194,658,792</b>	<b>\$195,245</b>

Source: PIAA, 2008

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# **EMERGENCY MEDICINE**

## **Claims by Medical Misadventure and Procedure/Condition**

Cumulative Analysis: January 1, 1985 – December 31, 2007

### **Errors in diagnosis**

<b>Condition</b>	<b>Total Claims</b>	<b>% Paid to Closed</b>	<b>Indemnity Paid</b>	<b>Average Indemnity</b>
Myocardial infarction, acute	121	60.53	\$18,345,648	\$265,879
Appendicitis	115	25.89	1,529,054	52,726
Symptoms involving abdomen and pelvis	79	18.31	2,245,125	172,702
Chest pain, not further defined	65	44.83	10,811,250	415,817
Meningitis	61	51.79	12,692,423	437,670
<b>Totals:</b>	<b>441</b>	<b>40.39</b>	<b>\$45,623,500</b>	<b>\$274,840</b>

Source: PIAA, 2008

# **GENERAL AND FAMILY PRACTICE**

# GENERAL AND FAMILY PRACTICE

## Claims by 10 Most Prevalent Patient Conditions

Cumulative Analysis: January 1, 1985 – December 31, 2007

Patient Condition	Total Claims	% Paid to Closed	Indemnity Paid	Average Indemnity
Obesity	767	7.61	\$5,729,321	\$106,099
Myocardial infarction, acute	663	45.35	57,775,132	204,152
Diabetes	650	20.71	17,170,423	133,104
Malignant neoplasms of the female breast	545	41.92	44,747,841	205,265
Symptoms involving abdomen and pelvis	452	24.76	25,040,003	245,490
Back disorders, incl. lumbago & sciatica	444	25.55	19,332,121	185,886
Appendicitis	432	36.72	10,643,810	71,918
Malignant neoplasms of the bronchus and lung	390	36.19	19,766,095	146,416
Malignant neoplasms of the colon and rectal region	389	40.38	28,745,427	195,547
Brain Damaged Infant	347	59.75	71,632,495	371,153
<b>Totals:</b>	<b>5,079</b>	<b>31.79</b>	<b>\$300,582,668</b>	<b>\$198,667</b>

Source: PIAA, 2008

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# GENERAL AND FAMILY PRACTICE

## Claims by 10 Most Prevalent Procedures Performed

Cumulative Analysis: January 1, 1985 – December 31, 2007

Procedure Performed	Total Claims	% Paid to Closed	Indemnity Paid	Average Indemnity
Diagnostic interview, evaluation, or consultation	8,590	29.89	\$419,538,213	\$173,291
Prescription of medication	5,479	31.22	200,374,029	128,941
General physical examination	2,409	30.58	140,448,802	206,239
No care rendered	1,194	11.44	13,331,914	104,976
Miscellaneous manual examinations and nonoperative procedures	864	39.44	65,757,400	202,330
Injections and vaccinations	761	45.19	34,048,714	105,089
Operative procedures on the skin, excluding skin grafts	588	41.65	15,272,136	65,828
Diagnostic radiologic procedures, excluding CAT scan and contrast material	425	35.34	16,101,671	114,196
Diagnostic procedures involving cardiac and circulatory functions	380	48.02	48,567,032	285,688
Manually assisted deliveries	353	44.78	46,681,072	311,207
<b>Totals:</b>	<b>21,043</b>	<b>31.25</b>	<b>\$1,000,120,983</b>	<b>\$163,285</b>

Source: PIAA, 2008

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# GENERAL AND FAMILY PRACTICE

## Claims by 10 Most Prevalent Medical Misadventures

Cumulative Analysis: January 1, 1985 – December 31, 2007

Medical Misadventure	Total Claims	% Paid to Closed	Indemnity Paid	Average Indemnity
Errors in diagnosis	9,011	37.15	\$567,211,871	\$180,641
No medical misadventure	4,747	8.19	59,649,629	162,533
Improper performance	3,958	37.59	180,973,631	127,716
Failure to supervise or monitor case	2,630	32.77	125,263,020	154,455
Medication errors	2,630	32.84	86,695,714	108,914
Failure/delay in referral or consultation	938	46.99	78,871,679	190,973
Not performed	821	44.33	67,620,282	196,571
Failure to recognize a complication of treatment	793	35.06	36,316,156	144,686
Failure to instruct or communicate with patient	671	28.41	26,341,952	177,986
Delay in performance	578	48.28	55,805,259	209,008
<b>Totals:</b>	<b>26,777</b>	<b>31.76</b>	<b>\$1,284,749,193</b>	<b>\$161,522</b>

