Assumptions

- Healthcare organizations of all types provide care when Doctors admit / treat patients
- Many critical patient care determinations are made by Doctors
- Patient injuries occur when quality of care fails or medical decision making is faulty
- Doctors, organizations, and ancillary providers of care are all typically named in medical malpractice suits
- Malpractice suits are commonly filed for failures of medical decision making and quality of care
- Doctors and organizations may be investigated by State / Federal / Accrediting agencies for quality of care concerns
- Data can be used to improve behavior and affect quality
How to Influence Management, Administrators and Boards in 10 Seconds

- Hard data
- Understand Profit / Image / Growth Motivation
- Understand how organizations make money
  - Increase Income or Reduce Expense
- Use data to illustrate quality needs
- Show how quality improvements can reduce risk and expense exposure
- Don’t surprise leaders; brief in advance
- Provide regular reports and feedback to decision makers
- Ask politely for exactly what you need

How to Influence Physicians in 10 Seconds

- Hard data
- Understand their (constructed) personality
  - Independent
  - Taught to quickly understand, diagnose and make decisions
  - No shared responsibility for decisions
  - No tolerance for ambiguity
- Appeal to empathy, care for patients, and quality performance
- Appeal to financial impact or benefit
Conventional Thinking: Healthcare Risk Silos

Reality: Overlapping Circles of Risk
Cases for Quality 1

- United Memorial Hospital and Physicians, 2003
- Inadequate quality of care related to pain management and anesthesia services
- Improper sterile technique; failure of patients to improve; high volume of procedures; patient complaints
- Investigation by OIG
- Fines and Penalties
- Deferred Prosecution Agreement

Cases for Quality 2

- USA vs. Borne and Dynastar Corporation, 2003-2005 (Eastern District, LA)
- Systematic failure by administration and facility to provide adequate quality of care for nursing home residents
- Prosecution under 18 USC 1347, as a criminal scheme to defraud health care programs
- Fines, penalties, and incarceration
Cases for Quality 3

- Redding Hospital and Physicians, 2005
- Lack of medical necessity for cardiac procedures, 1988-2002
- Qui Tam (whistleblower) case
- Prosecutors noted 13 medical malpractice lawsuits against involved Physicians noted between 1988 and 2002
- Fines, penalties, incarceration

Raising Red Flags

- JAMA 2005: “...patient safety system progress is slow....and is cause for great concern.”
- NIH Public Education Campaign 2007: “120 patient deaths per day due to medical errors – more than are due to MVA’s, breast cancer, or AIDS”
- State Regulation: Mandatory serious event reporting in 24 of 50 States
More Quality Concerns

- **AMA, 2005:**
  - Physician shortfalls nationwide by 2020
  - 85,000-200,000 fewer Physicians than needed by an aging population
  - USA Today front page feature 2/26/2008

- **Boomer Boom:**
  - Beginning 1/1/2007, one Baby Boomer turns 65 every 7 seconds

- **National Nursing Staff Shortage**

Landmark Event:

- First CIA to directly link quality performance to deferred FCA prosecution
- 23 of 66 pages include discussion of quality measures to some degree
- [www.tenethealth.com](http://www.tenethealth.com)
- [www.hhs-oig.com](http://www.hhs-oig.com), *Fraud Prevention and Detection page*
- Quality functions must demonstrate effectiveness, not just existence
Tenet CIA requirements

- Chief Medical Officer, Clinical Quality Department, clinical quality staff and officers
- Clinical Audits of Physicians, medical care
- Improved Physician Credentialing
- Improved Physician Privileging
- Improved Physician Peer Review
- Evidence Based Medicine Programs
- Standards of Clinical Excellence
- Utilization Management and review
- Quality Metrics

Means to an End: Federally Mandated Quality?

- Medicare Conditions of Participation (CoP):
  - Patient Rights 64 FR 36069, 1999
  - Quality Assessment, Performance Improvement 48 FR 3435, 2003
  - Authentication of Verbal Orders 42 CFR 482.24(c)(1)
- False Statements Concerning Health Care (18 USC § 1035)
- Schemes to defraud health care programs (18 USC 1347)
- Patient Safety and Quality Improvement Act, 2005 (42 U.S.C. 299e-21)
MDHPIX Quality Study Goals

- Provide hard data that can be used to influence and change risk-rich behavior
- Better protect patients, physicians, healthcare organizations by raising awareness and preventing injury
- Analyze frequency and severity of medical malpractice claims by:
  - Medical Specialty or service
  - Primary allegations
  - Common factors that impact Quality, Risk Management, and Compliance disciplines

Identifying Risks Facing Physicians and Healthcare Organizations

  - 60 Physician-owned professional liability Insurers from across the United States
  - Insure 60% of private practice Physicians, plus dentists, hospitals, and other practitioners
  - 400,000 insured members internationally
  - The leading national database of reported malpractice claims, risk and exposure data
  - 350,000 closed malpractice claims
  - ACCME Accredited Risk Management Presentations
Combined Quality, Compliance, and Risk Management Exposures - 1995-2005

- Failure to Supervise / Monitor medical cases
  - 16,430 Medical Malpractice Cases
  - $1.2 Billion indemnity payout
- Medication Errors
  - 9,326 Medical Malpractice Cases
  - $369 Million indemnity payout
- Unnecessary Procedures
  - 6,702 Medical Malpractice Cases
  - $382 Million indemnity payout

Combined Exposures 1995-2005

- Medical Records Documentation problems
  - 6,702 Med-mal Cases
  - $382 Million indemnity
- Premature Discharge
  - 2,625 Med-mal Cases
  - $242 Million indemnity
- Lack of adequate facilities / equipment
  - 1,985 Med-mal Cases
  - $217 Million indemnity
 Combined Exposures 1995-2005

- Improper Conduct by Physicians
  - 1,943 Med-mal cases
  - $70 Million indemnity

- Unnecessary Medical Treatment
  - 1,693 Med-mal cases
  - $118 Million indemnity

- Breach of Confidentiality
  - 918 Med-mal cases
  - $8 Million indemnity

 Combined Exposures 1995-2005

- Failure to Conform with Regulations / Statutes
  - 902 Med-mal cases
  - $68 Million indemnity

- Pharmacy Error
  - 355 Med-mal cases
  - $18 Million indemnity

- Managed Care Referral problems
  - 276 Med-mal cases
  - $15 Million indemnity
Combined Exposures
1995-2005

- Failure to Communicate with or inform patients
  (Informed Consent and Patient Education)
  - 4,771 Med-mal cases
  - $118 Million indemnity

Example: Inadequate Patient Education and Informed Consent

- Nationwide Top 10 Allegation in 2005 against the following Medical Specialties:
  - Anesthesia
  - General Surgery
  - Internal Medicine / Geriatric Medicine
  - Ophthalmology
  - Orthopaedic Surgery
  - Pediatrics
  - General and Family Practice
EXAMPLE: Anesthesiology claims, 2001-2005

<table>
<thead>
<tr>
<th>Event</th>
<th>Claim Frequency</th>
<th>#Paid</th>
<th>% Paid</th>
<th>Total Indemnity</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Improper Performance</td>
<td>1,115</td>
<td>336</td>
<td>32.09%</td>
<td>$64,404,601</td>
<td>$191,680</td>
</tr>
<tr>
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<td>427</td>
<td>47.34%</td>
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</tr>
<tr>
<td>Surgical Monitoring</td>
<td>821</td>
<td>346</td>
<td>45.59%</td>
<td>$113,164,635</td>
<td>$327,065</td>
</tr>
<tr>
<td>Med/agent Error</td>
<td>620</td>
<td>226</td>
<td>38.50%</td>
<td>$62,225,884</td>
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<tr>
<td>Improper Preop Eval</td>
<td>249</td>
<td>93</td>
<td>40.53%</td>
<td>$20,402,714</td>
<td>$221,769</td>
</tr>
</tbody>
</table>

EXAMPLE: Anesthesiology Trends: Average Case Severity, 2005 (Compared to average 2001-2005)

- Monitoring, Surgery $786,328 ($327,065)↑
- Intubation problems $610,848 ($250,627)↑
- Improper Performance $575,514 ($191,680)↑
- Med/agent errors $551,600 ($275,336)↑
- Monitoring, recovery or case $437,222 ($354,494)↑
- Failure to instruct, communicate with patient $375,500 (NEW to top 10, 2005)
EXAMPLE:
Emerging Anesthesia Risk Exposures

- Improper Performance
  - General, Epidural and caudal anesthesia
  - Procedures involving spinal cord and canal

- Failure to monitor
  - Cataract surgery
  - Back disorders
  - Delivery

- ASC and Pain Management Exposures

- Diagnosis Error
  - Malignant neoplasm, lung, bronchus
  - Acute MI
  - Hemorrhage during procedure
  - Back disorders, including lumbago, sciatica

- Medication Errors
  - Pregnancy
  - Back Disorders
  - Adverse drug reaction
  - Spondylosis and Inflammatory Spondylopathy

Chasing the same rabbit

- Quality Improvement, Corporate Compliance, and Risk Management offices are focused on similar concerns.

