Clinical Claims Data Analysis: Making a Connection Between Physician Health and Patient Safety

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Sailing Through Uncharted Waters:

Navigating Risk in a Changing World

Presenter

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Introduction

In 2013, a landmark study concluded that individuals receiving treatment and monitoring through a Physician Health Program (PHP) were associated with a **lowered risk of malpractice claims**.[1]

To expand this conversation from the MPL insurance company lens, a retrospective clinical claims analysis of **6,789 open and closed malpractice claims** over a **5-year period** was conducted.

[1] E. Brooks, M. H. Gendel, D. C. Gundersen, S. R. Early, R. Schirrmacher, A. Lembitz, J. H. Shore, Physician health programmes and malpractice claims: reducing risk through monitoring, Occupational Medicine, Volume 63, Issue 4, June 2013, Pages 274–280, https://doi.org/10.1093/occmed/kqt036

Today is about learning from each other

- Think of this as a dialogue about physician health, wellness, and reducing risk from a prevention perspective.
- These topics are incontrovertibly linked; to talk about one requires talking about the other.
- When 10-20% of your workforce is potentially impaired, it's time to consider risk mitigation strategies.
- NSDUH, 2024 from SAMHSA – 16.8% SUD; 23.4% AMI (Any Mental Illness).

https://www.samhsa.gov/data/data-we-collect/nsduh-national-survey-drug-use-and-health/national-releases

Objectives

- Examine current statistics on physician health and burnout rates
- Review 5 years of open and closed malpractice claims to examine connections between physician health, patient safety, and malpractice claims
- Understand the principles of a safety culture and the role Physician Health Programs play within that culture

Current Landscape: Burnout

- After skyrocketing to a record-high 62.8% in 2021, current survey data from the AMA show **doctor burnout rates have fallen below 50%** for the first time since 2020.
- 48.2% of physicians reported experiencing at least one symptom of burnout, **down from 53%** in 2022.
- **Women physicians** were more likely to suffer from symptoms of burnout—at 54.5%—compared to 42% of men.

https://www.ama-assn.org/practice-management/physician-health/physician-burnout-rate-drops-below-50-first-time-4-years

https://www.ama-assn.org/practice-management/physician-health/despite-drop-burnout-women-physicians-still-feeling-burden

Statistics: Physician Burnout Rates

The highest percentages of burnout occurred in **six physician specialties**.

- **Emergency Medicine**: 56.5%
- **Internal Medicine**: 51.4%.
- **Obstetrics and Gynecology**: 51.2%
- **Family Medicine**: 51%
- **Pediatrics**: 46.9%
- **Hospital Medicine**: 44%

https://www.ama-assn.org/practice-management/physician-health/burnout-falls-still-hits-these-6-physician-specialties-most

Statistics: Physician Burnout Rates

The highest percentages of burnout occurred in **six physician specialties**.

- **Emergency Medicine**: 63%.
- **Obstetrics and Gynecology**: 53%
- ***Oncology***: 53%
- **Pediatrics**: 51%
- **Family Medicine**: 51%.
- **Radiology**: 51%

https://www.medscape.com/slideshow/2024-lifestyle-burnout-6016865?icd=login_success_email_match_norm#3

Statistics: Physician Burnout Rates

Physician burnout rates vary based on the number of years since completion of residency or fellowship training:

- **1–5 ye**ars: 46.7%
- **6–10 years**: 55.1%
- **11–15 ye**ars: 55.3%
- **16–20 years**: 50.8%
- **20 or more years**: 41.3%

https://www.ama-assn.org/practice-management/physician-health/how-long-physicians-have-been-practice-can-signal-burnout-risk

Statistics: Physician Burnout Rates

- Contributing to burnout is time spent on **administrative tasks** outside of work hours.

- Physicians reported having a 59-hour workweek, spending;
  - 27.3 hours on **direct patient care**,
  - 14.1 hours on **indirect patient care**,
  - 7.9 hours on **administrative tasks**.

https://www.ama-assn.org/practice-management/physician-health/burnout-way-down-pajama-time-stands-still

Statistics: Physician Burnout Rates

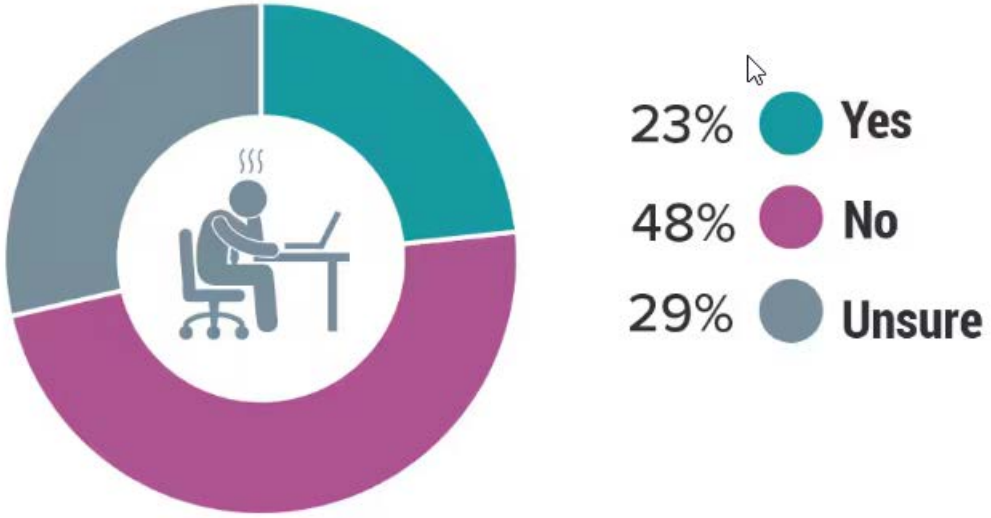
- Nearly half—48.9%—took three weeks or less of vacation time, with 5% reporting that they took **no vacation days** in the previous 12 months.

- And even while they are on vacation, many doctors **spend 30 minutes or more catching up on overloaded** EHR inboxes and work email.

https://www.ama-assn.org/practice-management/physician-health/too-many-physicians-don-t-get-unplug-unwind-vacation

Survey >9,000 respondents from 29 Specialties

Does Your Employer Seem to Recognize Burnout Problems?



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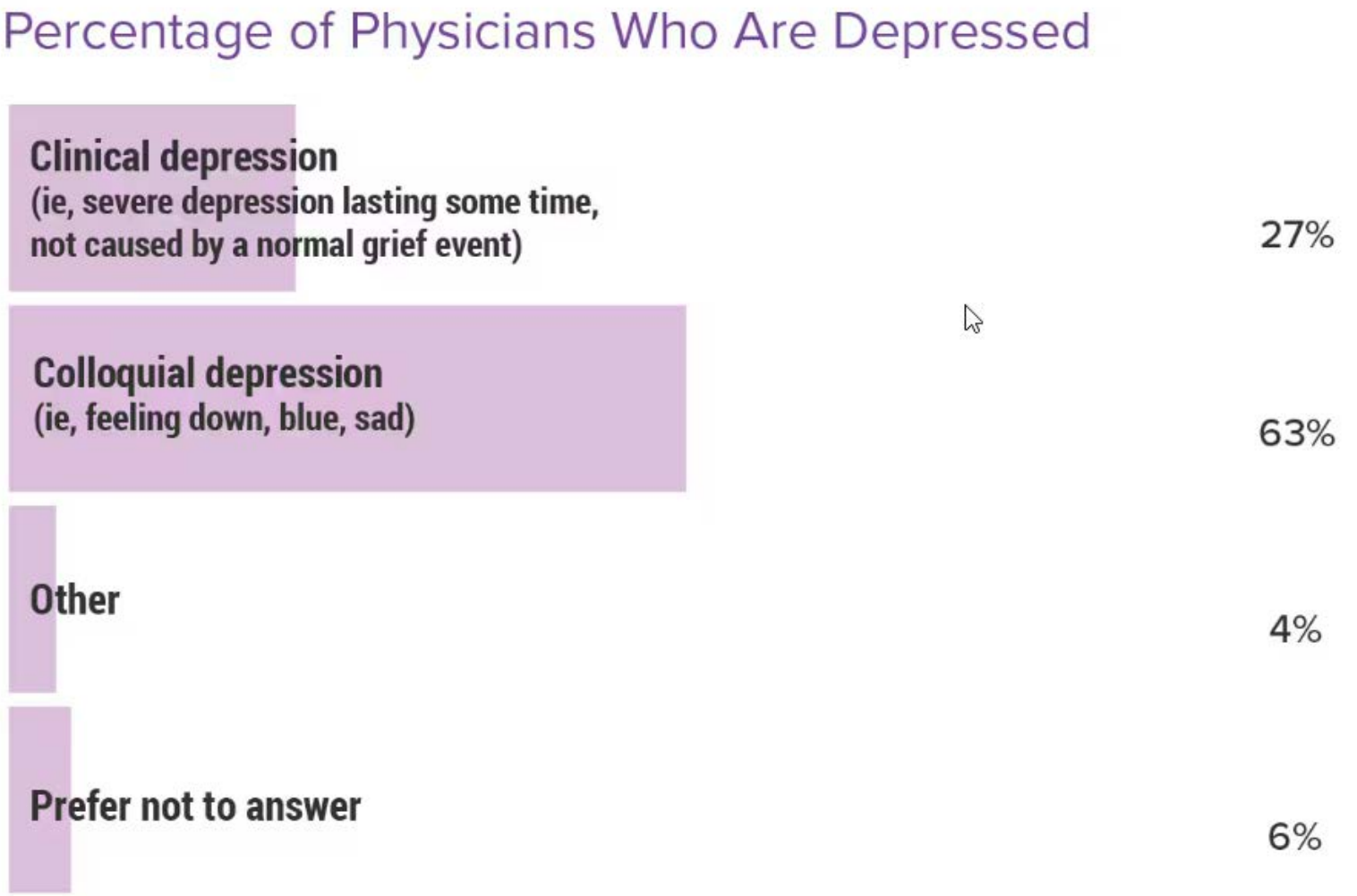
Survey >9,000 respondents from 29 Specialties



https://www.medscape.com/slideshow/2024-lifestyle-burnout-6016865?icd=login_success_email_match_norm#3

Survey >9,000 respondents from 29 Specialties

How Does Your Depression Affect Your Patient Relationships?

