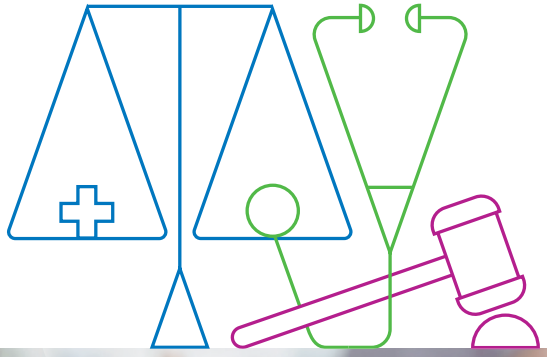
ProAssurance
RISK MANAGEMENT SERVICES



PRIMARY CARE
SPECIALTY OVERVIEW

Primary Care Physician (PCP) Liability Risk Profile

Primary Care medicine faces significant challenges including heavy workloads, limited patient interaction, extensive documentation, and coordination of care. The shortage of Primary Care physicians exacerbates these issues, leading to increased workloads and a higher risk of errors.

PCPs are sued less often than high-risk specialists like neurosurgeons or ob-gyns, but they still account for a significant share of malpractice cases.

Common reasons for malpractice lawsuits against PCPs

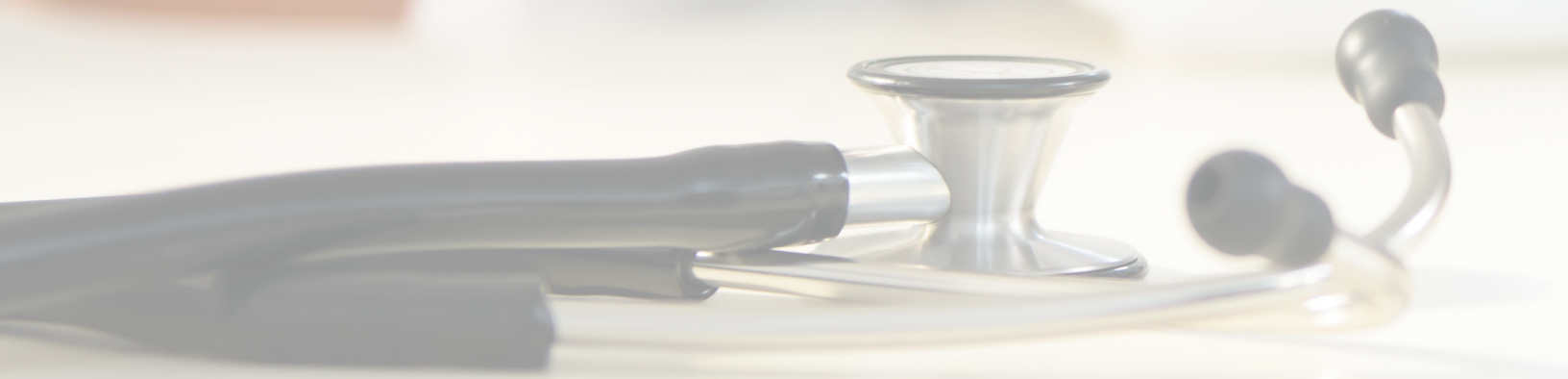
- Failure to diagnose/delayed diagnosis
  - Missing or delaying diagnoses of serious conditions.
  - Misinterpreting lab results or failing to order necessary tests.
- Medication errors
  - Prescribing the wrong drug, incorrect dosage, or missing dangerous drug interactions.
  - Failing to monitor side effects or adverse reactions.
- Failure to refer to a specialist
  - Failing to refer to a specialist for advanced issues that lead to worsening conditions.
- Improper treatment or mismanagement of a condition
  - Not following up with patients about ongoing treatment.
  - Mismanaging chronic conditions like diabetes, hypertension, or infections.
- Poor communication and documentation errors
  - Not adequately explaining risks, treatments, or alternatives to the patient.
  - Failing to maintain complete and accurate medical records.

Outcomes of PCP malpractice cases

The majority of malpractice claims do not result in payouts. Many are dropped, dismissed, or resolved without a trial. When settlements or verdicts occur, payouts can range from tens of thousands to millions of dollars, depending on the harm caused.*

Cost of PCP malpractice insurance

PCP malpractice insurance cost is moderate. With a wider scope of practice than other specialties, diagnostic errors or failure to refer patients for additional specialty care can increase claim likelihood.**



1 in 3 Primary Care physicians will face a malpractice lawsuit at some point in their career.***

Most lawsuits against PCPs are due to the wide scope of practice and the complicated process of managing referrals to specialists.

