Doing the right thing when things go wrong

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The University of Michigan Health System doesn't claim to be perfect. But its response to medical errors, near-misses, unexpected clinical problems and unintended outcomes is a model for the nation that other hospitals can and should copy, according to a new paper in a prestigious health care journal.

The "Michigan Model" for handling these situations, and preventing them from happening again, has not only helped patients and medical staff alike – it has also helped UMHS go against the grain of the costly, combative "deny and defend" medical malpractice culture.

In a paper in December issue of the *Milbank Quarterly*, and in a presentation today at a meeting of the U-M Board of Regents, the UMHS approach is once again in the spotlight for its potential to be emulated by hospitals across the country.

The new paper, authored mainly by Massachusetts-based researchers, lays out the fundamentals of the model for other hospitals to emulate. The authors, from Harvard Medical School and the Massachusetts Medical Society, report that key stakeholders across the medical and legal community see the Michigan approach as a feasible and promising approach for their state.

The presentation to the U-M Regents, given by UMHS chief medical officer Darrell A. Campbell, Jr, M.D. and executive director of clinical safety Rick Boothman, J.D., lays out further the details and results of the UMHS approach. They also featured video clips from actual patients and

patient family members, who have told their unvarnished stories for a video aimed at every member of the UMHS care team.

"By handling unanticipated and unintended incidents, and patient injuries, honestly and proactively, we've virtually eliminated groundless legal claims, allowing us to focus on issues that demand attention with clear vision and no more excuses," says Boothman. "We fundamentally focus on putting patients and safety first, and we believe other hospitals can do the same."

Campbell and Boothman have led a decade-long effort to implement and measure the results of the Michigan Model. It's based on these key principles:

- Compensate patients quickly and fairly when inappropriate care causes injury
- Support clinical staff when the care was reasonable
- Reduce patient injuries (and claims) by learning from patients' experiences

In that decade, new malpractice claims per month have dropped, total liability costs have dropped, claims and potential claims are being resolved faster, and UMHS is increasingly avoiding litigation in both claims without merit and claims with merit.

The authors of the new paper, who interviewed 37 physicians, hospital executives, attorneys, public policymakers, insurers and others across Massachusetts, find a general consensus that the Michigan approach – also called DA&O for "disclose, apologize and offer"—holds great potential to improve medical liability and patient safety.

They write: "It was viewed as more promising than any other liability reform option, both on its merits and because it would not be stymied by

political gridlock in state legislatures, as other tort reforms frequently have been." They also note that it offers a "value proposition" to patients that's crucial in this age of federal health care reform.

The authors also note that their interviews indicate that experts across the board do see challenges in implementing the Michigan Model in other hospitals and health care settings.

But, they conclude, based on the evidence available, "DA&O programs may prove not only to constrain liability costs but also to improve access to compensation, strengthen linkages between the liability system and patient safety, increase health care organizations' accountability and patient advocacy, and promote transparency in regard to medical error."

Boothman, who is a co-author of the new paper, notes that the Michigan Model or DA&O has also been put forth as a model by the federal Agency for Health Care Research and Quality, which has issued grants for teams to study implementation of the Michigan Model as the leading response to the malpractice crisis. There have also been legislative and research efforts in Massachusetts, Washington, New York, Illinois, Oregon and Florida based in part on the DA&O approach, and interest from four other countries.

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