



College of  
ern. Medicine

Research, Innovation  
and Innovation  
Solutions

American College of Physicians  
A Position Paper

2014



# Medical Liability Reform:

2014 (10)

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1. The first part of the text discusses the importance of maintaining accurate records of all transactions and activities related to the business. This includes keeping track of income, expenses, and assets. Proper record-keeping is essential for determining the business's financial health and for reporting to tax authorities.

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Recommendation 3: Minimum standards and qualifications for expert witnesses should be established. At minimum, expert witnesses should be:

- Board certified by the entity relevant to their specialty;
- Active in full-time practice, or have sufficient experience as an educator at an accredited medical school in the relevant subject matter;
- Licensed in the state in which the case is filed or another state with similar licensure qualifications; and
- Required to disclose the frequency and percentage of income derived from expert witness activities as well as any conflicts of interest.

Witnesses should also be trained in the same discipline as the physician named in the lawsuit; experience and familiarity should be substantive and relevant to the subject matter and standard of care at the time of the alleged occurrence. Witnesses should demonstrate competence in type of care for which they are chosen.

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- Pilot programs should test the applicability of communication and resolution programs in small group, rural, and solo physician practices operating outside of closed health care systems. Funding should be directed toward establishing resource centers, statewide risk-pooling or reinsurance products to ensure the viability of communication and resolution programs in such practice environments. Pilot projects should also test the effect of communication and resolution programs in states with and without damage caps.

Recommendation 6: In addition to communication and resolution programs, the Secretary of Health and Human Services should be authorized to make grants to states for the development and implementation of Alternative Dispute Resolution (ADR) models, including mediation. States would have flexibility in devising their ADR programs as long as federal standards were met. Federal standards should require ADR systems to incorporate

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Recommendation 8: ACP supports initiating pilot projects to determine the effectiveness of health courts and administrative compensation models.

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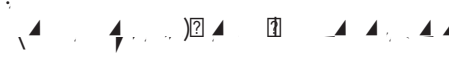
Recommendation 1: Improving patient safety and preventing errors must be at the fore of the medical liability reform discussion. Empor

Recommendation 2: Caps on noneconomic damages, similar to those contained in the California Medical Injury Compensation Reform Act (MICRA), should be part of a comprehensive approach to improving the medical liability system. While ACP strongly prefers that such caps and other tort system reforms be enacted by Congress to establish a national framework for addressing medical liability lawsuits, the College also advocates that states lacking such reforms enact legislation modeled after MICRA.

*NOTE: A glossary of relevant legal terms can be found in the Appendix.*

The College advocates the following:

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*Collateral source rule:*

- Required to disclose the frequency and percentage of income derived from expert witness activities as well as any conflicts of interest.

Witnesses should also be trained in the same disc



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Recommendation 5: States and the federal government should continue to pilot-  
test communication and resolution programs (including mediation, conflict resolution, and apology) Pedy-YFm  
with the goal of reducing the number of lawsuits filed in state and federal courts. YcbnFYFaY\_mI-OpPey-YUearfcFYFaDrekdFYFaDTPi-YUba\_dDiPeY-YUada