94% of malpractice claims against Primary Care physicians are resolved prior to trial.

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Sources

* Data Sharing Project Dashboard (2014-2023). MPL closed claims. MPL Association. Retrieved by ProAssurance (August 30, 2024).

** Medscape Malpractice Premium Report 2019, https://www.medscape.com/slideshow/2019-malprac-prem-rep-6012332#5

*** American Medical Association

How poor communication and lack of follow-up among the healthcare team complicated the defense of a medical malpractice lawsuit.

Effective coordination of care and communication, along with a thorough follow-up process, are essential for ensuring quality care and patient safety in a busy Primary Care practice.

Brief Facts

- A 58-year-old female patient presented to her longtime PCP's office for her annual physical on July 7, 2023.
- For her examination, she was seen by a physician assistant (PA1). In addition to the physician, there were several physician assistants and nurse practitioners on the healthcare team.
- PA1 did a physical exam and ordered labs. The patient was scheduled for a follow-up visit on July 28 to review the labs.
- The lab report was sent to the office on July 18 and showed abnormal kidney function. The labs were reviewed by a nurse practitioner (NP1) who sent a message to the PCP regarding the labs. The PCP responded that the patient had an abnormal urinalysis indicating he thought the patient had a UTI. The PCP told NP1 to notify the patient and to order an antibiotic.
- The patient did not show for her follow-up appointment on July 28. The patient was not contacted to reschedule the appointment or notified of the abnormal kidney function results.
- The patient was seen by a different nurse practitioner (NP2) on November 2. NP2 told the patient about the abnormal labs from July. NP2 ordered a renal panel and urine tests to be done ASAP to see if results improved after previous UTI was treated.
- The labs were not done until November 20, and the patient was seen a week later by another physician assistant (PA2) to review the labs. The kidney function test result had worsened, and the patient still had a mild UTI. PA2 prescribed more antibiotics, but no referral to a nephrologist was made.
- On December 11, the patient was seen by the original PA1. PA1 reviewed all of the previous labs and noted the worsening kidney function. He had a long discussion with the patient, stating that her labs were showing kidney failure and that she needed urgent appointments with a nephrologist and a urologist. Immediate referrals were arranged. PA1 also ordered a renal/bladder ultrasound and follow-up labs and urine.
- A week later, PA1 contacted the patient to ensure that the referral appointments had been made but was notified that the patient was in the hospital.
- The patient is now in need of permanent dialysis and a kidney transplant.

Allegations

Failure to timely follow up on abnormal lab results leading to delays in nephrology referrals and proper treatment. Earlier treatment likely would have avoided the need for permanent dialysis and a kidney transplant.

Case Discussion

Both the plaintiff and defense experts were not supportive of the care provided in this case. Both experts felt that the kidney function results from the initial labs were concerning and the patient should have been contacted immediately to have repeat labs done. When the patient did not show for her follow-up appointment and was not contacted, another opportunity was missed to ensure the patient received proper care.

When the renal panel was done several months later showing worsening kidney function, the PA only prescribed antibiotics, which according to both experts, was a departure from the standard of care. By the time a referral was made to specialists, it was too late and the damage had been done.

Aside from the critical mistakes made in the diagnosis and clinical care, systems and operational issues contributed to the unfortunate outcome.

Coordination of Care

Both experts opined that the overall system of multiple members of the healthcare team ordering, reviewing, and following up on labs created a breakdown in communication and coordination of care that resulted in delay of treatment of the patient.

Follow-Up System

The follow-up system in the practice was inadequate as it did not clearly delineate who was responsible for following up with the patient, i.e., the ordering clinician, the reviewing clinician, or the physician. The office also did not have a clear process to follow up when the patient cancels or does not show up for an appointment. The system in place had gaps that allowed a patient to fall through the cracks, resulting in delays of care.

Risk Reduction Strategies

Follow Up

- Ensure there is an established, reliable follow-up process for managing tests and consultations for your practice. Analyze existing systems to detect and eliminate gaps.
- Educate patients about their condition and why they are being sent for particular tests or referrals, why these evaluations are important, and how the results will likely impact further care.
- Consider the following method to support effective test result management:
  - All results are routed to the ordering clinician.
  - The ordering clinician signs off on all results.
  - The practice informs patients of all results, normal and abnormal, at least in general terms.
  - The practice documents that the patient has been informed.
  - Clinicians or staff tell patients to call after a certain time interval if they have not been notified of their results.
- Document what action is required and what has been implemented.
- If a patient misses a follow-up appointment to receive test results, review the patient's chart and evaluate the degree of risk to the patient to determine necessary follow-up. If the results are abnormal, immediately contact the patient to reschedule or discuss the results with the patient to ensure appropriate treatment.

