



THE *Best* COVERAGE
FOR THE *Best* DOCTORS.

Preventive *Action*

Quarterly Newsletter for Policyholders
October 2010

BENTLEY INSURANCE GROUP MAJOR ANNOUNCEMENT: *Our Policyholders Have Not Seen a Rate Increase in Four Years!*

The number of physicians joining Bentley Insurance Group (Bentley) continues to increase every month at an astonishing rate. “Doctors in Illinois are clearly enjoying the benefits of being a member of the “Best of the Best” with the First Professionals Insurance Company (FPIC) program,” reports Jack Ahern, President of Bentley.

Bentley is proud to report that its current policyholders have **not seen a rate increase for the 4th year in a row.** Why? Because careful underwriting means that we only insure physicians that have favorable loss histories. This underwriting philosophy allows Bentley to provide low premiums for policyholders. In addition, coverage for certain

high risk specialties, including OB and ER, are not included in the program, a result of which directly reduces the number of claims.

“Our underwriting staff continues to see claims free physicians eager to experience the benefits of coverage with FPIC which includes record low premiums,” added Ahern. The strength of FPIC is confirmed by its financial ratings of A- (Excellent) from A.M. Best and A- rating (Strong) from Fitch. Both ratings validate that FPIC is a stronghold among insurance carriers and that its policyholders can rely on continued solvency and protection. ▶

FPIC NAMED ONE OF THE 100 MOST TRUSTWORTHY COMPANIES IN AMERICA BY FORBES



FPIC’s strong A.M. Best and Fitch financial ratings are complemented by a unique Forbes designation. First Professionals is the principal subsidiary of FPIC Insurance Group, which was named by Forbes as one of the 100 Most Trustworthy Companies in 2010 out of more

than 8,000 publicly traded companies in the U.S. FPIC was ranked 7th among small cap companies with a score of 98 out of a perfect score of 100. This distinctive award only includes companies that have consistently demonstrated transparent and conservative accounting practices and solid corporate governance and management. ▶

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First Professionals Insurance Company



**Bentley
Insurance
Group**

ELM RISK MANAGEMENT PROGRAM



In conjunction with our great rates, Bentley's partnership with ELM Risk Management offers physicians even further premium savings through its web based risk management program. Doctors can

save an additional 5% off their already low premiums by participating in this helpful educational effort. For more information regarding Bentley or the ELM Risk Management program please call (800) 984-7570 or visit www.bentleyinsurancegroup.com. ▶

PREVENTING MALPRACTICE CLAIMS ENTAILING MISDIAGNOSIS OF CANCER

By Cliff Rapp, LHRM, Vice President Risk Management, First Professionals Insurance Company

According to the American Cancer Society (ACS), cancer is the second leading cause of death in the United States. The ACS has projected that over 565,000 Americans will die annually from various forms of cancer. Misdiagnosis of cancer is one of the most prevalent types of medical errors and accounts for a significant portion of all medical malpractice indemnity paid. Implementing fundamental risk management measures can easily prevent the majority of such claims.

LUNG CANCER

Lung cancer is the leading cause of cancer death for both men and women. It accounts for almost 29% of the total cancer deaths in the US. A recent study conducted by the Physician Insurers of America (PIAA) found that communication issues were the most prevalent root cause of lung cancer claims. Failure to respond to an abnormal x-ray and inadequate follow-up were frequent contributing factors to the misdiagnosis of the disease.

CASE SUMMARY

Consider the case involving a 62-year-old male with severe cardiac disease that was hospitalized for pacemaker implantation. A postoperative x-ray to verify pacemaker placement revealed nodular densities, warranting additional investigation. However, the patient was discharged by his PCP before the cardiologist had an opportunity to review the radiology report. The report was faxed to the cardiologist's office, but not yet filed in the chart when the patient presented for a post-op exam. Because the patient's cardiac condition was stable, no additional follow-up appointments were scheduled. The radiology report was filed without having been reviewed by the cardiologist. The patient was subsequently diagnosed with lung cancer 15 months later, expiring three months after the diagnosis. Suit was filed against the PCP and the cardiologist for the failure to diagnose.

