Measurement, Improvement and Transparency

August 2009

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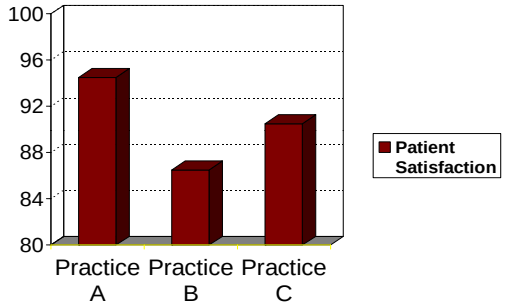
1

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



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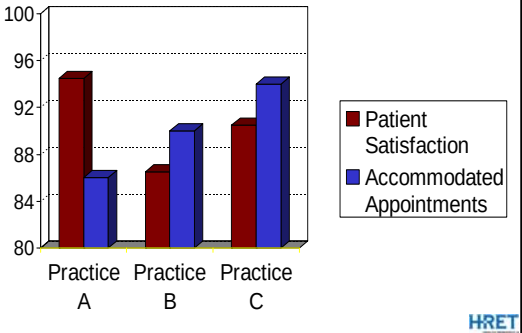

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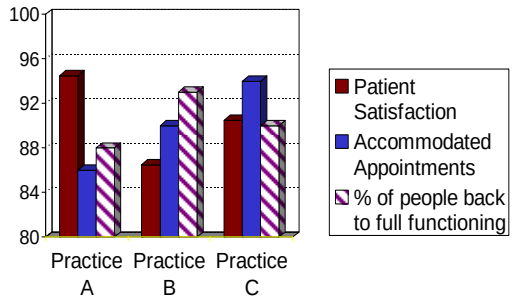

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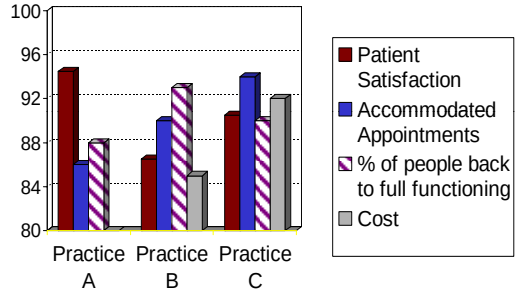

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Balanced Scorecard/Dashboard

- **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

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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

7

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

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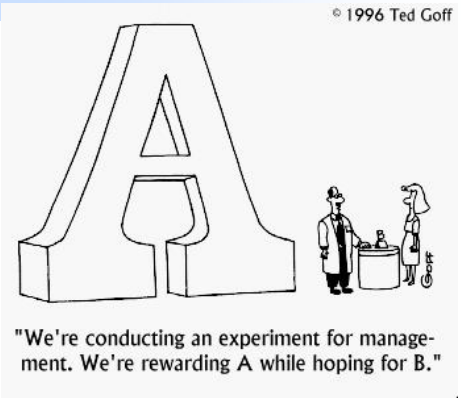

"We're conducting an experiment for management. We're rewarding A while hoping for B."

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

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Information for Management

Dimensions / 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

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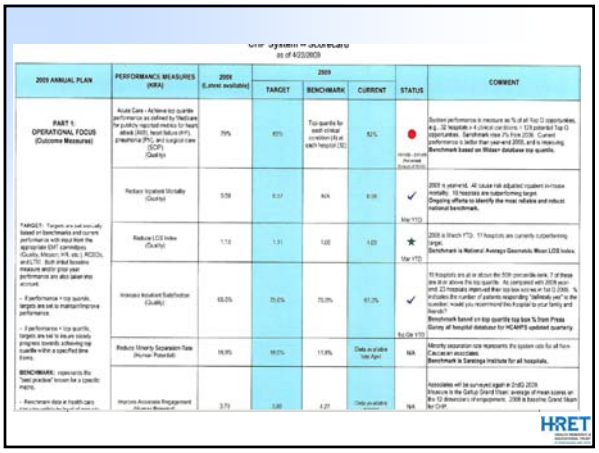