Coordination of Care

When multiple healthcare team members are involved in a patient's care, clearly communicate who has overall responsibility for the patient and who is responsible for follow up.

Ensure vital information related to orders is documented in an area where the executing clinician would expect to find it.

Actively consider whether a fellow clinician would understand the patient's history, differential diagnosis, and treatment plan when documenting.

Regularly review office processes that require communication and coordination of care to identify gaps and areas where patient safety may be compromised.

Resolution

Due to the unsupportive expert opinions and large potential damages being found at trial, the case was settled on behalf of the physician and the practice.

For Family Medicine malpractice case studies, scan the QR code at left.

For Internal Medicine malpractice case studies, scan the QR code at left.

PRIMARY CARE **CLAIMS DATA & TRENDS**

ProAssurance is a contributing member of the Medical Professional Liability Association (MPLA) closed claims data sharing project. As such, the general data listed below includes claims data showing industry trends specific to claims from 2014 through 2023. Primary Care claims include claims from Internal Medicine and Family Medicine specialties.

Data on this page is from the Data Sharing Project Dashboard (2014-2023). MPL closed claims. MPL Association. Retrieved by ProAssurance (August 30, 2024).

Primary Care to All Specialties Comparison

	Total Closed Claims	Total Paid Claims	Average Indemnity Paid	Total Indemnity Paid
Primary Care	**9,639**	**2,648**	**$358,119**	**$948M**
All Specialties	63,149	17,582	$359,693	$6.3B

Takeaways:

- Primary Care average indemnity was 0.4% lower than average.
- Primary Care made up 15.0% of overall indemnity paid.
- Primary Care claims made up 15.1% of paid claims.

Specialty Comparison

Specialty	Total Closed Claims	Total Paid Claims	Average Indemnity Paid	Total Indemnity Paid
Primary Care	**9,639**	**2,648**	**$358,119**	**$948M**
Radiology	4,382	1,342	$415,515	$558M
General Surgery	4,306	1,343	$364,912	$490M
Anethesiology	2,516	711	$404,810	$288M
Emergency Medicine	1,680	414	$396,316	$164M
Hospitalist	1,280	252	$317,538	$80M

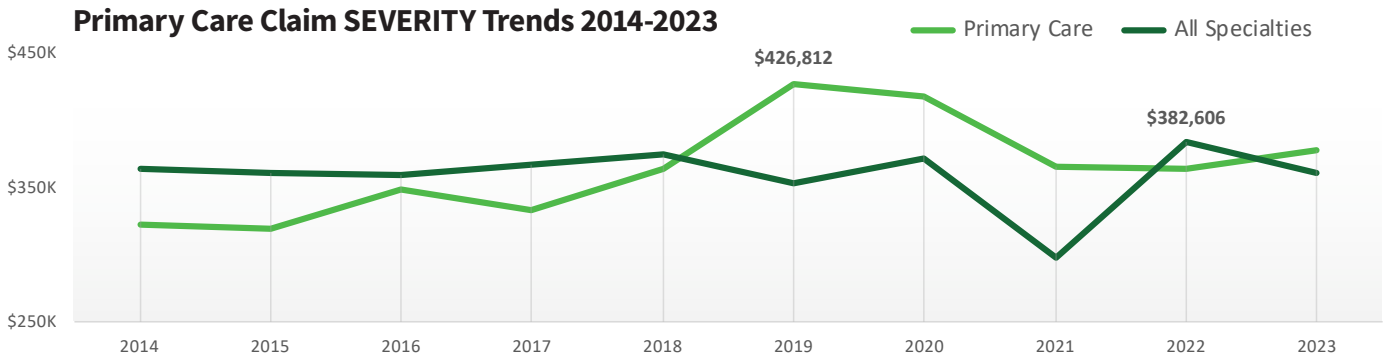
Takeaways

- Primary Care ranked 16th highest for average indemnity paid among all specialties.
- Primary Care claims ranked 1st for closed claims and 1st for paid claims among all specialties.
- Individually, Internal Medicine ranked 2nd and Family Medicine ranked 7th highest for closed claims.
- Internal Medicine ranked 3rd and Family Medicine ranked 6th highest for paid claims.
- Primary Care claims ranked 1st for total indemnity paid among all specialties.

