EMMI: Reducing Claims by Improving Informed Consent

Background / Problem Statement
Lack of informed consent and failure to appreciate known risks of procedures and treatment plans leads to patient dissatisfaction and is an underlying issue for many malpractice cases. Even if a physician has advised the patient of the risks, often documentation of the informed consent is lacking. Healthcare organizations struggle with improving patient communication—the challenges include ensuring the communication is done at the right educational level and uses terms the patient understands. Additionally, there is the issue of ensuring the communication of risks and benefits were explained to and understood by the patient and the patient’s family. The University of California has incurred liability and defense costs of $5,268,043 over a five-year period in cases in which informed consent has been identified as a primary loss prevention issue. In addition to these costs, the University has suffered indirect expenses relating to these cases.

The EMMI Solution is an online system that helps patients and their families understand their diagnosis and treatment plans and options. Their program uses interactive media to engage patients.

The Charge / Goal
Encourage the use of EMMI to improve patient communication, patient satisfaction and reduce malpractice issues related to informed consent.

Successes
The EMMI Solution has assisted hospitals in obtaining a return on investment. Highlights of successes include:

- Measured “statistically significant” improvements in Press Ganey scores at The Methodist Hospital in Houston.
- Measured a 16% increase in HCAPS “overall rating of hospital” at Banner Estrella in Arizona.
- Measured a .7 day length of stay reduction at the University of Pittsburgh Medical Center.
- Reduced surgical cancellation rates by two thirds at the Beaumont system in Michigan.
- Reduced call volume by 28% in bariatric surgery practices.
- Improved procedure attendance rates by 20% in the Gastroenterology Department at the University of Chicago hospital.
- Secured insurance discounts for hospital insurance captives from 3 large insurers: Beasley, Endurance and Allied World.
- Reduced OB malpractice claims by ½ at Nebraska Methodist Hospital.
- Over 2 million access codes have been provided to patients with only 8 claims from that patient population—none of these claims made it to court.

For the three (3) UC sites currently using EMMI, more than 87% of patients surveyed (UCLA 87%, Fresno 94%, UCSD 100%) indicated that EMMI covered risks they were not previously aware of. Between 82% and 97% of patients at these same sites (UCLA 82%, UCSD 87%, Fresno 97%) responded that EMMI answered questions that they would have called their doctor to discuss.

Challenges
Implementation challenges include the following:
- Contract development and rollout
- Introduction of new technology and altering workflow
- Education of physicians and staff to ensure patients are provided the data
- Physician and staff buy-in to the EMMI Solution.

Initial Investment
The initial direct implementation costs for the UC system without discount would be $304 per licensed bed if an enterprise license was purchased for all UC medical centers licensed beds (assuming the number exceeds 1,000 beds). These costs can be further reduced by capping the fees at a certain point if UC licenses over 2,000 beds assuming a systemwide contract.

Fiscal Results, Current and Anticipated
By improving documentation and communication of risks of procedures, it is expected that the University of California professional liability program could have several millions of dollars related to direct costs of malpractice litigation. In addition, the indirect costs related to malpractice could also be avoided.

Current Action and Next Steps
Next steps will be to develop the 6% Prescription for next fiscal year to include a premium rebate and grant fund incentives to encourage all locations to implement the EMMI program.

Concluding Statement
Improving documentation of informed consent discussions can assist greatly in the defense of malpractice cases. Improving the communication with the patient, the patient and family understanding of the procedures and the risks and alternatives, and improving patient satisfaction, can also contribute to reducing malpractice costs and can also have additional financial return on investment for the University.