Source: PIAA, 2008

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# GENERAL AND FAMILY PRACTICE

## Claims by Medical Misadventure and Procedure/Condition

Cumulative Analysis: January 1, 1985 – December 31, 2007

### Errors in diagnosis

Condition	Total Claims	% Paid to Closed	Indemnity Paid	Average Indemnity
Myocardial infarction, acute	369	50.14	\$35,235,848	\$201,348
Malignant neoplasms of the female breast	325	44.12	26,236,557	194,345
Appendicitis	299	43.42	9,436,136	77,345
Malignant neoplasms of the bronchus and lung	266	36.90	11,462,401	123,252
Malignant neoplasms of the colon and rectal region	266	44.26	19,778,094	183,131
<b>Totals:</b>	<b>1,525</b>	<b>44.20</b>	<b>\$102,149,036</b>	<b>\$161,373</b>

Source: PIAA, 2008

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# GENERAL SURGERY

## GENERAL SURGERY

### Claims by 10 Most Prevalent Patient Conditions

Cumulative Analysis: January 1, 1985 – December 31, 2007

Patient Condition	Total Claims	% Paid to Closed	Indemnity Paid	Average Indemnity
Calculus of gallbladder or bile duct	1,100	44.48	\$98,533,357	\$218,478
Cholecystitis	948	38.59	64,397,499	192,231
Inguinal hernia	922	34.46	38,728,146	130,838
Symptoms involving abdomen and pelvis	788	31.99	55,289,859	239,350
Appendicitis	758	29.66	29,986,513	142,793
Malignant neoplasms of the female breast	724	38.20	59,989,838	231,621
Obesity	692	47.40	47,776,205	174,366
Malignant neoplasms of the colon and rectal region	584	34.94	42,073,371	223,795
Intestinal obstruction	483	35.70	32,430,643	201,433
Regional enteritis, colitis	409	32.09	21,636,476	180,304
<b>Totals:</b>	<b>7,408</b>	<b>37.19</b>	<b>\$490,841,907</b>	<b>\$194,393</b>

Source: PIAA, 2008

# GENERAL SURGERY

## Claims by 10 Most Prevalent Procedures Performed

Cumulative Analysis: January 1, 1985 – December 31, 2007

Procedure Performed	Total Claims	% Paid to Closed	Indemnity Paid	Average Indemnity
Diagnostic interview, evaluation, or consultation	3,041	25.75	\$133,739,093	\$184,978
Operative procedures of gallbladder and biliary tract	2,538	43.08	214,512,279	212,810
Operative procedures on the small and large intestine	1,355	36.25	104,852,266	232,488
Operative procedures on abdominal region	1,281	30.69	65,631,659	182,310
Operative procedures of the breast, excluding elective procedures	1,111	39.85	60,395,273	144,486
Operative procedures involving blood vessels, excluding heart	1,096	32.42	61,901,197	186,449
Operative procedures on the stomach	928	45.82	75,844,343	189,611
Repair of inguinal hernia	901	35.69	37,272,702	123,012
Operative procedures on the skin, excluding sin grafts	872	33.53	27,154,115	97,327
Appendectomy	766	29.01	31,816,236	152,963
<b>Totals:</b>	<b>13,889</b>	<b>34.72</b>	<b>\$813,119,163</b>	<b>\$181,419</b>

Source: PIAA, 2008

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# GENERAL SURGERY

## Claims by 10 Most Prevalent Medical Misadventures

Cumulative Analysis: January 1, 1985 – December 31, 2007

Medical Misadventure	Total Claims	% Paid to Closed	Indemnity Paid	Average Indemnity
Improper performance	9,773	40.54	\$691,516,289	\$168,219
No medical misadventure	4,981	6.14	56,566,113	197,784
Error in diagnosis	3,523	36.65	246,001,829	205,344
Failure to supervise or monitor case	1,495	39.22	99,322,538	181,909
Failure to recognize a complication of treatment	1,109	40.98	79,709,598	206,502
Surgical foreign body left in patient after proc	985	53.02	24,462,844	48,926
Performed when not indicated or contraindicated	939	43.08	60,918,510	159,056
Not performed	678	48.97	52,709,105	170,029
Delay in performance	675	48.50	75,519,700	245,993
Medication errors	373	39.14	22,470,903	164,021
<b>Totals:</b>	<b>24,531</b>	<b>33.93</b>	<b>\$1,409,197,429</b>	<b>\$182,373</b>

