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MEDICAL BOARD OF CALIFORNIA



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REPORT TO THE LEGISLATURE

VERTICAL ENFORCEMENT MODEL

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This ***Report to the Legislature, Vertical Enforcement Model***, was prepared on behalf of the Medical Board of California by Integrated Solutions for Business and Government, Inc. (ISBG), a California certified small business based in Sacramento, California.

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I. EXECUTIVE SUMMARY

The mission of the Medical Board of California “is to protect health care consumers through the proper licensing and regulation of physicians and surgeons and certain allied health care professions and through the vigorous, objective enforcement of the Medical Practice Act, and to promote access to quality medical care through the Board’s licensing and regulatory functions.”

To this end, legislation was enacted into law to assist in streamlining the investigation and prosecution of alleged misconduct by physicians and surgeons (P&S).

Senate Bill 1950 (Figueroa), Chapter 1085, Statutes of 2002, mandated the appointment of an Enforcement Program Monitor (Monitor) to “monitor and evaluate the disciplinary system and procedures” of the Medical Board of California (MBC) for a period of two years. Two reports were required: an initial report of the findings and conclusions no later than October 1, 2003, and a final report prior to March 31, 2005.

In both the Initial and Final Reports of the ***Medical Board of California Enforcement Program Monitor***, the Monitor recommended the vertical prosecution model whereby “the trial attorney and the investigator are assigned as the team to handle a complex case as soon as it is opened as a formal investigation”. The Monitor stated that the vertical prosecution model would improve efficiency and reduce case cycle time and, thereby, ensure the quality and safety of medical care to the people of California.

Subsequently, Senate Bill 231, Chapter 674, Statutes of 2005, was enacted into law codifying the use of the vertical prosecution model effective January 1, 2006. It also required the MBC to report and make recommendations to the Governor and the Legislature on the vertical prosecution model by July 1, 2007.

As mandated, the MBC and the Health Quality Enforcement Section (HQES) of the Department of Justice (DOJ) implemented the vertical prosecution model for P&S on January 1, 2006. To avoid potential complications that might result from utilizing a different model for the investigation and prosecution¹ of Allied Health Care Professions (AH), cases investigated by the MBC on behalf of sister agencies, MBC and HQES elected to simultaneously implement the vertical prosecution model for AH cases as well. Since not all of MBC’s cases lead to prosecution and a modified model was necessary due to staffing issues, the name of the new model was internally changed to vertical enforcement (VE), although statute still refers to a vertical prosecution model.

The MBC’s ***Report to the Legislature on Vertical Enforcement*** in November 2007, stated that from January 1, 2006 through April 9, 2007, there was an overall decrease of 10 days in the average time to complete an investigation, excluding all cases pending

¹ For purposes of this report, the term “prosecution” refers to an administrative action commenced by the filing of an accusation with the Office of Administrative Hearings, unless the context indicates otherwise.

prior to implementation of the pilot. The report further stated that the statistics showed that the number of cases closed without prosecution was reduced from 145 days to 139 days; obtaining medical records was decreased from 74 days to 36 days; conducting physician interviews reduced from 60 days to 40 days; obtaining medical expert opinions went from 69 day to 36 days; filing of accusations by HQES decreased from 241 to 212 days; and obtaining interim suspension orders or temporary restraining orders decreased from 91 days to 30 days.

Although the initial statistical data from the pilot identified trends which suggested that the VE model can more quickly identify cases for closure, handle certain egregious complaints more expeditiously, and showed a trend of reducing the time frames to complete investigations, the pilot period did not provide sufficient time to address the Monitor's concerns regarding the time to complete prosecutions, since some MBC investigations may take over 12 months to complete and the available statistics at that time only covered a 16 month period.

Consequently, Senate Bill 797 (Ridley-Thomas), Chapter 33, Statutes of 2008, was enacted continuing the VE model until July 1, 2010, and requiring a report by the MBC on the effectiveness of VE model by July 1, 2009. This report is the result of that mandate.

The MBC commissioned Integrated Solutions for Business and Government, Inc. (ISBG) on March 13, 2009, to review data collected by the MBC for the period from January 1, 2005 (pre-VE) through December 31, 2008, and report findings and recommendations.

The statistical conclusions contained in this report are based on data provided to ISBG by MBC. ISBG performed no independent testing or auditing of the provided data to verify its accuracy. Due to the limited scope and time available to complete the report, data separately collected and maintained by HQES was not compared with the data provided by MBC. References to comparisons of data between years, such as the percentage difference between 2005 and 2008, refers to a comparison of the total cases in the indicated years, exclusive of cases in the intervening years.

Because many of the data markers involve comparison of relatively few cases, reference should be made to the applicable underlying data contained in the appendices in determining the significance, if any, of the specific statistical comparisons.

The following table summarizes select results of the review of the provided combined P&S and AH data, showing the percentage increase or decrease in time for the specified data markers between 2005 and 2008.

	(Percentage Increase or Decrease)
	2008 vs. 2005
	(2005 Data Pre VE, 2008 Data Combined VE & Non VE Cases)
Misc. Stats	
Attorney Services Hours Billed by AG	37.71%
Legal Assistant/Paralegal Hours Billed by AG	39.81%
Enforcement Temp Help Hours Worked (excludes Med. Consultants)	86.83%
Enforcement Medical Consultant Hours Worked	4.11%
Average Caseload per Filled Field Investigator Position	no change
	Combined Physician and Surgeon & Allied Health Care Stats
Cases Referred to Investigations	-14.36%
Days Aged from Assigned to Investigator to Closed, No Prosecution	
Average	37.64%
Median	-61.54%
No of Cases	-24.31%
Days Aged from Assigned to Investigator To Referral for Citation/Fine	
Average	75.72%
Median	61.48%
No of Cases	-19.61%
Days Aged from Assigned to Investigator To Referral for Criminal Action	
Average	38.35%
Median	52.22%
No of Cases	-2.63%
Days Aged from Case Submitted to D.O. Medical Consultant to Review Completed	
Average	183.87%
Median	83.33%
No of Cases	569.39%
Days Aged from Assigned to Investigator To Investigation Completed (Referral to AG)	
Average	42.13%
Median	56.83%
No of Cases	11.38%
Days Aged from Assigned to Investigator to All Outcomes	
Average	21.73%
Median	40.65%
No of Cases	-19.00%
Days Aged from Assigned to Investigator to Settlement	
Average	-6.21%
Median	-5.23%
No of Cases	-11.34%
Days Aged from Assigned to Investigator to Disciplinary Outcome	
Average	-0.51%
Median	-1.85%
No of Cases	-9.61%
Days Aged from Completed Investigation to Accusation Filed	
Average	-72.32%
Median	-84.46%
No of Cases	-8.48%
Days Aged from Accusation Filed to Disciplinary Outcome	
Average	-8.75%
Median	-27.29%
No of Cases	-6.08%
Days Aged from Accusation Filed to Accusation Withdrawn/Dismissed Outcome	
Average	16.67%
Median	-23.64%
No of Cases	24.00%
Days Aged from Accusation Filed to Settlement Outcome	
Average	-17.16%
Median	-28.25%
No of Cases	-10.99%
Other Stats	
OAH Initial Hearing Dates Delayed Due to Governor's Executive Order, July - October 2008	
Average Days Delay	119.78
Median Days Delayed	112.00
Number of Cases Delayed	23.00

Since statistical data alone does not fully describe the effectiveness of the VE model, interviews of MBC and HQES staff were conducted from April 9 through 15, 2009. Eleven (11) MBC enforcement staff were interviewed at the management, supervisory and investigative levels, all of whom were present since the onset of VE, with an average of 13 years with MBC. Additionally, 11 HQES staff were interviewed at the management, supervisory, primary and lead levels, all of whom were present since the onset of VE, with an average of 14 years experience with HQES. The following is a synopsis of the interviews:

- All believe that public safety is their number one priority;
- In general, they like their respective professions;
- Most HQES staff indicated that their current caseload is manageable and not much different than prior to VE;
- Most MBC staff stated that their caseload is too heavy;
- Both HQES and MBC are experiencing retention issues;
- MBC continues to experience recruiting problems;
- Both believe that communication between MBC investigators and DAGs increased, but for different reasons;
- The manner in which VE is implemented is inconsistent from one HQES office to another;
- DAGs believe that VE is a vast improvement from the previous Deputy in District Office (DIDO) program; and
- Some MBC investigators believe that, as implemented, VE may be more effective, but is not more efficient.

Although noteworthy efforts were expended by both HQES and MBC staff toward implementation of the VE model and some successes achieved, it is evident that room for improvement exists. Six alternatives are apparent regarding the future of the VE model based on the statistical data and other information gathered to date. Summary of the alternatives are:

- Canceling the VE pilot and resuming the previous method of investigating and prosecuting complaints;
- Continuing the current pilot unmodified for a period of time to gather additional statistical data;
- Transferring MBC investigators to DOJ and consolidating responsibility for the investigation and prosecution of complaints under the AG;
- Transferring responsibility for prosecuting cases to MBC and allowing MBC to hire in-house legal staff necessary to assume these duties;
- Co-location of DAGs and investigators in the same facility; or
- Continuing the pilot with modifications to improve its implementation and assess its effectiveness and success in two years.

The last alternative is the most feasible. This alternative would modify the current pilot with improvements recommended below which are imperative for the VE model to succeed. Furthermore, additional commitment to the VE process by executive

management and every manager and supervisor in each department is essential to the success of this modified VE model.

Summary of the recommendations for a more successful implementation of the VE model are as follows:

Recommendation #1: Zero Tolerance of Negative Communication

While both the MBC and HQES have made considerable progress in their working relationship, additional work is necessary to ensure mutual respect and appreciation for the vital roles each bring to the process and, ultimately, to public protection. Poor interpersonal communications are aggravated by a lack of commonly understood and mutually accepted appreciation of each others' roles and professional contributions towards resolving cases in the VE model. It is recommended that the tone be uniformly set by executive management and every manager and supervisor of both departments that all staff work together as partners in a professional and respectful manner, and that all communications demonstrate mutual respect, courtesy and responsiveness, without exception. Any inappropriate communication must be addressed immediately, fairly and effectively.

Consideration should be given to engaging a knowledgeable outside consultant respected by both MBC and HQES to help identify, isolate and eliminate the cause(s) of such negative communications.

Recommendation #2: Clarity of Roles

It is recommended that clear and consistent direction be provided by top management regarding the roles of DAGs and MBC staff at all levels. Although the VPM identifies the VE team members and their respective roles, many of those interviewed from both departments stated that there needs to be a greater clarity of their respective roles.

The meaning of GC Section 12529.6 wording "under the direction of" must be clearly defined and adhered to in a consistent manner throughout both departments in a manner that emphasizes teamwork and recognizes the unique training, expertise and contributions of all members of the team. If necessary, legislative changes should be sought to provide additional clarity.

Although HQES management stated that it has been HQES' position that MBC is the client, interview responses indicate that this is not clearly understood or accepted. Therefore, management must clarify and ensure a consistent understanding and application of the term, which should be included in the joint training recommended below and incorporated in all appropriate manuals.

Recommendation #3: Consistent and Unified VE Process

Since the VE process varies from one office to the other, it is recommended that there be a consistent and uniform statewide VE process, including appropriate levels of approval, which are adhered to in every office. Exceptions, if any, should have an appropriate basis, be clearly documented and published to avoid the appearance of being arbitrary or unfair. It is also recommended that consideration be given to implementing a single joint manual that includes input from all who are part of the VE process, through a joint task force or committee, to ensure consistency and uniform understanding of the VE model and each person's role in the VE process.

Recommendation #4: Consider Limiting VE to Specified Types or Categories of Cases or Circumstances

The data provided indicates that although there is a decrease in the time to complete a case once it is referred to the AG for prosecution, there is an overall increase in the investigatory phase of cases in the VE model.

As the Monitor noted, the vertical prosecution model is widely and successfully used by law enforcement, district attorney offices and others for specialized or complex cases. In light of the demonstrated increase in the time to complete the investigatory phase that has resulted from inclusion of all cases in the VE model, it is recommended that consideration be given to identifying specific types or categories of cases or circumstances under which VE would likely be of benefit and limit its use to those situations.

A working group consisting of management and staff from both departments should evaluate and recommend the categories of cases, circumstances or guidelines for determining which cases warrant handling in the VE process. In addition, consideration should be given to designating an intake officer(s) in the field offices to determine cases warrant VE handling in accordance with the final guidelines. An outside consultant experienced in vertical prosecution should be considered to assist in this process.

Recommendation #5: Joint Statewide Training

Although MBC management states that joint statewide training has been previously attempted, it is recommended that a mandated joint statewide training for all DAGs and investigators, regardless of their level, experience or past training, be held to assist in team building and ensure a common and consistent knowledge base. Based on the comments received from interviewees, such training should, at a minimum, include:

- Effective and efficient communication;
- Workload prioritization;
- Roles, background and training of investigators, supervisors, lead and primary DAGs and SDAGs, and the needs of each to efficiently and appropriately perform their functions;

- Definition of “client” and “direction”;
- Interviews and interview strategies;
- Obtaining appropriate expert witnesses;
- Subpoena use and preparation;
- Administrative hearing process and investigator’s role at a hearing; and
- The role and purpose of the Central Complaint Unit (CCU).

Recommendation #6: Staffing Vacancies

It is recommended that the departments continue to give priority to resolving current staffing vacancy issues. Areas to pursue include:

- Methods to increase investigators’ salaries;
- Use of overtime pay;
- Use of telecommunication and alternate work schedules; and/or
- Wage subsidization in high turnover, hard to fill vacancy locations.

Consideration should be given to engage a knowledgeable consultant to survey past and current employees to identify and, if appropriate, help resolve areas of dissatisfaction that are contributing to the problem.

Recommendation #7: Common Server

One of the recommendations of the Monitor’s reports and the previous ***Report to the Legislature, Vertical Enforcement***, was to implement an “information technology system interoperable with the current system used at DOJ”. The MBC and AG have agreed to an interoperable database and are in the process of obtaining necessary control agency approvals. Although immediate implementation may consequently not be feasible at this time, there was significant support from many of those interviewed for implementation of a common or shared server accessible to both DAGs and investigators for storage of common documents and their calendars as an interim measure.

It is suggested that a working group of both AG and MBC staff be established to explore an effective and efficient method of sharing documents and information to eliminate repetitive duplication of documents and unnecessary delays in scheduling and rescheduling of subject interviews.

In conclusion, it is recommended that the most prudent course of action at this time is the continuation of the pilot with the modifications contained in Recommendations 1 through 7 to improve the implementation of the VE model, and a reassessment of its success after two years. It is important to note that additional commitment to the VE process by executive management and every manager and supervisor in each department is essential to the success of this modified VE model.

II. INTRODUCTION

BACKGROUND

The mission of the Medical Board of California “is to protect health care consumers through the proper licensing and regulation of physicians and surgeons and certain allied health care professions and through the vigorous, objective enforcement of the Medical Practice Act, and to promote access to quality medical care through the Board’s licensing and regulatory functions.”

The Medical Practice Act as codified in Business and Professions (B&P) Code Sections 2000-2029 establishes the Medical Board of California (MBC) within the Department of Consumer Affairs (DCA) and mandates, in B&P Code Section 2001.1, protection of the public as the highest priority of the MBC in exercising its licensing, regulatory and disciplinary functions.

The MBC’s quality of medical care responsibilities as outlined in B&P Code Section 2004 are: the enforcement of disciplinary and criminal provisions of the Medical Practices Act; the administration and hearing of disciplinary actions; the implementation of disciplinary actions appropriate to findings made by a panel or an administrative law judge; the suspension, revocation, or other limiting of certificates after the conclusion of disciplinary actions; and the review of the quality of medical practice carried out by certified physicians and surgeons under the jurisdiction of the MBC.

In addition, B&P Code Section 2020 requires that the Attorney General act as legal counsel for the MBC for any judicial or administrative proceedings and, pursuant to B&P Code Section 2006, on and after January 1, 2006, redefines statutory references to investigations by the MBC, or one of its divisions, to refer to an investigation directed by employees of the Department of Justice (DOJ).

Government Code (GC) Sections 12529 and 12529.5, effective until July 1, 2010, established the Health Quality Enforcement Section (HQUES) within the DOJ, whose primary responsibility is to investigate and prosecute proceedings against licensees and applicants within the jurisdiction of the MBC, selected other boards and any committee under the jurisdiction of the MBC.

HISTORY

In 2002, the Joint Legislative Sunset Review Committee recommended that the Director of DCA appoint an independent Enforcement Monitor (Monitor) to investigate and evaluate the disciplinary and enforcement policies and procedures of the MBC.

Subsequently, SB 1950 (Figueroa), Chapter 1085, Statutes of 2002, was enacted. Section 2220.1 of the B&P Code was added which mandated the appointment of a Monitor for two years and required the Monitor to report its findings to the Governor and the Legislature. The statute required that the initial report be submitted no later than October 1, 2003, and a final report prior to March 31, 2005. MBC's sunset date was extended from July 1, 2003 to July 1, 2005.

The ***Initial Enforcement Monitor Report*** was submitted on November 1, 2004. In the report, the Monitor recommended a vertical prosecution model whereby an attorney and investigator are assigned as a team to handle complex cases as soon as a case is opened as a formal investigation. The Monitor stated: "In this system, the prosecutor and investigator work together during the investigative phase to develop the investigative plan and ensure the gathering of necessary evidence to prove the elements of the offense and to address anticipated legal defenses; provide legal analysis of the incoming evidence to help shape the direction of the case; prepare subpoenas or help secure search warrants to prod uncooperative subjects or third-party witnesses; deal directly with defense attorneys when issues arise; and address settlement or plea matters, which often appear early in such cases."

With respect to the role of the investigator, the Monitor stated: "In turn, the investigator contributes a peace officer's experience and insight into the investigative plan and case strategy, and performs the field investigative tasks, including identification and location of witnesses and subjects; interviews of witnesses and subjects; obtaining and participating in the review of documentary and technical evidence; accessing criminal history and other databases; identifying and assisting with experts; planning and executing undercover operations; preparation of affidavits and specifications for search warrants, and service of those warrants; arrests and surrenders; witness assistance and evidentiary matters during trial; investigative report preparation; and other tasks usually associated with the work of trained peace officers and professional investigators."

The benefits of vertical prosecution, according to the Monitor, are:

- Improved efficiency and effectiveness arising from better communication and coordination of efforts;
- Reduced case cycle times;
- Improved commitment to cases;
- Improved morale, recruitment, and retention of experienced prosecutors and investigators;
- Improved training for investigators and prosecutors; and
- The potential for improved perception of the fairness of the process.

The Monitor report also recommended that MBC's investigators be transferred to HQES. It is important to emphasize that the Monitor also stated: "It is critical to note that the vertical prosecution model works best where all participants recognize and respect the contributions of all team members, and where attorneys, investigators, and other team members perform the functions for which they are trained and best suited.

Investigators in a vertical prosecution team are responsible for the tasks which are appropriately theirs, including essentially all the field investigative tasks involving witnesses, evidence, and related procedures. Prosecutors in a vertical prosecution team perform the tasks for which they are trained and licensed, including legal analysis and advocacy essential to preparing evidence for trial and presenting that evidence at trial."

Many of the recommendations outlined in the Monitor's report were addressed immediately by MBC, however, others required legislation.

Subsequently, SB 231 (Figueroa), Chapter 674, Statutes of 2005, was enacted instituting a two year vertical prosecution pilot, but without transferring the MBC's investigators to HQES. The GC Section 12529.6 was added requiring that effective January 1, 2006, "each complaint that is referred to a district office of the board for investigation, shall be simultaneously and jointly assigned to an investigator and to the deputy attorney general in the Health Quality Enforcement Section responsible for prosecuting the case if the investigation results in the filing of an accusation. The joint assignment of the investigator and the deputy attorney general shall exist for the duration of the disciplinary matter. During the assignment, the investigator so assigned shall, under the direction of the deputy attorney general, be responsible for obtaining the evidence required to permit the Attorney general to advise the board on legal matters such as whether the board should file a formal accusation, dismiss the complaint for a lack of evidence required to meet the applicable burden of proof, or take other appropriate legal action."

The legislation also required MBC to report and make recommendations to the Governor and the Legislature on the vertical prosecution model by July 1, 2007. Lastly, the MBC sunset date was extended to July 1, 2008.

The ***Final Enforcement Monitor Report*** was completed on November 1, 2005. As it relates to vertical prosecution, the Monitor once again recommended the full implementation of the vertical prosecution system, including the transfer of MBC's investigators to HQES after 2007.

On January 1, 2006, the MBC and the HQES implemented a vertical prosecution model. Since not all of MBC's cases lead to prosecution and a modified model was necessary due to staffing issues, the new model was internally renamed from vertical prosecution to vertical enforcement (VE), although statute still refers to a vertical prosecution model.

Both agencies agreed that the two year VE pilot include three basic elements:

- Each complaint referred to an MBC field office must be simultaneously and jointly assigned to an MBC investigator and a HQES deputy attorney general (DAG);
- The joint assignment must exist for the duration of the case; and
- Under the direction of a DAG, the assigned MBC investigator is responsible for obtaining the evidence required to allow the DAG to advise the MBC investigator

on legal matters such as whether a formal accusation should be filed, dismiss the complaint, or take other appropriate legal action.

In addition, both agencies agreed that at a minimum, the MBC investigator and the assigned DAG would confer at three specific stages of each investigation:

- Upon initial case assignment;
- Prior to the interview with the subject physician; and
- Prior to the submission of case documents for expert review.

As mandated by SB 231, MBC presented its report to the Legislature on the vertical prosecution model on November 2007. The report stated that although there were challenges in implementing the new VE model, there was, during the first 16 months of VE from January 1, 2006 through April 9, 2007, an overall decrease of 10 days in the average time to complete an investigation (exclusive of cases pending prior to implementation of the pilot). The report also indicated that the number of cases closed without prosecution during this period was reduced from 145 days to 139 days; obtaining medical records decreased from 74 days to 36 days; conducting physician interviews declined from 60 days to 40 days; obtaining medical expert opinions decreased from 69 days to 36 days; filing of accusations by HQES decreased from 241 days to 212 days; and the time to obtain interim suspension orders or temporary restraining orders was reduced from 91 days to 30 days.

According to the MBC' report, because of SB 231, HQES augmented their staff with nine new positions to assist with the new VE model, and MBC augmented their staff with four new investigator positions.

The MBC's ***Report to the Legislature on Vertical Enforcement*** on November 21, 2007 included the following recommendations:

- To fully and permanently integrate the VE model in MBC's operations;
- To move forward with co-location of HQES and MBC staff, where appropriate;
- To implement an information technology system that is interoperable with the system used at the Department of Justice; and
- To create a joint MBC and HQES manual similar to the MBC Enforcement Operations Manual (EOM) to incorporate the VE model from the receipt of a complaint until its resolution in any administrative action.

In addition, the report stated that: "Initial statistical data from the pilot period identify trends which suggest the VE model can more quickly identify cases for closure and certain egregious complaints can be handled more expeditiously. The data also suggested progress in reducing the time frames to complete investigations. However, the pilot time frame was insufficient to address the Monitor's concerns regarding the time to complete prosecutions. Since certain MBC investigations can take one year to conduct, the pilot time frame did not provide adequate time to measure the prosecutorial time line of such cases."

On October 13, 2007, the Governor signed Senate Bill 1048 (Committee on Business, Professions and Economic Development), Chapter 588, which extended MBC's sunset date until July 1, 2010.

Subsequently, SB 797 (Ridley-Thomas), Chapter 33, Statutes of 2008, added the following to GC Section 12529.6:

"The Medical Board of California shall do both of the following:

- (1) Increase its computer capabilities and compatibilities with the Health Quality Enforcement Section in order to share case information.
- (2) Establish and implement a plan to locate its enforcement staff and the staff of the Health Quality Enforcement Section in the same offices, as appropriate, in order to carry out the intent of the vertical enforcement and prosecution model."

In addition, SB 797 called for another report to the Governor and the Legislature on the vertical enforcement and prosecution model by July 1, 2009. This report is the result of that mandate.

SCOPE

The primary purpose of this report is to evaluate the VE model by reviewing statistical data on the impact of VE on the investigation and prosecution of complaints referred to MBC's district office enforcement staff for investigation. Because MBC and HQES also jointly processed certain Allied Health Care cases utilizing the VE model, this data is also included in the evaluation in order to account for its impact on workload and provide for a larger data sample.

Interviews of select MBC and HQES staff were also conducted to supplement the statistical data obtained.

Due to time and scope constraints, comparisons with other agencies were not possible in the development of the recommendations. However, references to various other agencies' vertical prosecution processes are included in the ***Report to the Legislature Vertical Enforcement, November 21, 2007***, as well as the Monitor reports.

APPROACH AND METHODOLOGY

Annual statistical data was obtained from MBC for various data markers for the period January 1, 2005 (pre-VE) through December 31, 2008. ISBG performed no independent testing or auditing of the provided data to verify its accuracy. Due to the limited scope and time available for analysis and completion of the report, data

separately collected and maintained by HQES was not compared with the MBC provided data.

References to comparisons of data between years, such as the percentage difference between 2005 and 2008, refers to a comparison of the total cases in the indicated years exclusive of cases in the intervening years. Because many of the data markers involve a comparison of a relatively small number of cases, reference should be made to the underlying data contained in the applicable appendices when determining the significance, if any, of the results of the specific statistical comparisons.

Since data alone can not provide a full understanding of the impact of VE, interviews of select HQES and MBC staff were conducted between April 9 through 15, 2009. Eleven (11) HQES staff were interviewed, all of whom were present since the onset of VE, with an average of 14 years experience with HQES, representing all staffing levels. Additionally, 11 MBC investigative staff were interviewed, all of whom were present at MBC since the onset of VE, with an average of 13 years with MBC, representing all staffing levels. Selection of the interviewed staff was made by HQES and MBC management and included a cross section of geographic locations and journey and supervisory levels from each agency.

III. STAFFING AND CASELOAD

STAFFING

Both MBC and HQES received additional staffing to implement VE.

MBC Staffing

Per MBC's ***Report to the Legislature on Vertical Enforcement*** in November 2007, MBC had 92 sworn staff positions comprised of 71 investigators and 21 supervisors. On July 1, 2006, based on SB 213, MBC augmented its staff by four investigator positions. Of the 96 authorized positions, it reported an average statewide vacancy rate of 12.3 percent, or 11.6 vacant positions.

In 2007, MBC internally reallocated its sworn probation positions to enforcement positions and redesignated the Rancho Cucamonga probation office to an enforcement district office.

As of May 2009, MBC enforcement field staff consists of 3 Supervising Investigator (Sup) II positions, 12 Sup I positions, and 70 investigator positions, of which 10 are vacant, resulting in a 14 percent investigator vacancy rate. According to interviewed staff, the vacancies are due mainly to retirement, the VE process and workload. In addition, MBC is not receiving lateral transfers from other departments, and the current investigator list is inadequate. They also stated that certain areas, such as Fresno and San Jose, continually experiences difficulties in recruiting and retaining staff.

Between 2005 and 2008, there was a 4.11% increase in the number of hours worked by medical consultants and a 569.39% increase in the number of cases referred for medical consultant review. During this same period, there was a 183.87% increase in the average and 83.33% increase in the median days between submission of a case for DO medical consultant review and completion of the review.

The Governor's Executive Orders also had an impact on timelines. For example, between July and October 2008, 23 Medical Board cases scheduled for OAH hearings were delayed an average of 119.78 days and a median of 112 days.

HQES Staffing

Pursuant to SB 231, HQES augmented its staff by nine DAGs to implement the VE model. According to a roster provided by HQES, this section has one Senior Assistant AG, six Supervising DAGs (SDAG), 45 DAGs (including one vacancy in Sacramento, three Senior Legal Analysts, and two DAG retired annuitants. Based on information obtained during interviews of HQES personnel, the San Francisco Office currently has

the most senior (i.e., HQES experienced) attorney staff of the four HQES offices. It was stated that in the San Diego office, 67 percent of the DAGs have two years or less experience in HQES, and in the Los Angeles office 75 percent of the DAGs have 3 or less years of HQES experience.

It must be noted that not all HQES staff are funded by MBC as they also represent other clients.

With the addition of investigation oversight responsibilities to HQES, between 2005 and 2008 there was a 37.71% increase in the number of attorney services hours and an increase of 39.81% in the number of legal assistant/paralegal hours billed to MBC by the AG. During the same period, there was an 8.48% decrease in the number of completed investigations that resulted in the filing of an accusation.

CASELOAD

Caseload levels vary between HQES and MBC staff.

MBC Caseload

Most MBC staff stated that their caseload is too heavy. The average caseload for senior MBC investigators was estimated by staff interviewed to be between 25-27, and the average for investigators was estimated at approximately 20. Most stated that a preferred workload would be about five cases less.

HQES Caseload

Most HQES staff interviewed reported that their current caseload is manageable and not much different from prior to VE. Even though the DAGs are now responsible for case investigations, administrative caseloads decreased and staffing increased by nine new positions. Currently, most of the personnel interviewed estimated an average caseload of 10-20 administrative cases and 20-30 investigation cases, depending on whether the DAG is acting in a primary or lead role.

RETENTION AND RECRUITMENT

Retention and recruitment of investigators and attorneys have been a challenge, especially in some areas of the state.

MBC

Per MBC's ***Report to the Legislature on Vertical Enforcement***, MBC had 96 sworn staff position comprised of 21 supervisors and 75 investigators. Of the 96 authorized positions, MBC indicated it had an average statewide vacancy rate of 12.3 percent, or 11.6 vacant positions in calendar year 2006.

As of May 2009, MBC has 3 Sup II, 12 Sup I, and 70 senior/investigator positions of which 10 are vacant, resulting in a 14.29 percent vacancy rate for senior/investigator positions. According to staff interviewed, the vacancies are due mainly to early retirement, the VE process, and workload. According to supervisory staff interviewed, lateral transfers from other departments are not occurring and the current investigator list is inadequate. Furthermore, it has been extremely difficult to recruit staff for certain areas such as Fresno and San Jose, and there are long standing vacancies in these areas.

Interviewees indicated staff retention problems are mainly the result of the VE process and insufficient staffing levels. Reported perceptions as to the reasons for staff transferring to other departments or retiring early included frustration with the process, multiple approval levels, loss of autonomy, disrespectful attitude and treatment by select DAGs, roles not clearly defined or accepted, conflicting directions and heavy caseloads.

HQES

According to the roster provided by the AG's office, HQES has one Senior Assistant AG, six SDAGs, 45 DAGs (including one vacancy in Sacramento), three Senior Legal Analysts, and two retired annuitant DAGs.

Interviewees indicated that the San Francisco Office has the most senior attorney staff of the four HQES offices. It was stated that in the San Diego office, 67 percent of the DAGs have two years or less experience in HQES, and in the Los Angeles office 75 percent of the DAGs have 3 or less years of HQES experience.

Although HQES management indicates it does not have problems recruiting, retaining or promoting DAGs and that HQES is going through a transition period that explains the presence of newer DAGs, some of the AG personnel interviewed indicated that some DAGs are retiring early or transferring to other departments due to the complexity of cases, the multitude of mandates, lack of authority and the multiple levels of review.

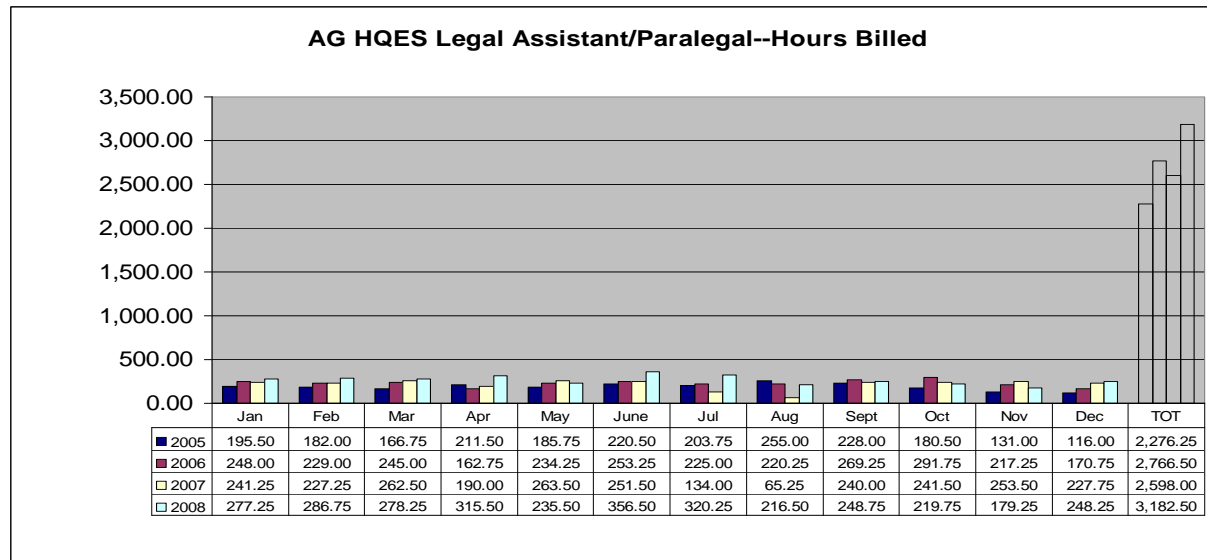
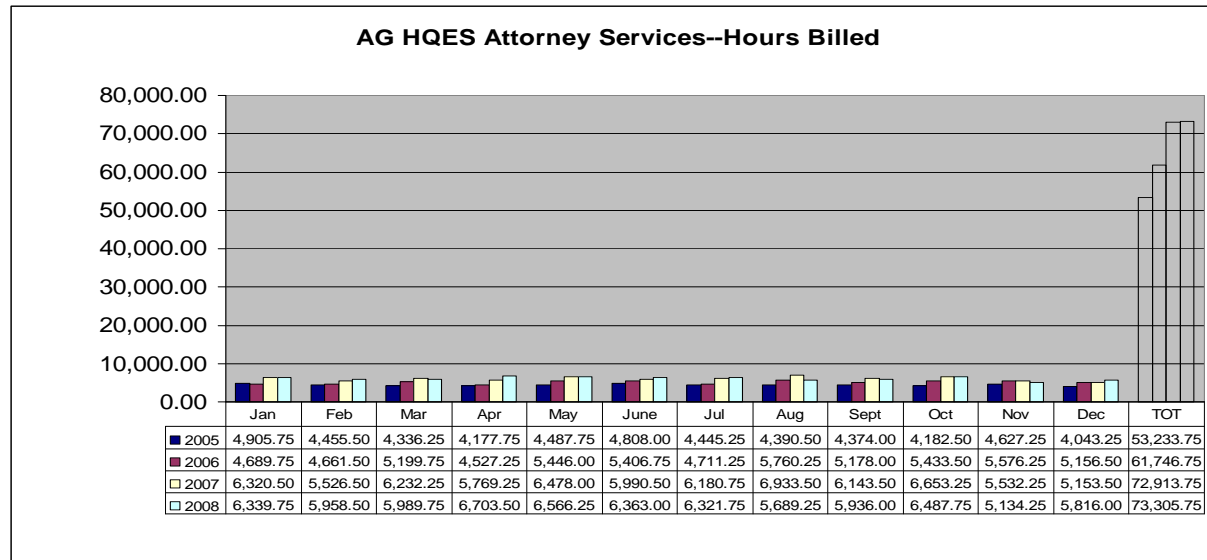
ATTORNEY GENERAL HEALTH QUALITY ENFORCEMENT SECTION ATTORNEY SERVICES HOURS BILLED TO MEDICAL BOARD

Table 3.1 below reports the Attorney General Health Quality Enforcement Section attorney services hours to the Medical Board. Between 2005 and 2008, there was a 37.71% increase in the attorney services hours billed and a 39.81% increase in the legal assistant/paralegal hours billed.

Table 3.1 – Attorney General Health Quality Enforcement Section Attorney Services Hours Billed to Medical Board

	Percentage Difference 2006 to 2007	Percentage Difference 2007 to 2008	Percentage Difference 2006 to 2008	Percentage Difference 2005 to 2008
Attorney Services	18.09%	0.54%	18.72%	37.71%
Legal Asst/Paralegal	-6.09%	22.50%	15.04%	39.81%

Charts 3.1a & b – Attorney General Health Quality Enforcement Section Attorney Services Hours Billed to Medical Board



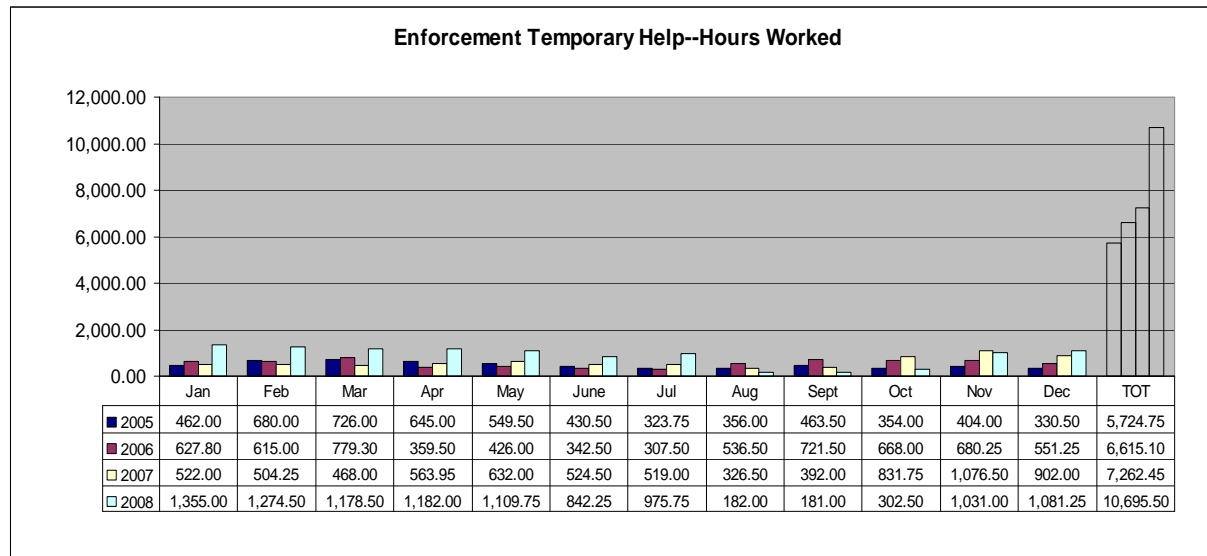
MEDICAL BOARD ENFORCEMENT TEMPORARY HELP HOURS WORKED (EXCLUDES MEDICAL CONSULTANTS)

Table 3.2 below reports the enforcement temporary help hours worked (excluding medical consultants). Between 2005 and 2008, there was an 86.83% increase in the enforcement temporary help hours worked.

Table 3.2 – Medical Board Enforcement Temporary Help Hours Worked (Excluding Medical Consultants)

	Percentage Difference 2006 to 2007	Percentage Difference 2007 to 2008	Percentage Difference 2006 to 2008	Percentage Difference 2005 to 2008
Enforcement Temporary Help Hours Worked	9.79%	47.27%	61.68%	86.83%

Chart 3.2 – Medical Board Enforcement Temporary Help Hours Worked (Excluding Medical Consultants)



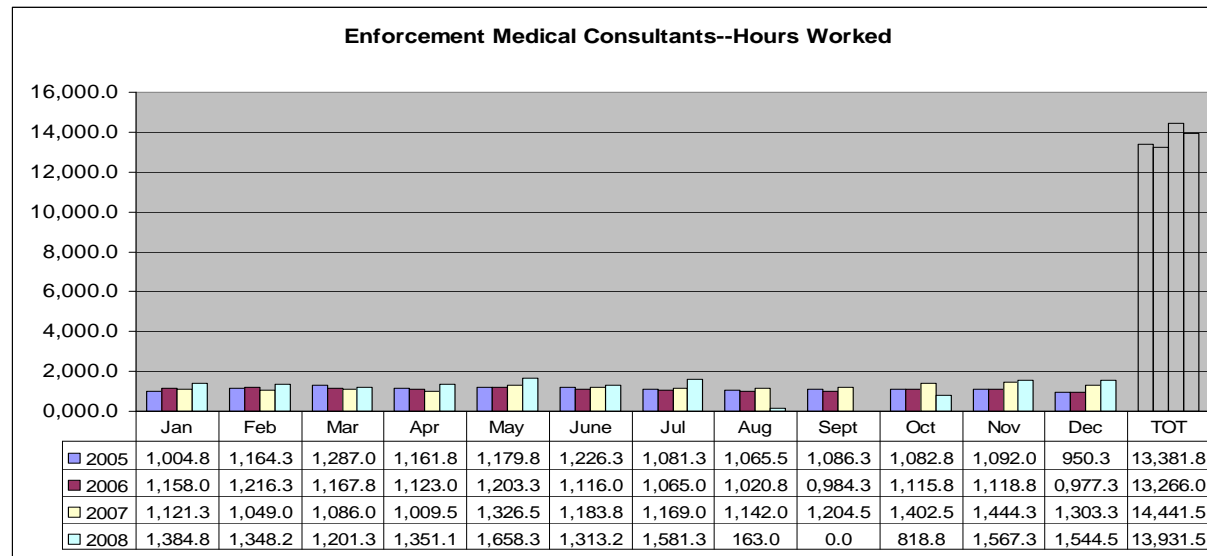
ENFORCEMENT MEDICAL CONSULTANT HOURS WORKED

Table 3.3 below reports the enforcement medical consultant hours worked. Between 2005 and 2008, there was a 4.11% increase in the enforcement medical consultant hours worked.

Table 3.3 – Enforcement Medical Consultant Hours Worked

	Percentage Difference 2006 to 2007	Percentage Difference 2007 to 2008	Percentage Difference 2006 to 2008	Percentage Difference 2005 to 2008
Enforcement Medical Consultant Hours Worked	8.86%	-3.84%	5.02%	4.11%

Chart 3.3 – Enforcement Medical Consultant Hours Worked



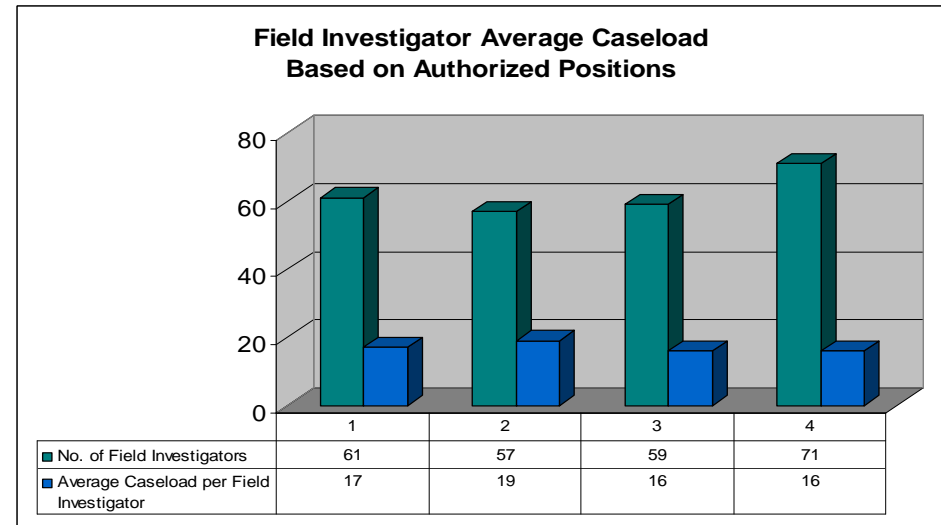
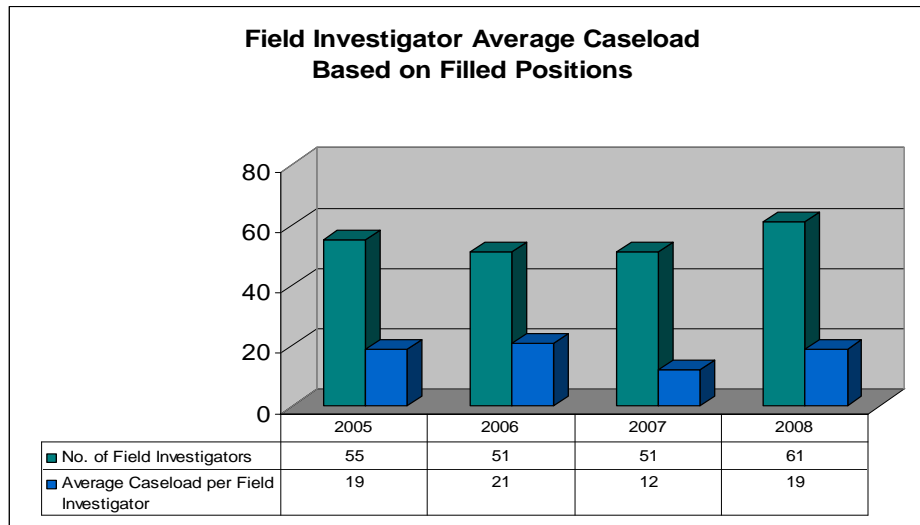
MEDICAL BOARD INVESTIGATORS AND AVERAGE CASELOAD

Table 3.4 below reports the number of Medical Board field investigators and average caseload. Between 2005 and 2008, there was a 10.91% increase in the number of filled investigator positions and a 16.39% increase in the number of authorized positions. During this period, the average caseload per filled field investigator position remained the same, while the average caseload per authorized investigator position decreased 5.88%.

Table 3.4 – Medical Board Field Investigators and Average Caseload

	Percentage Difference 2006 to 2007	Percentage Difference 2007 to 2008	Percentage Difference 2006 to 2008	Percentage Difference 2005 to 2008
No. of Filled Enforcement Field Investigator Positons	0.00%	19.61%	19.61%	10.91%
Avg Cases per Filled Enforcement Field Investigator	-42.86%	58.33%	-9.52%	0.00%
No. of Authorized Enforcement Field Investigator Positons	3.51%	20.34%	24.56%	16.39%
Avg Cases per Authorized Field Investigator Position	-15.79%	0.00%	-15.79%	-5.88%

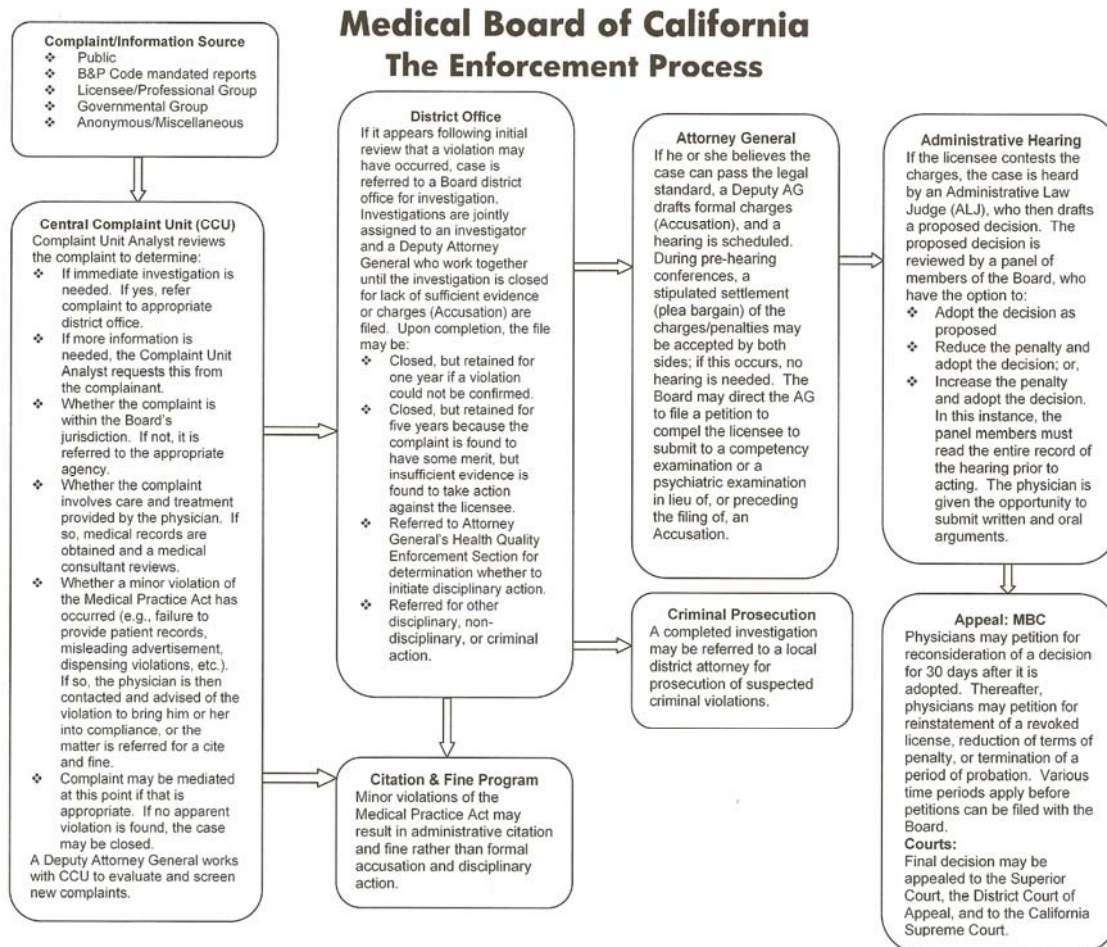
Charts 3.4a & b – Medical Board Field Investigators and Average Caseload



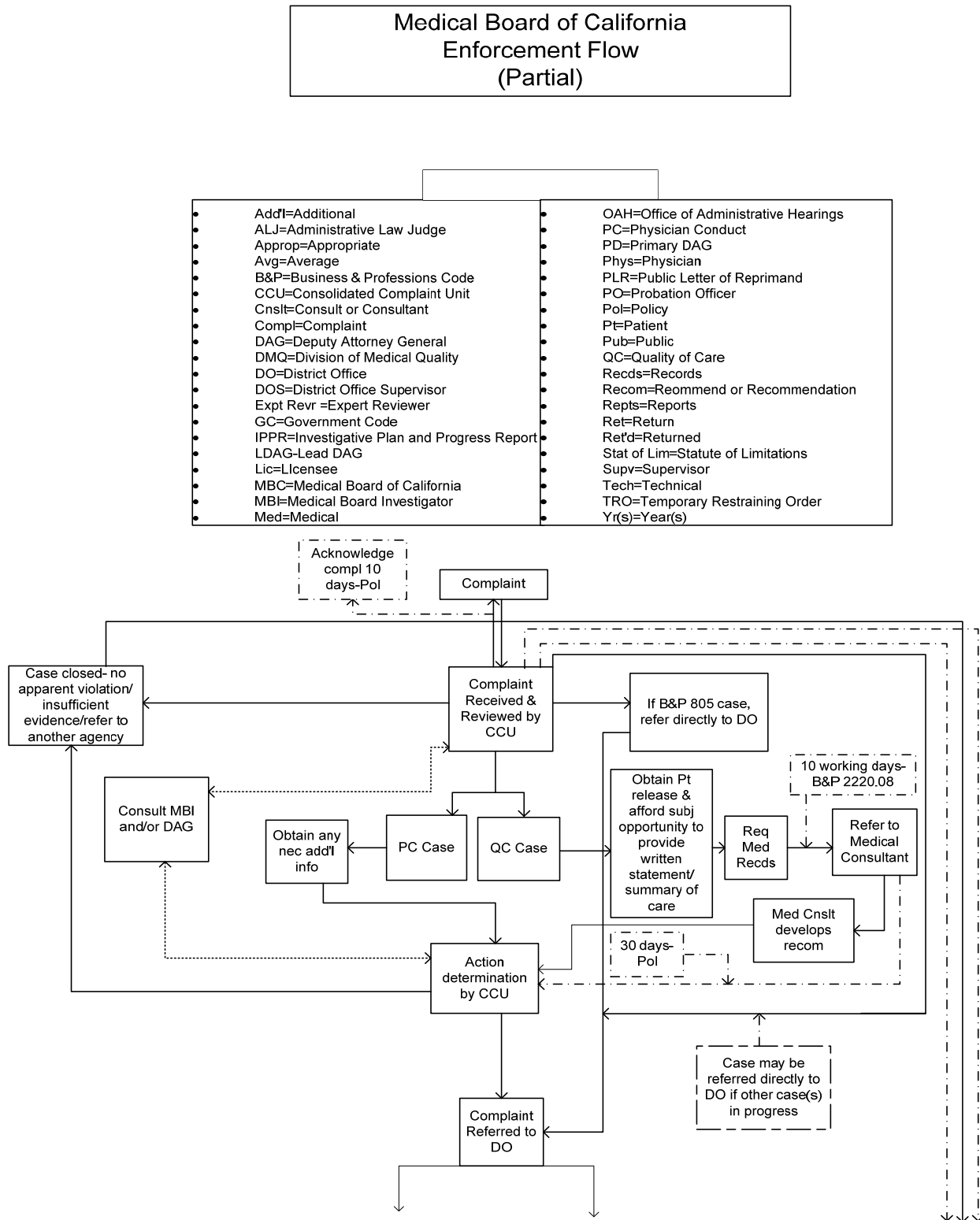
IV. MBC ENFORCEMENT PROCESS

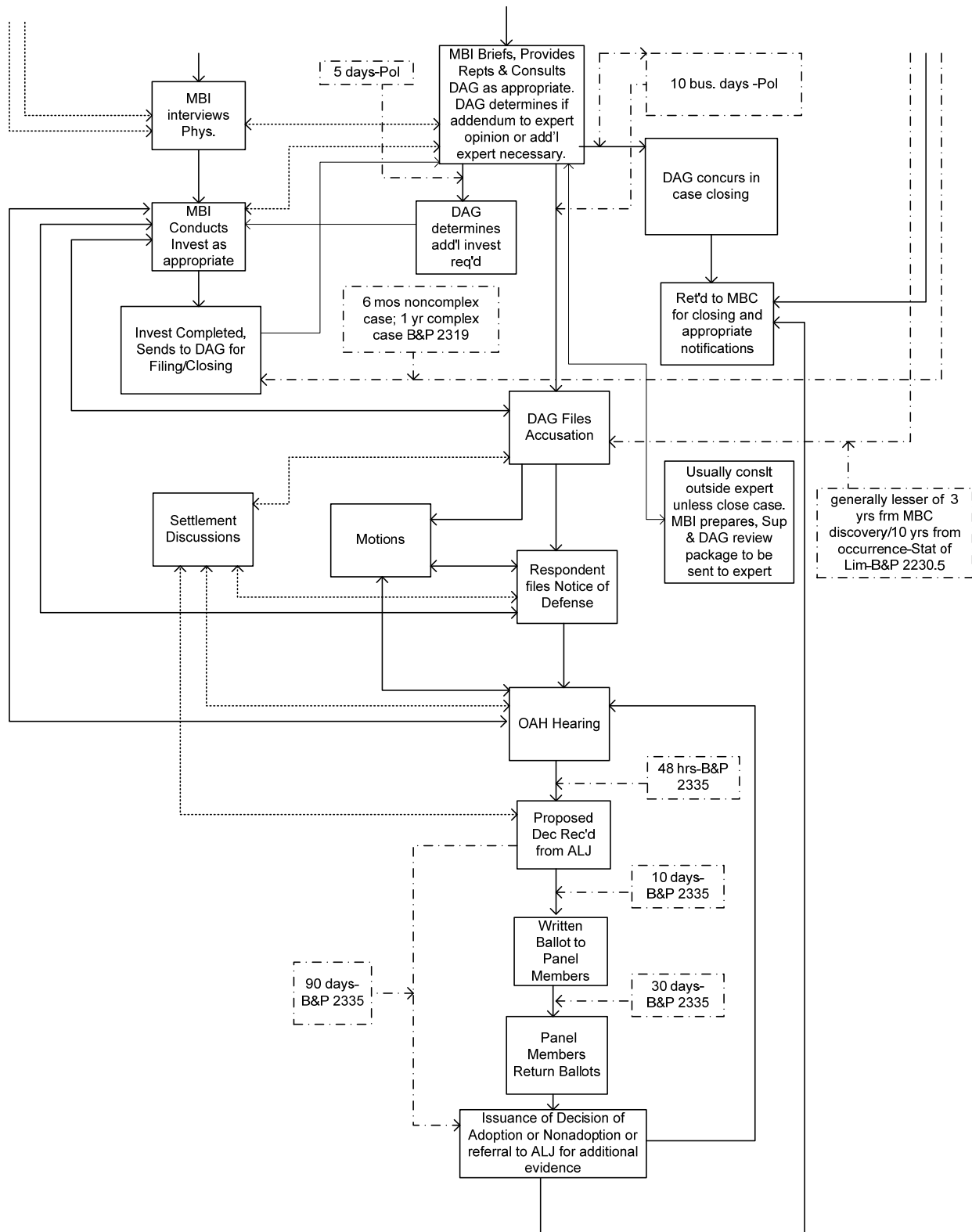
Government Code Section 12529.6(a): “The Legislature finds and declares that the Medical Board of California, by ensuring the quality and safety of medical care, performs one of the most critical functions of state government. Because of the critical importance of the board's public health and safety function, the complexity of cases involving alleged misconduct by physicians and surgeons, and the evidentiary burden in the board's disciplinary cases, the Legislature finds and declares that using a vertical enforcement and prosecution model for those investigations is in the best interests of the people of California.”

The following chart depicts the MBC enforcement process as published by MBC:



The following flow chart illustrates select steps in the vertical enforcement model utilized in the MBC enforcement:





V. PRIORITY AND COMPLEX CASES

PRIORITY CASES

Per B&P Code Section 2220.05: "In order to ensure that is resources are maximized for the protection of the public, the Medical Board of California shall prioritize its investigative and prosecutorial resources to ensure that physicians and surgeons representing the greatest threat of harm are identified and disciplined expeditiously. Cases involving any of the following allegations shall be handled on a priority bases, as follows, with the highest priority being given to cases in the first paragraph. . ."

The priorities include:

- Gross negligence, incompetence, or repeated negligent acts that involve death or serious bodily injury to one or more patients;
- Drug or alcohol abuse involving death or serious bodily injury to a patient;
- Repeated acts of excessive prescribing, furnishing, dispensing, or administering controlled substances;
- Sexual misconduct with one or more patients; and
- Practicing medicine while under the influence of drugs or alcohol.

Priority Policy

Pursuant to the above statute and MBC's ***Enforcement Operations Manual*** (EOM) Section 6.13, MBC investigators are required to prioritize investigative and prosecutorial resources to ensure that physicians and surgeons representing the greatest threat of harm are identified and disciplined expeditiously. Per EOM Section 9.7, when the Sup I/II becomes aware that the public health and safety is at risk, he/she may request the AG's office to obtain a Temporary Restraining Order (TRO) or an Interim Suspension Order (ISO); or when MBC becomes aware that a physician or surgeon is incarcerated resulting from a felony conviction, request an Automatic Suspension (ASO); or may request the AG make a Penal Code Section 23 (PC 23) court appearance on behalf of MBC.

Pursuant to the HQES and MBC ***Vertical Prosecution Manual*** (VPM), Second Edition, November 2006, the lead DAG is directed to identify those cases in which an ISO or PC 23 appearance is necessary and to notify the SDAG, who designates a primary DAG responsible for the order or appearance. The EOM Section 9.7 indicates that after an ISO is issued the DAG must file an accusation within 15 days or the ISO dissolves. After the accusation is filed, a hearing must be held within 30 days (unless respondent stipulates to a later date) and the Administrative Law Judge (ALJ) must prepare a decision within 15 days.

In accordance with EOM, Section 9.7, when an investigator is aware that there is any criminal proceeding against a licensee, the investigator, together with the Sup I, determines if a PC 23 request for intervention by the AG's Office is warranted. If so, it is presented to the lead DAG and then follows the procedures listed in the VPM.

Per EOM, Section 9.7, after a TRO is issued by the Superior Court, the DAG files an accusation within 30 days and an administrative hearing is scheduled within 30 calendar days of the date the subject requests a hearing. The Administrative Law Judge (ALJ) must render a decision within 15 days following the hearing. Failure to do so may result in the termination of the TRO by the Superior Court.

If a licensee is incarcerated pursuant to a felony conviction, the investigator requests an ASO from a DAG, who, in turn, prepares an ASO notice to the licensee and submits the notice to the MBC Executive Director for signature.

COMPLEX CASES

Pursuant to B&P Code Section 2319, the goal for cases which, in the opinion of the MBC, involve complex medical or fraud issues or complex business or financial arrangements, is no more than one year to investigate.

Complex Case Policy

The MBC's EOM identifies the factors to be taken into consideration in determining if a case is "complex" as follows:

- Multiple patients;
- Fraud/ethical violations/dishonesty cases;
- Unique legal cases;
- Unlicensed corporate practice of medicine;
- Multiple violation cases;
- Cases requiring subpoena enforcement through Superior Court;
- Records needed from more than three providers or locations;
- Drug cases requiring pharmacy audits, undercover operations, two experts, uncooperative patients, search warrants or internet purchases;
- Cases involving impairment of the subject where there is lack of complainant information and/or lack of corroboration;
- Unique patient legal status which requires determining who has the legal authority to authorize the release of the patient's medical records
- Unique medical issues; and
- Cases involving unique patients, subjects or issues.

The MBC's database does not currently distinguish between complex and noncomplex cases. Consequently, this report is not able to make such a distinction in its review or analysis of the provided data.

NOTE REGARDING TABLES AND CHARTS

The following pages present tables and charts that summarize the results of the review of select data markers as a percentage increase or decrease over identified time frames.

Combined data for Physicians and Surgeons and Allied Health Care cases is presented first, followed by the specific data for Physicians and Surgeons cases and the separate data for Allied Health Care cases. Because many of the data markers involve comparison of relatively few cases, the combined Physicians and Surgeons and Allied Health Care data provides a stronger basis for comparison. Nevertheless, because of the relative small sample size, reference should be made to the applicable underlying data contained in the appendices and identified in the charts in determining the significance, if any, of the specific statistical comparisons.

The statistical conclusions contained in this report are based on data provided to ISBG by MBC. ISBG performed no independent testing or auditing of the provided data to verify its accuracy. Due to the limited scope and time available to complete the report, data separately collected and maintained by HQES was not compared with the data provided by MBC. References to comparisons of data between years, such as the percentage difference between 2005 and 2008, refers to a comparison of the total cases in the indicated years, exclusive of cases in the intervening years.

The absence of a percentage increase or decrease in a table indicates that either there is no data applicable or that the denominator was "0" and that no percentage calculation is therefore possible.

Data markers are grouped in accordance within the relevant chapter headings.

Physicians and Surgeons case data excludes out of state and headquarters cases. Allied Health Care case data includes: osteopathic physicians and surgeons, podiatrists, physician assistants, psychologists, research psychoanalysts, dispensing opticians and licensed midwives.

VI. SUSPENSION ORDERS

Pursuant to the EOM, a Temporary Restraining Order (TRO), Interim Suspension Order (ISO), Automatic Suspension Order (ASO) or PC 23 appearance, as appropriate, may be sought when the public health and safety is at risk or a physician is incarcerated as a result of a felony conviction.

Pursuant to B&P Code Section 2220, the MBC shall investigate the circumstances underlying any report received pursuant to Section 805 within 30 days to determine if an ISO or TRO should be issued.

Per EOM, an investigator should seek a TRO or an ISO when the public health and safety are at risk, such as sexual misconduct, drug or alcohol abuse, mental illness, physical illness affecting competence, criminal activity that involves actual or potential serious injury or harm to the public, multiple acts of gross negligence and/or incompetence, or physicians who fail a professional competency examination.

With regard to a TRO, the DAG must file an accusation within 30 days after a TRO is issued by the Superior Court and schedule an administrative hearing within 30 calendar days of the date the subject requests a hearing. The ALJ must render a decision within 15 days.

With regard to an ISO, after the ALJ issues an ISO, an accusation must be filed within 15 days or the ISO dissolves. After the accusation is filed, a hearing must be held within 30 days (unless respondent stipulates to a later date), and the ALJ must prepare a proposed decision within 15 days.

Pursuant to B&P Code Section 2236.1, a licensee shall be suspended automatically during any time the licensee is incarcerated after a felony conviction. An ASO notice is prepared by the DAG and signed by the MBC Executive Director notifying the licensee of the suspension and of his/her rights to a hearing.

When an investigator becomes aware of any criminal proceedings against a licensee, and the investigator and supervisor determines that a suspension or restriction of the licensee's practice is warranted, a PC 23 order is requested and the DAG represents the MBC at the criminal arraignment or preliminary hearing in the appropriate court.

CALENDAR DAYS AGED FROM REQUEST TO SUSPENSION ORDER GRANTED — PHYSICIANS AND SURGEONS AND ALLIED HEALTH COMBINED

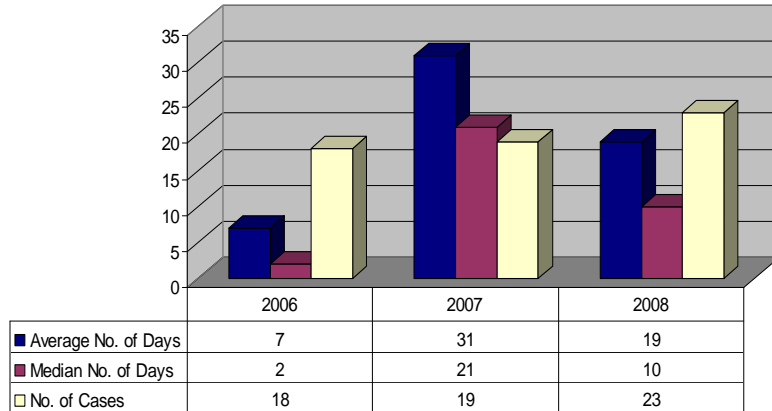
Table 6.1 below reports the average and median calendar days aged from request to suspension order granted for Physicians and Surgeons and Allied Health Care cases. Between 2005 and 2008, there was a 48.57% decrease in the average days aged, a 25.00% increase in the median days aged, and a 20.00% decrease in the number of such cases.

Table 6.1 – Calendar Days Aged from Request to Suspension Order Granted for Physicians and Surgeons and Allied Health Cases

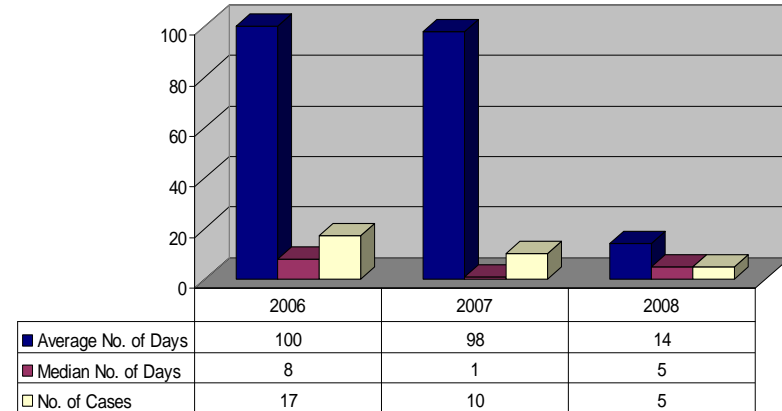
Activity	Percentage Difference 2006 to 2007						Percentage Difference 2007 to 2008						Percentage Difference 2006 to 2008						Percentage Difference 2005 to 2008
	All	Not VE	VE	All	Not VE	VE	All	Not VE	VE	All	Not VE	VE	All	Not VE	VE	All	Not VE	VE	All
	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending
Calendar Day Age from Request to Suspension Order Granted																			
Average	3.85%	-2.00%	342.86%	-66.67%	-85.71%	-38.71%	-65.38%	-86.00%	171.43%	-48.57%									
Median (middle record-half are above and half below)	133.33%	-87.50%	950.00%	42.86%	400.00%	-52.38%	233.33%	-37.50%	400.00%	25.00%									
Record Count	-17.14%	-41.18%	5.56%	-3.45%	-50.00%	21.05%	-20.00%	-70.59%	27.78%	-20.00%									

Charts 6.1a, b & c – Calendar Days Aged from Request to Suspension Order Granted for Physicians and Surgeons and Allied Health Cases

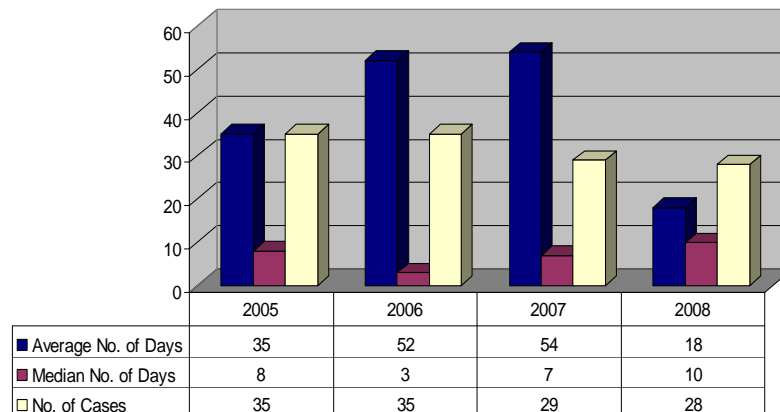
P&S and AH--VE Cases Only
Days from Request to Granting of Order of Suspension



P&S and AH--Non-VE Cases Only
Days from Request to Granting of Order of Suspension



P&S and AH----Total Cases
Days from Request to Granting of Order of Suspension



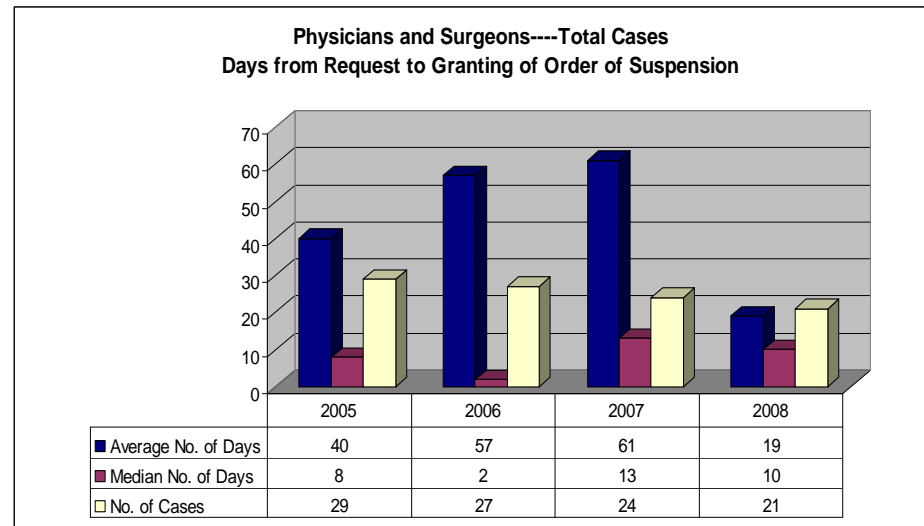
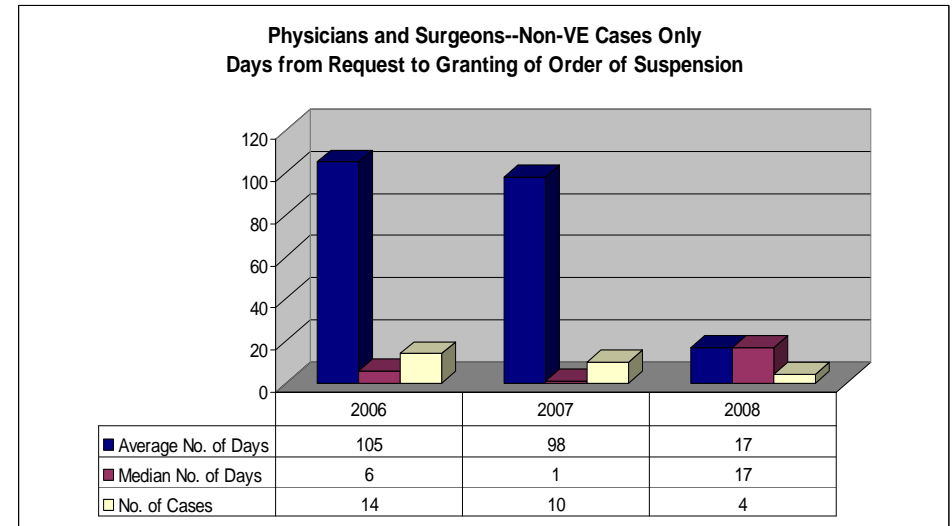
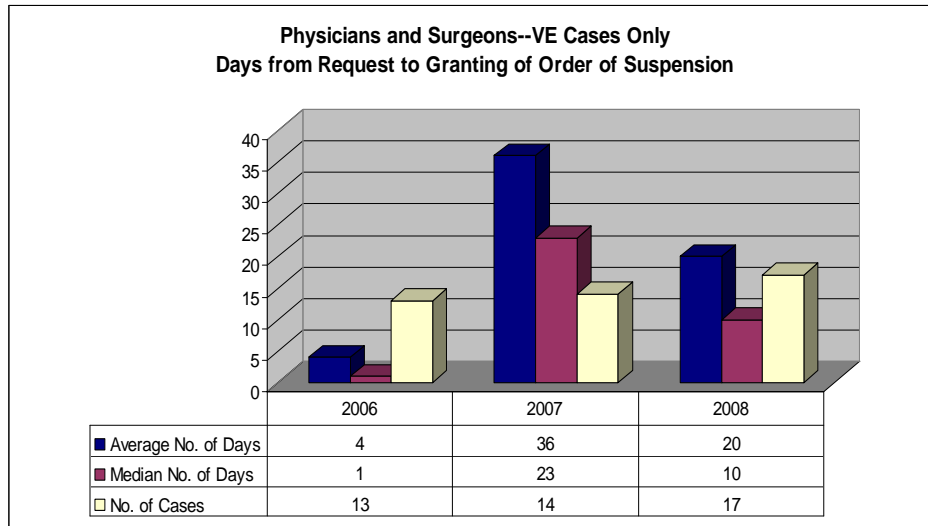
CALENDAR DAYS AGED FROM REQUEST TO SUSPENSION ORDER GRANTED — PHYSICIANS AND SURGEONS

Table 6.2 below reports the average and median calendar days aged from request to suspension order granted for Physicians and Surgeons cases. Between 2005 and 2008, there was a 52.50% decrease in the average days aged, a 25.00% decrease in the median days aged, and a 27.59% decrease in the number of such cases.

Table 6.2 – Calendar Days Aged from Request to Suspension Order Granted for Physicians and Surgeons Cases

Activity	Percentage Difference 2006 to 2007						Percentage Difference 2007 to 2008						Percentage Difference 2006 to 2008						Percentage Difference 2005 to 2008
	All	Not VE	VE	All	Not VE	VE	All	Not VE	VE	All	Not VE	VE	All	Not VE	VE	All	Not VE	VE	All
	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending
Calendar Day Age from Request to Suspension Order Granted																			
Average	7.02%	-6.67%	800.00%	-68.85%	-44.44%	-66.67%	-83.81%	400.00%	-52.50%										
Median (middle record-half are above and half below)	550.00%	-83.33%	2200.00%	-23.08%	-56.52%	400.00%	183.33%	900.00%	25.00%										
Record Count	-11.11%	-28.57%	7.69%	-12.50%	-60.00%	21.43%	-22.22%	-71.43%	30.77%	-27.59%									

Charts 6.2a, b & c – Calendar Days Aged from Request to Suspension Order Granted for Physicians and Surgeons Cases



CALENDAR DAYS AGED FROM REQUEST TO SUSPENSION ORDER GRANTED — ALLIED HEALTH

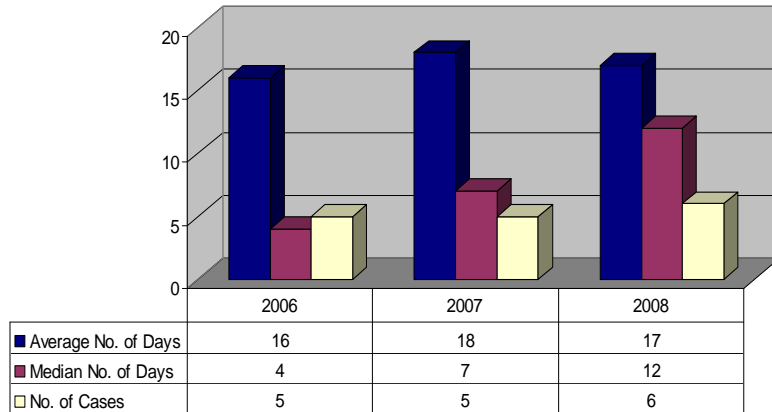
Table 6.3 below reports the average and median calendar days aged from request to suspension order granted for Allied Health Care cases. Between 2005 and 2008, there was a 36.36% decrease in the average days aged, no change in the median days aged, and a 16.67% increase in the number of such cases. There were no such cases pending at year end for any year.

Table 6.3 – Calendar Days Aged from Request to Suspension Order Granted for Allied Health Cases

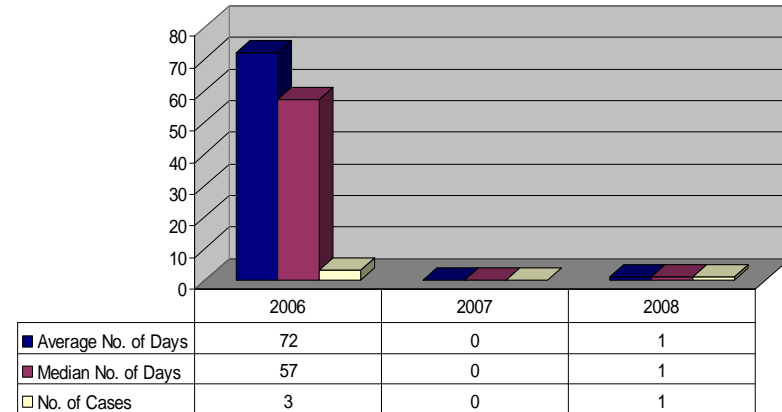
Activity	Percentage Difference 2006 to 2007						Percentage Difference 2007 to 2008						Percentage Difference 2006 to 2008						Percentage Difference 2005 to 2008
	All	Not VE	VE				All	Not VE	VE				All	Not VE	VE				All
	Pending	Pending	Pending				Pending	Pending	Pending				Pending	Pending	Pending				Pending
Calendar Day Age from Request to Suspension Order Granted																			
Average	-51.35%		-100.00%		12.50%		-16.67%				-5.56%		-59.46%		-98.61%		6.25%		36.36%
Median (middle record-half are above and half below)	-30.00%		-100.00%		75.00%		14.29%				71.43%		-20.00%		-98.25%		200.00%		0.00%
Record Count	-37.50%		-100.00%		0.00%		40.00%				20.00%		-12.50%		-66.67%		20.00%		16.67%

Charts 6.3a, b & c – Calendar Days Aged from Case Assigned to Investigator to Suspension Order Granted for Allied Health Cases

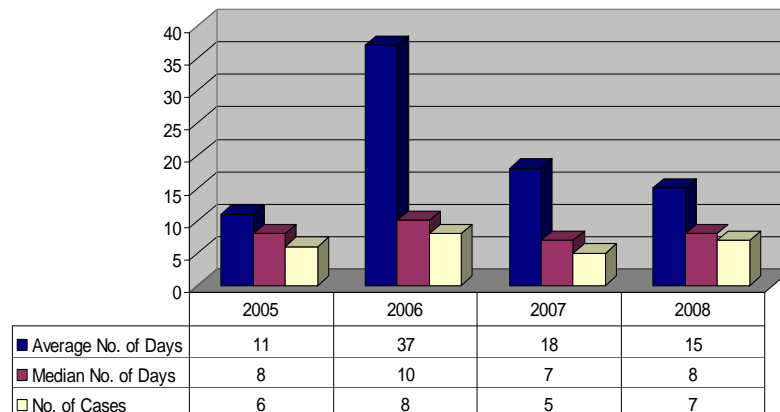
Allied Health--VE Cases Only
Days from Request to Granting of Order of Suspension



Allied Health--Non-VE Cases Only
Days from Request to Granting of Order of Suspension



Allied Health--Total Cases
Days from Request to Granting of Order of Suspension



VII. VERTICAL PROSECUTION - ASSIGNED TO CLOSED, NO PROSECUTION

Per EOM Section 7.1, investigations which are “Closed-No Violations” are closed because of no violation of the law or the case is determined to be non-jurisdictional. Investigations, which are “Closed-Insufficient Evidence”, are closed because insufficient evidence is found to file formal charges.

Per the VPM, in cases which the investigation report recommends closure, the primary DAG must review the proposed closure within 10 business days and indicate either approval or disapproval. If, at any stage of the investigation, the primary DAG concludes that the investigation should be closed, he/she is required to submit a proposal to close to the lead DAG. Within 10 business days, the lead DAG shall review the proposed closure and indicate in writing either approval or disapproval of the proposal.

Per EOM Section 9.3, the MBC has the authority to issue citations and fines to physicians and surgeons as an alternative option to discipline by providing a method to address relatively minor violations of law which would not normally warrant license revocation or imposition of probationary terms. California Code of Regulations (CCR) Section 1364.11 lists the citable offenses which MBC may issue a citation.

Per EOM Section 9.4, the MBC may issue a public letter of reprimand (PLR) by stipulation or settlement after a thorough investigation is conducted, in lieu of filing or prosecuting an accusation.

The following tables and charts detail the average and median time frames from assignment to an investigator to completion without referral for filing of an accusation.

CALENDAR DAYS AGED FROM CASE ASSIGNED TO INVESTIGATOR TO CASE CLOSED, NO PROSECUTION — PHYSICIANS AND SURGEONS AND ALLIED HEALTH COMBINED

Table 7.1 below reports the average and median calendar days aged from case assigned to case closed with no prosecution for Physicians and Surgeons and Allied Health Care cases. Between 2005 and 2008, there was a 37.64% increase in the average days aged, a 61.54% decrease in the median days aged, a 24.31% decrease in the number of such cases and a 12.46% increase in the number of such cases pending at year end. During this period, there was a 14.36% decrease in the number of cases referred to investigations.

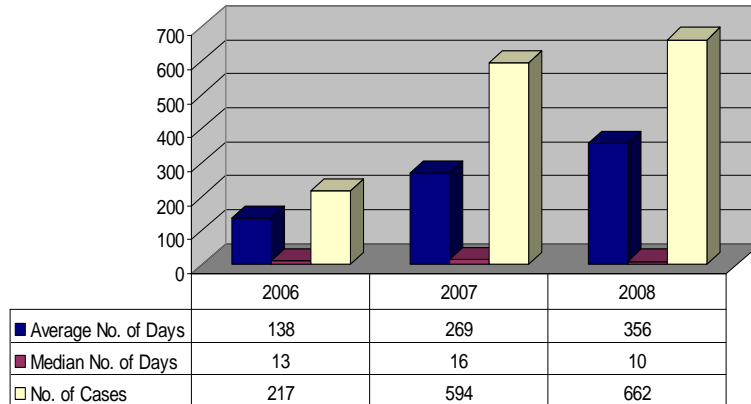
Table 7.1 & 7.1a – Calendar Days Aged from Case Assigned to Investigator to Case Closed with No Prosecution for Physicians and Surgeons and Allied Health Cases

Activity	Percentage Difference 2006 to 2007						Percentage Difference 2007 to 2008						Percentage Difference 2006 to 2008						Percentage Difference 2005 to 2008
	All	Not VE	VE	All	Not VE	VE	All	Not VE	VE	All	Not VE	VE	All	Not VE	VE	All	Not VE	VE	All
	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending
Calendar Day Age from Case Assigned to Case Closed Not Resulting in Prosecution																			
Average	12.88%		81.97%		94.93%		12.01%		31.42%		32.34%		26.44%		139.15%		157.97%		37.64%
Median (middle record - half are above and half below)	4.76%		555.74%		23.08%		-54.55%		-81.50%		-37.50%		-52.38%		21.31%		-23.08%		-61.54%
Record Count	-8.68%	-0.41%	-78.62%	-79.43%	173.73%	23.65%	-4.20%	7.32%	-80.99%	-93.10%	11.45%	12.40%	-12.52%	6.87%	-95.94%	-98.58%	205.07%	38.98%	-24.31%

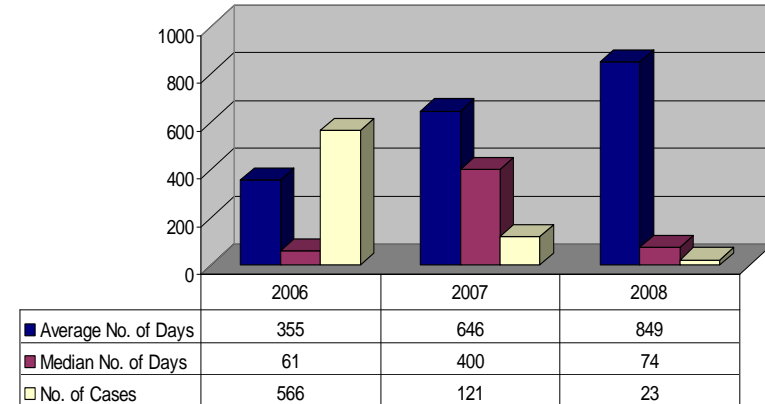
		Per. Dif. 2006 to 2007	Per. Dif. 2007 to 2008	Per. Dif. 2006 to 2008	Per. Dif. 2005 to 2008
Complaints Referred		-13.22%	8.66%	-5.71%	-14.36%

Charts 7.1a, b & c – Calendar Days Aged from Case Assigned to Investigator to Case Closed with No Prosecution for Physicians and Surgeons and Allied Health Cases

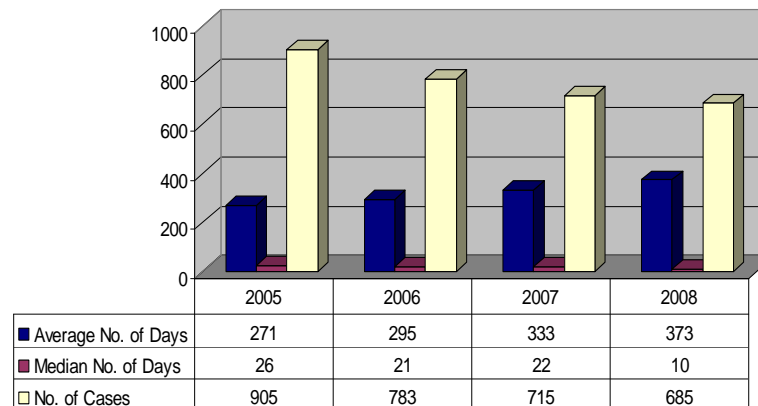
P&S and AH--VE Cases Only
Days from Assigned to Investigator to Closed--No Prosecution



P&S and AH--Non-VE Cases Only
Days from Assigned to Investigator to Closed--No Prosecution



P&S and AH--Total Cases
Days from Assigned to Investigator to Closed--No Prosecution



Charts 7.1d, e & f – Calendar Days Aged from Case Assigned to Investigator to Case Closed with No Prosecution for Physicians and Surgeons and Allied Health Cases — Cases Pending at Year End

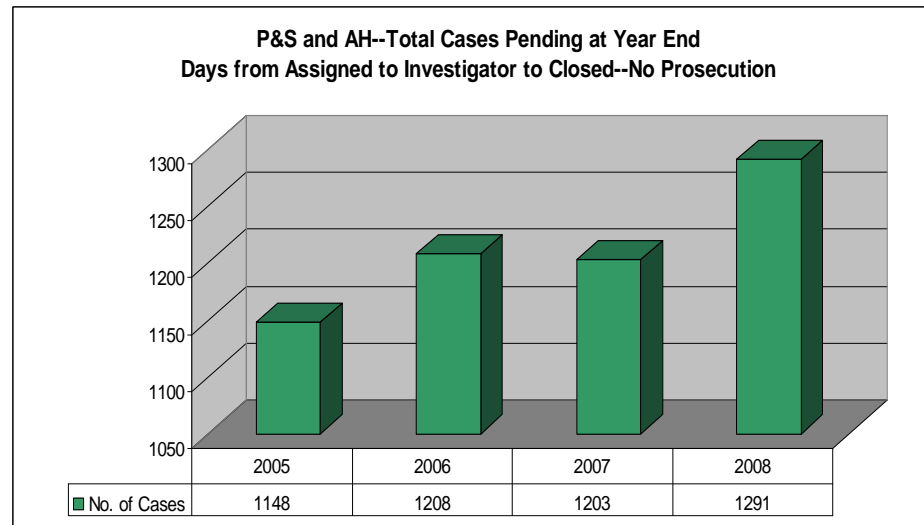
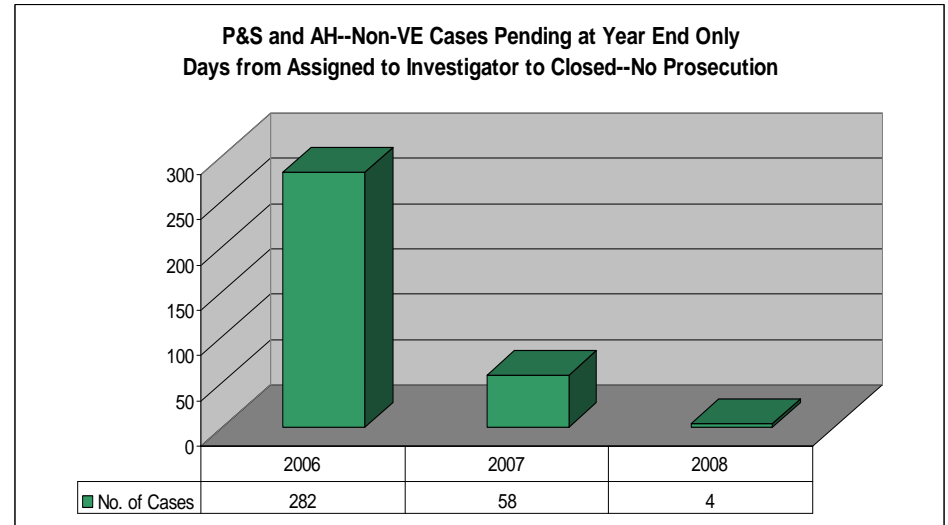
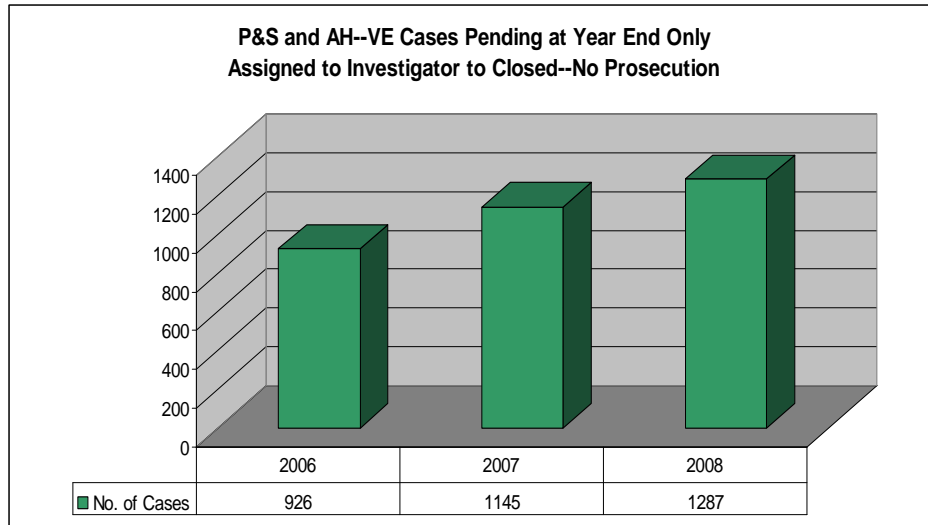
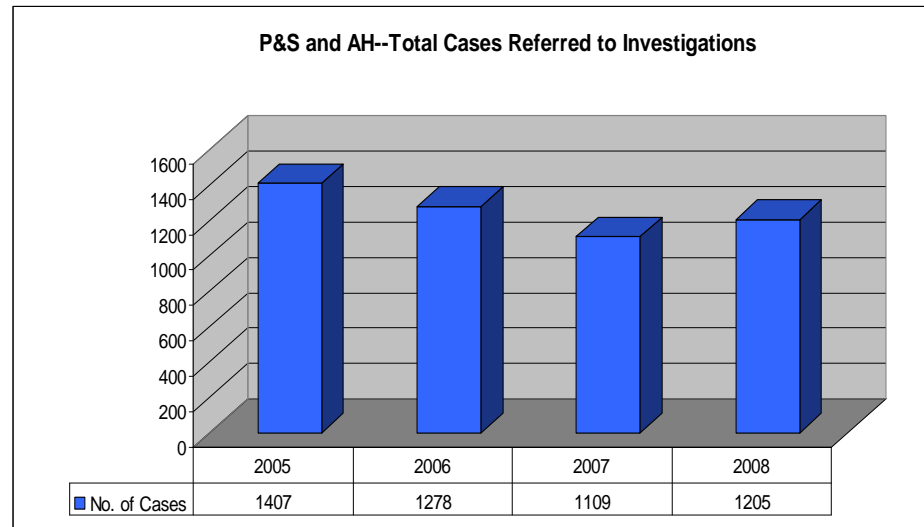


Chart 7.1g – Calendar Days Aged from Case Assigned to Investigator to Case Closed with No Prosecution for Physicians and Surgeons and Allied Health Cases — Total Cases Referred to Investigations



CALENDAR DAYS AGED FROM CASE ASSIGNED TO INVESTIGATOR TO CASE CLOSED, NO PROSECUTION — PHYSICIANS AND SURGEONS

Table 7.2 below reports the average and median calendar days aged from case assigned to case closed with no prosecution for Physicians and Surgeons cases. Between 2005 and 2008, there was a 38.01% increase in the average days aged, a 32.94% increase in the median days aged, a 26.36% decrease in the number of such cases and a 10.85% increase in the number of such cases pending at year end. During this period, there was a 14.17% decrease in the number of such cases referred to Investigations.

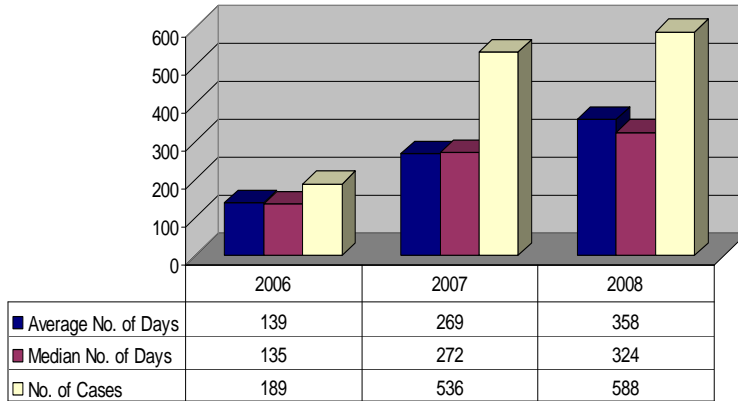
Tables 7.2 & 7.2a – Calendar Days Aged from Case Assigned to Investigator to Case Closed with No Prosecution for Physicians and Surgeons Cases

Activity	Percentage Difference 2006 to 2007						Percentage Difference 2007 to 2008						Percentage Difference 2006 to 2008						Percentage Difference 2005 to 2008
	All	Not VE	VE	All	Not VE	VE	All	Not VE	VE	All	Not VE	VE	All	Not VE	VE	All	Not VE	VE	All
	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending
Calendar Day Age from Case Assigned to Case Closed Not Resulting in Prosecution																			
Average	10.67%		78.55%		93.53%		12.65%		31.05%		33.09%		24.67%		133.98%		157.55%		38.01%
Median (middle record - half are above and half below)	6.64%		86.05%		101.48%		9.84%		44.50%		19.12%		17.13%		168.84%		140.00%		32.94%
Record Count	-8.00%	0.00%	-78.86%	-79.18%	183.60%	23.83%	-5.43%	6.14%	-80.56%	-94.12%	9.70%	11.21%	-13.00%	6.14%	-95.89%	-98.78%	211.11%	37.71%	-26.36% 10.85%

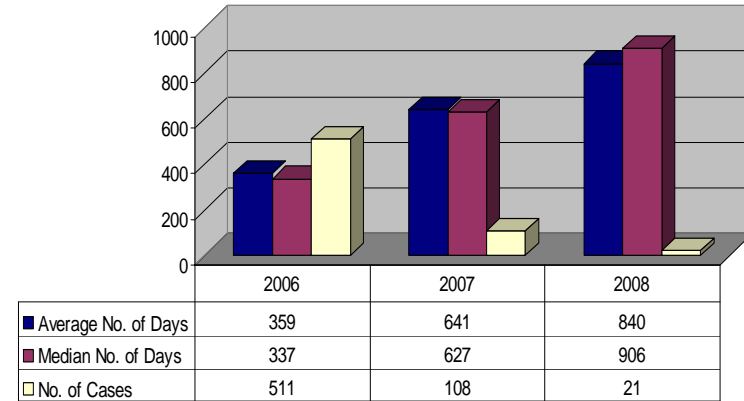
	Per. Dif. 2006 to 2007	Per. Dif. 2007 to 2008	Per. Dif. 2006 to 2008	Per. Dif. 2005 to 2008
Complaints Referred	-13.10%	7.27%	-6.78%	-14.17%

Charts 7.2a, b & c – Calendar Days Aged from Case Assigned to Investigator to Case Closed with No Prosecution for Physicians and Surgeons Cases

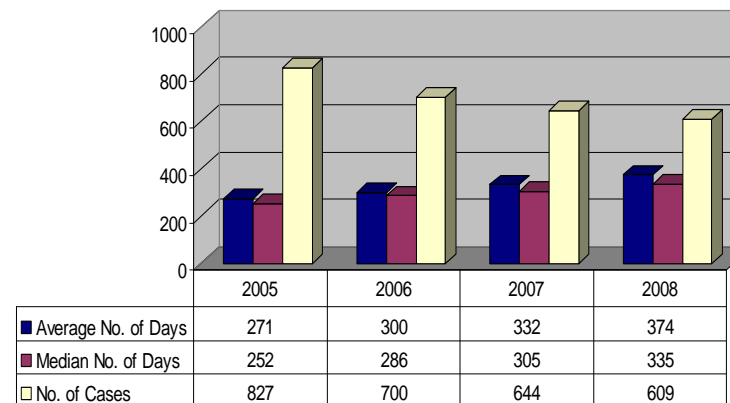
Physicians and Surgeons--VE Cases Only
Days from Assigned to Investigator to Closed--No Prosecution



Physicians and Surgeons--VE Cases Only
Days from Assigned to Investigator to Closed--No Prosecution



Physicians and Surgeons--Total Cases
Days from Assigned to Investigator to Closed--No Prosecution



Charts 7.2d, e & f – Calendar Days Aged from Case Assigned to Investigator to Case Closed with No Prosecution for Physicians and Surgeons Cases — Cases Pending at Year End

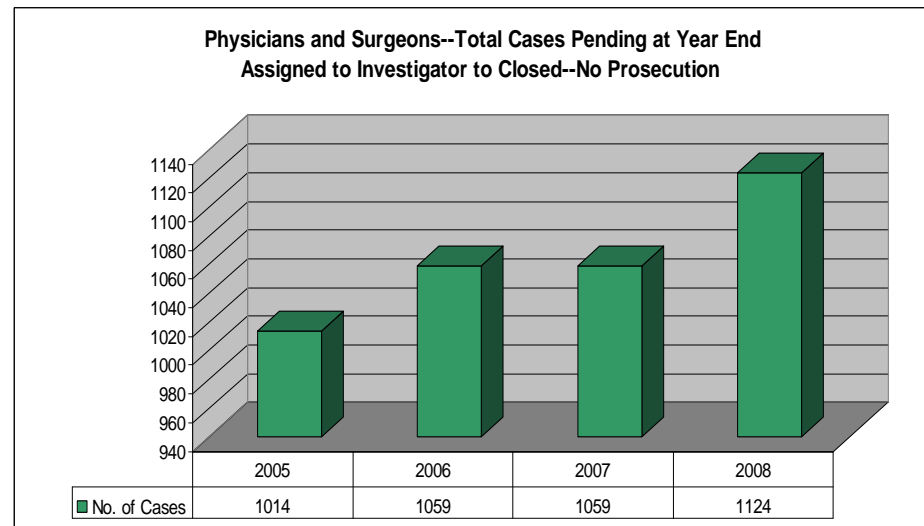
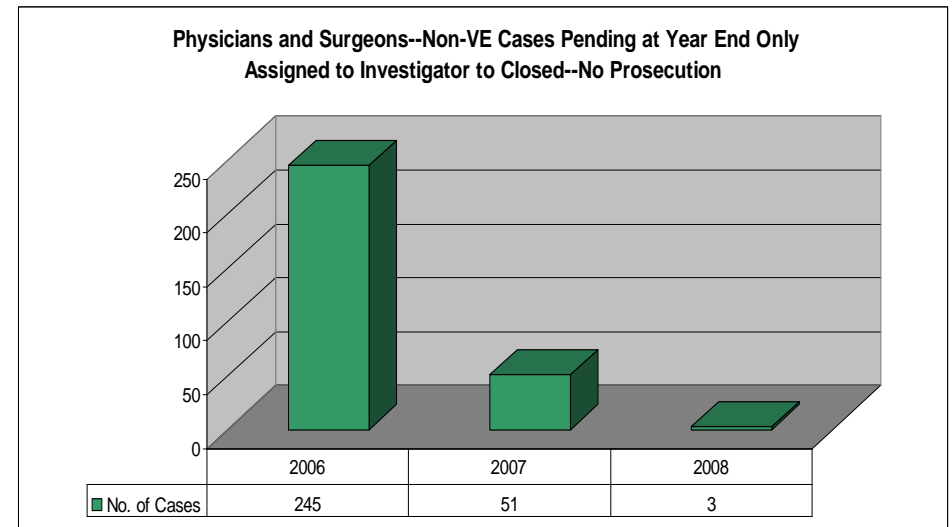
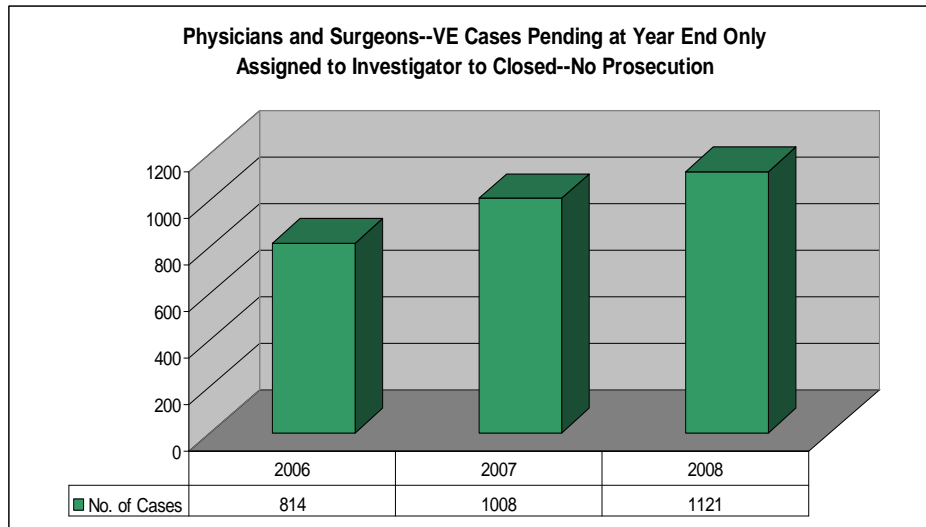
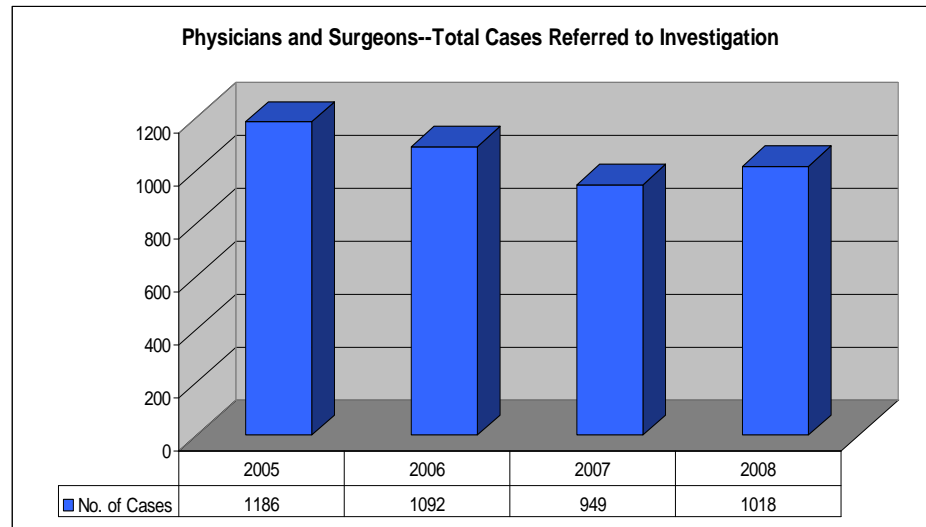


Chart 7.2g – Calendar Days Aged from Case Assigned to Investigator to Case Closed with No Prosecution for Physicians and Surgeons Cases — Total Cases Referred to Investigations



CALENDAR DAYS AGED FROM CASE ASSIGNED TO INVESTIGATOR TO CASE CLOSED, NO PROSECUTION — ALLIED HEALTH

Table 7.3 below reports the average and median calendar days aged from case assigned to case closed with no prosecution for Allied Health Care cases. Between 2005 and 2008, there was a 35.21% increase in the average days aged, a 30.00% decrease in the median days aged, a 3.75% decrease in the number of such cases and an 18.57% increase in the number of cases pending at year end. During this period, there was a 15.38% decrease in the number of cases referred to Investigations.