"MPLA data shows Primary Care physicians ranked lower for average indemnity paid than 15 other specialities.

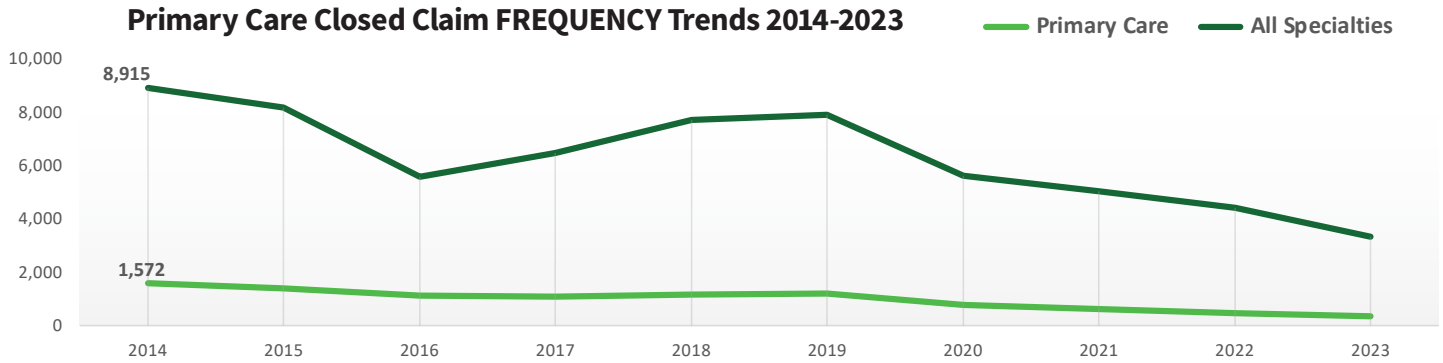
Proper risk management protocols can help mitigate professional and medical liability risks."

Mallory B. Earley, JD, CPHRM
Assistant Vice President,
Risk Management



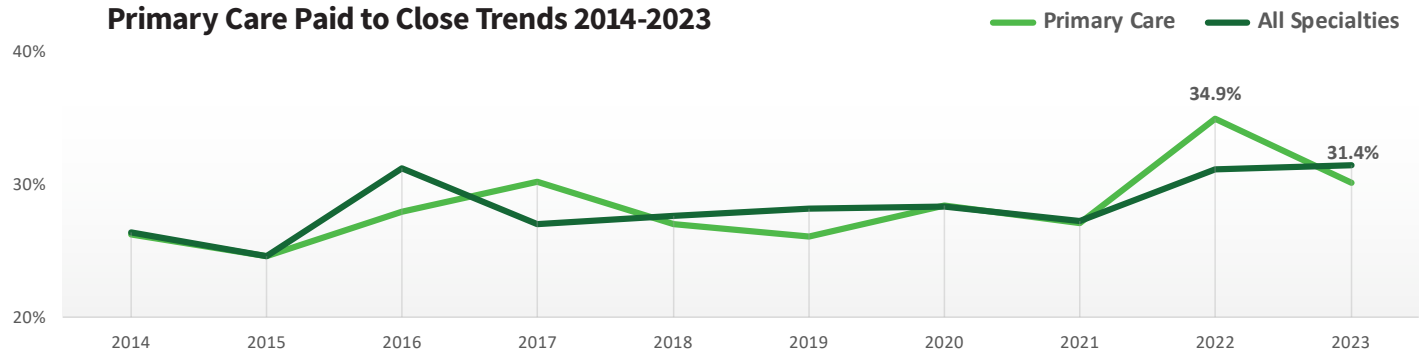
Takeaways

- Primary Care had the highest average indemnity in 2019, with $426,812.
- The highest average indemnity over all specialties was $382,606 in 2022.



Takeaway

- Primary Care and all specialties had the highest volume of closed claims in 2014, with 1,572 and 8,915, respectively.



Takeaways

- Primary Care had the highest paid to close ratio in 2022, with 34.9%.
- The highest paid to close ratio over all specialties was 31.4% in 2023.

