

COPIC's 3Rs Program

Recognize, Respond to and Resolve Patient Injury

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Presentation Overview

- Introduction
 - Program Background
- COPIC's 3Rs Program Specifics
 - Statistical Information
- 3Rs Program Case Studies
- Advantages/Lessons
 - Physician/Patient Testimonials
- Conclusion

Overview of COPIC

- COPIC insures ~ 6,000 physicians in Colorado & ~ 1,200 in Nebraska
- COPIC insures ~ 120 facilities in Colorado & Nebraska (facilities *not* part of 3Rs Program)
- 4,200 to 5,000 incidents reported annually

COPIC & Colorado Landscape

- Market dominance in Colorado
- Legislative history - Tort Reform and “I Am Sorry” statute
- Relationships with CBME and Department of Insurance
- “Reporting Form” claims-made insurance
- Trust

Colorado “I Am Sorry” Statute

- Protects health care providers expressions of concern regarding an unanticipated medical outcome from being used “against interest” in a lawsuit.
- Signed into law May 2003.

Background – Traditional Claim System

- Ineffective and inefficient
- Adversarial
- Physician/patient relationship shattered
- Unfair compensation
- Expensive
- Drawn out
- Does not identify substandard care

Background – Patterns of Behavior

- Unanticipated medical event
 - Patient surprise (not to me!)
 - Physician denial
 - Communication absent or ineffective
 - Physician/patient relationship suffers
 - Patient anger
 - Lawyer/lawsuit

COPIC's Response is 3Rs

- Recognize Unanticipated event
- Respond Soon after event
- Resolve Related issues

Risk Management Early Intervention Program

3Rs is a non-fault based program designed to prevent medical injuries from entering the ineffective, inefficient and adversarial legal system.

3Rs Program Goals

- Maintain the Physician/Patient relationship
- Encourage open/honest communication including disclosure of unanticipated event
- Encourage expressions of concern including an apology when appropriate
- Meet patients' needs at crucial time
- Reduce litigation expenses

Criteria for 3R Case Selection

- Physician is pre-enrolled in 3Rs Program
- There is an unexpected medical outcome
- There are related out-of-pocket, unreimbursed medical expenses and/or extended loss of time

Exclusions – Incident Types Ineligible for 3Rs

- Patient death
- Formal written demand for compensation
- Summons and complaint
- Attorney involvement
- Request for action from state licensing board
- Incidents involving certain nationally recognized unacceptable outcomes

3Rs Limitations

- Not a “warranty”
- Overuse by a few individual physicians
- Need to educate physicians on program processes when event occurs
- Need for continued physician education surrounding communication of disclosure
- Cannot be used by facilities to assist with resolution of issues

Available Patient Benefits

- Reimbursement of related out-of-pocket medical expenses up to \$25,000
- \$100 per day, up to 50 days, to recognize extended loss of time from normal activities
- Reimbursement received in a timely fashion

COPIC Responsibilities

- Determine whether an incident possesses the qualities necessary to trigger the 3Rs Program
- Contacts the physician to discuss the occurrence and determine eligibility for the program
- Works with the physician to determine what changes, if any, are necessary to reduce the likelihood of the same outcome in future patients
- Coach the physician in future interactions with the patient

COPIC Responsibilities

- Explain to the patient the benefits available through the 3Rs Program and providing them with information
- Determine which of the patient's expenses are eligible for reimbursement
- Coordinate the reimbursement of the patient's eligible expenses
- Communicate with all parties and facilitate, to the extent possible, a satisfactory resolution for all involved

Physician Responsibilities

- Recognize and report incidents per usual procedure
- Respond to patient/family questions
- Explain injury (not a fault/blame discussion)
- Express concern, regret, empathy, apology
- Continue to address patient's physician and emotional needs
- Continue to communicate with 3R Administrators to facilitate resolution

Other Issues/Incentives

- No waiver or release required from patient
- No reporting to NPDB or CBME
- No charge to physician participant's specialty
- No individualized underwriting consequences

3Rs Program Specifics CO Statistical Information (10/1/00-12/31/09)

- ~6,000 COPIC insureds
- 4,234 participating in 3Rs
- Originally, mirror image of COPIC's insured base
 - By specialty
 - By geography
- Procedural-oriented specialties “better” suited

3Rs Program Specifics CO Statistical Information (10/1/00-12/31/09)

- 13,053 incidents reviewed
- 8,496 met criteria
- 1,829 patients expenses reimbursed
- Average amount per paid incident \$4,977
- Few go on to lawsuits

3Rs Physician Participation By Specialty

By physician # (CO)*

- Family Medicine 691
- Emergency Med 474
- Internal Med(not GI) 356
- OB/GYN and GYN 242
- Orthopedic Surgery 243
- Radiology 230
- Pediatrics 222
- Anesthesiology 187
- General Surgery 176

By 3Rs \$ paid (CO)*

- OB/GYN and GYN \$2.0M
- General Surgery \$1.4M
- Ortho Surgery \$1.5M
- GI \$720K
- Family Medicine \$535K
- Plastic Surgery \$443K
- Anesthesiology \$301K
- Emergency Med \$245K
- Urology \$247K