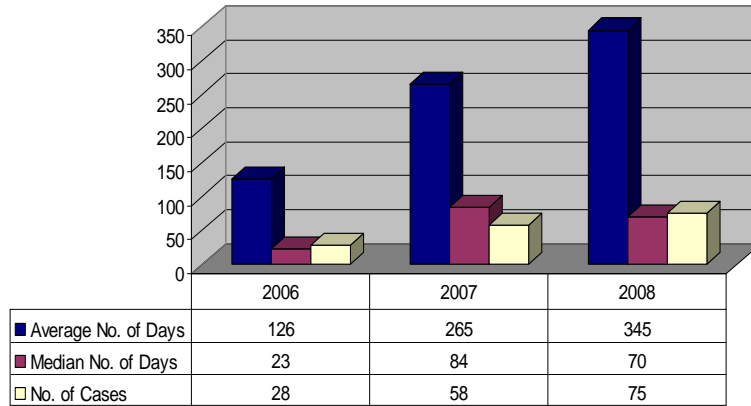
Tables 7.3 & 7.3a – Calendar Days Aged from Case Assigned to Investigator to Case Closed with No Prosecution for Allied Health Cases

Activity	Percentage Difference 2006 to 2007						Percentage Difference 2007 to 2008						Percentage Difference 2006 to 2008						Percentage Difference 2005 to 2008
	All	Not VE	VE	All	Not VE	VE	All	Not VE	VE	All	Not VE	VE	All	Not VE	VE	All	Not VE	VE	All
	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending
Calendar Day Age from Case Assigned to Case Closed Not Resulting in Prosecution																			
Average	35.71%	116.77%	110.32%	5.56%	37.81%	30.19%	43.25%	198.73%	173.81%	35.21%									
Median (middle record - half are above and half below)	52.31%	249.63%	265.22%	-29.29%	-5.08%	-16.67%	7.69%	231.85%	204.35%	-30.00%									
Record Count	-14.46%	-3.36%	-76.36%	-81.08%	107.14%	22.32%	8.45%	15.28%	-84.62%	-85.71%	29.31%	20.44%	-7.23%	11.41%	-96.36%	-97.30%	167.86%	47.32%	-3.75% 18.57%

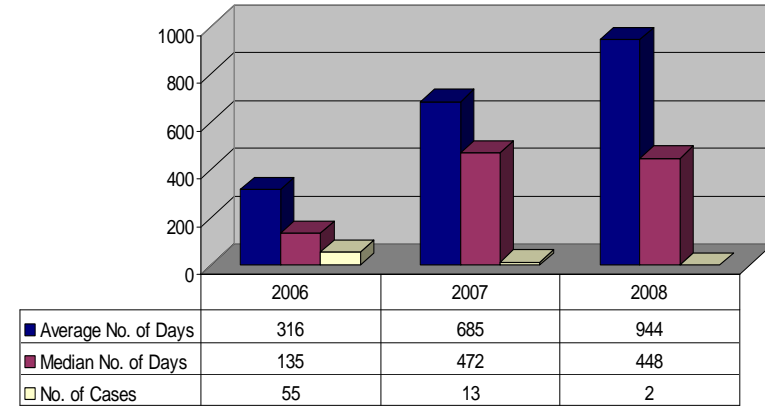
	Per. Dif. 2006 to 2007	Per. Dif. 2007 to 2008	Per. Dif. 2006 to 2008	Per. Dif. 2005 to 2008
Complaints Referred	-13.98%	16.88%	0.54%	-15.38%

Charts 7.3a, b & c – Calendar Days Aged from Case Assigned to Investigator to Case Closed with No Prosecution for Allied Health Cases

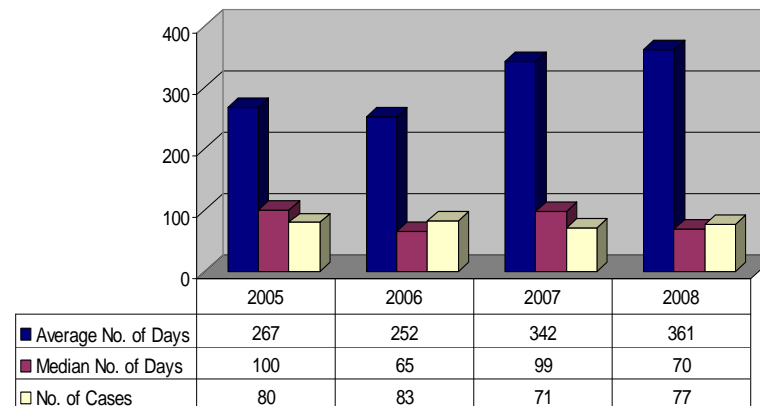
Allied Health--VE Cases Only
Days from Assigned to Investigator to Closed--No Prosecution



Allied Health--Non-VE Cases Only
Days from Assigned to Investigator to Closed--No Prosecution



Allied Health--Total Cases
Days from Assigned to Investigator to Closed--No Prosecution



Charts 7.3d, e & f – Calendar Days Aged from Case Assigned to Investigator to Case Closed with No Prosecution for Allied Health Cases — Cases Pending at Year End

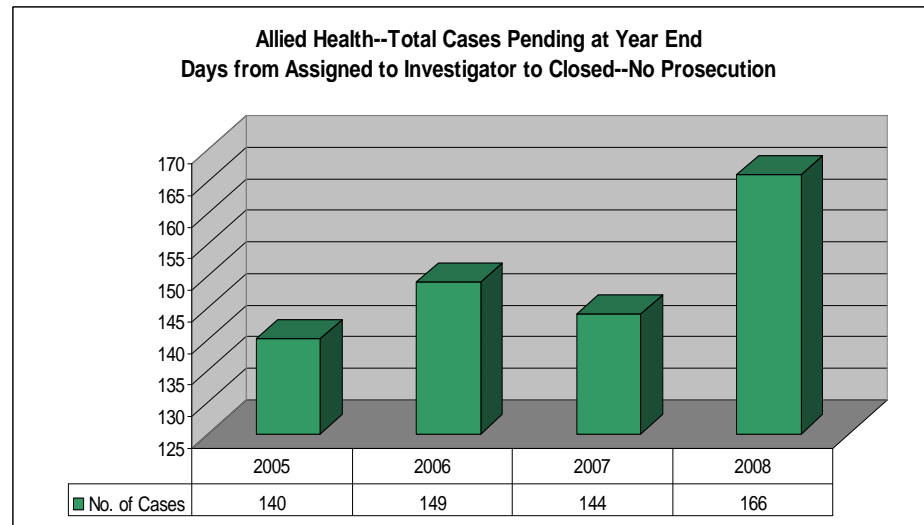
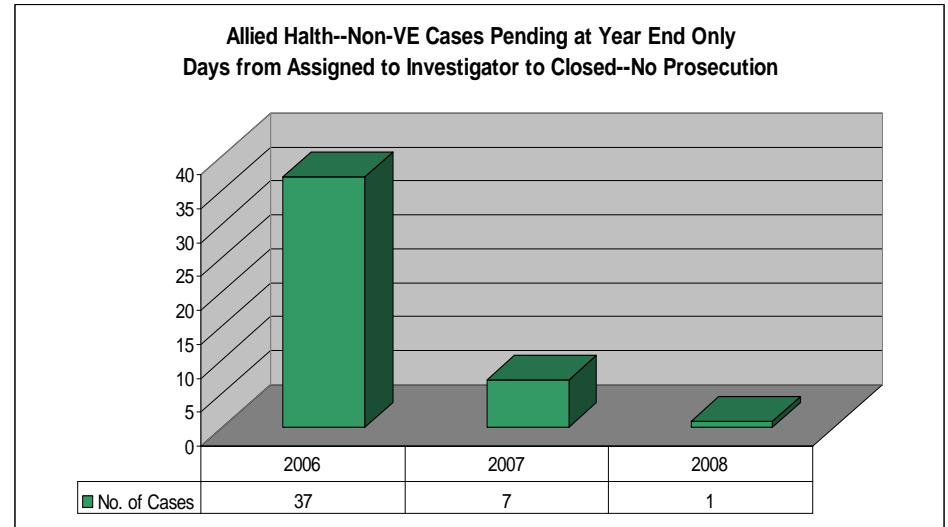
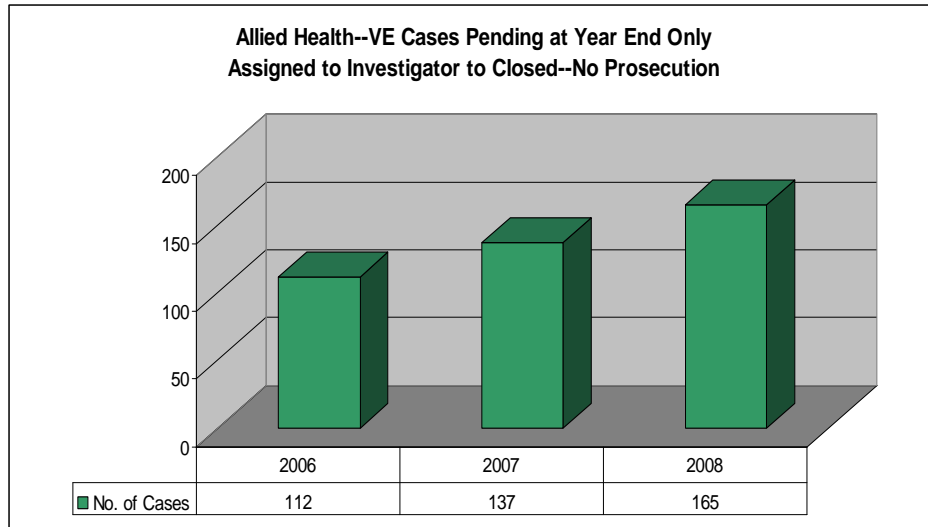
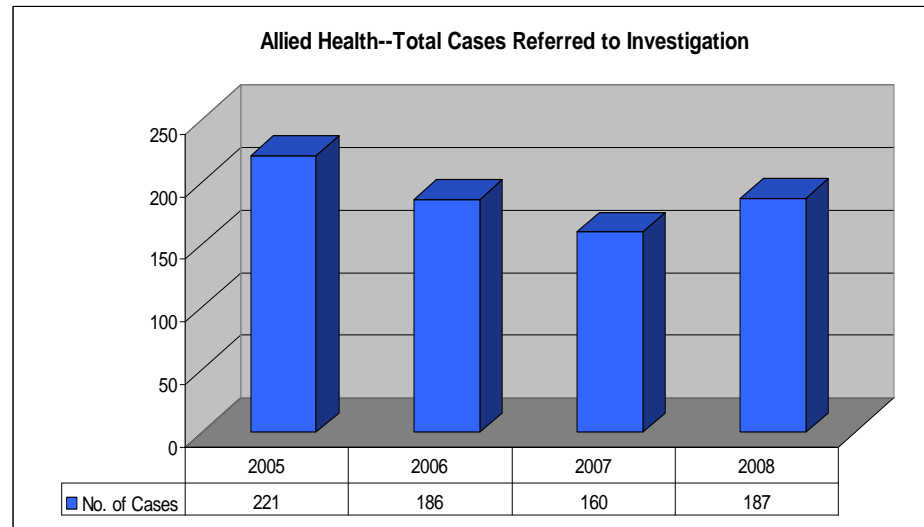


Chart 7.3g – Calendar Days Aged from Case Assigned to Investigator to Case Closed with No Prosecution for Allied Health Cases — Total Cases Referred to Investigations



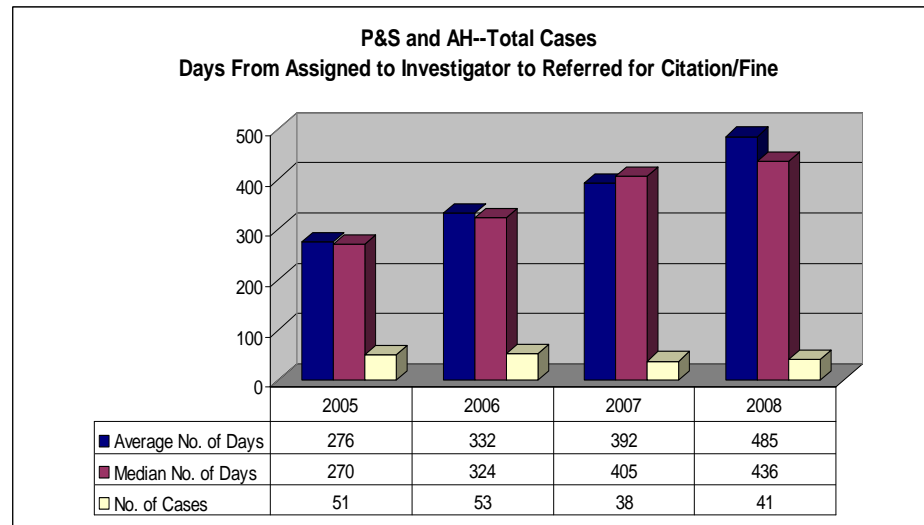
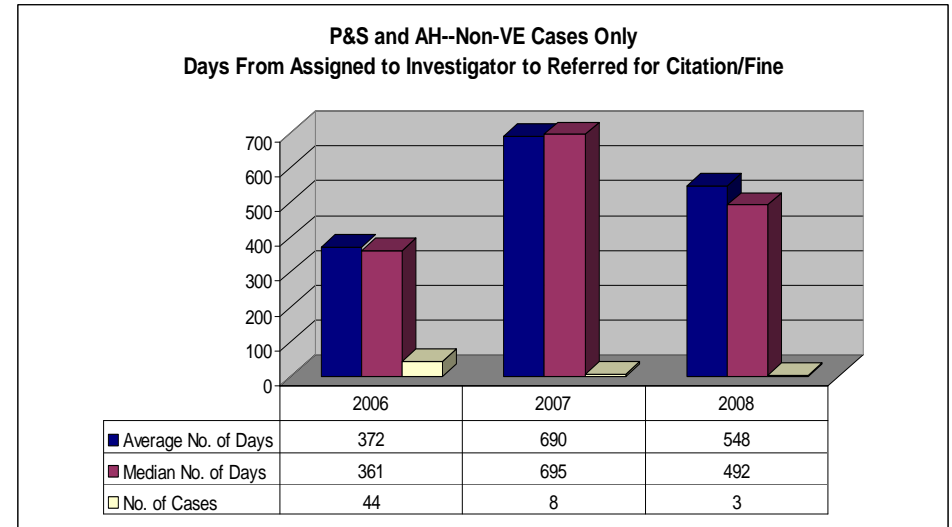
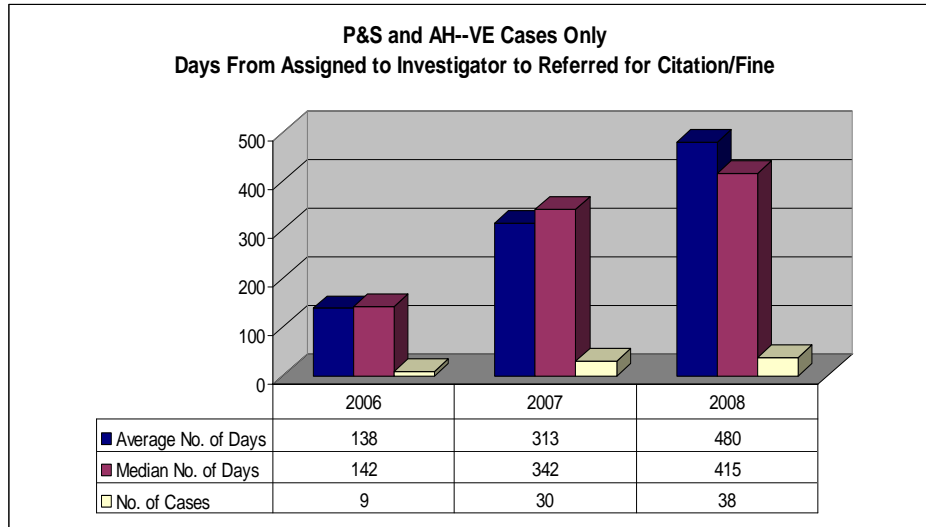
CALENDAR DAYS AGED FROM CASE ASSIGNED TO INVESTIGATOR TO REFERRAL FOR CITATION/FINE — PHYSICIANS AND SURGEONS AND ALLIED HEALTH COMBINED

Table 7.4 below reports the average and median calendar days aged from case assigned to investigator to referral for citation/fine for Physicians and Surgeons and Allied Health Care cases. Between 2005 and 2008, there was a 75.72% increase in the average days aged, a 61.48% increase in the median days aged, and a 19.61% decrease in the number of such cases.

Table 7.4 – Calendar Days Aged from Case Assigned to Investigator to Referral for Citation/Fine for Physicians and Surgeons and Allied Health Cases

Activity	Percentage Difference 2006 to 2007						Percentage Difference 2007 to 2008						Percentage Difference 2006 to 2008						Percentage Difference 2005 to 2008
	All	Not VE	VE	All	Not VE	VE	All	Not VE	VE	All	Not VE	VE	All	Not VE	VE	All	Not VE	VE	All
	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending
Calendar Day Age from Investigation Assigned to Referral for Citation/Fine																			
Average	18.07%		85.48%		126.81%		23.72%		-20.58%		53.35%		46.08%		47.31%		247.83%		75.72%
Median (middle record - half are above and half below)	25.00%		92.52%		140.85%		7.65%		-29.21%		21.35%		34.57%		36.29%		192.25%		61.48%
Record Count	-28.30%		-81.82%		233.33%		7.89%		-62.50%		26.67%		-22.64%		-93.18%		322.22%		-19.61%

Charts 7.4a, b & c – Calendar Days Aged from Case Assigned to Investigator to Referral for Citation/Fine for Physicians and Surgeons and Allied Health Cases



CALENDAR DAYS AGED FROM CASE ASSIGNED TO INVESTIGATOR TO REFERRAL FOR CITATION/FINE — PHYSICIANS AND SURGEONS

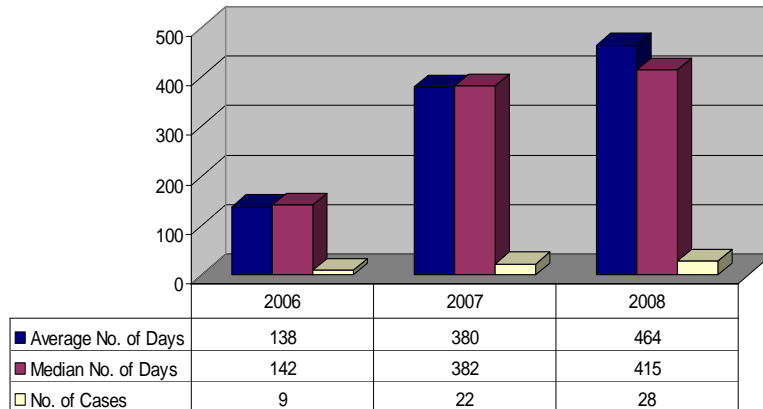
Table 7.5 below reports the average and median calendar days aged from case assigned to investigator to referral for citation/fine for Physicians and Surgeons cases. Between 2005 and 2008, there was a 67.14% increase in the average days aged, a 64.10% increase in the median days aged, and a 34.04% decrease in the number of such cases.

Table 7.5 – Calendar Days Aged from Case Assigned to Investigator to Referral for Citation/Fine for Physicians and Surgeons Cases

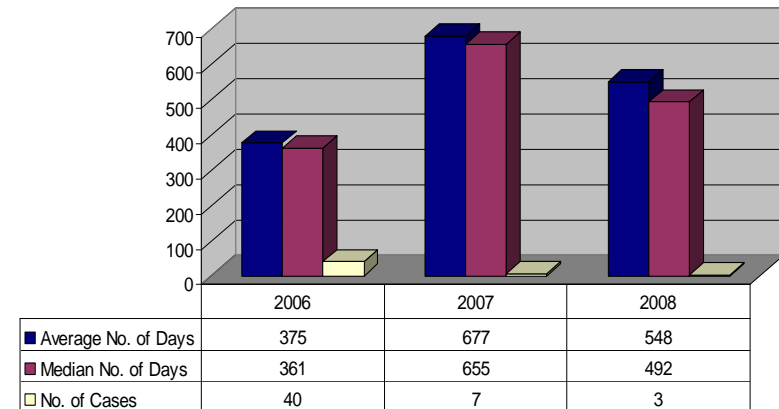
Activity	Percentage Difference 2006 to 2007						Percentage Difference 2007 to 2008						Percentage Difference 2006 to 2008						Percentage Difference 2005 to 2008
	All		Not VE		VE		All		Not VE		VE		All		Not VE		VE		All
	Pending		Pending		Pending		Pending		Pending		Pending		Pending		Pending		Pending		Pending
Calendar Day Age from Investigation Assigned to Referral for Citation/Fine																			
Average	36.25%		80.53%		175.36%		4.88%		-19.05%		22.11%		42.90%		46.13%		236.23%		67.14%
Median (middle record - half are above and half below)	45.19%		81.44%		169.01%		-1.10%		-24.89%		8.64%		43.59%		36.29%		192.25%		64.10%
Record Count	-40.82%		-82.50%		144.44%		6.90%		-57.14%		27.27%		-36.73%		-92.50%		211.11%		-34.04%

Charts 7.5a, b & c – Calendar Days Aged from Case Assigned to Investigator to Referral for Citation/Fine for Physicians and Surgeons Cases

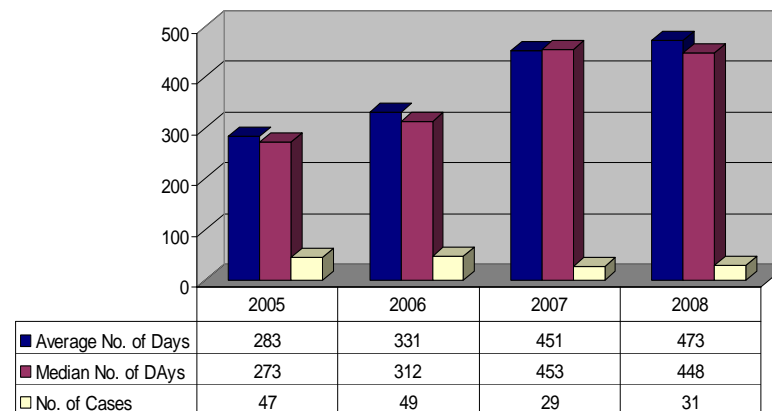
Physicians and Surgeons--VE Cases Only
Days From Assigned to Investigator to Referred for Citation/Fine



Physicians and Surgeons--Non-VE Cases Only
Days From Assigned to Investigator to Referred for Citation/Fine



Physicians and Surgeons--Total Cases
Days From Assigned to Investigator to Referred for Citation/Fine



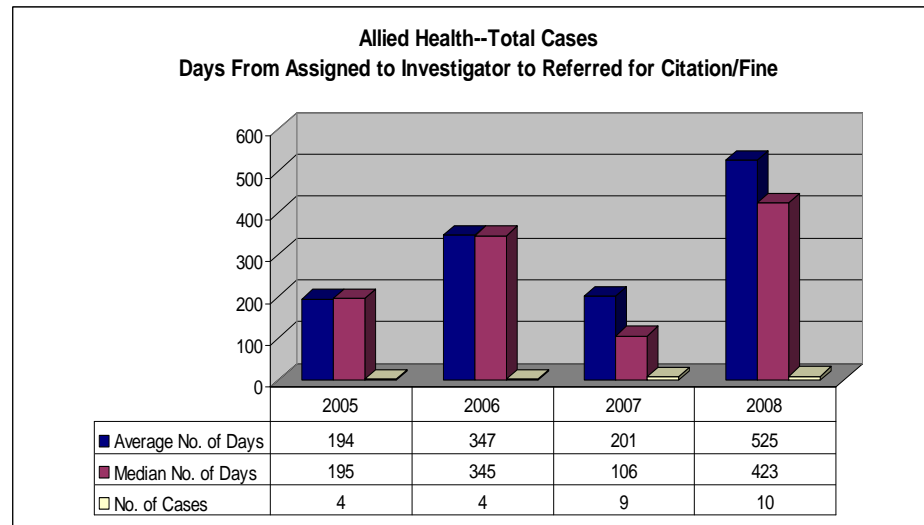
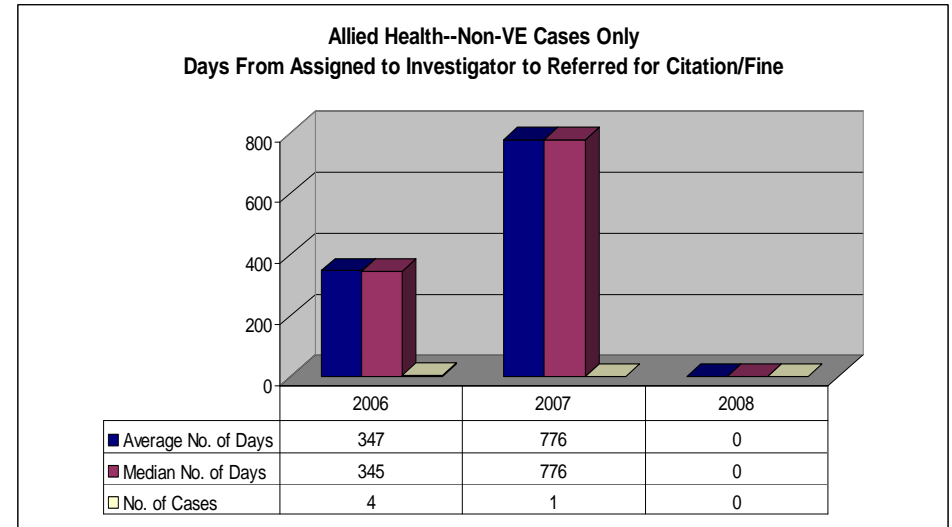
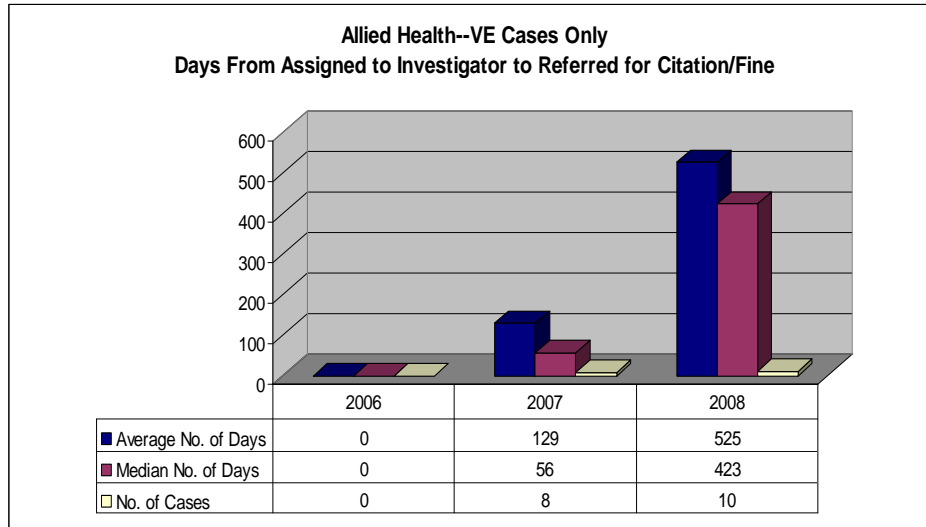
CALENDAR DAYS AGED FROM CASE ASSIGNED TO INVESTIGATOR TO REFERRAL FOR CITATION/FINE — ALLIED HEALTH

Table 7.6 below reports the average and median calendar days aged from case assigned to investigator to referral for citation/fine for Allied Health Care cases. Between 2005 and 2008, there was a 170.62% increase in the average days aged, a 116.92% increase in the median days aged, and a 150.00% decrease in the number of such cases.

Table 7.6 – Calendar Days Aged from Case Assigned to Investigator to Referral for Citation/Fine for and Allied Health Cases

Activity	Percentage Difference 2006 to 2007						Percentage Difference 2007 to 2008						Percentage Difference 2006 to 2008						Percentage Difference 2005 to 2008
	All	Not VE	VE	All	Not VE	VE	All	Not VE	VE	All	Not VE	VE	All	Not VE	VE	All	Not VE	VE	All
	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending
Calendar Day Age from Investigation Assigned to Referral for Citation/Fine																			
Average	-42.07%		123.63%				161.19%		-100.00%		306.98%		51.30%		-100.00%				170.62%
Median (middle record - half are above and half below)	-69.28%		124.93%				299.06%		-100.00%		655.36%		22.61%		-100.00%				116.92%
Record Count	125.00%		-75.00%				11.11%		-100.00%		25.00%		150.00%		-100.00%				150.00%

Charts 7.6a, b & c – Calendar Days Aged from Case Assigned to Investigator to Referral for Citation/Fine for Allied Health Cases



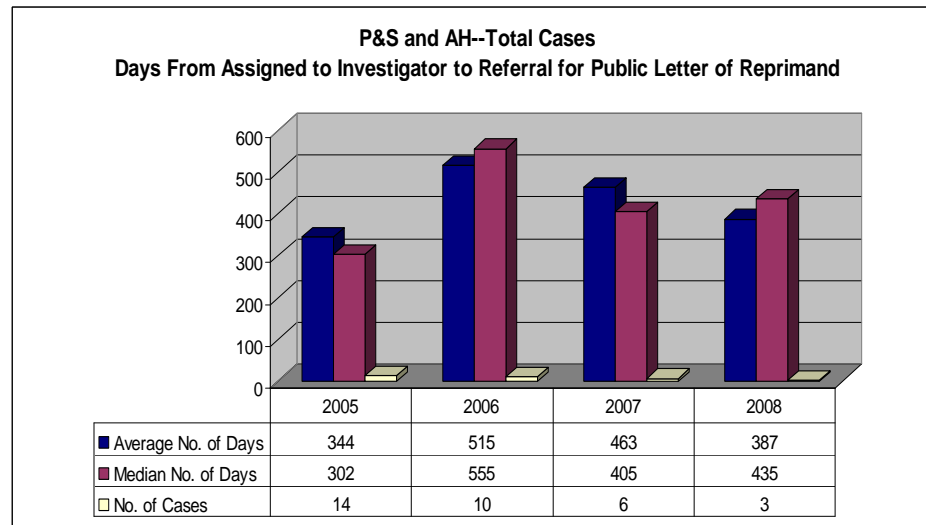
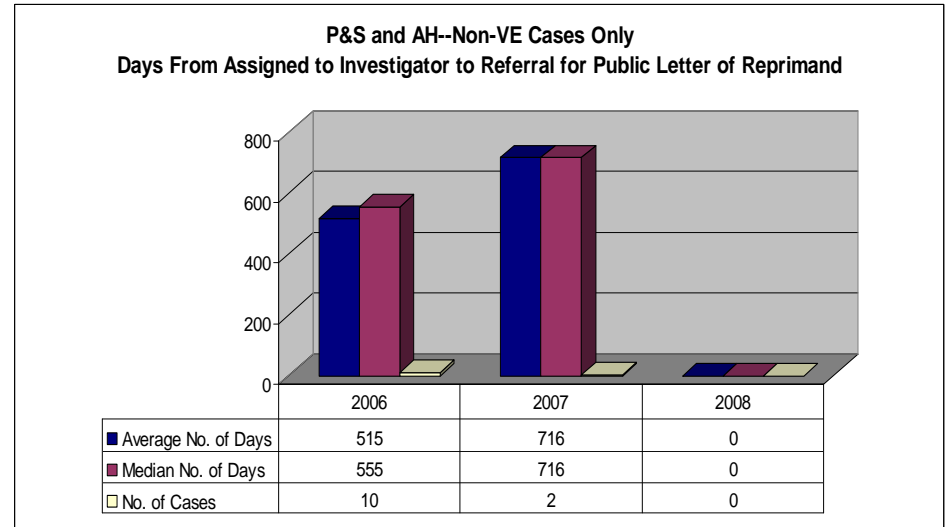
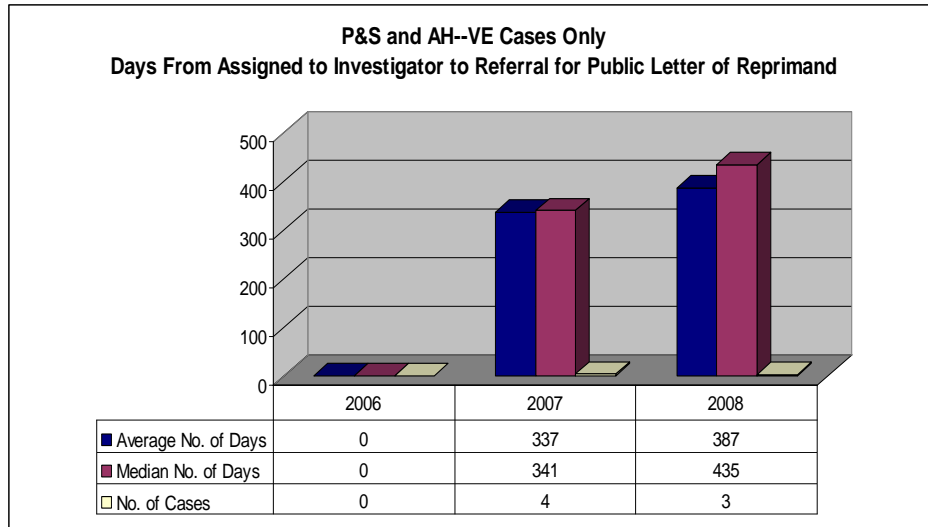
**CALENDAR DAYS AGED FROM CASE ASSIGNED TO INVESTIGATOR TO REFERRAL FOR PUBLIC LETTER OF REPRIMAND
— PHYSICIANS AND SURGEONS AND ALLIED HEALTH COMBINED**

Table 7.7 below reports the average and median calendar days aged from case assigned to investigator to referral for public letter of reprimand for Physicians and Surgeons and Allied Health Care cases. Between 2005 and 2008, there was a 12.50% increase in the average days aged, a 44.04% increase in the median days aged, and a 78.57% decrease in the number of such cases.

Table 7.7 – Calendar Days Aged from Case Assigned to Investigator to Referral for Public Letter of Reprimand for Physicians and Surgeons and Allied Health Cases

Activity	Percentage Difference 2006 to 2007						Percentage Difference 2007 to 2008						Percentage Difference 2006 to 2008						Percentage Difference 2005 to 2008
	All	Not VE	VE	All	Not VE	VE	All	Not VE	VE	All	Not VE	VE	All	Not VE	VE	All	Not VE	VE	All
	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending
Calendar Day Age from Investigation Assigned to Referral for Public Letter of Reprimand																			
Average	-10.10%		39.03%				-16.41%		-100.00%		14.84%		-24.85%		-100.00%				12.50%
Median (middle record - half are above and half below)	-27.03%		29.01%				7.41%		-100.00%		27.57%		-21.62%		-100.00%				44.04%
Record Count	-40.00%		-80.00%				-50.00%		-100.00%		-25.00%		-70.00%		-100.00%				-78.57%

Charts 7.7a, b & c – Calendar Days Aged from Case Assigned to Investigator to Referral for Public Letter of Reprimand for Physicians and Surgeons and Allied Health Cases



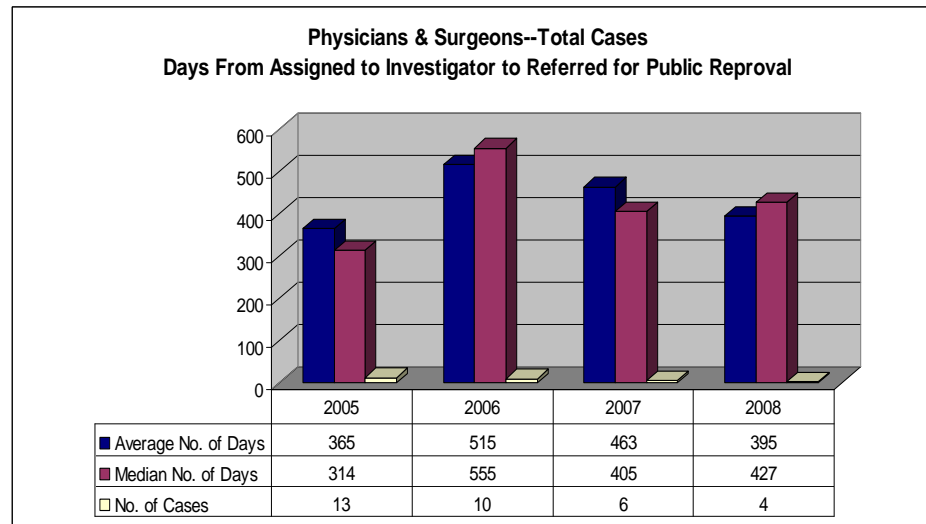
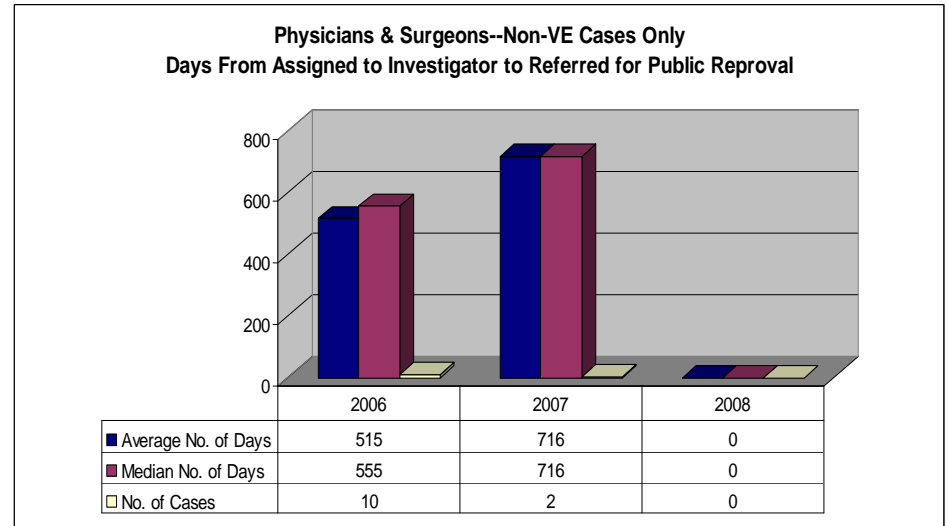
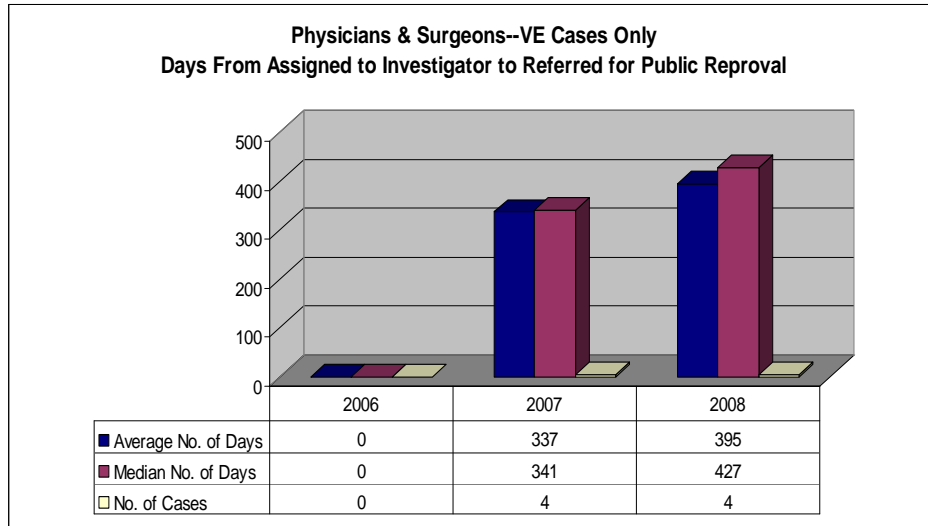
CALENDAR DAYS AGED FROM CASE ASSIGNED TO INVESTIGATOR TO REFERRAL FOR PUBLIC LETTER OF REPRIMAND — PHYSICIANS AND SURGEONS

Table 7.8 below reports the average and median calendar days aged from case assigned to investigator to referral for public letter of reprimand for Physicians and Surgeons cases. Between 2005 and 2008, there was an 8.22% increase in the average days aged, a 35.99% increase in the median days aged, and a 69.23% decrease in the number of such cases.

Table 7.8 – Calendar Days Aged from Case Assigned to Investigator to Referral for Public Letter of Reprimand for Physicians and Surgeons Cases

Activity	Percentage Difference 2006 to 2007						Percentage Difference 2007 to 2008						Percentage Difference 2006 to 2008						Percentage Difference 2005 to 2008
	All		Not VE		VE		All		Not VE		VE		All		Not VE		VE		All
	Pending		Pending		Pending		Pending		Pending		Pending		Pending		Pending		Pending		Pending
Calendar Day Age from Investigation Assigned to Referral for Public Letter of Reprimand																			
Average	-10.10%		39.03%				-14.69%		-100.00%		17.21%		-23.30%		-100.00%				8.22%
Median (middle record - half are above and half below)	-27.03%		29.01%				5.43%		-100.00%		25.22%		-23.06%		-100.00%				35.99%
Record Count	-40.00%		-80.00%				-33.33%		-100.00%		0.00%		-60.00%		-100.00%				-69.23%

Charts 7.8a, b & c – Calendar Days Aged from Case Assigned to Investigator to Referral for Public Letter of Reprimand for Physicians and Surgeons Cases



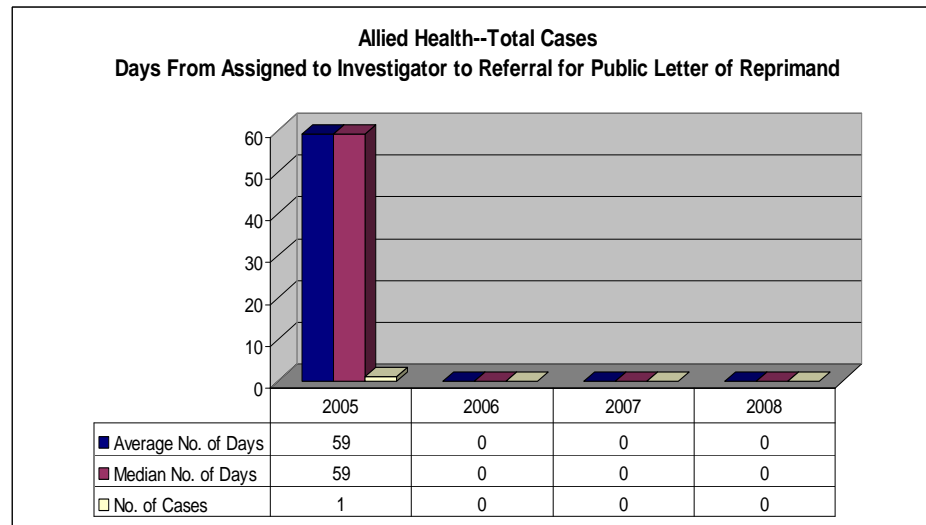
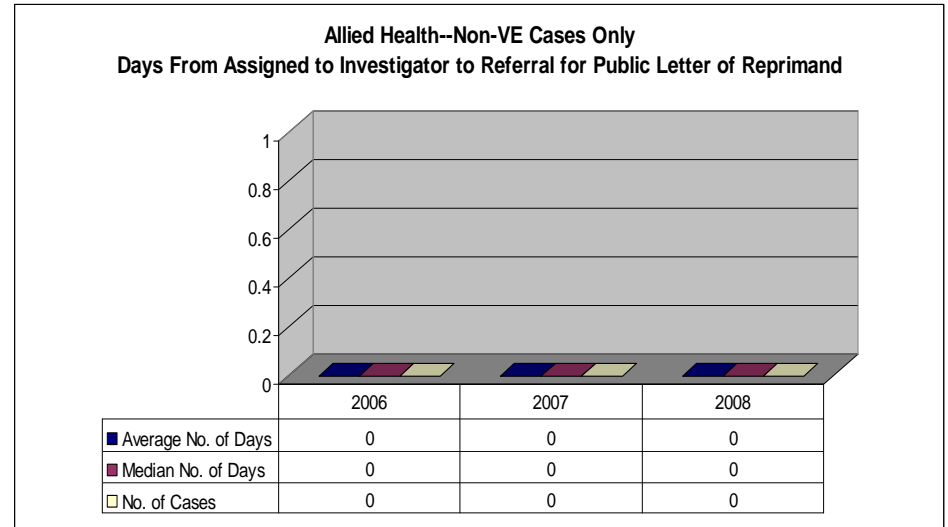
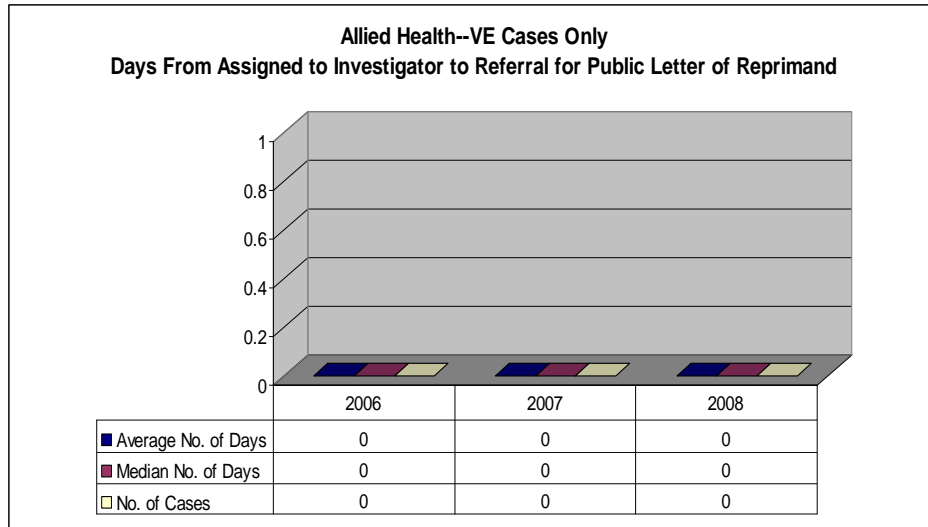
CALENDAR DAYS AGED FROM CASE ASSIGNED TO INVESTIGATOR TO REFERRAL FOR PUBLIC LETTER OF REPRIMAND — ALLIED HEALTH

Table 7.9 below reports the average and median calendar days aged from case assigned to investigator to referral for public letter of reprimand for Allied Health Care cases. Between 2005 and 2008, there was a 100.00% decrease in the average days aged, a 100.00% decrease in the median days aged, and a 100.00% decrease in the number of such cases (there was 1 such case in 2005 and no cases during the remainder of this period).

Table 7.9 – Calendar Days Aged from Case Assigned to Investigator to Referral for Public Letter of Reprimand for Allied Health Cases

Activity	Percentage Difference 2006 to 2007						Percentage Difference 2007 to 2008						Percentage Difference 2006 to 2008						Percentage Difference 2005 to 2008
	All		Not VE		VE		All		Not VE		VE		All		Not VE		VE		All
	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending
Calendar Day Age from Investigation Assigned to Referral for Public Letter of Reprimand																			
Average																			-100.00%
Median (middle record - half are above and half below)																			-100.00%
Record Count																			-100.00%

Charts 7.9a, b & c – Calendar Days Aged from Case Assigned to Investigator to Referral for Public Letter of Reprimand for Allied Health Cases



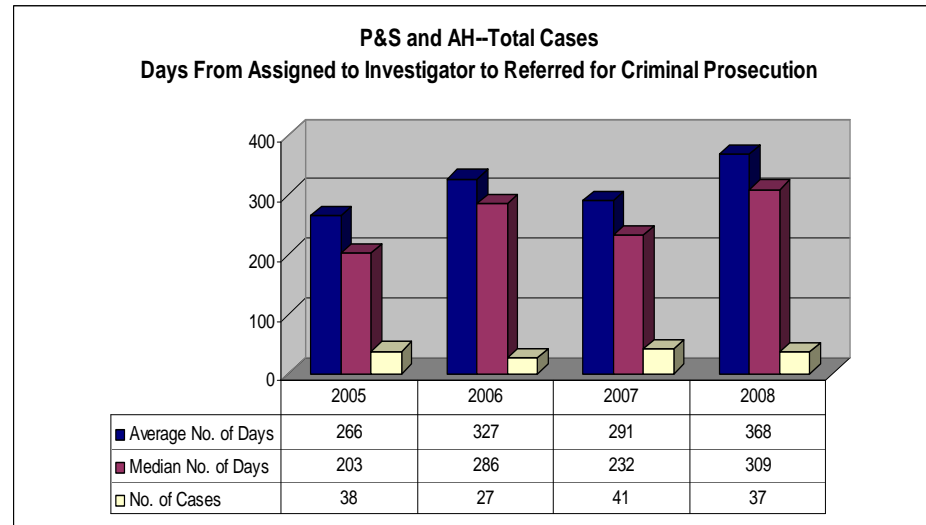
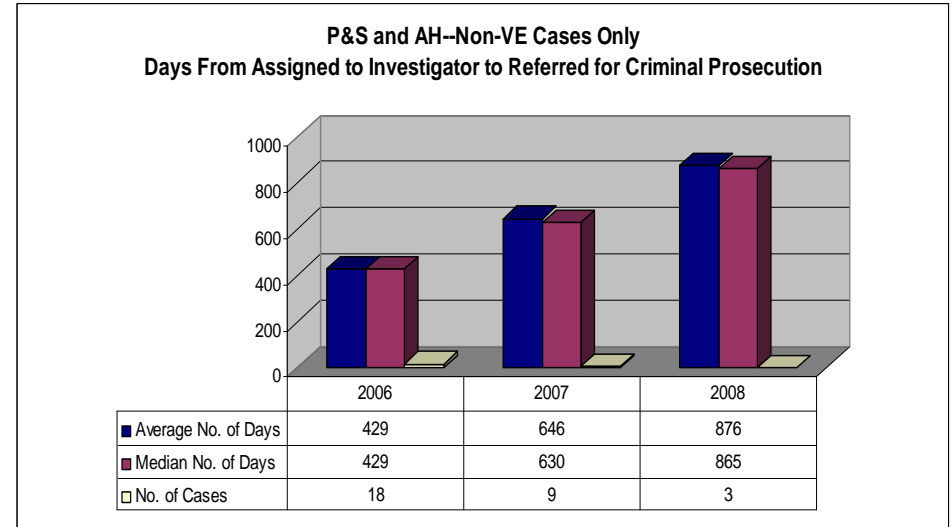
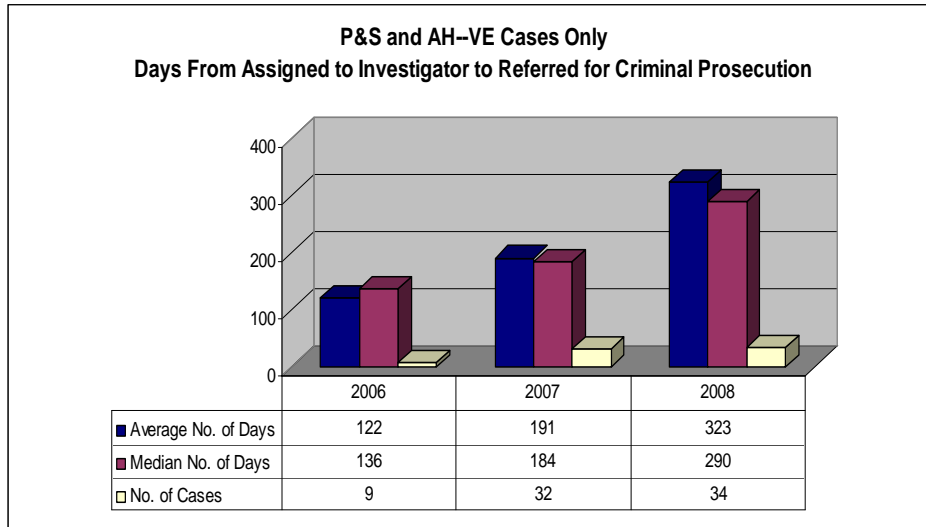
CALENDAR DAYS AGED FROM CASE ASSIGNED TO INVESTIGATOR TO REFERRAL FOR CRIMINAL ACTION — PHYSICIANS AND SURGEONS AND ALLIED HEALTH COMBINED

Table 7.10 below reports the average and median calendar days aged from case assigned to investigator to referral for criminal action for Physicians and Surgeons and Allied Health Care cases. Between 2005 and 2008, there was a 38.35% increase in the average days aged, a 52.22% increase in the median days aged, and a 2.63% decrease in the number of such cases.

Table 7.10 – Calendar Days Aged from Case Assigned to Investigator to Referral for Criminal Action for Physicians and Surgeons and Allied Health Cases

Activity	Percentage Difference 2006 to 2007						Percentage Difference 2007 to 2008						Percentage Difference 2006 to 2008						Percentage Difference 2005 to 2008
	All	Not VE	VE	All	Not VE	VE	All	Not VE	VE	All	Not VE	VE	All	Not VE	VE	All	Not VE	VE	All
	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending
Calendar Day Age from Investigation Assigned to Referral for Criminal Action																			
Average	-11.01%		50.58%		56.56%		26.46%		35.60%		69.11%		12.54%		104.20%		164.75%		38.35%
Median (middle record - half are above and half below)	-18.88%		46.85%		35.29%		33.19%		37.30%		57.61%		8.04%		101.63%		113.24%		52.22%
Record Count	51.85%		-50.00%		255.56%		-9.76%		-66.67%		6.25%		37.04%		-83.33%		277.78%		-2.63%

Charts 7.10a, b & c – Calendar Days Aged from Case Assigned to Investigator to Referral for Criminal Action for Physicians and Surgeons Cases and Allied Health Cases



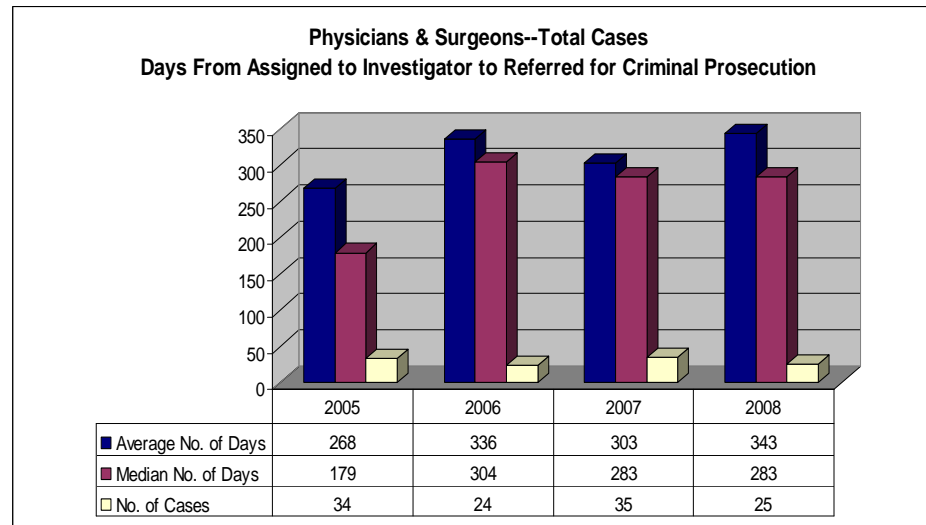
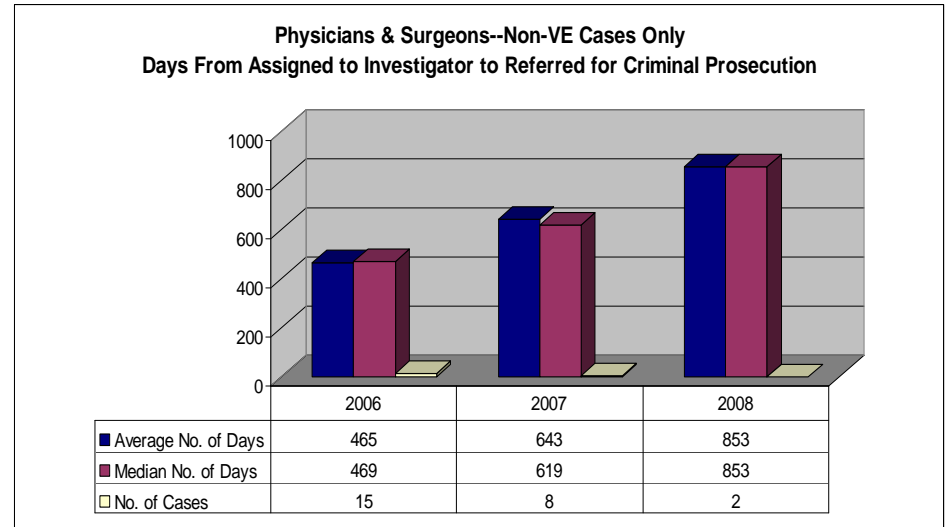
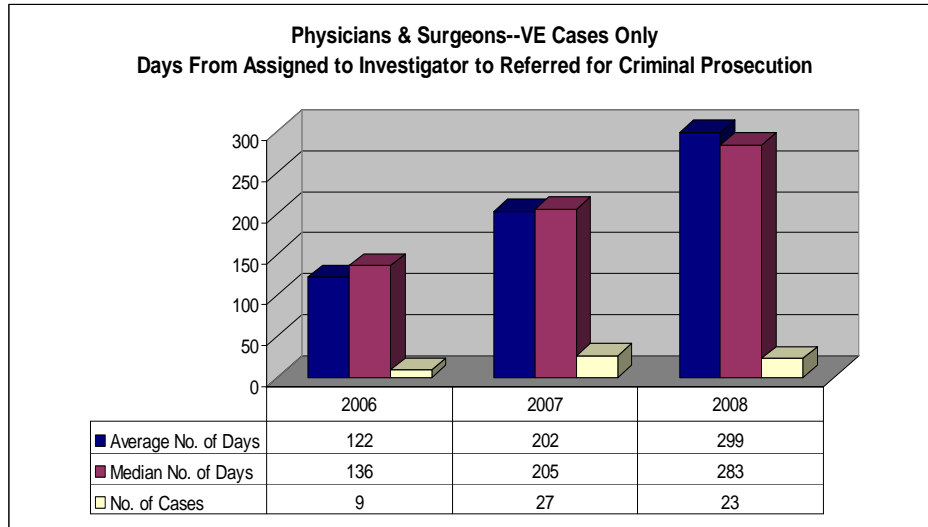
CALENDAR DAYS AGED FROM CASE ASSIGNED TO INVESTIGATOR TO REFERRAL FOR CRIMINAL ACTION — PHYSICIANS AND SURGEONS

Table 7.11 below reports the average and median calendar days aged from case assigned to investigator to referral for criminal action for Physicians and Surgeons cases. Between 2005 and 2008, there was a 27.99% increase in the average days aged, a 58.10% increase in the median days aged, and a 26.47% decrease in the number of such cases.

Table 7.11 – Calendar Days Aged from Case Assigned to Investigator to Referral for Criminal Action for Physicians and Surgeons Cases

Activity	Percentage Difference 2006 to 2007						Percentage Difference 2007 to 2008						Percentage Difference 2006 to 2008						Percentage Difference 2005 to 2008	
	All		Not VE		VE		All		Not VE		VE		All		Not VE		VE		All	
	Pending		Pending		Pending		Pending		Pending		Pending		Pending		Pending		Pending		Pending	
Calendar Day Age from Investigation Assigned to Referral for Criminal Action																				
Average	-9.82%		38.28%		65.57%		13.20%		32.66%		48.02%		2.08%		83.44%		145.08%		27.99%	
Median (middle record - half are above and half below)	-6.91%		31.98%		50.74%		0.00%		37.80%		38.05%		-6.91%		81.88%		108.09%		58.10%	
Record Count	45.83%		-46.67%		200.00%		-28.57%		-75.00%		-14.81%		4.17%		-86.67%		155.56%		-26.47%	

Charts 7.11a, b & c – Calendar Days Aged from Case Assigned to Investigator to Referral for Criminal Action for Physicians and Surgeons Cases



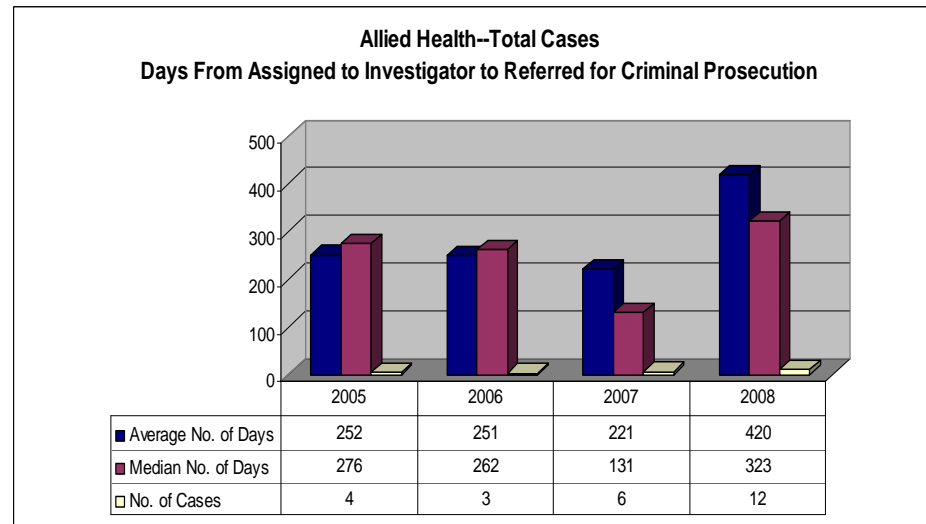
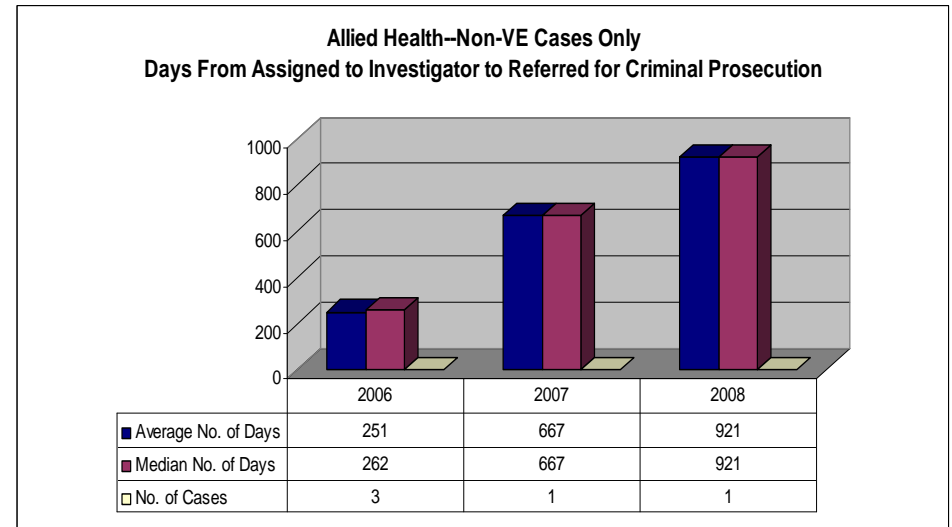
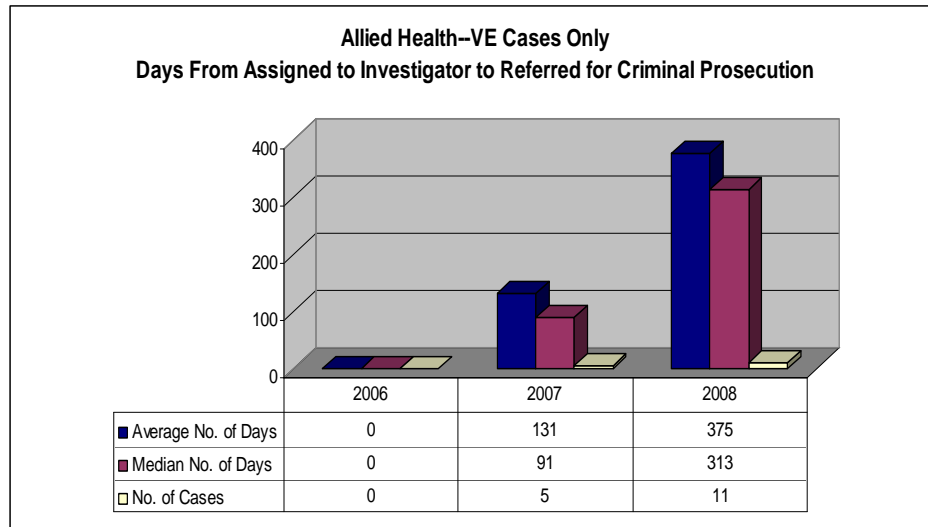
CALENDAR DAYS AGED FROM CASE ASSIGNED TO INVESTIGATOR TO REFERRAL FOR CRIMINAL ACTION — ALLIED HEALTH

Table 7.12 below reports the average and median calendar days aged from case assigned to investigator to referral for criminal action for Allied Health Care cases. Between 2005 and 2008, there was a 66.67% increase in the average days aged, a 17.03% increase in the median days aged, and a 200.00% increase in the number of such cases.

Table 7.12 – Calendar Days Aged from Case Assigned to Investigator to Referral for Criminal Action for Allied Health Cases

Activity	Percentage Difference 2006 to 2007						Percentage Difference 2007 to 2008						Percentage Difference 2006 to 2008						Percentage Difference 2005 to 2008
	All	Not VE	VE	All	Not VE	VE	All	Not VE	VE	All	Not VE	VE	All	Not VE	VE	All	Not VE	VE	All
	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending
Calendar Day Age from Investigation Assigned to Referral for Criminal Action																			
Average	-11.95%		165.74%				90.05%		38.08%		186.26%		67.33%		266.93%				66.67%
Median (middle record - half are above and half below)	-50.00%		154.58%				146.56%		38.08%		243.96%		23.28%		251.53%				17.03%
Record Count	100.00%		-66.67%				100.00%		0.00%		120.00%		300.00%		-66.67%				200.00%

Charts 7.12a, b & c – Calendar Days Aged from Case Assigned to Investigator to Referral for Criminal Action for Allied Health Cases



VIII. SUBPOENAS

The MBC and HQES primarily issue two types of subpoenas in the investigation phase: the investigational subpoena duces tecum (SDT) to obtain confidential medical records, and the investigational subpoena to appear and testify (SAT) to require a person to appear and testify to answer questions if the person refuses to be interviewed or declines to be taped during the interview.

SUBPOENA POLICY

SDT

The SDT's are utilized to assist in obtaining medical records relevant to an investigation. The EOM Section 5.3 indicates that medical records are obtained during the course of an investigation either by a signed patient authorization(s), by an investigation SDT, or by a search warrant. Pursuant to ***Joint Vertical Enforcement Guidelines*** (JVEG), First Edition, April 2008: "While the responsibility to prepare the SDT package rests with the assigned investigator, the assigned primary DAG or lead prosecutor should assist the assigned investigator in the preparation of the SDT."

Pursuant to MBC EOM Section 5.3, the process for SDT is as follows:

- An investigator shall prepare an investigational SDT, when necessary, to compel the production of documents during an investigation;
- The SDT shall contain all of the information required and submit to Sup I for approval;
- The Sup I shall, within three business days, forward the SDT to the primary, or lead, DAG for approval;
- According to the both EOM and the JVEG, the DAG should review and approve the SDT package within 5 business days;
- If the DAG wants changes, revisions or modification made to either the SDT or support declarations(s), he/she has an additional 5 business days to do so; and
- If investigator does not receive a response from the DAG with 10 business days, the investigator shall forward the SDT package to the Sup II for signature and processing.

SAT

SAT's are utilized to assist in obtaining statements from the subject, complainant or witness in an investigation.

Pursuant to MBC EOM Section 5.4, the process for SAT is as follows:

- An investigator shall submit the investigation report and the investigational SAT to the Sup I for approval;
- If approved, forwards the SAT to the Sup II for review and signature; and
- After signature, returns the SAT to the Sup I.

Data and charts relevant to the use of SDTs and SATs are contained in Chapter IX, Medical Records, and Chapter X, Interviews.

IX. MEDICAL RECORDS

Effective January 1, 2005, there is a “zero tolerance” policy for delays in the production of medical records requested pursuant to an authorization to release medical records.

MEDICAL RECORDS POLICY

Per EOM Section 6.14, if medical records are required for an investigation, the following procedure applies:

- An authorization to release medical records must be obtained by an investigator within 30 days of case assignment;
- If unable to obtain a release, investigator to notify Sup I within 3 business days;
- If SDT is required, the investigator shall draft the SDT within 7 business days;
- The investigator has 10 business days to request the medical records;
- Once served, a physician has 15 days to produce the records and a health care facility has 30 days, per B&P Code Section 2225.5;
- When the request is overdue by one business day, the investigator must call the physician/medical facility; and
- B&P Code Section 2225.5 allows MBC to issue a fine of up to \$1000 per day for noncompliance.

CALENDAR DAYS AGED FOR RECEIPT OF MEDICAL RECORDS — PHYSICIANS AND SURGEONS AND ALLIED HEALTH COMBINED

Table 9.1 below reports the average and median calendar days aged from request based on a medical release to receipt of medical records for Physicians and Surgeons and Allied Health Care cases. Between 2005 and 2008, there was a 3.51% increase in the average days aged, a 3.13% decrease in the median days aged, and a 44.80% decrease in the number of such cases.

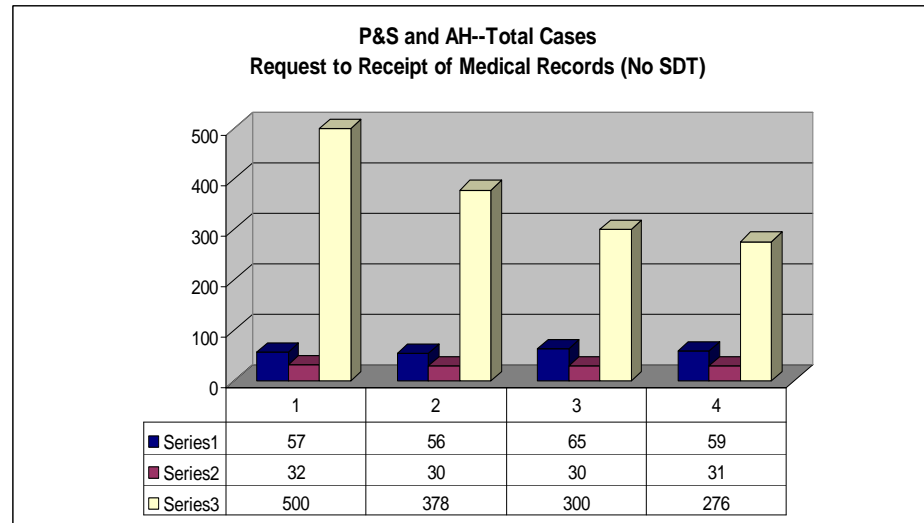
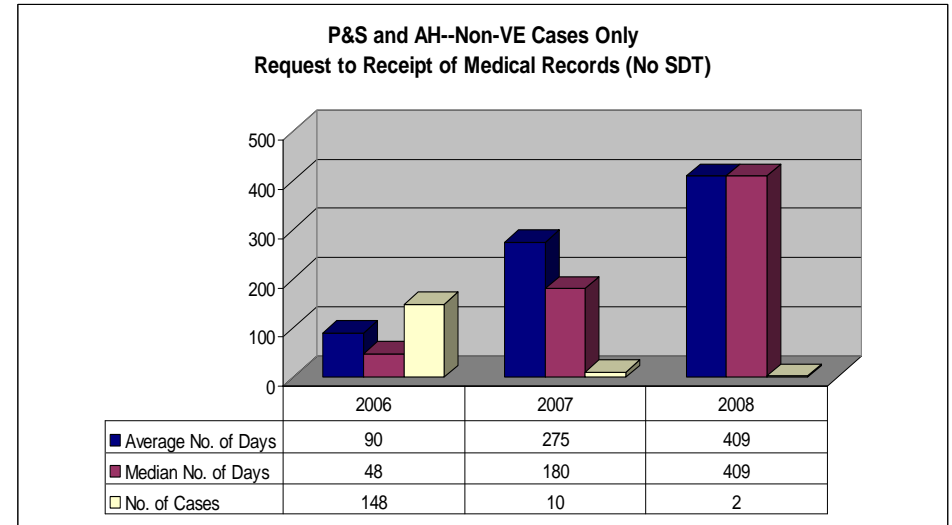
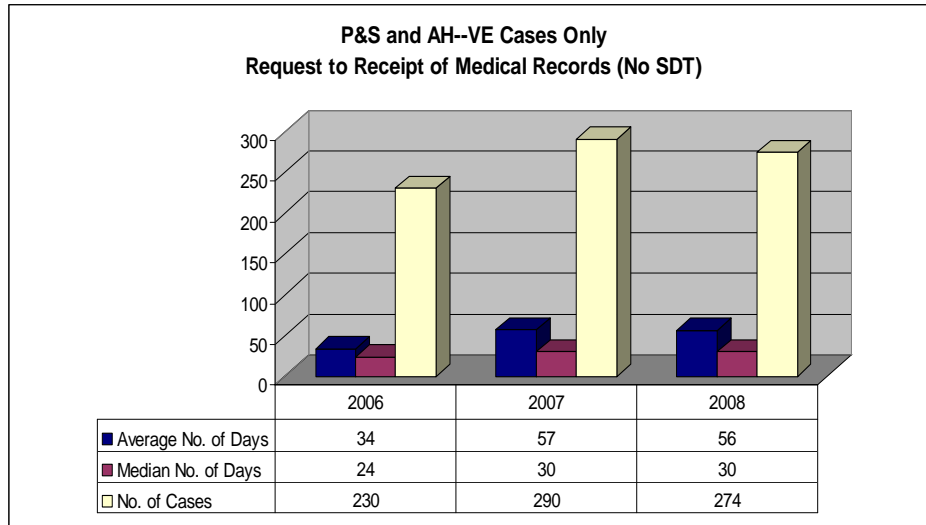
For cases in which an SDT was issued without a medical release, between 2005 and 2008 there was a 46.82% decrease in the average days aged from the date the SDT was served to receipt of the medical records, a 64.00% decrease in the median days aged, and a 2050.00% increase in the number of such cases (from 4 such cases in 2005 to 86 cases in 2008).

For cases in which both a medical release and an SDT were utilized, between 2005 and 2008 there was a 62.79% increase in the average days aged, a 30.51% decrease in the median days aged, and a 106.67% increase in the number of such cases.

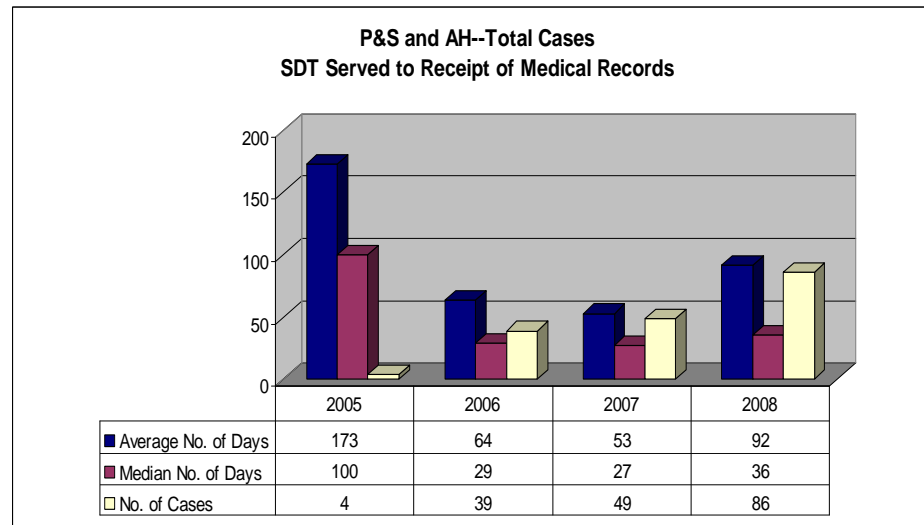
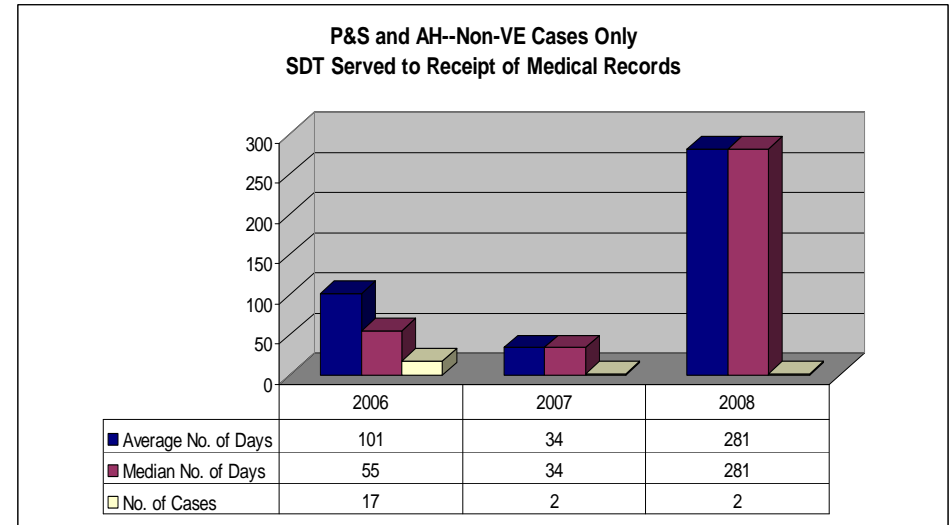
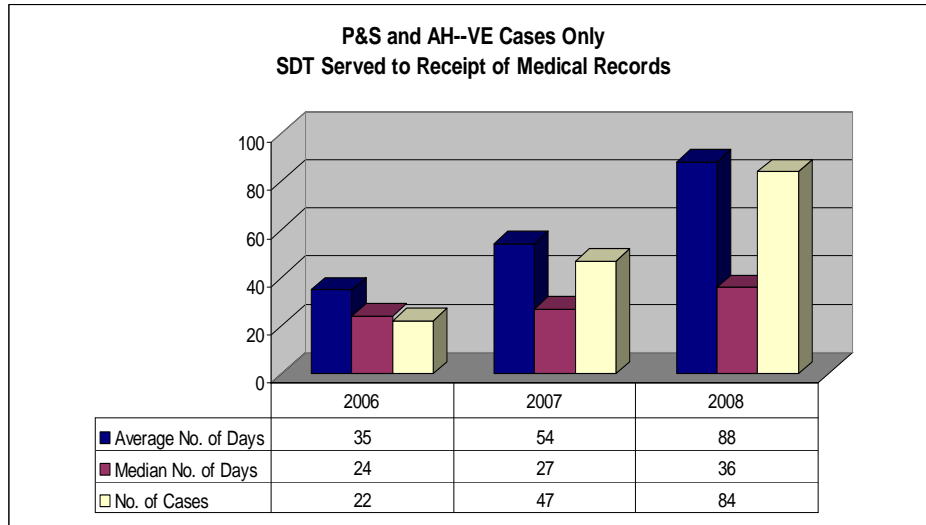
Table 9.1 – Calendar Days for Receipt of Medical Records for Physicians and Surgeons and Allied Health Cases

	Percentage Difference 2006 to 2007						Percentage Difference 2007 to 2008						Percentage Difference 2006 to 2008						Percentage Difference	
	All		Not VE		VE		All		Not VE		VE		All		Not VE		VE		All	
Activity	Pending		Pending		Pending		Pending		Pending		Pending		Pending		Pending		Pending		Pending	
Calendar Day Age from Medical Release Request to Receipt of Medical Records (no SDT)																				
Average	16.07%		205.56%		67.65%		-9.23%		48.73%		-1.75%		5.36%		354.44%		64.71%		3.51%	
Median (middle record - half are above and half below)	0.00%		275.00%		25.00%		3.33%		127.22%		0.00%		3.33%		752.08%		25.00%		-3.13%	
Record Count	-20.63%		-93.24%		26.09%		-8.00%		-80.00%		-5.52%		-26.98%		-98.65%		19.13%		-44.80%	
Calendar Day Age from SDT Served to Receipt of Medical Records (no Medical Release)																				
Average	-17.19%		-66.34%		54.29%		73.58%		726.47%		62.96%		43.75%		178.22%		151.43%		-46.82%	
Median (middle record - half are above and half below)	-6.90%		-38.18%		12.50%		33.33%		726.47%		33.33%		24.14%		410.91%		50.00%		-64.00%	
Record Count	25.64%		-88.24%		113.64%		75.51%		0.00%		78.72%		120.51%		-88.24%		281.82%		2050.00%	
Calendar Day Age from Medical Release Request to SDT Request to Receipt of Medical Records																				
Average	26.19%		97.04%		110.23%		-0.94%		84.00%		-5.95%		25.00%		262.56%		97.73%		62.79%	
Median (middle record - half are above and half below)	64.80%		117.88%		391.89%		-62.62%		123.71%		-60.99%		-38.40%		387.42%		91.89%		30.51%	
Record Count	4.35%		-81.25%		200.00%		29.17%		-33.33%		38.10%		34.78%		-87.50%		314.29%		106.67%	

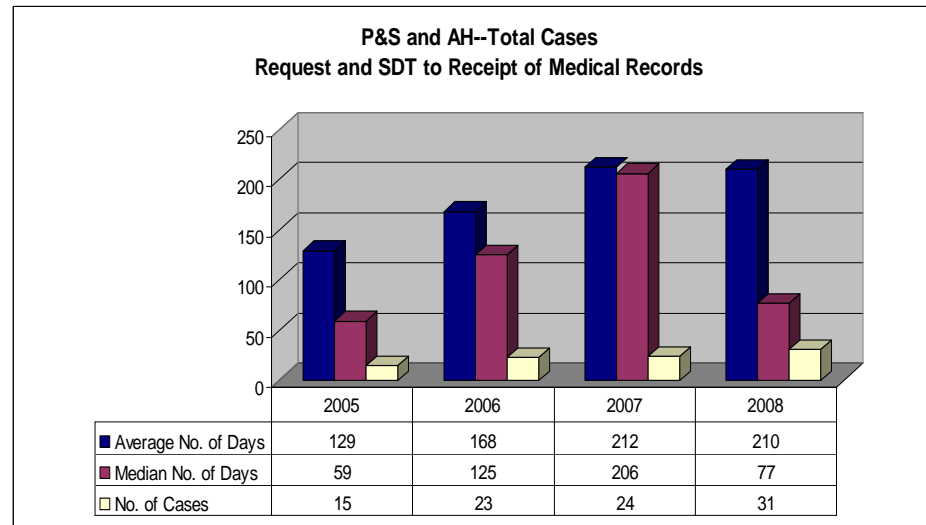
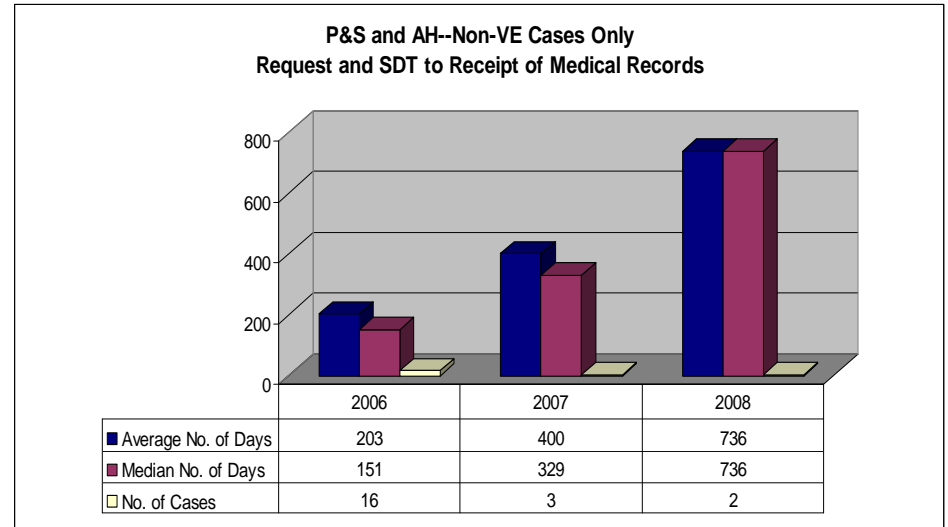
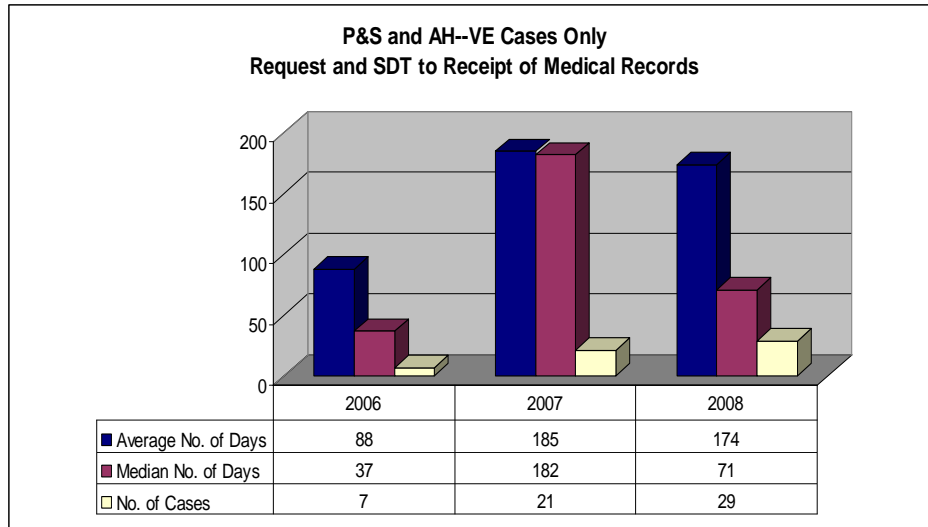
Charts 9.1a, b & c – Calendar Days Aged from Request Based on Medical Release to Receipt of Medical Records for Physicians and Surgeons and Allied Health Cases



Charts 9.1d, e & f – Calendar Days Aged from Service of SDT to Receipt of Medical Records for Physicians and Surgeons and Allied Health Cases



Charts 9.1g, h & i – Calendar Days Aged from Request Based on Medical Release through Service of SDT to Receipt of Medical Records for Physicians and Surgeons and Allied Health Cases



CALENDAR DAYS AGED FOR RECEIPT OF MEDICAL RECORDS — PHYSICIANS AND SURGEONS

Table 9.2 below reports the average and median calendar days aged from request based on a medical release to receipt of medical records for Physicians and Surgeons cases. Between 2005 and 2008, there was an 8.77% increase in the average days aged, a 3.13% decrease in the median days aged, and a 49.35% decrease in the number of such cases.

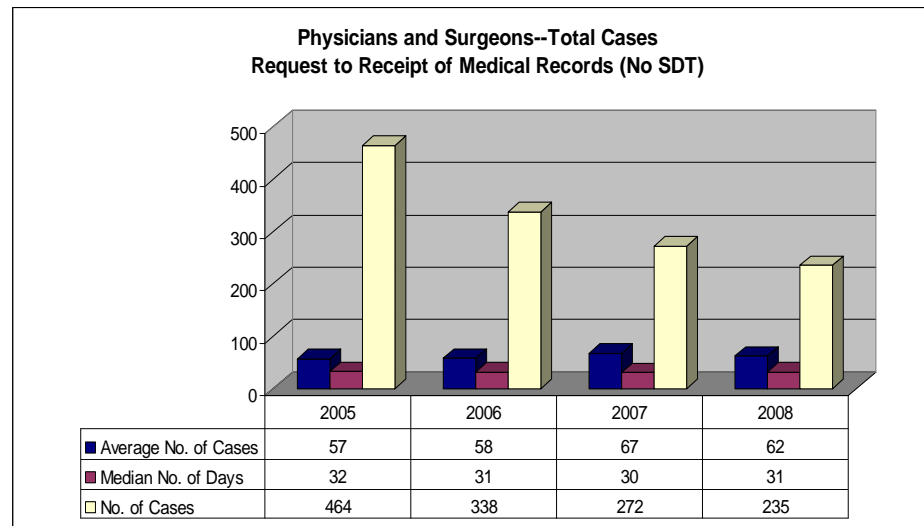
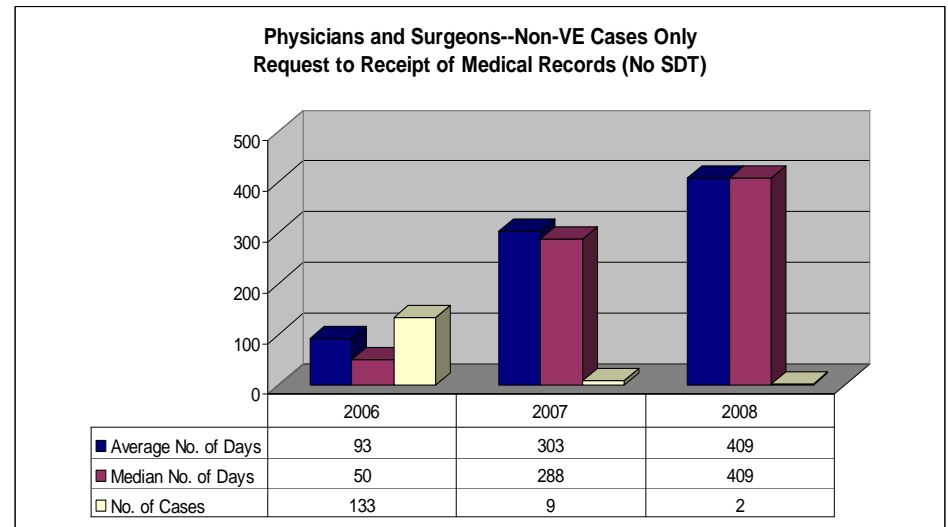
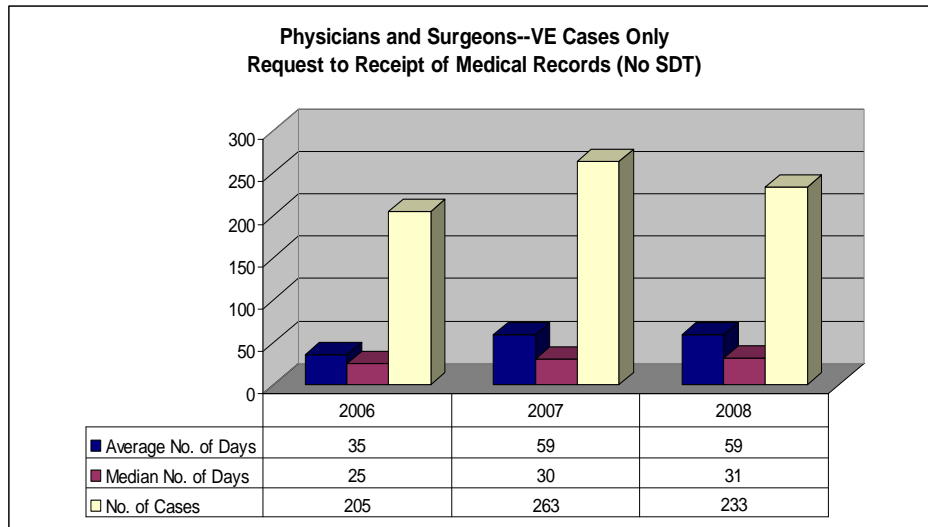
For cases in which a SDT was issued without a medical release, between 2005 and 2008 there was a 43.93% decrease in the average days aged from the date the SDT was served to receipt of the medical records, a 61.00% decrease in the median days aged, and a 1900.00% increase in the number of such cases (from 4 such cases in 2005 to 78 cases in 2008).

For cases in which both a medical release and a SDT were utilized, between 2005 and 2008 there was a 62.79% increase in the average days aged, a 30.51% decrease in the median days aged, and a 106.67% increase in the number of such cases.

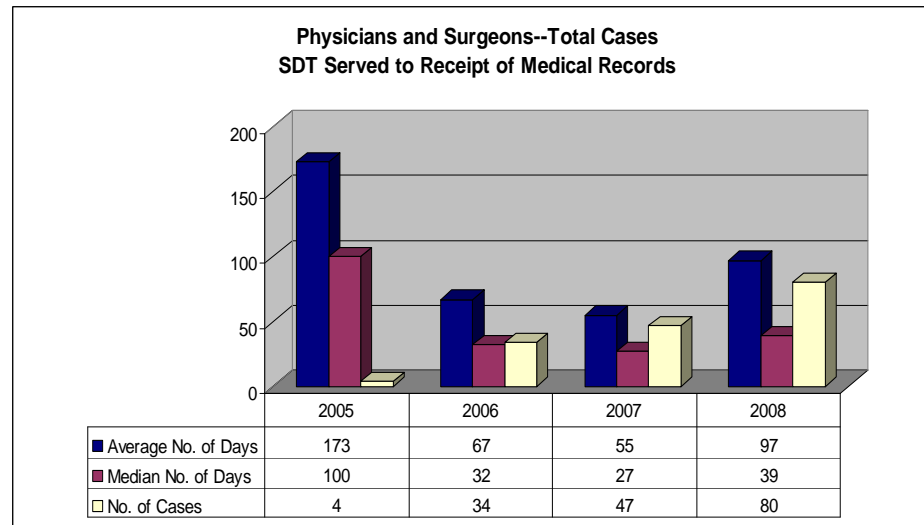
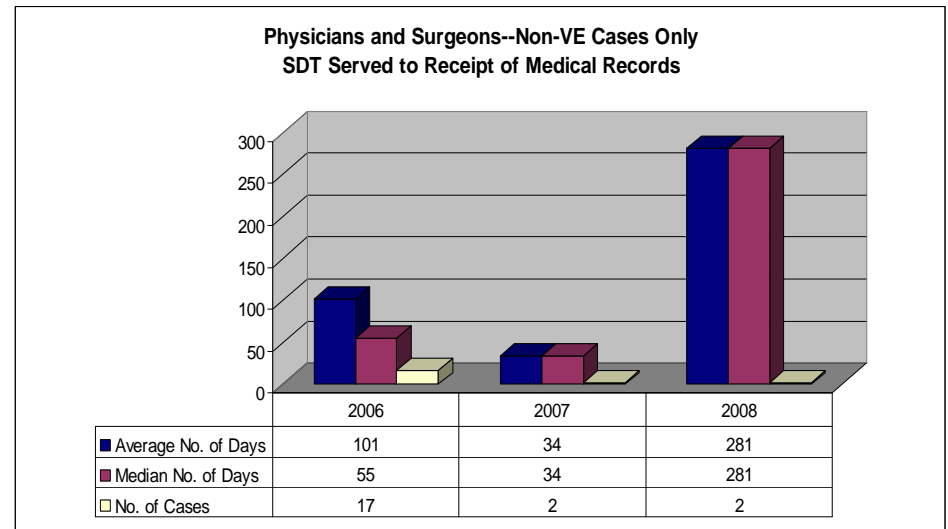
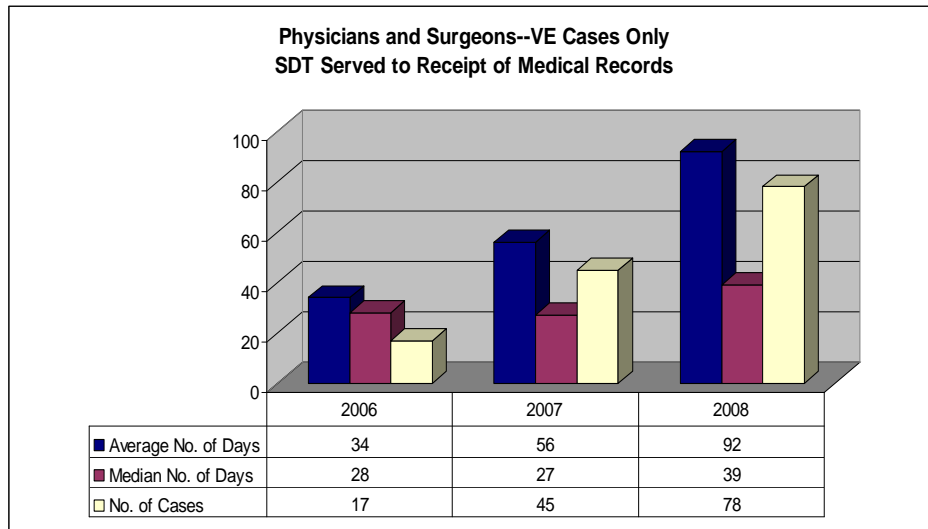
Table 9.2 – Calendar Days for Receipt of Medical Records for Physicians and Surgeons Cases

Activity	Percentage Difference 2006 to 2007						Percentage Difference 2007 to 2008						Percentage Difference 2006 to 2008						Percentage Difference 2005 to 2008
	All		Not VE		VE		All		Not VE		VE		All		Not VE		VE		All
	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending
Calendar Day Age from Medical Release Request to Receipt of Medical Records (no SDT)																			
Average	15.52%		225.81%		68.57%		-7.46%		34.98%		0.00%		6.90%		339.78%		68.57%		8.77%
Median (middle record - half are above and half below)	-3.23%		476.00%		20.00%		3.33%		42.01%		3.33%		0.00%		718.00%		24.00%		-3.13%
Record Count	-19.53%		-93.23%		28.29%		-13.60%		-77.78%		-11.41%		-30.47%		-98.50%		13.66%		-49.35%
Calendar Day Age from SDT Served to Receipt of Medical Records (no Medical Release)																			
Average	-17.91%		-66.34%		64.71%		76.36%		726.47%		64.29%		44.78%		178.22%		170.59%		-43.93%
Median (middle record - half are above and half below)	-15.63%		-38.18%		-3.57%		44.44%		726.47%		44.44%		21.88%		410.91%		39.29%		-61.00%
Record Count	38.24%		-88.24%		164.71%		70.21%		0.00%		73.33%		135.29%		-88.24%		358.82%		1900.00%
Calendar Day Age from Medical Release Request to SDT Request to Receipt of Medical Records																			
Average	23.98%		100.00%		80.81%		-0.94%		84.00%		-2.79%		22.81%		268.00%		75.76%		62.79%
Median (middle record - half are above and half below)	69.60%		145.52%		108.64%		-63.68%		123.71%		-57.99%		-38.40%		449.25%		-12.35%		30.51%
Record Count	-4.76%		-80.00%		183.33%		55.00%		-33.33%		70.59%		47.62%		-86.67%		383.33%		106.67%

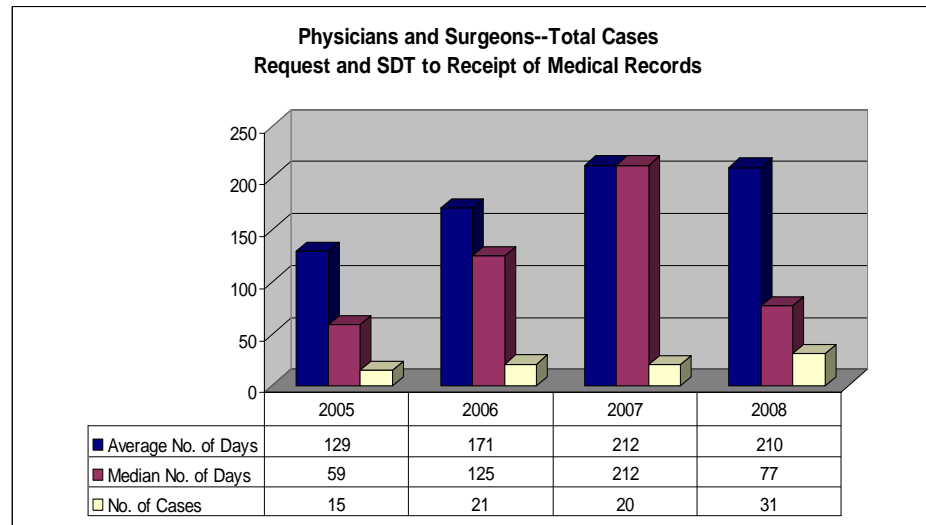
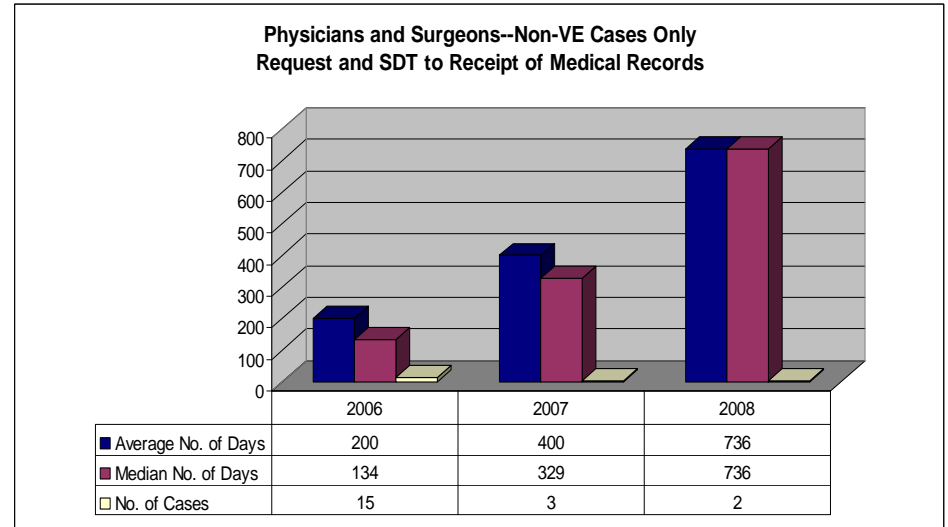
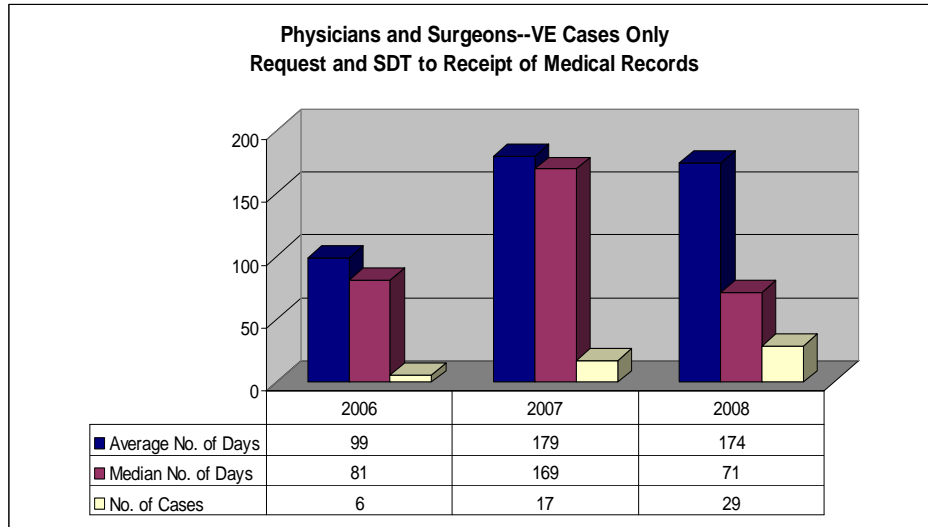
Charts 9.2a, b & c – Calendar Days Aged from Request Based on Medical Release to Receipt of Medical Records for Physicians and Surgeons Cases



Charts 9.2d, e & f – Calendar Days Aged from Service of SDT to Receipt of Medical Records for Physicians and Surgeons Cases



Charts 9.2g, h & i – Calendar Days Aged from Request Based on Medical Release through Service of SDT to Receipt of Medical Records for Physicians and Surgeons Cases



CALENDAR DAYS AGED FOR RECEIPT OF MEDICAL RECORDS — ALLIED HEALTH

Table 9.3 below reports the average and median calendar days aged from request based on a medical release to receipt of medical records for Allied Health Care cases. Between 2005 and 2008, there was a 27.78% decrease in the average days aged, a 15.63% decrease in the median days aged, and a 13.89% increase in the number of such cases.

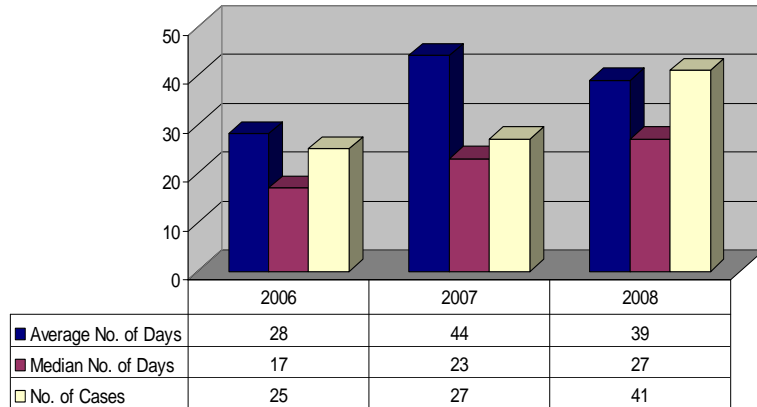
For cases in which an SDT was issued without a medical release and cases in which both a medical release and an SDT were utilized, the percentage increase or decrease between 2006 and 2008 could not be calculated as there were no such cases in 2005.

