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New PIAA Study Analyzes Diagnosis and Treatment of Breast Cancer

World’s Largest Independent Medical Professional Liability Claims Database Leveraged to Assess Claims Involving Breast Cancer

Rockville, MD (November 22, 2013) – A new study released this week by PIAA, the international insurance industry trade association representing medical professional liability (MPL) insurance entities, provides a comprehensive analysis of some current issues in the diagnosis and treatment of breast cancer, with a special emphasis on how they impact MPL claims. The study is based on data from the PIAA Data Sharing Project (DSP), which collects information on MPL claims—their causation, expenses, and payments made. The PIAA DSP was established in 1985 and currently houses information on more than 260,000 MPL claims.

“We have seen impressive advances in the prevention, detection, and treatment of breast cancer in the past two decades,” said PIAA Director of Research & Risk Management and study co-author P. Divya Parikh. “And yet, we are still seeing high numbers of MPL claims with breast cancer cited as the primary medical diagnosis. This study will inform healthcare professionals of what the DSP data tells us is happening now, with breast cancer, to minimize the risk of related claims and to encourage development of improved methods for detection.”

Breast cancer claims emerged as the costliest among all cancer claims, 2002 to 2011, with total indemnity payments exceeding $296 million. Diagnostic errors ranked as the chief alleged error associated with breast cancer, with a relatively high (44%) payment ratio. In more than half of the breast cancer claims, a patient presented with something other than breast cancer as her initial reason for seeing her physician, but the resulting medical condition was breast cancer.

The study also found that radiologists were the top physician specialty named in breast cancer claims. “The majority of diagnostic errors by radiologists can be characterized as errors in either perception or interpretation, most often of mammographic findings,” Parikh stated. “Having a high-quality systematic process for the performance and interpretation of all breast imaging examinations is essential to minimizing avoidable error.”

During that last 20 years, Parikh said, breast cancer has remained among the top ten medical conditions named in MPL claims. It has also been a frequent focus of queries and requests for in-depth information from the PIAA DSP. “Because of the high number of claims involving breast cancer, and because approximately 33% of claims involving breast cancer resulted in indemnity payments, it is vital that healthcare professionals stay up-to-date about the most vulnerable procedures used in breast health, and about the chief medical factors named in medical liability claims as well,” Parikh stated.

Parikh noted that healthcare risk managers will find unique and detailed content on claim variables such as age and gender of the claimant and physician, the medical specialties named, the chief medical procedure performed, and the severity of the injury that led to the claim in the new study. “This publication can serve as a foundational tool for developing effective risk management strategies in educational programs for healthcare professionals,” she said.

To purchase the study, go to the PIAA website, www.piaa.us.

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PIAA is the international insurance trade association representing medical professional liability insurance companies, risk retention groups, captives, trusts, and other entities. PIAA members insure more than two-thirds of America’s private practicing physicians and 3,000 hospitals as well as dentists, nurses and nurse practitioners, and other healthcare providers.