

DOCTORS



Volume 31, No. 2

Special Issue 2023

Bridging the Communication Gap

Collaborative Dialogue between Physician Specialists



find out...

- How to identify communication gaps
- How to foster a culture of effective dialogue at your practice
- How to implement best practices for communication between Physician specialists

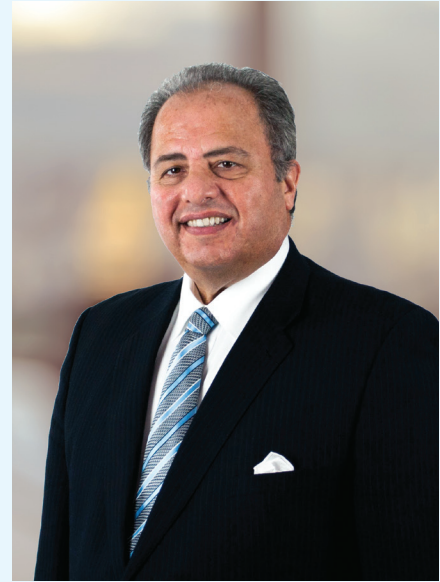
A LETTER FROM THE CHAIR OF THE BOARD

Dear Colleague:

In June of 2023, MEDICAL MUTUAL and its subsidiary, Professionals Advocate, hosted a workshop for our colleagues in the fields of emergency medicine and radiology. The workshop focused on ways the two specialties can work together to promote patient care and prevent malpractice lawsuits. This special edition of the *Doctors RX* newsletter discusses the "lessons learned" from that event and ways you can incorporate these elements into your practice.



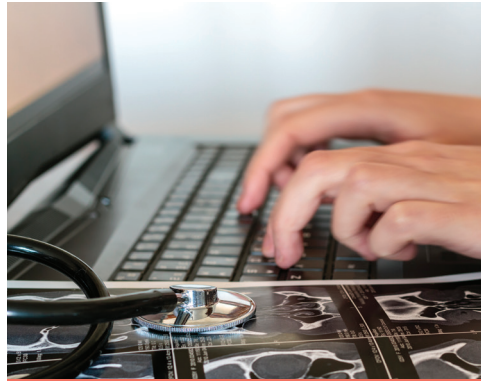
George S. Malouf, Jr., M.D., FACS
Chair of the Board
MEDICAL MUTUAL Liability Insurance Society of Maryland
Professionals Advocate Insurance Company



ISSUE HIGHLIGHTS



IDENTIFYING
COMMUNICATION GAPS **1**



BEST PRACTICES:
LANGUAGE AND CLARITY **2**



FOSTERING A CULTURE
OF COMMUNICATION **3**

DOCTORS RX

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All individuals involved in the creation and planning of continuing medical education activities sponsored by MEDICAL MUTUAL are expected to disclose to program participants any real or apparent conflict(s) of interest related to the content of their presentation. All individuals in control of content for this education activity have indicated that they have no relevant financial relationships to disclose.

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BRIDGING THE COMMUNICATION GAP:
COLLABORATIVE DIALOGUE
BETWEEN PHYSICIAN
SPECIALISTS

Radiologists and Emergency Medicine Physicians often find themselves at the crossroads of diagnosis and treatment. While these specialists possess their own skills and knowledge, their effectiveness hinges on a foundational element often taken for granted: *communication*.

MEDICAL MUTUAL/Professionals Advocate recently hosted an interactive workshop for Policyholder representatives of emergency medicine and radiology practices to discuss common risk issues and claims trends. Our objective was twofold:

1. To encourage cross-specialty problem-solving; and
2. To help our Policyholders (a) prevent claims and (b) improve the defensibility of unpreventable claims.

As hoped, the discussion shed light on various liability risks that these specialists face when they collaborate to provide optimal patient care. The discussion also revealed an overarching theme that applies to Physicians of all specialties: *when communication fails, mistakes can happen*.

This article highlights the interactions between Radiologists and Emergency Medicine Physicians to demonstrate that clear communication among all health care providers, regardless of specialty, is paramount to reducing liability risks.


THE COMMUNICATION GAP

Cross-specialty communication in medicine is fraught with challenges. This reality is especially true for Radiologists and Emergency Medicine Physicians.

