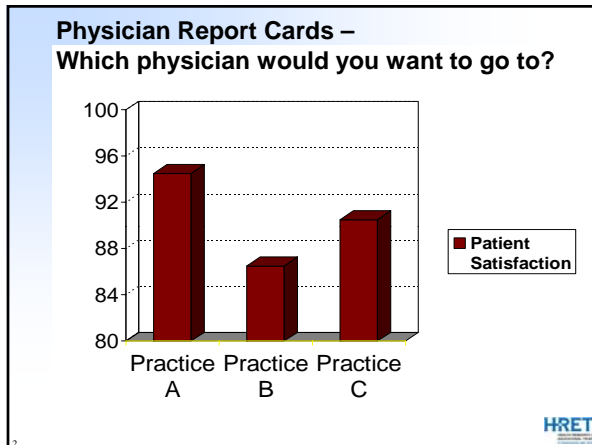
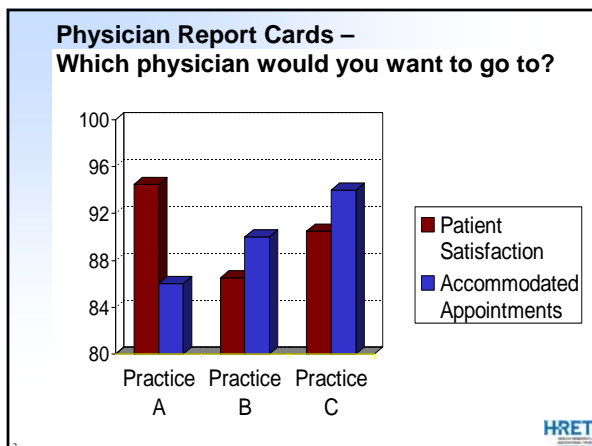
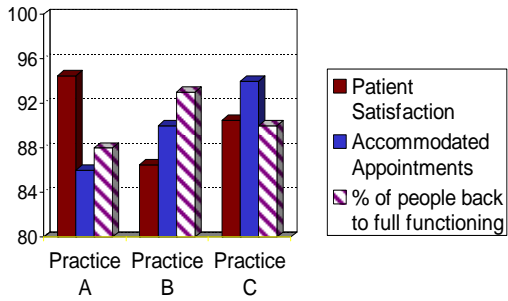

**Measurement,
Improvement and
Transparency**
 August 2009
 Maulik S. Joshi, Dr.P.H.
 President, Health Research & Educational Trust
 Senior Vice President of Research, American Hospital Association
 Email: mjoshi@aha.org
 Office Phone: 312-422-2622

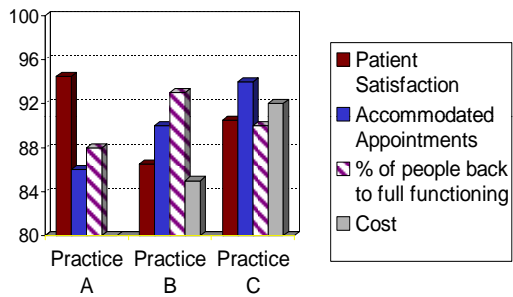


**Physician Report Cards –
Which physician would you want to go to?**



HRET

**Physician Report Cards –
Which physician would you want to go to?**



HRET

Balanced Scorecard/Dashboard

- **It is a:**
 - Translation of strategic goals relevant to your focus
 - Management tool to track performance
 - Link to accountability
 - Method to prioritize improvement
- **It is NOT:**
 - A separate quality initiative
 - A top down strategy to micro-manage
 - Another data report

HRET

Information → Management → Improvement

- Use measures at multiple levels - Health System, entity, department/unit, practice
- Evaluate trends
- Internal benchmarking/best practices
- External benchmarking/best practices
- Identify improvement opportunities
- Determine strategic priorities
- Resource investment

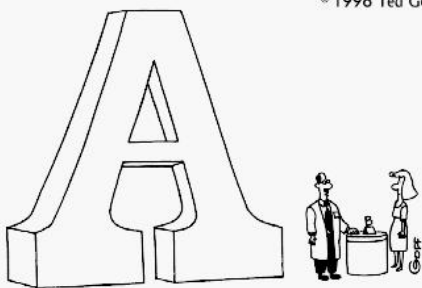


Data and Information

- One piece of data is good; a couple more tell a bigger picture
- Need to balance between different attributes of performance (for example, satisfaction versus cost)
- Data that is focused on few key, important areas is better than a lot of data in multiple, diverse areas
- Would like to know more information that makes up these key measures
- Represent relevant, major areas: Financial, Clinical Quality, Patient Experience, Community Health



© 1996 Ted Goff



"We're conducting an experiment for management. We're rewarding A while hoping for B."



