Robert Wood Johnson Foundation

Published: August 15, 2010
Program Results Report
Grant ID: 050659, 051549, 058662, 067176

Resolving Medical Malpractice Cases in Health Courts—an Alternative to the Current Tort System

Designing a reliable system of medical justice

SUMMARY

From December 2004 to September 2009, Common Good Institute staff and researchers at the Harvard School of Public Health developed and promoted an administrative alternative—called health courts—to the current tort system for resolving medical malpractice cases.

Instead of juries, health courts would use specially trained judges supported by neutral medical experts to rule on medical injury claims and determine patient compensation. Proponents contend that such a system would be an improvement for both patients and providers and for the quality and safety of medical care overall.

Common Good staff and Harvard researchers worked independently, but communicated regularly, to flesh out the health court concept, research issues critical to the proposal's viability and disseminate information to stakeholders and policy-makers. The project also included an effort to establish pilot health courts in seven states.

Key Results

- Health courts advanced from an idea to a structured model, with research to support key provisions and address questions about this approach.
- Alternatives to traditional liability mechanisms generated media attention and policy and legislative proposals. While not entirely the direct result of project activities, health courts gained prominence in these discussions.
- Stakeholders in seven states produced health court proposals, although none had implemented a pilot as of April 2010, when this report was prepared.

Funding

The Robert Wood Johnson Foundation (RWJF) supported this work from December 2004 to September 2009 with two grants to the Common Good Institute totaling $1.7

million (ID#s 050659 and 058662) and a $760,534 grant to the Harvard School of Public Health (ID# 051549).

CONTEXT

The adversarial court-based system for handling medical malpractice claims has long had critics who complain that it is slow, expensive and arbitrary. Another less frequently discussed charge is that it is a barrier to improved medical care.

The latter argument holds that the current approach—which ties patient compensation to evidence of provider negligence—encourages doctors and hospitals to practice wasteful "defensive medicine," cover up mistakes and near misses and avoid forthright communications with patients.

Philip Howard and the Common Good Institute

Among those critics emphasizing this point is Philip K. Howard, J.D., a New York attorney passionate about overhauling the nation's legal system in general—or, as he calls it, the "overlegalized system"—and the medical liability component of it in particular.

Howard's central thesis is that the law in many areas, not just medical malpractice, has become too intrusive, overly restricting individual choice and judgment. The law needs to be simplified "to release the energy and passions of Americans so that we can begin to address the challenges of our society," he said in a speech at the 2010 TED conference [TED, short for Technology, Energy and Design, is a nonprofit organization dedicated to "ideas worth spreading."]

In 2002, Howard, a partner in the mega law firm of Covington & Burling, founded the Common Good Institute, a nonprofit organization that describes itself as a "non-partisan legal reform coalition dedicated to restoring common sense to America." Its nonpartisan bona fides include an advisory committee membership ranging across the political spectrum—from Newt Gingrich to George McGovern. (The advisory committee also includes Thomas H. Kean, former governor of New Jersey, a member of the RWJF Board of Trustees since 1990 and its chair since April 2005.)

Health Courts: Common Good's Prescription for Medical Torts

The term *tort reform* generally refers to modification of the current liability system through caps on damage awards and other mechanisms designed to rein in the number and size of malpractice verdicts. The medical profession has traditionally pushed for changes of that kind.

However, some critics favor upending the traditional legal process altogether. One proposal is to take medical liability disputes out of the regular courts and turn them over

to an administrative forum for resolution. Instead of traditional judges and juries, specially trained adjudicators would rule on the validity of claims based on established criteria.

Health court is shorthand for this approach. Proponents—notably, Howard and his nonprofit organization—contend it would produce more rational, consistent and timely decision-making, a benefit to patients and providers alike. It would also, they say, lead to safer care by producing a reservoir of claims data to help experts identify the root causes of medical errors and highlight preventive strategies.

The health court idea has been around for some time. Howard himself first raised it in a February 2002 speech to an insurance group. "I simply thought it through and understood that tort reform couldn't solve the problem of distrust," he says. "You had to have a system of justice that could deal with this highly complex, highly technical area involving both science and art. It needed a new institution."

Plaintiffs' attorneys and many other members of the bar disagree. Administrative adjudication, they respond, would restrict the rights of injured patients and eliminate legal action as a deterrent to medical error. (See the American Bar Association's position on health courts as outlined in a September 2009 statement.)

RWJF's Interest in the Issue

While aware of the political minefield surrounding malpractice reform, RWJF over the years has supported a number of efforts to explore new approaches to resolving medical injury disputes. RWJF's interest stems in large part from research showing that the current tort system provides relief to relatively few patients who sustain medical injuries. The inconsistency of monetary awards and length of time typically required for resolution are additional concerns.

One of RWJF's major initiatives in this area was *Improving Malpractice Prevention and Compensation Systems* (IMPACS). This national program, which ran from 1992 through 1999, supported demonstration projects to test alternatives to the tort system and move malpractice reform from the drawing board to the real world. (See Program Results.)

Among the 11 IMPACS projects across the nation was an effort to develop administrative malpractice compensation systems in Colorado and Utah. Although the systems never became operable, collaborative research on medical injury rates in those states by a Harvard University team garnered attention in the medical literature. The findings also helped to inform the Institute of Medicine's landmark 1999 report on medical error, *To Err Is Human: Building a Safer Health System.* Some of the Harvard researchers looking at those projects became involved in the health court project that is the subject of this report.

Separately, in 2002, RWJF awarded the Common Good Institute a $50,000 grant to support a Washington conference on new approaches to medical liability adjudication (ID# 047032). The one-day session—co-sponsored by the Brookings Institution and the American Enterprise Institute, think tanks with very different political leanings—was a broad discussion of the necessary components of medical justice.

Two years later, RWJF funded the Common Good initiative reported here to advance the health court concept.

THE PROJECT

From December 2004 to September 2009, Common Good personnel and collaborating researchers at the Harvard School of Public Health developed and promoted the health court model as an alternative to the current tort system for resolving medical injury claims.

Working independently, but communicating regularly, these partners:

- Fleshed out the health court concept, identifying, analyzing and refining the structural and operational nuts and bolts of the proposed administrative system, including the criteria used to guide compensation decisions.
- Researched issues critical to the viability of health courts, including whether such an administrative system would pass muster with state and federal constitutions, what the costs would be for liability insurers and how the change might affect overall patient safety.
- Traveled to New Zealand, Sweden and Denmark to learn firsthand about the systems operating in those countries that address malpractice issues.
- Worked with advocates in several states to initiate health court pilot projects.
- Disseminated information on the health court model and related research to stakeholders and policy-makers through reports, journal articles, conferences and other avenues.

