



Constellation  
Together for the common good.®

# Why Early Intervention is Critical to Care Teams and Their Organizations



Promising research shows that intervening early speeds resolution, lowers costs and promotes healing.

## Early Intervention Pays Off In Time & Money

Cases close more than  
**3X\***  
faster than the national average

Expenses are reduced by  
**94%\***  
for files closed with indemnity payment

### A better way forward

Sadly, in healthcare, things can go wrong despite best intentions. This could be an adverse outcome of a procedure, a diagnosis delay or a surgical error. Oftentimes, these harm events cause unintentional ripples of hurt—for patients, clinicians, care teams and healthcare organizations. Harm events, which may not be due to medical negligence, can result in malpractice claims or lawsuits, and drain the passion and compassion of even the most confident clinician. But the impact doesn't end there. When clinicians and care team members struggle, their healthcare organizations also feel the impact.

When a harm event occurs, everyone involved is impacted. Patients and family members may face physical pain, long-term care needs, emotional agony and anger—these are just a few of the repercussions that can occur following an unanticipated outcome or harm event. And clinicians, care teams and healthcare organizations can experience additional woes, including financial stress, reputational damage and low morale among care teams. That's why we have long promoted the benefits of early intervention as a way to mitigate these negative impacts, offering a better way forward after harm events.

\*Constellation files closed with indemnity 2020–2022

## Life Cycle of a Case Including Indemnity Payment

National Average:

**33+**  
months  
case length

Average  
with Constellation  
Early Intervention:

**<8**  
months  
case length

Constellation files closed with indemnity 2020–2022

### Benefits of early intervention: Faster resolution, lower costs and support for all involved

Data from our early intervention program, HEAL, shows that **early reporting and early intervention can close cases three times faster than the national average and reduce overall expenses by 94% for files that were closed with indemnity.** Another benefit of early intervention includes case review and emotional support.

When our early intervention program is utilized, the life cycle of a medical malpractice case—how long it remains open and unresolved—may be shortened significantly when the incident is reported promptly. Our data and experience on early reporting show that early intervention shortens the life cycle of case files closed with indemnity—a payment to the patient, resident or family that was harmed. These shorter life cycles alleviate clinician stress and anxiety, and can also lessen care team disruptions.

Early intervention begins with a simple step: reporting an unanticipated outcome to us. This launches our early intervention program and begins a thorough event analysis to inform the next steps, all the way through to resolution. Our program aims to offer a healthier, more compassionate and more meaningful experience of closure for patients, senior living residents, families, care teams and clinicians.

“Early communication with the patient is the best way to lower risk after a harm event. It is also the best way forward for the patient,” says Jeff Bone, Business Development Consultant for Constellation. “Our early intervention program helps clients develop a comprehensive communication plan to navigate difficult situations.”

Our four key services include an expert case review, communication assistance, clinician peer support and a risk consultation. While not all cases will require all four services, the customized plan developed is designed to replace silence, doubt, fear and frustration with an honest, human-centered acknowledgment of a harm event, identifying what happened, its impact, and what to expect next.

We adapt our early intervention services based on the event that has occurred, and on the needs of the clinicians, the care team, the patient or resident and their family. It works as a cycle, with continuous learning that drives process improvements and improved risk mitigation skills that build over time.

A tangential benefit of early reporting is early investigation. Quick access to witnesses, records and a timeline of the events allows early capture of information rather than potentially waiting two years for a formal claim or lawsuit to be filed, at which point gathering evidence, scheduling interviews and reviewing records can be much more challenging and less precise given the lapse of time.

**Early expert review of the care involved in a harm event provides objectivity and peace of mind for involved clinicians and care teams.**

**Learn more in our blog case study.**

[Read Our Blog](#)

We know from experience that **reporting harm events right away is key to learning from mistakes** so they can be prevented from recurring in the future.

Ultimately, we believe that **early intervention will reduce the number of claims and lawsuits over time.**



## Our Philosophy on Early Intervention

Our harm event and case handling philosophy is inspired by our purpose: To champion all those who devote their lives to healthcare, and to help them attain their dream to help, heal and serve. And because we know these caregivers are committed to and care deeply for their patients, residents and families, we value transparency and compassion in dealing with these matters.

