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Physician Practice E-News

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A BIWEEKLY SUMMARY OF RISK MANAGEMENT AND PATIENT SAFETY TOPICS

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Patient Safety & Relations

Pediatrics: Proper Transitioning to Adult Care, Incidents Associated with Harm

Transitioning pediatric patients with chronic conditions to adult care is not a one-time transfer of care; rather, it is a process that will take years to fully prepare adolescents to navigate the healthcare system, states a [case and commentary](#) published in the Agency for Healthcare Research and Quality's March 2015 *WebM&M*. In the case, a pediatric patient with Marfan syndrome complicated by aortic root dilation underwent a therapeutic abortion because her pregnancy posed a significant risk to her health. Her providers at the time advised her to undergo surgical repair of her aortic root. When she reached the age of majority, she was referred to an adult primary care provider and cardiologist. The patient did not see her new providers, and the recommended cardiac procedure was never scheduled. At age 21, she presented to an emergency department with abdominal pain and was found to be pregnant. When the patient decided not to get another abortion, her providers recommended an urgent aortic root repair during her second trimester to mitigate potential harm to the fetus while protecting her health. She underwent the procedure and ultimately delivered a healthy child. According to the physician authors of the commentary, the case describes two process failures: the failure to prepare the patient to take responsibility for her adult care with congenital heart disease and the failure to ensure that her care would be appropriately monitored to reduce the risks posed by the chronic condition. The authors observe that many adolescents may not understand the importance of regular healthcare visits or be aware that past treatments and surgeries require ongoing maintenance. In other news about pediatric patient safety, a U.K. [study](#), posted online May 4, 2014, in *Pediatrics*, identified patient safety problems that were associated with harm to patients. The study of 1,788 nationally collected incident reports from family practices identified more than 750

reports, or about 42%, in which children were harmed, 9 reports of severe harm, and 8 reports of death. Some of the most harmful outcomes were related to delayed diagnosis and insufficient assessment; incorrect treatment decisions, particularly of patients with asthma or diabetes; failure to refer children with developmental delays, acutely ill children, and those with child protection concerns; and improper dispensing or prescribing that led to medication overdoses.

Diagnostic Error Closed Claims Study Examines Frequency, Severity, and Specialties Affected

Recent studies related to diagnostic error have focused on primary care specialties, yet a [study](#) (login required) of closed claims reported to PIAA, an association of medical professional liability insurers, shows that other specialties are also associated with a substantial portion of diagnostic-related claims. The study was published in the April 2015 journal of the Professional Liability Underwriting Society. Based on closed claims data from 2008 through 2012, diagnostic error-related claims had the highest indemnity payments and were the second most frequently filed claims after claims alleging improper performance. Surgical specialties were named in 9% of all closed claims concerning diagnostic error, while nonsurgical specialties (including primary care) were involved in 31% of diagnostic error claims. Radiologists were most frequently named in diagnostic error claims, and obstetricians had the highest indemnity payments for diagnostic-related claims. Cardiac/cardiorespiratory conditions were associated with the greatest number of diagnostic error claims, followed by claims related to breast cancer, lung cancer, acute myocardial infarction/heart attack, and colorectal cancer.

Clinical Decision Support Shows Promise in Reducing Inappropriate Diagnostic Imaging

The use of computerized clinical decision support integrated into electronic health records can moderately improve the appropriate use of diagnostic radiology and decrease use by a small amount, [according to the results of a study](#) published in the April 21, 2015, issue of *Annals of Internal Medicine*. The researchers retrospectively reviewed 23 studies published from 1995 to 2014 that assessed the effect of computerized clinical decision support on diagnostic radiologic test ordering in adults. They found that interventions incorporating a "hard stop" to prevent clinicians from overriding the system without outside consultation and those implemented in integrated care delivery settings were more effective than those without hard stops and those implemented in other settings. However, the researchers note that several of the studies reported harm associated with the intervention, including one in which the number of patients who did not receive a chest radiograph when indicated increased from 1.9% to 9.3% after implementation. They conclude that additional research is needed to explore the potential harms involved in using decision support tools to reduce inappropriate radiologic test ordering before widespread adoption can be recommended.