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The most prevalent root cause of diagnostic error involving lung cancer claims is communication. More than 64% of malpractice claims involve some aspect of inadequate, inappropriate or faulty communication. Approximately one-half of claims involve the failure to respond to abnormal x-rays.

COLORECTAL CANCER

Colorectal cancer is the third most common cause of cancer deaths for both men and women. While there are a number of non-controllable risk factors (age, personal history of inflammatory bowel disease, polyps and race), there are also several controllable factors that patients can and should be counseled about such as diet, smoking and alcohol usage, as well as the management and control of diabetes and obesity. Although screening tests for colorectal cancer are readily available and have been found to be effective in the early detection and treatment of this form of cancer, screening for colon cancer lags significantly behind the testing done for other cancer forms. The Center for Disease Control (CDC) has found that only 42.5% of adults in the United States over the age of 50 have undergone sigmoidoscopy or colonoscopy within the past 10 years or had utilized a fecal occult blood test (FOBT) within the preceding year. Almost 60% of the over-50 population has not received proper screening. The CDC estimates that 60% of colorectal cancer deaths could be prevented if everyone over the age of 50 were screened regularly. An analysis of PIAA closed claim data involving colorectal malpractice claims reveals that the most prevalent presenting symptom is rectal bleeding, followed by abdominal pain.

BREAST CANCER

Breast cancer accounts for 15% of all female cancer deaths. It is among the most prevalent and expensive types of medical malpractice claims, accounting for 13% of all malpractice claims. Because of its prominence, the PIAA has commissioned several studies of malpractice claims involving breast cancer. The most recent study indicated that 75% of claims involved premenopausal and perimenopausal women, categories generally considered to be less likely candidates for breast cancer. Sixty-eight percent of the patients were under the age of 50.

Most diagnostic errors involving breast cancer are due to the misinterpretation of mammography, inadequate medical record documentation, system failures within the practitioner's office, and communication failures. A majority of the cases indicated a reliance on negative or equivocal mammography. One noteworthy caveat brought to light by the PIAA breast cancer studies is that biopsy should follow suspicious findings. A prevalent root cause for delay in diagnosis is the failure to recommend biopsy for suspicious findings. In nearly 30% of cases, further diagnostic pursuit was not pursued in the face of a diagnosis of fibrocystic disease. Although the patients in these studies were ultimately diagnosed with breast cancer, more than one-half of the patients received a negative mammogram report following the initial presenting examination.

PROSTATE CANCER

Prostate cancer is the second most deadly form of cancer in males in the U.S., accounting for 10% of all male cancer deaths. Significant risk factors include age (50+), race

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(African-American), family history of prostate cancer, and high-fat dietary habits. Screening tests for prostate cancer (PSA, DRE) are known to be effective in detecting prostate cancer in its early stages. Although the use of these tests on a widespread basis has become controversial, patients should be given information about these tests. Screening and diagnostic efforts should be well-documented. To prevent claims involving diagnostic error entailing prostate cancer, document the patient's personal and family history. Conduct physical exams with specificity. Patients that are noncompliant with recommendations for consultations, additional testing or procedures should be asked to sign an

informed refusal form. Most importantly, ensure adequate follow-up and recall of high-risk patients.

Cliff Rapp is a licensed healthcare risk manager and Vice President for Risk Management of First Professionals Insurance Company. Mr. Rapp is widely published and a national speaker on loss prevention and risk management.

Information in this article does not establish a standard of care, nor is it a substitute for legal advice. The information and suggestions contained here are generalized and may not apply to all practice situations. First Professionals recommends you obtain legal advice from a qualified attorney for a more specific application to your practice. This information should be used as a reference guide only. ▶

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