National Practitioner Data Bank

2006 Annual Report

U.S. Department of Health and Human Services
Health Resources and Services Administration
Bureau of Health Professions
Division of Practitioner Data Banks

Requests for copies of this report and information on the National Practitioner Data Bank should be directed to the Data Bank Customer Service Center, 1-800-767-6732. This report and other information are also available at http://www.npdb-hipdb.hrsa.gov/annualrpt.html.

NATIONAL PRACTITIONER DATA BANK

2006 ANNUAL REPORT

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A Snapshot of the NPDB for 2006

The National Practitioner Data Bank (NPDB) receives reports of malpractice payments and adverse actions concerning health care practitioners. In 2006, the majority of reports for the NPDB were medical malpractice payments for physicians, dentists, and other licensed practitioners. Most reports for adverse actions were for State licensure actions. Adverse actions include: licensure actions, clinical privileges actions affecting a practitioner's privileges for more than 30 days, Medicare/Medicaid Exclusion actions, professional society membership disciplinary actions, actions taken by the Drug Enforcement Administration (DEA) concerning authorization to prescribe controlled substances, and revisions to such actions. All of these must be reported to the NPDB if they are taken against physicians and dentists. Since 1997, the NPDB has also received reports of Medicare/Medicaid Exclusions taken against other types of health care practitioners.

Almost 9 out of 10 reports (85.5 percent) are original, initial reports submitted by reporters. Correction reports, which have been changed by entities to correct errors in previous reports, account for 10.6 percent of reports. Revision-to-action Reports, which are reports concerning additional actions taken in relation to initially reported actions, account for 3.9 percent of reports. Revision-to-action Reports may concern "non-adverse actions" such as reinstatements and reversals of previous actions.

Health care entities and agencies authorized by law can "query" to obtain copies of reports on specific practitioners. Queries in 2006 increased 5.2 percent from 2005. About 14.0 percent of queries in 2006 showed the practitioner in 2006 had one or more reported medical malpractice payments or adverse actions.

These facts and others are explained in the following snapshot of the NPDB for 2006. It gives the most important details about the contents of the NPDB, which has maintained records of State licensure, clinical privileges, professional society membership, and Drug Enforcement Agency (DEA) actions taken against health care practitioners and malpractice payments made for their benefit since September 1, 1990, and Medicare/Medicaid Exclusions since 1997. The NPDB at the end of 2006 contained reports on 408,730 adverse actions and malpractice payments involving 237,835 individual practitioners. Below in more detail are further significant facts about the NPDB in 2006 and cumulatively.

Most 2006 reports were Medical Malpractice Payment Reports, the majority of them for physicians: The number of new Medical Malpractice Payment Reports received in 2006 was 299,423. Of that number, 69.2 percent concerned malpractice payments; cumulatively, they also comprised 73.3 percent of all reports. During 2006, physicians were responsible for 79 percent of Medical Malpractice Payment Reports, dentists 10.3 percent, and all other health care practitioners 10.7 percent. These figures were a little less than percentages from previous years.

Medical Malpractice Reports decreased in 2006: The 15,843 Medical Malpractice Payment Reports received during 2006 are 8.3 percent less than the number of Malpractice Payment Reports received by the NPDB during 2005. This decrease comes after a decrease of 2.2 percent in 2005 in comparison to 2004.

Adverse Action Reports[1], most for State licensure actions, increased in 2006: The 7,044 Adverse Action Reports (State licensure, clinical privileges, professional society membership, exclusions, and DEA actions) received during 2006 are 12.6 percent more than the number of Adverse Action Reports received by the NPDB during 2005. This increase comes after a decrease of 16.8 percent in 2005. The number of State Licensure Action Reports received increased 10.9 percent from 2005 to 2006. During 2006, State Licensure Action Reports comprised 63.2 percent of all Adverse Action Reports and Clinical Privileges Action Reports comprised 11.9 percent. Adverse actions represent 26.7 percent of all reports received cumulatively and 30.8 percent (7,044 of 22,887) of all reports received by the NPDB during 2006.

Entity requests for information from the NPDB (queries) grew 5.2 percent in 2006, and total cumulative queries were over 42 million: Over its existence the NPDB has responded to 42,649,602 inquiries (queries) from authorized organizations such as hospitals and managed care organizations (HMOs, PPOs, etc.); State licensing boards; professional societies; and individual practitioners (who can only obtain a copy of their own records). From 2005 to 2006 entity query volume increased 5.2 percent, from 3,503,922 queries in 2005 to 3,687,269 queries in 2006. This increase followed a 1.6 increase in queries from 2004 to 2005.

Most queries were voluntary and not required by law, and almost half of all queries came from Managed Care Organizations (MCOs): Hospitals are required by law to query but all other entities' queries are voluntary. Voluntary queriers submitted 65.3 percent of queries in 2006; cumulatively well over half (61.0 percent) of the queries were voluntary. Of the voluntary queriers, MCOs were the most active, making 46.2 percent of all queries during 2006. Although they represented only 9.9 percent of all entities that had ever queried the NPDB, they had made 45.6 percent of all queries cumulatively. Over the NPDB's existence the increase in voluntary queries has been much larger than the increase in mandatory hospital queries.

[1] "Adverse Action Reports" is a generic term for all licensure action, clinical privileges action, exclusion action, DEA action, and professional society action reports. This includes reports of truly adverse actions (revocations, probations, suspensions, reprimands, etc.) reported in accordance with Sections 60.8 and 60.9 of the NPDB regulations (45 CFR Part 50) as well as reports for non-adverse "Revisions" (reinstatements, reductions of penalties, reversals of previous actions, restorations, etc.) reported under Section 60.6.

In 2006 about one out of seven queries showed the practitioner had at least one reported medical malpractice payment or adverse action: When a query is submitted concerning a practitioner who has one or more reports, a "match" is made, and the querier is sent copies of the reports. Entities submitted 3,687,269 queries in 2006. Of that number, 14.0 percent of all entity queries resulted in a match (517,232 matches). Cumulatively, the match rate is 11.9 percent (5,088,472 matches). No match on a query means a practitioner has no reports in the NPDB. Since the NPDB has been collecting reports since 1990, a non-match response indicating that a practitioner has no reported payments or actions is valuable to queriers as evidence the practitioner has had no medical malpractice payments or adverse actions for over 16 years.

Physicians, most of whom only have one report, were predominant in the NPDB: Of the 237,835 practitioners reported to the NPDB, 69.3 percent were physicians (including M.D.s, D.O.s, residents, and interns), 13.3 percent were dentists and dental residents, 9.2 percent were professional and para-professional nurses, and 2.8 percent were chiropractors. About two-thirds of physicians with reports (66.5 percent) had only one report in the NPDB, 85.0 percent had 2 or fewer reports, 97.1 percent had 5 or fewer, and 99.5 percent had 10 or fewer. Few physicians had both Medical Malpractice Payment Reports and Adverse Action Reports (not including Exclusion Reports). Only 6.2 percent had at least one report of both types.

Physicians had more reports per practitioner than any other practitioner group: Physicians had the highest average number (1.87) of reports per reported physician, and dentists, the second largest group of practitioners reported, had an average of 1.66 reports per reported dentist. Podiatrists and podiatric-related practitioners, who had 1.69 reports per reported practitioner, also had a high average of reports per practitioner as well as 7,223 total reports. Comparison between physicians and dentists and other types of practitioners, however, would be misleading since NPDB reporting of State licensure, clinical privileges, and professional society membership actions is required only for physicians and dentists.

Physicians had more than three-quarters of the malpractice payments in the NPDB: Physicians had 78.8 percent of the Malpractice Payment Reports cumulatively in the NPDB (235,942 reports), and they had 79.0 percent of payment reports in 2006 (12,513 reports). Physician Malpractice Payment Reports decreased by 10.7 percent from 2005 to 2006. This decrease followed a 2.5 percent decrease in the number of payments for physicians in 2005. Dentists had 12.9 percent of Malpractice Payment Reports cumulatively in the NPDB (38,745 reports), and they had 10.3 percent of payment reports in 2006 (1,628 reports). Other practitioners had 8.3 percent of payment reports cumulatively (24,736 reports) and 10.7 percent of payment reports for 2006 (1,702 reports). Payments for dentists decreased by 6.0 percent in 2006.

Average medical malpractice payment amounts for physicians in 2006 were higher than in previous years: The median and mean medical malpractice payment amounts for physicians in 2006 were $175,000 and $311,965, respectively. Cumulatively since 1990 for physicians the median amount was $104,481 ($136,782 adjusting for inflation to standardize payments made in prior years to 2006 dollars) and the mean amount was $234,318 (approximately $282,371 adjusting for inflation).[2]

Obstetrics-related medical malpractice payments for physicians continued to be higher than others, while equipment and product-related payments were lower: During 2006, as in previous years, obstetrics-related cases, generating 8.7 percent of all 2006 physician Malpractice Payment Reports, had the highest median payment amounts ($333,334). Equipment and product-related incidents (0.6 percent of all reports) had the lowest median payments during 2006 ($77,500).

Mean delay between an incident and its physician malpractice payment increased by more than a month: For 2006 physician medical malpractice payments, the mean delay between an incident that led to a payment and the payment itself was 4.88 years. This signifies an increase of 80 days from 2005. The 2006 mean physician payment delay varied markedly between the States, as in previous years, and ranged from 3.26 years in South Dakota to 7.83 years in Alaska.

Almost half of the hospitals registered with the NPDB had not reported a clinical privileges action: Of those hospitals currently in "active" registered status with the NPDB, 48.9 percent have never submitted a Clinical Privileges Action Report. This percentage has slowly decreased over the years, from 53.4 percent in 2004 and 52.0 percent in 2005. Additionally, over the history of the NPDB, there were nearly four times more State Licensure Action Reports than Clinical Privileges Action Reports. Clinical privilege reporting seemed to be concentrated in a few facilities even in States with comparatively high overall hospital clinical privileging reporting levels. The Health Resources and Services Administration (HRSA) continues its efforts to examine the low level of clinical privilege reporting.

Most reports were not disputed by practitioners: A practitioner about whom a report has been filed may dispute either the accuracy of the report or the fact that the report should have been filed. At the end of 2006, 3.6 percent (2,193) of all State Licensure Action Reports, 13.5 percent (2,033) of all Clinical Privileges Action Reports, and 3.2 percent (9,704) of all Malpractice Payment Reports in the NPDB were in dispute.

Few practitioners requested Secretarial Reviews, most of which were for adverse actions: If the disagreement (dispute) is not resolved between the practitioner and the reporter, the practitioner may ultimately request a review of the report by the Secretary of Health and Human Services. Only a few practitioners who disputed reports also requested Secretarial

[2]Generally for malpractice payment data the median is a better indicator of the "average" or typical payment than is the mean since the mean is skewed by a few very large payments. Inflation adjustment is based on the seasonally adjusted CPI-U U.S. City Average, All Items, as published by the U.S. Department of Labor, Bureau of Labor Statistics.

Review; there were 59 requests out of 14,282 disputed reports for Secretarial Review during 2006. Adverse actions comprised 79.7 percent of all 2006 requests for Secretarial Review and 64.6 percent of all requests cumulatively for Secretarial Review. This was in sharp contrast to the 30.8 percent of all reports represented by adverse actions in 2006 and the 26.7 percent of all Adverse Action Reports cumulatively.

Most Secretarial Review requests resulted in the report staying in the NPDB: Cumulatively, 18.0 percent, or 329 out of 1,824 cumulative requests for Secretarial Review, had resulted in positive outcomes for practitioners (which included the request being closed by an intervening action such as submission of a corrected report by the reporting entity, the Secretary changing the report, and the Secretary voiding the report). If the Secretary believes that a report should be corrected, the reporting entity is asked to submit a correction. The Secretary changes reports only if the reporting entity fails to do so. Of the total cumulative 1,824 requests for Secretarial Review received by the NPDB, 1,785 (97.9 percent) have been resolved. Only 39 requests (2.1 percent) are unresolved. Of these resolved requests, 1,412 (79.1 percent) were unchanged and maintained as submitted, and 162 (9.1 percent) were closed by intervening action (such as submission of a corrected report by the reporting entity). There were 148 requests (8.3 percent) that resulted in voids, 19 (1.1 percent) that resulted in changes to reports, and 44 (2.5 percent) were closed because the practitioner did not pursue review.

Proactive Disclosure Service Summary

In response to growing interest in ongoing monitoring of health care practitioners, the U.S. Department of Health and Human Services' Health Resources and Services Administration (HRSA) has created a new service, the Proactive Disclosure Service Prototype (PDS).

The PDS is offered as an alternative to the current Data Bank querying service. Entities may continuously query on some or all of their practitioners by subscribing to the PDS. The format and information contained in National Practitioner Data Bank (NPDB) and/or Healthcare Integrity and Protection Data Bank (HIPDB) reports, as well as the information that's required to be reported to each Data Bank, is the same. At any time, health care organizations can generate an enrollment confirmation report on their enrolled practitioners. The enrollment confirmation report may be used to demonstrate compliance with certain accreditation or certification standards of the Joint Commission, National Committee for Quality Assurance (NCQA), and Centers for Medicare and Medicaid Services (CMS). These reports contain subject information, enrollment date, query history, as well as their history of report notifications. HRSA worked with these organizations to develop the enrollment confirmation report format to ensure that it meets their information requirements during their individual evaluation process.

What does the PDS offer? It offers health care organizations an opportunity to improve their patient safety and quality improvement process by enabling them to obtain credentialing information sooner and to establish or enhance their ongoing monitoring practice. Eligible health care entities that subscribe to the PDS essentially query the NPDB and/or HIPDB 24 hours a day, 365 days a year. The PDS automatically notifies subscribing entities within 24 hours of the Data Bank(s) receipt of a new, revised, or voided report on one of their enrolled practitioners. An alert is emailed to the subscriber's contact person instructing them to log in to IQRS (the Data Banks' current Internet based electronic reporting and querying system) for a new disclosure.

When PDS subscribers enroll practitioners, they receive copies of all existing Data Bank reports on the enrolled practitioners, as they do with regular queries. PDS subscribers have standing queries on their enrolled subjects as long as they renew their enrollments each year.

The immediacy of PDS information could have a substantial impact on the credentialing and privileging of practitioners. According to Data Bank research, currently 302 days is the average time between the date a report is submitted and the date that a health care organization queries and receives the report. Compare those results to the PDS, which automatically notifies the subscribing entity and allows access to the new report within one business day of a report's receipt by the Data Bank(s).

As well as expediting data collection for credentialing, the PDS meets legal and accreditation requirements for querying the NPDB. Since the PDS provides continuous querying, the U.S. Department of Health and Human Services has determined that enrollment in the PDS meets the mandatory hospital querying requirements of the Health Care Quality Improvement Act of 1986, as amended. As long as the practitioner remains enrolled in the PDS

the subscribing hospital is considered to have met its requirement to query and does not need to submit a traditional query at reappointment. Consequently, the Joint Commission supports the PDS "as an acceptable alternative to the regular or traditional NPDB querying method." The Centers for Medicare and Medicaid Services (CMS) views the use of the PDS as consistent with its requirements for hospital quality assessment and medical staff privileging, which is a prerequisite to participation in the Medicare Program.

The National Committee for Quality Assurance (NCQA) has stated the PDS may be used to review malpractice settlements or judgments paid on behalf of a practitioner at initial credentialing (CR3) and recredentialing (CR7); verify sanctions and limitations on licensure and Medicare/Medicaid sanctions at initial credentialing (CR5) and recredentialing (CR7); and conduct ongoing monitoring of sanctions and limitations on licensure and Medicare/Medicaid sanctions (CR9).

HRSA used the IQRS platform to build the PDS. The PDS consequently offers several useful features:

- Makes reports available in PDF format
- Allows health care organizations to manage their subject databases using their own practitioner identifiers
- Allows health care organizations to manage charges using their billing histories
- Allows Authorized Agents to use PDS on their behalf
- Identifies potential duplicate subject enrollments

The cost of a traditional Data Bank query is $4.75 per name per Data Bank and the PDS cost is $3.25 per name per year per Data Bank. The PDS fee approximates the average amount an entity spends per practitioner per year during the entity's querying cycle. To obtain information on subscribing, go to the Data Banks Web site at www.npdb-hipdb.hrsa.gov or contact the NPDB-HIPDB Customer Service Center at 1-800-767-6732.

The NPDB's Policies, Operations, and Improvements

The NPDB Program: Protecting the Public

The National Practitioner Data Bank (NPDB) has an important mission established by law – protecting the public by restricting the ability of unethical or incompetent practitioners to move from State to State without disclosure or discovery of previously damaging or incompetent performance. The following explains how this mission is accomplished and the rules and regulations under which the NPDB operates.

The NPDB and its mission were established by a law that also encourages the use of peer review: The National Practitioner Data Bank (NPDB) was established to implement the *Health Care Quality Improvement Act of 1986, Title IV of P.L. 99-660, as amended* (the *HCQIA*). Enacted November 14, 1986, the Act authorized the Secretary of Health and Human Services to establish a national data bank, the NPDB.

The *HCQIA* also includes provisions encouraging the use of peer review. Peer review bodies and their members are granted immunity from private damages if their review actions are conducted in good faith and in accordance with established standards. However, entities found not to be in compliance with certain NPDB reporting requirements may lose immunity for 3 years.

A division of the Federal government administers the NPDB and a contractor operates it, with input from an outside committee: During 2006 the U.S. Department of Health and Human Services (HHS), Health Resources and Services Administration (HRSA), Bureau of Health Professions (BHPr), Office of Workforce Evaluation and Quality Assurance (OWEQA), Division of Practitioner Data Banks (DPDB) was responsible for administering and managing the NPDB program. The NPDB information technology system is operated by a contractor, SRA International, Inc. (SRA), which began doing so in June 1995.[3] SRA created the Integrated Querying and Reporting Service (IQRS), an Internet reporting and querying system for the NPDB and the Healthcare Integrity and Protection Data Bank (HIPDB)[4].

[3]SRA replaced Unisys Corporation, which had operated the NPDB from its opening on September 1, 1990.

[4]The Healthcare Integrity and Protection Data Bank (HIPDB) is a flagging system run by the Federal government to flag or identify health care practitioners, providers, and suppliers involved in acts of health care fraud and abuse. The HIPDB includes information on final adverse actions taken against health care practitioners, providers, or suppliers. Information is restricted to Federal and State government agencies and health plans. The NPDB and HIPDB are both operated under the direction of the DPDB, and entities report to and query both data banks through the same Web site at www.npdb-hipdb.hrsa.gov.

The Executive Committee provides health care expertise for SRA on operations matters. The Committee includes approximately 30 representatives from various health professions, national health organizations, State professional licensing bodies, malpractice insurers, and the public. It usually meets two times a year with both SRA and DPDB personnel.

The NPDB receives information about five different types of actions taken against practitioners: The NPDB is a central repository of information about: (1) malpractice payments made for the benefit of physicians, dentists, and other health care practitioners; (2) licensure actions taken by State medical boards and State boards of dentistry against physicians and dentists; (3) professional review actions primarily taken against physicians and dentists by hospitals and other health care entities, including health maintenance organizations, group practices, and professional societies; (4) actions taken by the Drug Enforcement Administration (DEA), and (5) Medicare/Medicaid Exclusions.[5] Information is collected from private and government entities, including the Armed Forces, located in the 50 States and all other areas under U.S. jurisdiction.[6]

The NPDB's information is accessible to certain health care entities and licensing boards for specific reasons: NPDB information is made available upon request to registered entities eligible to query (State licensing boards, professional societies, and other health care entities that conduct peer review, including HMOs, PPOs, group practices, etc.) or required to query (hospitals). These entities query about practitioners who currently have or are requesting licensure, clinical privileges, affiliation, or professional society membership.

The NPDB's information alerts health care organizations receiving it that they may want to look closer at a practitioner's record: The NPDB's information alerts querying entities of possible problems in a practitioner's past so they may further review a practitioner's background as needed. The NPDB augments and verifies, not replaces, other sources of information. It is a flagging system only, not a system designed to collect and disclose full records of reported incidents or actions. It also is important to note the NPDB does not have information on adverse actions taken or malpractice payments made before September 1, 1990, the date it opened. As reports accumulate over time, the NPDB's information becomes more extensive, and therefore more valuable.

NPDB information helps health care entities make good licensing, employment, and/or contractual decisions: Licensing authorities and peer reviewers get information needed to identify possibly incompetent or unprofessional physicians, dentists, and other health care practitioners. They can use this information to make better licensing, employment, and/or contractual decisions.

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[5]Hospitals and other health care entities also may voluntarily report professional review (clinical privileges) actions taken against licensed health care practitioners other than physicians and dentists.

[6]In addition to the 50 States, the District of Columbia, and Armed Forces installations throughout the world, entities eligible to report and query are located in Puerto Rico, the Virgin Islands, American Samoa, Guam, and the Northern Mariana Islands.

The NPDB research program and public use file helps improve health care through analysis of data: The NPDB responds to individual requests for statistical information, conducts research, publishes articles, and presents educational programs. A Public Use File containing selected information from each NPDB report also is available.[7] This file can be used to analyze statistical information. For example, researchers could use the file to compare malpractice payments made for the benefit of physicians to those made for physician assistants in terms of numbers and dollar amounts of payments, and types of incidents leading to payments. Similarly, health care entities could use the file to identify problem areas in the delivery of services so they could target quality improvement actions toward them.

