

Clinical Risk Management Increasing Health Center Awareness and Action

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All Grantee Meeting
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Goal

- To ensure awareness of tools and processes available to identify, manage, and reduce clinical risk at all levels of care provided by health centers.

Objectives

- Present the characteristics of health center medical malpractice claims
- Share the results of the OIG study of risk management in health centers
- Review Clinical Risk Management Resources available to FTCA deemed health centers

Categories of Risk

- Patient care related risks
- Medical staff related risks
- Employee related risks
- Property related risks
- Financial risks
- Other risks

Clinical Risk Management

Definition

An approach to improving the *quality* and *safe delivery* of health care.



Clinical Risk Management

- Identifying areas of potential risk in the clinical aspects of care through:
 - Review of malpractice claims
 - Deeming
 - Accreditation
- Providing resources to assist in reducing risk in these areas

Clinical Risk Management Components

- Risk Identification
- Risk Analysis
- Risk Control

Claim Status Summary

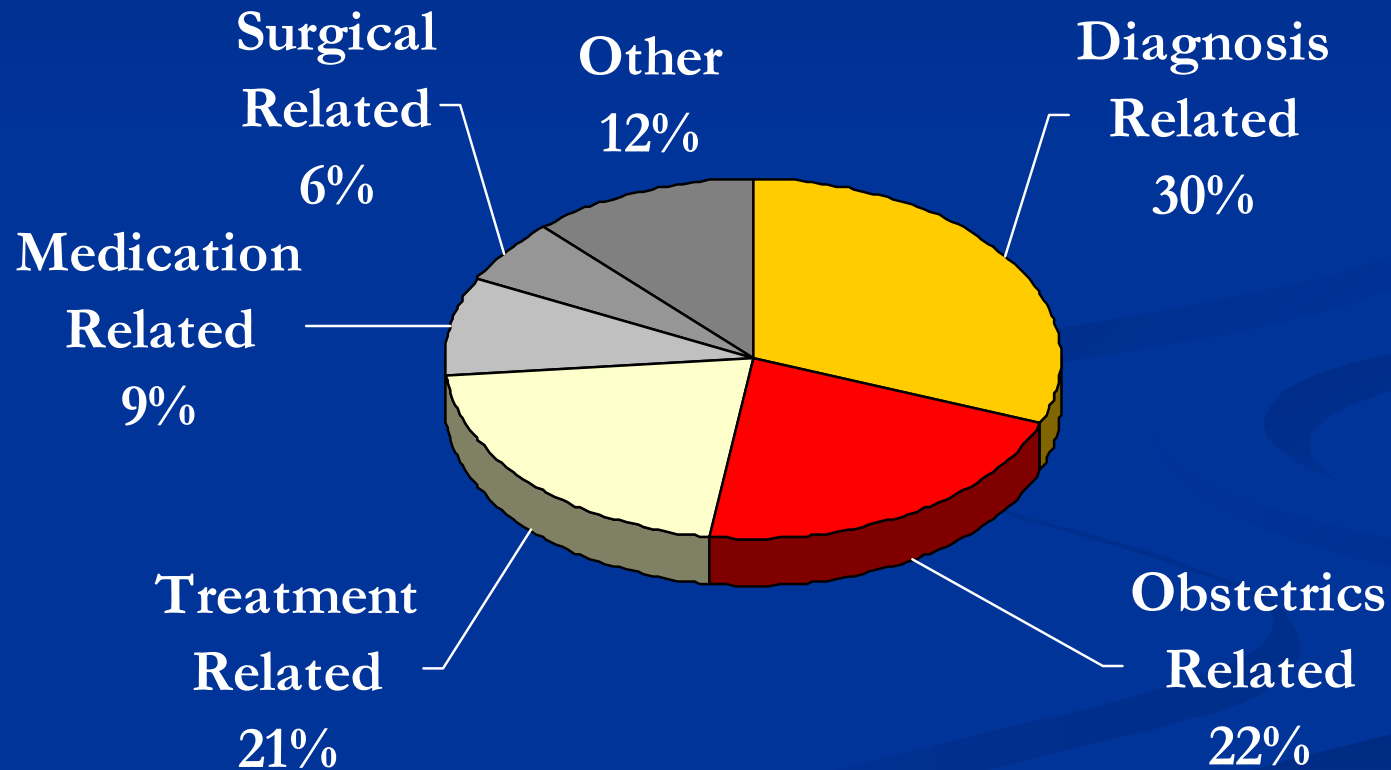
HC FTCA Medical Malpractice Cases

October 1994 through March 31, 2005

- 1,206 Medical Incidents
 - Closed - 52%
 - Paid - 31%
- Coverage
 - 305 (1993) to 800 (2005) health centers

Claims Summary

Nature of Allegation



Diagnosis Related Cases

- Common Themes
 - Missed/Delayed Diagnosis of Cancer
 - Breast
 - Colon
 - Lung
- Contributing Factors
 - Inadequate diagnostic and referral tracking
 - Communication failures
 - Illegible/inadequate documentation

Obstetrics Related Cases

- Common Themes
 - Shoulder Dystocia
 - Stillbirth/Infant Death
 - Anoxic Brain Damage
- Contributing Factors
 - Failure to identify/treat fetal distress
 - Illegible/inadequate documentation
 - Failure to identify high risk patients
 - Lack of coordinated care

Treatment Related Cases

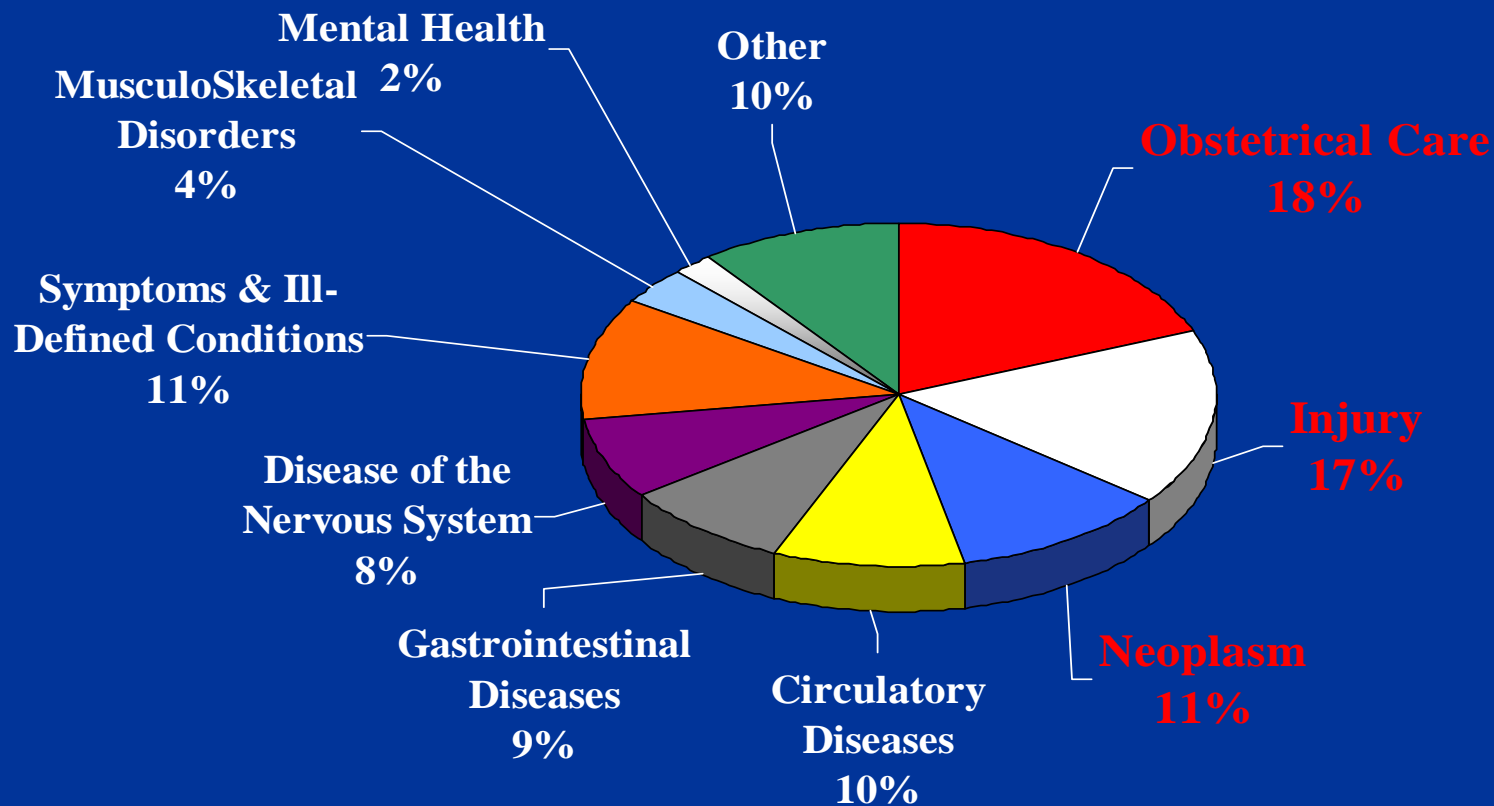
- Common Themes
 - Injuries
 - Minor Surgical Procedures
 - Failure to monitor
- Contributing Factors
 - Inadequate safety policies/procedures
 - Poor technical skills
 - Illegible/inadequate documentation
 - Improper management