I easily get exasperated with patients	40%
I am less careful with patient notes (eg, history, filling out the EHR)	26%
I express frustration in front of patients	15%
I make uncharacteristic errors	13%
My interactions with patients are unaffected	45%

Respondents could choose more than one.

https://www.medscape.com/slideshow/2024-lifestyle-burnout-6016865?icd=login_success_email_match_norm#3

Statistics: Physician vs. General Population Suicide Rates

- Female physicians had higher rates of suicide than female individuals in the general population
- The same was not true for male physicians relative to the general male population.

https://jamanetwork.com/journals/jamapsychiatry/article-abstract/2830401

Statistics: Physician Suicide Characteristics

- **Depressed** mood
- Criminal or noncriminal **legal** problems
- History of or current **mental health** problems
- **Job** problems

https://jamanetwork.com/journals/jamapsychiatry/article-abstract/2830401

Shanafelt TD, Dyrbye L, et al. Suicidal ideation and attitudes regarding help seeking in US physicians relative to the us working population. Mayo Clinic Proceedings. 2021; 96(8): 2067–2080. doi: 10.1016/j.mayocp.2021.01.033

Clinical Claims Analysis: Methodology and Data Set Selection

Methodology for Analysis

- 6,789 MPL events were analyzed for **themes related to physician health and behavior**.
- Events were coded by a **clinical coding team** with key data elements related to the clinical care process to identify **causation factors pertinent to risks and vulnerabilities in patient care**.
    - Coding at the event level captures details for the entire patient experience.
    - Documents reviewed for coding: Claims file notes, expert reviews, interrogatories, depositions, settlement reports, medical records, and medical record summaries.

Methodology for Analysis

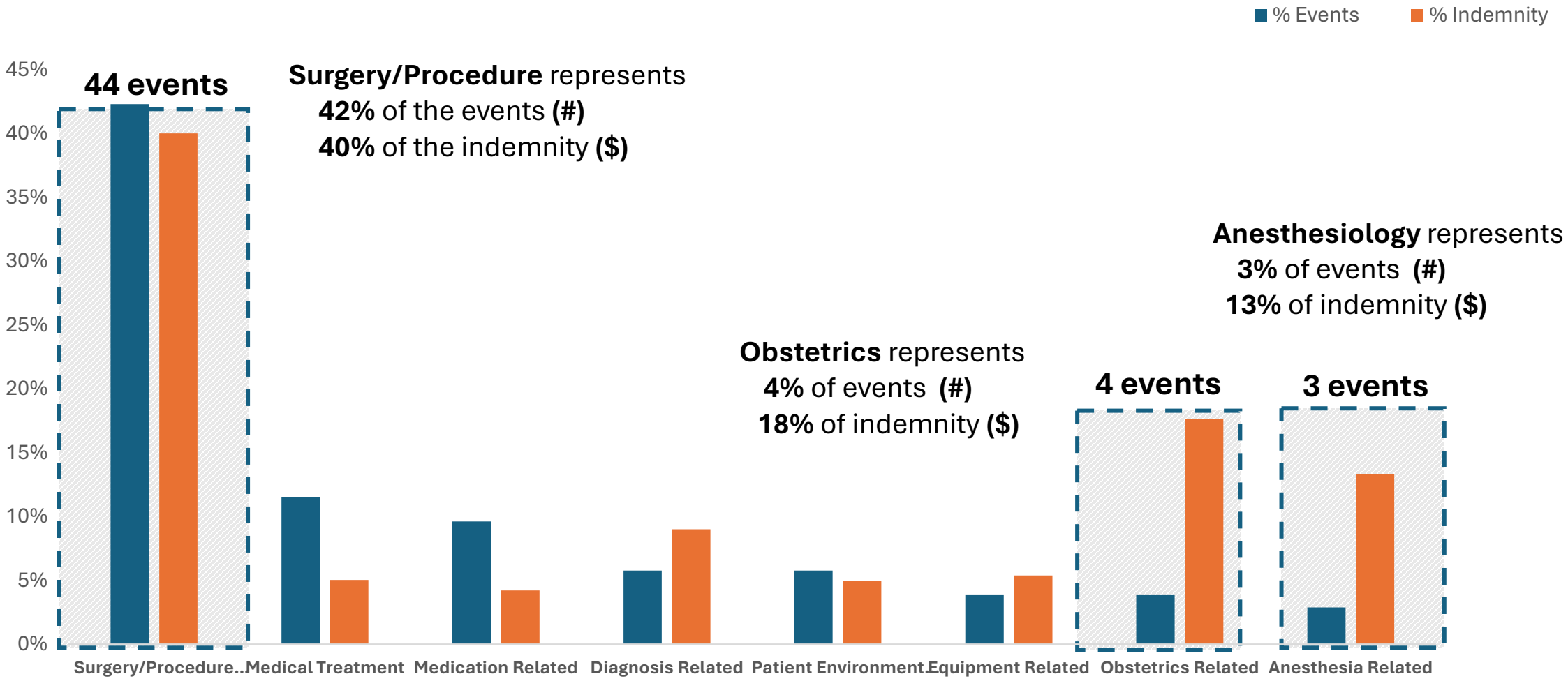
- Coding uses standardized taxonomy as part of a highly governed, multi-tiered structure supported by regular audits and quality measures.
  - All claims/suits are collapsed into a single **patient care event/story**.
  - **All care providers** involved in the risk or patient safety issues are included in the review.
- Taxonomy codes focus on the **clinical aspects of care**, including (but not limited to) clinical case type, clinical service, setting, injury severity, and risk management issues.

Selecting the Dataset

- The initial data set had 6,789 patient events over a **5-year period: 2021-2025**.
- The following **Risk Management issues** associated with physician health and behavior were used to select the target data set, resulting in **104 events for this study**.
  - **Provider/Staff Behavior**
  - **Distractions/Lack of Situational Awareness**
  - **Fatigue**
  - **Ethical Issues**

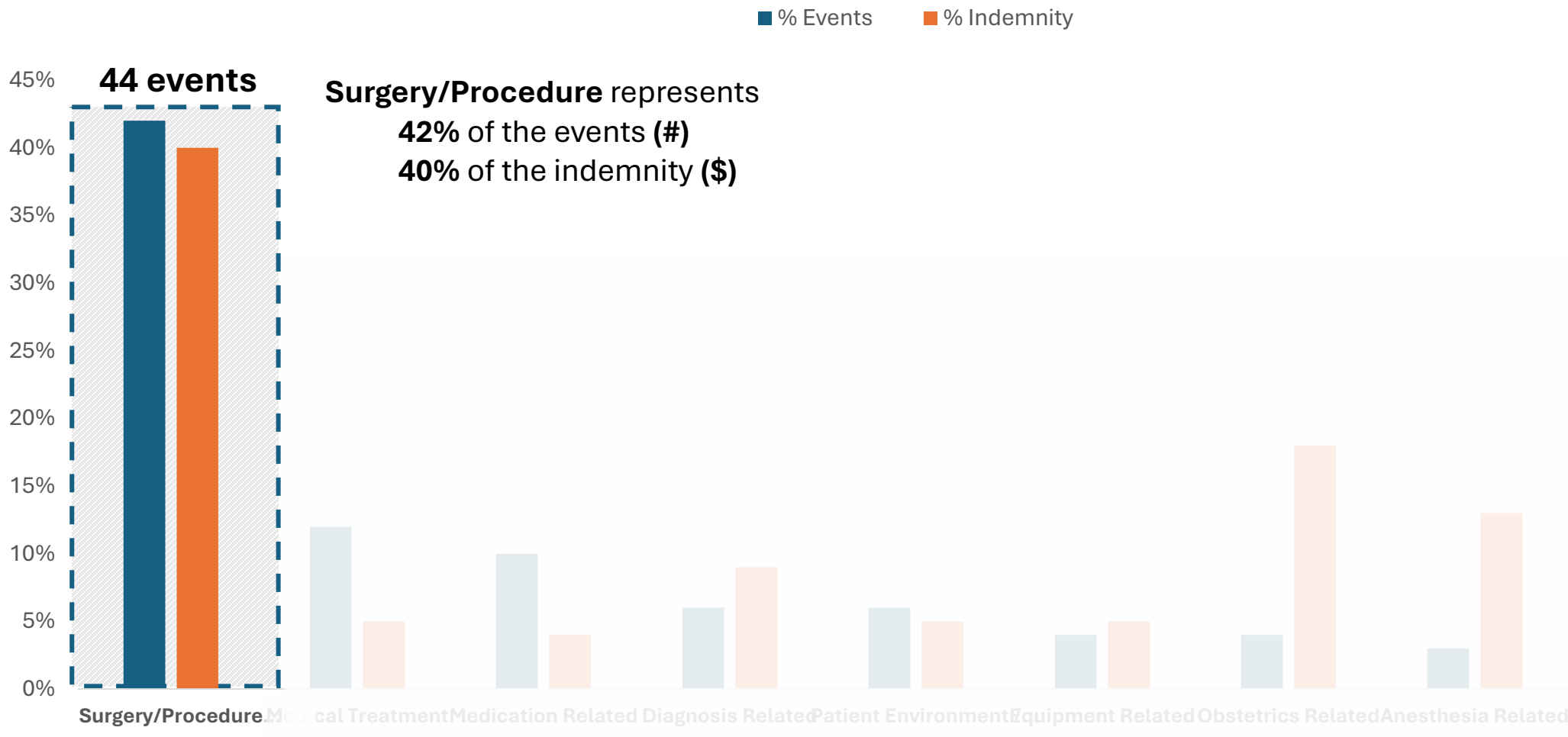
Top Clinical Event Type for 104 Patient Events

N= 104 closed events 2021-2025 with a Physician Health/Behavior – Related Risk Issue