The NPDB receives required reports on "adverse" actions: Adverse Action Reports[8] must be submitted to the NPDB in several circumstances.

- When a State medical board or State board of dentistry takes certain licensure disciplinary actions, such as revocation, suspension, voluntary surrender while under investigation, or restriction of a license, for reasons related to a practitioner's professional competence or conduct, a report must be sent to the NPDB. Revisions to previously reported actions also must be reported.

- When a hospital, Health Maintenance Organization (HMO), or other health care entity takes certain professional review actions that adversely affect for more than 30 days the clinical privileges of a physician or dentist, or when a physician or dentist voluntarily surrenders or restricts his or her clinical privileges while being investigated for possible professional incompetence or improper professional conduct or in return for an entity not conducting an investigation or reportable professional review action. Revisions to previously reported actions also must be reported. Clinical privileges actions also may be reported for health care practitioners other than physicians and dentists, but it is not required; revisions to these actions must be reported.

- When a professional society takes a professional review action based on reasons related to professional competence or professional conduct that adversely affects a physician's or a dentist's membership, that action must be reported. Revisions to previously reported actions also must be reported. Such actions also may be reported for health care practitioners other than physicians or dentists.

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[7]Information identifying individual practitioners, patients, or reporting entities other than State licensing boards is not released to the public in either the Public Use File or in statistical reports. The Public Use File may be obtained from the NPDB Web site at www.npdb-hipdb.hrsa.gov/publicdata.html. A detailed listing of the variables and values for each variable is also available at www.npdb-hipdb.hrsa.gov/publicdata.html.

[8] "Adverse Action Reports" is a generic term for all licensure action, clinical privileges action, Exclusion action, DEA action, and professional society action reports. This includes reports of truly adverse actions (revocations, probations, suspensions, reprimands, etc.) reported in accordance with Sections 60.8 and 60.9 of the NPDB regulations as well as reports for non-adverse "Revisions" (reinstatements, reductions of penalties, reversals of previous actions, restorations, etc.) reported under Section 60.6.

- When the Drug Enforcement Administration (DEA) revokes or receives voluntary surrenders by practitioners of DEA registration "numbers," which is reported under the Memorandum of Understanding (MOU) between the U.S. Department of Health and Human Services and the DEA.

- When HHS excludes a practitioner from Medicare or Medicaid reimbursement. The Exclusion Action is also published in the Federal Register and posted on the Internet. Placing the information in the NPDB makes it conveniently available to queriers, who do not have to search the Federal Register or the Internet to find out if a practitioner has been excluded from participation in these programs.

The NPDB receives required reports on malpractice payments: Medical Malpractice Payment Reports must be submitted to the NPDB when an entity (but not a practitioner out of his or her personal funds[9]) makes a payment for the benefit of a physician, dentist, or other health care practitioner in settlement of, or in satisfaction in whole or in part of, a claim or judgment against that practitioner.

Certain health care entities can request information from the NPDB: Hospitals, certain health care entities, State licensure boards, and professional societies may request information from (query) the NPDB. Hospitals are required to routinely query the NPDB. A hospital also may query at any time during professional review activity. Malpractice insurers cannot query the NPDB.[10] In all cases, an entity may query only on practitioners who are applicants, current licensees, staff members, or professional society members.

A hospital *must* query the NPDB:

- When a physician, dentist, or other health care practitioner applies for medical staff appointments (courtesy or otherwise) or for clinical privileges at the hospital; and

- Every 2 years (biennially) on all physicians, dentists, and other health care practitioners who are on its medical staff (courtesy or otherwise) or who hold clinical privileges at the hospital.

[9]Self-insured practitioners originally were required to report their malpractice payments. However, on August 27, 1993, the U.S. Court of Appeals for the D.C. Circuit reversed the December 12, 1991, Federal District Court ruling in *American Dental Association, et al., v. Donna E. Shalala*, No. 92-5038, and held that self-insured individuals were not "entities" under the *HCQIA* and did not have to report payments made from personal funds. All such reports have been removed from the NPDB.

[10]Self-insured health care entities may query for peer review but not for "insurance" purposes.

Other eligible entities *may* request information from the NPDB:

- Boards of medical or dental examiners or other State licensing boards may query at any time.

- Other health care entities, including professional societies, may query when entering an employment or affiliation relationship with a practitioner or in conjunction with professional review activities.

The NPDB also may be queried in two other circumstances:

- Physicians, dentists, or other health care practitioners may self-query the NPDB about themselves at any time. Practitioners may not query to obtain records of other practitioners.

- A plaintiff or an attorney for a plaintiff in a malpractice action against a hospital may query and receive information from the NPDB about a specific practitioner in limited circumstances. This is possible only when independently obtained evidence submitted to HHS discloses that the hospital did not make a required query to the NPDB on the practitioner. If the attorney or plaintiff specifically demonstrated the hospital failed to query as required, the attorney or plaintiff will be provided with information the hospital would have received had it queried.

Fees for requests for information (queries) are used to operate the NPDB, which is self-supporting: As mandated by law, user fees, not taxpayer funds, are used to operate the NPDB. The NPDB fee structure is designed to ensure the NPDB is self-supporting. All queriers must pay a fee for each practitioner about whom information is requested. Effective May 9, 2006, the fee for queries was increased from $4.25 per query to $4.75 per query. In 2006 self-queries, which are more expensive to process because they require some manual intervention, cost a total of $16 for both the NPDB and the Healthcare Integrity and Protection Data Bank (HIPDB). Self-queries must be submitted to both data banks to ensure that queriers receive complete information on all NPDB-HIPDB reports. All query fees must be paid by credit card at the time of query submission or through prior arrangement using automatic electronic funds transfer (EFT).

NPDB information about practitioners is confidential and available to users for only specific reasons: Under the terms of the *HCQIA*, NPDB information that permits identification of particular practitioners or entities is confidential. HHS has designated the NPDB as a confidential "System of Records" under the Privacy Act of 1974. Authorized queriers who receive NPDB information must use it solely for the purposes for which it was provided. Any person violating the confidentiality of NPDB information is subject to a civil money penalty of up to $11,000 for each violation.

Criminal penalties also may punish those who disclose or report information under false pretenses: The *HCQIA* does not allow the NPDB to disclose information on specific practitioners to medical malpractice insurers or the public. Federal statutes provide criminal and civil penalties, including fines and imprisonment, for individuals who knowingly and willfully query the NPDB under false pretenses or who fraudulently gain access to NPDB information. There are similar criminal penalties for individuals who knowingly and willfully report to the NPDB under false pretenses.

Practitioners receive copies of reports and may add personal statements to their reports: Reports to the NPDB are entered exactly as received from reporters. To ensure accuracy, each practitioner reported to the NPDB is notified a report has been made and is provided a copy of it. Since March 1994, the NPDB has allowed practitioners to submit a statement expressing their views of the circumstances surrounding any report concerning them. The practitioner's statement is disclosed along with the report.

Practitioners may dispute or ask for Secretarial Review of their reports: If a practitioner decides to dispute the report's accuracy in addition to or instead of filing a statement, the practitioner is requested to notify the NPDB that the report is being disputed. The report in question is then noted as under dispute when released in response to queries. The practitioner also must attempt to work with the reporting entity to reach agreement on correction or voidance of a disputed report. If a practitioner's concerns are not resolved by the reporting entity, the practitioner may ask the Secretary of Health and Human Services to review the disputed information. The Secretary then makes the final determination whether a report should remain unchanged, be modified, or be voided and removed from the NPDB.

Federal agencies and health care entities participate in the NPDB program under Memoranda of Understanding (MOUs): Section 432(b) of the Act prescribes that the Secretary shall seek to establish an MOU with the Secretary of Defense and with the Secretary of Veterans Affairs to apply provisions of the Act to hospitals, other facilities, and health care providers under their jurisdictions. Section 432(c) prescribes that the Secretary also shall seek to enter into an MOU with the Administrator of the U.S. Department of Justice, Drug Enforcement Administration (DEA) concerning the reporting of information on physicians and other practitioners whose registration to dispense controlled substances has been suspended or revoked under Section 304 of the Controlled Substances Act.

The Secretary signed an MOU with the U.S. Department of Defense (DOD) September 21, 1987, with the DEA on November 4, 1988 (revised on June 19, 2003), and with the U.S. Department of Veterans Affairs (VA) November 19, 1990. In addition, MOUs with the U.S. Department of Transportation, U.S. Coast Guard and with the U.S. Department of Justice, Bureau of Prisons were signed June 6, 1994 and August 21, 1994, respectively. Policies under which the Public Health Service participates in the NPDB were implemented November 9, 1989 and October 15, 1990.

According to an October 15, 1990, U.S. Department of Health and Human Services (HHS) policy directive, all settled or adjudicated HHS medical malpractice cases must be reported to the NPDB. This policy applies to all cases regardless of whether the standard of care

has been met. The only exception is for those cases in which the adverse event was caused by system error. Since the NPDB became operational in 1990, HHS agencies have reported 574 malpractice payments to the NPDB. About 30 percent of these reports were filed during 2006, when some HHS agencies worked to rectify a backlog of previously unreported payments.

Medicare/Medicaid Exclusions have been reported under an agreement since 1997: Under an agreement between HRSA, the Center for Medicaid and Medicare Services (CMS), and the HHS Office of Inspector General (OIG), Medicaid and Medicare Exclusions were placed in the NPDB in March 1997 and have been updated periodically. Reinstatement reports were added in October 1997. The initial reports included all Exclusions in effect as of the March 1997 submission date to the NPDB regardless of when the penalty was imposed.

The NPDB Improves Its Operations and Policies in 2006

The National Practitioner Data Bank (NPDB) had a busy and productive year in 2006. In May the query fee was raised to $4.75 per name, per Data Bank. The self-query fee was unchanged. The NPDB made major improvements to the security and operations of its system and Web site; continued its reporting compliance and outreach efforts educating users about the NPDB; and cleaned up and improved the accuracy of data in NPDB reports. Those efforts are discussed in depth in the following narrative.

SYSTEM ACCOMPLISHMENTS

The following improvements were made to the NPDB system and Web site in 2006:

- Registration Renewal – The NPDB required registration renewal of all entities that had registered with the Data Banks before July 1, 2005. Over 16,500 entities and agents updated their registrations in 2006. The Data Banks sent notification by U.S. Postal Service letter and through on-line Data Bank Correspondence describing the process. Entities are required to update their registration information via the Integrated Querying and Reporting Service (IQRS) upon notice. During the re-registration process, NPDB staff and SRA addressed entity eligibility questions and deactivation (entity appeals). Some entities were completely deactivated, and others were asked to register as agents. Other entities were determined to be eligible and reinstated and/or told to renew their registration.

- Historical Query and Report Summary Service – The NPDB enhanced its historical query and report summary functionality. As a result, users can now search queries and reports submitted from June 2000 to the present. They can also search on additional criteria, including licensure information, Social Security Number (SSN), and Individual Taxpayer Identification Number (ITIN) for historical reports on individuals and Federal Employment Identification Number (FEIN) for historical reports on organizations. Users are also able to search on Submitter User ID and licensure information for individual and organization historical queries. Users can select primary and secondary sort options when searching on historical queries and reports.

- Web Site Name Change – The NPDB changed the location of its Web site to http://www.npdb-hipdb.hrsa.gov on May 8, 2006. The hrsa.gov domain provides added assurance to users that they are using a secure Federal Government Web site while working with the Data Banks. The URL http://www.npdb-hipdb.com/ will continue to work for the foreseeable future.

- Entity-Agent Functionality Improvements – The NPDB made several upgrades to enhance entity-agent system functionality. IQRS users may now specify an agent's querying and reporting privileges; agents may now select from a list on the *Agent Registration Confirmation* screen the entity name on whose behalf they are authorized to work; agent administrators may use the IQRS to designate querying and reporting privileges to their authorized users; and agent administrations may now use the Active Entity Relationships screen, which displays details pertaining to all of the authorized agent's active entity relationships.

- Document Improvements – As a result of IQRS User Review Panel suggestions, the Data Bank made some enhancements to the IQRS system. Query and Reponses and Report Verification Documents (RVDs) now remain available for download and printing through the IQRS, QXRS, and ITP for 45 days instead of the previous time limit, 30 days. Additionally, each time a report is successfully submitted to the IQRS and processed by the Data Banks, an RVD is returned for the entity's retrieval. The RVD verifies that the report was successfully processed and includes a note informing the entity whether it met the mandatory reporting timeframe requirements.

- Consolidated IQRS Query Screens – IQRS workflow enhancements reduced the number of screen clicks necessary for a user to submit a query. Another improvement moves the View Data Bank Correspondence functions to the Options screen for easier access to all functions during an IQRS session.

- Occupation/Field of Licensure Codes Re-Organized – The three most frequently used field of Licensure groups now appear at the top of the Occupation/Field of Licensure codes drop-down list. These codes are: Physicians, Nurses/Advance Practice Nurses, and Dental Service Providers. This makes it easier to access the most frequently used Occupation/Field of Licensure codes, making completing queries and reports simpler. The NPDB's list of occupational/field licensure codes was also updated.

- Billing Search Capabilities – Billing history enhancements provide better search capabilities for users and also permit authorized agents to view changes encountered for each entity without having to re-log in to the IQRS each time for each query. The Billing Lookup screen, which replaced the Billing History Range screen, provides additional search options and displays every time a user views his or her entity's billing history (instead of appearing only when more than 100 queries are billed.)

- National Provide Identifier – DPDB staff is working with the Centers for Medicare and Medicaid Services (CMS) to coordinate their National Provider Identifier program with the information in the NPDB. CMS intends that the National Provider Identifier will replace all other currently used health care identifiers; the identifier will not change based on alterations in a health provider's name, address, ownership, membership in health plans or health care provider taxonomy codes.

POLICY ACCOMPLISHMENTS

Beyond operations improvements, the NPDB had several policy-related accomplishments in 2006. For example, the NPDB updated the FAQs section on the NPDB Web site and worked to ensure compliance with reporting requirements. The NPDB staff also attended and presented at several credentialing and health care organization meetings, and developed publications publicizing the NPDB's mission, requirements, and achievements.

- FAQs – The NPDB updated the Web site's Frequently Asked Questions (FAQs). Available at www.npdb-hipdb.hrsa.gov/faq.html, they feature user-friendly improvements, including:

    - Expanded FAQ categories, such as Eligibility Criteria, Registration, Authorized Agents, Narrative Descriptions, and Payment Methods.
    - More easily navigated pages, including new links bringing users pertinent information with one click of the mouse, such as Customer Service Center and Guidebook information.
    - Links to Fact Sheets at the top of each FAQ section to provide additional detailed information.

- Section 1921 – The public comment period for the proposed regulations implementing Section 1921 of the Social Security Act was March 21-22, 2006. The government made changes to the proposed rule based on comments from over 30 entities, and then these proposed regulations underwent further internal Federal Government review. The implementation of Section 1921 will expand querying and reporting to the NPDB. Section 1921 will add adverse action reports, which are not restricted to issues related to professional competence and conduct, on all licensed practitioners (i.e., nurses, podiatrists). Also, it will add adverse actions relative to certain negative actions or findings, mainly those taken by private accrediting organizations. In addition, access to Section 1921 information only will be afforded to State agencies administering State health care programs, Quality Improvement Organizations (QIOs), State Medicaid Fraud Control Units, U.S. Attorney Generals and other law enforcement personnel and health care entities (self-query). Entities qualified to query the NPDB will have access to both NPDB reports and Section 1921 reports (e.g., hospitals will have access to adverse action reports on all licensed health care practitioners).

- Articles – DPDB staff published an article about the Data Banks in "The Physician Insurer," a journal published four times a year by the Physician Insurers Association of American (PIAA). The article explains to physicians how they are notified of a report; how they can self-query; how they can add statements to reports; and how they can ask for Secretarial Review of reports. DPDB also published an article about Data Bank truths and misperceptions in the National Register of Health Service Providers in Psychology's Spring 2006 newsletter; an introduction to the Data Banks article for the June 2006 issue of "The Journal for Nurse Practitioners"; and an article about what health plans and their credentialers should know about the NPDB in the September/October 2006 issue of "SYNERGY," the official magazine for the National Association Medical Staff Services.

Additionally, DPDB sent a summary of Data Bank basics to Texas Nurse Practitioners (TNP) for use by its members.

- Hospitals – Hospitals listed in the "American Hospital Association Guidebook" continued to be reviewed for registration in the NPDB. Unregistered hospitals were contacted and made aware of their requirements to query and report to the NPDB. As a result, hospitals in several States registered with the NPDB or provided their Data Bank Identification Number (DBID) to the DPDB, demonstrating that they were registered under another name.

- Outreach – NPDB staff presented at and/or exhibited materials at the conferences of several organizations. Groups that NPDB staff presented to include:

    - National Association of Specialty Health Organizations,
    - Minnesota Association Medical Staff Services,
    - American Health Lawyers Association,
    - New York State Association Medical Staff Services,
    - National Committee for Quality Assurance,
    - National Board for Certification in Occupational Therapy,
    - National Council of State Boards of Nursing,
    - National Association Medical Staff Services,
    - Oklahoma Association Medical Staff Services
    - Kansas Association Medical Staff Services
    - American Association of Dental Examiners,
    - National Health Care Anti-Fraud Association,
    - Federation of State Boards of Physical Therapy,
    - Administrators in Medicine,
    - Virginia Bar Association Health Care Practitioners' Roundtable,
    - Virginia Licensing Board Policy Forum
    - Ohio Association Medical Staff Services,
    - Arizona Association Medical Staff Services
    - Arizona Licensing Board Policy Forum,
    - American's Health Insurance Plans,
    - Association of State and Provincial Psychology Boards

  These contacts greatly promoted the NPDB's mission and helped increase compliance with reporting and querying requirements.

- PREP – DPDB staff attended the Citizens Advocacy Center kickoff meeting for the 2006-2007 Practitioner Remediation and Enhancement Partnership program. At the meeting these staff members provided the group with information to determine when proctoring is reportable as a clinical privilege action and when it is not. PreP 4 Patient Safety is a pilot project funded by a grant from the Health Resources and Services Administration (HRSA) which provides tools for State medical and nursing boards to work with hospitals and other health care organizations to identify, remediate and monitor health care practitioners (now limited to physicians and nurses) with deficiencies that do not rise

to the level of disciplinary action. This improves patient safety by allowing organizations and licensing boards to work together to identify providers with clinical deficiencies in a non-punitive environment.

- Malpractice Payment Reporting – A comparison was made of NPDB report information to 2002 and 2003 data from National Association of Insurance Commissioners (NAIC). NAIC data provides information for total amount paid and the total number of payments made for medical malpractice by insurance companies. As a result of the comparison, letters were sent to specific insurance companies asking for information on their reporting and the NPDB received additional Medical Malpractice Payment Reports.

- High-Low Agreements – DPDB received several phone calls from practitioners who were the subjects of apparently inappropriate "high/low" Medical Malpractice Payment Reports. These practitioners wanted these reports removed. DPDB staff explained it is the entity's responsibility to void reports. DPDB staff are monitoring the situation and keeping track of which entities have voided inappropriate "high/low" reports and which have not.

- Timeliness of Reporting – Timeliness of State licensure reporting is being monitored by DPDB staff. The DPDB has reviewed data related to reporting timeliness of licensure actions and medical malpractice reports and found that many reports are submitted beyond the 30-day requirement. In some of the reporting types, more than 50 percent are late. This data spurred the Branch to work with several State licensing boards to improve reporting timeliness. DPDB staff sent letters to boards that were not meeting their reporting responsibilities in a timely manner and also spoke with State board staff about timely reporting. DPDB staff also provided policy forums for licensure boards in several States and worked with DEA and the National Council of State Boards of Nursing (NCSBN) to improve the timeliness of their reporting.

- Compliance – *The Health Care Fraud Report*, *Health Law Reporter*, *Medical Malpractice Newsletters*, and other printed and electronic media were reviewed to find any and all situations that involved adverse actions that should be reported to the NPDB and HIPDB. Adverse actions not reported were investigated by DPDB staff for compliance to NPDB reporting requirements.

- State Boards – NPDB staff called State dental and medical boards to confirm that State boards were continuing to report to the Data Banks. Those State boards that were found not to be in compliance with *HCQIA* regulations were sent letters notifying them of their reporting obligations and consequences for not reporting. NPDB staff also mailed letters to State medical and dental boards regarding apparent adverse actions taken against practitioners listed on their Web sites but not found in the NPDB. The NPDB requested that the boards review their records to see if these actions were reportable. If they were reportable, the boards were requested to file reports to the NPDB as quickly as possible.

RESEARCH ACCOMPLISHMENTS

The following are research activities and achievements that the NPDB accomplished in 2006. They include activities directed at enhancing the accuracy of data in the NPDB.

- Report Clean-Up – NPDB staff recoded Basis for Action and Adverse Action write-ins designated as "Other" in the narratives of reports submitted to the NPDB. NPDB staff also worked on cleaning up reports in which the States submitting the reports were different from any of the States listed as States for the practitioner's licensure.