ASSESSING **MEDICAL LIABILITY KNOWLEDGE**

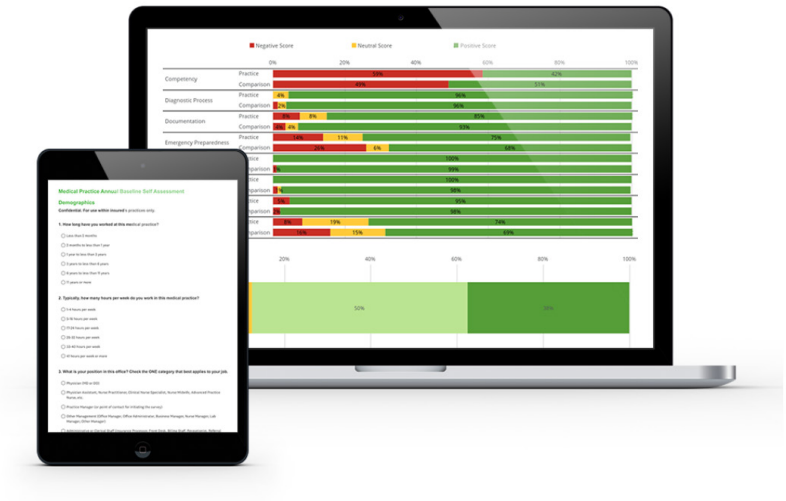
Annual Baseline **Self-Assessment**

You rely on strict office protocols to serve your patients with confidence.

Have you considered whether your staff might benefit from additional training?

The **Annual Baseline Self-Assessment (ABSA)** is a comprehensive survey conducted among the entire healthcare team at medical practices. The ABSA evaluates critical risk areas that impact the effectiveness and safety of healthcare delivery. This includes diagnostic testing protocols, infection control measures, and emergency preparedness strategies.

By analyzing the survey results, the Risk Management team can identify specific gaps in knowledge and comprehension among healthcare professionals. This enables us to create tailored educational programs and resources to minimize liability risks and enhance overall practice safety.



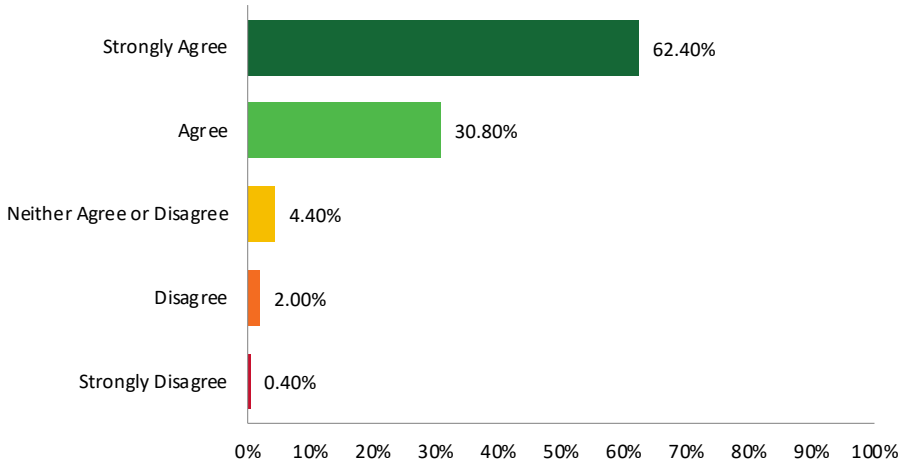
In 2024, **3,065** assessments were taken by staff at **511** practices to evaluate medical liability risk management knowledge gaps.

These numbers were extracted from 2024 ProAssurance medical professional liability risk management data.

Sample ABSA questions with results summarized from Q1 and Q2 2024.

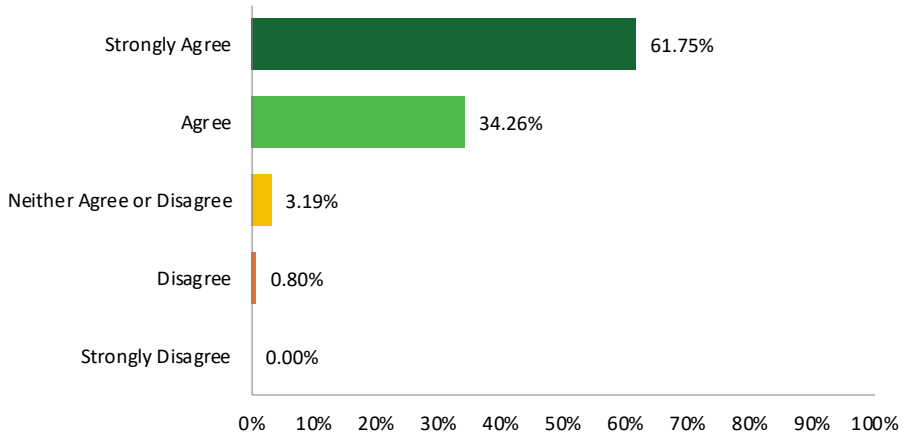
SAMPLE QUESTION 1

The practice has a consistent process for tracking diagnostic tests, consults, and referrals.



