



Nomination of Thomas H. Gallagher, MD
Professor of Medicine and Professor of Bioethics & Humanities,
University of Washington School of Medicine

It gives me great pleasure to nominate Dr. Tom Gallagher for the MITSS HOPE Award. Over the last decade, Dr. Gallagher has been a critically important force in creating the knowledge and practical tools that are driving major advances in how we respond to patients, families, and clinicians following adverse medical events. His work is especially noteworthy in his ability to promote collaboration across key stakeholders who have not traditionally been involved in efforts to improve response injury, such as plaintiff attorneys and regulators. Incorporating the entire spectrum of voices has the potential to dramatically accelerate the pace of change, helping to meet the needs of all those involved in medical injury more effectively.

Dr. Gallagher's contributions to our knowledge of the nature of error disclosure and how it can be improved are second to none. He has authored over 70 articles, book chapters, and books on the topic, bringing to bear his training in medicine and bioethics and his practical experience working with patients and clinicians following adverse events. His early work was instrumental in documenting patients' preferences for disclosure and highlighting the significant gap between those expectations and current practice. Subsequent work has further explored this disclosure gap, and documented the unique disclosure challenges that occur in different specialty care environments such as oncology, anesthesiology, radiology, pathology, and pediatrics.

Dr. Gallagher has excelled at turning this research knowledge into practical tools to improve disclosure processes. For example, he was a key participant in the development of the NQF disclosure Safe Practice, widely recognized as an important early model for healthcare organizations to follow. A second example is his work with the Oregon Patient Safety Commission on implementing Oregon's written notification requirement. He has worked with Oregon hospitals and the OPSC to help ensure that written notification of adverse events to patients furthers the goals of transparency and improved communication, rather than leading to "form letter" compliance. Dr. Gallagher has also been a tireless advocate for disclosure, and has given over 300 presentations on this topic to healthcare organizations and other key stakeholders around the world.

Dr. Gallagher's recent work is moving beyond the disclosure conversation itself to considering the broader response to patients who been injured by care. Together, Dr. Gallagher and I have been working on the development, evaluation, and implementation of disclosure-and-

resolution programs. This approach to medical injury response, pioneered by the University of Michigan Health system, involves proactive disclosure of adverse events, timely investigation, explanation and apology to patients and families, and, where appropriate, early offers of compensation or other assistance. Dr. Gallagher's leadership of the HealthPact project is a particularly noteworthy example (www.healthpact.org). Under his direction, and with support from the Agency for Healthcare Research and Quality, we have developed and are implementing across Washington State a disclosure-and-resolution program (DRP). This DRP seeks to take models for disclosure and resolution that are effective in large self-insured academic medical centers such as University of Michigan, and explore whether these approaches will work in the much more common clinical environment where collaboration between different malpractice insurers is required and where the hospital has a more arm's length relationship with the physicians who practice within it.

To develop and implement the DRP, Dr. Gallagher created a unique statewide collaborative called the HealthPact Forum. HealthPact Forum has provided a platform for promoting collaboration not only among patient advisers, healthcare providers and institutions, and malpractice insurers, but also involved other stakeholders such as plaintiff and defense attorneys and healthcare regulators. The collaborative HealthPact Forum meetings about the DRP have been instrumental in the DRP's success, but have required skillful and diplomatic work to keep these organizations, many of which have worked in active opposition to one another for many years, at the table. The results have been impressive, and provide a model for others to follow. The fact that Dr. Gallagher has gotten plaintiff attorney groups to the table and kept them there is particularly strong evidence of how he has been able to bridge cultures and bring stakeholders together to tackle the problem of how to ensure that patients are treated fairly in the aftermath of a medical error.

Dr. Gallagher's work has been innovative and creative in multiple dimensions. For example, many healthcare institutions have no mechanism in place for knowing whether disclosures are occurring when they should and if so how well they are going. Dr. Gallagher has led efforts to develop and validate tools to measure patient and provider ratings of the quality of actual disclosures, and is working with healthcare organizations across the country to implement these tools. This is a major advance, and will help healthcare organizations make move forward in their ability to improve the disclosure process. We are also working together to explore other new frontiers in disclosure, most notably how providers can talk with colleagues and patients about other healthcare workers' errors.

Dr. Gallagher has also recognized the critical role that supporting healthcare workers after medical errors plays in the healing process. His early research included surveys that documented the significant toll that involvement in medical error exacts on providers. With colleagues, he is working to ensure that support resources developed by MITSS, Dr. Jo Shapiro, and others are implemented as part of the DRP program in Washington, and also has developed a survey to measure institutional engagement in support for healthcare workers.

The quality, creativity, and innovation of Dr. Gallagher's work has been widely recognized, such as by his receipt of the Society of General Internal Medicine Best Published Paper of the Year Award, as well as by a Robert Wood Johnson Investigator Award in Health Policy Research and dozens of publications in high-impact journals. There is no finer example of the role that physicians or scholars can play in improving the way we care for patients who are injured by medical care. Dr. Gallagher is highly deserving of this award, and I hope you will give him serious consideration.