MACRMI: History, Progress Made, and New Resources

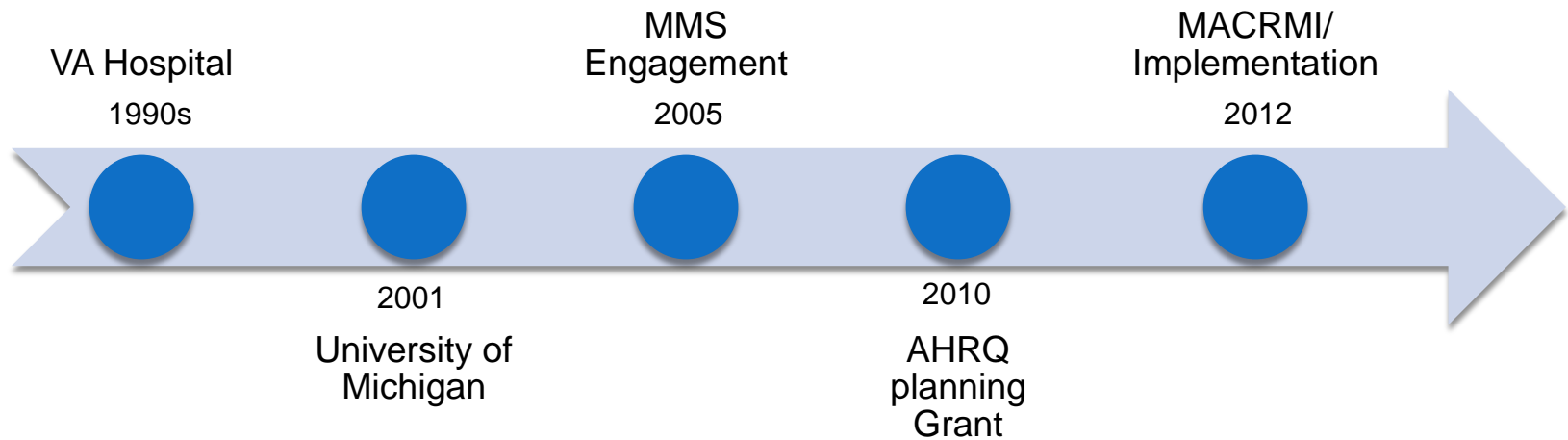**Alan Woodward, M.D. and Melinda Van Niel, M.B.A.**

Forum Objectives

- Describe the essential elements of a successful CARe program, and the benefits of the CARe program for patients, clinicians, and hospital administrators, in comparison to a traditional liability model.

- Describe the challenges of everyday implementation of CARe, and ways to overcome those challenges.

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Why are we here today?

CARe Evolution through 2012

VA Hospital
1990s

2001
University of
Michigan

MMS
Engagement
2005

2010
AHRQ
planning
Grant

MACRMI/
Implementation
2012

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AHRQ Planning Grant - Massachusetts

- 1 Yr - 300K AHRQ Planning Grant - MMS - BIDMC

- 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 each barrier were then evaluated and prioritized to develop our Roadmap

- **CARe was the best of all options for malpractice reform**

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Barriers to CARe

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

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Roadmap: Overcoming Barriers

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

MMS/MBA/ MATA

Alliance

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Liability Reform Provisions of Ch. 224

- 6 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

* MMS, MATA & MBA Consensus

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

BORM Reporting Language revised July 2013

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"**CARe**" (Communication, Apology, and Resolution) is MACRMI's preferred way to reference the process.

Accomplishments since 2013 Forum

- Recruited Two New Pilots
  - Sturdy Memorial Hospital
  - Atrius Health
- Continued to collect data for CARe outcomes/implementation study
- Created Provider Study to roll out in July
- Began using Social Media Marketing
- Began Implementing Provider Peer Support
- Developed multiple new resources; more in process
- Worked with Harvard Negotiation and Mediation Clinical Program to identify ideal form of representation for patients in the CARe process
- Continued working to clarify NPDB reporting criteria