We support all involved from the moment an incident is reported, reducing the amount of time and effects of the stress and emotional impacts that harm events may create. Caregivers are more able to return to their practice with confidence, and the patient and their family feel listened to and informed with openness and compassion. If the case progresses to a lawsuit, we partner with attorneys best able to defend good medicine and help protect the reputation of care teams and organizations.

- ▶ We believe early intervention benefits all those involved in an adverse event.
- ▶ We investigate each unanticipated outcome—thoroughly and quickly—to determine if the incident should be defended or resolved.
- ▶ We provide timely and reasonable offers on cases that should be resolved.
- ▶ We defend good medicine to protect those who serve to enhance health—and life—for all of us.
- ▶ We partner with attorneys best able to try cases when the event analysis shows the care provided was without issues or when demands do not correspond to injuries.
- ▶ We strive to limit the life cycle of a case file to allow clinicians, care teams and patients to return to normalcy.
- ▶ We want to help reduce the amount of time spent experiencing the stress or negative emotions that adverse events may create, so caregivers and organizations can continue to provide excellent care.

## Why Early Intervention is Critical

**“The stress of medical malpractice litigation may directly contribute to the physical illness of the physician, as well as dissatisfaction with medical practice leading to burnout and early retirement,”<sup>1</sup>** according to the American College of Emergency Physicians.

## Many Good Doctors Will Face Litigation

**Though litigation is exceedingly common, it carries an air of shame and secrecy. Personal experiences in litigation are rarely discussed. Many physicians have no understanding of how litigation actually works. But malpractice litigation happens to many good doctors. For example, one survey<sup>6</sup> showed that over 80% of currently practicing OB-GYN physicians and general surgeons have been sued at least once.**

From the *Time* magazine article, [The Unspoken Reason Why Many Doctors and Nurses Are Quitting | Time](#)

## When harm events impact clinicians and care teams, the healthcare organization suffers, too.

Poor and slow handling of harm events can affect productivity for clinicians and care teams, and can lead to emotional distress and burnout, as they roil in the emotional impacts inevitable after being part of, or the cause of something, when their patient was harmed. These emotional impacts can occur even if the potential of a complication was known and disclosed, and even if the care was appropriate. If not dealt with properly and in a timely fashion, the damage to an organization and its reputation can be significant. Business viability can be threatened, which can then affect thousands of patients seeking care.

A recent study showed a significant relationship between healthcare job-related stress and its different factors, including patient safety culture and patient safety. Of significance, the study cites job stress as one of the leading reasons for physical and mental problems among care teams, and lower productivity in healthcare organizations.<sup>2</sup>

Our main goal of early intervention is to attend to harm events sooner so everyone involved can get to a point of resolution and move toward healing faster. In addition, we know from experience that reporting harm events right away is key to learning from mistakes or care process errors so they can be prevented from recurring in the future. These process improvements are critical for care teams and organizations as they move forward, and can have a profound effect on the emotional well-being of those harmed, while also alleviating stress and sadness for the clinicians and care teams.