SAMPLE QUESTION 2

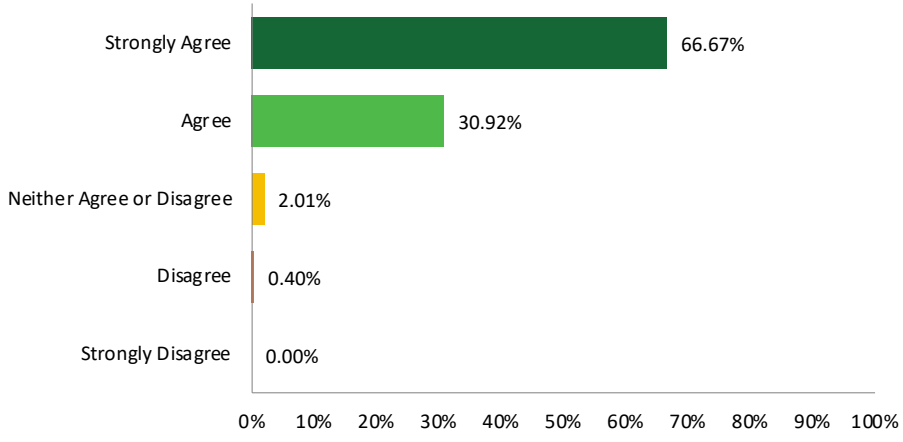
Patient history is updated by the provider at every patient encounter and documented.



SAMPLE QUESTION 3

The physician(s) and practice staff consistently document a patient's refusal of medical treatment.

Due to rounding, percentages may not add up to 100%.



The immediate objective of the ABSA is to find and address current medical liability knowledge gaps. Eventually, the aggregated data will allow insureds to see progress over time and to compare their practice to others based on specialty, location, group size, and more.

To request the ABSA, scan the QR code at left.

RISK MANAGEMENT SERVICES

We're here to help you promote patient safety, minimize risk, and improve defensibility of claims by providing comprehensive assessment and training resources that are relevant and easy to share.

- **Online loss prevention seminars** are available on-demand.
- ***Claims Rx* online CME courses** offer claims-based learning and risk reduction strategies on trending topics.
- ***Malpractice Case Studies*** offer risk management insights on a variety of specialty-focused cases.
- **"2 Minutes: What's the Risk?" videos** feature clinical, quality, and legal consultants discussing medical liability issues.
- **Medical liability articles** and content bundles on current topics are in regular development.
- **Sample letters, checklists, forms, and guidelines** are available on the ProAssurance website to support proper documentation and best practices.
- **Rapid Risk Review podcast** delivers concise, practical insights on healthcare liability, featuring legal and clinical guests who share perspectives on emerging risks, case outcomes, and strategies to support safer care.

2,800+

Helpline or email contacts are made with risk management consultants each year.

Risk Management Helpline

Your physicians, administrators, and healthcare staff have access to a team of risk consultants with a wide range of backgrounds, including prior experience as healthcare administrators, attorneys, nurses, and quality professionals. Risk consultants assist insureds using specialized knowledge of healthcare risk management issues and the Company's experience defending claims.

Helpline: 844-223-9648,
Monday through Friday, 8 a.m. – 5 p.m.

Email: RiskAdvisor@ProAssurance.com

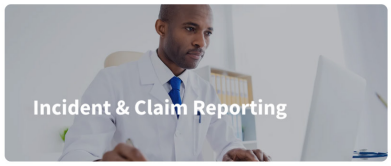
17.4%

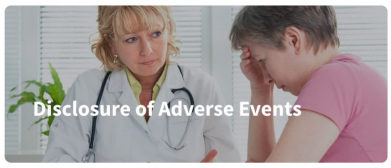
of all Helpline contacts come from Primary Care physicians.

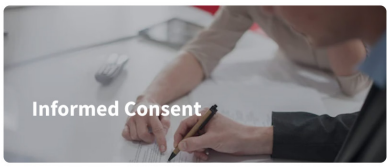
Risk Management Guidelines

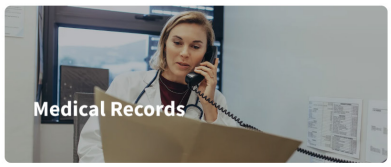
The *Risk Management Guidelines* are an online resource designed to make it easier for you to find answers to common questions and to facilitate loss prevention strategies.