Balanced Scorecard Exercise

- **3 GROUPS – 15 minutes**
- CEO of a Hospice – What 5 to 10 measures do you report to your Board every quarter
- COO of a 300 bed community hospital – What 5 to 10 measures do you review with your management team (CMO, CNO, CFO, CHO,...) every month
- Practice Manager for a 20 FTE primary care physician group – What 5 to 10 measures do you review every month with your whole practice

Measure	Definition	Data Source/Collection Plan	Goals/Triggers



10

Information for Management

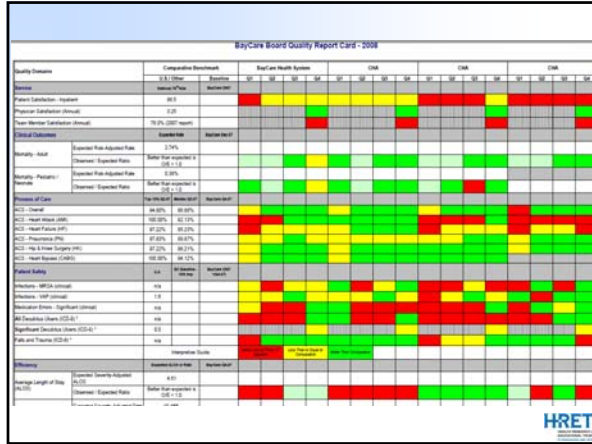
Characteristics	Financial	Patient Satisfaction	Clinical Quality
DATA COLLECTION	Automated	Manual / Automated	Manual / Automated
AVERAGE REPORTING FREQUENCY	Monthly	Quarterly	Quarterly / Semi-annually
INFORMATION DEPTH	Extremely Detailed (By department, product line, or other subgroups)	Moderately Detailed (By department or service)	Minimally Detailed (By department)
PERCEIVED VALIDITY	Strong	Moderate	Moderate to Minimal

* Source: 1999 Survey of 50 academic-based health care systems



2009 ANNUAL PLAN	PERFORMANCE MEASURES (KPIs)	2008		2009		STATUS	COMMENT
		Current Available	Target	Benchmark	Current		
PART II: OPERATIONAL FOCUS (Customer Measures)	Acute Care - All-cause 30-day mortality performance as published by Medicare (The publicly reported metrics for heart attack (AMI), heart failure (HF), pneumonia (PNE), and surgical care (SC))	79%	85%		82%	⚠	Declining performance in measure as % of all of top 10 opportunities. E.g., 32 hospitals in a 2008 survey vs. 128 in total Top 10 opportunities. Benchmark rose 2% to 82%. Current performance is below that year-end 2008 and is trending. Benchmark based on 2008 baseline top quartile.
	Reduce Hospital Mortality (Overall)	5.59	6.37	6.24	6.39	✓	2009 is improved. All cause risk adjusted patient mortality. 10 hospitals are underperforming target. (Checking efforts to identify the root-cause and adjust national benchmark.)
	Reduce LOS Index (Overall)	1.13	1.31	1.00	1.03	★	2009 is better (10). 11 hospitals are currently underperforming target. Benchmark is National Average (Overall), Mean LOS index.
	Hospital Readmission Satisfaction (Overall)	69.0%	70.0%	70.0%	67.0%	✓	10 hospitals are at or above the 50th percentile rank. 7 of these are also above the top quartile. 10 hospitals with 2008 and 2009 readmission rates are below the top 10 (2008). % includes the number of patients reporting "satisfied" or "in the middle" would you recommend this facility to your family and friends? Benchmark based on top quartile top 10 Star Probe. (Survey of Hospital Assessment for HCAHPS) national quarterly.
	Reduce Emergency Department Time (Patient Reported)	16.9%	16.0%	11.0%	16.0%	⚠	Emergency department wait times are the top 10 of all hospitals. Benchmark is Starprobe metrics for all hospitals.
	Patients' Assessment Engagement (Overall Benchmark)	3.7%	3.8%	4.2%	3.6%	⚠	Hospitals will be ranked again in 2010. 2009 is the 2008 and 2009 average of the 10 hospitals in the 10 dimensions of engagement. 2009 is the 2008 and 2009 average.

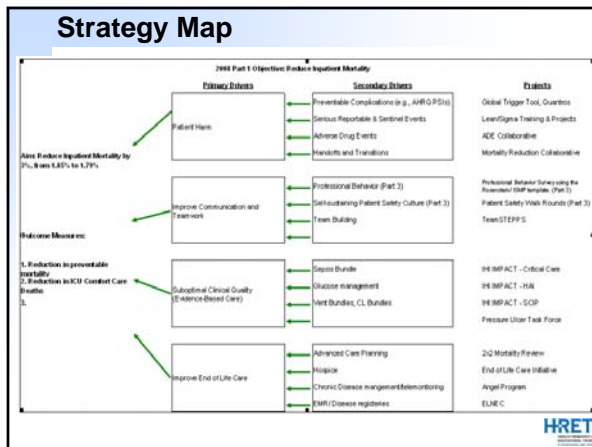





IHI Whole System Measures

Whole System Measure	IOM Dimension of Quality	Outpatient Care	Inpatient Care
1. Rate of Adverse Events	Safe	X	X
2. Incidence of Nonfatal Occupational Injuries and Illnesses	Safe	X	X
3. Hospital Standardized Mortality Ratio (HSMR)	Effective		X
4. Unadjusted Raw Mortality Percentage	Effective		X
5. Functional Health Outcomes Score	Effective	X	X
6. Hospital Readmission Percentage	Effective	X	X
7. Reliability of Core Measures	Effective	X	X
8. Patient Satisfaction with Care Score	Patient-Centered	X	X
9. Patient Experience Score	Patient-Centered	X	
10. Days to Third Next Available Appointment	Timely	X	
11. Hospital Days per Decedent During the Last Six Months of Life	Efficient	X	
12. Health Care Cost per Capita	Efficient	X	X
13. Equity (Stratification of Whole System Measures)	Equitable	X	X

HRET



Public Reporting
Transparency of Quality Information



**“10% to 25% saw ratings,
1% to 3% used information”**



Harris Interactive Study : n=1,013



Transparency
Schneider and Epstein

19448, 1999;279:1630-1642.