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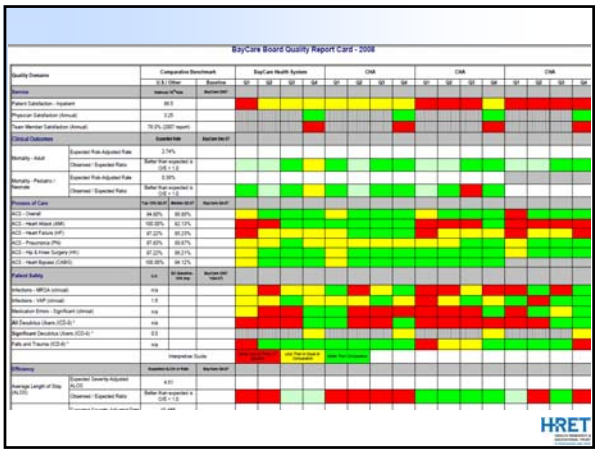

IHI Whole System Measures

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

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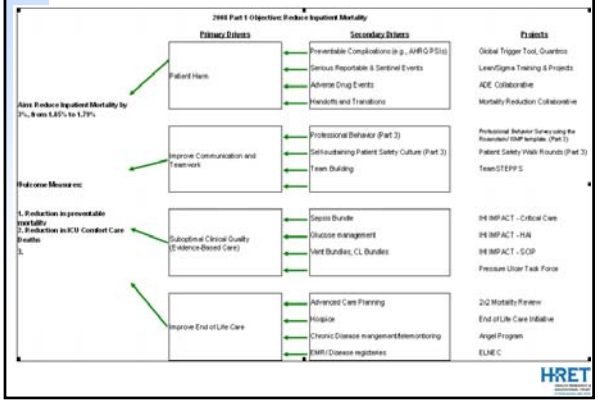
Strategy Map



Public Reporting

Transparency of Quality Information

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"10% to 25% saw ratings, 1% to 3% used information"

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HEALTH

FROM THE ARCHIVES: October 10, 2002

Consumers Don't Rely on Ratings For Health Services, Survey Says

By STACY FORSTER
THE WALL STREET JOURNAL ONLINE

Harris Interactive Study : n=1,013

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Transparency

Schneider and Epstein

JAMA. 1998;279:1638-1642.

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 56 (12%) knew about it before surgery. Among these 56 patients, 18 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 3% 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.

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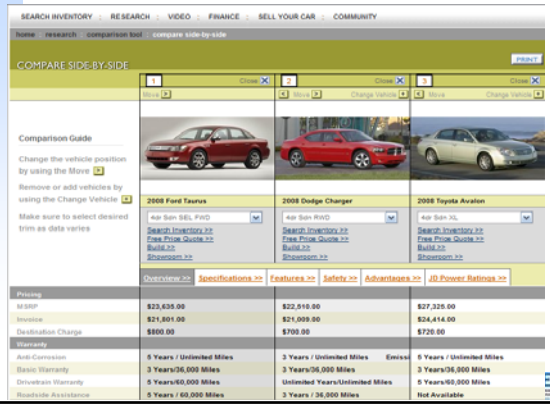
Lots of Information on Cars



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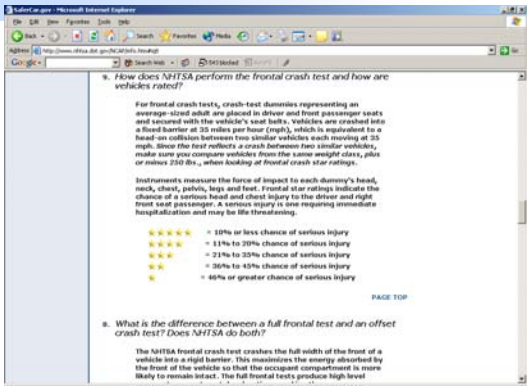

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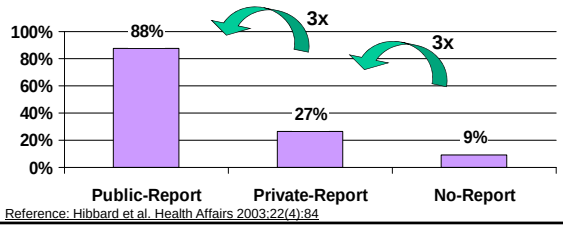
Transparency

Public disclosure leads to performance improvement

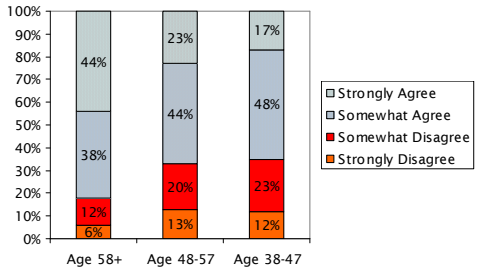
Percentage of hospitals with quality improvement activities in reducing hemorrhage following poor results in OB performance