ICD-9 Diagnoses Summary

HC FTCA Medical Malpractice Cases

October, 1994 through April 30, 2004



*Diagnosis for injury alleged by claimant

Source: Triton Group, Incorporated, Pompton Lake, NJ

Risk Management at Health Centers

Background – Methods

- 43 question survey administered anonymously to 248 HC Executive Directors to assess:
 - Most Important RM practices
 - Most Difficult RM practices to Implement
 - Key Challenges to Conducting RM
 - Satisfaction with HRSA RM Resources
 - HC use of savings from deeming

[Risk Management at Health Centers \(OEI-01-03-00050; 02/05\)](http://oig.hhs.gov/oei/reports/oei-01-03-00050.pdf)

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Risk Management at Health Centers

HRSA/BPHC Policy

- Program Expectations PIN 1998-23

“All HCs must have **risk management policies and procedures** in place...risk concerning quality assurance and improvement, ...and other potential areas of liability.”

Risk Management at Health Centers

HRSA/BPHC Policy

- Health Centers and FTCA PIN 1999-08

“...these funds may be used to increase the number of users, increase the range of services provided...or to implement administrative improvements, including clinical compensation, **clinical quality improvement/risk management activities.**”

Risk Management at Health Centers

Results

- Most Important RM Activities
 - Credentialing
 - Active Quality Improvement Program
 - Comprehensive Medical Records
 - Clear Communication with Patients

Risk Management at Health Centers

Results

- Most Difficult RM Activities to Conduct
 - Regular Staff Training
 - Patient Tracking System
 - Ongoing Peer Review of Patient Cases
 - On-site Assessment of Risks and RM practices

Risk Management at Health Centers

Results

- Key Challenges to Conducting RM
 - Lack of Financial Resources
 - 40% indicated RM practices unable to do
 - Staffing
 - 19% report a dedicated staff position for RM
 - Training
 - 69% HCs' staff received RM training in FY '03

Risk Management at Health Centers

Results

- Most Valued HRSA RM Resources
 - Credentialing PIN 2002-22
 - FTCA Helpline
 - Program Expectation PIN 1998-23

