

Coalition tackling diagnostic errors gains some traction

By Maria Castellucci, www.modernhealthcare.com

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Diagnostic errors are one of the most common mistakes in medicine, affecting 1 in 20 adults, according to research published in *BMJ*. They were also the leading cause of malpractice claims, accounting for about 29% of total suits from 1986 to 2010. Despite the prevalence of such errors, more attention has been paid to other types of clinical mistakes, such as central line and other healthcare-acquired infections.

Health system quality leaders say part of the reason for that is because research is not plentiful, and awareness about the issue is relatively thin. Although the 1999 landmark report *To Err is Human* mentions diagnostic errors, it doesn't say much about how to address the problem, and the National Academies of Sciences didn't publish a stand-alone report on the issue until 2015. The report lays out goals for the industry to improve diagnostic accuracy such as ensuring that technology supports patients and clinicians in the diagnostic process.

But growing cost pressures are another big motivator for health systems to increase the focus on reducing diagnostic errors. The costs associated with additional tests and delays in treatment are difficult to value, but over a 25-year period malpractice claims due to diagnostic errors alone totaled \$38.8 billion, according to a 2013 study published in *BMJ*.

“The wrong diagnosis leads to delays in treatment and increases cost of care,” said Dr. Mark Jarrett, chief quality officer of Northwell Health in New York. “It (diagnostic errors) puts a burden on the healthcare system as a whole.”

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And as hospitals are asked to take on more risk-based contracts, controlling costs is becoming even more essential. “One of the pillars of the healthcare system is value, and value is the quality of care, efficiency of care and the cost of care,” Jarrett said.

To tackle this pressing problem, Northwell along with 46 other healthcare organizations have joined the Coalition to Improve Diagnosis to work together on best practices that address the leading causes of diagnostic errors. The coalition is led by the Society to Improve Diagnosis in Medicine, a not-for-profit organization established in 2011; its leader hopes the society will catalyze standardized practices and solutions to diagnostic errors.

“There are a lot of systematic things that we understand are problems, but we aren't very good at implementing solutions,” said Paul Epner, CEO and co-founder of the SIDM. “In terms of having standard solutions, we are early.”

The SIDM established a similar coalition in 2015 with 14 organizations, and re-energized the effort last September when more than 40 groups opted to join after the coalition received additional funding.

Epner touts the coalition as the only one that focuses solely on diagnostic errors. Along with several health systems including Johns Hopkins Medicine and Geisinger, coalition members include the American Academy of Family

Physicians, the ECRI Institute, Leapfrog Group and the National Quality Forum.

The SIDM doesn't require organizations to pay a fee to be part of the coalition. Instead they must pledge to work on ways to address diagnostic errors. "We didn't want costs to be a reason for not joining," Epner said.

All of the organizations have submitted action plans to the SIDM about what they're doing or plan to do to decrease diagnostic errors. "We know that most organizations would say it's on their radar screen, but organizations can only cover two or three things well," Epner said. "We want to change that. We think it belongs in the top three."

The coalition is largely supported by a \$2.45 million grant from the Gordon and Betty Moore Foundation through the end of 2019. The Moore Foundation wanted to help increase awareness about diagnostic errors. "We think this is a new frontier of safety and quality we want to be part of," said Dr. Daniel Yang, program officer of patient care at the Moore Foundation.

Yang said the foundation's funding has helped the SIDM establish the coalition including additional support staff and a marketing campaign. The foundation hasn't yet discussed if it will continue funding the coalition after this year, but Yang said the hope is that the coalition will eventually be self-sustaining.

Epner said he's hopeful the society will receive more grant funding to continue the coalition after this year.

Right now, the SIDM is checking in with member organizations on their work thus far and planning a structure for the members to share their work and collaborate on any challenges. "We want to be a convener, a partner-maker and a switchboard for this issue," Epner said.

