



For more information, please contact Stephanie McCullough, RN, Manager, Early Intervention Programs at (800) 421-1834, ext. 6386 or email her at smccullough@copic.com

To report an incident: please call COPIC at (800) 421-1834 or (720) 858-6395 during business hours (8 a.m. to 5 p.m. Mountain time, Monday - Friday).

You can also initiate an online report on our website by logging into the Service Center and selecting “Incident Reporting” under the Client Services tab.

State regulations and legal environments may limit the scope or availability of certain programs/resources. Please contact COPIC for details about your specific state.

COPIC’s nationally-recognized 3Rs (Recognize, Respond and Resolve) Program addresses the physical, financial, and emotional needs of patients following an unexpected medical outcome.

COPIC encourages early reporting because the sooner we know about an incident, the better we can manage it. This also allows us to determine if an incident may be eligible for our 3Rs Program.

THE 3Rs PROGRAM GOALS ARE:

- Maintain the health care provider-patient relationship.
- Encourage open and honest communication, including disclosure of unexpected outcomes.
- Encourage expressions of concern, including an apology where appropriate.
- Address patients’ needs at a crucial time.

The 3Rs Program helps more than just the patient and health care provider involved. It also helps to identify patient safety lessons learned. COPIC shares these lessons with its insureds through newsletters, website resources, and educational seminars.

THROUGH THE 3Rs PROGRAM, PATIENTS IMPACTED BY AN UNEXPECTED MEDICAL OUTCOME CAN:

- Receive reimbursement for their out-of-pocket medical expenses and extended recovery time.
- Retain the right at all times to pursue legal action if desired. No waiver or release is sought or required as a condition of receiving program benefits.

ACCOMPLISHMENTS OF THE 3Rs PROGRAM:

- The 3Rs Program was recognized by *The New England Journal of Medicine* and *Health Affairs* as an industry benchmark for how health care providers communicate with patients about unexpected outcomes.
- As of September 2020, over 2,000 COPIC-insured physicians have referred patients to the 3Rs Program. And more than 4,500 patients have participated in the program.

CONSIDERATIONS FOR 3Rs PROGRAM INVOLVEMENT:

- An incident will be considered for the 3Rs Program when it is first reported to us, therefore, we encourage early reporting because it allows us to provide the best possible support.
- The physician and Occurrence Specialist/3Rs Program Administrator will discuss the case to determine if the case meets the criteria and there are no exclusions.
- If the incident meets the criteria of the program and the physician would like to proceed, the Occurrence Specialist/3Rs Program Administrator will coach the physician on how to offer the program to the patient.



“This program was truly an answer to prayers—we didn’t know how to resolve our problem until this was suggested. The 3Rs Program saved us from costly legal fees and allowed our daughter to have revision surgery. We really could see no negatives in using 3Rs. Many thanks.”

- Patient Testimonial

“This is a very useful program—I felt the parents and patient got a good resolution and there was no adversarial situation. Thank you for your assistance.”

“I feel this may be the most helpful program I have seen a malpractice carrier implement. Fantastic!”

- Physician Testimonials

3Rs PROGRAM FOR PHYSICIANS CASE EXAMPLES:

- **OB/Gyn:** Abdominal hysterectomy with bilateral salpingo-oophorectomy. Two weeks following the procedure, the patient experienced pain and bulging at the surgical site. A CAT scan confirmed an abscess, necessitating a trip to the operating room for drainage. Reoccurrence of the abscess two months later required another procedure. COPIC facilitated the physician-patient communication and reimbursed the patient’s copays related to hospital charges, anesthesia, and medications; and extended loss of time.
- **IM/Gastro:** Colonoscopy. Patient presented to the ER the day following discharge with work-up confirming a colon perforation and volvulus of the cecum necessitating a hemicolectomy. The 3Rs Program Administrator facilitated physician-patient communication and reimbursed the patient’s copays related to hospital charges, anesthesia, and medications; and the extended recovery period.