Worker & Environmental Safety

OSHA Updates Job Safety and Health Workplace Poster

The Occupational Safety and Health Administration (OSHA) has released a new version of its poster [Job Safety and Health: It's the Law!](#) Intended to ensure that workers have a voice in their workplaces and the protection they deserve, the poster informs workers of their right to request an OSHA inspection of their workplaces, receive information and training on job hazards, report a work-related injury or illness, and raise safety and health concerns with their employer or OSHA without being retaliated against. In addition, the poster informs employers of their legal obligation to provide a safe workplace and their responsibility to train all workers in a language and vocabulary they can understand, comply with OSHA standards, and post citations at or near the place of an alleged violation. This new version of the poster has been updated to include new reporting obligations for employers, who must now report every fatality, hospitalization, amputation, or loss of an eye. Although all covered employers are required to display the poster in a conspicuous place where

workers can see it, OSHA states that employers do not need to replace previous versions of the poster. The agency notes that OSHA regulations do not specify or require employers to display the poster in a foreign language; however, the poster is available in several languages, and OSHA encourages employers with Spanish-speaking workers to also display the Spanish version of the poster.

Standards & Guidelines

No Improvement in Cancer Screening Rates from 2010 to 2013; Prevention of HIV, Hepatitis C Outbreaks

A May 8, 2015, [report](#) from the Centers for Disease Control and Prevention (CDC) found that there was little progress toward meeting national cancer screening targets between 2010 and 2013. Specifically, the report found that the use of mammography and colorectal cancer screening remained relatively unchanged, while the use of Pap tests declined. Screening rates were particularly low among people who were uninsured or without a usual source of care and were improved with increasing education and income. Screening rates for all three cancers were similar between blacks and whites, lower for Hispanics, and varied among racial and ethnic subgroups, according to the report. "Efforts are needed to understand why screening percentages are not increasing, and, for Pap tests, are decreasing," states the report. The authors write that it is not clear whether Pap test screening intervals have lengthened for some women in response to a U.S. Preventive Services Task Force 2012 updated [recommendation](#) and whether this may have contributed to the decreased screening use in 2013. They suggest that offering all recommended colorectal cancer screening options (e.g., blood test, colonoscopy) may promote higher screening rates by better aligning individual needs and preferences. Health systems and communities can access information on evidence-based interventions to improve screening rates from [the Community Guide](#). Resources for implementing evidence-based programs are available from [Cancer Control P.L.A.N.E.T.](#) In related news, CDC issued [recommendations](#) for health departments and providers to prevent HIV and hepatitis C virus (HCV) outbreaks among people who inject drugs. The guidance advises providers to test all patients diagnosed with HIV or HCV for the other virus, urge the patient's sexual partners and people who share syringes to get tested, ensure that patients stick to prescribed treatments, and report all new diagnoses of HIV and HCV to public health departments.

IOM Prioritizes Core Measures of Healthcare

Fifteen core measures ("vital signs") and 32 related priorities have been identified by the Institute of Medicine (IOM) for the improvement of healthcare on the national level. These measures are published in [Vital Signs: Core Metrics for Health and Health Care Progress](#), which is available online. IOM's Committee on Core Metrics for Better Health at Lower Cost, which authored the study, writes that "a dominant feature of the health system is its fragmentation, and that fragmentation is reflected in the measures currently in use. . . . [Such] requests and requirements for reporting rarely are synchronized among the various organizations involved. Because of the great number and variety of these organizations, the total number of health and health care measures in use today is unknown." The IOM committee's goal in performing the study was therefore to begin helping healthcare providers focus on the most important issues by creating a measure set that shows an accurate portrait of national healthcare quality. IOM's recommended 15 core measures are life expectancy, well-being, patient weight, addictive behaviors, unintended pregnancy, community health, use of preventive services, access to care, patient safety, evidence-based care, care and patient goal alignment, burden of personal spending, burden of national gross domestic product spending, individual engagement, and community engagement.