Context.— Publicly released performance reports (“report cards”) are expected to foster competition on the basis of quality. Proponents frequently cite the need to inform patient choice of physicians and hospitals as a central element of this strategy.

Objective.— To examine the awareness and use of a statewide consumer guide that provides risk-adjusted, in-hospital mortality ratings of hospitals that provide cardiac surgery.

Design.— Telephone survey conducted in 1996.


Setting.— Pennsylvania, where since 1992, the Pennsylvania Consumer Guide to Coronary Artery Bypass Graft (CABG) Surgery has provided risk-adjusted mortality ratings of all cardiac surgeons and hospitals in the state.

Participants.— A total of 474 (70%) of 673 eligible patients who had undergone CABG surgery during the previous year at 1 of 4 hospitals listed in the Consumer Guide as having average mortality rates between 1% and 5% were successfully contacted.

Main Outcome Measures.— Patients’ awareness of the Consumer Guide, their knowledge of its ratings, their degree of interest in the report, and barriers to its use.

Results.— Ninety-three patients (20%) were aware of the Consumer Guide, but only 55 (12%) knew about it before surgery. Among these 55 patients, 19 reported knowing the hospital rating and 7 reported knowing the surgeon rating, 11 said hospital and/or surgeon ratings had a moderate or major impact on their decision making, but only 4 were able to specify either or both correctly. When the Consumer Guide was described to all patients, 264 (56%) were “very” or “somewhat” interested in seeing a copy, and 273 (58%) reported that they probably or definitely would change surgeons if they learned that their surgeon had a higher than expected mortality rate in the previous year. A short time window for decision making and a limited awareness of alternative hospitals within a reasonable distance of home were identified as important barriers to use.

Conclusions.— Only 12% of patients surveyed reported awareness of a prominent report on cardiac surgery mortality before undergoing cardiac surgery. Fewer than 1% knew the correct rating of their surgeon or hospital and reported that it had a moderate or major impact on their selection of provider. Efforts to aid patient decision making with performance reports are unlikely to succeed without a tailored and intensive program for dissemination and patient education.



Lots of Information on Cars

SEARCH INVENTORY RESEARCH VIDEO FINANCE SELL YOUR CAR COMMUNITY

Home Research Comparison tool Compare side-by-side



COMPARE SIDE-BY-SIDE

Comparison Guide

Change the vehicle position by using the Move button.

Remove or add vehicles by using the Change Vehicle button.

Make sure to select desired trim as data varies.

1	2	3	
 2008 Ford Focus 4dr Sun SEL FWD Search Inventory >> Trim Price Guide >> Build >> Showroom >>	 2008 Dodge Charger 4dr Sun RWD Search Inventory >> Trim Price Guide >> Build >> Showroom >>	 2008 Toyota Avonon 4dr Sun XL Search Inventory >> Trim Price Guide >> Build >> Showroom >>	
Overview >>	Specifications >>	Features >>	
Safety >>	Advantages >>	JD Power Ratings >>	
Pricing			
MSRP	\$23,600.00	\$22,910.00	\$27,325.00
Invoice	\$21,500.00	\$21,000.00	\$24,414.00
Destination Charge	\$500.00	\$700.00	\$720.00
Warranty			
Anti-Corrosion	5 Years / Unlimited Miles	3 Years / Unlimited Miles	5 Years / Unlimited Miles
Basic Warranty	3 Years/36,000 Miles	3 Years/36,000 Miles	3 Years/36,000 Miles
Drivetrain Warranty	5 Years/60,000 Miles	Unlimited Years/Unlimited Miles	5 Years/60,000 Miles
Roadside Assistance	5 Years / 60,000 Miles	3 Years / 36,000 Miles	Not Available

How does NHTSA perform the frontal crash test and how are vehicles rated?

For frontal crash tests, crash-test dummies representing an average-sized adult are placed in driver and front passenger seats and secured with the vehicle's seat belts. Vehicles are crashed into a fixed barrier at 35 miles per hour (mph), which is equivalent to a head-on collision between two similar vehicles each moving at 35 mph. Since the test reflects a crash between two similar vehicles, make sure you compare vehicles from the same weight class, year or model 200 lbs., when looking at frontal crash star ratings.

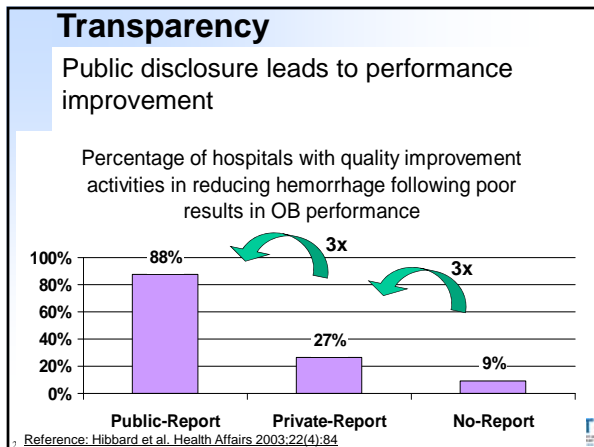
Instruments measure the force of impact to each dummy's head, neck, chest, pelvis, legs and feet. Frontal star ratings indicate the chance of a serious head and chest injury to the driver and right front seat passengers. A serious injury is one requiring immediate hospitalization and may be life threatening.

