

Managing Risk with Ambulatory Providers

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Presentation Summary

- The expansion of ambulatory healthcare services has also expanded the need for risk services beyond the hospital's walls.
- This presentation will discuss the unique features and challenges of providing risk management services in the ambulatory arena.

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Today's Topics

- Ambulatory care - overview
- Identifying ambulatory risks
- Controlling ambulatory risks

Disclaimers

- The opinions expressed in this presentation are those of the presenter.
- This information is offered as general information to support healthcare and risk management operations and is not to be construed as providing legal, medical or professional advice of any form whatsoever.
- Legal advice, if desired, should be sought from competent counsel.

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What is ambulatory care?

Definitions

- Ambulatory care refers to medical services performed on an outpatient basis, without admission to a hospital or other facility.
- Ambulatory care is provided in settings such as dialysis clinics, ambulatory surgical centers, hospital outpatient departments, and the offices of physicians and other health professionals.

Ambulatory Care – examples

- Same-day medical procedures preformed in an outpatient setting:
 - Wellness
 - *Annual Physical*
 - Diagnosis
 - *X-rays, lab, blood draws*
 - Treatment
 - *Laparoscopic cholecystectomy*
 - Rehabilitation
 - *OT, PT, mental health, and addiction therapies*

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Ambulatory Care – Benefits Convenience



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Ambulatory Care – Benefits Cost Saving

Cost Comparison of Outpatient Versus Inpatient Unicompartmental Knee Arthroplasty

David L. Rubach, MD, and David R. Dwyer, MD
Investigation performed at the Department of Orthopaedic Surgery, University of Virginia, Charlottesville, Virginia, USA

Background: Outpatient unicompartmental knee arthroplasty (UKA) has been shown to be a cost-effective and less risky alternative to total knee arthroplasty (TKA).

Hypothesis: Outpatient UKA charges can be reduced by eliminating UKA from an outpatient to an inpatient procedure, which is a common practice.

Study Design: Retrospective analysis of outpatient UKA and inpatient UKA charges.

Methods: A retrospective analysis of outpatient UKA and inpatient UKA charges was performed. A total of 1,000 outpatient UKA and 1,000 inpatient UKA charges were analyzed. The charges were analyzed by year, by hospital, and by procedure type. The charges were analyzed by year, by hospital, and by procedure type. The charges were analyzed by year, by hospital, and by procedure type.

Results: The outpatient UKA charges were a mean \$10,000 less per patient than the inpatient average charge of \$20,000. The inpatient charges were a mean \$10,000 less per patient than the outpatient average charge of \$20,000. The inpatient charges were a mean \$10,000 less per patient than the outpatient average charge of \$20,000.

Conclusion: The mean outpatient UKA charges were a mean \$10,000 less per patient than the inpatient average charge of \$20,000. The inpatient charges were a mean \$10,000 less per patient than the outpatient average charge of \$20,000.

Keywords: Outpatient UKA, inpatient UKA, cost comparison, unicompartmental knee arthroplasty.

Ambulatory Care – Benefits Improved outcomes



JAMA. 2014;311(7):709-716. doi:10.1001/jama.2014.4

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Ambulatory Care – Benefits Technology and patient safety



Ambulatory Care – IL ASC details

- 125 Medicare-Certified Ambulatory Surgery Centers (ASC) in IL as compared to 143 hospitals
- Top procedures: colonoscopies, cataracts, endoscopies, orthopedics
- Estimated 2015 Medicare cost savings of \$35M as compared to hospital outpatient departments

Ambulatory Care – ASC specific regulatory sources

- Medicare / CMS - Section 1832 of Social Security Act, 42 USC § 1395k
- ASCQR
- IL Regulation, Ambulatory Surgical Treatment Center Act, 210 ILCS 5/
- Other state agencies
- Local health departments
- The Joint Commission on Accreditation
- Professional associations