- OIG / DOJ / HHS investigative efforts are aimed at these same concerns.
Key Quality Rabbits

- Inadequate Medical Record Documentation
- Poorly executed patient Informed Consent
- Inadequate patient education
- Lack of medical necessity for services
- Improper performance of services

So, just how big are those rabbits?

- OIG FY 2006 Report
- $38.2 Billion in savings and recoveries
  - $35.8 Billion in implemented actions
  - $789.4 Million in audit receivables
  - $1.6 Billion in investigative receivables
Combining resources

- The case for combining Quality Improvement, Risk Management, and Corporate Compliance efforts
  - Shared risk exposure
  - Shared investigative focus
  - Shared targets and goals
  - Duplicated efforts and cost

Reasons it will be difficult

- Shifting sources of power
- Hospital bureaucracy
- Risk divided into silos
- Territory and turf wars
- Physician / nurse cooperation
- Economic considerations
- Political considerations
- Ostrich mentality
Benefits

- Reduced expense by combining efforts
- Improved results through combined action
- Better preparation for regulatory / quality of care investigations
- Improved safety for patients

Case Studies in Quality 1

- Emergency Departments, 3 Hospitals
  - Patient throughput issues
    - Triage RN / PA staffed at 11 a.m.
    - Lobby full by 10 a.m.
    - Patient entry time recorded starting 10 a.m.
    - Nursing floor admissions stalled 1 - 5 p.m., after 8 p.m.
    - Hospitalist admissions occur end of day only
  - Diagnostic issues
    - Medication analysis / contras take 48 hours
    - Radiology reads available next day
Observations, Case 1

- 10 a.m. mid-weekday
  - Lobby full, appx. 40 patients
  - Patients waiting included one crushed foot injury
  - 64% of ED beds occupied by patients admitted by 5 p.m. the day before
  - In Triage: 1
  - Triage complete: 2
  - Unable to determine time of presentations
  - 3 patients left AMA / without treatment

Outcomes, Case 1

- Discovery protected risk assessment 3 ED locations
- Developed recommendations to address
  - throughput
  - triage
  - patient tracking for presentation time, triage time, admit time
  - communications with patients
  - staffing
  - admissions from ED to IP
- Presented findings to hospital management, legal counsel, practice Physicians, PA’s
- Joint meeting to discuss implementation
- Quality / RM Committee designated to implement
Case Studies in Quality 2

- **Orthopedic Medical Practice**
  - **On-Campus Services include:**
    - Chiropractic manipulation
    - Physical therapy
    - Exercise room and pool
    - On site radiology
    - Pain Management
    - Podiatry
    - Orthopedic evaluation, surgery
    - Rehabilitation

Observations, Case 2

- Exceptional volume of patients
- High volume of patients entering system tend to follow all modes of treatment (Diagnostic imaging, Chiropractic, Physical Therapy, Pain Management, Surgery, Rehabilitation)
- Impression that Physicians schedule services to maximize reimbursement
- Very limited dictation, medical records documentation, little documented follow up
- No outcomes data
- High number of malpractice lawsuits
Outcomes, Case 2

- Group unwilling to implement recommendations identified in risk assessment
- Professional liability carrier declined to write coverage without improvements < $800,000
- Group obtained alternate lines coverage in non-standard market
- Question: Do quality departments at hospitals monitor status of surgery group malpractice coverage?
  - Credentialing process
  - Co-named in malpractice suits

Case Studies in Quality 3

- OB-GYN Group
  - 50 specialists linked in ‘confederation’ of practices
  - 6,000 deliveries per year
  - Formed joint Risk Management / Compliance / Quality Committee
  - Developed RM / Compliance / Quality goals and plan
  - Risk Assessment all 16 locations
  - Implemented recommendations with timelines and performance measures
  - Added processes to address other risks
Observations, Case 3

- Risk assessment visits to all locations with recommendations
  - Staff, Physicians eager to identify concerns and address them
  - New management staff installed with strong support for quality improvement, patient safety
  - Mandated implementation by Physician Board and Executive Committee
  - Follow up assessment reveals active implementation

Outcomes, Case 3

- Group malpractice lawsuit experience dropped from moderate / average to very low levels, in one year
- Group malpractice insurance cost decreased 10% for all Physicians participating
- Malpractice carrier able to provide ACCME credits to Physicians participating in RM program education
- Group used RM program to document positive outcome measurements / metrics
- Group negotiated increases in managed care payment rates by demonstrating improvements in quality of care
Case Studies in Quality 4

- Anesthesia Group / ASC Joint Venture with host hospital
- Risk Assessment all venues
- Concerns about case supervision load, time elapsed between supervision of CRNA’s by MD’s
- Hospital / practice with different perceptions of how often supervision was rendered, extent of supervision
- Hospital / group contract at possible jeopardy due to perception, miscommunication

Observations, Case 4

- Hospital: 30 minute lapses between supervision visits, CRNA / MD
- MD’s: Up to 2 hour lapses
- Hospital: Case load ‘moderate’
- MD’s: 7 a.m. – 4 p.m. case load often expanded to as late as 2 a.m. due to surgery add-ons
- MD’s: 60% of OB-GYN cases at mid-delivery before attending MD arrives
Outcomes, Case 4

- Joint Hospital / Practice meetings to address risk issues, develop communications
- Moderation of case load; implementation of hospital rules regarding add-on cases
- Increased OB-GYN monitoring, staff training, MD presentation requirements

Additional Exposure considerations

- Potential medical malpractice exposure for Physicians / Hospitals under quality of care investigation by OIG / DOJ
- Impact of specific types of treatment under quality investigation
  - Anesthesia
  - Pain Management
  - Cardiac Care
  - (United Memorial and Redding Hospital cases)
Additional cost considerations

- MDHPIX Study, 2007: Lawsuit defense costs Physicians 112 hours of active practice time from 8 a.m. – 5 p.m.
  - Attorney discussions of case
  - Records review
  - Deposition prep
  - Deposition
  - Trial attendance
- Little advance notice
- 112 hours of patient visits rescheduled = 112 original hours + lost opportunity of 112 hours
- Staff rescheduling time cost
- Patient satisfaction exposure
- Average legal cost to successfully defend malpractice case: $100,000 - $150,000

Conclusions

- Quality focused management works with partnership buy-in from MD’s and Hospitals
- Quality focus can yield bottom line measurable dividends in the form of:
  - Reduced number of lawsuits
  - Decreased suit defense cost
  - Decreased professional liability insurance cost
  - Improved managed care contract rates
  - Improved patient satisfaction
- Improved Quality = Improved Financial Performance
SPECIALTY SPECIFIC QUALITY IMPROVEMENT DATA
Anesthesiology claims, 2001-2005

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Cardiology (non-surgical) claims, 2001-2005

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<tr>
<td>Diagnosis error</td>
<td>875</td>
<td>179</td>
<td>21.83%</td>
<td>$53,057,029</td>
<td>$296,408</td>
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<tr>
<td>Improper Performance</td>
<td>620</td>
<td>116</td>
<td>20.32%</td>
<td>$27,242,284</td>
<td>$221,332</td>
</tr>
<tr>
<td>Failure to supervise</td>
<td>529</td>
<td>89</td>
<td>17.49%</td>
<td>$19,698,563</td>
<td>$221,332</td>
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<td>Medication errors</td>
<td>340</td>
<td>58</td>
<td>19.27%</td>
<td>$11,647,685</td>
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<tr>
<td>Complication error</td>
<td>169</td>
<td>41</td>
<td>26.62%</td>
<td>$10,690,916</td>
<td>$260,745</td>
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<tr>
<td>Contraindication</td>
<td>155</td>
<td>33</td>
<td>22.60%</td>
<td>$6,594,735</td>
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<td>Delays, 3 categories*</td>
<td>303</td>
<td>88</td>
<td>31.42%</td>
<td>$21,891,869</td>
<td>$248,771</td>
</tr>
</tbody>
</table>