Physician Health/Behavior: Surgery/Procedure Case Type

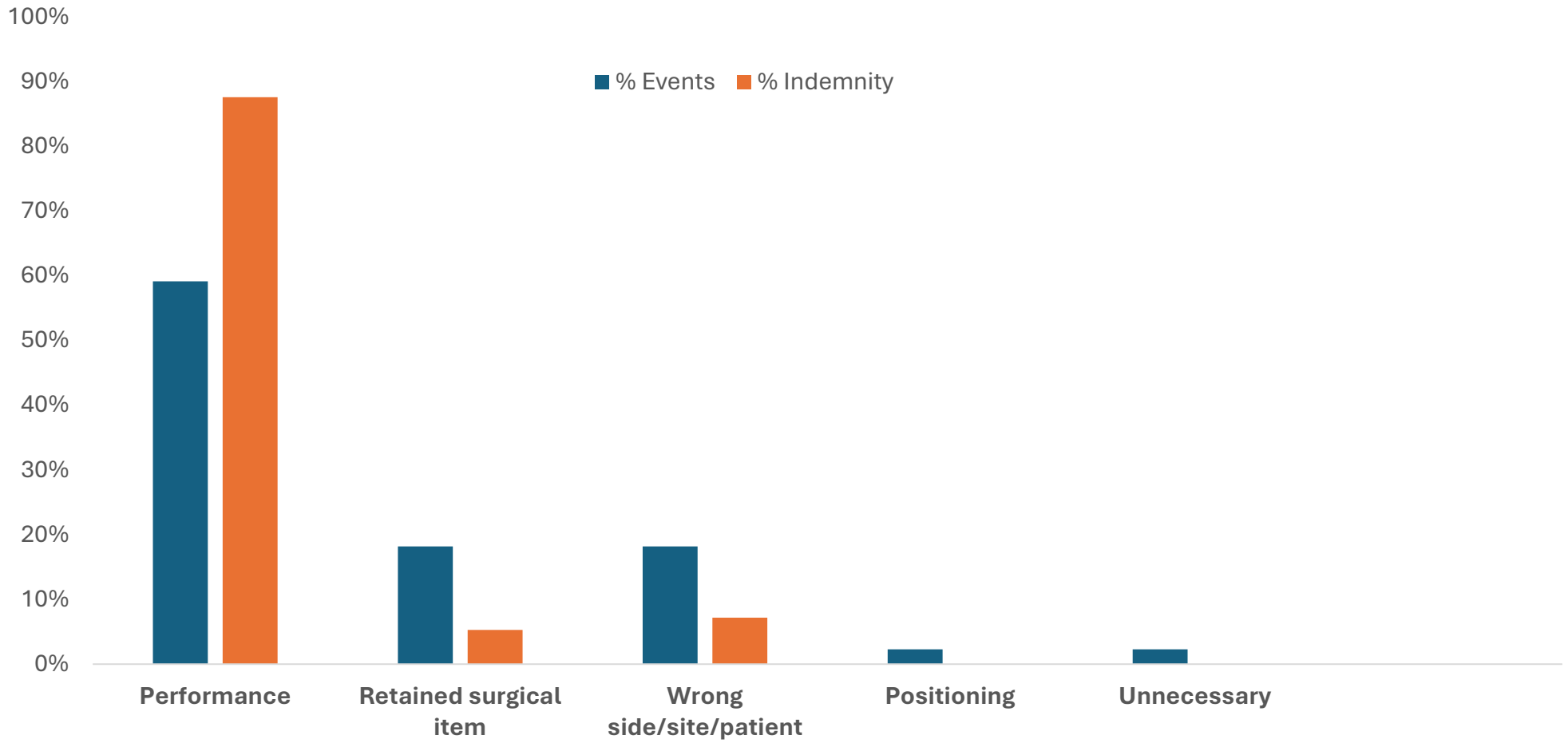
Focus: Surgery/Procedure – 44 Events



Surgery/Procedure represents
42% of the events **(#)**
40% of the indemnity **($)**

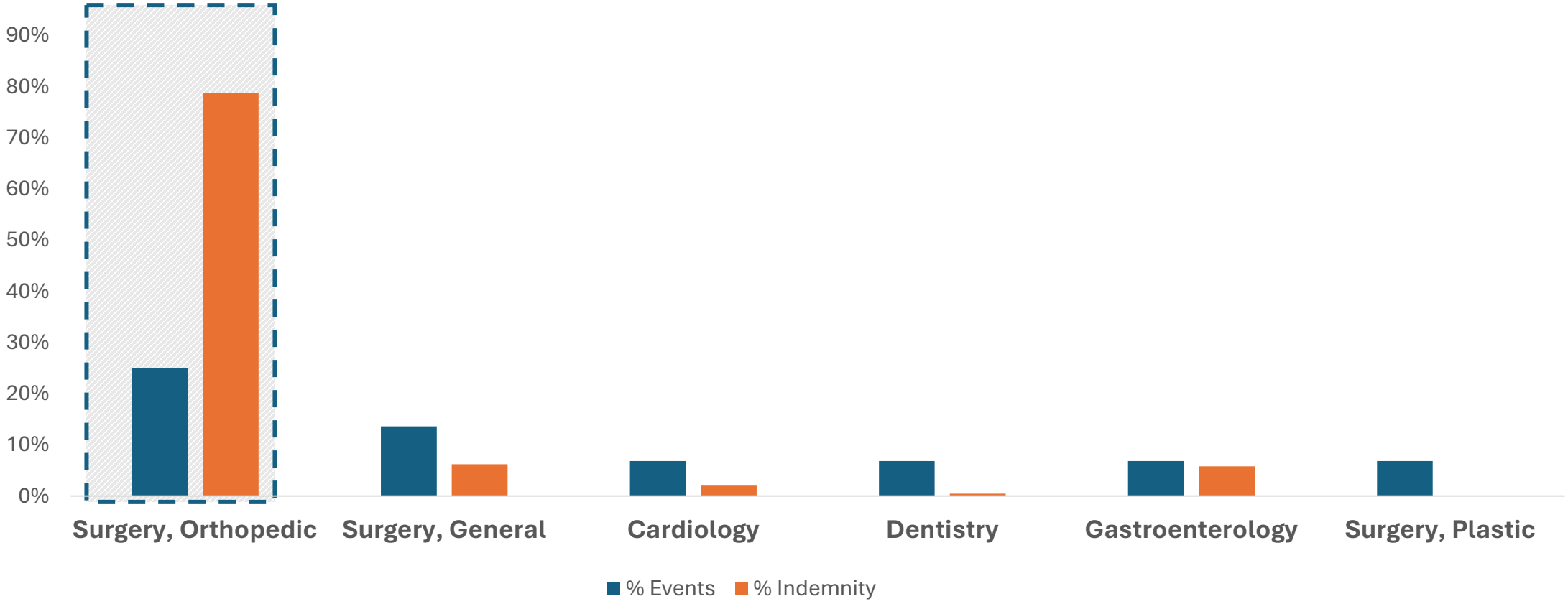
Selection: N= 104 closed events 2021-2025

Detail: Surgery/Procedure



Selection: N=44 out of the 104 closed events 2021-2025, with Surgery/Procedure event type

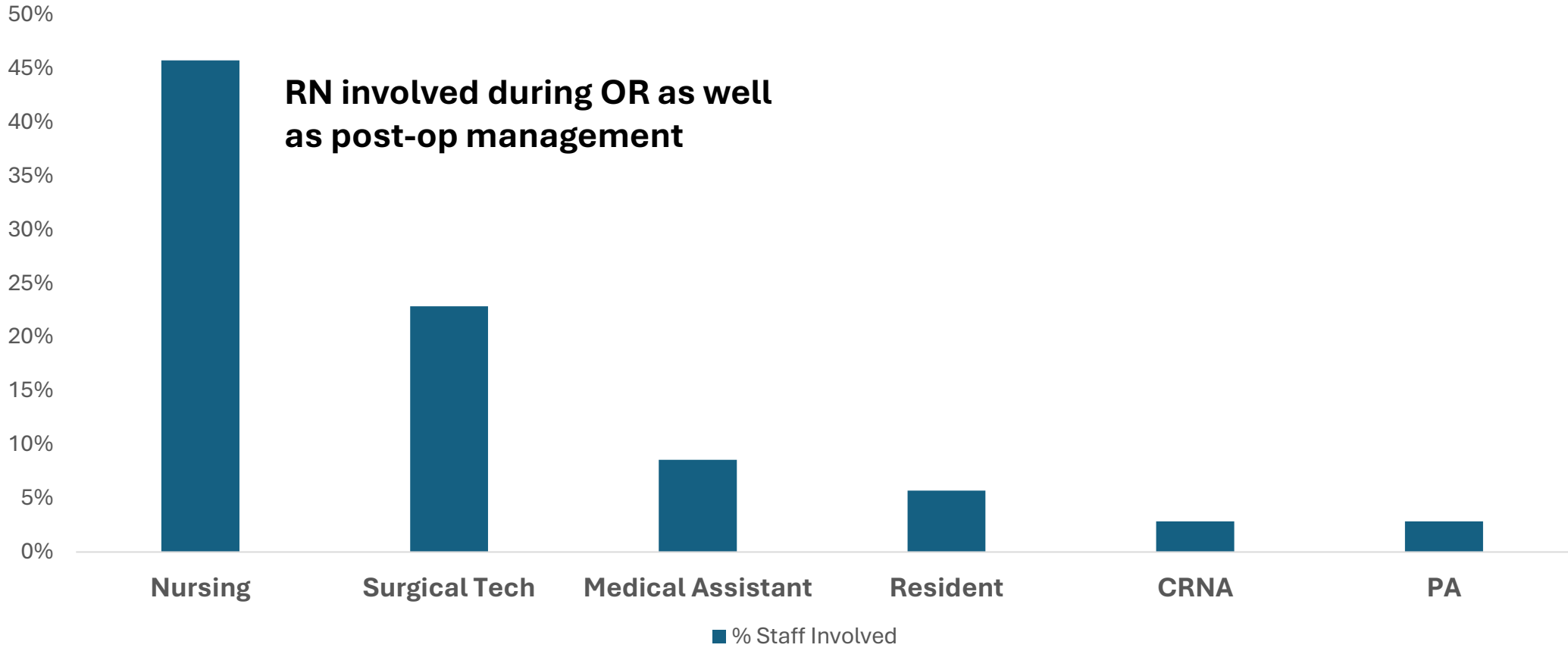
Top Clinical Service: Surgery Procedure Orthopedics



Selection: N=44 selected closed events 2021-2025, with Surgery/Procedure event type

Staff Involvement: Surgery/Procedure

Top ***non-defendant*** team members involved in care

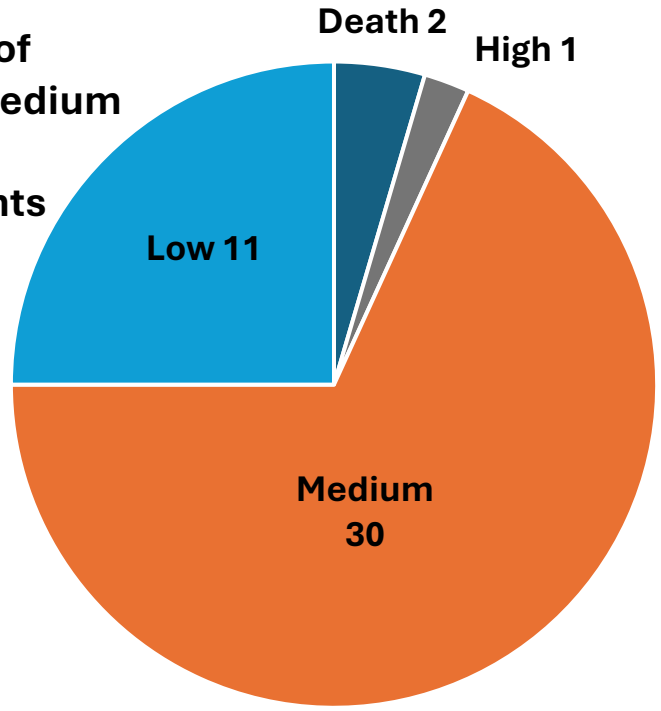


Selection: N=35 staff involved on 44 closed events 2021-2025, with Surgery/Procedure event type
Footnote: An event can have more than one staff member involved