Risk Management at Health Centers

Results

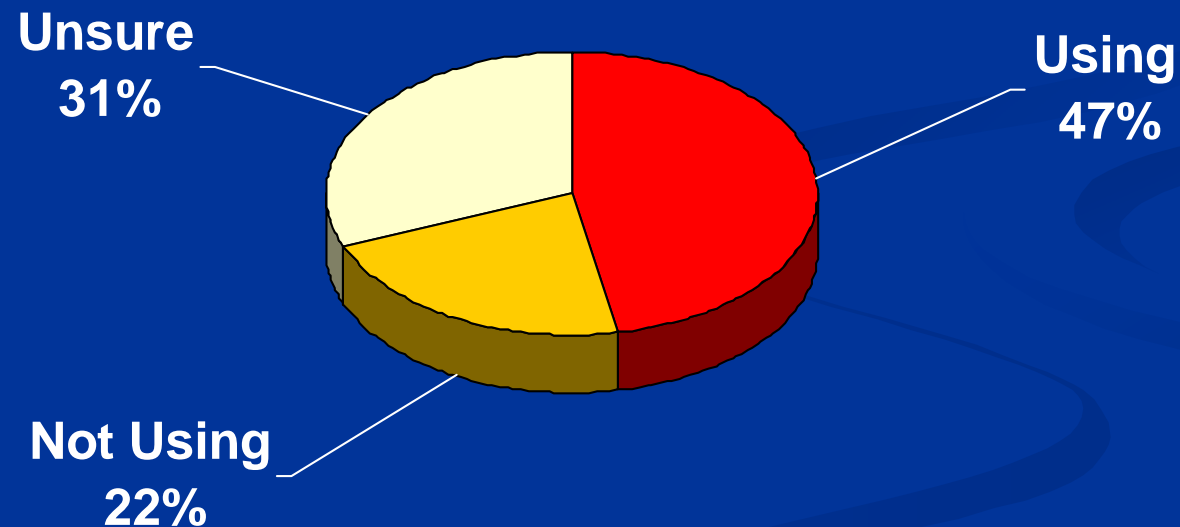
- 90% report doing an overall excellent or good job at conducting RM
 - Assessment varies by RM practice
- 73% report deeming improved ability to conduct RM
 - Annual savings of \$228K
- 87% want more RM training

Risk Management at Health Centers

Results

Are Deemed HCs Using Savings for RM?