Resources developed since April 2013

- Potential CARe Site Readiness Checklist

- Best Practices for Interfacing with Patients in the CARe Process

- DPH Letter Templates

- Implementation guide for new Pilot Sites

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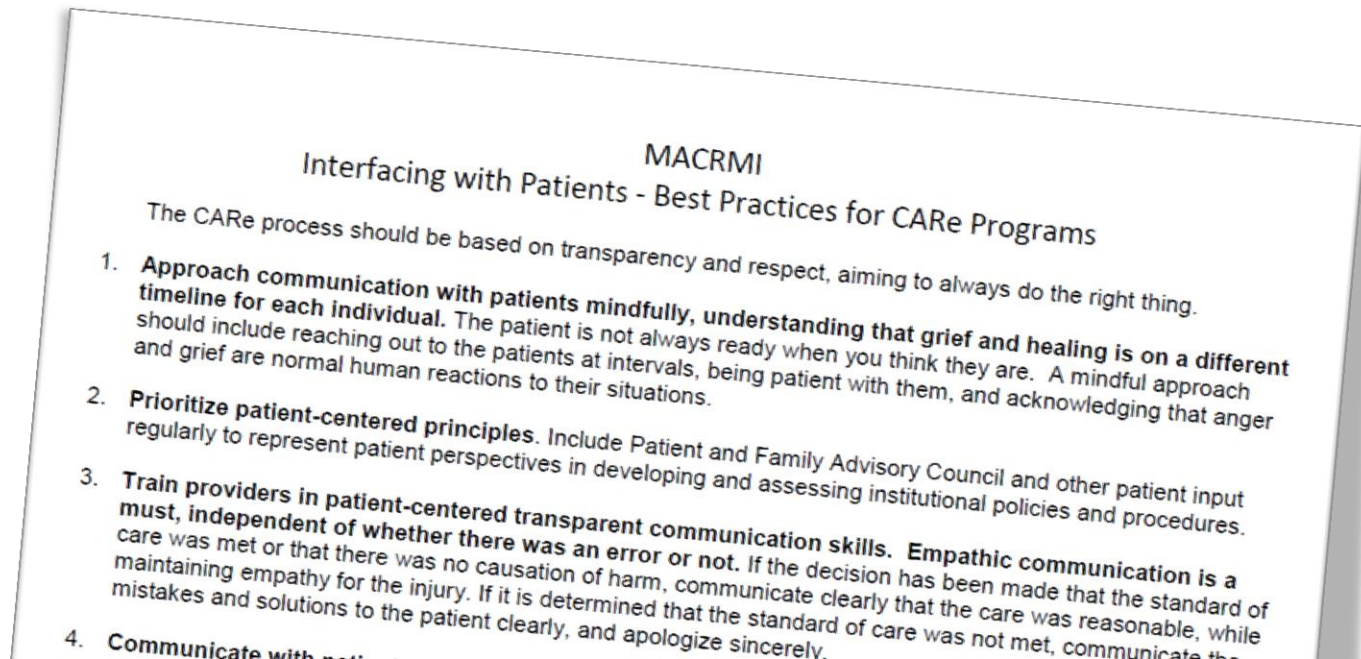Massachusetts Alliance for Communication and Resolution following Medical Injury

Potential CARe Pilot Site Checklist

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Checklist of CARe Pilot Site requirements:

✓ Institutional commitment to the CARe Best Practices and to supporting patients that have experienced adverse events

✓ Endorsement of the institution's use of the CARe approach from the institution's malpractice insurer(s), and good working relationships between risk managers and insurer(s).

✓ Full demonstrated support of the CARe approach from CEO and Board of Directors (should include a Board Resolution or similar vote approving the use of CARe.)

✓ Full demonstrated support of the medical staff, medical leadership, and CMO (should include a medical staff vote or similar commitment to supporting the use of CARe).

✓ Commitment to CARe curriculum, training, and support of clinical staff to make a successful transition to the CARe approach.

✓ Commitment to the education of and outreach to patients regarding the CARe program.