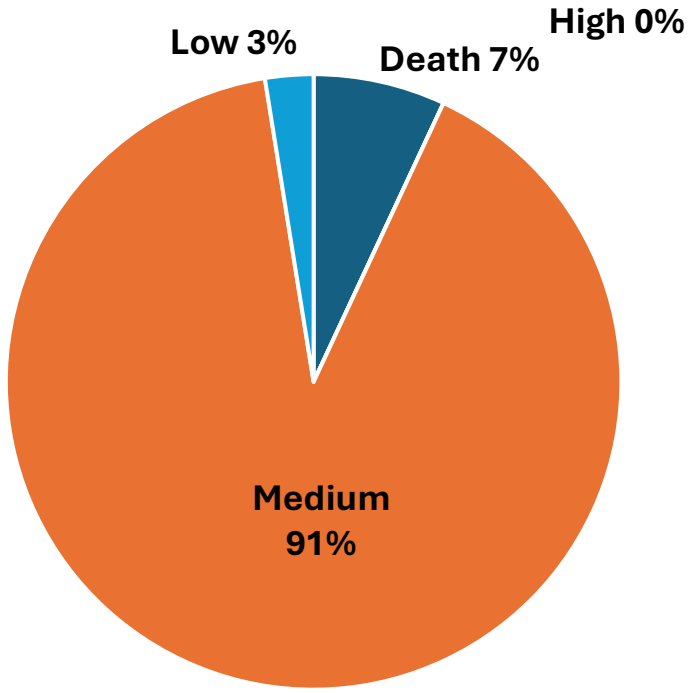
Injury Severity - Surgery/Procedure

Having a larger portion of medium severity and medium indemnity aligns with surgery/procedure events

Count of Events

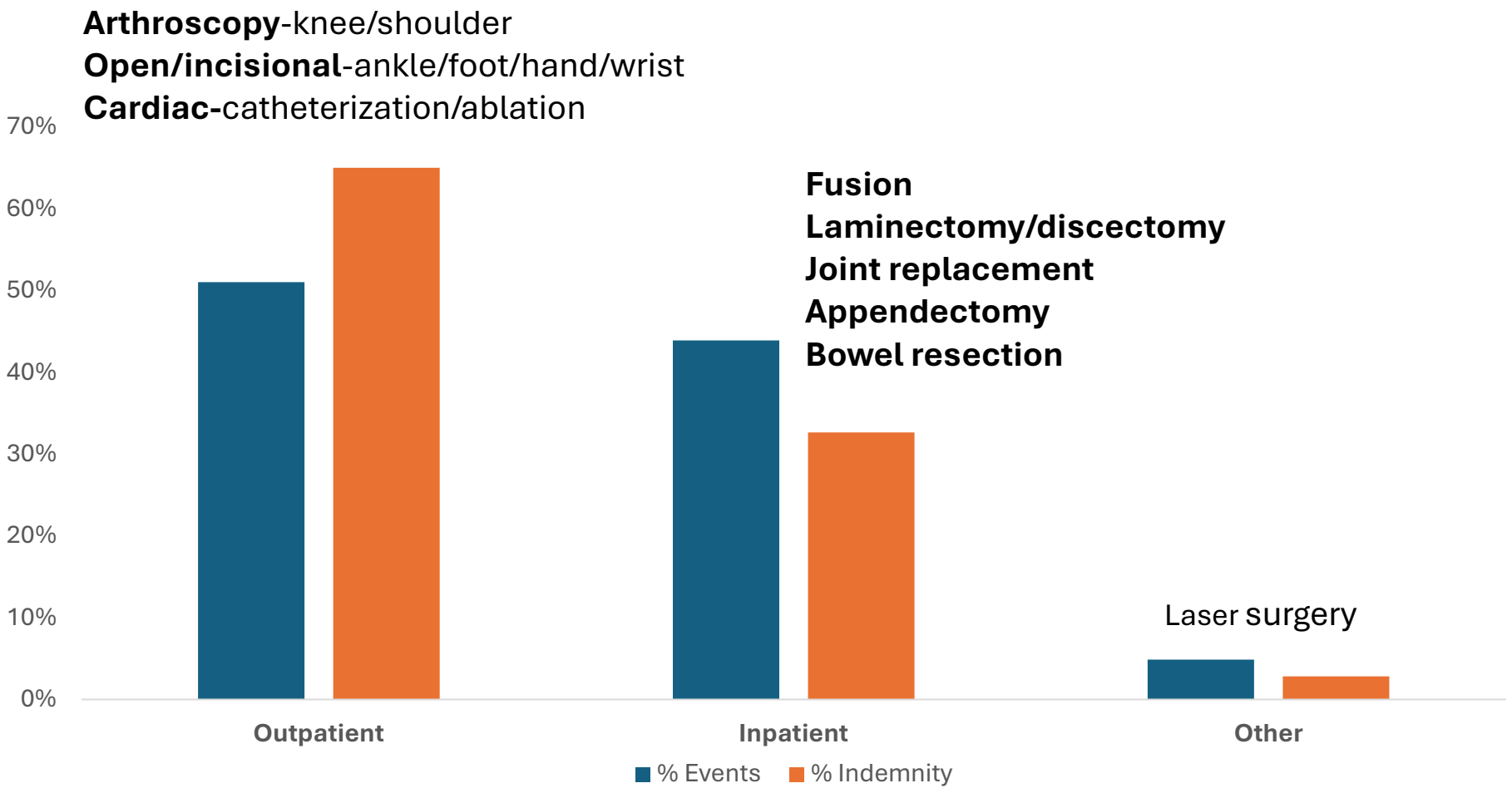


% Indemnity



Selection: N=44 closed events 2021-2025 with Surgery/Procedure event type
Footnote: Injury severity based on National Association of Insurance Commission (NAIC) codes.

Clinical Setting & Procedures - Surgery/Procedure



Selection: N=44 selected open and closed events 2021-2025, with Surgery/Procedure event type

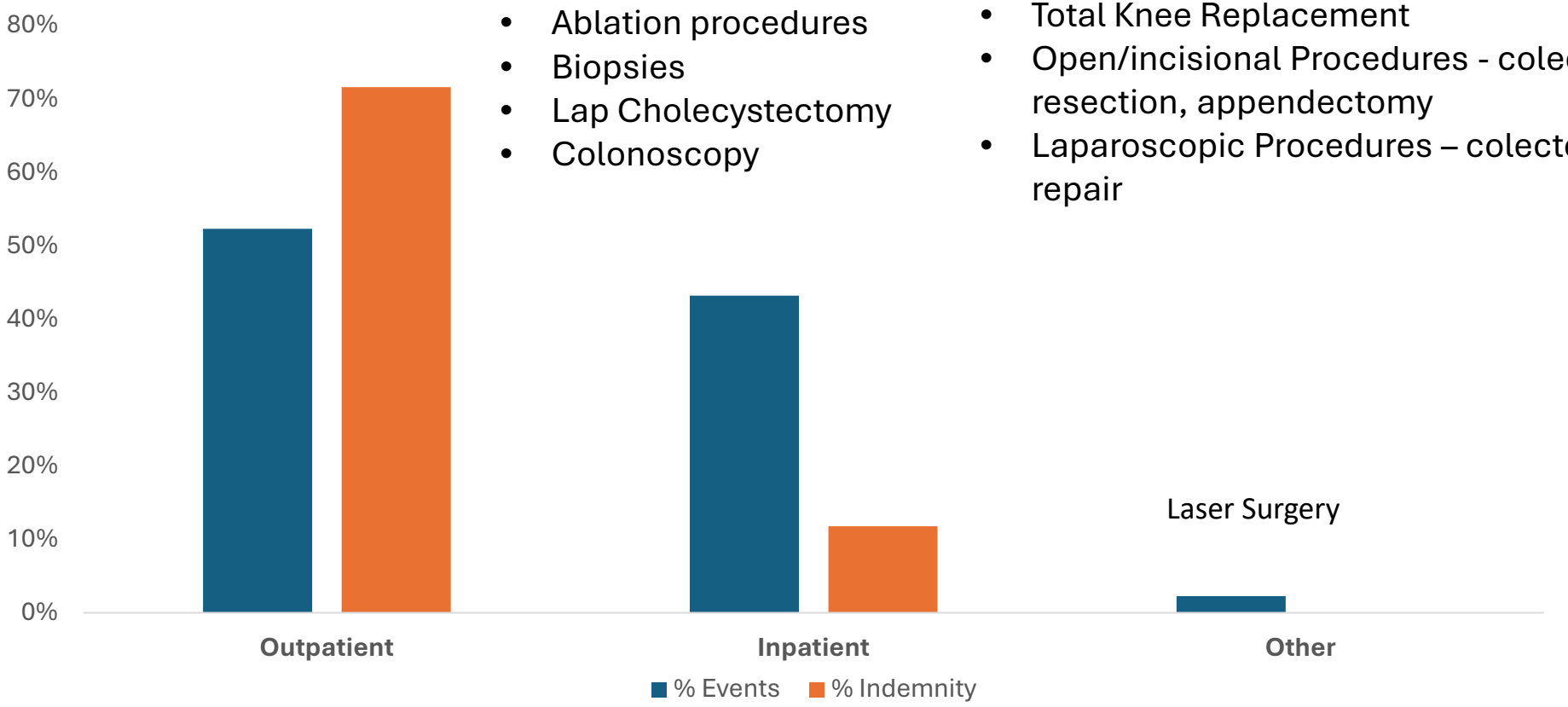
Clinical Setting & Procedures - Surgery/Procedure

Outpatient:

- Arthroscopy - knee
- Breast augmentation
- Ablation procedures
- Biopsies
- Lap Cholecystectomy
- Colonoscopy

Inpatient:

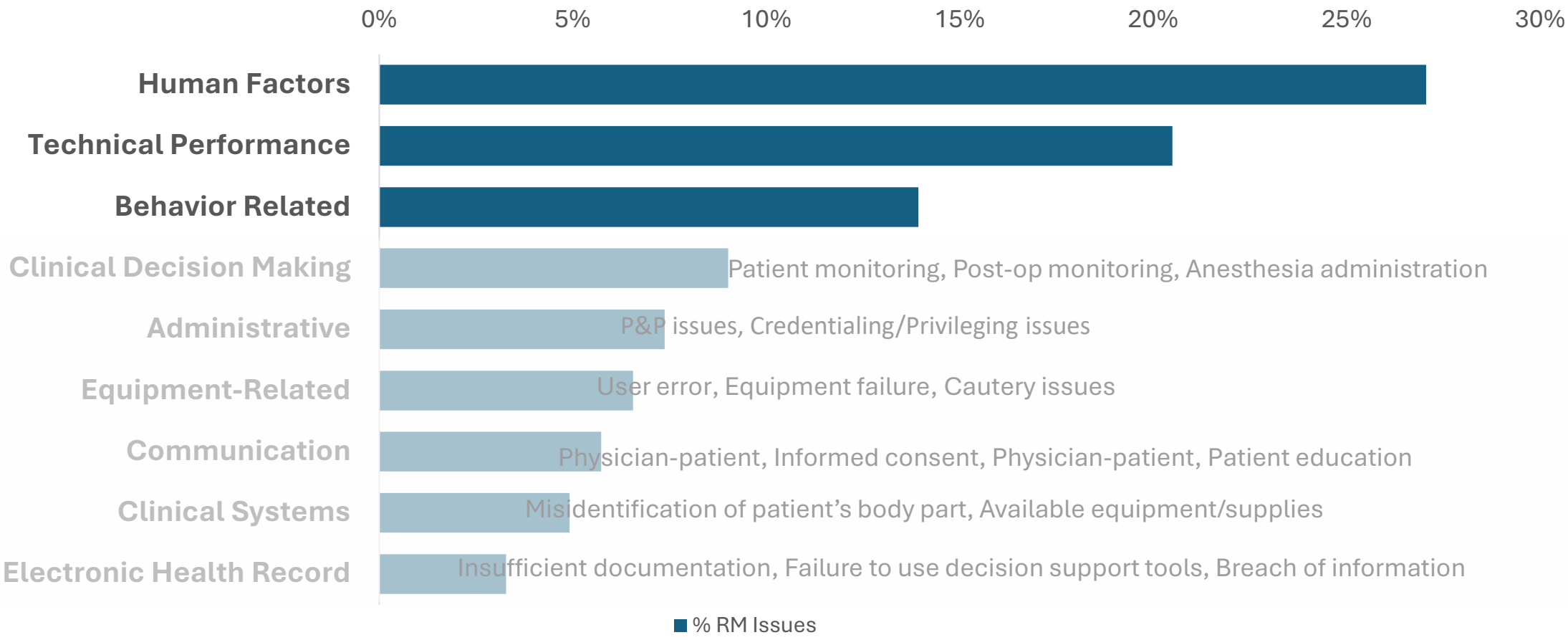
- Open Reduction Internal Fixation
- Total Hip Replacement
- Total Knee Replacement
- Open/incisional Procedures - colectomy, bowel resection, appendectomy
- Laparoscopic Procedures – colectomy, hernia repair



Selection: N=44 selected closed events 2021-2025, with Surgery/Procedure event type

Top RM Categories for 44 Surgery/Procedure Events

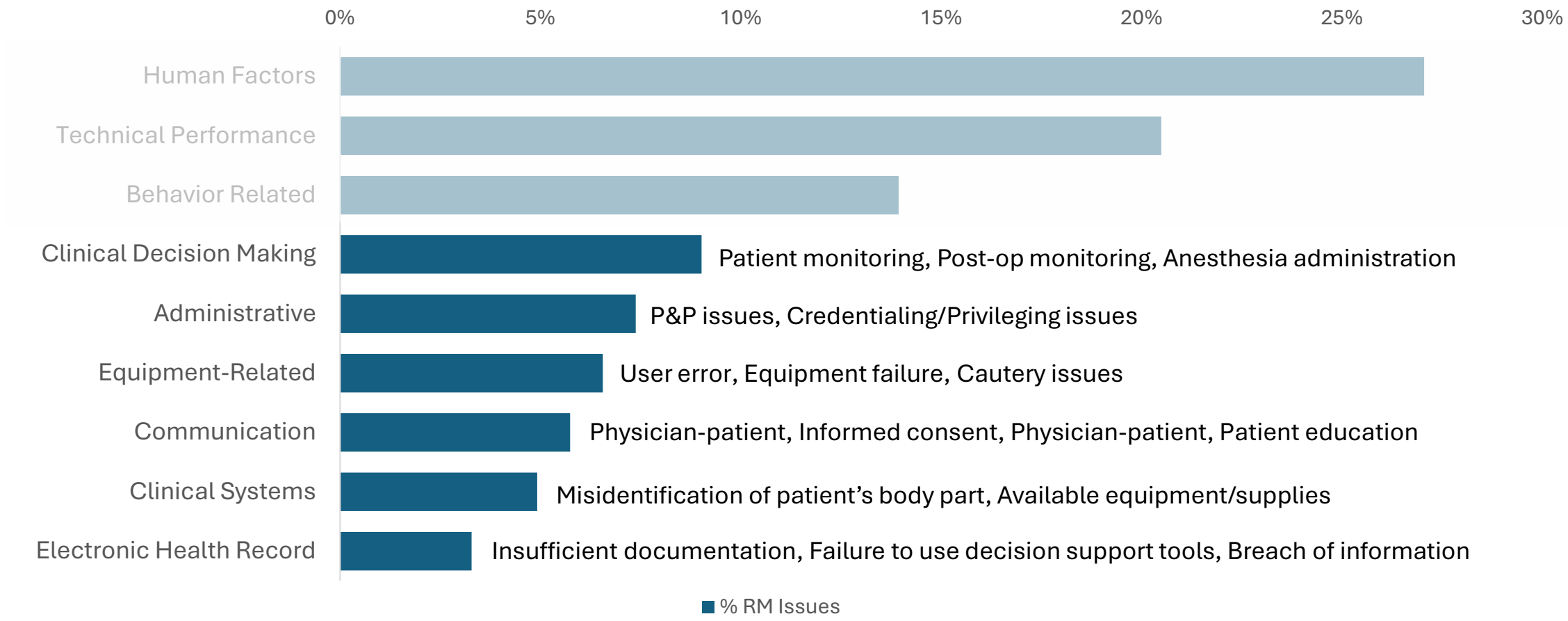
N=122 Risk Management issues related to Physician Health/Behavior, closed events 2021-2025, with Surgery/Procedure Event Type



Footnote: An event can have more than one risk management issue

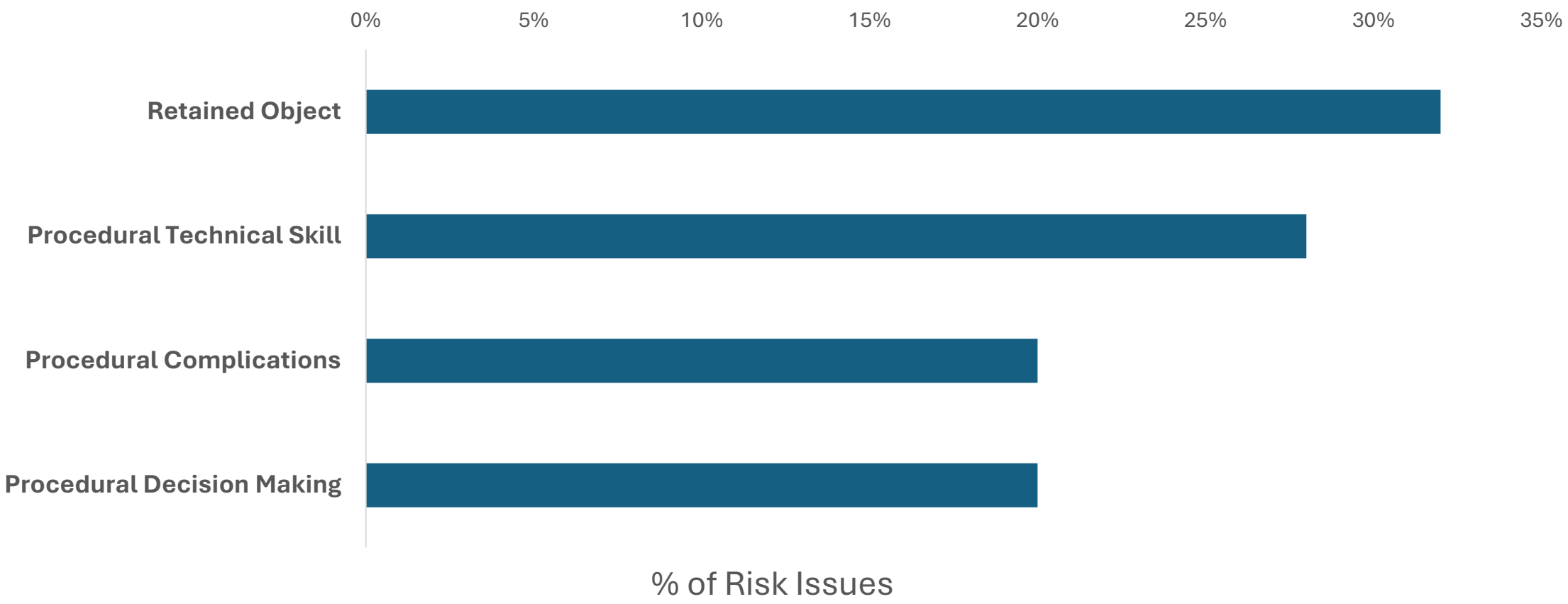
Top RM Categories for 44 Surgery/Procedure Events

N=122 Risk Management issues related to Physician Health/Behavior, closed events 2021-2025, with Surgery/Procedure Event Type



Footnote: An event can have more than one risk management issue

25 Technical Performance Issues - Surgery/Procedure



Selection: N=25 Technical Performance Risk Management issues on closed events 2021-2025, with Surgery/Procedure event type
Footnote: An event can have more than one risk management issue

Case Detail Review: Impairment

- Substance Use
- Cognitive Delay
- Fatigue
- Mental Distress
- Distractions in the OR

Case Example-Surgery/Procedure

A patient underwent a colonoscopy and later required a repeat procedure due to impaired judgement related to alcohol use.

- Pre-op: Patient slips Anesthesiologist a note asking if MD was drunk.
- Reassurance provided and procedure commenced.
- Anesthesiologist smells alcohol on the MD during procedure, no action taken.
- Post procedure, report made (remorse felt by Anesthesiologist).
- MD failed breathalyzer.
- Procedure needed to be repeated (concerning polyps found, missed originally).

