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ddi Doctors Direct Insurance

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CLAIMS IN THE NEWS



Patient Claims Ankle Fusion Surgery Misaligned Subtalar Joint

Tried: April 26-30, 2010

Verdict: Not guilty

On June 26, 1995, the plaintiff sustained an open trimalleolar fracture of her right ankle in a motor vehicle accident. She underwent an open reduction internal fixation surgery performed by the defendant orthopedic surgeon.

Nine years later, the plaintiff returned to the defendant complaining of significant right ankle pain due to tibiotalar arthritis. On Oct. 29, 2004, after three months of conservative therapy, the defendant performed a fusion of the plaintiff's tibiotalar joint. After the surgery, the plaintiff experienced pain and was not able to put her heel on the ground. On April 6, 2005, she sought a second opinion from another orthopedic surgeon.

The second surgeon told the plaintiff that the defendant had fused her tibiotalar joint in excessive plantar flexion and invaded her subtalar joint with a cortical screw during the October 2004 surgery. The second surgeon performed a revision osteotomy on April 25, 2005. He implanted an internal bone stimulator on Oct. 7, 2005, which he later removed on Jan. 20, 2006. On March 10, 2006, he performed a fusion of the subtalar joint, and removed the hardware the following November.

The plaintiff developed mild carpal tunnel syndrome due to prolonged crutch use. She underwent bilateral carpal tunnel release surgery in early 2006, performed by the second orthopedic surgeon's partner.

The plaintiff contended that the defendant's negligence caused her to undergo the subtalar joint fusion and also resulted in a 20-25 percent increased risk of future amputation due to right ankle pain. The defendant's attorneys maintained that intraoperative films taken on October 29, 2004, confirmed proper alignment of the tibiotalar joint and that the alignment of the joint changed during the postoperative period, a known complication of ankle fusion surgery. The defense further argued that there was no evidence of subtalar joint damage at the time of the second surgeon's surgery in April 2005. If a cortical screw placed by the defendant had invaded the subtalar joint, there would have been fluid, denuded cartilage, bony debris or other evidence present. The evidence of subtalar joint damage wasn't noted until about six months after the second surgeon placed hardware in the plaintiff's right ankle, suggesting that a screw he placed, not one the defendant placed, invaded the subtalar joint.

This is not an actual DDI claim, but that of another company. It was reprinted with permission of the Jury Verdict Reporter, a Division of the Law Bulletin Publishing Co. ■

Letter from the Board Chair

Dear Physicians,

The summer months just ahead of us promise different things to different people. For students, summer provides a break from classes. For all of us, it provides the opportunity to enjoy warmer weather and the great outdoors.

For many Illinois physicians, summertime is when their medical malpractice policies come up for renewal. Since doctors graduate from medical school and end their residency programs in late spring, they start their first medical malpractice policy in June, July or August. Accordingly, this three-month period is when many physicians review their malpractice insurance coverage.

Physicians serving on the DDI Board of Directors know first-hand the business and economic pressures that so many healthcare providers face today. Because of these pressures, it is only good business practice for Illinois physicians to conduct a prudent review and evaluation of the various medical malpractice programs that are available to them. In these times, loyalty means very little; it is performance that matters.

When reviewing medical malpractice policies, you should ask yourself how the insurance carriers will stand by you when a claim arises, and what services they provide for the premium you are paying. These questions encompass two vital services malpractice insurance carriers provide: (1) protecting the doctor's reputation and ability to practice in the future, and (2) providing this protection at an affordable premium.

At Doctors Direct Insurance, we see more "traffic" during the summer months than at any other time of the year. Physicians who are interested in saving a significant amount on their policies come to us for a quote. One reason why so many consider DDI is the fact that we take a very individualized approach to coverage. We have eliminated the "middleman" — the agent as intermediary — and can therefore offer doctors an immediate savings of close to 10 percent. In addition, we reject the old and worn-out "one size fits all" arrangement.

Instead, we design an appropriate coverage plan for each of our doctors and price it at the correct level. This approach usually saves our insureds thousands of dollars over the competitors. In these economic times, a few thousand dollars can be very significant in terms of practice overhead.

Premium savings is just one benefit of choosing DDI. We also guarantee a strong commitment to defending claims aggressively. We will not sit by and let frivolous lawsuits stain a doctor's practice history. Our stellar panel of attorneys provides first-rate defense within carefully drawn expense guidelines. We also tirelessly engage in advocacy to improve the economic environment in which physicians practice.

As the summer approaches, please take the time to consider our company. We are the only direct-market carrier dedicated exclusively to Illinois physicians and will provide you with a superior option when it comes to your medical malpractice insurance needs.

Sincerely,

Kim E. Presbrey, Board Chair
Doctors Direct Insurance

Have A Question?

Contact Doctors Direct Insurance

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Protect Your Patients and Yourself with Detailed Records

Good record-keeping is not only a vital part of patient care, it is your best defense when an adverse event leads to a claim or lawsuit. The following tips will help strengthen your patient care documentation.

Write legibly. Any written notes must be legible. Physicians have been brought up on licensing charges because their writing was misinterpreted by a subsequent healthcare provider or pharmacist, leading to patient injuries. If your handwriting is difficult to read, please consider using a dictation system for your treatment notes. Dictation enables you to pass along information quickly while creating a more detailed (and perhaps more useful) written note.