Supporting Advocacy with Scholarship

Mindful of the controversy likely to greet any health court proposal that emerged—criticism from the trial bar was a given; opposition from patients' rights advocates a distinct possibility—RWJF wanted the project to include a strong scholarly component.

Nancy Barrand, special adviser for program development at RWJF, the program officer for this project, worked with Common Good and Harvard to ensure the project proceeded as a true partnership, awarding separate grants for the following activities:

- Common Good Institute—to engage stakeholders and build a consensus for health courts.
- Harvard School of Public Health—to build the research base for the model.

Barrand also encouraged and participated in monthly conference calls to ensure that the two teams coordinated their activities.

The Two Teams

In addition to Howard, the key members of the Common Good team were Paul J. Barringer, J.D., M.P.A., then the organization's general counsel (he has since left), and two outside legal authorities:

- Edward A. Dauer, LL.B., M.P.H., dean emeritus and professor at the University of Denver's Sturm College of Law.
- E. Donald Elliott, J.D., a partner in the Washington office of the law firm Willkie Farr & Gallagher, and former professor at Yale Law School, whose role was specifically to research federal constitutional questions.

The Harvard team was headed initially by Troyen A. Brennan, M.D., J.D., M.P.H., a recognized authority on patient safety and medically related legal issues. His experience included directing the IMPACS research in Colorado and Utah. At the start of the health courts project, he was a professor at Harvard's public health and medical schools.

In early 2006, a little more than a year into the work, Brennan left Harvard for private industry and was succeeded as team director by Michelle Mello, J.D., Ph.D., M.Phil. Mello is a professor at the Harvard School of Public Health and author of numerous publications on the medical malpractice system, patient safety and medical ethics. The other key Harvard team members were:

- David Studdert, Sc.D., LL.B., M.P.H., an associate professor at the Harvard School of Public Health, who subsequently left Harvard to join the University of Melbourne faculty in Australia but remained active in the project. He, too, had participated in the IMPACS work.
- Allen Kachalia, M.D., J.D., an assistant professor at Harvard Medical School and its School of Public Health.

The Harvard team members were not disinterested academicians. They favored an administrative alternative to the tort system and saw their role as addressing technical issues necessary to inform development of a viable model.

Common Good's job "was political, consensus-building, outreach and dissemination of research findings to the policy community," says Mello. "Our job was to do the research

and also to attend some of the [Common Good] consensus-building events to present the research and answer scientific and technical questions."

Coordinated but Separate

The strategy of having two teams carry out their tasks separately, while communicating regularly, worked well for both sides. "We felt better if they were doing the political stuff because we don't do that well—and also because it's better for us to maintain a certain scholarly distance from political advocacy," says Mello.

"I think it allows us to remain more credible if we're seen, if not neutral, at least detached enough from financial interests and political interests that are inherent in the policy process. For them [Common Good], I think it was probably helpful to be able to say that 'Harvard found this or that.'"

Echoes Howard: "It was critical here to have an academic institution and experts with the credibility of the Harvard School of Public Health. But it was also critical to have an advocacy group willing to refine the hypothesis so it wasn't just a vague idea but a concrete proposal and to build the coalition brick by brick."

Outreach and Communication

In the first phase of the project, Common Good focused on building support for health courts at the national level. Its central message, disseminated through outreach activities that included meetings, publications and individual conversations, was that an administrative approach to compensating medical injury can:

- Enhance patient safety.
- Improve health care quality.
- Expedite compensation to injured patients.

Stakeholder Outreach

With its first grant (ID# 050659), Common Good organized meetings for representatives of medical associations, consumer and patient safety organizations, senior citizen groups and others interested in health care.

Over the project's five years, Common Good held some 10 formal forums, half in Washington, the other half in selected states (see Into the States). In addition to explaining the health court concept and presenting research, the sessions were an opportunity to get feedback that helped shape the health court model.

Forum participation was not limited to health court proponents. For example, advocates of early-settlement alternatives—in which the provider offers compensation in return for

the patient's agreement not to sue—were invited to the podium, Howard says. "We thought…our idea would come forth more powerfully by letting other people with other ideas talk abut them."

Publications and Meetings

The two teams produced numerous reports and articles targeted at media, policy-makers, legislators, academics, patient advocates, consumer groups and providers. Some explained the broad elements of the health court concept, others delved into more specific technical issues. For example:

- Windows of Opportunity offered a comprehensive description of the model and key design issues. The report was written in November 2006 by Common Good's Paul Barringer, with input from other members of the two project teams and outside scholars.
- The Harvard team published an article about "avoidability," the standard used in the Swedish and Danish systems to identify injuries eligible for compensation (Kachalia et al., "Beyond Negligence: Avoidability and Medical Injury Compensation," *Social Science & Medicine*, 66(2): 387–402, January 2008).

  Avoidable injury is injury that would not have occurred had best practices been followed. It is a broader standard than negligence but narrower than a mere show of injury, and it became a key ingredient of the health court proposal.

Howard also promoted the health court concept in opinion pieces in the mainstream media, including the *New York Times* and the *Wall Street Journal*, and on the *Atlantic Monthly* website.

In addition, team members, especially Barringer, made numerous appearances before health-related groups, academic institutions and governmental bodies, including congressional and state legislative committees. Common Good staff also drafted and disseminated model health court legislation, including a measure specifically for Massachusetts.

See the Bibliography for a full listing of the disseminated materials, many of which Common Good posted on its website.

Into the States

In February 2007, agreeing that the health court concept had gained sufficient traction to justify trying it out in the real world, RWJF awarded Common Good a second grant (ID# 058662), mainly to support the development of demonstration projects.

While focused principally on state activities, the grant also included funding to maintain Common Good's national outreach work. Harvard staff assisted some of the state

initiatives as consultants to Common Good while continuing to research and publish on the issue under its own RWJF grant.

Common Good worked with task forces in seven states that had already demonstrated strong support for the concept: Colorado, Maryland, Massachusetts, New Mexico, New York, Pennsylvania and Wyoming. Participants included health care providers, quality-improvement organizations, business groups and consumers.

For example, Common Good joined with the Wyoming Healthcare Commission, an official state body, to sponsor a forum in Cheyenne, Wyo., that drew some 100 representatives of 50 organizations in eight states. Speakers included Common Good's Paul Barringer and Edward Dauer, and Harvard's Michelle Mello and Allen Kachalia.

In several states, Common Good worked with groups interested specifically in birth-related injuries, partnering with nurse-midwives, obstetricians and the state hospital association in New Mexico and with the American College of Obstetricians and Gynecologists in New York.