- Legally Sufficient Narratives – DPDB staff reviewed NPDB reports in order to assess whether or not the narratives were legally sufficient. They created educational materials on legally sufficient and insufficient narratives to send to reporters who have been identified as submitting unsatisfactory narratives in their reports to the NPDB. DPDB staff requested that corrections be made in order to meet the legal requirements, which will also benefit future queriers. Once correction reports were received, letters were sent thanking them for their cooperation. A Legally Sufficient Narratives Fact Sheet was also created and made available on the Web site to reporters.

- Duplicate Reports – NPDB staff identified and cleaned up reports for medical malpractice payments, clinical privileges actions, and exclusion or debarment actions that appeared to be duplicates, i.e. reports submitted by the same entity, for the same practitioner, for the same adverse action date. Reports or samples of reports from SRA were critically analyzed to identify which duplicate reports should be corrected, revised, deleted, or maintained in the Data Banks as Initial Reports.

- Customer Satisfaction Survey – HRSA awarded a contract to The Gallup Organization to conduct a Data Banks user satisfaction survey and survey of non-users. The survey will be fielded during 2007. Results are expected in 2008. The survey will aid in the design of improved data bank services and lead to a better understanding of how data banks information is used and its impact on decision-making.

- Research Reports – DPDB staff members produced research reports in 2006. Two staff members wrote a report comparing the number of graduates reported from foreign and domestic AMA-listed medical schools vs. the number of reports to NPDB/HIPDB. Another staff member reported on the effect consolidation in health care is having on the NPDB. Her paper examined whether the creation of larger entities in health care, such as managed care organizations (MCOs), led to fewer entities/queriers and thereby, fewer reports. Lastly, a DPDB staff member examined the NPDB reporting rates of medical malpractice payments and various adverse actions for MDs and DOs and whether these rates have changed over time.

Types of Reports: Medical Malpractice Payments

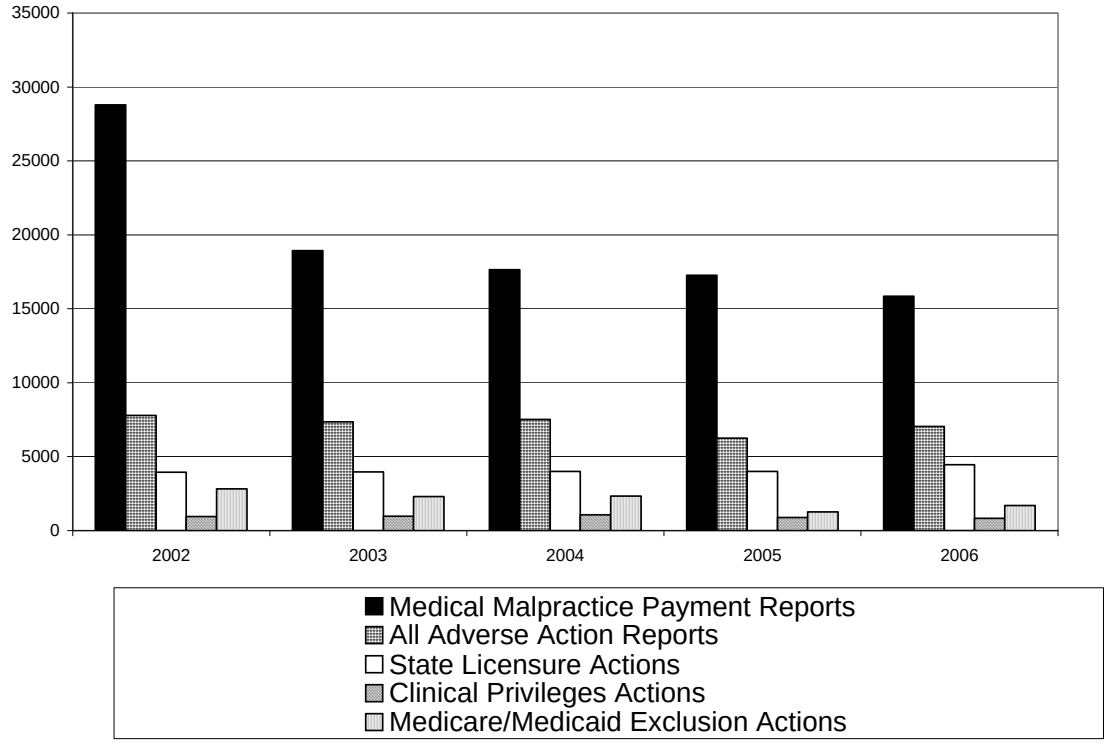
Malpractice Payment Reports Continue to Remain the Majority in the NPDB

Each year, Medical Malpractice Payment Reports have the greatest number of reports filed with the NPDB, as shown in Figure 1. All licensed health care practitioners must be reported to the NPDB if a malpractice payment is made for their benefit.[11] The following narratives give details about the nature of these reports, including the number and distribution of reports among dentists, physicians, and other practitioners, and variations in payment amounts and delays. For more information on malpractice reporting, see Tables 1 through 3 in the statistical section of this Annual Report.

Seven out of ten reports were malpractice payments: Cumulative data show that at the end of 2006, 73.3 percent of all the NPDB's reports concerned malpractice payments. During 2006, the NPDB received 15,843 such reports (69.2 percent of all reports received). Cumulatively, physicians were responsible for 235,942 malpractice payment reports (78.8 percent), dentists were responsible for 38,745 reports (12.9 percent), and all other types of practitioners were responsible for 24,736 reports (8.3 percent).

[11]Allopathic physicians; allopathic interns and residents; osteopathic physicians; and osteopathic physician interns and residents are all considered physicians for statistical purposes. Dentists and dentist residents are considered dentists for statistical purposes. For statistical purposes, the "other" category includes all remaining practitioner types which may be or have been reported to the NPDB: pharmacists; pharmacy interns; pharmacists, nuclear; pharmacy assistants; pharmacy technicians; registered (professional) nurses; nurse anesthetists; nurse midwives; nurse practitioners; clinical nurse specialists; licensed practical or vocational nurses; nurses aides; certified nurse aides/certified nursing assistants; home health aides (homemakers); health care aides/direct care workers; certified or qualified medication aides; EMTs, basic; EMTs, cardiac/critical care; EMTs, intermediate; EMTs, paramedic; social workers; podiatrists; podiatric assistants; psychologists; school psychologists; psychological assistants, associates, examiners; counselors, mental health; professional counselors; professional counselors, alcohol; professional counselors, family/marriage; professional counselors, substance abuse; marriage and family therapists; dental assistants; dental hygienists; denturists; dieticians; nutritionists; ocularists; opticians; optometrists; physician assistants, allopathic; physician assistants, osteopathic; art/recreation therapists; massage therapists; occupational therapists; occupational therapy assistants; physical therapists; physical therapy assistants; rehabilitation therapists; respiratory therapy technicians; medical technologists; cytotechnologists; nuclear medicine technologists; radiation therapy technologists; radiologic technologists; acupuncturists; athletic trainers; homeopaths; medical assistants; midwives, lay (non nurse); naturopaths; orthotics/prosthetics fitters; perfusionists; psychiatric technicians; and any other type of health care practitioner which is licensed in one or more States.

Figure 1: Numbers and Types of Reports Received by the NPDB (2002-2006)



Medical Malpractice Payment Reports, including those for physicians, decreased in number in 2006: The number of malpractice payments reported in 2006 (15,843) decreased by 8.3 percent from the number reported during 2005 (17,273). The 2006 total represents a 16.1 percent decrease from 2002. In 2006 the number of physician malpractice payment reports decreased by 10.7 percent from 2005 to 2006. The number of dentist malpractice payment reports decreased by 6.0 percent and the number of "other practitioners" malpractice payment reports increased by 11.8 percent.

Malpractice Payments: Physicians

Physicians have about four-fifths of the Medical Malpractice Payment Reports in the NPDB. They make up the majority of practitioners reported to the NPDB and that are queried on the most by entities. The following describes the information the NPDB contains on them. For more information about this reporting, see Tables 3 through 5 in the statistical section of this Annual Report.

Physicians were responsible for about 8 out of 10 Malpractice Payment Reports: Cumulatively, physicians were responsible for 235,942 (78.8 percent) of the NPDB's Malpractice Payment Reports. The number of physician malpractice payments reported decreased by 10.7 percent from 2005 to 2006. During 2006, physicians were responsible for 12,513 Malpractice Payment Reports (79.0 percent of all Malpractice Payment Reports received during the year).

Equipment or product-related, and IV or blood products-related incidents for physicians had both few reports and low payments: During 2006, incidents relating to equipment or product-related incidents had the lowest median payments ($77,500). IV or blood products-related incidents had the lowest mean payments ($163,412) with miscellaneous incidents having the next lowest mean payment ($255,132). There were only 17 IV or blood products-related reports and 74 equipment and product-related reports. Together they represented only 0.7 percent of all physician malpractice payments in 2006.

Obstetrics-related incidents had the biggest mean payments and largest median payments. Diagnosis-related payments were the most reported for physicians in 2006: As in previous years, physicians' obstetrics-related cases (1,085 reports, 8.7 percent of all 2006 physician Malpractice Payment Reports) in 2006 had the highest mean payments ($558,035) and the highest median payments ($333,334) this year. In 2006, diagnosis-related payments for physicians totaling 4,042 (32.3 percent of all physician 2006 payments) were the most frequently reported.

Behavior health-related incidents took the longest to resolve for physicians and anesthesia-related cases settled the most quickly for physicians in 2006: The 65 behavior health-related physician payments in 2006 (0.5 percent of 2006 payments) had the longest mean delay between incident and payment (6.43 years) and the longest median delay (6.00 years). The shortest mean delay for 2006 physician malpractice payments was for anesthesia-related cases (4.09 years). There were 343 such cases for physicians, representing 2.7 percent of all 2006 physician malpractice payments. The shortest median delay for 2006 physician payments was for equipment or product-related incidents (3.33 years). There were 74 such cases for physicians, 0.6 percent for all 2006 physician malpractice payments.

The cumulative median and mean malpractice payment delays for physicians were 4.05 years and 4.75 years, respectively: Cumulatively, the mean payment delay for all payments for physicians was 4.75 years and the median was 4.05 years. For 2006, the mean payment delay for all payments for physicians was 4.88 years and the median was 4.34 years.

Malpractice Payments: Professional Nurses and Physician Assistants

Although physicians and dentists have the most Medical Malpractice Payment Reports in the NPDB, there are also many of these reports for professional nurses[12] and physician assistants. There has been particular interest in both of these professions' reports, as shown in requests for information made to the DPDB, and the following describes the information the NPDB contains on them. The NPDB classifies professional nurses into five licensure categories: Nurse Anesthetist, Nurse Midwife, Nurse Practitioner, Clinical Nurse Specialist/Advanced Practice Nurse, and non-specialized Registered Nurse not otherwise classified, referred to in the tables as Registered Nurse.[13] For more information about this reporting, see Tables 6 through 9 in the statistical section of this Annual Report.

Only about 2 out of 100 Malpractice Payment Reports were for professional nurses, most for Non-specialized Registered Nurses: All types of Professional Nurses have been responsible for 6,208 malpractice payments (2.1 percent of all payments) over the history of the NPDB. Non-specialized Registered Nurses were responsible for 61.6 percent of the payments made for nurses. Nurse Anesthetists were responsible for 19.0 percent of nurse payments. Nurse Midwives were responsible for 9.6 percent, Nurse Practitioners were responsible for 9.6 percent, and Advanced Nurse Practitioners were responsible for 0.2 percent of all nurse payments.

Reasons for nurse Malpractice Payment Reports varied depending on type of professional nurse: Monitoring, treatment, and medication problems were responsible for the majority of payments for non-specialized nurses, but obstetrics and surgery-related problems were also responsible for significant numbers of payments for these nurses. As would be expected, anesthesia-related problems were responsible for 82.4 percent of the 1,181 payments for Nurse Anesthetists. Similarly, obstetrics-related problems were responsible for 81.0 percent of the 596 Nurse Midwife payments. Diagnosis-related problems were responsible for 44.9 percent of the 594 payments for Nurse Practitioners. Treatment-related problems were responsible for another 24.9 percent of payments for these nurses. Of the 13 reports for Clinical Nurse Specialists/Advanced Nurse Practitioners, six were for treatment-related problems, one was for an anesthesia-related problem, two were for diagnosis-related problems, one was for a medication-related problem, one was for a behavioral health-related problem, one was for an obstetrics-related problem, and one was for a surgery-related problem.

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[12]A professional nurse is an individual who has received approved nursing education and training and who holds a BSN degree (or equivalent), an AD degree (or equivalent), or a hospital program diploma, and who holds a State license as a Registered Nurse. This definition includes Registered Nurses who have advanced training as Nurse Midwives, Nurse Anesthetists, and Advanced Practice Nurse Clinical Nurse Specialists, etc.

[13]The category of Advanced Practice Nurse was added in March 2001, but no reports for these practitioners were received until 2002. There were only eight reports for these practitioners, which does not impact the numbers of nurse payments as a whole significantly. The category was replaced with Clinical Nurse Specialists on September 9, 2002.

Median nurse payment amounts were smaller than physicians', but mean nurse payment amounts were larger: The median and mean payment for all types of nurses in 2006 was $112,500 and $277,431 respectively. The median nurse payment was $62,500 less than the median physician payment ($175,000) and the mean nurse payment was $34,534 less than the mean physician payment in 2006 ($311,965). The inflation-adjusted cumulative median nurse payment of $106,924 was $29,858 less than the $136,782 inflation-adjusted cumulative median payment for physicians. The inflation-adjusted cumulative mean nurse payment of $332,463 was $50,092 larger than the inflation-adjusted cumulative mean physician payment of $282,371. The mean payment amount for nurses was likely larger because there were relatively fewer nurse payments, which means one significantly large payment can impact the mean more than if there were more nurse payments. The median payment amount was more representative of typical payments.

There was a wide variation in States' nurse Malpractice Payment Reports compared to physicians' reports: Vermont had only 7 nurse Malpractice Payment Reports in the NPDB while New Jersey had the most (752). The ratio of nurse payment reports to physician payment reports (using adjusted figures[14]) for Vermont (with only 7 nurse payments) was one of the lowest in the Nation at 0.02 but 5 States – California, Indiana, Michigan, New York, Pennsylvania – had only one nurse payment report for 100 or more physician payment reports. In contrast, the ratio for Alabama, which was the highest in the Nation, was 9 nurse payment reports for every 100 physician payment reports. Massachusetts, New Jersey, and New Mexico had 8 nurse payment reports for every 100 physician payment reports. There may be several explanations for differences in the ratio of payment reports for nurses and physicians, including possible differences in the ratio of nurses to physicians in practice in the State.

Physician Assistants had less than one percent of all Medical Malpractice Payment Reports, most of them for diagnosis-related problems: Physician Assistants have been responsible for only 1,130 malpractice payments since the opening of the NPDB (0.38 percent of all payments). Both cumulatively and during 2006, diagnosis-related problems were involved in about half of all Physician Assistant malpractice payments (56.0 percent cumulatively and 57.5 percent in 2006). Treatment-related payments were the second largest category both cumulatively and in 2006 (24.7 percent and 29.2 percent, respectively).

Payments in the diagnosis-related category for Physician Assistants were larger than treatment-related payments: Payments in the diagnosis category had a median payment amount of $150,000 in 2006 and a cumulative inflation-adjusted median payment amount of $111,837, while treatment-related payments had a median payment of $50,000 for 2006 and a cumulative inflation-adjusted median payment of about $41,118.

[14] The "adjusted" number of reports does not include reports concerning payments made by State malpractice funds which usually are a second payment report for an incident. The "adjusted" number of reports is an approximation of the number of incidents leading to payment. These reports accounted for only 1.5 percent of professional nurse payment reports.

States Vary in Malpractice Payment Amounts and Times from Incident to Payments

States vary widely in the number of Medical Malpractice Reports for their practitioners, their mean and median medical malpractice amounts, and their "payment delay," which is how long it takes to receive a malpractice payment after an incident occurs. The following narrative examines these differences in detail. For more information on malpractice reporting among the States, see Tables 10 through 13 in the statistical section of this Annual Report.

"Adjusted" numbers of Medical Malpractice Payment Reports helped to give a more realistic picture of States payment reports: To make the statistics more informative and realistic, this narrative relies on an "adjusted" number of Malpractice Payment Reports, which excludes reports for malpractice payments made by State malpractice funds. Nine States[15] have (or in the case of Florida, had) such funds, and most, but not all, fund payments pertaining to practitioners practicing in these States.

Usually when payments are made by these funds, two reports are filed with the NPDB (one from the primary insurer and one from the fund) whenever a total malpractice settlement or award exceeds a maximum set by the State for the practitioner's primary malpractice carrier. These funds sometimes make payments for practitioners reported to the NPDB as working in other States. Payments by the funds are excluded from the "adjusted" counts so malpractice incidents are not counted twice for the same practitioner.

Although the "adjusted" number is the best available indicator of the number of distinct malpractice incidents which result in payments, it is an imperfect measure. Some State funds are also the primary insurer and only payer for some claims. Since these primary payments cannot be readily identified, they are excluded from the "adjusted" scores even though they are the only report in the NPDB for the incident.[16]

The ratio of physician payment reports to dental payment reports varied widely among the States: Nationally, using the adjustment described above, there was about one Medical Malpractice Payment Report for dentists for every six payments reports for physicians. In California, Utah, Washington, and Wisconsin, however, there was about one dentist payment report for about every three physician payment reports. In Mississippi, Montana, North Carolina, and West Virginia there was less than 1 dental payment report for every 10 physician payment reports.

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[15]Florida, Indiana, Kansas, Louisiana, Nebraska, New Mexico, Pennsylvania, South Carolina, and Wisconsin. In addition, Wyoming passed legislation to establish a fund but it was never created in practice. New York has a patient compensation program but it has subsidized the purchase of private excess coverage, usually from the practitioner's primary carrier.

[16]Kansas is an example of a State in which the fund is the primary carrier in some cases; the Kansas fund is the primary carrier for payments for practitioners at the University of Kansas Medical Center.

State reporting numbers can be affected by many settlements for a single practitioner and delinquent reports: The number of reports in any given year in a State may be impacted by unusual circumstances, such as the settlement of a large number of claims against a single practitioner. For example, the high ratio of dental payment reports to physician payment reports in Utah was largely the result of a very large number of payment reports for one dentist during 1994. State report counts may also be substantially impacted by other reporting artifacts, such as a reporter submitting a substantial number of delinquent reports at the same time. Indiana reporting, for example, was impacted by the NPDB's receipt of delinquent reports during 1996 and 1997.

States' malpractice statutes affect medical malpractice payment reporting numbers: The number of payment reports in any given State is affected by the specific provisions of the malpractice statutes in each State. Statutory provisions may make it relatively easier or more difficult for plaintiffs to sue for malpractice and obtain a payment. For example, there are differences from State to State in the statute of limitations provisions governing when plaintiffs may sue. There also are differences in the burden of proof. Some States also limit payments for non-economic damages (e.g., pain and suffering). Caps on recovery of non-economic damages or other limitations on recoveries may reduce the number of claims filed by reducing the total potential recovery and the financial incentive for plaintiffs and their attorneys to file suit, particularly for children or retirees who are unlikely to lose earned income because of malpractice incidents. Plaintiffs with meritorious but complex cases may find it difficult to obtain representation because of legal limitations on attorney contingency fees. Sometimes changes in malpractice statutes may be responsible for changes in the number of payment reports within a State observed from year to year. Changes in State statutes, however, are unlikely to explain differences in reporting trends observed for physicians and dentists within the same State. For example, the number of physician payment reports in Virginia decreased from 2002 to 2006 while the number of dentist payment reports varied widely over the same period.

Median payment amounts for physician Medical Malpractice Payment Reports varied by thousands of dollars among the States: The cumulative, inflation-adjusted median physician malpractice payment for the NPDB was $136,782 and the 2006 median payment was $175,000. Illinois had the highest 2006 median payment of $400,000. The lowest 2006 median was found in Vermont at $26,000. Next lowest, Alaska had a median payment of $66,667, and California and South Dakota had median payments of $75,000.[17] These numbers were not adjusted for the impact of State malpractice funds, which have the effect of lowering the observed mean and median payment. Because mean payments can be substantially impacted by

[17]The California median payment for physicians is artificially impacted by a State law which requires reporting to the State only malpractice settlements of over $30,000 and all arbitration awards or court judgments in any amount. If a practitioner has three settlements in excess of $30,000 in a 10-year period beginning on January 1, 2003, the fact that these settlements exist will be made public. One hundred and six (9.9 percent) of California physician's 1,075 malpractice payments were for $29,999 during 2006. Payments for $29,999 are extremely rare in other States. Another 64 California payments were for exactly $30,000, which is immediately below the actual reporting threshold, which required reporting of malpractice payments over $30,000. When these categories are combined, fully 15.9 percent of California physician malpractice payments are within $2.00 of the State reporting threshold. In addition to reporting of settlements of over $30,000, California law requires reporting of malpractice arbitration awards, judgments and settlements-after-judgment regardless of payment amount.

a single large payment or a few such payments, a State's median payment is normally a better indicator of typical malpractice payment amounts.[18]

Mean "payment delays" for physician Medical Malpractice Payment Reports higher in 2006 than average "delays" over time: "Payment delay" is how long it takes to receive a malpractice payment after an incident occurs. For all physician Malpractice Payment Reports in the NPDB, the mean delay between incident and payment was 4.75 years. For 2006 payments, the mean delay was 4.88 years. Thus during 2006, payments were made on average about a month and a half slower than the average for all payments in the NPDB. The average physician payment came about 80 days later than in 2005, which is a reversal of the previous trend toward quicker resolution of malpractice cases.