Source: PIAA, 2008

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# GENERAL SURGERY

## Claims by Medical Misadventure and Procedure/Condition

Cumulative Analysis: January 1, 1985 – December 31, 2007

### Improper performance

Procedure	Total Claims	% Paid to Closed	Indemnity Paid	Average Indemnity
Operative procedures of gallbladder and biliary tract	1,503	50.69	\$165,164,637	\$236,287
Operative procedures on the small and large intestine	556	39.96	53,258,646	264,968
Operative procedures involving blood vessels, excluding heart	543	36.42	37,051,803	200,280
Operative procedures on the stomach	538	49.02	45,171,861	180,687
Repair of inguinal hernia	503	35.73	25,128,216	148,688
<b>Totals:</b>	<b>3,643</b>	<b>44.59</b>	<b>\$325,775,163</b>	<b>\$216,606</b>

Source: PIAA, 2008

# INTERNAL MEDICINE

# INTERNAL MEDICINE

## Claims by 10 Most Prevalent Patient Conditions

Cumulative Analysis: January 1, 1985 – December 31, 2007

Patient Condition	Total Claims	% Paid to Closed	Indemnity Paid	Average Indemnity
Myocardial infarction, acute	1,202	32.32	\$78,831,177	\$217,766
Malignant neoplasms of the bronchus and lung	814	31.47	51,316,874	217,444
Diabetes	806	19.31	26,431,829	182,288
Chest pain, not further defined	747	28.96	58,085,250	305,712
Symptoms involving abdomen and pelvis	691	26.43	38,522,442	237,793
Malignant neoplasms of the colon and rectal region	568	41.32	61,331,901	280,054
Pneumonia	534	22.43	16,491,296	151,296
Malignant neoplasms of the female breast	520	36.33	33,442,686	192,199
Renal failure	455	15.22	10,484,320	166,418
Hypertension	417	25.98	21,601,968	218,202
<b>Totals:</b>	<b>6,754</b>	<b>28.46</b>	<b>\$396,539,743</b>	<b>\$225,435</b>

Source: PIAA, 2008

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# INTERNAL MEDICINE

## Claims by 10 Most Prevalent Procedures Performed

Cumulative Analysis: January 1, 1985 – December 31, 2007

Procedure Performed	Total Claims	% Paid to Closed	Indemnity Paid	Average Indemnity
Diagnostic interview, evaluation, or consultation	12,088	21.77	\$491,361,718	\$203,547
Prescription of medication	5,722	28.53	244,799,801	165,517
General physical examination	3,504	25.80	227,649,116	277,960
Injections and vaccinations	1,426	32.46	91,527,293	216,377
No care rendered	1,314	8.23	11,922,850	116,891
Diagnostic procedures involving cardiac and circulatory functions	1,090	36.50	97,569,776	270,276
Diagnostic procedures of the large intestine	733	35.25	46,345,114	204,164
Miscellaneous manual examinations and nonoperative procedures	664	32.25	46,487,285	233,604
Operative procedures involving blood vessels, excluding heart	439	19.34	8,430,280	110,925
Chest x-ray	438	46.88	52,358,717	278,504
<b>Totals:</b>	<b>27,418</b>	<b>25.12</b>	<b>\$1,318,451,950</b>	<b>\$209,677</b>

Source: PIAA, 2008

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# INTERNAL MEDICINE

## Claims by 10 Most Prevalent Medical Misadventures

Cumulative Analysis: January 1, 1985 – December 31, 2007

Medical Misadventure	Total Claims	% Paid to Closed	Indemnity Paid	Average Indemnity
Errors in diagnosis	9,276	33.81	\$711,025,454	\$251,335
No medical misadventure	8,697	4.83	62,571,004	212,812
Improper performance	3,755	28.78	163,101,933	165,250
Failure to supervise or monitor case	3,640	31.88	213,204,896	198,885
Medication errors	2,908	29.59	113,438,771	144,324
Failure to recognize a complication of treatment	1,267	28.12	56,814,314	195,238
Not performed	927	38.82	77,317,034	234,294
Failure/delay in referral or consultation	823	40.30	63,137,073	215,485
Performed when not indicated or contraindicated	789	32.06	36,200,853	154,046
Delay in performance	540	38.99	40,218,642	216,229
<b>Totals:</b>	<b>32,622</b>	<b>24.93</b>	<b>\$1,557,029,976</b>	<b>\$210,495</b>