Reference: Hibbard et al. Health Affairs 2003;22(4):84

Changes in Attitude

"My Doctor decides on my care and medications and I follow the advice"



Source: Forrester Research: Consumer Technographics® Q2 2003 North American Benchmark Study

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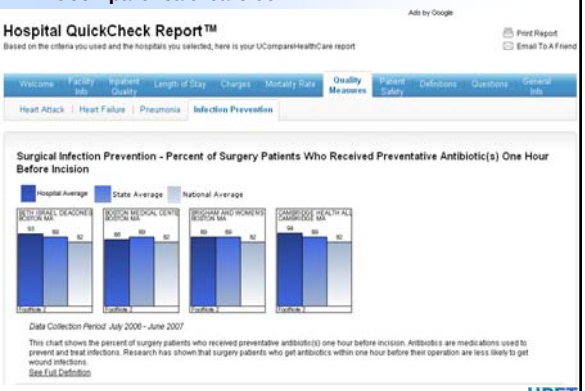
www.ucomparehealthcare.com



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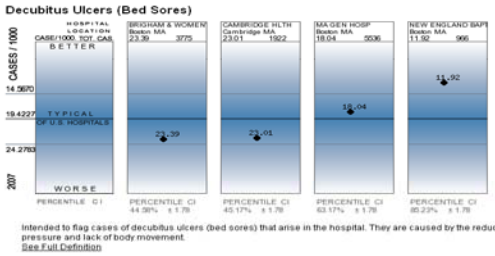
www.ucomparehealthcare.com



A decubitus ulcer is a bed sore. These sores are painful, often reddened areas of degenerated skin resulting from lying or sitting in one position too long. They are caused by the reduction of blood circulation in the skin due to pressure and lack of body movement. These sores are aggravated by exposure to urine or other irritating substances. If they are not treated, decubitus ulcers can become seriously infected. Most often they appear over bony prominences of the body such as the lower back. This indicator is intended to flag cases of decubitus ulcers that arise in the hospital. Its definition is limited to decubitus ulcer as a secondary diagnosis to exclude cases that may have been present on admission. In addition, this indicator excludes patients who were hospitalized for 4 days or less, as it is unlikely that a decubitus ulcer would develop within this period of time. Finally, this indicator excludes patients who are particularly susceptible to decubitus ulcers, such as patients with major skin disorders or paralysis.

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www.leapfroggroup.org

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www.leapfroggroup.org

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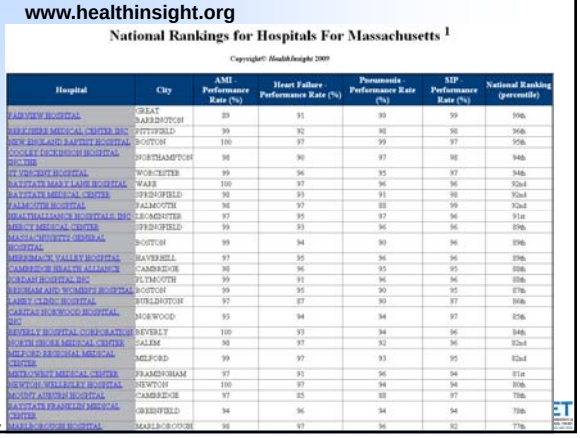
www.healthinsight.org



National Rankings for Hospitals For Massachusetts [1]