States varied widely in their "payment delays": On average, during 2006 payments were made most quickly in South Dakota (a mean payment delay of 3.26 years) and California (3.30 years). Payments were slowest in Alaska (7.83 years) and Massachusetts (6.60 years).

[18]Half the payments are larger and half the payments are smaller than the median payments. For example, consider the following 11 malpractice payments, $11,000; $12,000; $13,000; $14,000; $15,000; $16,000; $17,000; $18,000; $19,000; $20,000 and $1,000,000, the median payment is $16,000. The mean of these payments (the total divided by the number of payments is $105,000. Clearly the median is a better representation of the typical or "average" payment for this data than is the mean. However the median cannot be used to estimate the total paid out. The mean, when multiplied by the number of payments made, can be used to determine the total paid out.

Three Issues – Corporate Shield, Federal Entity Policies, and Physician Residents – Affect Malpractice Payment Reporting

Three aspects of malpractice payment reporting may be of particular interest to reporters, queriers, practitioners, and policy makers. First, the "corporate shield" issue reflects possible under-reporting of malpractice payments. The second issue involves differences in reporting requirements for Federal agencies based on memoranda of understanding. The third issue, reporting physicians in residency programs, concerns the appropriateness of reporting malpractice payments made for the benefit of physicians in training who are supposed to be acting only under the direction and supervision of attending physicians.

"Corporate Shield" may mask the extent of substandard care and diminish NPDB's usefulness as a flagging system: Malpractice payment reporting may be affected by use of the "corporate shield." Attorneys have worked out arrangements in which the name of a health care organization (e.g., a hospital or group practice) is substituted for the name of the practitioner, who would otherwise be reported to the NPDB. This is most common when the health care organization is responsible for the malpractice coverage of the practitioner. Under current NPDB regulations, if a practitioner is named in the claim but not in the settlement, no report about the practitioner is filed with the NPDB unless the practitioner is excluded from the settlement as a condition of the settlement.

As required by *HCQIA*, Federal agencies have negotiated policies with HHS for malpractice payment reporting to the NPDB: Under the provisions of the Federal Tort Claims Act, the government, not individual practitioners, is sued when malpractice is alleged concerning a Federal practitioner. The U.S. Department of Defense's (DOD) policy requires malpractice payments to be reported to the NPDB only if the practitioner was responsible for an act or omission that was the cause (or a major contributing cause) of the harm that gave rise to the payment. Also, it is reported only if at least one of the following circumstances exists about the act or omission: (1) The Surgeon General of the affected military department (Air Force, Army, or Navy) determines that the practitioner deviated from the standard of care; (2) The payment was the result of a judicial determination of negligence and the Surgeon General finds that the court's determination was clearly based on the act or omission; and (3) The payment was the result of an administrative or litigation settlement and the Surgeon General finds that based on the case's record as whole, the purpose of the NPDB requires that a report be made. The U.S. Department of Veterans Affairs (VA) uses a similar process when deciding whether to report malpractice payments. According to an October 15, 1990, U.S. Department of Health and Human Services (HHS) policy directive, all settled or adjudicated HHS medical malpractice cases must be reported to the NPDB.

In 2003 and 2005 the NPDB Executive Committee examined the issue of required reporting of residents' malpractice payments: The *HCQIA* makes no exceptions for malpractice payments made for the benefit of residents. Payments for residents must be reported

to the NPDB. A committee of the Executive Committee examined the issues surrounding the reporting of residents to the NPDB. They considered both residents with primary responsibility (practicing independently) and residents with ancillary responsibility (training in a residency program under supervision). The issue of reporting residents has also been discussed in articles in the *Bulletin of the American College of Surgeons*.[19] A common misperception is that since residents act under the direction of supervising attending physicians, as long as they are acting within the bounds of their residency program, residents by definition are not responsible for the care provided. Therefore, it is incorrectly believed that regardless of whether or not they are named in a claim for which a malpractice payment is ultimately made, they should not be reported to the NPDB. However the *HCQIA* requires reporting of all licensed practitioners for whom a payment is made, regardless of residency status.

Physician interns and residents had 1,832 Medical Malpractice Payment Reports in the NPDB: At the end of 2006 a total of 1,832 physicians had Malpractice Payment Reports listing them as allopathic or osteopathic interns or residents at the time of the incident which led to the payment. Of these 1,832 physicians, 1,587 were allopathic residents and 245 were osteopathic residents. The NPDB contained a total of 1,961 intern or resident-related Malpractice Payment Reports for these practitioners (1,700 for allopathic interns or residents and 26` for osteopathic interns or residents). These payments constituted only 0.8 percent of all physician Malpractice Payment Reports cumulatively.

Most allopathic physician interns and residents had only one Medical Malpractice Payment Report: A total of 1,524 of the reported allopathic interns and residents had only 1 Malpractice Payment Report as an intern or resident; 59 had 2 such reports; 2 had 3 reports; 1 had 4 reports; and one had 45 Malpractice Payment Reports for incidents while an intern or resident.

Most osteopathic physician interns and residents had only one Medical Malpractice Payment Report: A total of 227 of the reported osteopathic interns and residents had only 1 Malpractice Payment Report as an intern or resident; 17 had 2 such reports; and 1 had 3 reports.

[19]Fischer, J.E. and Oshel, R.E. The National Practitioner Data Bank: What You Need to Know. *Bulletin of the American College of Surgeons.* June 1998, 83:2; 24-26. Fischer, J.E. The NPDB and Surgical Residents. *Bulletin of the American College of Surgeons.* April 1996. 81:4; 22-25. Ebert, P.A. As I See It. *Bulletin of the American College of Surgeons.* July 1996. 81:7; 4-5. See also reply by Chen, V. and Oshel, R. Letters, *Bulletin of the American College of Surgeons*, January 1997. 82:1; 67-68.

Types of Reports: Adverse Actions

NPDB Receives Many Reports on Adverse Actions

Beyond Medical Malpractice Payment reports, which make up more than 70 percent of NPDB reports, the NPDB also receives many reports on "adverse actions,"[20] which must be reported to the NPDB if they are taken against physicians and dentists. Reporting of Medicare/Medicaid Exclusions taken against any type of health care practitioner, which are considered to be adverse actions, began in 1997. Reporting of all other types of adverse actions began in 1990 when the NPDB opened. The following gives significant details about these types of reports. For more information, see Tables 1, 2 and 14 in the statistical section of this Annual Report.

Adverse Action Reports,[21] more than a quarter of all reports, increased in 2006: Adverse actions represented 30.8 percent of all reports received during 2006 and, cumulatively, 26.7 percent of all NPDB reports. The number of Adverse Action Reports received increased in 2006 by 790 to a total of 7,044 (a 12.6 percent increase).

State Licensure Action Reports, most of them for physicians, increased in 2006: During 2006, State licensure actions made up 63.2 percent of all adverse actions and 19.5 percent of all NPDB reports (including malpractice payments and Medicare/Medicaid Exclusions). They continued to represent the majority of adverse actions (cumulatively 55.4 percent of all adverse actions). State Licensure Action Reports increased by 10.9 percent from 2005 to 2006. Those for physicians increased by 8.2 percent in 2006. State Licensure Action Reports for dentists increased by 23.8 percent. State Licensure Action Reports for physicians constituted 80.1 percent of all State Licensure Action Reports in 2006.

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[20] "Adverse Action Reports" is a generic term for all licensure action, clinical privileges action, Exclusion action, DEA action, and professional society action reports. This includes reports of truly adverse actions (revocations, probations, suspensions, reprimands, etc.) reported in accordance with Sections 60.8 and 60.9 of the NPDB regulations as well as reports for non-adverse "Revisions" (reinstatements, reductions of penalties, reversals of previous actions, restorations, etc.) reported under Section 60.6.

[21] Some Adverse Action Reports are non-adverse "Revisions." Of the 60,526 reported licensure actions in the NPDB, 7,406 reports or 12.2 percent were for licenses reinstated or restored. Of the 15,110 reported clinical privileges actions, 1,211 reports or 8.0 percent concerned reductions, reinstatements, or reversals of previous actions. Of the 623 reported professional society membership actions, 48 reports or 7.7 percent were reinstatements or reversals of previous actions. None of the 457 reported DEA Reports were considered non-adverse. Of the 32,591 Exclusion Reports, 3,843 or 11.8 percent are reinstatements.

Clinical Privileges Action Reports, making up only about four percent of all 2006 NPDB reports, decreased: There were 892 Clinical Privileges Action Reports in 2005 and 836 in 2006, a decrease of 6.3 percent. Physician Clinical Privileges Action Reports decreased by 12.0 percent. Dentist Clinical Privileges Action Reports doubled from 18 to 36 reports.

Only 1 out of 100 NPDB reports were for professional society membership actions and DEA actions: Professional society membership actions (only 35 reported) made up 0.5 percent of all adverse actions during 2006. Twenty-two DEA reports were received during 2006, which are 0.3 percent of all adverse actions received during 2006. The number of reported professional society and DEA actions has remained almost negligible throughout the NPDB's history. Cumulatively, DEA reports and professional society action reports together represented only 1.0 percent of all Adverse Action Reports.

Physicians were responsible for most 2006 State licensure, clinical privileges, and professional society membership actions but less than 1 of 10 Medicare/Medicaid Exclusion actions: During 2006, physicians were responsible for 80.1 percent of State licensure actions, 86.6 percent of clinical privileges actions, and 82.9 percent of professional society membership actions. In contrast, physicians were responsible for only 8.4 percent of all Exclusion actions, but were responsible for 85.1 percent of the Exclusion actions reported for physicians and dentists.

Physicians were responsible for almost all physician and dentist Clinical Privileges Action Reports: In 2006 physicians, representing slightly over four-fifths of the Nation's total physician-dentist workforce, were responsible for 80.1 percent of State Licensure Action Reports for this workforce. They were also responsible for 95.3 percent of all Clinical Privileges Action Reports for physicians and dentists. This result is expected, however, since dentists frequently do not hold clinical privileges at a health care entity and thus could not be reported for a clinical privileges action.

Dentists had a smaller percentage of reports than physicians: Dentists, who comprise approximately a fifth of the Nation's total physician-dentist workforce, were responsible for 19.9 percent of physician and dentist State licensure actions, 4.7 percent of clinical privileges actions, 17.1 percent of professional society membership actions, 23.8 percent of DEA actions, and 14.9 percent of Exclusion actions for physicians and dentists in 2006.

Reporting of Medicare/Medicaid Exclusion Reports increased from 2005: There were 1,261 Exclusion Reports in 2005 and 1,699 in 2006, an increase of 34.7 percent. Physician Exclusion Reports increased by 40.2 percent and Exclusion Reports for non-physicians/non-dentists increased by 37.3 percent to a total of 1,531. Exclusion Reports represented 7.4 percent of all 2006 reports and 8.0 percent of all NPDB reports cumulatively. Exclusion Reports for non-health care practitioners are being removed from the NPDB.

Reports for "other practitioners" in 2006 were mostly for Medical Malpractice Payments: "Other practitioners" had 1,531 Exclusion Reports in 2006, which made up 46.3 percent of their reports in 2006. "Other Practitioners" also had 1,702 Medical Malpractice Payment Reports (51.4 percent), 76 Clinical Privileges Action Reports, and 1 DEA Action

Report. "Other practitioners" accounted for about 9 out of 10 Exclusion Reports (90.1 percent of 1,699 reports) added to the NPDB during 2006. Entities are not required to report clinical privileges actions and professional membership actions on "other practitioners" to the NPDB. Exclusion actions for "other practitioners" are reported to the NPDB.

Cumulatively, almost half of "other practitioners" reports were for Medicare/Medicaid Exclusions: "Other practitioners" had 23,603 Exclusion Reports in the NPDB, which was 48.2 percent of all their reports and 97.5 percent of all their Adverse Action Reports (they had only 1 Professional Membership Action Report). Cumulatively, "other practitioners" accounted for almost three-quarters of Exclusion Reports (72.4 percent of 32,591 reports) in the NPDB. "Other practitioners" are required to be reported for Medicare/Medicaid Exclusions to the NPDB.

Under-reporting May Affect Numbers of Adverse Action Reports; States Vary in Reporting Activity

Two issues can affect the interpretation of the reporting of adverse actions – the under-reporting of clinical privileges actions and the reporting of adverse State licensure actions taken by Boards against their physician or dentists licensees who are actually practicing in another State. Both of them have an impact on how the information on Adverse Action Reports[22] should be viewed. The following narrative explores these issues in depth. For more in-depth data on these issues, see Tables 15 through 18 in the statistical companion to the Annual Report.

Efforts to increase clinical privileges reporting and research into the issue of clinical privileges reporting are making a difference and are continuing: The NPDB has been conducting research on the reporting issue and working with relevant organizations to try to ensure that actions that should be reported actually are reported. However, even with some progress in these efforts, the number of clinical privileges actions reported remains low. For this reason, in 2003 PricewaterhouseCoopers was contracted by DPDB to develop and test a methodology for gaining access to needed records on clinical privileges actions to ensure compliance with NPDB reporting requirements. The project was designed to determine whether hospitals and managed care organizations will voluntarily participate in clinical privileges reporting compliance audits and to develop a methodology for such audits. Hospitals and Managed Care Organizations (MCOs) proved to be reluctant to participate in voluntary audits, although the methodology worked well in the few entities that agreed to participate in testing it.

Half of non-Federal hospitals with "active" NPDB registrations had reported an action to the NPDB: As of December 31, 2006, 48.9 percent of non-Federal hospitals registered with the NPDB and in "active"[23] status had never reported a clinical privileges action to the NPDB. Percentages of "active" registered non-Federal hospitals that had never reported an action to the NPDB ranged from 18.8 percent in Rhode Island to 75.4 percent in South Dakota. This percentage of non-reporters has steadily decreased over the years. Analysis in a previous year showed that clinical privileges reporting seems to be concentrated in a few facilities even in States which have comparatively high over-all clinical privileges reporting levels. This pattern may reflect a willingness (or unwillingness) to take reportable adverse clinical privileges actions more than it reflects a concentration of problem physicians in only a few hospitals.

States showed extreme variations in clinical privileges reporting and adverse State licensure action reporting: The ratio of adverse Clinical Privileges Action Reports (excluding

[22] "Adverse Action Reports" is a generic term for all licensure action, clinical privileges action, Exclusion action, DEA action, and professional society action reports. This includes reports of truly adverse actions (revocations, probations, suspensions, reprimands, etc.) reported in accordance with Sections 60.8 and 60.9 of the NPDB regulations as well as reports for non-adverse "Revisions" (reinstatements, reductions of penalties, reversals of previous actions, restorations, etc.) reported under Section 60.6.

[23] "Active" registration excludes formerly registered hospitals which have closed, merged into other hospitals, etc.

reinstatements, etc.) to adverse State Licensure Action Reports (again excluding reinstatements, etc.) ranged from a low of one adverse Clinical Privileges Action Report for every 5 adverse State Licensure Action Reports in Connecticut to a high of 1.44 adverse Clinical Privileges Action Reports in Nevada for every adverse State Licensure Action Report (i.e., more adverse Clinical Privilege Action Reports than adverse State Licensure Action Reports). While these ratios reflect variations in the reporting of both State licensure actions and clinical privileges actions, the extreme variation from State to State is instructive. It seems likely that the extent of the observed differences may at least in part reflect variations in willingness to take actions rather than a substantial difference in the conduct or competence of the physicians practicing in the various States.

Most State licensure actions for physicians and dentists were adverse (i.e., are not reinstatements, etc.): For physicians, 86.5 percent of all State licensure actions reported to the NPDB had been adverse in nature. For dentists, about 93.2 percent had been adverse. In New York 99.4 percent of physician State licensure actions had been adverse. This contrasts with North Dakota, in which only 72.7 percent of the physician State licensure actions had been adverse.

Overall, 7 out of 10 physicians' adverse State licensure actions were for in-State physicians: Nationally, 72.9 percent of State licensure actions were both adverse and concerned physicians who were actively practicing in the State whose Board took the licensure action. There was a wide range of percentages, from a low of 33.3 percent of all adverse licensure actions for in-State physicians in Hawaii to a high of 89.6 percent in Oregon. Fifteen had more than 80 percent of their adverse State licensure actions concerning in-State physicians.

Almost all dentist State licensure actions were adverse and affect in-State dentists: Nationally, 92.7 percent of State licensure actions were both adverse and pertain to in-State dentists. Percentages ranged from a low of 68.2 percent in Vermont to a high of 100.0 percent in Arkansas, Delaware, District of Columbia, South Dakota, North Dakota, and Wyoming in which all dental State licensure actions were adverse and pertained to in-State dentists.

Multiple Reports

Physicians with Multiple Reports Also Tend to Have Other Types of Reports

Most reported physicians had only one report, usually a Medical Malpractice Report, but there were also some who had multiple reports of different types. Physicians with multiple reports of different types have certain characteristics that the following narrative explains in detail. For more information about these characteristics, see Tables 19, 20 and 21 in the statistical companion to the Annual Report.

Over two-thirds of physicians had only one report, one in five had only two reports, and very few had more than five: At the end of 2006, a total of 237,835 individual practitioners had disclosable reports in the NPDB. Of these, 164,877 (69.3 percent) were physicians. As shown in Figure 2 on the next page, most physicians (66.5 percent) with reports in the NPDB had only one report, but the mean number of reports per physician was 1.87. Physicians with only two reports made up 18.5 percent of the total. About 97.1 percent had 5 or fewer reports and 99.5 percent of physicians with reports had 10 or fewer reports. Only 1,181 (0.5 percent of physicians with reports) had more than 10 reports.

Most physicians with reports had only Medical Malpractice Payment Reports: Of the 164,877 physicians with reports, 134,663 (81.7 percent) had only Malpractice Payment Reports; 9,898 (6.0 percent) had only State Licensure Action Reports; 2,818 (1.7 percent) had only Clinical Privileges Action Reports; and 1,391 (0.8 percent) had only Medicare/Medicaid Exclusion Reports.

Only 1 out of 100 physicians had Medical Malpractice, State Licensure Action, and Clinical Privileges Action Reports: Notably, only 9,055 (5.5 percent) had at least 1 Malpractice Payment Report and at least 1 State Licensure Action Report, and only 4,394 (2.7 percent) had at least 1 Malpractice Payment Report and at least 1 Clinical Privileges Action Report. Only 2,053 (1.2 percent) had Malpractice Payment, State Licensure Action, and Clinical Privileges Action Reports. Only 384 (0.2 percent) had at least 1 Medical Malpractice Payment, State Licensure Action, Clinical Privileges Action, and Exclusion Report at the end of 2006.

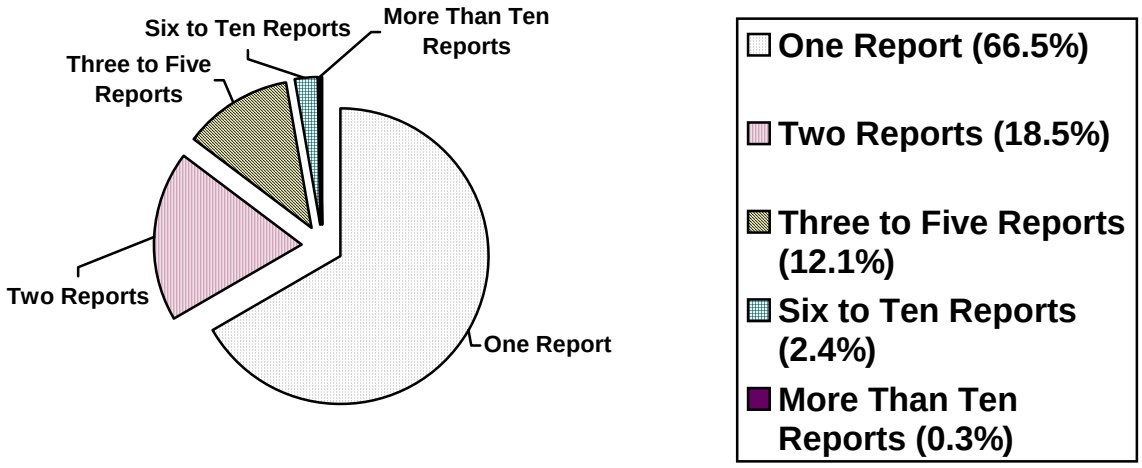
Physicians with high numbers of Malpractice Payment Reports tended to have at least some Adverse Action Reports[24] and Medicare/Medicaid Exclusion Reports, and vice versa: Although 95.2 percent of the 97,743 physicians with only 1 Malpractice Payment Report in the NPDB had no Adverse Action Reports, only 65.7 percent of the 525 physicians with 10 or more Malpractice Payment Reports had no Adverse Action Reports. Generally, the data show

[24] Adverse Action Reports discussed in this paragraph do not include Medicare/Medicaid Exclusion Reports.

that as a physician's number of Malpractice Payment Reports increases, the likelihood that the physician has Adverse Action Reports[25] also increases.