PIAA, Cumulative Analysis, 1/1/2001-12/31/2005

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Cardiology (non-surgical) Trends:
Average Case Severity, 2005
(Compared to average 2001-2005)

- Improper Performance
  - $278,883 ($234,847) ↑
- Medication Errors
  - $251,167 ($200,822) ↑
- Failure to recognize complications
  - $537,500 ($260,745) ↑
- Failure to supervise case
  - $173,571 ($221,322)
- Diagnosis Error
- $195,000 ($296,408)

PIAA, Closed claims, 2005 only 12/31/2005

COPYRIGHT©2007 AHPIS
### Cardiovascular and Thoracic Surgery claims, 2001-2005

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<tbody>
<tr>
<td>Improper Performance</td>
<td>2411</td>
<td>573</td>
<td>25.41%</td>
<td>$126,588,192</td>
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<td>710</td>
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<tr>
<td>Failure to monitor</td>
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<td>154</td>
<td>32.42%</td>
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<td>Complication of TX</td>
<td>425</td>
<td>92</td>
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<td>Surgical foreign body</td>
<td>299</td>
<td>117</td>
<td>40.91%</td>
<td>$4,757,208</td>
<td>$40,660</td>
</tr>
<tr>
<td>Delays, 3 categories*</td>
<td>574</td>
<td>175</td>
<td>30.48%</td>
<td>$42,422,360</td>
<td>$242,413</td>
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<tr>
<td>Medication error</td>
<td>120</td>
<td>37</td>
<td>33.94%</td>
<td>$9,446,466</td>
<td>$255,310</td>
</tr>
</tbody>
</table>

### Cardiovascular and Thoracic Surgery Trends: Average Case Severity, 2005
(Compared to average 2001-2005)

- Complication of Treatment: $468,800 (↑$307,873)
- Failure to supervise case: $380,526 (↑$230,851)
- Diagnosis Error: $232,571 (↑$182,950)
- Surgical foreign body: $70,900 (↑$40,660)
- Delay in performance: $372,500 (↑$275,663)
- Failure to properly respond: $225,000 (NEW to top 10, 2005)
### Emergency Medicine claims, 2001-2005

<table>
<thead>
<tr>
<th>Event</th>
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<tbody>
<tr>
<td>Diagnosis Error</td>
<td>1854</td>
<td>558</td>
<td>32.84%</td>
<td>$112,997,382</td>
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<tr>
<td>Improper Performance</td>
<td>435</td>
<td>92</td>
<td>23.83%</td>
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<tr>
<td>Failure to monitor</td>
<td>122</td>
<td>39</td>
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<td>Delay referral</td>
<td>113</td>
<td>35</td>
<td>35.71%</td>
<td>$4,914,826</td>
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<td>Delay hosp. Admission</td>
<td>110</td>
<td>32</td>
<td>32.32%</td>
<td>$8,508,905</td>
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<tr>
<td>Delay performance</td>
<td>84</td>
<td>22</td>
<td>28.57%</td>
<td>$6,278,288</td>
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<tr>
<td>Medication Errors</td>
<td>122</td>
<td>28</td>
<td>24.56%</td>
<td>$694,392</td>
<td>$24,800</td>
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</tbody>
</table>

### Emergency Medicine Trends:
Average Case Severity, 2005
(Compared to average 2001-2005)

- **Error in Diagnosis**
  $359,120  ($202,504) ↑

- **Improper Performance**
  $272,500  ($119,282) ↑

- **Failure to supervise case**
  $196,049  ($168,104) ↑

- **Delay in performance**
  $212,500  ($285,377)
General and Family Practice claims, 2001-2005

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<tr>
<td>Diagnosis error</td>
<td>1519</td>
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<td>29.80%</td>
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<td>$290,771</td>
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<tr>
<td>Failure to monitor</td>
<td>825</td>
<td>100</td>
<td>13.46%</td>
<td>$23,051,649</td>
<td>$230,516</td>
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<tr>
<td>Patient commo</td>
<td>228</td>
<td>14</td>
<td>15.22%</td>
<td>$4,237,776</td>
<td>$302,698</td>
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<tr>
<td>Complication of TX</td>
<td>162</td>
<td>34</td>
<td>22.67%</td>
<td>$9,906,996</td>
<td>$291,382</td>
</tr>
<tr>
<td>Delay of referral</td>
<td>151</td>
<td>57</td>
<td>40.71%</td>
<td>$14,200,222</td>
<td>$249,127</td>
</tr>
<tr>
<td>Not performed</td>
<td>94</td>
<td>36</td>
<td>41.86%</td>
<td>$11,168,500</td>
<td>$310,236</td>
</tr>
<tr>
<td>Delay in performance</td>
<td>94</td>
<td>33</td>
<td>42.31%</td>
<td>$11,611,218</td>
<td>$351,855</td>
</tr>
</tbody>
</table>

PIAA, Cumulative Analysis, 1/1/2001-12/31/2005

General and Family Practice Trends: Average Case Severity, 2005
(Compared to average 2001-2005)

- **Failure to supervise case**
  - $335,833 ($230,516) ↑
- **Improper Performance**
  - $437,675 ($214,712) ↑
- **Delay in referral**
  - $419,167 ($249,127) ↑
- **Improper supervision, residents or staff**
  - $365,000 (NEW to top 10, 2005)

PIAA, Closed claims, 2005 only, 12/31/2005
Gastroenterology claims, 2001-2005

<table>
<thead>
<tr>
<th>Event</th>
<th>Claim Frequency</th>
<th>#Paid</th>
<th>% Paid</th>
<th>Total Indemnity</th>
<th>Average Indemnity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diagnosis Error</td>
<td>624</td>
<td>123</td>
<td>21.43%</td>
<td>$24,267,138</td>
<td>$197,294</td>
</tr>
<tr>
<td>Improper Performance</td>
<td>562</td>
<td>120</td>
<td>22.60%</td>
<td>$16,263,744</td>
<td>$135,531</td>
</tr>
<tr>
<td>Failure to monitor</td>
<td>203</td>
<td>30</td>
<td>15.31%</td>
<td>$7,304,906</td>
<td>$243,497</td>
</tr>
<tr>
<td>Complication of TX</td>
<td>87</td>
<td>19</td>
<td>25.33%</td>
<td>$6,401,167</td>
<td>$336,904</td>
</tr>
<tr>
<td>Patient commo/inst.</td>
<td>79</td>
<td>55</td>
<td>16.36%</td>
<td>$2,034,959</td>
<td>$226,107</td>
</tr>
<tr>
<td>Delay referral</td>
<td>36</td>
<td>8</td>
<td>24.24%</td>
<td>$2,397,500</td>
<td>$299,688</td>
</tr>
<tr>
<td>Medication Errors</td>
<td>195</td>
<td>133</td>
<td>17.29%</td>
<td>$4,136,192</td>
<td>$179,834</td>
</tr>
</tbody>
</table>

Gastroenterology Trends: Average Case Severity, 2005
(Compared to average 2001-2005)

- Error in Diagnosis $359,120 ($202,504) ↑
- Improper Performance $154,306 ($135,531) ↑
- Medication Errors $192,500 ($179,834) ↑
- Delay in performance $325,833 (New to top 10, 2005)
General Surgery claims, 2001-2005

<table>
<thead>
<tr>
<th>Event</th>
<th>Claim Frequency</th>
<th>#Paid</th>
<th>% Paid</th>
<th>Total Indemnity</th>
<th>Average Indemnity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improper performance</td>
<td>9.271</td>
<td>3,508</td>
<td>40.92%</td>
<td>$634,341273</td>
<td>$180,827</td>
</tr>
<tr>
<td>Diagnosis Error</td>
<td>3.394</td>
<td>1,168</td>
<td>37.21%</td>
<td>$236,589752</td>
<td>$202,560</td>
</tr>
<tr>
<td>Failure to monitor</td>
<td>1.426</td>
<td>527</td>
<td>39.95%</td>
<td>$93,881,237</td>
<td>$176,143</td>
</tr>
<tr>
<td>Complication of TX</td>
<td>973</td>
<td>349</td>
<td>42.35%</td>
<td>$70,036,008</td>
<td>$200,676</td>
</tr>
<tr>
<td>Delay in performance</td>
<td>664</td>
<td>302</td>
<td>49.03%</td>
<td>$73,894,700</td>
<td>$244,684</td>
</tr>
<tr>
<td>Not performed</td>
<td>864</td>
<td>308</td>
<td>49.68%</td>
<td>$51,759,105</td>
<td>$168,849</td>
</tr>
<tr>
<td>Medication Errors</td>
<td>360</td>
<td>134</td>
<td>39.64%</td>
<td>$22,325,459</td>
<td>$166,608</td>
</tr>
</tbody>
</table>