Common Good provided technical and consensus-building assistance to help each state design a customized health court proposal and generate support for it. Each state was to seek its own funding—through the state legislature, the federal government or private philanthropy—to set up the court infrastructure.

Implementation, which did not fall into the grant period, would eventually require state legislative authority—meaning success would ultimately depend on political support. No RWJF funds were used for political activity.

Funding

RWJF supported the project from December 2004 to September 2009 with three grants totaling $2.5 million—two grants totaling $1.7 million to Common Good (ID#s 050659 and 058662) and one $760,534 grant to the Harvard School of Public Health (ID# 051549). RWJF provided the funding from its Pioneer Portfolio, earmarked to support high-risk ideas that have the potential for a big payoff in health care improvement.

The Commonwealth Fund also supported the project with a $92,673 grant to Harvard to fund travel and other expenses related to investigation of the Scandinavian and New Zealand systems. In addition, Harvard used internal funds to support the teams' analysis of state constitutionality issues.

No RWJF Funds for Lobbying

Federal tax law prohibits private foundations such as RWJF from lobbying or funding lobbying activities. That prohibition, of course, applied to the Common Good grants, and Common Good reported that it fully complied. The grants did not include compensation

for Howard's time on the project, and Howard said in an interview that his work on behalf of Common Good is strictly on a volunteer basis.

RESULTS

The project had the following key results, according to grantee reports to RWJF and interviews conducted with the grantees:

- **Health courts advanced from an idea to a structured model, with research to support key provisions and address questions about this approach.** "It dramatically enhances the power of the idea to have a study of how other countries do it, to have legal experts explore all of the legal constraints and possibilities, to discuss and explore what the benefits and possible problems might be," said Howard. "It's the difference between having an idea when you wake up in the morning and having a concrete proposal."

  The model had five core features:

  — Specially trained judges, assisted by neutral medical experts, would hear cases and issue written decisions.

  — The neutral experts would review evidence of how injuries occurred and the extent to which they were preventable and recommend patient compensation to the judges.

  — Instead of negligence, compensation would be based on "avoidability"—whether an injury could have been prevented had best practices been followed.

  — For noneconomic damages or so-called pain and suffering—which covers everything beyond medical costs and lost wages—the court would determine compensation based on a schedule that sets a range of values for specific kinds of injuries. (The Harvard team developed a conceptual framework for such a schedule.)

  — Information from the adjudication process would be collected and made available for analysis by providers and safety authorities in order to improve quality of care for the general population.

  — Claimants and providers would have a right to appeal a health court decision.

  For a comprehensive examination of the model and key design issues, see Windows of Opportunity. For a more concise explanation, see Common Good's Frequently Asked Questions about Health Courts.

- **Alternatives to traditional liability mechanisms, including health courts, gained prominence and interest grew in developing pilot projects.** A number of developments occurred, including some which were not the result of project activities:

- During the project period, members of Congress introduced a number of bills to encourage development of health courts and other alternatives to the tort system. None won passage, but several had bipartisan support. State legislative activity also increased, according to Common Good.

  Although lawmakers had previously promoted alternative malpractice approaches, Common Good credited the project's research-based outreach with helping to spur more interest in pilot projects and making medical liability reform part of the larger debate on health care reform.

- In September 2009, as health care reform legislation was being debated, President Obama directed the Department of Health and Human Services to launch a $25 million demonstration program to help states and health care systems implement and evaluate new medical liability models.

  Health courts were not specifically signaled out, but they were one eligible model. Grantee selection by the department's Agency for Healthcare Research and Quality was ongoing at the time this report was prepared.

- In early March 2010, as part of the health care reform package, President Obama proposed a $50 million appropriation to support demonstrations of alternative medical malpractice systems "*including health courts.*"

  Common Good hailed the president's mention of health courts by name as a "major breakthrough." Declared Ambia Harper, the organization's senior counsel, "To explicitly mention health courts was a huge win."

  The new law ultimately did not include the appropriation, but it did include a $50 million authorization, which requires further congressional action to provide funding.

- The health court proposal generated significant media attention. Common Good reported that the model was discussed in scores of articles during the project period. The *New York Times*, the *Economist* and *USA Today* endorsed the pilot projects in their editorials, and other major media, including the *Wall Street Journal*, mentioned them favorably.

- Thirty-two organizations across the country endorsed the health court concept, called for pilot projects or were otherwise supportive, according to an online list compiled by Common Good.

  Most of these were provider-related, including the American Academy of Family Physicians, the American College of Nurse-Midwives and the Joint Commission on the Accreditation of Healthcare Organizations. Others were business, consumer and public policy groups, including AARP, the Heritage Foundation and the Michigan Chamber of Commerce.

- **During the RWJF grant to Common Good, stakeholders in the seven states produced health court proposals, but none were able to implement pilot programs in this time period**—or by April 2010, when this report was prepared. The proposals helped lay the groundwork for proposed state legislation to establish pilot projects, according to Common Good. No RWJF funds were used for political activity. For example:

  — A bill introduced in Massachusetts called for creating a commission to award demonstration grants to hospitals and affiliated physicians to implement and evaluate tort system alternatives.

  — In Maryland, a General Assembly delegate proposed a medical malpractice review board made up of trained judges with the authority to hire neutral experts and offer decisions. The parties would be free to accept an offer or reject it and proceed to trial court.

  None of these measures became law. "The politics of the trial lawyers kept getting in our way," says Howard. "And there wasn't enough public momentum behind the idea of health courts; it wasn't part of the vocabulary." A lack of consensus among stakeholders was also a factor in some states, Common Good told RWJF.

  Nevertheless, Howard says, the state efforts created a base of support that did not end with the project. "The seeds have clearly been planted, and sprouts have come out of the ground." As an example, he notes that Common Good subsequently received funding from the New York State Health Foundation to develop an alternative malpractice resolution system in New York. (For more information, see Afterward.)

LESSONS LEARNED

1. **Teaming an advocacy organization with researchers who can provide a sound empirical footing for policy change is an effective way to build on each of their strengths.** Harvard's research, writings and presentations gave the health court proposal increased credibility while Common Good concentrated on building support for the concept. As stated in a report from Common Good to RWJF, "This invaluable partnership enabled us to marry research and outreach to achieve the greatest impact."

   Academic experts may not be adept at building consensus for a policy change. "The people who do the research are not particularly good at delivering the message to policy-makers," said Harvard's Michelle Mello. "Nor do we have the right kind of incentives to spend time on those activities."

   Such efforts are often best left to advocates. "You really need to have people who can drive it forward," said Philip Howard. "We need to change the direction of the wind."