Physicians with at least two Malpractice Payment Reports were responsible for the majority of Malpractice Payment Reports for physicians: Approximately 33.2 percent of the 146,309 physicians with Malpractice Payment Reports had 2 or more such reports. These 48,566 physicians had a total of 138,199 Malpractice Payment Reports. This was 58.6 percent of the 235,942 Malpractice Payment Reports in the NPDB for physicians.

Figure 2: Percentage of Physicians with Number of Reports in the NPDB (1990-2006)



A few physicians were responsible for a large proportion of malpractice payment dollars paid: The 1 percent of physicians with the largest total payments in the NPDB were responsible for about 11.7 percent of all the money paid for physicians in malpractice judgments or settlements reported to the NPDB. The 5 percent of physicians with the largest total payments in the NPDB were responsible for just under a third (31.4 percent) of the total dollars paid for physicians. Eleven percent (11.6 percent) of physicians with at least one malpractice payment were responsible for half of all malpractice dollars paid from September 1, 1990 through December 31, 2006.

[27] "Adverse Action Reports" is a generic term for all licensure action, clinical privileges action, Exclusion action, DEA action, and professional society action reports. This includes reports of truly adverse actions (revocations, probations, suspensions, reprimands, etc.) reported in accordance with Sections 60.8 and 60.9 of the NPDB regulations as well as reports for non-adverse "Revisions" (reinstatements, reductions of penalties, reversals of previous actions, restorations, etc.) reported under Section 60.6.

Types of Practitioners Reported

Physicians, Dentists Are Reported Most Often to the NPDB

Physicians make up the majority of practitioners reported to the NPDB, having about 7 out of 10 reports in the NPDB. The following describes the number of practitioners reported to the NPDB and the number of reports for each practitioner type. For more information about types of practitioners reported, see Table 21 in the statistical section of this Annual Report.

Physicians, most of whom only have one report, were predominant in the NPDB: Of the 237,835 practitioners reported to the NPDB, 69.3 percent were physicians (including M.D.s and D.O.s residents and interns), 13.3 percent were dentists, 9.2 percent were professional nurses and para-professional nurses, and 2.8 percent were chiropractors. About two-thirds of physicians with reports (66.8 percent) had only 1 report in the NPDB, 85.0 percent had 2 or fewer reports, 97.1 percent had 5 or fewer, and 99.5 percent had 10 or fewer. Few physicians had both Medical Malpractice Payment Reports and Adverse Action Reports. Only 6.2 percent had at least one report of both types.

Physicians had more reports per practitioner than any other practitioner group: Physicians had the highest average number (1.87) of reports per reported practitioner, and dentists, the second largest group of practitioners reported, had an average of 1.66 reports per reported dentist. Podiatrists and podiatric-related practitioners, who had 1.69 reports per reported practitioner, also had a high average of reports per practitioner as well as 7,223 reports. Comparison between physicians and dentists and other types of practitioners, however, would be misleading since reporting of State licensure, clinical privileges, and professional society membership actions is required only for physicians and dentists.

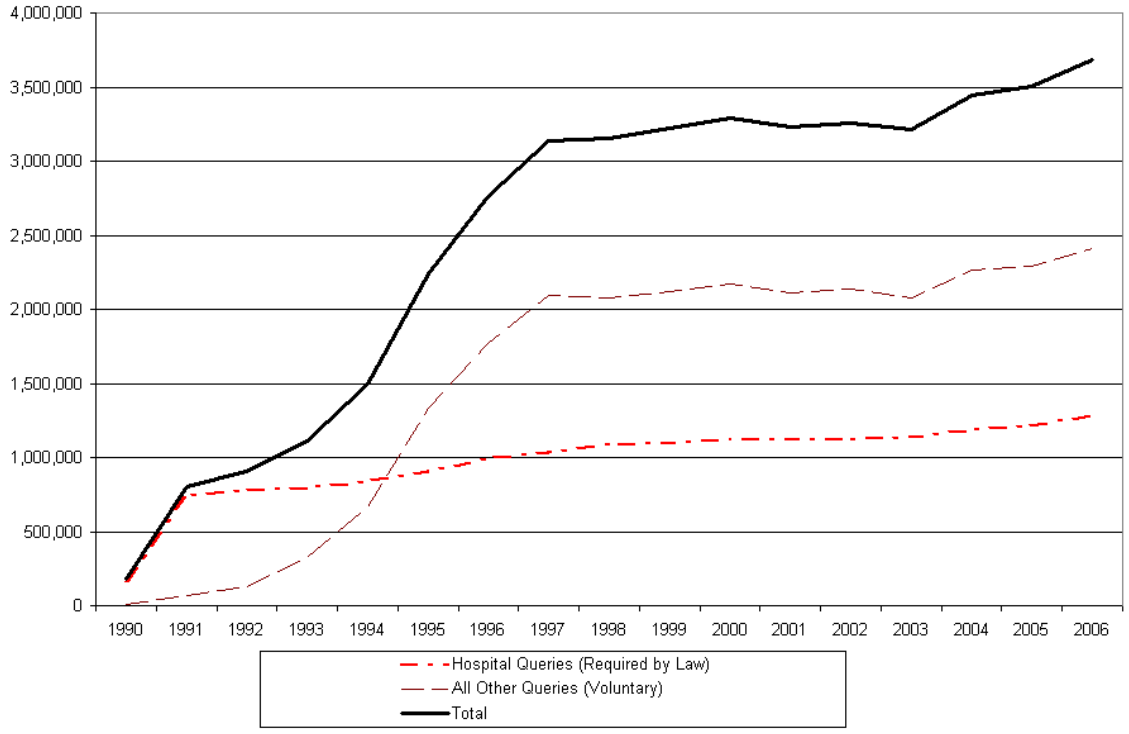
Querying

Querying Increased in 2006; Match Rate Increased

The NPDB experienced an increase (5.2 percent) in querying during 2006. The number of entity queries increased from 3,503,922 in 2005 to 3,687,269 in 2006. There's been an 8.8 percent increase in queries since 2002.

The 2006 count represents an average of one query every 9 seconds. It is 4 1/2 half times as many queries as the 809,844 queries processed during the NPDB's first full year of operation, 1991. Over the 16 years the NPDB has been open, there have been cumulatively 42,649,602 entity queries. The following graph, Figure 3, gives more information about the types of queries to the NPDB. For additional information about querying, see Tables 22 through 25 in the statistical section of this Annual Report.

Figure 3: Queries by Querier Type (September 1, 1990 - December 31, 2006



Entity queriers showed they valued information with a large number of queries over NPDB's existence: Over time NPDB information has become much more valuable to users. The number of voluntary queries (those not required by law) from entities grew from 65,269 in 1991 to 2,408,625 in 2006, an increase of over 3,590 percent. Voluntary queries represented 65.3 percent of all entity queries during 2006.

Hospitals, which are required to query the NPDB, also increased querying over time: The growth in required queries by hospitals has not been as large as that of voluntary queriers. Their queries increased by 72.7 percent from 741,410 in 1991 (the NPDB's first full year of operation), to 1,278,546 queries in 2006. Hospitals are required to query for all new applicants for privileges or staff appointment, existing applicants when changes in privileges occur, and once every 2 years concerning their privileged staff. They made most of the queries to the NPDB during its first few years of operation but now are responsible for only about one-third of all queries. Hospitals may voluntarily query for other peer review activities, but for analysis purposes it is assumed all hospital queries are required.

MCOs submitted almost half of all voluntary entity queries: Managed care organizations (MCOs) are the most active voluntary queriers. MCOs in this case are defined as including HMOs and PPOs. Although they represented 6.2 percent of all querying entities during 2006 and 9.9 percent of all entities that have ever queried the NPDB, they made 46.2 percent of all queries during 2006 and have been responsible for 45.6 percent of queries ever submitted to the NPDB.

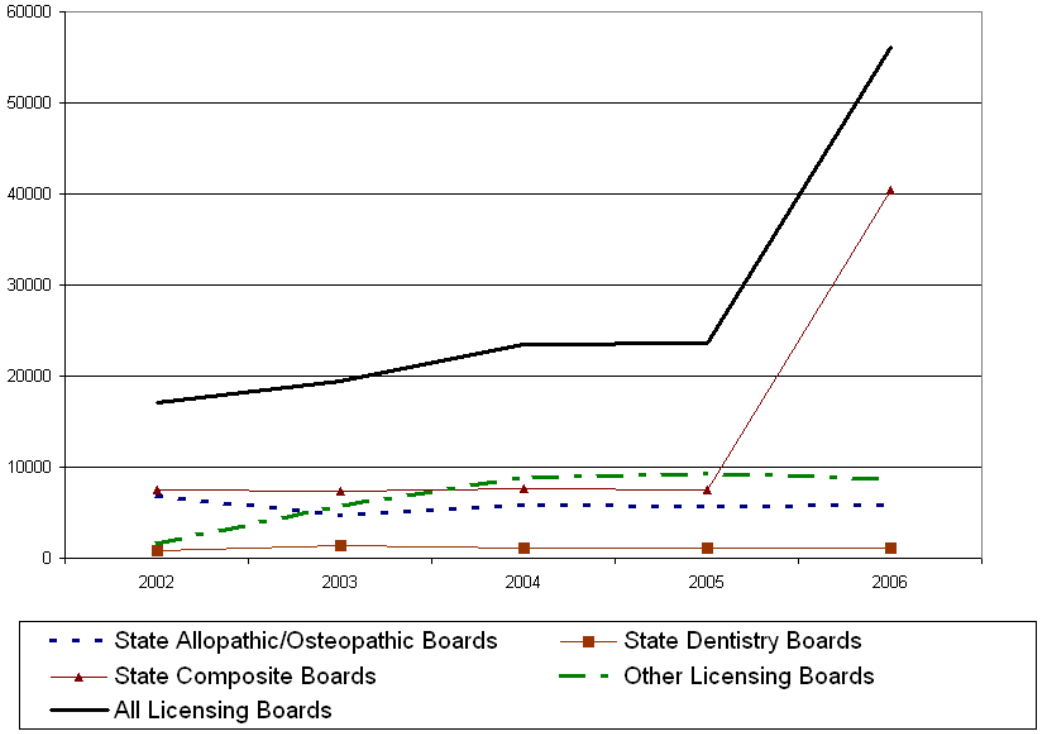
State licensing boards made about 1 percent of all queries: State licensing boards made 1.5 percent of queries during 2006 and 0.6 percent cumulatively, but queries by State boards increased by 42.1 percent in 2006. (The low volume of State board queries may be explained by the fact that entities are required to provide State boards copies of reports when they are sent to the NPDB so the boards do not need to query to obtain reports for in-State practitioners and by the fact that some boards require practitioners to submit self-query results with applications for licensure.) Figure 4 on the next page shows the number of State board queries by year and the increase in queries for 2006.

Other entities also requested information from the NPDB: Other health care entities made 17.5 percent of the queries in 2006 and 14.6 percent cumulatively. Examples of other health care entities include health maintenance organizations (HMOs), preferred provider organizations (PPOs), group practices, nursing homes, rehabilitation centers, hospices, renal dialysis centers, and free-standing ambulatory care and surgical service centers. Professional societies were responsible for 0.1 percent of queries during 2006 and 0.2 percent cumulatively.

Entities submitted most of their queries for physicians and dentists: Queriers request information on many types of practitioners, but mostly query on physicians and dentists. During 2006, allopathic physicians were by far the subject of most queries; 64.9 percent of queries submitted concerned allopathic physicians, interns and residents. The second largest category, dentists and dental residents, accounted for 5.7 percent of all queries. Osteopathic physicians accounted for 4.1 percent, clinical social workers for 2.9 percent, psychologists for 2.5 percent, and chiropractors accounted for 2.3 percent.

Query match rate stayed level in 2006: When an entity submits a query on a practitioner, a match occurs when that individual is found to have a report in the NPDB. The 517,232 entity queries matched during 2006 represented a match rate of 14.0 percent, the same match rate as in 2005. Although the match rate has steadily risen since the opening of the NPDB, we hypothesize that it will plateau once the NPDB has been in operation for the same length of time as the average practitioner practices, all other factors (such as malpractice payment rates for older and younger physicians) remaining constant.

Figure 4: Number of State Licensing Board Queries by Year (2001-2006)



A "no match" response is useful and valuable to queriers: About 86.0 percent of entity queries submitted in 2006 received a "no match" response from the NPDB, meaning that the practitioner in question does not have a report in the NPDB. This does not mean, however, that there was no value in receiving these responses. In a 1999 study of NPDB users by the Institute for Health Services Research and Policy Studies at Northwestern University and the Health Policy Center Survey Research Laboratory at the University of Illinois at Chicago, three-quarters of surveyed queriers rated NPDB information, including responses that there were no reports in the NPDB on a queried practitioner, a "6" or a "7," with 7 representing "very useful" on a 1 to 7 scale. A majority of surveyed queriers rated NPDB information influential in decision-making regarding practitioners (6 and 7 on a 7 point scale). At the end of 2006, a "no match" response to a query confirmed that a practitioner has had no reports in over 15 years. These responses will become even more valuable as the NPDB continues to receive reports.

Self-queries increased during 2006, but most do not show reports for practitioners: In addition to entity queries, the NPDB also processes self-queries from practitioners seeking copies of their own records, which includes 53,893 self-query requests during 2006. The 2006 number of self-queries represented an increase of 3.6 percent from the number of self-queries processed during 2005. Of those 2006 self-query requests, 5,476 (10.2 percent) were matched with reports in the NPDB. Cumulatively, from the opening of the NPDB, 609,871 self-queries have been processed; 53,890 (8.8 percent) of these queries were matched with reports in the NPDB.

Physicians, dentists, and physician assistants submitted most of the NPDB self-queries: As shown in Table 25, many types of practitioners request information on themselves, but the majority of them are physicians. During 2006, allopathic physicians and allopathic physician interns/residents made the most self-queries (70.4 percent of all self-queries). Osteopathic physicians and osteopathic physicians/interns made the third largest number of self-queries (6.0 percent of all self-queries), dentists and dental residents the second largest (6.9 percent), and allopathic and osteopathic physician assistants the fourth largest (2.6 percent). Some licensure boards, malpractice insurers, or health care service providers may request that practitioners submit self-query results with their applications for licensure, malpractice insurance, clinical privileges, panel participation, etc. The level of self-querying and types of self-queries may be influenced by these requests.

NPDB Reporters and Queriers

The NPDB receives information from and provides information to registered entities that certify that they meet the eligibility requirements of the *HCQIA*. The following gives some information about these entities. Some entities have (or had in the past) multiple registration numbers either simultaneously or sequentially, so the data may not necessarily reflect the actual number of individual entities which have reported to or queried from the NPDB. For more information, see Table 26 in the statistical section of the Annual Report.

Almost half of registered entities that have reported or queried were Other Health Care Entities: A total of 14,160 registered entities had active[26] status as of December 31, 2006. At the end of 2006, Other Health Care Entities[27] held 6,721 active registrations (47.5 percent). Hospitals accounted for 6,025 (42.5 percent) of the NPDB's active registered entities and Managed Care Organizations accounted for 830 active registrations (5.9 percent). The 375 malpractice insurers with active registrations accounted for only 2.7 percent of all active registrations. Other categories accounted for even smaller percentages of the NPDB's active registrations at the end of 2006.

Almost 5 out of 10 registered entities active at any time over the NPDB's existence were Other Health Care Entities: A total of 22,162 registered entities were ever active over the NPDB's existence. Other Health Care Entities accounted for 10,610 (47.9 percent) of the entities which had ever registered with the NPDB and had queried or reported at least once. (Examples of other health care entities may include nursing homes, rehabilitation centers, hospices, renal dialysis centers, and free-standing ambulatory care and surgical service centers.) Hospitals accounted for 8,149 (36.8 percent) registrations at any time and MCOs accounted for 2,130 registrations (9.6 percent). The 852 malpractice insurers ever registered accounted for only 3.8 percent of all registrations. Other categories accounted for even smaller percentages of the NPDB's registrations throughout its existence.

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[26] "Active" registration excludes formerly registered entities which have closed, merged into other entities, etc.

[27] Other Health Care Entities must provide health care services and follow a formal peer review process to further quality health care. The phrase "provides health care services" means the delivery of health care services through any of a broad array of coverage arrangements or other relationships with practitioners by either employing them directly, or through contractual or other arrangements. This definition specifically excludes indemnity insurers that have no contractual or other arrangement with physicians, dentists, or other health care practitioners. Examples of other health care entities may include nursing homes, rehabilitation centers, hospices, renal dialysis centers, and free-standing ambulatory care and surgical service centers.

Ensuring Accurate Reports: Secretarial Review

Through the dispute and Secretarial Review process, practitioners get a chance to challenge reports that they feel should be changed or should not be in the NPDB because they are either inaccurate or should not have been filed under applicable regulations. Only a small percentage of reports are disputed, though, and those that have gone through Secretarial Review usually have been upheld by the Secretary as being accurate and reportable. The following narrative explains the process of NPDB disputes and Secretarial Reviews. For more information about Secretarial Review data, see Tables 27 through 29 in the statistical section of the Annual Report.

Practitioners must use an established administrative process when disputing a report, including working through the reporting entity to change the report: When practitioners are notified of a report in the NPDB that they believe is inaccurate or should not have been filed, they may dispute the report and/or insert their own statement. Before requesting Secretarial Review, they must first contact the reporting entity to ask them to correct the matter. When the NPDB receives a dispute from a practitioner, notification of the dispute is sent to all queriers who received the report within the last 3 years and is included with the report when it is released to future queriers.

Queriers are informed about a report's status as "disputed": Practitioners who have disputed reports must attempt to negotiate with entities that filed the reports to revise or void the reports before requesting Secretarial Review. The fact that a report is disputed simply means that the practitioner disagrees with the accuracy of the report. When disputed reports are disclosed to queriers, they are notified that the practitioner disputes the accuracy of the report.

If the reporting entity does not change the disputed report to the practitioner's satisfaction, then the practitioner may ask the Secretary of HHS to review the disputed report: When asking for Secretarial Review, the practitioner must send documentation to the NPDB that briefly discusses the facts in dispute, documents the inaccuracy of the report, and proves that he or she tried to resolve the disagreement with the reporting entity.

Secretarial Reviews are limited to accuracy and appropriateness of reporting, not the underlying decision to make a malpractice payment or take an adverse action: Secretarial Review does not include a review of the merits of a medical malpractice claim or the basis for an adverse action. Reviews are limited to factual accuracy and whether the report was submitted in accordance with the NPDB reporting requirements. All other reasons (such as a claim that although a malpractice payment was made for the benefit of the named practitioner, the named practitioner did not really commit malpractice or that there were extenuating circumstances) are "outside the scope of review." Factual accuracy means that the report accurately described the practitioner and the payment or action and reasons for the payment or action as reflected in decision documents.

Reviewed reports can be determined to be accurate or inaccurate: If the Secretary concludes the information in the report is accurate, the Secretary sends an explanation of the decision to the practitioner. The practitioner may then submit a statement (limited to 2,000 characters) that is added to the report. If the practitioner had already submitted a statement, any new statement will replace the original statement. If a report is determined to be inaccurate, the Secretary will request that the reporting entity file a correction. If no correction is forthcoming the Secretary notes the correction in the report. The Secretary can only remove ("void") a report from the NPDB if it was not legally required or permitted to be submitted.

Issues raised also can be determined to be "outside the scope of review": The Secretary also may conclude that the issue in dispute is outside the scope of review, i.e., that the only issues raised concern whether a payment should have been made or an action should have been taken. The Secretary cannot substitute his or her judgment on the merits for that of the entity that made the payment or took the action. In such cases determined to be "outside the scope of review," the Secretary directs the NPDB to add an entry to that effect to the report and to remove the dispute notation from the report. The practitioner may also submit a statement that is added to the report.

Reviews may be administratively dismissed or reconsidered: The Secretary may administratively dismiss requests for Secretarial Review if the practitioner does not provide required information or if the matter is resolved with the reporting entity to the satisfaction of the practitioner while the Secretarial Review is in progress. Practitioners may ask for a reconsideration of a Secretarial Review decision.

The majority of disputed reports were for medical malpractice payments: At the end of 2006, a total of 14,282 reports, or 3.5 percent of all reports, were disputed. This number was made up of 2,193 State Licensure Action reports, 2,033 Clinical Privileges Action Reports, 35 Professional Society Membership Reports, 16 DEA reports, 301 Exclusion actions, and 9,704 Malpractice Payment Reports. Exclusion Reports for actions taken prior to August 21, 1996[28] cannot be disputed with the NPDB.

Clinical Privileges Action Reports had the biggest percentage of reports that were disputed among the types of reports: Disputed reports constituted 3.6 percent of all State Licensure Action Reports, 13.5 percent of all Clinical Privileges Action Reports, 5.6 percent of Professional Society Membership Reports, 3.5 percent of DEA reports, and 3.2 percent of Malpractice Payment Reports.

Secretarial Reviews increased by one from 2004 to 2006: Requests for review by the Secretary increased by 1.7 percent from 2005 to 2006. A total of 59 requests for review by the Secretary were received during 2006 compared to 58 in 2005. Bearing in mind that requests for

[28]Exclusion actions taken before August 21, 1996 are included in the NPDB by a memorandum of agreement between HRSA, Centers for Medicare and Medicaid Services (formerly HCFA), and U.S. Department of Health and Human Services, Office of Inspector General. Exclusion actions taken on August 21, 1996 and later are reported to the HIPDB by law and are disputed under the normal process. HIPDB Secretarial Review decisions on these reports also apply to the NPDB.