- ★★★★★ = 10% or less chance of serious injury
- ★★★★ = 11% to 20% chance of serious injury
- ★★★ = 21% to 30% chance of serious injury
- ★★ = 30% to 40% chance of serious injury
- ★ = 40% or greater chance of serious injury

PAGE TOP

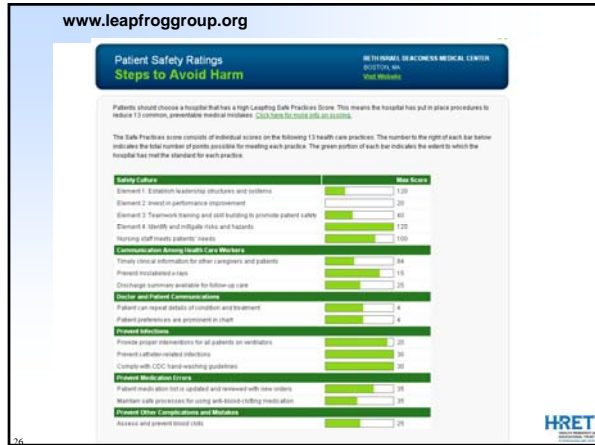
What is the difference between a full frontal test and an offset crash test? Does NHTSA do both?

The NHTSA frontal crash test crashes the full width of the front of a vehicle into a rigid barrier. This maximizes the energy absorbed by the front of the vehicle so that the occupant compartment is more likely to remain intact. The full frontal tests produce high level





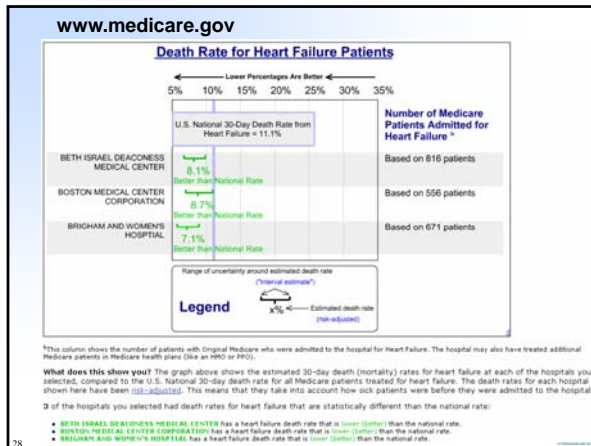
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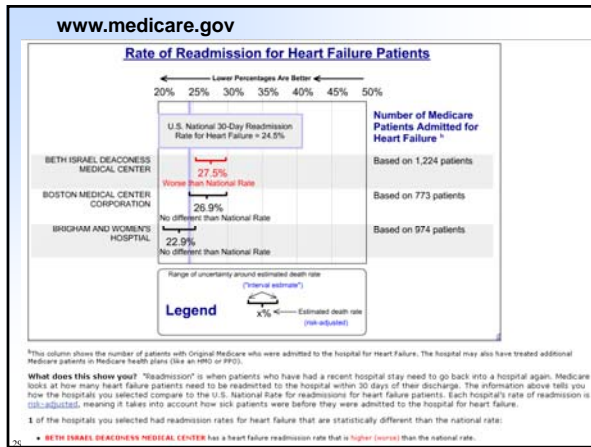


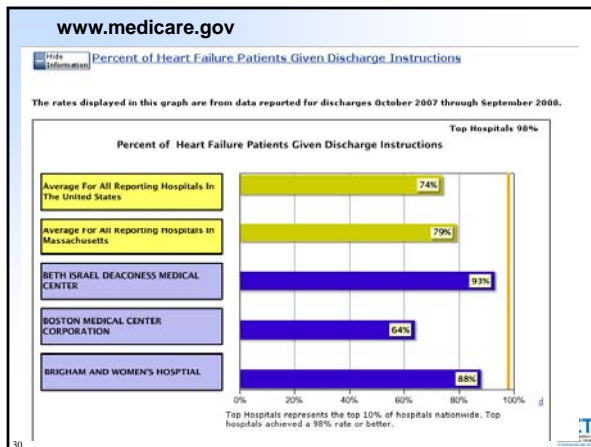
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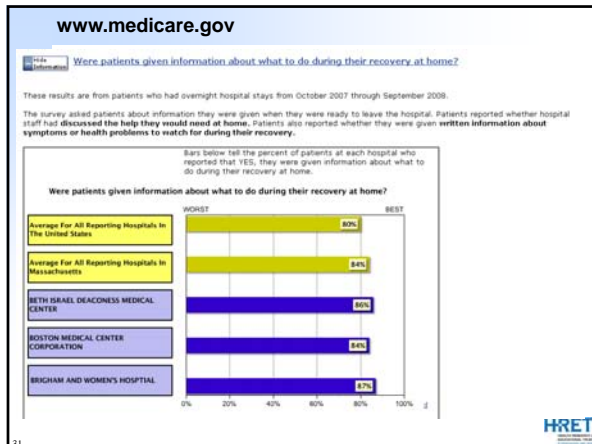
Hospital	City	AMI Performance Rate (%)	Heart Failure Performance Rate (%)	Pneumonia Performance Rate (%)	MEP Performance Rate (%)	National Ranking (percentile)
FARVIEW HOSPITAL	GREAT BRIDGE	89	91	99	99	99b
BRIGHAM BRIGHAM MEDICAL CENTER INC	BOSTON	99	92	98	98	96b
BETH ISRAEL DEACONESS MEDICAL CENTER	BOSTON	100	97	99	97	50b
WOMANUS HOSPITAL	BOSTON	98	96	97	96	94b
STURGEON GENERAL HOSPITAL	WOBURN	99	94	95	97	94b
SAFFORD HOSPITAL	WALF	100	97	96	96	82d
SAFFORD MEDICAL CENTER	SPRINGFIELD	98	99	91	98	100d
FAIRBANKS HOSPITAL	FALMOUTH	98	97	88	99	30d
HEALTHCARE HOSPITAL INC	FARMINGTON	97	99	97	94	91d
WEST MEDICAL CENTER	SPRINGFIELD	99	99	96	96	99b
MASSACHUSETTS GENERAL HOSPITAL	BOSTON	99	94	99	96	99b
BRIGHAM BRIGHAM MEDICAL CENTER	SAVERHILL	97	95	96	96	99b
CLAYTON HEALTH ALLIANCE	CANDLER	98	96	95	95	89b
WISCONSIN HOSPITAL INC	SPRINGFIELD	99	99	96	96	89b
WISCONSIN WOMANUS HOSPITAL	BOSTON	99	95	90	95	87b
WISCONSIN HOSPITAL	SPRINGFIELD	97	87	90	97	86b
WISCONSIN HOSPITAL INC	WINDSOR	99	94	94	97	85b
WISCONSIN HOSPITAL INC	WESTFIELD	100	99	99	94	84b
WISCONSIN HOSPITAL INC	WINDSOR	98	97	92	96	82d
WISCONSIN HOSPITAL INC	MILFORD	99	97	93	95	82d
WISCONSIN HOSPITAL INC	SPRINGFIELD	97	91	96	94	81d
WISCONSIN HOSPITAL INC	SPRINGFIELD	100	97	94	94	80b
WISCONSIN HOSPITAL INC	CANDLER	97	88	88	87	78b
WISCONSIN HOSPITAL INC	WESTFIELD	94	96	94	94	76b
WISCONSIN HOSPITAL INC	MARLBOROUGH	98	87	94	92	71b