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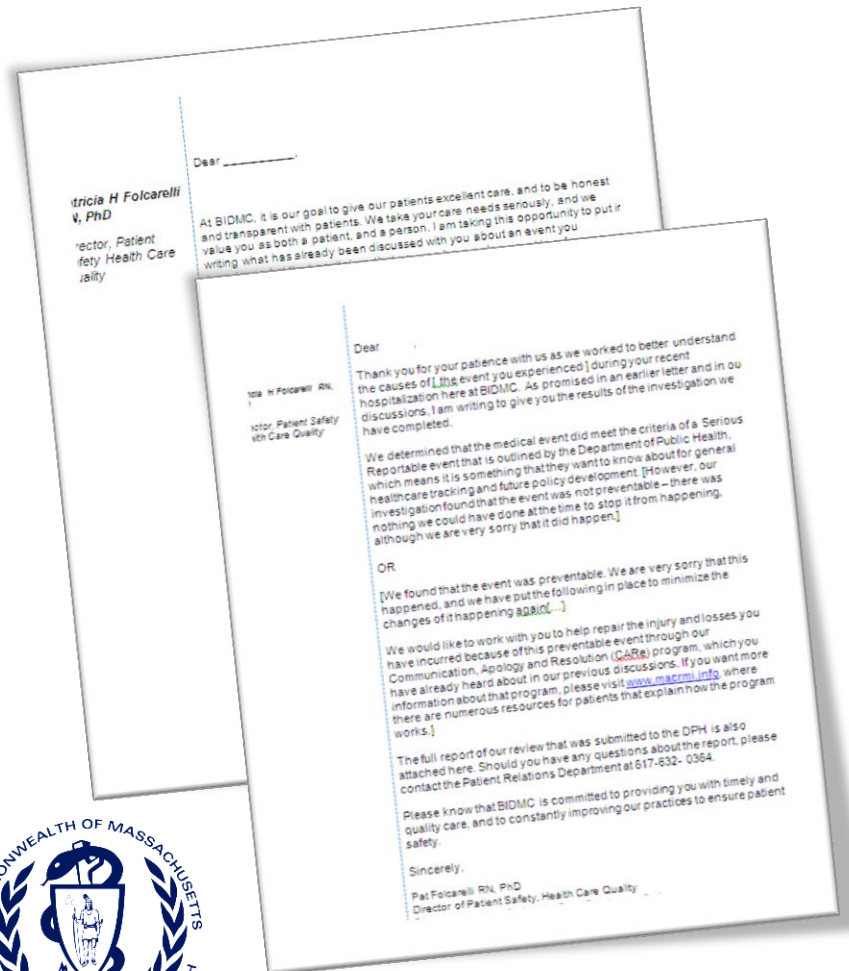and Resolution following Medical Injury

Best Practices for Interfacing with Patients in the CARe Process

- How can I best communicate with patients about an adverse event over time?

- What kind of reactions should I expect from patients?

- How do I prioritize Patient-Centered Principles in my organization?

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Interfacing with Patients - Best Practices for CARe Programs

The CARe process should be based on transparency and respect, aiming to always do the right thing.

1. **Approach communication with patients mindfully, understanding that grief and healing is on a different timeline for each individual.** The patient is not always ready when you think they are. A mindful approach should include reaching out to the patients at intervals, being patient with them, and acknowledging that anger and grief are normal human reactions to their situations.

2. **Prioritize patient-centered principles.** Include Patient and Family Advisory Council and other patient input regularly to represent patient perspectives in developing and assessing institutional policies and procedures.

3. **Train providers in patient-centered transparent communication skills.** Empathic communication is a must, independent of whether there was an error or not. If the decision has been made that the standard of care was met or that there was no causation of harm, communicate clearly that the care was reasonable, while maintaining empathy for the injury. If it is determined that the standard of care was not met, communicate the mistakes and solutions to the patient clearly, and apologize sincerely.

4. **Communicate with pati...**

New DPH Letter Templates

- Existing templates for 7 and 30 day DPH letters can appear harsh to patients

- Pilot site PFAC reviewed

- Letters revamped to focus more on "culture of safety" and less about "requirements to inform."

Implementation Guide for New Pilot Sites

- Designed for new pilot sites joining MACRMI, to be used with personal assistance from our implementation team

- Lays out timeline of important tasks, and links to relevant MACRMI resources for each step in the process

All Resources Available on our Website: **www.macrmi.info**

These resources available for download at our website!