Take complete notes. Always include the specific reason each patient comes to your practice. Note the purpose of each subsequent visit or contact with the office. Document any questions the patient raises and any responses given by the doctor or staff.

Be specific. Strive to be specific and objective in documenting patient interactions. For example, do not exaggerate a bit of redness as “significant infection.” But by the same token, do your best to take accurate notes. For example, if patients tell you they are in pain, ask if the pain is sharp or dull. Is it unrelenting or intermittent? Can the patients describe it on a scale of one to 10? Specific notes help track patient improvement or decline over time.

Reserve judgment. If the patient’s demeanor is accusatory or seems somewhat unbalanced, rather than passing judgment in a note that may be construed as condescending, use quotes of the patient’s remarks. This is a far better way to indicate an emotionally unstable patient than jotting in the chart “she is crazy” or worse.

Don’t forget the date. Note the complete date — including the year — for each patient encounter. Also include the date in notes detailing clinically related telephone calls patients make to the doctor or any staff members.

The devil is in the details. A complete record will indicate all details of care, starting with the intake process and the patient’s history through each encounter with the practice. Be sure to include any and all contact with the patient, whether by phone, e-mail or in-person. Make note of any events, such as a fall in the office. Although some events may seem unrelated to care, you could appear to be hiding something if you don’t include them in the patient records.

Identification is crucial. Every page of the patient’s record should include an identification of that patient. You can use the patient’s name and an identifying number (such as birth date), but be sure to have a warning sticker for patients with the same or similar names and double check that you have the correct chart before you make any entries. Use allergy warning labels and update them periodically to ensure the allergy notations are current.

Avoid abbreviations. And last but not least, even though it is tempting to use abbreviations, use only those recognized specialty-wide. In the event other providers use your notes to give the patient further care (or offer an opinion on your care) you want them to fully understand your decision making and the care you rendered so that it is clear you did your best in treating this patient.

Every small step that you and your staff can take in the direction of excellent documentation will help ensure you remain claims free and, more importantly, allow you to continue to provide the best care to each of your patients. ■



Speed Up Your Payment Process with the Latest Technology

By Karen Zupko

Are you using the same payment process you set up twenty years ago? Implementing the latest technology in this process really pays off. We see the reimbursement gap widening between progressive surgical practices using current payment technologies and those stuck in the early 90s.

If you’re feeling a bit behind the times, here’s a quick rundown on the latest payment technology:

Let your patients pre-register online

Not allowing your patients to pre-register before their office visit often results in bottlenecks at the front desk once they arrive. In this era of self-service, you’ll find patients of all ages are willing to pre-register through a portal. A client practice in southeast Georgia that implemented patient pre-registration found that patients from age 24 to 76 were pre-registering and paying their bills online.

Intuit Health and Kryptiq are two companies providing this portal service. Check with your practice management software vendor for preferred service providers. Using compatible systems allows the patients’ data to auto-populate the demographic fields, saving your staff from re-keying information. Patients also can securely enter their health history online.

Remember that these add-ons need connectivity to your system. Check if these services could be utilized in your practice. Visit Intuit Health at healthcare.intuit.com/portal, and Kryptiq at www.kryptiq.com.

If you don’t have portal capabilities, Karen Zupko & Associates will e-mail your patients the registration packets, saving on postage. Patients can mail or fax back the forms if you are booking a few weeks out.

Check patient eligibility while you sleep

You can determine your patients’ insurance provider, remaining deductible and co-pay before they arrive by connecting your practice management software system through your clearinghouse. Make this connection before your staff leaves for the day, and they arrive the next morning to find a complete report about eligibility and benefits—no phone calls needed.

Good service providers include RealMed, which was recently acquired by Availity and is very strong in Illinois, and A-Claim. Again, check with your software provider.

Replace payment plans with recurring payments

Modern practices implement recurring payment programs, instead of dealing with patients’ empty promises to pay outstanding balances. Patients with large deductible balances receive financial counseling prior to surgery, and enter into an agreement to pay weekly or monthly by credit card or by an automatic deduction from a designated checking account.

Accepting online payments also improves your practice’s chance of being paid. Consider Solveras, which is endorsed by the American Society of Plastic Surgeons, as a credit card processing, recurring payment and online payment provider. Visit www.solveras.com or call Christy Cowart at (800) 613-0148 for more information.

Expect some staff resistance to these new technologies. However, your staff members will soon recognize the efficiency of these systems and appreciate how technology has made their jobs easier.

If your team members would benefit from a practice coach to guide them through the process change, call Colleen Gallagher, director of client services, Karen Zupko & Associates, at (312) 642-5616.

Karen Zupko is the president of Karen Zupko & Associates, a Chicago-based consulting firm that specializes in advising neuro, orthopaedic, ENT and plastic surgeons on the business and reimbursement aspects of their practices. The firm conducts coding education in cooperation with the American Association of Neurological Surgeons, the American Academy of Orthopaedic Surgeons, the American Academy of Otolaryngology – Head and Neck Surgery, and the American Society of Plastic Surgeons. ■ www.karenzupko.com ■

Considering becoming a DDI customer?

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