# Introduction to CARe and recent developments

What is CARe? Why is it important? What can the Betsy Lehman Center do to support you in implementation?



## Communication, Apology, and Resolution: The basics

| Communicate   | Apologize  | Investigate  | Move toward<br>healing  | Resolve   |
|---|--|--|---|---|
| Proactively<br>communicate<br>with patients/<br>families about<br>adverse events<br>Connect them<br>with team<br>members who<br>can help them<br>throughout<br>CARe | Offer empathy<br>and, where<br>appropriate, an<br>apology of<br>responsibility | Investigate the<br>events to find<br>root causes and<br>develop<br>corrective<br>actions to<br>improve patient<br>safety | Have resolution<br>conversations<br>to discuss those<br>findings with<br>the patients/<br>families<br>Proactively<br>move the case<br>to the insurer<br>for resolution if<br>criteria are met | Resolve<br>compensation<br>cases outside of<br>court system<br>(patients who<br>may receive<br>compensation<br>are encouraged<br>to have<br>attorneys)<br>Ensure safety<br>improvements<br>are made |

## Why use CARe?

| Better for patients                     | <ul> <li>Treated with compassion and honesty</li> <li>Can get the answers and support they need</li> <li>Fairer and more timely process than court system</li> </ul>  |  |
|---|---|--|
| Better for<br>providers                 | <ul> <li>Preserves provider/patient relationship when possible</li> <li>Can express natural empathy and get support they need</li> <li>True systemic root causes are more likely to be unearthed</li> </ul> |  |
| Better for<br>the health<br>care system | <ul> <li>Less defensive medicine</li> <li>System improvements are made</li> <li>Builds trust in the system which can increase reporting and morale</li> </ul>   |  |

#### CARe adverse event pathway

Potential CARe event occurs

Respond immediately to the patient's clinical needs, communicate proactively, express empathy, investigate, make changes to improve patient safety and inform patient of those changes

15% - Standard of care NOT met and caused significant harm or unsure

CARe Insurer Pathway: In coordination with insurer: explain what happened, formally apologize, proactively offer compensation if applicable Standard of care met or low-level harm

▶ 85%

Explain what happened and answer patient questions; continue to express empathy; option of CARe Support

#### What does the data show?\*

- Claims/costs do not increase even when systematically using CARe, and in many cases, costs decrease
- **Providers are supportive** of the use of the program
- Patients are supportive of the use of the program
- Patients who do not receive components of the program can suffer long-term negative impacts
- Systematic, rigorous application of the program is needed to receive the full benefits of the program, including improved safety culture

#### CARe: A rigorous program



Benefits realized for the facilities and participants can only happen when the program is rigorous

Algorithms must be applied in every case, every time







Data is reported to the Betsy Lehman Center for collective learning

## What does the Betsy Lehman Center do?

- Development and publication of new free resources for CARe implementation
  - Iterative, cooperative development and approval
  - Directly from those implementing or using CARe in their facilities
  - Simulations, document samples, tools, etc.
- Data analysis
  - Outcome measures required from each site, analyzed and comparative data reported back
- Discussion sessions
  - Quarterly
  - All fully implemented and developing sites
- A voice for change
  - Members present across the country about the benefits of CARe and strategies to overcome challenges
  - Assist with national efforts as able

## CARe developments in 2024-2025

| 16 MA sites have<br>CARe programs | expected before year end   |  |
|-----------------------------------|--|--|
| New resources                     | <u>Handout for Patients</u><br><u>Template: CARe Information for Harmed Patients</u><br><u>CARe Insurer Case Conversation Language Guide</u> |  |
| Website additions                 | BetsyLehmanCenterMA.gov/CARe<br>Simulation library<br>Letter template repository   |  |

### National trends

- Over 400 facilities across the country have implemented or are implementing the CARe model on the heels of Michigan, Stanford, and Massachusetts pioneer programs.
- The **open-source CANDOR toolkit** has been developed by AHRQ to support these programs nationally. Betsy Lehman Center board members advised AHRQ on this kit.
- PACT Collaborative joint venture with IHI, CAI, and Ariadne Labs has begun efforts to develop national support for CARe, including a community of practice which the Betsy Lehman Center assists with as needed.
- The new **CMS Patient Safety Metric** includes CRP/CARe programs as a component of the metric.



In the last 15 years, CARe (aka CRP) has gone from a little-known idea to a program used all over the United States and in some foreign countries.

 $\checkmark$ 

The Betsy Lehman Center has tested implementation resources, tools, and *experienced coaches* to help you implement this program.