General Surgery Trends:
Average Case Severity, 2005
(Compared to average 2001-2005)

- Error in Diagnosis
  $309,471 ($202,560) ↑
- Improper Performance
  $303,330 ($180,827) ↑
- Not performed
  $343,000 ($168,049) ↑
- Failed to supervise or monitor case
  $249,598 ($178,143) ↑
- Failure to instruct or communicate with patient
  $229,190 (New to top 10, 2005)
Gynecology claims, 2001-2005

<table>
<thead>
<tr>
<th>Event</th>
<th>Claim Frequency</th>
<th>#Paid</th>
<th>% Paid</th>
<th>Total Indemnity</th>
<th>Average Indemnity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improper performance</td>
<td>207</td>
<td>63</td>
<td>33.69%</td>
<td>$14,095,459</td>
<td>$233,261</td>
</tr>
<tr>
<td>Failure to monitor</td>
<td>83</td>
<td>10</td>
<td>14.08%</td>
<td>$2,830,276</td>
<td>$283,028</td>
</tr>
<tr>
<td>Diagnosis Error</td>
<td>62</td>
<td>24</td>
<td>46.15%</td>
<td>$5,823,970</td>
<td>$242,665</td>
</tr>
<tr>
<td>Complication of TX</td>
<td>25</td>
<td>2</td>
<td>10%</td>
<td>$793,750</td>
<td>$396,675</td>
</tr>
<tr>
<td>Patient commo/inst.</td>
<td>19</td>
<td>3</td>
<td>37.50%</td>
<td>$1,585,000</td>
<td>$528,333</td>
</tr>
<tr>
<td>Not performed</td>
<td>16</td>
<td>6</td>
<td>42.86%</td>
<td>$635,883</td>
<td>$105,981</td>
</tr>
<tr>
<td>Medication Errors</td>
<td>10</td>
<td>3</td>
<td>42.86%</td>
<td>$1,897,500</td>
<td>$632,500</td>
</tr>
</tbody>
</table>

Gynecology Trends:
Average Case Severity, 2005
(Compared to average 2001-2005)

- Improper Performance $178,438 ($233,261)
- Not performed $124,183 ($105,981) ↑
- Diagnosis Error $242,665 ($250,000)
- Delay in performance $250,000 (New to top 10, 2005)
### Internal Medicine / Geriatric Medicine Claims, 2001-2005

<table>
<thead>
<tr>
<th>Event</th>
<th>Frequency</th>
<th>#Paid</th>
<th>% Paid</th>
<th>Total Indemnity</th>
<th>Average Indemnity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diagnosis Error</td>
<td>8,841</td>
<td>2,647</td>
<td>33.68%</td>
<td>$648,796,003</td>
<td>$242,631</td>
</tr>
<tr>
<td>Improper Performance</td>
<td>3,325</td>
<td>936</td>
<td>29.04%</td>
<td>$149,143,374</td>
<td>$159,341</td>
</tr>
<tr>
<td>Failure to monitor</td>
<td>3,410</td>
<td>1,086</td>
<td>32.24%</td>
<td>$192,409,690</td>
<td>$191,262</td>
</tr>
<tr>
<td>Medication Errors</td>
<td>2,749</td>
<td>752</td>
<td>30.10%</td>
<td>$165,357,174</td>
<td>$140,103</td>
</tr>
<tr>
<td>Complication in TX</td>
<td>1097</td>
<td>252</td>
<td>27.94%</td>
<td>$42,040,064</td>
<td>$166,626</td>
</tr>
<tr>
<td>Not performed</td>
<td>911</td>
<td>323</td>
<td>38.68%</td>
<td>$74,759,534</td>
<td>$231,454</td>
</tr>
<tr>
<td>Delays, 3 categories*</td>
<td>2,085</td>
<td>695</td>
<td>33.33%</td>
<td>$134,803,111</td>
<td>$193,961</td>
</tr>
</tbody>
</table>

### Internal Medicine / Geriatric Medicine Trends:
Average Case Severity, 2005
(Compared to average 2001-2005)

- **Error in Diagnosis**: $421,159 ($242,631) ↑
- **Improper Performance**: $294,993 ($159,341) ↑
- **Medication Errors**: $242,194 ($140,103) ↑
- **Complications of TX**: $402,375 ($166,826) ↑
- **Failure to instruct or communicate with patient**: $106,250 (New to top 10, 2005)
Neurology (non-surgical) claims, 2001-2005

<table>
<thead>
<tr>
<th>Event</th>
<th>Claim Frequency</th>
<th>#Paid</th>
<th>% Paid</th>
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<th>Average Indemnity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diagnosis Error</td>
<td>300</td>
<td>75</td>
<td>28.30%</td>
<td>$35,224,991</td>
<td>$469,667</td>
</tr>
<tr>
<td>Improper Performance</td>
<td>123</td>
<td>24</td>
<td>20.87%</td>
<td>$7,849,319</td>
<td>$327,055</td>
</tr>
<tr>
<td>Failure to monitor</td>
<td>88</td>
<td>12</td>
<td>14.46%</td>
<td>$6,330,119</td>
<td>$527,510</td>
</tr>
<tr>
<td>Medication errors</td>
<td>55</td>
<td>12</td>
<td>22.22%</td>
<td>$2,794,360</td>
<td>$232,863</td>
</tr>
<tr>
<td>Complication of TX</td>
<td>33</td>
<td>5</td>
<td>15.63%</td>
<td>$1,500,000</td>
<td>$300,000</td>
</tr>
<tr>
<td>Delay in performance</td>
<td>16</td>
<td>5</td>
<td>33.33%</td>
<td>$1,167,730</td>
<td>$233,546</td>
</tr>
<tr>
<td>Failure to refer</td>
<td>15</td>
<td>5</td>
<td>35.71%</td>
<td>$2,730,000</td>
<td>$546,000</td>
</tr>
</tbody>
</table>

Neurology (non-surgical) Trends: Average Case Severity, 2005
(Compared to average 2001-2005)

- **Error in Diagnosis**
  - $324,000 ($469,667)
- **Improper Performance**
  - $95,000 ($327,055)
- **Medication Errors**
  - $95,000 ($232,863)
# Neurosurgery claims, 2001-2005

<table>
<thead>
<tr>
<th>Event</th>
<th>Claim Frequency</th>
<th>#Paid</th>
<th>% Paid</th>
<th>Total Indemnity</th>
<th>Average Indemnity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improper Performance</td>
<td>2,113</td>
<td>616</td>
<td>32.17%</td>
<td>$197,173,122</td>
<td>$320,086</td>
</tr>
<tr>
<td>Diagnosis Error</td>
<td>615</td>
<td>147</td>
<td>26.34%</td>
<td>$41,029,846</td>
<td>$279,115</td>
</tr>
<tr>
<td>Failure to monitor</td>
<td>289</td>
<td>92</td>
<td>34.07%</td>
<td>$28,597,299</td>
<td>$310,840</td>
</tr>
<tr>
<td>Performed, unnecessary</td>
<td>208</td>
<td>74</td>
<td>37.95%</td>
<td>$24,441,342</td>
<td>$330,288</td>
</tr>
<tr>
<td>Complication in TX</td>
<td>204</td>
<td>55</td>
<td>30.90%</td>
<td>$19,876,252</td>
<td>$361,386</td>
</tr>
<tr>
<td>Wrong site, patient</td>
<td>183</td>
<td>138</td>
<td>77.97%</td>
<td>$30,052,068</td>
<td>$217,769</td>
</tr>
<tr>
<td>Medication Errors</td>
<td>97</td>
<td>30</td>
<td>35.71%</td>
<td>$5,158,454</td>
<td>$171,948</td>
</tr>
</tbody>
</table>

## Neurosurgery Trends:
### Average Case Severity, 2005
(Compared to average 2001-2005)

- Error in Diagnosis $549,750 ($279,115) ↑
- Improper Performance $541,110 ($320,086) ↑
- Complications of TX $780,000 ($361,386) ↑
- Delay in performance $967,500 ($462,111) ↑
- Failure to supervise or monitor case $383,333 ($310,840) ↑
### Obstetrics & Gynecology claims, 2001-2005