Most Frequent 3R Cases

- Hysterectomy
- Colonoscopy
- Laparoscopic cholecystectomy
- Total joint arthroplasty
- Complication of general anesthesia
- Delayed diagnosis of appendicitis
- EGD (upper endoscopy)
- ERCP (endoscopic retrograde cholangiopancreatography)

3Rs Case Closure

- Patient and physician complete questionnaire
- Results tabulated
- Evaluations all favorable except patient's perception of some physician's communication skills

3Rs Program Benefits

- Addresses the **needs of the patient**
 - Information
 - Emotional support
 - Financial assistance
 - Early return to function
 - Protecting and preserving the patient/physician relationship
 - The patient retains the right to pursue a claim—no signed release
 - The patient may pursue a complaint to the CBME

3Rs Additional Benefits

- Enhances **patient safety**
 - Learn from the patient to protect the next patient
 - Risk Management takes the lessons to other physicians
 - Entire quality bar raised for all patients
 - The physician learns from the experience, improves the quality of their practice, thereby becoming a better physician

Comparison of Processes

- **Traditional Claims**

- ❖ Adversarial
- ❖ Shattered physician/patient relationship
- ❖ Ineffective (often)
- ❖ Inefficient (years)
- ❖ Lacks in learning
- ❖ No way to address substandard care

- **3Rs Program**

- ❖ Supportive/caring
- ❖ Preserved/enhanced physician/patient relationship
- ❖ Targeted/focused
- ❖ Timely/efficient
- ❖ Overflowing in lessons

COPIC 3Rs in the Journals

Thomas H. Gallagher, M.D., David Studdert, LL.B., Sc.D., M.P.H., and Wendy Levinson, M.D., “Disclosing Harmful Medical Errors to Patients,” New England Journal of Medicine, 2007;356:2713-2719.

Michelle M. Mello, J.D. and Thomas H. Gallagher, M.D., “Malpractice Reform-Opportunities for Leadership for Health Care Institutions and Liability Insurers,” New England Journal of Medicine, 2010;362:1353-1356.

Questions?

Thank you!

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3Rs Program Case Study

- 55 y/o judge undergoes takedown gastric bypass, ventral hernia repair, develops enterocutaneous fistula
- Missed 6 months work, underwent 8 procedures, extensive parenteral nutrition
- Reimbursed \$30,000 for loss of time and unpaid medical
- Patient very grateful; offered to sign release
- Maintains relationship with physician

3Rs Program Case Study

- 65 y/o female undergoes attempted lap assisted vaginal hysterectomy
- Path=minimally invasive Grade I endometrial cancer
- Path=segment left ureter excised
- Options discussed, underwent left nephrectomy
- Reimbursed airfare from Massachusetts for son and \$150 in gardening bills
- Physician/patient relationship preserved

3Rs Program Case Study

- 40 y/o female undergoes lap assisted vaginal hysterectomy
- Suffers ureter injury requiring stent placement
- Pt also suffers injury to bridge during procedure
- Reimbursed \$7,017 for unpaid medical expenses and loss of time
- Pt extremely grateful for assistance and maintains a relationship with physician

3Rs Program Case Study

- 68y/o male presents to ER with colon perf and undergoes primary repair
- Repair fails requiring return to OR for sigmoid colon resection
- Pt required extended hospitalization
- Reimbursed \$11,167 for unpaid medical expenses and loss of time
- Grateful for assistance

3Rs Program Case Study

- 6y/o male present to ortho with femur fx and is placed in hip spica cast
- F/u x-ray shows angulation/shortening
- Parents seek second opinion, pt undergoes external fixation
- Parents are reimbursed \$8,575 for unpaid medical and loss of time
- Very appreciative of assistance

3Rs Program Case Study

- 42 y/o female undergoes abdominal hysterectomy
- Presents to ER few days post-op with hematoma/bowel obstruction
- Pt requires exploratory lap, bowel resection and draining of hematoma
- Reimbursed \$11,097

3Rs Program Advantages/Lessons

Patient Testimonials – Feedback Surveys

- “We are simply overwhelmed at receiving such a positive and helpful response to our situation...with your and COPIC’s help it was not nearly as traumatic as it may have been.”
- “Thank you - it is an excellent program.”
- “This is an excellent alternative for settling medical misfortunes. The positive nature of the program allowed all of us to heal rather than to grieve.”
- “This program really helped us financially when I couldn’t work and needed it most.”
- “Your program, by paying all the bills promptly, eased my worry. I think it’s a great program for doctors to appease patients from suing.”

