Role of State Policy in Supporting CRPs the Massachusetts Experience

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AHRQ Planning Grant

- Key informant interview study of 27 knowledgeable individuals from all leading stakeholder constituencies in Massachusetts
- Twelve significant barriers were identified along with multiple strategies to overcome each one
- Strategies for barriers were evaluated by frequency mentioned, feasibility, importance and time frame
- Road Map drafted and circulated back to interviewees then presented

Barriers to DA&O Model Implementation

Barrier*	# of Respondents
Charitable immunity law	22
Physician discomfort with disclosure & apology	21
Attorneys' interest in maintaining the status quo	20
Coordination across insurers	20
NPDB or state reporting requirements	19
Concern about increased liability risk	16
Forces of inertia	13
Fairness to patients	12
May not work in other settings	11
Insufficient evidence	8
Supporting legislation	8
Accountability for the process	5

** Other barriers, not listed, were mentioned by <4 respondents*

Roadmap: Key Points

- Education - programs for all involved parties
- Leadership - from all key constituencies
- Model Guidelines - support consistency
- Collaborative Working Groups - key issues
- Enabling Legislation - to create a supportive environment for broad adoption
- Data Collection and Dissemination

Liability Reform Provisions of Ch. 224

- Six Month Pre-Litigation Resolution Period*
- Sharing all Pertinent Medical Records*
- Apology Protection - unless contradictory*
- Full Disclosure - significant complication*
- Pre-judgment Interest Reduction - T+2
- Charitable Immunity Cap Increase - 100k

Signed into law as part of Chapter 224 - Payment Reform Legislation; Effective November 5, 2012

*** MMS, MATA & MBA Consensus**

Reporting Provision in State Budget

- Chapter 112 sect 5 of the General Laws is hereby amended by inserting the words: “provided, however, that payments made as part of a disclosure, apology and early offer program, shall not be construed to be reportable to or by the board against the physician, absent a determination of substandard care rendered on the part of said physician.

Proposed by MMS Signed 7/12/13

Implementation: Accomplishments
(last 18 months)

- Released Roadmap / Media Campaign
- Developed our Alliance (MACRMI) CARe
- Secured local funding
- Established Pilot Program in varied sites
- Enacted Consensus Enabling Legislation and Changed Reporting Requirements
- Launched Website
- Developed Education Programs, Materials and Best Practices
- Others

Current Efforts

- Reporting - NPDB
- Dissemination within Massachusetts
- Other States - Oregon - ?National Coalition

MACRMI and CARe

CARe stands for Communication, Apology and Resolution; it is MACRMI's preferred way to reference the Disclosure, Apology and Offer process.