<table>
<thead>
<tr>
<th>Event</th>
<th>Claim Frequency</th>
<th>#Paid</th>
<th>% Paid</th>
<th>Total Indemnity</th>
<th>Average Indemnity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improper Performance</td>
<td>10,289</td>
<td>3,763</td>
<td>39.74%</td>
<td>$857,570,846</td>
<td>$227,895</td>
</tr>
<tr>
<td>Diagnosis Error</td>
<td>4,092</td>
<td>1,398</td>
<td>37.16%</td>
<td>$349,188,416</td>
<td>$249,777</td>
</tr>
<tr>
<td>Failure to monitor</td>
<td>2,688</td>
<td>1,110</td>
<td>45.94%</td>
<td>$376,884,312</td>
<td>$339,535</td>
</tr>
<tr>
<td>Delay in performance</td>
<td>2,025</td>
<td>1,002</td>
<td>55.27%</td>
<td>$443,400,305</td>
<td>$442,515</td>
</tr>
<tr>
<td>Not performed</td>
<td>1,708</td>
<td>868</td>
<td>54.94%</td>
<td>$363,804,416</td>
<td>$350,005</td>
</tr>
<tr>
<td>Complication in TX</td>
<td>1,137</td>
<td>345</td>
<td>38.55%</td>
<td>$85,567,372</td>
<td>$248,021</td>
</tr>
<tr>
<td>Patient commo</td>
<td>631</td>
<td>188</td>
<td>34.24%</td>
<td>$26,878,881</td>
<td>$142,973</td>
</tr>
</tbody>
</table>

### OB-GYN Trends:
**Average Case Severity, 2005**
*(Compared to average 2001-2005)*

- **Error in Diagnosis**
  $384,964  ($249,777) ↑
- **Improper Performance**
  $375,528  ($227,895) ↑
- **Failure to monitor**
  $387,389  ($339,535) ↑
- **Delay in performance**
  $483,913  ($442,515) ↑
- **Delay in referral/consult**
  $629,958  (New to top 10, 2005)
Orthopedic Surgery claims, 2001-2005

<table>
<thead>
<tr>
<th>Event</th>
<th>Claim Frequency</th>
<th>#Paid</th>
<th>% Paid</th>
<th>Total Indemnity</th>
<th>Average Indemnity</th>
</tr>
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<tbody>
<tr>
<td>Improper Performance</td>
<td>8,936</td>
<td>2,898</td>
<td>34.87%</td>
<td>$471,888,472</td>
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<tr>
<td>Diagnosis Error</td>
<td>2,460</td>
<td>761</td>
<td>33.22%</td>
<td>$123,201,697</td>
<td>$161,894</td>
</tr>
<tr>
<td>Failure to monitor</td>
<td>1,110</td>
<td>375</td>
<td>37.20%</td>
<td>$70,872,458</td>
<td>$188,993</td>
</tr>
<tr>
<td>Complication in TX</td>
<td>1,004</td>
<td>336</td>
<td>38.27%</td>
<td>$73,738,962</td>
<td>$219,461</td>
</tr>
<tr>
<td>Delay in performance</td>
<td>368</td>
<td>134</td>
<td>38.95%</td>
<td>$32,306,186</td>
<td>$241,091</td>
</tr>
<tr>
<td>Medication errors</td>
<td>337</td>
<td>109</td>
<td>34.17%</td>
<td>$18,266,849</td>
<td>$167,586</td>
</tr>
</tbody>
</table>

Orthopedic Surgery Trends:
Average Case Severity, 2005
(Compared to average 2001-2005)

- Improper Performance
  $290,468 ($162,832) ↑
- Error in Diagnosis
  $347,547 ($161,894) ↑
- Complications of TX
  $235,283 ($219,461) ↑
- Failure to supervise or monitor case
  $276,625 ($188,993) ↑
- Failure to instruct or communicate with patient
  $275,000 (NEW to top 10, 2005)
Otorhinolaryngology / ENT claims, 2001-2005

<table>
<thead>
<tr>
<th>Event</th>
<th>Claim Frequency</th>
<th>#Paid</th>
<th>% Paid</th>
<th>Total Indemnity</th>
<th>Average Indemnity</th>
</tr>
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<tbody>
<tr>
<td>Improper Performance</td>
<td>1,585</td>
<td>587</td>
<td>40.04%</td>
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<tr>
<td>Diagnosis Error</td>
<td>563</td>
<td>158</td>
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<td>$43,620,151</td>
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<tr>
<td>Failure to monitor</td>
<td>173</td>
<td>75</td>
<td>48.08%</td>
<td>$15,264,414</td>
<td>$203,526</td>
</tr>
<tr>
<td>Complication in TX</td>
<td>140</td>
<td>36</td>
<td>28.80%</td>
<td>$9,994,127</td>
<td>$277,615</td>
</tr>
<tr>
<td>Medication Errors</td>
<td>101</td>
<td>41</td>
<td>43.62%</td>
<td>$4,263,272</td>
<td>$103,982</td>
</tr>
<tr>
<td>Patient commo</td>
<td>63</td>
<td>22</td>
<td>42.31%</td>
<td>$4,790,681</td>
<td>$217,758</td>
</tr>
<tr>
<td>Service not performed</td>
<td>59</td>
<td>28</td>
<td>51.85%</td>
<td>$6,862,455</td>
<td>$216,516</td>
</tr>
</tbody>
</table>

Otorhinolaryngology / ENT Trends: Average Case Severity, 2005
(Compared to average 2001-2005)

- Improper Performance $339,228 ($189,368) ↑
- Complications of TX $550,000 ($277,615) ↑
- Failure to supervise case $375,000 ($203,526) ↑
- Failure/delay in referral or consultation $1,200,000 (Single case- NEW to top 10, 2005)
- Performed when contraindicated or not indicated $750,000 ($150,115)
## Pediatrics claims, 2001-2005

<table>
<thead>
<tr>
<th>Event</th>
<th>Claim Frequency</th>
<th>#Paid</th>
<th>% Paid</th>
<th>Total Indemnity</th>
<th>Average Indemnity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diagnosis Error</td>
<td>383</td>
<td>118</td>
<td>34.40%</td>
<td>$40,506,950</td>
<td>$343,279</td>
</tr>
<tr>
<td>Improper Performance</td>
<td>157</td>
<td>30</td>
<td>20.55%</td>
<td>$9,480,723</td>
<td>$316,024</td>
</tr>
<tr>
<td>Failure to supervise</td>
<td>138</td>
<td>23</td>
<td>19.83%</td>
<td>$15,707,588</td>
<td>$682,939</td>
</tr>
<tr>
<td>Complication of TX</td>
<td>46</td>
<td>7</td>
<td>21.21%</td>
<td>$1,650,000</td>
<td>$325,714</td>
</tr>
<tr>
<td>Not performed</td>
<td>32</td>
<td>9</td>
<td>30%</td>
<td>$2,233,000</td>
<td>$248,111</td>
</tr>
<tr>
<td>Delay in referral</td>
<td>29</td>
<td>9</td>
<td>45%</td>
<td>$4,102,500</td>
<td>$455,833</td>
</tr>
<tr>
<td>Failure to respond</td>
<td>28</td>
<td>8</td>
<td>30.77%</td>
<td>$8,052,500</td>
<td>$1,006,563</td>
</tr>
</tbody>
</table>

## Pediatrics Trends:
**Average Case Severity, 2005**
*(Compared to average 2001-2005)*

- Improper Performance
  - $400,000 ($316,024)↑
- Delay of referral
  - $1,300,000 ($455,833)↑
- Complication of TX
  - $500,000 ($235,714)↑
Plastic Surgery claims, 2001-2005

<table>
<thead>
<tr>
<th>Event</th>
<th>Claim Frequency</th>
<th>#Paid</th>
<th>% Paid</th>
<th>Total Indemnity</th>
<th>Average Indemnity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improper Performance</td>
<td>4,085</td>
<td>1,469</td>
<td>37.99%</td>
<td>$166,008,080</td>
<td>$113,008</td>
</tr>
<tr>
<td>Patient commo</td>
<td>1,020</td>
<td>50</td>
<td>5.63%</td>
<td>$2,630,455</td>
<td>$52,609</td>
</tr>
<tr>
<td>Diagnosis error</td>
<td>351</td>
<td>86</td>
<td>25.60%</td>
<td>$14,615,409</td>
<td>$169,947</td>
</tr>
<tr>
<td>Complication in TX</td>
<td>321</td>
<td>55</td>
<td>18.97%</td>
<td>$6,217,710</td>
<td>$113,049</td>
</tr>
<tr>
<td>Failure to monitor</td>
<td>309</td>
<td>95</td>
<td>32.09%</td>
<td>$11,118,343</td>
<td>$117,035</td>
</tr>
<tr>
<td>Not performed</td>
<td>91</td>
<td>38</td>
<td>42.22%</td>
<td>$4,459,459</td>
<td>$117,354</td>
</tr>
<tr>
<td>Medication Errors</td>
<td>78</td>
<td>28</td>
<td>40.00%</td>
<td>$3,372,392</td>
<td>$156,157</td>
</tr>
</tbody>
</table>