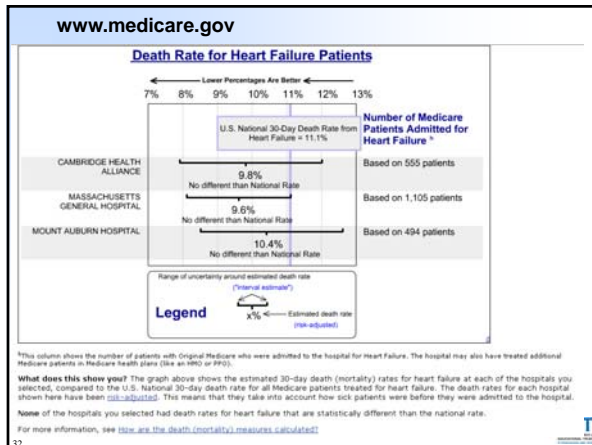
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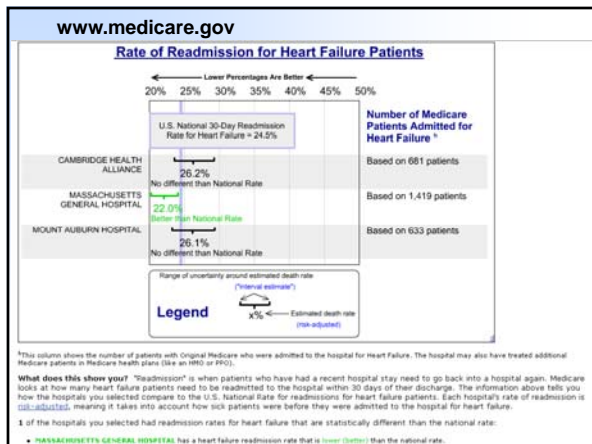


