Managing Clinician Risk through Education in the Changing World of Healthcare

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Today’s Agenda

• Claims snapshot – where are we today and how can we improve?
• Reactive versus proactive risk management
• Transferring knowledge through risk and patient safety education
  – Subject matter
  – Format
  – Delivery
  – Influence
  – Measurement
Where are we today?

“Her husband? No, I'm her lawyer.”
Positive trends, but...

- Tort reform
- Apology movement
- CPOE/EMR systems
- Risk management programs
  - Assessments
  - Online education
  - Seminars
  - Simulator training
- Joint Commission Sentinel Event Alerts
- Checklists
- Measuring the patient experience
- Just Culture
...MPL/HPL claims still persist

Figure 2. AVERAGE PAYMENTS AND % PAID TO CLOSED BY CLOSE YEAR FOR ALL SPECIALTIES (1985-2010) - 2010 DOLLARS -

Source: PIAA Data Sharing Project
Reacting to risk
Reactive risk management has a cost
Proactive education for healthcare providers

Where to start?

1. **Subject Matter** – how do I select the most critical risk topics?
2. **Format** - how do I communicate?
3. **Delivery** - how do I distribute information?
4. **Influence** - how do I ensure participation?
5. **Measurement** - how do I measure impact?
Ready, set, educate!
Subject matter: medicine, meet law

Medical vs. Medical-Legal
Subject matter: yesterday

Claims
Subject matter: today

- Claims
- Joint Commission
- Patients
- Quality
- Incident Reporting
- Peer Review
- Healthcare Providers
Format: the case for cases

While malpractice claims represent only a fraction of all medical cases, “they are reflective of deeply rooted problems that are much more widespread in health care.”

Format: video cases
Patient Transfer or Hand-off to a Qualified Substitute During an Emergency

Laryngospasm During Anesthesia Induction

The initial anesthesiologist abandoned his patient when he departed to attend another surgery, because he did not provide for a qualified replacement, duly informed, to assume the woman’s emergency medical condition.

Under the circumstances, the anesthesiologist had a duty to sufficiently brief his replacement about the patient’s clinical condition to enable an otherwise credentialed replacement to properly and immediately assume complete clinical management of the patient’s emergency condition, i.e. to become functionally a qualified substitute. He failed his clinical responsibility, because he did not duly adequately inform his replacement, who was attempting to assume patient care responsibility, about the patient’s ongoing critical clinical condition.

Physicians may be held liable for patient abandonment if they withdraw from treatment without providing a qualified substitute, capable and duly informed, to assume their patients’ immediate medical needs, including ongoing emergency treatments.
Delivery: online education in theory
Delivery: online education in practice

Virginia Client
- 11 acute care hospitals
- 150+ physician practices
- 750 ee docs
- Cayman captive
Influence: carrots

- Free CME
- State CME requirements
- Meet multiple initiatives
- Financial incentives (for insureds)
  - Premium discount
  - Premium giveback (surcharge)
  - Check/cash
Influence: sticks

- Mandate
- Three sources of leverage:
  - Insurance
  - Credentialing
  - Employment
Measurement: defining success

- Participation levels
- Positive feedback
- Test scores (did they learn?)
- Reduced premium
- Reduced claims frequency and severity
Measurement: Ohio Client

- Client since 2004 with program funded through Cayman-domiciled captive
  - 1,400 employed physicians
  - 950 residents/fellows
- Program goal: behavior modification tool to reduce annual premium surcharge
- Available 24/7 for entire population, regardless of location (includes 11 hospitals)
- Customize curriculum for each specialty
- Track participants, scores, completion dates, feedback through real-time reporting
- 2,218 courses completed in 2009
Measurement: Ohio Client

- Surcharges assessed for failure to complete clinical risk management education
  - $600,000 in 2006
  - $425,000 in 2007
  - $202,644 in 2008
  - $172,598 in 2009
Measurement: Ohio Client

Physician loss cost per claim reduced 30% from 2004 to 2007
Measurement: Ohio Client

Physician premiums reduced 15% since 2004
Measurement: Actuarial Efficacy Study

- ELM/Deloitte efficacy study focusing on analyzing the impact of online educational training classes on claims frequency:
  - Physicians who have taken courses versus those who have not
  - Physicians who have done well on courses versus those who have not

Courses taken:
- Communication: Adverse Events
- Consultation & Referral
- Documenting Transition of Care
Thank you.