


Illuminating Value

Frontline Stories of
Data-informed Change

 **miec** Employing national MPL data to help insureds better understand the underlying causes of adverse events in their specialty and pinpoint practice improvement opportunities.

MIEC

From Focusing on Anecdotes to Relying on Data

Partnering with Insureds

by Michael D. Anderson, CPHRM

THE PROBLEM

MPL insurers need to empower insureds to improve their risk.

As a not-for-profit medical professional liability (MPL) carrier, we strive to empower our members (insureds) to minimize their liability risk by identifying specific practice improvement opportunities. Ongoing relationships with our members further enhance the collaboration needed to accurately understand their most pressing risks. For us, as an insurer, to help both longstanding and newly-covered health care providers adopt risk reducing practices, we need to cultivate our influence via credible and actionable insights.

The information we share helps our members pinpoint the fundamental issues driving those risks. Their knowledge about those underlying

causes is significantly transformed when we shift the focus from anecdotal experience to incorporating and relying on large amounts of consistently coded data.

Candello, and the contributing members who comprise the data-sharing community, present a unique opportunity to help reduce MPL costs in health care delivery. That is why MIEC has been an active participating member for more than 11 years. When like-minded companies, dedicated to the reduction of MPL costs, share their claims data and contribute to a much bigger (and standardized) data set, we all benefit. Most importantly, we enable our members to understand where and how to control risk, improve patient safety, and reduce our insureds' exposure to allegations of negligent care.

Market conditions have nothing to do with patient safety, but, in a hardening MPL market, it is easier to make the case that medical practices should partner with their insurers to minimize risk with data-driven solutions. Over a decade of preparation means that we can bring solutions—not just a bigger invoice.

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FROM ANECDOTE TO ACTION

Often, a physician's reaction to a tragic adverse event or high-cost malpractice case is to "make sure that never happens again." But an individual claim is rarely a clear harbinger of future vulnerability; many are lightning strikes that only partially reveal the underlying systemic problem. To help a practice group or organization truly comprehend what drives their liability risk, we need to tie together and analyze multiple cases, and that requires a data set that provides a bigger picture.

For example, a common thread across a handful of Emergency Department cases might be misinterpreted as the risk of certain presentations or test result management if you only look at your cases. Exploring a larger sample size—even outside your local setting—can expose a more subtle problem only isolated by that bigger picture, e.g., miscommunication among providers, barriers to night shift access to Radiology, etc.

To provide the full perspective when analyzing claims data for a medical practice, we start with that group's unique claims history. Because a single group's number of claims is, typically, too small to generate a meaningful analysis, we look for (local) peers or similar practices within MIEC for a broader perspective. Finally, we look for alignment with—or a noteworthy deviation from—Candello's nationwide analyses. Data based on 500,000 external cases can produce statistically credible answers, so practices can draw a more confident conclusion about their exposure. When that progression from local to widely shared experience reveals a member's specific vulnerabilities, then that's an incredibly powerful driver of their engagement in addressing risk and bringing about sustained changes in practice.

Being able to encourage actual changes that are driven by data—combined with groups that can influence their MPL premium via risk management—demonstrates a successful insurer-insured partnership.

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In a field of research plagued by inadequate data, [Candello] is a treasure. It contains information on claims that did not result in a payment, as well as physicians' specialty and detailed information on the allegations, injuries, and their causes.

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MIEC paired local specialty-specific malpractice data with national peers, identifying areas of alignment with—or noteworthy deviation from—the most prevalent drivers of risk, to reveal a member's specific vulnerabilities and encourage actual data-driven practice change.