An Emergency Medicine Physician might not report crucial clinical information in their haste to begin treatment. They face a challenge in sufficiently conveying the patient's clinical picture to the Radiologist, and their succinct summary of the patient's history and symptoms likely will influence the interpreting Radiologist's understanding of the case.

On the other hand, a Radiologist might not convey complex and nuanced findings using language easily understood by the Emergency Medicine Physician. Relaying the subtleties of imaging findings can be challenging. Technical jargon and terms of art in radiology reports may stymie non-Radiologists.

49%
OF MEDICAL
MALPRACTICE
CLAIMS CITE
COMMUNICATION
FAILURES.¹



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Consider

The degree to which patients feel that they have been cared for properly by their Physicians is a strong indicator of whether they will bring a medical malpractice lawsuit when an unintended result occurs.

Imagine a scenario in which a Radiologist identifies an incidental anomaly on an image that could alter the course of treatment. The Radiologist notes the presence of a phlegmon in the radiology report. The Emergency Medicine Physician does not appreciate the significance of this finding and does not consider it when formulating a treatment plan. As a result, the patient's condition worsens and requires surgery. The consequences of miscommunication between Physicians are far-reaching and can affect the patient's care.

The Communication Gap—meaning the inaccurate or incomplete exchange of information—can lead to unnecessary tests, prolonged hospital stays, increased costs and, most importantly, compromised patient care.



As you read this article, consider the interplay between Radiologists and Emergency Medicine Physicians. Think of analogous relationships between your own practice specialty and others. Reflecting on your own experiences, you should recognize that effective communication among health care providers is imperative to delivering quality patient care.

BRIDGING THE COMMUNICATION GAP: LESSONS LEARNED

Several lessons learned during the recent workshop apply broadly to Physicians of all specialties. We share them for your consideration:

1. Document Clearly and Know Your Audience

Remember that you are not the only Physician who will read the medical record. Therefore, avoid using ill-defined terms and unclear language in your record that could be confusing, ambiguous, or vague. Moreover, tailor the language in your record for the intended reader. Consider the knowledge base of your reader.

Are they a specialist? A generalist? An Advanced Practice Provider?

Your record should be comprehensive, clear, and concise, such that consulting health care providers can incorporate your findings into their own decision-making processes.

As an example, a generalist might order a stress test and echocardiogram after an abnormal cardiac exam for a patient. You, as a Cardiologist, perform your exam and interpret the echo. Before you write your report to your colleague, consider the generalist's knowledge base. Is the generalist an Advanced Practice Provider? Does the provider fully understand the terms you are using in your report?

CLAIMS THAT DID NOT INVOLVE A COMMUNICATION FAILURE HAD A 67% LIKELIHOOD OF BEING DROPPED, DENIED, OR DISMISSED.¹

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It is important to be clear and decisive in the report and to avoid highly specialized jargon that the ordering provider may not regularly encounter.

If necessary, identify nuance for your reader, define terms in the report, or pick up the phone and call the ordering provider to discuss your findings to expedite follow-up.

It is important to consider that the patient also might access their medical records in near real-time due to recent Open Notes legislation. The degree to which patients feel they have been



cared for properly by their Physicians is a strong indicator of whether they will bring a medical malpractice lawsuit when an unintended result occurs.

shown to put a Physician at higher risk of being sued for medical malpractice.²

Whether you are the ordering Physician or the reviewing consultant, consider how and when a patient might interpret your documentation.

Consider using verbiage in your records portal to alert patients that the results may not yet have been reviewed by you and that the patient should wait until they hear from you before any diagnoses or treatment decisions can be made.



Note

A sound patient-Physician relationship enhances trust and encourages continuity of care.

53%
OF COMMUNICATION FAILURE CLAIMS INVOLVE PROVIDER-PATIENT MISCOMMUNICATION.¹



47%
OF COMMUNICATION FAILURE CLAIMS INVOLVE PROVIDER-PROVIDER MISCOMMUNICATION.¹



TYPES OF INFORMATION MOST FREQUENTLY MISCOMMUNICATED:

- CONTINGENCY PLANS
 - DIAGNOSIS
 - ILLNESS SEVERITY¹
- 
- www.pubmed.ncbi.nlm.nih.gov/35188927/

2. Establish Open Lines of Communication
Make a habit of considering who else is treating your patient and what they might want to know from you, given your expertise.