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Hospital	City	AMI - Performance Rate (%)	Heart Failure - Performance Rate (%)	Pneumonia - Performance Rate (%)	SIP - Performance Rate (%)	National Ranking (percentile)
FAIRVIEW HOSPITAL	GREAT BARRINGTON	89	91	99	99	99th
BERKSHIRE MEDICAL CENTER, INC	PITTSFIELD	99	92	98	98	96th
NEW ENGLAND BAPTIST HOSPITAL	BOSTON	100	97	99	97	95th
COOLEY DICKINSON HOSPITAL INC.THE	NORTHAMPTON	98	90	97	98	94th
ST VINCENT HOSPITAL	WORCESTER	99	94	95	97	94th
BAYSTATE MARY LANE HOSPITAL	WARE	100	97	96	96	92nd
BAYSTATE MEDICAL CENTER	SPRINGFIELD	98	93	91	98	92nd
FALMOUTH HOSPITAL	FALMOUTH	98	97	88	99	92nd
HEALTHALLIANCE HOSPITALS, INC	LEOMINSTER	97	95	97	96	91st
MERCY MEDICAL CENTER	SPRINGFIELD	99	93	96	96	89th
MASSACHUSETTS GENERAL HOSPITAL	BOSTON	99	94	90	96	89th
MERRIMACK VALLEY HOSPITAL	HAVERHILL	97	95	96	96	89th
CAMBRIDGE HEALTH ALLIANCE	CAMBRIDGE	98	96	95	95	88th
JORDAN HOSPITAL INC	PLYMOUTH	99	91	96	96	88th
BRIGHAM AND WOMEN'S HOSPITAL	BOSTON	99	95	90	95	87th
LAHEY CLINIC HOSPITAL	BURLINGTON	97	87	90	87	86th
CARITAS NORWOOD HOSPITAL INC	NORWOOD	93	94	94	97	85th
BEVERLY HOSPITAL CORPORATION	BEVERLY	100	93	94	96	84th
NORTH SHORE MEDICAL CENTER	SALEM	98	97	92	96	82nd
MILFORD REGIONAL MEDICAL CENTER	MILFORD	99	97	93	95	82nd
METROWEST MEDICAL CENTER	FRAMINGHAM	97	91	96	94	81st
NEWTON-WELLESLEY HOSPITAL	NEWTON	100	97	94	94	80th
MOUNT AUBURN HOSPITAL	CAMBRIDGE	97	85	88	97	78th
BAYSTATE FRANKLIN MEDICAL CENTER	GREENFIELD	94	96	94	94	78th
MARLBOROUGH HOSPITAL	MARLBOROUGH	98	97	96	92	77th

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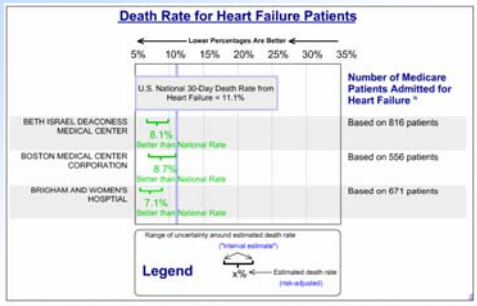
www.medicare.gov



*This column shows the number of patients with Original Medicare who were admitted to the hospital for Heart Failure. The hospital may also have treated additional Medicare patients in Medicare health plans (like an HMO or PPO).

What does this show you? The graph above shows the estimated 30-day death (mortality) rates for heart failure at each of the hospitals you selected, compared to the U.S. National 30-day death rate for all Medicare patients treated for heart failure. The death rates for each hospital shown here have been risk-adjusted. This means that they take into account how sick patients were before they were admitted to the hospital.

3 of the hospitals you selected had death rates for heart failure that are statistically different than the national rate:

- BETH ISRAEL DEACONESS MEDICAL CENTER has a heart failure death rate that is lower (better) than the national rate.
- BOSTON MEDICAL CENTER CORPORATION has a heart failure death rate that is lower (better) than the national rate.
- BRIGHAM AND WOMEN'S HOSPTIAL has a heart failure death rate that is lower (better) than the national rate.

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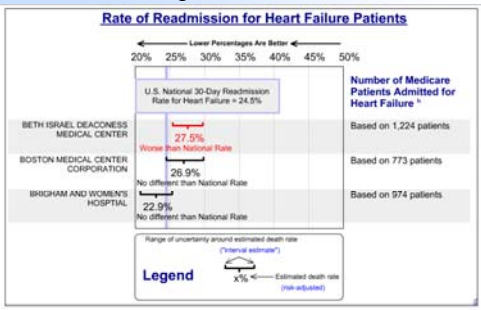

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What does this show you? "Readmission" is when patients who have had a recent hospital stay need to go back into a hospital again. Medicare looks at how many heart failure patients need to be readmitted to the hospital within 30 days of their discharge. The information above tells you how the hospitals you selected compare to the U.S. National Rate for readmissions for heart failure patients. Each hospital's rate of readmission is risk-adjusted, meaning it takes into account how sick patients were before they were admitted to the hospital for heart failure.

1 of the hospitals you selected had readmission rates for heart failure that are statistically different than the national rate:

- BETH ISRAEL DEACONESS MEDICAL CENTER has a heart failure readmission rate that is higher (worse) than the national rate.