   Mello said Common Good staff encouraged the Harvard team to frame its findings in a way that would be helpful to the policy world. At the same time, respect for rigor

was crucial to the researchers. "We got really lucky in finding an organization that was committed not just to the issue but also to the evidence," she said.

2. **Sustained, broad-based outreach activities are necessary to facilitate policy action.** To advance the health court concept, Common Good connected with a broad range of stakeholders, not just the traditional supporters of medical liability reform. The patient safety community was a particularly important target.

   "Our most memorable and productive events occurred when we convened diverse and often conflicting voices," said Howard.

3. **Use multiple outreach methods and communications channels to ensure the message reaches multiple audiences.** Common Good reported that it was useful to combine forums, direct one-on-one advocacy, public speaking, written materials, online blogging, press releases, media outreach and various other public relations methods to reach stakeholders and policy-makers.

4. **When attempting to promote alternatives to the tort system, maintain a flexible approach and emphasize the potential for improving patient care.** Entertaining different policy options when discussing health care pilot projects helped the project teams reach out to different organizations with varying interests.

   Also, stressing the potential patient safety benefits of health courts helped engage groups and individuals traditionally not in favor of medical liability reform—particularly consumer groups and patient advocates. (Common Good reports to RWJF)

AFTERWARD

In December 2009, Common Good held a forum to discuss the U.S. Department of Health and Human Services' $25 million demonstration program to help states and health care systems implement and evaluate new medical liability models. The forum gave potential applicants information about the health court model and other alternative compensation systems and provided assistance in developing viable proposals.

RWJF supported the half-day Washington event with a $98,870 grant (ID# 067176). For conference details, including the agenda and a video of the event, see the Common Good website.

As of early 2010, the Harvard team continues to work on two unfinished components of the health court project:

- Researchers are comparing the estimated cost of claims under a health court system with the amount insurers have actually paid under the tort system. Based on 958 closed malpractice claims, they have built a statistical model to estimate total economic losses for each injury. The next step is to merge this with data on

noneconomic losses (damages for pain and suffering) in order to calculate a total cost for each injury.

- A second study involves an empirical analysis of the team's conceptual framework for estimating noneconomic damages, drawing on 67 occupational injury cases. Ultimately, the goal is to generate a schedule for noneconomic damages for malpractice injuries.

Other developments include the following:

- In May 2008, as part of its Investigator Awards in Health Policy Research program, RWJF awarded Mello and Thomas H. Gallagher, M.D., associate professor at the University of Washington School of Medicine, a collaborator, $334,869 grant (ID# 063904) to evaluate the effectiveness of the disclose-and-offer alternative on malpractice costs and patients' access to compensation.

  Disclose-and-offer programs are implemented by providers and insurers on their own and do not require changes in the law. While details differ from one program to another, essentially the organization discloses all adverse events and, when warranted, quickly offers to provide the patient with compensation. (See the article published online by Mello and Gallagher in the *New England Journal of Medicine* on March 31, 2010.)

- Mello will be working with two groups of awardees of the AHRQ medical liability pilot grants to develop and evaluate disclosure-and-offer programs (in Washington State and New York State) and to implement a judge-directed negotiation demonstration (in New York State). As noted in the summary, these programs incorporate important elements of the health courts model. The disclosure-and-offer programs include full disclosure and rapid settlement, often on a no-fault basis. In the case of judge-directed negotiation, the elements include use of neutral medical experts and trained judges who specialize in malpractice claims.

- The Commonwealth Fund has asked Mello to prepare a policy brief summarizing the findings of the team's study of foreign systems of administrative compensation. It will be disseminated through their usual channels.

- In July 2009, the New York State Health Foundation awarded Common Good a $151,980, 18-month grant to develop a pilot program for resolving medical liability disputes that combines the early disclosure-and-offer technique with arbitration.

  As proposed, health providers would immediately disclose a medical injury and offer compensation. If the patient declines the offer, the dispute would be submitted to arbitration. Common Good was to work out details of the pilot program with participating health providers.

Common Good remains committed to reforming the tort system, while recognizing that "growing advocacy" is a long-term process. "We need to have the American public

understand why this is in everyone's interest so that change becomes unavoidable," says Howard.

Report prepared by: Michael H. Brown
Reviewed by: Karyn Feiden, Molly McKaughan
Program Officer: Nancy Barrand
RWJF Team: Pioneer Team

BIBLIOGRAPHY

(Current as of date of the report; as provided by the grantee organization; not verified by RWJF; items not available from RWJF.)

Articles

Barringer PJ. "Common Good Leading Effort to Develop Special Models for Health Courts." *AAP News*, 28(11): 28, 2007.

Barringer PJ. "Health Courts, Medical Injury Compensation, and Patient Safety." *Benefits Law Journal*, 21(1): 79–90, 2008.

Barringer PJ. "New Ideas for Liability Reform: Health Courts and Administrative Compensation." *PA ACOG News*, 10(1): 5, Spring 2007.

Barringer PJ. "Reforming Medical Liability." *Issues in Science and Technology*, July 1, 2008. Available online.

Barringer PJ and Berkowitz R. "No Place to Be Born." *New York Sun*, August 25, 2008. Available online.

Barringer PJ and Dauer EA. "End the 'Blame and Shame Game.'" *Modern Healthcare*, 38, May 21, 2007.

Barringer PJ and Foreit AJ. "Creating Health Courts Through Consent: Opportunities and Challenges for a Non-Legislative Approach to Administrative Injury Compensation." *Common Good*, August 1, 2008. Available online.

Barringer PJ and Kachalia AB. "Error Reporting and Injury Compensation: Advancing Patient Safety Through a State Patient Safety Organization." *Wyoming Law Review*, 8(2): 349–371, 2008.

Barringer PJ and Pietz BM. "Healthcare, Medical Liability, and Reform Alternatives." *AAOS Now*, 2(4): 41, 2008.

Barringer PJ, Studdert DM, Kachalia AB and Mello MM. "Administrative Compensation of Medical Injuries: A Hardy Perennial Blooms Again." *Journal of Health, Politics, Policy and Law*, 33(4): 725–760, 2008. Available online.

Barringer PJ and Wasicek AC. "Health Courts: An Alternative Approach to Medical Liability Reform." *Baltimore City Medical Society Newsletter*, January 2008.

Barringer PJ and Wasicek AC. "New Thinking in Medical Liability Reform: Health Courts, Patient Safety, and Administrative Compensation." *ACNM On Location*, May 23, 2008.