Source: PIAA, 2008

# INTERNAL MEDICINE

## Claims by Medical Misadventure and Procedure/Condition

Cumulative Analysis: January 1, 1985 – December 31, 2007

### Errors in diagnosis

Condition	Total Claims	% Paid to Closed	Indemnity Paid	Average Indemnity
Malignant neoplasms of the bronchus and lung	460	38.24	\$36,111,004	\$224,292
Myocardial infarction, acute	407	42.20	36,133,715	230,151
Malignant neoplasms of the colon and rectal region	308	48.61	42,011,177	300,080
Malignant neoplasms of the female breast	221	45.19	17,214,859	183,137
Chest pain, not further defined	221	41.94	28,778,685	368,958
<b>Totals:</b>	<b>1,617</b>	<b>42.71</b>	<b>\$160,249,440</b>	<b>\$254,364</b>

Source: PIAA, 2008

# OBSTETRICS

# OBSTETRICS

## Claims by 10 Most Prevalent Patient Conditions

Cumulative Analysis: January 1, 1985 – December 31, 2007

Condition	Total Claims	% Paid to Closed	Indemnity Paid	Average Indemnity
Pregnancy	3,485	29.31	\$227,274,870	\$250,027
Brain Damaged Infant	3,140	49.39	799,125,396	565,152
Sterilization, admission or office treatment for	1,064	31.84	26,983,455	82,267
Disorders of menstruation and other abnormal bleeding from female genital tract	940	33.53	47,664,839	165,502
Malignant neoplasms of the female breast	868	43.95	95,093,127	267,116
Ectopic pregnancy	814	33.51	21,067,504	81,657
Fetal distress	816	44.24	137,483,847	411,828
Benign neoplasms of uterus	772	35.89	47,263,218	186,811
Endometriosis	668	27.86	24,951,245	144,227
Delivery, normal, of single gestation	619	32.92	46,754,971	254,103
<b>Totals:</b>	<b>13,186</b>	<b>37.25</b>	<b>\$1,473,662,274</b>	<b>\$327,699</b>

Source: PIAA, 2008

# OBSTETRICS

## Claims by 10 Most Prevalent Procedures Performed

Cumulative Analysis: January 1, 1985 – December 31, 2007

Procedures Performed	Total Claims	% Paid to Closed	Indemnity Paid	Average Indemnity
Cesarean section deliveries	4,959	38.70	\$708,547,550	\$411,948
Operative procedures on the uterus	4,861	35.23	219,567,779	138,180
Manually assisted deliveries	3,424	38.54	468,642,496	400,892
Miscellaneous manual examinations and non-operative procedures	3,362	31.24	327,565,970	343,361
Diagnostic interview, evaluation, consult	3,250	27.95	220,621,902	265,490
Operative procedures on the fallopian tubes & ovaries, exclusive of sterilization	2,523	34.75	105,689,092	126,550
Forceps deliveries	1,208	54.44	225,020,304	367,080
Termination of pregnancy	1,004	41.95	46,469,255	115,883
Prescription of medication	970	31.56	53,963,300	193,417
No care rendered	806	11.63	22,053,683	259,455
<b>Totals:</b>	<b>26,369</b>	<b>38.18</b>	<b>\$2,398,121,331</b>	<b>\$289,931</b>

Source: PIAA, 2008

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# OBSTETRICS

## Claims by 10 Most Prevalent Medical Misadventures

Cumulative Analysis: January 1, 1985 – December 31, 2007

Procedures Performed	Total Claims	% Paid to Closed	Indemnity Paid	Average Indemnity
Improper performance	10,803	39.67	\$933,193,647	\$235,893
No medical misadventure	6,668	8.06	155,806,414	304,309
Errors at diagnosis	4,252	36.89	367,324,313	255,086
Failure to supervise or monitor case	2,775	45.87	399,678,356	345,743
Delay in performance	2,103	54.86	473,965,579	453,556
Not performed	1,747	54.65	311,966,791	351,314
Failure to recognize a complication of treatment	1,298	39.55	107,008,759	266,855
Performed when not indicated or contraindicated	1,001	47.32	85,531,185	175,990
Surgical foreign body left in patient after procedure	839	44.81	14,796,273	41,330
Failure to instruct or communicate with patient	650	34.26	28,607,215	145,214
<b>Totals:</b>	<b>26,369</b>	<b>38.18</b>	<b>\$2,398,121,331</b>	<b>\$289,931</b>