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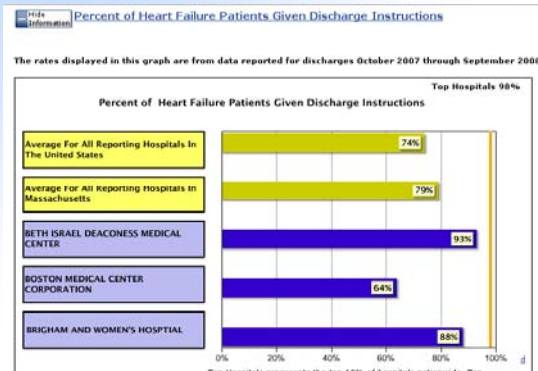

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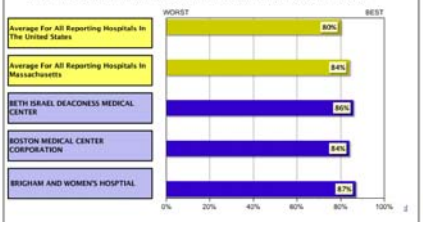
Were patients given information about what to do during their recovery at home?

These results are from patients who had overnight hospital stays from October 2007 through September 2008.

The survey asked patients about information they were given when they were ready to leave the hospital. Patients reported whether hospital staff had **discussed the help they would need at home.** Patients also reported whether they were given **written information about symptoms or health problems to watch for during their recovery.**

Bars below tell the percent of patients at each hospital who reported that YES, they were given information about what to do during their recovery at home.

Were patients given information about what to do during their recovery at home?



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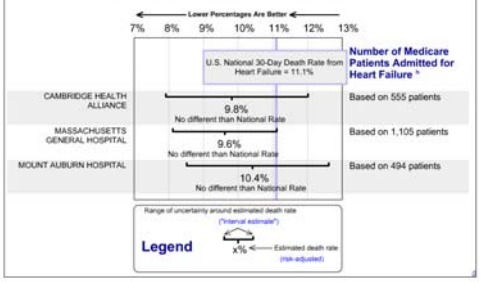
Death Rate for Heart Failure Patients



[a]This column shows the number of patients with Original Medicare who were admitted to the hospital for Heart Failure. The hospital may also have treated additional Medicare patients in Medicare health plans (like an HMO or PPO).

What does this show you? The graph above shows the estimated 30-day death (mortality) rates for heart failure at each of the hospitals you selected, compared to the U.S. National 30-day death rate for all Medicare patients treated for heart failure. The death rates for each hospital shown here have been risk-adjusted. This means that they take into account how sick patients were before they were admitted to the hospital.

None of the hospitals you selected had death rates for heart failure that are statistically different than the national rate.

For more information, see How are the death (mortality) measures calculated?

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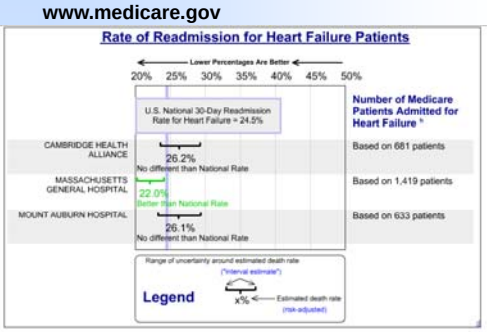
Rate of Readmission for Heart Failure Patients



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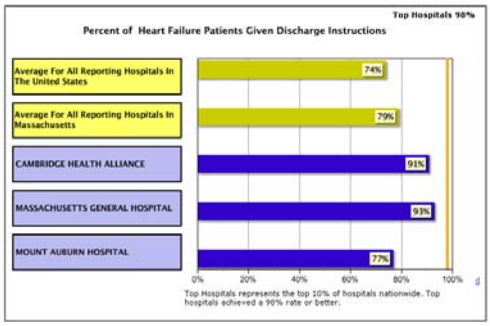
1 of the hospitals you selected had readmission rates for heart failure that are statistically different than the national rate:

- **MASSACHUSETTS GENERAL HOSPITAL** has a heart failure readmission rate that is lower (better) than the national rate.

www.medicare.gov

Hide Information Percent of Heart Failure Patients Given Discharge Instructions

The rates displayed in this graph are from data reported for discharges October 2007 through September 2008.



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Hide Information Were patients given information about what to do during their recovery at home?