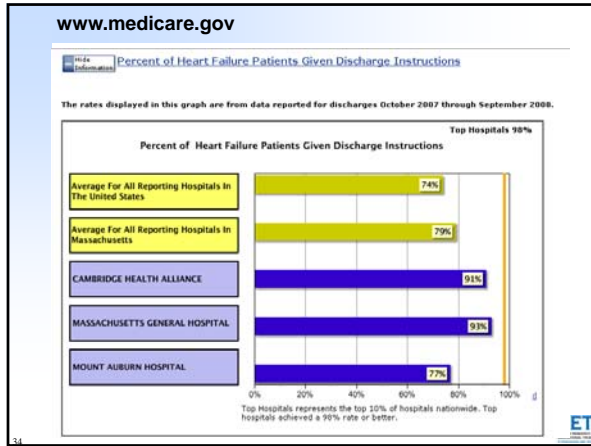


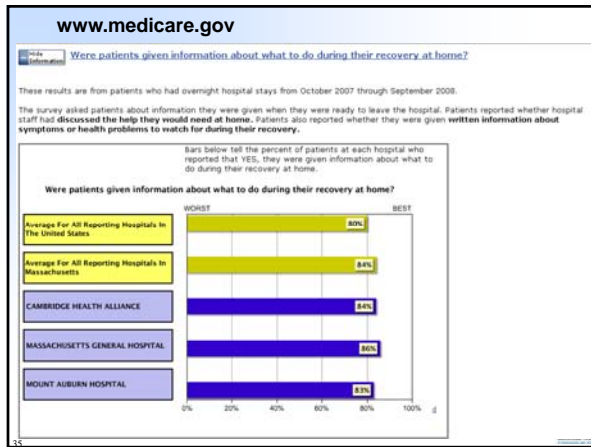


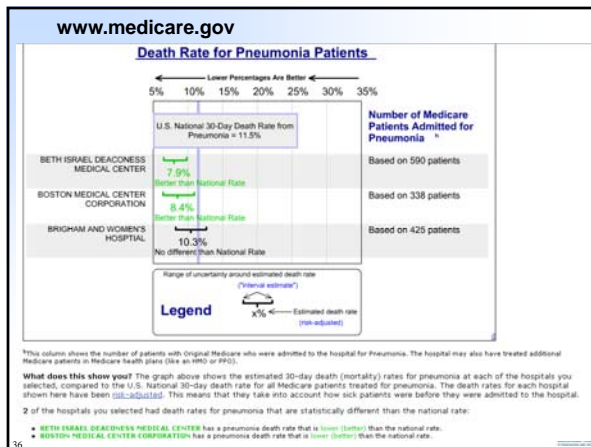


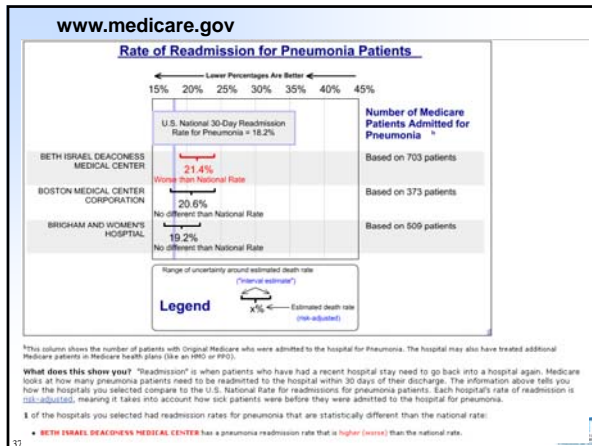












www.dartmouthatlas.org

Total Medicare reimbursements per enrollee during the last two years of life

Hospital Level Rates (2001-2005)

Hospital	Area	Population	Rates	Ratio to Benchmark	Surplus/Deficit
HRR Average	Boston, MA	75,836	66502.22	-	-
Brigham and Women's Hospital	Boston, MA	1,960	87721.31	1.32	41,589,413
Beth Israel Deaconess Medical Center	Boston, MA	2,815	83345.31	1.25	47,413,285
Hospital of the University of Pennsylvania	Philadelphia, PA	1,303	80726.85	1.21	18,534,686
Massachusetts General Hospital	Boston, MA	3,886	78666.19	1.18	47,269,158
Yale-New Haven Hospital	New Haven, CT	2,997	73926.87	1.11	22,251,652
Newton-Wellesley Hospital	Newton, MA	1,751	68440.68	1.03	3,394,240
Mount Auburn Hospital	Cambridge, MA	2,171	67463.13	1.01	2,086,124
Cambridge Health Alliance	Cambridge, MA	1,750	66207.03	1	-516,589
National Average	United States	4,732,448	52837.55	0.79	-64,667,340,089

Total ICU days per decedent during the hospitalization in which death occurred

Hospital Level Rates (2001-2005)

Hospital	Area	Population	Rates	Ratio to Benchmark	Surplus/Deficit
HRR Average	Boston, MA	75,728	1.39	-	-
Brigham and Women's Hospital	Boston, MA	1,960	1.86	1.34	420
Yale-New Haven Hospital	New Haven, CT	2,997	1.81	1.3	1,263
Hospital of the University of Pennsylvania	Philadelphia, PA	1,303	1.74	1.25	449
Beth Israel Deaconess Medical Center	Boston, MA	2,815	1.57	1.13	498
Massachusetts General Hospital	Boston, MA	3,886	1.53	1.1	531
Mount Auburn Hospital	Cambridge, MA	2,171	1.51	1.08	248
Cambridge Health Alliance	Cambridge, MA	1,750	1.43	1.03	63
Newton-Wellesley Hospital	Newton, MA	1,751	1.38	0.99	-19
National Average	United States	4,732,448	1.27	0.91	-603,363

Hospice days per decedent during the last six months of life

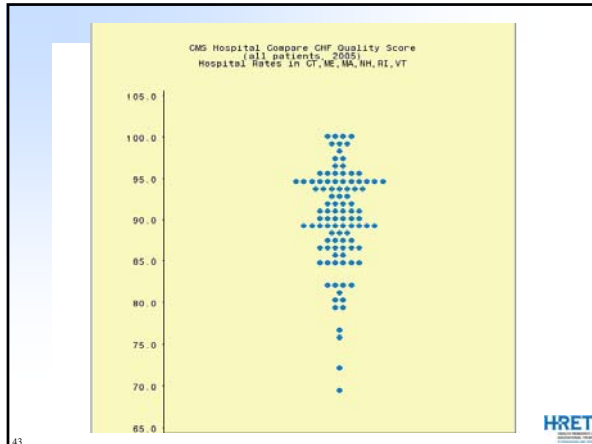
Hospital Level Rates (2001-2005)