Elliot ED, Narayan SA and Nasmith MS. "Administrative 'Health Courts' for Medical Injury Claims: The Federal Constitutional Issues." *Journal of Health Politics, Policy and Law*, 33(4): 761–798, 2008. Abstract available online. Full article available for a fee.

Howard PK. "Congress Piles Up New Laws Without Any Knowledge of Previous Ones." *Washington Examiner,* April 23, 2009. Available online.

Howard PK. "Cutting Healthcare Costs: Back to Basics." *The Atlantic,* June 19, 2009. Available online.

Howard PK. "Dedicated Health Care Courts Can End Malpractice Crisis." *Washington Examiner,* May 11, 2007. Available online.

Howard PK. "Fixing Healthcare, Part One: An Inventory of Cost Containment." *The Atlantic,* August 6, 2009. Available online.

Howard PK. "Fixing Healthcare, Part Two: The Path to a New Healthcare System." *The Atlantic,* August 6, 2009. Available online.

Howard PK. "Healthcare Reform Requires Lawsuit Reform." *Wall Street Journal,* July 15, 2009. Available online.

Howard PK. "Health Reform's Taboo Topic." *Washington Post,* July 31, 2009. Available online.

Howard PK. "How Modern Law Makes Us Powerless: The Real Barrier to Barack Obama's 'Responsibility' Era." *Wall Street Journal,* January 25, 2009. Available online.

Howard PK. "Just Medicine." *New York Times,* April 2, 2009. Available online.

Howard PK. "The Menu of Malpractice Reforms." The Atlantic, September 13, 2009. Available online.

Howard PK. "Next Steps for Malpractice Reform." *The Atlantic,* September 10, 2009. Available online.

Howard PK. "Stonewalling Legal Reform." *The Atlantic,* August 26, 2009. Available online.

Howard PK. "Why Medical Practice Is Off Limits." *Wall Street Journal,* September 29, 2009. Available online.

Kachalia AB, Mello MM, Brennan TA and Studdert DM. "Beyond Negligence: Avoidability and Medical Injury Compensation." *Social Science & Medicine,* 66(2): 387–402, 2008. Abstract available online.

Mello MM and Brennan TA. "The Role of Medical Liability Reform in Federal Health Care Reform." *New England Journal of Medicine,* 361(1): 1–3, July 2009. Available online.

Mello MM, Kachaha AB, Studdert DM. Costs of a "Health Court" System for Adjudicating Medical Injury Claims. Unpublished.

Mello MM, Studdert DM, Kachaha A, Brennan TA. "Health Courts" and Accountability for Patient Safety. *Milbank Quarterly* 2006;84:459–492.

Mello MM, Studdert DM, Moran P and Dauer ED. "Policy Experimentation With Administrative Compensation for Medical Injury: Issues Under State Constitutional Law." *Harvard Journal on Legislation*, 45: 59–105, 2008. Available online.

Pietz BM. "New Ideas in Medical Liability Reform: Health Courts." In *Health Care Policy and Marketplace Review*, June 7, 2007. Available online.

Siegal G, Mello MM and Studdert DM. "Adjudicating Severe Birth Injury Claims in Florida and Virginia: The Experience of a Landmark Experiment in Personal Injury Compensation." *American Journal of Law & Medicine*, 34(4): 489–533, 2008. Available online.

Siegal G, Mello MM, Studdert DM. Adjudicating Severe Birth Injury Claims in Florida and Virginia: The Experience of a Landmark Experiment in Personal Injury Compensation. *American Journal of Law & Medicine* 2008;34:489–533.

Studdert DM, Mello MM. Rationalizing Noneconomic Damages: A Proposal for Scheduling. Unpublished.

Reports

Administrative Compensation and Patient Safety. New York: Common Good. Compiled for a forum titled "Health Courts, Administrative Compensation & Patient Safety: Research, Policy & Practice." November 5, 2007.

Administrative Compensation of Birth-Related Injuries: Potential Benefits for Maryland. New York: Common Good. Compiled for a forum titled "Administrative Compensation of Birth-Related Injuries: Potential Benefits for Maryland." March 6, 2008.

Baucus M. *Call to Action: Health Reform 2009.* Washington: Senate Finance Committee, 2008. Available online.

Common Good. "Windows of Opportunity: State-Based Ideas for Improving Medical Injury Compensation and Enhancing Patient Safety." Washington: Common Good, November 2006. Available online.

Compensating Birth-Related Injuries Through an Administrative Process: Weighing the Benefits for New York. New York: Common Good and the American College of Obstetricians and Gynecologists. Compiled for a forum titled "Compensating Birth-Related Injuries through an Administrative Process: Weighing the Benefits for New York." June 3, 2008.

Health Care Reform and Patient Safety: Challenges & Opportunities for Medicine and the Law. New York: Common Good, University of Wyoming, and Wyoming Healthcare Commission. Compiled for a forum titled "Health Care Reform and Patient Safety: Challenges & Opportunities for Medicine and the Law." April 1–3, 2008.

Mello MM, Studdert DM, Kachalia AB, Barringer P, Howard PK, Brennan TA. Design of a "Health Courts" System Demonstration. Boston: Harvard School of Public Health, 2005.

Models for Medical Justice. Common Good. New York: Common Good. Compiled for a forum titled "Towards a More Reliable System of Medical Justice: Opportunities, Challenges, & Lessons Learned." November 18, 2008.

Patient Safety & Reducing Medical Errors. New York: Common Good and the Wyoming Healthcare Commission. Compiled for a forum titled "Patient Safety & Reducing Medical Errors: Exploring Options." October 15, 2007.

Studdert DM, Mello MM, Brennan TA. *Health Courts: Preliminary Cost Estimates.* Boston: Harvard School of Public Health, 2005.

Sponsored Workshops and Conferences

"Towards a More Reliable System of Medical Justice: Opportunities, Challenges & Lessons Learned," November 18, 2008, Washington. Attended by 57 registrants representing more than 33 organizations. Examples of organizations represented include NERA Economic Consulting, Harvard Medical School, COPIC Insurance Company, Progressive Policy Institute, Wyoming Medical Society, American College of Obstetricians and Gynecologists, Center for Constitutional Litigation, and United Healthcare (Ovations). Three research presentations and eight stakeholder responses. Proceedings available online.

"Compensating Birth-Related Injuries Through an Administrative Process: Weighing the Benefits for New York," June 3, 2008, New York. Attended by 39 registrants representing more than 21 organizations. Examples of organizations represented include the New York division of the American College of Obstetricians and Gynecologists, Columbia University College of Physicians and Surgeons, Florida Neurological Injury Compensation Association, Harvard School of Public Health, Medical Society of the State of New York, and Greater New York Hospital Association. Four research presentations and two panels. Proceedings available online.