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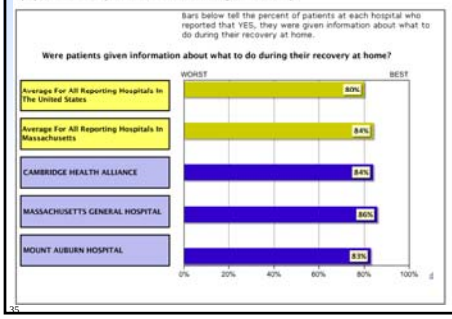

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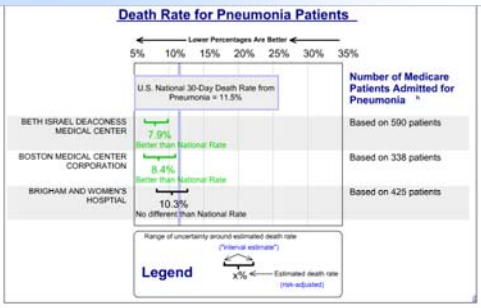
Death Rate for Pneumonia Patients



[b]This column shows the number of patients with Original Medicare who were admitted to the hospital for Pneumonia. The hospital may also have treated additional Medicare patients in Medicare health plans (like an HMO or PPO).

What does this show you? The graph above shows the estimated 30-day death (mortality) rates for pneumonia at each of the hospitals you selected, compared to the U.S. National 30-day death rate for all Medicare patients treated for pneumonia. The death rates for each hospital shown here have been risk-adjusted. This means that they take into account how sick patients were before they were admitted to the hospital.

2 of the hospitals you selected had death rates for pneumonia that are statistically different than the national rate:

- **BETH ISRAEL DEACONESS MEDICAL CENTER** has a pneumonia death rate that is lower (better) than the national rate.
- **BOSTON MEDICAL CENTER CORPORATION** has a pneumonia death rate that is lower (better) than the national rate.

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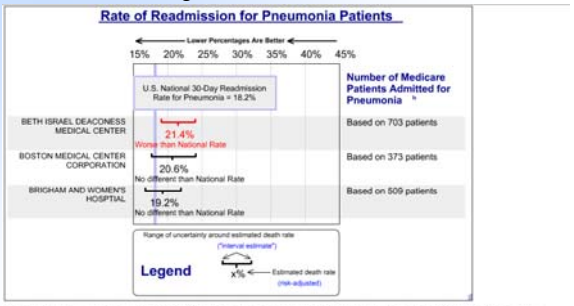

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What does this show you? "Readmission" is when patients who have had a recent hospital stay need to go back into a hospital again. Medicare looks at how many pneumonia patients need to be readmitted to the hospital within 30 days of their discharge. The information above tells you how the hospitals you selected compare to the U.S. National Rate for readmissions for pneumonia patients. Each hospital's rate of readmission is risk-adjusted, meaning it takes into account how sick patients were before they were admitted to the hospital for pneumonia.

1 of the hospitals you selected had readmission rates for pneumonia that are statistically different than the national rate:

- **BETH ISRAEL DEACONESS MEDICAL CENTER** has a pneumonia readmission rate that is higher (worse) than the national rate.

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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	-64,667,340,059

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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	920
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	-2,900
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

Percent of decedents seeing 10 or more different physicians 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**	**47.14**	-	-
Brigham and Women"s Hospital	Boston , MA	1,960	55.01	1.17	154
Massachusetts General Hospital	Boston , MA	3,886	53.46	1.13	246
Hospital of the University of Pennsylvania	Philadelphia , PA	1,303	51.08	1.08	51
Beth Israel Deaconess Medical Center	Boston , MA	2,815	50.81	1.08	103
Newton-Wellesley Hospital	Newton , MA	1,751	49.83	1.06	47
Cambridge Health Alliance	Cambridge , MA	1,750	46.01	0.98	-20
Mount Auburn Hospital	Cambridge , MA	2,171	45.02	0.96	-46
Yale-New Haven Hospital	New Haven , CT	2,997	41.87	0.89	-158
National Average	United States	4,732,448	35.81	0.76	-536,034

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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	2,618
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	4896.2	0.97	-305,892
National Average	United States	4,732,448	4597.43	0.91	-2,241,125,825

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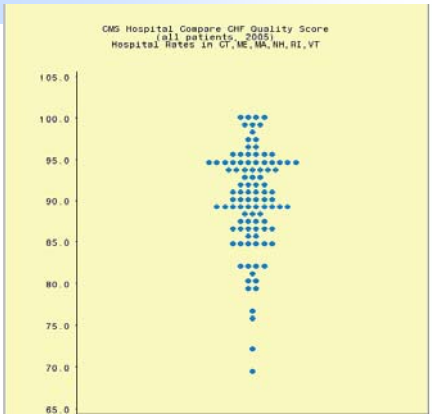
Medicare Spending Report:
Medicare spending during last two years of life per decedent