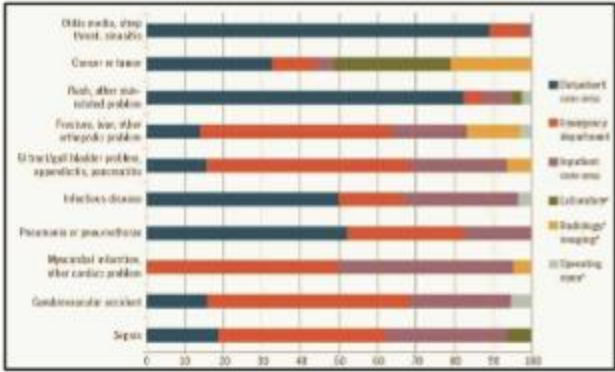
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Identifying Ambulatory Risks

Wrong Site Surgery – Contributing factors

% of Events	Contributing Factor	Near Miss	No Harm	Harm
54%	Communication error during scheduling/positioning incorrect	52%	7%	< 1%
23%	Documentation issue on consent, orders, H&P, radiology/pathology reports	77%	18%	5%
17%	Failure to follow Universal Protocol (no time out, patient confirmation, document/report review, and/or check of marking)	15%	58%	41%
7%	Marking/prep issue (marked/prepped wrong side/site, not marked, or drape covering marking)	47%	29%	24%
6%	Anesthesia blocked wrong side	0	70%	30%
3%	Patient misidentified side/site, language barrier	20%	33%	47%
2%	Positioning error	0	75%	75%
1%	Multiple procedures, like issues both sides, multiple lesions, obesity	14%	29%	57%

Missed Diagnosis – By location and condition



Distribution of locations and conditions involved with missed or delayed diagnosis events from 502 events submitted to the UHC Safety Intelligence PSO (n/a to Vizient PSO) from 2012 – 2012.

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Ambulatory Care –
Voluntary event reporting

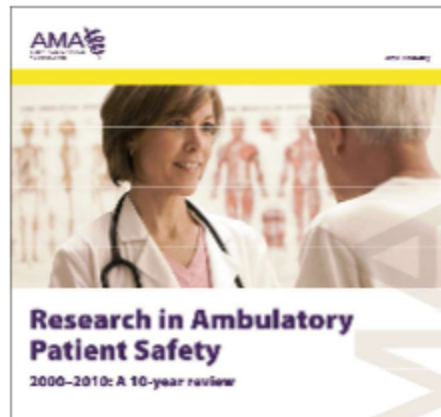


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Ambulatory Care – Claims



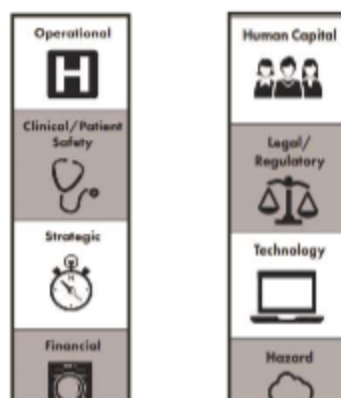
Ambulatory Care – Risk identification challenges



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Controlling Ambulatory Risks

Ambulatory Risk Control – Enterprise risk management



Ambulatory Risk Control – Communication strategies

- New patients
- Referrals
- Utilizing technology
- Pre-procedure Timeouts
- Responding to complaints
- Email
- Text messages

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Ambulatory Risk Control – Culture of safety

- Patient-focused care
- Team building
 - *Team STEPPS*
- Learning culture
 - *Lunch and learns.*
- Empowering staff
 - *Stop the line*

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Ambulatory Risk Control – Emergency responses

- Assessment tools
- Emergency drills
- Debriefs
 - *The hotwash.*

Ambulatory Risk Control – Mitigation Steps

- Smartphone policies
- Discovery protections
- Securing potential evidence
- Engaging your MPL carrier

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Questions?

- Thank you.

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