

CAI Resource Guide for the Webinar:

How to Transition a CRP cases to Claims

The Best Practices Committee for the Collaborative for Accountability and Improvement curated the following list of publications, tools, and resources to complement and enhance the learning about transitioning a CRP case to claims.

Webinar Learning Overview

- Learn practical advice from “claims professionals” on how to transition a CRP case to claims
- Describe several of the key components for an ideal partnership and transition to claims from the perspectives of health systems, insurers, and patients and families
- Understand the needs of patients and families, and how and when to appropriately engage them, in this transition to “claims process”

PRESENTERS

- Barbara Pelletreau, RN, MPH, *Senior Vice President, Patient Safety, CommonSpirit Health*
- Jack and Teresa Gentry, *Patient and Family Advocates*
- Claire Hagan, MJ, CPHRM, *Director of Risk Management Programs, Providence St. Joseph Health*
- Brittnie Hayes, JD, *Claims Manager, COPIC*
- Linda Ubaldi, RN, *CANDOR Training Specialist and Former Quality and Patient Safety Officer*

WATCH THE WEBINAR AND DOWNLOAD THE SLIDES

- Watch the webinar: <http://bit.ly/thecaiyoutube>
- Download the slides:
<http://communicationandresolution.org/wpcontent/uploads/2021/05/CAI-Webinar-How-to-Transition-to-Claims-Final.pdf>

Publications

ENSURING SUCCESSFUL IMPLEMENTATION OF COMMUNICATION-AND-RESOLUTION PROGRAMMES

Michelle Mello, Stephanie Roche, Yelena Greensberg, Patricia Henry Folcarelli, Melinda Bionchi Van Niel, Allen Kachalia

ARTICLE SUMMARY

Two Massachusetts hospital systems have successfully implemented CRPs due to seven key factors, including an active cultivation of the relationship between hospital risk managers and representatives from the liability insurer.

- Both hospitals faced initial challenges in engaging insurers in the CRP approach as claims staff needed to shift their mindset from “defending a doctor” to a “system, patient, and family perspective.” Ultimately, making the effort to understand the differences in approaches led to a collaborative and trusting relationships between claims professionals and risk managers where cases could be co-managed.
- Additional facilitators of the hospital systems’ successful CRP implementation included: (1) the support of top institutional leaders, (2) heavy investments in educating physicians about the programme, (3) the use of formal decision protocols, (4) effective oversight by full-time project managers, (5) collaborative group implementation, and (6) small institutional size.

Read the Article: <http://dx.doi.org/10.1136/bmjqs-2019-010296>

For more information on these topics, please contact thecai@uw.edu or visit the CAI Website at <http://communicationandresolution.org/>

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MACRMI Resources

BEST PRACTICES FOR INSURERS INVOLVED IN COMMUNICATION, APOLOGY AND RESOLUTION (CARE) MATTERS

MACRMI developed these best practices to support insurers involved in CRP cases:

- Approach the CARE Program as a comprehensive, collaborative process
- Support healthcare institutions in a thorough review of the case, including identification and implementation of patient safety improvements
- Advise the patient/family of their right to representation by counsel if it is determined that the insured healthcare provider(s) deviated from the standard of care resulting in significant preventable harm to the patient
- Keep all parties apprised of the progress of the case review
- Utilize mediation as needed to facilitate collaboration and compromise
- Commit to working collaboratively with other insurers when there are multiple insurers involved in a case
- When a report to the National Practitioner Databank is required, use the appropriate checkboxes and descriptions to emphasize the CARE process

DOWNLOAD THE GUIDE

[https://www.macrmi.info/application/files/5416/1780/0505/Best Practices for Insurers - _updated 2-1-21.pdf](https://www.macrmi.info/application/files/5416/1780/0505/Best_Practices_for_Insurers_-_updated_2-1-21.pdf)

PATIENT REPRESENTATION – BEST PRACTICES FOR CARE PROGRAMS

MACRMI developed this guide to support appropriate patient representation during conversations regarding resolution and compensation in the CARE process:

- Health Care Facilities/Insurers should encourage patients/families to seek legal representation.
- Patients/families should be represented by an attorney experienced in medical malpractice litigation and educated about the CARE program
- Health Care Facilities/Insurers should provide patients/families with a list of local qualified attorneys while making it clear that the patient/family is free to choose any attorney, on or off the list

DOWNLOAD THE GUIDE

[https://www.macrmi.info/application/files/1915/9379/9334/Patient Representation Best Practices.pdf](https://www.macrmi.info/application/files/1915/9379/9334/Patient_Representation_Best_Practices.pdf)

A GUIDE TO INSURER REFERRAL CONVERSATIONS

MACRMI created this referral conversation guide to be used in discussion and collaboration with the insurer about an event, after it was determined that unreasonable care occurred or significant patient harm was caused and there is a plan to refer the patient/family to the insurer. This guide includes suggested language if you believe the standard of care was not met and if you are unsure if the standard of care was met.

DOWNLOAD THE GUIDE

[https://www.macrmi.info/application/files/7215/9379/9338/Referral conversation document.pdf](https://www.macrmi.info/application/files/7215/9379/9338/Referral_conversation_document.pdf)

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Video Tools

COVERYS JUST-IN TIME VIDEO SERIES

- Disclosure 1: Preparation and Documentation
- Disclosure 2: Difficult News and Unanticipated Outcomes

VIDEO OVERVIEW

Even when patients receive appropriate treatment and everything is done right, an adverse event or complication can occur. Coverys' Just-In-Time videos provide an overview of the principles and best practices of disclosure to help healthcare providers effectively communicate with patients following an adverse event.

- *Disclosure I: Preparation and Documentation* is a 14-minute video that provides an overview of things to consider prior to meeting with the patient and actions you should take following the disclosure discussion.
- *Disclosure II: Difficult News and Unanticipated Outcomes* is a 19-minute video that outlines how to conduct the disclosure discussion, including: 1) How to begin the discussion; 2) What to say during the discussion; and 3) How to close the discussion.

WATCH THE VIDEOS

Disclosure 1: <https://www.youtube.com/watch?v=1tN828DHVUs>

Disclosure 2: <https://www.youtube.com/watch?v=VWYOY81aztM>

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