"Healthcare Reform and Patient Safety: Challenges & Opportunities for Medicine and the Law," April 1–3, 2008, Laramie, WY. Common Good co-sponsored the symposium with several of the University of Wyoming schools and the Wyoming Healthcare Commission. Attended by 250 registrants representing more than 120 organizations. Examples of organizations represented include the University of Wyoming, U.S. Department of Health and Human Services, HealthPartners, Colorado Citizens for Accountability, COPIC Insurance Company, The Joint Commission, and the Wyoming Department of Health. Twelve presentations and five panels and discussions. Proceedings available online.

"Administrative Compensation of Birth-Related Injuries: Potential Benefits for Maryland," March 6, 2008, Annapolis, MD. Attended by 45 registrants representing over 12 organizations and legislative offices. Examples of organizations represented include the Virginia Birth-Related Neurological Injury Compensation Program, Doctor-Patient Foundation, Maryland House of Delegates, MedStar Health, LifeBridge Health, and Harvard Medical School. Four presentations and one panel made up of five Stakeholders. Proceedings available online.

"Health Courts, Administrative Compensation & Patient Safety: Research, Policy & Practice," November 5, 2007, Washington. Attended by more than 90 registrants representing over 62 organizations from 11 states. The webcast of the event was viewed by several scores of people. Examples of organizations represented include the American Medical Association, the Partnership for Patient Safety, AARP, Cerebral Palsy of Colorado, the American Association for Justice, and the Johns Hopkins School of Medicine. Two presentations and 10 stakeholder responses. Proceedings available online.

"Patient Safety & Reducing Medical Errors: Exploring Options," October 15, 2007, Cheyenne, WY. Attended by 109 registrants representing more than 51 organizations from eight states. The webcast was viewed by a number of people. Examples of organizations represented include the Wyoming Medical Society, Equality State Policy Center, Wyoming Trial Lawyers Association, Wyoming Board of Medicine, and the Wyoming division of AARP. Five presentations and eight stakeholder responses. Proceedings available online.

"Health Courts and Administrative Compensation: Opportunities for Safety Enhancement," November 8, 2006, Washington. Attended by 145 registrants representing 97 organizations. The webcast of the event was viewed 596 times. Examples of organizations represented include the American Federation of State, County, and Municipal Employees, the American Association of Retired Persons, the American Hospital Association, the Citizen Advocacy Center, and the Progressive Policy Institute. Two research presentations, one keynote presentation, and eleven stakeholder responses.

"Administrative Approaches to Compensating for Medical Injuries," October 31, 2005, Washington. Attended by 137 registrants representing 94 organizations. Examples of organizations represented include the American Association of Retired Persons, the Florida and Virginia Birth-Related Neurological Injury Programs, the Citizen Advocacy Center, the International Association of Machinists and Aerospace Workers, and the Partnership for Patient Safety. Three research presentations, four keynote presentations, and four stakeholder responses.

"Health Courts: Exploring the Concept," May 5, 2005, Washington. Attended by 116 registrants representing 87 organizations. Examples of organizations represented include the Harvard School of Public Health, the Urban Institute, Public Citizen, the Center for Medical Consumers, the National Education Association, the American Medical Association, and the Wyoming Healthcare Commission. Two research presentations, two keynote presentations, and three discussion sessions for stakeholder input.

Presentations and Testimony

Mello MM, "The Medical Liability System: Can It Make the Grade?," at the Safe Table Forum, University of Washington, Seattle, 2004.

Mello MM, "The Medical Liability System: Can It Make the Grade?," at the 17th Annual Regional Symposium, Foundation for Medical Excellence, Portland, OR, 2004.

Mello MM, "Health Courts: What Are They and Why Do We Need Them?" at the Chapter Meeting, American College of Surgeons, Dedham, MA, 2004.

Studdert DM, "Injury Compensation Systems," at the Commonwealth Fund Symposium on Health Care Policy, Washington, 2004.

Mello MM, "Tackling Malpractice Reform as a Health Policy Problem," at the National Health Policy Conference, AcademyHealth / Health Affairs, Washington, 2005.

Mello MM, "Social Dimensions of No-Fault Compensation for Medical Injury," at the International Conference on Cost Containment in National Health Systems, Department of Health of Thailand, Chiang Mai, Thailand, 2005.

Mello MM, Studdert DM. "Performance of Administrative Compensation Versus Tort Liability for Medical Injury," at the Wellington Medico-Legal Society, Wellington, New Zealand, 2005

Mello MM, "Is the Tort System Worth Saving?" at the Medical Staff Meeting, Boston University Medical Center, Boston, 2005.

Mello MM, Studdert DM, and Brennan TA. "Health Courts: System Overview and Current Research," at the Fall Forum, Common Good, Washington, 2005.

Mello MM, Studdert DM. "Health Courts: What Are They and Why Do We Need Them?," at the Spring Forum, Common Good, Washington, 2005.

Studdert DM, "Medical Error and Malpractice Litigation in the United States," Dean's Public Lecture, at the University of Melbourne School of Law, Melbourne, Australia, 2005.

Studdert DM, "Reforming Tort Law," Public Lecture, at the University of Sydney School of Law, Sydney, Australia, 2005.

Studdert DM. "Medical Malpractice in the United States" Patientforsakring (Patient Compensation Association) Stockholm, Sweden, 2005.

Studdert DM, "Injury Compensation Policies in the United States," Patientforsikringen (Patient Compensation Authority), Copenhagen, Denmark, 2005.

Studdert DM, "Frivolous Litigation: Fact or Fantasy?" Endowed Lecture for the J.D. and Elizabeth A. Epstein Program in Health Care Law and Policy, at the University of Illinois College of Law, Champagne, IL, 2005

Studdert DM, "Disclosure of Medical Injury," Grand Rounds, at the College of Medicine, University of Illinois, Champagne, IL, 2005.

Studdert DM, "Medical Malpractice and Health Courts," Grand Rounds, at the Department of Medicine, University of Texas-Houston Health Sciences Center, 2005.

Studdert DM, "Medical Liability: New Ideas for Making the System Work Better for Patients," Testimony before the Committee on Health, Labor, and Pensions, U.S. Senate, Washington, 2006.

Mello MM, "Innovative Solutions to Medical Liability," Testimony before the Subcommittee on Health of the Committee on Energy and Commerce, U.S. House of Representatives, Washington, 2006.

Kachalia A, "Health Courts and Administrative Compensation: A New Approach for Resolving Medical Injury Disputes," American College of Surgeons Annual Clinical Congress, Chicago, 2006.