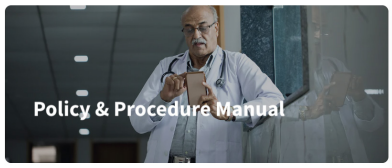
Topics cover:





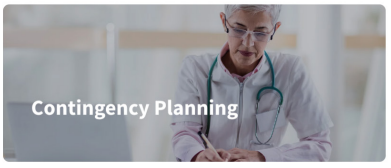




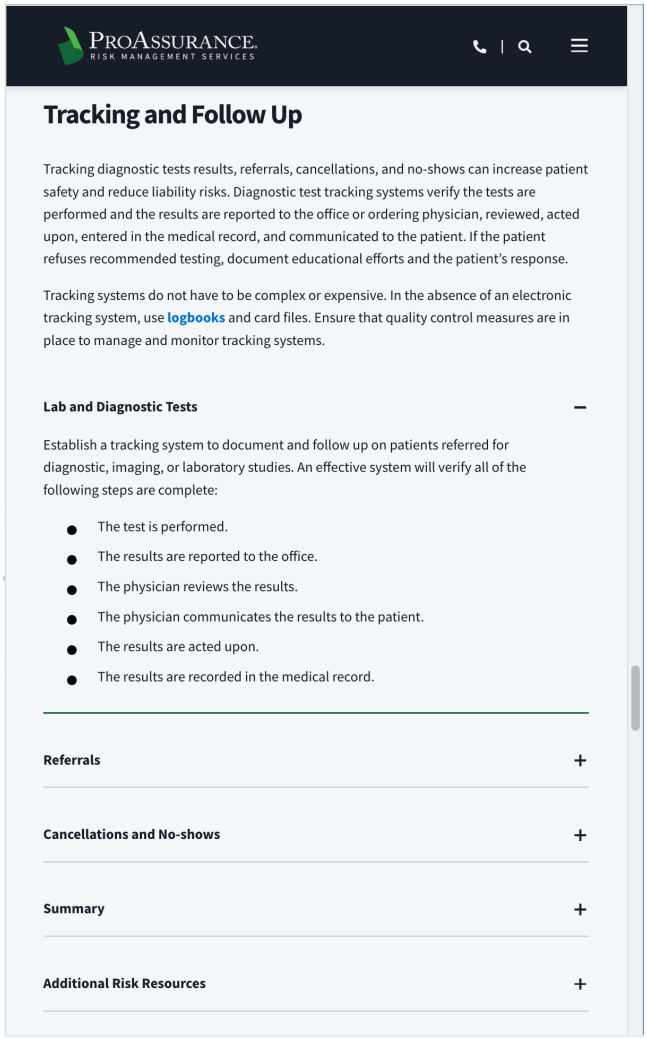


Tracking and Follow Up

READ MORE →



Each guideline topic provides actionable information to help your team address daily challenges.



PROASSURANCE RISK MANAGEMENT SERVICES

Tracking and Follow Up

Tracking diagnostic tests results, referrals, cancellations, and no-shows can increase patient safety and reduce liability risks. Diagnostic test tracking systems verify the tests are performed and the results are reported to the office or ordering physician, reviewed, acted upon, entered in the medical record, and communicated to the patient. If the patient refuses recommended testing, document educational efforts and the patient's response.

Tracking systems do not have to be complex or expensive. In the absence of an electronic tracking system, use logbooks and card files. Ensure that quality control measures are in place to manage and monitor tracking systems.

Lab and Diagnostic Tests −

Establish a tracking system to document and follow up on patients referred for diagnostic, imaging, or laboratory studies. An effective system will verify all of the following steps are complete:

- The test is performed.
- The results are reported to the office.
- The physician reviews the results.
- The physician communicates the results to the patient.
- The results are acted upon.
- The results are recorded in the medical record.

Referrals +

Cancellations and No-shows +

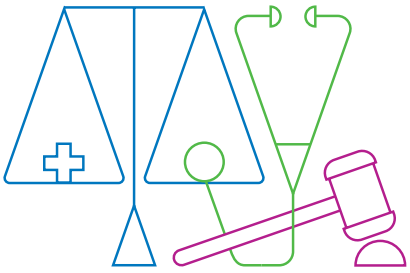
Summary +

Additional Risk Resources +

To review the *Risk Management Guidelines*, scan the QR code.

For all current offerings, visit
RiskManagement.ProAssurance.com

All risk management services are available to ProAssurance insureds at no additional cost.