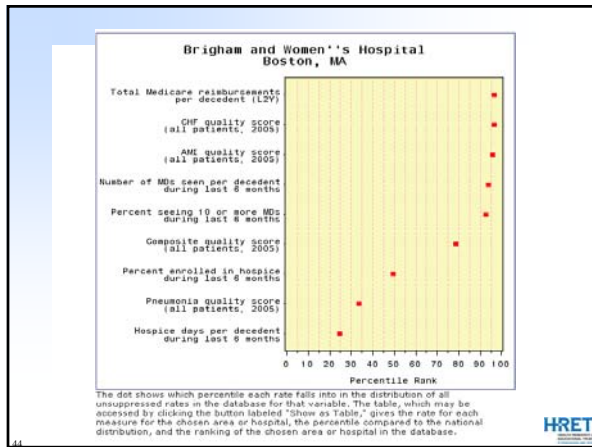
Hospital	Area	Population	Rates	Ratio to Benchmark	Surplus/Deficit
HRR Average	Boston, MA	75,373	8.09	-	-
National Average	United States	4,732,448	11.55	1.43	16,372,962
Hospital of the University of Pennsylvania	Philadelphia, PA	1,303	10.11	1.25	2,627
Yale-New Haven Hospital	New Haven, CT	2,997	8.94	1.1	2,537
Mount Auburn Hospital	Cambridge, MA	2,171	8.89	1.1	1,732
Beth Israel Deaconess Medical Center	Boston, MA	2,815	8.07	1	-64
Newton-Wellesley Hospital	Newton, MA	1,751	7.46	0.92	-1,108
Massachusetts General Hospital	Boston, MA	3,886	7.35	0.91	-2,903
Brigham and Women's Hospital	Boston, MA	1,960	7.01	0.87	-2,117
Cambridge Health Alliance	Cambridge, MA	1,750	6.44	0.8	-2,897

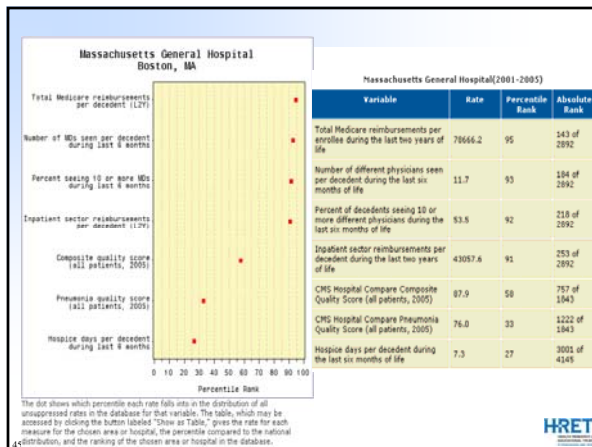
Total physician visits per decedent during the last six months of life						
Hospital Level Rates (2001-2005)						
Hospital	Area	Population	Rates	Ratio to Benchmark	Surplus/ Deficit	
HRR Average	Boston, MA	75,836	33.14	-	-	
Massachusetts General Hospital	Boston, MA	3,886	39.49	1.19	24,656	
Hospital of the University of Pennsylvania	Philadelphia, PA	1,303	37.95	1.15	6,262	
Brigham and Women's Hospital	Boston, MA	1,960	37.06	1.12	7,674	
National Average	United States	4,732,448	34.9	1.05	8,301,191	
Mount Auburn Hospital	Cambridge, MA	2,171	33.88	1.02	1,612	
Cambridge Health Alliance	Cambridge, MA	1,750	32.82	0.99	-566	
Newton-Wellesley Hospital	Newton, MA	1,751	32.23	0.97	-1,600	
Beth Israel Deaconess Medical Center	Boston, MA	2,815	30.82	0.93	-6,548	
Yale-New Haven Hospital	New Haven, CT	2,997	27.83	0.84	-15,907	
National Average	United States	4,732,448	35.81	0.76	-536,034	

Number of different physicians seen per decedent during the last six months of life						
Hospital Level Rates (2001-2005)						
Hospital	Area	Population	Rates	Ratio to Benchmark	Surplus/ Deficit	
HRR Average	Boston, MA	75,836	10.33	-	-	
Hospital of the University of Pennsylvania	Philadelphia, PA	1,303	12.07	1.17	2,262	
Brigham and Women's Hospital	Boston, MA	1,960	11.93	1.16	3,142	
Massachusetts General Hospital	Boston, MA	3,886	11.71	1.13	5,349	
Beth Israel Deaconess Medical Center	Boston, MA	2,815	11.26	1.09	2,418	
Newton-Wellesley Hospital	Newton, MA	1,751	10.61	1.03	495	
Cambridge Health Alliance	Cambridge, MA	1,750	10.2	0.99	-238	
Mount Auburn Hospital	Cambridge, MA	2,171	9.77	0.95	-1,215	
Yale-New Haven Hospital	New Haven, CT	2,997	9.33	0.9	-3,017	
National Average	United States	4,732,448	8.74	0.85	-7,512,645	
Total Part B spending per decedent during the last six months of life						
Hospital Level Rates (2001-2005)						
Hospital	Area	Population	Rates	Ratio to Benchmark	Surplus/ Deficit	
HRR Average	Boston, MA	75,836	5071	-	-	
Newton-Wellesley Hospital	Newton, MA	1,751	5818.55	1.15	1,308,969	
Hospital of the University of Pennsylvania	Philadelphia, PA	1,303	5414.13	1.07	447,097	
Brigham and Women's Hospital	Boston, MA	1,960	5398.3	1.06	641,510	
Massachusetts General Hospital	Boston, MA	3,886	5394.13	1.06	1,255,705	
Beth Israel Deaconess Medical Center	Boston, MA	2,815	5250.68	1.04	505,801	
Mount Auburn Hospital	Cambridge, MA	2,171	5097.9	1.01	58,411	
Yale-New Haven Hospital	New Haven, CT	2,997	4927.87	0.97	428,942	
Cambridge Health Alliance	Cambridge, MA	1,750	4886.2	0.97	-325,893	
National Average	United States	4,732,448	4597.43	0.91	-2,241,125,825	