Mello MM and Studdert DM, "Health Courts and Administrative Compensation: Potential for Safety Enhancements," Common Good Fall Forum, Washington, 2006.

Mello MM, "Impact of the Malpractice Crisis on the Health Care System," Conference on Medical Malpractice: Has the Research Helped or Hindered Our Search For Solutions?, Robert Wood Johnson Foundation / AcademyHealth, Washington, 2006.

Studdert DM. "Learning Error Prevention from Injury Claims Data," Keynote Address, Annual Conference, American Society of Health Risk Managers, San Diego, 2006

Kachalia A, "Health Courts and Administrative Compensation: A New Approach for Resolving Medical Injury Disputes," at the American College of Surgeons Annual Clinical Congress, Chicago, 2006.

Kachalia A, "Health Courts and the Avoidability Standard: Opportunities for Patient Safety Enhancement," at the American Academy of Family Physicians State Legislative Conference, Memphis, TN, 2007.

Studdert DM. "Tort System Performance & Effectiveness of Tort Reform," Keynote Address, IIR Medico-Legal Conference, Melbourne, Australia, 2007

Kachalia A, "Health Courts and the Avoidability Standard: Opportunities for Patient Safety Enhancement," at a Common Good Forum, Washington, DC, 2007.

Kachalia A, "Administrative Compensation and the Avoidability Standard: Opportunities for Patient Safety Enhancement," at a Wyoming Healthcare Commission Forum, Cheyenne, WY, 2007.

Mello MM, "Health Courts and Administrative Compensation: Potential for Safety Enhancements," at the Common Good Fall Forum, Washington, 2007.

Mello MM, "Health Courts and Accountability for Patient Safety," at the Searle Center Conference on Litigation and Tort Reform, Northwestern University Law School, Chicago, 2007.

Mello MM, "Radical Malpractice Reform: Selling Big Ideas to Policymakers," at the Health Policy and Management Departmental Research Seminar, Harvard School of Public Health, Boston, 2007.

Mello MM, "Radical Malpractice Reform: Selling Big Ideas to Policymakers," at Stanford Law School, Stanford, CA, 2007.

Mello MM, "The Negligence Standard and Error Causation: What the Evidence Tells Us," at the Common Good Fall Forums, Cheyenne, WY and Washington, 2007.

Mello MM, "Radical Malpractice Reform: Selling Big Ideas to Policymakers," at the Center for Bioethics and Health Colloquium, University of Pittsburgh, Pittsburgh, 2007.

Mello MM, "Deconstructing Negligence: The Role of Individual and System Factors in Causing Medical Injuries," at the Conference on Empirical Legal Studies, New York, 2007.

Paul J. Barringer, "Getting There From Here: Reforming the Dialogue About Medico-Legal Reform," at the Health Reform Conference hosted by Common Good Colorado and the University of Denver Sturm College of Law, February 27, 2007, Denver.

Paul J. Barringer, "Testimony Before the Maryland Senate Judicial Proceedings Committee," to the Maryland General Assembly, March 1, 2007, Annapolis, MD.

Paul J. Barringer, "Health Courts and Administrative Compensation: An Alternative Approach to Medical Liability Reform," at the Spring Meeting of the Health Coalition on Liability and Access, March 6, 2007, Washington.

Paul J. Barringer, "Testimony Before the Maryland House Judiciary Committee," to the Maryland General Assembly, March 7, 2007, Annapolis, MD.

Paul J. Barringer, "Health Courts and Administrative Compensation: An Alternative Approach to Medical Liability Reform," at the Searle Center, Northwestern University, March 30, 2007, Chicago.

Paul J. Barringer, "Health Courts and Administrative Compensation: A New Approach to Resolving Injury Disputes," at the Grand Rounds at Riverside Methodist Hospital, April 24, 2007, Columbus, OH.

Paul J. Barringer, "Health Courts and Administrative Compensation: An Alternative Approach to Medical Liability Reform," at the Columbus Medical Association, April 24, 2007, Columbus, OH.

Paul J. Barringer, "Health Courts and Administrative Compensation: An Alternative Approach to Medical Liability Reform," at the Columbus Society of Obstetricians and Gynecologists, April 25, 2007, Columbus, OH.

Paul J. Barringer, "Health Courts—Promoting Reliable Medical Justice?" at the Health Law Society at Yale Law School, April 26, 2007, New Haven, CT.

Paul J. Barringer, "Health Courts and Administrative Compensation: An Alternative Approach to Medical Liability Reform," at the Spring Meeting of the Barnstable County Medical Society, May 3, 2007, Falmouth, MA.

Paul J. Barringer, "Health Courts and Administrative Compensation: Connecting Patient Safety and Medical Liability Reform," at the Plenary Session for the Annual Meeting of the National Patient Safety Foundation, May 4, 2007, Washington.

Paul J. Barringer, "Health Courts and Administrative Compensation: An Alternative Approach to Medical Liability Reform," at:

- Columbia Medical Society, May 14, 2007, Columbia, SC.
- AEI-Brookings Judicial Education Institute, May 15, 2007, Washington.
- Policy Briefing for the Third Way, June 4, 2007.

Paul J. Barringer, "Outline of the Health Court Proposal," at the Monthly Policy Call of the American Society for Healthcare Risk Management, May 16, 2007, Washington.

Paul J. Barringer, "Health Courts and Administrative Compensation: An Alternative Approach to Medical Liability Compensation," at the Spring Meeting of the Harvard Health Care Delivery Policy Group, June 7, 2007, Washington.

Paul J. Barringer, "Medical Injuries and Administrative Compensation: An Alternative Approach to Medical Liability Reform," at:

- Summer Meeting of the Wyoming Medical Society, June 8, 2007, Moran, WY.
- Pennsylvania Chapter of the American College of Obstetricians and Gynecologists, July 25, 2007, Harrisburg, PA.
- Montana Medical Association, September 7, 2007, Helena, MT.
- Fall Dinner of the Fairfield County Medical Society, October 25, 2007, Bridgeport, CT.

Paul J. Barringer, "A Cure For the Courts: Are Health Courts the Rx for Maryland?" at the Summer Meeting of the Maryland State Bar Association, June 14, 2007, Ocean City, MD.

Paul J. Barringer, "Health Courts: An Evolving Proposal," at the AEI-Brookings Judicial Education Institute, June 22, 2007, Washington.

Paul J. Barringer, "Interest Groups and National Politics," at the Fulbright Institute at New York University, July 13, 2007, New York.

Paul J. Barringer, "Health Courts and Administrative Compensation: Health Care Reform and Medical Liability," at the Fall Policy Meeting of the American Academy of Orthopaedic Surgeons, September 14, 2007, Washington.

