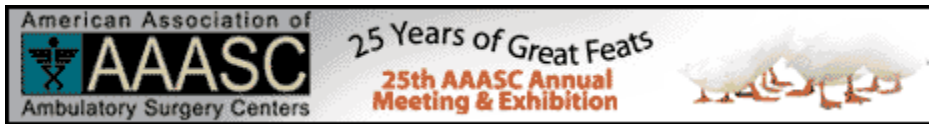



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Look toward reducing number of lawsuits, not just impact

By *Joseph Conn* / Jan 6, 2004

Physicians seeking to lower their medical malpractice insurance costs would do better copying the systematic quality improvement efforts of anesthesiologists rather than focusing on legislative efforts to impose dollar caps on med mal liability judgments, according to an article released today in the *Annals of Internal Medicine*.

The article was written by Stephen Schoenbaum, M.D., senior vice president of The Commonwealth Fund, based in New York City, and Randall Bovbjerg of the Urban Institute in Washington, D.C.

"All the discussion is about how do we minimize the impact of the suits rather than how do we minimize the number of suits," Schoenbaum said in an interview with *Modern Physician* on Tuesday.

And in that, physicians have more ability to control their fate than most realize.

An example the authors cite was the efforts of anesthesiologists in the mid-1980s in response to then-skyrocketing malpractice costs. By adopting practice guidelines to reduce patient deaths to six sigma levels--fewer than four deaths per 1 million exposures--anesthesiologists also dramatically reduced their insurance premiums.

"The 2002 average premium was \$18,000--about the same as in 1985 and much lower than for most specialties," the authors wrote. "In contrast, a surgical instrument or sponge is left in 1,000 to 1,500 surgical patients each year--more than 15 times the Six Sigma rate."

The authors also advocate:

- Amending physician licensure requirements to include risk management training as implemented by the Massachusetts Board of Registration following the 1980s med mal crisis, which may include continuing medical education programs in patient communication and office practice.
- Insurance regulators tracking physician performance and providing premium discounts accordingly.
- Tort reform contingent upon establishing systems to report errors or implementing specific patient safety activities.



Stephen Schoenbaum, M.D.

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- Private and public payers, including Medicare and Medicaid, subsidizing physician premiums in exchange for safety enhancements.
- Technology fixes, such as e-prescribing tools, electronic medical records systems with decision support and automated systems for tracking of tests.

The high costs and a lack of technical standards have been key barriers to implementing clinical IT systems, but Schoenbaum says there is hope on both fronts.

Senate Majority Leader Bill Frist, M.D., (R-Tenn) has made EMRs one of his top priorities in 2004, Schoenbaum says, while HHS has made "great strides in promoting a set of standards for interoperability of different systems."

Before coming to Commonwealth in 2000, Schoenbaum worked for 18 years with the Boston-based Harvard Community/Harvard Pilgrim health plans, where he served as deputy medical director with risk management responsibilities.