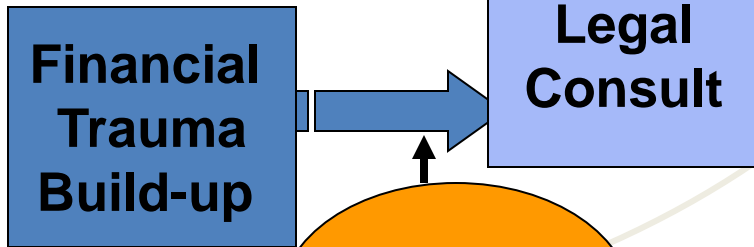
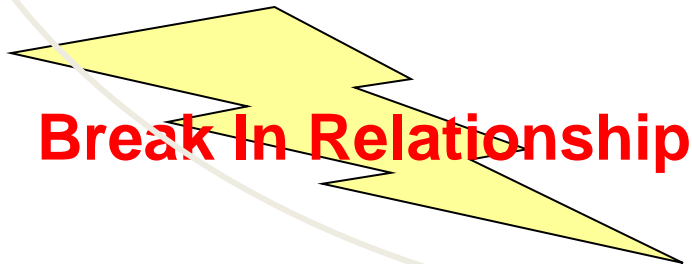
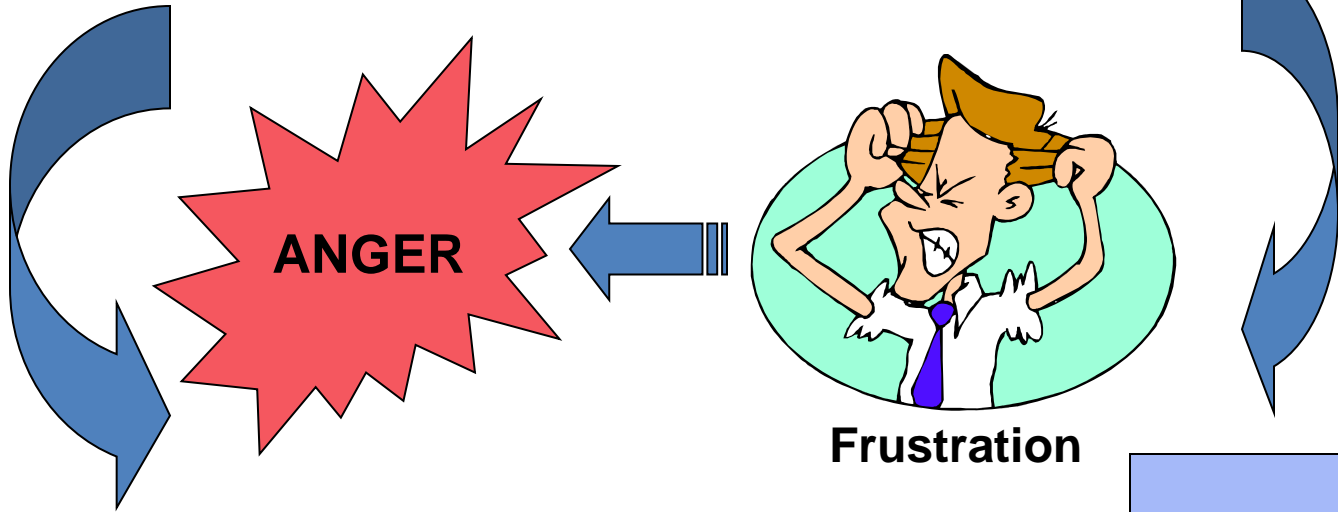
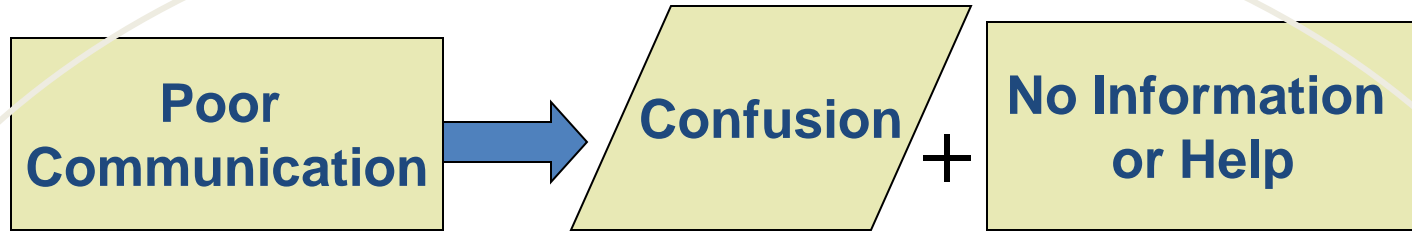
3Rs Program Advantages/Lessons

Physician Testimonials – Feedback Surveys

- “3Rs Program helps defuse unexpected outcomes at same time giving support and additional source of caring to patients; money well spent. I’m personally grateful for the 3Rs Program and feel it likely averted litigation.”
- “Thanks, this is a great idea. Communication and understanding are key. This patient is still my patient.”
- “Rapid attention to patient’s concerns defused the situation.”
- “Both the patient and her mother have elected to continue care with me and my office. I consider this to be the ultimate sign of a successful resolution.”
- “I feel this may be the most helpful program I’ve seen a malpractice carrier implement. Fantastic.”

Lessons Learned from Patients

Financial



Physical

Emotional