Secretarial Review during a given year cannot be tied directly to either reports or disputes received during the same year, we can still approximate the relationship between requests for Secretarial Review, disputes, and reports. During 2006, the number of new requests for Secretarial Review was 0.3 percent of the number of new Malpractice Payment Reports and Adverse Action Reports received by the NPDB.

Adverse Action Reports[29] were more likely to be appealed to the Secretary than were Malpractice Payment Reports: Forty-seven requests, 79.7 percent of all requests for Secretarial Review, concerned adverse actions (i.e., State Licensure Action, Clinical Privileges Action, or Professional Society Membership Reports) even though only 30.8 percent of all 2006 reports fell in this category. While about 3/4 of all cumulative reports in the NPDB are for malpractice payments about 8 out of 10 of 2006 reports in Secretarial Review are for Adverse Action Reports. During 2006 Clinical Privileges Action Reports represented 83.0 percent of Adverse Action Reports involved in Secretarial Review.

Most resolved Secretarial Reviews in 2006 resulted in unchanged reports: At the end of 2006, 24 (40.7 percent) of the 59 requests for Secretarial Review received during the year remained unresolved. Of the 35 new 2006 cases which were resolved, one was voided. Reports were not changed (the Secretary maintained report as submitted or the Secretary decided the Secretarial Review request was outside the scope of review[30]) in 20 cases (57.1 percent) of the 2006 cases that were resolved. For 14 cases the result was submission of a corrected report by the reporting entity or the case was closed by "intervening action." Generally the corrections were filed at the request of the Secretary.

About one in six of all Secretarial Reviews resulted in outcomes that were beneficial for the practitioners: By the end of 2006, 18.4 percent of all closed requests for Secretarial Review had resulted in outcomes that were beneficial to the practitioner (a void of a report, a change in the report, or a closure because of an intervening action, such as the entity changing the report to the practitioner's satisfaction.) At the end of 2006, 2.1 percent of all requests for Secretarial Review remained unresolved. Only 87 (13.4 percent) of the total of 645 Malpractice Payment Reports with completed Secretarial Reviews (the total number of requests minus the number of unresolved requests) have resulted in outcomes that were beneficial to the practitioner. In the case of reviews of clinical privileges actions, 149 (19.8 percent) of the 753 closed requests resulted in a positive outcome for the practitioner. For licensure actions, 82 (24.5

[29] "Adverse Action Reports" is a generic term for all licensure action, clinical privileges action, Exclusion action, DEA action, and professional society action reports. This includes reports of truly adverse actions (revocations, probations, suspensions, reprimands, etc.) reported in accordance with Sections 60.8 and 60.9 of the NPDB regulations as well as reports for non-adverse "Revisions" (reinstatements, reductions of penalties, reversals of previous actions, restorations, etc.) reported under Section 60.6.

[30]Out-of-scope determinations are made when the issues at dispute cannot be reviewed because they do not challenge the information's accuracy or its requirement to be reported to the NPDB, e.g. the practitioner claims not to have committed malpractice. The Secretary can only determine whether a payment was made and if the report is otherwise accurate. If a payment was made, a report of the payment must remain in the NPDB. Whether or not the practitioner committed malpractice is not relevant to keeping the payment report in the NPDB.

percent) of the 335 closed requests resulted in a positive outcome, and for professional society membership actions, 7 closed requests (36.8 percent) resulted in a positive outcome.

NPDB: 2007 and the Future

The NPDB Continued to Improve Its Operations in 2007

The NPDB made several improvements to its operations and future policy initiatives in 2007. It also continued updating and organizing its Web site, www.npdb-hipdb.hrsa.gov, to make it easier for customers to find information.

The following system improvements were made to the NPDB-HIPDB in 2007:

- National Provider Identifier Number – The NPI is a unique 10-digit identification number that is assigned to health care providers by the Centers for Medicare and Medicaid Services (CMS). The creation of the NPI is a result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), which mandates that the Secretary of Health and Human Services adopt a standard unique health identifier for U.S. health care providers. Health care providers include physicians, dentists, and pharmacists and organizations such as hospitals, nursing homes, pharmacies, and group practices. They were required to use their assigned NPI number to identify themselves to the NPDB (for query and report input forms) by May 23, 2007. Small health plans have until May 23, 2008 to implement the NPI number as their identifier.

- Proactive Disclosure Service – The Proactive Disclosure Service Prototype (PDS) opened in May 2007. PDS was developed in response to the growing interest in the health care community for ongoing monitoring as a means of increasing quality and patient safety in health care. When PDS subscribers enroll their practitioners, they receive all the copies of existing reports on the enrolled practitioners in the Data Bank(s), as they do with regular queries, but additionally receive continuous monitoring. PDS provides continuous querying by notifying an entity when a new, revised, or voided report on an enrollee is received by the Data Bank(s) within 24 hours of the Data Bank's receipt of a report. Thus, subscribers have virtually immediate access to important new information 24/7, 365 days a year.

- Correction to Revision to Action Reports – IQRS reporters gained the ability to correct Revision to Action reports through the IQRS in June. Previously, reporters had to void Revision to Action reports after a mistake was made and submit a new Revision to Action report. This improvement should save users time. ITP users do not have the ability to submit Corrections to Revision to Action reports through ITP, but they are able to view Corrections to Revision to Action reports in their

query responses. ITP users may submit Corrections to Revision to Action reports through the IQRS.

- Narrative Fields – The character limit in report narrative and subject statement fields was increased from 2,000 to 4,000 characters. In addition, the size of the text area was enlarged so users will see more text on the screen and a character counter will display, enabling users to track the number of characters used. The change in field size affected both IQRS and ITP users.

- More Recent Entity Information – To ensure that practitioners receive the most recent entity information on Data Bank reports (name, address, and report point of contact), Section A (of all report types) expanded to include the reporting entity's most recent name and address (if the entity information has changed or if an entity has a successor since the report was filed). The original entity report contact information remains unchanged on the report, but as entity information changes over the years, the new data will be added so queriers and practitioners will have current reporting entity contact information at all times. These changes affected both IQRS and ITP users.

Some of the policy initiatives that will take place in 2007 include:

- Presentations – NPDB staff made presentations at several meetings of health care organizations in 2007, including the American Association of Preferred Provider Organizations, National Credentials Forum, Wisconsin Association Medical Staff Services, Illinois Association Medical Staff Services, Administrators in Medicine, California Association Medical Staff Services, Midwest State Association Medical Staff Services, Wisconsin Association Medical Staff Services, Federation of Chiropractic Licensing Boards, American Health Lawyers Association, National Podiatric Medical Association, National Association of Specialty Health Organizations.

- Policy Forum – Data Bank representatives held a Data Banks Policy Forum on September 30, 2007 in New York City. This Forum convened before the start of the 31st annual National Association Medical Staff Services (NAMSS) conference. The Forum attendees discussed: existing policies that have generated frequent questions; Section 1921 of the Social Security Act; the importance of compliance; and the Proactive Disclosure Service (PDS). Following the Policy Forum, NPDB representatives attended the NAMSS conference and answered questions from NPDB users at the NPDB and HIPDB exhibit booth. NAMSS members included individuals responsible for managing credentialing, privileging, practitioner/provider organizations, and regulatory compliance in the diverse health care industry.

Conclusion: NPDB Continues to Grow, Become More Useful

The total number of reports in the NPDB exceeds 408,730 and the cumulative number of queries is more than 42 million. Although Medical Malpractice Payment Reports still represent the majority of reports in the NPDB, an increasing number of Adverse Action Reports (e.g., Medicare/Medicaid Exclusion, State Licensure Action, Clinical Privileges Action, Professional Society Membership, and Federal Licensure and DEA reports) have been entered into the NPDB. Several compliance projects are studying ways to make sure that the NPDB is receiving all the reports it should be, data improvement efforts are ensuring the accuracy of NPDB reports, and projects to market the benefits of the NPDB and Proactive Disclosure Service Prototype (PDS) to reporters and queriers are being implemented.

As NPDB information accumulates, the NPDB's value as a source of aggregate information and its public use data for research increases, and its usefulness as an information clearinghouse for eligible queriers about specific practitioners grows. Over time, the data generated will provide useful information on trends in malpractice payments, adverse actions, and professional disciplinary behavior. Most importantly, however, the NPDB will continue to benefit the public by serving as an information clearinghouse that facilitates comprehensive peer review, and thereby, improves U.S. health care quality.

The "Third Generation" contract for the data banks continues to update and improve the Integrated Querying and Reporting Service (IQRS). System improvements – such as giving users the ability to retrieve historical summaries of their queries and reports – continue to be made to better serve the NPDB's customers. The continuing work to educate users about the NPDB and improve the data and reporting compliance ensures the NPDB will remain a prime source of medical malpractice and disciplinary information. This supports the legislative intent to protect the public by restricting the ability of incompetent or unprofessional practitioners to move from State to State without disclosure or discovery of their past history.

Glossary of Acronyms

AAR	Adverse Action Report
ACSI	American Consumer Satisfaction Index
AHA	American Hospital Association
AHIP	America's Health Insurance Plans
AHRQ	Agency for Healthcare Research and Quality
BHPr	Bureau of Health Professions
CAMSS	California Association Medical Staff Services
CMS	Centers for Medicare and Medicaid Services
DBID	Data Banks Identification Number
DEA	Drug Enforcement Administration
D.O.	Doctor of Osteopathy
DOD	U.S. Department of Defense
DPDB	Division of Practitioner Data Banks
EFT	Electronic Funds Transfer
FMS	Financial Management Service
FSMB	Federation of State Medical Boards
HCQIA	*The Health Care Quality Improvement Act of 1986, as amended 42 USC, Sec. 11101, et. reg.*
HFAP	Healthcare Facilities Accreditation Program
HHS	U.S. Department of Health and Human Services
HIPDB	Healthcare Integrity and Protection Data Bank
HMO	Health Maintenance Organization

HRSA	Health Resources and Services Administration
ICD	Interface Control Document
IQRS	Integrated Querying and Reporting Service
ITP	Interface Control Document (ICD) Transfer Program
JCAHO	Joint Commission on Accreditation of Healthcare Organizations
MCO	Managed Care Organization
M.D.	Doctor of Medicine (Allopathic Physician)
MMER	Medicare/Medicaid Exclusion Report
MMPR	Medical Malpractice Payment Report
MOU	Memorandum of Understanding
NAIC	National Association of Insurance Commissioners
NAMSS	National Association Medical Staff Services
NCF	National Credentialing Forum
NCQA	National Committee for Quality Assurance
NCSBN	National Council of State Boards of Nursing
NPDB	National Practitioner Data Bank
NPRM	Notification of Proposed Rule Making
OIG	Office of Inspector General
OWEQA	Office of Workforce Evaluation and Quality Assurance
PDS	Proactive Disclosure System
PPO	Preferred Provider Organization
PRO	Peer Review Organization

QIO	Quality Improvement Organization
QRXS	Querying and Reporting XML Service
RN	Registered Nurse
SRA	SRA International, Inc.
URAC	American Accreditation HealthCare Commission
URP	Users Review Panel
VA	U.S. Department of Veterans Affairs
XML	Extensible Markup Language

Statistical Index: List of Tables

Table 29: Resolved Requests for Secretarial Review by Report Type and Outcome Type, Cumulative Through 2006

Table 1: Number and Percent Distribution of Reports by Report Type, Last Five Years and Cumulative Through 2006
National Practitioner Data Bank (September 1, 1990 - December 31, 2006)

Report Type	2002		2003		2004		2005		2006		Cumulative through 2006	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Malpractice Payment Reports	18,874	70.8%	18,927	72.0%	17,653	70.1%	17,273	73.4%	15,843	69.2%	299,423	73.3%
Adverse Action Reports*	7,784	29.2%	7,352	28.0%	7,519	29.9%	6,254	26.6%	7,044	30.8%	109,307	26.7%
State Licensure	3,948	14.8%	3,971	15.1%	4,008	15.9%	4,013	17.1%	4,452	19.5%	60,526	14.8%
Clinical Privilege	961	3.6%	969	3.7%	1,073	4.3%	892	3.8%	836	3.7%	15,110	3.7%
Professional Society Membership	44	0.2%	46	0.2%	47	0.2%	68	0.3%	35	0.2%	623	0.2%
DEA	0	0.0%	54	0.2%	59	0.2%	20	0.1%	22	0.1%	457	0.1%
Medicare/Medicaid Exclusion	2,831	10.6%	2,312	8.8%	2,332	9.3%	1,261	5.4%	1,699	7.4%	32,591	8.0%
All Reports	26,658	100%	26,279	100%	25,172	100%	23,527	100%	22,887	100%	408,730	100%

This table includes only disclosable reports in the NPDB as of the end of the current year. Voided reports have been excluded.

* "Adverse Action Reports" are defined in footnote 1 on page 6 of this report.

Table 2: Number of Reports Received and Percent Change by Report Type, Last Five Years
National Practitioner Data Bank (January 1, 2002 - December 31, 2006)

Report Type	2002		2003		2004		2005		2006	
	Number	% Change 2001-2002	Number	% Change 2002-2003	Number	% Change 2003-2004	Number	% Change 2004-2005	Number	% Change 2005-2006
Malpractice Payment Reports	18,874	-7.6%	18,927	0.3%	17,653	-6.7%	17,273	-2.2%	15,843	-8.3%
Adverse Action Reports*	7,784	7.8%	7,352	-5.5%	7,519	2.3%	6,254	-16.8%	7,044	12.6%
State Licensure	3,948	25.6%	3,971	0.6%	4,008	0.9%	4,013	0.1%	4,452	10.9%
Clinical Privilege	961	-6.3%	969	0.8%	1,073	10.7%	892	-16.9%	836	-6.3%
Professional Society Membership	44	37.5%	46	4.5%	47	2.2%	68	44.7%	35	-48.5%
DEA	0	…	54	…	59	…	20	-66.1%	22	10.0%
Medicare/Medicaid Exclusion**	2,831	-5.9%	2,312	-18.3%	2,332	0.9%	1,261	-45.9%	1,699	34.7%
All Reports	26,658	-3.6%	26,279	-1.4%	25,172	-4.2%	23,527	-6.5%	22,887	-2.7%

This table includes only disclosable reports in the NPDB as of the end of the current year. Voided reports have been excluded.

Percent changes that cannot be calculated because no reports were submitted for specified periods are indicated by "…"

* "Adverse Action Reports" are defined in footnote 1 on page 6 of this report.

Table 3: Number, Percent Distribution, and Percent Change of Medical Malpractice Payment Reports by Practitioner Type, Last Five Years and Cumulative Through 2006
National Practitioner Data Bank (September 1, 1990 - December 31, 2006)

Practitioner Type*	2002			2003			2004		
	Number	Percent	% Change 2001-2002	Number	Percent	% Change 2002-2003	Number	Percent	% Change 2003-2004
Physicians	15,204	80.6%	-8.3%	15,233	80.5%	0.2%	14,376	81.4%	-5.6%
Dentists	2,075	11.0%	-9.9%	2,233	11.8%	7.6%	1,831	10.4%	-18.0%
Other Practitioners	1,595	8.5%	2.8%	1,461	7.7%	-8.4%	1,446	8.2%	-1.0%
All Practitioners	18,874	100%	-7.6%	18,927	100%	0.3%	17,653	100%	-6.7%

Practitioner Type*	2005			2006			Cumulative through 2006	
	Number	Percent	% Change 2004-2005	Number	Percent	% Change 2005-2006	Number	Percent
Physicians	14,018	81.2%	-2.5%	12,513	79.0%	-10.7%	235,942	78.8%
Dentists	1,732	10.0%	-5.4%	1,628	10.3%	-6.0%	38,745	12.9%
Other Practitioners	1,523	8.8%	5.3%	1,702	10.7%	11.8%	24,736	8.3%
All Practitioners	17,273	100%	-2.2%	15,843	100%	-8.3%	299,423	100%

This table includes only disclosable reports in the NPDB as of the end of the current year. Voided reports have been excluded.

* The "Physicians" category includes allopathic (M.D.) physicians, allopathic interns and residents, osteopathic (D.O.) physicians, and osteopathic interns and residents. The "Dentists" category includes dental residents. The "Other Practitioners" category includes other health care practitioners, non-health care professionals, and non-specified professionals.

Table 4: Mean and Median Medical Malpractice Payment Amounts by Malpractice Reason, 2006 and Cumulative Through 2006 - Physicians*
National Practitioner Data Bank (September 1, 1990 - December 31, 2006)

Malpractice Reason	2006 Only			Cumulative through 2006				
				Actual			Inflation-Adjusted	
	Number of Payments	Mean Payment	Median Payment	Number of Payments	Mean Payment	Median Payment	Mean Payment	Median Payment
Anesthesia Related	343	$356,968	$200,000	7,400	$275,350	$100,000	$333,560	$129,100
Behavorial Health Related**	65	$190,497	$125,000	155	$223,253	$120,000	$230,738	$125,000
Diagnosis Related	4,042	$339,704	$200,000	80,095	$256,340	$150,000	$308,409	$170,977
Equipment or Product Related	74	$199,972	$77,500	927	$97,316	$25,000	$114,522	$33,092
IV or Blood Products Related	17	$163,412	$130,000	828	$176,778	$75,000	$222,292	$96,825
Medication Related	619	$251,454	$132,000	13,069	$175,337	$72,500	$213,693	$85,383
Monitoring Related	358	$334,754	$148,800	3,445	$251,052	$105,000	$292,368	$132,743
Obstetrics Related	1,085	$558,035	$333,334	20,368	$404,591	$200,000	$488,761	$261,995
Surgery Related	3,218	$252,476	$145,000	63,987	$189,293	$95,882	$228,072	$112,639
Treatment Related	2,393	$254,249	$130,000	42,130	$200,723	$95,000	$242,193	$111,513
Miscellaneous	299	$255,132	$100,000	3,393	$131,247	$35,000	$157,279	$43,319
All Reasons	12,513	$311,965	$175,000	235,797	$234,318	$104,481	$282,371	$136,782

This table includes only disclosable reports in the NPDB as of the end of the current year. Voided reports have been excluded. Cumulative totals exclude 120 Medical Malpractice Payment Reports that are missing data necessary to calculate payment or malpractice reason.

* The "Physicians" category includes allopathic (M.D.) physicians, allopathic interns and residents, osteopathic (D.O.) physicians, and osteopathic interns and residents.

** The "Behavioral Health" category was added on January 31, 2004. Reports involving behavioral health issues filed before January 31, 2004 used other reporting categories. Cumulative data in this category includes only reports filed after January 31, 2004.

Table 5: Mean and Median Delay Between Incident and Payment by Malpractice Reason, 2006 and Cumulative Through 2006 - Physicians*
National Practitioner Data Bank (September 1, 1990 - December 31, 2006)

Malpractice Reason	2006 Only			Cumulative through 2006		
	Number of Payments	Mean Delay Between Incident and Payment (Years)	Median Delay Between Incident and Payment (Years)	Number of Payments	Mean Delay Between Incident and Payment (Years)	Median Delay Between Incident and Payment (Years)
Anesthesia Related	343	4.09	3.87	7,370	3.78	3.32
Behavioral Health Related**	65	6.43	6.00	155	5.50	4.78
Diagnosis Related	4,035	5.09	4.55	79,740	4.83	4.26
Equipment or Product Related	74	4.22	3.33	920	5.89	3.63
IV or Blood Products Related	17	4.91	4.66	824	5.38	4.25
Medication Related	618	4.40	4.10	12,972	5.08	3.78
Monitoring Related	358	4.82	4.16	3,434	4.79	4.10
Obstetrics Related	1,084	6.20	5.25	20,282	6.16	4.95
Surgery Related	3,213	4.38	4.03	63,755	4.27	3.74
Treatment Related	2,393	4.74	4.25	41,946	4.70	4.03
Miscellaneous	295	5.65	4.78	3,349	4.52	3.62
All Reasons	12,495	4.88	4.34	234,747	4.75	4.05

This table includes only disclosable reports in the NPDB as of the end of the current year. Voided reports have been excluded. Medical Malpractice Payment Reports which are missing data necessary to calculate payment delay or malpractice reason (18 reports for 2006 and 1,050 reports cumulatively) are excluded.

* The "Physicians" category includes allopathic (M.D.) physicians, allopathic interns and residents, osteopathic (D.O.) physicians, and osteopathic interns and residents.

** The "Behavioral Health" category was added on January 31, 2004. Reports involving behavioral health issues filed before January 31, 2004 used other reporting categories. Cumulative data in this category includes only reports filed after January 31, 2004.