Source: PIAA, 2008

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# OBSTETRICS

## Claims by Medical Misadventure and Procedure/Condition

Cumulative Analysis: January 1, 1985 – December 31, 2007

Failure to supervise or monitor cases

Procedures Performed	Total Claims	% Paid to Closed	Indemnity Paid	Average Indemnity
Brain Damaged Infant	511	55.36	\$137,407,337	\$543,112
Pregnancy	289	40.78	32,505,320	312,551
Pre-eclampsia	76	42.65	10,885,331	375,356
Fetal distress	65	42.19	14,579,223	539,971
Delivery, normal of single gestation	64	57.14	11,028,887	344,853
<b>Totals:</b>	<b>1,006</b>	<b>49.44</b>	<b>\$206,406,098</b>	<b>\$483,834</b>

Source: PIAA, 2008

# ORTHOPEDIC SURGERY



# ORTHOPEDIC SURGERY

## Claims by 10 Most Prevalent Patient Conditions

Cumulative Analysis: January 1, 1985 – December 31, 2007

Patient Condition	Total Claims	% Paid to Closed	Indemnity Paid	Average Indemnity
Femur, fracture of	1,226	29.86	\$46,907,013	\$136,358
Osteoarthritis, generalized or localized	1,179	31.89	61,642,936	178,675
Disorder of joint, not incl. arthritis	1,101	26.10	37,155,770	142,359
Fracture of the tibia or fibula	1,051	30.00	58,026,871	197,370
Displacement of intervertebral disc	931	29.93	66,266,516	253,895
Fracture of the radius or ulna	921	29.62	29,027,253	113,832
Back disorders, incl. lumbago & sciatica	759	23.32	48,663,288	291,397
Fracture of medial malleolus closed	680	34.77	32,987,346	151,318
Tear of medial cartilage or meniscus of knee	626	29.33	26,086,591	148,219
Internal derangement of knee, incl. medial meniscus	506	29.39	16,072,456	115,629
<b>Totals:</b>	<b>8,980</b>	<b>29.42</b>	<b>\$422,836,040</b>	<b>\$171,885</b>

Source: PIAA, 2008

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# ORTHOPEDIC SURGERY

## Claims by 10 Most Prevalent Procedures Performed

Cumulative Analysis: January 1, 1985 – December 31, 2007

Procedure Performed	Total Claims	% Paid to Closed	Indemnity Paid	Average Indemnity
Operative procedures on joint structures, exclusive of spinal fusion	6,191	31.89	\$321,919,423	\$176,394
Diagnostic Interview, evaluation, or consultation	2,400	18.20	72,037,965	175,275
Open reduction of dislocation, exclusive of facial bones	2,289	34.37	123,537,000	167,168
Closed reduction of fractures, exclusive of facial bones	1,989	33.70	89,411,502	140,806
Operative procedures on bones, exclusive of facial bones	1,554	34.61	67,003,662	132,681
Skeletal traction and other procedures involving immobilization	1,124	28.30	36,950,573	123,169
Spinal fusion	753	26.79	53,011,761	283,485
No care rendered	697	6.63	4,840,958	107,577
Operative procedures on spinal cord and spinal canal	695	32.06	58,989,620	282,247
Operative procedures on muscle, tendon and fascia and bursa, except hand	675	26.98	23,312,537	139,596
<b>Totals:</b>	<b>18,367</b>	<b>29.24</b>	<b>\$851,015,011</b>	<b>\$169,424</b>