Case Example-Surgery/Procedure

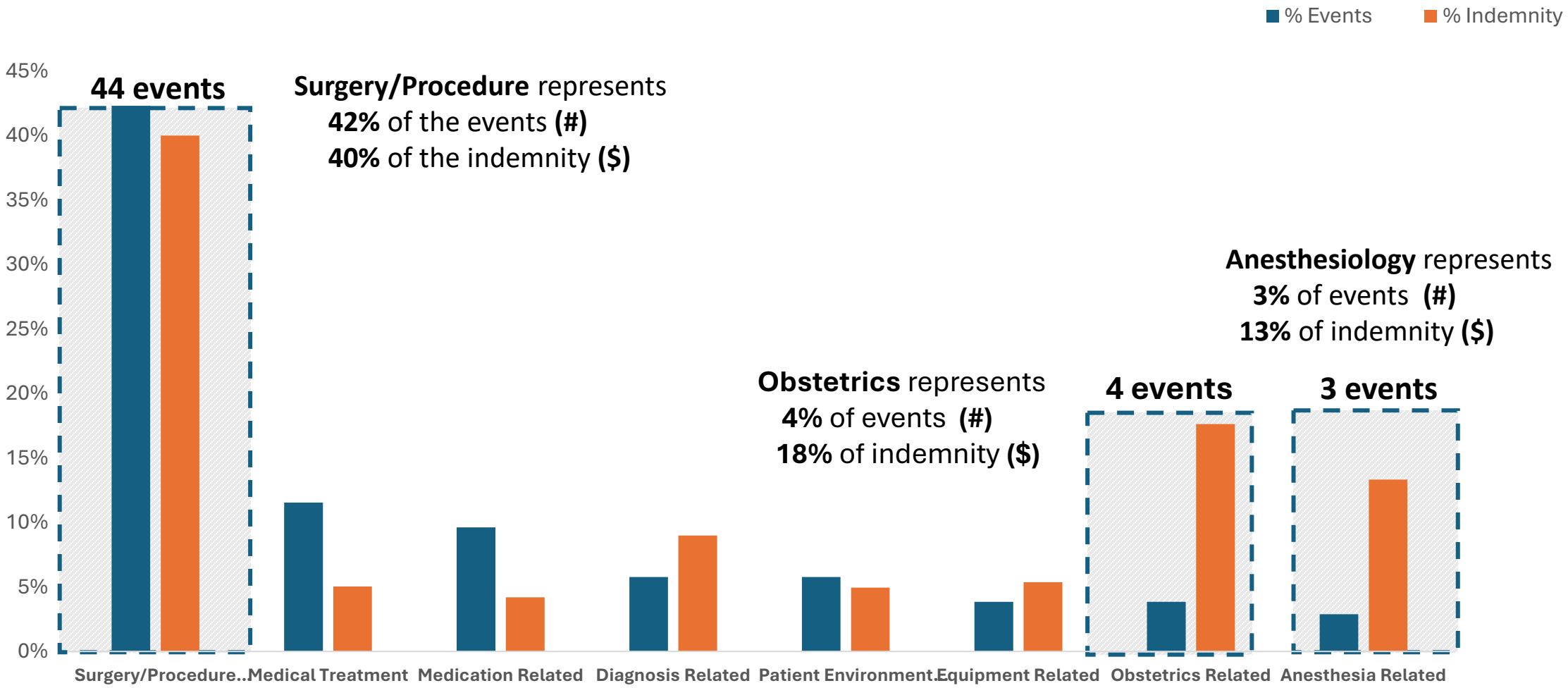
During a routine medial meniscus repair, the popliteal artery was transected.

- The patient was discharged home. Pain was experienced on the way home and they returned to the ED.
- In the ED, an assessment confirmed there was no pulse with the presence of developing compartment syndrome.
- Further testing revealed a severed artery, and the patient was taken to surgery.
- FUP conversations revealed that the Surgeon had been experiencing significant cognitive decline.
- Surgeon no longer performed surgical procedures post event.

Physician Health/Behavior: Obstetrical Event Type

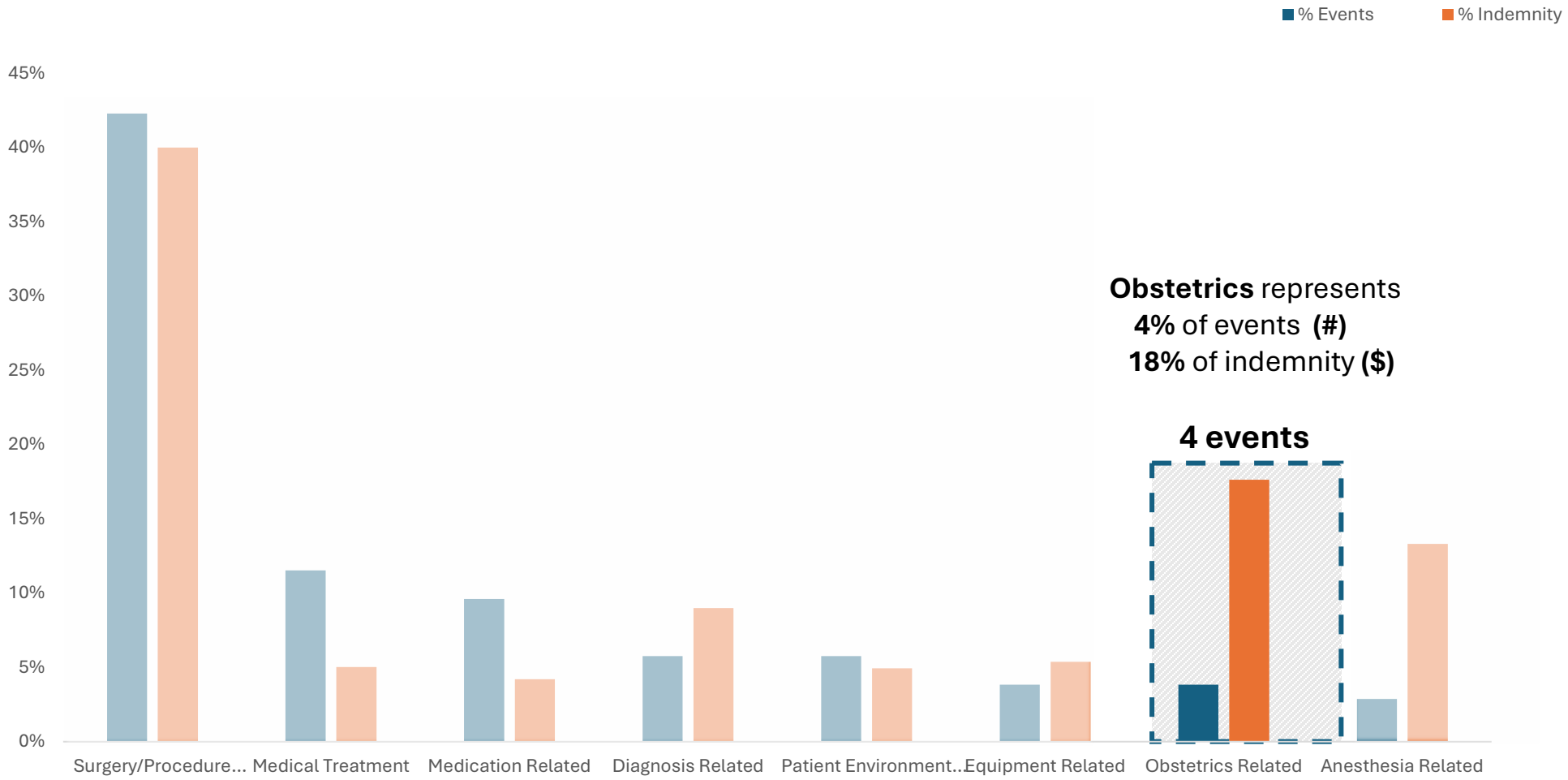
Top Clinical Event Type for 104 Patient Events

N= 104 closed events 2021-2025 with a Physician Health/Behavior – Related Risk Issue

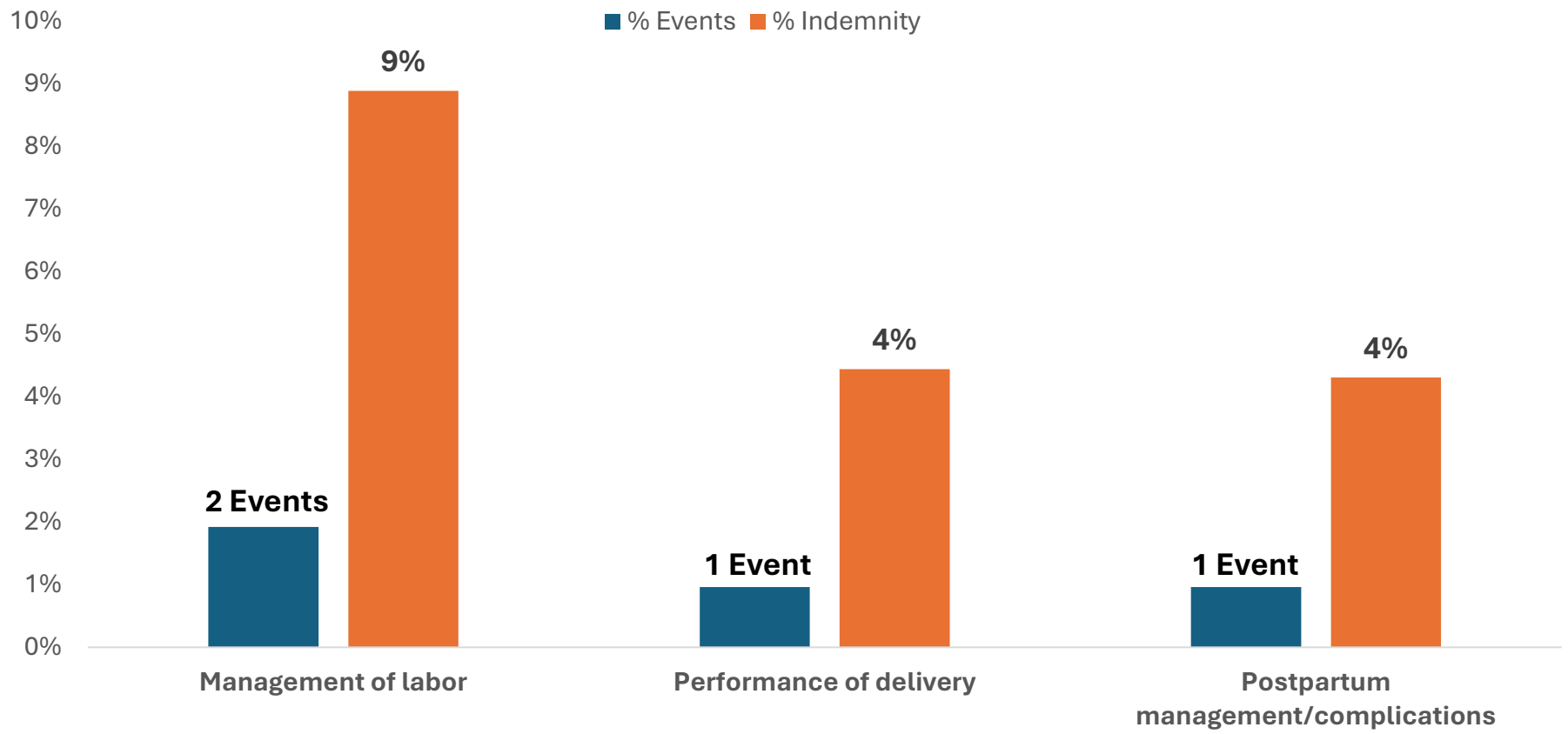


Focus: Obstetrics Case Type Events

N= 104 closed events 2021-2025 with a Physician Health/Behavior – Related Risk Issue