N=155



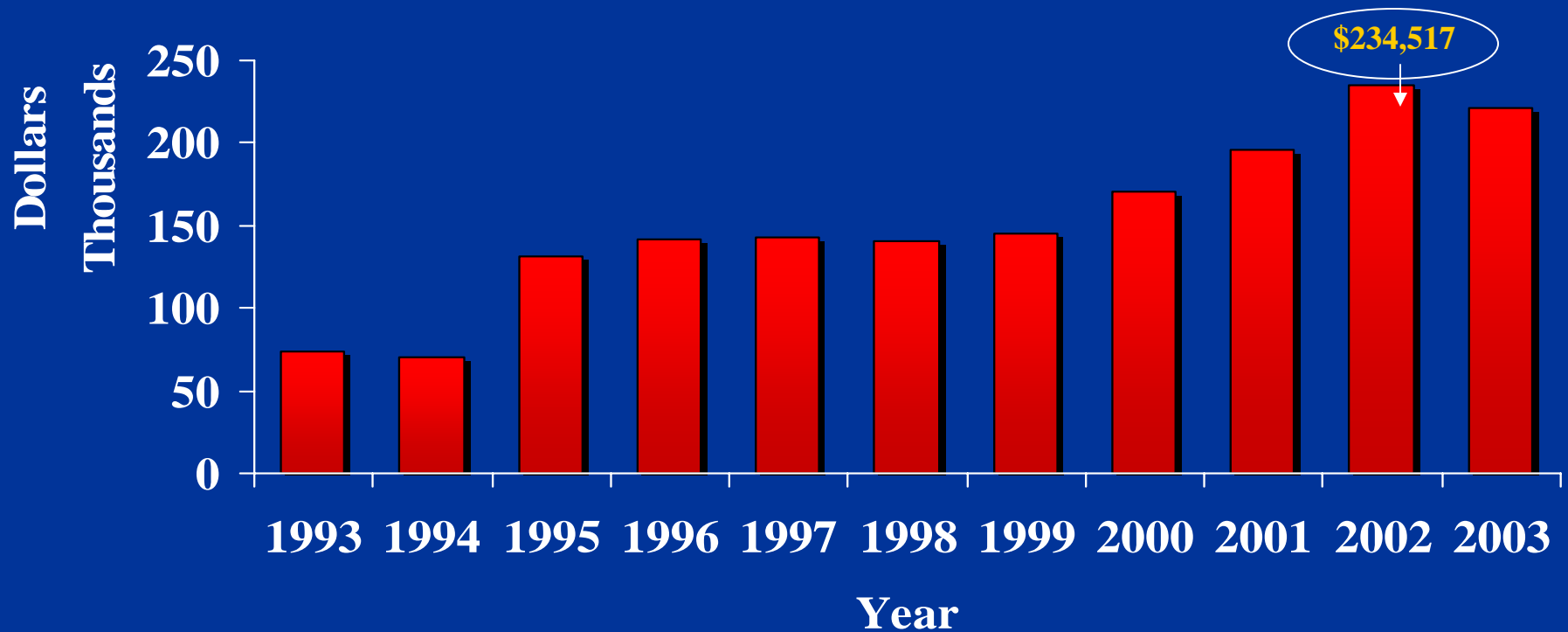
Risk Management at Health Centers

Issues

- OIG “Opportunities for Improvement”:
 - **Ensure HC savings are reinvesting in RM**
 - Health Centers are expected to use a portion of savings to provide risk management services. (PIN 99-08 Para. XVIII).
 - Develop a comprehensive, ongoing training program in RM for HCs

Health Centers with FTCA Medical Malpractice Coverage have Realized Yearly Savings*

Estimated Average Savings Per Health Center, 1993-2003



*Health Center savings were calculated by The Triton Group based on the number of health centers deemed in each year and the malpractice premium structure for that year. Savings are a result of the Federally Supported Health Centers Assistance Act of 1992 which significantly reduced the need of health centers to purchase private malpractice coverage.

Source: Triton Group, Incorporated, Pompton Lake, NJ
Created by: Amy Chanlongbutra, CQSB/DCQ/BPHC/HRSA, April 2004.

Program Value

Malpractice Premium Savings Study

Results

- 2002 Savings for deemed centers -
\$164,000,000
- Extrapolating from 2002 and 1999 studies: total savings since 1993 -
\$1 billion

Risk Management at Health Centers

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HRSA- Sponsored RM Resources

- Policy Information Notices (PINs)
- FTCA Helpline
- Deeming
- Accreditation Initiative
- Site Visits and Claim Feedback
- Claims Tracking and Analysis System
- Distribution of Risk Management Journal – Legal Medicine

New HRSA- Sponsored RM Resources

- Developed in Consideration of:
 - Risk Identification and Analysis
 - Results of OIG Survey
- Includes:
 - Risk Management Training – NACHC
 - Malpractice Consultation Line – NACHC
 - Web-Based Clinical RM Resource Initiative- RMF Strategies
 - Online resources – HRSA website

Risk Management at Health Centers

Key Message

- OIG has identified a need for more RM activities
- A comprehensive RM program will require the development of new, inexpensive RM tools and integration with existing RM activities
- Clinical Risk Management Vision
 - Continue with existing RM activities
 - Develop new RM tools tailored to health centers' risk
 - Addition of DCQ goal of 100% HC participation in structured QI/RM activities as a strategic element in improving quality
 - Wider dissemination
 - Emphasis on improving systems of health care

Clinical Risk Management

Key Contacts

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