CRICO Celebrates 40 Years in Patient Safety

By Susan Carr

CRICO, the medical professional liability (MPL) insurance company for the Harvard medical institutions and affiliates, is celebrating its 40th anniversary this year. In addition to providing members with liability coverage and claims management, CRICO has made reducing the risk of harm and improving patient safety a priority for the benefit of patients and providers of its member institutions and national clients. CRICO has become a leader in patient safety while continuing to serve its members' needs by fostering a culture of safety, using data to identify risk and develop solutions, valuing professional relationships, and sharing its knowledge.

Early work in patient safety

CRICO's dedication to learning and clinical improvement dates back to its origins, when external events led Harvard to create a new kind of MPL insurance company. Malpractice premiums throughout the country, including Massachusetts, spiked in the late 1970s. Leaders of hospitals affiliated with Harvard devised a plan to reduce premiums by working together to improve quality, reduce risk, and control cost. With the blessing of Harvard President Derek Bok and Robert Ebert, dean of the Harvard Medical School, the group established one of the first captive liability insurance companies to serve Harvard's medical institutions; a model that many health systems subsequently followed.

By supporting early research efforts of members of the Harvard medical community, including Drs. Lucian Leape, David Bates, and Atul Gawande, CRICO participated in foundational work during the earliest days of the patient safety movement. With a robust grants program, CRICO continues to invest in clinicians' research efforts with funding and data access. And in all these efforts, CRICO looks beyond its members to share what it learns about problems and solutions with a growing national community.

Convening for safety

CRICO's tradition of bringing members together to address specific issues—"convening"—captures the collective knowledge of professionals who are usually competitors to solving problems to benefit the common good. CRICO convenes influential representatives of the community to work on issues identified through claims analysis as most vulnerable to risk. Through face-to-face meetings and facilitated discussion, trust develops over time. CRICO is able to leverage its unique position, and use positive incentives and data to drive change.

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For a captive insurer, CRICO's size is unusual. Most captives serve one health system, but CRICO serves 11 distinct organizations, covering all of their nearly 13,000 physicians, and 100,000+ affiliated clinicians and employees. Although the hospitals and practices CRICO serves could be considered "family" within the Harvard community, in reality, they are highly competitive with each other in the Boston market. At the same time, gathering clinical experience, data, and knowledge across all levels of its member organizations and encouraging them to work together to improve patient safety, offers incomparable opportunities for learning. CRICO has been able to use its size, structure, and culture to convince members to put competition aside in the interest of clinical improvement. When leveraged properly, the community's whole is far greater than the sum of its parts.

In 2009, CRICO convened surgical chiefs to work on communication problems between residents and attending physicians, a chronic and recognized patient safety problem. In this case, however, CRICO had identified evidence of the problem through analyzing claims data. It called on one of its insureds, patient safety expert and surgeon Atul Gawande, MD, to be a liaison to the surgical chiefs of four of Harvard's teaching hospitals: Mass. General, Brigham and Women's, Boston Children's, and Beth Israel Deaconess Medical Center. The four chiefs did not know each other well beforehand and met for the first time at the request of CRICO to discuss

collaborative opportunities (ElBardissi et al., 2009).

Luke Sato, MD, chief medical officer for CRICO, says conversation was guarded at first. Eventually, one of the chiefs "broke the ice" by sharing a story based on experience at his hospital. The group continued to meet, reviewed published literature, shared their organizations' interests, and engaged in frank discussion of the problem and possible solutions. Eventually, they started to develop mutual accountability.

Next, with Gawande's guidance, a working group developed trigger cards to help residents decide when to contact an attending physician (Arriaga, 2011). The tool was shared with the chiefs, all of whom have now implemented it in their organization.

Sato emphasizes, "None of this would work without trust and the collective input of our whole community." In addition to fostering trust, CRICO facilitates discussion toward a common goal, another crucial part of the convening process. The form and dissemination of the end products vary. Groups may develop white papers, best practices, guidelines, or a tool such as the trigger cards. In each case, the group decides what is needed and how to disseminate it. Many of the materials generated through convening are publically available on CRICO's website (www.rmf.harvard.edu).