Detail: Obstetrics Case Type Events



Selection: N=4 selected closed events 2021-2025, with Obstetric Related event type

Case Example-Obstetrics Related

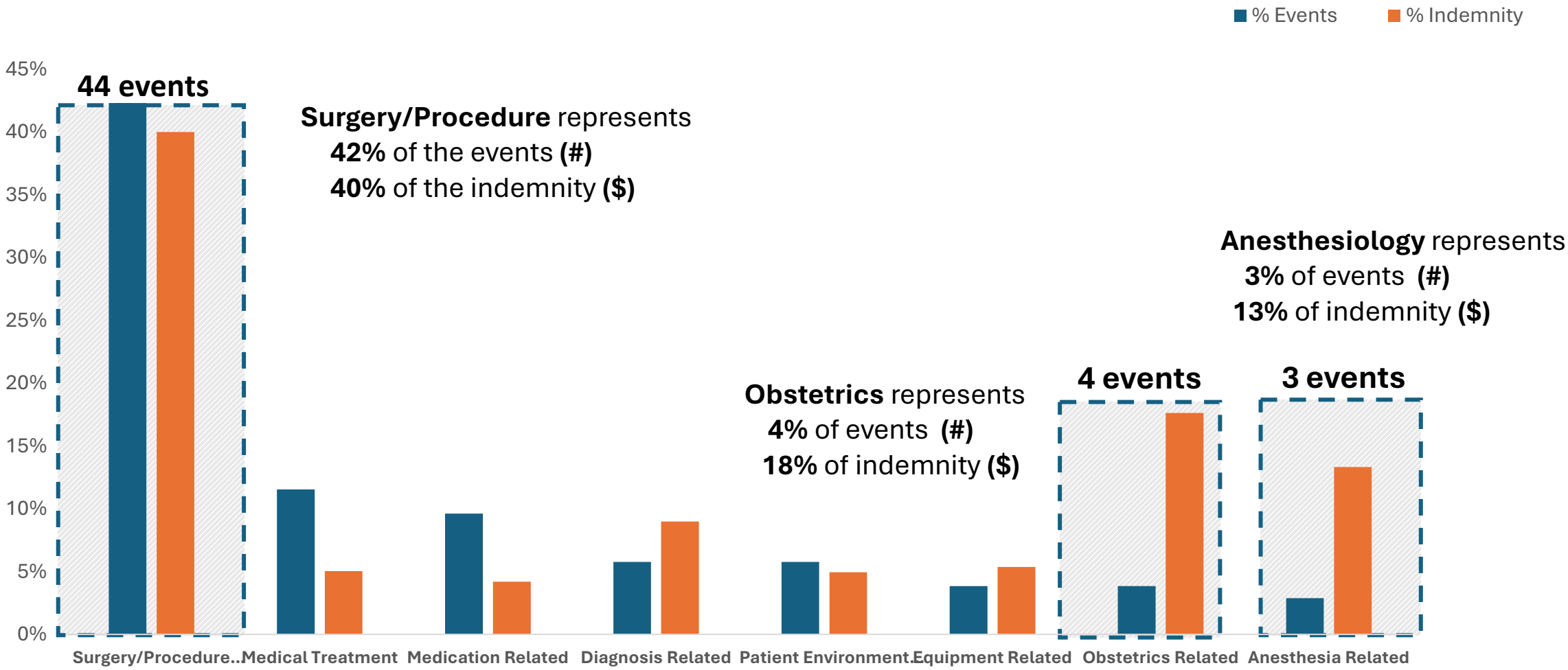
Rural area with an OB shortage required one physician to monitor the delivery of multiple patients. A baby girl died shortly after delivery.

- No other available OB to assist.
- Running back and forth between the hospital and the clinic to monitor patients.
- At the time of the baby girl's delivery, he had been working for 16 hours.
- OB experts were critical that he did not check on the patient more frequently.

Physician Health/Behavior: Anesthesia Case Type

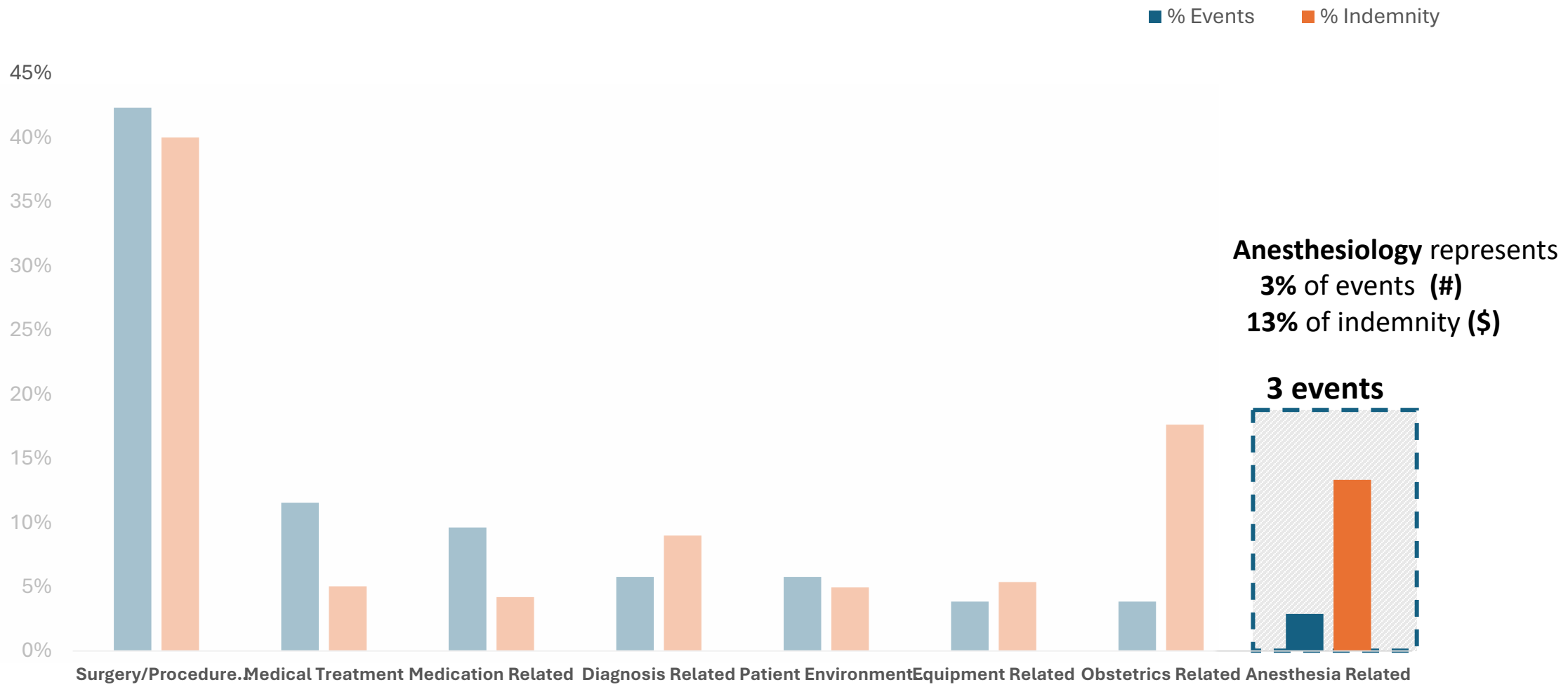
Top Clinical Event Type for 104 Patient Events

N= 104 closed events 2021-2025 with a Physician Health/Behavior – Related Risk Issue

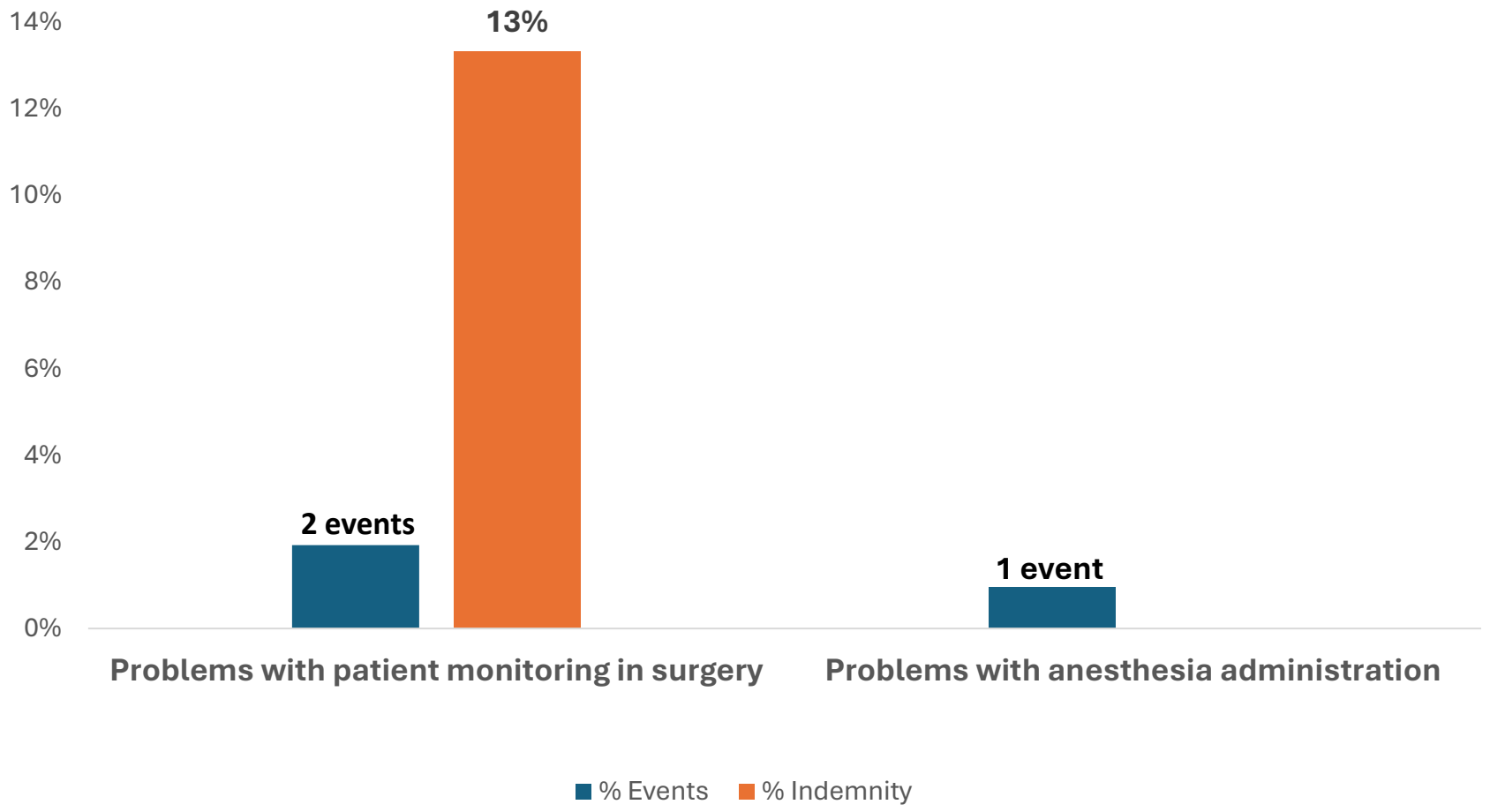


Focus: Anesthesia Case Type Events

N= 104 closed events 2021-2025 with a Physician Health/Behavior – Related Risk Issue



Case Type Detail: Anesthesia



Selection: N=3 selected closed events 2021-2025, with Anesthesia Event Type

Case Example-Anesthesia Related

Poor communication, handoff, and monitoring involving elective hernia repair resulted in patient death.