When making a referral, consider how you can assist your colleague in developing the right treatment plan for your shared patient.

Call that Physician to share your clinical concerns and/or send them your patient's relevant medical record.

According to the AMA Journal of Ethics, if the patient feels that the Doctors were responsive and informative, the patient is substantially less likely to sue the Physician, even when the outcome is not ideal. A sound patient-Physician relationship enhances trust and encourages continuity of care, both of which contribute to the patient's health and well-being. A weak relationship, however, can negatively affect patient care and has been

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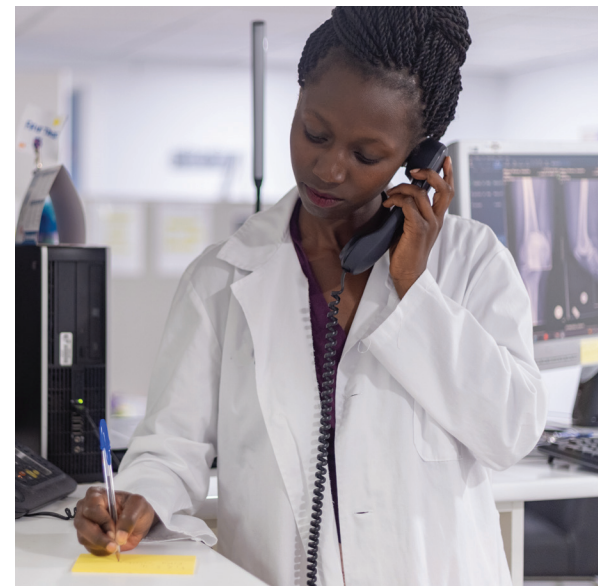
Consider

Protocols are useful to facilitate communication but can be a source of liability claims if they are not followed.

Likewise, pick up the phone and call the referring Physician when seeking clarification about a patient's condition. Always document these conversations in the medical record.



Imagine that you are a Family Practitioner for a patient who is a poor historian and at elevated risk for colon cancer. The patient presents to you with reports of bleeding, and you decide to refer them to a Gastroenterologist for a colonoscopy. When you make the referral, you decide to share the patient's recent records and lab reports with the Gastroenterologist to ensure that the history you obtained is fully relayed. This scenario illustrates one way a Physician can establish an open line of communication with other providers treating the patient.



3. Be Aware of Structured Communication Channels and Protocols

Hospitals and medical facilities often have protocols to ensure a seamless exchange of information between Physicians. Be familiar with these protocols and consider implementing them in your own practice.

For instance, some hospitals and emergency medicine practices require their Physicians to personally read and interpret the radiology studies they order, in addition to reviewing the reports of the interpreting Radiologists. Such protocols are useful to facilitate communication but can be a source of liability claims if they are not followed. The key is to be aware of communication protocols. If



you must deviate from them, document your reasons for doing so in the medical record.



40%

OF COMMUNICATION
FAILURES INVOLVED A FAILED
HANDOFF OF INFORMATION.¹

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4. Embrace Feedback Loops

Constructive feedback mechanisms among health care providers can improve communication over time.

In your own practice, consider forming a working group to ensure effective internal and external communication — among your Physicians and staff, and between your practice and outside health care providers. If collaborative meetings already take place in your practice, consider adding communication to the agenda. In this forum, you can discuss specific issues relevant to the first three lessons learned above.

IN CONCLUSION

The consequences of miscommunication can ripple across patient care, leading to misguided decisions and avoidable harm. Reflecting on your own experiences, you should recognize that effective communication among health care providers is imperative to delivering quality patient care. While our round table focused on Emergency Medicine Physicians and Radiologists, we believe the findings are relevant to all providers.

It is important to remember the following:

- **Document clearly and consider your audience** – Are your records going to a specialist, a generalist, or an Advanced Practice Provider? The expertise of the ordering health care provider should influence how you document your record. Do not use language that is vague, unclear, or ill-defined. And remember that, under the recent Open Notes legislation, the patient can access your records in near real-time.
- **Establish and maintain open lines of communication** – If you have a question about a record, or if you are the ordering/referring provider and question something in the consultant's record, pick up the phone and speak to your colleague.
- **Be aware of structured communication channels and protocols** – If there are established communication channels



Remember

As technology propels medicine into new frontiers, communication remains the timeless pillar that supports patient well-being.