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

42



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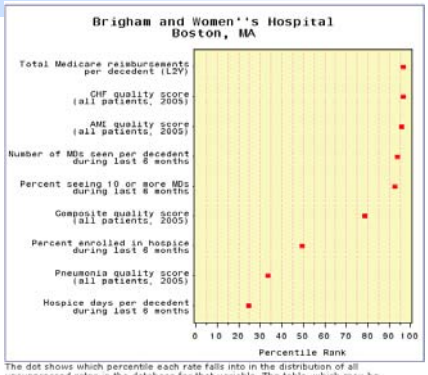

The dot shows which percentile each rate falls into in the distribution of all unsuppressed rates in the database for that variable. The table, which may be accessed by clicking the button labeled "Show as Table," gives the rate for each measure for the chosen area or hospital, the percentile compared to the national distribution, and the ranking of the chosen area or hospital in the database.

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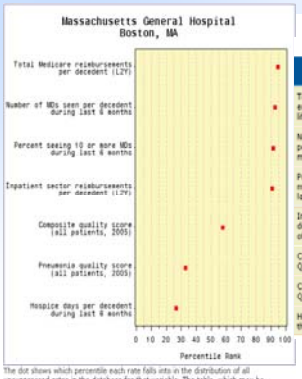

Massachusetts General Hospital(2001-2005)

Variable	Rate	Percentile Rank	Absolute Rank
Total Medicare reimbursements per enrollee during the last two years of life	78666.2	95	143 of 2892
Number of different physicians seen per decedent during the last six months of life	11.7	93	184 of 2892
Percent of decedents seeing 10 or more different physicians during the last six months of life	53.5	92	218 of 2892
Inpatient sector reimbursements per decedent during the last two years of life	43057.6	91	253 of 2892
CMS Hospital Compare Composite Quality Score (all patients, 2005)	87.9	58	757 of 1843
CMS Hospital Compare Pneumonia Quality Score (all patients, 2005)	76.0	33	1222 of 1843
Hospice days per decedent during the last six months of life	7.3	27	3001 of 4145

The dot shows which percentile each rate falls into in the distribution of all unsuppressed rates in the database for that variable. The table, which may be accessed by clicking the button labeled "Show as Table," gives the rate for each measure for the chosen area or hospital, the percentile compared to the national distribution, and the ranking of the chosen area or hospital in the database.

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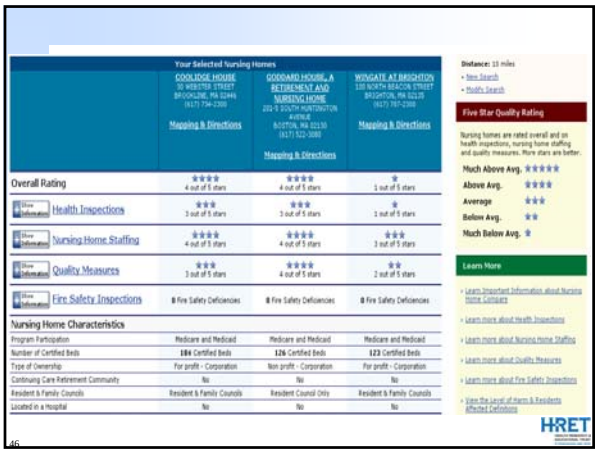
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Mapping & Directions
Overall Rating
Health Inspections
Nursing Home Staffing
Quality Measures
Fire Safety Inspections
Nursing Home Characteristics
Program Participation
Number of Certified Beds
Type of Ownership
Continuing Care Retirement Community
Resident & Family Councils
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Distance: 15 miles
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Much Above Avg.
Above Avg.
Average
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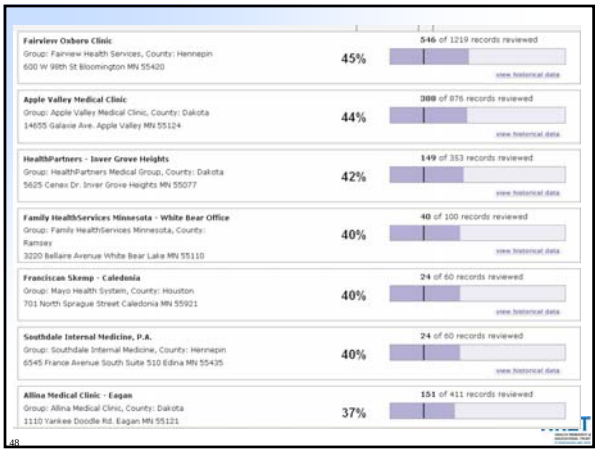
Fairview Oxboro Clinic
45%
546 of 1219 records reviewed
Apple Valley Medical Clinic
44%
300 of 876 records reviewed
HealthPartners - Inver Grove Heights
42%
149 of 353 records reviewed
Family HealthServices Minnesota - White Bear Office
40%
40 of 100 records reviewed
Franciscan Skemp - Caledonia
40%
24 of 60 records reviewed
Southdale Internal Medicine, P.A.
40%
24 of 60 records reviewed
Allina Medical Clinic - Eagan
37%
151 of 411 records reviewed