- Anesthesiologist (A) noted a patient history of alcohol use, so a decision was made to use a transversus abdominal plane block (TAP) and monitored anesthesia care (MAC) sedation.
- The case began with A #1 performing the block, the patient required multiple chin lifts for airway patency.
- 30 minutes into the procedure, A #2 relieved A #1 for a break.

Case Example-Anesthesia Related

- A #2 noted A #1 to be distracted and looking at her phone.
- After A #1 exited the room, A #2 noted the pulse ox monitor was beeping but not registering a number.
- While A #2 was working to try and reposition the probe, the surgeon began asking “upsetting” questions about another case; he felt bullied.
- A #1 returned and noted the patient was in cardiac arrest. Resuscitation began, the pt regained his pulse but later died from hypoxic brain injury.

Physician Health/Behavior: Culture of Safety

What is a Culture of Safety?

A culture of safety describes a commitment to core values and principles by organizational leadership and healthcare workers to **recognize the inseparable integration of worker safety and patient safety**. This includes:

- **recognizing and reporting** high-risk exposures and activities,
- **developing and implementing** prevention and control standards, policies, and strategies with worker input to mitigate and eliminate hazards, and
- **providing sustained resources** to address safety concerns.

https://www.cdc.gov/niosh/learning/safetyculturehc/module-1/2.html

Just Culture of Safety

A just culture perspective suggests that **responding punitively to those who err should be reserved for those who have willfully** and irremediably caused harm, because punishment creates blame-based workplace cultures that deter error reporting, which makes patients less safe.

AMA J Ethics. 2020;22(9):E779-783. doi: 10.1001/amajethics.2020.779.

Just Culture of Safety (2)

"…Health care professionals who experience **psychological safety are much likelier to report potential risks**. When employees see that it is safe for them to speak up, and when they see their risk-mitigation ideas being responded to, they will be likelier to report risks in the future."

– David L. Feldman, MD

Fitness for Duty

"…it is important for **colleagues to note and document the behaviors and events that indicate possible substance misuse**. Collateral informants (i.e., colleagues, administrators, and family members) should record details of aberrant behaviors, performance deficiencies, and psychosocial problems. Detailed firsthand observations are more useful to the evaluator than vague or generalized assertions."

https://www.uptodate.com/contents/substance-use-disorders-in-physicians-epidemiology-clinical-manifestations-identification-and-engagement?search=%22impaired%20physician%22&source=search_result&selectedTitle=1%7E2&usage_type=default&display_rank=1

Impairment

Impairment: A health-related condition or behavioral concern that interferes, or may interfere, with the ability to safely carry out professional duties.

https://www.fsphp.org/assets/docs/POLICIES-POSITION_STATEMENTS/FSPHP%20Sample%20Hospital%20Policy%20for%20Referral%20to%20a%20PHP%20-%20Approved%20Nov.%202025.pdf

Impairment

Indications for Referral or Consultation Referral or consultation with a PHP may be appropriate in situations including, but not limited to:

- Noticeable decline in clinical performance or reliability.
- Erratic or concerning behavior in the workplace.
- Emotional instability, burnout, or distress affecting professional function.
- Signs of possible substance misuse or intoxication.
- Colleague, patient, or staff concern regarding a professional's well-being.
- Chronic absenteeism or tardiness linked to health concerns.
- Self-disclosure of need for help related to mental health, addiction, or stress.

https://www.fsphp.org/assets/docs/POLICIES-POSITION_STATEMENTS/FSPHP%20Sample%20Hospital%20Policy%20for%20Referral%20to%20a%20PHP%20-%20Approved%20Nov.%202025.pdf


CBS MORNINGS

Case Study in a Culture of Safety

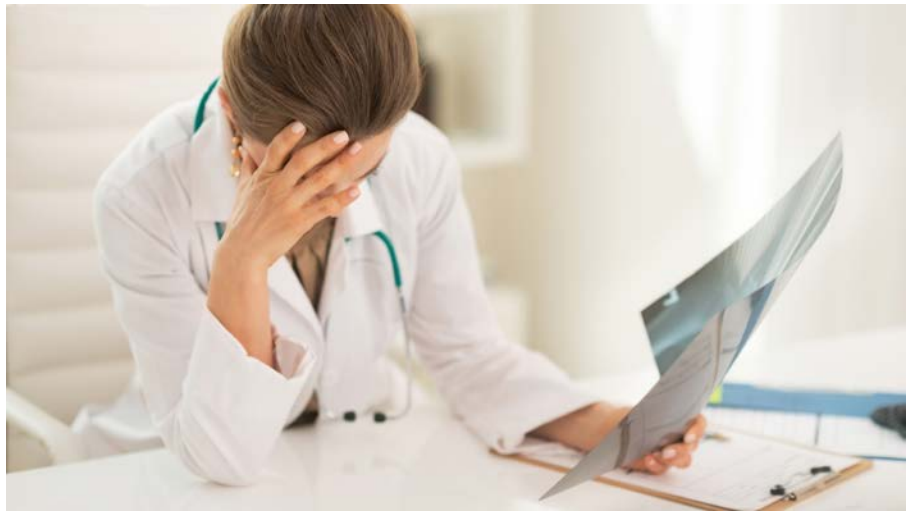
- A physician has been having **difficulty concentrating** amidst several life stressors, including a **recent divorce**, and a **struggling teenager**.
- Her **work hours have increased**, and she is spending most of her **evenings at home trying to catch up**.
- She feels **isolated**, has **no social life**, and **no longer has joy** in her work.
- The medical assistant has noticed a change in her, especially after **missing several important lab results** and today, not only does she look **fatigued**; she is also **disheveled**.
- The MA asks if she is okay; the physician **says she is fine**.

Case Study in a Culture of Safety

- When the MA notices the physician **charting in the wrong patient's record**, she concludes she is not fine and **shares her concern** with the Practice Administrator.
- The Administrator approaches the physician with **compassion and shares the observations**, framed in a supportive manner.
- The Administrator has a **relationship with the State PHP**, and as a matter of policy, knows that when there is a question of fitness for duty, a referral is needed.
- The physician goes for the referral, is treated, monitored, and returns to work.
- The Administrator, after learning about the work hours and "pajama time," examines systems and scheduling practices for process improvement opportunities.

Case Study in a Culture of Safety

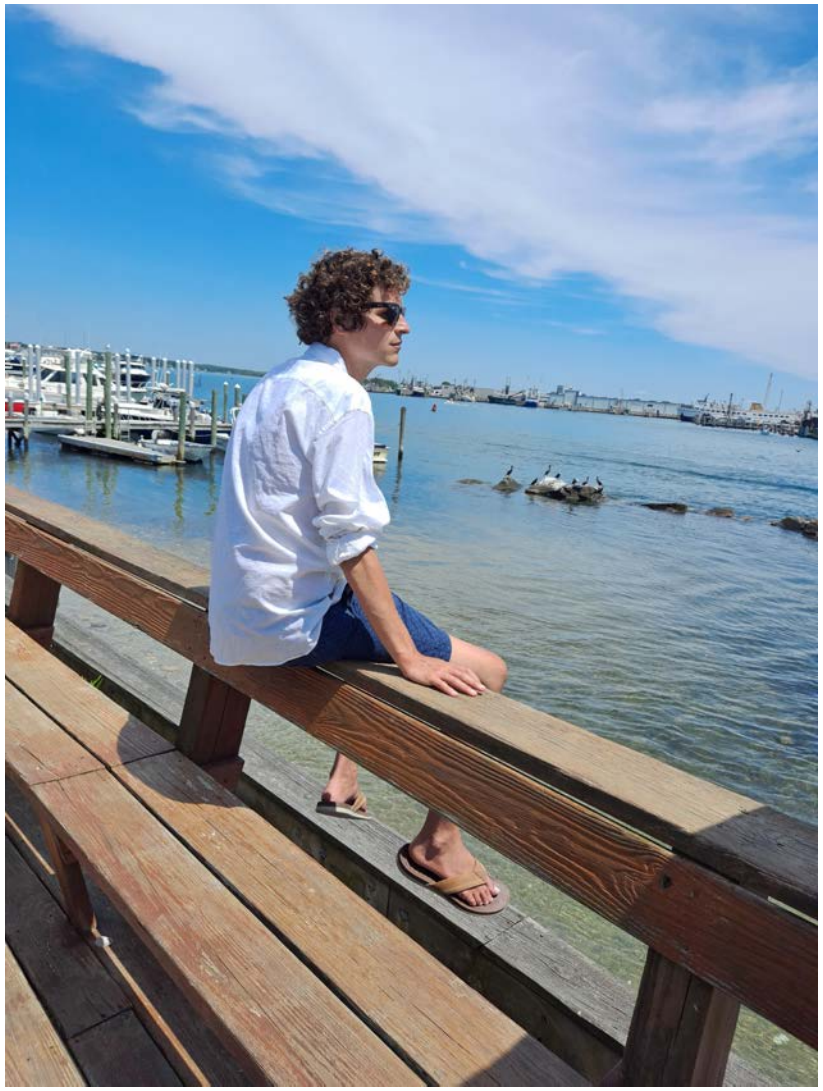
- The physician goes for the referral, is **treated, monitored, and returns to work**.
- The Administrator, after learning about the work hours and “pajama time,” examines systems and scheduling practices for **process improvement opportunities**.



Summary: Tying It All Together

- Physician illness and distraction can lead to a malpractice event.
- Going through a lawsuit is trying, even for the healthiest of physicians.
- A culture of safety sets a tone to report concerns without fear.
- Referral to a PHP as part of a fitness for duty policy is good practice.


QUINN FUNERAL HOMES
Family Owned and Operated Since 1857
OBITUARIES
Samuel R. Montminy
May 14, 1992 - June 18, 2024



THANK YOU FOR YOUR ATTENTION.

Questions?

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