Table 9.3 – Calendar Days for Receipt of Medical Records for Allied Health Cases

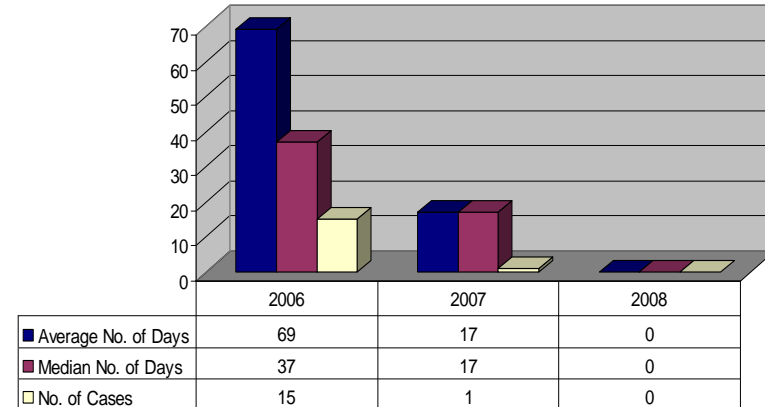
Activity	Percentage Difference 2006 to 2007						Percentage Difference 2007 to 2008						Percentage Difference 2006 to 2008						Percentage Difference 2005 to 2008
	All	Not VE	VE	All	Not VE	VE	All	Not VE	VE	All	Not VE	VE	All	Not VE	VE	All	Not VE	VE	All
	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending
Calendar Day Age from Medical Release Request to Receipt of Medical Records (no SDT)																			
Average	0.00%	-75.36%	57.14%	-9.30%	-100.00%	-11.36%	-9.30%	-100.00%	-11.36%	-9.30%	-100.00%	39.29%	-27.78%						
Median (middle record - half are above and half below)	-8.00%	-54.05%	35.29%	17.39%	-100.00%	17.39%	8.00%	-100.00%	58.82%	-15.63%									
Record Count	-30.00%	-93.33%	8.00%	46.43%	-100.00%	51.85%	2.50%	-100.00%	64.00%	13.89%									
Calendar Day Age from SDT Served to Receipt of Medical Records (no Medical Release)																			
Average	-66.67%	-66.67%	161.54%	-12.82%			-12.82%												
Median (middle record - half are above and half below)	-18.75%	-18.75%	107.69%	68.75%			68.75%												
Record Count	-60.00%	-60.00%	200.00%	20.00%			20.00%												
Calendar Day Age from Medical Release Request to SDT Request to Receipt of Medical Records																			
Average	55.07%	-100.00%	791.67%	-100.00%	-100.00%	-100.00%	-100.00%	-100.00%	-100.00%	-100.00%	-100.00%	-100.00%	-100.00%	-100.00%	-100.00%	-100.00%	-100.00%	-100.00%	-100.00%
Median (middle record - half are above and half below)	39.13%	-100.00%	700.00%	-100.00%	-100.00%	-100.00%	-100.00%	-100.00%	-100.00%	-100.00%	-100.00%	-100.00%	-100.00%	-100.00%	-100.00%	-100.00%	-100.00%	-100.00%	-100.00%
Record Count	100.00%	-100.00%	300.00%	-100.00%	-100.00%	-100.00%	-100.00%	-100.00%	-100.00%	-100.00%	-100.00%	-100.00%	-100.00%	-100.00%	-100.00%	-100.00%	-100.00%	-100.00%	-100.00%

Charts 9.3a, b & c – Calendar Days Aged from Request Based on Medical Release to Receipt of Medical Records for Allied Health Cases

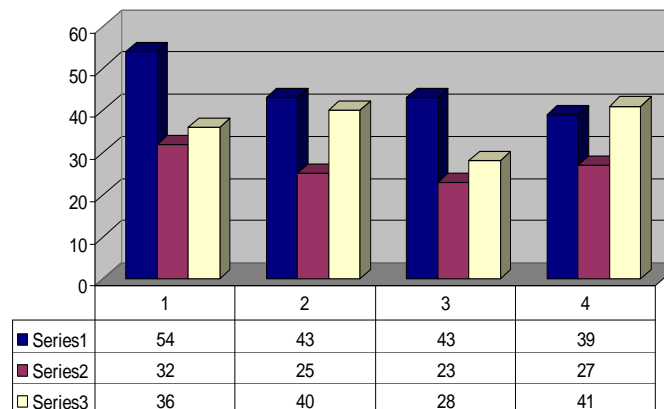
Allied Health--VE Cases Only
Request to Receipt of Medical Records (No SDT)



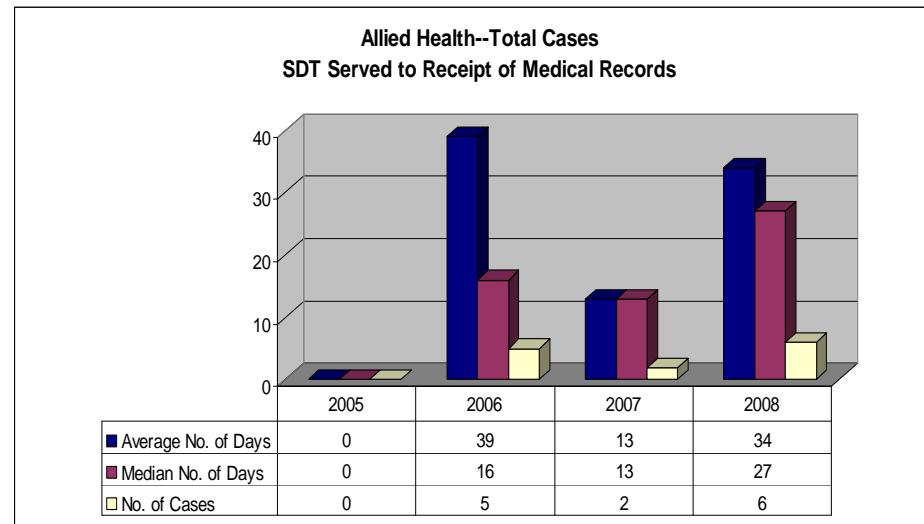
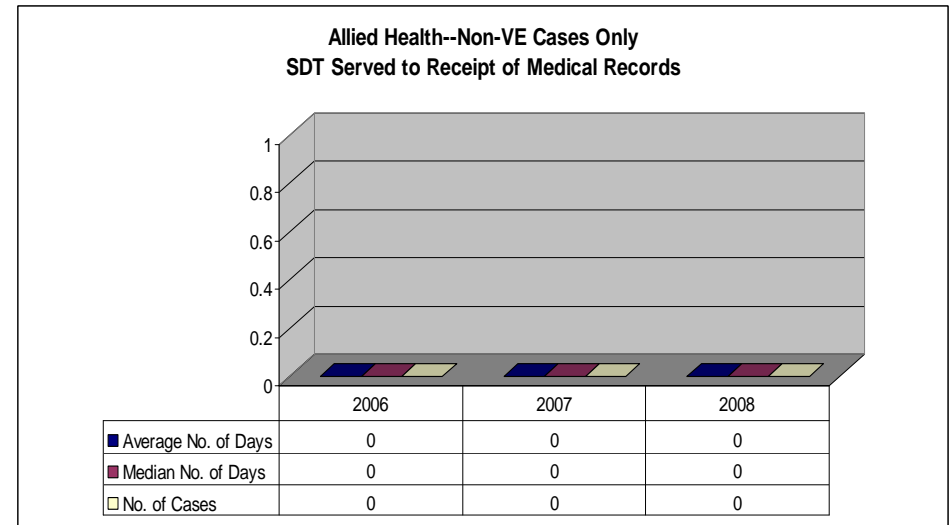
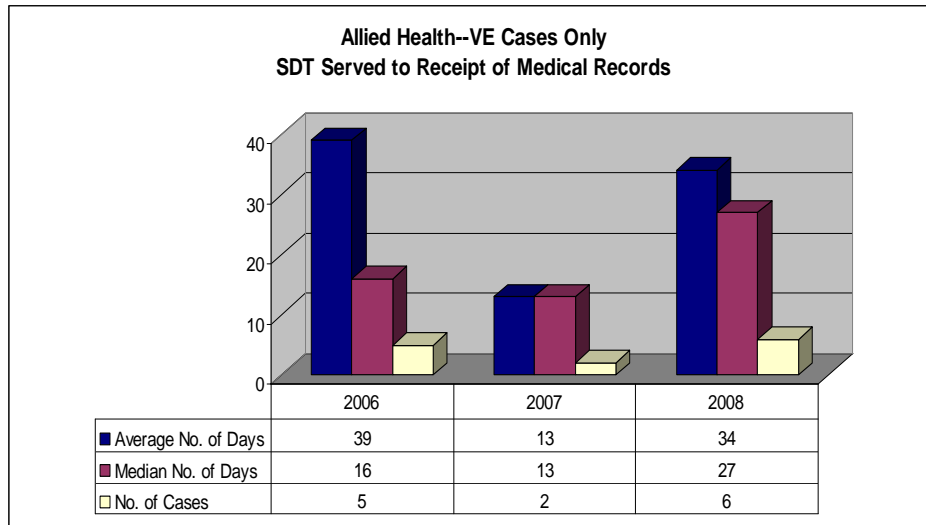
Allied Health--Non-VE Cases Only
Request to Receipt of Medical Records (No SDT)



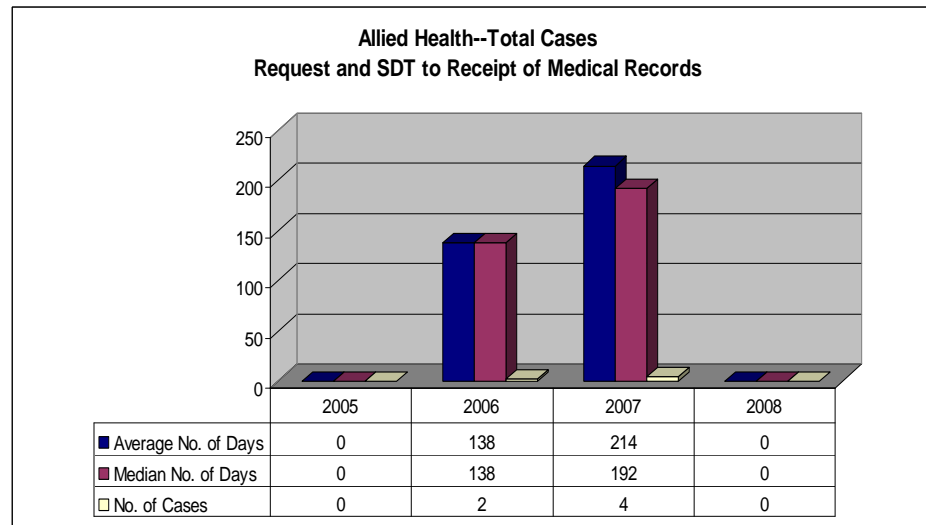
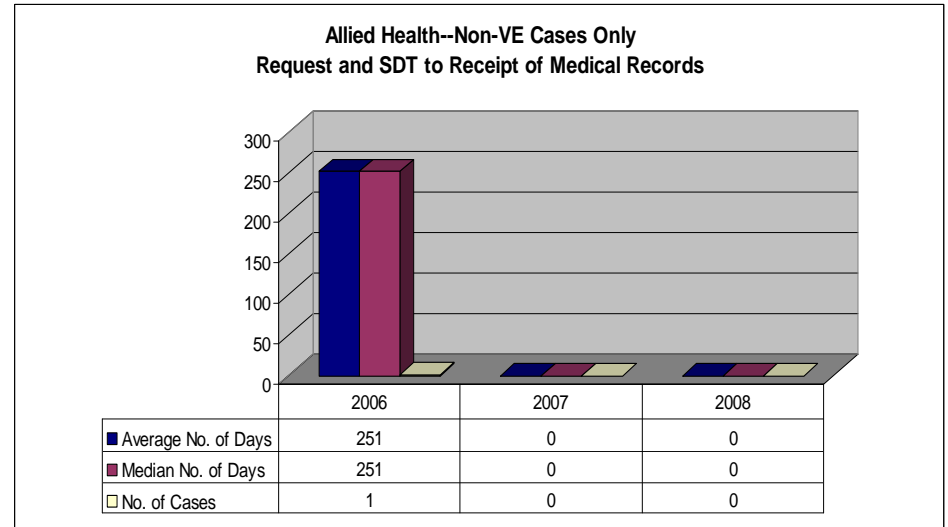
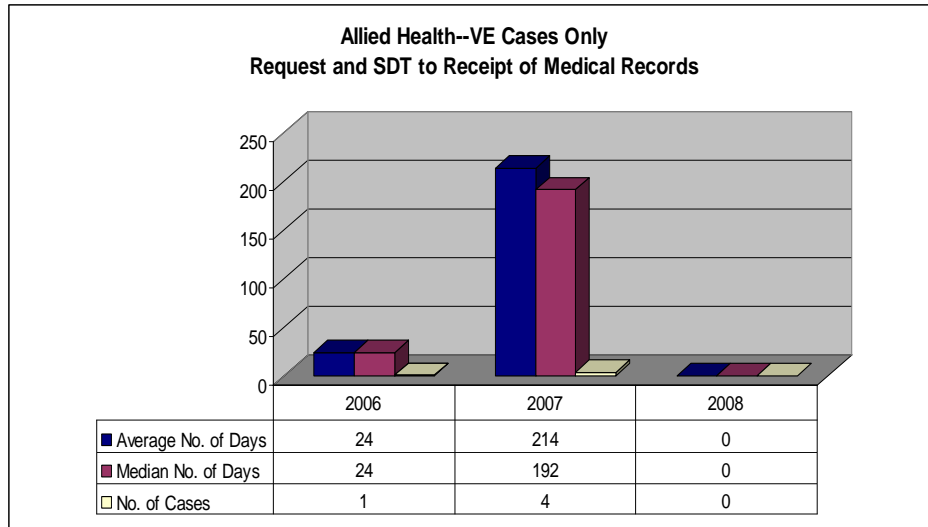
Allied Health--Total Cases
Request to Receipt of Medical Records (No SDT)



Charts 9.3d, e & f – Calendar Days Aged from Service of SDT to Receipt of Medical Records for Allied Health Cases



Charts 9.3g, h & i – Calendar Days Aged from Request Based on Medical Release through Service of SDT to Receipt of Medical Records for Allied Health Cases



X. INTERVIEWS

Pursuant to EOM Section 6.2, an investigator shall offer all subject physicians an opportunity to an interview prior to referring a case to the AG's office for disciplinary action.

INTERVIEW POLICY

According to the both EOM and the JVEG, the prompt scheduling and completion of interviews is critical to the overall efficiency of the VE program and should be considered a high priority for both investigators and DAGs. Investigators are responsible for setting up the interviews, which normally includes of the following: the investigator, DAG, medical consultant, subject physician, defense attorney.

The JVEG also states that the primary DAGs, or if not available, the lead DAGs, are expected to participate in all subject interviews and certain complainant interviews. Primary DAGs should communicate their intent to participate in the interview when responding to the initial Investigation Plan and Progress Report (IPPR), and list the dates and times within the next 30 business days when they are available. If the intent to participate is not communicated, the assigned investigator may schedule and conduct the interview without the primary DAG. In addition, when new witnesses are identified with proposed interview dates, if, after the second notification, the assigned investigator still does not receive a response within five (5) business days, the investigator may conduct the interview without the primary DAG.

Pursuant to the both EOM and the JVEG, before the interview, the investigator, DAG and medical consultant should meet in person for a pre-interview meeting to discuss interview tactics, assign roles, designate areas of questioning, and organize documents. The subject interview is always recorded.

Pursuant to the JVEG: "Subject interviews are extremely important. Accordingly, it is vital that such interviews be conducted in a manner that will elicit the maximum amount of reliable information from the subject." It further states: "Although the interview should be low-key and calculated to elicit all available information, the interview should be appropriately detailed."

CALENDAR DAYS AGED FROM MAILING/SERVICE TO SUBJECT INTERVIEW — PHYSICIANS AND SURGEONS AND ALLIED HEALTH COMBINED

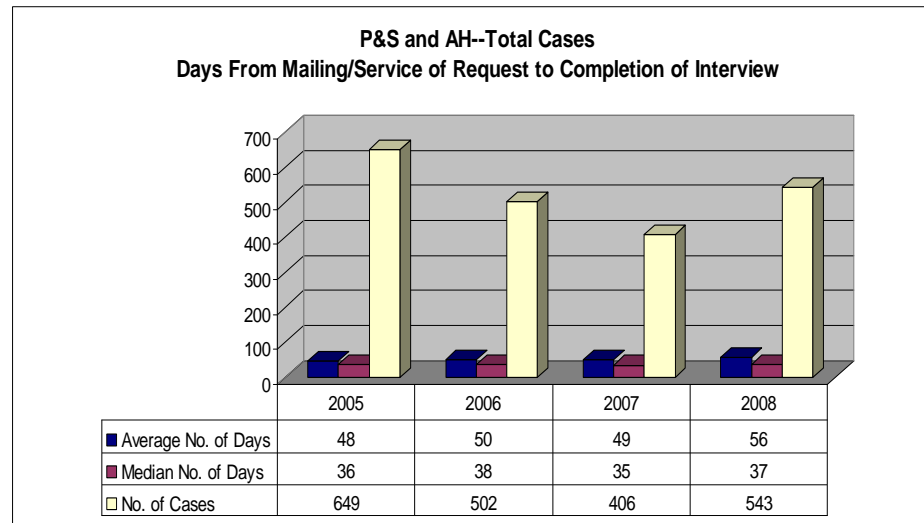
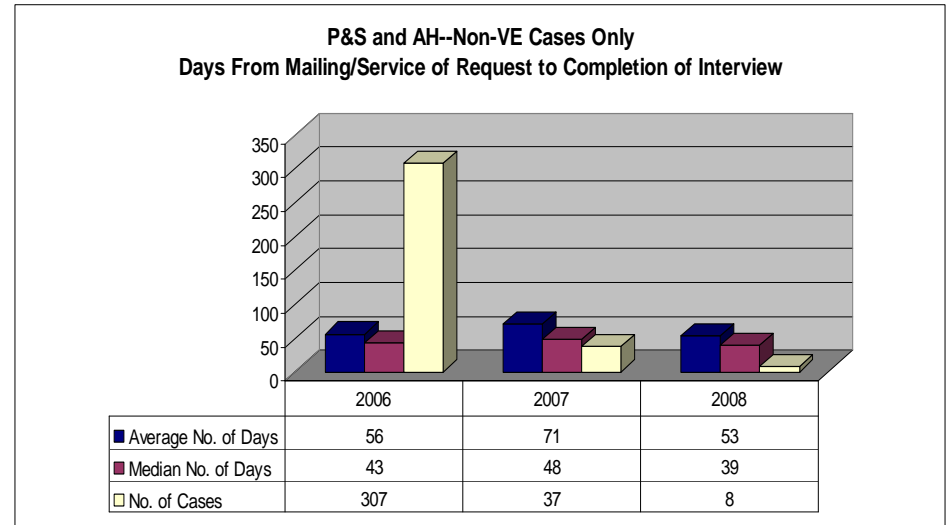
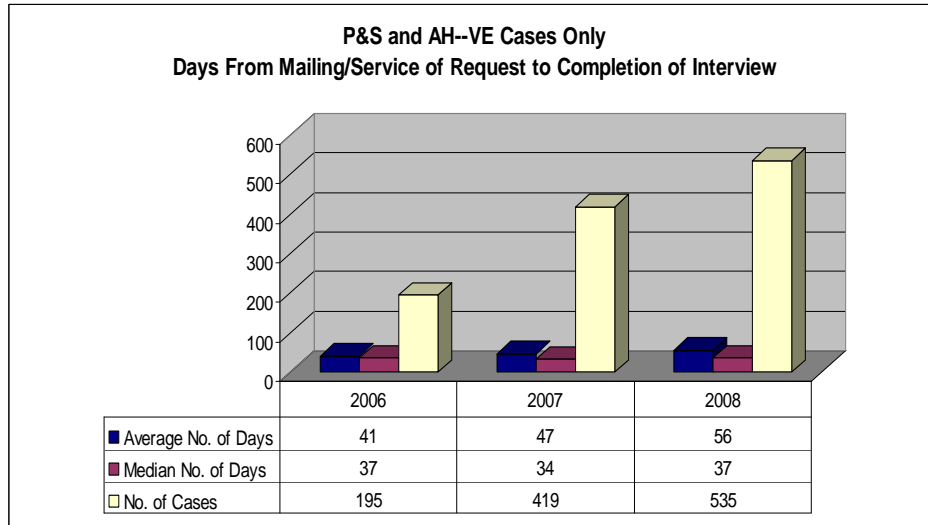
Table 10.1 below reports the average and median calendar days aged from mailing/service of the request to subject interview for Physicians and Surgeons and Allied Health Care cases. Between 2005 and 2008, there was a 16.67% increase in the average days aged, a 2.78% increase in the median days aged, a 16.33% decrease in the number of such cases, and a 6.86% increase in the number of such cases pending at year end.

For cases in which a subpoena was requested, the percentage difference between 2005 and 2008 for average and median days aged cannot be computed, as there were no such cases with a completed subject interview in 2005. There was a 275% increase in the number of such cases pending at year end.

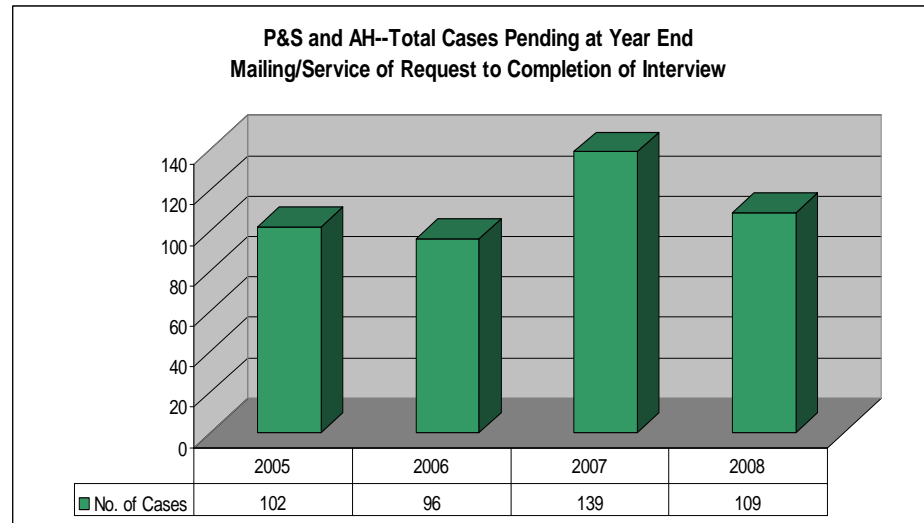
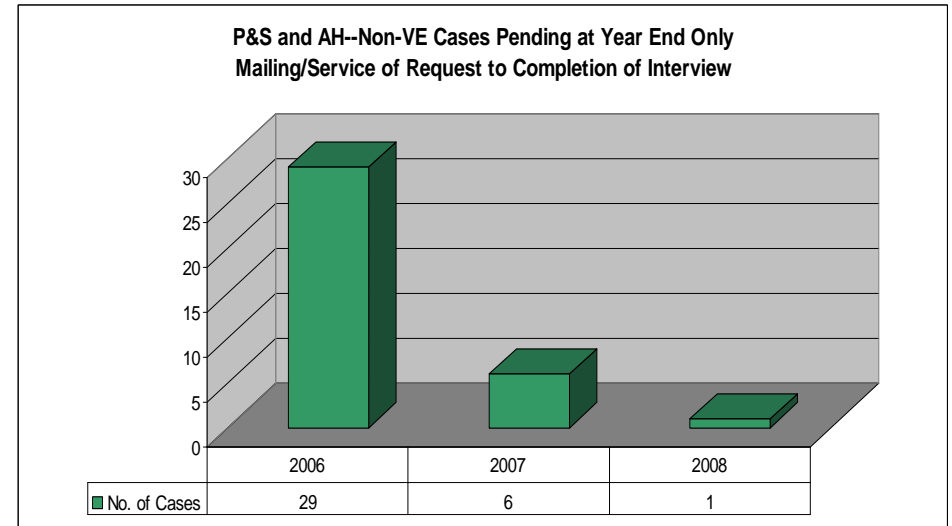
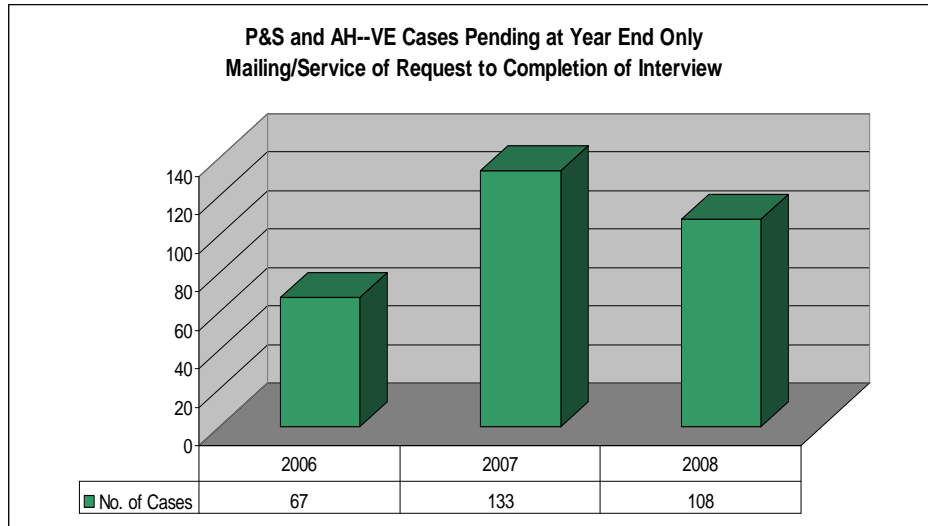
Table 10.1 – Calendar Days Aged from Request to Subject Interview for Physicians and Surgeons and Allied Health Cases

Activity	Percentage Difference 2006 to 2007						Percentage Difference 2007 to 2008						Percentage Difference 2006 to 2008						Percentage Difference 2005 to 2008
	All		Not VE		VE		All		Not VE		VE		All		Not VE		VE		All
	Pending		Pending		Pending		Pending		Pending		Pending		Pending		Pending		Pending		Pending
Calendar Day Age from Request to Subject Interview Completed																			
Average	-2.00%		26.79%		14.63%		14.29%		-25.35%		19.15%		12.00%		-5.36%		36.59%		16.67%
Median (middle record - half are above and half below)	-7.89%		11.63%		-8.11%		5.71%		-18.75%		8.82%		-2.63%		-9.30%		0.00%		2.78%
Record Count	-19.12%	44.79%	-87.95%	-79.31%	114.87%	98.51%	33.74%	-21.58%	-78.38%	-83.33%	27.68%	-18.80%	8.17%	13.54%	-97.39%	-96.55%	174.36%	61.19%	-16.33% 6.86%
Calendar Day Age from Subpoena Request to Subject Interview Completed																			
Average	84.62%		128.21%				-87.50%		9.55%		-1.83%		-76.92%		150.00%				
Median (middle record - half are above and half below)	213.04%		286.96%				-71.53%		9.55%		-66.06%		-10.87%		323.91%				
Record Count	-60.00%	85.71%	-80.00%	-50.00%		900.00%	650.00%	130.77%	100.00%	-100.00%	1200.00%	200.00%	200.00%	328.57%	-60.00%	-100.00%		2900.00%	275.00%

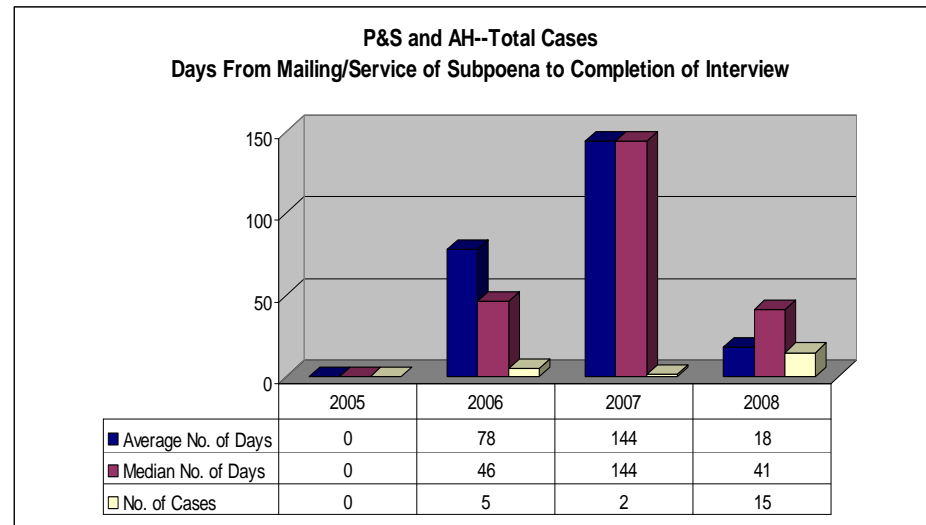
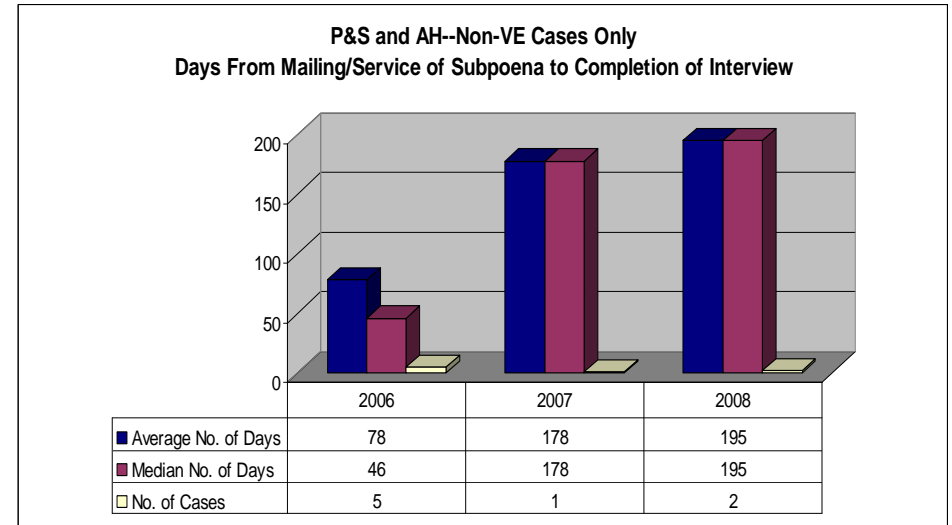
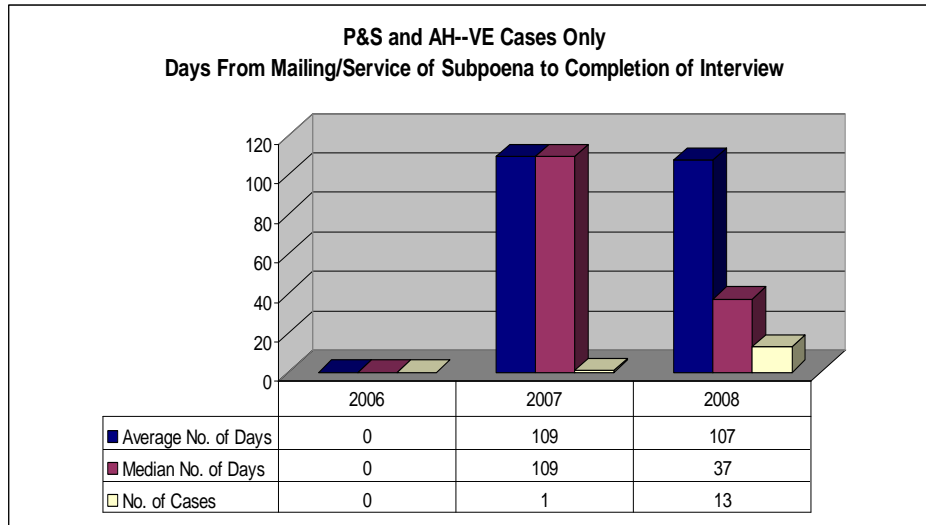
Charts 10.1a, b & c – Calendar Days Aged from Mailing/Service of Request to Subject Interview for Physicians and Surgeons and Allied Health Cases



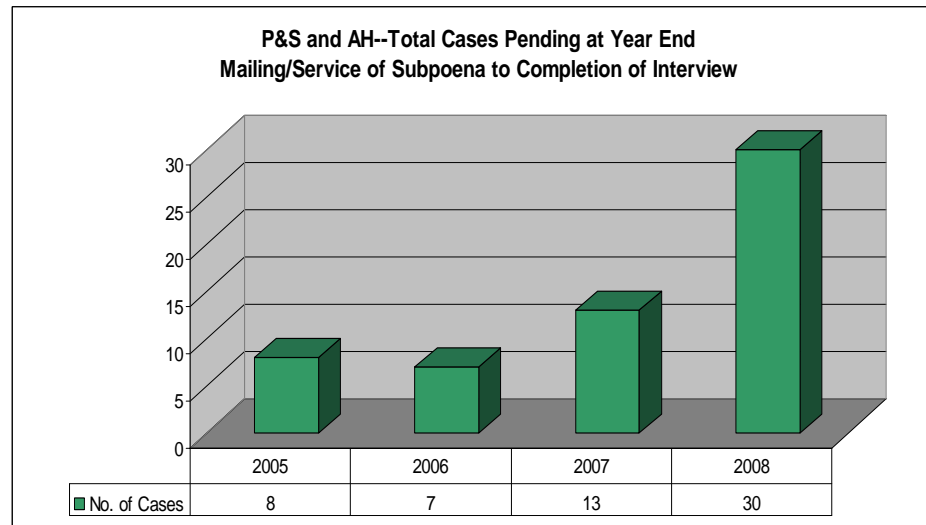
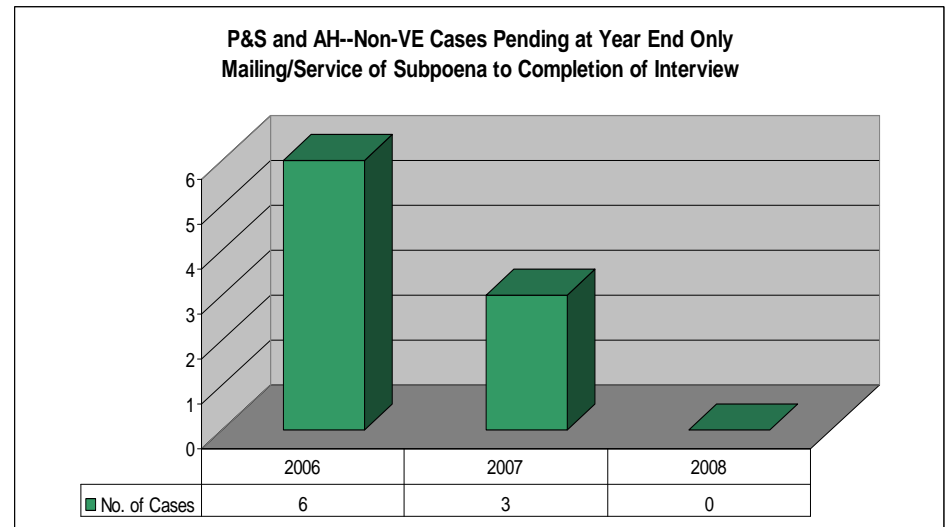
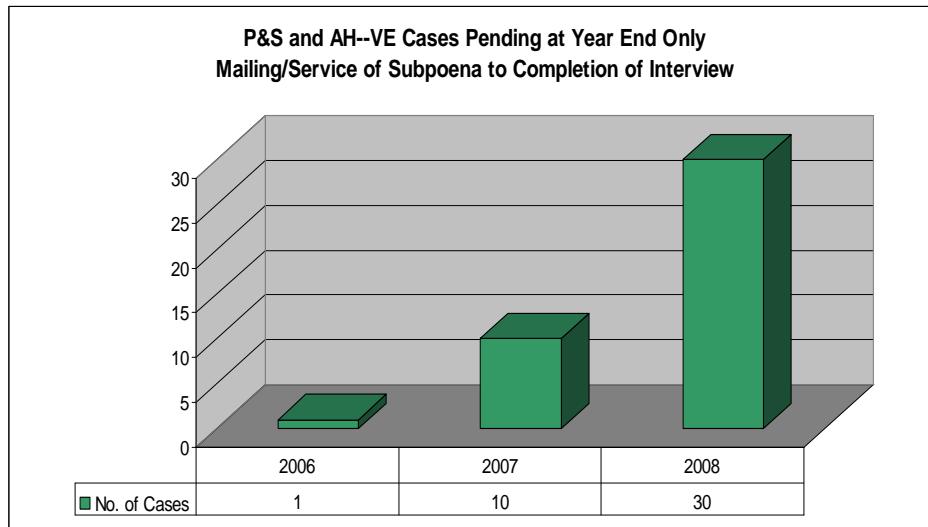
Charts 10.1d, e & f – Calendar Days Aged from Mailing/Service of Request to Subject Interview for Physicians and Surgeons and Allied Health Cases — Cases Pending at Year End



Charts 10.1g, h & i – Calendar Days Aged from Mailing/Service of Subpoena to Subject Interview for Physicians and Surgeons and Allied Health Cases



Charts 10.1g, h & i – Calendar Days Aged from Mailing/Service of Subpoena to Subject Interview for Physicians and Surgeons and Allied Health Cases — Cases Pending at Year End



CALENDAR DAYS AGED FROM MAILING/SERVICE TO SUBJECT INTERVIEW — PHYSICIANS AND SURGEONS

Table 10.2 below reports the average and median calendar days aged from mailing/service of the request to subject interview for Physicians and Surgeons cases. Between 2005 and 2008, there was a 20.83% increase in the average days aged, a 2.78% increase in the median days aged, an 18.76% decrease in the number of such cases, and an 11.63% increase in the number of such cases pending at year end.

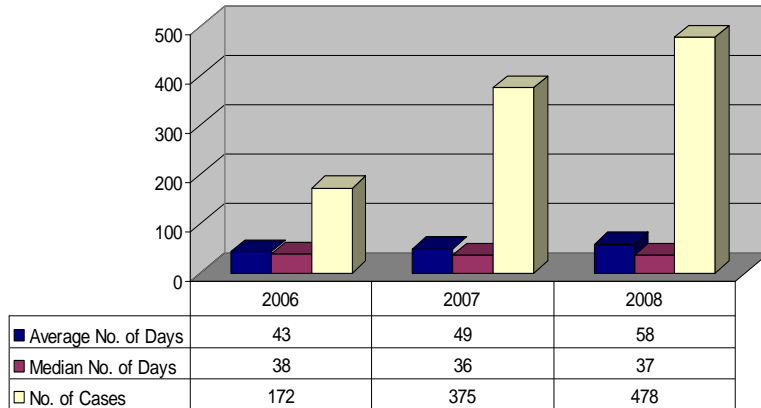
For cases in which a subpoena was requested, the percentage difference between 2005 and 2008 for average and median days aged cannot be computed, as there were no such cases with a completed subject interview in 2005. There was a 285.71% increase in the number of such cases pending at year end.

Table 10.2 – Calendar Days Aged from Request to Subject Interview for Physicians and Surgeons

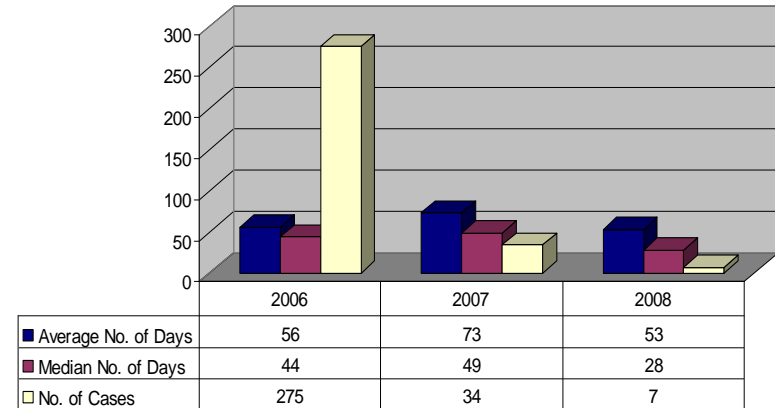
Activity	Percentage Difference 2006 to 2007						Percentage Difference 2007 to 2008						Percentage Difference 2006 to 2008						Percentage Difference 2005 to 2008
	All		Not VE		VE		All		Not VE		VE		All		Not VE		VE		All
	Pending		Pending		Pending		Pending		Pending		Pending		Pending		Pending		Pending		Pending
Calendar Day Age from Request to Physician Interview Completed																			
Average	0.00%		30.36%		13.95%		13.73%		-27.40%		18.37%		13.73%		-5.36%		34.88%		20.83%
Median (middle record - half are above and half below)	-11.90%		11.36%		-5.26%		0.00%		-42.86%		2.78%		-11.90%		-36.36%		-2.63%		2.78%
Record Count	-8.50%	44.83%	-87.64%	-76.92%	118.02%	96.72%	18.58%	-23.81%	-79.41%	-83.33%	27.47%	-20.83%	8.50%	10.34%	-97.45%	-96.15%	177.91%	55.74%	-18.76%
Calendar Day Age from Subpoena Request to Physician Interview Completed																			
Average	84.62%		128.21%				-14.58%		21.91%		6.42%		57.69%		178.21%				
Median (middle record - half are above and half below)	213.04%		286.96%				-71.53%		21.91%		-64.22%		-10.87%		371.74%				
Record Count	-60.00%	120.00%	-80.00%	-50.00%		800.00%	550.00%	145.45%	0.00%	-100.00%	1100.00%	200.00%	160.00%	440.00%	-80.00%	-100.00%		2600.00%	285.71%

Charts 10.2a, b & c – Calendar Days Aged from Mailing/Service of Request to Subject Interview for Physicians and Surgeons Cases

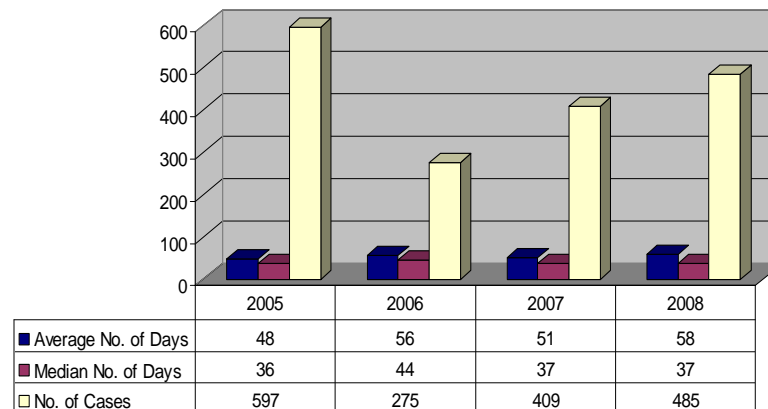
Physicians & Surgeons--VE Cases Only
Days From Mailing/Service of Request to Completion of Interview



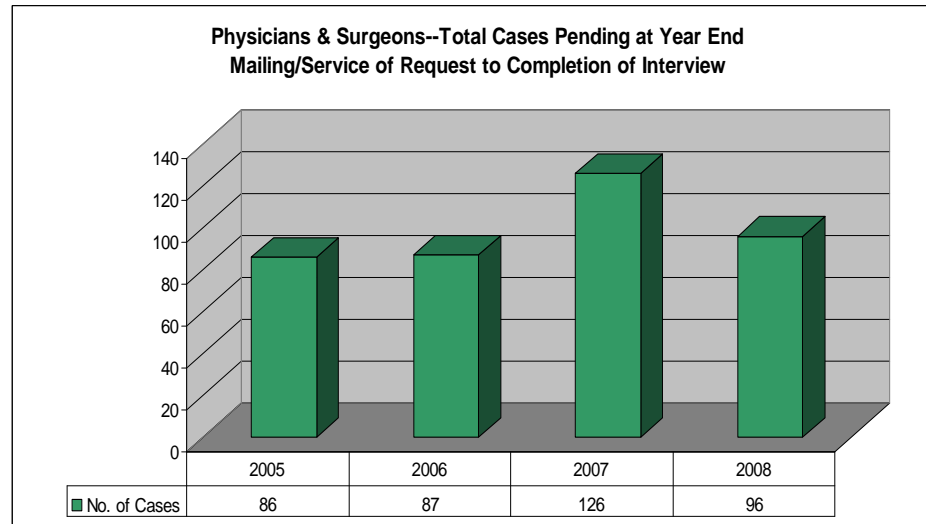
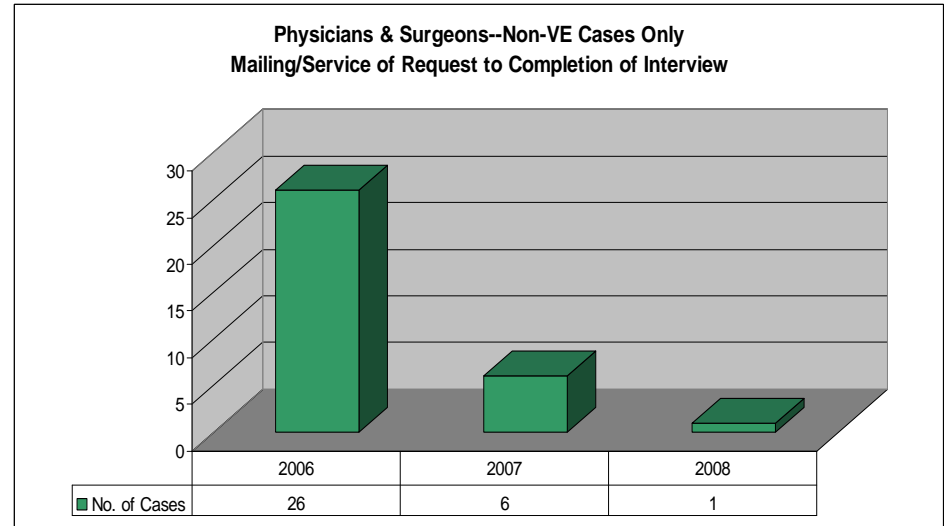
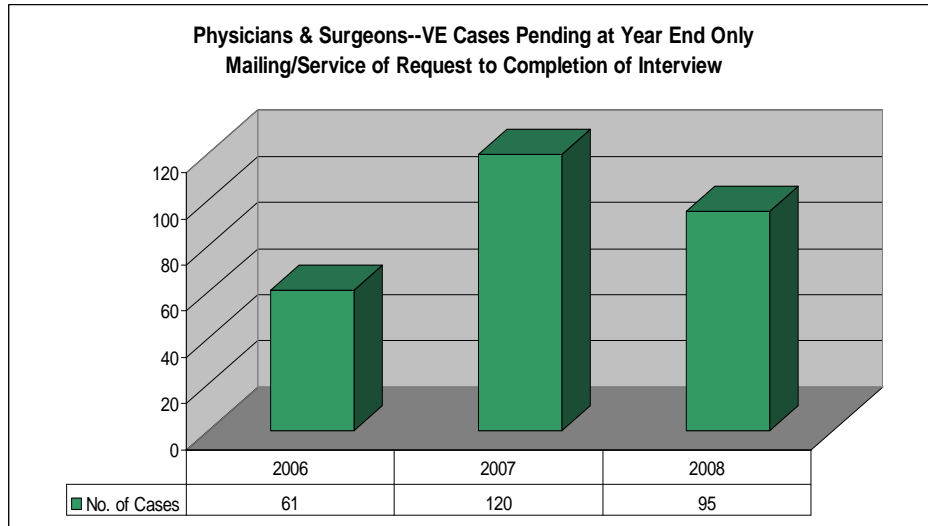
Physicians & Surgeons--Non-VE Cases Only
Days From Mailing/Service of Request to Completion of Interview



Physicians & Surgeons--Total Cases
Days From Mailing/Service of Request to Completion of Interview

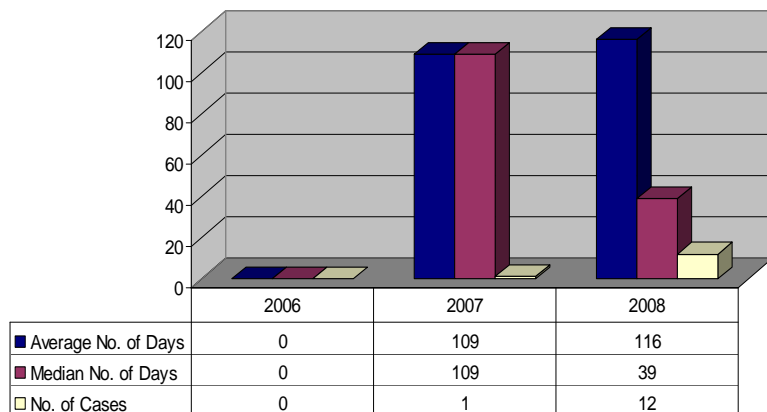


Charts 10.2d, e & f – Calendar Days Aged from Mailing/Service of Request to Subject Interview for Physicians and Surgeons — Cases Pending at Year End

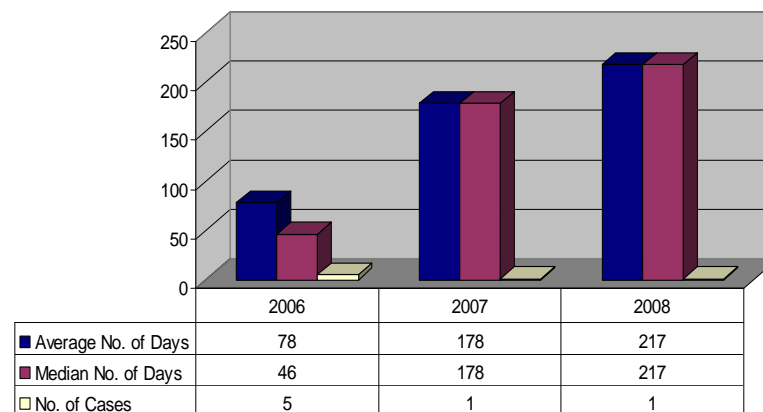


Charts 10.2g, h & i – Calendar Days Aged from Mailing/Service of Subpoena to Subject Interview for Physician and Surgeon Cases

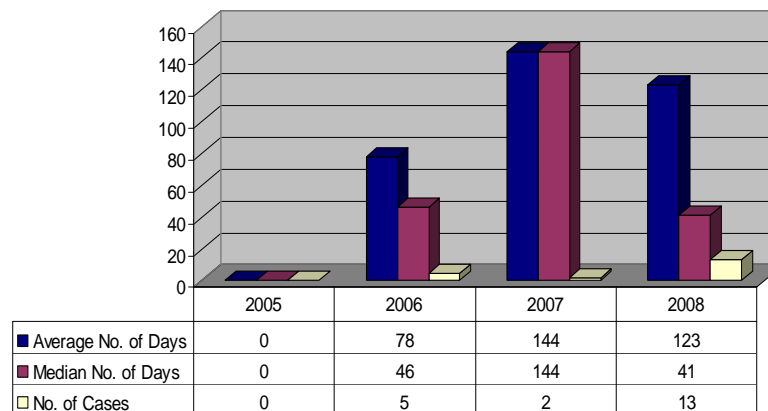
Physicians & Surgeons--VE Cases Only
Days From Mailing/Service of Subpoena to Completion of Interview



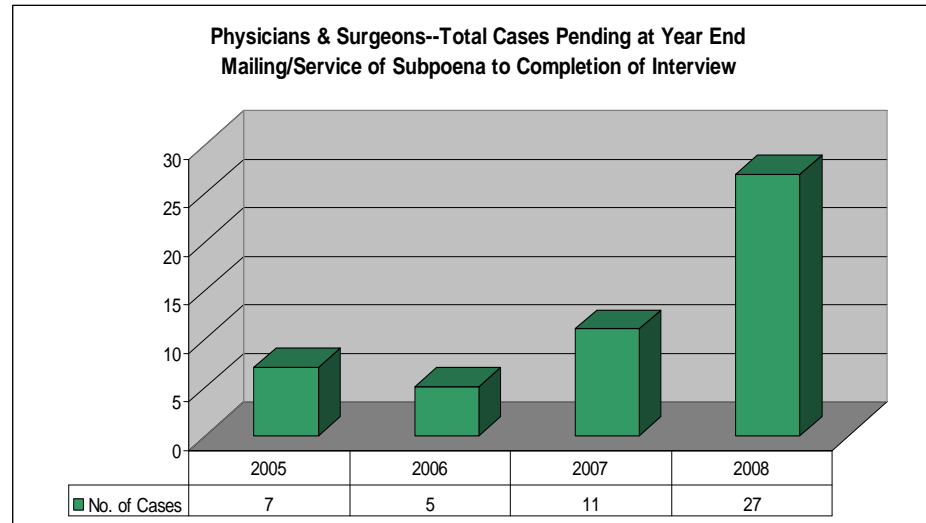
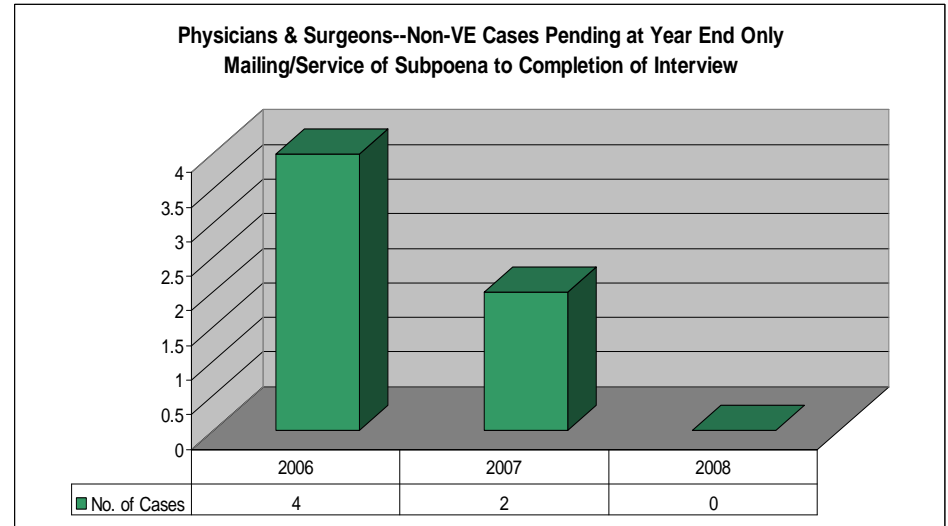
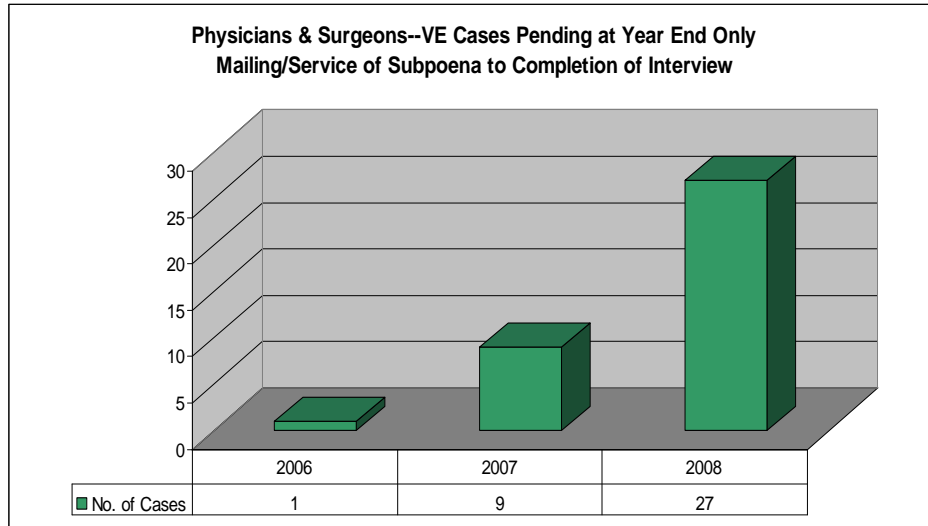
Physicians & Surgeons--Non-VE Cases Only
Days From Mailing/Service of Subpoena to Completion of Interview



Physicians & Surgeons--Total Cases
Days From Mailing/Service of Subpoena to Completion of Interview



**Charts 10.2g, h & i – Calendar Days Aged from Mailing/Service of Subpoena to Subject Interview for Physicians and Surgeons
— Cases Pending at Year End**



CALENDAR DAYS AGED FROM MAILING/SERVICE TO SUBJECT INTERVIEW — ALLIED HEALTH

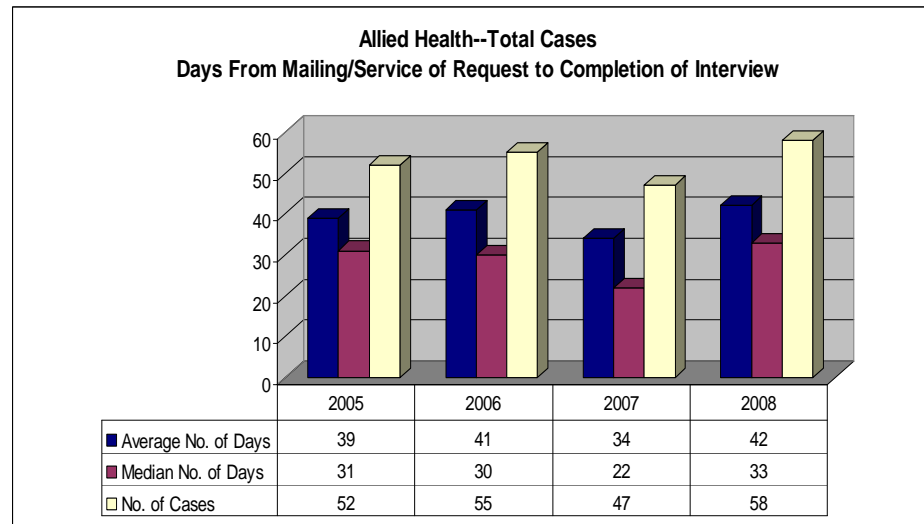
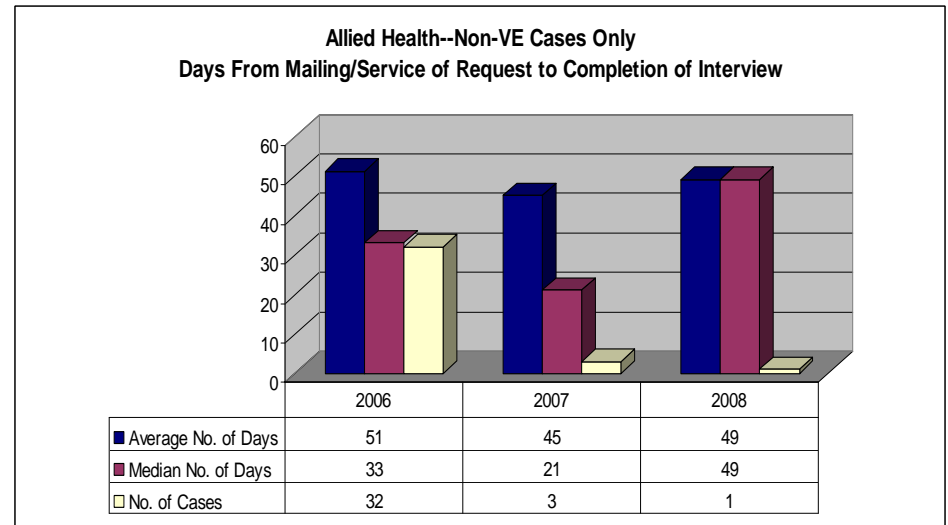
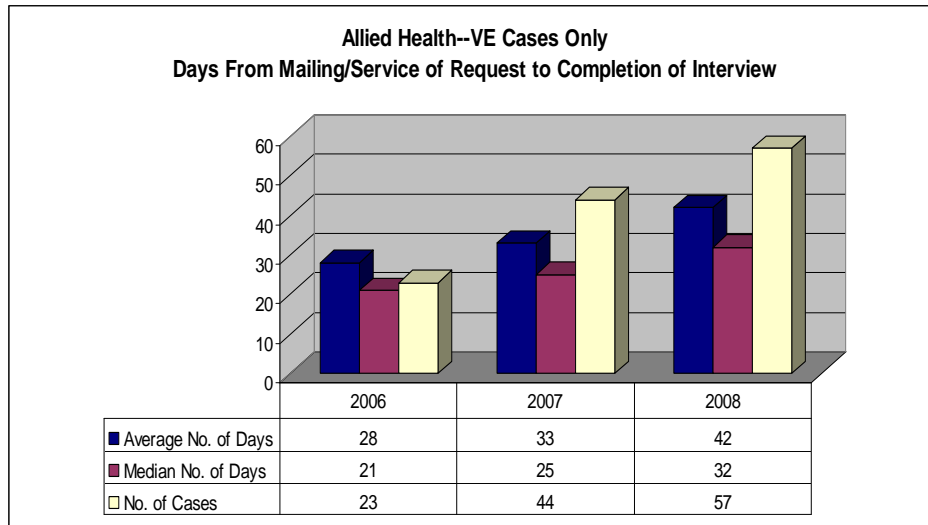
Table 10.3 below reports the average and median calendar days aged from mailing/service of the request to subject interview for Allied Health Care cases. Between 2005 and 2008, there was a 7.69% increase in the average days aged, a 6.45% increase in the median days aged, an 11.54% increase in the number of such cases, and a 31.25% decrease in the number of such cases pending at year end.

For cases in which a subpoena was requested, the percentage difference between 2005 and 2008 for average and median days aged cannot be computed, as there were no such cases with a completed subject interview in 2005. There was a 200% increase in the number of such cases pending at year end (from 1 case to 3 cases).

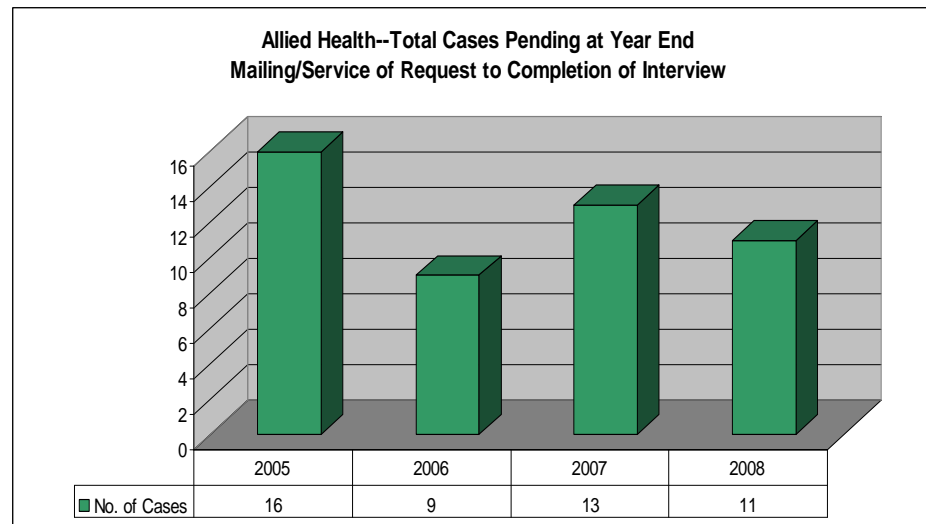
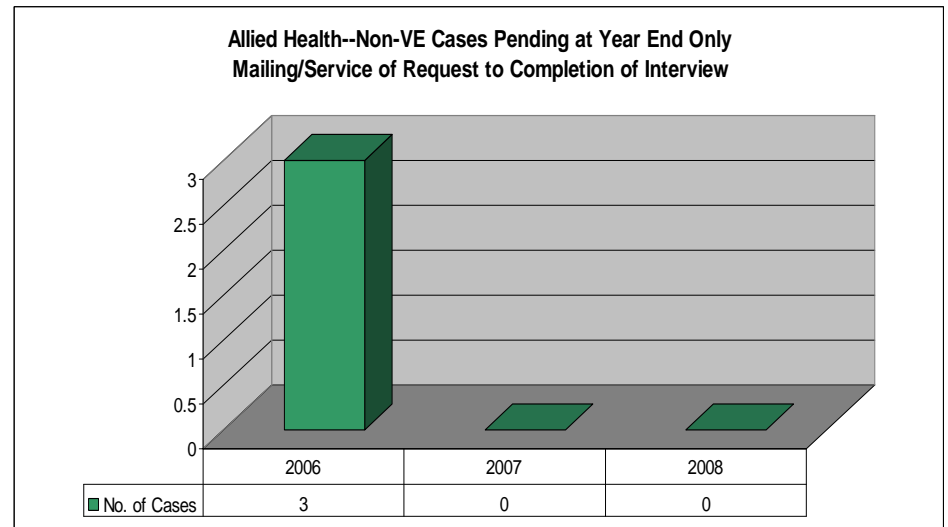
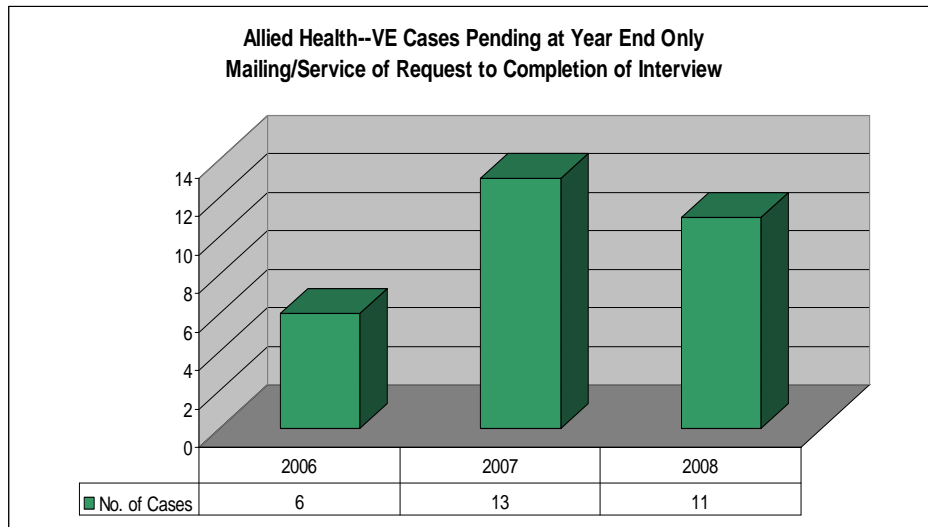
Table 10.3 – Calendar Days Aged from Request to Subject Interview for Allied Health Cases

Activity	Percentage Difference 2006 to 2007						Percentage Difference 2007 to 2008						Percentage Difference 2006 to 2008						Percentage Difference 2005 to 2008
	All		Not VE		VE		All		Not VE		VE		All		Not VE		VE		All
	Pending		Pending		Pending		Pending		Pending		Pending		Pending		Pending		Pending		Pending
Calendar Day Age from Request to Subject Interview Completed																			
Average	-17.07%		-11.76%		17.86%		23.53%		8.89%		27.27%		2.44%		-3.92%		50.00%		7.69%
Median (middle record - half are above and half below)	-26.67%		-36.36%		19.05%		50.00%		133.33%		28.00%		10.00%		48.48%		52.38%		6.45%
Record Count	-14.55%	44.44%	-90.63%	-100.00%	91.30%	116.67%	23.40%	-15.38%	-66.67%		29.55%	-15.38%	5.45%	22.22%	-96.88%	-100.00%	147.83%	83.33%	11.54%
Calendar Day Age from Subpoena Request to Subject Interview Completed*																			
Average																			
Median (middle record - half are above and half below)																			
Record Count		0.00%						50.00%		-100.00%		200.00%		50.00%		-100.00%			200.00%

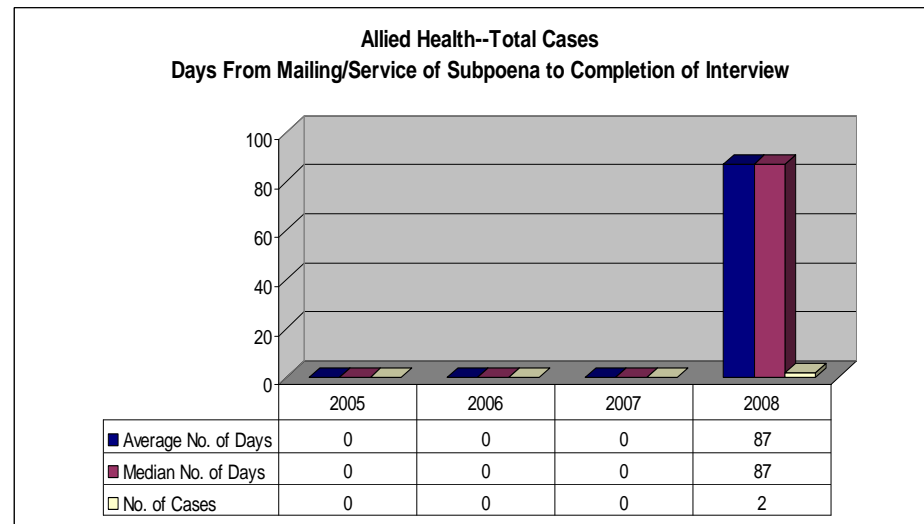
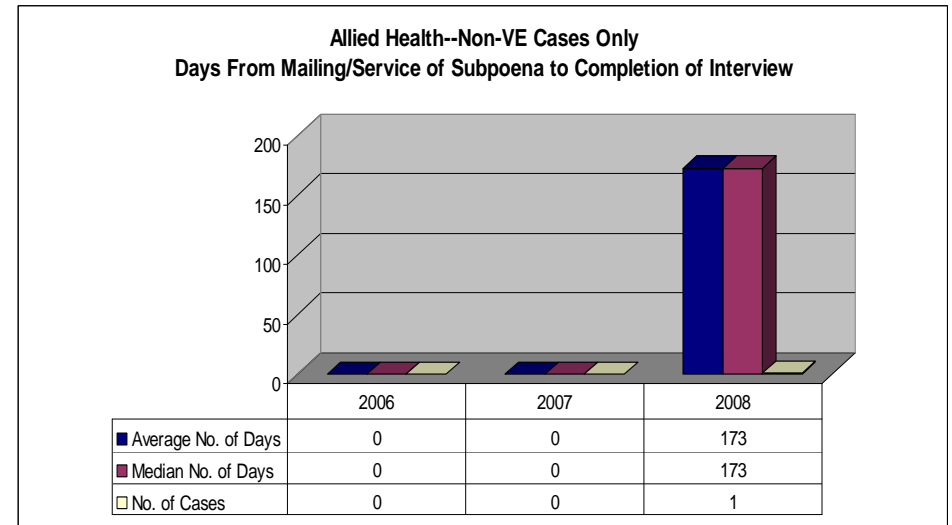
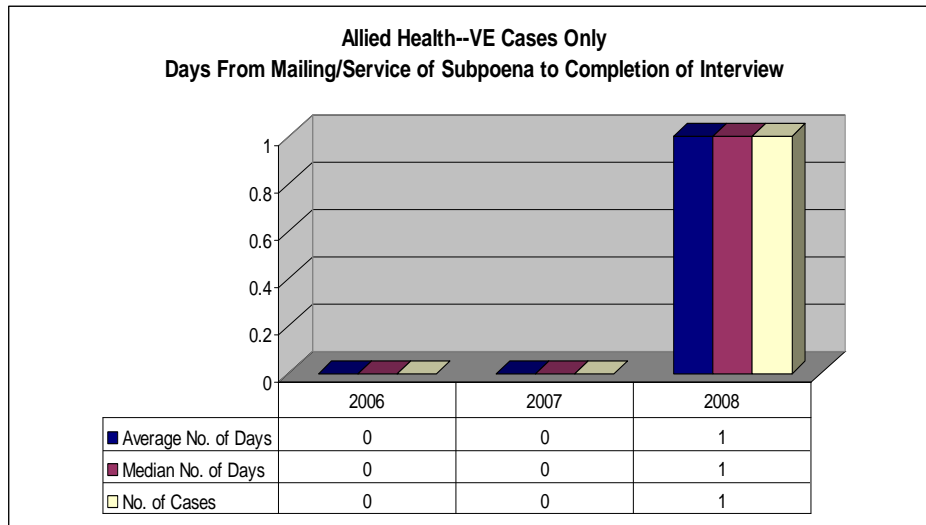
Charts 10.3a, b & c – Calendar Days Aged from Mailing/Service of Request to Subject Interview for Allied Health Cases



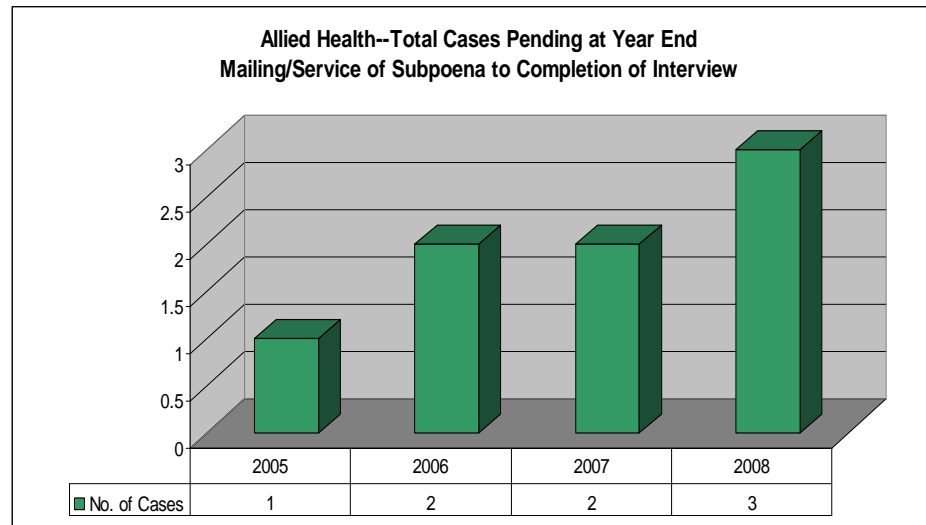
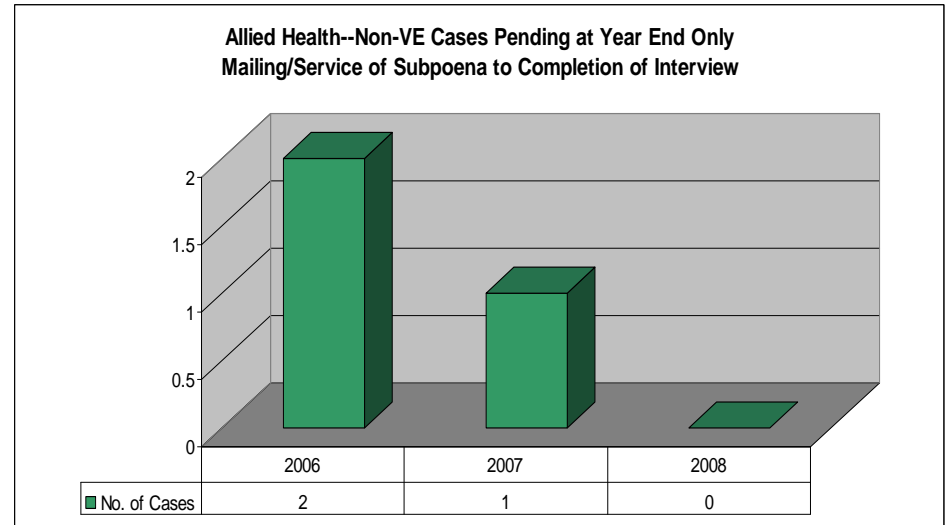
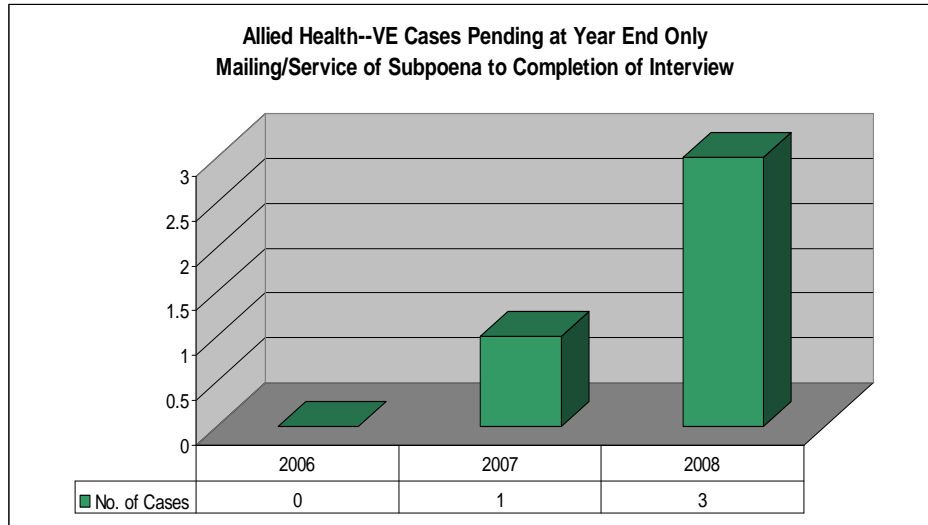
Charts 10.3d, e & f – Calendar Days Aged from Mailing/Service of Request to Subject Interview for Allied Health Cases — Cases Pending at Year End



Charts 10.3g, h & i – Calendar Days Aged from Mailing/Service of Subpoena to Subject Interview for Allied Health Cases



Charts 10.3g, h & i – Calendar Days Aged from Mailing/Service of Subpoena to Subject Interview for Allied Health Cases — Cases Pending at Year End



XI. MEDICAL CONSULTANTS

MBC Policy

Per VPM, medical consultants, who reports to the respective Sup Is in the district offices, provide medical input and assistance through review of medical records, participation in subject interviews, selection of expert reviewers and evaluation of expert opinions.

CALENDAR DAYS AGED FROM CASE SUBMITTED TO DISTRICT OFFICE MEDICAL CONSULTANT FOR REVIEW TO REVIEW COMPLETED — PHYSICIANS AND SURGEONS AND ALLIED HEALTH COMBINED

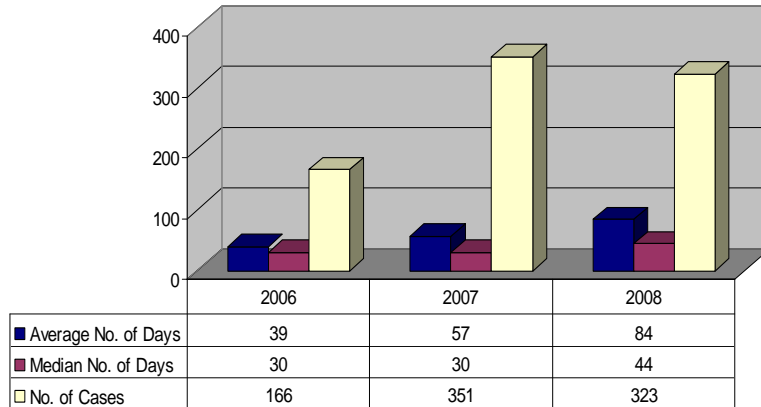
Table 11.1 below reports the average and median calendar days aged from case submitted to district office medical consultant for review to review completed for Physicians and Surgeons and Allied Health Care cases. Between 2005 and 2008, there was a 183.87% increase in the average days aged, an 83.33% increase in the median days aged, a 569.39% increase in the number of such cases, and a 433.33% increase in the number of such cases pending at year end.

Table 11.1 – Calendar Days Aged from Case Submitted to District Office Medical Consultant for Review to Review Completed for Physicians and Surgeons and Allied Health Cases

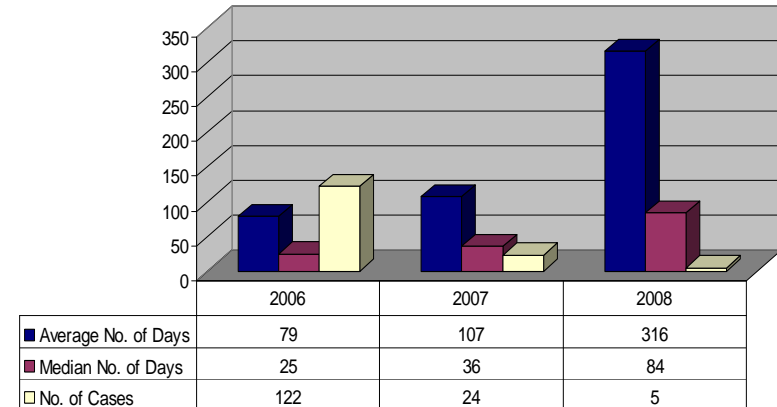
Activity	Percentage Difference 2006 to 2007						Percentage Difference 2007 to 2008						Percentage Difference 2006 to 2008						Percentage Difference 2005 to 2008
	All		Not VE		VE		All		Not VE		VE		All		Not VE		VE		All
	Pending		Pending		Pending		Pending		Pending		Pending		Pending		Pending		Pending		Pending
Calendar Day Age from Date Case Submitted to District Office Medical Consultant for Review to Review Completed Date																			
Average	7.14%		35.44%		46.15%		46.67%		195.33%		47.37%		57.14%		300.00%		115.38%		183.87%
Median (middle record - half are above and half below)	10.71%		44.00%		0.00%		41.94%		133.33%		46.67%		57.14%		236.00%		46.67%		83.33%
Record Count	30.21%	31.85%	-80.33%	-74.36%	111.45%	75.00%	-12.53%	7.87%	-79.17%	-100.00%	-7.98%	14.29%	13.89%	42.22%	-95.90%	-100.00%	94.58%	100.00%	569.39% 433.33%

Charts 11.1a, b & c – Calendar Days Aged from Case Submitted to District Office Medical Consultant for Review to Review Completed for Physicians and Surgeons and Allied Health Cases

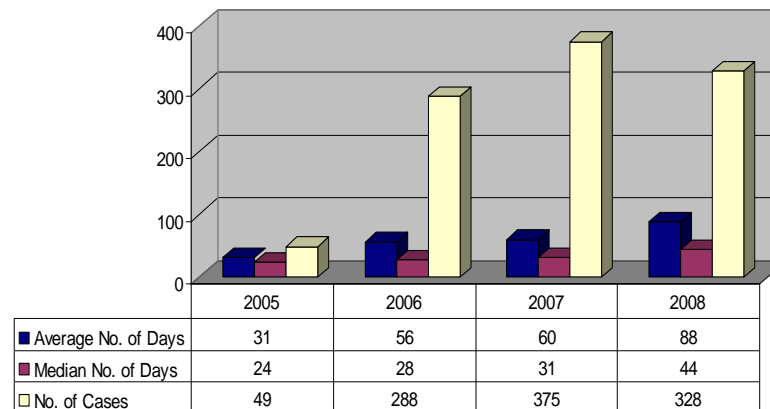
P&S and VH--VE Cases Only
Days from Submitted to Medical Consultant to Review Completed



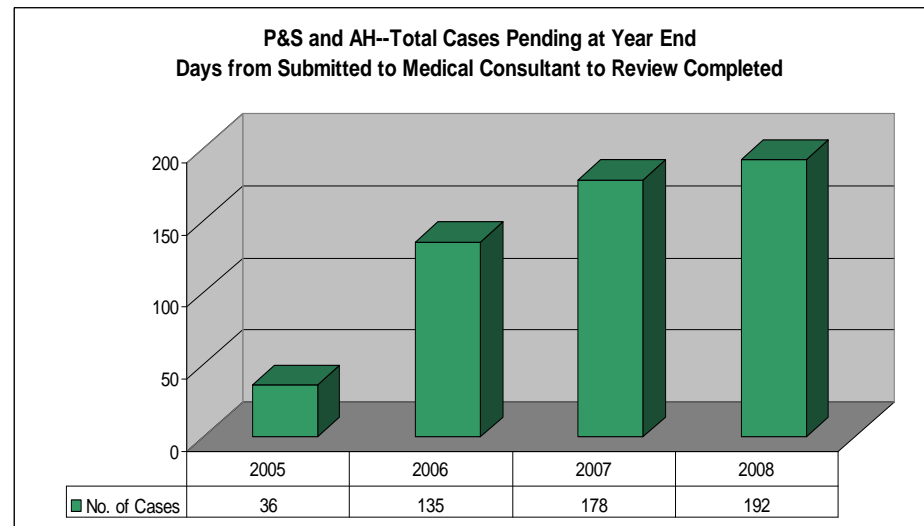
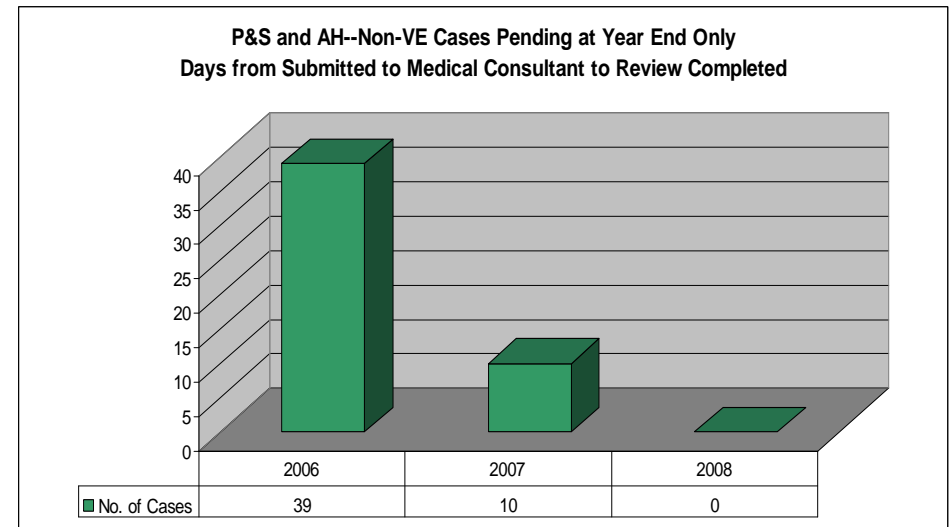
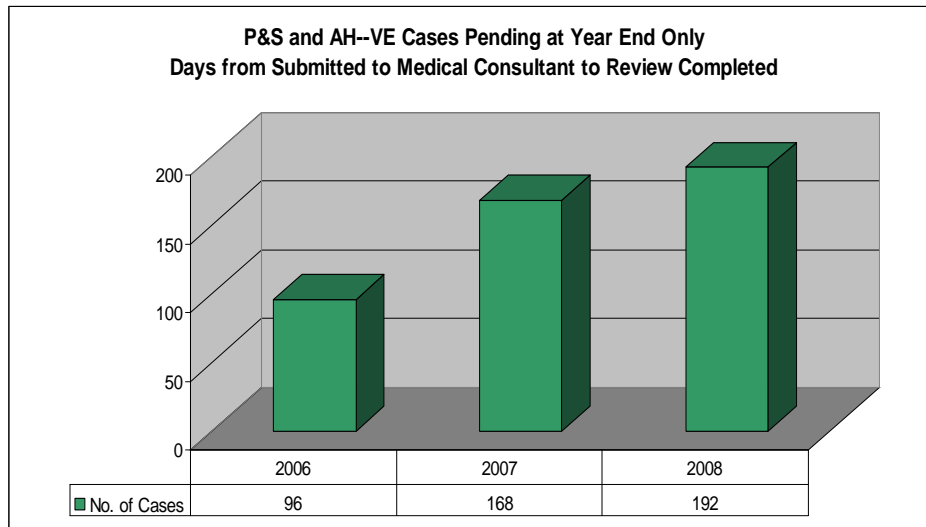
P&S and VH--Non-VE Cases Only
Days from Submitted to Medical Consultant to Review Completed



P&S and VH--Total Cases
Days from Submitted to Medical Consultant to Review Completed



Charts 11.1d, e & f – Calendar Days Aged from Case Submitted to District Office Medical Consultant for Review to Review Completed for Physicians and Surgeons and Allied Health Cases — Cases Pending at Year End



CALENDAR DAYS AGED FROM CASE SUBMITTED TO DISTRICT OFFICE MEDICAL CONSULTANT FOR REVIEW TO REVIEW COMPLETED — PHYSICIANS AND SURGEONS

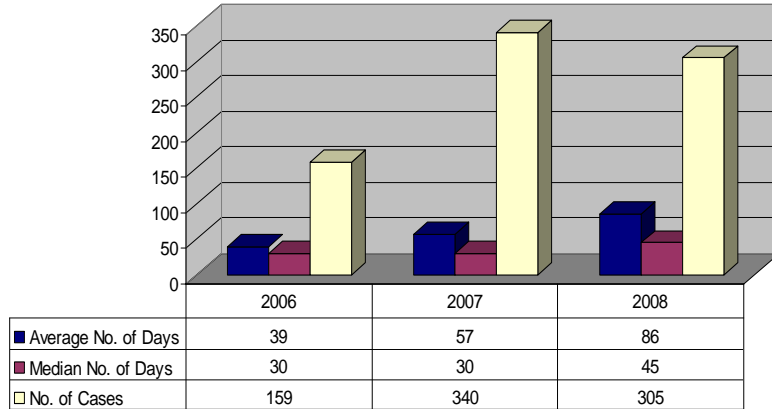
Table 11.2 below reports the average and median calendar days aged from case submitted to district office medical consultant for review to review completed for Physicians and Surgeons cases. Between 2005 and 2008, there was a 187.107% increase in the average days aged, a 91.67% increase in the median days aged, a 543.75% increase in the number of such cases, and a 391.43% increase in the number of such cases pending at year end.

Table 11.2 – Calendar Days Aged from Case Submitted to District Office Medical Consultant for Review to Review Completed for Physicians and Surgeons Cases

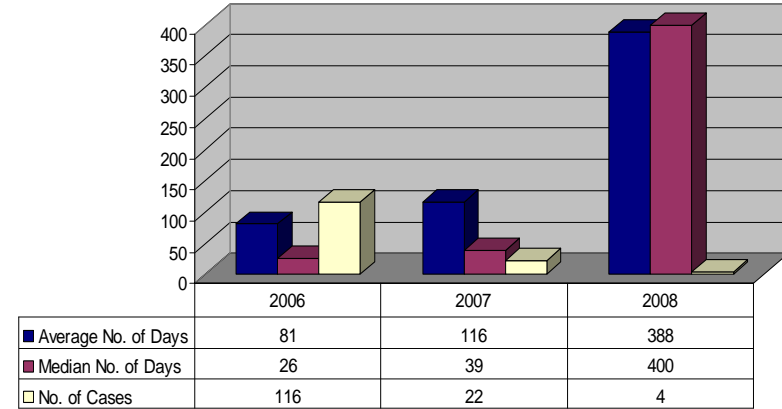
Activity	Percentage Difference 2006 to 2007						Percentage Difference 2007 to 2008						Percentage Difference 2006 to 2008						Percentage	
	All		Not VE		VE		All		Not VE		VE		All		Not VE		VE		All	
	Pending		Pending		Pending		Pending		Pending		Pending		Pending		Pending		Pending		Pending	
Calendar Day Age from Date Case Submitted to District Office Medical Consultant for Review to Review Completed Date																				
Average	7.02%		43.21%		46.15%		45.90%		234.48%		50.88%		56.14%		379.01%		120.51%		187.10%	
Median (middle record - half are above and half below)	6.90%		50.00%		0.00%		48.39%		925.64%		50.00%		58.62%		1438.46%		50.00%		91.67%	
Record Count	31.64%	32.03%	-81.03%	-75.00%	113.84%	73.91%	-14.64%	1.78%	-81.82%	-100.00%	-10.29%	7.50%	12.36%	34.38%	-96.55%	-100.00%	91.82%	86.96%	543.75%	391.43%

Charts 11.-2a, b & c – Calendar Days Aged from Case Submitted to District Office Medical Consultant for Review to Review Completed for Physicians and Surgeons Cases

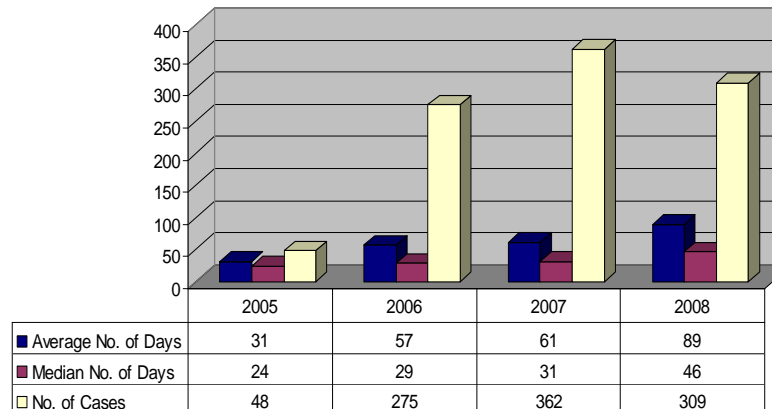
Physicians and Surgeons--VE Cases Only
Days from Submitted to Medical Consultant to Review Completed



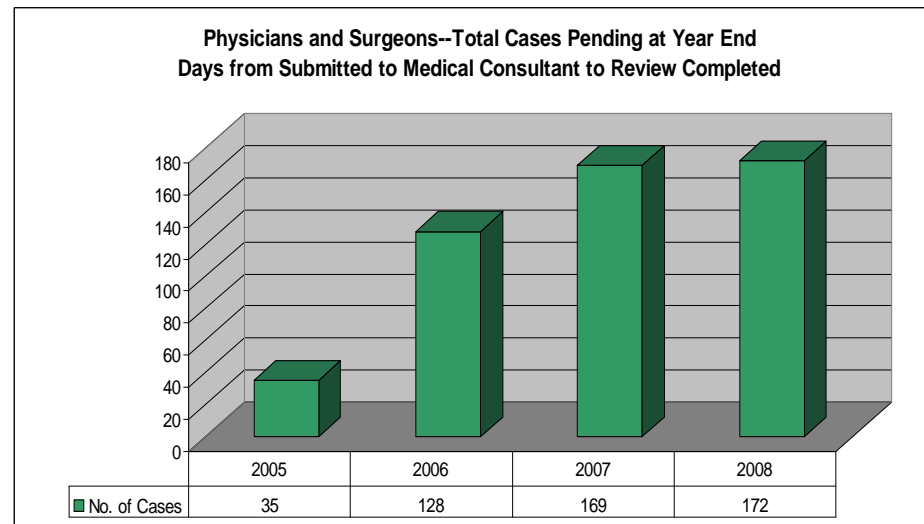
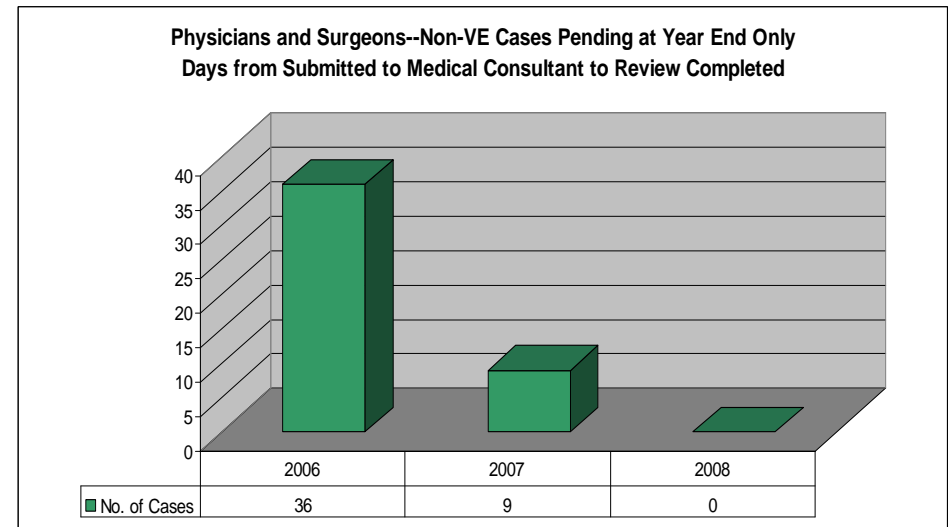
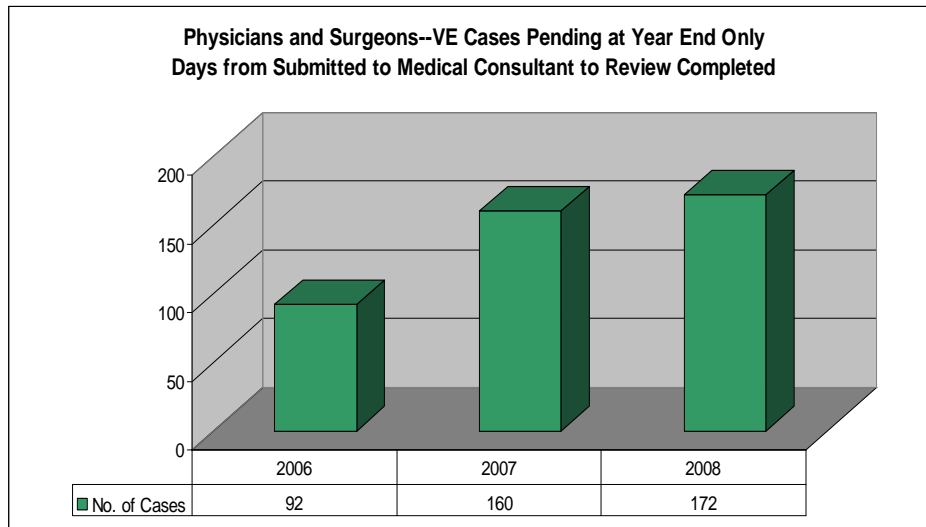
Physicians and Surgeons--Non-VE Cases Only
Days from Submitted to Medical Consultant to Review Completed



Physicians and Surgeons--Total Cases
Days from Submitted to Medical Consultant to Review Completed



Charts 11.2d, e & f – Calendar Days Aged from Case Submitted to District Office Medical Consultant for Review to Review Completed for Physicians and Surgeons Cases— Cases Pending at Year End



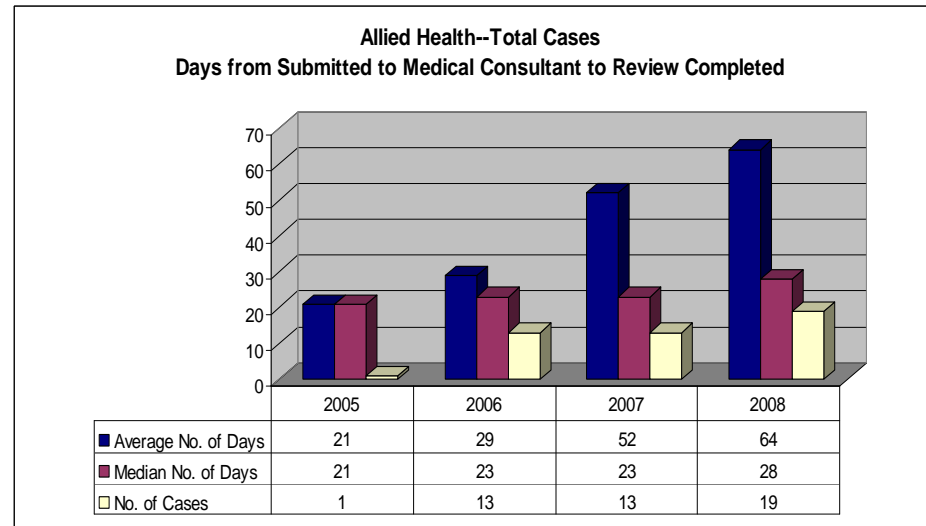
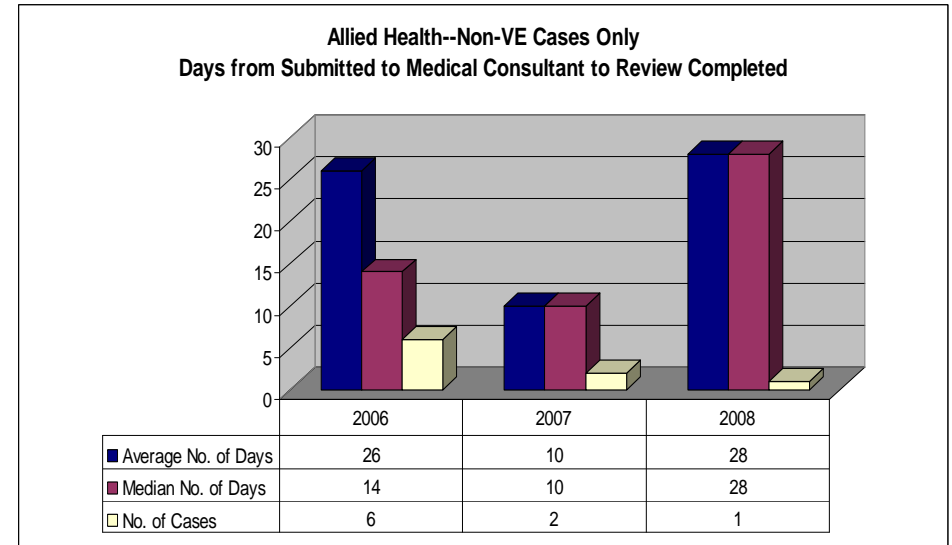
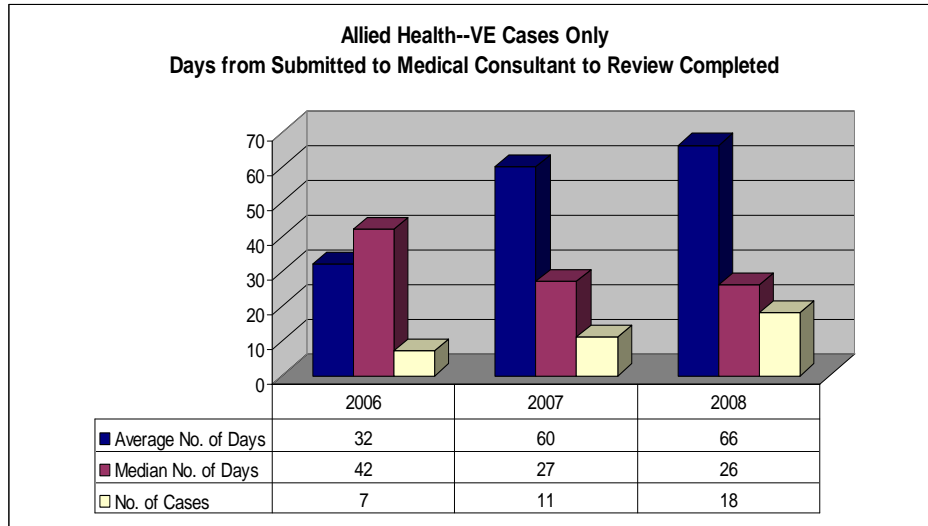
CALENDAR DAYS AGED FROM CASE SUBMITTED TO DISTRICT OFFICE MEDICAL CONSULTANT FOR REVIEW TO REVIEW COMPLETED — ALLIED HEALTH

Table 11.3 below reports the average and median calendar days aged from case submitted to district office medical consultant for review to review completed for Allied Health Care cases. Between 2005 and 2008, there was a 204.76% increase in the average days aged, a 33.33% increase in the median days aged, an 1800.00% increase in the number of such cases, and a 1900.00% increase in the number of such cases pending at year end.

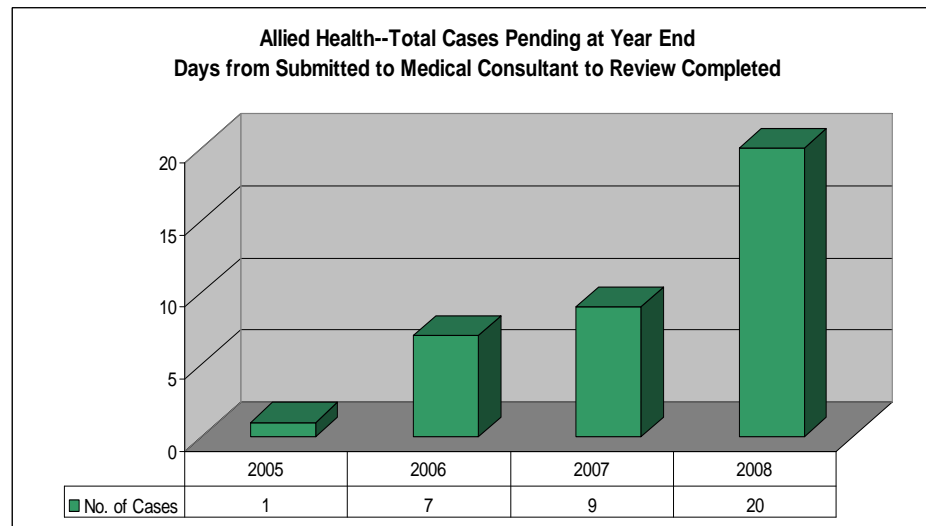
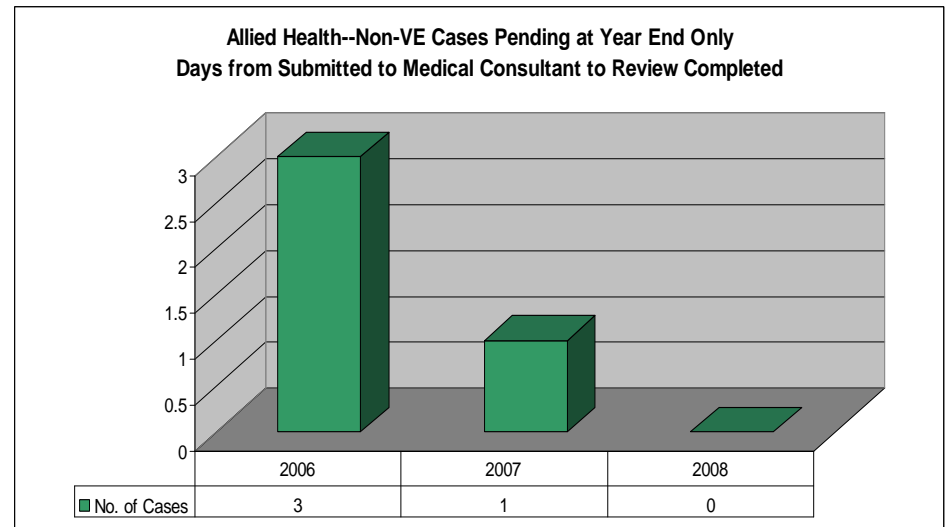
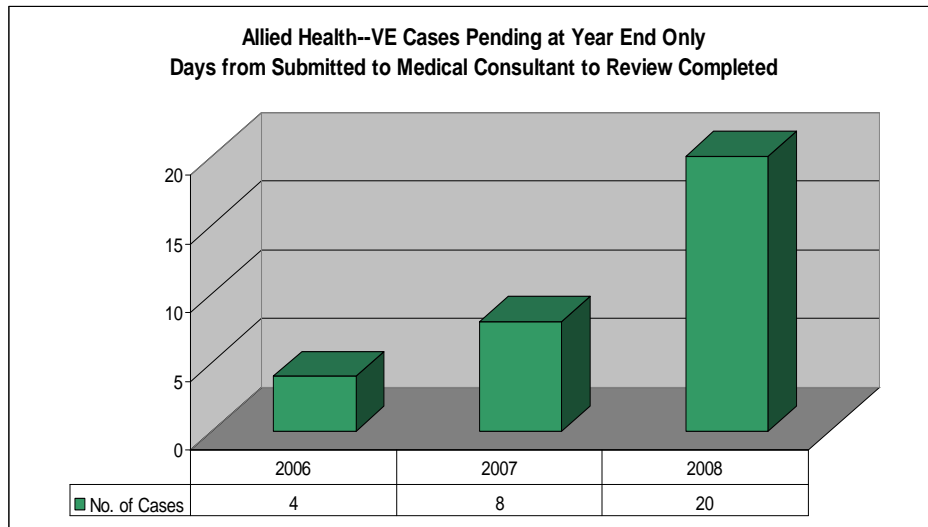
Table 11.3 – Calendar Days Aged from Case Submitted to District Office Medical Consultant for Review to Review Completed for Allied Health Cases

Activity	Percentage Difference 2006 to 2007						Percentage Difference 2007 to 2008						Percentage Difference 2006 to 2008						Percentage Difference 2005 to 2008
	All		Not VE		VE		All		Not VE		VE		All		Not VE		VE		All
	Pending		Pending		Pending		Pending		Pending		Pending		Pending		Pending		Pending		Pending
Calendar Day Age from Date Case Submitted to District Office Medical Consultant for Review to Review Completed Date																			
Average	79.31%		-61.54%		87.50%		23.08%		180.00%		10.00%		120.69%		7.69%		106.25%		204.76%
Median (middle record - half are above and half below)	0.00%		-28.57%		-35.71%		21.74%		180.00%		-3.70%		21.74%		100.00%		-38.10%		33.33%
Record Count	0.00%	28.57%	-66.67%	-66.67%	57.14%	100.00%	46.15%	122.22%	-50.00%	-100.00%	63.64%	150.00%	46.15%	185.71%	-83.33%	-100.00%	157.14%	400.00%	1800.00%

Charts 11.3a, b & c – Calendar Days Aged from Case Submitted to District Office Medical Consultant for Review to Review Completed for Allied Health Cases



Charts 11.3d, e & f – Calendar Days Aged from Case Submitted to District Office Medical Consultant for Review to Review Completed for Allied Health Cases— Cases Pending at Year End



XII. EXPERT REVIEWER PROGRAM

In quality of care cases against a physician, an expert opinion is required to prove or disprove that the physician performed in accordance with the prevailing standard of care. Since the burden of proof is on MBC, it must produce physician witness(es) with experience and expertise in the specialty or procedure at issue. The expert witness must review the evidence, testify to the standard of care and explain the basis for his/her opinion.

EXPERT REVIEWER POLICY

Per EOM Section 7.4, the investigator shall prepare the file for expert review and submit to Sup I for approval. After approval, per both the EOM and the JVEG, the investigator submits the file to the primary DAG who has 10 business days to review the package. If the primary DAG is unable to complete within this timeframe, the lead DAG should conduct the review.

Pursuant to EOM: "It is the policy of MBC to utilize the services of licensed physicians who are Board certified in their specialty area to provide expert reviews and opinions in MBC cases." Under extraordinary circumstances, supervising investigators may use an expert reviewer who is not a participant in the Expert Reviewer Program. The Sup I must obtain approval from the Sup II and the unapproved expert must meet the minimum qualifications set forth in the Expert Reviewer Program.

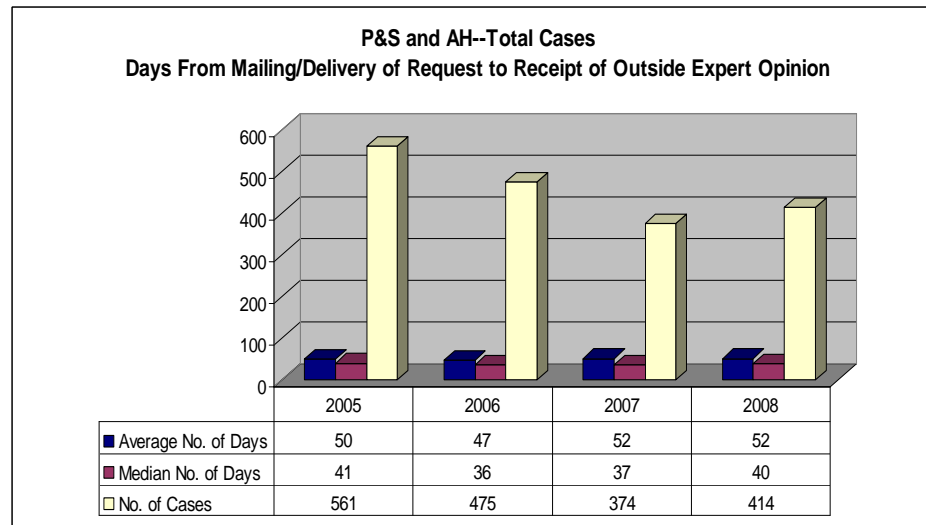
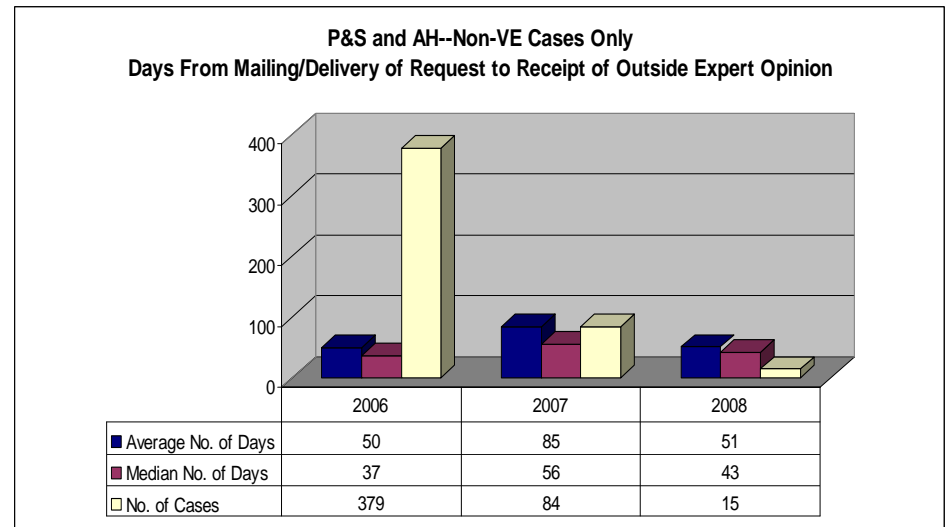
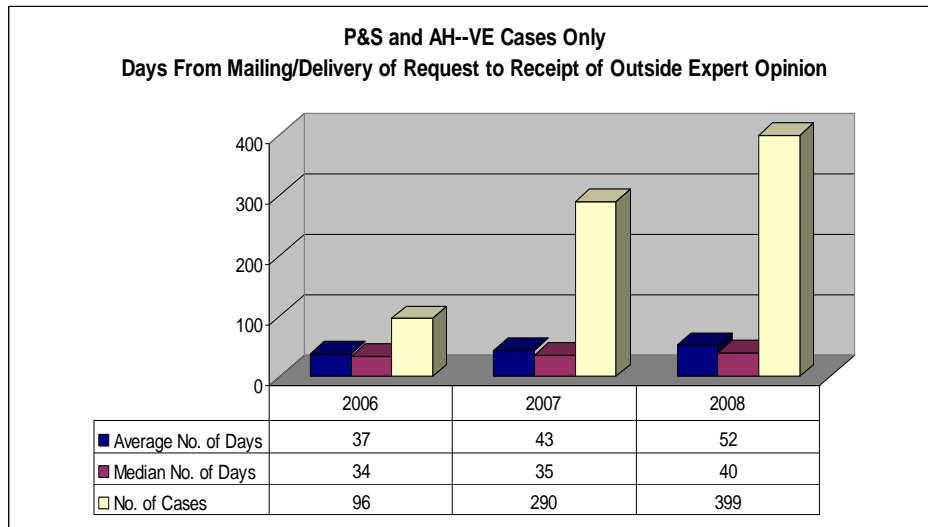
CALENDAR DAYS AGED FROM REQUEST TO RECEIPT OF EXPERT OPINION — PHYSICIANS AND SURGEONS AND ALLIED HEALTH COMBINED

Table 12.1 below reports the average and median calendar days aged from mailing/delivery of the request to receipt of outside expert opinion for Physicians and Surgeons and Allied Health Care cases. Between 2005 and 2008, there was a 4.00% increase in the average days aged, a 2.44% decrease in the median days aged, a 26.20% decrease in the number of such cases, and a 17.46% decrease in the number of such cases pending at year end.

