March 3, 2017

George Zachos, Executive Director

Board of Registration in Medicine

200 Harvard Mills Square, Suite 330

Wakefield, MA 01880

**Re: Proposed Amendments to the BORIM Regulations 243 CMR 1.00 and 243 CMR 3.00**

Dear Mr. Zachos:

On Behalf of Tufts Medical Center and Floating Hospital for Children and its physicians we write to express our appreciation for the opportunity to provide comments for the Board’s consideration related to the proposed amendments to CMR 243 CMR 1.00 and 3.00.

We greatly appreciate the intent of the Board to update and streamline the regulations, however many of the proposed changes may actually increase reporting and administrative burden and quite possibly dampen the on-going efforts to build strong cultures of safety, transparency and trust within our institutions.

We would like to note our support for the detailed comments provided by both the Massachusetts Hospital Association and the Conference of Boston Teaching Hospitals, specifically pertaining to:

**243 CMR 1.01(02) Definitions:** Excluding the terms academic probation and remediation from the definition of disciplinary action and inserting necessary language to ensure any complaints are verifiable.

**243 CMR 1.03(5)(a)(3) - Specific Grounds for Complaints Against Physicians:** Remove overly broad and undefined language relative to ethical standards and retain the current language of "gross negligence on a particular occasion or negligence on repeated occasions."

**243 CMR 3.02 Definitions related to Patient Care Assessment Programs:** Clarifying that adverse events are those as defined by the National Quality Forum, and removing the new reporting requirement of “Close Call” and ensuring that the definition of “Healthcare facility” appropriately captures and reflects the diverse settings across which care is delivered in the Commonwealth.

**243 CMR 3.05 (3)(i) - Patient Care Assessment Program, Credentialing:** Retain ten- year look-back period by reinserting "during at least the previous 10 years" in 3.05(3)(1)

**243 CMR 3.05(3) (k) - Telemedicine Credentialing:** Utilize languagesupported by the Massachusetts Telemedicine Coalition which will support the use of telemedicine technologies and increase access to all levels of care.

**243 CMR 3.07 - Patient Care Assessment Program, Internal Audits and Internal Incident Reporting:** Clarification of the types of incidents intended under 3.08 (2)(b)4 - "a major intervention for correction; such as surgery or transfer to a higher level of care" classified as a "serious injury".

**243 CMR 3.10:    Patient Care Assessment Program ‑ Informed Consent and Patient Rights:** Retain current language related to informed consent.

We respectfully request that consideration be given to the items raised by both organizations and that the Board consider greater engagement and discussion with the physicians and provider institutions to ensure mutual understanding of the intent some of the proposed changes and afford an opportunity offer practical alternatives that contemplate and avoid any unintended consequences.

We appreciate the role of the Board and share their commitment to ensuring healthcare is delivered by physicians and institutions adhering to the highest ethical and safety standards. We look forward to continuing to work together on that shared mission and to further refining the parameters under which we operate to pursue that mission.

Sincerely,

Craig Best, MD, MPH Saul N. Weingart, MD

President and Chief Executive Officer Chief Medical Officer, SVP Medical Affairs

Tufts Medical Center Physicians Organization Tufts Medical Center