Source: PIAA, 2008

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# ORTHOPEDIC SURGERY

## Claims by 10 Most Prevalent Medical Misadventures

Cumulative Analysis: January 1, 1985 – December 31, 2007

Medical Misadventure	Total Claims	% Paid to Closed	Indemnity Paid	Average Indemnity
Improper performance	9,394	34.46	\$504,664,227	\$167,274
No medical misadventure	5,135	6.12	48,717,955	162,393
Errors in diagnosis	2,543	33.14	130,092,822	166,147
Failure to supervise or monitor case	1,176	36.26	74,143,208	189,141
Failure to recognize a complication of treatment	1,143	37.77	86,299,862	231,989
Performed when not indicated or contraindicated	906	34.22	40,739,065	137,169
Not performed	555	39.47	33,707,927	162,057
Wrong patient or body part	536	80.04	29,381,207	71,837
Delay in performance	375	38.81	32,859,936	239,854
Medication errors	361	33.13	18,377,840	165,566
<b>Totals:</b>	<b>22,114</b>	<b>29.14</b>	<b>\$998,984,049</b>	<b>\$165,779</b>

Source: PIAA, 2008

# ORTHOPEDIC SURGERY

## Claims by Medical Misadventure and Procedure/Condition

Cumulative Analysis: January 1, 1985 – December 31, 2007

### Improper performance

Procedure	Total Claims	% Paid to Closed	Indemnity Paid	Average Indemnity
Operative procedures on joint structures, exclusive of spinal fusion	3,186	33.97	\$198,599,062	\$197,219
Open reduction of dislocation, exclusive of facial bones	1,182	39.17	70,793,091	163,873
Closed reduction of fractures, exclusive of facial bones	949	36.39	42,319,593	130,214
Operative procedures on bones, exclusive of facial bones	787	39.24	37,461,448	130,040
Operative procedures on cranial and peripheral nerves	413	42.46	26,551,020	159,946
<b>Totals:</b>	<b>6,517</b>	<b>36.45</b>	<b>\$375,714,214</b>	<b>\$169,393</b>

Source: PIAA, 2008

# PEDIATRICS

# PEDIATRICS

## Claims by 10 Most Prevalent Patient Conditions

PIAA Cumulative Analysis: January 1, 1985 – December 31, 2007

Patient Condition	Total Claims	% Paid to Closed	Indemnity Paid	Average Indemnity
Brain Damaged Infant	594	28.47	\$70,669,971	\$441,687
Meningitis	349	44.38	63,739,228	448,868
Routine infant or child health check	215	20.83	7,927,909	198,198
Respiratory problems in the newborn	193	16.67	7,847,603	270,607
Appendicitis	157	32.39	5,347,816	116,257
Pneumonia	153	21.99	7,425,454	239,531
Specified nonteratogenic anomalies	135	41.94	9,708,836	186,708
Premature infant	111	14.15	4,050,368	270,025
Birth	89	14.10	3,150,480	286,407
Congenital anomaly of genital organs	90	23.38	3,066,250	170,347
<b>Total</b>	<b>2,086</b>	<b>28.39</b>	<b>\$182,933,915</b>	<b>\$336,276</b>

Source: PIAA, 2008

# PEDIATRICS

## Claims by 10 Most Prevalent Procedures Performed

PIAA Cumulative Analysis: January 1, 1985 – December 31, 2007

Procedure Performed	Total Claims	% Paid to Closed	Indemnity Paid	Average Indemnity
Diagnostic interview, evaluation, or consultation	2,962	28.36	\$232,499,622	\$297,314
General physical examination	1,172	29.51	88,595,120	284,872
Prescription of medication	723	33.49	44,430,799	206,655
No care rendered	370	9.40	7,086,725	214,749
Injections and vaccinations	347	29.19	23,457,925	249,552
Miscellaneous nonoperative procedures	226	24.15	10,592,718	211,854
Miscellaneous manual examinations and nonoperative procedures	142	32.00	6,036,385	150,910
Respiratory therapy	124	31.93	9,785,237	257,506
Advice given to patient, without treatment being rendered	114	40.59	14,577,726	355,554
Cardiopulmonary resuscitation	105	8.91	2,668,066	296,452
<b>Total</b>	<b>6,285</b>	<b>27.91</b>	<b>\$439,730,323</b>	<b>\$272,616</b>