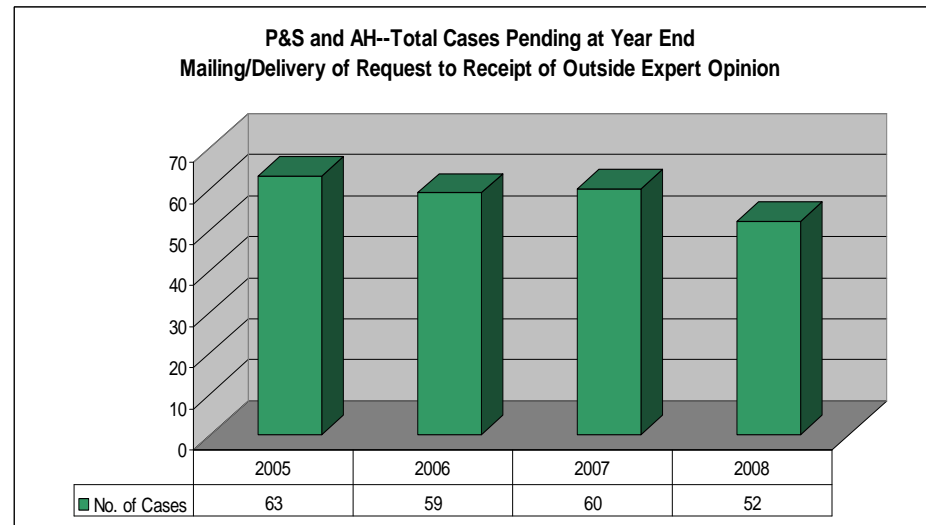
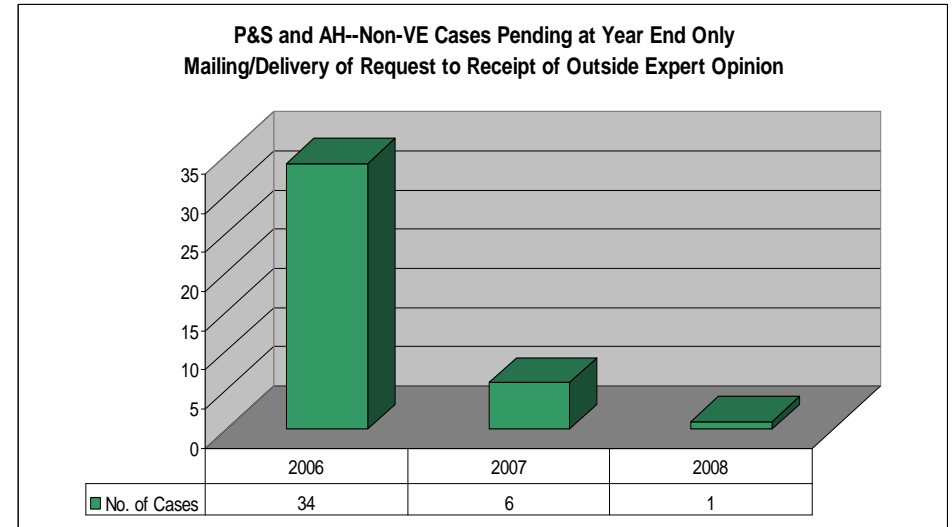
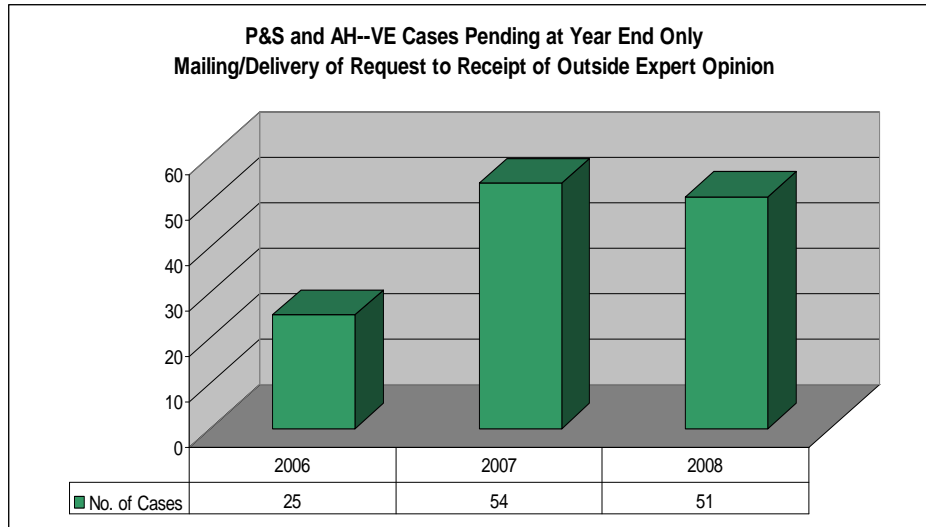
Table 12.1 – Calendar Days Aged from Request to Receipt of Expert Opinion for Physicians and Surgeons and Allied Health Cases

Activity	Percentage Difference 2006 to 2007						Percentage Difference 2007 to 2008						Percentage Difference 2006 to 2008						Percentage Difference 2005 to 2008
	All	Not VE	VE	All	Not VE	VE	All	Not VE	VE	All	Not VE	VE	All	Not VE	VE	All	Not VE	VE	All
	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending
Calendar Day Age from Request to Receipt of Expert Opinion																			
Average	10.64%		70.00%		16.22%		0.00%		-40.00%		20.93%		10.64%		2.00%		40.54%		4.00%
Median (middle record - half are above and half below)	2.78%		51.35%		2.94%		8.11%		-23.21%		14.29%		11.11%		16.22%		17.65%		-2.44%
Record Count	-21.26%	1.69%	-77.84%	-82.35%	202.08%	116.00%	10.70%	-13.33%	-82.14%	-83.33%	37.59%	-5.56%	-12.84%	-11.86%	-96.04%	-97.06%	315.63%	104.00%	-26.20%

Charts 12.1a, b & c – Calendar Days Aged from Mailing/Delivery of Request to Receipt of Expert Opinion for Physicians and Surgeons and Allied Health Cases



Charts 12.1d, e & f – Calendar Days Aged from Mailing/Delivery of Request to Receipt of Expert Opinion for Physicians and Surgeons and Allied Health Cases — Cases Pending at Year End



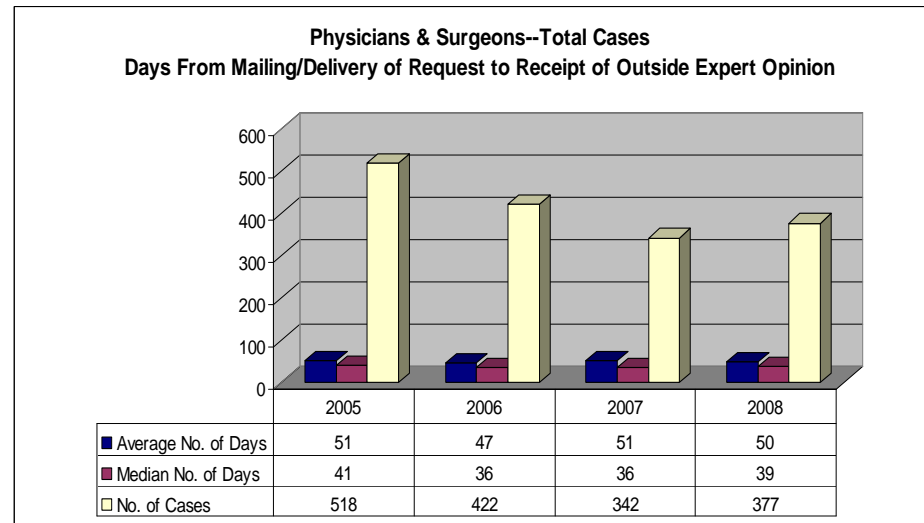
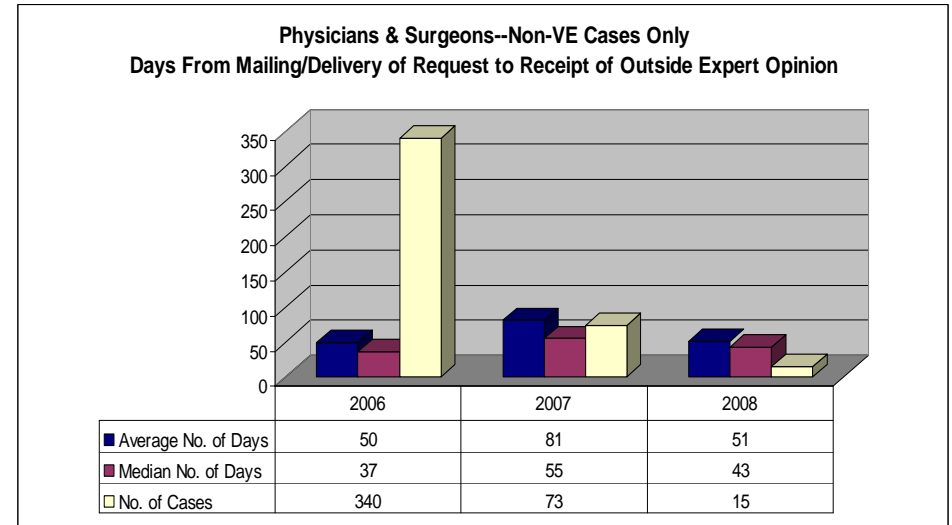
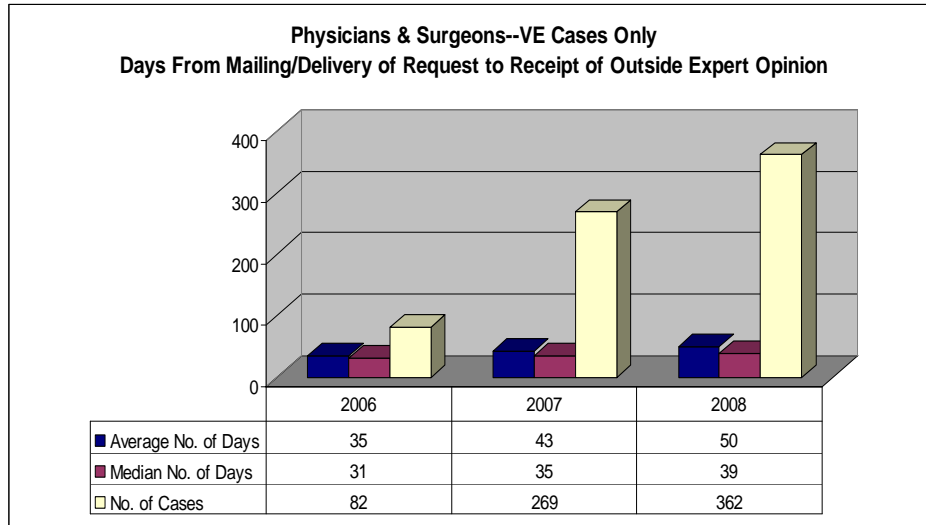
CALENDAR DAYS AGED FROM REQUEST TO RECEIPT OF EXPERT OPINION — PHYSICIANS AND SURGEONS

Table 12.2 below reports the average and median calendar days aged from mailing/delivery of the request to receipt of outside expert opinion for Physicians and Surgeons cases. Between 2005 and 2008, there was a 1.96% decrease in the average days aged, a 4.88% decrease in the median days aged, a 27.22% decrease in the number of such cases, and a 25.45% decrease in the number of such cases pending at year end.

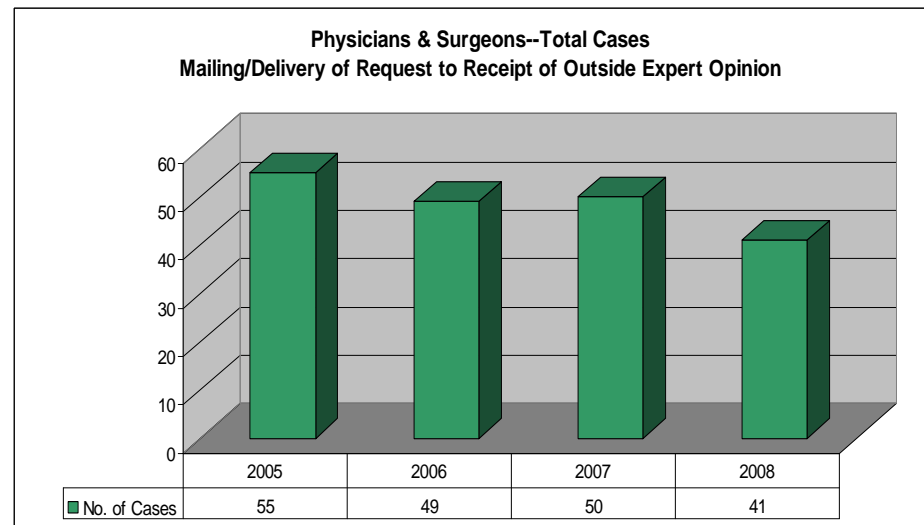
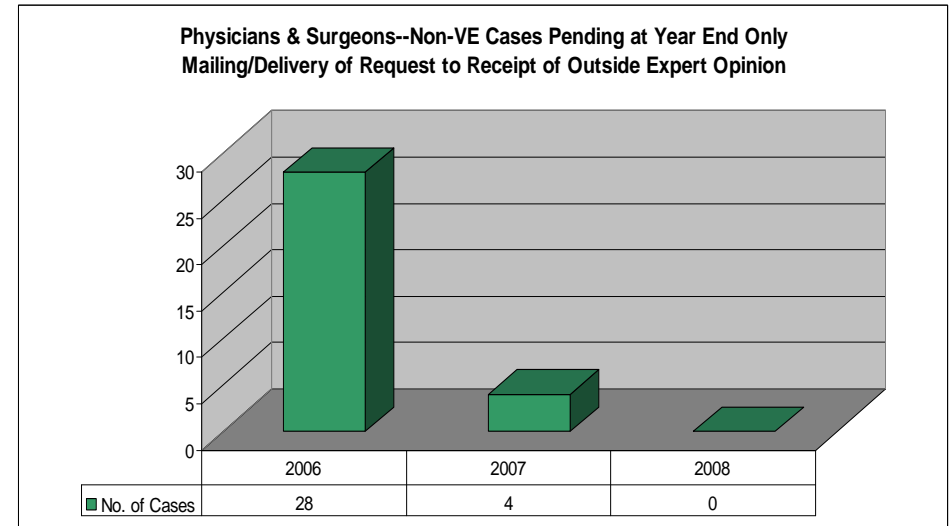
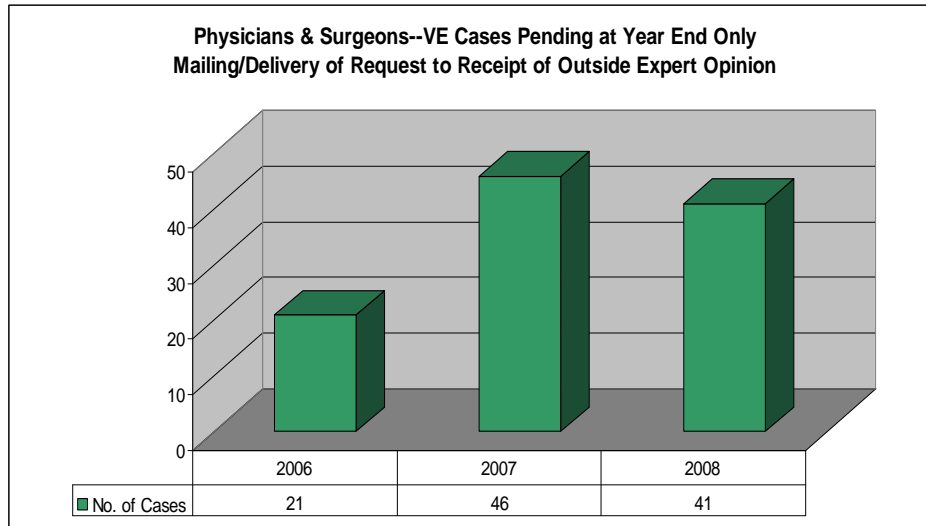
Table 12.2 – Calendar Days Aged from Request to Receipt of Expert Opinion for Physicians and Surgeons Cases

Activity	Percentage Difference 2006 to 2007						Percentage Difference 2007 to 2008						Percentage Difference 2006 to 2008						Percentage Difference 2005 to 2008
	All	Not VE	VE	All	Not VE	VE	All	Not VE	VE	All	Not VE	VE	All	Not VE	VE	All	Not VE	VE	All
	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending
Calendar Day Age from Request to Receipt of Expert Opinion																			
Average	8.51%		62.00%		22.86%		-1.96%		-37.04%		16.28%		6.38%		2.00%		42.86%		-1.96%
Median (middle record - half are above and half below)	0.00%		48.65%		12.90%		8.33%		-21.82%		11.43%		8.33%		16.22%		25.81%		-4.88%
Record Count	-18.96%	2.04%	-78.53%	-85.71%	228.05%	119.05%	10.23%	-18.00%	-79.45%	-100.00%	34.57%	-10.87%	-10.66%	-16.33%	-95.59%	-100.00%	341.46%	95.24%	-27.22%

Charts 12.2a, b & c – Calendar Days Aged from Mailing/Delivery of Request to Receipt of Expert Opinion for Physicians and Surgeons Cases



Charts 12.2d, e & f – Calendar Days Aged from Mailing/Delivery of Request to Receipt of Expert Opinion for Physicians and Surgeons — Cases Pending at Year End



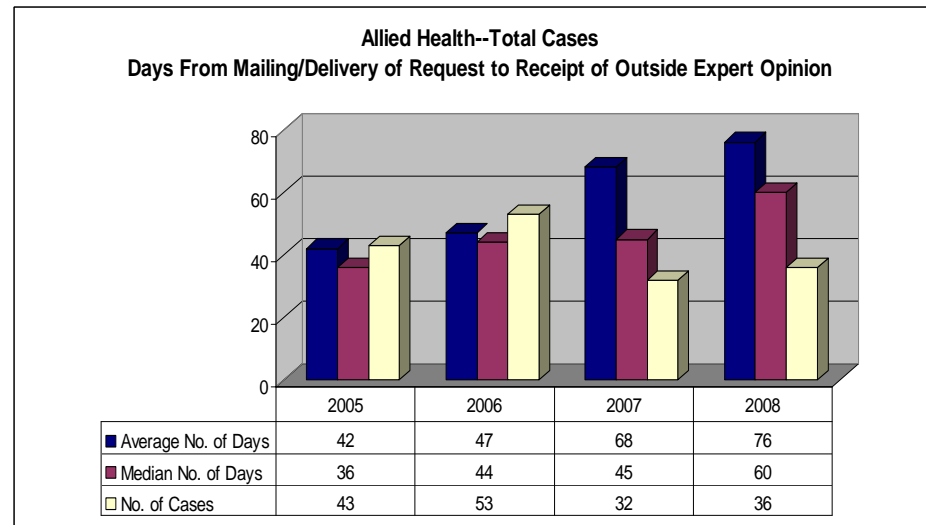
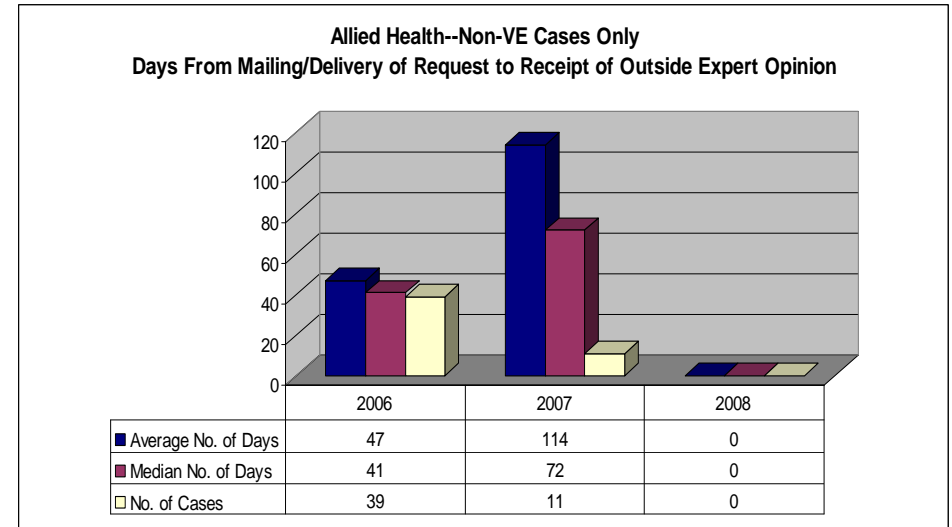
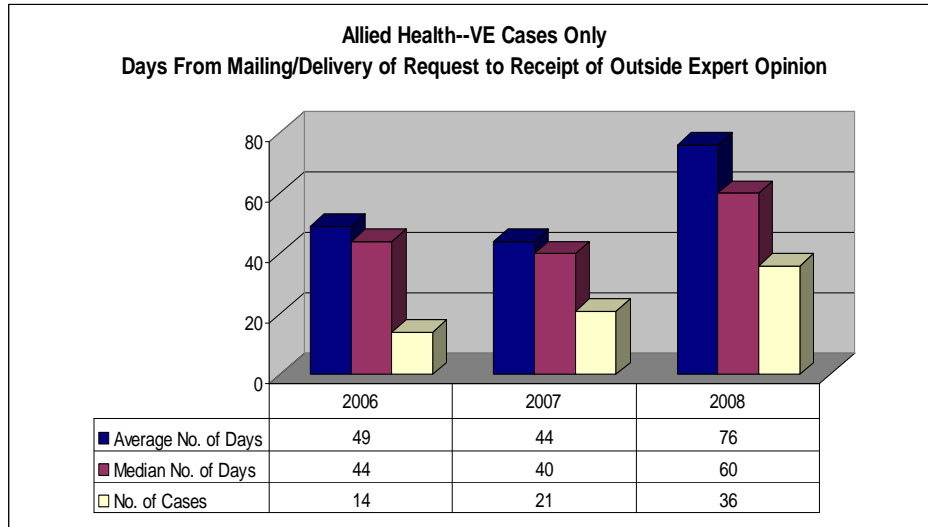
CALENDAR DAYS AGED FROM REQUEST TO RECEIPT OF EXPERT OPINION — ALLIED HEALTH

Table 12.3 below reports the average and median calendar days aged from mailing/delivery of the request to receipt of outside expert opinion for Allied Health Care cases. Between 2005 and 2008, there was an 80.95% increase in the average days aged, a 66.67% increase in the median days aged, a 16.28% decrease in the number of such cases, and a 37.50% decrease in the number of such cases pending at year end.

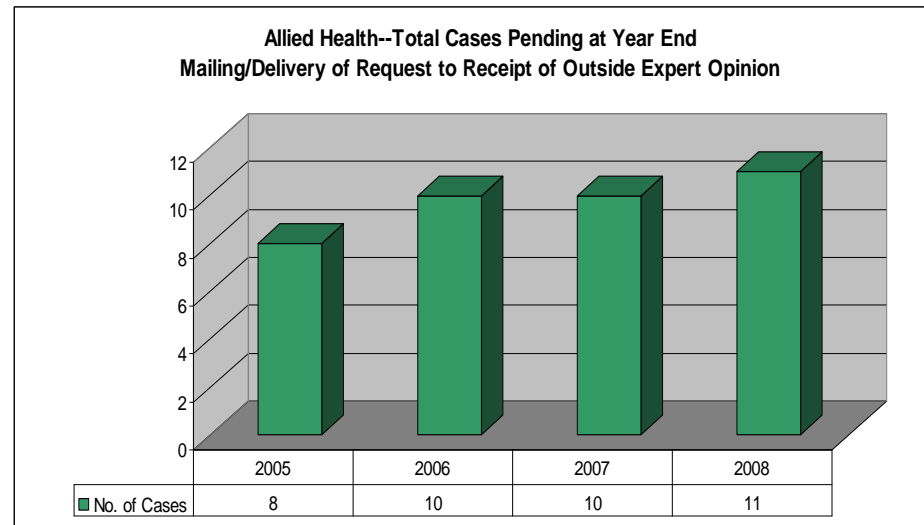
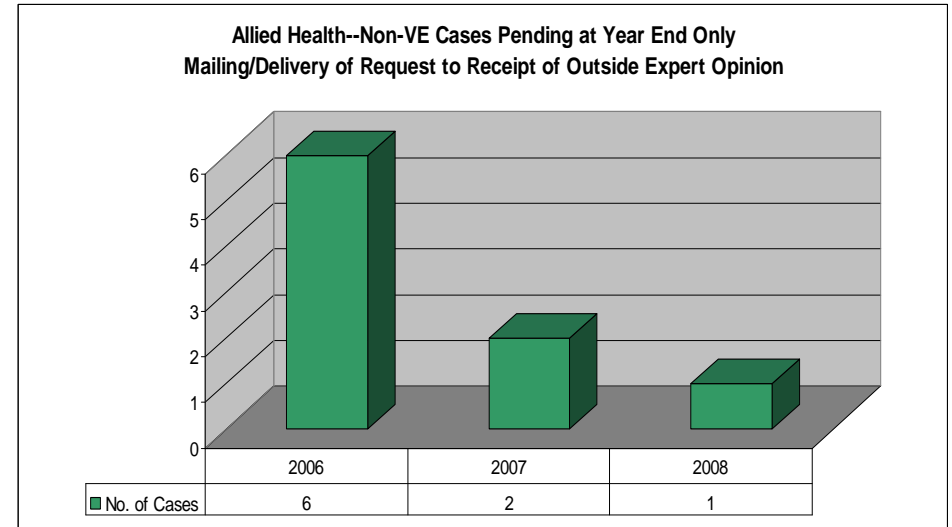
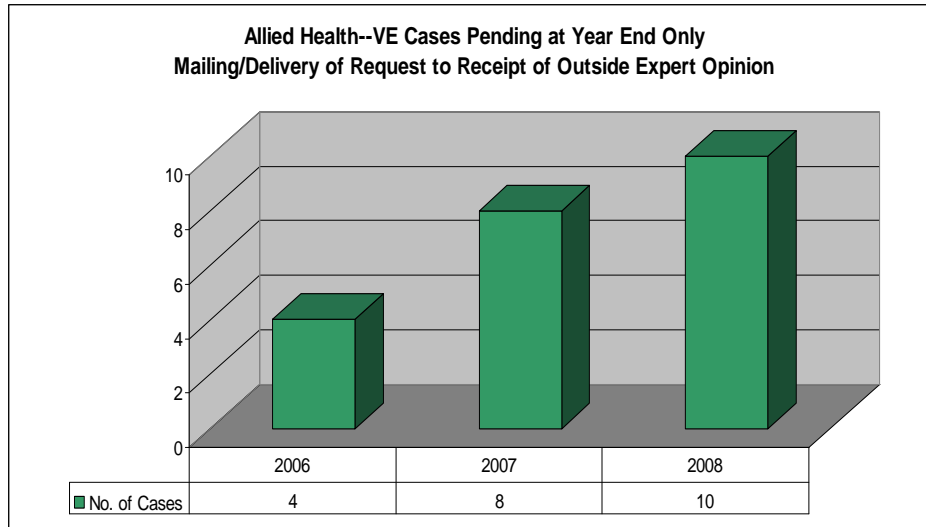
Table 12.3 – Calendar Days Aged from Request to Receipt of Expert Opinion for Allied Health Cases

Activity	Percentage Difference 2006 to 2007						Percentage Difference 2007 to 2008						Percentage Difference 2006 to 2008						Percentage Difference 2005 to 2008	
	All		Not VE		VE		All		Not VE		VE		All		Not VE		VE		All	
	Pending		Pending		Pending		Pending		Pending		Pending		Pending		Pending		Pending		Pending	
Calendar Day Age from Request to Receipt of Expert Opinion																				
Average	44.68%		142.55%		-10.20%		11.76%		-100.00%		72.73%		61.70%		-100.00%		55.10%		80.95%	
Median (middle record - half are above and half below)	2.27%		75.61%		-9.09%		33.33%		-100.00%		50.00%		36.36%		-100.00%		36.36%		66.67%	
Record Count	-39.62%	0.00%	-71.79%	-66.67%	50.00%	100.00%	12.50%	10.00%	-100.00%	-50.00%	71.43%	25.00%	-32.08%	10.00%	-100.00%	-83.33%	157.14%	150.00%	-16.28%	37.50%

Charts 12.3a, b & c – Calendar Days Aged from Mailing/Delivery of Request to Receipt of Expert Opinion for Allied Health Cases



Charts 12.3d, e & f – Calendar Days Aged from Mailing/Delivery of Request to Receipt of Expert Opinion for Allied Health Cases — Cases Pending at Year End



XIII. VERTICAL PROSECUTION - ASSIGNED TO COMPLETED INVESTIGATION

Pursuant to B&P Code Section 2319, MBC's average time from receipt of a complaint to completion of the investigation should be no more than six months for a non-complex case and no more than one year for a complex case. However, as previously noted, the MBC database does not differentiate between the two types of cases.

Per VPM, upon receipt of a complaint from the Central Complaint Unit (CCU), the case is assigned to both an investigator and primary DAG. Each investigation begins with the development and approval of an Investigation Plan and Progress Report (IPPR), which an investigator must prepare and submit to the primary DAG within five business days of the initial assignment. The primary DAG has five business days from receipt of the IPPR to review, approve or amend the plan. As the investigation progress, the IPPR must be updated preferably no more than five business days following the event.

Per JVEG, upon completion of an investigation, the Sup I must promptly notify the primary DAG that the case is ready for review. The primary DAG has five business days to determine whether the case is accepted for prosecution.

CALENDAR DAYS AGED FROM CASE ASSIGNED TO INVESTIGATION COMPLETED — PHYSICIANS AND SURGEONS AND ALLIED HEALTH COMBINED

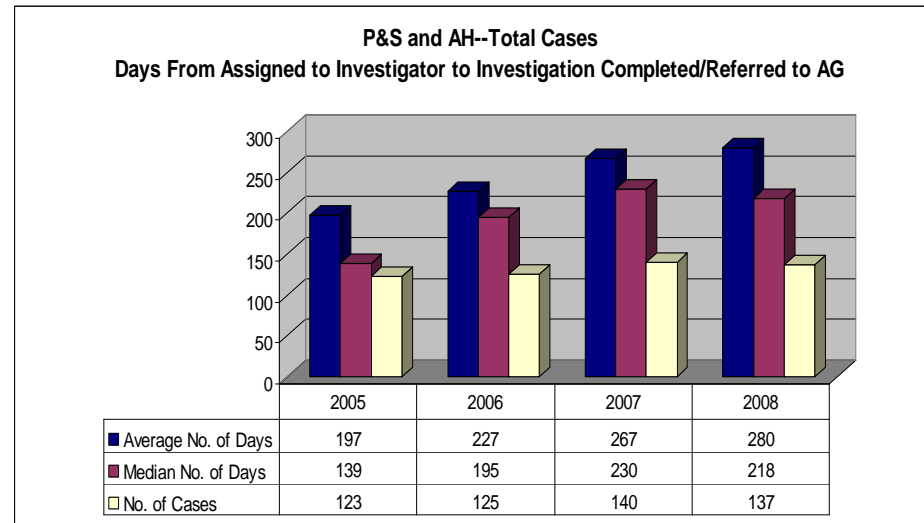
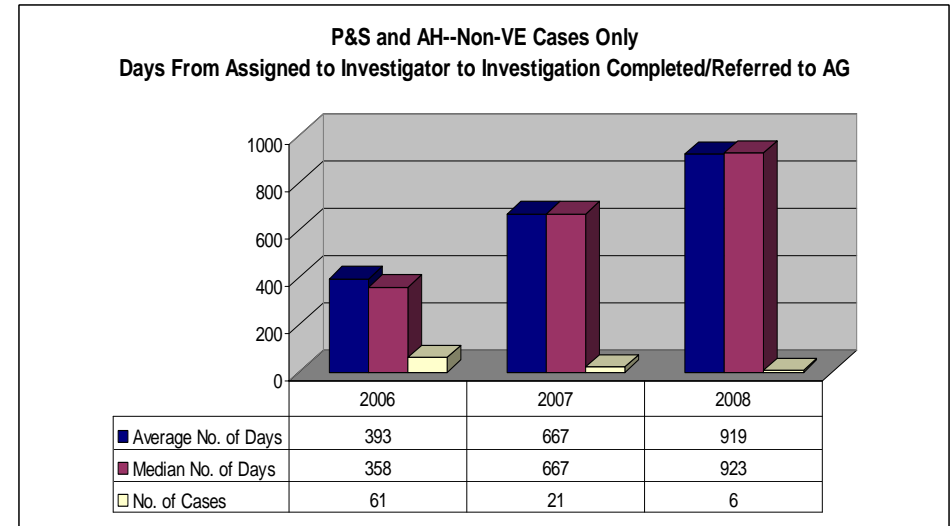
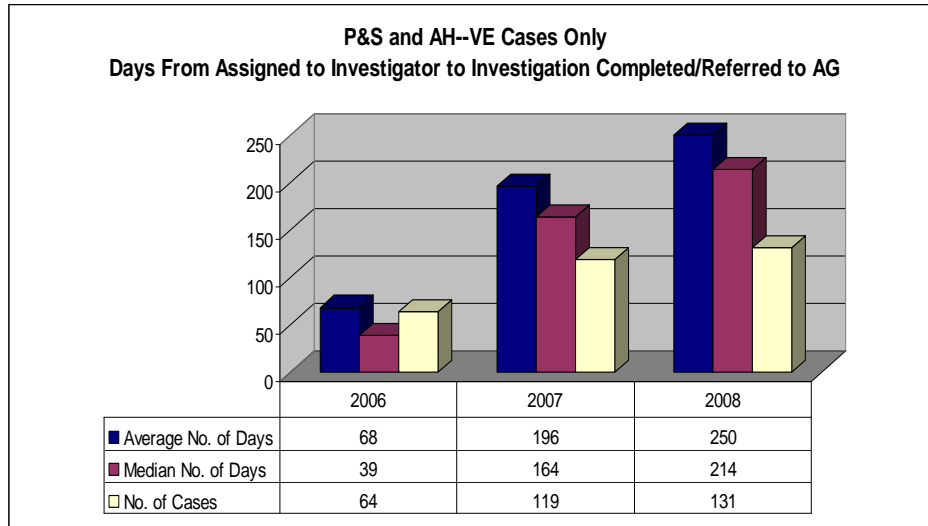
Table 13.1 below reports the average and median calendar days aged from case assigned to investigation completed for Physicians and Surgeons and Allied Health Care cases. Between 2005 and 2008, there was a 42.13% increase in the average days aged, a 56.83% increase in the median days aged, an 11.38% increase in the number of such cases and a 12.46% increase in the number of such cases pending at year end.

Table 13.1 – Calendar Days Aged from Case Assigned to Investigator to Investigation Completed for Physicians and Surgeons and Allied Health Cases

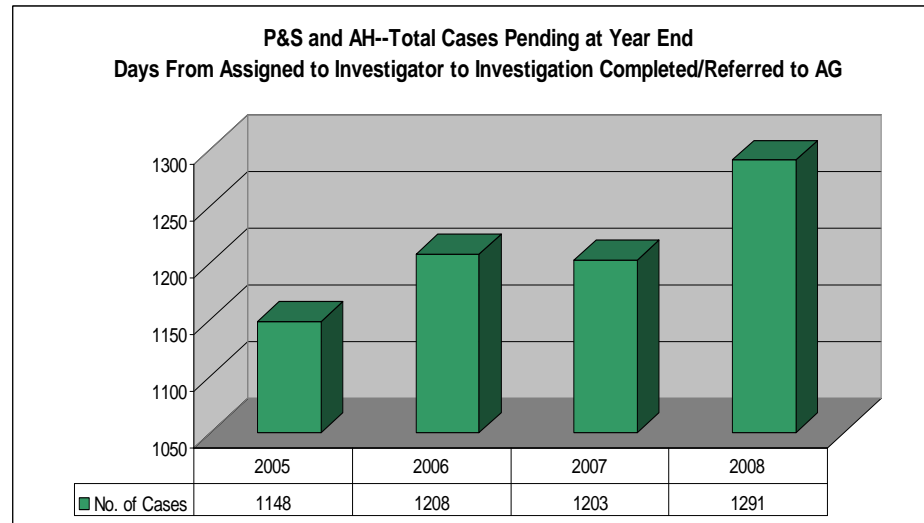
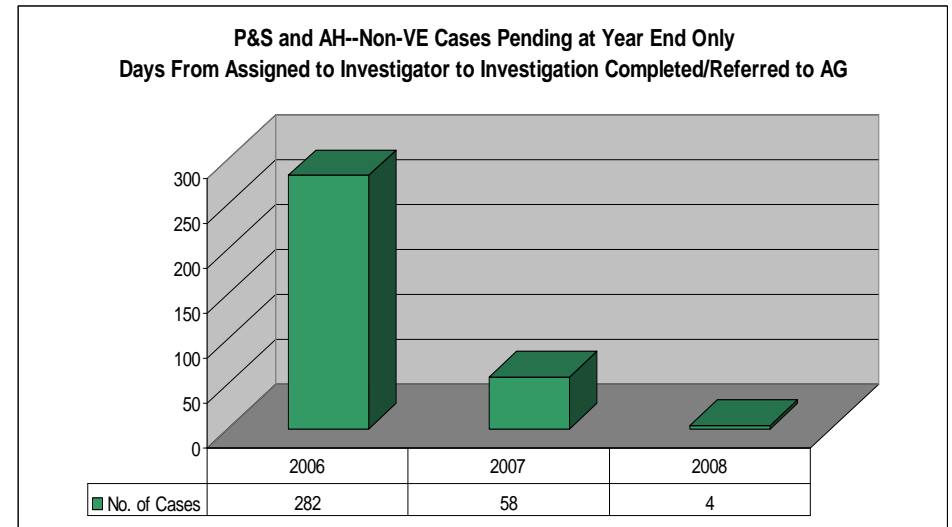
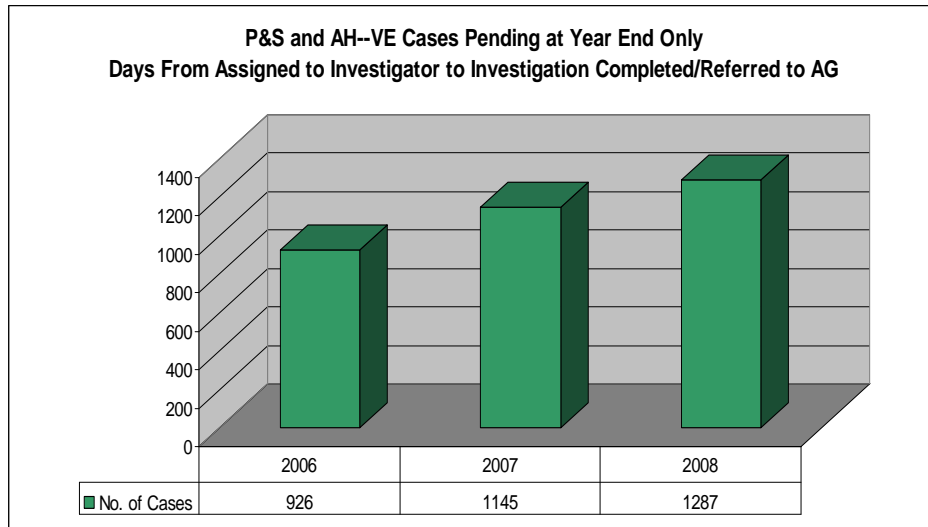
Activity	Percentage Difference 2006 to 2007						Percentage Difference 2007 to 2008						Percentage Difference 2006 to 2008						Percentage	
	All	Not VE		VE			All	Not VE		VE			All	Not VE		VE		All		
	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending
Calendar Day Age from Case Assigned to Completed Investigation (Referred to AG)																				
Average	17.62%		69.72%		188.24%		4.87%		37.78%		27.55%		23.35%		133.84%		267.65%		42.13%	
Median (middle record-half are above and half below)	17.95%		86.31%		320.51%		-5.22%		38.38%		30.49%		11.79%		157.82%		448.72%		56.83%	
Record Count	12.00%	-0.41%	-65.57%	-79.43%	85.94%	23.65%	-2.14%	7.32%	-71.43%	-93.10%	10.08%	12.40%	9.60%	6.87%	-90.16%	-98.58%	104.69%	38.98%	11.38%	12.46%

***Excludes Outcomes where no Accusation Filed

Charts 13.1a, b & c – Calendar Days Aged from Case Assigned to Investigator to Investigation Completed for Physicians and Surgeons and Allied Health Cases



Charts 13.1d, e & f – Calendar Days Aged from Case Assigned to Investigator to Investigation Completed for Physicians and Surgeons and Allied Health Cases — Cases Pending at Year End



CALENDAR DAYS AGED FROM CASE ASSIGNED TO INVESTIGATION COMPLETED — PHYSICIANS AND SURGEONS

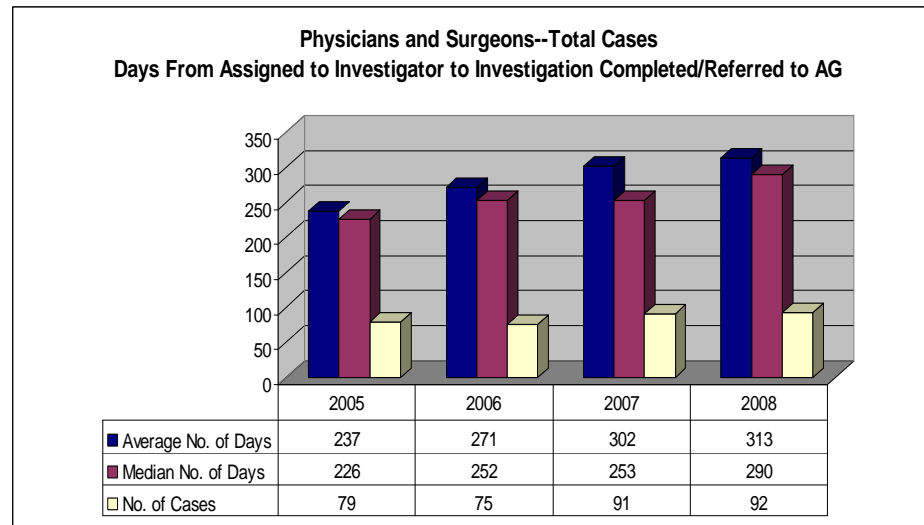
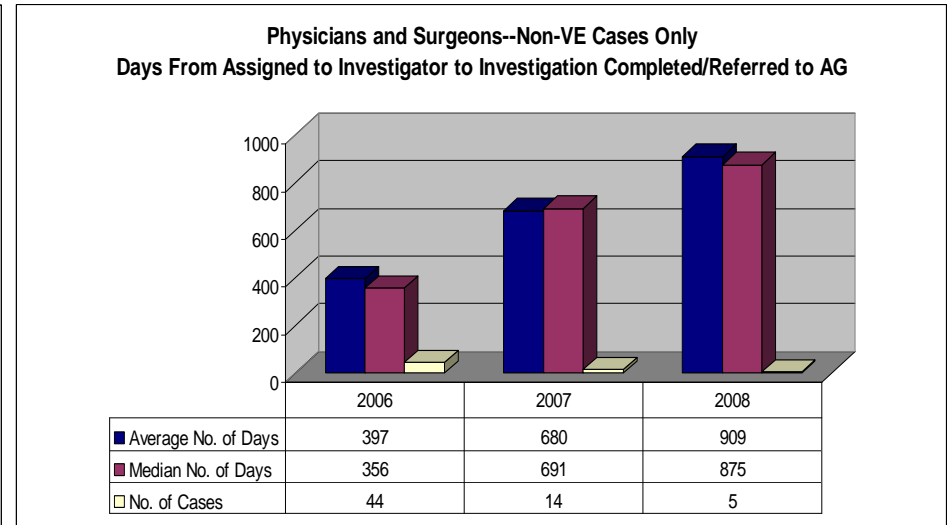
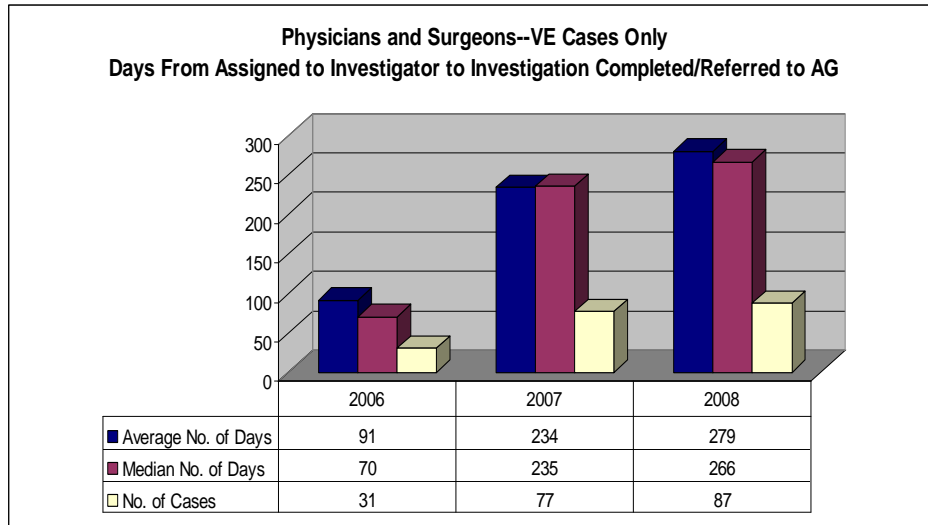
Table 13.2 below reports the average and median calendar days aged from case assigned to investigation completed for Physicians and Surgeons cases. Between 2005 and 2008, there was a 32.07% increase in the average days aged, a 28.32% increase in the median days aged, a 16.46% increase in the number of such cases and a 10.85% increase in the number of such cases pending at year end.

Table 13.2 – Calendar Days Aged from Case Assigned to Investigator to Investigation Completed for Physicians and Surgeons Cases

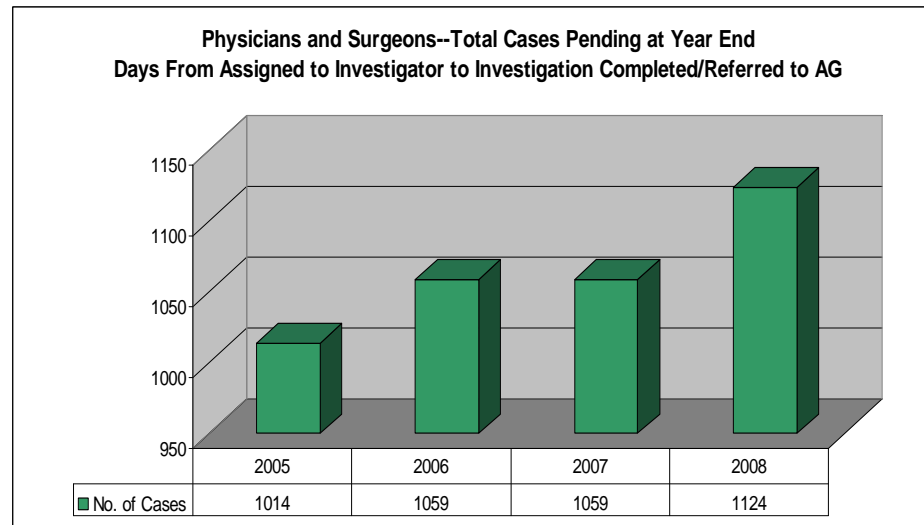
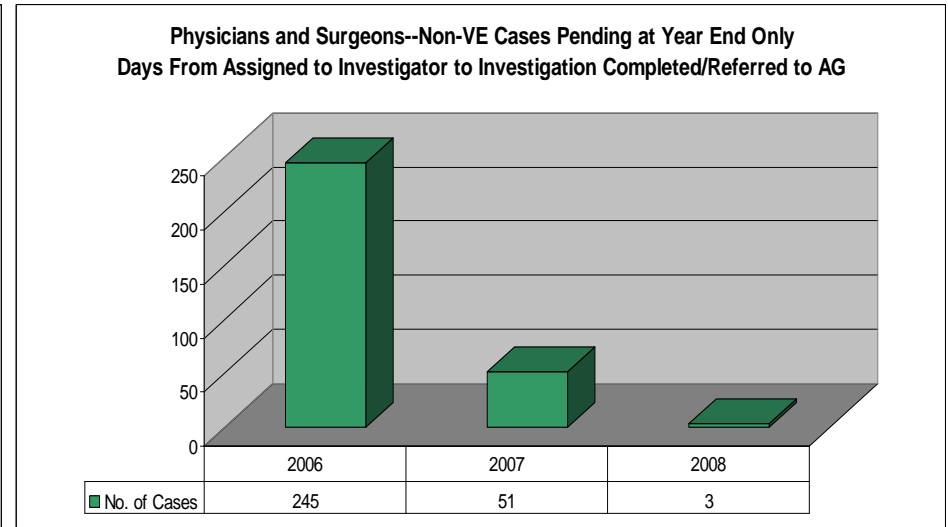
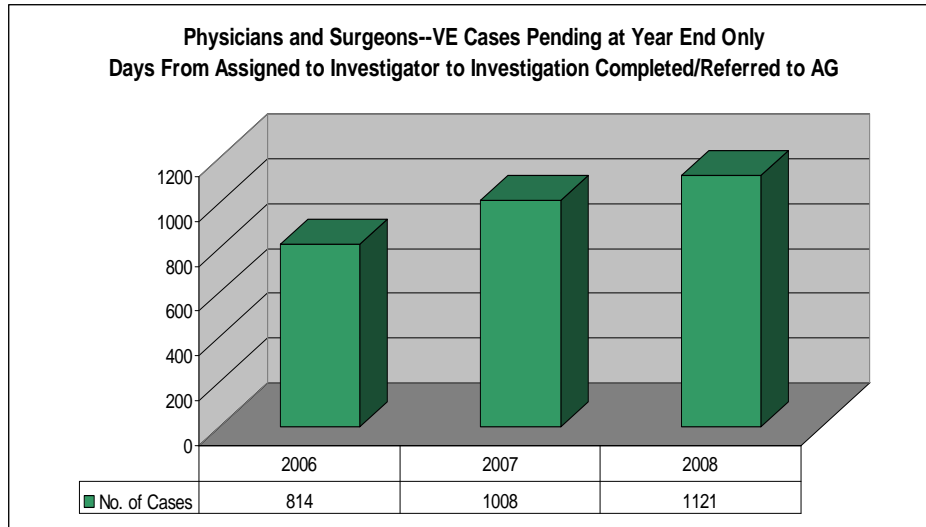
Activity	Percentage Difference 2006 to 2007						Percentage Difference 2007 to 2008						Percentage Difference 2006 to 2008						Percentage Difference 2005 to 2008
	All		Not VE		VE		All		Not VE		VE		All		Not VE		VE		All
	Pending		Pending		Pending		Pending		Pending		Pending		Pending		Pending		Pending		Pending
Calendar Day Age from Case Assigned to Completed Investigation (Referred to AG)																			
Average	11.44%		71.28%		157.14%		3.64%		33.68%		19.23%		15.50%		128.97%		206.59%		32.07%
Median (middle record-half are above and half below)	0.40%		94.10%		235.71%		14.62%		26.63%		13.19%		15.08%		145.79%		280.00%		28.32%
Record Count	21.33%	0.00%	-68.18%	-79.18%	148.39%	23.83%	1.10%	6.14%	-64.29%	-94.12%	12.99%	11.21%	22.67%	6.14%	-88.64%	-98.78%	180.65%	37.71%	16.46% 10.85%

***Excludes Outcomes where no Accusation Filed

Charts 13.2-1a, b & c – Calendar Days Aged from Case Assigned to Investigator to Investigation Completed for Physicians and Surgeons Cases



Charts 13.2d, e & f – Calendar Days Aged from Case Assigned to Investigator to Investigation Completed Physicians and Surgeons — Cases Pending at Year End



CALENDAR DAYS AGED FROM CASE ASSIGNED TO INVESTIGATION COMPLETED — ALLIED HEALTH

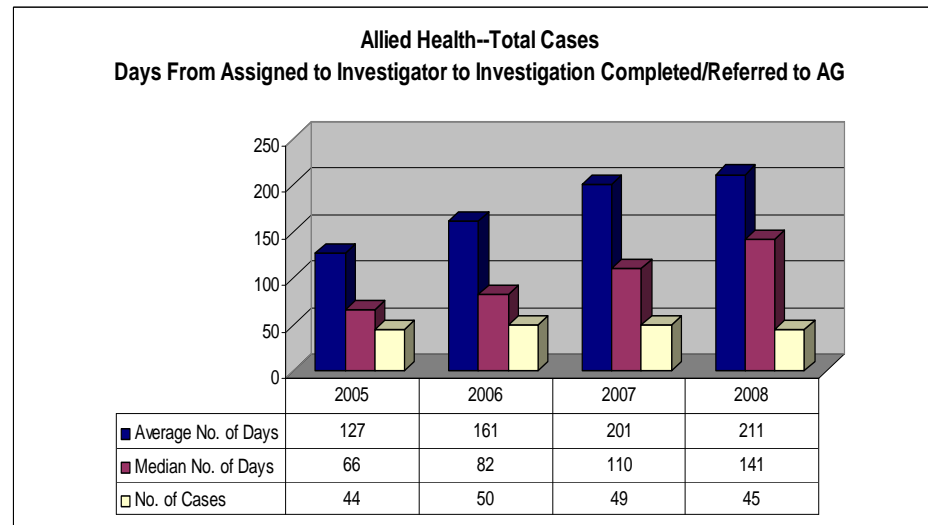
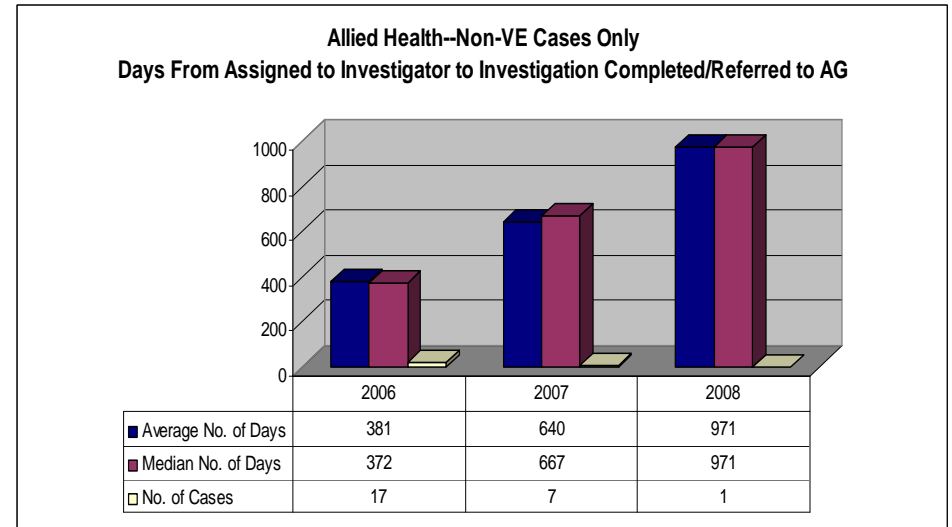
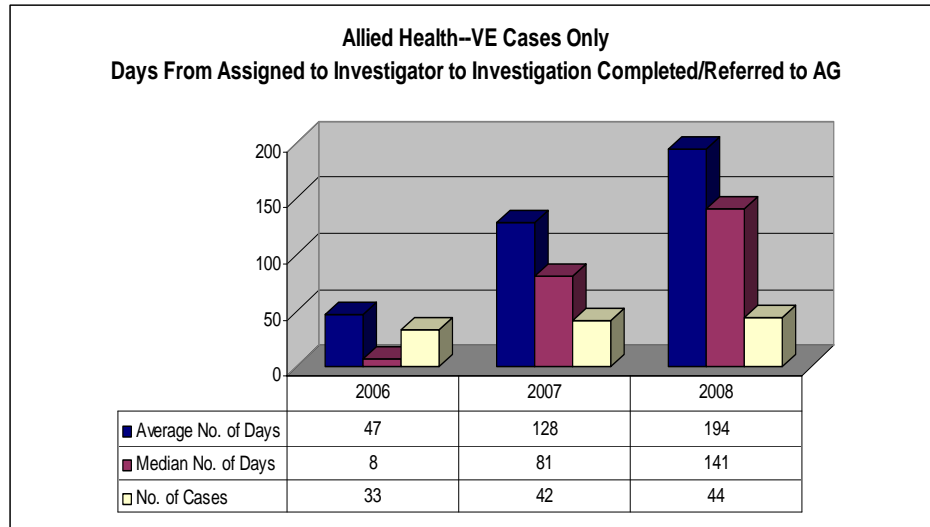
Table 13.3 below reports the average and median calendar days aged from case assigned to investigation completed for Allied Health Care cases. Between 2005 and 2008, there was a 66.14% increase in the average days aged, a 113.64% increase in the median days aged, a 2.27% increase in the number of such cases and a 24.63% increase in the number of such cases pending at year end.

Table 13.3 – Calendar Days Aged from Case Assigned to Investigator to Investigation Completed for and Allied Health Cases

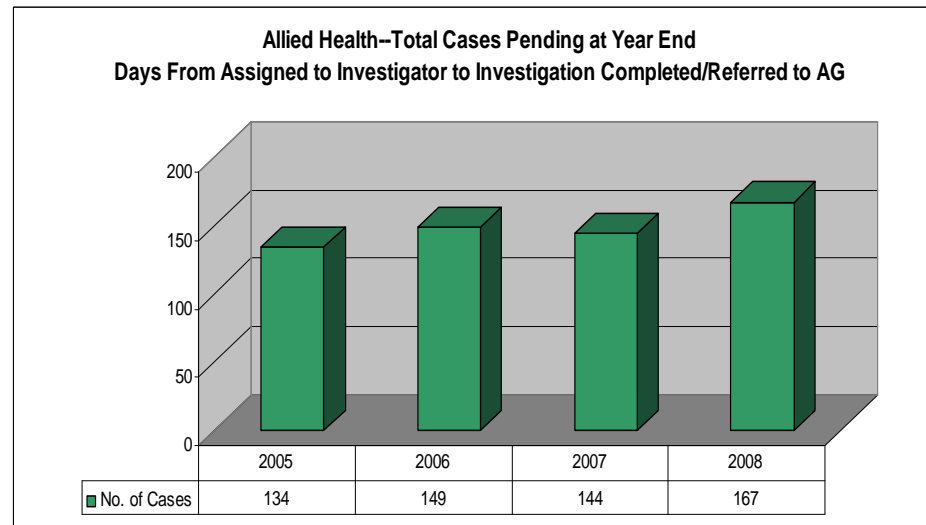
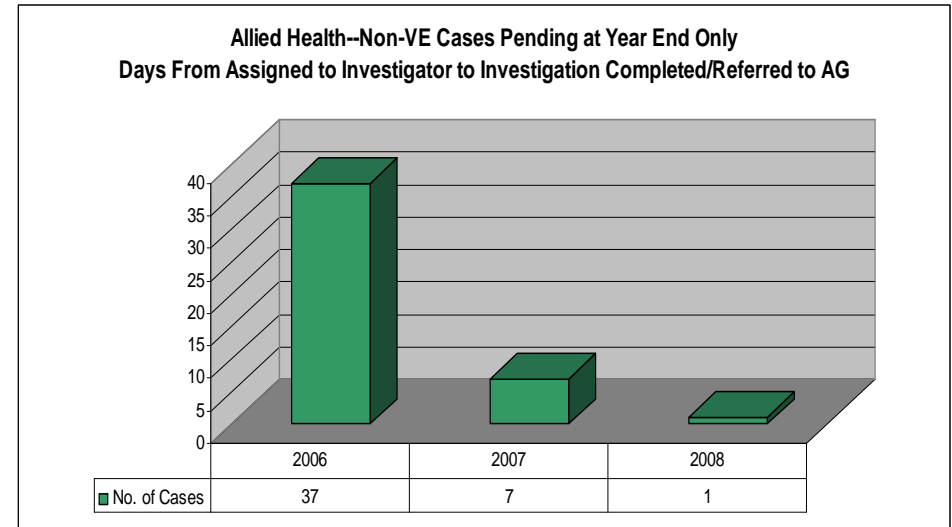
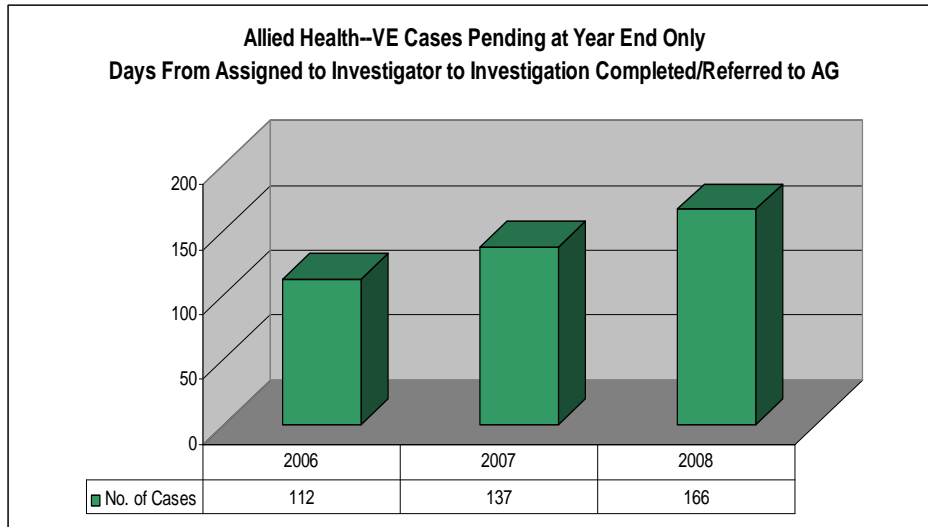
Activity	Percentage Difference 2006 to 2007						Percentage Difference 2007 to 2008						Percentage Difference 2006 to 2008						Percentage Difference 2005 to 2008
	All	Not VE	VE	All	Not VE	VE	All	Not VE	VE	All	Not VE	VE	All	Not VE	VE	All	Not VE	VE	All
	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending
Calendar Day Age from Case Assigned to Completed Investigation (Referred to AG)																			
Average	24.84%		67.98%		172.34%		4.98%		51.72%		51.56%		31.06%		154.86%		312.77%		66.14%
Median (middle record-half are above and half below)	34.15%		79.30%		912.50%		28.18%		45.58%		74.07%		71.95%		161.02%		1662.50%		113.64%
Record Count	-2.00%	-3.36%	-58.82%	-81.08%	27.27%	22.32%	-8.16%	15.97%	-85.71%	-85.71%	4.76%	21.17%	-10.00%	12.08%	-94.12%	-97.30%	33.33%	48.21%	2.27%

***Excludes Outcomes where no Accusation Filed

Charts 13.3a, b & c – Calendar Days Aged from Case Assigned to Investigator to Investigation Completed for Allied Health Cases



Charts 13,3d, e & f – Calendar Days Aged from Case Assigned to Investigation Completed for Allied Health Cases — Cases Pending at Year End



XIV. VERTICAL PROSECUTION - ASSIGNED TO ALL OUTCOMES

The following tables and charts detail the average and median time frames that have occurred between the assignment of a case to an investigator until the ultimate outcome of the case.

CALENDAR DAYS AGED FROM CASE ASSIGNED TO INVESTIGATOR TO ALL OUTCOMES — PHYSICIANS AND SURGEONS AND ALLIED HEALTH COMBINED

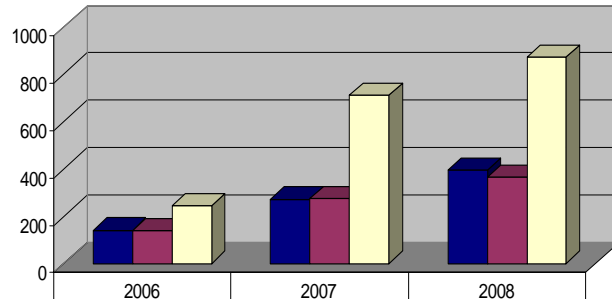
Table 14.1 below reports the average and median calendar days aged from case assigned to all outcomes for Physicians and Surgeons and Allied Health Care cases. Between 2005 and 2008, there was a 21.73% increase in the average days aged, a 40.65% increase in the median days aged, a 19.00% decrease in the number of such cases and a 12.24% increase in the number of such cases pending at year end.

Table 14.1 – Calendar Days Aged from Case Assigned to Investigator to All Outcomes for Physicians and Surgeons and Allied Health Cases

Activity							Percentage Difference 2007 to 2008						Percentage Difference 2006 to 2008						Percentage	
	All		Not VE		VE		All		Not VE		VE		All		Not VE		VE		All	
	Pending		Pending		Pending		Pending		Pending		Pending		Pending		Pending		Pending		Pending	
Calendar Day Age from Case Assigned to ALL Outcomes																				
Average	6.51%		66.43%		92.20%		8.28%		35.46%		46.13%		15.34%		125.44%		180.85%		21.73%	
Median (middle record - half are above and half below)	10.79%		95.05%		95.71%		14.74%		39.30%		33.21%		27.11%		171.70%		160.71%		40.65%	
Record Count	-5.84%	-0.08%	-58.11%	-78.42%	190.20%	23.64%	-3.56%	6.69%	-52.21%	-95.00%	22.78%	12.07%	-9.19%	6.61%	-79.98%	-98.92%	256.33%	38.56%	-19.00%	

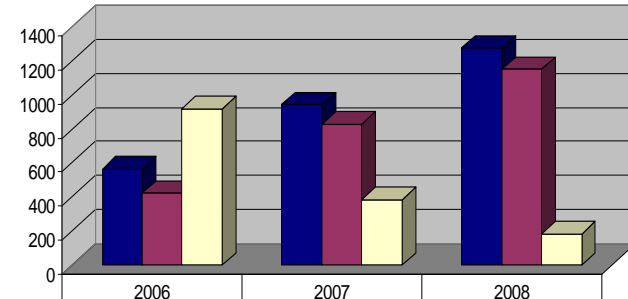
Charts 14.1a, b & c – Calendar Days Aged from Case Assigned to Investigator to All Outcomes for Physicians and Surgeons and Allied Health Cases

P&S and AH--VE Cases Only
Days from Assigned to Investigator to All Outcomes



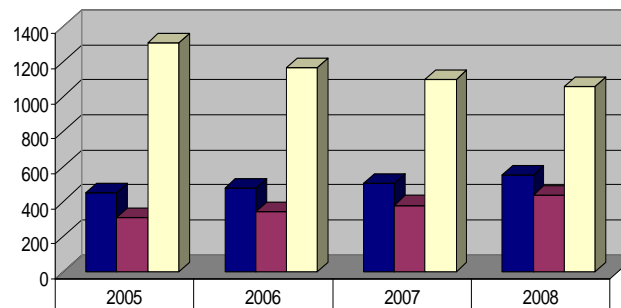
	2006	2007	2008
■ Average No. of Days	141	271	396
■ Median No. of Days	140	274	365
■ No. of Cases	245	711	873

P&S and AH--Non-VE Cases Only
Days from Assigned to Investigator to All Outcomes



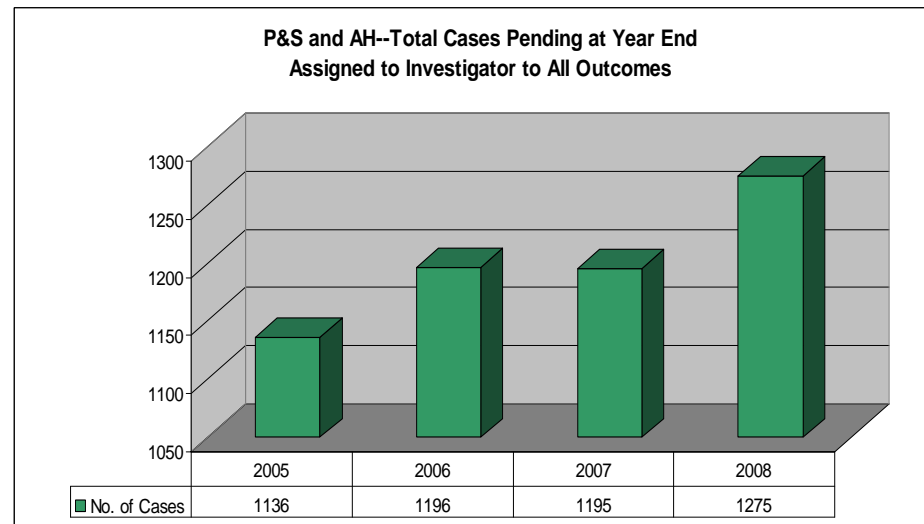
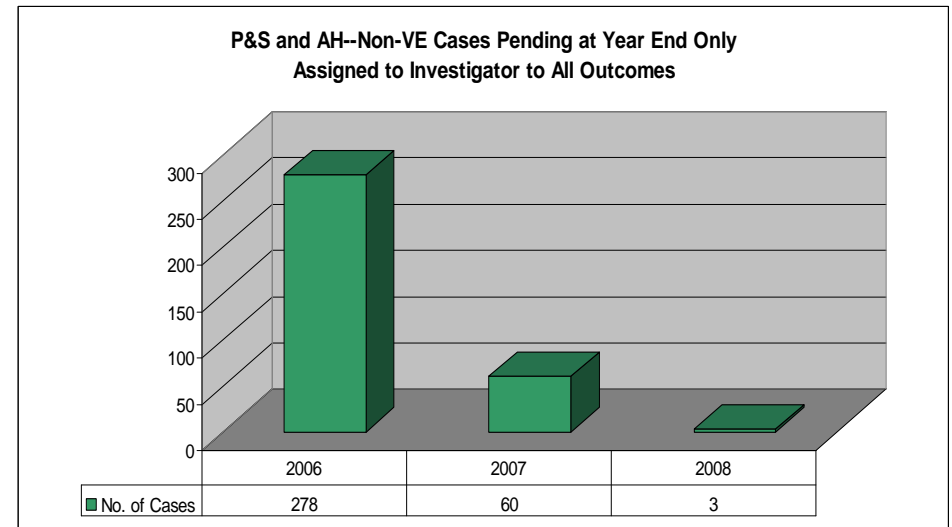
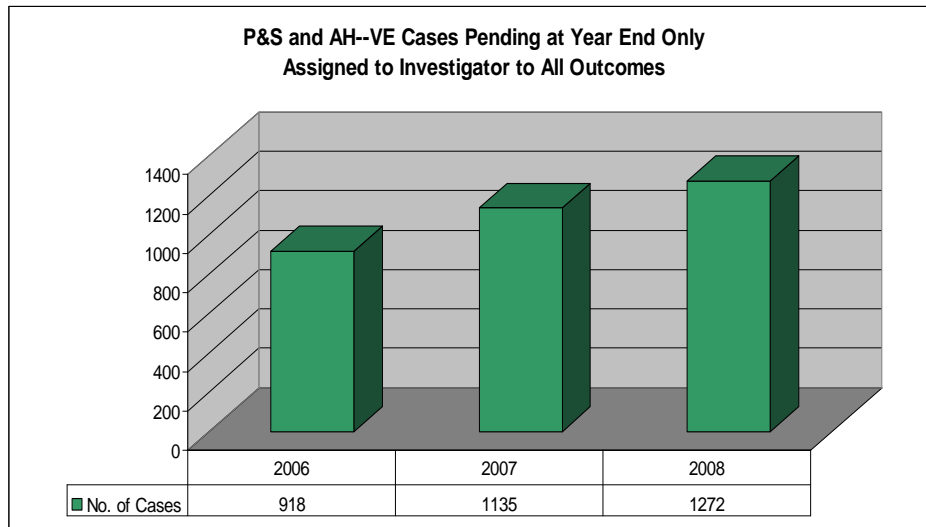
	2006	2007	2008
■ Average No. of Days	566	942	1276
■ Median No. of Days	424	827	1152
■ No. of Cases	919	385	184

P&S and AH--Total Cases
Days from Assigned to Investigator to All Outcomes



	2005	2006	2007	2008
■ Average No. of Days	451	476	507	549
■ Median No. of Days	310	343	380	436
■ No. of Cases	1305	1164	1096	1057

Charts 14.1d, e & f – Calendar Days Aged from Case Assigned to Investigator to All Outcomes for Physicians and Surgeons and Allied Health Cases — Cases Pending at Year End



CALENDAR DAYS AGED FROM CASE ASSIGNED TO INVESTIGATOR TO ALL OUTCOMES — PHYSICIANS AND SURGEONS

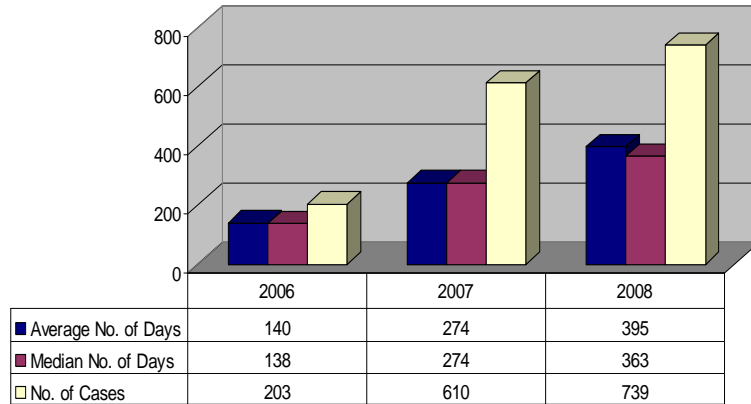
Table 14.2 below reports the average and median calendar days aged from case assigned to all outcomes for Physicians and Surgeons cases. Between 2005 and 2008, there was a 24.38% increase in the average days aged, a 42.16% increase in the median days aged, a 21.53% decrease in the number of such cases and an 11.96% increase in the number of such cases pending at year end.

Table 14.2 – Calendar Days Aged from Case Assigned to Investigator to All Outcomes for Physicians and Surgeons Cases

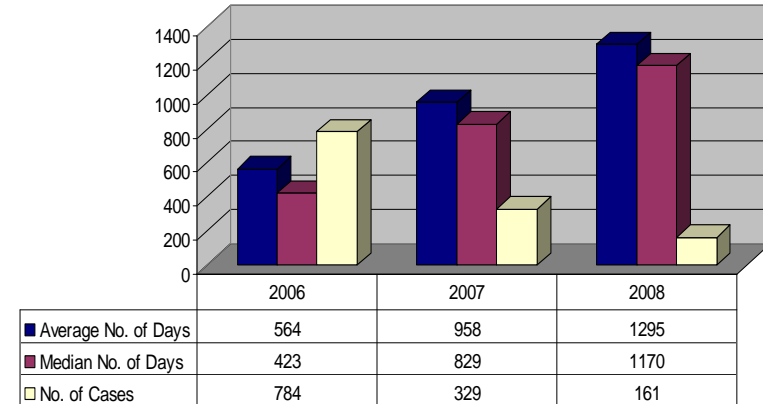
Activity	Percentage Difference 2006 to 2007						Percentage Difference 2007 to 2008						Percentage Difference 2006 to 2008						Percentage Difference 2005 to 2008
	All	Not VE	VE	All	Not VE	VE	All	Not VE	VE	All	Not VE	VE	All	Not VE	VE	All	Not VE	VE	All
	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending
Calendar Day Age from Case Assigned to All Outcomes																			
Average	7.76%		69.86%		95.71%		8.17%		35.18%		44.16%		16.56%		129.61%		182.14%		24.38%
Median (middle record - half are above and half below)	10.85%		95.98%		98.55%		15.08%		41.13%		32.48%		27.57%		176.60%		163.04%		42.16%
Record Count	-4.86%	0.28%	-58.04%	-78.17%	200.49%	24.10%	-4.15%	6.08%	-51.06%	-94.55%	21.15%	11.46%	-8.81%	6.38%	-79.46%	-98.81%	264.04%	38.31%	-21.53% 11.96%

Charts 14.2a, b & c – Calendar Days Aged from Case Assigned to Investigator to All Outcomes for Physicians and Surgeons Cases

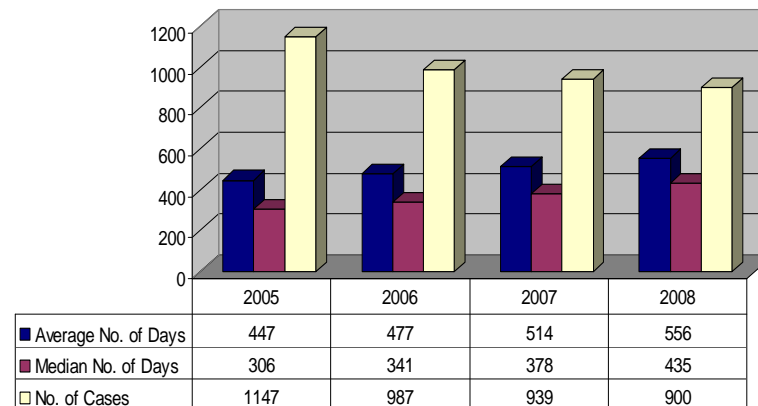
Physicians & Surgeons--VE Cases Only
Days from Assigned to Investigator to All Outcomes



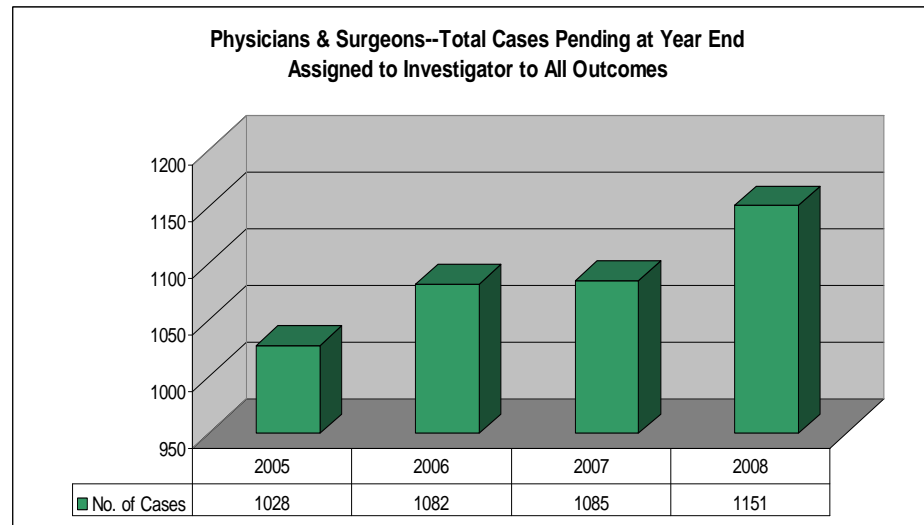
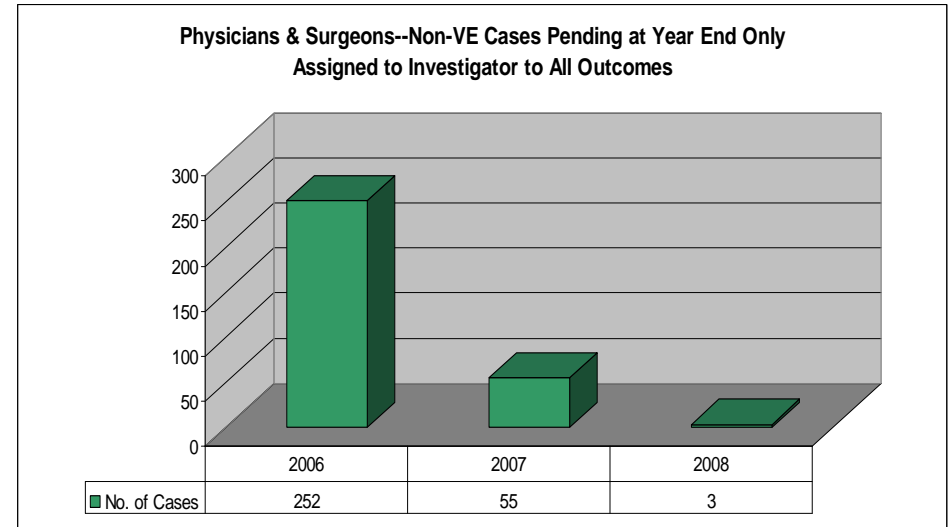
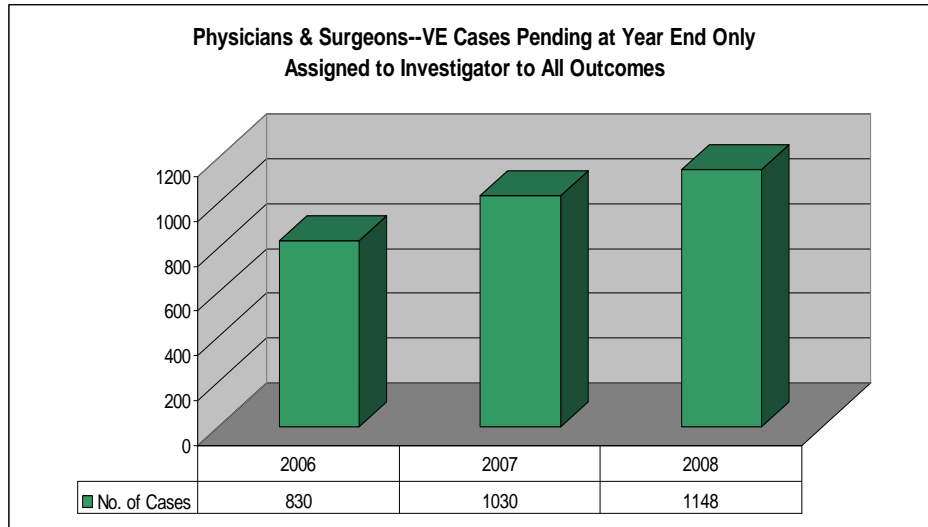
Physicians & Surgeons--Non-VE Cases Only
Days from Assigned to Investigator to All Outcomes



Physicians & Surgeons--Total Cases
Days from Assigned to Investigator to All Outcomes



Charts 14.2d, e & f – Calendar Days Aged from Case Assigned to Investigator to All Outcomes for Physicians and Surgeons — Cases Pending at Year End



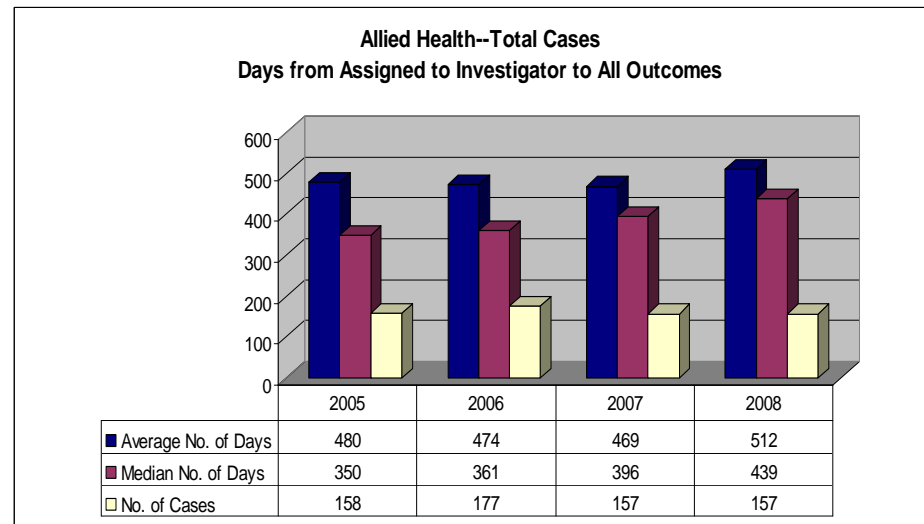
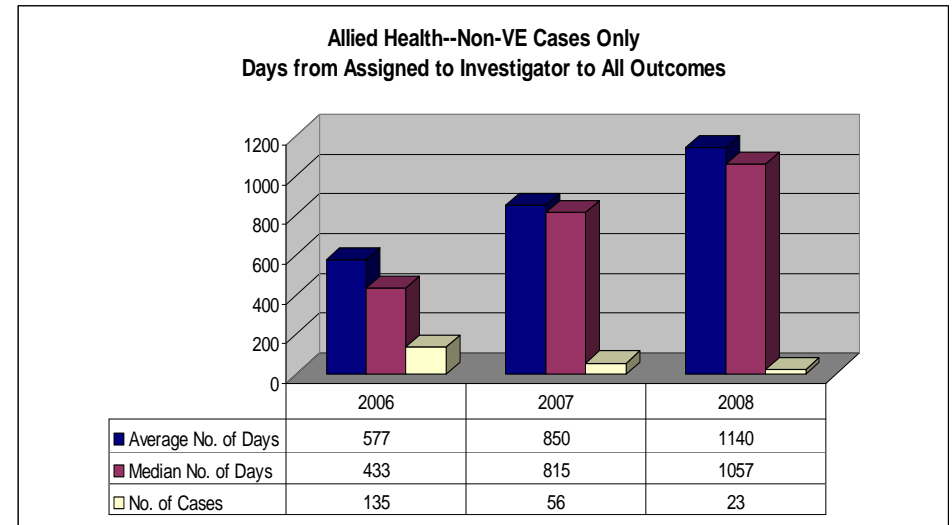
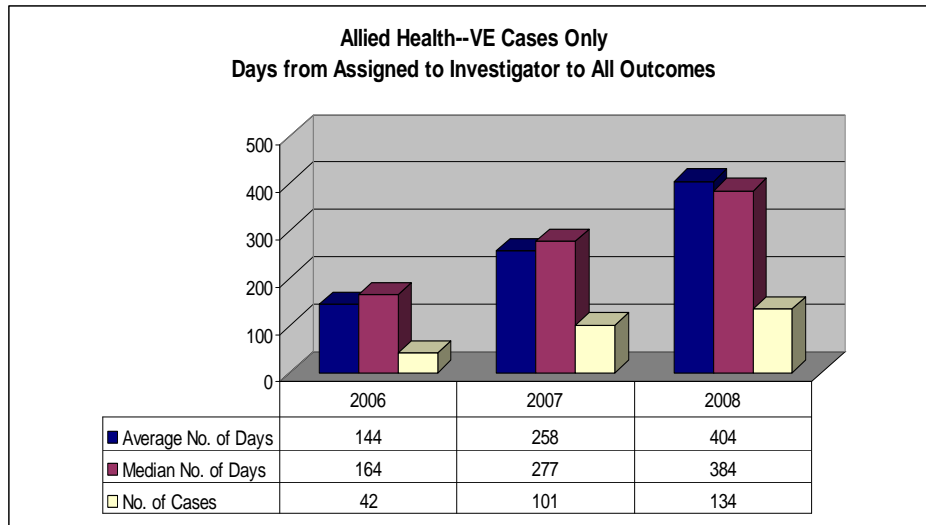
CALENDAR DAYS AGED FROM CASE ASSIGNED TO INVESTIGATOR TO ALL OUTCOMES — ALLIED HEALTH

Table 14.3 below reports the average and median calendar days aged from case assigned to all outcomes for Allied Health Care cases. Between 2005 and 2008, there was a 6.67% increase in the average days aged, a 25.43% increase in the median days aged, a 0.63% decrease in the number of such cases and a 14.81% increase in the number of such cases pending at year end.

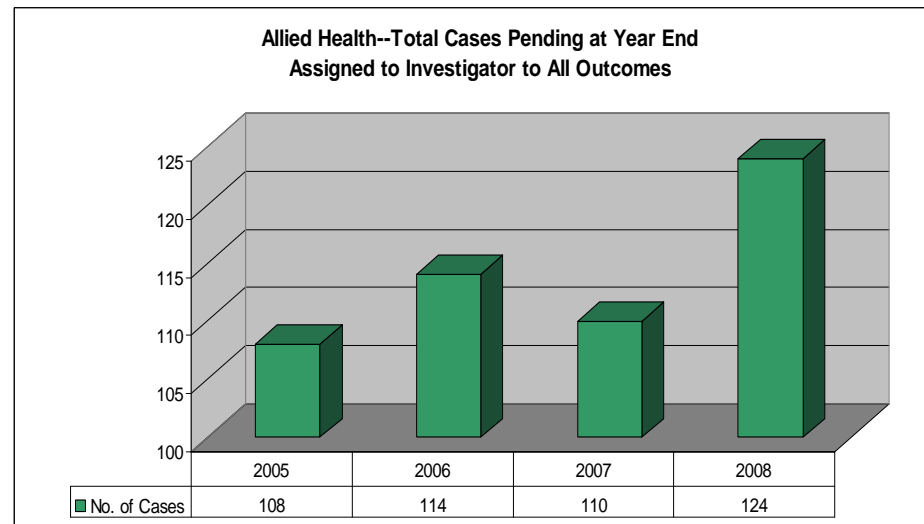
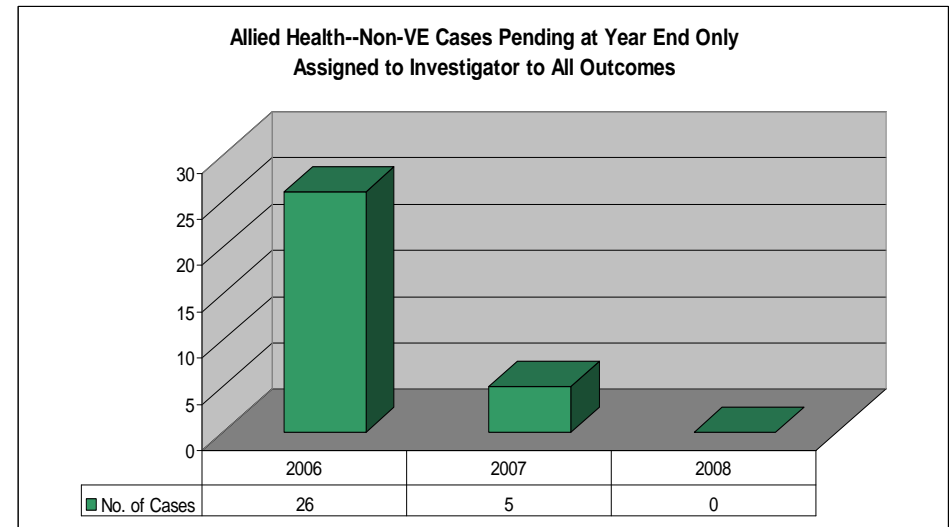
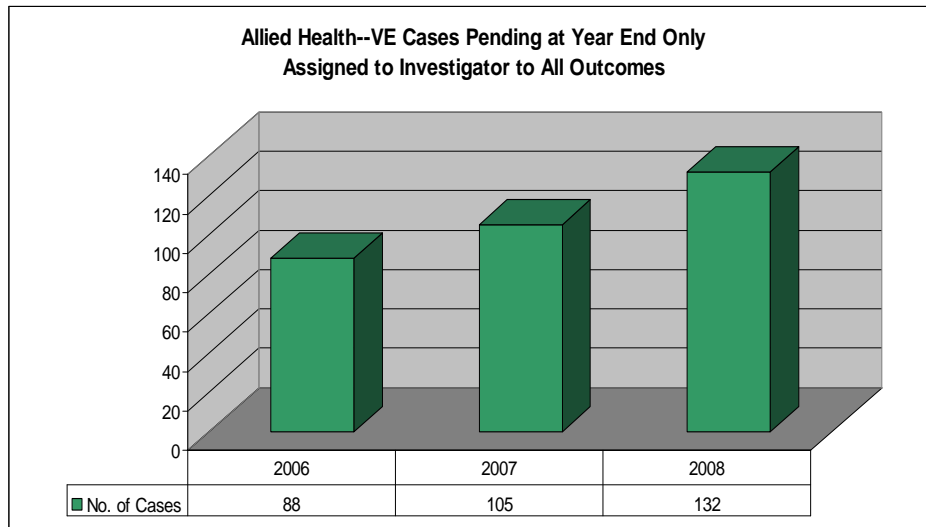
Table 14.3 – Calendar Days Aged from Case Assigned to Investigator to All Outcomes for Allied Health Cases

Activity	Percentage Difference 2006 to 2007						Percentage Difference 2007 to 2008						Percentage Difference 2006 to 2008						Percentage Difference 2005 to 2008	
	All		Not VE		VE		All		Not VE		VE		All		Not VE		VE		All	
	Pending		Pending		Pending		Pending		Pending		Pending		Pending		Pending		Pending		Pending	
Calendar Day Age from Case Assigned to ALL Outcomes																				
Average	-1.05%		47.31%		79.17%		9.17%		34.12%		56.59%		8.02%		97.57%		180.56%		6.67%	
Median (middle record - half are above and half below)	9.70%		88.22%		68.90%		10.86%		29.69%		38.63%		21.61%		144.11%		134.15%		25.43%	
Record Count	-11.30%	-3.51%	-58.52%	-80.77%	140.48%	19.32%	0.00%	12.73%	-58.93%	-100.00%	32.67%	25.71%	-11.30%	8.77%	-82.96%	-100.00%	219.05%	50.00%	-0.63%	14.81%

Charts 14.3a, b & c – Calendar Days Aged from Case Assigned to Investigator to All Outcomes for Allied Health Cases



Charts 14.3d, e & f – Calendar Days Aged from Case Assigned to Investigator to All Outcomes for Allied Health Cases — Cases Pending at Year End



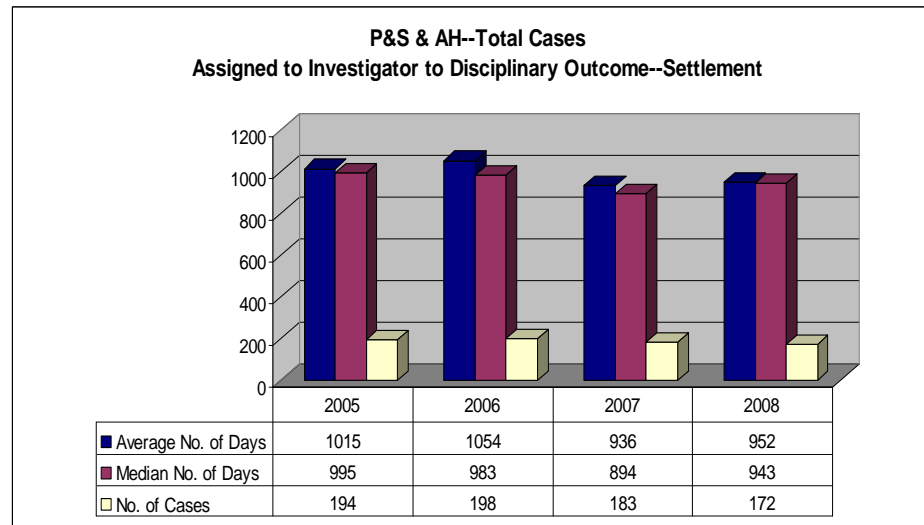
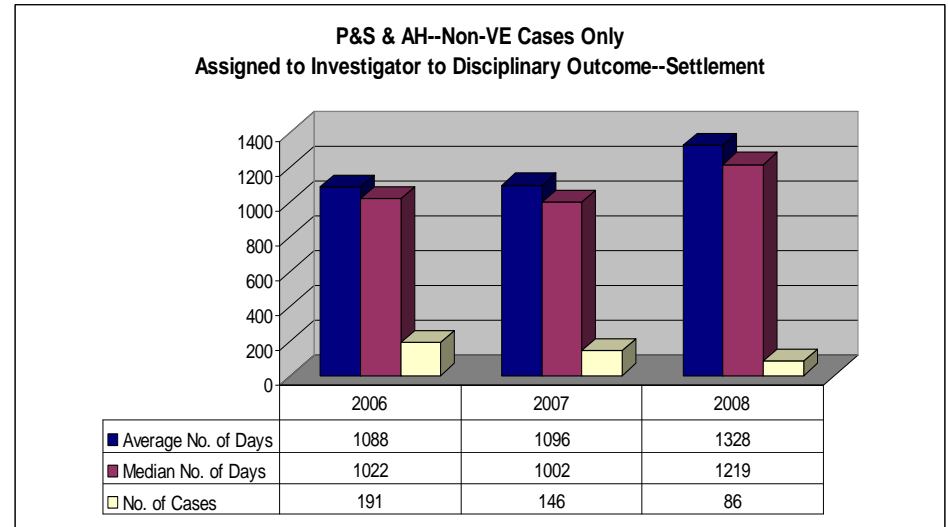
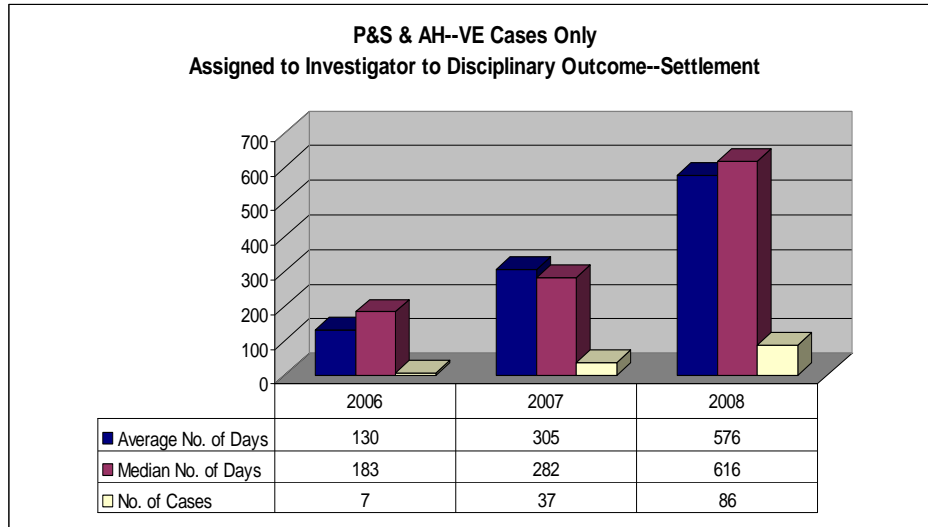
CALENDAR DAYS AGED FROM CASE ASSIGNED TO INVESTIGATOR TO SETTLEMENT — PHYSICIANS AND SURGEONS AND ALLIED HEALTH COMBINED

Table 14.4 below reports the average and median calendar days aged from case assigned to settlement for Physicians and Surgeons and Allied Health Care cases. Between 2005 and 2008, there was a 6.21% decrease in the average days aged, a 5.23% decrease in the median days aged, an 11.34% decrease in the number of such cases and a 23.02% decrease in the number of such cases pending at year end.

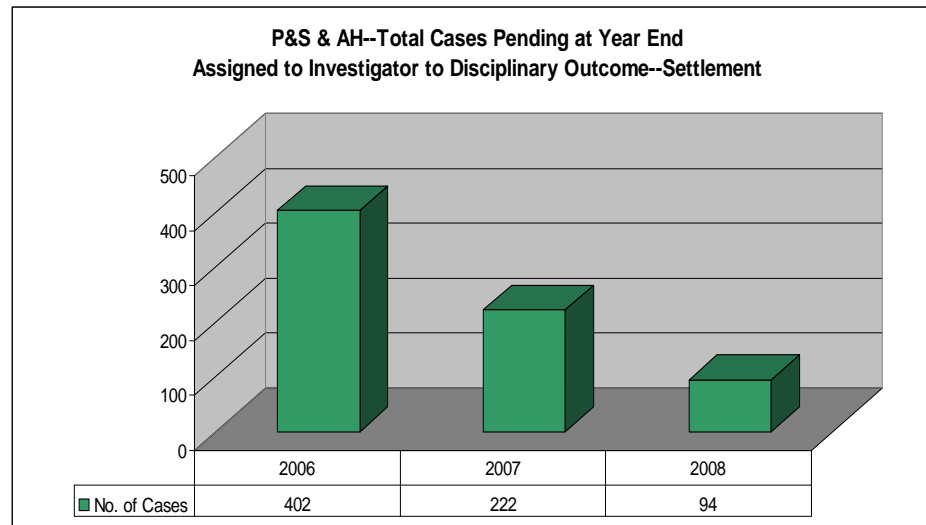
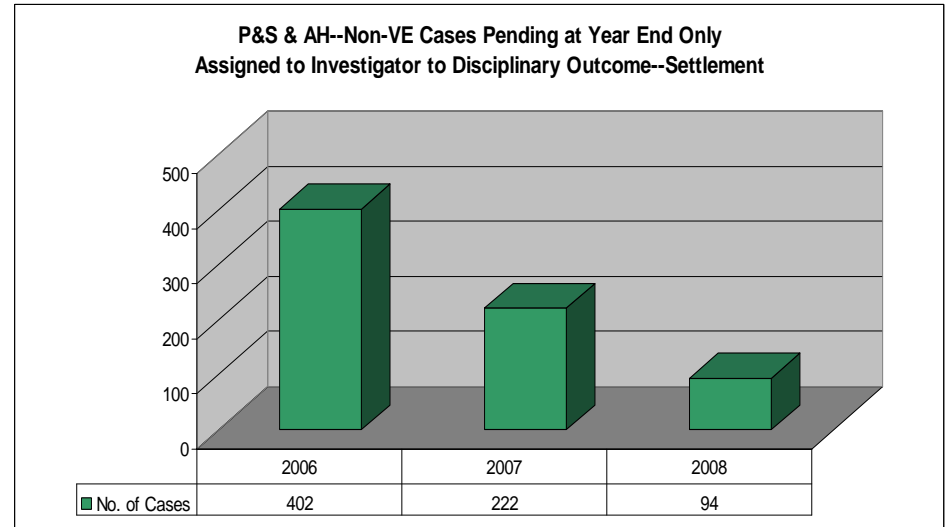
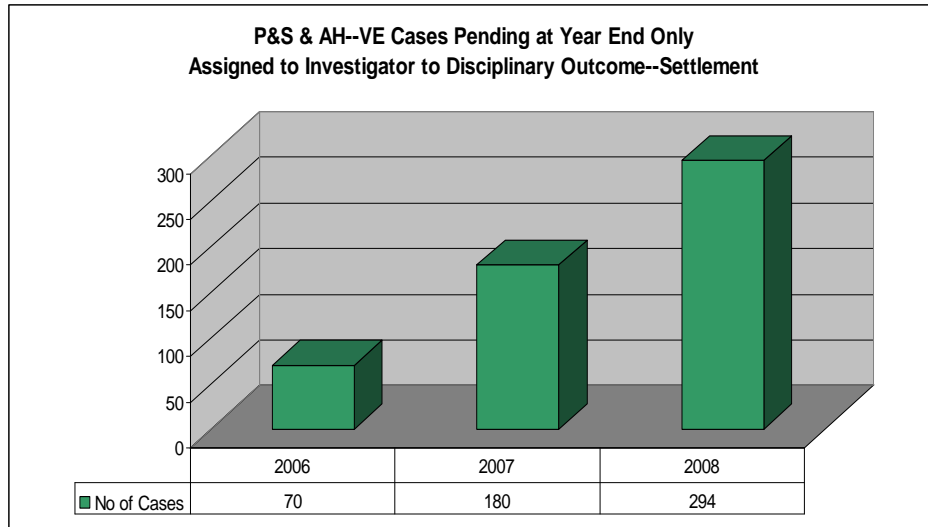
Table 14.4 – Calendar Days Aged from Case Assigned to Investigator to Settlement for Physicians and Surgeons and Allied Health Cases

	Percentage Difference 2006 to 2007			Percentage Difference 2007 to 2008			Percentage Difference 2006 to 2008			Percentage Difference 2005 to 2008
	All	Not VE	VE	All	Not VE	VE	All	Not VE	VE	All
Activity										
Calendar Day Age from Date Case Assigned to Investigator to Disciplinary Outcome--Settlement										
Average	-11.20%	0.74%	134.62%	1.71%	21.17%	88.85%	-9.68%	22.06%	343.08%	-6.21%
Median (middle record - half are above and half below)	-9.05%	-1.96%	54.10%	5.48%	21.66%	118.44%	-4.07%	19.28%	236.61%	-5.23%
Record Count	-7.58%	-23.56%	428.57%	-6.01%	-41.10%	132.43%	-13.13%	-54.97%	1128.57%	-11.34%
All Pending	-14.83%	-44.78%	157.14%	-3.48%	-57.66%	63.33%	-17.80%	-76.62%	320.00%	-23.02%

Charts 14.4a, b & c – Calendar Days Aged from Case Assigned to Investigator to Settlement Outcome for Physicians and Surgeons and Allied Health Cases



Charts 14.4d, e & f – Calendar Days Aged from Case Assigned to Investigator to Settlement Outcome for Physicians and Surgeons and Allied Health Cases — Cases Pending at Year End



Separate data for Calendar Days Aged from Case Assigned to Investigator to Settlement Outcome for Physicians and Surgeons cases only and Allied Health Care cases only were not available at the time of drafting this report.

CALENDAR DAYS AGED FROM CASE ASSIGNED TO DISCIPLINARY OUTCOME — PHYSICIANS AND SURGEONS AND ALLIED HEALTH COMBINED

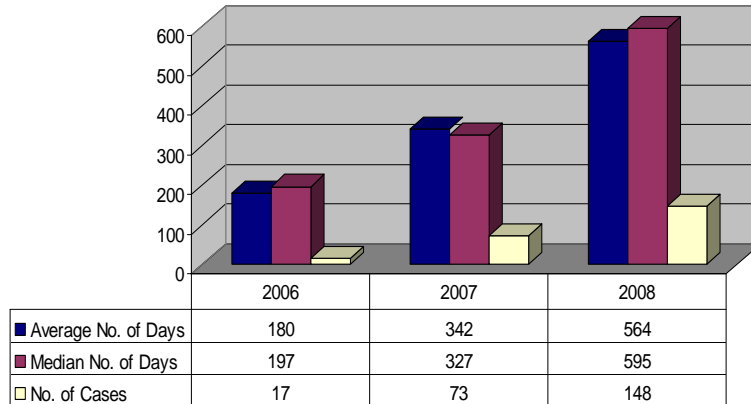
Table 14.5 below reports the average and median calendar days aged from case assigned to disciplinary outcome for Physicians and Surgeons and Allied Health Care cases. Between 2005 and 2008, there was a 0.51% decrease in the average days aged, a 1.85% decrease in the median days aged, 9.61% decrease in the number of such cases and a 23.37% decrease in the number of such cases pending at year end.