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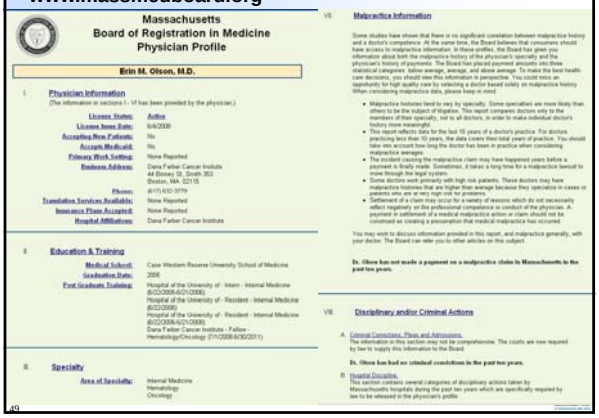

Massachusetts
Board of Registration in Medicine
Physician Profile

Erin M. Olson, M.D.

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

License Status:	Active
License Issue Date:	6/4/2008
Accepting New Patients:	No
Accepts Medicaid:	No
Primary Work Setting:	None Reported
Business Address:	Dana Farber Cancer Institute 44 Binney St, Smith 353 Boston, MA 02115
Phone:	(617) 632-3779
Translation Services Available:	None Reported
Insurance Plans Accepted:	None Reported
Hospital Affiliations:	Dana Farber Cancer Institute

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 (6/2/2006-6/21/2006) Hospital of the University of - Resident - Internal Medicine (6/22/2006) Hospital of the University of - Resident - Internal Medicine (6/22/2006-6/21/2009) Dana Farber Cancer Institute - Fellow - Hematology/Oncology (7/1/2008-6/30/2011)

III. **Specialty**

Area of Specialty:	Internal Medicine Hematology Oncology

VII. **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 into three statistical categories: below average, average, and above average. To make the best health care decisions, you should view this information in perspective. You could miss an opportunity for high quality care by selecting a doctor based solely on malpractice history. When considering malpractice data, please keep in mind:

- Malpractice histories tend to vary by specialty. 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 data for the last 10 years of a doctor's practice. For doctors practicing less than 10 years, the data covers their total years of practice. You should take into account how long the doctor has been in practice when considering malpractice averages.
- The incident causing the malpractice claim may have happened years before a payment is finally made. Sometimes, it takes a long time for a malpractice lawsuit to move through the legal system.
- Some doctors work primarily with high risk patients. These doctors may have malpractice histories that are higher than average because they specialize in cases or patients who are at very high risk for problems.
- Settlement of a claim may occur for a variety of reasons which do not necessarily reflect negatively on the professional competence or conduct of the physician. A payment in settlement of a medical malpractice action or claim should not be construed as creating a presumption that medical malpractice has occurred.

You may wish to discuss information provided in this report, and malpractice generally, with your doctor. The Board can refer you to other articles on this subject.

Dr. Olson has not made a payment on a malpractice claim in Massachusetts in the past ten years.

VIII. **Disciplinary and/or Criminal Actions**

A. Criminal Convictions, Pleas and Admissions:
The information in this section may not be comprehensive. The courts are now required by law to supply this information to the Board.

Dr. Olson has had no criminal convictions in the past ten years.

B. Hospital Discipline:
This section contains several categories of disciplinary actions taken by Massachusetts hospitals during the past ten years which are specifically required by law to be released in the physician's profile.

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Mhqp.org
Healthgrades.com
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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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