

# ADVANCING COMMUNICATION, APOLOGY, AND RESOLUTION (CARE): THE MASSACHUSETTS EXPERIENCE

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September 18, 2013 – Washington, D.C.

# Background

- AHRQ Planning Grant 2010-11 used to evaluate perspectives on “Disclosure Apology, Offer (DAO)” in Massachusetts
- 27 Stakeholder interviews, formally conducted and analyzed
- Conclusions:
  - High level of support for DAO
  - Barriers exist but can be overcome.
  - Recommended next steps: pilot implementation and statewide advocacy

# CARe in Massachusetts: Two Main Components

- Pilot Implementation in Six Hospitals, Designed to Illustrate Diverse Medical Liability Settings
- Statewide Advocacy Effort

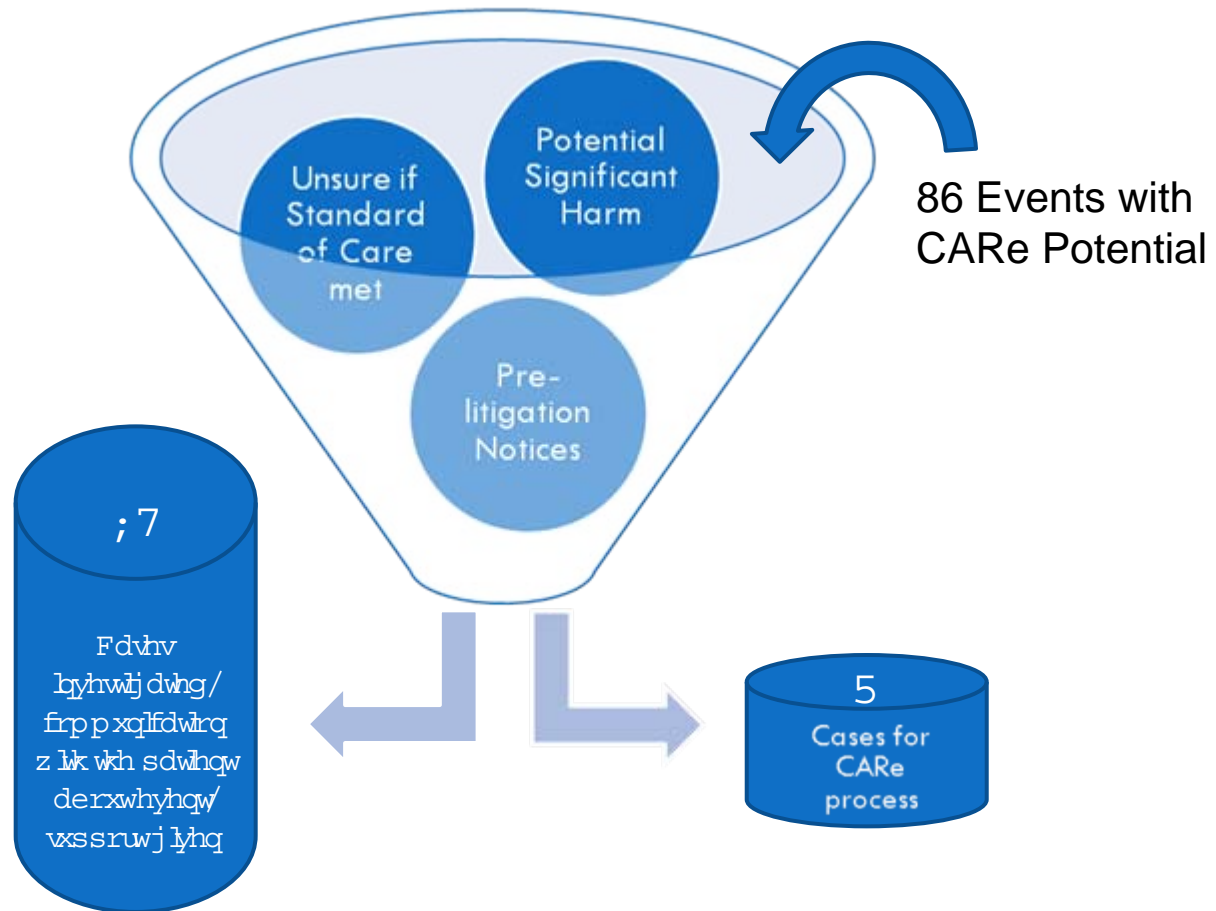
# The Massachusetts Pilot Sites

Site Name	Population	County	Year
Essex County Superior Court	975	Essex County	2017
Essex County Superior Court	11	Essex County	2017
Essex County Superior Court	8	Essex County	2017
Essex County Superior Court	49	Essex County	2017
Essex County Superior Court	<6	Essex County	2017
Essex County Superior Court	64	Essex County	2017

# Key Elements of CARE Pilot Implementation

- Standardized algorithms for assessing an event as appropriate for CARE, and applying CARE protocol.
- Data collected to a research standard
- Aggressive educational effort
- Aggressive peer support program
- Statewide initiative supports the pilots

# Our Experience at BIDMC: By the Numbers



# The Massachusetts CARe Pilots: Barriers Identified

- Physicians concerns about regulatory reporting (NPDB and BORM)
- Need for timely exchange of information and medical records between parties
- Need for coordination among liability insurers
- Adverse event identification is still imperfect, and not always timely.

# The Massachusetts CARe Pilots: Essential Elements for Success

- **Integrated, high performance Patient Relations and Risk Management functions**
- **Ongoing leadership support**
- **Full collaboration and strong working relationship with liability insurer**



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**MACRMI**

Massachusetts Alliance for Communication and Resolution following Medical Injury

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**WELCOME**

MACRMI is a Massachusetts alliance of patient advocacy groups, teaching hospitals and their insurers, and statewide provider organizations committed to transparent communication, sincere apologies and fair compensation in cases of avoidable medical harm. We call this approach **Communication, Apology, and Resolution (CARE)** and we believe it is the right thing to do. It supports learning and improvement and leads to greater patient safety.

**This site is a central resource for information on the CARE approach and the health care institutions implementing it.** Here you will find answers to many of your questions regarding medical injury; resources and support for patients, families and clinicians; education and training resources for health care providers; sample guidelines and policies; research and articles; and ways to connect with each other. **By sharing what we learn from medical errors and near misses, we are enhancing patient safety together and improving our health care system. Thank you for participating.**



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# Statewide Advocacy: Lessons Learned

- Interest in participation is strong and broad-based
- A statewide coalition can offer key support for those pursuing CARE models
- MACRMI brings parties together to discuss barriers to timely resolution and brainstorm solutions
- MACRMI facilitates meetings of different Insurers so they know the CARE advocate from each company from the get-go
- Perspectives among constituencies still differ, and can present barriers.

# Next Steps for Massachusetts

- Pursue alignment between goals of reporting bodies (BORM/NPDB) and goals of CARE
  - BORM is a member of MACRMI
  - Working on plan to re-educate physicians about true NPDB reporting consequences
- Evaluate experience to date
  - Formal analysis of pilot sites
  - Sharing stories via MACRMI
- Expand number of institutions pursuing CARE
  - Define and provide information on factors needed for success
  - Support implementation through MACRMI