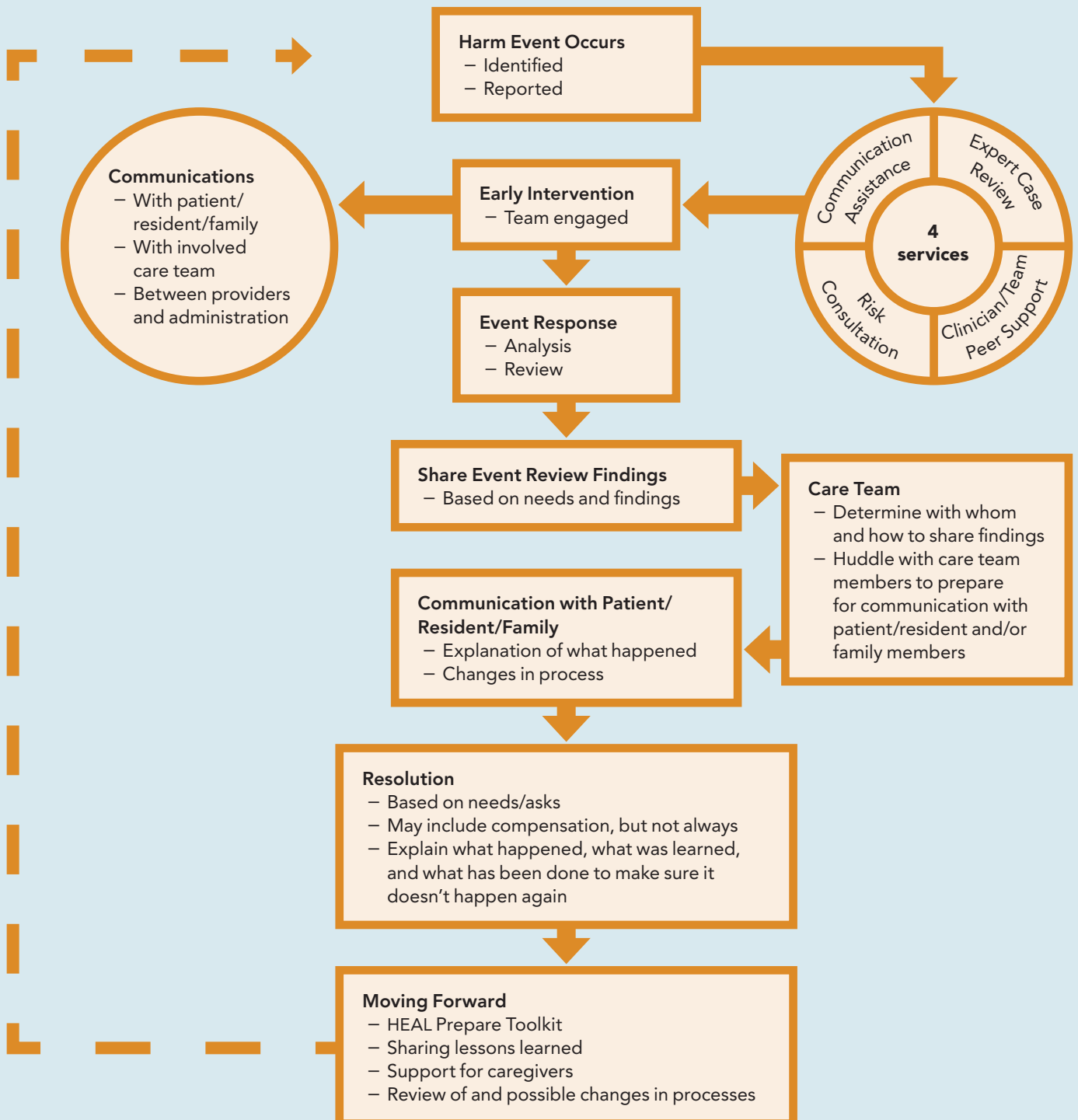
Dr. Loie Lenarz, a long-time peer support consultant, works with clinicians who are struggling to deal with their emotions around harm events while continuing to practice. “I assist physicians who have experienced an adverse event and nearly all have expressed deep sadness for the patient or senior living resident, as well as a sense of guilt, even when they don’t believe they made a mistake. This sense of great responsibility is nearly universal. Many physicians report difficulty sleeping, distraction at home and work, and anxiety.”

Clinicians and care team members who do not receive support to manage their emotions after a harm event can experience burnout, and in some cases, the clinician may choose early retirement over the continued stress of the job. This leads to yet another ripple effect, one that patients may also feel, which is access to healthcare. It has already been predicted that, in the coming years, the United States will face a critical shortage of physicians. According to a report by the AAMC (Association of American Medical Colleges)<sup>3</sup>, we could see an estimated shortage of 37,800 to 124,000 physicians by 2034, including shortfalls in both primary and specialty care.

While the shortage is due to many factors, including stress, burnout and clinicians leaving the profession, AAMC’s report also notes that many physicians are nearing retirement age, and their retirement decisions will dramatically affect the magnitude of the physician workforce shortage. Losing experienced clinicians, including hard-to-find specialists, can affect an organization’s reputation for high-level care, limit available services, jeopardize viability and significantly reduce access to care for patients. Supporting clinicians and care team members in the aftermath of a harm event is critical as it can help mitigate the risk of early departures, boost morale and

# How Early Intervention Works

All along the way, the process is a partnership with our early intervention team, the policyholder and/or healthcare organization.



From  
**\$500,000**  
to more than  
**\$1 million**

The cost of physician burnout per doctor replaced<sup>4</sup>

**\$380,600**

The amount the average hospital will pay—or save—for every 1% change in RN turnover<sup>5</sup>

## Lawsuits Are Likely

More than half of physicians face a lawsuit at some point in their career,<sup>6</sup> according to the 2019 *Medscape Medical Malpractice Report*.

improve team connections during a difficult time.