Table 6: Number of Medical Malpractice Payment Reports by Malpractice Reason - Professional Nurses (Registered Nurses, Nurse Anesthetists, Nurse Midwives, Nurse Practitioners, and Advanced Practice Nurses/Clinical Nurse Specialists)
National Practitioner Data Bank (September 1, 1990 - December 31, 2006)

Malpractice Reason	RN (Professional) Nurse***	Nurse Anesthetist	Nurse Midwife	Nurse Practitioner	Advanced Practice Nurse/ Clinical Nurse Specialist*	Total
Anesthesia Related	137	973	1	10	1	1,122
Behavioral Health Related**	6	1	0	1	1	9
Diagnosis Related	253	17	43	267	2	582
Equipment or Product Related	60	6	0	6	0	72
IV or Blood Products Related	172	14	0	2	0	188
Medication Related	605	31	4	73	1	714
Monitoring Related	776	21	19	29	0	845
Obstetrics Related	428	7	483	32	1	951
Surgery Related	399	69	9	13	1	491
Treatment Related	761	36	36	148	6	987
Miscellaneous	227	6	1	13	0	247
All Reasons	3,824	1,181	596	594	13	6,208

This table includes only disclosable reports in the NPDB as of the end of the current year. Voided reports have been excluded. Medical Malpractice Payment Reports which are missing data necessary to determine the malpractice reason (8 reports for RNs) are excluded.

* Reporting using the "Advanced Nurse Practitioner" category began on March 5, 2002. The "Advanced Nurse Practitioner" category was changed to "Clinical Nurse Specialist" on September 9, 2002. Prior to March 5, 2002, these nurses were included in the "RN (Professional Nurse)" category.

** The "Behavioral Health" category was added on January 31, 2004. Reports involving behavioral health issues filed before January 31, 2004 used other reporting categories. Cumulative data in this category includes only reports filed after January 31, 2004.

***A Professional Nurse is an individual who has received approved nursing education and training who holds a BSN degree (or equivalent), an ADN degree (or equivalent), or a hospital program diploma, and who holds a State license as a Registered Nurse. This definition includes Registered Nurses who have advanced training as Nurse Midwives, Nurse Anesthetists, Advanced Practice Nurses, etc

Table 7: Mean and Median Medical Malpractice Payment Amounts by Malpractice Reason, 2006 and Cumulative through 2006 - Professional Nurses*(Registered Nurses, Nurse Anesthetists, Nurse Midwives, Nurse Practitioners, and Advanced Practice Nurses/Clinical Nurse Specialists)**
National Practitioner Data Bank (September 1, 1990 - December 31, 2006)

Malpractice Reason	2006 Only			Cumulative through 2006				
				Actual			Inflation-Adjusted	
	Number of Payments	Mean Payment	Median Payment	Number of Payments	Mean Payment	Median Payment	Mean Payment	Median Payment
Anesthesia Related	70	$290,001	$175,000	1,122	$264,102	$100,000	$320,811	$133,184
Behavioral Heath Related***	3	$328,633	$30,000	9	$194,122	$30,000	$197,932	$30,000
Diagnosis Related	78	$321,367	$187,251	582	$294,398	$125,000	$345,385	$150,000
Equipment or Product Related	7	$89,831	$35,000	72	$149,280	$38,250	$190,482	$41,116
IV or Blood Products Related	11	$124,084	$100,000	188	$216,646	$75,000	$266,889	$83,604
Medication Related	64	$195,331	$75,000	714	$260,909	$62,500	$308,375	$73,581
Monitoring Related	95	$274,086	$112,500	845	$295,401	$100,000	$350,615	$111,606
Obstetrics Related	127	$394,306	$200,000	951	$514,553	$235,512	$593,095	$270,603
Surgery Related	45	$118,745	$100,000	491	$145,969	$50,000	$175,218	$61,323
Treatment Related	120	$284,476	$87,500	987	$181,904	$50,000	$208,731	$64,614
Miscellaneous	25	$99,985	$62,500	247	$223,327	$40,000	$262,203	$51,640
All Reasons	645	$277,431	$112,500	6,208	$282,297	$95,000	$332,463	$106,924

*A Professional Nurse is an individual who has received approved nursing education and training who holds a BSN degree (or equivalent), an ADN degree (or equivalent) , or a hospital program diploma, and who holds a State license as a Registered Nurse. This definition includes Registered Nurses who have advanced training as Nurse Midwives, Nurse Anesthetists, Advanced Practice Nurses, etc.

**This table includes only disclosable reports in the NPDB as of the end of the current year. Voided reports have been excluded. Medical Malpractice Payment Reports which are missing data necessary to determine the malpractice reason (8 reports cumulatively) are excluded.

*** The "Behavioral Health" category was added on January 31, 2004. Reports involving behavioral health issues filed before January 31, 2004 used other reporting categories. Cumulative data in this category includes only reports filed after January 31, 2004.

Table 8: Actual and Adjusted Medical Malpractice Payment Reports and Ratio of Adjusted Medical Malpractice Payment Reports by State - Physicians* and Professional Nurses** (Registered Nurses, Nurse Anesthetists, Nurse Midwives, Nurse Practitioners, and Advanced Practice Nurses/Clinical Nurse Specialists)
National Practitioner Data Bank (September 1, 1990 - December 31, 2006)

State	Number of Nurse Reports	Adjusted Number of Nurse Reports***	Adjusted Number of Physician Reports***	Ratio of Adjusted Physician Reports to Adjusted Nurse Reports	Ratio of Adjusted Nurse Reports to Adjusted Physician Reports
Alabama	90	90	965	10.72	0.09
Alaska	21	21	309	14.71	0.07
Arizona	119	119	3,794	31.88	0.03
Arkansas	47	47	1,131	24.06	0.04
California	251	251	23,961	95.46	0.01
Colorado	101	101	2,513	24.88	0.04
Connecticut	40	40	2,520	63.00	0.02
Delaware	12	12	594	49.50	0.02
District of Columbia	69	69	940	13.62	0.04
Florida***	522	522	16,674	31.94	0.03
Georgia	182	182	4,211	23.14	0.04
Hawaii	12	12	536	44.67	0.02
Idaho	36	36	506	14.06	0.07
Illinois	183	183	9,485	51.83	0.02
Indiana***	30	26	2,990	115.00	0.01
Iowa	33	33	1,853	56.15	0.02
Kansas***	102	77	1,789	23.23	0.04
Kentucky	77	77	2,612	33.92	0.03
Louisiana***	182	158	3,064	19.39	0.05
Maine	16	16	642	40.13	0.02
Maryland	122	122	3,869	31.71	0.03
Massachusetts	343	343	4,312	12.57	0.08
Michigan	141	141	11,749	83.33	0.01
Minnesota	51	51	1,734	34.00	0.03
Mississippi	68	68	1,800	26.47	0.04
Missouri	252	251	4,123	16.43	0.06
Montana	19	19	969	51.00	0.02
Nebraska***	52	50	971	19.42	0.05
Nevada	36	36	1,396	38.78	0.03
New Hampshire	44	44	865	19.66	0.05
New Jersey	752	751	9,555	12.72	0.08
New Mexico***	99	97	1,268	13.07	0.08
New York	346	345	30,662	88.88	0.01
North Carolina	117	117	3,537	30.23	0.03
North Dakota	9	9	396	44.00	0.02
Ohio	166	166	9,676	58.29	0.02
Oklahoma	89	89	1,841	20.69	0.05
Oregon	50	50	1,545	30.90	0.03
Pennsylvania***	217	189	13,880	73.44	0.01
Rhode Island	23	23	986	42.87	0.02
South Carolina***	47	43	1,608	37.40	0.03
South Dakota	17	17	389	22.88	0.04
Tennessee	156	156	2,829	18.13	0.06
Texas	522	522	16,440	31.49	0.03
Utah	29	29	1,649	56.86	0.02
Vermont	7	7	442	63.14	0.02
Virginia	109	109	3,292	30.20	0.03
Washington	93	93	3,767	40.51	0.02
West Virginia	43	43	2,170	50.47	0.02
Wisconsin***	49	47	1,560	33.19	0.03
Wyoming	10	10	412	41.20	0.02
All Jurisdictions****	6,216	6,122	223,470	36.50	0.03

This table includes only disclosable reports in the NPDB as of the end of the current year. Voided reports have been excluded.

* The "Physicians" category includes allopathic (M.D.) physicians, allopathic interns and residents, osteopathic (D.O.) physicians, and osteopathic interns and residents.

**A Professional Nurse is an individual who has received approved nursing education and training who holds a BSN degree (or equivalent), an ADN degree (or equivalent), or a hospital program diploma, and who holds a State license as a Registered Nurse. This definition includes Registered Nurses who have advanced training as Nurse Midwives, Nurse Anesthetists, Advanced Practice Nurses, etc.

*** Adjusted columns exclude reports from State patient compensation funds and similar State funds which make payments in excess of amounts paid by a practitioner's primary malpractice carrier. Two reports are filed with the NPDB (one from the primary insurer and one from the fund) whenever a total malpractice settlement or award exceeds a maximum set by the State for the practitioner's primary malpractice carrier. The States marked with asterisks have or had these funds. Thus, the adjusted columns provide an approximate number of incidents resulting in payments rather than the number of payments. These funds occasionally make payments for practitioners practicing in other States at the time of a malpractice event. See the Annual Report narrative for additional details.

**** The total includes reports for American Samoa, Guam, Northern Mariana Islands, Puerto Rico, U.S. Virgin Islands, and Armed Forces locations overseas (11 reports for nurses and 2,669 reports for physicians); additional reports that lack information about the State are also included (2 reports for nurses and 20 reports for physicians).

Table 9: Mean and Median Medical Malpractice Payment Amounts by Malpractice Reason, 2006 and Cumulative Through 2006 - Physician Assistants
National Practitioner Data Bank (September 1, 1990 - December 31, 2006)

Malpractice Reason	2006 Only			Cumulative through 2006				
					Actual		Inflation-Adjusted	
	Number of Payments	Mean Payment	Median Payment	Number of Payments	Mean Payment	Median Payment	Mean Payment	Median Payment
Anesthesia Related	2	$462,500	$462,500	9	$185,877	$50,000	$195,129	$55,153
Behavioral Health Related*	0	--	--	0	--	--	--	--
Diagnosis Related	65	$273,890	$150,000	633	$200,691	$100,000	$225,673	$111,837
Equipment or Product Related	0	--	--	2	$47,500	$47,500	$49,914	$49,914
IV or Blood Products Related	0	--	--	3	$256,250	$225,000	$277,473	$248,187
Medication Related	4	$127,125	$124,250	93	$109,025	$40,000	$123,782	$45,056
Monitoring Related	3	$158,333	$100,000	18	$146,212	$113,465	$164,377	$121,321
Obstetrics Related	1	$1,933,709	$1,933,709	6	$537,285	$187,500	$575,966	$204,054
Surgery Related	4	$20,812	$21,875	51	$82,083	$35,000	$96,080	$38,607
Treatment Related	33	$143,877	$50,000	279	$121,283	$35,000	$136,444	$41,118
Miscellaneous	1	$37,500	$37,500	36	$118,929	$50,000	$133,346	$59,837
All Reasons	113	$234,635	$100,000	1130	$166,260	$75,000	$186,933	$86,568

This table includes only disclosable reports in the NPDB as of the end of the current year. Voided reports have been excluded.

* The "Behavioral Health" category was added on January 31, 2004. Reports involving behavioral health issues filed before January 31, 2004 used other reporting categories. Cumulative data in this category includes only reports filed after January 31, 2004.

Table 10: Actual and Adjusted Medical Malpractice Payment Reports and Ratio of Adjusted Medical Practitioner Reports by State, Physicians and Dentists, Cumulative Through 2006
National Practitioner Data Bank (September 1, 1990 - December 31, 2006)

State	Physicians*		Dentists*		Ratio of Adjusted Physician Reports to Adjusted Dentist Reports	Ratio of Adjusted Dentist Reports to Adjusted Physician Reports
	Number of Reports	Adjusted Number of Reports**	Number of Reports	Adjusted Number of Reports**		
Alabama	976	965	188	188	5.13	0.19
Alaska	309	309	87	86	3.59	0.28
Arizona	3,817	3,794	575	575	6.60	0.15
Arkansas	1,141	1,131	163	163	6.94	0.14
California	23,996	23,961	7,907	7,907	3.03	0.33
Colorado	2,532	2,513	470	470	5.35	0.19
Connecticut	2,525	2,520	596	596	4.23	0.24
Delaware	609	594	62	62	9.58	0.10
District of Columbia	943	940	140	140	5.72	0.15
Florida**	16,752	16,674	1,926	1,926	8.66	0.12
Georgia	4,232	4,211	700	700	6.02	0.17
Hawaii	536	536	136	136	3.94	0.25
Idaho	510	506	73	73	6.93	0.14
Illinois	9,508	9,485	1,481	1,481	6.40	0.16
Indiana**	4,558	2,990	420	390	7.67	0.13
Iowa	1,856	1,853	221	221	8.38	0.12
Kansas**	2,682	1,789	264	262	6.83	0.15
Kentucky	2,636	2,612	374	374	6.98	0.14
Louisiana**	4,485	3,064	430	400	7.66	0.13
Maine	644	642	123	123	5.22	0.19
Maryland	3,884	3,869	852	852	4.54	0.22
Massachusetts	4,326	4,312	1,025	1,025	4.21	0.24
Michigan	11,762	11,749	1,631	1,631	7.20	0.14
Minnesota	1,747	1,734	323	323	5.37	0.19
Mississippi	1,807	1,800	155	154	11.69	0.09
Missouri	4,254	4,123	556	556	7.42	0.13
Montana	972	969	88	88	11.01	0.09
Nebraska**	1,253	971	145	145	6.70	0.15
Nevada	1,400	1,396	231	231	6.04	0.17
New Hampshire	866	865	172	172	5.03	0.20
New Jersey	9,656	9,555	1,326	1,326	7.21	0.14
New Mexico**	1,625	1,268	212	212	5.98	0.17
New York	30,700	30,662	4,855	4,855	6.32	0.16
North Carolina	3,574	3,537	310	310	11.41	0.09
North Dakota	400	396	40	40	9.90	0.10
Ohio	9,700	9,676	1,241	1,241	7.80	0.13
Oklahoma	1,864	1,841	385	385	4.78	0.21
Oregon	1,550	1,545	295	295	5.24	0.19
Pennsylvania**	20,314	13,880	2,453	2,453	5.66	0.18
Rhode Island	988	986	135	135	7.30	0.14
South Carolina**	2,068	1,608	163	157	10.24	0.10
South Dakota	392	389	62	62	6.27	0.16
Tennessee	2,845	2,829	342	342	8.27	0.12
Texas	16,485	16,440	2,140	2,140	7.68	0.13
Utah	1,651	1,649	514	514	3.21	0.31
Vermont	443	442	88	88	5.02	0.20
Virginia	3,305	3,292	562	562	5.86	0.17
Washington	3,777	3,767	1,265	1,265	2.98	0.34
West Virginia	2,174	2,170	169	169	12.84	0.08
Wisconsin**	1,809	1,560	500	500	3.12	0.32
Wyoming	413	412	41	41	10.05	0.10
All Jurisdictions***	235,942	223,470	38,745	38,675	5.78	0.17

This table includes only disclosable reports in the NPDB as of the end of the current year. Voided reports have been excluded.

* The "Physicians" category includes allopathic (M.D.) physicians, allopathic interns and residents, osteopathic (D.O.) physicians, and osteopathic interns and residents. The "Dentists" category includes dentists and dental residents.

** Adjusted columns exclude reports from State patient compensation and similar State funds which make payments in excess of amounts paid by a practitioner's primary malpractice carrier. When payments are made by these funds, two reports are filed with the NPDB (one from the primary insurer and one from the fund) whenever a total malpractice settlement or award exceeds a maximum set by the State for the practitioner's primary malpractice carrier. The States marked with double asterisks have or had these funds. Thus, the adjusted columns provide an approximation of the number of incidents resulting in payments rather than the number of payments. These funds occasionally make payments for practitioners practicing in other States at the time of a malpractice event. See the Annual Report narrative for additional details.

*** The total includes reports for American Samoa, Guam, Northern Mariana Islands, Puerto Rico, U.S. Virgin Islands, and Armed Forces locations overseas (2,669 reports for physicians and 128 reports for dentists); an additional 25 reports (20 reports for physicians and 5 reports for dentists) that lack information about the State are also included in the total.

Table 11: Number of Medical Malpractice Payment Reports by State, Last Five Years - Physicians*
National Practitioner Data Bank (January 1, 2002 - December 31, 2006)

State	2002		2003		2004		2005		2006	
	Number of Reports	Adjusted Number of Reports**	Number of Reports	Adjusted Number of Reports**	Number of Reports	Adjusted Number of Reports**	Number of Reports	Adjusted Number of Reports**	Number of Reports	Adjusted Number of Reports**
Alabama	78	76	57	57	64	64	49	48	61	60
Alaska	20	20	19	19	17	17	22	22	26	26
Arizona	272	269	316	315	211	209	293	291	234	232
Arkansas	95	94	73	72	78	78	76	74	61	61
California	1,378	1,374	1,362	1,359	1,241	1,238	1,192	1,189	1,075	1,073
Colorado	179	179	177	175	151	151	135	135	146	146
Connecticut	176	176	225	225	168	168	148	147	172	172
Delaware	55	50	67	66	29	29	34	34	37	35
District of Columbia	60	58	45	45	46	46	61	61	84	84
Florida**	1,257	1,251	1,354	1,344	1,209	1,199	1,148	1,141	909	907
Georgia	281	280	327	325	335	332	282	279	278	277
Hawaii	35	35	49	49	36	36	19	19	19	19
Idaho	29	28	39	38	31	31	41	41	33	32
Illinois	488	486	504	502	478	474	485	482	428	427
Indiana**	155	154	433	190	236	136	201	131	234	158
Iowa	133	133	124	124	101	101	112	112	79	79
Kansas**	158	108	151	96	171	105	188	133	159	101
Kentucky	265	263	220	217	161	158	169	166	168	167
Louisiana**	317	197	294	187	278	193	314	193	364	200
Maine	37	37	39	38	36	36	44	43	37	37
Maryland	296	296	311	311	267	263	251	249	219	215
Massachusetts	227	227	257	255	267	266	268	266	273	270
Michigan	756	754	582	581	545	544	472	469	398	398
Minnesota	104	101	108	105	96	96	78	77	73	73
Mississippi	158	158	112	112	103	102	92	91	107	107
Missouri	251	249	228	219	270	257	235	224	220	216
Montana	64	64	62	62	41	41	51	50	51	51
Nebraska**	102	83	88	63	83	64	195	112	73	45
Nevada	122	122	110	110	103	102	112	111	90	90
New Hampshire	42	42	54	54	46	45	57	57	39	39
New Jersey	681	669	610	596	618	606	728	713	576	571
New Mexico**	69	69	76	74	83	83	152	88	109	89
New York	1,835	1,830	1,815	1,811	1,947	1,946	1,824	1,819	1,936	1,932
North Carolina	269	266	222	217	262	260	202	198	164	164
North Dakota	29	29	34	33	25	25	31	31	16	16
Ohio	533	530	586	583	486	485	440	438	360	357
Oklahoma	124	124	142	138	166	166	182	181	137	135
Oregon	111	110	129	128	112	111	81	80	94	94
Pennsylvania**	1,332	828	1,281	830	1,328	881	1,126	727	993	690
Rhode Island	55	55	75	74	44	44	41	41	55	55
South Carolina*	162	121	167	128	175	116	192	137	198	145
South Dakota	21	21	40	40	23	22	37	37	22	21
Tennessee	211	211	171	171	209	209	168	166	172	171
Texas	1,081	1,079	1,094	1,088	1,100	1,097	1,060	1,055	674	671
Utah	117	117	100	100	92	92	106	106	86	86
Vermont	19	19	27	26	21	21	16	16	22	22
Virginia	221	218	203	202	188	186	167	167	163	162
Washington	244	243	222	222	205	203	193	193	193	192
West Virginia	177	177	111	111	85	85	83	82	85	85
Wisconsin**	121	109	118	110	86	81	92	86	78	71
Wyoming	34	34	25	25	17	17	28	28	19	19
All Jurisdictions***	15,204	14,391	15,233	14,220	14,376	13,523	14,018	13,081	12,513	11,759

This table includes only disclosable reports in the NPDB as of the end of the current year. Voided reports have been excluded.

* The "Physicians" category includes allopathic (M.D.) physicians, allopathic interns and residents, osteopathic (D.O.) physicians, and osteopathic interns and residents.

** Adjusted columns exclude reports from State patient compensation and similar State funds which make payments in excess of amounts paid by a practitioner's primary malpractice carrier. When payments are made by these funds, two reports are filed with the NPDB (one from the primary insurer and one from the fund) whenever a total malpractice settlement or award exceeds a maximum set by the State for the practitioner's primary malpractice carrier. The States marked with double asterisks have or had these funds. Thus, the adjusted columns provide an approximation of the number of incidents resulting in payments rather than the number of payments. These funds occasionally make payments for practitioners practicing in other States at the time of a malpractice event. See the Annual Report narrative for additional details.

*** The total includes reports for American Samoa, Guam, Northern Mariana Islands, Puerto Rico, U.S. Virgin Islands, and Armed Forces locations overseas (168 reports in 2002, 197 reports in 2003, 206 reports in 2004, and 245 reports in 2005, and 214 reports in 2006); one additional report (in 2003) that lacks information about the State is also included in the total.