Source: PIAA, 2008

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# RADIOLOGY



# RADIOLOGY

## Claims by 10 Most Prevalent Patient Conditions

Cumulative Analysis: January 1, 1985 – December 31, 2007

Patient Condition	Total Claims	% Paid to Closed	Indemnity Paid	Average Indemnity
Malignant neoplasms of the female breast	1,201	39.78	\$103,876,736	\$237,162
Malignant neoplasms of the bronchus and lung	656	36.30	38,922,439	173,761
Neoplasm of the breast, unknown if malignant or benign	429	32.49	35,088,399	274,128
Fracture of vertebral column	327	30.57	17,280,718	180,007
Symptoms involving abdomen and pelvis	305	24.55	14,593,278	214,607
Injury to multiple parts of body	294	29.82	7,855,461	95,798
Foot, fracture of	218	30.19	3,523,690	55,058
Screening for malignant neoplasms	267	51.66	43,245,891	396,751
Back disorders, incl. lumbago & sciatica	201	25.52	9,497,201	193,820
Radiological examination	241	46.32	34,056,675	387,008
<b>Totals:</b>	<b>4,139</b>	<b>35.58</b>	<b>\$307,940,488</b>	<b>\$228,782</b>

Source: PIAA, 2008

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# RADIOLOGY

## Claims by 10 Most Prevalent Procedures Performed

Cumulative Analysis: January 1, 1985 – December 31, 2007

Procedure Performed	Total Claims	% Paid to Closed	Indemnity Paid	Average Indemnity
Diagnostic radiologic procedures, excluding CAT scan and contrast material	2,996	28.75	\$75,414,881	\$92,647
Mammography	1,862	41.31	191,685,691	277,002
Chest x-ray	1,601	29.09	84,293,137	195,12
Computerized axial tomography (CAT scan)	1,405	29.60	102,436,602	273,164
Diagnostic radiologic procedures, using contrast material	876	34.61	43,997,270	152,240
Diagnostic ultrasound	746	22.81	25,925,061	171,689
X-ray of spine	539	30.43	23,721,262	154,034
Diagnostic interview, evaluation, or consultation	529	27.64	33,775,795	248,351
No care rendered	516	7.16	6,803,312	194,380
Magnetic resonance imaging	512	28.19	37,887,652	295,997
<b>Totals:</b>	<b>11,582</b>	<b>29.97</b>	<b>\$625,940,663</b>	<b>\$195,240</b>

Source: PIAA, 2008

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# RADIOLOGY

## Claims by 10 Most Prevalent Medical Misadventures

Cumulative Analysis: January 1, 1985 – December 31, 2007

Medical Misadventure	Total Claims	% Paid to Closed	Indemnity Paid	Average Indemnity
Errors in diagnosis	7,045	38.78	\$521,743,405	\$209,116
No medical misadventure	3,247	5.72	42,537,930	244,471
Improper performance	1,801	32.65	79,314,007	142,908
Failure to recognize a complication of treatment	472	33.01	18,939,191	137,241
Failure to supervise or monitor case	350	35.00	30,281,605	270,371
Performed when not indicated or contraindicated	202	32.31	9,422,836	149,569
Failure to instruct or communicate with patient	178	20.61	5,030,759	147,964
Failure/delay in referral or consultation	143	34.59	9,586,385	208,400
Surgical foreign body left in patient after proc	127	42.28	1,680,747	32,322
Delay in performance	98	21.69	3,023,916	167,995
<b>Totals:</b>	<b>13,663</b>	<b>29.23</b>	<b>\$721,560,781</b>	<b>\$195,704</b>

Source: PIAA, 2008

# RADIOLOGY

## Claims by Medical Misadventure and Procedure/Condition

Cumulative Analysis: January 1, 1985 – December 31, 2007

### Errors in diagnosis

Condition	Total Claims	% Paid to Closed	Indemnity Paid	Average Indemnity
Malignant neoplasms of the female breast	842	45.51	\$83,483,284	\$241,981
Malignant neoplasms of the bronchus and lung	419	41.58	28,593,838	175,422
Neoplasm of the breast, unknown if malignant or benign	245	41.01	29,538,494	321,071
Fracture of vertebral column	225	36.92	15,640,653	197,983
Injury to multiple parts of body	169	45.00	6,889,961	95,694
<b>Totals:</b>	<b>1,900</b>	<b>43.09</b>	<b>\$164,146,230</b>	<b>\$218,570</b>

Source: PIAA, 2008

## **CONCLUSION**

## **NATIONAL MEDICAL MALPRACTICE TRENDS**

### **Conclusion**

- The national medical malpractice environment is significantly better in 2009
- No evidence of a hardening market for 1/1/09 renewals
- Loss of investment income should create a more gradual change in the market in 2009
  - Flattening of premium increases to slight increases
  - Still too much capacity
- No evidence nationally of an uptick in frequency/severity
  - Will a poor economy change that?