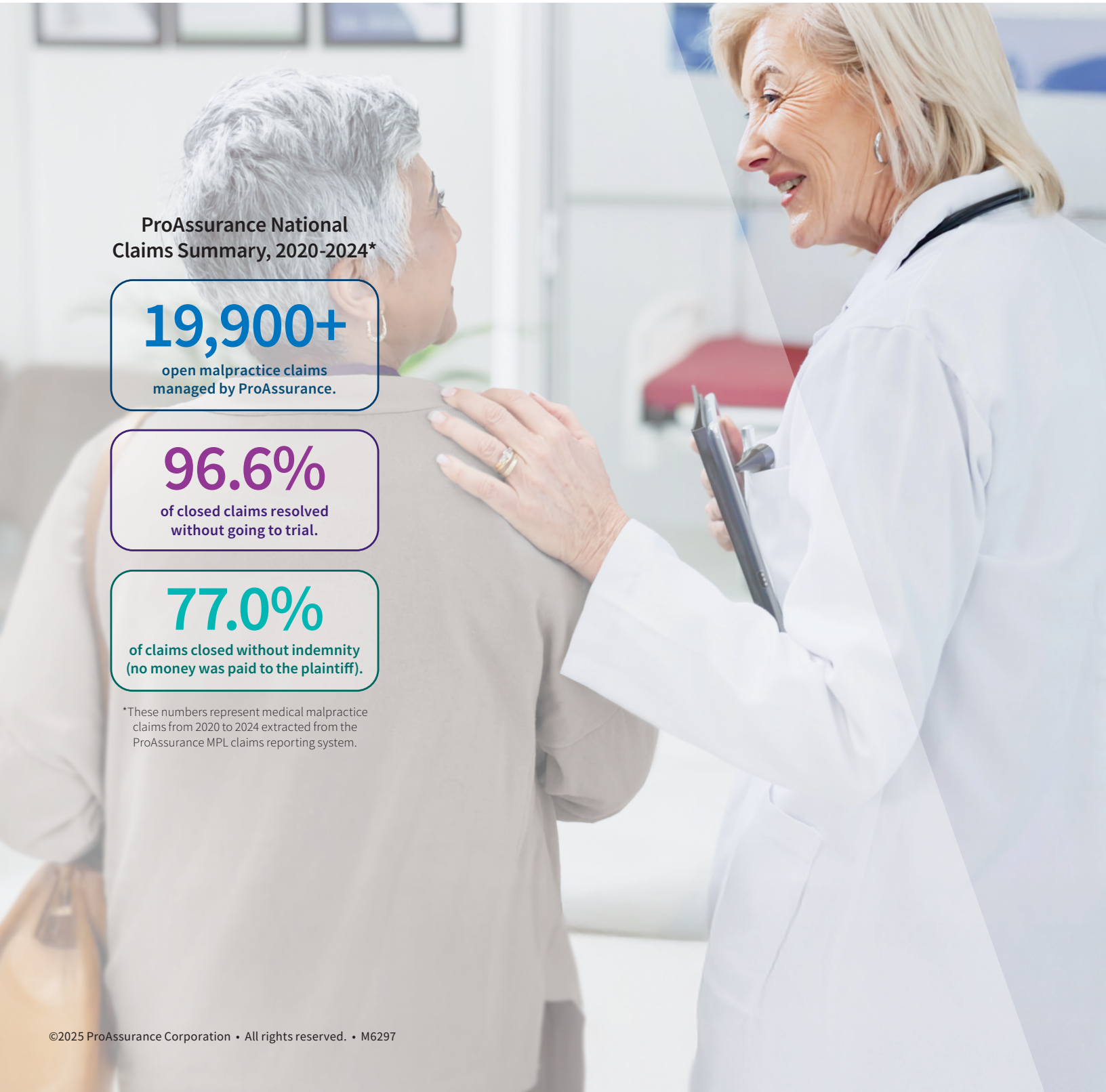
PROTECTING **PRIMARY CARE PHYSICIANS**

We understand the importance of providing high-quality healthcare and know the complexities of medical liability.

Our mission is to protect others. We vigorously defend physicians who face malpractice claims and advocate for medical professionals regarding legislation and tort reforms that may affect the practice of quality medicine.

PROASSURANCE
MEDICAL MALPRACTICE INSURANCE

ProAssurance.com



ProAssurance National Claims Summary, 2020-2024*

19,900+
open malpractice claims managed by ProAssurance.

96.6%
of closed claims resolved without going to trial.

77.0%
of claims closed without indemnity (no money was paid to the plaintiff).

*These numbers represent medical malpractice claims from 2020 to 2024 extracted from the ProAssurance MPL claims reporting system.