Legal & Regulatory

Eye Clinic Settles Transgender Discrimination Claim for \$150,000

A Florida eye clinic has reached the first-ever settlement of a U.S. Equal Employment Opportunity Commission (EEOC) claim involving discrimination against a transgender individual, [the agency has announced](#). According to EEOC, the clinic fired its director after she began to present as a woman and informed the clinic that she was transgender. Her performance reviews had been satisfactory throughout her employment, and she alleged that her termination was because her transition from male to female “did not conform to the employer's gender-based stereotypes,” in violation of Title VII of the Civil Rights Act of 1964. In addition to a monetary settlement of \$150,000, the clinic also agreed to adopt a policy prohibiting discrimination on the basis of an employee's transgender status, gender transition, or nonconformity to the clinic's “gender-based preferences, expectations, or stereotypes.” The clinic will also provide education to its managers on transgender and gender discrimination and handling related complaints. EEOC, which has a similar complaint pending against a funeral home, stated, “It is our policy that employees who are capable and qualified to perform the responsibilities to which they are assigned, should be permitted to do so, regardless of their [gender] identity.”

Primary Care Physician Held Liable for Stroke after Delivery, \$41M Award

A Massachusetts jury awarded \$41 million in a malpractice lawsuit alleging that a patient was paralyzed by a stroke that occurred after she had a vaginal delivery because her physician had failed to properly warn other providers about the patient's abnormal brain function that was discovered years earlier, according to a May 8, 2015, [article](#) published in the *Boston Globe*. In 2004, the patient sought treatment from the defendant physician and medical practice for dizziness. She underwent magnetic resonance imaging and computed tomography scanning that showed brain abnormalities. According to her attorney, this should have prompted the physician to put the patient on a list that would warn other providers about the patient's medical condition. The patient was not placed on the list, said her attorney, and therefore when she became pregnant four years later, her obstetrician was unaware of the abnormalities in the patient's brain. The plaintiff's attorney argued that it was dangerous for the patient to go into labor because of her medical history and that if the obstetrician had been aware of it, a cesarean section would have been ordered instead. The patient delivered her infant vaginally and had a stroke hours after the birth that rendered her entirely paralyzed except for her right arm. The 35-year-old patient now requires constant care, has difficulty speaking, and can no longer work. The jury awarded \$35.4 million, for a total \$41 million award with interest.

Professional Development

CMS Publishes Strategic Vision for Its Physician Quality Reporting Programs

The Centers for Medicare and Medicaid Services (CMS) has published a strategic vision to guide how it plans for the future administration of the physician quality reporting programs. [CMS Physician Quality Reporting Programs Strategic Vision](#) describes a long-term vision for CMS quality measurement for physicians and public reporting programs and how they can be optimized and aligned to support better decision making from doctors, encourage stakeholder engagement, reduce participation burden for healthcare professionals, and drive meaningful public reporting. CMS's vision for the future of physician quality reporting is built on five concepts: (1) CMS quality reporting programs are guided by input from patients, caregivers, and healthcare professionals; (2) feedback and data drives rapid-cycle quality improvement; (3) public reporting provides meaningful, transparent, and actionable information; (4) quality reporting programs rely on an aligned measure portfolio; and (5) quality reporting and value-based purchasing program policies are aligned. In related news, CMS posted its [annual update](#) to electronic clinical quality measures. The agency [reports](#) that participation in its

physician quality reporting system increased 47% in 2013. However, roughly 40% of all physicians are not participating in the program because of concerns about its complexity and time commitment, according to an April 28, 2015, *Healthcare Finance* [article](#).

In the News

Telemedicine: Hurdles Now, Potential Improvements Later

The novelty of telemedicine technology and its applications make it difficult to estimate its long-ranging effects on the practice of medicine. Telemedicine can improve access to care and lower costs, notes a [perspective in the April 30, 2015, *New England Journal of Medicine*](#); however, its effectiveness depends on the skill of those using it, regulation cannot predict the capabilities of the technology and cannot keep pace with its demands, the consequences of telemedicine are unknown because it is a relatively new practice, and finally, posits the author, telemedicine changes the physician-patient relationship in unknown ways. The author states a desire for research addressing telemedicine's effects on patient-centered care and efficiency, to ensure the quality of the care given via the expanding technology. A [study of the data in the PIAA Data Sharing Project](#) found that there are currently few claims involving telemedicine in the database; significant factors among the claims present include diagnostic error, medication error, and failure to properly respond. The study recommends that healthcare organizations review telemedicine policies and procedures with their insurer—specifically, this review should include network security, webcam and web portal protocols, privacy concerns, and communication practices. The American Hospital Association released a May 2015 [report](#) discussing legal and regulatory challenges involved in telemedicine, including coverage and payment, licensure, credentialing and privileging, online prescribing, medical malpractice and professional liability insurance, privacy and security, and fraud and abuse.



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