Table 14.5 – Calendar Days Aged from Case Assigned to Investigator to Disciplinary Outcome for Physicians and Surgeons and Allied Health Cases

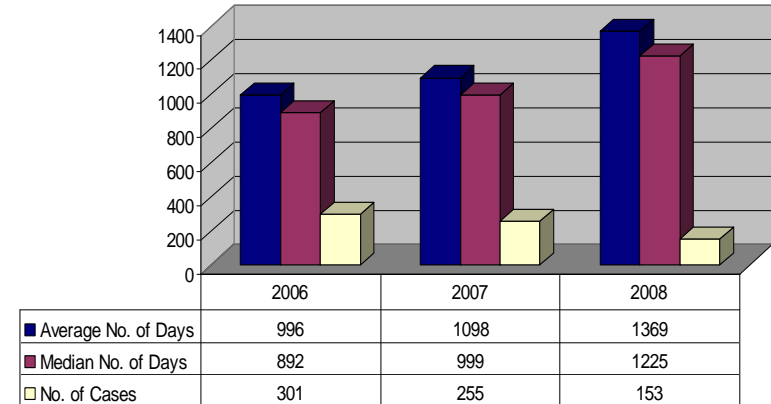
Activity	Percentage Difference 2006 to 2007						Percentage Difference 2007 to 2008						Percentage Difference 2006 to 2008						Percentage Difference 2005 to 2008
	All		Not VE		VE		All		Not VE		VE		All		Not VE		VE		All
	Pending		Pending		Pending		Pending		Pending		Pending		Pending		Pending		Pending		Pending
Calendar Day Age from Case Assigned to Disciplinary Outcome																			
Average	-2.41%		10.24%		90.00%		4.62%		24.68%		64.91%		2.10%		37.45%		213.33%		-0.51%
Median (middle record - half are above and half below)	2.46%		12.00%		65.99%		2.97%		22.62%		81.96%		5.50%		37.33%		202.03%		-1.85%
Record Count	3.14%	-14.65%	-15.28%	-44.64%	329.41%	157.14%	-8.23%	-3.73%	-40.00%	-58.56%	102.74%	63.89%	-5.35%	-17.83%	-49.17%	-77.06%	770.59%	321.43%	-9.61%

Charts 14.5a, b & c – Calendar Days Aged from Case Assigned to Investigator to Disciplinary Outcome for Physicians and Surgeons and Allied Health Cases

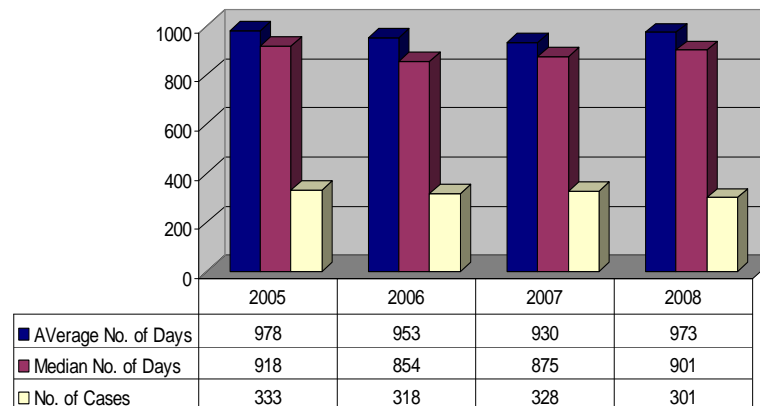
P&S & AH--VE Cases Only
Days from Assigned to Investigator to Disciplinary Outcome



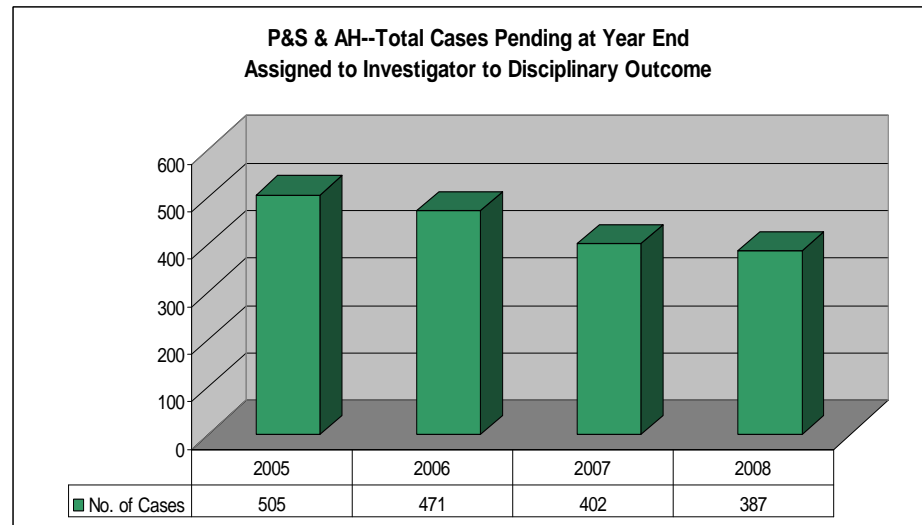
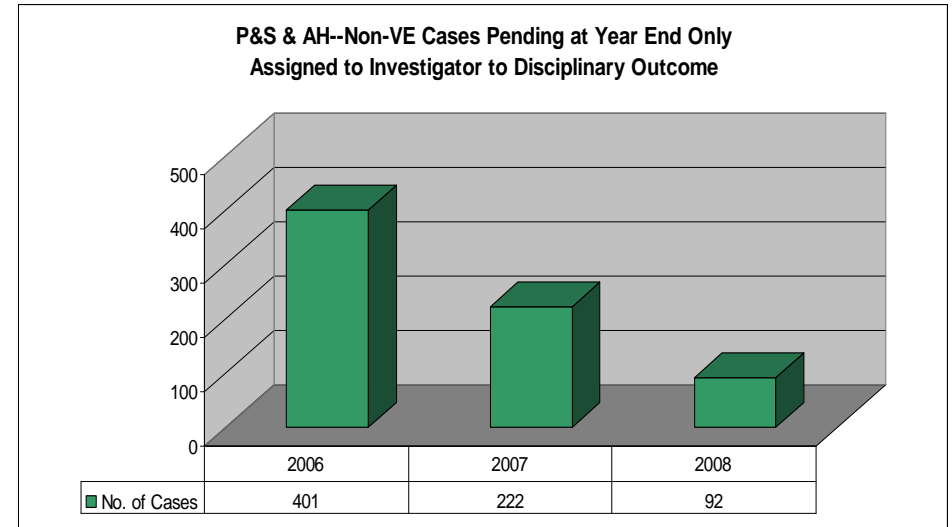
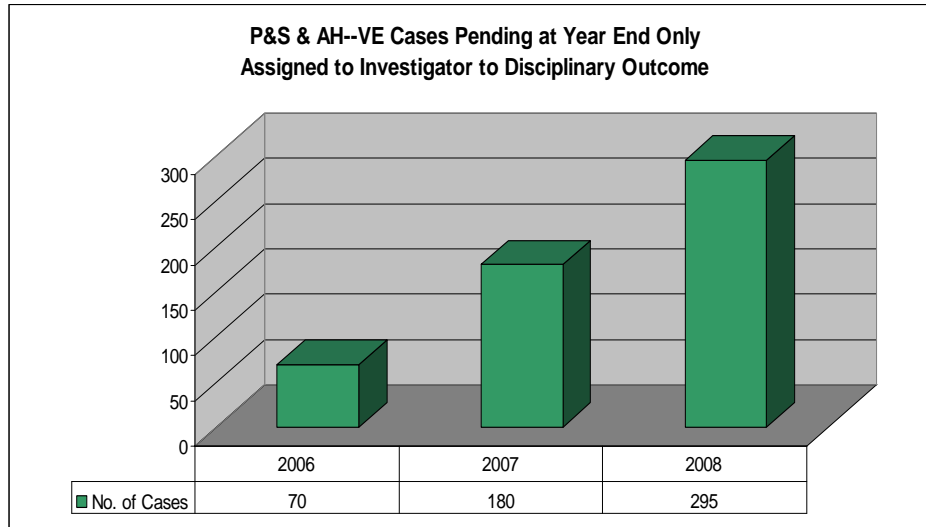
P&S & AH--Non-VE Cases Only
Days from Assigned to Investigator to Disciplinary Outcome



P&S & AH--Total Cases
Days from Assigned to Investigator to Disciplinary Outcome



Charts 14.5d, e & f – Calendar Days Aged from Case Assigned to Investigator to Disciplinary Outcome for Physicians and Surgeons and Allied Health Cases — Cases Pending at Year End



CALENDAR DAYS AGED FROM CASE ASSIGNED TO DISCIPLINARY OUTCOME — PHYSICIANS AND SURGEONS

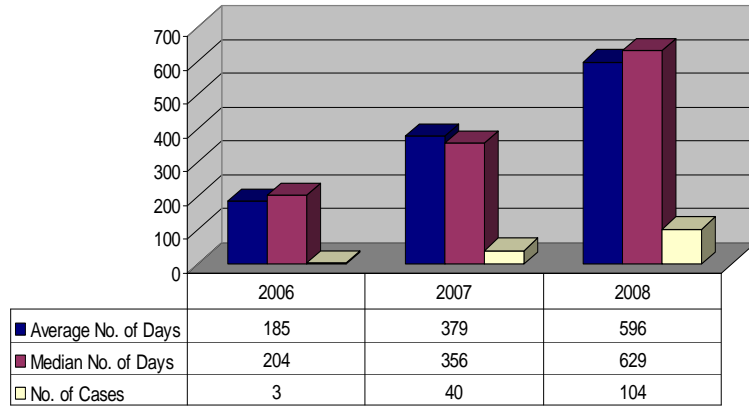
Table 14.6 below reports the average and median calendar days aged from case assigned to disciplinary outcome for Physicians and Surgeons cases. Between 2005 and 2008, there was a 0.58% increase in the average days aged, a 2.51% decrease in the median days aged, 9.54% decrease in the number of such cases and a 26.50% decrease in the number of such cases pending at year end.

Table 14.6 – Calendar Days Aged from Case Assigned to Investigator to Disciplinary Outcome for Physicians and Surgeons Cases

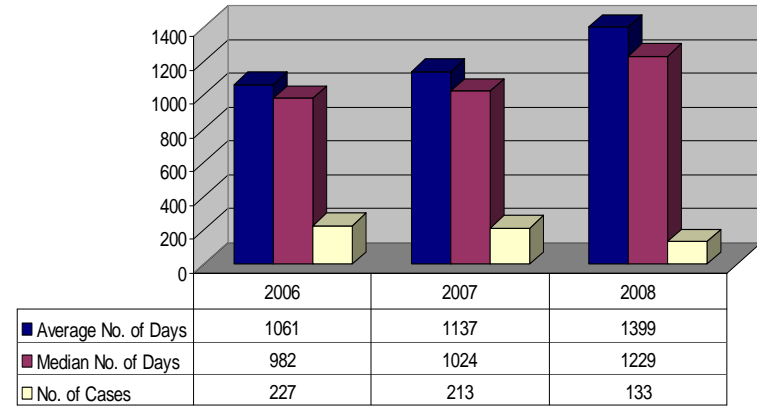
Activity	Percentage Difference 2006 to 2007						Percentage Difference 2007 to 2008						Percentage Difference 2006 to 2008						Percentage Difference 2005 to 2008
	All		Not VE		VE		All		Not VE		VE		All		Not VE		VE		All
	Pending		Pending		Pending		Pending		Pending		Pending		Pending		Pending		Pending		Pending
Calendar Day Age from Case Assigned to Disciplinary Outcome																			
Average	-3.14%		7.16%		104.86%		2.95%		23.04%		57.26%		-0.29%		31.86%		222.16%		0.58%
Median (middle record - half are above and half below)	-4.91%		4.28%		74.51%		4.30%		20.02%		76.69%		-0.82%		25.15%		208.33%		-2.51%
Record Count	10.00%	-18.59%	-6.17%	-45.35%	1233.33%	163.27%	-6.32%	-5.47%	-37.56%	-62.09%	160.00%	74.42%	3.04%	-23.04%	-41.41%	-79.28%	3366.67%	359.18%	-9.54%

Charts 14.6a, b & c – Calendar Days Aged from Case Assigned to Investigator to Disciplinary Outcome for Physicians and Surgeons Cases

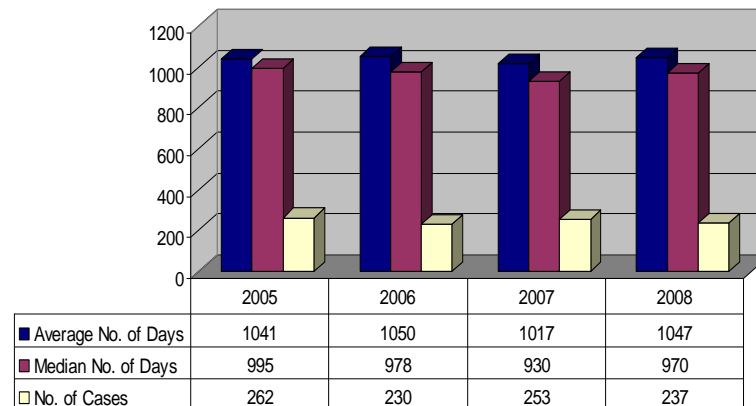
Physicians and Surgeons--VE Cases Only
Days from Assigned to Investigator to Disciplinary Outcome



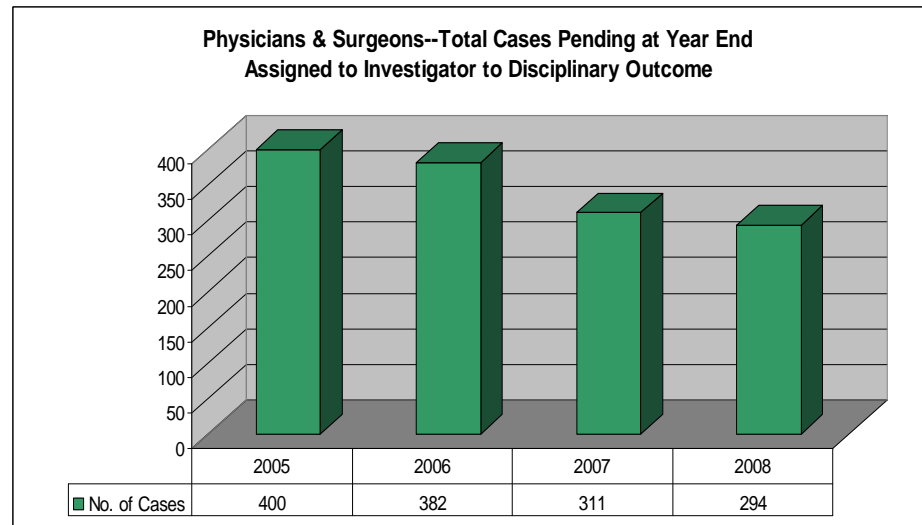
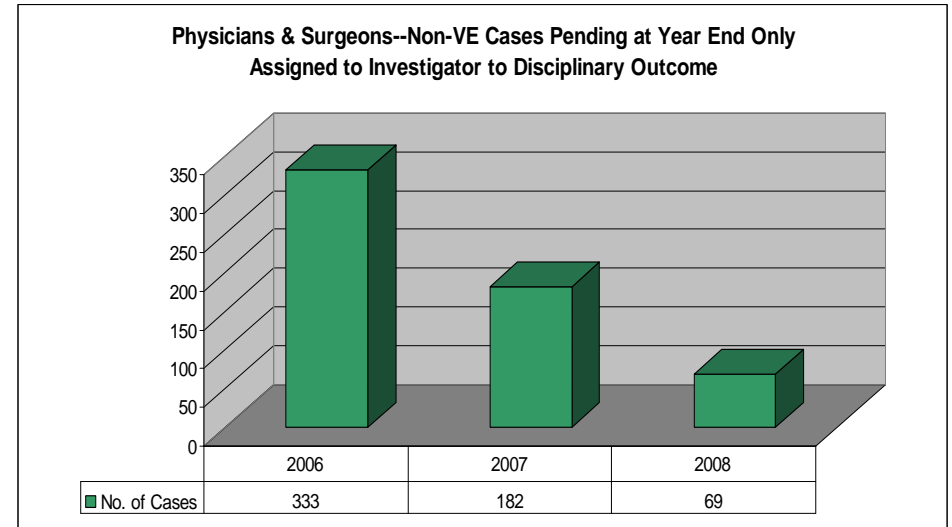
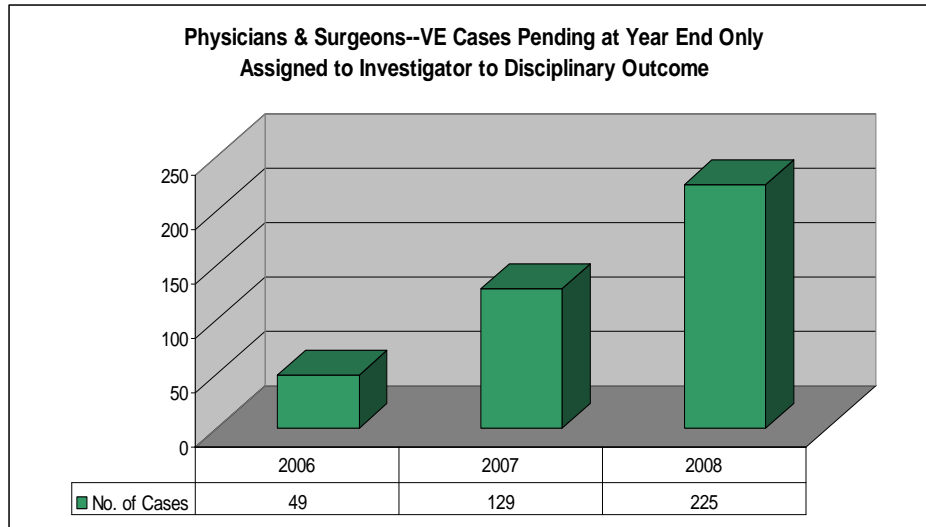
Physicians and Surgeons--Non-VE Cases Only
Days from Assigned to Investigator to Disciplinary Outcome



Physicians and Surgeons--Total Cases
Days from Assigned to Investigator to Disciplinary Outcome



Charts 14.6d, e & f – Calendar Days Aged from Case Assigned to Investigator to Disciplinary Outcome for Physicians and Surgeons Cases — Cases Pending at Year End



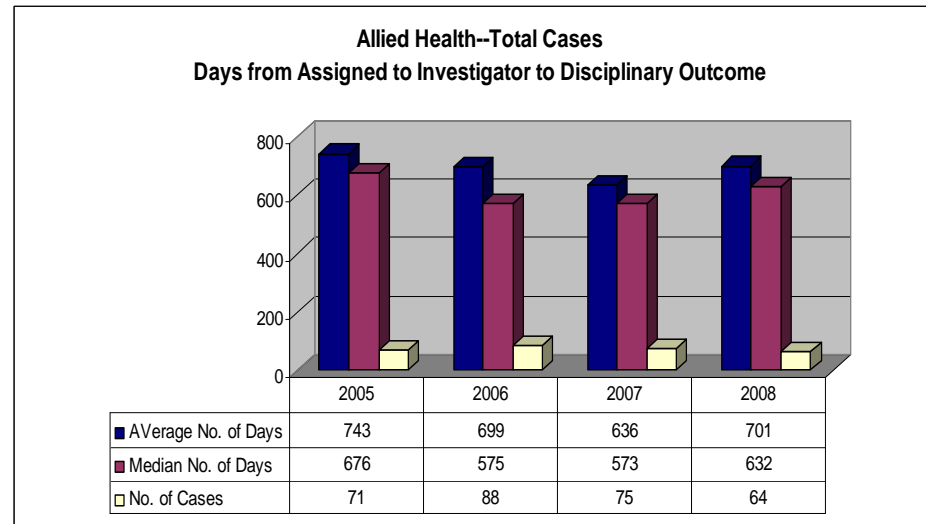
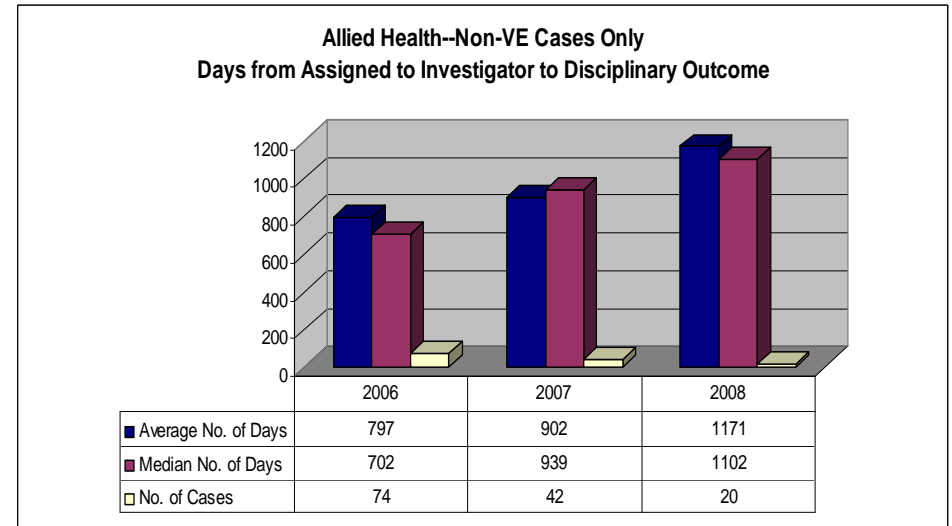
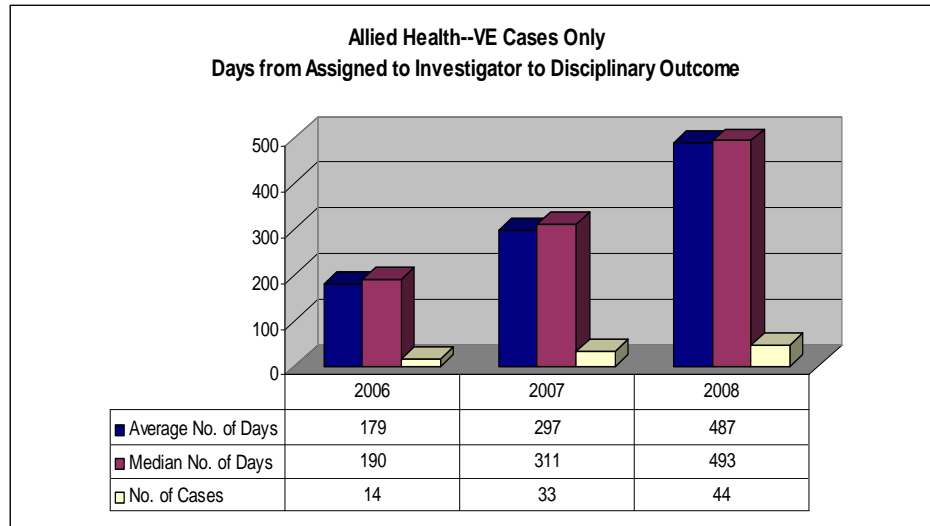
CALENDAR DAYS AGED FROM CASE ASSIGNED TO DISCIPLINARY OUTCOME —ALLIED HEALTH

Table 14.7 below reports the average and median calendar days aged from case assigned to disciplinary outcome for Allied Health Care cases. Between 2005 and 2008, there was a 5.65% decrease in the average days aged, a 6.51% decrease in the median days aged, 9.86% decrease in the number of such cases and a 11.43% decrease in the number of such cases pending at year end.

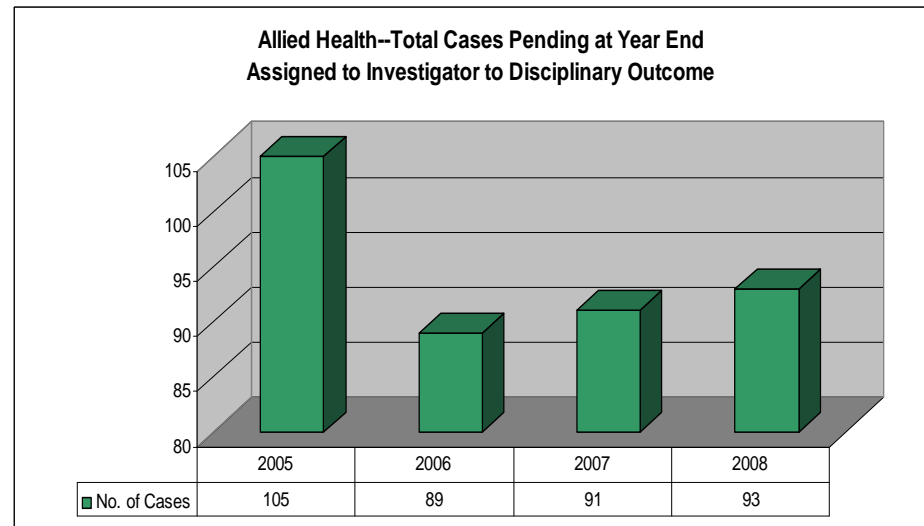
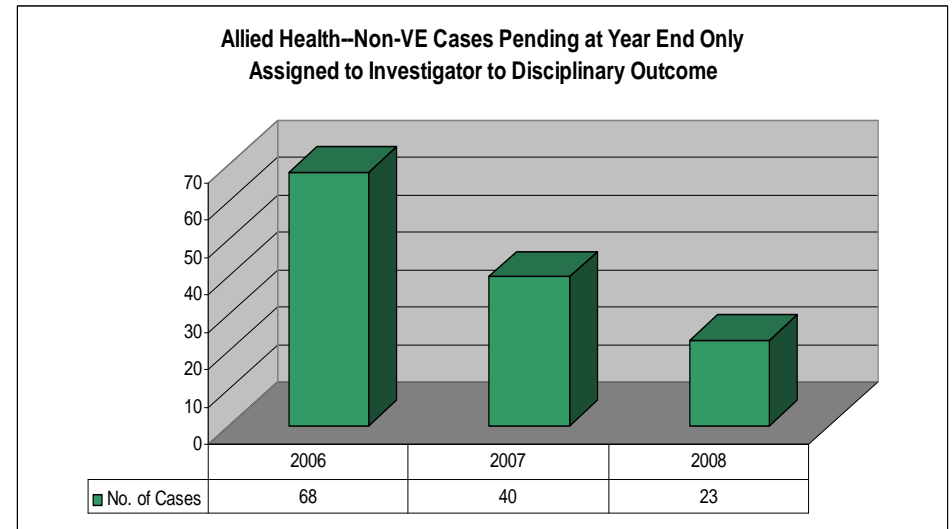
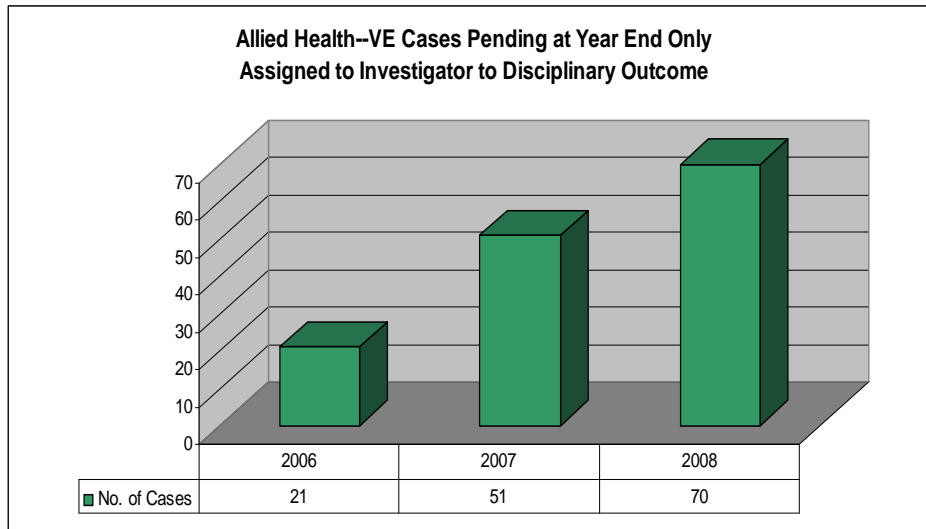
Table 14.7 – Calendar Days Aged from Case Assigned to Investigator to Disciplinary Outcome for Allied Health Cases

Activity	Percentage Difference 2006 to 2007						Percentage Difference 2007 to 2008						Percentage Difference 2006 to 2008						Percentage Difference 2005 to 2008	
	All	Not VE		VE			All	Not VE		VE			All	Not VE		VE			All	
	Pending	Pending	Pending	Pending	Pending		Pending	Pending	Pending	Pending	Pending		Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending
Calendar Day Age from Case Assigned to Disciplinary Outcome																				
Average	-9.01%		13.17%		65.92%		10.22%		29.82%		63.97%		0.29%		46.93%		172.07%		-5.65%	
Median (middle record - half are above and half below)	-0.35%		33.76%		63.68%		10.30%		17.36%		58.52%		9.91%		56.98%		159.47%		-6.51%	
Record Count	-14.77%	2.25%	-43.24%	-41.18%	135.71%	142.86%	-14.67%	2.20%	-52.38%	-42.50%	33.33%	37.25%	-27.27%	4.49%	-72.97%	-66.18%	214.29%	233.33%	-9.86%	-11.43%

Charts 14.7a, b & c – Calendar Days Aged from Case Assigned to Investigator to Disciplinary Outcome Allied Health Cases



Charts 14.7d, e & f – Calendar Days Aged from Case Assigned to Investigator to Disciplinary Outcome for Allied Health Cases — Cases Pending at Year End



CALENDAR DAYS AGED FROM CASE ASSIGNED TO ACCUSATION FILED — PHYSICIANS AND SURGEONS AND ALLIED HEALTH COMBINED

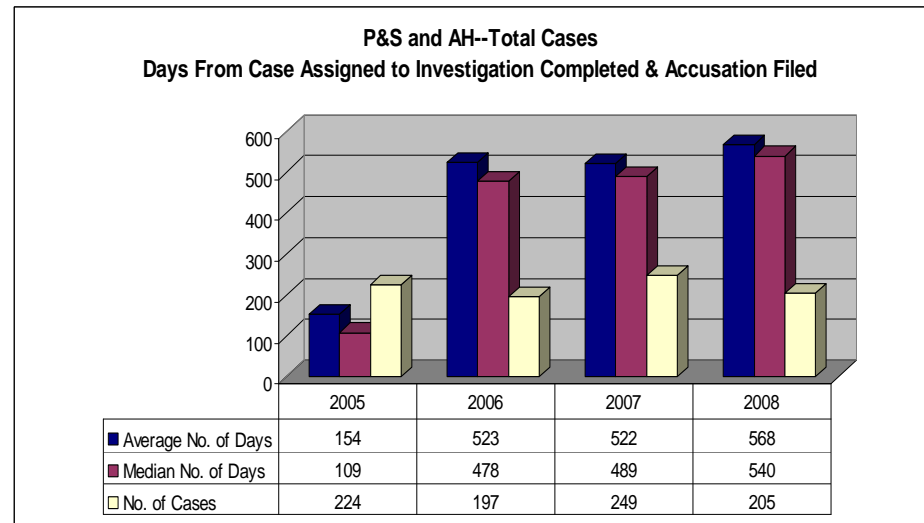
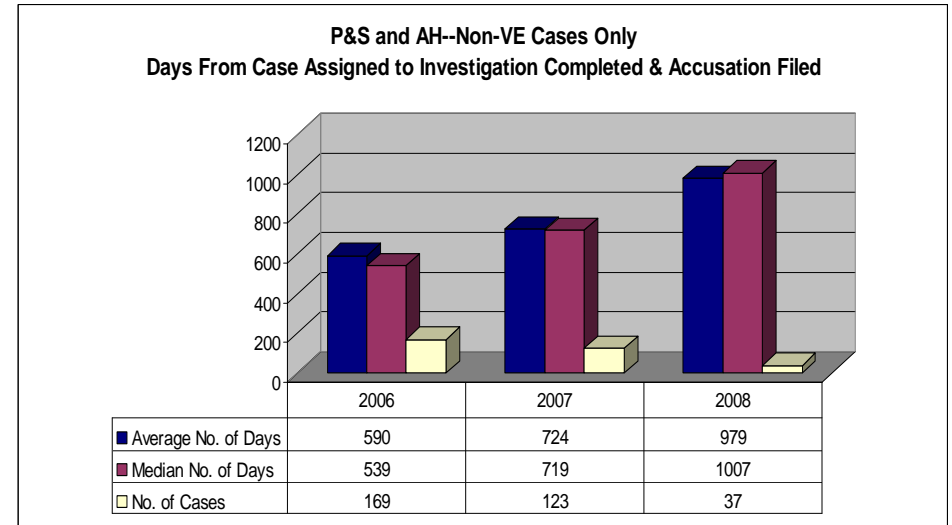
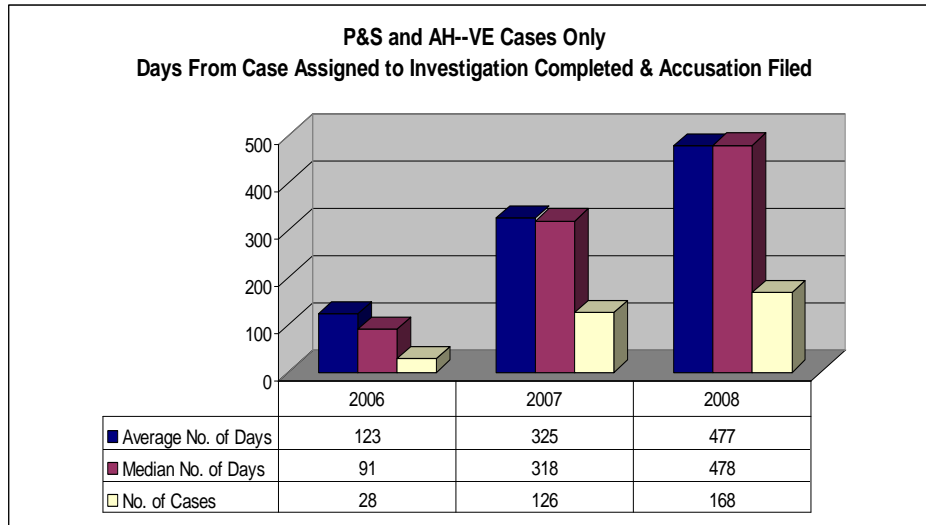
Table 14.8 below reports the average and median calendar days aged from case assigned to accusation filed for Physicians and Surgeons and Allied Health Care cases. Between 2005 and 2008, there was a 268.83% increase in the average days aged, a 395.41% increase in the median days aged, an 8.48% decrease in the number of such cases and a 13.41% decrease in the number of such cases pending at year end.

Table 14.8 – Calendar Days Aged from Case Assigned to Investigator to Accusation Filed for Physicians and Surgeons and Allied Health Cases

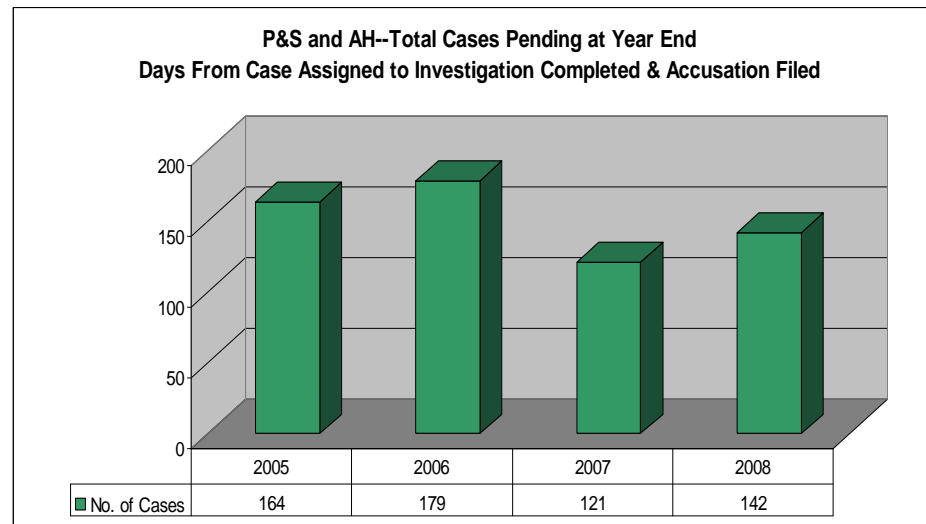
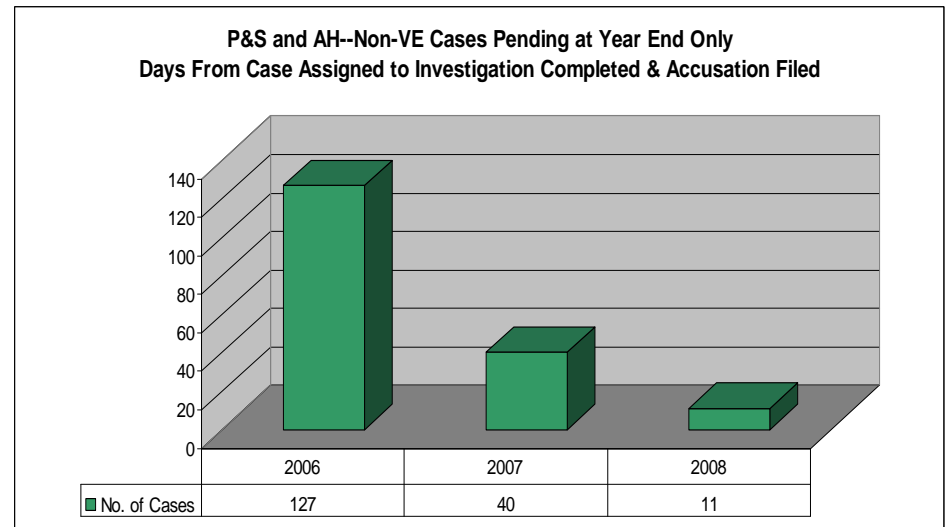
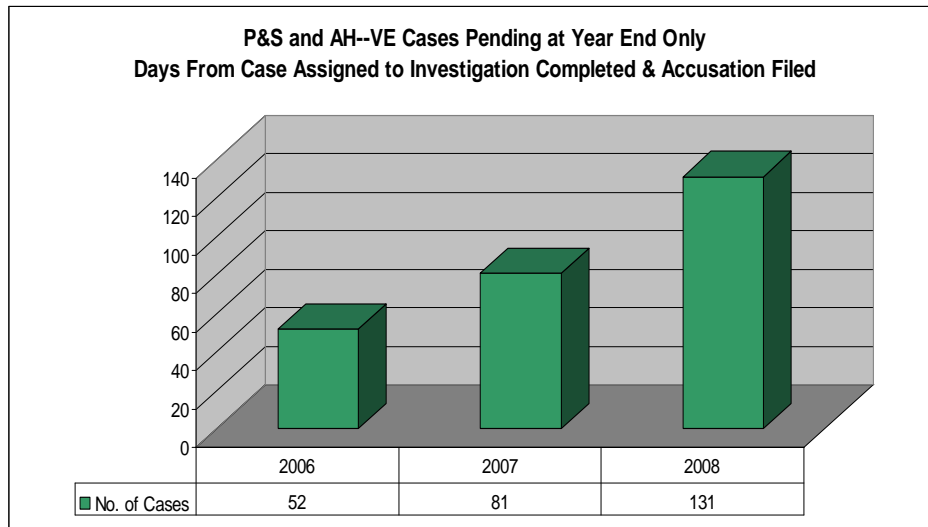
Activity	Percentage Difference 2006 to 2007						Percentage Difference 2007 to 2008						Percentage Difference 2006 to 2008						Percentage Difference 2005 to 2008
	All	Not VE	VE				All	Not VE	VE				All	Not VE	VE				All
	Pending	Pending	Pending				Pending	Pending	Pending				Pending	Pending	Pending				Pending
Calendar Day Age from Case Assigned to Completed Investigation and Accusation Filed																			
Average	-0.19%		22.71%		164.23%		8.81%		35.22%		46.77%		8.60%		65.93%		287.80%		268.83%
Median (middle record - half are above and half below)	2.30%		33.40%		249.45%		10.43%		40.06%		50.31%		12.97%		86.83%		425.27%		395.41%
Record Count	26.40%	-32.40%	-27.22%	-68.50%	350.00%	55.77%	-17.67%	17.36%	-69.92%	-72.50%	33.33%	61.73%	4.06%	-20.67%	-78.11%	-91.34%	500.00%	151.92%	-8.48%

***Excludes Outcomes where no Accusation Filed

Charts 14.8a, b & c – Calendar Days Aged from Case Assigned to Investigator to Accusation Filed for Physicians and Surgeons and Allied Health Cases



Charts 14.8d, e & f – Calendar Days Aged from Case Assigned to Investigator to Accusation Filed for Physicians and Surgeons and Allied Health Cases — Cases Pending at Year End



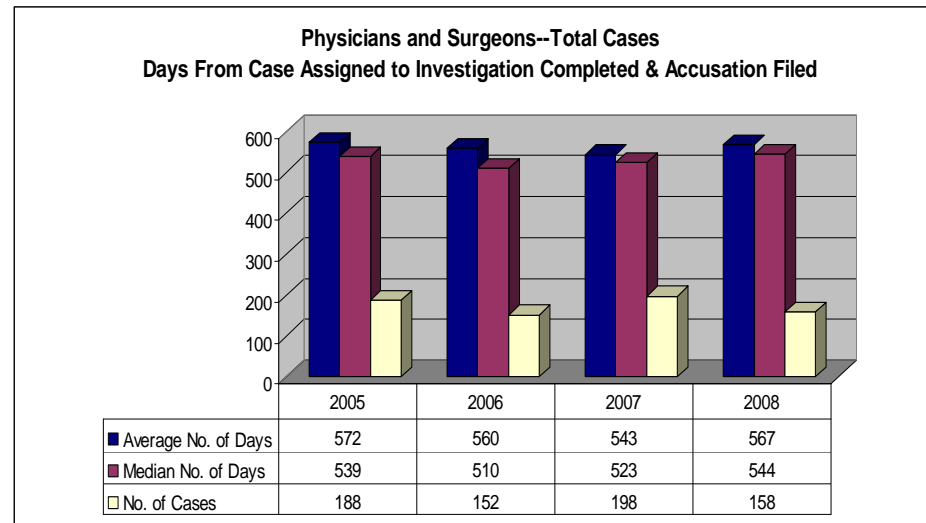
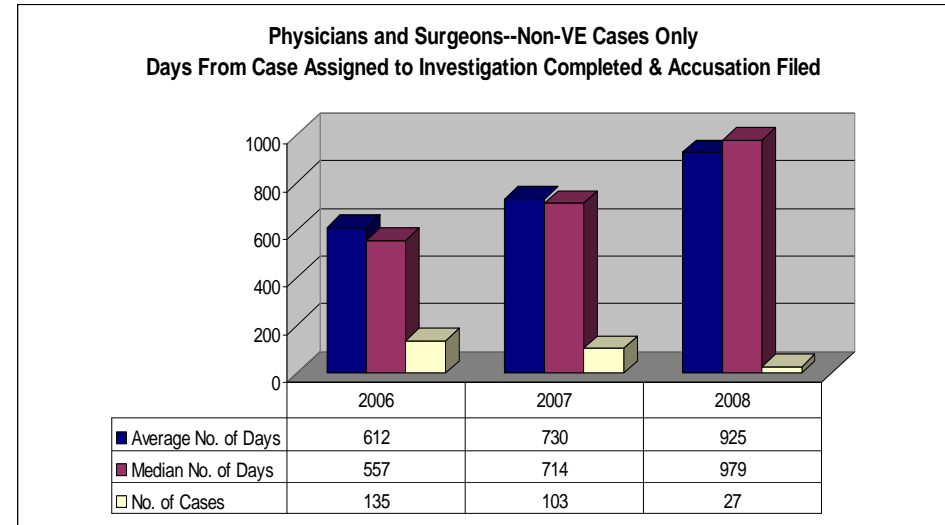
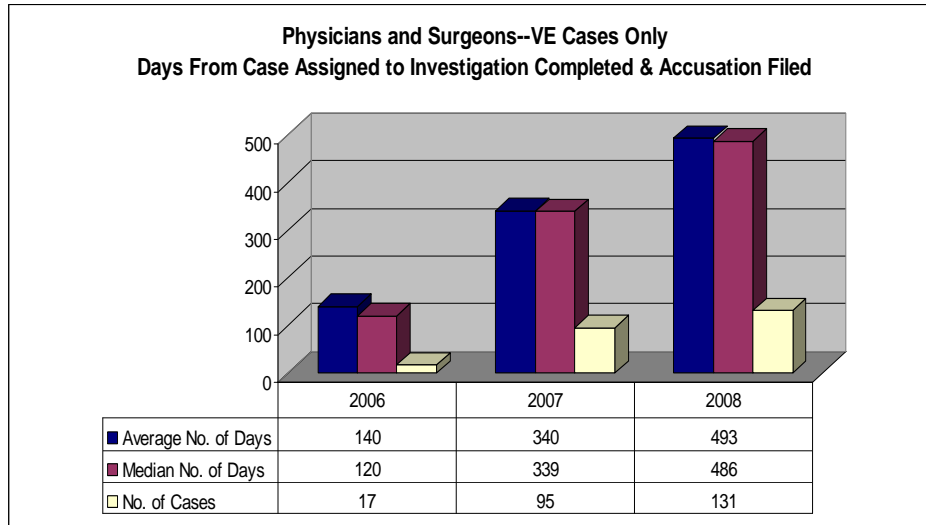
CALENDAR DAYS AGED FROM CASE ASSIGNED TO ACCUSATION FILED — PHYSICIANS AND SURGEONS

Table 14.9 below reports the average and median calendar days aged from case assigned to accusation filed for Physicians and Surgeons cases. Between 2005 and 2008, there was a 0.87% decrease in the average days aged, a 0.93% increase in the median days aged, an 15.96% decrease in the number of such cases and a 4.63% decrease in the number of such cases pending at year end.

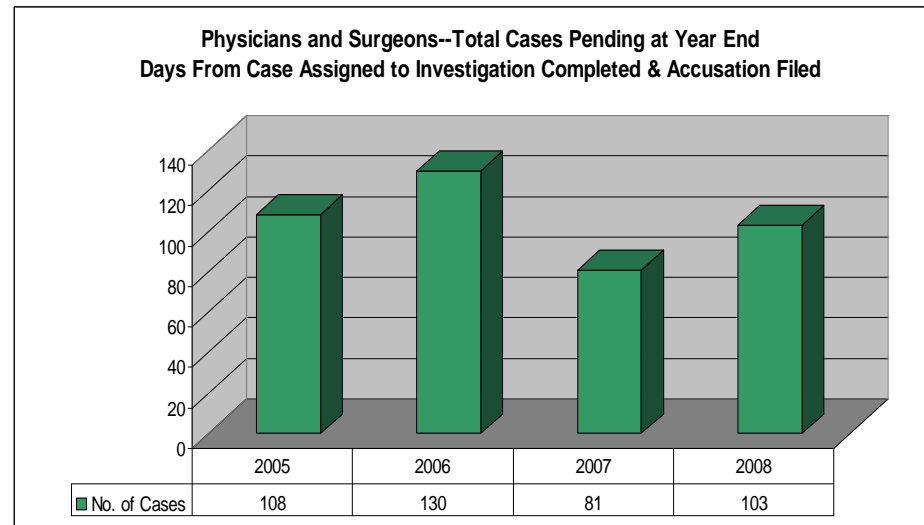
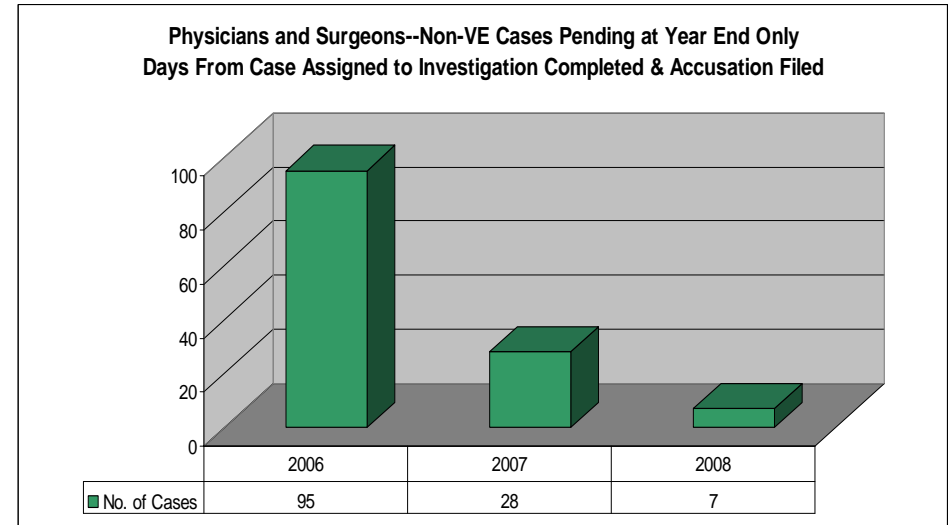
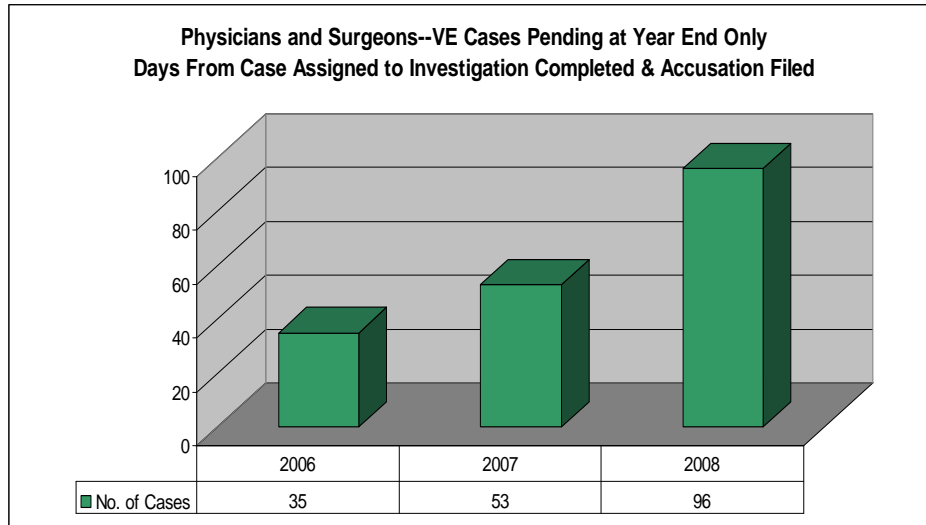
Table 14.9 – Calendar Days Aged from Case Assigned to Investigator to Accusation Filed for Physicians and Surgeons Cases

Activity	Percentage Difference 2006 to 2007						Percentage Difference 2007 to 2008						Percentage Difference 2006 to 2008						Percentage Difference 2005 to 2008	
	All		Not VE		VE		All		Not VE		VE		All		Not VE		VE		All	
	Pending		Pending		Pending		Pending		Pending		Pending		Pending		Pending		Pending		Pending	
Calendar Day Age from Case Assigned to Completed Investigation and Accusation Filed																				
Average	-3.04%		19.28%		142.86%		4.42%		26.71%		45.00%		1.25%		51.14%		252.14%		-0.87%	
Median (middle record - half are above and half below)	2.55%		28.19%		182.50%		4.02%		37.11%		43.36%		6.67%		75.76%		305.00%		0.93%	
Record Count	30.26%	-37.69%	-23.70%	-70.53%	458.82%	51.43%	-20.20%	27.16%	-73.79%	-75.00%	37.89%	81.13%	3.95%	-20.77%	-80.00%	-92.63%	670.59%	174.29%	-15.96%	-4.63%

Charts 14.9 a, b & c – Calendar Days Aged from Case Assigned to Investigator to Accusation Filed for Physicians and Surgeons Cases



Charts 14.9 d, e & f – Calendar Days Aged from Case Assigned to Investigator to Accusation Filed for Physicians and Surgeons Cases — Cases Pending at Year End



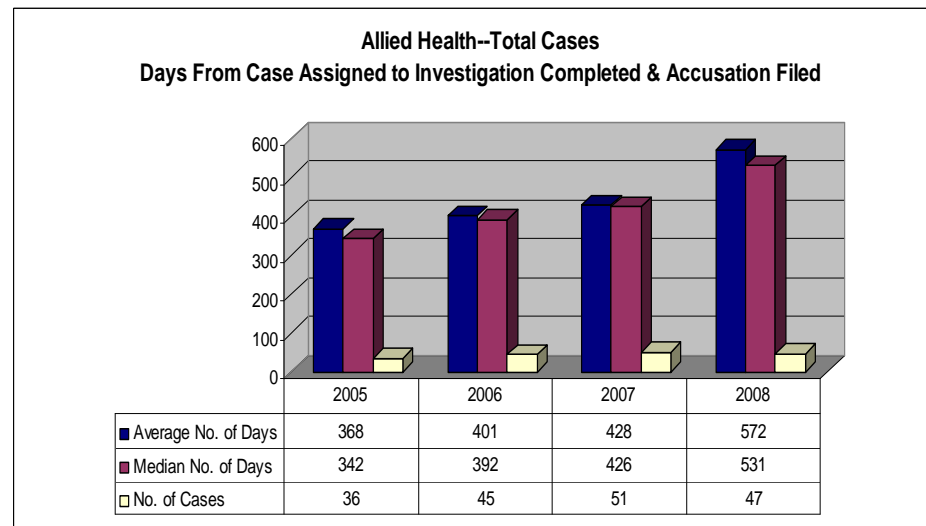
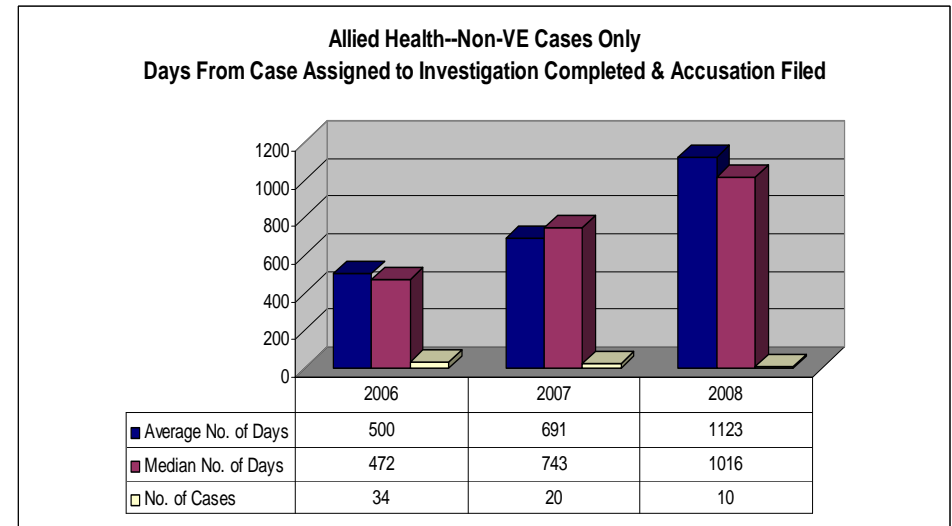
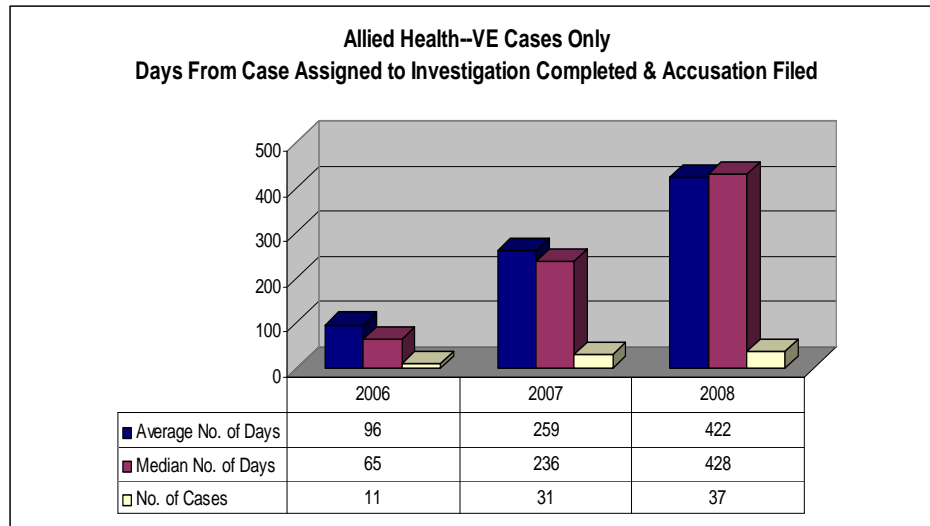
CALENDAR DAYS AGED FROM CASE ASSIGNED TO ACCUSATION FILED —ALLIED HEALTH

Table 14.10 below reports the average and median calendar days aged from case assigned to accusation filed for Allied Health Care cases. Between 2005 and 2008, there was a 55.43% increase in the average days aged, a 55.26% increase in the median days aged, a 30.56% decrease in the number of such cases and a 30.36% decrease in the number of such cases pending at year end.

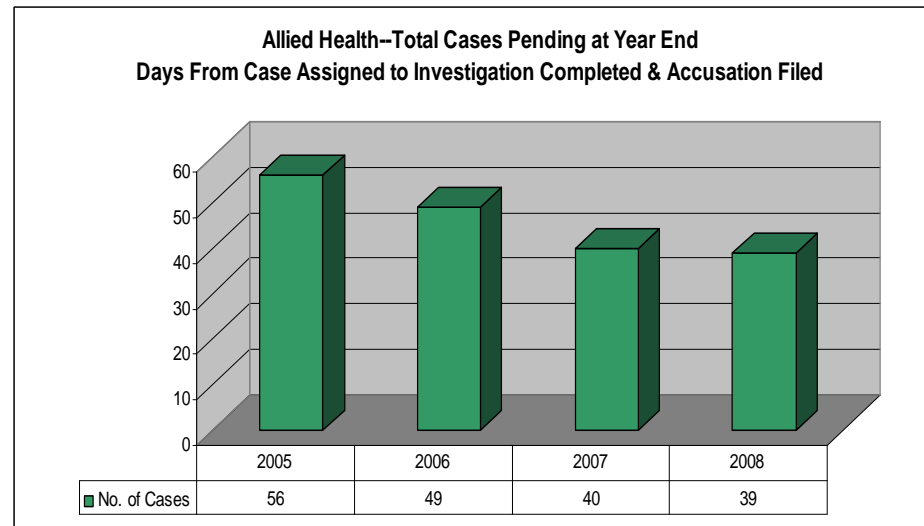
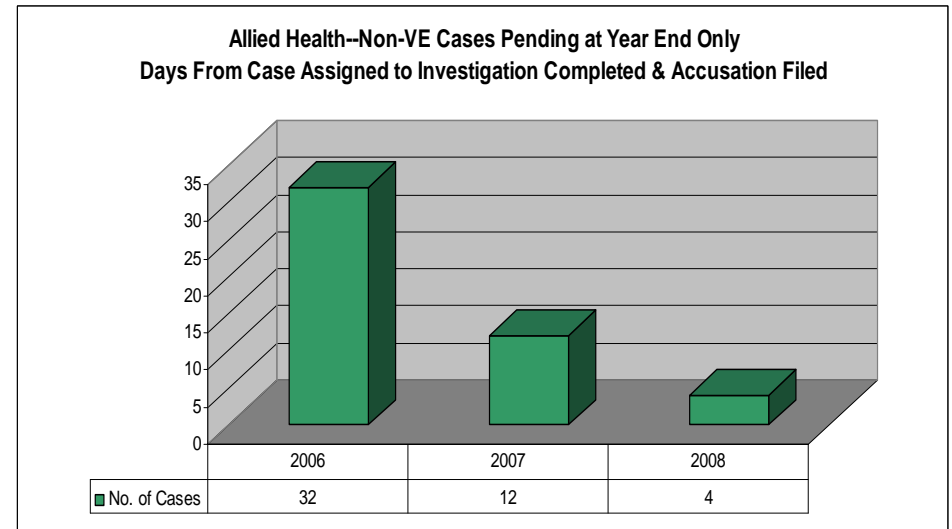
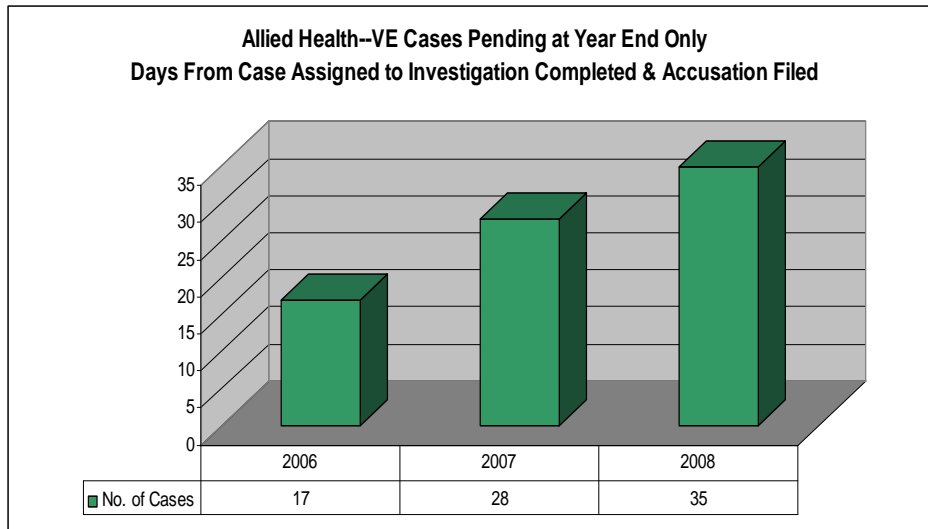
Table 14.10 – Calendar Days Aged from Case Assigned to Investigator to Accusation Filed for Allied Health Cases

Activity	Percentage Difference 2006 to 2007						Percentage Difference 2007 to 2008						Percentage Difference 2006 to 2008						Percentage Difference 2005 to 2008
	All		Not VE		VE		All		Not VE		VE		All		Not VE		VE		All
	Pending		Pending		Pending		Pending		Pending		Pending		Pending		Pending		Pending		Pending
Calendar Day Age from Case Assigned to Completed Investigation and Accusation Filed																			
Average	6.73%		38.20%		169.79%		33.64%		62.52%		62.93%		42.64%		124.60%		339.58%		55.43%
Median (middle record - half are above and half below)	8.67%		57.42%		263.08%		24.65%		36.74%		81.36%		35.46%		115.25%		558.46%		55.26%
Record Count	13.33%	-18.37%	-41.18%	-62.50%	181.82%	64.71%	-7.84%	-2.50%	-50.00%	-66.67%	19.35%	25.00%	4.44%	-20.41%	-70.59%	-87.50%	236.36%	105.88%	-30.36%

Charts 14.10a, b & c – Calendar Days Aged from Case Assigned to Investigator to Accusation Filed for Allied Health Cases



Charts 14.10d, e & f – Calendar Days Aged from Case Assigned to Investigator to Accusation Filed for Allied Health Cases — Cases Pending at Year End



XV. VERTICAL PROSECUTION - COMPLETED INVESTIGATION TO ACCUSATION FILED

Per EOM Section 7.1, discipline cases are cases which produce sufficient evidence to warrant filing formal charges. The Sup I forwards to the primary DAG the original investigation package with copies of the evidence. At this point, the investigation is technically closed and the disciplinary case is opened.

Per EOM and the JVEG, after the Sup I submits the completed investigation, the primary DAG has five business days to determine whether the case will be accepted for prosecution. If the primary DAG is unavailable, he may request the lead DAG to review the package.

Once accepted, per VPM, the primary DAG has 30 calendar days to submit a proposed accusation to the Executive Director of MBC.

CALENDAR DAYS AGED FROM INVESTIGATION COMPLETED TO ACCUSATION FILED — PHYSICIANS AND SURGEONS AND ALLIED HEALTH COMBINED

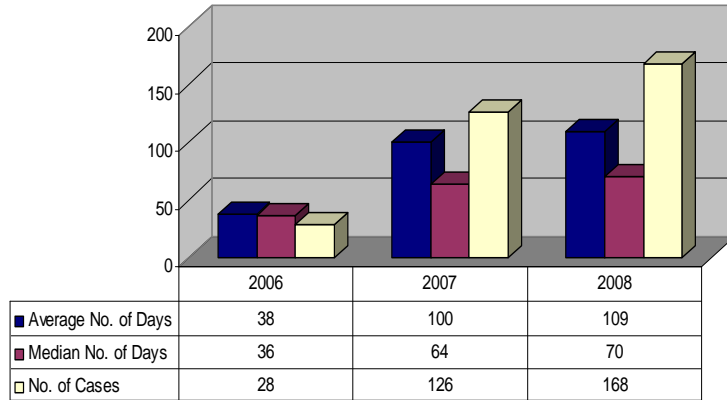
Table 15.1 below reports the average and median calendar days aged from case investigation completed to accusation filed for Physicians and Surgeons and Allied Health Care cases. Between 2005 and 2008, there was a 72.32% decrease in the average days aged, an 84.46% decrease in the median days aged, an 8.48% decrease in the number of such cases and a 13.41% decrease in the number of such cases pending at year end.

Table 15.1 – Calendar Days Aged from Investigation Completed to Accusation Filed for Physicians and Surgeons and Allied Health Cases

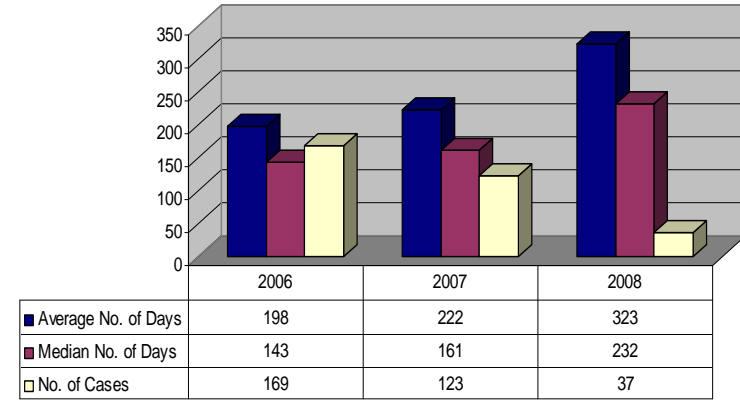
Activity	Percentage Difference 2006 to 2007						Percentage Difference 2007 to 2008						Percentage Difference 2006 to 2008						Percentage Difference 2005 to 2008
	All		Not VE		VE		All		Not VE		VE		All		Not VE		VE		All
	Pending		Pending		Pending		Pending		Pending		Pending		Pending		Pending		Pending		Pending
Calendar Day Age from Completed Investigation to Accusation Filed																			
Average	-8.57%		12.12%		163.16%		-8.13%		45.50%		9.00%		-16.00%		63.13%		186.84%		-72.32%
Median (middle record-half are above and half below)	-24.35%		12.59%		77.78%		-10.34%		44.10%		9.38%		-32.17%		62.24%		94.44%		-84.46%
Record Count	26.40%	-32.40%	-27.22%	-68.50%	350.00%	55.77%	-17.67%	17.36%	-69.92%	-72.50%	33.33%	61.73%	4.06%	-20.67%	-78.11%	-91.34%	500.00%	151.92%	-8.48%

Charts 15.1a, b & c – Calendar Days Aged Investigation Completed to Accusation Filed for Physicians and Surgeons and Allied Health Cases

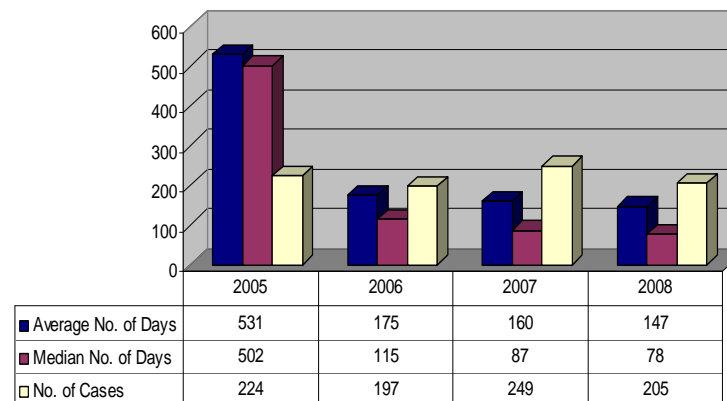
P&S and AH--VE Cases Only
Days From Investigation Completed to Accusation Filed



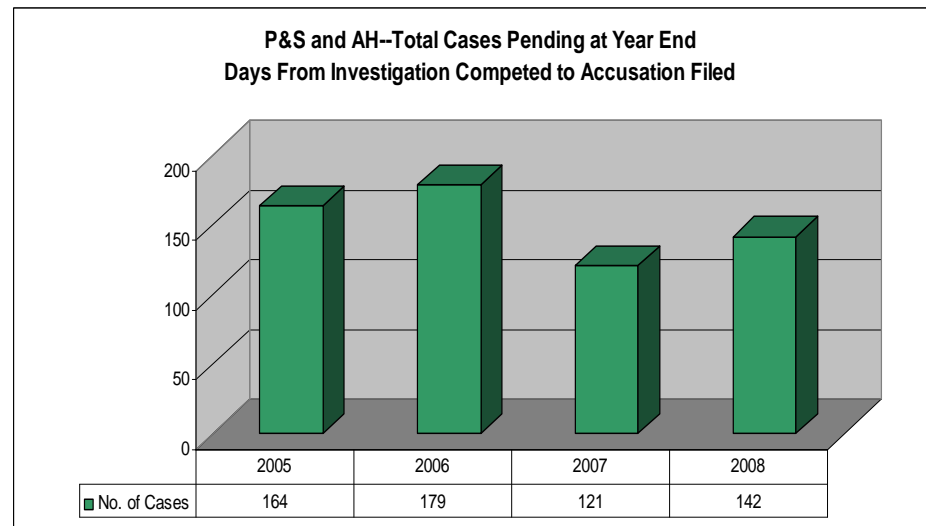
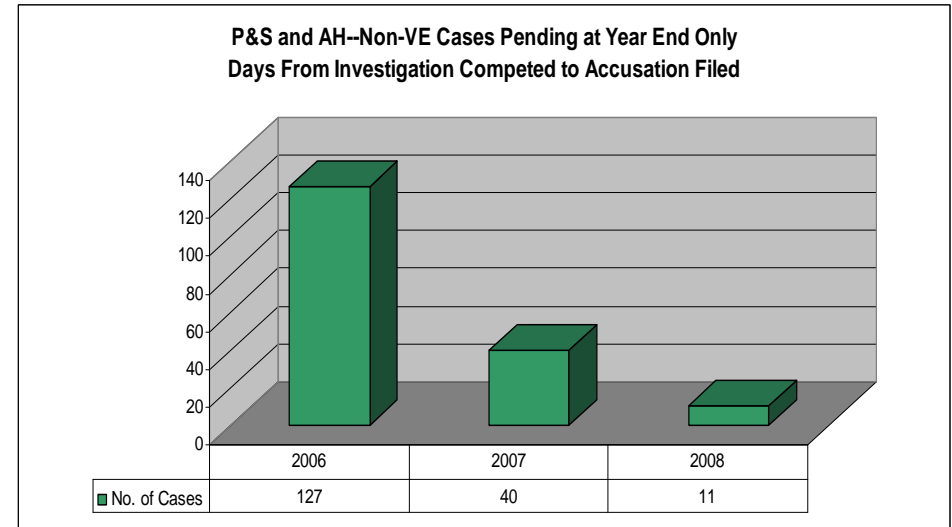
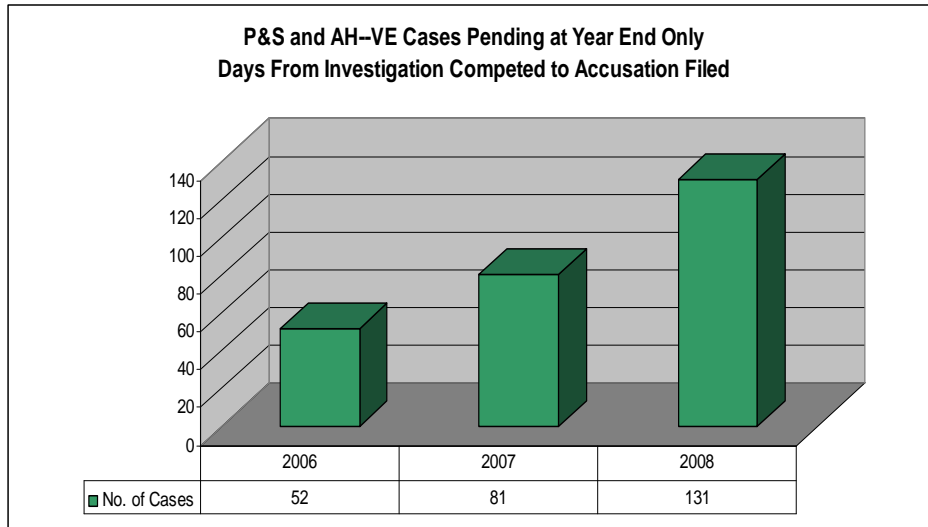
P&S and AH--Non-VE Cases Only
Days From Investigation Completed to Accusation Filed



P&S and AH--Total Cases
Days From Investigation Completed to Accusation Filed



Charts 15.1d, e & f – Calendar Days Aged from Investigation Completed to Accusation Filed for Physicians and Surgeons and Allied Health Cases — Cases Pending at Year End



CALENDAR DAYS AGED FROM INVESTIGATION COMPLETED TO ACCUSATION FILED — PHYSICIANS AND SURGEONS

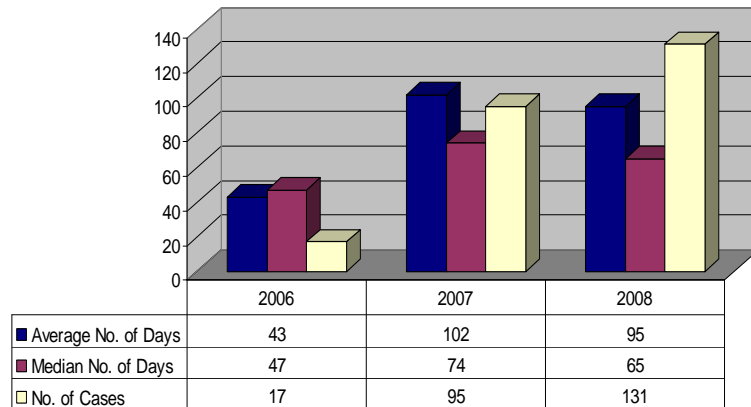
Table 15.2 below reports the average and median calendar days aged from case investigation completed to accusation filed for Physicians and Surgeons cases. Between 2005 and 2008, there was a 28.24% decrease in the average days aged, a 38.26% decrease in the median days aged, a 15.96% decrease in the number of such cases and a 4.63% decrease in the number of such cases pending at year end.

Table 15.2 – Calendar Days Aged from Investigation Completed to Accusation Filed for Physicians and Surgeons Cases

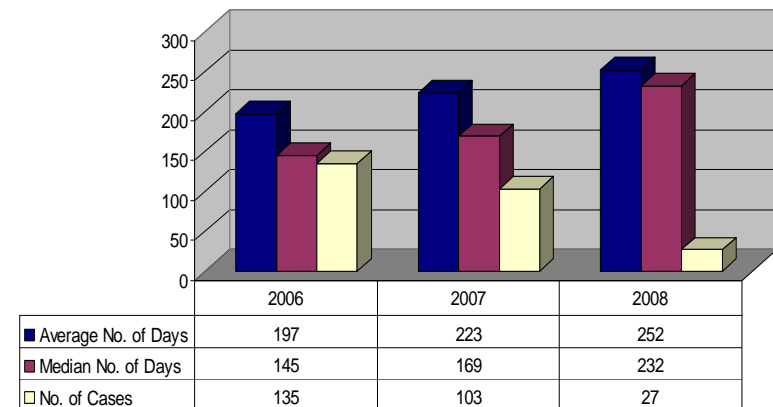
Activity	Percentage Difference 2006 to 2007						Percentage Difference 2007 to 2008						Percentage Difference 2006 to 2008						Percentage Difference 2005 to 2008	
	All		Not VE		VE		All		Not VE		VE		All		Not VE		VE		All	
	Pending		Pending		Pending		Pending		Pending		Pending		Pending		Pending		Pending		Pending	
Calendar Day Age from Completed Investigation to Accusation Filed																				
Average	-8.33%		13.20%		137.21%		-26.06%		13.00%		-6.86%		-32.22%		27.92%		120.93%		-28.24%	
Median (middle record-half are above and half below)	-27.82%		16.55%		57.45%		-26.04%		37.28%		-12.16%		-46.62%		60.00%		38.30%		-38.26%	
Record Count	30.26%	-37.69%	-23.70%	-70.53%	458.82%	51.43%	-20.20%	27.16%	-73.79%	-75.00%	37.89%	81.13%	3.95%	-20.77%	-80.00%	-92.63%	670.59%	174.29%	-15.96%	-4.63%

Charts 15.2a, b & c – Calendar Days Aged Investigation Completed to Accusation Filed for Physicians and Surgeons Cases

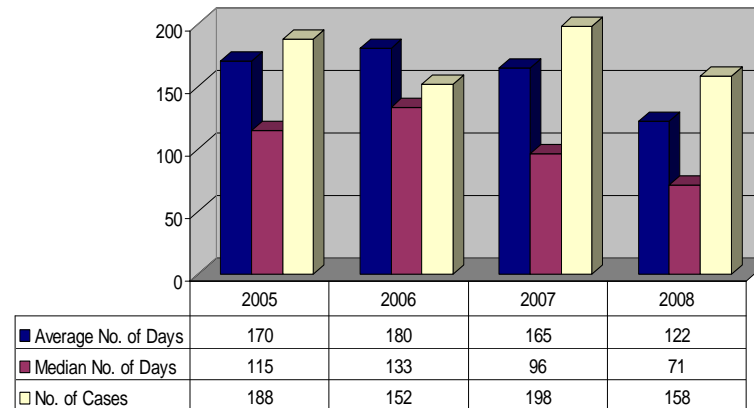
Physicians and Surgeons--VE Cases Only
Days From Investigation Completed to Accusation Filed



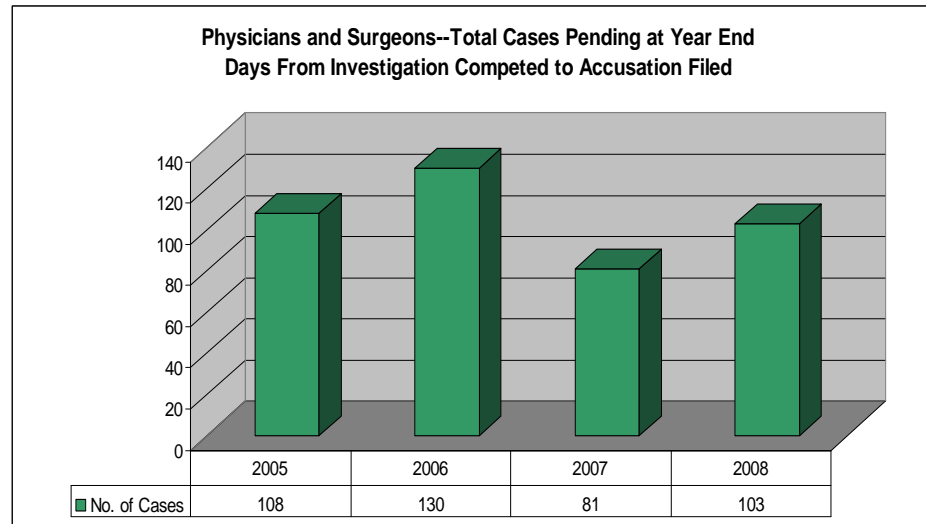
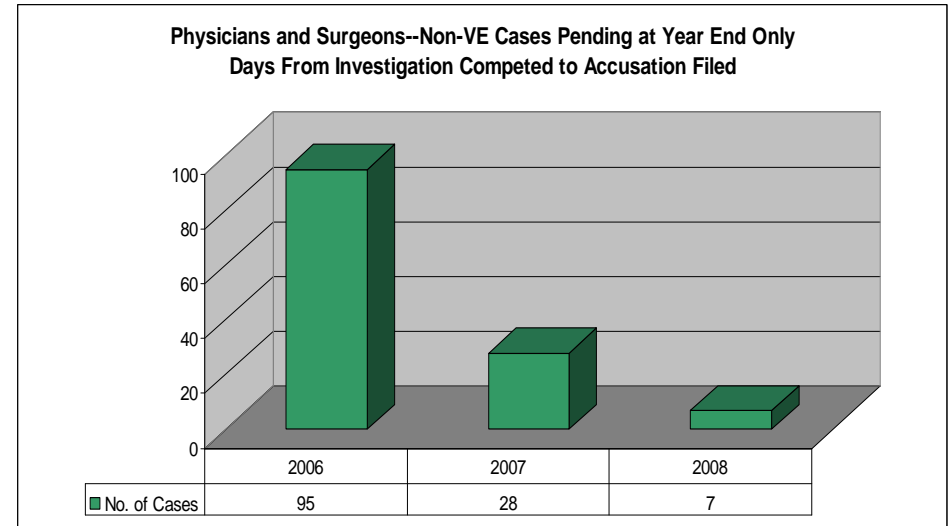
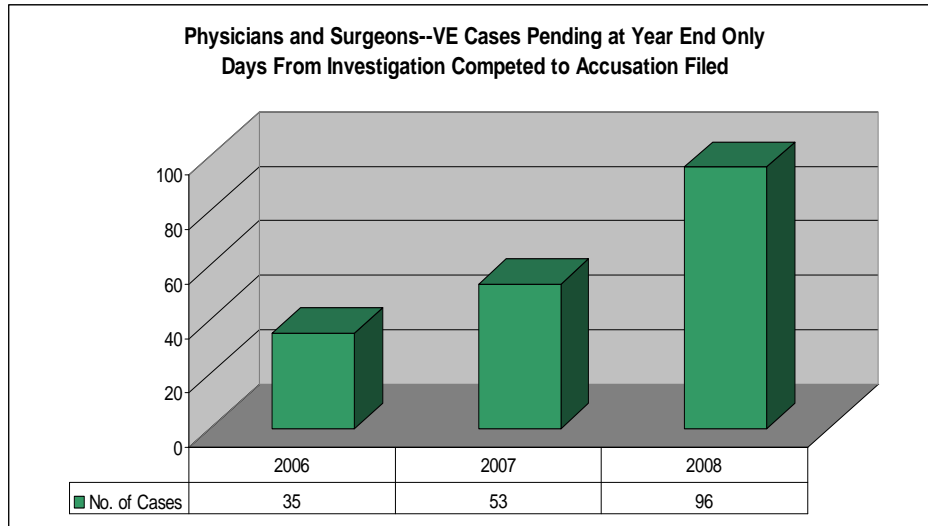
Physicians and Surgeons--Non-VE Cases Only
Days From Investigation Completed to Accusation Filed



Physicians and Surgeons--Total Cases
Days From Investigation Completed to Accusation Filed



Charts 15.2d, e & f – Calendar Days Aged from Investigation Completed to Accusation Filed for Physicians and Surgeons Cases — Cases Pending at Year End



CALENDAR DAYS AGED FROM INVESTIGATION COMPLETED TO ACCUSATION FILED — ALLIED HEALTH

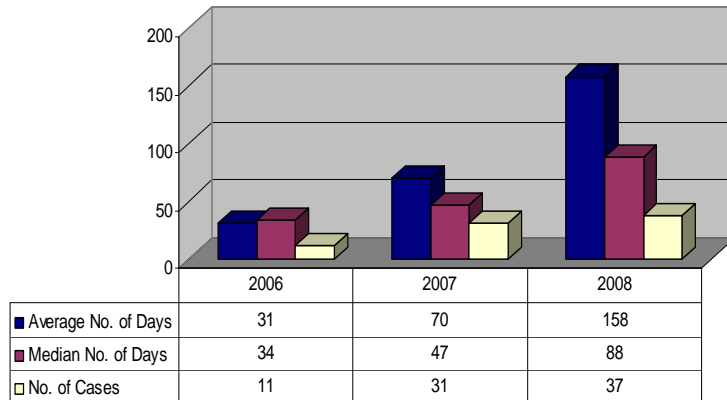
Table 15.3 below reports the average and median calendar days aged from case investigation completed to accusation filed for Allied Health Care cases. Between 2005 and 2008, there was an 85.71% increase in the average days aged, a 9.68% increase in the median days aged, a 30.56% increase in the number of such cases and a 30.36% decrease in the number of such cases pending at year end.

Table 15.3 – Calendar Days Aged from Investigation Completed to Accusation Filed for Allied Health Cases

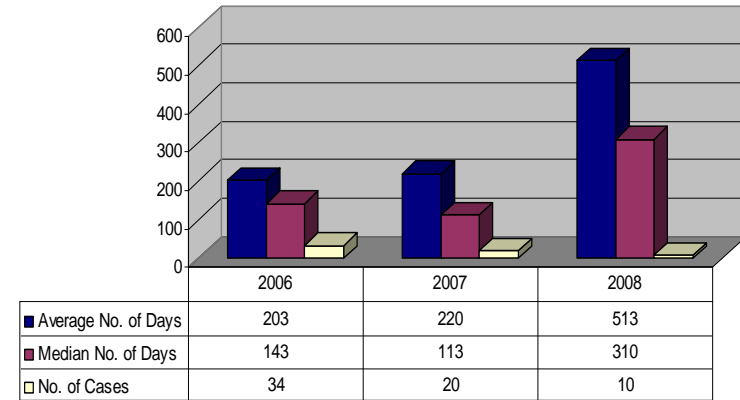
Activity	Percentage Difference 2006 to 2007						Percentage Difference 2007 to 2008						Percentage Difference 2006 to 2008						Percentage Difference 2005 to 2008
	All		Not VE		VE		All		Not VE		VE		All		Not VE		VE		All
	Pending		Pending		Pending		Pending		Pending		Pending		Pending		Pending		Pending		Pending
Calendar Day Age from Completed Investigation to Accusation Filed																			
Average	-19.88%		8.37%		125.81%		81.40%		133.18%		125.71%		45.34%		152.71%		409.68%		85.71%
Median (middle record-half are above and half below)	-18.06%		-20.98%		38.24%		72.88%		174.34%		87.23%		41.67%		116.78%		158.82%		9.68%
Record Count	13.33%	-18.37%	-41.18%	-62.50%	181.82%	64.71%	-7.84%	-2.50%	-50.00%	-66.67%	19.35%	25.00%	4.44%	-20.41%	-70.59%	-87.50%	236.36%	105.88%	30.56%

Charts 15.3a, b & c – Calendar Days Aged Investigation Completed to Accusation Filed for Allied Health Cases

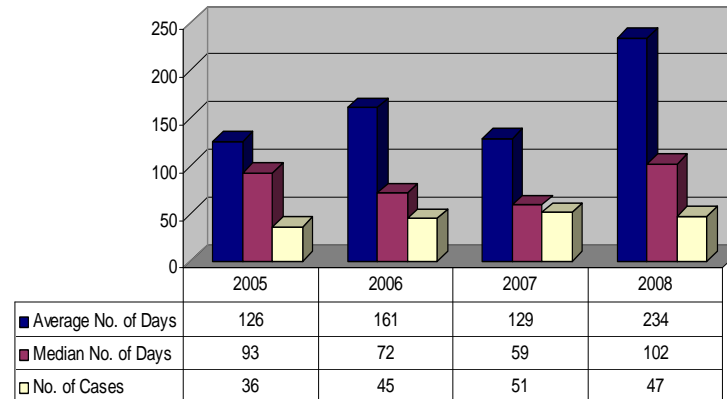
Allied Health--VE Cases Only
Days From Investigation Completed to Accusation Filed



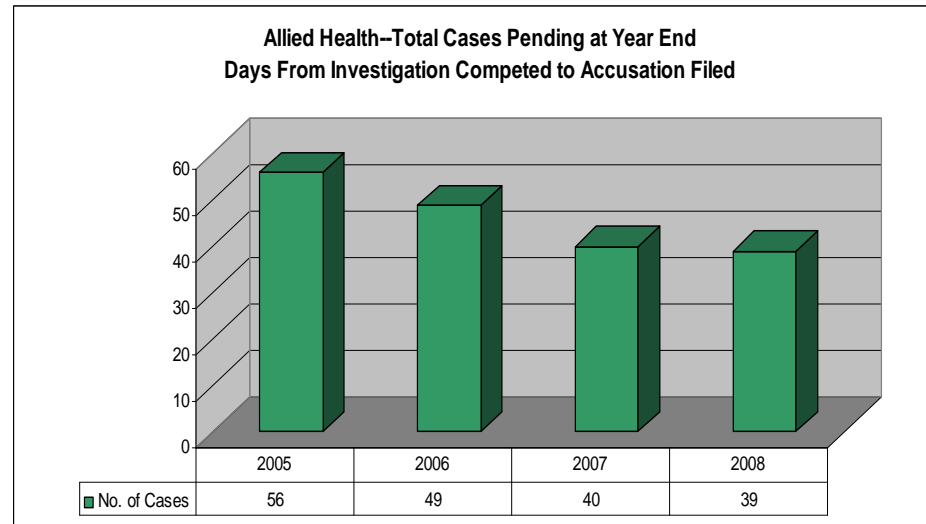
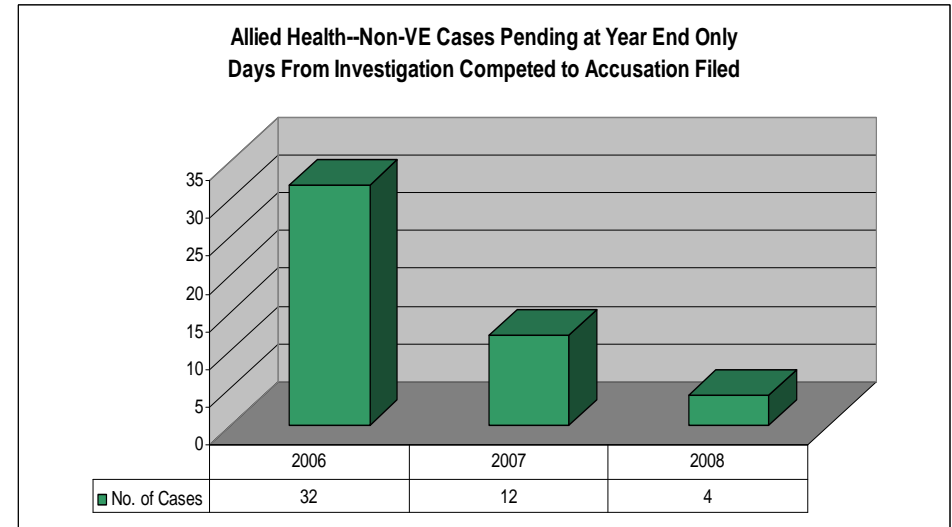
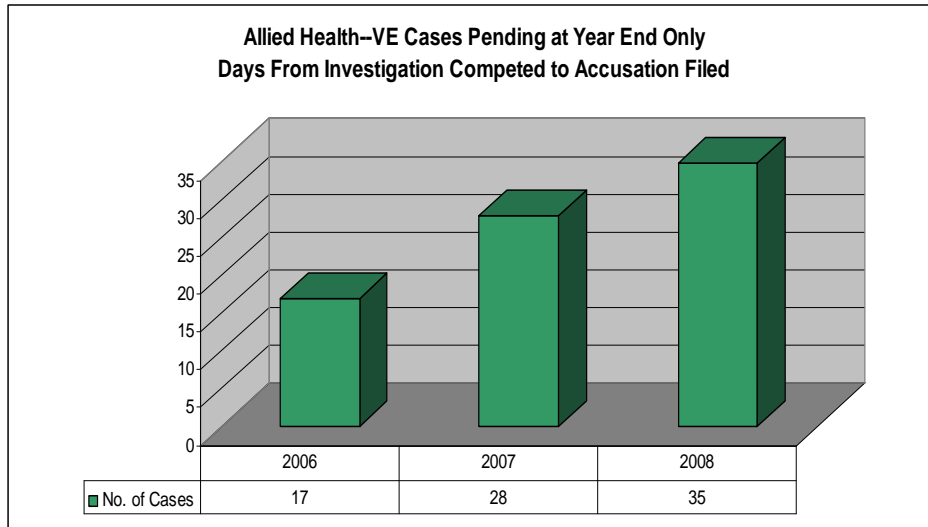
Allied Health--Non-VE Cases Only
Days From Investigation Completed to Accusation Filed



Allied Health--Total Cases
Days From Investigation Completed to Accusation Filed



Charts 15.3d, e & f – Calendar Days Aged from Investigation Completed to Accusation Filed for Allied Health Cases — Cases Pending at Year End



XVI. VERTICAL PROSECUTION - ACCUSATION TO SUBMISSION TO ADMINISTRATIVE LAW JUDGE

Per the VPM, within 15 calendar days of receipt of the Notice of Defense, the primary DAG shall submit a request to set with the Office of Administrative Hearings.

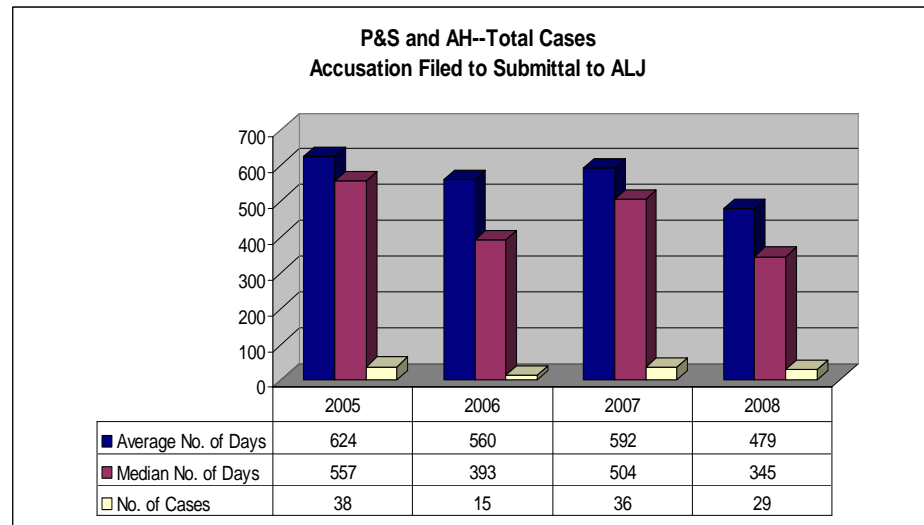
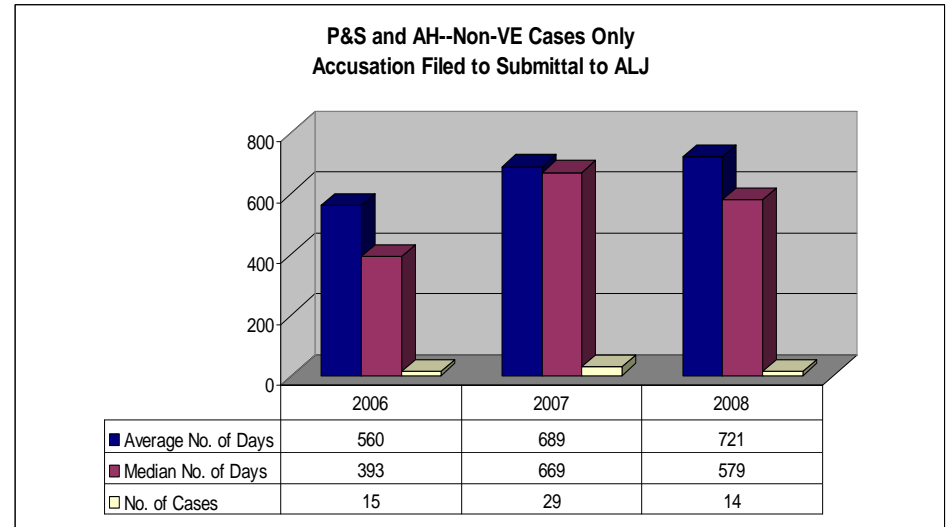
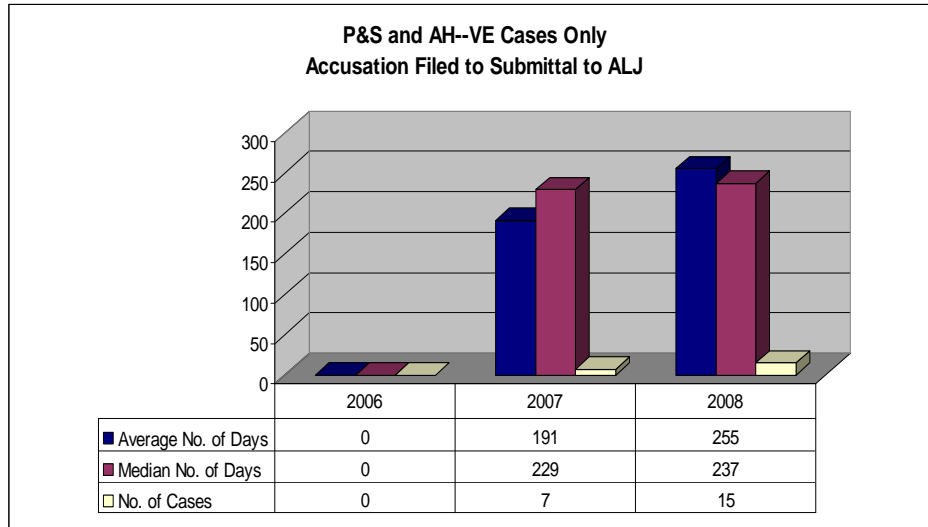
CALENDAR DAYS AGED FROM ACCUSATION FILED TO CASE SUBMITTED TO ALJ FOR DECISION — PHYSICIANS AND SURGEONS AND ALLIED HEALTH COMBINED

Table 16.1 below reports the average and median calendar days aged from the date the accusation was filed to the date the case was submitted to the ALJ for decision for Physicians and Surgeons and Allied Health Care cases. Between 2005 and 2008, there was a 23.24% decrease in the average days aged, a 38.06% increase in the median days aged, and a 23.68% decrease in the number of such cases.

Table 16.1 – Calendar Days Aged from Accusation Filed to Case Submitted to ALJ for Decision for Physicians and Surgeons and Allied Health Cases

Activity	Percentage Difference 2006 to 2007						Percentage Difference 2007 to 2008						Percentage Difference 2006 to 2008						Percentage Difference 2005 to 2008
	All			Not VE			All			Not VE			All			Not VE			All
	Pending			Pending			Pending			Pending			Pending			Pending			Pending
	Pending			Pending			Pending			Pending			Pending			Pending			Pending
Calendar Day Age from Date Accusation Filed to Date Hearing Closed-Submit to ALJ																			
Average	5.71%		23.04%				-19.09%		4.64%		33.51%		-14.46%		28.75%				-23.24%
Median (middle record - half are above and half below)	28.24%		70.23%				-31.55%		-13.45%		3.49%		-12.21%		47.33%				-38.06%
Record Count	140.00%		93.33%				-19.44%		-51.72%		114.29%		93.33%		-6.67%				-23.68%

Charts 16.1a, b & c – Calendar Days Aged from Accusation Filed to Case Submitted to ALJ for Decision for Physicians and Surgeons and Allied Health Cases



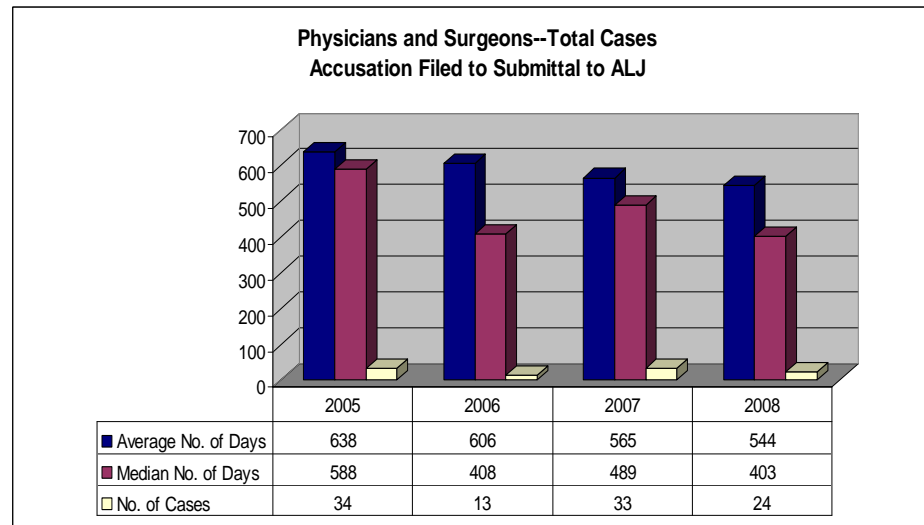
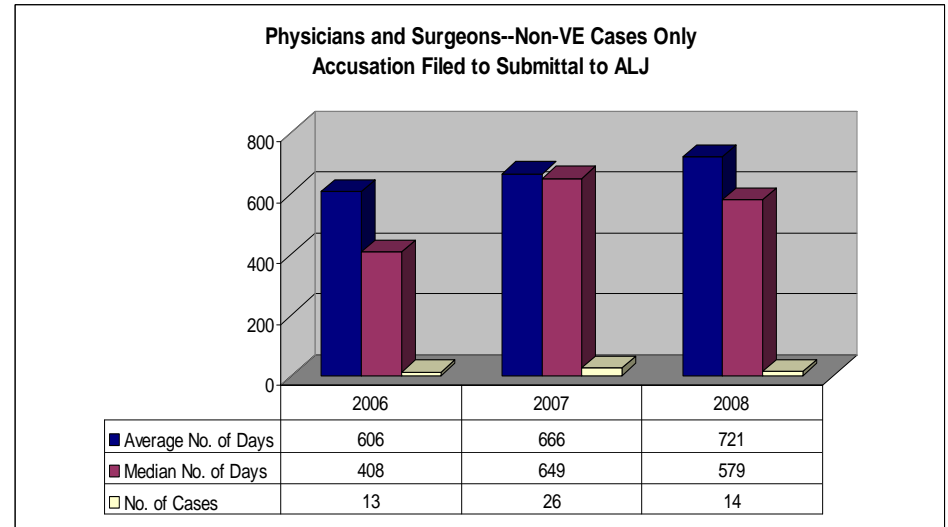
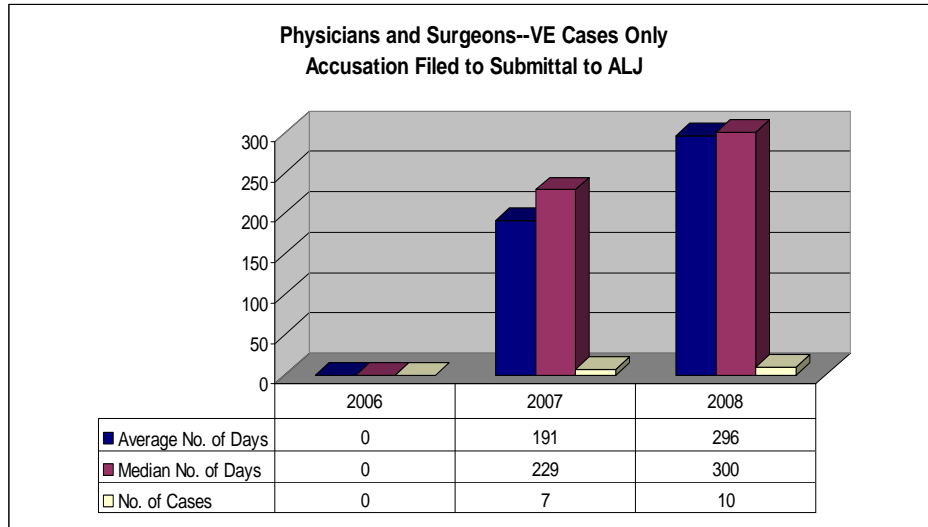
CALENDAR DAYS AGED FROM ACCUSATION FILED TO CASE SUBMITTED TO ALJ FOR DECISION — PHYSICIANS AND SURGEONS

Table 16.2 below reports the average and median calendar days aged from the date the accusation was filed to the date the case was submitted to the ALJ for decision for Physicians and Surgeons cases. Between 2005 and 2008, there was a 14.73% decrease in the average days aged, a 31.46% increase in the median days aged, and a 29.41% decrease in the number of such cases.

Table 16.2 – Calendar Days Aged from Accusation Filed to Case Submitted to ALJ for Decision for Physicians and Surgeons

Activity	Percentage Difference 2006 to 2007			Percentage Difference 2007 to 2008			Percentage Difference 2006 to 2008			Percentage Difference 2005 to 2008	
	All	Not VE	VE	All	Not VE	VE	All	Not VE	VE	All	
	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending
Calendar Day Age from Date Accusation Filed to Date Hearing Closed-Submit to ALJ											
Average	-6.77%	9.90%		-3.72%	8.26%	54.97%	-10.23%	18.98%		-14.73%	
Median (middle record - half are above and half below)	19.85%	59.07%		-17.59%	-10.79%	31.00%	-1.23%	41.91%		-31.46%	
Record Count	153.85%	100.00%		-27.27%	-46.15%	42.86%	84.62%	7.69%		-29.41%	

Charts 16.2a, b & c – Calendar Days Aged from Accusation Filed to Case Submitted to ALJ for Decision for Physicians and Surgeons



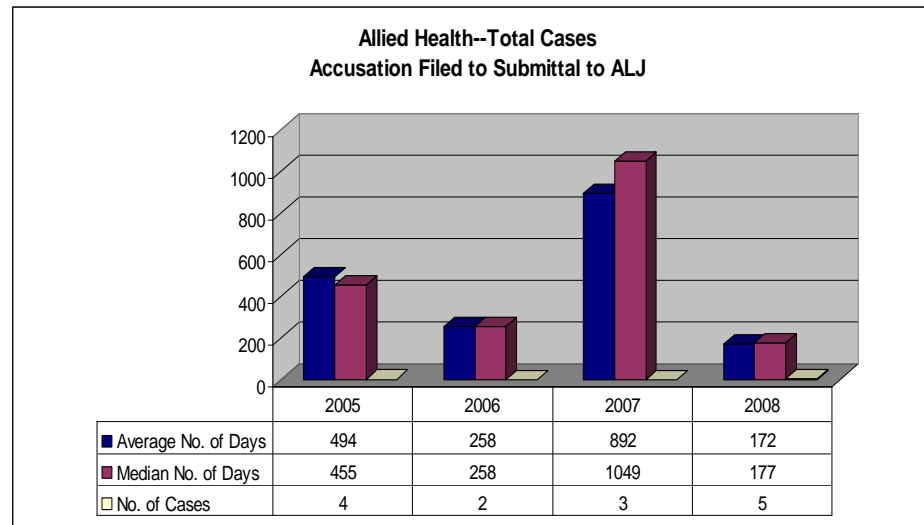
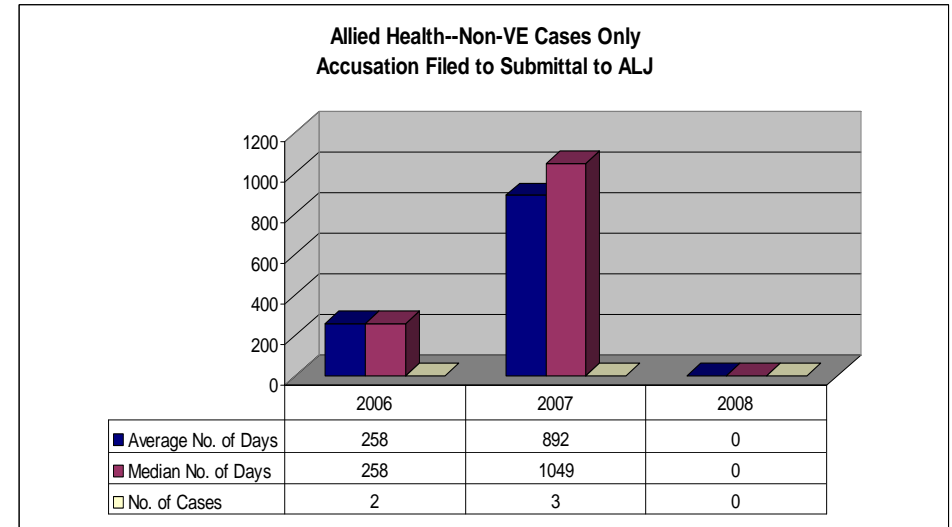
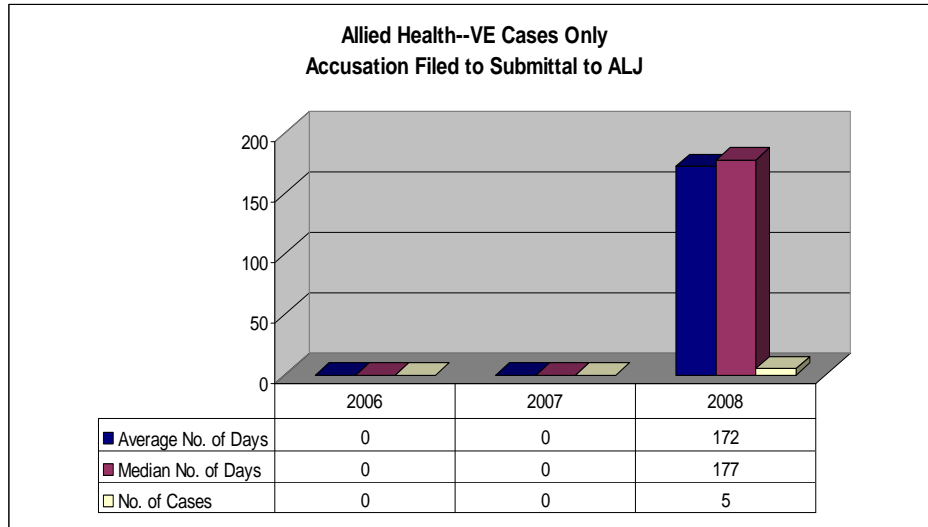
CALENDAR DAYS AGED FROM ACCUSATION FILED TO CASE SUBMITTED TO ALJ FOR DECISION — ALLIED HEALTH

Table 16.3 below reports the average and median calendar days aged from the date the accusation was filed to the date the case was submitted to the ALJ for decision for Allied Health Care cases. Between 2005 and 2008, there was a 65.18% decrease in the average days aged, a 61.10% decrease in the median days aged, and a 25.00% increase in the number of such cases.