Plastic Surgery Trends:
Average Case Severity, 2005
(Compared to average 2001-2005)

- Improper Performance
  $178,368 ($113,008) ↑
- Error in Diagnosis
  $404,875 ($169,947) ↑
- Complications of TX
  $146,666 ($113,049) ↑
- Improper Supervision of Residents / staff
  $59,375 (NEW to top 10, 2005)
## Radiology claims, 2001-2005

<table>
<thead>
<tr>
<th>Event</th>
<th>Claim Frequency</th>
<th>#Paid</th>
<th>% Paid</th>
<th>Total Indemnity</th>
<th>Average Indemnity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diagnosis Error</td>
<td>6, 604</td>
<td>2,356</td>
<td>39.10%</td>
<td>$466,080,429</td>
<td>$197,827</td>
</tr>
<tr>
<td>Improper Performance</td>
<td>1,736</td>
<td>542</td>
<td>33.05%</td>
<td>$78,014,587</td>
<td>$143,938</td>
</tr>
<tr>
<td>Complication in TX</td>
<td>417</td>
<td>132</td>
<td>33.85%</td>
<td>$14,532,441</td>
<td>$110,994</td>
</tr>
<tr>
<td>Failure to monitor</td>
<td>335</td>
<td>111</td>
<td>36.16%</td>
<td>$29,906,605</td>
<td>$269,429</td>
</tr>
<tr>
<td>Patient commo</td>
<td>168</td>
<td>31</td>
<td>20.39%</td>
<td>$4,780,759</td>
<td>$154,218</td>
</tr>
<tr>
<td>Delay Refer/con.</td>
<td>121</td>
<td>37</td>
<td>23.84%</td>
<td>$7,222,635</td>
<td>$195,206</td>
</tr>
<tr>
<td>Delay performance</td>
<td>91</td>
<td>18</td>
<td>22.78%</td>
<td>$3,023,916</td>
<td>$167,995</td>
</tr>
</tbody>
</table>

## Radiology Trends:
Average Case Severity, 2005
(Compared to average 2001-2005)

- Error in Diagnosis  
  $369,938 ($197,827) ↑
- Improper Performance  
  $220,459 ($229,517)
- Complications of TX  
  $205,500 ($110,094) ↑
- Performed when contraindicated  
  $392,500 ($143,407) ↑
- Failure to instruct / communicate with patient  
  $290,208 ($154,218) ↑
## Radiation Therapy / Oncology
### Claims, 2001-2005

<table>
<thead>
<tr>
<th>Event</th>
<th>Claim Frequency</th>
<th>#Paid</th>
<th>% Paid</th>
<th>Total Indemnity</th>
<th>Average Indemnity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diagnosis Error</td>
<td>216</td>
<td>90</td>
<td>52.94%</td>
<td>$26,883,645</td>
<td>$298,707</td>
</tr>
<tr>
<td>Improper Performance</td>
<td>106</td>
<td>28</td>
<td>32.56%</td>
<td>$9,736,364</td>
<td>$347,727</td>
</tr>
<tr>
<td>Failure to monitor</td>
<td>49</td>
<td>11</td>
<td>33.33%</td>
<td>$3,236,760</td>
<td>$294,251</td>
</tr>
<tr>
<td>Delay in referral</td>
<td>13</td>
<td>4</td>
<td>36.36%</td>
<td>$1,620,000</td>
<td>$485,000</td>
</tr>
<tr>
<td>Not performed</td>
<td>10</td>
<td>6</td>
<td>60%</td>
<td>$2,808,333</td>
<td>$468,056</td>
</tr>
<tr>
<td>Delay, hosp. admission</td>
<td>9</td>
<td>5</td>
<td>55.56%</td>
<td>$1,353,500</td>
<td>$270,700</td>
</tr>
<tr>
<td>Medication Errors</td>
<td>7</td>
<td>3</td>
<td>60%</td>
<td>$1,122,500</td>
<td>$374,187</td>
</tr>
</tbody>
</table>

## Radiation Therapy / Oncology Trends:
### Average Case Severity, 2005
(Compared to average 2001-2005)

- **Not Performed**  
  \( \$591,667 \) \( (\$468,056) \) ↑
- **Delay, admit to hospital**  
  \( \$375,000 \) \( (\$270,700) \) ↑
- **Improper Performance**  
  \( \$253,750 \) \( (\$347,727) \)
- **Failure to monitor**  
  \( \$243,750 \) \( (\$294,251) \)
- **Diagnosis Error**  
  \( \$257,589 \) \( (\$298,707) \)

---

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**Urology / Urologic Surgery Claims, 2001-2005**

<table>
<thead>
<tr>
<th>Event</th>
<th>Frequency</th>
<th>#Paid</th>
<th>% Paid</th>
<th>Total Indemnity</th>
<th>Average Indemnity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improper Performance</td>
<td>1,981</td>
<td>635</td>
<td>34.55%</td>
<td>$91,078,183</td>
<td>$143,430</td>
</tr>
<tr>
<td>Diagnosis error</td>
<td>828</td>
<td>266</td>
<td>35.33%</td>
<td>$72,856,847</td>
<td>$273,898</td>
</tr>
<tr>
<td>Failure to monitor</td>
<td>297</td>
<td>97</td>
<td>36.33%</td>
<td>$20,426,654</td>
<td>$210,584</td>
</tr>
<tr>
<td>Complication of TX</td>
<td>188</td>
<td>68</td>
<td>41.72%</td>
<td>$13,214,839</td>
<td>$184,336</td>
</tr>
<tr>
<td>Medication Errors</td>
<td>132</td>
<td>44</td>
<td>36.07%</td>
<td>$4,531,817</td>
<td>$182,996</td>
</tr>
<tr>
<td>Not performed</td>
<td>129</td>
<td>53</td>
<td>45.69%</td>
<td>$8,586,860</td>
<td>$162,016</td>
</tr>
<tr>
<td>Patient commo/inst.</td>
<td>109</td>
<td>34</td>
<td>32.08%</td>
<td>$4,575,447</td>
<td>$134,572</td>
</tr>
</tbody>
</table>

PAA, Cumulative Analysis, 1/1/2001-12/31/2005

---

**Urology / Urologic Surgery Trends: Average Case Severity, 2005**

(Compared to average 2001-2005)

- **Improper Performance**
  - $254,344 ($143,430) ↑
- **Error in Diagnosis**
  - $516,750 ($273,898) ↑
- **Complications of TX**
  - $219,000 ($194,336) ↑
- **Failure to monitor**
  - $3,200,000 ($210,584) ↑
    (One case, 2005)
- **Performed when contra indication or not indicated**
  - $252,998 ($136,716) ↑

PAA, Closed claims, 2005 only 12/31/2005
Additional Exposure considerations

- Potential medical malpractice exposure for Physicians / Hospitals under quality of care investigation by OIG / DOJ
- Impact of specific types of treatment under quality investigation
  - Anesthesia
  - Pain Management
  - Cardiac Care
  - (United Memorial and Redding Hospital cases)

• BONUS MATERIAL
Quality Concerns:

- What.................
  - Patient conditions
  - Procedures
  - Medications
  - Complications
  - Diagnoses
- Are MOST LIKELY to contribute to a lawsuit alleging improper quality of care?