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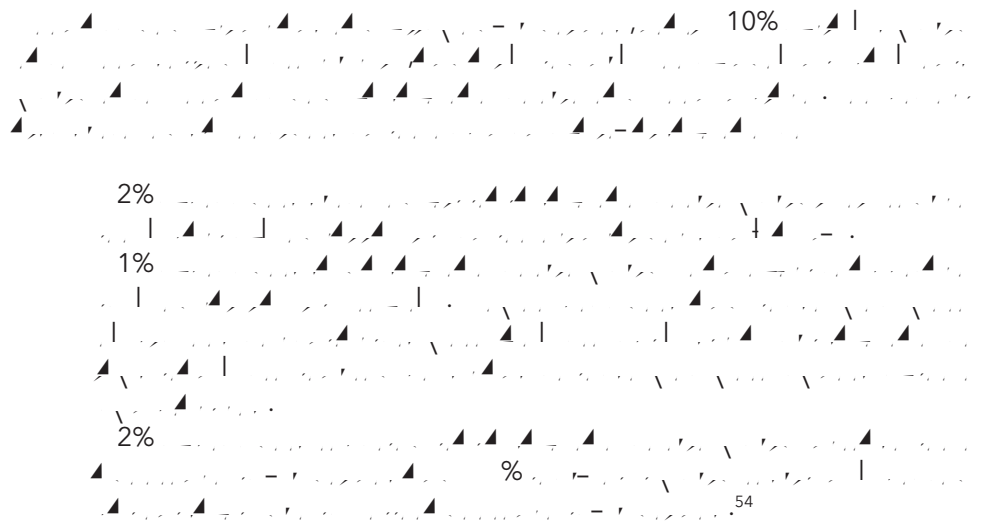
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## Introduction

performance; reflective of processes of care that physicians and other health care professionals can influence and impac

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*Administrative Compensation Models of Sweden, Denmark, and New Zealand*

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1. The first part of the document discusses the importance of maintaining accurate records of all transactions. This includes recording the date, amount, and purpose of each transaction. It is crucial to ensure that all entries are supported by appropriate documentation, such as receipts or invoices. The second part of the document outlines the various methods used to collect and analyze data. This includes both qualitative and quantitative techniques, as well as the use of statistical software to process large datasets. The final part of the document provides a detailed analysis of the results obtained from the study. It highlights the key findings and discusses their implications for the field of research. Overall, the document provides a comprehensive overview of the research process, from data collection to final analysis and reporting.











3. [Redacted] *Ann Intern Med.* 2010;153(4):213-221.

[Redacted] (\$200). [Redacted] 12/2002/26





- 2003 33(4) 1-10. [www.willkie.com/files/tbl\\_s29Publications%5CFileUpload5686%5C2664%5CA dministrative%20Health%20Courts%20for%20Medical%20Injury%20Claims.pdf](http://www.willkie.com/files/tbl_s29Publications%5CFileUpload5686%5C2664%5CA%20Administrative%20Health%20Courts%20for%20Medical%20Injury%20Claims.pdf) 1, 2013.
- The Bulletin of Amer Coll Surgeons*. 2013.
- The Bulletin of Amer Coll Surgeons*. 2013.
- 0 [www.mag.org/sites/default/files/downloads/issue-brief-patient-injury3-act2013.pdf](http://www.mag.org/sites/default/files/downloads/issue-brief-patient-injury3-act2013.pdf) 23, 2013
- 1 *Ann Intern Med*. 2013 158(1):141-146. [annals.org/article.aspx?articleid=1737233](http://annals.org/article.aspx?articleid=1737233) 1, 2013.
- 2 2010
- 3 *Virtual Mentor*. 2013. 15(6):517-521. [virtualmentor.ama-assn.org/2013/06/hlaw1-1306.html](http://virtualmentor.ama-assn.org/2013/06/hlaw1-1306.html) 24, 2013.
- 4 *Boston College Law Review*. 2005 45(5):1055-1130. [lawdigitalcommons.bc.edu/cgi/viewcontent.cgi?article=2315&context=bclr](http://lawdigitalcommons.bc.edu/cgi/viewcontent.cgi?article=2315&context=bclr) 1, 2013.
- 5 *Mayo Clin Proc*. 2011 86(4):327-332. [www.ncbi.nlm.nih.gov/pmc/articles/PMC3068892/](http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3068892/) 25, 2013.
- [www.jointcommission.org/assets/1/18/Medical\\_Liability.pdf](http://www.jointcommission.org/assets/1/18/Medical_Liability.pdf) 24, 2013.
- [www.amednews.com/article/20130729/profession/130729942/4/#relatedcontenthed](http://www.amednews.com/article/20130729/profession/130729942/4/#relatedcontenthed) 25, 2013