Remember

Consider how you might further develop a culture of communication in your own practice.

in your practice or hospital, identify and use them. If you must deviate from protocol, document the reasons why.

- **Embrace feedback loops** – Promote constructive feedback mechanisms in your practice to ensure proper communication. Establish workflows to raise concerns with other Physicians, staff, and consultants.

If you have any questions about what you learned in this article, or if you have any Risk Management questions, please do not hesitate to call MEDICAL MUTUAL/Professionals Advocate at 1-800-492-0193. We also encourage Insureds to log on to our website at mmlis.com or ProAd.com for additional Risk Management resources.

references

¹Humphrey KE, Sundberg M, Milliren CE, Graham DA, Landrigan CP. Frequency and Nature of Communication and Handoff Failures in Medical Malpractice Claims. *J Patient Saf.* 2022 Mar 1;18(2):130137. doi: 10.1097/PTS.0000000000000937. PMID: 35188927.

²Schleier KE. Difficult patient-physician relationships and the risk of medical malpractice litigation. *AMA J Ethics.* 2009 Mar 1;11(3):242-6. doi: 10.1001/virtualmentor.2009.11.3.hlaw1-0903. PMID: 23194907.



Does your team follow a communication protocol?

CME TEST QUESTIONS

1. Clear and concise language in reports to another provider is paramount to translating complex medical observations into actionable insights.
A. True B. False
2. Inaccurate or incomplete information exchange won't lead to unnecessary tests, prolonged hospital stays, increased costs, or compromised patient care.
A. True B. False
3. If Doctors are responsive, informative, and collaborative, then they are subsequently less likely to be sued, even when the outcome is not ideal.
A. True B. False
4. Health care providers should communicate using official channels approved by their hospitals and practices.
A. True B. False
5. Collaborative case discussions do not foster mutual understanding and bridge knowledge gaps.
A. True B. False
6. Specialists should adopt language that is clear, concise, and tailored to their audience.
A. True B. False
7. It is best to consider forming a "working group" wherein Physicians conference to ensure that they are all communicating effectively with one another and with other specialists and consultants.
A. True B. False
8. If you are a specialist asked to consult on a patient, it is best to provide more specificity as to whether it is a benign or malignant finding or if further follow-up is recommended.
A. True B. False
9. Ordering Physicians do not need to provide information "succinctly" to consultants when they order tests or studies.
A. True B. False
10. Communication among health care providers is imperative to improving patient care.
A. True B. False

Instructions – to receive credit, please follow these steps:

Read the articles contained in the newsletter and then answer the test questions.

1. Mail or fax your completed answers for grading:
Med•Lantic Management Services, Inc. | Fax: 443-689-0261
P.O. Box 8016 | 225 International Circle | Hunt Valley, Maryland 21030
Attention: Risk Management Services Dept.
2. One of our goals is to assess the continuing educational needs of our readers so we may enhance the educational effectiveness of the *Doctors RX*. To achieve this goal, we need your help. You must complete the CME evaluation form to receive credit.
3. Completion Deadline: December 31, 2023
4. Upon completion of the test and evaluation form, a certificate of credit will be mailed to you.

CME Accreditation Statement

MEDICAL MUTUAL Liability Insurance Society of Maryland is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for Physicians.

CME Designation Statement

MEDICAL MUTUAL Liability Insurance Society of Maryland designates this enduring material for a maximum of one (1) *AMA PRA Category 1 Credit*.™ Physicians should claim only the credit commensurate with the extent of their participation in the activity.

CME EVALUATION FORM

Statement of Educational Purpose

Doctors RX is a newsletter sent twice each year to the insured Physicians of MEDICAL MUTUAL/Professionals Advocate.® Its mission and educational purpose is to identify current health care-related risk management issues and provide Physicians with educational information that will enable them to reduce their malpractice liability risk.

Readers of the newsletter should be able to obtain the following educational objectives:

- 1) Gain information on topics of particular importance to them as Physicians.
- 2) Assess the newsletter's value to them as practicing Physicians.
- 3) Assess how this information may influence their own practices.

CME Objectives for "Bridging the Communication Gap"

Educational Objectives: Upon completion of this enduring material, participants will be better able to:

- 1) Understand how interactions between specialists can affect patient care.
- 2) Learn the risk management issues surrounding communication pitfalls when different specialists interact.
- 3) Incorporate risk management "best practices" in their own medical practice.