Table 16.3 – Calendar Days Aged from Accusation Filed to Case Submitted to ALJ for Decision for Allied Health Cases

Activity	Percentage Difference 2006 to 2007						Percentage Difference 2007 to 2008						Percentage Difference 2006 to 2008						Percentage Difference 2005 to 2008
	All	Not VE	VE				All	Not VE	VE				All	Not VE	VE				All
	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending
Calendar Day Age from Date Accusation Filed to Date Hearing Closed-Submit to ALJ																			
Average	245.74%		245.74%				-80.72%		-100.00%				-33.33%		-100.00%				-65.18%
Median (middle record - half are above and half below)	306.59%		306.59%				-83.13%		-100.00%				-31.40%		-100.00%				-61.10%
Record Count	50.00%		50.00%				66.67%		-100.00%				150.00%		-100.00%				25.00%

Charts 16.3a, b & c – Calendar Days Aged from Accusation Filed to Case Submitted to ALJ for Decision for Allied Health Cases



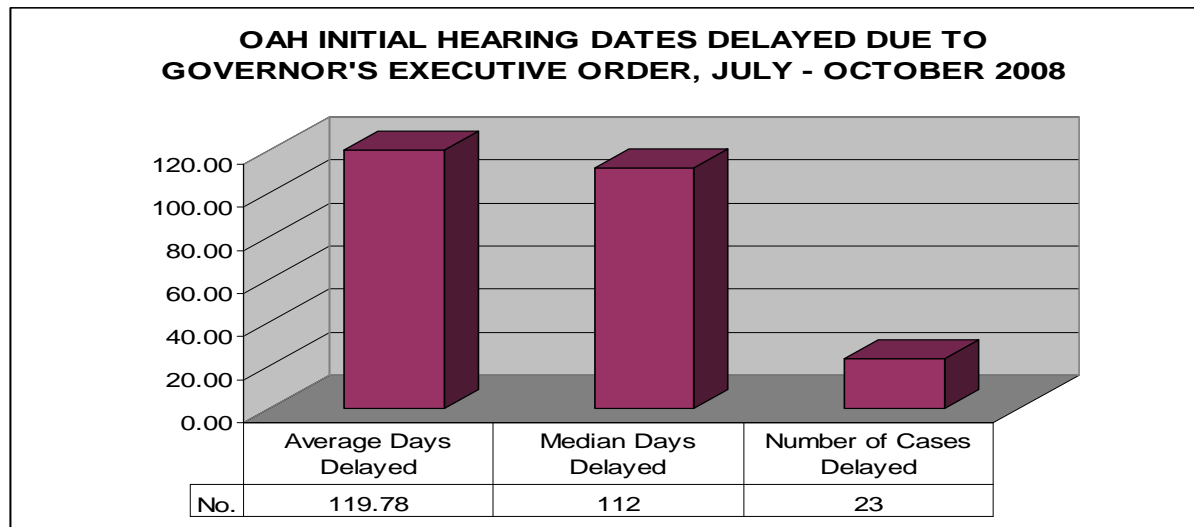
HEARINGS DELAYED DUE TO GOVERNOR'S EXECUTIVE ORDER, JULY – OCTOBER 2008

Table 16.4 below reports delays between the original initial hearing date and the continued hearing date due to a lack of available court reporters as a result of the Governor's Executive Order. Between July and October 2008, 23 Medical Board cases scheduled for OAH hearings were delayed an average of 119.78 days and a median of 112 days.

Table 16.4 – Hearings Delayed due to Governor's Executive Order, July – October 2008

	July - October 2008
Average Days Delayed	119.78
Median Days Delayed	112
Number of Cases Delayed	23

Chart 16.4 – Hearings Delayed due to Governor's Executive Order, July – October 2008



XVII. VERTICAL PROSECUTION - ACCUSATION TO ADMINISTRATIVE OUTCOMES

The following tables and charts detail the average and median time frames that have occurred between the filing of an accusation and the indicated outcomes.

CALENDAR DAYS AGED FROM ACCUSATION FILED TO SETTLEMENT — PHYSICIANS AND SURGEONS AND ALLIED HEALTH COMBINED

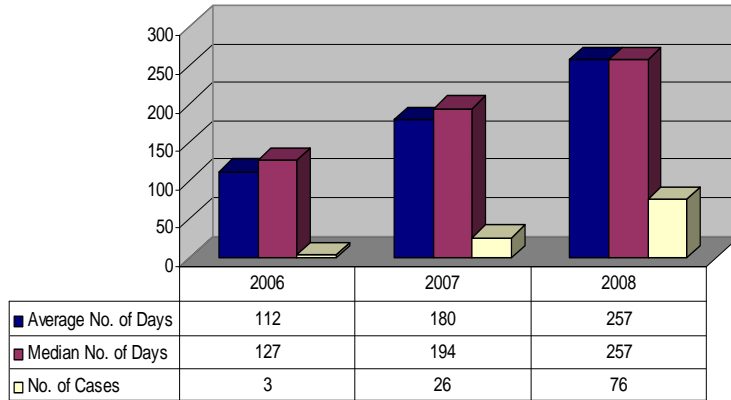
Table 17.1 below reports the average and median calendar days aged from accusation filed to settlement for Physicians and Surgeons and Allied Health Care cases. Between 2005 and 2008, there was a 17.16% decrease in the average days aged, a 28.25% decrease in the median days aged, a 10.99% decrease in the number of such cases and a 63.64% increase in the number of such cases pending at year end.

Table 17.1 – Calendar Days Aged from Accusation Filed to Disciplinary Outcome - Settlement for Physicians and Surgeons and Allied Health Cases

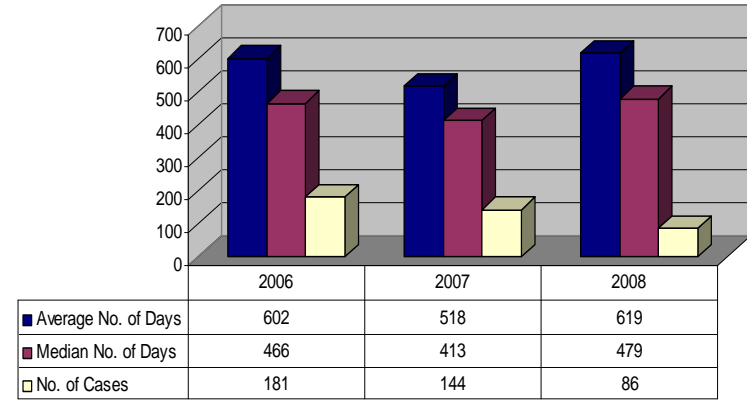
Activity	Percentage Difference 2006 to 2007			Percentage Difference 2007 to 2008			Percentage Difference 2006 to 2008			Percentage Difference 2005 to 2008
	All	Not VE	VE	All	Not VE	VE	All	Not VE	VE	All
Calendar Day Age from Date Accusation Filed to Disciplinary Outcome--Settlement										
Average	-21.55%	-13.95%	60.71%	-3.65%	19.50%	42.78%	-24.41%	2.82%	129.46%	-17.16%
Median (middle record - half are above and half below)	-20.83%	-11.37%	52.76%	-3.60%	15.98%	32.47%	-23.68%	2.79%	102.36%	-28.25%
Record Count	-7.61%	-20.44%	766.67%	-4.71%	-40.28%	192.31%	-11.96%	-52.49%	2433.33%	-10.99%
All Pending	75.00%	16.67%	250.00%	28.57%	-14.29%	71.43%	125.00%	0.00%	500.00%	63.64%

Charts 17.1a, b & c – Calendar Days Aged from Accusation Filed to Settlement for Physicians and Surgeons and Allied Health Cases

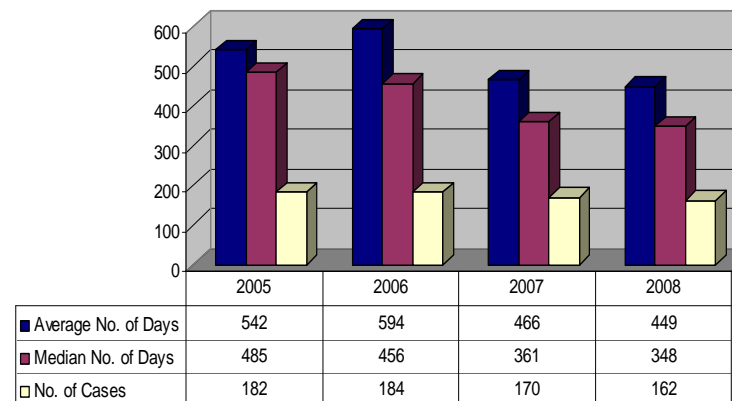
P&S & AH--VE Cases Only
Accusation Filed to Disciplinary Outcome--Settlement



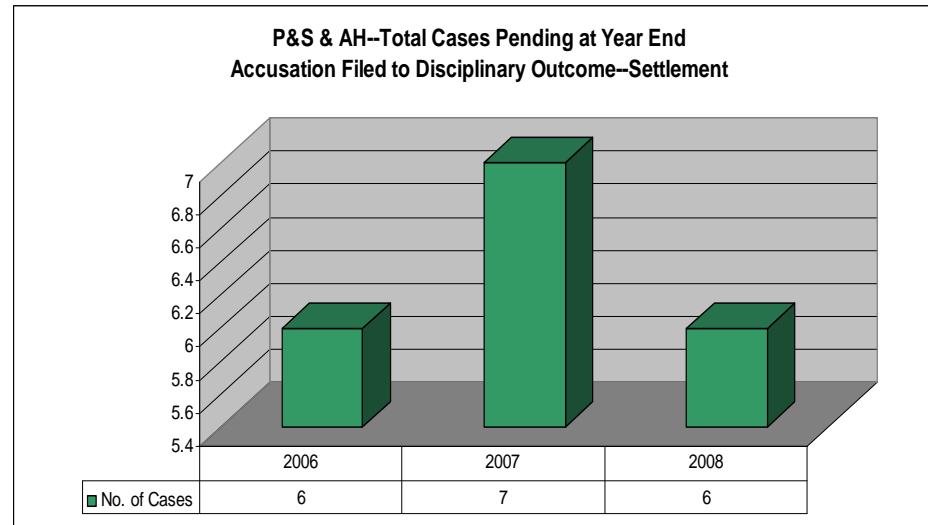
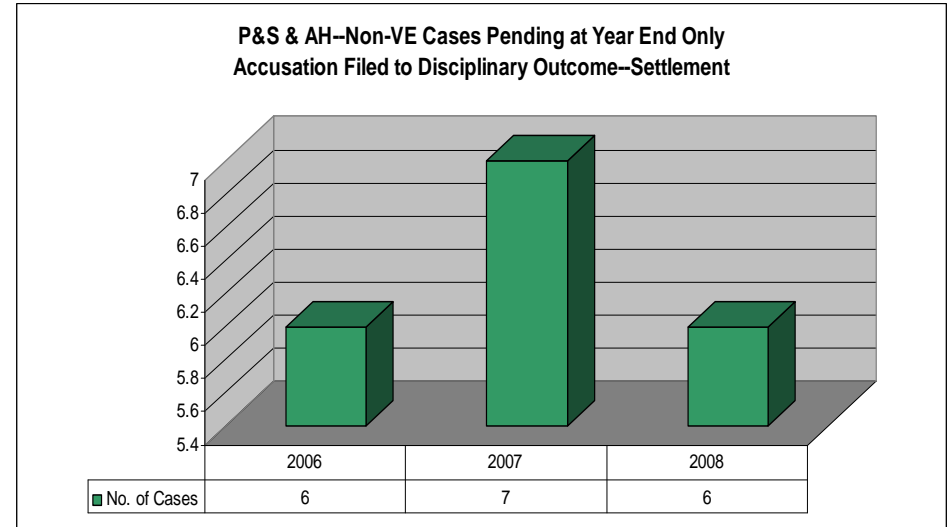
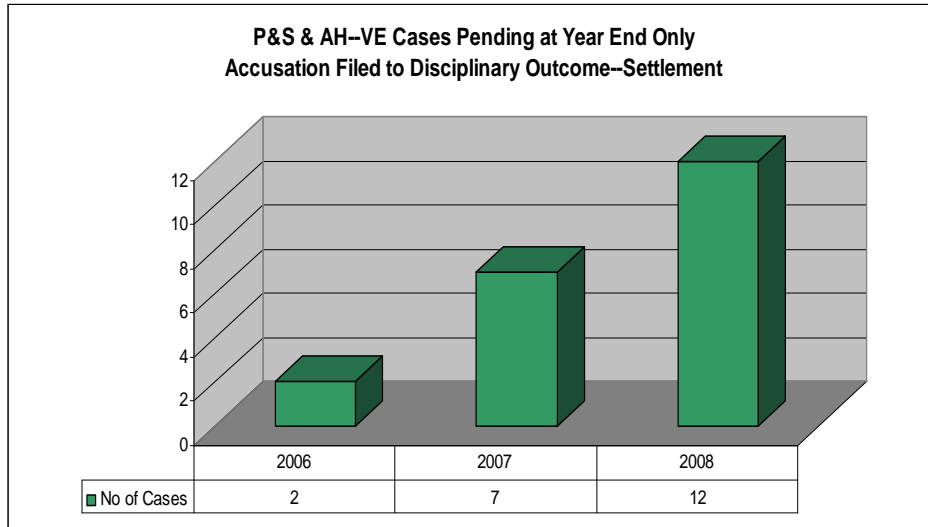
P&S & AH--Non-VE Cases Only
Accusation Filed to Disciplinary Outcome--Settlement



P&S & AH--Total Cases
Accusation Filed to Disciplinary Outcome--Settlement



Charts 17.1d, d & f – Calendar Days Aged from Accusation Filed to Settlement for Physicians and Surgeons and Allied Health Cases — Cases Pending at Year End



Separate data for Calendar Days Aged from Accusation Filed to Settlement for Physicians and Surgeons cases only and Allied Health Care cases only were not available at the time of drafting this report.

CALENDAR DAYS AGED FROM ACCUSATION FILED TO DISCIPLINARY OUTCOME — PHYSICIANS AND SURGEONS AND ALLIED HEALTH COMBINED

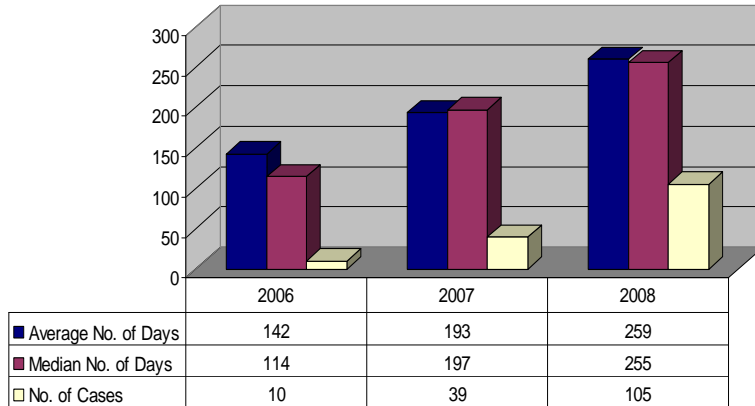
Table 17.2 below reports the average and median calendar days aged from accusation filed to disciplinary outcome for Physicians and Surgeons and Allied Health Care cases. Between 2005 and 2008, there was an 8.75% decrease in the average days aged, a 27.29% decrease in the median days aged, a 6.08% decrease in the number of such cases and a 28.74% decrease in the number of such cases pending at year end.

Table 17.2 – Calendar Days Aged from Accusation Filed to Disciplinary Outcome for Physicians and Surgeons and Allied Health Cases

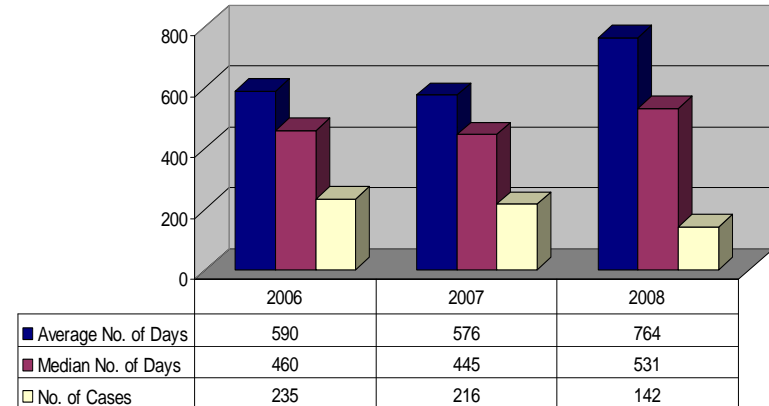
Activity	Percentage Difference 2006 to 2007						Percentage Difference 2007 to 2008						Percentage Difference 2006 to 2008						Percentage Difference 2005 to 2008	
	All		Not VE		VE		All		Not VE		VE		All		Not VE		VE		All	
	Pending		Pending		Pending		Pending		Pending		Pending		Pending		Pending		Pending		Pending	
Calendar Day Age from Accusation Filed to Disciplinary Outcome**																				
Average	-9.62%		-2.37%		35.92%		2.90%		32.64%		34.20%		-6.99%		29.49%		82.39%		-8.75%	
Median (middle record-half are above and half below)	-13.33%		-3.26%		72.81%		-1.06%		19.33%		29.44%		-14.25%		15.43%		123.68%		-27.29%	
Record Count	4.08%	-1.68%	-8.09%	-32.86%	290.00%	483.33%	-3.14%	-15.36%	-34.26%	-57.45%	169.23%	60.00%	0.82%	-16.78%	-39.57%	-71.43%	950.00%	833.33%	-6.08%	-28.74%

Charts 17.2a, b & c – Calendar Days Aged from Accusation Filed to Disciplinary Outcome for Physicians and Surgeons and Allied Health Cases

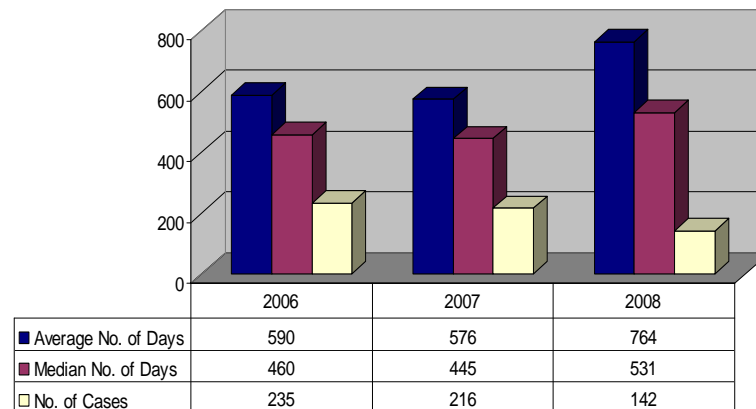
P&S and AH--VE Cases Only
Days From Accusation Filed to Disciplinary Outcome



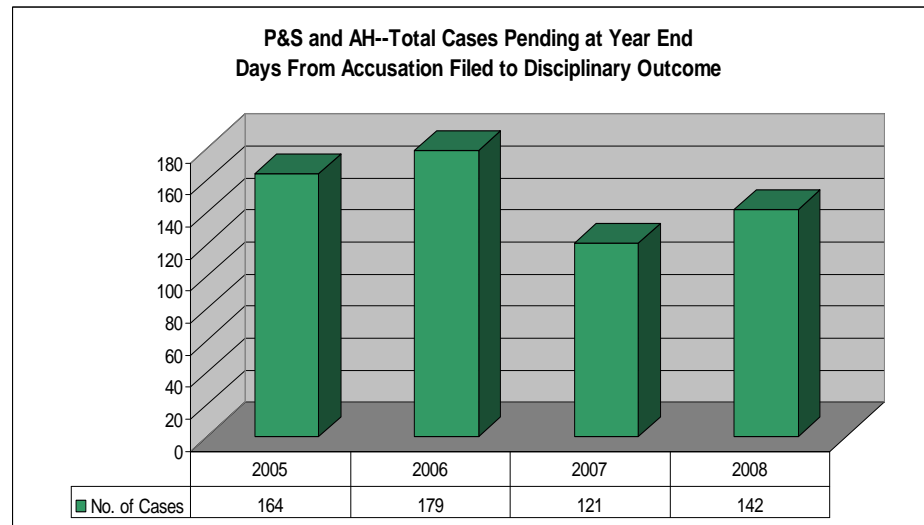
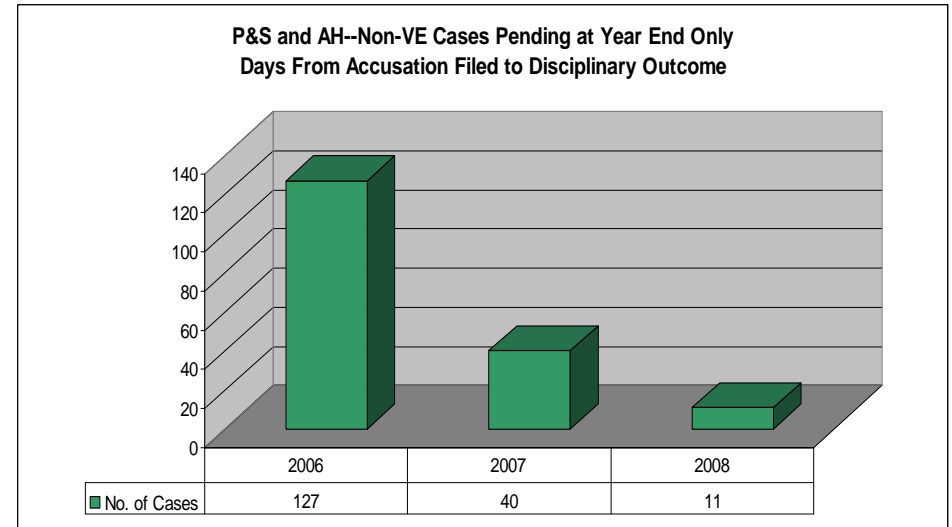
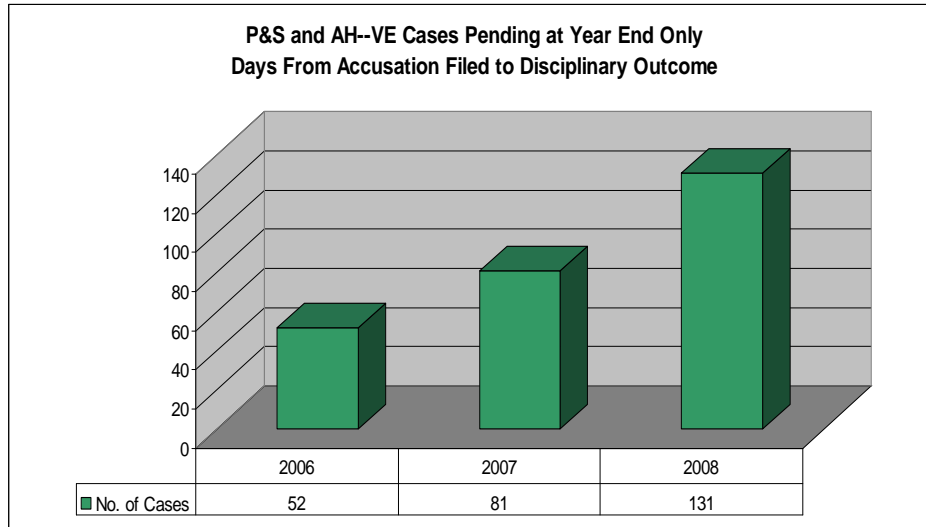
P&S and AH--Non-VE Cases Only
Days From Accusation Filed to Disciplinary Outcome



P&S and AH--Non-VE Cases Only
Days From Accusation Filed to Disciplinary Outcome



Charts 17.2d, d & f – Calendar Days Aged from Accusation Filed to Disciplinary Outcome for Physicians and Surgeons and Allied Health Cases — Cases Pending at Year End



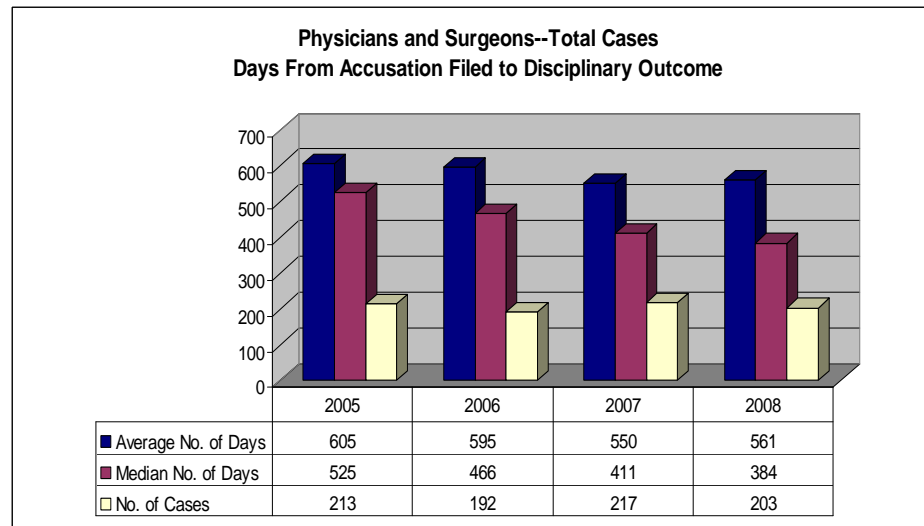
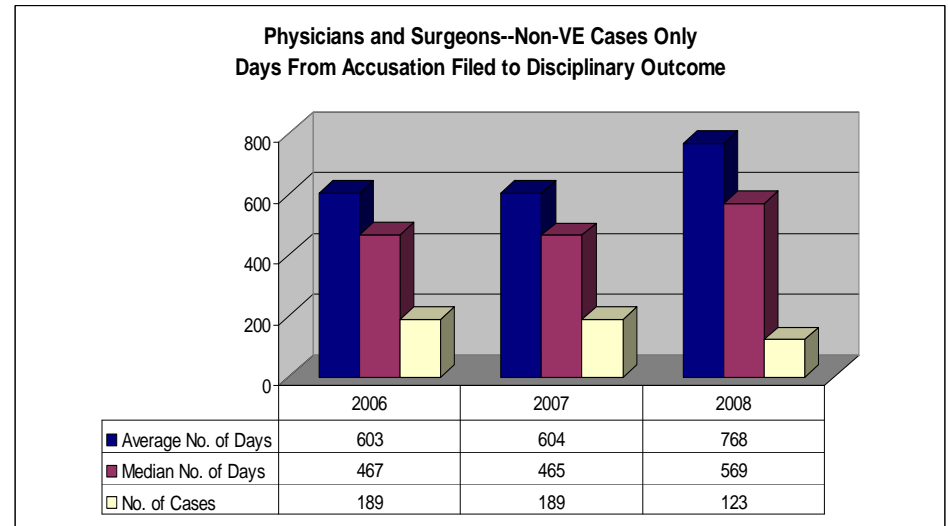
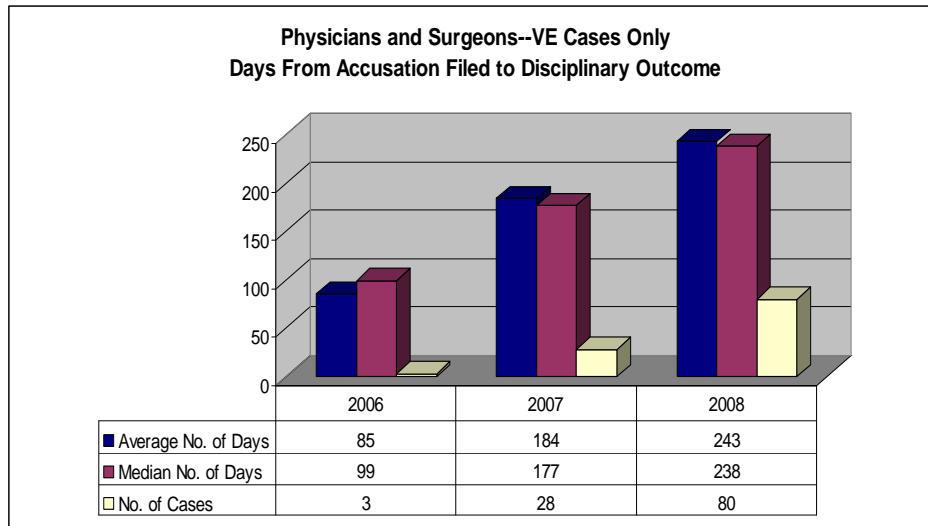
CALENDAR DAYS AGED FROM ACCUSATION FILED TO DISCIPLINARY OUTCOME — PHYSICIANS AND SURGEONS

Table 17.3 below reports the average and median calendar days aged from accusation filed to disciplinary outcome for Physicians and Surgeons cases. Between 2005 and 2008, there was a 7.27% decrease in the average days aged, a 26.86% decrease in the median days aged, a 4.69% decrease in the number of such cases and a 35.55% decrease in the number of such cases pending at year end.

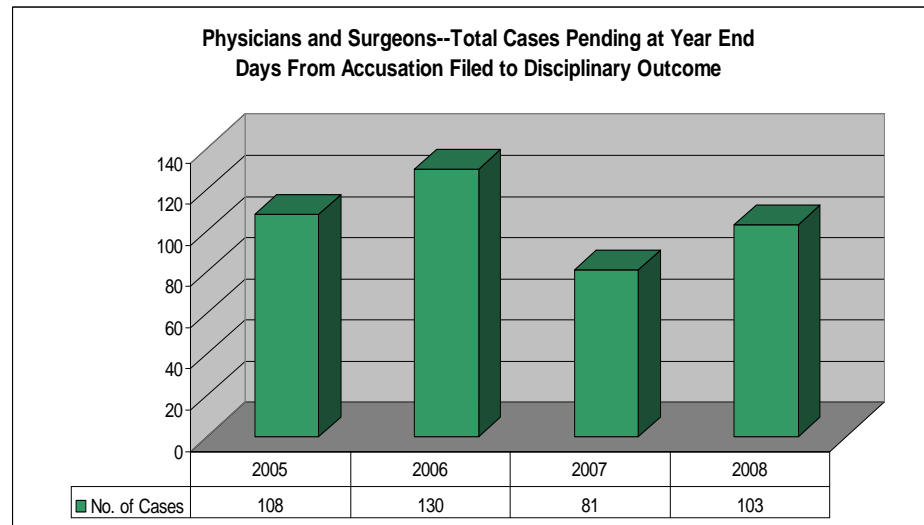
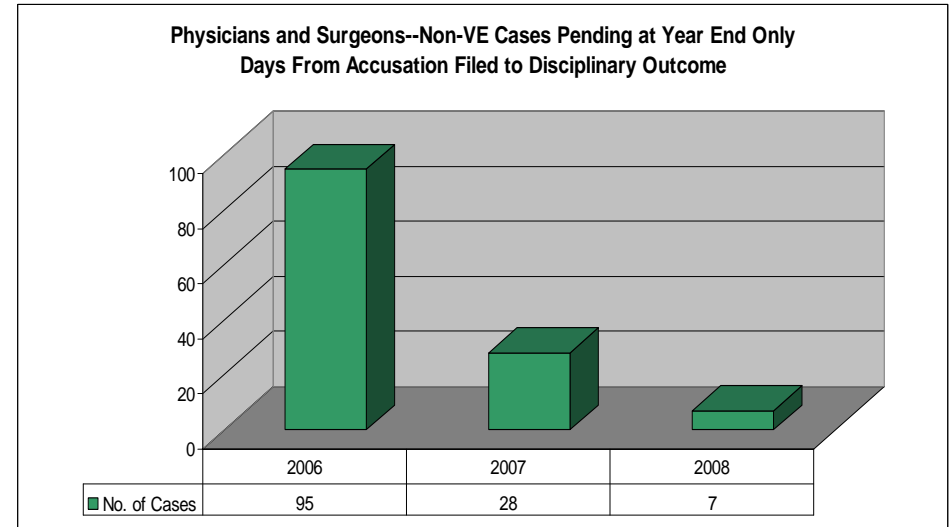
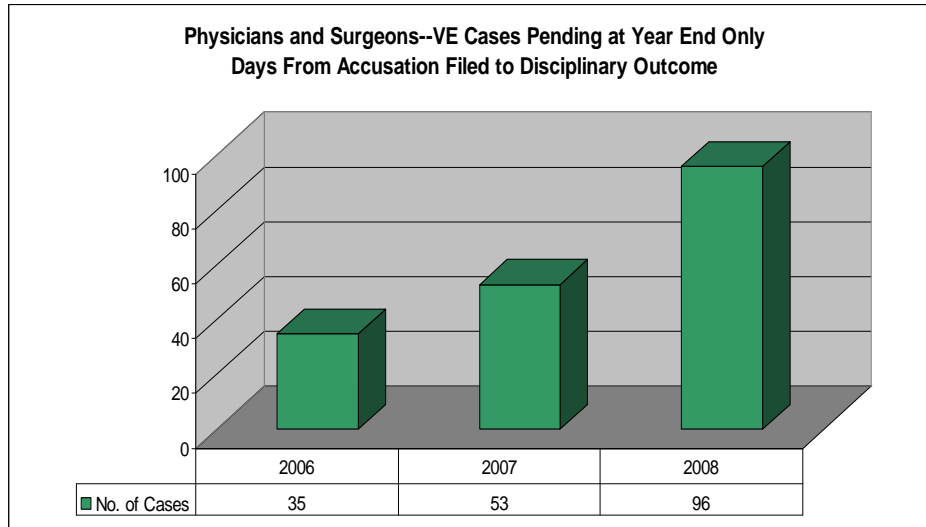
Table 17.3 – Calendar Days Aged from Accusation Filed to Disciplinary Outcome for Physicians and Surgeons Cases

Activity	Percentage Difference 2006 to 2007						Percentage Difference 2007 to 2008						Percentage Difference 2006 to 2008						Percentage Difference 2005 to 2008
	All	Not VE		VE			All	Not VE		VE			All	Not VE		VE			All
	Pending	Pending	Pending	Pending	Pending		Pending	Pending	Pending	Pending	Pending		Pending	Pending	Pending	Pending	Pending	Pending	Pending
Calendar Day Age from Accusation Filed to Disciplinary Outcome**																			
Average	-7.56%		0.17%		116.47%		2.00%		27.15%		32.07%		-5.71%		27.36%		185.88%		-7.27%
Median (middle record-half are above and half below)	-11.80%		-0.43%		78.79%		-6.57%		22.37%		34.46%		-17.60%		21.84%		140.40%		-26.86%
Record Count	13.02%	-6.95%	0.00%	-34.69%	833.33%	478.57%	-6.45%	-19.50%	-34.92%	-61.25%	185.71%	62.96%	5.73%	-25.10%	-34.92%	-74.69%	2566.67%	842.86%	-4.69%

Charts 17.3a, b & c – Calendar Days Aged from Accusation Filed to Disciplinary Outcome for Physicians and Surgeons Cases



Charts 17.3d, d & f – Calendar Days Aged from Accusation Filed to Disciplinary Outcome for Physicians and Surgeons Cases — Cases Pending at Year End



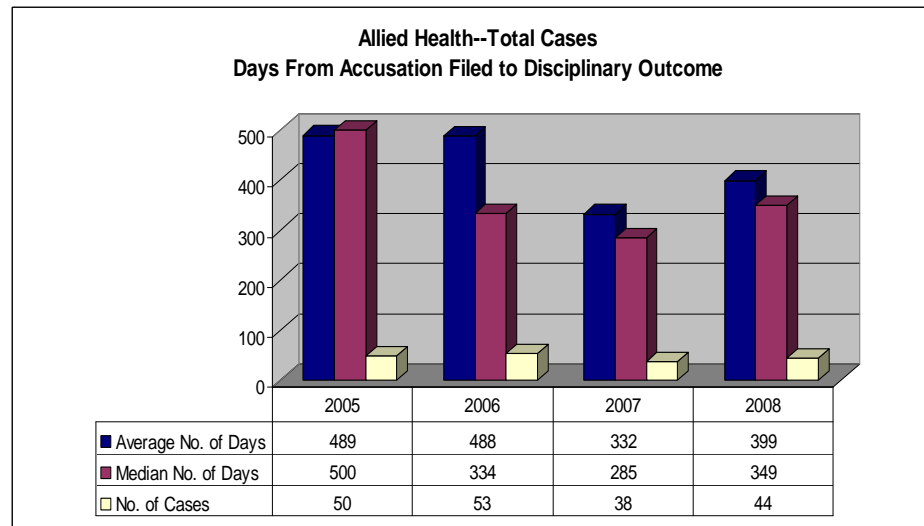
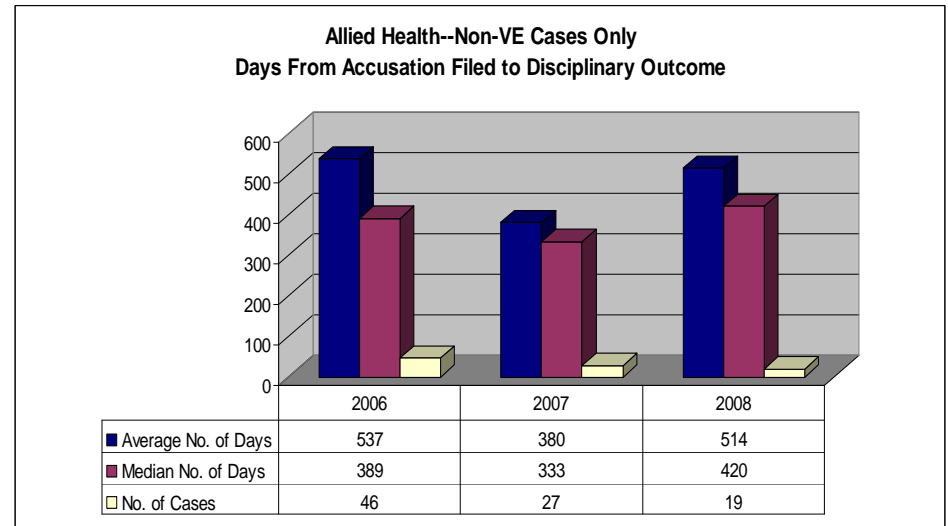
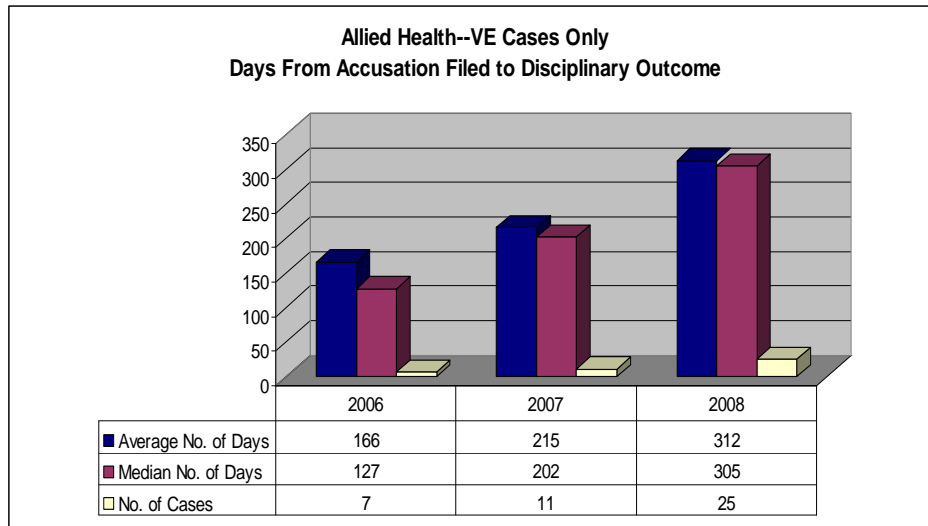
CALENDAR DAYS AGED FROM ACCUSATION FILED TO DISCIPLINARY OUTCOME — ALLIED HEALTH

Table 17.4 below reports the average and median calendar days aged from accusation filed to disciplinary outcome for Allied Health Care cases. Between 2005 and 2008, there was an 18.40% decrease in the average days aged, a 30.20% decrease in the median days aged, a 12.00% decrease in the number of such cases and a 14.89% increase in the number of such cases pending at year end.

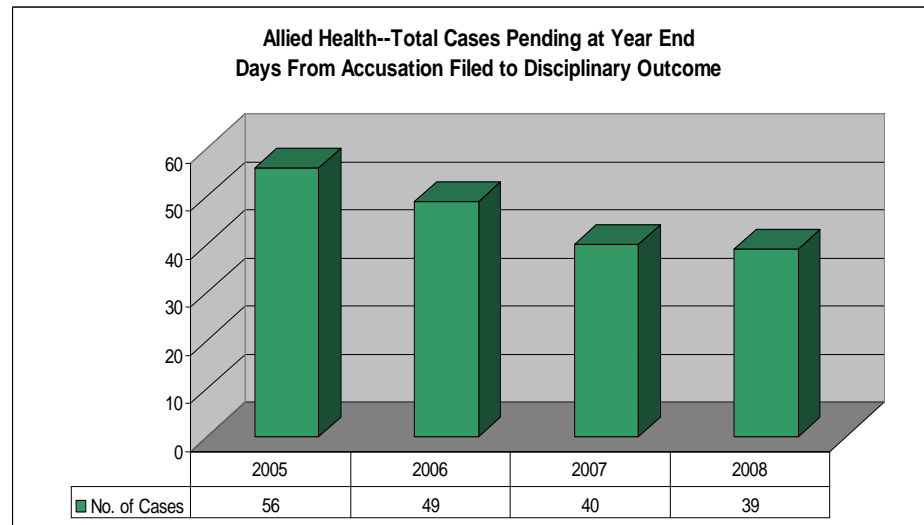
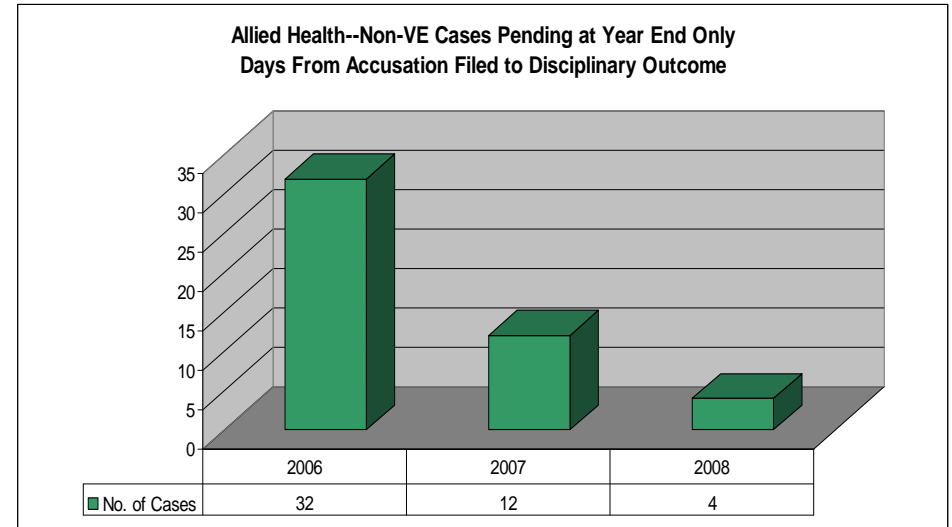
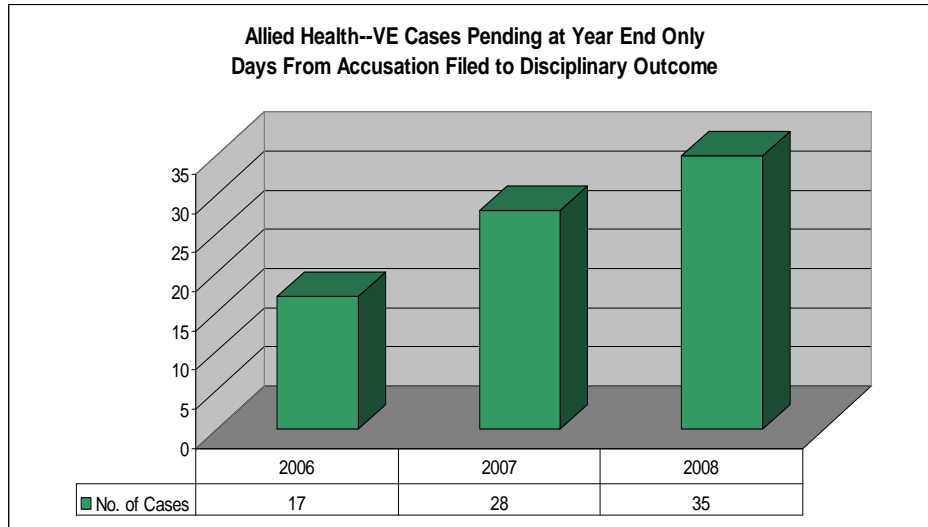
Table 17.4 – Calendar Days Aged from Accusation Filed to Disciplinary Outcome for Allied Health Cases

Activity	Percentage Difference 2006 to 2007						Percentage Difference 2007 to 2008						Percentage Difference 2006 to 2008						Percentage Difference 2005 to 2008
	All	Not VE	VE	All	Not VE	VE	All	Not VE	VE	All	Not VE	VE	All	Not VE	VE	All	Not VE	VE	All
	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending
Calendar Day Age from Accusation Filed to Disciplinary Outcome**																			
Average	-31.97%		-29.24%		29.52%		20.18%		35.26%		45.12%		-18.24%		-4.28%		87.95%		-18.40%
Median (middle record-half are above and half below)	-14.67%		-14.40%		59.06%		22.46%		26.13%		50.99%		4.49%		7.97%		140.16%		-30.20%
Record Count	-28.30%	33.33%	-41.30%	-20.00%	57.14%	500.00%	15.79%	3.85%	-29.63%	-35.71%	127.27%	50.00%	-16.98%	38.46%	-58.70%	-48.57%	257.14%	800.00%	-12.00% 14.89%

Charts 17.4a, b & c – Calendar Days Aged from Accusation Filed to Disciplinary Outcome for Allied Health Cases



Charts 17.4d, d & f – Calendar Days Aged from Accusation Filed to Disciplinary Outcome for Allied Health Cases — Cases Pending at Year End



CALENDAR DAYS AGED FROM ACCUSATION FILED TO ADMINISTRATIVE OUTCOMES — PHYSICIANS AND SURGEONS AND ALLIED HEALTH COMBINED

Table 17.5 below reports the average and median calendar days aged from the date the accusation was filed to the indicated administrative outcome for Physicians and Surgeons and Allied Health Care cases.

For cases resulting in revocation of license, between 2005 and 2008 there was a 10.11% decrease in the average days aged, a 39.45% decrease in the median days aged, and a 12.00% decrease in the number of such cases.

For cases resulting in surrender of license, between 2005 and 2008 there was a 14.88% decrease in the average days aged, a 49.86% decrease in the median days aged, and a 10.26% decrease in the number of such cases.

For cases resulting in suspension of license only, the percentage increase or decrease could not be calculated as there were no such cases in 2005.

For cases resulting in probation, between 2005 and 2008 there was a 22.04% decrease in the average days aged, a 27.11% decrease in the median days aged, and a 6.82% decrease in the number of such cases.

For cases resulting in probation with suspension, between 2005 and 2008 there was a 4.32% decrease in the average days aged, a 16.39% decrease in the median days aged, and a 58.62% decrease in the number of such cases.

For cases resulting in public reprimand, between 2005 and 2008 there was an 11.35% decrease in the average days aged, a 31.86% decrease in the median days aged, and no change in the number of such cases.

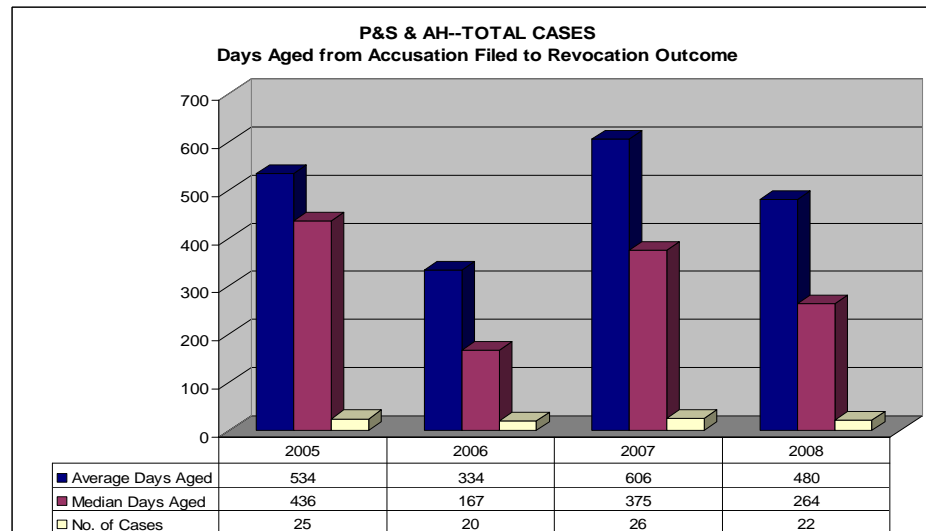
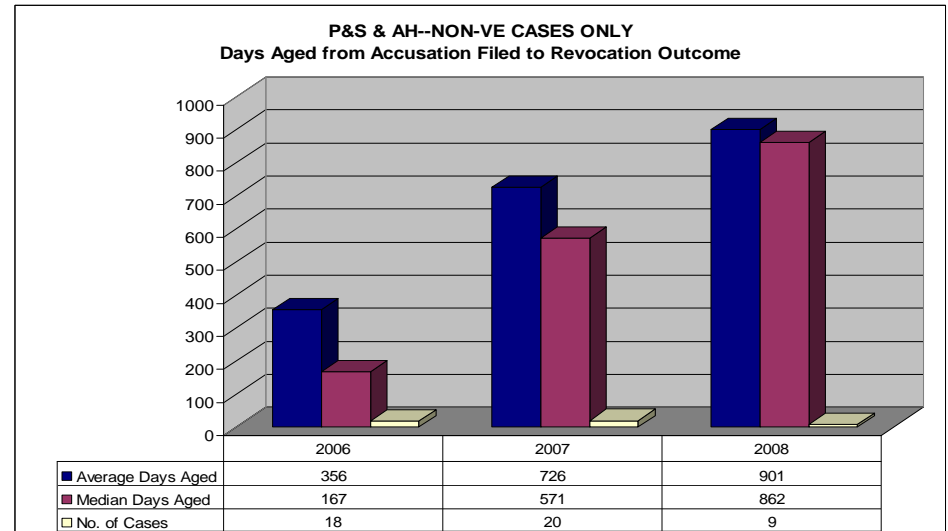
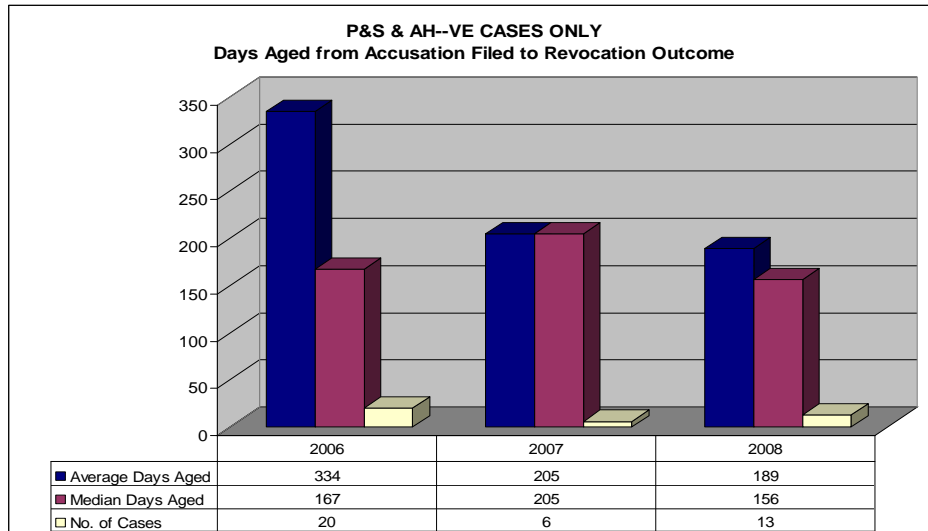
For cases resulting in other decisions, between 2005 and 2008 there was a 33.52% increase in the average days aged, a 5.90% decrease in the median days aged, and a 300.00% increase in the number of such cases.

For cases resulting in a withdrawal or dismissal, between 2005 and 2008 there was a 16.67% increase in the average days aged, a 23.64% decrease in the median days aged, and a 24.00% increase in the number of such cases.

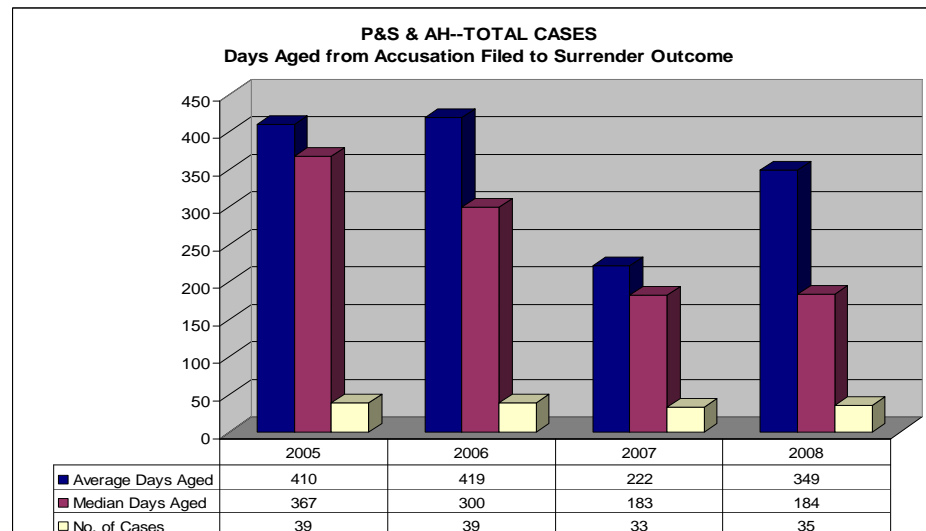
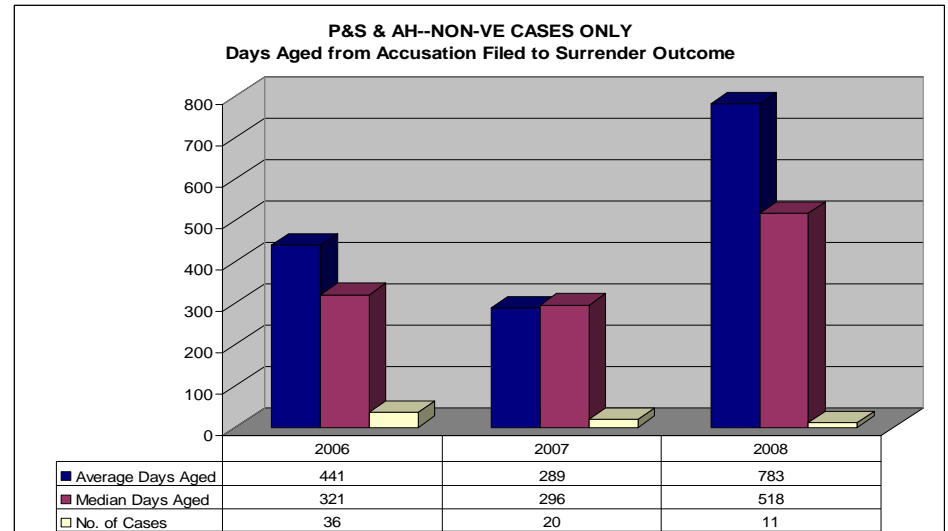
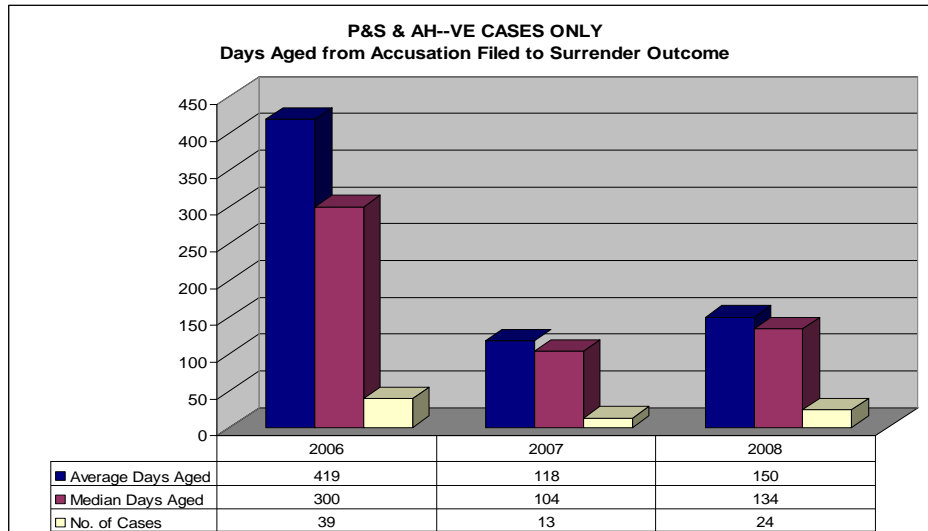
Table 17.5 – Calendar Days Aged from Accusation Filed to Indicated Administrative Outcome for Physicians and Surgeons and Allied Health Cases

	Percentage Difference 2006 to 2007			Percentage Difference 2007 to 2008			Percentage Difference 2006 to 2008			Percentage Difference 2005 to 2008
	All	Not VE	VE	All	Not VE	VE	All	Not VE	VE	All
REVOCATION										
Calendar Day Age from Date Accusation Filed to Indicated Outcome in Calendar Year										
Average	81.44%	103.93%	-38.62%	-20.79%	24.10%	-7.80%	43.71%	153.09%	-43.41%	-10.11%
Median (middle record - half are above and half below)	124.55%	241.92%	22.75%	-29.60%	50.96%	-23.90%	58.08%	416.17%	-6.59%	-39.45%
Record Count	30.00%	11.11%	-70.00%	-15.38%	-55.00%	116.67%	10.00%	-50.00%	-35.00%	-12.00%
SURRENDER										
Calendar Day Age from Date Accusation Filed to Indicated Outcome in Calendar Year										
Average	-47.02%	-34.47%	-71.84%	57.21%	170.93%	27.12%	-16.71%	77.55%	-64.20%	-14.88%
Median (middle record - half are above and half below)	-39.00%	-7.79%	-65.33%	0.55%	75.00%	28.85%	-38.67%	61.37%	-55.33%	-49.86%
Record Count	-15.38%	-44.44%	-66.67%	6.06%	-45.00%	84.62%	-10.26%	-69.44%	-38.46%	-10.26%
SUSPENSION ONLY										
Calendar Day Age from Date Accusation Filed to Indicated Outcome in Calendar Year										
Average	-100.00%	-100.00%	-100.00%				-100.00%	-100.00%	-100.00%	
Median (middle record - half are above and half below)	-100.00%	-100.00%	-100.00%				-100.00%	-100.00%	-100.00%	
Record Count	-100.00%	-100.00%	-100.00%				-100.00%	-100.00%	-100.00%	
PROBATION										
Calendar Day Age from Date Accusation Filed to Indicated Outcome in Calendar Year										
Average	-6.96%	-1.25%	-52.32%	-10.36%	3.07%	11.24%	-16.61%	1.79%	-46.96%	-22.04%
Median (middle record - half are above and half below)	-9.49%	4.63%	-39.35%	-7.16%	-5.75%	1.15%	-15.97%	-1.39%	-38.66%	-27.11%
Record Count	20.27%	6.76%	-86.49%	-7.87%	-35.44%	210.00%	10.81%	-31.08%	-58.11%	-6.82%
PROBATION W/SUSPENSION										
Calendar Day Age from Date Accusation Filed to Indicated Outcome in Calendar Year										
Average	-6.03%	-7.50%	-59.70%	2.00%	36.49%	45.33%	-4.14%	26.25%	-41.43%	-4.32%
Median (middle record - half are above and half below)	-23.76%	-23.15%	-57.62%	5.97%	59.01%	29.91%	-19.21%	22.20%	-44.95%	-16.39%
Record Count	-5.88%	-6.25%	-94.12%	-25.00%	-60.00%	500.00%	-29.41%	-62.50%	-64.71%	-58.62%
PUBLIC REPRIMAND										
Calendar Day Age from Date Accusation Filed to Indicated Outcome in Calendar Year										
Average	-14.96%	-12.40%	-60.51%	-3.49%	-12.31%	15.36%	-17.92%	-1.62%	-54.45%	-11.35%
Median (middle record - half are above and half below)	-29.09%	-22.58%	-63.82%	-2.24%	-17.01%	23.60%	-30.68%	-9.41%	-55.28%	-31.86%
Record Count	-19.12%	-23.53%	-95.59%	0.00%	26.92%	466.67%	-19.12%	-44.12%	-75.00%	0.00%
OTHER DECISION										
Calendar Day Age from Date Accusation Filed to Indicated Outcome in Calendar Year										
Average	-61.58%	-56.30%	-82.64%	37.72%	87.22%	38.70%	-47.09%	-18.19%	-75.92%	33.52%
Median (middle record - half are above and half below)	-27.06%	-4.62%	-62.05%	11.76%	18.17%	41.30%	-18.48%	12.71%	-46.37%	-5.90%
Record Count	66.67%	33.33%	-66.67%	60.00%	0.00%	300.00%	166.67%	33.33%	33.33%	300.00%
ACCUSATION WITHDRAWN/DISMISSED										
Calendar Day Age from Date Accusation Filed to Indicated Outcome in Calendar Year										
Average	10.04%	8.15%	-70.08%	41.50%	59.97%	103.95%	55.71%	73.01%	-38.98%	16.67%
Median (middle record - half are above and half below)	5.19%	29.43%	-56.82%	25.62%	80.57%	168.42%	32.14%	133.71%	15.91%	-23.64%
Record Count	34.78%	36.84%	-78.26%	0.00%	-19.23%	100.00%	34.78%	10.53%	-56.52%	24.00%

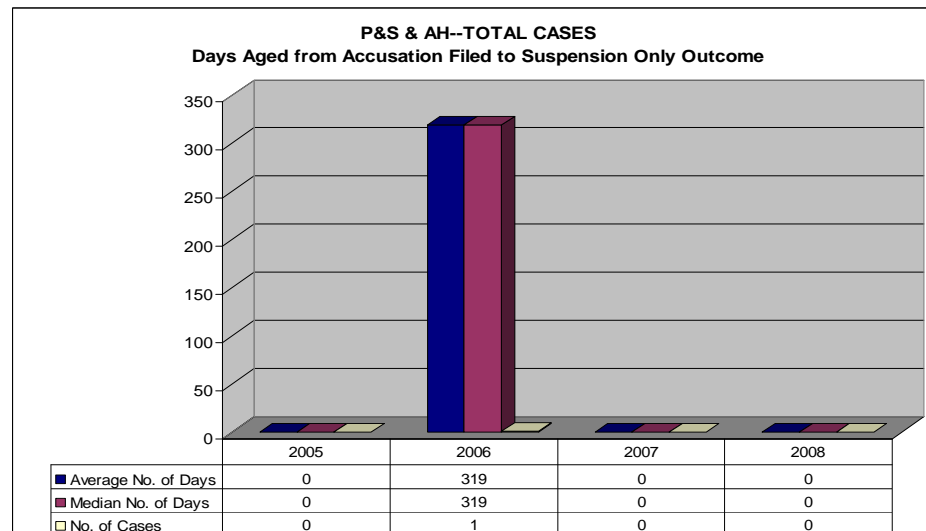
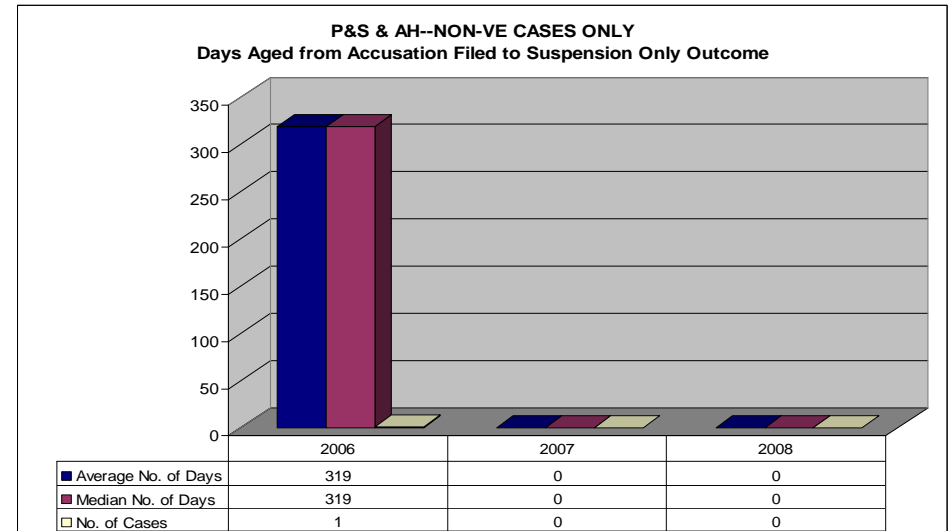
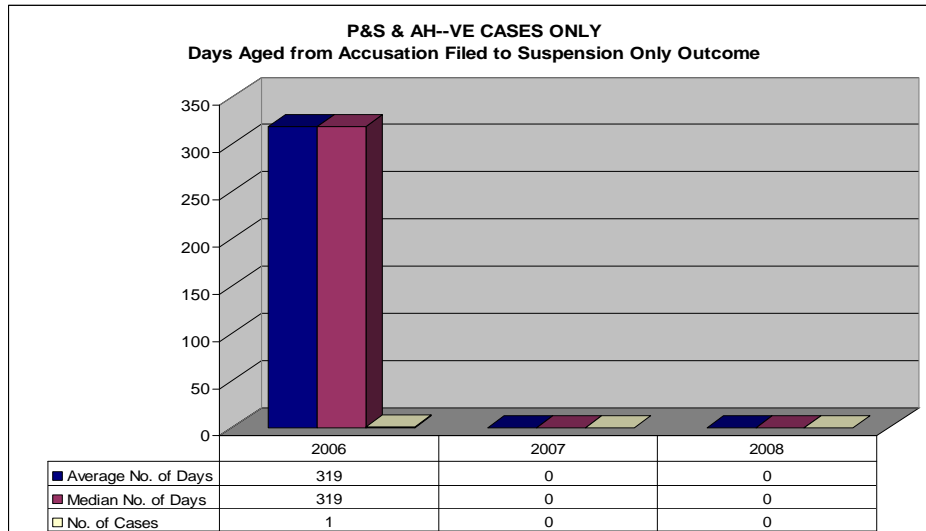
Charts 17.5a, b& c – Calendar Days Aged from Accusation Filed to Revocation Outcome for Physicians and Surgeons and Allied Health Cases



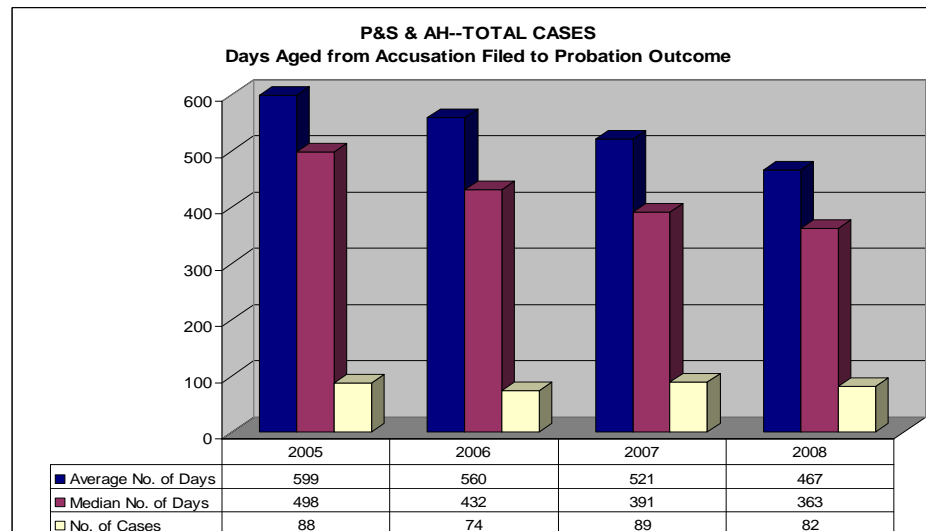
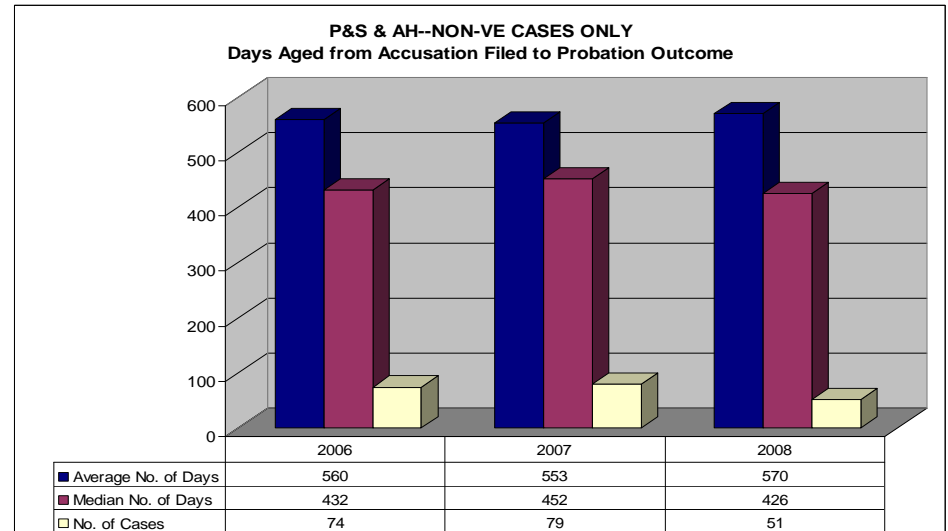
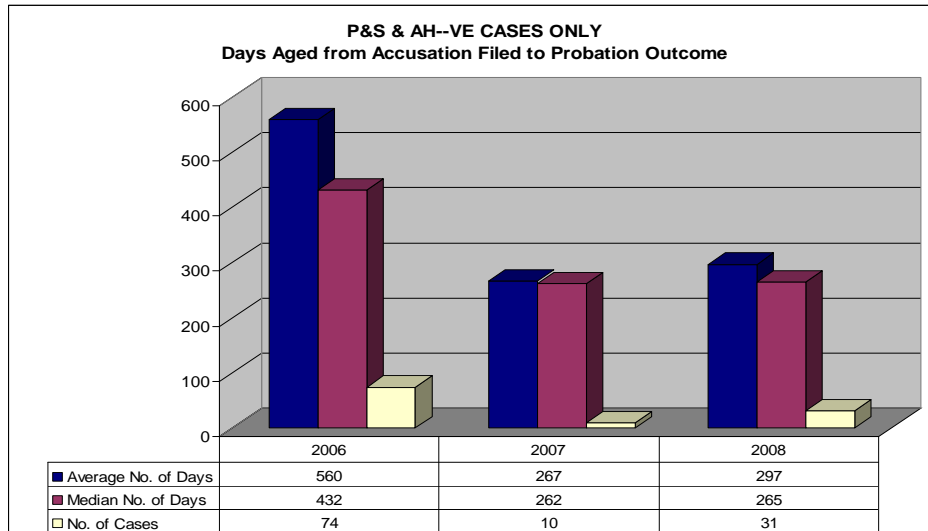
Charts 17.5d, e& f – Calendar Days Aged from Accusation Filed to Surrender Outcome for Physicians and Surgeons and Allied Health Cases



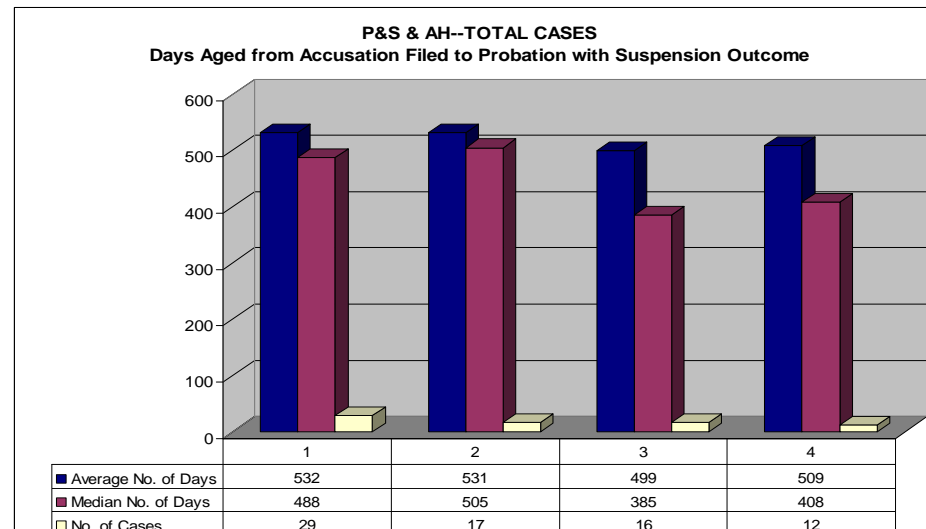
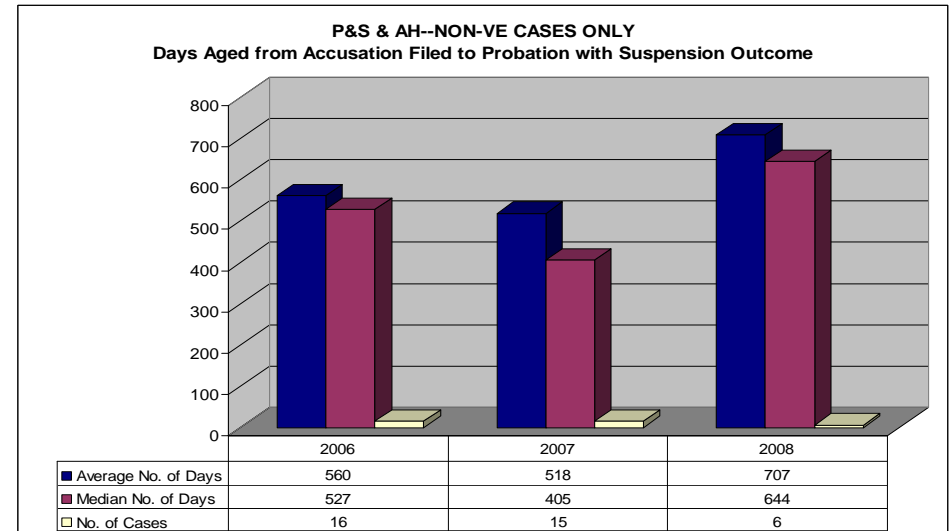
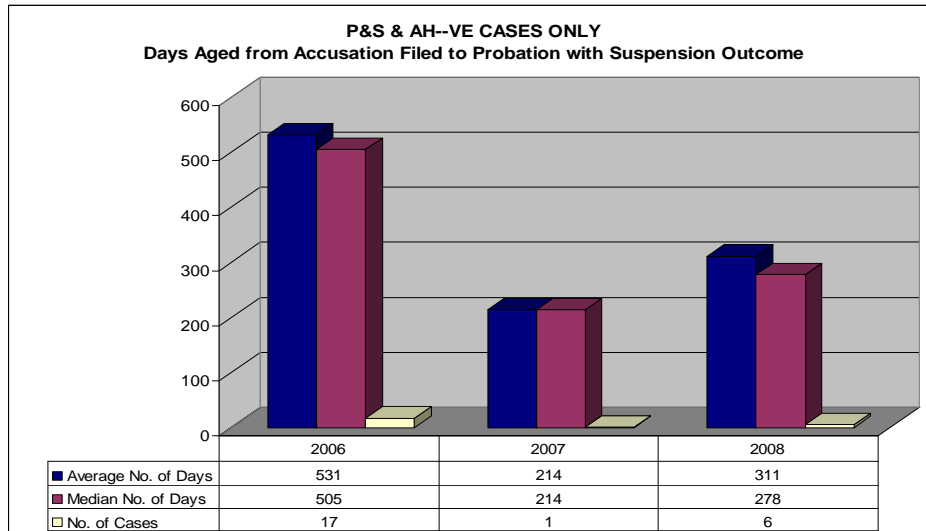
Charts 17.5g, h & i – Calendar Days Aged from Accusation Filed to Suspension Only Outcome for Physicians and Surgeons and Allied Health Cases



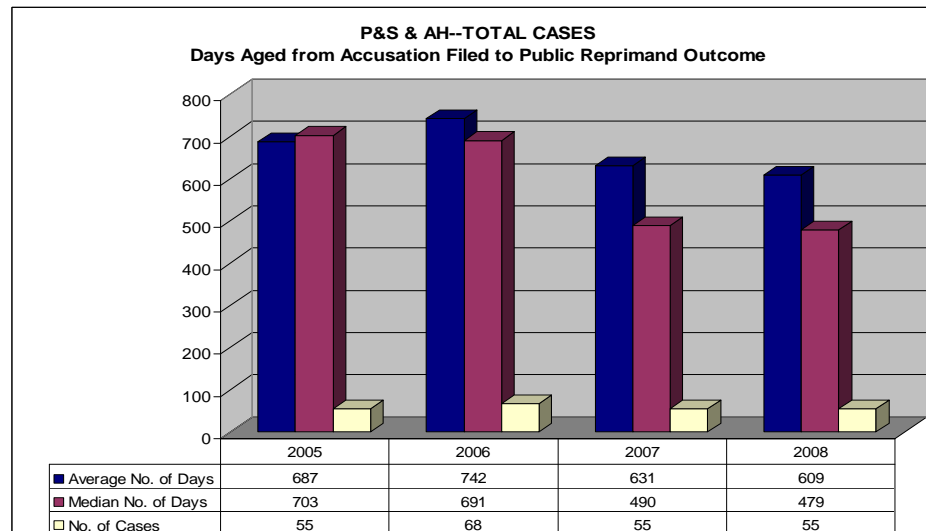
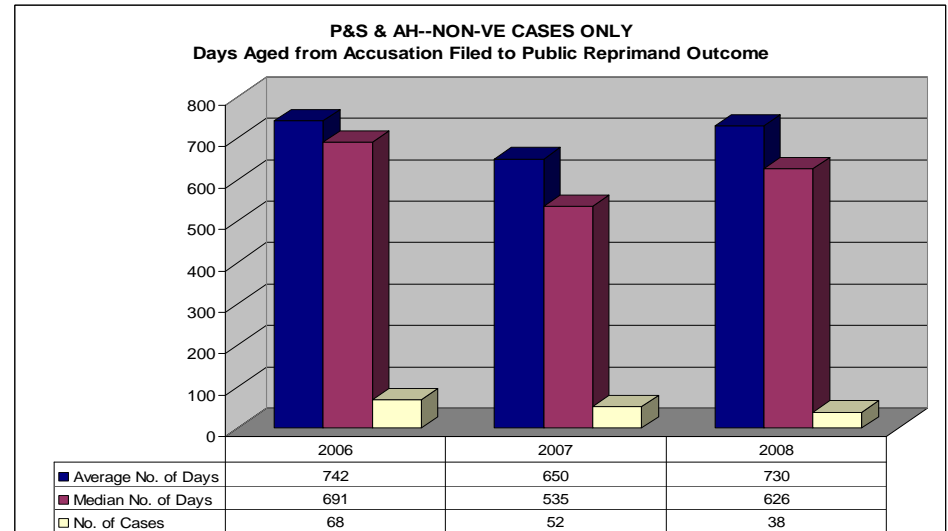
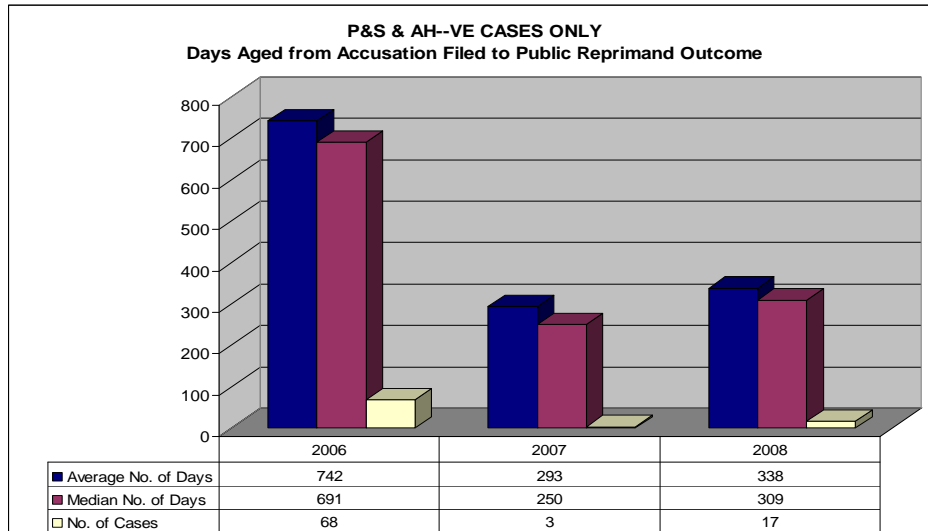
Charts 17.5j, k & l – Calendar Days Aged from Accusation Filed to Probation Outcome for Physicians and Surgeons and Allied Health Cases



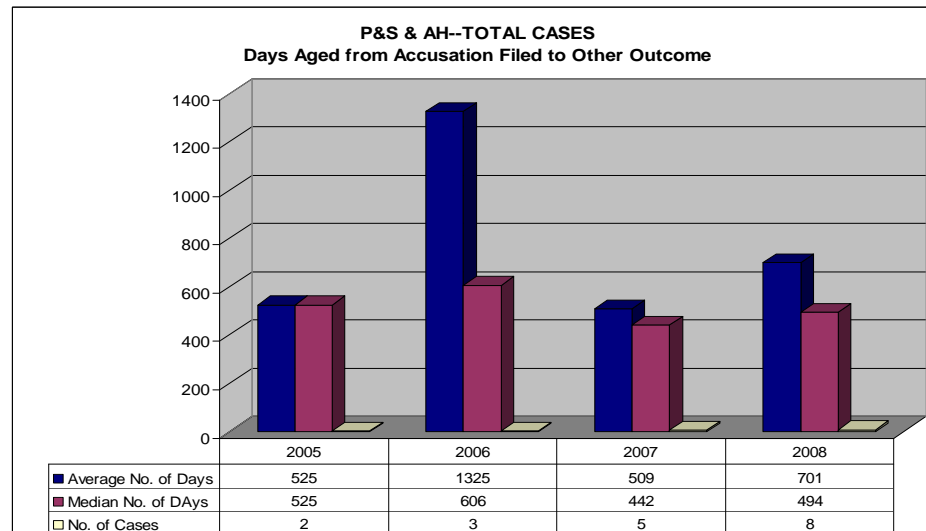
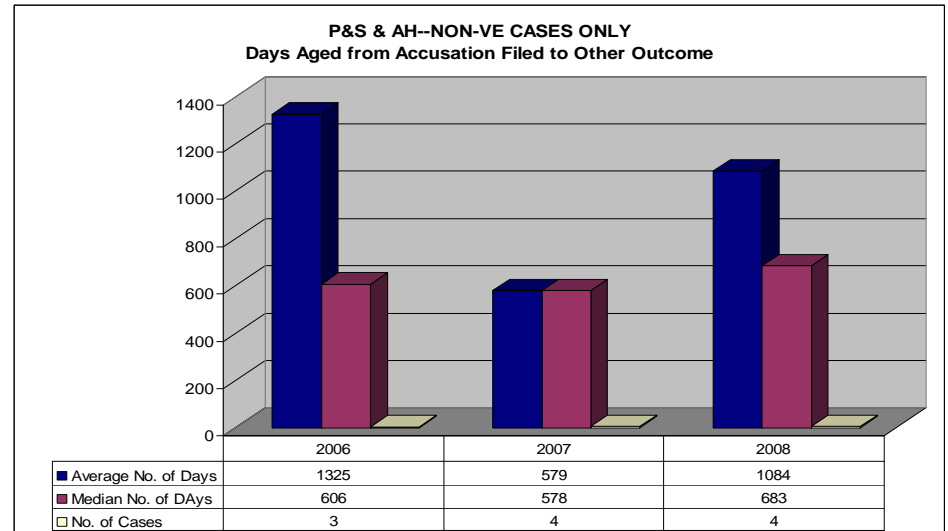
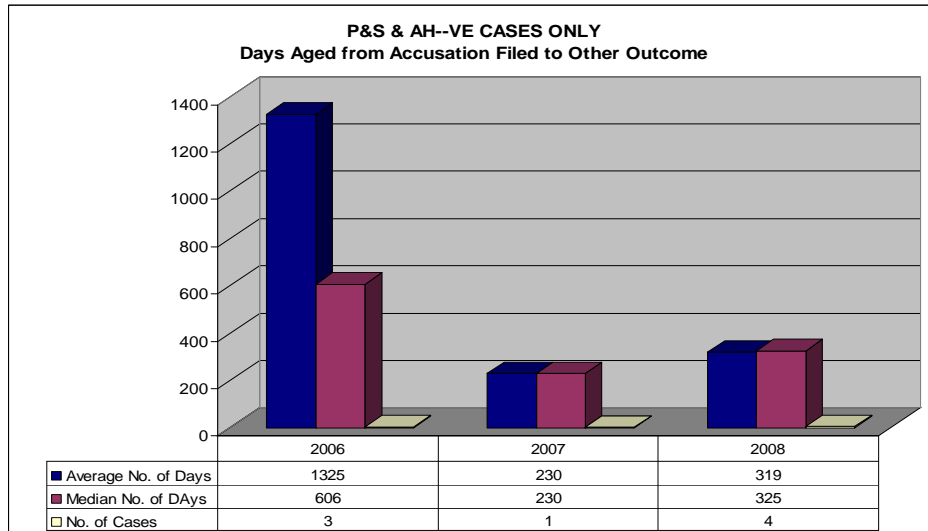
Charts 17.5m, n & o – Calendar Days Aged from Accusation Filed to Probation with Suspension Outcome for Physicians and Surgeons and Allied Health Cases



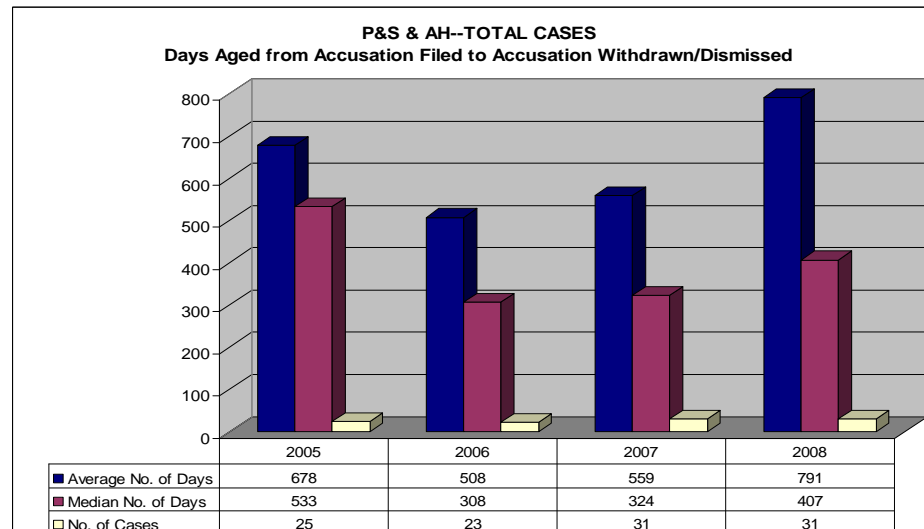
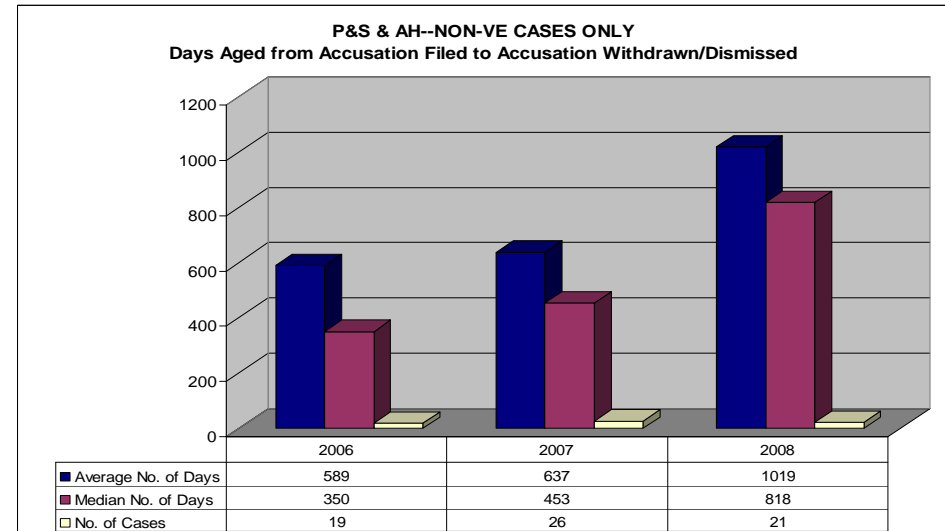
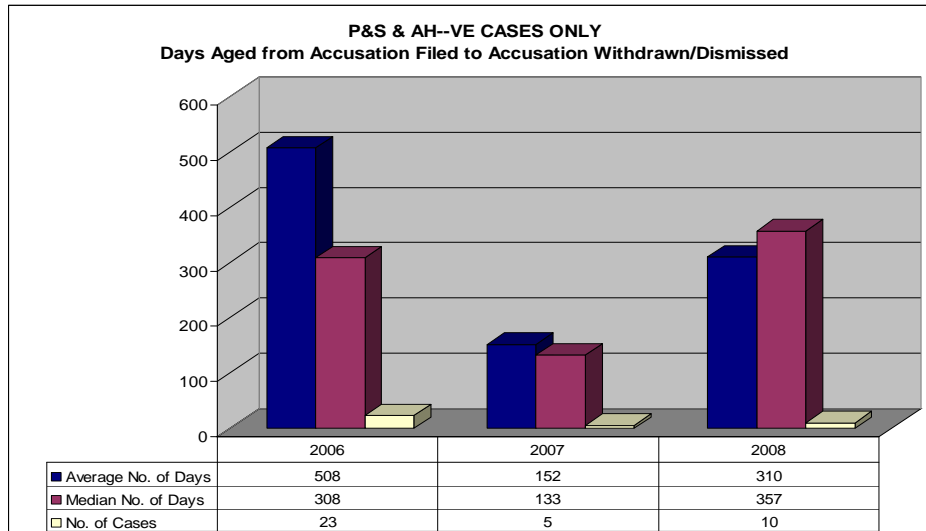
Charts 17.5p, q & r – Calendar Days Aged from Accusation Filed to Public Reprimand Outcome for Physicians and Surgeons and Allied Health Cases



Charts 17.5s, t & u – Calendar Days Aged from Accusation Filed to Other Outcome for Physicians and Surgeons and Allied Health Cases



Charts 17.5v, w & x – Calendar Days Aged from Accusation Filed to Withdrawn/Dismissed Outcome for Physicians and Surgeons and Allied Health Cases



CALENDAR DAYS AGED FROM ACCUSATION FILED TO ADMINISTRATIVE OUTCOMES — PHYSICIANS AND SURGEONS

Table 17.6 below reports the average and median calendar days aged from the date the accusation was filed to the indicated administrative outcome for Physicians and Surgeons cases.

For cases resulting in revocation of license, between 2005 and 2008 there was a 14.43% decrease in the average days aged, a 56.65% decrease in the median days aged, and a 16.67% decrease in the number of such cases.

For cases resulting in surrender of license, between 2005 and 2008 there was a 14.66% decrease in the average days aged, a 50.14% decrease in the median days aged, and a 14.29% increase in the number of such cases.

For cases resulting in suspension of license only, the percentage increase or decrease could not be calculated as there were no such cases in 2005.

For cases resulting in probation, between 2005 and 2008 there was a 1.65% decrease in the average days aged, a 20.59% decrease in the median days aged, and a 20.00% decrease in the number of such cases.

For cases resulting in probation with suspension, between 2005 and 2008 there was a 4.78% decrease in the average days aged, a 28.69% decrease in the median days aged, and a 62.50% decrease in the number of such cases.

For cases resulting in public reprimand, between 2005 and 2008 there was a 9.49% decrease in the average days aged, a 29.39% decrease in the median days aged, and an 8.16% increase in the number of such cases.

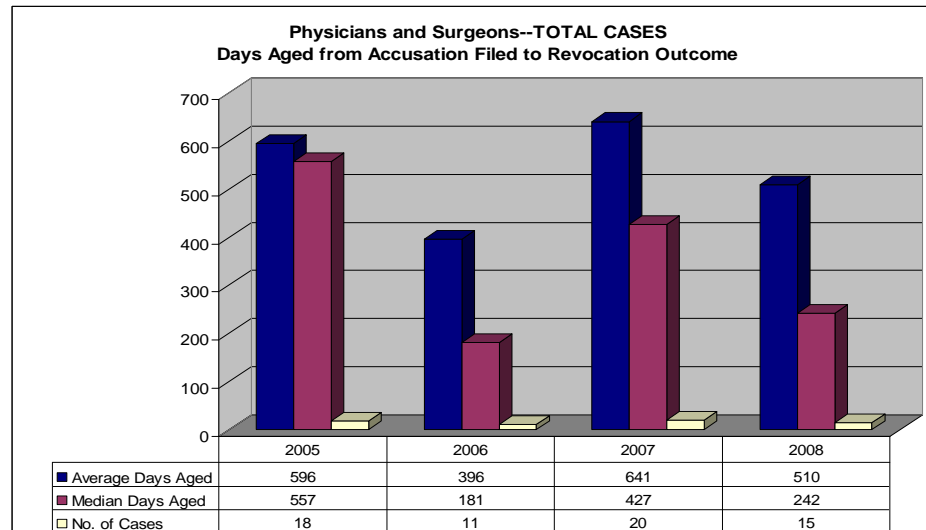
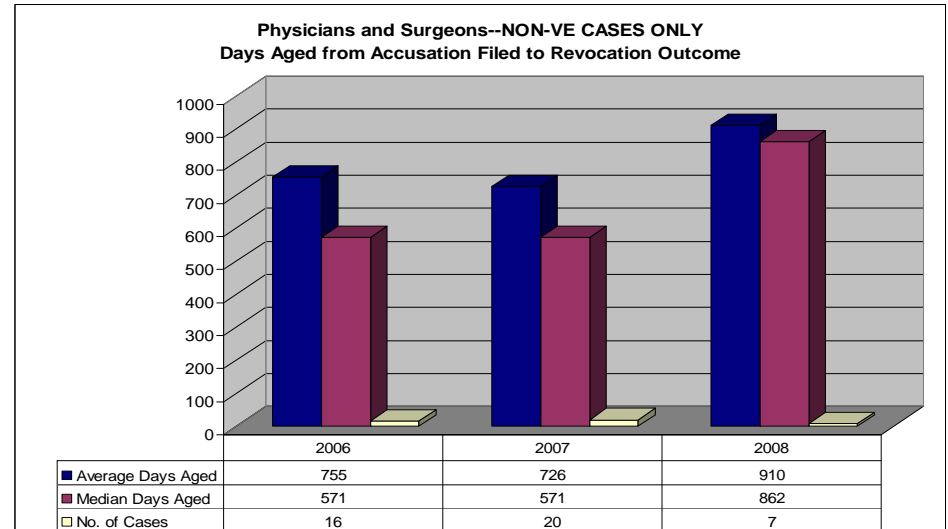
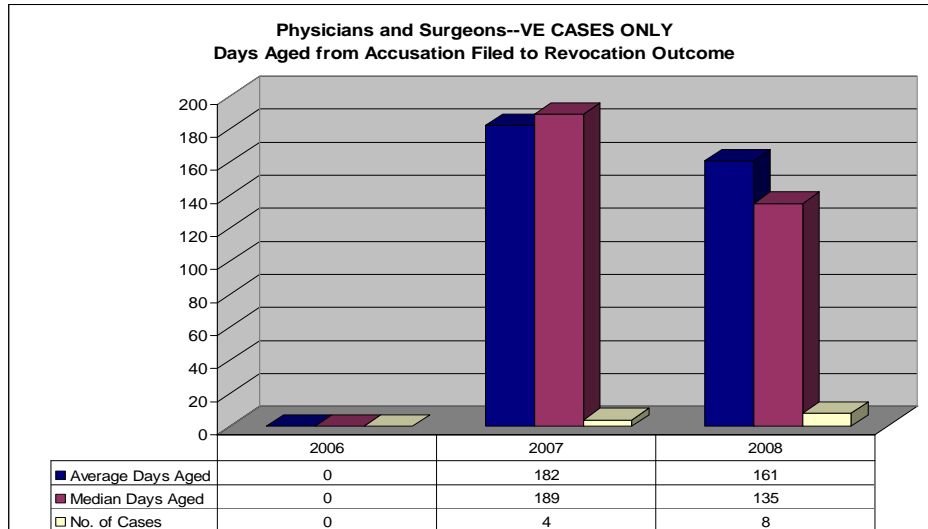
For cases resulting in other decisions, between 2005 and 2008 there was a 93.42% increase in the average days aged, a 15.34% decrease in the median days aged, and a 600.00% increase in the number of such cases.

For cases resulting in a withdrawal or dismissal between 2005 and 2008 there was a 2.78% increase in the average days aged, a 25.73% decrease in the median days aged, and a 26.09% increase in the number of such cases.