According to a recent 2023 survey, the average cost of turnover for a bedside RN is \$52,350, a 13.5% increase in costs, resulting in the average hospital losing between \$6.6 million and \$10.5 million annually. Each percent change in RN turnover will cost or save the average hospital an additional \$380,600 per year.<sup>5</sup>

## Malpractice claims and lawsuits only add to the stress for clinicians and care teams.

According to the 2019 *Medscape Medical Malpractice Report*, more than half of physicians face a lawsuit at some point in their career.<sup>6</sup> While only a small fraction of these suits that go to trial will result in a decision against the physician, the emotional impact remains a critical factor in the wellbeing and professional lives of affected physicians. Early intervention is key to limiting the amount of suffering involved.

Clinicians under the stress of a harm event, malpractice claim or lawsuit may see fewer patients, disrupt care team cohesion, retire early or leave the practice of medicine altogether—actions that lower productivity, raise costs, and detract from team and patient satisfaction.

In an article entitled, “Medical Malpractice Stress Syndrome,” published on the American College of Emergency Physicians website, the authors note, “The stress of medical malpractice litigation may directly contribute to physical illness of the physician, as well as dissatisfaction with medical practice leading to burnout and early retirement.”<sup>1</sup>

And costs related to malpractice claims and lawsuits can be significant. Research shows that intense stress from litigation impacts physician and nurse job satisfaction. For an organization, the cost of physician burnout can range from \$500,000 to more than \$1 million per doctor lost. This estimate includes recruitment, sign-on bonuses, lost billings and onboarding costs for replacement physicians.<sup>4</sup>

## Our early experience shows a trend toward shorter case cycles, fewer claims and less litigation.

Our data supports our hypothesis that early intervention of harm events will shorten the life cycle of a case, decrease costs, increase peace of mind, improve clinician wellbeing, and enhance relationships with patients. Ultimately, we believe that early intervention will reduce the number of claims and lawsuits over time.

Early experience shows the following:

1. Cases that were managed under our early intervention program closed nearly 18½ months sooner on average than claims and lawsuits in the same time period.
  - The national average length of a case where indemnity was paid was 2.9 years, or roughly 33+ months. Our data shows an average length of less than 8 months—more than three times faster to closure than the national average.<sup>7</sup>
2. Cases that are handled through our early intervention program show a 94% reduction in expenses for files that were closed with indemnity.
3. Over the past two years, we have been promoting the benefits of early reporting to our clients, and have experienced harm events being reported nearly a year

## The HEAL program draws high praise

Client response after involvement in HEAL, our early intervention program, confirms the importance of continuing this work. Of survey respondents, **98%** gave the highest rating possible.

Here are a few examples of how they described their experience:

**“It was gratifying to know a peer had looked very closely at my case. The expert case review took a weight off my shoulders.”**

**“After my experience using the early intervention program, I will be quicker to call in the future.”**

**“This is an incredible program. It was so helpful to have the support and information from the case review. I will recommend this to any of my colleagues who have a similar situation.”**

**“The expert case review made all the difference. It brought needed objectivity to decisions.”**

sooner than prior to 2020.

4. Ninety-eight percent of survey respondents whose cases were handled through our early intervention program gave the highest rating for overall satisfaction.
5. Nearly 500 insured clients have utilized our early intervention program.

## Next steps

Our overall goal with early intervention is to prevent harm events from becoming claims or lawsuits—by managing and resolving harm events before they escalate to a claim or lawsuit. As we continue to track the number of claims and lawsuits over time, we anticipate a decrease in litigated claims and an increase in harm event cases closed within our early intervention program.

We are committed to continuing efforts to support and collaborate with healthcare organizations, clinicians and care teams to realize all of the benefits possible through their early intervention program: closing cases sooner, keeping costs lower, and introducing much-needed compassion in a process that offers transparency, care and empathetic communication.

**[Learn more about our early intervention program](#)**

## Tools and Resources:

1. First step: Be proactive; take the assessment; work thought the HEAL Prepare Toolkit. Sign in [ConstellationMutual.com](https://www.constellationmutual.com) > Risk Resources > HEAL Prepare Toolkit
2. Use the HEAL assessment findings to work through the Toolkit units – culture, event reporting, communicating after harm events, learning/ moving forward.

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