Strongly Agree Strongly Disagree

Part 1. Educational Value:

5 4 3 2 1

I learned something new that was important.

I verified some important information.

I plan to seek more information on this topic.

This information is likely to have an impact on my practice.

Part 2. Commitment to Change: What change(s) (if any) do you plan to make in your practice as a result of reading this newsletter?

Part 3. Statement of Completion: I attest to having completed the CME activity.

Signature: _____ Date: _____

Part 4. Identifying Information: Please PRINT legibly or type the following:

Name: _____ Telephone Number: _____

Address: _____



RISK MANAGEMENT NEWS CENTER



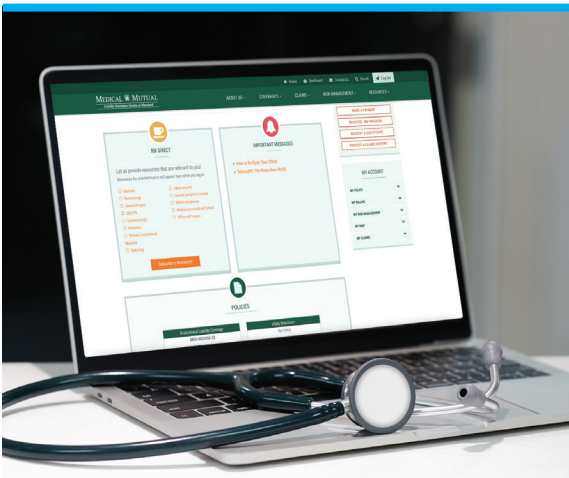
EXPERTS ON CALL TO ANSWER YOUR LIABILITY QUESTIONS

You can call our Risk Management Department to ask about any liability concerns. Our Risk Management Department includes medico/legal experts ready to provide instant advice and answers to specific questions. Contact us today at 410-785-0050 or toll free at 800-492-0193.



IT'S NOT TOO LATE TO REGISTER FOR A RISK MANAGEMENT PROGRAM

While this year is coming to a close, there is still time to register for a Risk Management education program. Upon completion of a program, you will be eligible to receive continuing medical education (CME) credits, as well as a premium credit applied to your 2024 renewal policy. For more information and to register, visit our website at mmlis.com or ProAd.com



ENROLL IN RM DIRECT FOR CUSTOMIZABLE RISK MANAGEMENT UPDATES

We regularly share risk management news and alerts issued by government agencies and health care organizations on our home page and in the "Risk Management Alerts" section of our websites.

For personalized alerts tailored to your specific practice needs, consider enrolling in RM Direct. Choose topics of interest to receive real-time updates through a personalized risk management newsfeed on your private Dashboard. It's easy to get started: Simply log in to mmlis.com or ProAd.com and select relevant topics. Don't miss out on this valuable, customizable resource to enhance risk management in your practice!



MEDICAL MUTUAL and Professionals Advocate offer a variety of online tools and resources that are specially designed to help Doctors identify and address preventable issues before they escalate into potentially serious legal action.

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Publication of MEDICAL MUTUAL/Professionals Advocate®



Q&A: CHANGES TO RISK MANAGEMENT EDUCATION PROGRAMS IN 2024

Q: *What's changing?*

A: Our Risk Management program brochure and the corresponding registration process will be offered online-only beginning in 2024.

Q: *Will programs still be offered in-person?*

A: Yes. We will continue to offer Risk Management education programming in multiple modalities (e.g., in-person, online and hybrid).

Q: *Will there be any reduction in the variety of topics offered?*

A: No. We remain committed to offering the same range of choice in our programming options that Doctors have enjoyed in previous years.

Q: *Will you still offer premium credit for completed RM education programs?*

A: Yes. Insureds who complete a Risk Management education program in 2024 will receive the same percentage of premium credit offered in 2023. As before, premium credit will be applied to policy renewals.

Q: *When will I be able to browse program options and register online?*

A: Please visit the Risk Management area of our website in 2024 to search and register for Risk Management education programs.

Q: *Can I still contact the Risk Management Department to discuss program options?*

A: Yes. Call 443-689-0215 or 443-689-0204 to speak with a Risk Management Specialist for program information (8:00 a.m. – 4:00 p.m., Monday – Friday).