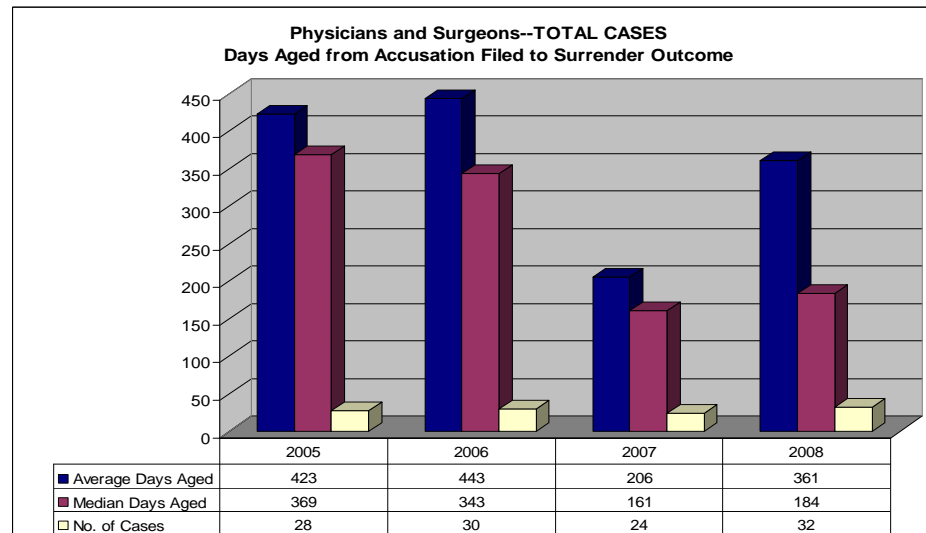
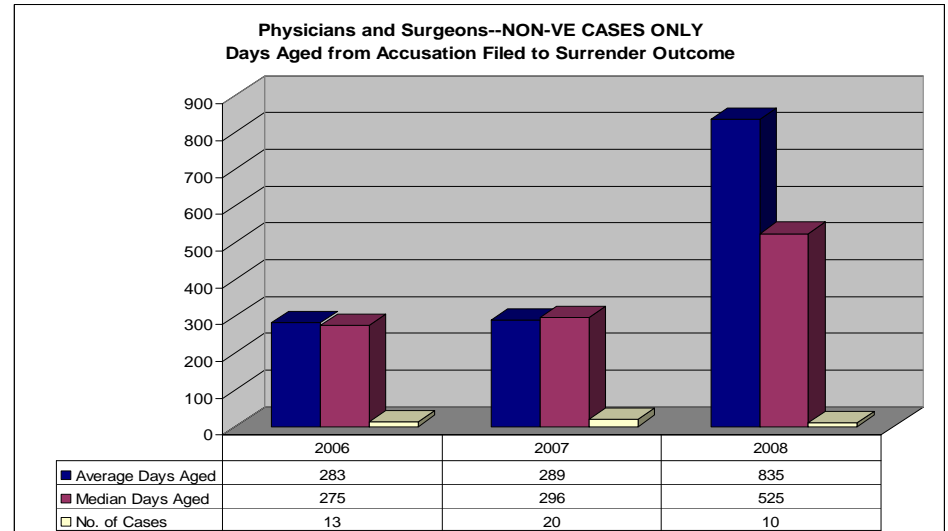
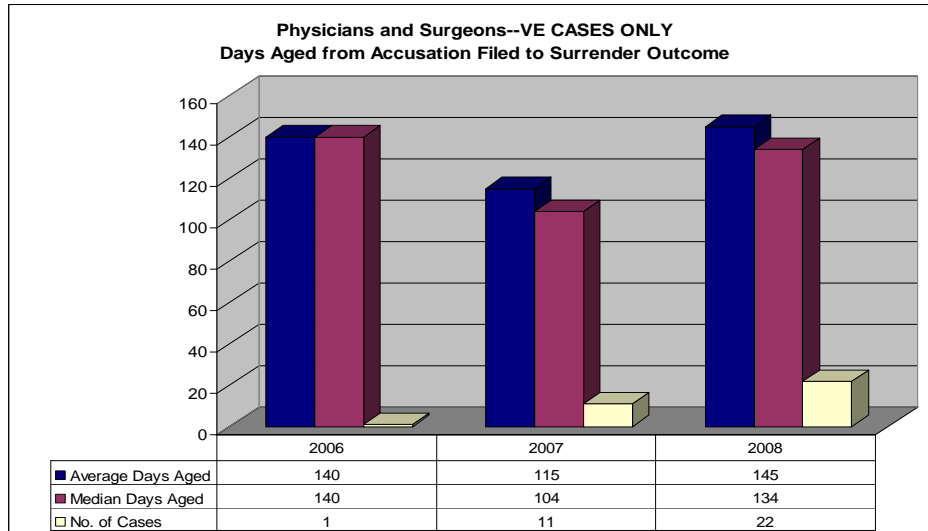
Table 17.6 – Calendar Days Aged from Accusation Filed to Indicated Administrative Outcome for Physicians and Surgeons Cases

	Percentage Difference 2006 to 2007			Percentage Difference 2007 to 2008			Percentage Difference 2006 to 2008			Percentage Difference 2005 to 2008
	All	Not VE	VE	All	Not VE	VE	All	Not VE	VE	All
REVOCATION										
Calendar Day Age from Date Accusation Filed to Indicated Outcome in Calendar Year										
Average	61.87%	-3.84%		-20.44%	25.34%	-11.54%	28.79%	20.53%		-14.43%
Median (middle record - half are above and half below)	135.91%	0.00%		-43.33%	50.96%	-28.57%	33.70%	50.96%		-56.55%
Record Count	81.82%	25.00%		-25.00%	-65.00%	100.00%	36.36%	-56.25%		-16.67%
SURRENDER										
Calendar Day Age from Date Accusation Filed to Indicated Outcome in Calendar Year										
Average	-53.50%	2.12%	-17.86%	75.24%	188.93%	26.09%	-18.51%	195.05%	3.57%	-14.66%
Median (middle record - half are above and half below)	-53.06%	7.64%	-25.71%	14.29%	77.36%	28.85%	-46.36%	90.91%	-4.29%	-50.14%
Record Count	-20.00%	53.85%	1000.00%	33.33%	-50.00%	100.00%	6.67%	-23.08%	2100.00%	14.29%
SUSPENSION ONLY										
Calendar Day Age from Date Accusation Filed to Indicated Outcome in Calendar Year										
Average	-100.00%						-100.00%			
Median (middle record - half are above and half below)	-100.00%						-100.00%			
Record Count	-100.00%						-100.00%			
PROBATION										
Calendar Day Age from Date Accusation Filed to Indicated Outcome in Calendar Year										
Average	-8.07%	-4.98%		6.81%	8.14%	-9.06%	-1.81%	2.75%		-1.65%
Median (middle record - half are above and half below)	-2.59%	-7.76%		-16.37%	5.09%	-3.82%	-18.53%	-3.06%		-20.59%
Record Count	29.31%	14.49%		-25.33%	-50.63%	183.33%	-3.45%	-43.48%		-20.00%
PROBATION W/SUSPENSION										
Calendar Day Age from Date Accusation Filed to Indicated Outcome in Calendar Year										
Average	-4.67%	1.57%		5.49%	48.26%		0.56%	50.59%		-4.78%
Median (middle record - half are above and half below)	-25.51%	10.96%		13.70%	73.33%		-15.31%	92.33%		-28.69%
Record Count	-7.14%	15.38%		-30.77%	-66.67%		-35.71%	-61.54%		-62.50%
PUBLIC REPRIMAND										
Calendar Day Age from Date Accusation Filed to Indicated Outcome in Calendar Year										
Average	-12.82%	-2.55%		-5.05%	-12.31%	9.21%	-17.22%	9.45%		-9.49%
Median (middle record - half are above and half below)	-25.17%	-2.01%		-9.72%	-17.01%	-1.90%	-32.45%	14.65%		-29.39%
Record Count	-13.33%	4.00%		1.92%	26.92%	650.00%	-11.67%	-24.00%		8.16%
OTHER DECISION										
Calendar Day Age from Date Accusation Filed to Indicated Outcome in Calendar Year										
Average	-69.90%	0.00%		38.70%	110.88%	38.70%	-58.25%	110.88%		93.42%
Median (middle record - half are above and half below)	-73.86%	0.00%		-4.75%	20.07%	8.70%	-75.10%	20.07%		15.34%
Record Count	150.00%	0.00%		40.00%	-25.00%	300.00%	250.00%	-25.00%		600.00%
ACCUSATION WITHDRAWN/DISMISSED										
Calendar Day Age from Date Accusation Filed to Indicated Outcome in Calendar Year										
Average	80.43%	-4.21%	143.10%	37.63%	68.92%	119.86%	148.32%	61.80%	434.48%	2.78%
Median (middle record - half are above and half below)	34.25%	0.00%	87.93%	19.35%	85.21%	227.52%	60.24%	85.21%	515.52%	-25.73%
Record Count	75.00%	8.33%	100.00%	3.57%	-26.92%	150.00%	81.25%	-20.83%	400.00%	26.09%

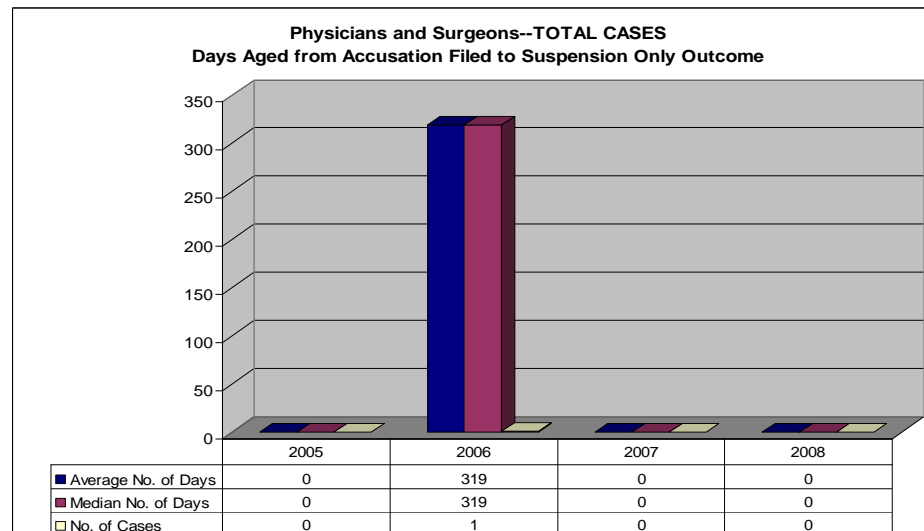
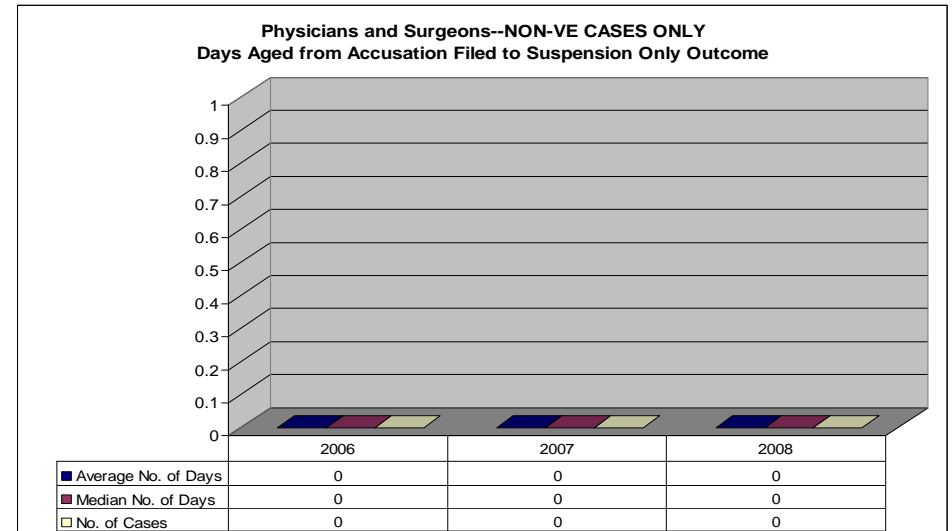
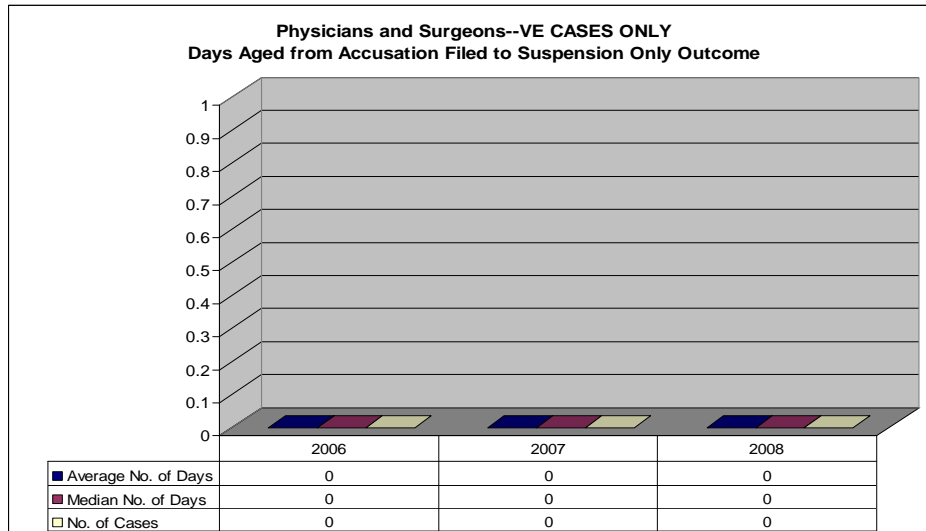
Charts 17.6a, b& c – Calendar Days Aged from Accusation Filed to Revocation Outcome for Physicians and Surgeons Cases



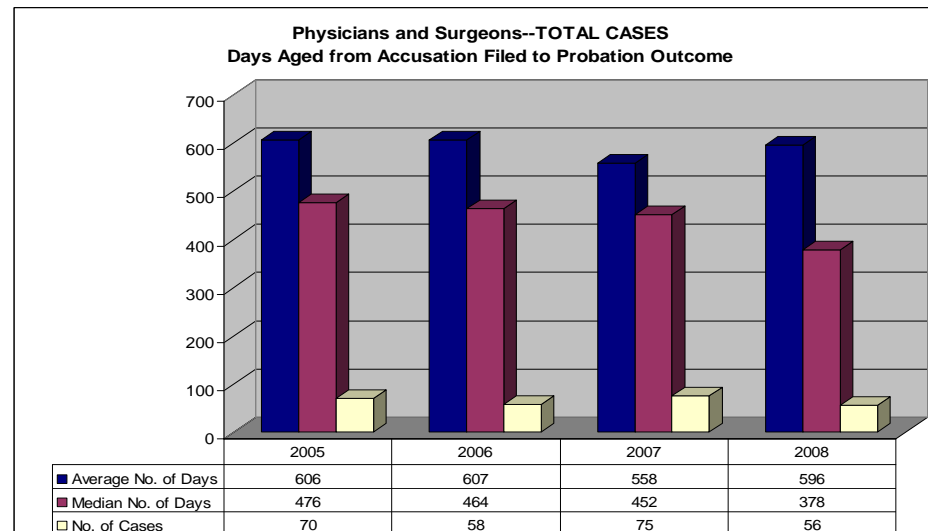
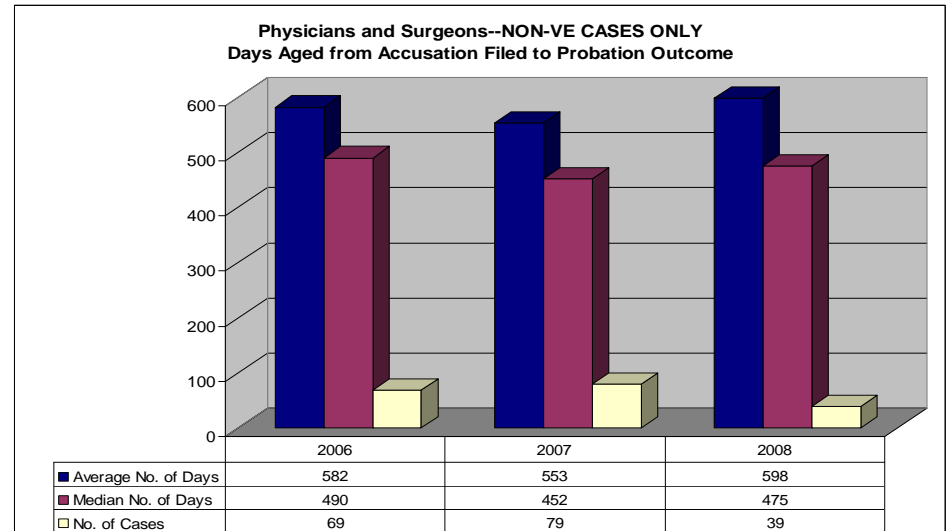
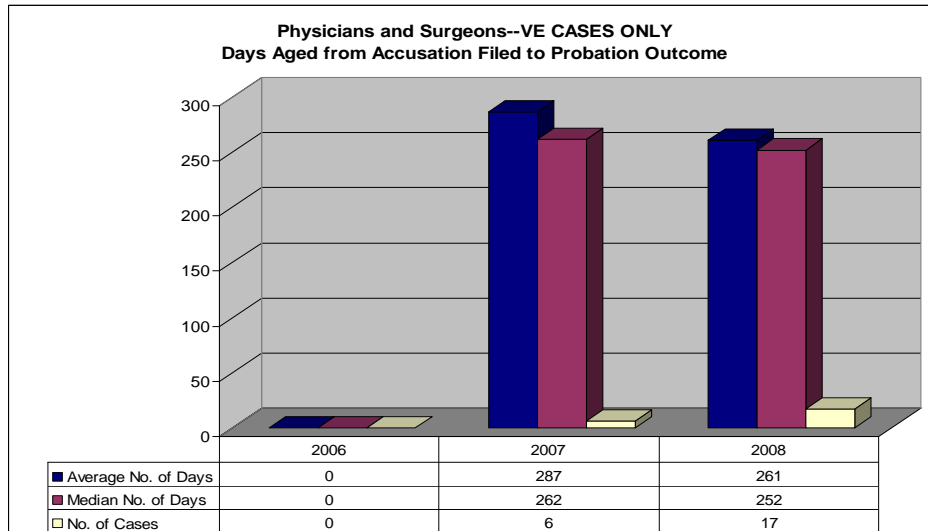
Charts 17.6d, e& f – Calendar Days Aged from Accusation Filed to Surrender Outcome for Physicians and Surgeons Cases



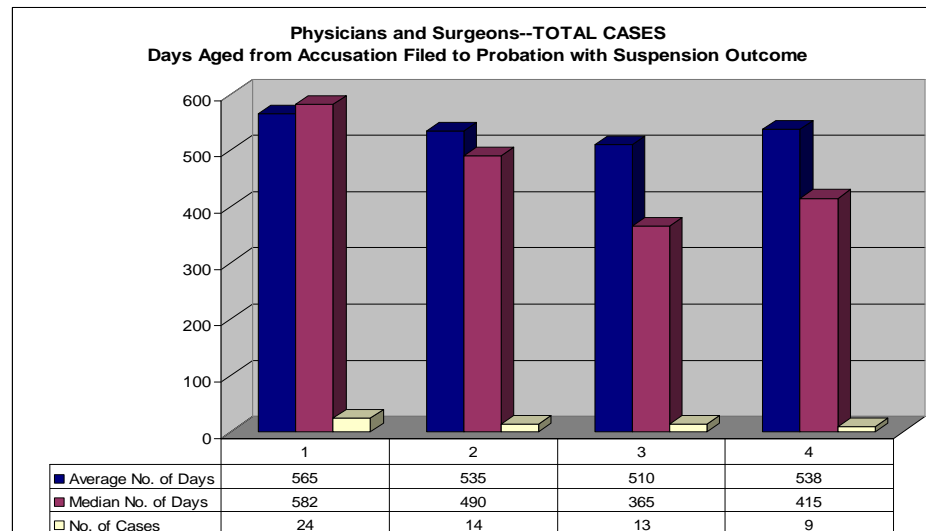
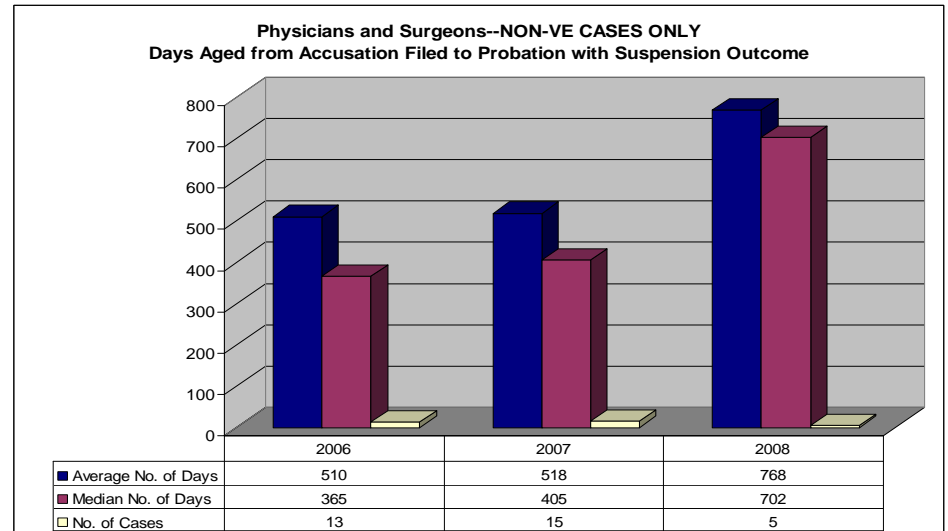
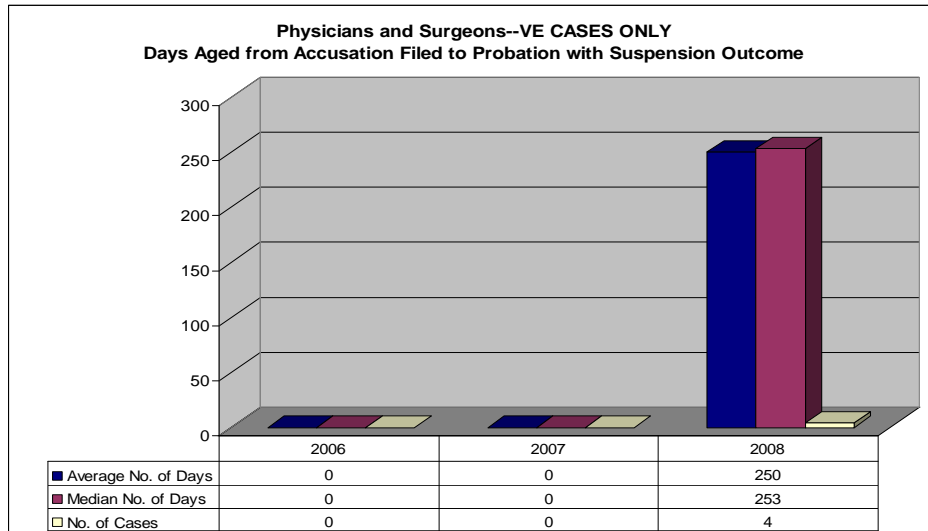
Charts 17.6g, h & i – Calendar Days Aged from Accusation Filed to Suspension Only Outcome for Physicians and Surgeons Cases



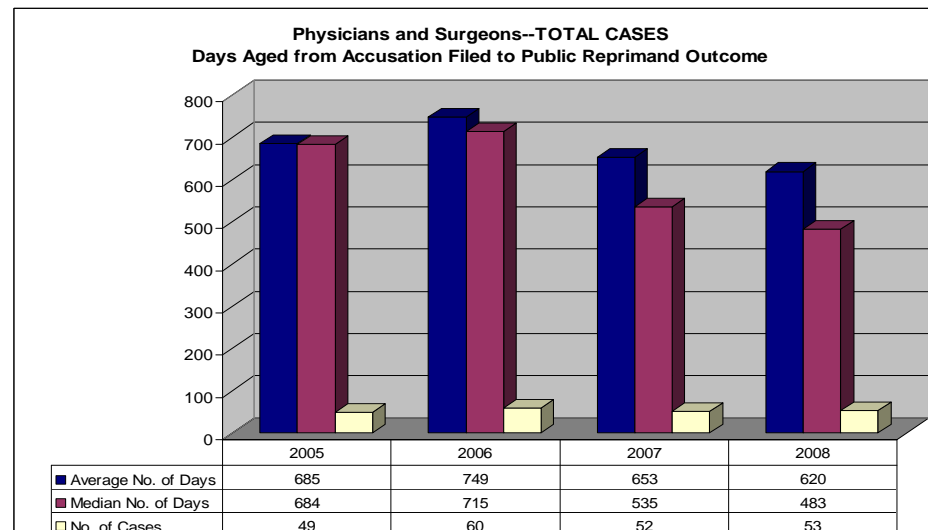
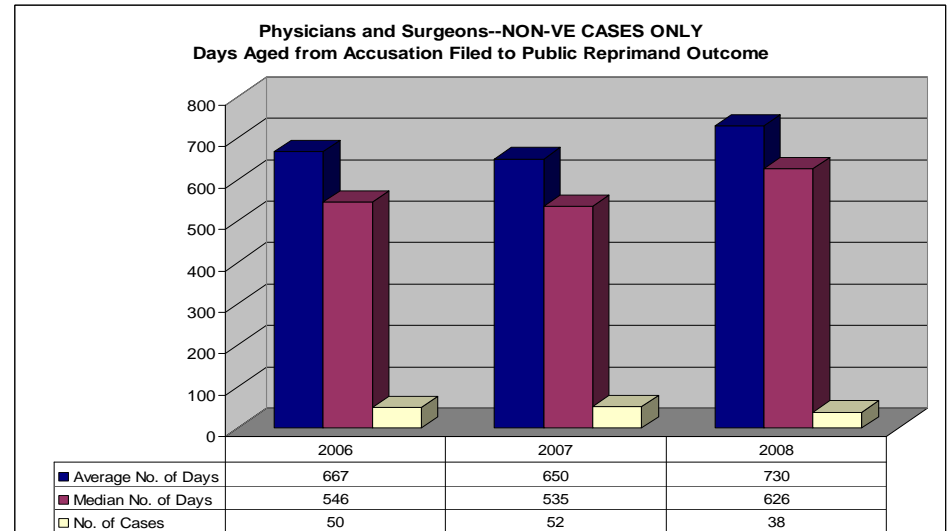
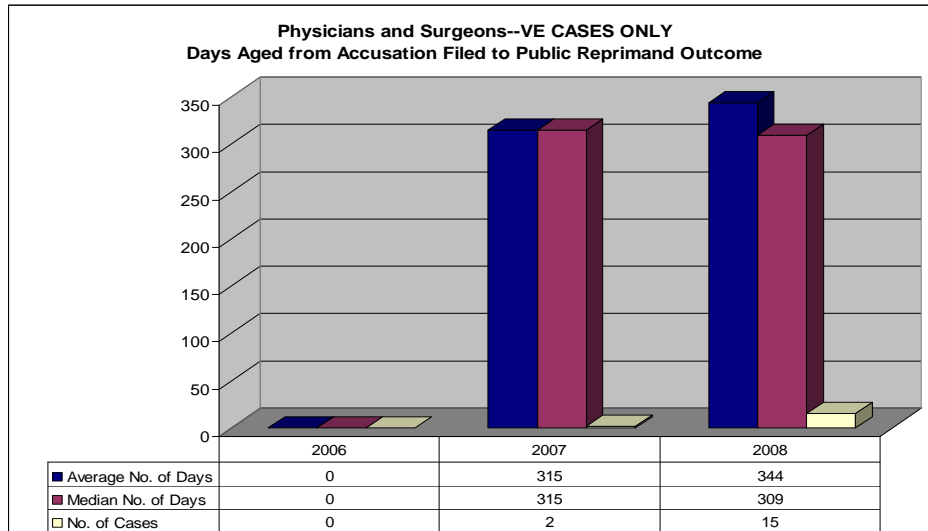
Charts 17.6j, k & l – Calendar Days Aged from Accusation Filed to Probation Outcome for Physicians and Surgeons Cases



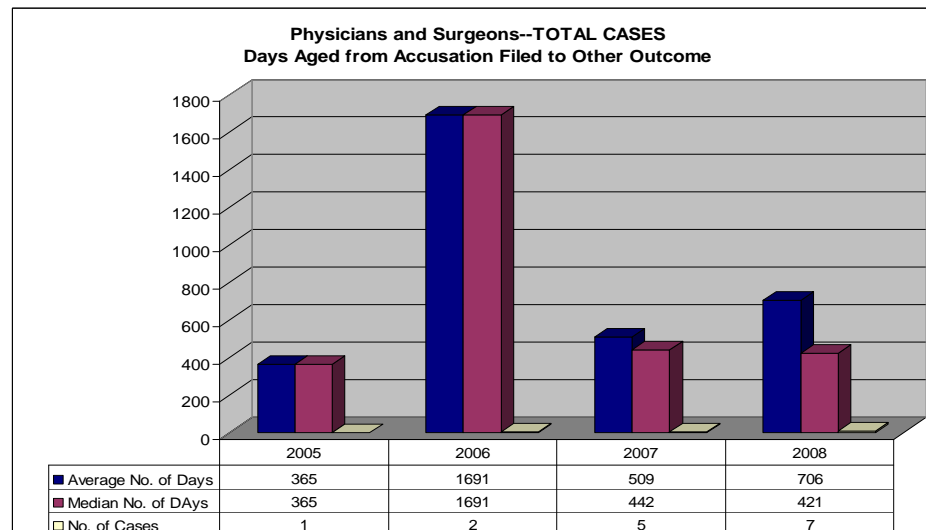
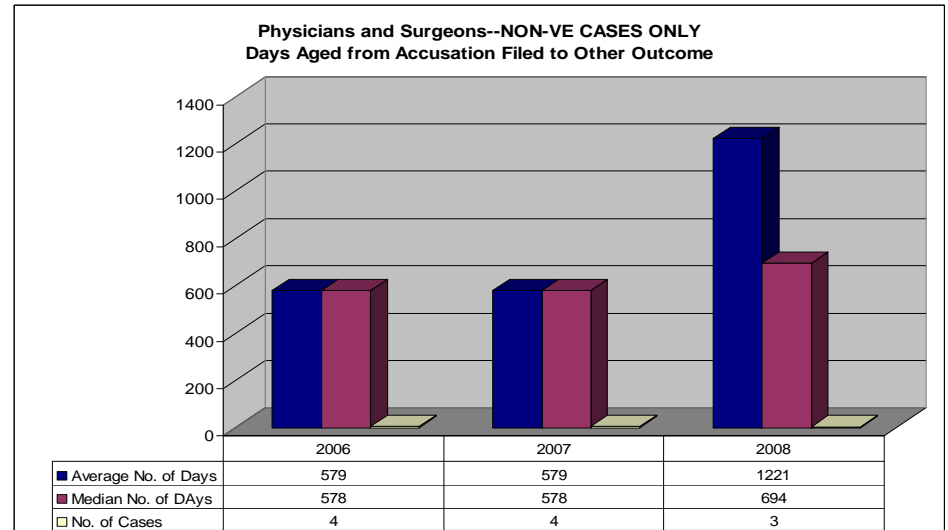
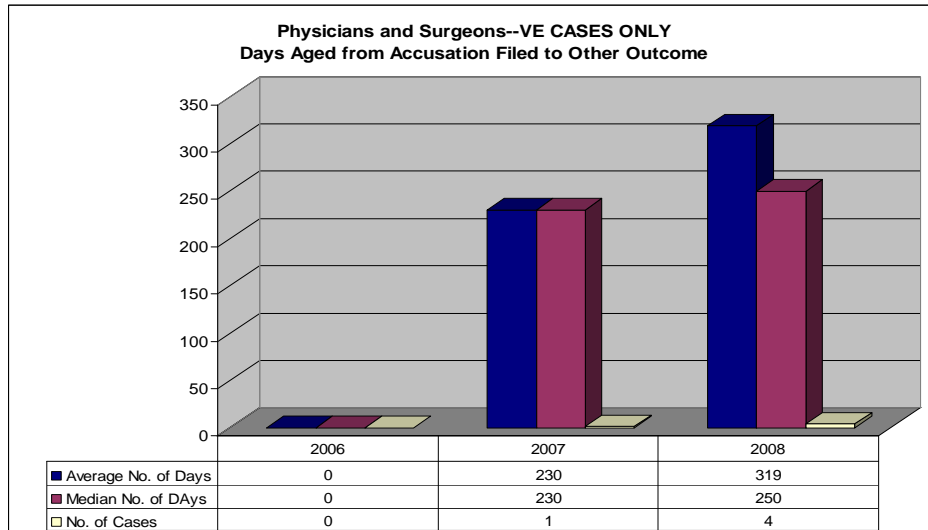
Charts 17.6m, n & o – Calendar Days Aged from Accusation Filed to Probation with Suspension Outcome for Physicians and Surgeons Cases



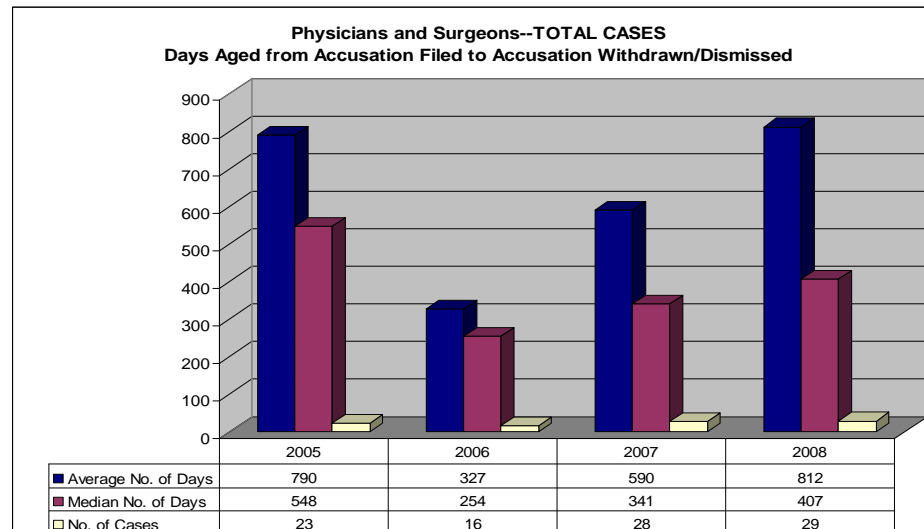
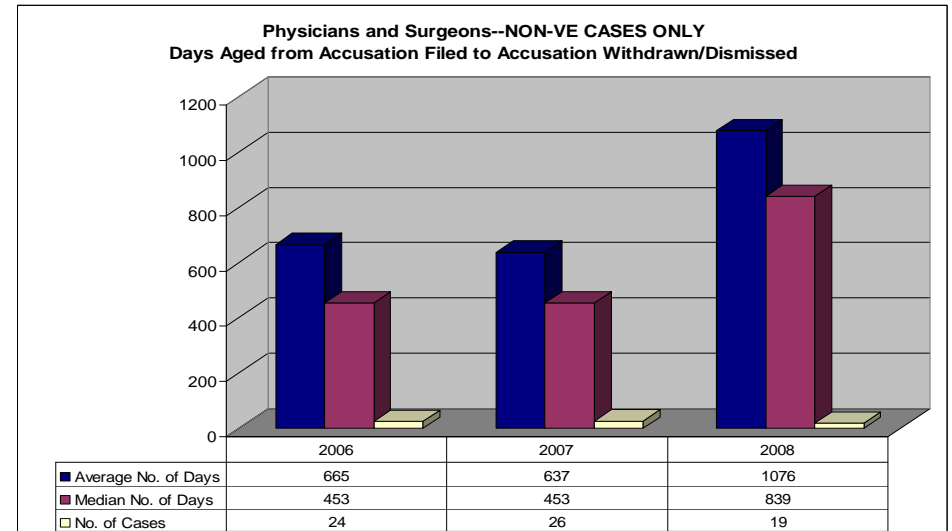
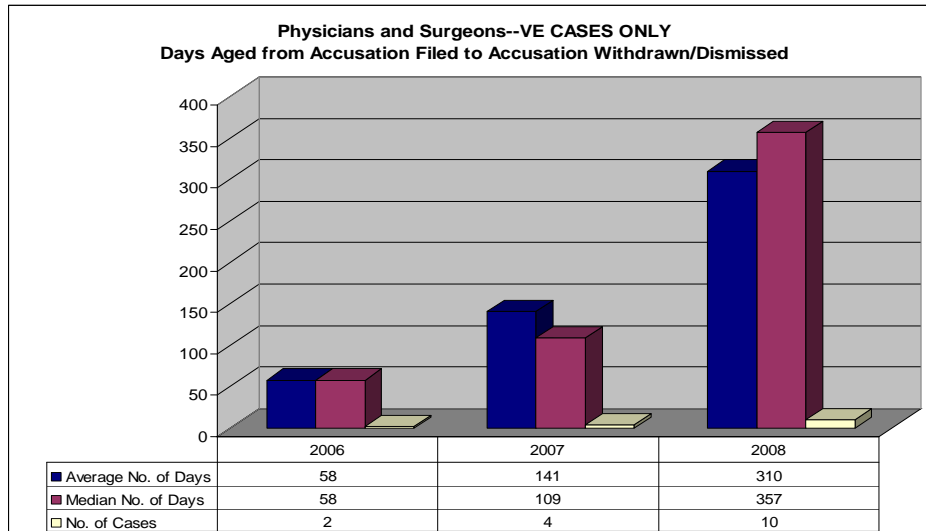
Charts 17.6p, q & r – Calendar Days Aged from Accusation Filed to Public Reprimand Outcome for Physicians and Surgeons Cases



Charts 17.6s, t & u – Calendar Days Aged from Accusation Filed to Other Outcome for Physicians and Surgeons Cases



Charts 17.6v, w & x – Calendar Days Aged from Accusation Filed to Withdrawn/Dismissed Outcome for Physicians and Surgeons Cases



CALENDAR DAYS AGED FROM ACCUSATION FILED TO ADMINISTRATIVE OUTCOMES —ALLIED HEALTH

Table 17.7 below reports the average and median calendar days aged from the date the accusation was filed to the indicated administrative outcome for Allied Health Care cases.

For cases resulting in revocation of license, between 2005 and 2008 there was a 10.64% increase in the average days aged, a 6.23% increase in the median days aged, and no change in the number of such cases.

For cases resulting in surrender of license, between 2005 and 2008 there was a 41.38% decrease in the average days aged, a 20.92% decrease in the median days aged, and a 72.73% decrease in the number of such cases.

For cases resulting in suspension of license only, the percentage increase or decrease could not be calculated as there were no such cases in 2005.

For cases resulting in probation, between 2005 and 2008 there was a 29.12% decrease in the average days aged, a 32.32% decrease in the median days aged, and a 44.44% decrease in the number of such cases.

For cases resulting in probation with suspension, between 2005 and 2008 there was a 12.53% increase in the average days aged, a 21.21% increase in the median days aged, and a 40.00% decrease in the number of such cases.

For cases resulting in public reprimand, between 2005 and 2008 there was an 11.35% decrease in the average days aged, a 31.86% decrease in the median days aged, and no change in the number of such cases.

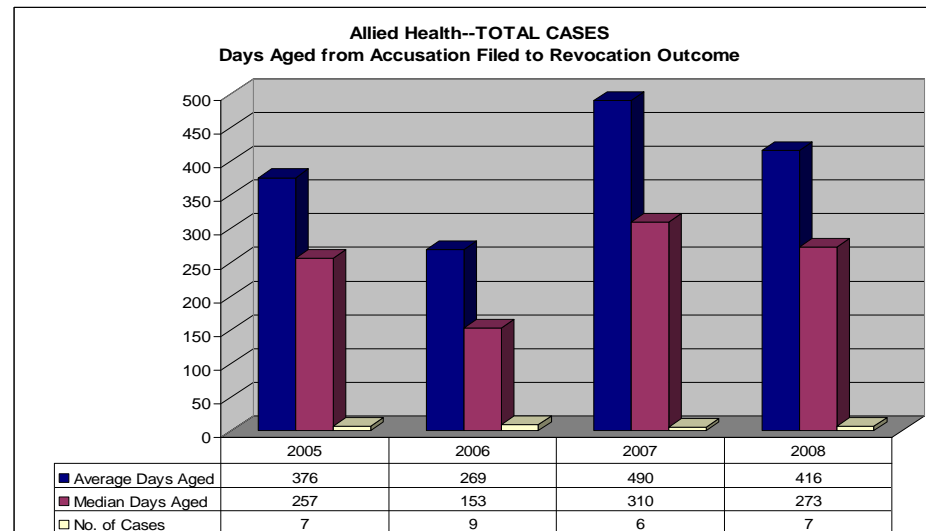
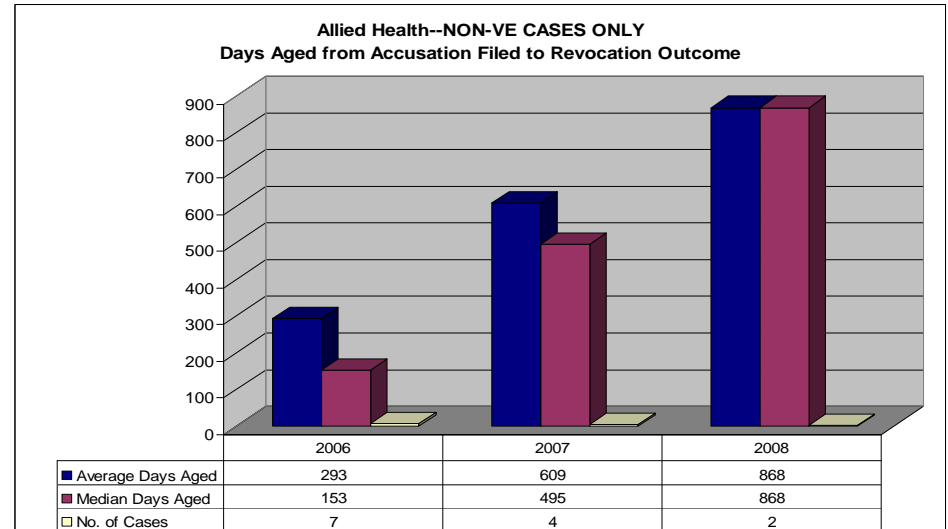
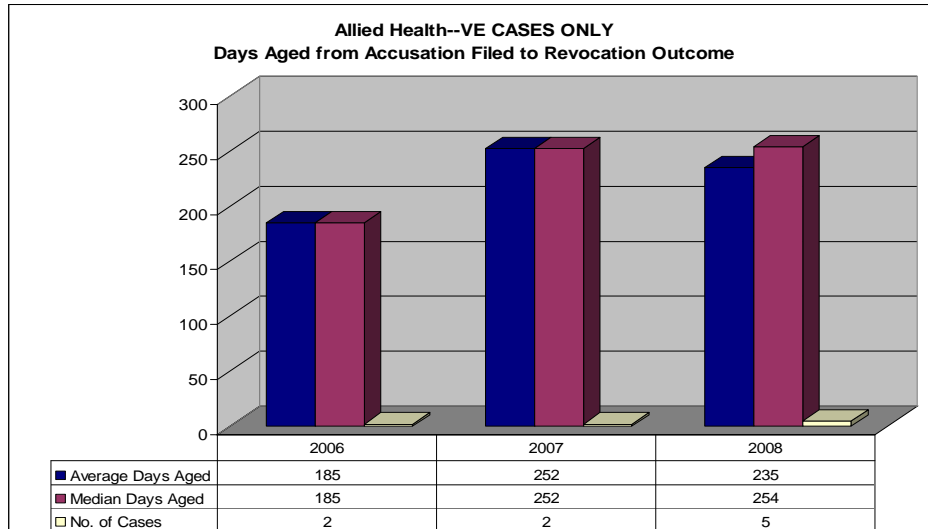
For cases resulting in other decisions, between 2005 and 2008 there was a 1.90% decrease in the average days aged, a 1.90% decrease in the median days aged, and no change in the number of such cases.

For cases resulting in a withdrawal or dismissal, between 2005 and 2008 there was a 51.42% increase in the average days aged, a 51.42% increase in the median days aged, and no change in the number of such cases.

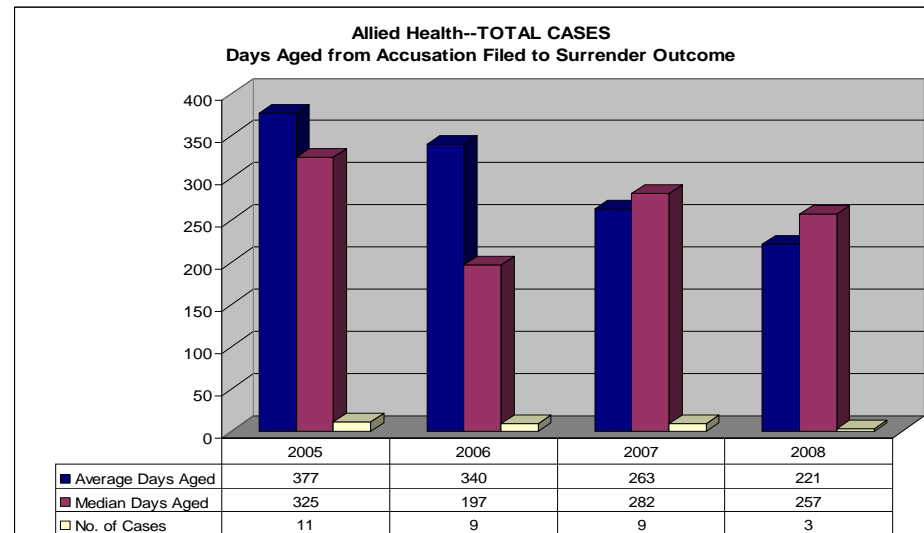
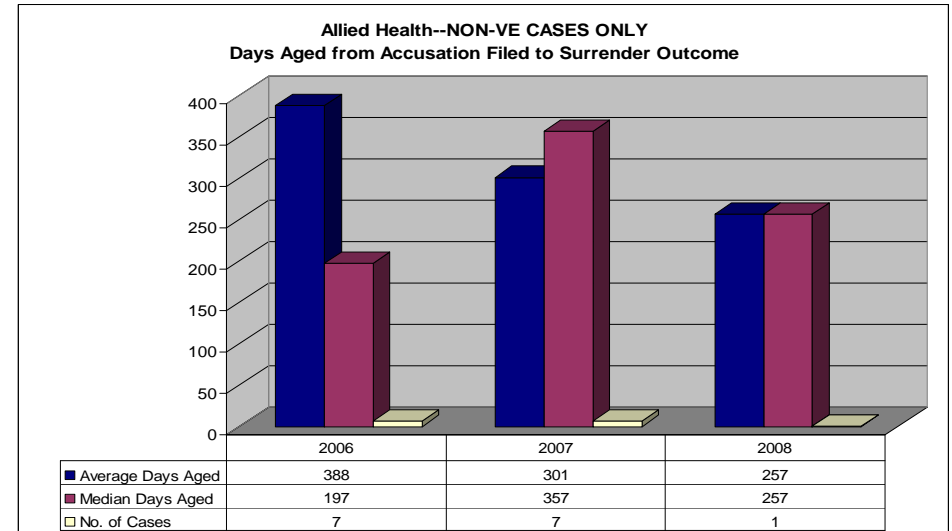
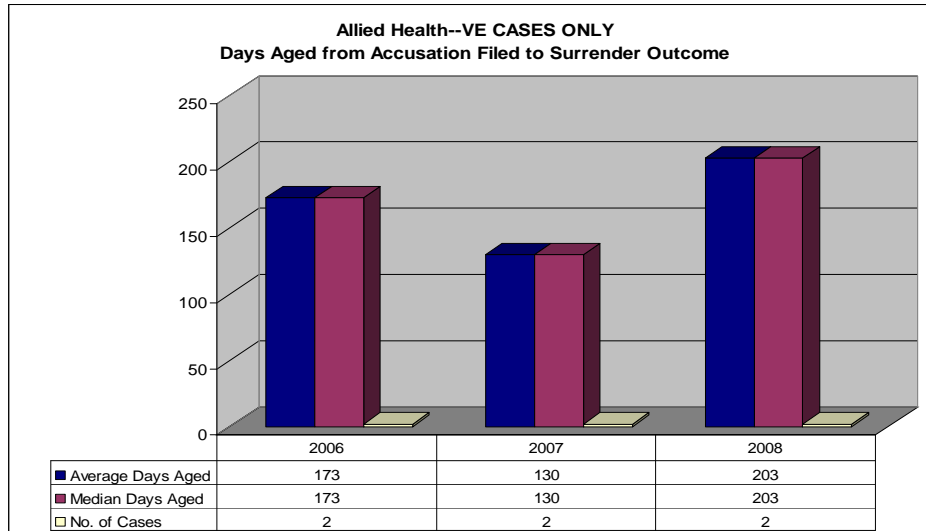
Table 17.7 – Calendar Days Aged from Accusation Filed to Indicated Administrative Outcome for Allied Health Cases

	Percentage Difference 2006 to 2007			Percentage Difference 2007 to 2008			Percentage Difference 2006 to 2008			Percentage Difference 2005 to 2008
	All	Not VE	VE	All	Not VE	VE	All	Not VE	VE	All
REVOCAION										
Calendar Day Age from Date Accusation Filed to Indicated Outcome in Calendar Year										
Average	82.16%	107.85%	36.22%	-15.10%	42.53%	-6.75%	54.65%	196.25%	27.03%	10.64%
Median (middle record -half are above and half below)	102.61%	223.53%	36.22%	-11.94%	75.35%	0.79%	78.43%	467.32%	37.30%	6.23%
Record Count	-33.33%	-42.86%	0.00%	16.67%	-50.00%	150.00%	-22.22%	-71.43%	150.00%	0.00%
SURRENDER										
Calendar Day Age from Date Accusation Filed to Indicated Outcome in Calendar Year										
Average	-22.65%	-22.42%	-24.86%	-15.97%	-14.62%	56.15%	-35.00%	-33.76%	17.34%	-41.38%
Median (middle record -half are above and half below)	43.15%	81.22%	-24.86%	-8.87%	-28.01%	56.15%	30.46%	30.46%	17.34%	-20.92%
Record Count	0.00%	0.00%	0.00%	-66.67%	-85.71%	0.00%	-66.67%	-85.71%	0.00%	-72.73%
SUSPENSION ONLY										
Calendar Day Age from Date Accusation Filed to Indicated Outcome in Calendar Year										
Average										
Median (middle record -half are above and half below)										
Record Count										
PROBATION										
Calendar Day Age from Date Accusation Filed to Indicated Outcome in Calendar Year										
Average	-18.46%	-10.00%		27.04%	36.18%	44.49%	3.59%	22.56%		-29.12%
Median (middle record -half are above and half below)	-18.32%	-15.32%		30.88%	38.30%	35.39%	6.91%	17.12%		-32.32%
Record Count	-12.50%	-37.50%		85.71%	20.00%	250.00%	62.50%	-25.00%		44.44%
PROBATION W/SUSPENSION										
Calendar Day Age from Date Accusation Filed to Indicated Outcome in Calendar Year										
Average	-11.15%	-21.58%	205.71%	-7.05%	-30.31%	102.34%	-17.42%	-45.36%	518.57%	12.53%
Median (middle record -half are above and half below)	3.17%	-21.58%	205.71%	-23.22%	-30.31%	102.34%	-20.79%	-45.36%	518.57%	21.21%
Record Count	0.00%	0.00%	0.00%	0.00%	-50.00%	100.00%	0.00%	-50.00%	100.00%	-40.00%
PUBLIC REPRIMAND										
Calendar Day Age from Date Accusation Filed to Indicated Outcome in Calendar Year										
Average	-65.51%	-66.23%		24.27%	100.00%	18.80%	-57.14%	-100.00%		-57.93%
Median (middle record -half are above and half below)	-50.59%	-53.75%		18.80%	100.00%	18.80%	-41.30%	-100.00%		-62.12%
Record Count	-62.50%	-75.00%		-33.33%	100.00%	100.00%	-75.00%	-100.00%		-66.67%
OTHER DECISION										
Calendar Day Age from Date Accusation Filed to Indicated Outcome in Calendar Year										
Average	-100.00%	-100.00%					13.13%	13.13%		-1.90%
Median (middle record -half are above and half below)	-100.00%	-100.00%					13.13%	13.13%		-1.90%
Record Count	-100.00%	-100.00%					0.00%	0.00%		0.00%
ACCUSATION WITHDRAWN/DISMISSED										
Calendar Day Age from Date Accusation Filed to Indicated Outcome in Calendar Year										
Average	-71.48%	-75.64%	4.23%	82.51%	62.16%	-100.00%	-47.94%	-60.49%	-100.00%	51.42%
Median (middle record -half are above and half below)	-83.42%	-76.80%	4.23%	143.65%	62.16%	-100.00%	-59.60%	-62.38%	-100.00%	51.42%
Record Count	-57.14%	-60.00%	-50.00%	-33.33%	0.00%	-100.00%	-71.43%	-60.00%	-100.00%	0.00%

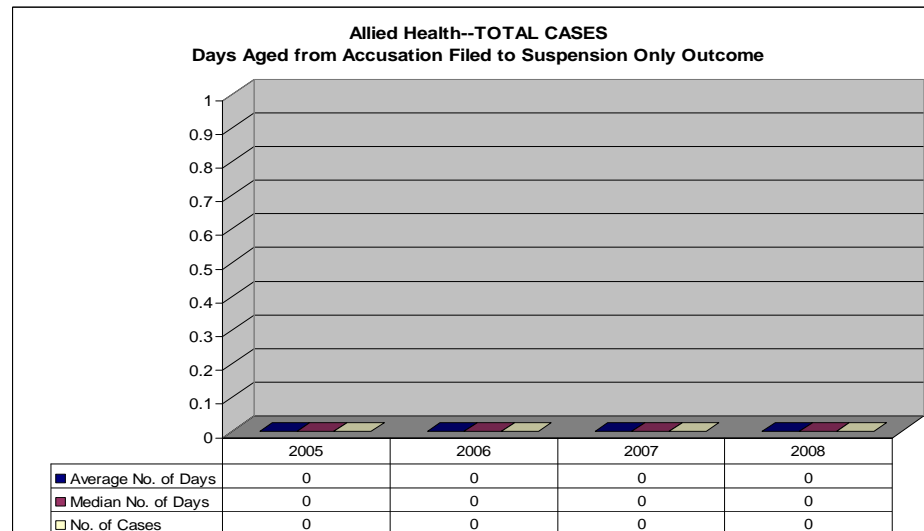
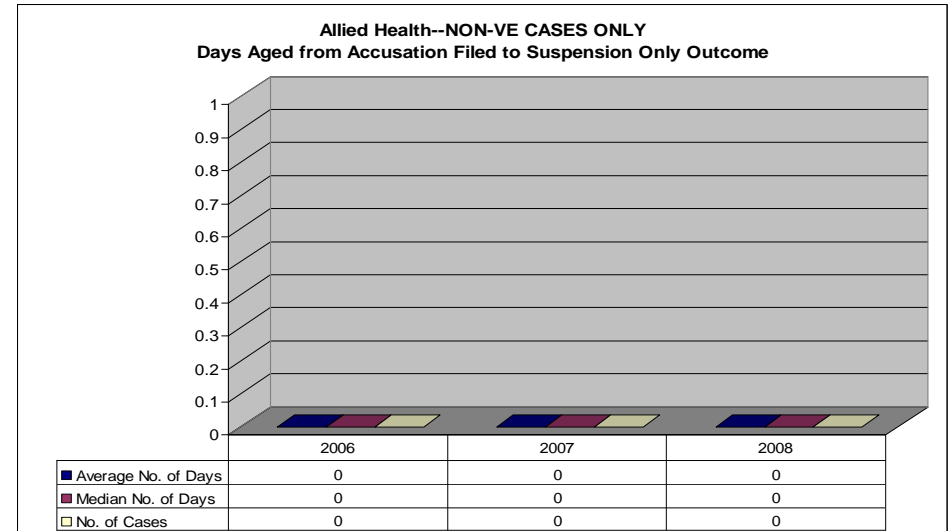
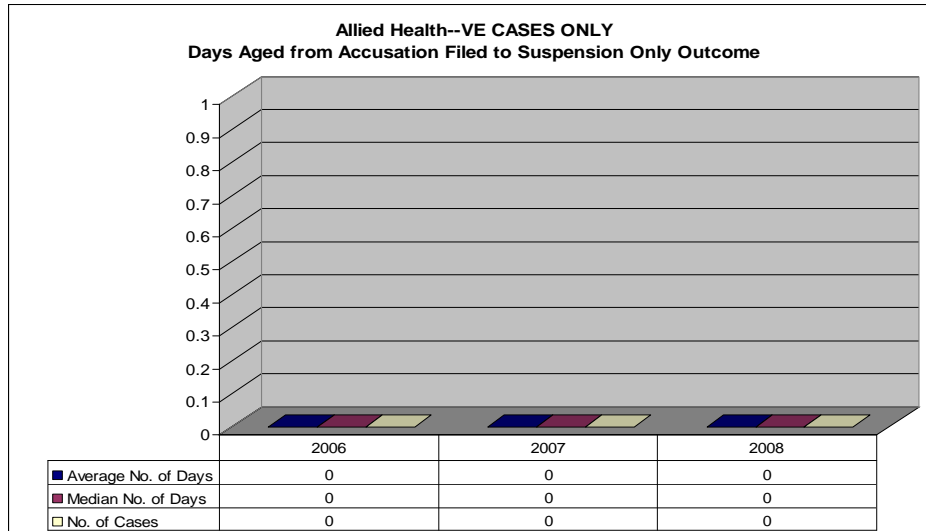
Charts 17.7a, b& c – Calendar Days Aged from Accusation Filed to Revocation Outcome for Allied Health Cases



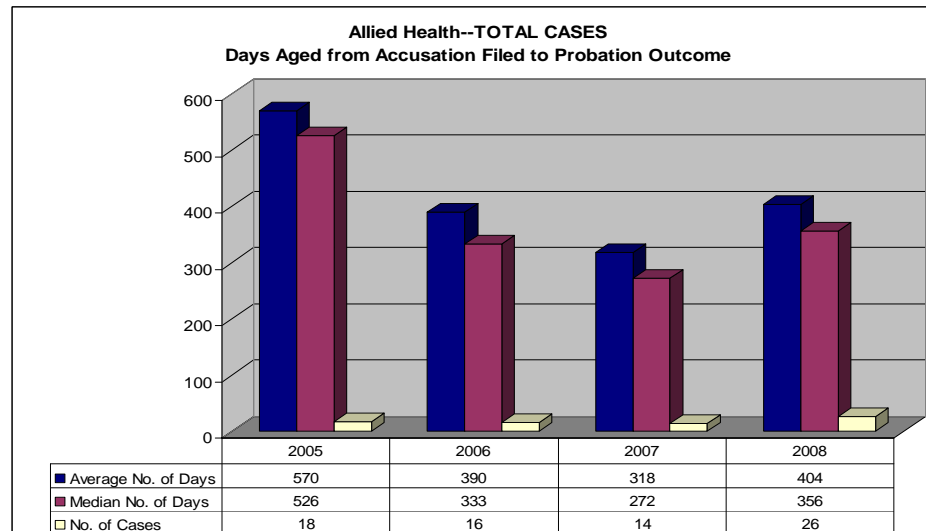
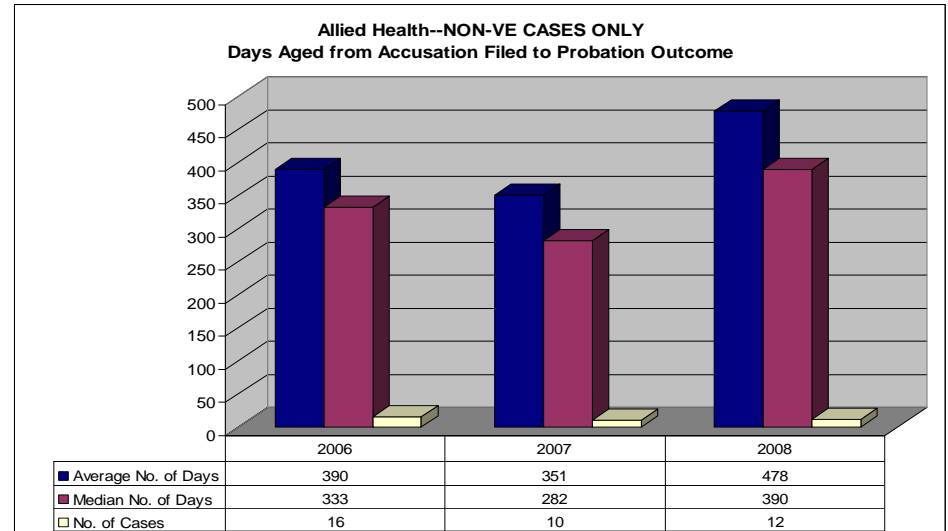
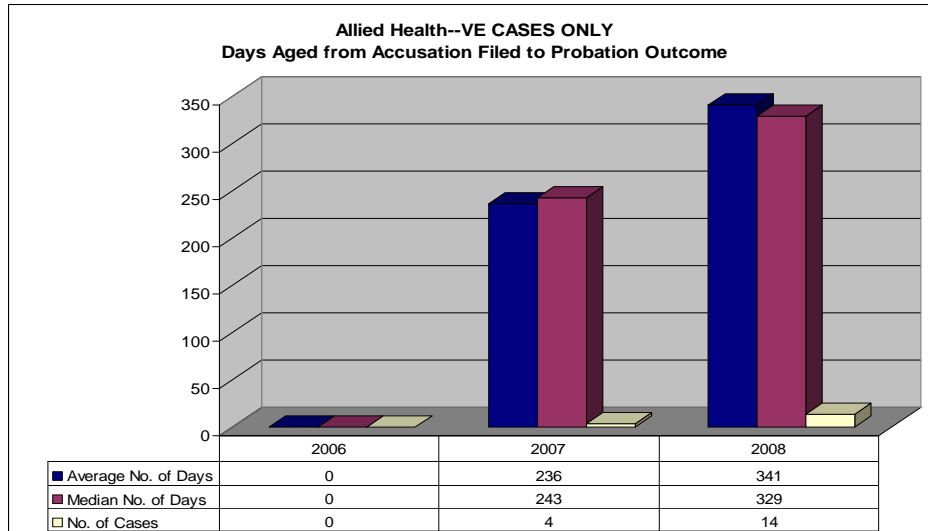
Charts 17.7d, e& f – Calendar Days Aged from Accusation Filed to Surrender Outcome for Allied Health Cases



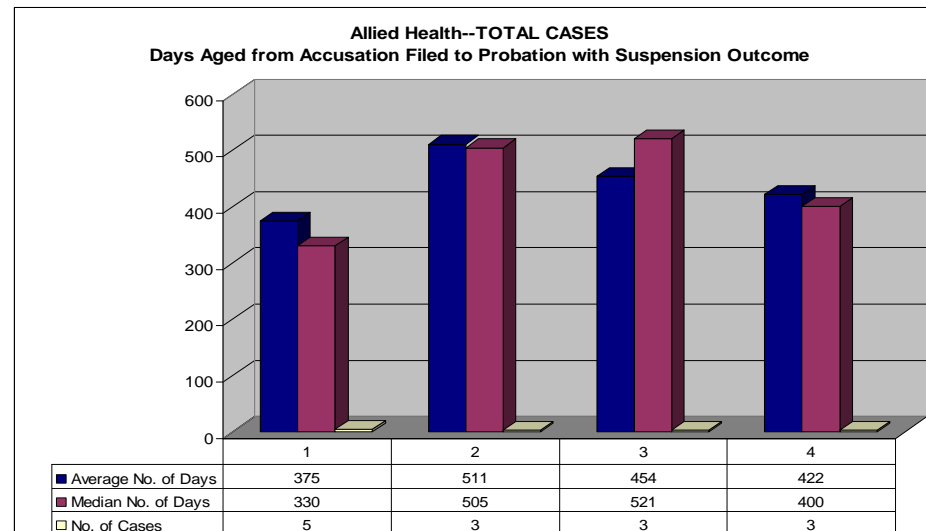
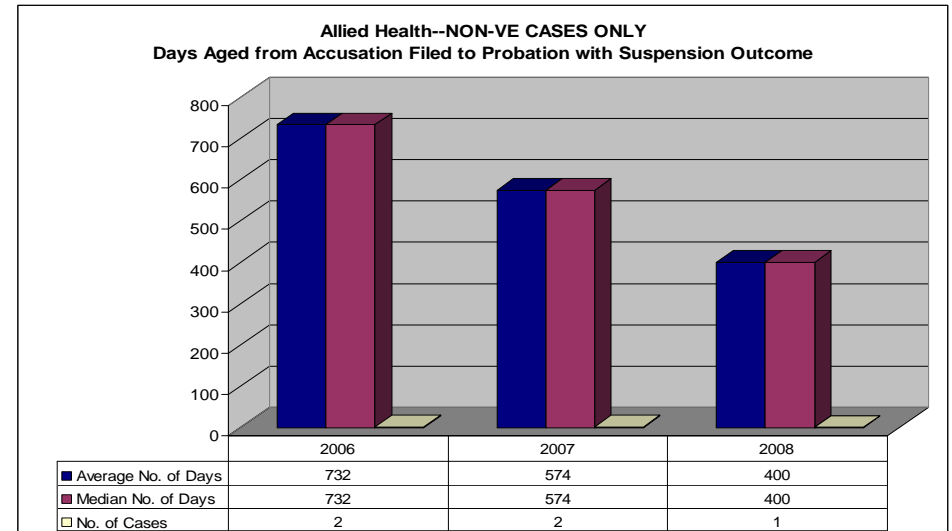
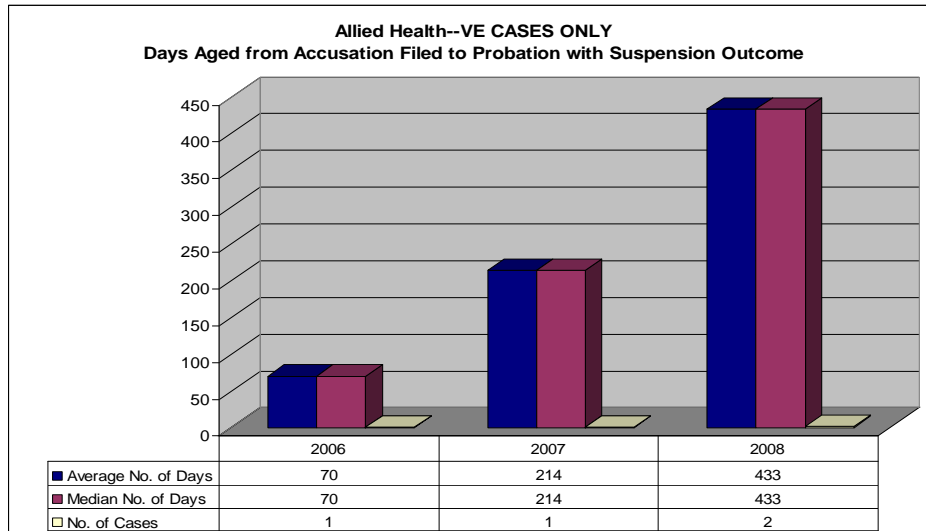
Charts 17.7g, h & i – Calendar Days Aged from Accusation Filed to Suspension Only Outcome for Allied Health Cases



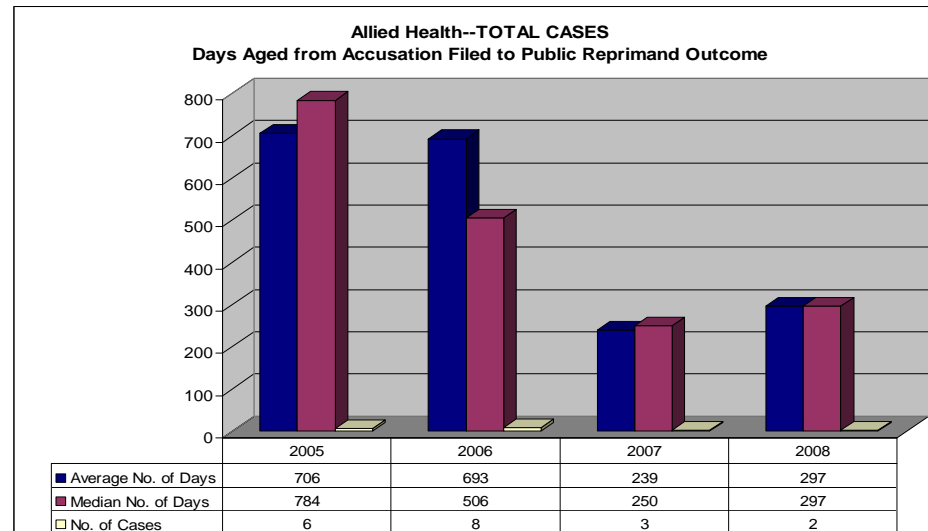
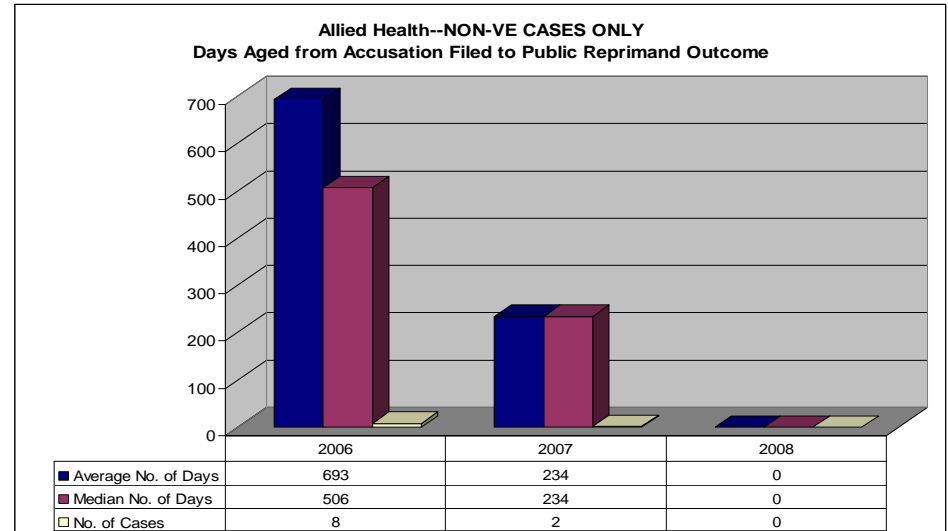
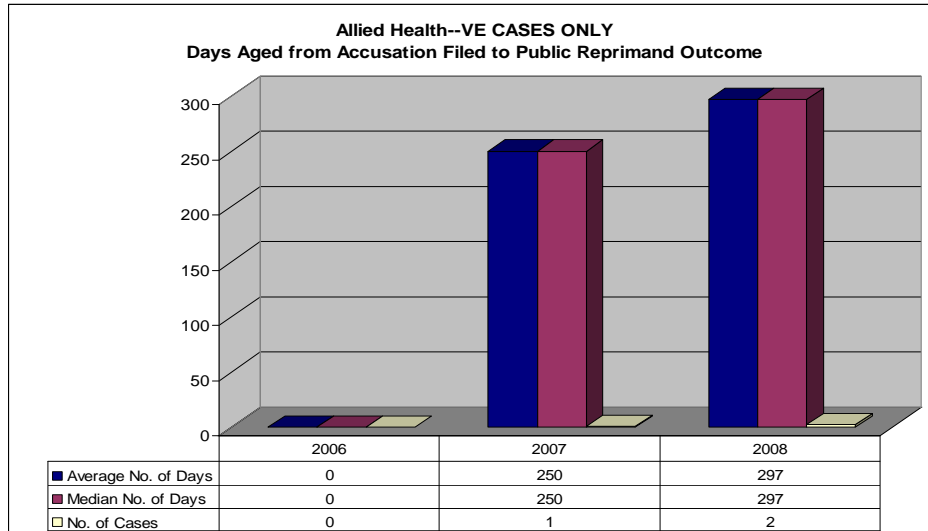
Charts 17.7j, k & l – Calendar Days Aged from Accusation Filed to Probation Outcome for Allied Health Cases



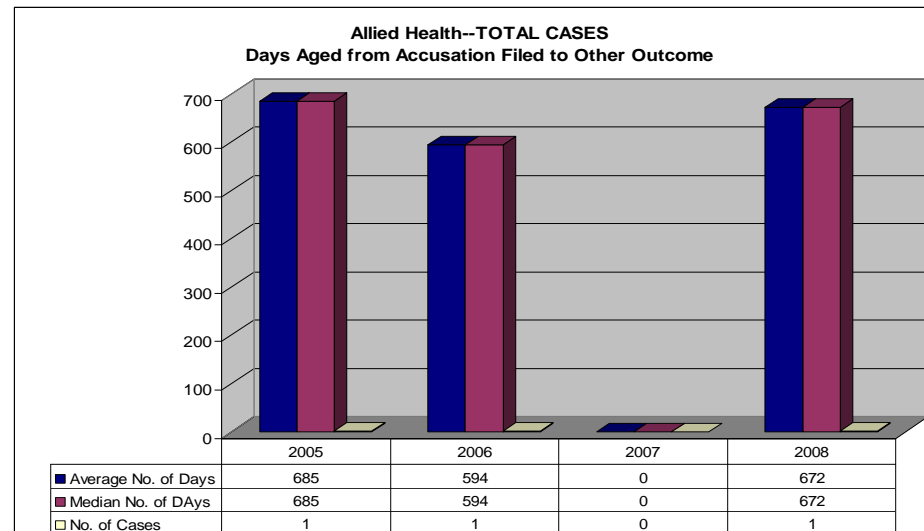
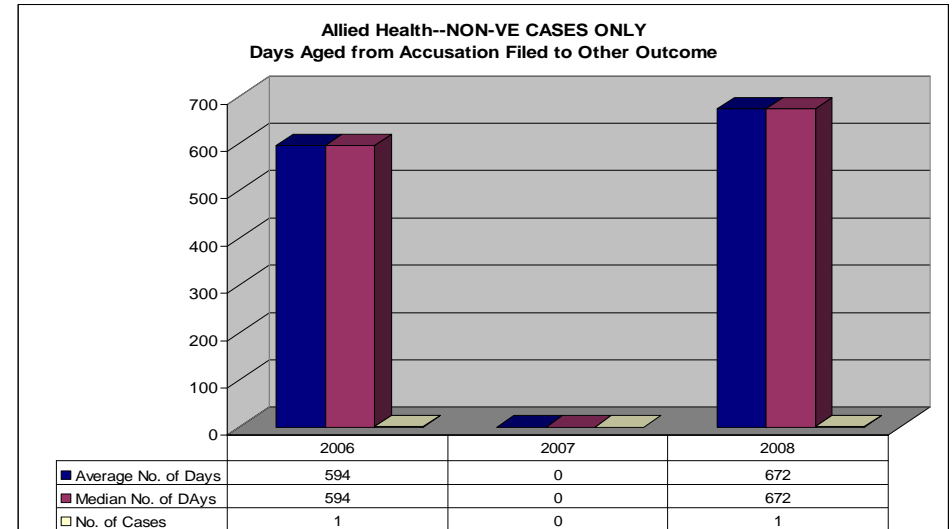
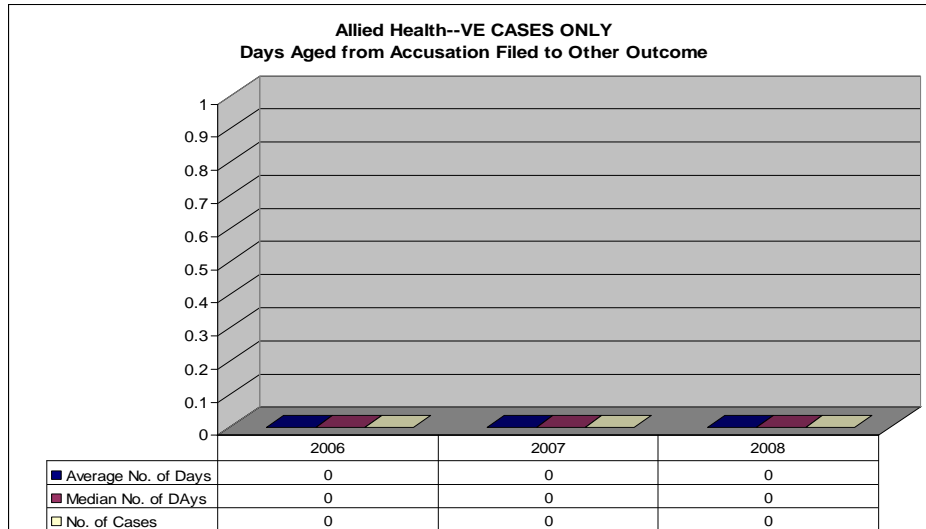
Charts 17.7m, n & o – Calendar Days Aged from Accusation Filed to Probation with Suspension Outcome for Allied Health Cases



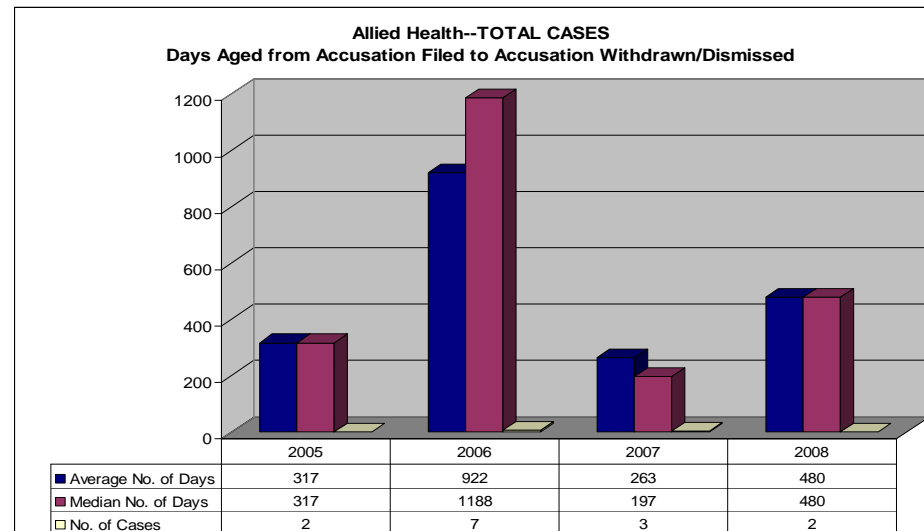
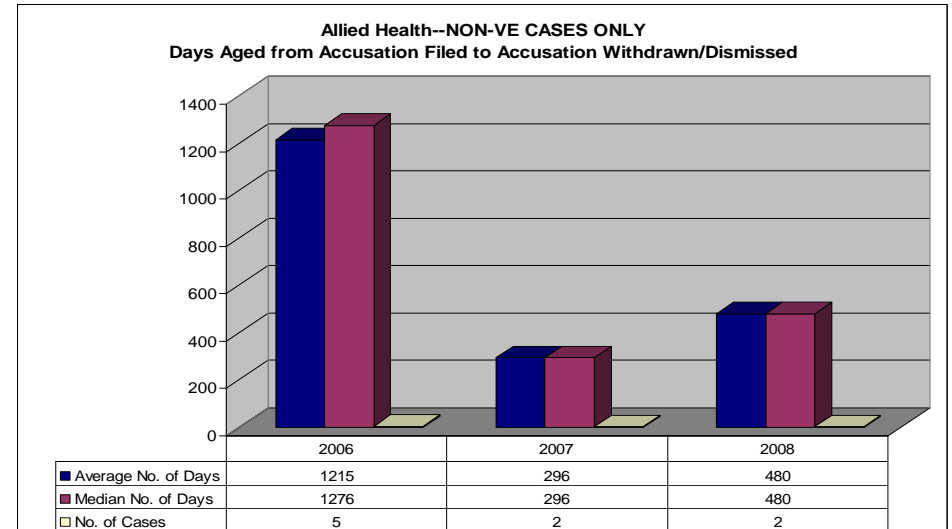
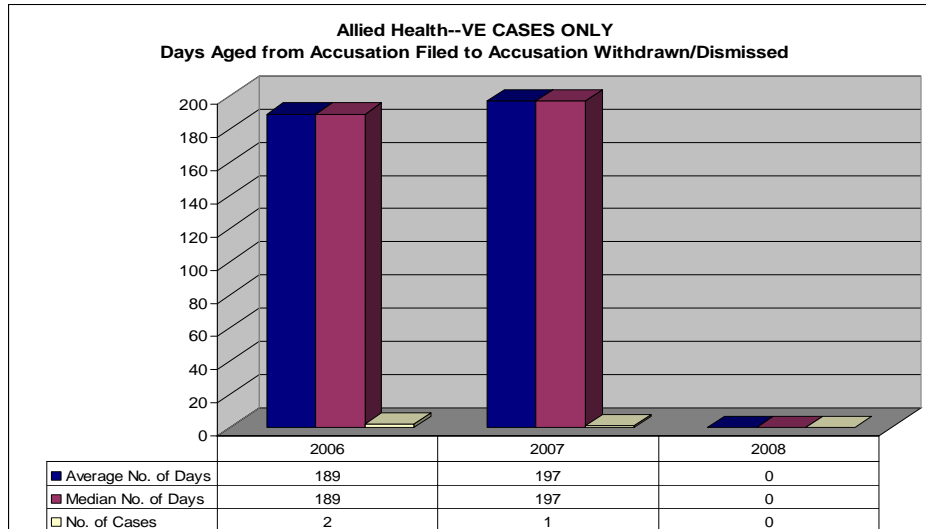
Charts 17.7p, q & r – Calendar Days Aged from Accusation Filed to Public Reprimand Outcome for Allied Health Cases



Charts 17.7s, t & u – Calendar Days Aged from Accusation Filed to Other Outcome for Allied Health Cases



Charts 17.7v, w & x – Calendar Days Aged from Accusation Filed to Withdrawn/Dismissed Outcome for Allied Health Cases



CALENDAR DAYS AGED FROM ACCUSATION FILED TO MBC VOTE TO ADOPT/GRANT — PHYSICIANS AND SURGEONS AND ALLIED HEALTH COMBINED

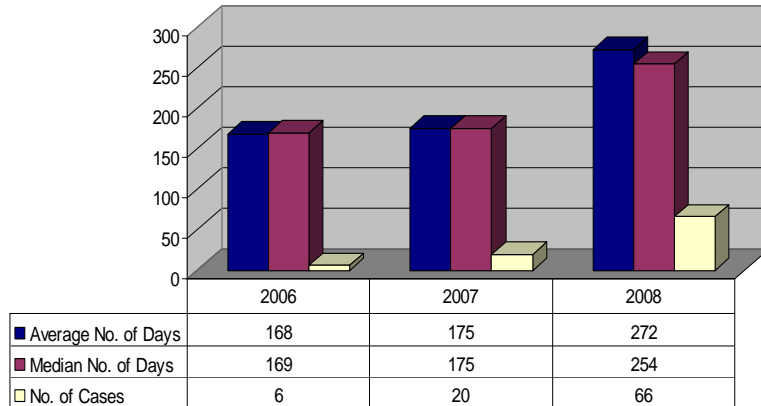
Table 17.8 below reports the average and median calendar days aged from accusation filed to MBC vote to adopt/grant for Physicians and Surgeons and Allied Health Care cases. Between 2005 and 2008, there was a 14.10% decrease in the average days aged, a 24.06% decrease in the median days aged, a 19.44% increase in the number of such cases and a 28.48% decrease in the number of such cases pending at year end.

Table 17.8 – Calendar Days Aged from Accusation Filed to MBC Vote to Adopt/Grant for Physicians and Surgeons and Allied Health Cases

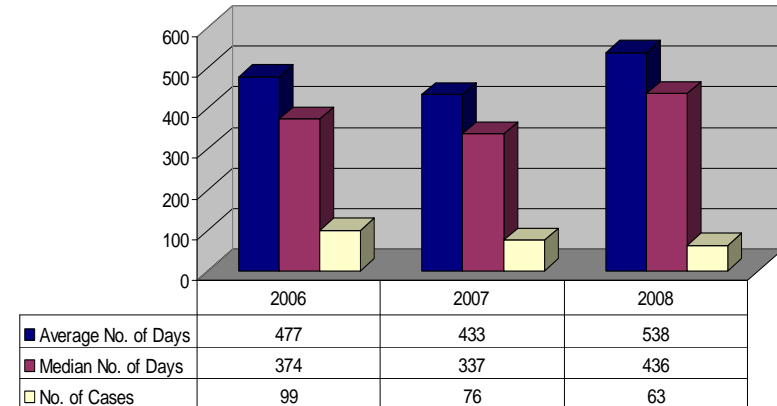
Activity	Percentage Difference 2006 to 2007						Percentage Difference 2007 to 2008						Percentage Difference 2006 to 2008						Percentage Difference 2005 to 2008
	All		Not VE		VE		All		Not VE		VE		All		Not VE		VE		All
	Pending		Pending		Pending		Pending		Pending		Pending		Pending		Pending		Pending		Pending
Calendar Day Age from Date Accusation Filed to Votes to Adopt/Grant Date																			
Average	-17.61%		-9.22%		4.17%		6.07%		24.25%		55.43%		-12.61%		12.79%		61.90%		-14.10%
Median (middle record - half are above and half below)	-18.53%		-9.89%		3.55%		7.69%		29.38%		45.14%		-12.26%		16.58%		50.30%		-24.06%
Record Count	-8.57%	0.35%	-23.23%	-31.58%	233.33%	472.22%	34.38%	-17.19%	-17.11%	-55.49%	230.00%	50.49%	22.86%	-16.90%	-36.36%	-69.55%	1000.00%	761.11%	19.44%

Charts 17.9a, b & c – Calendar Days Aged from Accusation Filed to MBC Vote to Adopt/Grant for Physicians and Surgeons and Allied Health Cases

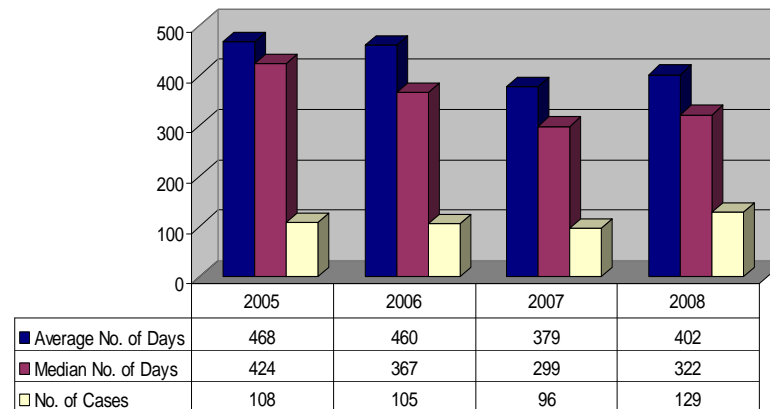
P&S and AH--VE Cases Only
Days from Accusation Filed to Votes to Adopt/Grant Date



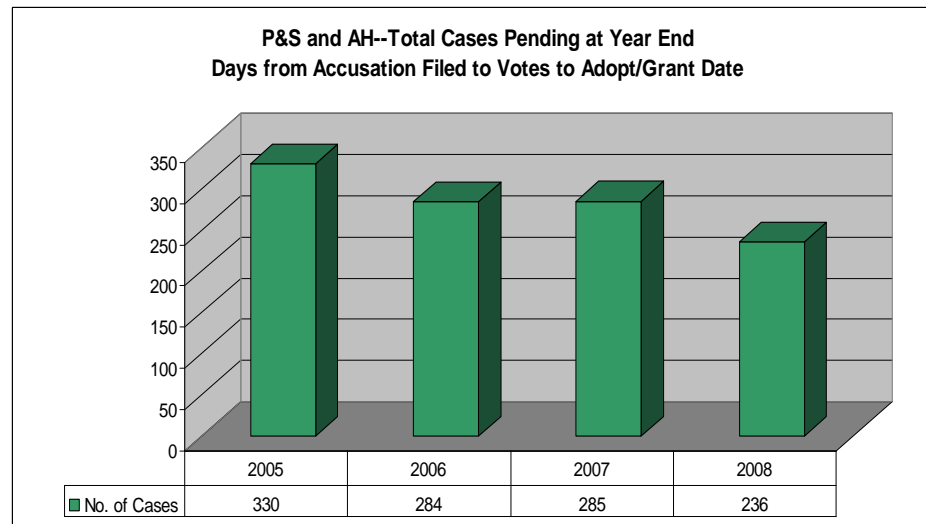
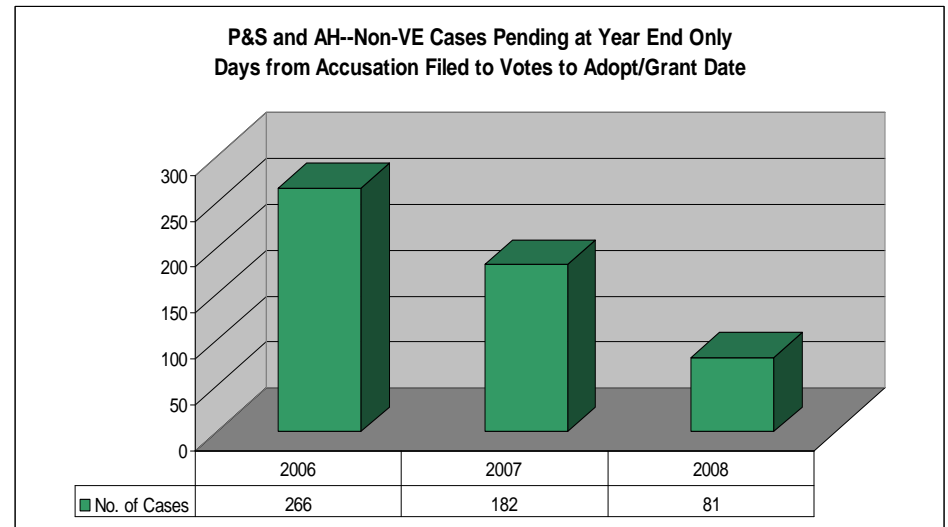
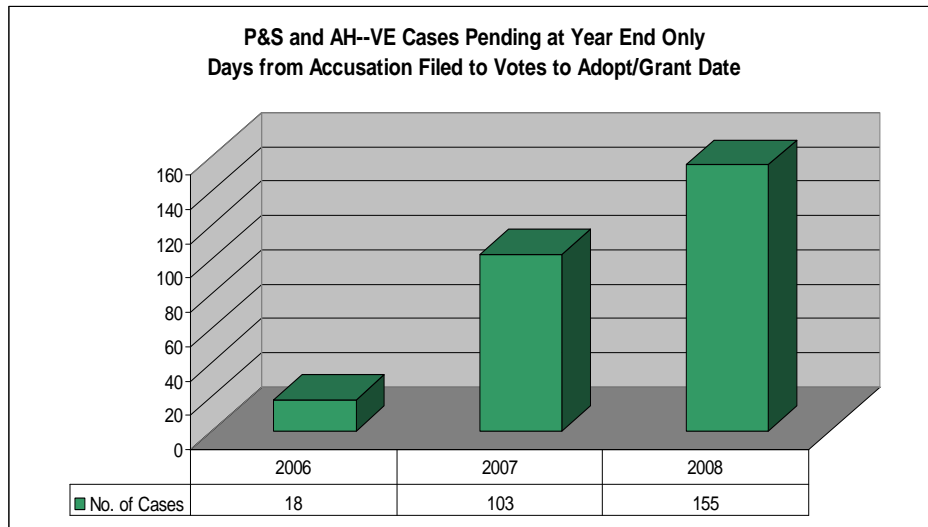
P&S and AH--Non-VE Cases Only
Days from Accusation Filed to Votes to Adopt/Grant Date



P&S and AH--Total Cases
Days from Accusation Filed to Votes to Adopt/Grant Date



Charts 17.8d, e & f – Calendar Days Aged from Accusation Filed to MBC Vote to Adopt/Grant for Physicians and Surgeons and Allied Health Cases — Cases Pending at Year End



CALENDAR DAYS AGED FROM ACCUSATION FILED TO MBC VOTE TO ADOPT/GRANT — PHYSICIANS AND SURGEONS

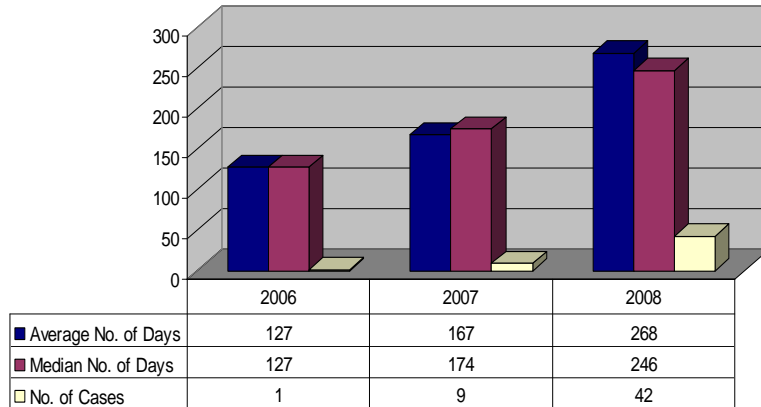
Table 17.9 below reports the average and median calendar days aged from accusation filed to MBC vote to adopt/grant for Physicians and Surgeons cases. Between 2005 and 2008, there was a 16.30% decrease in the average days aged, a 24.22% decrease in the median days aged, a 31.34% increase in the number of such cases and a 35.66% decrease in the number of such cases pending at year end.

Table 17.9 – Calendar Days Aged from Accusation Filed to MBC Vote to Adopt/Grant for Physicians and Surgeons

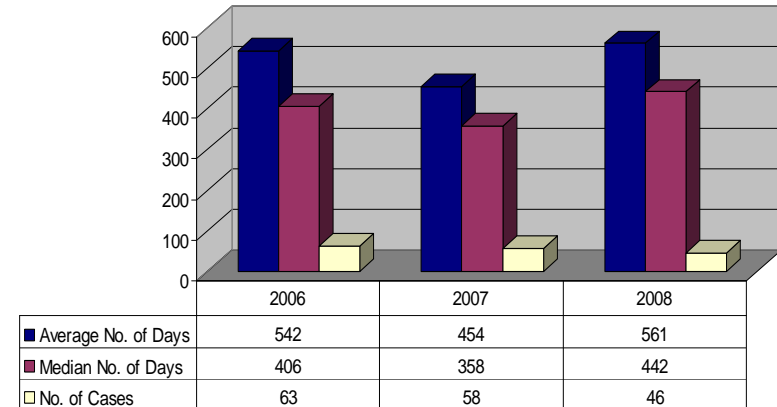
Activity	Percentage Difference 2006 to 2007						Percentage Difference 2007 to 2008						Percentage Difference 2006 to 2008						Percentage Difference 2005 to 2008	
	All		Not VE		VE		All		Not VE		VE		All		Not VE		VE		All	
	Pending		Pending		Pending		Pending		Pending		Pending		Pending		Pending		Pending		Pending	
Calendar Day Age from Date Accusation Filed to Votes to Adopt/Grant Date																				
Average	-22.43%		-16.24%		31.50%		1.45%		23.57%		60.48%		-21.31%		3.51%		111.02%		-16.30%	
Median (middle record - half are above and half below)	-17.29%		-11.82%		37.01%		2.42%		23.46%		41.38%		-15.29%		8.87%		93.70%		-24.22%	
Record Count	4.69%	-6.05%	-7.94%	-34.62%	800.00%	471.43%	31.34%	-21.03%	-20.69%	-58.17%	366.67%	50.00%	37.50%	-25.81%	-26.98%	-72.65%	4100.00%	757.14%	31.34%	-35.66%

Charts 17.9a, b & c – Calendar Days Aged from Accusation Filed to MBC Vote to Adopt/Grant for Physicians and Surgeons Cases

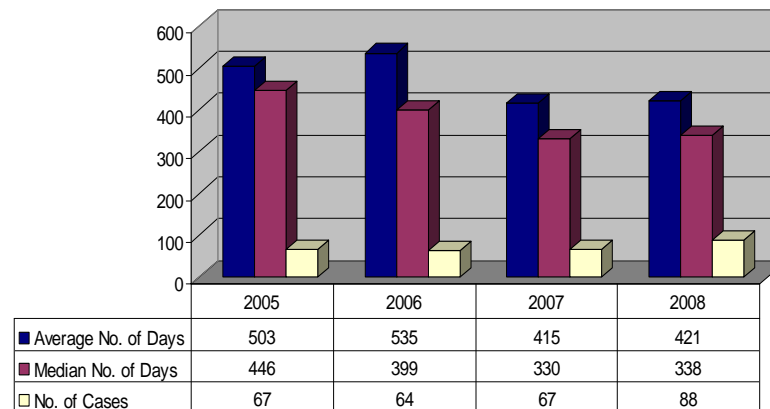
Physicians and Surgeons--VE Cases Only
Days from Accusation Filed to Votes to Adopt/Grant Date



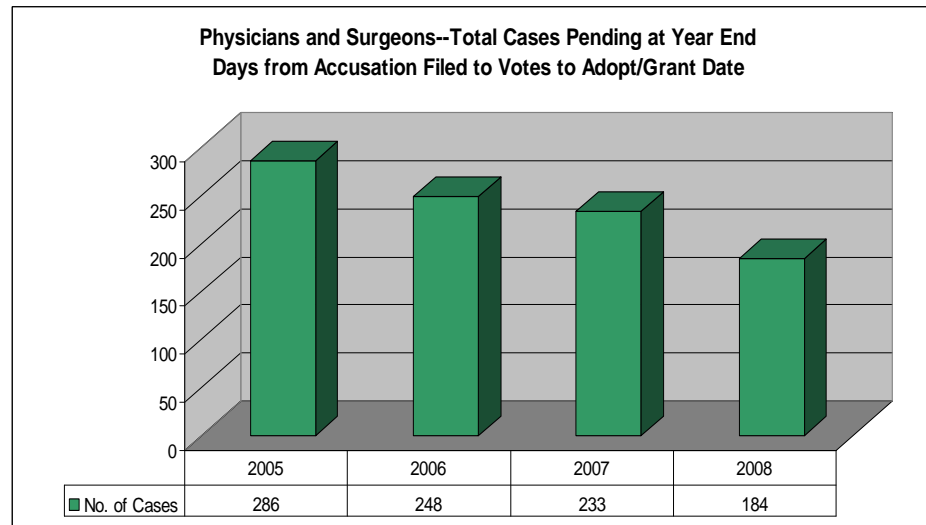
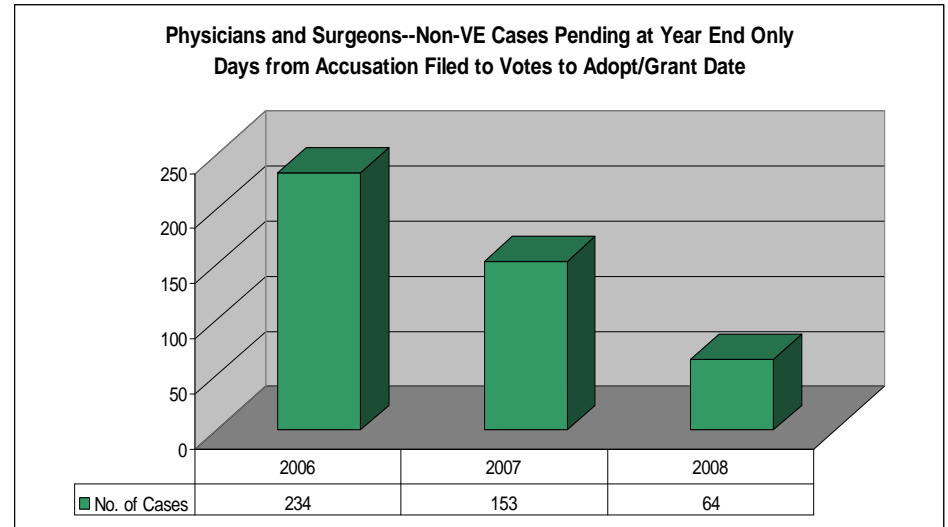
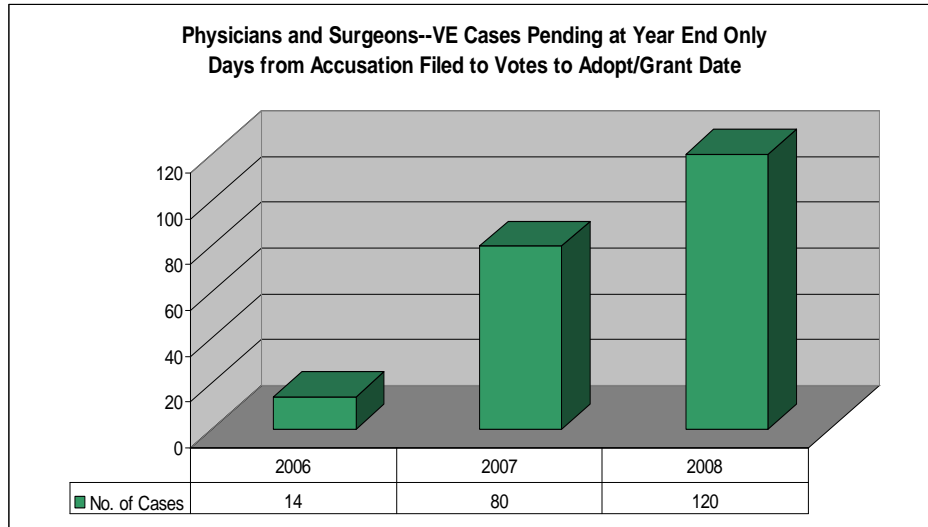
Physicians and Surgeons--Non-VE Cases Only
Days from Accusation Filed to Votes to Adopt/Grant Date



Physicians and Surgeons--Total Cases
Days from Accusation Filed to Votes to Adopt/Grant Date



Charts 17.9d, e & f – Calendar Days Aged from Accusation Filed to MBC Vote to Adopt/Grant for Physicians and Surgeons Cases — Cases Pending at Year End



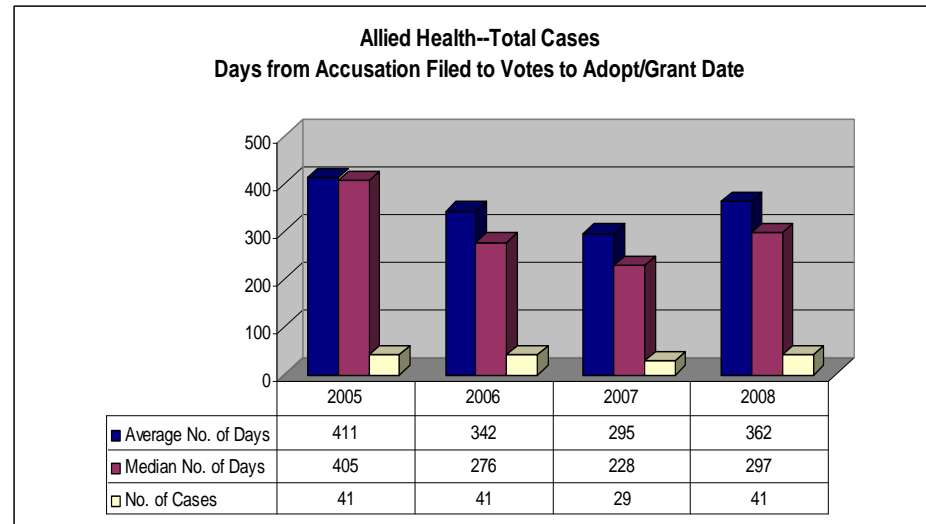
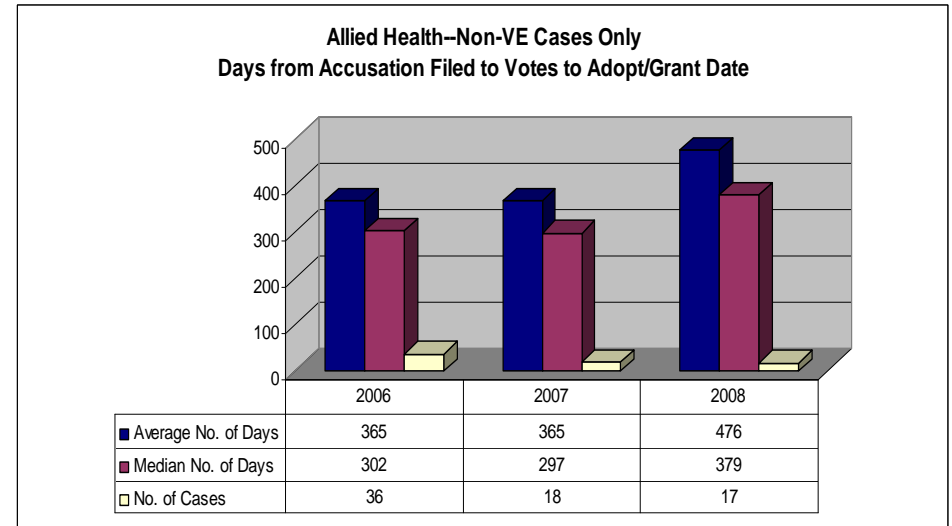
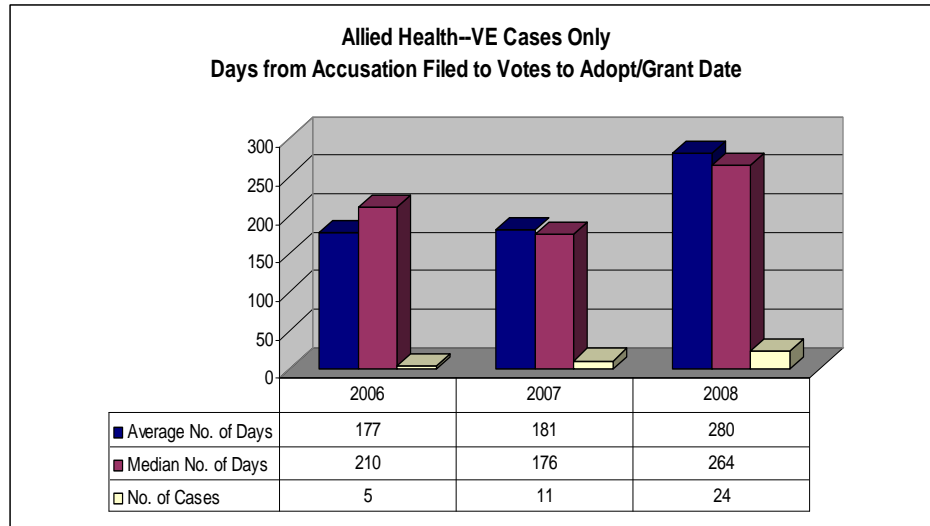
CALENDAR DAYS AGED FROM ACCUSATION FILED TO MBC VOTE TO ADOPT/GRANT — ALLIED HEALTH

Table 17.10 below reports the average and median calendar days aged from accusation filed to MBC vote to adopt/grant for Allied Health Care cases. Between 2005 and 2008, there was an 11.92% decrease in the average days aged, a 26.67% decrease in the median days aged, no change in the number of such cases and an 18.18% increase in the number of such cases pending at year end.

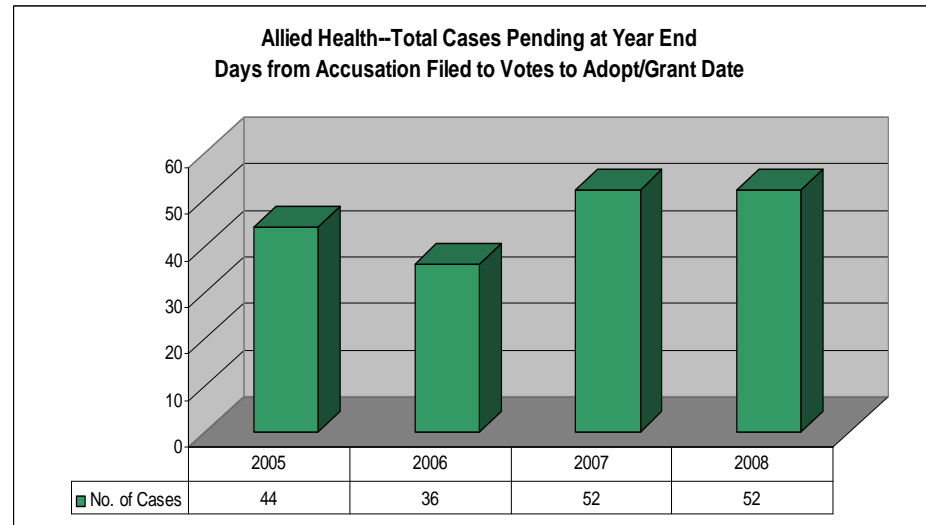
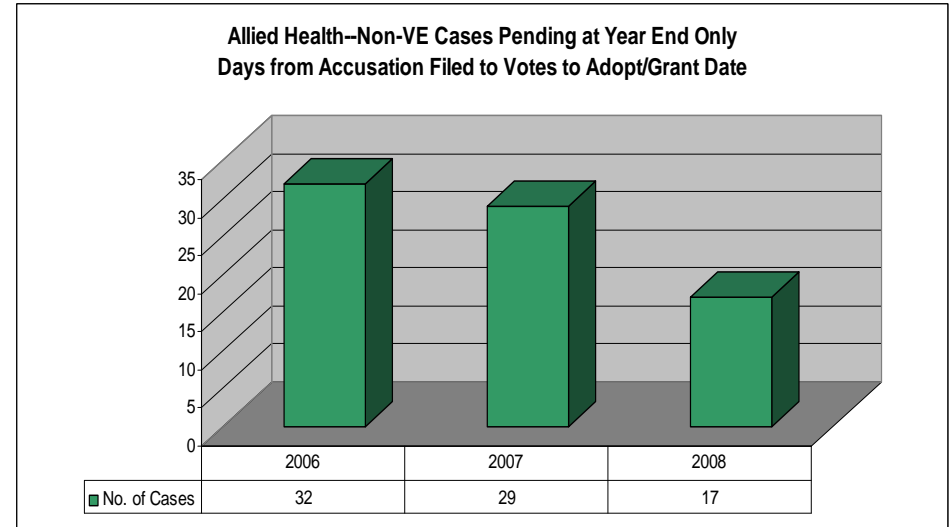
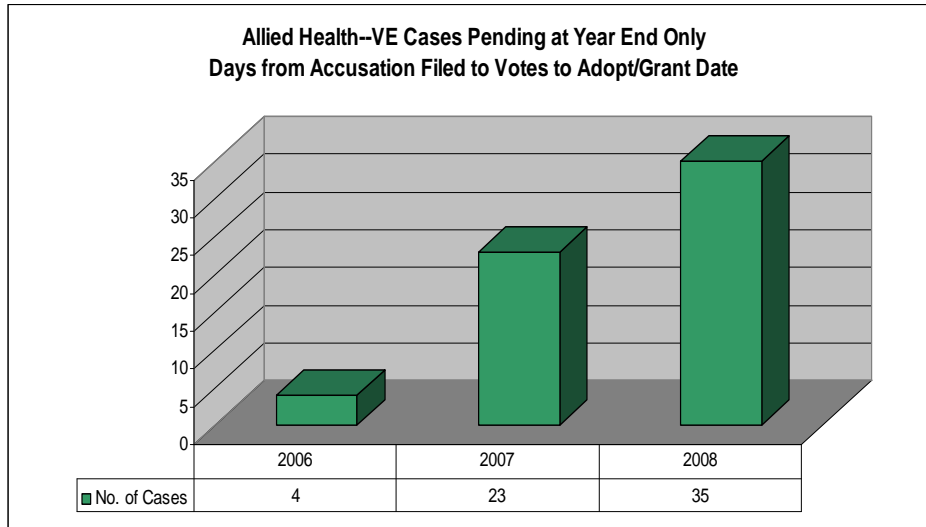
Table 17.10 – Calendar Days Aged from Accusation Filed to MBC Vote to Adopt/Grant for Allied Health Cases

Activity	Percentage Difference 2006 to 2007						Percentage Difference 2007 to 2008						Percentage Difference 2006 to 2008						Percentage Difference 2005 to 2008
	All		Not VE		VE		All		Not VE		VE		All		Not VE		VE		All
	Pending		Pending		Pending		Pending		Pending		Pending		Pending		Pending		Pending		Pending
Calendar Day Age from Date Accusation Filed to Votes to Adopt/Grant Date																			
Average	-13.74%		0.00%		2.26%		22.71%		30.41%		54.70%		5.85%		30.41%		58.19%		-11.92%
Median (middle record - half are above and half below)	-17.39%		-1.66%		-16.19%		30.26%		27.61%		50.00%		7.61%		25.50%		25.71%		-26.67%
Record Count	-29.27%	44.44%	-50.00%	-9.38%	120.00%	475.00%	41.38%	0.00%	-5.56%	-41.38%	118.18%	52.17%	0.00%	44.44%	-52.78%	-46.88%	380.00%	775.00%	0.00%

Charts 17.10a, b & c – Calendar Days Aged from Accusation Filed to MBC Vote to Adopt/Grant for Allied Health Cases



Charts 17.10d, e & f – Calendar Days Aged from Accusation Filed to MBC Vote to Adopt/Grant for Allied Health Cases — Cases Pending at Year End



XVIII. STAFF INTERVIEWS

Since statistical data alone does not fully describe the effectiveness of the VE model, interviews of MBC and HQES staff were conducted from April 9 through 15, 2009. Eleven (11) MBC enforcement staff were interviewed at the management, supervisory and investigative levels, all of whom were present since the onset of VE, with an average of 13 years with MBC. Additionally, 11 HQES staff were interviewed at the management, supervisory, primary and lead levels, all of whom were present since the onset of VE, with an average of 14 years experience with HQES.

All of the staff interviewed expressed dedication and a conscious desire to ensure public safety for the citizens of California as their primary goal. In addition, in general, they like their respective professions.

Interviewees were asked a number of questions relevant to the implementation and effectiveness of VE and its intended purpose as specified in the reports of the Monitor, legislation and select internal manuals and guidelines, as well as for recommendations for improvement. Along with what has already been stated elsewhere in this report, the below is a synopsis of the results of these interviews.

COMMUNICATION

The Monitor stated that the VE process will “improve the communication between the MBC investigators and DAGs with the goal of creating more efficient investigations and quicker case resolution”.

The MBC and HQES management recognized the importance of interpersonal communications in attempting to implement a successful VE program. To that end, the JVEG states that investigators and DAGs are expected to treat each other, and all individuals with whom they come into contact in their official capacities, professionally, respectfully and with courtesy. The number one rule for effective email communication is professionalism and courtesy. Investigators and DAGs should be responsive to each other.

The Monitor also recognized the significance of such issues and stated: “It is critical to note that the vertical prosecution model works best where all participants recognize and respect the contributions of all team members, and where attorneys, investigators, and other team members perform the functions for which they are trained and best suited.

Although most DAGs interviewed reported that communication with investigators has improved, some believe that it has increased only out of necessity. Some MBC investigators feel that their investigation abilities are constantly questioned and the communication is negative. Even in districts where there appears to be a good

relationship between the two offices, staff in both departments stated that the relationship is restrained with underlying friction.

The GC Section 12529.6 states that: “During the assignment, the investigator so assigned shall, under the direction but not the supervision of the deputy attorney general, be responsible for obtaining the evidence required to permit the Attorney General to advise the board on legal matters such as whether the board should file a formal accusation, dismiss the complaint for a lack of evidence required to meet the applicable burden of proof, or take other appropriate legal action.”

According to the VPM: “Direction,” as that term is used in GC Section 12529.6, includes, but is not limited to, the authority and responsibility to direct the assigned investigator to complete investigative tasks, obtain required testimonial and documentary evidence, make periodic reports regarding the progress of the investigation, and complete additional tasks necessary to prepare and present the case for hearing.”

The Monitor stated that in the vertical prosecution model, investigators are “responsible for the tasks which are appropriately theirs, including essentially all the field investigative tasks involving witnesses, evidence, and related procedures”, and prosecutors “perform the tasks for which they are trained and licensed, including the legal analysis and advocacy essential to preparing evidence for trial and presenting that evidence at trial”.

All three manuals (EOM, VPM and JVEG) direct that the MBC investigators and DAGs must work together as a team, and communicate and confer with each other in a professional, respectful and courteous manner. In addition, the VPM states that since the authority and responsibility to supervise investigators remains with the Sups I/II, deputies should be careful not to exercise their authority in a manner that undermines the authority of the Sups I/II. Likewise, Sups I/II must be careful not to undermine the authority of DAGs.

However, it appears from those interviewed that the term “direction” is not consistently understood or interpreted by the DAGs and investigators. Various DAGs indicated that they: direct and control the investigations; direct the investigators, as well as the investigations; or direct the investigation, not the investigator. Various MBC investigators stated that: DAGs want to control the investigations, as well as the investigators; DAGs are in charge and direct them on how to conduct the investigations; or DAGs work cooperatively and give direction when appropriate.