Philip K. Howard, "Health Courts and Reliable Justice: An Alternative Approach to Medical Liability Reform," at the Center for Health Transformation, September 19, 2007, Washington.

Paul J. Barringer, "Health Courts and Maryland: Prospects for Incremental Reform," at the Fall Meeting of the Maryland Society for Healthcare Risk Management, September 20, 2007, Elkridge, MD.

Paul J. Barringer, "Health Courts and Administrative Compensation: New Medical Liability Reform Proposals," at the Annual Conference of the American Society for Healthcare Risk Management, October 13, 2007, Chicago.

Paul J. Barringer, "Translating Research Into Policy: National Perspectives," at the Wyoming Healthcare Commission and Common Good event, October 15, 2007, Cheyenne, WY.

Paul J. Barringer, "Medical Injuries and Administrative Compensation: An Alternative Approach to Medical Liability Reform," at the Mercer County Medical Society, November 14, 2007, West Middlesex, PA.

Paul J. Barringer, "Health Courts and Administrative Compensation: Translating Research Into Policy," at:

- Fall Conference of the American Academy of Family Physicians, November 17, 2007, Memphis, TN.
- American University, November 29, 2007, Washington.
- Economic Institute for Judges, December 11, 2007, Washington.
- Connecticut State Medical Society, February 13, 2008, New Haven, CT.
- Healthcare Leadership Council, February 14, 2008, Washington.

Paul J. Barringer, "Health Courts and Maryland: Prospects for Incremental Reform," at:

- Baltimore City Medical Society, November 20, 2007, Baltimore.
- Johns Hopkins University, November 29, 2007, Baltimore.

Paul J. Barringer, "Medical Liability Litigation: Expertise and Predictability,"at the Advanced Science and Technology Adjudication Resource Center, December 14, 2007, Washington.

Mello MM, "State-Based Birth Injury Compensation Programs: System Performance Issues," Common Good Fall Forum, New York, 2008.

Mello MM, "Administrative Compensation of Birth Injuries: Rationales and Lessons Learned," Symposium on Strategies for Survival, New Mexico Health Policy Commission, Albuquerque, NM, 2008.

Mello MM, "Medical Malpractice Reform: Is the Tort System Worth Saving?," Department of Medicine Grand Rounds, Massachusetts General Hospital, Boston, 2008.

Kachalia A, "Strategies to Support Safer Medical Practice," at the University of Wyoming Law School Symposium: Health Care Reform and Patient Safety: Challenges & Opportunities for Medicine and the Law, Laramie, WY, 2008.

Kachalia A, "Pathways to Medical Justice: A Review of Experiences and Considerations for the Future," at a Common Good Forum, Washington, 2008.

Kachalia A, "Administrative Compensation Systems: Enhancing Patient Safety," at a public forum on Administrative Compensation Of Birth-Related Injuries: Potential Benefits for Maryland, Annapolis, MD, 2008.

Paul J. Barringer, "What's 'Fair' Compensation for Medical Injuries," at the Hastings Center, March 4, 2008, Garrison, NY.

Paul J. Barringer, "Testimony Before the Judiciary Committee," to the Maryland General Assembly, March 5, 2008 and March 12, 2008, Annapolis, MD.

Paul J. Barringer, "Testimony Before the Health and Government Operations Committee," to the Maryland General Assembly, March 7, 2008, Annapolis, MD.

Paul J. Barringer, "Health Courts and Administrative Compensation," at:

- North Carolina Bar Association, April 18, 2008, Raleigh, NC.
- AAOS National Orthopedic Leadership Conference, May 2, 2008, Washington.
- Loyola University Chicago School of Law, May 7, 2008, Chicago.
- AEI-Brookings Judicial Education Institute, May 13, 2008, Washington.
- American College of Nurse-Midwives, May 27, 2008, Boston.

Philip K. Howard, "Managing the Pitfalls of the Liability System," at the Marsh Industry Forum, May 8, 2008, New York.

Paul J. Barringer and Jack Glode, "Creating a New PSO & Injury Compensation Pilot," at the Wyoming Medical Society, June 11, 2008, Jackson, WY.

Paul J. Barringer, "Advancing the Health Court Proposal," at the Robert Wood Johnson Foundation, June 24, 2008, Princeton, NJ.

Paul J. Barringer, "Interest Groups and National Politics," at the Fulbright Institute at New York University, July 18, 2008, New York.

Jenny Foreit, "Health Courts, Administrative Compensation & Arbitration: Alternative Approaches to Medical Liability Reform," at:

- Medical Society of DC, September 22, 2008, Washington.
- Health Quality Coalition, January 12, 2009, Boston.
- Health Care For All, January 13, 2009, Boston.

Jenny Foreit, "Administrative Compensation for Obstetrical Injuries," at:

- UNM Task Force for Obstetric Injury, January 9, 2009, Albuquerque, NM.
- UNM Mexico Task Force for Obstetric Injury, January 10, 2009, Las Cruces, NM.

A. Jenny Foreit, "The Arbitration Approach to Medical Injury Dispute Resolution," at the Medical Society of Delaware, January 28, 2009, Newark, DE.

Philip K. Howard, "The Case for Special Health Courts," at the Health Coalition for Liability and Access Annual Meeting, March 30, 2009, Washington.

World Wide Websites

http://commongood.org/f-healthcourtslegislation.html. On the Common Good website, this page lists and describes legislative activity related to the health court concept. Washington: Common Good.

http://commongood.org/f-recentarticles.html. On the Common Good website, this page is continually updated to compile Common Good's most recent publications. Washington: Common Good.

http://commongood.org/healthcare.html. On the Common Good website, this page features timely and important information about the health court concept. Washington: Common Good.

http://commongood.org/healthcare-events.html. On the Common Good website, this page highlights upcoming and recent health court events, as well as provide audio/visual content of past events. Washington: Common Good.

http://commongood.org/healthcare-newscommentary-inthenews.html. On the Common Good website, this page highlights media coverage of the health court concept. Washington: Common Good.

http://commongood.org/healthcare-newscommentary-watch.html. On the Common Good website, this page is continually updated to highlight and compile media coverage of issues closely related to health courts. Washington: Common Good.

http://commongood.org/healthcare-reading-cgpubs-factsheets-16.html. On the Common Good website, this page highlights the obstetrical and liability environment in New York. Washington: Common Good.

http://commongood.org/healthcare-reading-cgpubs-opeds.html. On the Common Good website, this Web page highlights articles and commentary authored by Common Good representatives. Washington: Common Good.