Sample handoff process for CARe insurer cases

COMMUNICATION, APOLOGY AND RESOLUTION (CARe)

1. Internal decision to refer to insurer after clinical review

- Indications for referral to insurer:
  - Facility is reasonably certain that care did not meet standard and that it caused the patient significant harm OR
  - Facility is unsure if the care met the standard and/or if it caused harm OR
  - Facility does not think there was a lapse in the standard of care but the patient/family have already stated that they want to pursue a claim
  - Patient/family have legal representation (an attorney)

2. Refer to insurer to collaboratively plan the conversation with the patient/family

- Insurer opens a case or claim file
- Facility shares:
  - Internal event review (RCA) results
  - Prior discussions with the involved provider(s), and their perspectives on the event and the CARe process
  - Patient/family concerns, perspective, and interests
- Based on the above, the facility and insurer discuss the language to be used during the conversation
- Insurer identifies their point person for the patient/family
- Meeting scheduling:
  - If patient/family have an attorney, insurer coordinates the meeting with the patient/family
  - If there is no patient/family attorney, the facility coordinates the meeting
- Facility representatives will keep involved providers informed of the progress of the CARe case and decision to transfer to insurer

3. Patient/family conversation and transition to insurer

- Facility starts meeting by explaining the findings from the event review and anything that's being done to try to prevent the event from happening again
- If no patient/family attorney:
  - Facility explains how the insurer can review the event and the rationale for their review (outside experts, ability to review medical records from other facilities). Note: The insurer's review is independent and will not necessarily align with any conclusions made by the facility.
  - Best practice* is for the facility to (1) offer a written summary of the conversation to patient/family, and (2) inform the patient that patient/family that they have a right to retain an attorney and provide a list of attorneys trained in CARe, should they be interested to retain one
  - If patient/family decide to move forward with CARe insurer review they are given the name of the insurer's claim rep that will contact them, and the rep is given the patient/family contact information to do outreach
- If patient/family have an attorney:
  - Insurer is present at the meeting and will manage the potential provision of a written summary and next steps

4. Insurer review process

- Insurer requests record release authorization(s) from patient/family, outlines timeline and process for patient/family
- Insurer speaks with patient/family to understand their experience, questions, and requests. Note: The insurer may request the patient/family write down this information.*
- Regular insurer-facility check-ins and ad-hoc communication as needed:
  - Insurer keeps facility apprised of review status
  - Facility keeps insurer apprised of any further contact from patient/family
- After insurer's event review, findings are shared with patient/family and healthcare facility
- If compensation is indicated, the insurer will negotiate this with the patient/family
  - Note: Best practice is to encourage patients/familes that do not yet have legal representation to engage a lawyer to review the compensation offer before accepting it
  - Note: If any payments are made on behalf of individual providers, the insurer will submit that information to the NPDB marked as "other" to indicate CARe resolution

*For some patients/families who have experienced harm, providing a written summary of their experience, questions, and requests may be infeasible, and some may perceive this insurer request as an intentional barrier (even if it is not). Facilities can proactively mitigate these risks through the best practice recommendations noted above.

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