Time Spent by Attorneys in MBC District Offices

The GC Section 12529.6 provides that: “The joint assignment of the investigator and the deputy attorney general shall exist for the duration of the disciplinary matter.” The VPM requires that a lead DAG be assigned to each of the MBC’s district offices and that this person must be physically present to fully discharge his/her responsibilities. Since

the lead DAG's responsibility is to review each complaint referred to the district office for investigation and determine whether a complaint warrants further investigation or should be closed, in addition to acting as the primary DAG until and unless replaced by a primary DAG, the amount of time the lead DAG spent in a district office is a factor in the success in the VE process. Comments received during the interviews ranged from the attorneys not spending enough time in the district offices to be of assistance to not being aware when the attorney is in the field office because he/she just drops in, picks up information and leaves. It was also stated that attorneys spend the right amount of time in the district offices and are valued partners. Interviewees indicated that lead DAGs are in the district offices as follows:

- San Diego – twice a week
- San Bernardino – twice a week
- Tustin – once a week
- Rancho Cucamonga – once a week
- Glendale – twice a week
- Diamond Bar – twice a week but most often once a week or sometimes once or twice a month
- Cerritos – twice a week
- Valencia – twice a week
- Fresno – twice a month
- Sacramento – once a week (SDAG covers for lead DAG twice a month when lead is in Fresno)
- Pleasant Hill – once a week
- San Jose – once a week

With regard to the primary DAG:

- Rarely seen in most MBC field offices except for subject interview
- Primary DAG in SF is physically present couple days a week; 40 hours a week via email and phone

SUBPOENA PROCESS

Subpoena Duces Tecum (SDT)

According to the VPM, after determination is made that a subpoena is necessary, the preparation of the subpoena and supporting declaration is the responsibility of the investigator and must be submitted for review and approval by the primary DAG within 10 business days. Subpoena enforcement is the responsibility of the primary DAG and must be filed in the appropriate Superior Court within 30 business days of acceptance of MBC's request for enforcement.

The JVEG states that while the responsibility to prepare the SDT package rests with the investigator, the primary or lead DAG should assist the investigator in the preparation of

the SDT when requested. The SDT is approved by the primary or in his/her absence, the lead DAG. If the investigator does not receive a response from the DAG within 10 business days, the SDT is required to be forwarded to the Sup II for signature and processing.

The EOM requires that the investigator submit completed SDT requests to his/her supervisor and that the supervisor forward the SDT to the primary DAG within three business days.

When asked if the SDT process is working, most DAGs indicated that the process was satisfactory. However, some interviewees stated that in one office if investigators adhered to the written policy and forwarded the SDTs to the Sup II after 10 business days without approval of the DAG, there would be repercussions; while in another office, if an investigator is having problems with the SDT, the DAG will assist. In still another office, the DAGs write the SDT. Multiple people interviewed indicated that, even though a new template for SDTs was developed and approved by both departments, individual DAGs continue to change the template language.

Subpoena to Appear and Testify (SAT)

The EOM requires that investigators submit the investigation report and SAT to the Sup I for approval. If the Sup I approves, the SAT is forwarded to the Sup II for review and signature. Although the written policy does not appear to require it, the practice has been to then submit the SAT to the DAG for approval.

Some DAGs indicated they do not believe it is necessary for them to approve SATs since it is basically a standard form. In addition, some investigators stated that there is no practical need for approval of a standard SAT, and that investigators should be able to issue them without higher review.

INTERVIEW PROCESS

The interview process consists of scheduling the interview, pre-interview meeting and the interview.

Scheduling Interviews

The JVEG requires that the primary DAG must communicate his/her intention to participate in the interview in the IPPR, and list the dates and times within the next 30 business days when he/she is available. When a primary DAG does not communicate an intention to participate, the investigator is permitted to schedule and conduct the interview without the primary DAG's participation. If new witnesses are identified, the primary DAG must inform the investigator if he/she elects to participate in the interview. If the investigator does not hear from the primary DAG within five business days, the

investigator is authorized to schedule and conduct the new witness interview without the primary DAG.

Even with this policy, interviewees stated that many do not adhere to it and that scheduling subject interviews has become a “nightmare”. On the other hand, some DAGs indicated it takes investigators one to two months to schedule an interview, while others stated that interviews are not conducted in a timely manner and that it is not uncommon to take six months to schedule an interview.

Reasons provided by interviewees for the delays included that investigators not only have to coordinate the schedules of the subject physician, physician’s attorney and the medical consultant, but now also the schedule of the primary DAG, or, if not available, the lead DAG. In addition, they indicated that in some HQES offices the primary DAG does not allow the lead DAG to participate in the interviews, there are larger caseloads due to vacancies, and last minute cancellations and rescheduling problems contributed to the delays.

Participating in Interviews

The VPM provides that the primary DAG may elect to participate in interviews, including subject interviews, while the JVEG states that primary DAGs are expected to participate in all subject interviews.

In one district office, the DAGs estimated that they participate in 50 percent of the subject interviews while the investigators estimated that DAGs participate in 90 percent of the interviews. In another district office, the DAGs stated that they participate in only 50 percent of the interviews because they do not believe it is necessary for them to participate in all subject interviews and that such interviews should never be delayed merely because of the unavailability of a DAG. In one office, interviewees reported that the primary DAG participates in 90 percent of subject interviews, while in another office it was indicated that the primary or lead DAG participates in 80 percent of the interviews. Most DAGs stated that they don’t participate in complainant and key witness interviews, except for a DAG from one office who stated that sometimes they participate in complainant interviews and that they attempt to participate in most key witness interviews.

Pre-Interview Meetings

Pursuant to the EOM, VPM and JVEG, before any interview the MBC and AG participants should meet in person for a pre-interview meeting to discuss interview tactics, assign roles if necessary, designate areas of questioning, and identify and organize all documents about which the person to be interviewed will be questioned. Both the EOM and the JVEG instruct that: “It is important that all participants allocate sufficient time for the pre-interview meeting.”

However, it appears from interviews with MBC and AG staff that in most instances, such pre-interview meetings do not occur or that, in a few cases, a pre-interview meeting only occurs by phone.

Interviews

Pursuant to the JVEG: “Subject interviews are extremely important. Accordingly, it is vital that such interviews be conducted in a manner that will elicit the maximum amount of reliable information from the subject.” It further states: “Although the interview should be low-key and calculated to elicit all available information, the interview should be appropriately detailed.”

There were multiple comments regarding the interview process ranging from some of the interviewees stating that MBC investigators must interview all subjects, whether there appears to be a case or not to reports that participation in interviews by certain DAGs elevated the interviews to an adversarial instead of a fact-finding process.

Some opined that it is not necessary for DAGs to be involved in all subject interviews and that if DAGs have additional questions, a second interview could be scheduled. Others stated that if a lead or primary DAG is not available in a timely manner, they should provide the investigator with the specific questions that they want asked.

EXPERT WITNESS PROGRAM

Per EOM: “It is the policy of MBC to utilize the services of licensed physicians who are Board certified in their specialty area to provide expert reviews and opinions in MBC cases.” To accomplish this, MBC maintains a panel of pre-approved expert reviewers. Under certain circumstances, a request may be made for the use an expert reviewer who is not a participant in the Expert Reviewer Program, which is submitted to the Sup I and II for approval. Interviewees reported that such requests often also require approval from Headquarters. Such outside experts are required to meet the minimum qualifications set forth in the Expert Reviewer Program.

There were multiple comments from those interviewed regarding the quality of the expert reviewers. Most DAGs, and some investigators, believe that there needs to be a better pool of experts. In addition, there were comments that the approval process to obtain an outside expert does not comply with the EOM and that the approval process needs to be streamlined.

Staff interviewed also expressed concerns regarding the contents of the experts’ reports and the appropriateness of pre-report contact with the expert.

VERTICAL ENFORCEMENT

Per VPM, the fundamental purpose underlying the VE program is “to bring investigators and deputy attorneys general together from the beginning of an investigation in order to improve coordination and teamwork, increase efficiency, and reduce investigation completion delays, all with the overall goal of increasing public protection.”

Multiple, sometimes conflicting, comments were received from the staff interviewed regarding their perception of the impact of VE as implemented to date. Comments from DAGs interviewed included:

- More effective, but not necessarily more efficient;
- Vastly improves the way things are being done;
- Works well for complex cases;
- Weeds out bad cases earlier;
- Resolves cases sooner;
- Cases moving quicker out of investigation;
- Investigation takes too long;
- Timelines have increased;
- VE works well, acceptance is the problem
- Investigators can anticipate what is required to put a viable case together ;
- Quality of cases has improved;
- Can identify problematic cases earlier and quicker;
- Cases are stronger;
- Cases are better and consequently easier to settle;
- Fewer cases are going to OAH;
- Cases that go to hearing are much better;
- There are fewer problems in obtaining certified medical records;
- Fewer cases require additional investigation after referral for prosecution;
- Cases require additional investigation after referral for prosecution;
- Positive learning experience for investigators in understanding the prosecution process;
- Affidavits in support of subpoenas are better; and
- Too many layers of approval.

Comments from MBC investigators regarding their perceptions of the VE process included:

- No difference, haven't seen any real change;
- Quality of cases have remained the same;
- Cases are not being closed any faster;
- Number of cases going to hearing has not changed;
- Most cases are settled, but that's the same as pre VE;
- Time required to obtain certified medical records is the same;
- Since VE is not a true vertical prosecution process, same problems with repeat investigations because lead DAGs want different things than the primary DAGs;

- Learn a lot by attending OAH hearings;
- Work with too many DAGs, all with different styles and different requirements;
- Aging cases have increased;
- Time to complete investigations has increased;
- Resolution of cases takes longer;
- Everything must be approved by a DAG;
- Forever chasing DAGs to get their approval;
- Efficiency has not increased, but instead has declined;
- Too many levels of review/approval;
- Too many attorneys involved;
- A lot of delays and unreasonable requests drag out the investigations;
- Increased caseload due to DAGs not turning over the cases;
- Caseload increased because taking longer to get DAG approval;
- Many cases get reassigned;
- Trying to get a case moving with all the roadblocks is very frustrating;
- Since accusations must be filed within 30 days of receipt, DAGs return cases to investigators for more information;
- Caseload has not increased, but time to complete cases has;
- Too many delays; everything takes much longer;
- DAGs are finally being held accountable for aging cases; and
- Liked the DIDO program better.

Attorney/Client Relationship

Disparate comments were received regarding MBC's status as HQES' client since implementation of VE, ranging from MBC is still the client, to only certain people at MBC are the clients, to MBC is no longer the client.

Responsiveness

Per JVEG: Investigators and DAGs must be responsive to each other and should check and respond to telephone messages and emails regularly and promptly. Nevertheless, some investigators complained of a lack of responsiveness by certain DAGs to emails and phone calls.

During the interviews, there were multiple comments that investigators are frequently chasing DAGs because their approval is required for every step. Others stated that some DAGs kept cases on their desk so long that when the statute of limitations is approaching, the case is sent back asking for more information, knowing that the investigator cannot obtain the information in time.

Clarity of Roles

Although the VPM identifies the VE team members and their respective roles, many of those interviewed from both departments stated that there needs to be a greater clarity of their individual responsibilities.

For example, many DAGs were unclear as to the need for both a Sup I and a Sup II and the Assistant Chief of Enforcement and stated that their functions need to be clearly articulated. Some also questioned the need for both a medical consultant and an expert witness.

Some investigators stated that the functions of the lead and primary DAGs must be clarified because different HQES offices appear to utilize these roles differently. Some investigators also stated that it is not uncommon for the lead and primary DAG to give conflicting directions, and that the involvement of the SDAG varies depending on the HQES office. Some investigators also stated that they lost their autonomy and are basically secretaries since the DAGs now make all of the decisions, that they are constantly duplicating records for DAGs and are spending too much time coordinating DAGs' schedules for participation in subject interviews.

Dispute Resolution

The JVEG states that investigators and DAGs are expected to treat each other, and all individuals with whom they come into contact in their official capacities, professionally, respectfully and with courtesy. It further states that while disagreements may arise, investigators and DAGs are expected to ensure that such disagreements are resolved professionally, respectfully and with courtesy, never losing sight of the fact that we are all working toward the same goal, public protection for all Californians.

The EOM states that when disagreements arise between an investigator and DAG, the investigator should first discuss his/her concerns directly with the DAG in an effort to resolve the dispute. If the dispute remains unresolved, the investigator and DAG should discuss the matter with the lead DAG, Sup I and/or Sup II. If the dispute remains unresolved, the matter must be documented on a Dispute Resolution form and submitted to the SDAG whose determination shall be final.

Interviewees suggested that most conflicts requiring dispute resolution emanate from a single office and often require elevation to the Senior Assistant AG and the MBC Assistant Chief and Chief of Enforcement at Headquarters. Some supervisors estimated that 80 percent of their time is spent on disputes.

Shared Computer System and Combined Location

The GC Section 12529.6 (e) states: The Medical Board of California shall do both of the following:

- (1) Increase its computer capabilities and compatibilities with the Health Quality Enforcement Section in order to share case information.
- (2) Establish and implement a plan to locate its enforcement staff and the staff of the Health Quality Enforcement Section in the same offices, as appropriate, in order to carry out the intent of the vertical enforcement and prosecution model.

Shared Computer System

According to DAGs, only investigators who are part of DOJ are permitted access to their ProLaw system. MBC indicated that DAGs are able to access their system when onsite at a MBC District Office but that attempts to integrate data between the two systems have so far been unsuccessful.

DAGs and investigators both indicated that at a minimum, a shared computer drive that both DAGs and investigators could access would be helpful to enable joint access to case specific documents. They also indicated that a better method of sharing up-to-date calendar information would help in reducing the time required to schedule subject and other interviews.

Same Location

The DAGs, in general, suggested that it would be beneficial for investigators to be part of DOJ and located in the same facility. However, only some investigators agreed with this opinion.

DAGS stated that if investigators move to DOJ:

- They would acquire special agent status and receive higher pay;
- They would have greater status working at DOJ;
- Retention problems would be eliminated;
- There would be clearer lines of supervision;
- DAGs would have more authority to push cases through the process;
- There would be more direct paring of investigators and attorneys; and
- It would create greater bonding and team building.

Some DAGs suggested that only investigators, and not supervising investigators, be transferred to DOJ and that SDAGs assume responsibility for supervising the transferred investigators. Other DAGs recommended that only investigators and Sup Is be transferred.

MBC investigators suggested that:

- Special agent status would not be automatic since passage of a physical fitness test is required;
- They like working for MBC because physicians do not realize they are armed peace officers and believe this is safer;
- They are uncertain that transferring to DOJ would be desirable, but being located in the same facility could be beneficial;
- Transferring to DOJ would not eliminate disagreements with DAGs, significantly improve the current situation, and would likely negatively impact investigator retention;

- The likely pay increase would not offset the negative impact on their health of working directly for the DAGs;
- They do not believe that attorneys should directly supervise sworn peace officers; and
- They would prefer that MBC have their own attorneys.

It is apparent from the interviews that there is a significant diversity of opinion between and amongst investigators and DAGS, both as to how VE is currently implemented and as to how it should be implemented in the future.

XIX. VE ALTERNATIVES

Six alternatives are apparent regarding the future of the VE model based on the statistical data and other information gathered to date.

The first alternative, canceling the VE pilot and resuming the previous method of investigating and prosecuting complaints, would return matters to the way they were prior to the implementation of VE, which was already deemed by the Legislature to be unacceptable.

The second alternative, continuing the current pilot unmodified for a period of time to gather additional statistical data, would continue a process that has increased an already unacceptable time frame to investigate complaints.

The third alternative, transferring MBC investigators to DOJ and consolidating responsibility for the investigation and prosecution of complaints under the AG, is not supported by the results of the current VE pilot as likely to decrease investigative time frames.

The fourth alternative, transferring responsibility for prosecuting cases to MBC and allowing MBC to hire in-house legal staff necessary to assume these duties, would be a major change that would likely result in an initial increase in case resolution timelines. The ability of MBC to timely recruit highly skilled legal staff experienced in the nuances of MBC's cases is also unknown.

The fifth alternative, co-location of DAGs and investigators in the same facility would potentially afford benefits, but the associated costs, as well as other potential issues regarding such a move, suggest that this alternative is premature. In addition, to be successful, implementation and evaluation of the results of the recommendations in the next chapter is essential.

The sixth alternative, continuing the pilot with modifications to improve its implementation and assess its effectiveness and success in two years, is the most feasible alternative. This alternative would modify the current pilot with improvements recommended in the following chapter which are imperative for the VE model to succeed. Furthermore, additional commitment to the VE process by executive management and every manager and supervisor in each department is essential to the success of this modified VE model.

XX. RECOMMENDATIONS

Although noteworthy efforts were expended by both HQES and MBC staff toward implementation of the VE model and some successes achieved, it is evident that room for improvement exists. Recommendations for a more successful implementation of the VE model include the following:

Recommendation #1: Zero Tolerance of Negative Communication

As noted by the Monitor, teamwork is based on “mutual respect and collegueship” and “doesn’t mean attorneys become dictatorial or inflexible” or that “investigators lose reasonable professional independence in handling their fieldwork or are asked to do tasks beneath their job descriptions”.

While both the MBC and HQES have made considerable progress in their working relationship, additional work is necessary to ensure mutual respect and appreciation for the vital roles each bring to the process and, ultimately, to public protection. Poor interpersonal communications between some MBC investigators and HQES attorneys are aggravated by a lack of commonly understood and mutually accepted appreciation of each others’ roles and professional contributions towards resolving cases in the VE model. It is recommended that the tone be uniformly set by executive management and every manager and supervisor of both departments that all staff work together as partners in a professional and respectful manner, and that all communications demonstrate mutual respect, courtesy and responsiveness, without exception. Any inappropriate communication must be addressed immediately, fairly and effectively.

Consideration should be given to engaging a knowledgeable outside consultant respected by both MBC and HQES to help identify, isolate and eliminate the cause(s) of such negative communications.

Recommendation #2: Clarity of Roles

It is recommended that clear and consistent direction be provided by top management regarding the roles of DAGs and MBC staff at all levels. Although the VPM identifies the VE team members and their respective roles, many of those interviewed from both departments stated that there needs to be a greater clarity of their respective roles.

For example, many DAGs were unclear as to the need for both a Sup I and Sup II and the Assistant Chief of Enforcement and stated that the chain of command needs to be clearly delineated. Some questioned the need for both a medical consultant and an expert witness. On the MBC side, some investigators stated that the roles between the lead and primary DAGs must be clarified because each HQES office appears to manage the roles differently. Some investigators also stated that it is not uncommon for

the lead and primary DAG to give conflicting directions and that the role of the SDAG varies depending on which HQES office or team is handling a case.

The meaning of GC Section 12529.6 wording “under the direction of” must be clearly defined and adhered to in a consistent manner throughout both departments in a manner that emphasizes teamwork and recognizes the unique training, expertise and contributions of all members of the team. If necessary, legislative changes should be sought to provide additional clarity.

Although HQES management stated that it has been HQES’ position that MBC is the client, interview responses indicate that this is not clearly understood or accepted. Therefore, management must clarify and ensure a consistent understanding and application of the term, which should be included in the joint training recommended below and incorporated in all appropriate manuals.

Recommendation #3: Consistent and Unified VE Process

Since the VE process varies from one office to the other, it is recommended that there be a consistent and uniform statewide VE process, including appropriate levels of approval, which are adhered to in every office. Exceptions, if any, should have an appropriate basis, be clearly documented and published to avoid the appearance of being arbitrary or unfair. It is also recommended that consideration be given to implementing a single joint manual that includes input from all who are part of the VE process, through a joint task force or committee, to ensure consistency and uniform understanding of the VE model and each person’s role in the VE process.

Recommendation #4: Consider Limiting VE to Specified Types or Categories of Cases or Circumstances

The data provided indicates that although there is a decrease in the time to complete a case once it is referred to the AG for prosecution, there is an overall increase in the investigatory phase of cases in the VE model.

As the Monitor noted, the vertical prosecution model is widely and successfully used by law enforcement, district attorney offices and others for specialized or complex cases. In light of the demonstrated increase in the time to complete the investigatory phase that has resulted from inclusion of all cases in the VE model, it is recommended that consideration be given to identifying specific types or categories of cases or circumstances under which VE would likely be of benefit and limit its use to those situations.

A working group consisting of management and staff from both departments should evaluate and recommend the categories of cases, circumstances or guidelines for determining which cases warrant handling in the VE process. In addition, consideration should be given to designating an intake officer(s) in the field offices to determine cases

warrant VE handling in accordance with the final guidelines. An outside consultant experienced in vertical prosecution should be considered to assist in this process.

Recommendation #5: Joint Statewide Training

As part of or in addition to the joint statewide training noted in Recommendation #2, it is recommended that a mandated joint statewide training for all DAGs and investigators, regardless of their level, experience or past training, should be held to assist in team building and ensure a common and consistent knowledge base. Based on the comments received from interviewees, such training should, at a minimum, include:

- Effective and efficient communication;
- Workload prioritization;
- Roles, background and training of investigators, supervisors, lead and primary DAGs and SDAGs, and the needs of each to efficiently and appropriately perform their functions;
- Definition of “client” and “direction”;
- Interviews and interview strategies;
- Obtaining appropriate expert witnesses;
- Subpoena use and preparation;
- Administrative hearing process and investigator’s role at a hearing; and
- The role and purpose of the Central Complaint Unit (CCU).

Recommendation #6: Staffing Vacancies

It is recommended that the departments continue to give priority to resolving current staffing vacancy issues. Areas to pursue include:

- Methods to increase investigators’ salaries;
- Use of overtime pay;
- Use of telecommunication and alternate work schedules; and/or
- Wage subsidization in high turnover, hard to fill vacancy locations.

Consideration should be given to engage a knowledgeable consultant to survey past and current employees to identify and, if appropriate, help resolve areas of dissatisfaction that are contributing to the problem.

Staff from both departments also recommended, during the interviews, revisiting the Investigator Assistant classification to reduce reliance on sworn investigators performing tasks that could be accomplished by non-sworn personnel.

Recommendation #7: Common Server

One of the recommendations of the Monitor’s reports and the previous ***Report to the Legislature, Vertical Enforcement***, was to implement an “information technology system interoperable with the current system used at DOJ”. The MBC and AG have

agreed to an interoperable database and are in the process of obtaining necessary approvals. Although immediate implementation may consequently not be feasible at this time, there was support from many of those interviewed for implementation of a common or shared server accessible to both DAGs and investigators for storage of common documents and their calendars as an interim measure.

It is recommended that a working group of both AG and MBC staff be established to explore an effective and efficient method of sharing documents and information to eliminate repetitive duplication of documents and unnecessary delays in scheduling and rescheduling of subject interviews.

XXI. CONCLUSION

One of the primary goals leading to the implementation of VE was the perception that doing so would significantly reduce the time to investigate and resolve complaints against licensees of MBC, thereby providing for increased public protection. While the data collected suggests overall reductions have occurred in the prosecution phase of such matters, the investigation phase has not realized such benefits, and, as a result, the overall time to resolve complaints with a disciplinary outcome has only minimally improved. Furthermore, the time to resolve all complaints regardless of the type of outcome has actually increased.

The results suggest improvement is possible if the recommended modifications are made to the current model, staff receives appropriate training in interpersonal communications and concerted efforts are made towards team building, complemented by a unified effort to provide joint oversight and consistent direction by the executive levels of both agencies.

It is, therefore, recommended that the pilot be continued with the modifications contained in Recommendations 1 through 7 to improve its implementation with a reassessment of its success after two years as the most prudent course of action at this time. It is important to note that additional commitment to the VE process by executive management and every manager and supervisor in each department is essential to the success of this modified VE model.

APPENDICES

Appendix A – Summary Data Chart

Appendix B – Primary Data

APPENDIX A

SUMMARY DATA CHART

Table A1 –Summary of Data Analysis -- Combined Physicians and Surgeons and Allied Health Cases

	(Percentage Increase or Decrease)*					
	2008 vs 2005	2008 vs 2006	2008 vs 2005	2008 vs 2006	2008 vs 2005	2008 vs 2006
	(2005 Data Rre VE, 2008 Data Combined VE & Non VE Cases)	(Combined VE & Non VE cases)	(2005 Data Rre VE, 2008 Data Combined VE & Non VE Cases)	(Combined VE & Non VE cases)	(2005 Data Rre VE, 2008 Data Combined VE & Non VE Cases)	(Combined VE & Non VE cases)
Misc. Stats						
Attorney Services Hours Billed by AG	37.71%	18.72%				
Legal Assistant/Paralegal Hours Billed by AG	39.81%	15.04%				
Enforcement Temp Help Hours Worked (excludes Med. Consultants)	86.83%	61.68%				
Enforcment Medical Consultant Hours Worked	4.11%	5.02%				
No. of Filled Enforcement Field Investigaor Positions	10.91%	19.61%				
Average Caseload per Filled Field Investigator Postion	0.00%	-9.52%				
No. of Authorized Field Investigator Postions	16.39%	24.56%				
Average Caseload per Authorized Field Investigator Postion	-5.88%	-15.79%				
	Combined Physician and Surgeon & Allied Health		Physician and Surgeon Stats		Allied Health Care Stats	
Cases Referred to Investigations	-14.36%	-5.71%	-14.17%	-6.78%	-15.38%	0.54%
Days Aged from Request to Suspension Order Granted						
Average	-48.57%	-65.38%	-52.50%	-66.67%	36.36%	-59.46%
Median	25.00%	233.33%	25.00%	400.00%	0.00%	-20.00%
No of Cases	-20.00%	-20.00%	-27.59%	-22.22%	16.67%	-12.50%
Pending at Year End						
Days Aged from Assigned to Investigator to Closed, No Prosecution						
Average	37.65%	26.44%	38.01%	24.67%	35.21%	43.25%
Median	-61.54%	-52.38%	32.94%	17.13%	-30.00%	7.69%
No of Cases	-24.31%	-12.52%	-26.36%	-13.00%	-3.75%	-7.23%
Pending at Year End	12.46%	6.87%	10.85%	6.14%	18.57%	11.41%
Days Aged from Assigned to Investigator To Referral for Citation/Fine						
Average	75.72%	46.08%	67.14%	42.90%	170.62%	51.30%
Median	61.48%	34.57%	64.10%	43.59%	116.92%	22.61%
No of Cases	-19.61%	-22.64%	-34.04%	-36.73%	150.00%	150.00%
Pending at Year End						
Days Aged from Assigned to Investigator To Referral for Public Letter of Reprimand						
Average	12.50%	-24.85%	8.22%	-23.30%	-100.00%	
Median	44.04%	-21.62%	35.99%	-23.06%	-100.00%	
No of Cases	-78.57%	-70.00%	-69.23%	-60.00%	-100.00%	
Pending at Year End						
Days Aged from Assigned to Investigator To Referral for Criminal Action						
Average	38.35%	12.54%	27.99%	2.08%	66.67%	67.33%
Median	52.22%	8.04%	58.10%	-6.91%	17.03%	23.38%
No of Cases	-2.63%	37.04%	-26.47%	4.17%	200.00%	300.00%
Pending at Year End						
Days Aged from Medical Release Request to Receipt of Medical Records (No SDT)						
Average	3.51%	5.36%	8.77%	6.90%	-27.78%	-9.30%
Median	-3.13%	3.33%	-3.13%	0.00%	-15.63%	8.00%
No of Cases	-44.80%	-26.98%	-49.35%	-30.47%	13.89%	2.50%
Pending at Year End						
Days Aged from SDT Served to Receipt of Medical Record						
Average	-46.82%	43.75%	-43.93%	44.78%		-12.82%
Median	-64.00%	24.14%	-61.00%	21.88%		68.75%
No of Cases	2050.00%	120.51%	1900.00%	135.29%		20.00%
Pending at Year End						

Days Aged from Medical Release Request to SDT to Receipt of Medical Records						
Average	62.79%	25.00%	62.79%	22.81%		-100.00%
Median	30.51%	-38.40%	30.51%	-38.40%		-100.00%
No of Cases	106.67%	34.78%	106.67%	47.62%		-100.00%
Pending at Year End						
Days Aged from Mailing/Service of Request to Subject Interview Completed						
Average	16.67%	12.00%	20.83%	13.73%	7.69%	2.44%
Median	2.78%	-2.63%	2.78%	-11.90%	6.45%	10.00%
No of Cases	-16.33%	8.17%	-18.76%	8.50%	11.54%	5.45%
Pending at Year End	6.86%	13.54%	11.63%	10.34%	-31.25%	
Days Aged from Mailing/Service of Subpoena to Subject Interview Completed						
Average		-76.92%		57.69%		
Median		-10.87%		-10.87%		
No of Cases		200.00%		160.00%		
Pending at Year End	275.00%	328.57%	285.71%	440.00%	200.00%	50.00%
Days Aged from Case Submitted to D.O. Medical Consultant to Review Completed						
Average	183.87%	57.14%	187.10%	56.14%	204.76%	120.69%
Median	83.33%	57.14%	91.67%	58.62%	33.33%	21.74%
No of Cases	569.39%	13.89%	543.75%	12.36%	1800.00%	46.15%
Pending at Year End	433.33%	42.22%	391.43%	34.38%	1900.00%	185.71%
Days Aged from Request to Receipt of Expert Opinion						
Average	4.00%	10.64%	-1.96%	6.38%	80.95%	61.70%
Median	-2.44%	11.11%	-4.88%	8.33%	66.67%	36.36%
No of Cases	-26.20%	-12.84%	-27.22%	-10.66%	-16.28%	-32.08%
Pending at Year End	-17.46%	-11.86%	-25.45%	-16.33%	37.50%	10.00%
Days Aged from Case Assigned to Completed Investigation (Referred to AG)						
Average	42.13%	23.35%	32.07%	15.50%	66.14%	31.06%
Median	56.83%	11.79%	28.32%	15.08%	113.64%	71.95%
No of Cases	11.38%	9.60%	16.46%	22.67%	2.27%	-10.00%
Pending at Year End	12.46%	6.87%	10.85%	6.14%	24.63%	12.08%
Days Aged from Assigned to Investigator to All Outcomes						
Average	21.73%	15.34%	24.38%	16.56%	6.67%	8.02%
Median	40.65%	27.11%	42.16%	27.57%	25.43%	21.61%
No of Cases	-19.00%	-9.19%	-21.53%	-8.81%	-0.63%	-11.30%
Pending at Year End	12.24%	6.61%	11.96%	6.38%	14.81%	8.77%
Days Aged from Assigned to Investigator to Settlement						
Average	-6.21%	-9.68%				
Median	-5.23%	-4.07%				
No of Cases	-11.34%	-13.13%				
Pending at Year End	-23.02%	-17.80%				
Days Aged from Assigned to Investigator to Disciplinary Outcome						
Average	-0.51%	2.10%	0.58%	-0.29%	-5.65%	0.29%
Median	-1.85%	5.50%	-2.51%	-0.82%	-6.51%	9.91%
No of Cases	-9.61%	-5.35%	9.54%	3.04%	-9.86%	-27.27%
Pending at Year End	-23.37%	-17.83%	-26.50%	-23.04%	-11.43%	4.49%
Days Aged from Case Assigned to Investigation Completed and Accusation Filed						
Average	268.83%	8.60%	-0.87%	1.25%	55.43%	42.64%
Median	395.41%	12.97%	0.93%	6.67%	55.26%	35.46%
No of Cases	-8.48%	4.06%	-15.96%	3.95%	30.56%	4.44%
Pending at Year End	-13.41%	-20.67%	-4.63%	-20.77%	-30.36%	-20.41%
Days Aged from Completed Investigation to Accusation Filed						
Average	-72.32%	-16.00%	-28.24%	-32.22%	85.71%	45.34%
Median	-84.46%	-32.17%	-38.26%	-46.62%	9.68%	41.67%
No of Cases	-8.48%	4.06%	-15.96%	3.95%	30.56%	4.44%
Pending at Year End	-13.41%	-20.67%	-4.63%	-20.77%	-30.36%	-20.41%

Days Aged from Accusation Filed to Case Submitted to ALJ for Decision						
Average	-23.24%	-14.46%	-14.73%	-10.23%	-65.18%	-33.33%
Median	-38.06%	-12.21%	-31.46%	-1.23%	-61.10%	-31.40%
No of Cases	-23.68%	93.33%	-29.41%	84.62%	25.00%	150.00%
Days Aged from Accusation Filed to Settlement						
Average	-17.16%	-24.41%				
Median	-28.25%	-23.68%				
No of Cases	-10.99%	-11.96%				
Pending at Year End	63.64%	125.00%				
Days Aged from Accusation Filed to Disciplinary Outcome						
Average	-8.75%	-6.99%	0	-5.71%	-18.40%	-18.24%
Median	-27.29%	-14.25%	-26.86%	-17.60%	-30.20%	4.49%
No of Cases	-6.08%	0.82%	-4.69%	5.73%	-12.00%	-16.98%
Pending at Year End	-28.74%	-16.78%	-35.55%	-25.10%	14.89%	38.46%
Days Aged from Accusation Filed to Revocation Outcome						
Average	-10.11%	43.71%	-14.43%	28.79%	10.64%	54.65%
Median	-39.45%	58.08%	-56.55%	33.70%	6.23%	78.43%
No of Cases	-12.00%	10.00%	-16.67%	36.36%	0.00%	-22.22%
Days Aged from Accusation Filed to Surrender Outcome						
Average	-14.88%	-16.71%	-14.66%	-18.51%	-41.38%	-35.00%
Median	-49.86%	-38.67%	-50.14%	-46.36%	-20.92%	30.46%
No of Cases	-10.26%	-10.26%	14.29%	6.67%	-72.73%	-66.67%
Days Aged from Accusation Filed to Suspension Only Outcome						
Average		-100.00%		-100.00%		
Median		-100.00%		-100.00%		
No of Cases		100.00%		-100.00%		
Days Aged from Accusation Filed to Probation Outcome						
Average	-22.04%	-16.61%	-1.65%	-1.81%	-29.12%	3.59%
Median	-27.11%	-15.97%	-20.59%	-18.53%	-32.32%	6.91%
No of Cases	-6.82%	10.81%	-20.00%	-3.45%	44.44%	62.50%
Days Aged from Accusation Filed to Probation with Suspension Outcome						
Average	-4.32%	-4.14%	-4.78%	0.56%	12.53%	-17.42%
Median	-16.39%	-19.21%	-28.69%	-15.31%	21.21%	-20.79%
No of Cases	-58.62%	-29.41%	-62.50%	-35.71%	-40.00%	0.00%
Days Aged from Accusation Filed to Public Reprimand Outcome						
Average	-11.35%	-17.92%	-9.49%	-17.21%	-57.93%	-57.14%
Median	-31.86%	-30.68%	-29.39%	-32.45%	-62.12%	-41.30%
No of Cases	0.00%	-19.21%	8.16%	-11.67%	-66.67%	-75.00%
Days Aged from Accusation Filed to Other Decision Outcome						
Average	33.52%	-47.09%	93.42%	-58.25%	-1.90%	13.13%
Median	-5.90%	-18.48%	15.34%	-75.10%	-1.90%	13.13%
No of Cases	300.00%	-166.67%	600.00%	250.00%	0.00%	0.00%
Days Aged from Accusation Filed to Accusation Withdrawn/Dismissed Outcome						
Average	16.67%	55.71%	2.78%	148.32%	51.42%	-47.94%
Median	-23.64%	32.14%	-25.73%	60.24%	51.42%	-59.60%
No of Cases	24.00%	34.78%	26.09%	81.25%	0.00%	-71.43%
Days Aged from Accusation Filed to Date MBC Vote to Adopt/Grant Decision						
Average	-14.10%	-12.61%	-16.30%	-21.31%	-11.92%	5.85%
Median	-24.06%	-12.26%	-24.22%	-15.29%	-26.67%	7.61%
No of Cases	19.44%	22.86%	31.34%	37.50%	0.00%	0.00%
Pending at Year End	-28.48%	-16.90%	-35.66%	-25.81%	18.18%	44.44%
Other Stats						
OAH Initial Hearing Dates Delayed Due to Governor's Executive Order, July - October 2008						
Average Days Delay	119.78					
Median Days Delayed	112.00					
Number of Cases Delayed	23.00					

*The absence of a percentage increase or decrease indicates there was either no data applicable or that the denominator was "0" and that no percentage calculation is therefore possible.

APPENDIX B

PRIMARY DATA

Table B3.1 – Attorney General Health Quality Enforcement Section Attorney Services Hours Billed to Medical Board

	Jan	Feb	Mar	Apr	May	June	Jul	Aug	Sept	Oct	Nov	Dec	TOT
CY 05 hours													
Attorney Services	4,905.75	4,455.50	4,336.25	4,177.75	4,487.75	4,808.00	4,445.25	4,390.50	4,374.00	4,182.50	4,627.25	4,043.25	53,233.75
Legal Asst	195.50	182.00	166.75	211.50	185.75	220.50	203.75	255.00	228.00	180.50	131.00	116.00	2,276.25
CY 06 hours													
Attorney Services	4,689.75	4,661.50	5,199.75	4,527.25	5,446.00	5,406.75	4,711.25	5,760.25	5,178.00	5,433.50	5,576.25	5,156.50	61,746.75
Legal Asst	248.00	229.00	245.00	162.75	234.25	253.25	225.00	220.25	269.25	291.75	217.25	170.75	2,766.50
CY 07 hours													
Attorney Services	6,320.50	5,526.50	6,232.25	5,769.25	6,478.00	5,990.50	6,180.75	6,933.50	6,143.50	6,653.25	5,532.25	5,153.50	72,913.75
Legal Asst (Paralegal as of Jul 07)	241.25	227.25	262.50	190.00	263.50	251.50	134.00	65.25	240.00	241.50	253.50	227.75	2,598.00
CY 08 hours													
Attorney Services	6,339.75	5,958.50	5,989.75	6,703.50	6,566.25	6,363.00	6,321.75	5,689.25	5,936.00	6,487.75	5,134.25	5,816.00	73,305.75
Paralegal	277.25	286.75	278.25	315.50	235.50	356.50	320.25	216.50	248.75	219.75	179.25	248.25	3,182.50

Table B3.2 – Medical Board Enforcement Temporary Help Hours Worked (Excluding Medical Consultants)

	Jan	Feb	Mar	Apr	May	June	Jul	Aug	Sept	Oct	Nov	Dec	TOT
Enforce (170-184) CY 05 hours	462.00	680.00	726.00	645.00	549.50	430.50	323.75	356.00	463.50	354.00	404.00	330.50	5,724.75
\$	12,890.00	19,188.00	20,258.00	18,081.00	15,276.00	11,156.00	9,379.00	8,823.00	10,885.00	7,914.00	9,308.00	7,222.00	150,380.00
Enforce (170-184) CY 06 hours	627.80	615.00	779.30	359.50	426.00	342.50	307.50	536.50	721.50	668.00	680.25	551.25	6,615.10
\$	17,496.00	17,069.00	20,325.00	8,708.00	10,628.00	8,013.00	7,829.00	12,538.00	18,447.00	19,453.00	19,450.00	15,482.00	175,438.00
Enforce (170-184) CY 07 hours	522.00	504.25	468.00	563.95	632.00	524.50	519.00	326.50	392.00	831.75	1,076.50	902.00	7,262.45
\$	13,802.00	13,419.00	11,719.00	16,666.00	18,822.00	12,975.00	10,060.00	9,385.00	11,988.00	27,898.00	34,277.00	24,045.00	205,056.00
Enforce (170-184) CY 08 hours	1,355.00	1,274.50	1,178.50	1,182.00	1,109.75	842.25	975.75	182.00	181.00	302.50	1,031.00	1,081.25	10,695.50
\$	40,699.00	36,607.00	33,726.00	30,737.00	28,434.00	22,418.00	23,668.00	4,571.00	4,692.00	8,567.00	26,256.00	29,539.00	289,914.00

Table B3.3 – Enforcement Medical Consultant Hours Worked

No. of Consultants	Jan	Feb	Mar	Apr	May	June	Jul	Aug	Sept	Oct	Nov	Dec	TOT
CY 05 20-23	1,004.8	1,164.3	1,287.0	1,161.8	1,179.8	1,226.3	1,081.3	1,065.5	1,086.3	1,082.8	1,092.0	950.3	13,381.8
CY 06 20	1,158.0	1,216.3	1,167.8	1,123.0	1,203.3	1,116.0	1,065.0	1,020.8	0,984.3	1,115.8	1,118.8	0,977.3	13,266.0
CY 07 20-25	1,121.3	1,049.0	1,086.0	1,009.5	1,326.5	1,183.8	1,169.0	1,142.0	1,204.5	1,402.5	1,444.3	1,303.3	14,441.5
CY 08 25-26	1,384.8	1,348.2	1,201.3	1,351.1	1,658.3	1,313.2	1,581.3	163.0	0.0	818.8	1,567.3	1,544.5	13,931.5

Table B3.4 – Medical Board Field Investigators and Average Caseload

	2005	2006	2007	2008
No. of Filled Enforcement Field Investigator Positions	55	51	51	61
Avg Cases per Filled Enforcement Field Investigator	19	21	12	19
No. of Authorized Enforcement Field Investigator Positions	61	57	59	71
Avg Cases per Authorized Field Investigator Position	17	19	16	16

Table B6.1 – Calendar Days Aged from Request to Suspension Order Granted for Physicians and Surgeon and Allied Health Cases

	2005		2006				2007				2008									
	All		All		Not VE		VE		All		Not VE		VE		All		Not VE		VE	
Activity	Prior to VE	Pending	Granted	Pending	Granted	Pending	Granted	Pending	Granted	Pending	Granted	Pending	Granted	Pending	Granted	Pending	Granted	Pending	Granted	Pending
Calendar Day Age from Request to Suspension Order Granted																				
Average	35		52		100		7		54		98		31		18		14		19	
Median (middle record-half are above and half below)	8		3		8		2		7		1		21		10		5		10	
Record Count	35	0	35	0	17	0	18	0	29	0	10	0	19	0	28	0	5	0	23	0

*Allied Health Care Professionals Cases Includes:
osteopathic physicians and surgeons, podiatrists, physician assistants, psychologists, research psychoanalysts, dispensing opticians, licensed midwives
**Excludes Out of state and Headquarters Cases

Table B6.2 – Calendar Days Aged from Request to Suspension Order Granted for Physicians and Surgeons Cases

	2005		2006				2007				2008									
	All		All		Not VE		VE		All		Not VE		VE		All		Not VE		VE	
Activity	Prior to VE	Pending	Granted	Pending	Granted	Pending	Granted	Pending	Granted	Pending	Granted	Pending	Granted	Pending	Granted	Pending	Granted	Pending	Granted	Pending
Calendar Day Age from Request to Suspension Order Granted																				
Average	40		57		105		4		61		98		36		19		17		20	
Median (middle record-half are above and half below)	8		2		6		1		13		1		23		10		17		10	
Record Count	29	0	27	0	14	0	13	0	24	0	10	0	14	0	21	0	4	0	17	0

*Excludes Out of State and Headquarters Cases

Table B6.3 – Calendar Days Aged from Request to Suspension Order Granted for Allied Health Cases

Activity	2005		2006				2007				2008			
	All		All		Not VE		VE		All		Not VE		VE	
	Prior to VE	Pending	Granted	Pending	Granted	Pending	Granted	Pending	Granted	Pending	Granted	Pending	Granted	Pending
Calendar Day Age from Request to Suspension Order Granted														
Average	11		37		72		16		18		0		18	
Median (middle record-half are above and half below)	8		10		57		4		7		0		7	
Record Count	6	0	8	0	3	0	5	0	5	0	0	0	5	0

**Allied Health Care Professionals Cases Includes:
osteopathic physicians and surgeons, podiatrists, physician assistants, psychologists, research psychoanalysts, dispensing opticians, licensed midwives

Table B7.1 & B7.1a – Calendar Days Aged from Case Assigned to Investigator to Case Closed with No Prosecution for Physicians and Surgeons and Allied Health Cases

Activity	2005		2006				2007				2008			
	1407		1278				1109				1205			
	All		All		Not VE		VE		All		Not VE		VE	
	Prior to VE	Pending	Closed	Pending	Closed	Pending	Closed	Pending	Closed	Pending	Closed	Pending	Closed	Pending
Calendar Day Age from Case Assigned to Case Closed Not Resulting in Prosecution														
Average	271		295		355		138		333		646		269	
Median (middle record - half are above and half below)	26		21		61		13		22		400		16	
Record Count	905	1148	783	1208	566	282	217	926	715	1203	121	58	594	1145

*Allied Health Care Professions Cases Includes:
osteopathic physicians and surgeons, podiatrists, physician assistants, psychologists, research psychoanalysts, dispensing opticians, licensed midwives

Tables B7.2 & B7.2a – Calendar Days Aged from Case Assigned to Investigator to Case Closed with No Prosecution for Physicians and Surgeons Cases

Complaints Referred to Investigation	2005		2006						2007						2008					
	1186		1092						949						1018					
	All		All		Not VE		VE		All		Not VE		VE		All		Not VE		VE	
Activity	Prior to VE	Pending	Closed	Pending	Closed	Pending	Closed	Pending	Closed	Pending	Closed	Pending	Closed	Pending	Closed	Pending	Closed	Pending	Closed	Pending
Calendar Day Age from Case Assigned to Case Closed Not Resulting in Prosecution																				
Average	271		300		359		139		332		641		269		374		840		358	
Median (middle record - half are above and half below)	252		286		337		135		305		627		272		335		906		324	
Record Count	827	1014	700	1059	511	245	189	814	644	1059	108	51	536	1008	609	1124	21	3	588	1121

*Excludes Out of State and Headquarters Cases

Tables B7.3 & B7.3a – Calendar Days Aged from Case Assigned to Investigator to Case Closed with No Prosecution for Allied Health Cases

Complaints Referred to Investigation	2005		2006						2007						2008					
	221		186						160						187					
	All		All		Not VE		VE		All		Not VE		VE		All		Not VE		VE	
Activity	Prior to VE	Pending	Closed	Pending	Closed	Pending	Closed	Pending	Closed	Pending	Closed	Pending	Closed	Pending	Closed	Pending	Closed	Pending	Closed	Pending
Calendar Day Age from Case Assigned to Case Closed Not Resulting in Prosecution																				
Average	267		252		316		126		342		685		265		361		944		345	
Median (middle record - half are above and half below)	100		65		135		23		99		472		84		70		448		70	
Record Count	80	140	83	149	55	37	28	112	71	144	13	7	58	137	77	166	2	1	75	165

*Allied Health Care Professions Cases Includes:

osteopathic physicians and surgeons, podiatrists, physician assistants, psychologists, research psychoanalysts, dispensing opticians, licensed midwives

Table B7.4 – Calendar Days Aged from Case Assigned to Investigator to Referral for Citation/Fine for Physicians and Surgeons and Allied Health Cases

	2005		2006				2007				2008									
	All		All		Not VE		VE		All		Not VE		VE		All		Not VE		VE	
Activity	Prior to VE	Pending	Pending		Pending		Pending		Pending		Pending		Pending		Pending		Pending		Pending	
Calendar Day Age from Investigation Assigned to Referral for Citation/Fine																				
Average	276		332		372		138		392		690		313		485		548		480	
Median (middle record - half are above and half below)	270		324		361		142		405		695		342		436		492		415	
Record Count	51	0	53	0	44	0	9	0	38	0	8	0	30	0	41	0	3	0	38	0

*Allied Health Care Professionals Includes:

osteopathic physicians and surgeons, podiatrists, physician assistants, psychologists, research psychoanalysts, dispensing opticians, licensed midwives

**Excludes Out of State and Headquarters Cases

Table B7.5 – Calendar Days Aged from Case Assigned to Investigator to Referral for Citation/Fine for Physicians and Surgeons Cases

	2005		2006				2007				2008									
	All		All		Not VE		VE		All		Not VE		VE		All		Not VE		VE	
Activity	Prior to VE	Pending	Activity	Pending	Activity	Pending	Activity	Pending	Activity	Pending	Activity	Pending	Activity	Pending	Activity	Pending	Activity	Pending	Activity	Pending
Calendar Day Age from Investigation Assigned to Referral for Citation/Fine																				
Average	283		331		375		138		451		677		380		473		548		464	
Median (middle record - half are above and half below)	273		312		361		142		453		655		382		448		492		415	
Record Count	47	0	49	0	40	0	9	0	29	0	7	0	22	0	31	0	3	0	28	0

*Excludes Out of State and Headquarters Cases

Table B7.6 – Calendar Days Aged from Case Assigned to Investigator to Referral for Citation/Fine for and Allied Health Cases

Activity	2005		2006				2007				2008			
	All		All	Not VE	VE		All	Not VE	VE		All	Not VE	VE	
	Prior to VE	Pending	Pending	Pending	Pending		Pending	Pending	Pending		Pending	Pending	Pending	
Calendar Day Age from Investigation Assigned to Referral for Citation/Fine														
Average	194		347		347	0	201		776		129		525	
Median (middle record - half are above and half below)	195		345		345	0	106		776		56		423	
Record Count	4	0	4	0	4	0	9	0	1	0	8	0	10	0

*May include time from initial request for interview if there was no response and a subsequent subpoena was issued.

**Allied Health Care Professionals Includes:

osteopathic physicians and surgeons, podiatrists, physician assistants, psychologists, research psychoanalysts, dispensing opticians, licensed midwives

Table B7.7 – Calendar Days Aged from Case Assigned to Investigator to Referral for Public Letter of Reprimand for Physicians and Surgeons and Allied Health Cases

Activity	2005		2006				2007				2008			
	All		All	Not VE	VE		All	Not VE	VE		All	Not VE	VE	
	Prior to VE	Pending	Pending	Pending	Pending		Pending	Pending	Pending		Pending	Pending	Pending	
Calendar Day Age from Request to Subject Interview Completed														
Average	48		50		56	41	49		71		56		53	
Median (middle record - half are above and half below)	36		38		43	37	35		48		37		39	
Record Count	649	102	502	96	307	29	195	67	406	139	37	6	419	133
Calendar Day Age from Subpoena Request to Subject Interview Completed														
Average	0		78		78	0	144		178		109		195	
Median (middle record - half are above and half below)	0		46		5	0	144		178		109		195	
Record Count	0	8	5	7	5	6	0	1	2	13	1	3	10	15
Calendar Day Age from Request to Receipt of Expert Opinion														
Average	50		47		50	37	52		85		43		52	
Median (middle record - half are above and half below)	41		36		37	34	37		56		35		40	
Record Count	561	63	475	59	379	34	96	25	374	60	84	6	290	54
Calendar Day Age from Investigation Assigned to Referral for Criminal Action														
Average	266		327		429	122	291		646		191		368	
Median (middle record - half are above and half below)	203		286		429	136	232		630		184		309	
Record Count	38	0	27	0	18	9	41	0	9	0	32	0	37	0
Calendar Day Age from Investigation Assigned to Referral for Public Letter of Reprimand														
Average	344		515		515	0	463		716		337		387	
Median (middle record - half are above and half below)	302		555		555	0	405		716		341		435	
Record Count	14	0	10	0	10	0	5	0	2	0	4	0	3	0
Calendar Day Age from Investigation Assigned to Referral for Citation/Fine														
Average	276		332		372	138	392		690		313		485	
Median (middle record - half are above and half below)	270		324		361	142	405		695		342		436	
Record Count	51	0	53	0	44	9	38	0	8	0	30	0	41	0

*Allied Health Care Professionals Includes:

osteopathic physicians and surgeons, podiatrists, physician assistants, psychologists, research psychoanalysts, dispensing opticians, licensed midwives

**Excludes Out of State and Headquarters Cases

Table B7.8 – Calendar Days Aged from Case Assigned to Investigator to Referral for Public Letter of Reprimand for Physicians and Surgeons Cases

	2005		2006				2007				2008									
	All		All		Not VE		VE		All		Not VE		VE		All		Not VE		VE	
Activity	Prior to VE	Pending	Activity	Pending	Activity	Pending	Activity	Pending	Activity	Pending	Activity	Pending	Activity	Pending	Activity	Pending	Activity	Pending	Activity	Pending
Calendar Day Age from Investigation Assigned to Referral for Public Letter of Reprimand																				
Average	365		515		515		0		463		716		337		395		0		395	
Median (middle record - half are above and half below)	314		555		555		0		405		716		341		427		0		427	
Record Count	13	0	10	0	10	0	0	0	6	0	2	0	4	0	4	0	0	0	4	0

*Excludes Out of State and Headquarters Cases

Table B7.9 – Calendar Days Aged from Case Assigned to Investigator to Referral for Public Letter of Reprimand for Allied Health Cases

	2005		2006				2007				2008					
	All		All	Not VE	VE	All		Not VE	VE	All		Not VE	VE			
Activity	Prior to VE	Pending	Pending		Pending	Pending	Pending		Pending	Pending	Pending	Pending		Pending	Pending	Pending
Calendar Day Age from Investigation Assigned to Referral for Public Letter of Reprimand																
Average	59		0		0		0		0		0		0		0	
Median (middle record - half are above and half below)	59		0		0		0		0		0		0		0	
Record Count	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

*May include time from initial request for interview if there was no response and a subsequent subpoena was issued.

**Allied Health Care Professionals Includes:

osteopathic physicians and surgeons, podiatrists, physician assistants, psychologists, research psychoanalysts, dispensing opticians, licensed midwives

Table B7.10 – Calendar Days Aged from Case Assigned to Investigator to Referral for Criminal Action for Physicians and Surgeons and Allied Health Cases

Activity	2005		2006						2007						2008					
	All		All		Not VE		VE		All		Not VE		VE		All		Not VE		VE	
	Prior to VE	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending
Record Count	561	63	475	59	379	34	96	25	374	60	84	6	290	54	414	52	15	1	399	51
Calendar Day Age from Investigation Assigned to Referral for Criminal Action																				
Average	266		327		429		122		291		646		191		368		876		323	
Median (middle record - half are above and half below)	203		286		429		136		232		630		184		309		865		290	
Record Count	38	0	27	0	18	0	9	0	41	0	9	0	32	0	37	0	3	0	34	0

*Allied Health Care Professionals Includes:

osteopathic physicians and surgeons, podiatrists, physician assistants, psychologists, research psychoanalysts, dispensing opticians, licensed midwives

**Excludes Out of State and Headquarters Cases

Table B7.11 – Calendar Days Aged from Case Assigned to Investigator to Referral for Criminal Action for Physicians and Surgeons Cases

Activity	2005		2006						2007						2008					
	All		All		Not VE		VE		All		Not VE		VE		All		Not VE		VE	
	Prior to VE	Pending	Activity	Pending	Activity	Pending	Activity	Pending	Activity	Pending	Activity	Pending	Activity	Pending	Activity	Pending	Activity	Pending	Activity	Pending
Calendar Day Age from Investigation Assigned to Referral for Criminal Action CRIMINL CASES CASES																				
Average	268		336		465		122		303		643		202		343		853		299	
Median (middle record - half are above and half below)	179		304		469		136		283		619		205		283		853		283	
Record Count	34	0	24	0	15	0	9	0	35	0	8	0	27	0	25	0	2	0	23	0

*Excludes Out of State and Headquarters Cases

Table B7.12 – Calendar Days Aged from Case Assigned to Investigator to Referral for Criminal Action for Allied Health Cases

Activity	2005		2006				2007				2008			
	All		All	Not VE	VE		All	Not VE	VE		All	Not VE	VE	
	Prior to VE	Pending	Pending	Pending	Pending		Pending	Pending	Pending		Pending	Pending	Pending	
Calendar Day Age from Investigation Assigned to Referral for Criminal Action														
Average	252		251		251	0	221		667	131	420	921		375
Median (middle record - half are above and half below)	276		262		262	0	131		667	91	323	921		313
Record Count	4	0	3	0	3	0	6	0	1	0	5	0	12	0

*May include time from initial request for interview if there was no response and a subsequent subpoena was issued.

**Allied Health Care Professionals Includes:

osteopathic physicians and surgeons, podiatrists, physician assistants, psychologists, research psychoanalysts, dispensing opticians, licensed midwives

Table B9.1 – Calendar Days for Receipt of Medical Records for Physicians and Surgeons and Allied Health Cases

Activity	2005		2006				2007				2008			
	All		All	Not VE	VE		All	Not VE	VE		All	Not VE	VE	
	Prior to VE													
Calendar Day Age from Medical Release Request to Receipt of Medical Records (no SDT)														
Average	57		56		90	34	65		275	57	59		409	56
Median (middle record - half are above and half below)	32		30		48	24	30		180	30	31		409	30
Record Count	500		378		148	230	300		10	290	276		2	274
Calendar Day Age from SDT Served to Receipt of Medical Records (no Medical Release)														
Average	173		64		101	35	53		34	54	92		281	88
Median (middle record - half are above and half below)	100		29		55	24	27		34	27	36		281	36
Record Count	4		39		17	22	49		2	47	86		2	84
Calendar Day Age from Medical Release Request to SDT Request to Receipt of Medical Records														
Average	129		168		203	88	212		400	185	210		736	174
Median (middle record - half are above and half below)	59		125		151	37	206		329	182	77		736	71
Record Count	15		23		16	7	24		3	21	31		2	29

*Allied Health Professions Cases Includes:

osteopathic physicians and surgeons, podiatrists, physician assistants, psychologists, research psychoanalysts, dispensing opticians, licensed midwives

**Excludes Out of State and Headquarters Cases

Table B9.2 – Calendar Days for Receipt of Medical Records for Physicians and Surgeons Cases

	2005		2006					2007					2008						
	All		All		Not VE		VE		All		Not VE		VE		All		Not VE		VE
Activity	Prior to VE																		
Calendar Day Age from Medical Release Request to Receipt of Medical Records (no SDT)																			
Average	57		58		93		35		67		303		59		62		409		59
Median (middle record - half are above and half below)	32		31		50		25		30		288		30		31		409		31
Record Count	464		338		133		205		272		9		263		235		2		233
Calendar Day Age from SDT Served to Receipt of Medical Records (no Medical Release)																			
Average	173		67		101		34		55		34		56		97		281		92
Median (middle record - half are above and half below)	100		32		55		28		27		34		27		39		281		39
Record Count	4		34		17		17		47		2		45		80		2		78
Calendar Day Age from Medical Release Request to SDT Request to Receipt of Medical Records																			
Average	129		171		200		99		212		400		179		210		736		174
Median (middle record - half are above and half below)	59		125		134		81		212		329		169		77		736		71
Record Count	15		21		15		6		20		3		17		31		2		29

*Excludes Out of State and Headquarters Cases.

Table B9.3 – Calendar Days for Receipt of Medical Records for Allied Health Cases

	2005	2006						2007						2008					
	All	All	Not VE	VE				All	Not VE	VE				All	Not VE	VE			
Activity	Prior to VE																		
Calendar Day Age from Medical Release Request to Receipt of Medical Records (no SDT)																			
Average	54	43	69	28				43	17	44			39	0			39		
Median (middle record - half are above and half below)	32	25	37	17				23	17	23			27	0			27		
Record Count	36	40	15	25				28	1	27			41	0			41		
Calendar Day Age from SDT Served to Receipt of Medical Records (no Medical Release)																			
Average	0	39	0	39				13	0	13			34	0			34		
Median (middle record - half are above and half below)	0	16	0	16				13	0	13			27	0			27		
Record Count	0	5	0	5				2	0	2			6	0			6		
Calendar Day Age from Medical Release Request to SDT Request to Receipt of Medical Records																			
Average	0	138	251	24				214	0	214			0	0			0		
Median (middle record - half are above and half below)	0	138	251	24				192	0	192			0	0			0		
Record Count	0	2	1	1				4	0	4			0	0			0		

**Allied Health Professions Cases Includes:
osteopathic physicians and surgeons, podiatrists, physician assistants, psychologists, research psychoanalysts, dispensing opticians, licensed midwives

Table B10.1 – Calendar Days Aged from Request to Subject Interview for Physicians and Surgeons and Allied Health Cases

Activity	2005		2006						2007						2008					
	All		All		Not VE		VE		All		Not VE		VE		All		Not VE		VE	
	Prior to VE	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending
Calendar Day Age from Request to Subject Interview Completed																				
Average	48		50		56		41		49		71		47		56		53		56	
Median (middle record - half are above and half below)	36		38		43		37		35		48		34		37		39		37	
Record Count	649	102	502	96	307	29	195	67	406	139	37	6	419	133	543	109	8	1	535	108
Calendar Day Age from Subpoena Request to Subject Interview Completed																				
Average	0		78		78		0		144		178		109		18		195		107	
Median (middle record - half are above and half below)	0		46		46		0		144		178		109		41		195		37	
Record Count	0	8	5	7	5	6	0	1	2	13	1	3	1	10	15	30	2	0	13	30

*Allied Health Care Professionals Includes:

osteopathic physicians and surgeons, podiatrists, physician assistants, psychologists, research psychoanalysts, dispensing opticians, licensed midwives

**Excludes Out of State and Headquarters Cases

Table B10.2 – Calendar Days Aged from Request to Subject Interview for Physicians and Surgeons

Activity	2005		2006						2007						2008					
	All		All		Not VE		VE		All		Not VE		VE		All		Not VE		VE	
	Prior to VE	Pending	Activity	Pending	Activity	Pending	Activity	Pending	Activity	Pending	Activity	Pending	Activity	Pending	Activity	Pending	Activity	Pending	Activity	Pending
Calendar Day Age from Request to Physician Interview Completed																				
Average	48		51		56		43		51		73		49		58		53		58	
Median (middle record - half are above and half below)	36		42		44		38		37		49		36		37		28		37	
Record Count	597	86	447	87	275	26	172	61	409	126	34	6	375	120	485	96	7	1	478	95
Calendar Day Age from Subpoena Request to Physician Interview Completed																				
Average	0		78		78		0		144		178		109		123		217		116	
Median (middle record - half are above and half below)	0		46		46		0		144		178		109		41		217		39	
Record Count	0	7	5	5	5	4	0	1	2	11	1	2	1	9	13	27	1	0	12	27

*Excludes Out of State and Headquarters Cases

Table B10.3 – Calendar Days Aged from Request to Subject Interview for Allied Health Cases

	2005		2006				2007				2008									
	All		All	Not VE	VE		All	Not VE	VE		All	Not VE	VE							
Activity	Prior to VE	Pending	Pending	Pending	Pending		Pending	Pending	Pending		Pending	Pending	Pending							
Calendar Day Age from Request to Subject Interview Completed																				
Average	39		41		51		28		34		45		33		42		49		42	
Median (middle record - half are above and half below)	31		30		33		21		22		21		25		33		49		32	
Record Count	52	16	55	9	32	3	23	6	47	13	3	0	44	13	58	11	1	0	57	11
Calendar Day Age from Subpoena Request to Subject Interview Completed*																				
Average	0		0		0		0		0		0		0		87		173		1	
Median (middle record - half are above and half below)	0		0		0		0		0		0		0		87		173		1	
Record Count	0	1	0	2	0	2	0	0	0	2	0	1	0	1	2	3	1	0	1	3

*May include time from initial request for interview if there was no response and a subsequent subpoena was issued.

**Allied Health Care Professionals Includes:

osteopathic physicians and surgeons, podiatrists, physician assistants, psychologists, research psychoanalysts, dispensing opticians, licensed midwives

Table B11.1 – Calendar Days Aged from Case Submitted to District Office Medical Consultant for Review to Review Completed for Physicians and Surgeons and Allied Health Cases

	2005		2006				2007				2008									
	All		All	Not VE	VE		All	Not VE	VE		All	Not VE	VE							
Activity	Prior to VE	Pending	Pending	Pending	Pending		Pending	Pending	Pending		Pending	Pending	Pending							
Calendar Day Age from Date Case Submitted to District Office Medical Consultant for Review to Review Completed Date																				
Average	31		56		79		39		60		107		57		88		316		84	
Median (middle record - half are above and half below)	24		28		25		30		31		36		30		44		84		44	
Record Count	49	36	288	135	122	39	166	96	375	178	24	10	351	168	328	192	5	0	323	192

*Allied Health Care professions Cases Includes:

osteopathic physicians and surgeons, podiatrists, physician assistants, psychologists, research psychoanalysts, dispensing opticians, licensed midwives

**Excludes Out of State and Headquarter Cases

Table B11.2 – Calendar Days Aged from Case Submitted to District Office Medical Consultant for Review to Review Completed for Physicians and Surgeons Cases

	2005		2006				2007				2008									
	All		All	Not VE	VE		All	Not VE	VE		All	Not VE	VE							
Activity	Prior to VE	Pending	Pending	Pending	Pending		Pending	Pending	Pending		Pending	Pending	Pending							
Calendar Day Age from Date Case Submitted to District Office Medical Consultant for Review to Review Completed Date																				
Average	31		57		81		39		61		116		57		89		388		86	
Median (middle record - half are above and half below)	24		29		26		30		31		39		30		46		400		45	
Record Count	48	35	275	128	116	36	159	92	362	169	22	9	340	160	309	172	4	0	305	172

*Excludes Out of State and Headquarter Cases

Table B11.3 – Calendar Days Aged from Case Submitted to District Office Medical Consultant for Review to Review Completed for Allied Health Cases

	2005		2006				2007				2008									
	All		All	Not VE	VE		All		Not VE	VE		All		Not VE	VE					
Activity	Prior to VE	Pending	Pending		Pending		Pending		Pending		Pending		Pending		Pending		Pending			
Calendar Day Age from Date Case Submitted to District Office Medical Consultant for Review to Review Completed Date																				
Average	21		29		26		32		52		10		60		64		28		66	
Median (middle record - half are above and half below)	21		23		14		42		23		10		27		28		28		26	
Record Count	1	1	13	7	6	3	7	4	13	9	2	1	11	8	19	20	1	0	18	20

**Allied Health Care professions Cases Includes:

osteopathic physicians and surgeons, podiatrists, physician assistants, psychologists, research psychoanalysts, dispensing opticians, licensed midwives

Table B12.1 – Calendar Days Aged from Request to Receipt of Expert Opinion for Physicians and Surgeons and Allied Health Cases

	2005		2006				2007				2008									
	All		All		Not VE		VE		All		Not VE		VE		All		Not VE		VE	
Activity	Prior to VE	Pending	Pending		Pending		Pending		Pending		Pending		Pending		Pending		Pending		Pending	
Calendar Day Age from Request to Receipt of Expert Opinion																				
Average	50		47		50	37		52		85		43		52		51		52		
Median (middle record -half are above and half below)	41		36		37	34		37		56		35		40		43		40		
Record Count	561	63	475	59	379	34	96	25	374	60	84	6	290	54	414	52	15	1	399	51

*Allied Health Care Professionals Includes:

osteopathic physicians and surgeons, podiatrists, physician assistants, psychologists, research psychoanalysts, dispensing opticians, licensed midwives

**Excludes Out of State and Headquarters Cases

Table B12.2 – Calendar Days Aged from Request to Receipt of Expert Opinion for Physicians and Surgeons Cases

	2005		2006				2007				2008									
	All		All		Not VE		VE		All		Not VE		VE		All		Not VE		VE	
Activity	Prior to VE	Pending	Activity	Pending	Activity	Pending	Activity	Pending	Activity	Pending	Activity	Pending	Activity	Pending	Activity	Pending	Activity	Pending	Activity	Pending
Calendar Day Age from Request to Receipt of Expert Opinion																				
Average	51		47		50		35		51		81		43		50		51		50	
Median (middle record - half are above and half below)	41		36		37		31		36		55		35		39		43		39	
Record Count	518	55	422	49	340	28	82	21	342	50	73	4	269	46	377	41	15	0	362	41

*Excludes Out of State and Headquarters Cases

Table B12.3 – Calendar Days Aged from Request to Receipt of Expert Opinion for Allied Health Cases

Activity	2005		2006				2007				2008									
	All		All	Not VE	VE	All		Not VE	VE	All		Not VE	VE							
	Prior to VE	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending							
Calendar Day Age from Request to Receipt of Expert Opinion																				
Average	42		47		47		49		68		114		44		76		0		76	
Median (middle record - half are above and half below)	36		44		41		44		45		72		40		60		0		60	
Record Count	43	8	53	10	39	6	14	4	32	10	11	2	21	8	36	11	0	1	36	10

*May include time from initial request for interview if there was no response and a subsequent subpoena was issued.

**Allied Health Care Professionals Includes:
osteopathic physicians and surgeons, podiatrists, physician assistants, psychologists, research psychoanalysts, dispensing opticians, licensed midwives

Table B13.1 – Calendar Days Aged from Case Assigned to Investigator to Investigation Completed for Physicians and Surgeons and Allied Health Cases

Activity	2005		2006				2007				2008									
	All		All	Not VE	VE	All	Not VE	VE	All	Not VE	VE									
	Prior to VE	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending									
Calendar Day Age from Case Assigned to Completed Investigation (Referred to AG)																				
Average	197		227		393		68		267		667		196		280		919		250	
Median (middle record-half are above and half below)	139		195		358		39		230		667		164		218		923		214	
Record Count	123	1148	125	1208	61	282	64	926	140	1203	21	58	119	1145	137	1291	6	4	131	1287

*Allied Health Care Professionals Includes:
osteopathic physicians and surgeons, podiatrists, physician assistants, psychologists, research psychoanalysts, dispensing opticians, licensed midwives

**Excludes Out of State and Headquarters Cases

***Excludes Outcomes where no Accusation Filed

Table B13.2 – Calendar Days Aged from Case Assigned to Investigator to Investigation Completed for Physicians and Surgeons Cases

	2005		2006					2007					2008							
	All		All		Not VE		VE		All		Not VE		VE		All		Not VE		VE	
Activity	Prior to VE	Pending	Pending		Pending		Pending		Pending		Pending		Pending		Pending		Pending		Pending	
Calendar Day Age from Case Assigned to Completed Investigation (Referred to AG)																				
Average	237		271		397		91		302		680		234		313		909		279	
Median (middle record-half are above and half below)	226		252		356		70		253		691		235		290		875		266	
Record Count	79	1014	75	1059	44	245	31	814	91	1059	14	51	77	1008	92	1124	5	3	87	1121

**Excludes Out of State and Headquarters Cases

***Excludes Outcomes where no Accusation Filed

Table B13.3 – Calendar Days Aged from Case Assigned to Investigator to Investigation Completed for and Allied Health Cases

	2005		2006				2007				2008									
	All		All	Not VE	VE		All		Not VE	VE		All		Not VE	VE					
Activity	Prior to VE	Pending	Pending		Pending		Pending		Pending		Pending		Pending		Pending		Pending			
Calendar Day Age from Case Assigned to Completed Investigation (Referred to AG)																				
Average	127		161		381		47		201		640		128		211		971		194	
Median (middle record-half are above and half below)	66		82		372		8		110		667		81		141		971		141	
Record Count	44	134	50	149	17	37	33	112	49	144	7	7	42	137	45	167	1	1	44	166

*Allied Health Professions Cases Includes:

osteopathic physicians and surgeons, podiatrists, physician assistants, psychologists, research psychoanalysts, dispensing opticians, licensed midwives

**Excludes Out of State and Headquarters Cases

***Excludes Outcomes where no Accusation Filed

Table B14.1 – Calendar Days Aged from Case Assigned to Investigator to All Outcomes for Physicians and Surgeons and Allied Health Cases

	2005		2006				2007				2008									
	All		All		Not VE		VE		All		Not VE		VE		All		Not VE		VE	
Activity	Prior to VE	Pending	Closed	Pending	Closed	Pending	Closed	Pending	Closed	Pending	Closed	Pending	Closed	Pending	Closed	Pending	Closed	Pending	Closed	Pending
Calendar Day Age from Case Assigned to ALL Outcomes																				
Average	451		476		566		141		507		942		271		549		1276		396	
Median (middle record - half are above and half below)	310		343		424		140		380		827		274		436		1152		365	
Record Count	1305	1136	1164	1196	919	278	245	918	1096	1195	385	60	711	1135	1057	1275	184	3	873	1272

*Excludes Out of State and Headquarter Cases

****Allied Health Care Professions Cases Includes:**

osteopathic physicians and surgeons, podiatrists, physician assistants, psychologists, research psychoanalysts, dispensing opticians, licensed midwives

Table B14.2 – Calendar Days Aged from Case Assigned to Investigator to All Outcomes for Physicians and Surgeons Cases

	2005		2006						2007						2008					
	All		All		Not VE		VE		All		Not VE		VE		All		Not VE		VE	
Activity	Prior to VE	Pending	Closed	Pending	Closed	Pending	Closed	Pending	Closed	Pending	Closed	Pending	Closed	Pending	Closed	Pending	Closed	Pending	Closed	Pending
Calendar Day Age from Case Assigned to All Outcomes																				
Average	447		477		564		140		514		958		274		556		1295		395	
Median (middle record - half are above and half below)	306		341		423		138		378		829		274		435		1170		363	
Record Count	1147	1028	987	1082	784	252	203	830	939	1085	329	55	610	1030	900	1151	161	3	739	1148

*Excludes Out of State and Headquarters Cases

Table B14.3 – Calendar Days Aged from Case Assigned to Investigator to All Outcomes for Allied Health Cases

Activity	2005		2006						2007						2008					
	All		All		Not VE		VE		All		Not VE		VE		All		Not VE		VE	
	Prior to VE	Pending	Closed	Pending	Closed	Pending	Closed	Pending	Closed	Pending	Closed	Pending	Closed	Pending	Closed	Pending	Closed	Pending	Closed	Pending
Calendar Day Age from Case Assigned to ALL Outcomes																				
Average	480		474		577		144		469		850		258		512		1140		404	
Median (middle record - half are above and half below)	350		361		433		164		396		815		277		439		1057		384	
Record Count	158	108	177	114	135	26	42	88	157	110	56	5	101	105	157	124	23	0	134	132

**Allied Health Care Professions Cases Includes:

osteopathic physicians and surgeons, podiatrists, physician assistants, psychologists, research psychoanalysts, dispensing opticians, licensed midwives

Table B 14.4 – Calendar Days Aged from Case Assigned to Investigator to Settlement for Physicians and Surgeons and Allied Health Cases

Activity	2005	2006			2007			2008		
	All	All	Not VE	VE	All	Not VE	VE	All	Not VE	VE
	Prior to VE									
Calendar Day Age from Date Case Assigned to Investigator to Disciplinary Outcome--Settlement										
Average	1015	1054	1088	130	936	1096	305	952	1328	576
Median (middle record - half are above and half below)	995	983	1022	183	894	1002	282	943	1219	616
Record Count	194	198	191	7	183	146	37	172	86	86
All Pending	504	472	402	70	402	222	180	388	94	294

*Excludes Out of State and Headquarter Cases

**Allied health Care Professions Cases Includes:

osteopathic physicians and surgeons, podiatrists, physician assistants, psychologists, research psychoanalysts, dispensing opticians, licensed midwives

Separate Calendar Days Aged from Case Assigned to Investigator to Settlement Outcome data for Physicians and Surgeons cases alone and Allied Health Care cases alone was not available as of the time this report was prepared.

Table B14.5 – Calendar Days Aged from Case Assigned to Investigator to Disciplinary Outcome for Physicians and Surgeons and Allied Health Cases

Activity	2005		2006						2007						2008					
	All		All		Not VE		VE		All		Not VE		VE		All		Not VE		VE	
	Prior to VE	Pending	Closed	Pending	Closed	Pending	Closed	Pending	Closed	Pending	Closed	Pending	Closed	Pending	Closed	Pending	Closed	Pending	Closed	Pending
Calendar Day Age from Case Assigned to Disciplinary Outcome																				
Average	978		953		996		180		930		1098		342		973		1369		564	
Median (middle record - half are above and half below)	918		854		892		197		875		999		327		901		1225		595	
Record Count	333	505	318	471	301	401	17	70	328	402	255	222	73	180	301	387	153	92	148	295

* Excludes Out of State and Headquarters Cases

**Allied Health Care Professions Cases Includes:

osteopathic physicians and surgeons, podiatrists, physician assistants, psychologists, research psychoanalysts, dispensing opticians, licensed midwives

Table B14.6 – Calendar Days Aged from Case Assigned to Investigator to Disciplinary Outcome for Physicians and Surgeons Cases

Activity	2005		2006						2007						2008					
	All		All		Not VE		VE		All		Not VE		VE		All		Not VE		VE	
	Prior to VE	Pending	Closed	Pending	Closed	Pending	Closed	Pending	Closed	Pending	Closed	Pending	Closed	Pending	Closed	Pending	Closed	Pending	Closed	Pending
Calendar Day Age from Case Assigned to Disciplinary Outcome																				
Average	1041		1050		1061		185		1017		1137		379		1047		1399		596	
Median (middle record - half are above and half below)	995		978		982		204		930		1024		356		970		1229		629	
Record Count	262	400	230	382	227	333	3	49	253	311	213	182	40	129	237	294	133	69	104	225

*Excludes Out of State and Headquarters Cases

Table B14.7 – Calendar Days Aged from Case Assigned to Investigator to Disciplinary Outcome for Allied Health Cases

Activity	2005		2006				2007				2008									
	All		All		Not VE		VE		All		Not VE		VE		All		Not VE		VE	
	Prior to VE	Pending	Closed	Pending	Closed	Pending	Closed	Pending	Closed	Pending	Closed	Pending	Closed	Pending	Closed	Pending	Closed	Pending	Closed	Pending
Calendar Day Age from Case Assigned to Disciplinary Outcome																				
Average	743		699		797		179		636		902		297		701		1171		487	
Median (middle record - half are above and half below)	676		575		702		190		573		939		311		632		1102		493	
Record Count	71	105	88	89	74	68	14	21	75	91	42	40	33	51	64	93	20	23	44	70

**Allied Health Care Professions Cases Includes:

osteopathic physicians and surgeons, podiatrists, physician assistants, psychologists, research psychoanalysts, dispensing opticians, licensed midwives

Table B14.8 – Calendar Days Aged from Case Assigned to Investigator to Accusation Filed for Physicians and Surgeons and Allied Health Cases

Activity	2005		2006				2007				2008									
	All		All	Not VE	VE	All	Not VE	VE	All	Not VE	VE									
	Prior to VE	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending									
Calendar Day Age from Case Assigned to Completed Investigation and Accusation Filed																				
Average	154		523		590		123		522		724		325		568		979		477	
Median (middle record - half are above and half below)	109		478		539		91		489		719		318		540		1007		478	
Record Count	224	164	197	179	169	127	28	52	249	121	123	40	126	81	205	142	37	11	168	131

*Allied Health Care Professionals Includes:

osteopathic physicians and surgeons, podiatrists, physician assistants, psychologists, research psychoanalysts, dispensing opticians, licensed midwives

**Excludes Out of State and Headquarters Cases

***Excludes Outcomes where no Accusation Filed

Table B14.9 – Calendar Days Aged from Case Assigned to Investigator to Accusation Filed for Physicians and Surgeons Cases

Activity	2005		2006				2007				2008									
	All		All	Not VE	VE	All		Not VE	VE	All		Not VE	VE							
	Prior to VE	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending								
Calendar Day Age from Case Assigned to Completed Investigation and Accusation Filed																				
Average	572		560		612		140		543		730		340		567		925		493	
Median (middle record - half are above and half below)	539		510		557		120		523		714		339		544		979		486	
Record Count	188	108	152	130	135	95	17	35	198	81	103	28	95	53	158	103	27	7	131	96

**Excludes Out of State and Headquarters Cases

***Excludes Outcomes where no Accusation Filed

Table B14.10– Calendar Days Aged from Case Assigned to Investigator to Accusation Filed for Allied Health Cases

	2005		2006				2007				2008									
	All		All	Not VE	VE	All		Not VE	VE	All		Not VE	VE							
Activity	Prior to VE	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending							
Calendar Day Age from Case Assigned to Completed Investigation and Accusation Filed																				
Average	368		401		500		96		428		691		259		572		1123		422	
Median (middle record - half are above and half below)	342		392		472		65		426		743		236		531		1016		428	
Record Count	36	56	45	49	34	32	11	17	51	40	20	12	31	28	47	39	10	4	37	35

*Allied Health Professions Cases Includes:

osteopathic physicians and surgeons, podiatrists, physician assistants, psychologists, research psychoanalysts, dispensing opticians, licensed midwives

**Excludes Out of State and Headquarters Cases

***Excludes Outcomes where no Accusation Filed

Table B15.1 – Calendar Days Aged from Investigation Completed to Accusation Filed for Physicians and Surgeons and Allied Health Cases

	2005		2006				2007				2008									
	All		All	Not VE	VE		All		Not VE	VE		All		Not VE	VE					
Activity	Prior to VE	Pending	Pending		Pending		Pending		Pending		Pending		Pending		Pending		Pending			
Calendar Day Age from Completed Investigation to Accusation Filed																				
Average	531		175		198		38		160		222		100		147		323		109	
Median (middle record-half are above and half below)	502		115		143		36		87		161		64		78		232		70	
Record Count	224	164	197	179	169	127	28	52	249	121	123	40	126	81	205	142	37	11	168	131

*Allied Health Care Professionals Includes:

osteopathic physicians and surgeons, podiatrists, physician assistants, psychologists, research psychoanalysts, dispensing opticians, licensed midwives

**Excludes Out of State and Headquarters Cases

***Excludes Outcomes where no Accusation Filed

Table B15.2 – Calendar Days Aged from Investigation Completed to Accusation Filed for Physicians and Surgeons Cases

	2005		2006				2007				2008									
	All		All	Not VE	VE		All		Not VE	VE		All		Not VE	VE					
Activity	Prior to VE	Pending	Pending		Pending		Pending		Pending		Pending		Pending		Pending		Pending			
Calendar Day Age from Completed Investigation to Accusation Filed																				
Average	170		180		197		43		165		223		102		122		252		95	
Median (middle record-half are above and half below)	115		133		145		47		96		169		74		71		232		65	
Record Count	188	108	152	130	135	95	17	35	198	81	103	28	95	53	158	103	27	7	131	96

**Excludes Out of State and Headquarters Cases

***Excludes Outcomes where no Accusation Filed

Table B15.3 – Calendar Days Aged from Investigation Completed to Accusation Filed for Allied Health Cases

	2005		2006				2007				2008									
	All		All	Not VE	VE		All		Not VE	VE		All		Not VE	VE					
Activity	Prior to VE	Pending	Pending		Pending		Pending		Pending		Pending		Pending		Pending		Pending			
Calendar Day Age from Completed Investigation to Accusation Filed																				
Average	126		161		203		31		129		220		70		234		513		158	
Median (middle record-half are above and half below)	93		72		143		34		59		113		47		102		310		88	
Record Count	36	56	45	49	34	32	11	17	51	40	20	12	31	28	47	39	10	4	37	35

*Allied Health Professions Cases Includes:

osteopathic physicians and surgeons, podiatrists, physician assistants, psychologists, research psychoanalysts, dispensing opticians, licensed midwives

**Excludes Out of State and Headquarters Cases

***Excludes Outcomes where no Accusation Filed

Table B16.1 – Calendar Days Aged from Accusation Filed to Case Submitted to ALJ for Decision for Physicians and Surgeons and Allied Health Cases

	2005		2006			2007				2008									
	All		All	Not VE	VE	All	Not VE	VE	All	Not VE	VE								
Activity	Prior to VE																		
Calendar Day Age from Date Accusation Filed to Date Hearing Closed-Submit to ALJ																			
Average	624		560		560		0		592		689		191		479		721		255
Median (middle record - half are above and half below)	557		393		393		0		504		669		229		345		579		237
Record Count	38		15		15		0		36		29		7		29		14		15

*Allied Health Care professions Cases Includes:

osteopathic physicians and surgeons, podiatrists, physician assistants, psychologists, research psychoanalysts, dispensing opticians, licensed midwives

**Excludes Out of State and Headquarter Cases

Table B16.2 – Calendar Days Aged from Accusation Filed to Case Submitted to ALJ for Decision for Physicians and Surgeons

	2005		2006				2007				2008			
	All		All	Not VE	VE		All	Not VE	VE		All	Not VE	VE	
Activity	Prior to VE													
Calendar Day Age from Date Accusation Filed to Date Hearing Closed-Submit to ALJ														
Average	638		606		606	0	565		666	191	544		721	296
Median (middle record - half are above and half below)	588		408		408	0	489		649	229	403		579	300
Record Count	34		13		13	0	33		26	7	24		14	10

**Excludes Out of State and Headquarter Cases

Table B16.3 – Calendar Days Aged from Accusation Filed to Case Submitted to ALJ for Decision for Allied Health Cases

	2005		2006				2007				2008			
	All		All	Not VE	VE		All	Not VE	VE		All	Not VE	VE	
Activity	Prior to VE													
Calendar Day Age from Date Accusation Filed to Date Hearing Closed-Submit to ALJ														
Average	494		258		258	0	892		892	0	172		0	172
Median (middle record - half are above and half below)	455		258		258	0	1049		1049	0	177		0	177
Record Count	4		2		2	0	3		3	0	5		0	5

*Allied Health Care professions Cases Includes:

osteopathic physicians and surgeons, podiatrists, physician assistants, psychologists, research psychoanalysts, dispensing opticians, licensed midwives

Table B17.1 – Calendar Days Aged from Accusation Filed to Disciplinary Outcome-Settlement for Physicians and Surgeons and Allied Health Cases

Activity	2005	2006			2007			2008		
	All	All	Not VE	VE	All	Not VE	VE	All	Not VE	VE
Prior to VE										
Calendar Day Age from Date Case Assigned to Investigator to Disciplinary Outcome--Settlement										
Average	1015	1054	1088	130	936	1096	305	952	1328	576
Median (middle record - half are above and half below)	995	983	1022	183	894	1002	282	943	1219	616
Record Count	194	198	191	7	183	146	37	172	86	86
All Pending	504	472	402	70	402	222	180	388	94	294

*Excludes Out of State and Headquarter Cases

**Allied health Care Professions Cases Includes:

osteopathic physicians and surgeons, podiatrists, physician assistants, psychologists, research psychoanalysts, dispensing opticians, licensed midwives

Table B17.2 – Calendar Days Aged from Accusation Filed to Disciplinary Outcome for Physicians and Surgeons and Allied Health Cases

Activity	2005	2006			2007			2008		
	All	All	Not VE	VE	All	Not VE	VE	All	Not VE	VE
Prior to VE Pending Pending Pending Pending Pending Pending Pending Pending Pending Pending										
Calendar Day Age from Accusation Filed to Disciplinary Outcome***										
Average	583	572	590	142	517	576	193	532	764	259
Median (middle record-half are above and half below)	513	435	460	114	377	445	197	373	531	255
Record Count	263	245	235	280	10	18	255	293	216	188
	348	298	280	10	18	255	293	216	188	39
										105
										105
										168

*Allied Health Care Professionals Includes:

osteopathic physicians and surgeons, podiatrists, physician assistants, psychologists, research psychoanalysts, dispensing opticians, licensed midwives

**Excludes Out of State and Headquarters Cases

***Excludes Outcomes where no Accusation Filed

Table B17.3 – Calendar Days Aged from Accusation Filed to Disciplinary Outcome for Physicians and Surgeons Cases

Activity	2005		2006				2007				2008									
	All		All	Not VE	VE	All		Not VE	VE	All		Not VE	VE							
	Prior to VE	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending								
Calendar Day Age from Accusation Filed to Disciplinary Outcome***																				
Average	605		595		603		85		550		604		184		561		768		243	
Median (middle record-half are above and half below)	525		466		467		99		411		465		177		384		569		238	
Record Count	213	301	192	259	189	245	3	14	217	241	189	160	28	81	203	194	123	62	80	132

**Excludes Out of State and Headquarters Cases

***Excludes Outcomes where no Accusation Filed

Table 17.4 – Calendar Days Aged from Accusation Filed to Disciplinary Outcome for Allied Health Cases

Activity	2005		2006				2007				2008									
	All		All	Not VE	VE	All		Not VE	VE	All		Not VE	VE							
	Prior to VE	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending								
Calendar Day Age from Accusation Filed to Disciplinary Outcome***																				
Average	489		488		537		166		332		380		215		399		514		312	
Median (middle record-half are above and half below)	500		334		389		127		285		333		202		349		420		305	
Record Count	50	47	53	39	46	35	7	4	38	52	27	28	11	24	44	54	19	18	25	36

*Allied Health Professions Cases Includes:

osteopathic physicians and surgeons, podiatrists, physician assistants, psychologists, research psychoanalysts, dispensing opticians, licensed midwives

**Excludes Out of State and Headquarters Cases

***Excludes Outcomes where no Accusation Filed

Table B17.5 – Calendar Days Aged from Accusation Filed to Indicated Administrative Outcome for Physicians and Surgeons and Allied Health Cases

Combined VE & Non-VE:

Revocation	2005	2006	2007	2008
Activity				
Calendar Day Age from Date Accusation Filed to Indicated Outcome in Calendar Year				
Average	534	334	606	480
Median (middle record - half are above and half below)	436	167	375	264
Record Count	25	20	26	22

Surrender	2005	2006	2007	2008
Activity				
Calendar Day Age from Date Accusation Filed to Indicated Outcome in Calendar Year				
Average	410	419	222	349
Median (middle record - half are above and half below)	367	300	183	184
Record Count	39	39	33	35

Suspension Only	2005	2006	2007	2008
Activity				
Calendar Day Age from Date Accusation Filed to Indicated Outcome in Calendar Year				
Average	0	319	0	0
Median (middle record - half are above and half below)	0	319	0	0
Record Count	0	1	0	0

Probation	2005	2006	2007	2008
Activity				
Calendar Day Age from Date Accusation Filed to Indicated Outcome in Calendar Year				
Average	599	560	521	467
Median (middle record - half are above and half below)	498	432	391	363
Record Count	88	74	89	82

Probation w/Suspension	2005	2006	2007	2008
Activity				
Calendar Day Age from Date Accusation Filed to Indicated Outcome in Calendar Year				
Average	532	531	499	509
Median (middle record - half are above and half below)	488	505	385	408
Record Count	29	17	16	12

Public Reprimand	2005	2006	2007	2008
Activity				
Calendar Day Age from Date Accusation Filed to Indicated Outcome in Calendar Year				
Average	687	742	631	609
Median (middle record - half are above and half below)	703	691	490	479
Record Count	55	68	55	55

Other Decision	2005	2006	2007	2008
Activity				
Calendar Day Age from Date Accusation Filed to Indicated Outcome in Calendar Year				
Average	525	1325	509	701
Median (middle record - half are above and half below)	525	606	442	494
Record Count	2	3	5	8

Accusation Withdrawn/Dismissed	2005	2006	2007	2008
Activity				
Calendar Day Age from Date Accusation Filed to Indicated Outcome in Calendar Year				
Average	678	508	559	791
Median (middle record - half are above and half below)	533	308	324	407
Record Count	25	23	31	31

VE Only:

Revocation	2006	2007	2008
Activity			
Calendar Day Age from Date Accusation Filed to Indicated Outcome in Calendar Year			
Average	334	205	189
Median (middle record - half are above and half below)	167	205	156
Record Count	20	6	13

Surrender	2006	2007	2008
Activity			
Calendar Day Age from Date Accusation Filed to Indicated Outcome in Calendar Year			
Average	419	118	150
Median (middle record - half are above and half below)	300	104	134
Record Count	39	13	24

Suspension Only	2006	2007	2008
Activity			
Calendar Day Age from Date Accusation Filed to Indicated Outcome in Calendar Year			
Average	319	0	0
Median (middle record - half are above and half below)	319	0	0
Record Count	1	0	0

Probation	2006	2007	2008
Activity			
Calendar Day Age from Date Accusation Filed to Indicated Outcome in Calendar Year			
Average	560	267	297
Median (middle record - half are above and half below)	432	262	265
Record Count	74	10	31

Probation w/Suspension	2006	2007	2008
Activity			
Calendar Day Age from Date Accusation Filed to Indicated Outcome in Calendar Year			
Average	531	214	311
Median (middle record - half are above and half below)	505	214	278
Record Count	17	1	6

Public Reprimand	2006	2007	2008
Activity			
Calendar Day Age from Date Accusation Filed to Indicated Outcome in Calendar Year			
Average	742	293	338
Median (middle record - half are above and half below)	691	250	309
Record Count	68	3	17

Other Decision	2006	2007	2008
Activity			
Calendar Day Age from Date Accusation Filed to Indicated Outcome in Calendar Year			
Average	1325	230	319
Median (middle record - half are above and half below)	606	230	325
Record Count	3	1	4

Accusation Withdrawn/Dismissed	2006	2007	2008
Activity			
Calendar Day Age from Date Accusation Filed to Indicated Outcome in Calendar Year			
Average	508	152	310
Median (middle record - half are above and half below)	308	133	357
Record Count	23	5	10

Non-VE Only:

Revocation	2006	2007	2008
Activity			
Calendar Day Age from Date Accusation Filed to Indicated Outcome in Calendar Year			
Average	356	726	901
Median (middle record - half are above and half below)	167	571	862
Record Count	18	20	9

Surrender	2006	2007	2008
Activity			
Calendar Day Age from Date Accusation Filed to Indicated Outcome in Calendar Year			
Average	441	289	783
Median (middle record - half are above and half below)	321	296	518
Record Count	36	20	11

Suspension Only	2006	2007	2008
Activity			
Calendar Day Age from Date Accusation Filed to Indicated Outcome in Calendar Year			
Average	319	0	0
Median (middle record - half are above and half below)	319	0	0
Record Count	1	0	0

Probation	2006	2007	2008
Activity			
Calendar Day Age from Date Accusation Filed to Indicated Outcome in Calendar Year			
Average	560	553	570
Median (middle record - half are above and half below)	432	452	426
Record Count	74	79	51

Probation w/Suspension	2006	2007	2008
Activity			
Calendar Day Age from Date Accusation Filed to Indicated Outcome in Calendar Year			
Average	560	518	707
Median (middle record - half are above and half below)	527	405	644
Record Count	16	15	6

Public Reprimand	2006	2007	2008
Activity			
Calendar Day Age from Date Accusation Filed to Indicated Outcome in Calendar Year			
Average	742	650	730
Median (middle record - half are above and half below)	691	535	626
Record Count	68	52	38

Other Decision	2006	2007	2008
Activity			
Calendar Day Age from Date Accusation Filed to Indicated Outcome in Calendar Year			
Average	1325	579	1084
Median (middle record - half are above and half below)	606	578	683
Record Count	3	4	4

Accusation Withdrawn/Dismissed	2006	2007	2008
Activity			
Calendar Day Age from Date Accusation Filed to Indicated Outcome in Calendar Year			
Average	589	637	1019
Median (middle record - half are above and half below)	350	453	818
Record Count	19	26	21

Table B17.6 – Calendar Days Aged from Accusation Filed to Indicated Administrative Outcome for Physicians and Surgeons Cases

Combined VE and Non-VE

Revocation	2005	2006	2007	2008
Activity				
Calendar Day Age from Date Accusation Filed to Indicated Outcome in Calendar Year				
Average	596	396	641	510
Median (middle record - half are above and half below)	557	181	427	242
Record Count	18	11	20	15

Surrender	2005	2006	2007	2008
Activity				
Calendar Day Age from Date Accusation Filed to Indicated Outcome in Calendar Year				
Average	423	443	206	361
Median (middle record - half are above and half below)	369	343	161	184
Record Count	28	30	24	32

Suspension Only	2005	2006	2007	2008
Activity				
Calendar Day Age from Date Accusation Filed to Indicated Outcome in Calendar Year				
Average	0	319	0	0
Median (middle record - half are above and half below)	0	319	0	0
Record Count	0	1	0	0

Probation	2005	2006	2007	2008
Activity				
Calendar Day Age from Date Accusation Filed to Indicated Outcome in Calendar Year				
Average	606	607	558	596
Median (middle record - half are above and half below)	476	464	452	378
Record Count	70	58	75	56

Probation w/Suspension	2005	2006	2007	2008
Activity				
Calendar Day Age from Date Accusation Filed to Indicated Outcome in Calendar Year				
Average	565	535	510	538
Median (middle record - half are above and half below)	582	490	365	415
Record Count	24	14	13	9

Public Reprimand	2005	2006	2007	2008
Activity				
Calendar Day Age from Date Accusation Filed to Indicated Outcome in Calendar Year				
Average	685	749	653	620
Median (middle record - half are above and half below)	684	715	535	483
Record Count	49	60	52	53

Other Decision	2005	2006	2007	2008
Activity				
Calendar Day Age from Date Accusation Filed to Indicated Outcome in Calendar Year				
Average	365	1691	509	706
Median (middle record - half are above and half below)	365	1691	442	421
Record Count	1	2	5	7

Accusation Withdrawn/Dismissed	2005	2006	2007	2008
Activity				
Calendar Day Age from Date Accusation Filed to Indicated Outcome in Calendar Year				
Average	790	327	590	812
Median (middle record - half are above and half below)	548	254	341	407
Record Count	23	16	28	29

VE Only:

Revocation	2006	2007	2008
Activity			
Calendar Day Age from Date Accusation Filed to Indicated Outcome in Calendar Year			
Average	0	182	161
Median (middle record - half are above and half below)	0	189	135
Record Count	0	4	8

Surrender	2006	2007	2008
Activity			
Calendar Day Age from Date Accusation Filed to Indicated Outcome in Calendar Year			
Average	140	115	145
Median (middle record - half are above and half below)	140	104	134
Record Count	1	11	22

Suspension Only	2006	2007	2008
Activity			
Calendar Day Age from Date Accusation Filed to Indicated Outcome in Calendar Year			
Average	0	0	0
Median (middle record - half are above and half below)	0	0	0
Record Count	0	0	0

Probation	2006	2007	2008
Activity			
Calendar Day Age from Date Accusation Filed to Indicated Outcome in Calendar Year			
Average	0	287	261
Median (middle record - half are above and half below)	0	262	252
Record Count	0	6	17

Probation w/Suspension	2006	2007	2008
Activity			
Calendar Day Age from Date Accusation Filed to Indicated Outcome in Calendar Year			
Average	0	0	250
Median (middle record - half are above and half below)	0	0	253
Record Count	0	0	4

Public Reprimand	2006	2007	2008
Activity			
Calendar Day Age from Date Accusation Filed to Indicated Outcome in Calendar Year			
Average	0	315	344
Median (middle record - half are above and half below)	0	315	309
Record Count	0	2	15

Other Decision	2006	2007	2008
Activity			
Calendar Day Age from Date Accusation Filed to Indicated Outcome in Calendar Year			
Average	0	230	319
Median (middle record - half are above and half below)	0	230	250
Record Count	0	1	4

Accusation Withdrawn/Dismissed	2006	2007	2008
Activity			
Calendar Day Age from Date Accusation Filed to Indicated Outcome in Calendar Year			
Average	58	141	310
Median (middle record - half are above and half below)	58	109	357
Record Count	2	4	10

Non-VE Only:

Revocation	2006	2007	2008
Activity			
Calendar Day Age from Date Accusation Filed to Indicated Outcome in Calendar Year			
Average	755	726	910
Median (middle record - half are above and half below)	571	571	862
Record Count	16	20	7

Surrender	2006	2007	2008
Activity			
Calendar Day Age from Date Accusation Filed to Indicated Outcome in Calendar Year			
Average	283	289	835
Median (middle record - half are above and half below)	275	296	525
Record Count	13	20	10

Suspension Only	2006	2007	2008
Activity			
Calendar Day Age from Date Accusation Filed to Indicated Outcome in Calendar Year			
Average	0	0	0
Median (middle record - half are above and half below)	0	0	0
Record Count	0	0	0

Probation	2006	2007	2008
Activity			
Calendar Day Age from Date Accusation Filed to Indicated Outcome in Calendar Year			
Average	582	553	598
Median (middle record - half are above and half below)	490	452	475
Record Count	69	79	39

Probation w/Suspension	2006	2007	2008
Activity			
Calendar Day Age from Date Accusation Filed to Indicated Outcome in Calendar Year			
Average	510	518	768
Median (middle record - half are above and half below)	365	405	702
Record Count	13	15	5

Public Reprimand	2006	2007	2008
Activity			
Calendar Day Age from Date Accusation Filed to Indicated Outcome in Calendar Year			
Average	667	650	730
Median (middle record - half are above and half below)	546	535	626
Record Count	50	52	38

Other Decision	2006	2007	2008
Activity			
Calendar Day Age from Date Accusation Filed to Indicated Outcome in Calendar Year			
Average	579	579	1221
Median (middle record - half are above and half below)	578	578	694
Record Count	4	4	3

Accusation Withdrawn/Dismissed	2006	2007	2008
Activity			
Calendar Day Age from Date Accusation Filed to Indicated Outcome in Calendar Year			
Average	665	637	1076
Median (middle record - half are above and half below)	453	453	839
Record Count	24	26	19

Table B17.7 – Calendar Days Aged from Accusation Filed to Indicated Administrative Outcome for Allied Health Cases

Combined VE and Non-VE:

Revocation	2005	2006	2007	2008
Activity				
Calendar Day Age from Date Accusation Filed to Indicated Outcome in Calendar Year				
Average	376	269	490	416
Median (middle record - half are above and half below)	257	153	310	273
Record Count	7	9	6	7

Surrender	2005	2006	2007	2008
Activity				
Calendar Day Age from Date Accusation Filed to Indicated Outcome in Calendar Year				
Average	377	340	263	221
Median (middle record - half are above and half below)	325	197	282	257
Record Count	11	9	9	3

Suspension Only	2005	2006	2007	2008
Activity				
Calendar Day Age from Date Accusation Filed to Indicated Outcome in Calendar Year				
Average	0	0	0	0
Median (middle record - half are above and half below)	0	0	0	0
Record Count	0	0	0	0

Probation	2005	2006	2007	2008
Activity				
Calendar Day Age from Date Accusation Filed to Indicated Outcome in Calendar Year				
Average	570	390	318	404
Median (middle record - half are above and half below)	526	333	272	356
Record Count	18	16	14	26

Probation w/Suspension	2005	2006	2007	2008
Activity				
Calendar Day Age from Date Accusation Filed to Indicated Outcome in Calendar Year				
Average	375	511	454	422
Median (middle record - half are above and half below)	330	505	521	400
Record Count	5	3	3	3

Public Reprimand	2005	2006	2007	2008
Activity				
Calendar Day Age from Date Accusation Filed to Indicated Outcome in Calendar Year				
Average	706	693	239	297
Median (middle record - half are above and half below)	784	506	250	297
Record Count	6	8	3	2

Other Decision	2005	2006	2007	2008
Activity				
Calendar Day Age from Date Accusation Filed to Indicated Outcome in Calendar Year				
Average	685	594	0	672
Median (middle record - half are above and half below)	685	594	0	672
Record Count	1	1	0	1

Accusation Withdrawn/Dismissed	2005	2006	2007	2008
Activity				
Calendar Day Age from Date Accusation Filed to Indicated Outcome in Calendar Year				
Average	317	922	263	480
Median (middle record - half are above and half below)	317	1188	197	480
Record Count	2	7	3	2

VE Only:

Revocation	2006	2007	2008
Activity			
Calendar Day Age from Date Accusation Filed to Indicated Outcome in Calendar Year			
Average	185	252	235
Median (middle record - half are above and half below)	185	252	254
Record Count	2	2	5

Surrender	2006	2007	2008
Activity			
Calendar Day Age from Date Accusation Filed to Indicated Outcome in Calendar Year			
Average	173	130	203
Median (middle record - half are above and half below)	173	130	203
Record Count	2	2	2

Suspension Only	2006	2007	2008
Activity			
Calendar Day Age from Date Accusation Filed to Indicated Outcome in Calendar Year			
Average	0	0	0
Median (middle record - half are above and half below)	0	0	0
Record Count	0	0	0

Probation	2006	2007	2008
Activity			
Calendar Day Age from Date Accusation Filed to Indicated Outcome in Calendar Year			
Average	0	236	341
Median (middle record - half are above and half below)	0	243	329
Record Count	0	4	14

Probation w/Suspension	2006	2007	2008
Activity			
Calendar Day Age from Date Accusation Filed to Indicated Outcome in Calendar Year			
Average	70	214	433
Median (middle record - half are above and half below)	70	214	433
Record Count	1	1	2

Public Reprimand	2006	2007	2008
Activity			
Calendar Day Age from Date Accusation Filed to Indicated Outcome in Calendar Year			
Average	0	250	297
Median (middle record - half are above and half below)	0	250	297
Record Count	0	1	2

Other Decision	2006	2007	2008
Activity			
Calendar Day Age from Date Accusation Filed to Indicated Outcome in Calendar Year			
Average	0	0	0
Median (middle record - half are above and half below)	0	0	0
Record Count	0	0	0

Accusation Withdrawn/Dismissed	2006	2007	2008
Activity			
Calendar Day Age from Date Accusation Filed to Indicated Outcome in Calendar Year			
Average	189	197	0
Median (middle record - half are above and half below)	189	197	0
Record Count	2	1	0

Non-VE Only:

Revocation	2006	2007	2008
Activity			
Calendar Day Age from Date Accusation Filed to Indicated Outcome in Calendar Year			
Average	293	609	868
Median (middle record - half are above and half below)	153	495	868
Record Count	7	4	2

Surrender	2006	2007	2008
Activity			
Calendar Day Age from Date Accusation Filed to Indicated Outcome in Calendar Year			
Average	388	301	257
Median (middle record - half are above and half below)	197	357	257
Record Count	7	7	1

Suspension Only	2006	2007	2008
Activity			
Calendar Day Age from Date Accusation Filed to Indicated Outcome in Calendar Year			
Average	0	0	0
Median (middle record - half are above and half below)	0	0	0
Record Count	0	0	0

Probation	2006	2007	2008
Activity			
Calendar Day Age from Date Accusation Filed to Indicated Outcome in Calendar Year			
Average	390	351	478
Median (middle record - half are above and half below)	333	282	390
Record Count	16	10	12

Probation w/Suspension	2006	2007	2008
Activity			
Calendar Day Age from Date Accusation Filed to Indicated Outcome in Calendar Year			
Average	732	574	400
Median (middle record - half are above and half below)	732	574	400
Record Count	2	2	1

Public Reprimand	2006	2007	2008
Activity			
Calendar Day Age from Date Accusation Filed to Indicated Outcome in Calendar Year			
Average	693	234	0
Median (middle record - half are above and half below)	506	234	0
Record Count	8	2	0

Other Decision	2006	2007	2008
Activity			
Calendar Day Age from Date Accusation Filed to Indicated Outcome in Calendar Year			
Average	594	0	672
Median (middle record - half are above and half below)	594	0	672
Record Count	1	0	1

Accusation Withdrawn/Dismissed	2006	2007	2008
Activity			
Calendar Day Age from Date Accusation Filed to Indicated Outcome in Calendar Year			
Average	1215	296	480
Median (middle record - half are above and half below)	1276	296	480
Record Count	5	2	2

Table B17.8 – Calendar Days Aged from Accusation Filed to MBC Vote to Adopt/Grant for Physicians and Surgeons and Allied Health Cases

	2005		2006				2007				2008									
	All		All	Not VE	VE		All	Not VE	VE		All	Not VE	VE							
Activity	Prior to VE	Pending	Pending	Pending	Pending		Pending	Pending	Pending		Pending	Pending	Pending							
Calendar Day Age from Date Accusation Filed to Adopt/Grant Date																				
Average	468		460		477		168		379		433		175		402		538		272	
Median (middle record - half are above and half below)	424		367		374		169		299		337		175		322		436		254	
Record Count	108	330	105	284	99	266	6	18	96	285	76	182	20	103	129	236	63	81	66	155

*Allied Health Care professions Cases Includes:

osteopathic physicians and surgeons, podiatrists, physician assistants, psychologists, research psychoanalysts, dispensing opticians, licensed midwives

**Excludes Out of State and Headquarter Cases

Table B17.9 – Calendar Days Aged from Accusation Filed to MBC Vote to Adopt/Grant for Physicians and Surgeons

	2005		2006				2007				2008									
	All		All	Not VE	VE		All	Not VE	VE		All	Not VE	VE							
Activity	Prior to VE	Pending	Pending		Pending		Pending	Pending		Pending		Pending	Pending		Pending		Pending			
Calendar Day Age from Date Accusation Filed to Votes to Adopt/Grant Date																				
Average	503		535		542		127		415		454		167		421		561		268	
Median (middle record - half are above and half below)	446		399		406		127		330		358		174		338		442		246	
Record Count	67	286	64	248	63	234	1	14	67	233	58	153	9	80	88	184	46	64	42	120

**Excludes Out of State and Headquarter Cases

Table 17.10 – Calendar Days Aged from Accusation Filed to MBC Vote to Adopt/Grant for Allied Health Cases

	2005		2006			2007			2008											
	All		All	Not VE	VE	All	Not VE	VE	All	Not VE	VE									
Activity	Prior to VE	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending									
Calendar Day Age from Date Accusation Filed to Votes to Adopt/Grant Date																				
Average	411		342		365		177		295		365		181		362		476		280	
Median (middle record - half are above and half below)	405		276		302		210		228		297		176		297		379		264	
Record Count	41	44	41	36	36	32	5	4	29	52	18	29	11	23	41	52	17	17	24	35

*Allied Health Care professions Cases Includes:

osteopathic physicians and surgeons, podiatrists, physician assistants, psychologists, research psychoanalysts, dispensing opticians, licensed midwives



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