Medicare Spending Report:								
Medicare spending during last two years of life per decedent								
Hospital Names	HCI Index	Total Medicare spending	Inpatient site of care	Outpatient site of care	Skilled nursing / Long-term care	Home health care	Hospice care	Durable medical equipment
Massachusetts General Hospital (Boston, MA)	82.2	\$78,666	\$43,058	\$11,509	\$15,149	\$4,718	\$1,503	\$900
Brigham and Women's Hospital (Boston, MA)	70.8	\$87,721	\$50,156	\$14,518	\$13,633	\$4,943	\$1,302	\$1,012
Mount Auburn Hospital (Cambridge, MA)	70.0	\$67,463	\$32,812	\$7,745	\$17,760	\$3,715	\$1,754	\$725
Cambridge Health Alliance (Cambridge, MA)	62.7	\$66,207	\$35,490	\$6,306	\$15,911	\$4,008	\$1,483	\$883
Beth Israel Deaconess Med Ctr (Boston, MA)	61.2	\$83,345	\$48,053	\$9,896	\$15,904	\$4,858	\$1,561	\$856
Emerson Hospital (West Concord, MA)	58.1	\$58,135	\$27,281	\$10,322	\$13,098	\$4,101	\$997	\$774
Boston Medical Center (Boston, MA)	50.6	\$79,672	\$47,921	\$8,774	\$12,372	\$5,579	\$1,644	\$1,096
Lahey Clinic Hospital (Burlington, MA)	46.8	\$64,571	\$32,387	\$10,173	\$13,418	\$4,176	\$1,758	\$844
Newton-Wellesley Hospital (Newton, MA)	46.5	\$68,441	\$32,195	\$10,398	\$16,877	\$4,229	\$1,385	\$1,106
Beverly Hospital (Beverly, MA)	22.6	\$57,420	\$24,768	\$8,388	\$13,074	\$4,399	\$3,136	\$857







www.massmedboard.org

Massachusetts Board of Registration in Medicine Physician Profile

Erin M. Olson, M.D.

I. Physician Information
(The information in sections I-IV has been provided by the physician.)

License Status: Active
License Issue Date: 6/8/2008
Accepting New Patients: No
Accept Medical: No
Primary Work Setting: None Reported
Business Address: Care Feller Cancer Institute
44 Binney St., Suite 353
Boston, MA 02115
Phone: None Reported
Transmittal Available: None Reported
Insurance Plans Accepted: None Reported
Board Affiliations: Care Feller Cancer Institute

VI. Malpractice Information

Some studies have shown that there is no significant correlation between malpractice history and a doctor's competence. At the same time, the Board believes that consumers should have access to malpractice information. In these profiles, the Board has given you information about both the malpractice history of the physician's specialty and the physician's history of payments. The Board has placed payment amounts with these educational categories: below average, average, and above average. To read the best health care decisions, you should view this information in perspective. You could mean an opportunity for high quality care by selecting a doctor based solely on malpractice history. When considering malpractice data, please keep in mind:

- Malpractice history is not an easy to quantify. Some specialties are more likely than others to be the subject of litigation. This report compares doctors only to the members of their specialty, not to all doctors, in order to make individual doctor's history more meaningful.
- This report reflects only the last 10 years of a doctor's practice. For doctors practicing less than 10 years, the data covers their total years of practice. The amount data only account how long the doctor has been in practice when considering malpractice averages.
- The incident causing the malpractice claim may have happened years before it occurred in public records. Sometimes, it takes a long time for a malpractice lawsuit to come through the legal system.
- Some doctors work primarily with high risk patients. These doctors may have patients who are at very high risk for problems, but these specialists in cases of malpractice of their specialty for a variety of reasons which do not necessarily reflect negatively on the professional competence or conduct of the physician. A pattern in settlement of a medical malpractice action or claim should not be construed as evidence a malpractice claim has occurred.

This may mean that malpractice information provided in this report, and malpractice generally, will vary doctor. The Board can refer you to other articles on this subject.

IX. There has not been a payment on a malpractice claim in Massachusetts in the past ten years.

II. Education & Training

Medical School: Case Western Reserve University School of Medicine
Graduation Date: 2006
Post Graduate Training: Hospital of the University of - Intern - Internal Medicine (ACCME66-0008)
Hospital of the University of - Resident - Internal Medicine (ACCME67-0008)
Hospital of the University of - Resident - Internal Medicine (ACCME68-0008)
Care Feller Cancer Institute - Fellow - Hematology/Oncology (F12008/ACC2011)

VII. Disciplinary and/or Criminal Actions

A. Criminal Conviction, Fine and Admonition:
The information in this section may not be comprehensive. The physician was required by law to supply this information to the Board.

B. There has not been an criminal conviction in the past ten years.

III. Specialty

Area of Specialty: Internal Medicine
Hematology
Oncology

Ratemds.com
 Mhq.org
 Healthgrades.com
 Patientsfirstma.org

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HEALTH REGISTRATION EXCELLENCE

Drivers of Change/Improvement

- 1. Balanced Scorecards/Dashboards:**
Use for Management and Improvement; Drives Strategy and Behavior
- 2. Public Reporting:** Transparency for Consumers and Providers

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