Emerging Anesthesia Risk Exposures

- Improper Performance
  - General, Epidural and caudal anesthesia
  - Procedures involving spinal cord and canal
- Failure to monitor
  - Cataract surgery
  - Back disorders
  - Delivery
- ASC and Pain Management Exposures
- Diagnosis Error
  - Malignant neoplasm, lung, bronchus
  - Acute MI
  - Hemorrhage during procedure
  - Back disorders, including lumbago, sciatica
- Medication Errors
  - Pregnancy
  - Back Disorders
  - Adverse drug reaction
  - Spondylosis and Inflammatory Spondylopathy
Emerging Cardiology (non-surgical) Risk Exposures

- Failure to recognize complications
- Diagnosis Error
  - Acute MI
  - Non-defined chest pain
  - PE
  - Coronary atherosclerosis
- Improper Performance
  - Cardiac Catheter
  - Diagnostic evaluation or consult
  - Procedures involving blood vessels
  - Pacemaker insertion / removal
  - Surgical clearance

Emerging Emergency Medicine Risk Exposures

- Diagnosis Error
  - Acute MI
  - Appendicitis
  - Abdomen and pelvis symptoms
  - Chest Pain, undefined
  - Meningitis
- Medication Errors
  - Diabetes
  - Lipoid metabolism disorders
  - Back disorders
  - Arterial embolism, thrombosis
- Improper Performance
  - Diagnostic evaluation or consultation
  - General Physical Examination
  - Operative procedures, skin
  - No care rendered
- Failure to supervise
  - Chest Pain, undefined
  - Obesity
  - Abdomen and pelvis symptoms
  - Back disorders
  - Hemorrhage, gastrointestinal tract
Emerging Cardiovascular and Thoracic Surgery Risk Exposures

- Diagnosis Error
  - Acute MI
  - Appendicitis
  - Aortic aneurysm
  - Malignancy, lung and female breast
- Medication Errors
- Improper Performance
  - Coronary artery bypass grafting
  - Vascular bypass / major shunt
  - Gallbladder and biliary tract surgery
  - Operative procedures involving blood vessels
  - Congenital heart defect repair

General and Family Practice Risk Exposures

- Diagnosis Error
  - Abdomen / pelvis symptoms
  - Chest pain, undefined
  - Acute MI
  - Malignant neoplasms, rectal region and colon
  - Malignant neoplasms, female breast
- Medication Errors
  - Diabetes
  - Lipoid metabolism disorder
  - Heartburn
  - Obesity
  - Back disorders
- Improper Performance
  - Medication prescription / management
  - General Physical Exam
  - Diagnostic evaluation
  - Operative procedures, skin
- Failure to supervise / monitor
  - Diabetes
  - Hypertension
  - Obesity
  - Decubitus Ulcer
Emerging Gastroenterology Risk Exposures

- **Diagnosis Error**
  - Malignant neoplasm, colon, rectal region, stomach
  - Abdomen and pelvis symptoms
- **Medication Errors**
- **Improper Performance**
  - Diagnostic evaluation of
    - Large Intestine
    - Gallbladder
    - Biliary Tract, ERCP
    - Diagnostic interview, evaluation
    - Liver
  - Operative procedures
  - Gastrointestinal tract hemorrhage
  - Obesity

Emerging General Surgery Risk Exposures

- **Diagnosis Error**
  - Malignant neoplasm, female breast, colon, rectal region
  - Appendicitis
  - Abdomen and pelvis symptoms
- **Medication Errors**
  - Appendicitis
  - Heartburn
  - Migraines
  - Diabetes
- **Improper Performance**
  - Gallbladder / Biliary tract
  - Operative procedures
    - Blood vessels
    - Stomach
    - Small/Large Intestine
    - Lingual Hernia repair
- **Failure to supervise**
  - Cholecystitis
  - Appendicitis
  - Obesity
Emerging GYN Risk Exposures

- **Diagnosis Error**
  - Malignant and unknown neoplasm, female breast
  - Ectopic pregnancy
  - Malignant neoplasms, ovary
  - Ovarian Cyst

- **Medication Errors**
  - Incisional hernia
  - Need for other prophylactic chemotherapy
  - Obesity
  - Weight loss, abnormal
  - Anemia

- **Improper Performance**
  - Operative procedures
    - Uterus
    - Fallopian tubes & ovaries
    - Vagina
    - Termination of pregnancy
    - Diagnosis, abdominal region

- **Failure to supervise**
  - Obesity
  - Benign neoplasms of uterus
  - Pregnancy
  - Menstruation / bleeding disorders
  - Routine GYN exam

---

Emerging Internal Medicine / Geriatric Medicine Risk Exposures

- **Diagnosis Error**
  - Malignant neoplasm, bronchus and lung, colon and rectal region, female breast
  - Acute MI
  - Chest pain, undefined

- **Medication Errors**
  - Diabetes
  - Lipoid Metabolism
  - Asthma
  - Hypertension
  - Obesity

- **Improper Performance**
  - Diagnostic evaluation or consult
  - Medication prescription
  - Injections and vaccinations
  - Physical Examination

- **Failure to supervise**
  - Diabetes
  - Obesity
  - Acute MI
  - Chest pain, undefined
  - Decubitus ulcer

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Emerging Neurology (non-surgical) Risk Exposures

- **Improper Performance**
  - Diagnostic evaluation
  - Diagnostic procedures involving spinal cord and spinal canal
  - Diagnosis related to operative procedures including spinal fusion, spinal cord, spinal canal

- **Diagnosis Error**
  - Headache
  - Back disorders
  - Cerebrovascular accident
  - Convulsions
  - Epilepsy

- **Medication Errors**
  - Convulsions
  - Epilepsy
  - Back disorders
  - Cerebrovascular accident
  - Occlusion and stenosis of cerebral arteries

- **Failure to supervise**
  - Cerebrovascular accident
  - Convulsions
  - Epilepsy
  - Headache
  - Intracranial hemorrhage

Emerging Neurosurgery Risk Exposures

- **Diagnosis Error**
  - Intervertebral disc displacement
  - Fracture of vertebral column
  - Back Disorders
  - Malignant neoplasm of the brain
  - Intracranial and intraspinal abscess

- **Medication Errors**
  - Back disorders, lumbago, sciatica
  - Convulsions
  - Subarachnoid hemorrhage

- **Improper Performance**
  - Operative procedures on
  - Joint Structures
  - Spinal cord/canal
  - Spinal fusion
  - Skull, brain
  - Cranial and peripheral nerves

- **Failure to supervise**
  - Intervertebral disc displacement
  - Back disorders, lumbago, sciatica
  - Fracture, vertebral column
Emerging OB-GYN Risk Exposures

- **Diagnosis Error**
  - Malignant neoplasm of the female breast
  - Ectopic Pregnancy
  - Brain Damaged infant
  - Pregnancy

- **Medication Errors**
  - Pregnancy
  - Brain Damaged Infant
  - Endometriosis
  - Delivery, early onset

- **Improper Performance**
  - Operative procedures
    - Uterus
    - Fallopian tubes and ovaries
    - C-Section Deliveries
    - Manually assisted delivery

- **Failure to supervise**
  - Brain damaged infant
  - Pre-eclampsia
  - Fetal distress
  - Pregnancy

Emerging Orthopedic Surgery Risk Exposures

- **Diagnosis Error**
  - Fracture
    - Foot
    - Femur
    - Tibia, fibula

- **Joint Disorders, excluding arthritis**

- **Medication Errors**
  - Joint Disorders, excluding arthritis
  - Rheumatic disorders
  - Osteoarthritis
  - Intervertebral disc displacement

- **Improper Performance**
  - Operative procedures
    - Joints
    - Bones
    - Cranial / peripheral nerves
  - Open reduction of dislocation
  - Closed reduction of dislocation

- **Failure to supervise**
  - Fracture
    - Femur
    - Tibia, fibula
    - Radius, ulna
  - Osteoarthritis
Emerging Otorhinolaryngology / ENT Risk Exposures

- **Diagnosis Error**
  - Malignant neoplasm, larynx, pharynx, pharyngeal region, tongue, salivary glands
  - Sinusitis

- **Medication Errors**
  - Sinusitis
  - Disorder of ear
  - Chronic disease, tonsils and adenoids
  - URT infection

- **Improper Performance**
  - Operative procedures
    - Nose, nasal cavity
    - Middle / inner ear
    - Paranasal sinuses
    - Tonsils, adenoids
    - Skin

- **Failure to supervise**
  - Sinusitis
  - Chronic disease, tonsils and adenoids
  - Nasal polyps
  - Otitis media
  - URT diseases

Emerging Pediatrics Risk Exposures

- **Diagnosis Error**
  - Meningitis
  - Pyrexia
  - Pneumonia
  - Appendicitis
  - Routine health check

- **Medication Errors**
  - Heartburn
  - Hyperkinetic syndrome
  - Asthma
  - Disorder of Esophagus
  - Viral Disease

