

Risk Avoidance via the ‘Safety Halo Effect’

By Sidney Smith, MD



Communications in healthcare are a generation behind what is standard in any other mature industry creating a crippling, industry-wide flaw with consequences for workflow, duplication of effort, waste, and patient care. It is a leading contributor to adverse outcomes, mis-coordination, and frustration for both provider and patient. Medical miscommunication is a major contributor to medical professional liability (MPL) risk. There is a solution and the MPL industry is the essential facilitator for rapid and national adoption.

Part of the problem is systemic: Insular communication channels fail to create access for parties outside the enterprise to external stakeholders. The rest of the problem is operational: there are clinicians who simply fail to communicate effectively and current electronic health systems software have limitations. That failure is to a great extent a consequence of flawed medical software technology and a lack of appropriate tools to enable clear, codified, and trackable communication.

For the MPL enterprise, it has always been a Hobson’s choice: Insurers bear responsibility for, but have little influence in, the design or implementation and integration of information systems. Their role has largely been restricted to retrospective system-performance assessments when MPL claims occur, combined with education of health system administrators and physicians about how to avoid risk. Retrospective analyses, done after MPL events occur, helps to

avoid future events. But they have little value as a tool for prospective risk management and real-time risk assessment. Transitioning from a retroactive assessment platform to real-time assessment of performance metrics, and making those metrics public on the MPL carriers’ websites, will alter the calculus of risk management, create a marketable commodity, change the culture of medical practices, and decrease MPL events. Enabling practices and health systems to post on MPL websites their compliance with predetermined metrics such as notification of patients about biopsy results in two weeks and documenting treatment closure within 40 days, creates the public platform to recognize excellent medical care. MPL insurers thus enable physicians, groups, and health systems to distinguish their care and simultaneously improve patient safety.

Inclusion and integration

The key to solving the riddle of clinical communication is inclusion and integra-

tion; the solutions will be found not from a top-down perspective, but from a bottom-up vantage point. For medical risk management, any purpose-built communication solution must include a chain-of-custody mindset. This approach can be illustrated via the example of specimen tracking.

Consider: Every transaction-based industry in the country—including shipping companies like FedEx and UPS, airlines like Delta and United, retailers like Walmart, and banks like Wells Fargo—assign each transactional event a unique “confirmation” number, to identify, track, and manage all activity related to that event.

This same simple chain-of-custody approach can be employed in the tracking of medical items such as biopsy specimens, clinical pathology, and radiology reports—with an important twist. More than simply tracking a physical object, the confirmation number can serve as the key to





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“closed loop” communication and documentation between providers, labs, etc., and the patient. Alerts, notes, and patient instructions can also be incorporated into this solution to the communications riddle, yielding dramatic results in quality, outcomes, patient satisfaction, and oh yes, risk mitigation (Figure 1).

Integration of unique tracking numbers for medical events is new to the medical field and enables better communication. Currently, all EMR communication occurs with portable document format files (PDF) and attached word documents that are patient referenced. A PDF file must be opened, viewed, interpreted, communicated to the patient, and appropriate actions performed. The only quality assurance metric in current EMRs is knowing an order was sent and a result was received. Tracking numbers with codified recommendations from the lab, pathologist, or radiologist enables the entire care team, patients, and quality monitoring system to know the result of every test, recommendations rendered, and time metrics benchmarks to assure timely communication occurs with the patient, schedules are made timely, and all treatments recommended are performed.

Through a shared Web-based quality metric platform with the MPL carrier documenting compliance with time metrics of patient notification in two weeks and treatment closures within 40 days, the MPL enterprise can gain new insights into what transpires in full treatment cycles. Health systems, individual providers, and the MPL insurer share real-time access to their performance metrics and data can be assessed comparatively.


By making this data public, the MPL sector is in a position to serve as the arbiter of good care; this also drives technology to a desired outcome, less concerned about the technology per se, and more with the metrics are included. In addition, the degree of improvement in

the quality, efficiency, and safety of care gained via a simple tracking solution adds very little to the cost of the system and also ensures key events in diagnosis and treatment occur in a timely manner and are shared among all of the team members.

Finally, with this new technique, health systems will be able to communicate across platforms by using the shared tracking numbers; disparate systems that do not share common IT infrastructure are able to communicate effectively, clearly, and efficiently. The result is complete transparency to all care providers along the continuum.

This collaborative relationship between MPL carriers and their physicians creates what I call a “safety halo effect.” A 5% premium reduction is offered to covered physicians demonstrating that 85% of their pathology and radiology specimens have been tracked in the system, patients are notified within a set time frame, and treatment loops are closed within a specified time metric.

More importantly, concern for patient safety becomes an even more focal aspect of physician practice and their efforts extend into their surrounding medical community. Physicians are empowered to encourage and select labs and radiologists equally committed to patient safety.

But perhaps the greatest benefit to the MPL entities of strategies such as advanced specimen tracking is that the MPL insurer comes to assume a more central role in conducting a new type of real-time risk mitigation. 

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