Engaging Physicians in CRP

Your CRP learning doesn't need to end after this session. We are now recruiting organizations to join the **PACT Collaborative**:

A Breakthrough Series Collaborative dedicated to creating highly reliable CRPs

Email <u>thecai@uw.edu</u> or visit ariadnelabs.org/pact to learn more











Please keep yourself muted You can submit questions into the chat box at any time

Panelists

Laurie C. Drill-Mellum, MD, MPH, Chief Medical Officer, Constellation Alan Lembitz, MD, MMM, Chief Medical Officer, COPIC Eric Wei, MD, MBA, Senior Vice President and Chief Quality Officer, NYC Health + Hospitals







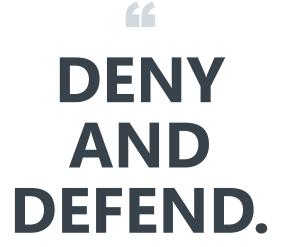


Our solution ...

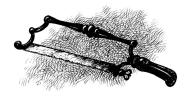


Honor • **Empower** • **Act** • **Learn**

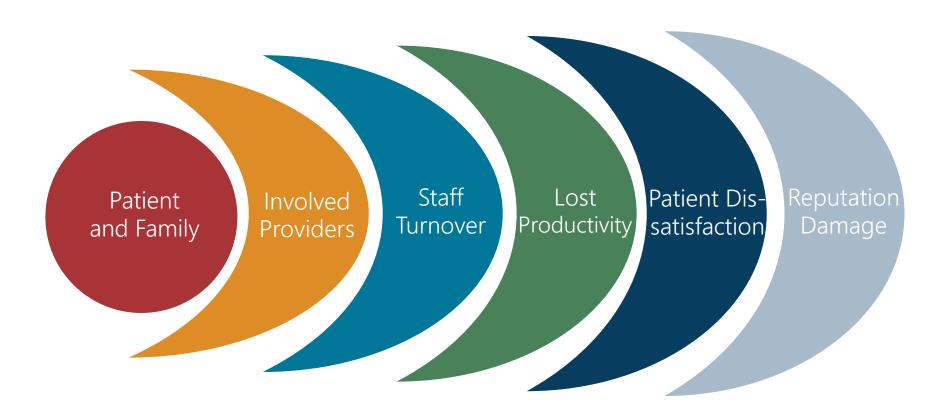
Honor ... everyone involved Empower ... each person to be part of the solution Act ... early and decisively to limit harm Learn ... to better protect patients and care teams When something goes wrong in health care, we use the tools we have. Even when they're no longer the best tools.







Harm events have ripple effects



Every hour that goes by after patient harm occurs, during which we are not effectively communicating, equates to another harm."

We started asking our own hard questions



In our role as an MPL organization, are we doing enough? Could it be that we are part of the problem?"

> "Is there a way we could come together – for the common good of everyone involved and help to make things better?





Can we lead the way

in changing how MPLs do business?"

HEAL®: Responding sooner when harm events occur





HEAL®: Responding smarter when harm events occur

















One physician's **experience** with early expert review

Allegation:

Failure to timely diagnose a congenital diaphragmatic hernia, causing the death of the baby.



Relief: Even though five of his peers had reviewed the ultrasound imaging and agreed with his interpretation that the ultrasound was unremarkable, our external expert's concurring opinion provided deeper relief and enabled him to move forward knowing where he stood.



Clarity for all: Because the results of the expert review were also shared with the family, our insured felt that they were able to get a better sense of how a suit would likely proceed and factor that into their decision-making.

COPIC Partnership for Early Intervention in Adverse Medical Outcomes

Alan Lembitz, MD
Chief Medical Officer COPIC



Observations and Experience



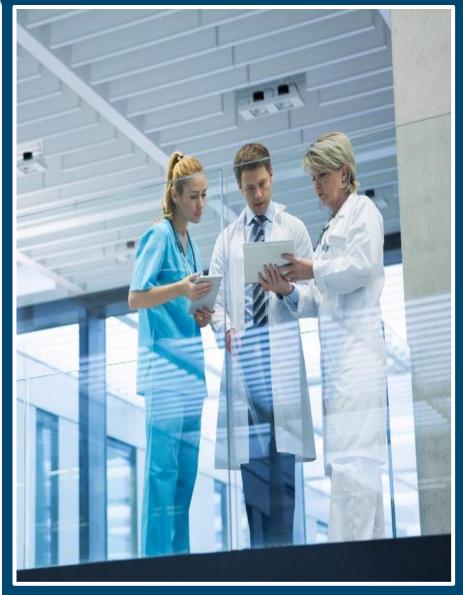
- Early Adopter
 - Disclosure and Reimbursement Program—3Rs Program since 2001
 - Disclosure and Resolution Programs—7 Pillars, Candor
 - CRPs
- 24/7 Real Time Assistance
- Institutional and Legislative Advocacy



Engaging Providers in CRPs

- 1. Selling points:
 - a) The business case (potential for reducing liability costs)
 - b) "Doing the right thing" for patients
 - c) Improving quality and safety
- 2. Communicate support for providers
- 3. Financial incentive (premium reduction)
- 4. Highlight success stories
- 5. Make outreach personal
- 6. Share info/data about outcomes

Source: www.healthaffairs.org/doi/10.1377/hlthaff.2013.0828





Physician Engagement CRP Benefits

Relationships

Control

Shorter Claim Life Cycle

Professionalism

Learning

Care for the Caregiver



Physician Engagement CRP Impediments







Minimal Diversity of Insurers



It's Not Just About the Money



The 7 Pillars—AHRQ/Candor/CRPs

- Reporting/notification
- Investigation
- Disclosure/communication coaching
- Care for the Caregiver
- Data and Tracking
- Institutional Learning and Education
- Financial Resolution for this case







LAC+USC Medical Center

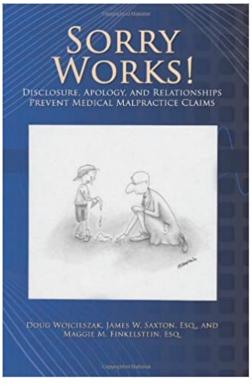




















EXPEDITED REFERRAL NETWORK TIER Employee Assistance Program · Chaplain, Social Work Clinical Psychiatry, Psychology Domestic Violence Support The Wellness Center **TIER** TRAINED PEER SUPPORTERS Provide 1:1 crisis intervention, group debriefing, support, and referral to Tier 3 as needed. TIER LOCAL (UNIT/DEPARTMENT) SUPPORT Everyone having knowledge of second victimization, normalization of discussing

difficult cases, and supporting each other.



Lessons learned for engaging clinicians

- Psychological safety is key build a Culture of Safety
- Leading with H3 provide emotional and psychological support first
- Making a diagnosis help involved clinicians recognize signs and symptoms of second victimization and moral injury
- Admitting there is a problem is the first step to fixing it
- Appeal to the why clinicians go into healthcare empathy, helping others, making a difference, improving health
- Putting patients first what if it was you or your family member



Thank you

- Visit <u>www.communicationandresolution.org</u> for more information
 - Webinar recording will be made available by next week
- You will automatically be added to our mailing list
 - Email <u>thecai@uw.edu</u> or unsubscribe if you do NOT want to receive email updates
- Send any additional questions or topics you would like to see in an upcoming webinar to thecai@uw.edu