- **Improper Performance**
  - General Physical Exam
  - Diagnostic eval or consult
  - Circumcision
  - Injections, vaccinations

- **Failure to supervise**
  - Brain damaged infant
  - Respiratory problems, newborn
  - Convulsions
  - Birth
  - Volume depletion
Emerging Plastic Surgery Risk Exposures

- **Diagnosis Error**
  - Malignant neoplasm
  - Female breast
  - Fracture, mandible
  - Sinusitis
  - Postoperative Infection
  - Desire for surgery

- **Medication Errors**
  - Desire for surgery
  - Sinusitis
  - Carpal Tunnel Syndrome
  - Tympanic Membrane perforation
  - Tinnitus

- **Improper Performance**
  - Operative Procedures
    - Skin
    - Breast Implantation
    - Nose, nasal bones, cavity
    - Elective breast reduction
    - Eyelid

- **Failure to supervise**
  - Desire for surgery
  - Decubitus ulcer
  - Hypertrophy of breast
  - Skin conditions
  - Congenital anomaly of skin

Emerging Psychiatry Risk Exposures

- **Diagnosis Error**
  - Depressive Disorder
  - Neurotic Disorder
  - Bipolar affective disorder
  - Chronic organic brain syndrome
  - Capillary disease

- **Medication Errors**
  - Depressive Disorder
  - Hyperkinetic syndrome
  - Major depressive affective disorder
  - Bipolar affective disorder
  - Adjustment reaction

- **Improper Performance**
  - Psychiatric and psychological evaluations; psychotherapy
  - Prescription of medication
  - Diagnostic evaluation
  - General physical examination

- **Failure to supervise**
  - Depressive disorder
  - Bipolar affective disorder
  - Alcohol abuse or dependence
  - Major depressive affective disorder
  - Anxiety state
Emerging Radiology Risk Exposures

- **Diagnosis Error**
  - Malignant neoplasm, female breast
  - Bronchus and lung
  - Fracture, vertebral column

- **Medication Errors**
  - Intervertebral disc displacement
  - Calculus of kidney, ureter
  - Embolism or thrombosis of vein
  - Malignant neoplasm, female breast

- **Improper Performance**
  - Diagnostic Radiology Procedures
  - Arteriography
  - Nuclear Medicine
  - CAT Scan

- **Failure to supervise**
  - Malignant neoplasm, female breast
  - Screening for malignant neoplasm
  - Radiological examination

Emerging Radiation Therapy / Oncology Risk Exposures

- **Diagnosis Error**
  - Symptoms involving abdomen, pelvis
  - Chest pain, undefined
  - Back disorders
  - Joint disorders
  - Soft tissue disorders

- **Medication Errors**
  - Back disorders
  - Concussion
  - Malignant neoplasm, brain
  - Neck region disorders
  - Strain / sprain, hand, finger

- **Improper Performance**
  - Nuclear medicine, radioisotopic studies
  - General physical exam
  - Medication prescription

- **Failure to supervise**
  - Malignant neoplasm, prostrate
  - Chest pain, undefined
  - Symptoms involving abdomen, pelvis
  - Malaise / fatigue
  - Malignant neoplasm, brain
Emerging Urology / Urologic Surgery

Risk Exposures

- **Diagnosis Error**
  - Malignant neoplasm,
    - Prostate
    - Genital organs
    - Testis
    - Kidney
    - Bladder

- **Medication Errors**
  - Calculus kidney and ureter
  - UTI
  - Malignant neoplasm,
    - Prostate
  - Incontinence
  - Hyperplasia of prostate

- **Improper Performance**
  - **Operative Procedures**
    - Prostate
    - Bladder
    - Kidney
    - Penis
    - Male sterilization

- **Failure to supervise**
  - Disorders, male genital organs
  - Calculus, kidney and ureter
  - Malignant neoplasm,
    - Prostate, bladder
  - Hyperplasia, prostate

Emerging Risk: Defensibility of Documentation

- 50% of medical malpractice cases must be settled due to lack of documentation supporting treatment (per legal counsel)
- Lack of documentation will also likely affect Level of Service and billing compliance, patient quality of care
- Physician sign off #1 problem
- Dictation with blanks
- Lack of documented medical necessity
- ‘Distracted’ documentation that does not support service rendered
- Inadequate documentation with Physician sign off on medication refills
- Inadequate documentation of current medication lists, current problem lists
Emerging Risk: Obesity Management

- Obesity a “National Epidemic” according to National Institutes of Health (NIH)
- Larger patients require assessment of facilities, equipment, and treatment
  - Weight load for all exam, procedure, radiology equipment tables should be 350# minimum
  - Examine trip and fall hazards – parking lot, carpet, lobby, hallways – 15 falls per 1,000 visits
  - Patient Assistance training for staff – if we assist patients to auto, need lift belt, PT lift training
- Obesity education and counseling documented in medical record? 
  *Increased source of allegations and claims nationwide*

Emerging Risk: Abnormal Test Result Management

- Individual receiving tests must be qualified to recognize abnormal results (MD, RN, ARNP)
- MD must get test results
- MD must sign off on tests
- MD must contact or direct staff to contact patient and document contact
  - Phone message is NOT enough
  - Three calls (documented) and registered letter
  - FedEx with required signature as ‘failsafe’ method
- Document action in the medical record
- Schedule follow up and track
Emerging Risk: Medication Recall / Sample Management

- Do you know who gets samples? Can you contact them in event of a recall?
  - Entry in Medical Record?
  - Sample Rx form in binder?
  - EMR documentation of samples with ability to print report?
- Do you limit sample size to 3 doses?
- 4 Major Med Recalls Per Year
- VIOXX: 84,000 deaths due to cardiac arrest
  - How did you notify your patients?

Emerging Risk: Medication Management

- Take the LIDOCAINE CHALLENGE
- Outdated med and treatment items in 90% of practices
- Refrigerators (also check temp logs and thermometers)
- Procedure rooms (Lidocaine #1 culprit)
- Exam rooms (med and supply items)
- Limited number of items - need master list for outdated items, with expiration dates, and check system with personal accountability
- Use of expired items does not meet US acceptable Standards of Care
Emerging Risk: Medical Support Staff Supervision and Education

- RN, LPN, LVN
  - Do we get information or verification of current license?
  - Do we get information on or track required CEU?
  - Do we require staff to be ACLS, PALS certified?
  - NOTE: If MD’s do not sign on Rx Refill notes, nurses may be in violation of the State Nurse Practice Act

- ARNP’s / CRNP’s
  - Do we have an appropriate Supervising Physician Agreement?
  - Does the MD sign off on all medical records?

- MA’s
  - Are they Certified?
  - Do we have a documented Checkoff List of training provided by and signed annually by MD?

Emerging Risk: Patient Education and Informed Consent

- Review training of person(s) performing consent and education. Is more knowledge needed? Is process defined between MD clinical education and scheduler clerical function?
- When does Physician perform and document education?
  - No pre-signed / stamped IC forms!
  - Witnessed IC?
- Are patient education documents reviewed annually? Do you keep an annual master file?
Emerging Risk: Medicaid Compliance Program

- Budget Reconciliation Act of 2005 (effective 1/1/2007) mandates States set up Medicaid Compliance Programs
- Mirror of Federal Medicare Compliance Program managed by HHS OIG since HIPAA 1996 ($3.2B / year + recoveries)
- State False Claims Act mirrors Federal False Claims Act (*fines of $5,500 - $11,000 plus double and treble penalties per false claim filed*)
- State gets to keep 10% of all recoveries
- Mandated training, education from payees receiving $5M per year in Medicaid funds
- Expect aggressive interest from State investigators

Emerging Risk: OIG Quality Investigation Focus

- OIG Investigations of Quality of care issues
  - Medical Necessity
  - Medically unnecessary services
  - Patient Consent and Communication
  - Documentation of the above
  - Poor outcomes
Emerging Risks for all healthcare organizations

- Informed Consent
- Patient Education
- Instructions to patients
- Medication Management
- Failure to supervise or monitor case
- Pre-op evaluation and clearance
- Delay in performance or referral
- Obesity management
- Diagnosis / management of malignant neoplasm
- Failure to recognize / respond to complications

“No Medical Misadventure”

- “No Medical Misadventure” refers to cases in which patient injury cannot be linked to a specific act or failure on the part of the Physician. In these cases, the doctor may be ‘also named’ or indemnity may be paid based on patient suffering or some inability to adequately defend the doctor.
- No Medical Misadventure continues to be one of the leading sources of indemnity payments.