Patient safety organization

CRICO also convenes professionals through its Academic Medical Center Patient Safety Organization (AMC PSO). The AMC PSO is governed by regulations outlined in the Patient Safety and Quality Improvement Act of 2005. Federal listing and programmatic oversight is conferred under the auspices of the Agency for Healthcare Research and Quality. Member organizations from across the country report safety event data to the PSO for analysis and feedback. Information analyzed by the PSO is used to foster a culture of safety and learning within the PSO community.

When unsafe practices at New England Compounding Center (NECC) resulted in the death of 64 patients across the country (Smith et al., 2013), CRICO's AMC PSO convened a group of leading pharmacists and subject matter experts to study how to mitigate the risks associated with compounding and improve the safety of this practice. The group reviewed available information and evidence, discussed safe practices, and developed guidelines for providers working with compounders, whether they are in-house or through contracted service with outside vendors. When states issued new regulations in response to the NECC event, AMC PSO members were poised to respond as they had already proactively reviewed this issue and were ready to implement safe practices. The recommendations they developed were published as one of the PSO's monthly Patient Safety Alerts (CRICO, 2013), which are available to the public on CRICO's website.

National community and clinical coding taxonomy

In 1998, CRICO established a division called Strategies to extend its patient safety mission beyond the Harvard medical community in Massachusetts. Strategies incorporates and codes claims data from its national members, which represent captive and commercial MPL insurers from across the country. Heather Riah, CRICO's chief operating officer, points out that CRICO's insured generate a limited number of claims each year. In specialty areas or narrow practice groups, such as pediatrics, CRICO's own data sets are very small and grow slowly. Having access to more data through Strategies expands the opportunity to see trends, drill down more deeply, and benchmark against national performance. Member participation in this larger healthcare community represents 550 additional healthcare

entities, including 400+ hospitals and 29 academic medical centers. Over time, CRICO has been able to build its national Comparative Benchmarking System (CBS) into a database exceeding 350,000 claims that represents approximately 30% of U.S. medical malpractice cases.

Early in its history, CRICO recognized that accessing, analyzing, and learning from claims data required coding it consistently to a taxonomy of contributing risk factors. Reflecting the dynamic nature of healthcare and risk mitigation, CRICO's proprietary taxonomy is updated regularly, with input from clinicians and patient safety experts. A relatively recent update to the taxonomy allows coders to track claims showing EHR use as a contributing factor. This clinical coding system is what allows CRICO to gain value from the data—identifying emerging risks, understanding current trends, and evaluating the effectiveness of solutions (Siegal & Ruoff, 2015). Jonathan Einbinder, MD, CRICO's assistant vice president for advanced data analytics and coding, says, "Data has a role at every stage of the process."

Inspired by an upward trend in medical malpractice cases in emergency medicine, CRICO convened a national council of emergency department (ED) chiefs, nurses, and quality leaders from 19 academic and community hospitals in six states to conduct an in-depth study of ED claims from CBS in 2010. Their assessment identified specific causative factors from which the council developed a series of strategies to mitigate ED risk, which was published in a subsequent white paper (Optimizing physician-nurse communication, 2011).

In addition to providing its national clients with analytics and education, Strategies has published a comparative benchmarking report on a different topic each year since 2009. All of the reports are available to the public on CRICO's website (https://www.rmf.harvard.edu/Malpractice-Data/Annual-Benchmark-Reports).

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Looking to the future

Looking ahead from the perspective of this 40th anniversary, President Mark Reynolds sees CRICO's strengths and resources as a good match for future challenges. CRICO's work on patient safety will track with healthcare delivery's continuing shift to ambulatory settings and include diagnostic safety and other areas that are new or have not received the attention they deserve. Medicine still has much to learn about patient engagement and its role in safety. As networks continue to expand and practices merge, CRICO will work with its members and clients to understand how to evaluate and mitigate acquired risk. And making sure that the infrastructure for data analytics and the knowledge involved in keeping the coding taxonomy are both up to date will demand constant attention.

CRICO is proud of its 40-year history of contributions to patient safety. It may seem obvious that the best way to guard against harming patients, providers, and institutions is by understanding and mitigating risks in healthcare delivery. But the work of learning, teaching, and supporting is, like healthcare systems, complex. CRICO has served members, clients, and other stakeholders with diverse interests largely by honoring relationships and encouraging collaboration even among natural competitors. Carol Keohane, assistant vice president for patient safety, says, "CRICO doesn't want to compete on safety," which may be the secret to success.

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