Table 12: Number of Medical Malpractice Payment Reports by State, Last Five Years - Dentists*
National Practitioner Data Bank (January 1, 2002 - December 31, 2006)

State	2002		2003		2004		2005		2006	
	Number of Reports	Adjusted Number of Reports**	Number of Reports	Adjusted Number of Reports**	Number of Reports	Adjusted Number of Reports**	Number of Reports	Adjusted Number of Reports**	Number of Reports	Adjusted Number of Reports**
Alabama	12	12	10	10	9	9	8	8	9	9
Alaska	2	2	8	8	6	6	8	8	6	6
Arizona	33	33	35	35	23	23	28	28	26	26
Arkansas	12	12	7	7	4	4	13	13	6	6
California	450	450	374	374	383	383	344	344	332	332
Colorado	24	24	28	28	20	20	28	28	19	19
Connecticut	21	21	42	42	46	46	25	25	22	22
Delaware	3	3	1	1	2	2	1	1	2	2
District of Columbia	4	4	7	7	4	4	7	7	4	4
Florida**	111	111	112	112	69	69	102	102	75	75
Georgia	57	57	37	37	23	23	37	37	18	18
Hawaii	3	3	6	6	7	7	9	9	6	6
Idaho	4	4	8	8	7	7	3	3	5	5
Illinois	84	84	48	48	47	47	48	48	71	71
Indiana**	14	14	14	14	18	18	17	13	13	13
Iowa	17	17	13	13	11	11	10	10	9	9
Kansas**	9	9	11	11	15	15	14	14	13	13
Kentucky	21	21	15	15	17	17	17	17	9	9
Louisiana**	18	17	30	25	27	23	17	16	19	15
Maine	7	7	7	7	8	8	3	3	12	12
Maryland	52	52	28	28	34	34	23	23	30	30
Massachusetts	59	59	54	54	44	44	49	49	37	37
Michigan	60	60	61	61	50	50	58	58	35	35
Minnesota	10	10	15	15	13	13	6	6	8	8
Mississippi	12	12	7	7	9	9	8	8	5	5
Missouri	21	21	12	12	15	15	13	13	20	20
Montana	7	7	2	2	3	3	7	7	0	0
Nebraska**	6	6	10	10	7	7	11	11	2	2
Nevada	26	26	16	16	52	52	11	11	17	17
New Hampshire	7	7	8	8	10	10	9	9	5	5
New Jersey	76	76	70	70	61	61	57	57	56	56
New Mexico**	16	16	12	12	9	9	13	13	19	19
New York	255	255	429	429	311	311	295	295	326	326
North Carolina	19	19	13	13	11	11	13	13	20	20
North Dakota	7	7	1	1	2	2	2	2	3	3
Ohio	55	55	51	51	39	39	47	47	37	37
Oklahoma	30	30	28	28	16	16	13	13	16	16
Oregon	14	14	14	14	15	15	16	16	9	9
Pennsylvania**	121	121	100	100	81	81	86	86	111	111
Rhode Island	4	4	4	4	5	5	6	6	8	8
South Carolina**	15	12	13	12	15	15	9	8	5	5
South Dakota	3	3	2	2	3	3	4	4	3	3
Tennessee	26	26	14	14	16	16	16	16	8	8
Texas	114	114	83	83	107	107	79	79	74	74
Utah	32	32	17	17	17	17	14	14	17	17
Vermont	8	8	6	6	2	2	4	4	4	4
Virginia	22	22	17	17	22	22	40	40	19	19
Washington	51	51	278	278	57	57	49	49	40	40
West Virginia	7	7	14	14	11	11	7	7	3	3
Wisconsin**	16	16	25	25	36	36	17	17	7	7
Wyoming	11	11	2	2	2	2	2	2	1	1
All Jurisdictions-***	2,075	2,071	2,233	2,227	1,831	1,827	1,732	1,726	1,628	1,624

This table includes only disclosable reports in the NPDB as of the end of the current year. Voided reports have been excluded.

*The "Dentists" category includes dentists and dental residen

** Adjusted columns exclude reports from State patient compensation and similar State funds which make payments in excess of amounts paid by a practitioner's primary malpractice carrier. When payments are made by these funds, two reports with the NPDB (one from the primary insurer and one from the fund) whenever a total malpractice settlement or award exceeds a maximum set by the State for the practitioner's primary malpractice carrier. The States marked with asterisks have or had these funds. Thus, the adjusted columns provide an approximation of the number of incidents resulting in payments rather than the number of payments. These funds occasionally make payments for practitioners practicing in other States at the time of a malpractice event. See the Annual Report narrative for additional details.

*** The total includes reports for American Samoa, Guam, Northern Mariana Islands, Puerto Rico, U.S. Virgin Islands, and Armed Forces locations overseas (7 reports in 2002, 14 reports in 2003, 10 reports in 2004, 9 reports in 2005, and 7 reports In 2006).

Table 13: Mean and Median Medical Malpractice Payment and Mean and Median Delay Between Incident and Payment by State, 2006 and Cumulative Through 2006 - Physicians*
National Practitioner Data Bank (September 1, 1990 - December 31, 2006)

State	Payment Amounts						Delay Between Incident and Payment			
	2006 Only			Cumulative through 2006			2006 Only		Cumulative through 2006	
	Mean Payment	Median Payment	Rank of 2006 Median Payment***	Mean Payment	Median Payment	Rank of Cumulative Median Payment***	Mean Delay Between Incident and Payment (Years)	Median Delay Between Incident and Payment (Years)	Mean Delay Between Incident and Payment (Years)	Median Delay Between Incident and Payment (Years)
Alabama	$453,665	$149,900	33	$354,269	$150,000	7	4.47	4.12	4.30	4.00
Alaska	$240,511	$66,667	50	$251,950	$100,000	23	7.83	4.30	4.20	3.61
Arizona	$286,898	$161,375	28	$244,489	$120,000	21	4.11	3.86	3.87	3.39
Arkansas	$246,959	$87,500	46	$208,024	$100,000	23	4.01	3.45	3.57	3.17
California	$223,039	$75,000	48	$144,426	$50,000	51	3.30	2.76	3.32	2.77
Colorado	$312,138	$107,500	42	$204,758	$75,000	45	3.55	3.36	3.45	3.05
Connecticut	$500,289	$333,333	2	$402,000	$180,000	5	5.40	5.17	5.42	5.27
Delaware	$521,177	$250,000	6	$292,240	$125,000	17	4.17	3.82	4.42	4.08
District of Columbia	$331,628	$137,500	35	$392,983	$200,000	2	4.83	4.56	4.72	4.08
Florida**	$240,363	$150,000	29	$232,861	$150,000	7	4.22	3.89	4.00	3.52
Georgia	$292,902	$200,000	12	$305,797	$150,000	7	4.36	3.96	3.81	3.43
Hawaii	$342,316	$250,000	6	$303,571	$100,000	23	4.29	3.98	4.03	3.82
Idaho	$281,751	$200,000	12	$222,406	$75,000	45	3.69	3.50	3.70	3.27
Illinois	$619,205	$400,000	1	$366,004	$205,000	1	5.82	5.35	5.70	5.15
Indiana**	$322,822	$130,339	36	$186,946	$75,001	44	6.38	5.96	5.63	5.27
Iowa	$274,281	$125,000	38	$201,015	$82,500	40	4.08	3.47	3.36	3.13
Kansas**	$155,285	$125,000	38	$161,656	$120,000	21	3.90	3.56	3.96	3.35
Kentucky	$280,599	$147,250	34	$195,284	$80,000	41	5.10	4.55	4.21	3.55
Louisiana**	$207,878	$100,000	44	$151,983	$93,000	35	5.76	5.10	5.24	4.70
Maine	$322,325	$240,000	10	$266,548	$150,000	7	4.41	4.27	4.11	3.74
Maryland	$347,477	$200,000	12	$275,781	$150,000	7	4.72	4.16	4.57	4.17
Massachusetts	$465,236	$300,000	3	$337,574	$200,000	2	6.60	6.50	5.98	5.70
Michigan	$138,433	$85,000	47	$109,004	$75,000	45	4.36	3.98	4.33	3.65
Minnesota	$480,822	$225,000	11	$228,703	$85,000	39	3.53	3.25	3.24	2.86
Mississippi	$258,806	$175,000	24	$218,855	$100,000	23	4.84	4.31	4.25	3.66
Missouri	$330,115	$200,000	12	$234,861	$125,000	17	4.57	4.30	4.46	3.90
Montana	$320,849	$190,000	21	$187,697	$75,000	45	4.43	4.07	4.21	3.70
Nebraska**	$213,081	$200,000	12	$139,798	$90,000	36	4.67	3.64	4.11	3.81
Nevada	$340,211	$187,500	22	$277,211	$130,000	16	4.91	4.75	4.55	4.30
New Hampshire	$336,032	$300,000	3	$270,550	$152,487	6	4.66	4.81	4.70	4.16
New Jersey	$401,144	$242,250	9	$289,726	$150,000	7	5.82	4.97	6.06	5.10
New Mexico**	$199,917	$170,000	25	$157,429	$100,000	23	3.70	3.45	3.80	3.37
New York	$405,558	$250,000	6	$300,521	$150,000	7	5.79	5.18	6.65	5.76
North Carolina	$366,966	$200,000	12	$275,486	$125,000	17	4.29	3.90	3.89	3.52
North Dakota	$301,422	$200,000	12	$204,117	$88,750	38	4.00	3.18	3.44	3.20
Ohio	$310,573	$170,000	25	$249,497	$100,000	23	5.45	4.16	4.35	3.55
Oklahoma	$245,127	$150,000	29	$252,800	$98,250	34	4.13	3.90	3.96	3.45
Oregon	$305,725	$120,000	41	$230,037	$100,000	23	3.47	3.38	3.42	3.07
Pennsylvania**	$332,376	$300,000	3	$249,721	$200,000	2	5.77	5.01	5.89	5.41
Rhode Island	$326,542	$200,000	12	$280,190	$125,000	17	5.95	6.21	6.16	5.88
South Carolina**	$174,454	$100,000	44	$191,770	$100,000	23	4.70	4.40	4.60	4.19
South Dakota	$422,033	$75,000	48	$230,816	$75,053	43	3.26	3.39	3.58	3.23
Tennessee	$317,305	$150,000	29	$230,239	$100,000	23	4.36	3.81	3.77	3.29
Texas	$175,644	$121,009	40	$194,530	$100,000	23	4.05	3.60	3.82	3.40
Utah	$247,349	$165,000	27	$161,591	$55,000	50	4.34	3.87	3.66	3.32
Vermont	$125,795	$26,000	51	$148,462	$75,000	45	3.98	3.65	4.30	4.03
Virginia	$295,840	$200,000	12	$224,984	$132,361	15	3.94	3.52	3.82	3.28
Washington	$277,493	$130,000	37	$225,113	$90,000	36	4.31	4.03	4.25	3.68
West Virginia	$204,794	$105,000	43	$219,180	$100,000	23	5.09	4.32	5.30	4.15
Wisconsin**	$524,041	$177,500	23	$340,051	$150,000	7	4.41	4.44	4.74	4.19
Wyoming	$413,553	$150,000	29	$191,211	$80,000	41	3.33	3.03	3.26	3.02
All Jurisdictions****	$311,965	$175,000		$234,289	$104,167		4.88	4.34	4.75	4.05

This table includes only disclosable reports in the NPDB as of the end of the current year. Voided reports have been excluded.

* The "Physicians" category includes allopathic (M.D.) physicians, allopathic interns and residents, osteopathic (D.O.) physicians, and osteopathic interns and residents.

** These data are not adjusted for payments by State compensation funds and other similar funds. Mean and median payments for States with payments made by these funds understate the actual mean and median amounts received by claimants. Payments made by these funds may also affect mean and median delay times between incidents and payments. States with these funds are marked with two asterisks.

*** One denotes the largest median payment; 51 denotes the lowest median payment.

**** The total includes reports for American Samoa, Guam, Northern Mariana Islands, Puerto Rico, U.S. Virgin Islands, and Armed Forces locations overseas (214 reports in 2006 and 2,673 reports cumulatively for payment amount and 214 reports for 2006 and 2,618 reports cumulatively for delay between incident and payment); also included in the total are additional reports that lack information about the State (20 reports cumulatively for payment amount and 18 reports cumulatively for delay between incident and payment).

Table 14: Number, Percent Distribution, and Percent Change of Adverse Action and Medicare/Medicaid Exclusion Reports by Practitioner Type, Last Five Years and Cumulative Through 2006
National Practitioner Data Bank (September 1, 1990 - December 31, 2006)*

Report Type	2002			2003			2004			2005			2006			Cumulative through 2006	
	Number	Percent	% Change 2001-2002	Number	Percent	% Change 2002-2003	Number	Percent	% Change 2003-2004	Number	Percent	% Change 2004-2005	Number	Percent	% Change 2005-2006	Number	Percent
State Licensure Total	3,948	50.7%	25.6%	3,971	54.0%	0.6%	4,008	53.3%	0.9%	4,013	64.2%	0.1%	4,452	63.2%	10.9%	60,526	55.4%
Physicians**	3,299	42.4%	28.0%	3,327	45.3%	0.8%	3,326	44.2%	0.0%	3,299	52.8%	-0.8%	3,568	50.7%	8.2%	48,893	44.7%
Dentists**	649	8.3%	14.7%	644	8.8%	-0.8%	682	9.1%	5.9%	714	11.4%	4.7%	884	12.5%	23.8%	11,604	10.6%
Other Pracitioners**	0	0.0%	0.0%	0	0.0%	...	0	0.0%	...	0	0.0%	...	0	0.0%	...	29	0.0%
Clinical Privilege Total	961	12.3%	-6.3%	969	13.2%	0.8%	1,073	14.3%	10.7%	892	14.3%	-16.9%	836	11.9%	-6.3%	15,110	13.8%
Physicians**	904	11.6%	-5.3%	906	12.3%	0.2%	934	12.4%	3.1%	823	13.2%	-11.9%	724	10.3%	-12.0%	14,162	13.0%
Dentists**	19	0.2%	-48.6%	20	0.3%	5.3%	90	1.2%	350.0%	18	0.3%	-80.0%	36	0.5%	100.0%	374	0.3%
Other Practitioners**	38	0.5%	11.8%	43	0.6%	13.2%	49	0.7%	14.0%	51	0.8%	4.1%	76	1.1%	49.0%	574	0.5%
Professional Society Membership Total	44	0.6%	...	46	0.6%	4.5%	47	0.6%	2.2%	68	1.1%	44.7%	35	0.5%	-48.5%	623	0.6%
Physicians**	38	0.5%	...	46	0.6%	21.1%	41	0.5%	-10.9%	42	0.7%	2.4%	29	0.4%	-31.0%	545	0.5%
Dentists**	6	0.1%	...	0	0.0%	...	6	0.1%	...	25	0.4%	---	6	0.1%	...	77	0.1%
Other Practitioners**	0	0.0%	...	0	0.0%	...	0	0.0%	...	1	0.0%	---	0	0.0%	...	1	0.0%
DEA Total	0	0.0%	-100.0%	54	0.7%	...	59	0.8%	9.3%	20	0.3%	-66.1%	22	0.3%	10.0%	457	0.4%
Physicians**	0	0.0%	-100.0%	46	0.6%	...	47	0.6%	2.2%	19	0.3%	-59.6%	16	0.2%	-15.8%	419	0.4%
Dentists**	0	0.0%	...	5	0.1%	...	7	0.1%	40.0%	1	0.0%	-85.7%	5	0.1%	400.0%	27	0.0%
Other Practitioners**	0	0.0%	...	3	0.0%	...	5	0.1%	66.7%	0	0.0%	-100.0%	1	0.0%	...	11	0.0%
Medicare/Medicaid Exclusion Total***	2,831	36.4%	-5.9%	2,312	31.4%	-18.3%	2,332	31.0%	0.9%	1,261	20.2%	-45.9%	1,699	24.1%	34.7%	32,591	29.8%
Physicians**	412	5.3%	-31.0%	224	3.0%	-45.6%	177	2.4%	-21.0%	102	1.6%	-42.4%	143	2.0%	40.2%	6,787	6.2%
Dentists**	128	1.6%	-27.7%	83	1.1%	-35.2%	85	1.1%	2.4%	44	0.7%	-48.2%	25	0.4%	-43.2%	2,201	2.0%
Other Practitioners**	2,291	29.4%	2.5%	2,005	27.3%	-12.5%	2,070	27.5%	3.2%	1,115	17.8%	-46.1%	1,531	21.7%	37.3%	23,603	21.6%
All Reports	7,784	100%	7.8%	7,352	100%	-5.5%	7,519	100%	2.3%	6,254	100%	-16.8%	7,044	100%	12.6%	109,307	100%

*This table includes only disclosable reports in the NPDB as of the end of the current year. Voided reports have been excluded. Percent changes that cannot be calculated because no reports were submitted in the base year for the calculation are indicated by "..."

** The "Physicians" category includes allopathic (M.D.) physicians, allopathic interns and residents, osteopathic (D.O.) physicians, and osteopathic interns and residents. The "Dentists" category includes dentists and dental interns and residents. The "Other Practitioners" category includes other health care practitioners, non-health care professionals and non-specified professionals.

*** Medicare/Medicaid Exclusions were first reported during 1997. Reports that year include exclusion actions taken in previous years if the practitioner had not been reinstated. Exclusion Reports for non-health care practitioners are being removed from the NPDB.

Table 15: Currently Active Registered Non-Federal Hospitals That Have Never Reported to the National Practitioner Data Bank by State*
National Practitioner Data Bank (September 1, 1990 - December 31, 2006)

State	Number of Hospitals with "Active" NPDB Registrations	Number of "Active" Hospitals that Have Never Reported	Percent of Hospitals that Have Never Reported
Alabama	112	66	58.9%
Alaska	19	10	52.6%
Arizona	86	38	44.2%
Arkansas	97	49	50.5%
California	415	138	33.3%
Colorado	72	36	50.0%
Connecticut	41	11	26.8%
Delaware	10	3	30.0%
District of Columbia	13	4	37.5%
Florida	229	106	46.3%
Georgia	173	71	41.0%
Hawaii	27	15	55.6%
Idaho	45	28	62.2%
Illinois	207	76	36.7%
Indiana	143	66	46.2%
Iowa	118	74	62.7%
Kansas	150	105	70.0%
Kentucky	115	61	53.0%
Louisiana	199	137	68.8%
Maine	42	19	45.2%
Maryland	62	20	32.3%
Massachusetts	110	54	49.1%
Michigan	164	63	38.4%
Minnesota	132	86	65.2%
Mississippi	100	61	61.0%
Missouri	140	68	48.6%
Montana	52	34	65.4%
Nebraska	89	58	65.2%
Nevada	43	25	58.1%
New Hampshire	30	8	26.7%
New Jersey	104	36	34.6%
New Mexico	36	15	41.7%
New York	245	70	28.6%
North Carolina	125	56	44.8%
North Dakota	45	32	71.1%
Ohio	207	86	41.5%
Oklahoma	143	94	65.7%
Oregon	61	20	32.8%
Pennsylvania	239	102	42.7%
Rhode Island	16	3	18.8%
South Carolina	76	35	46.1%
South Dakota	57	43	75.4%
Tennessee	147	78	53.1%
Texas	505	311	61.6%
Utah	48	16	33.3%
Vermont	16	4	25.0%
Virginia	110	42	38.2%
Washington	93	37	39.8%
West Virginia	66	30	45.5%
Wisconsin	134	76	56.7%
Wyoming	28	20	71.4%
All Jurisdictions**	5,779	2,824	48.9%

* "Currently active" registered hospitals are those listed by the NPDB as having active status registrations on December 31, 2006. A few hospitals have more than one registration and are included more than once in this table. Non-Federal hospitals are hospitals not owned and operated by the Federal government.

** The total includes hospitals in American Samoa, Guam, Northern Mariana Islands, Puerto Rico, and U.S. Virgin Islands (50 hospitals with active registrations, 34 hospitals which have never reported).

Table 16: Clinical Privileges Reports and Ratio of Adverse Clinical Privileges Reports to Adverse In-State Licensure Reports by State - Physicians*
National Practitioner Data Bank (September 1, 1990 - December 31, 2006)

State	Number of Clinical Privileges Reports	Number of Clinical Privileges Reports Adverse to the Practitioner**	Number of Licensure Reports Adverse to the Practitioner for In-State Physicians	Ratio of Clinical Privileges Reports Adverse to the Practitioner to In-State Licensure Reports Adverse to the Practitioner
Alabama	180	164	403	0.41
Alaska	31	27	118	0.23
Arizona	433	393	1,134	0.35
Arkansas	139	126	208	0.61
California	1,692	1,569	3,799	0.41
Colorado	259	240	1,050	0.23
Connecticut	89	86	446	0.19
Delaware	41	38	34	1.12
District of Columbia	53	48	51	0.83
Florida	732	666	1,661	0.40
Georgia	444	417	864	0.48
Hawaii	62	57	36	1.58
Idaho	62	53	87	0.61
Illinois	385	358	863	0.41
Indiana	318	289	216	1.34
Iowa	132	119	414	0.29
Kansas	220	204	215	0.95
Kentucky	197	182	638	0.29
Louisiana	201	182	479	0.38
Maine	67	64	180	0.36
Maryland	328	306	884	0.35
Massachusetts	544	482	757	0.64
Michigan	476	438	1,346	0.33
Minnesota	199	184	337	0.55
Mississippi	87	84	342	0.25
Missouri	241	224	602	0.37
Montana	60	52	110	0.47
Nebraska	124	114	80	1.43
Nevada	209	176	122	1.44
New Hampshire	73	68	122	0.56
New Jersey	403	366	998	0.37
New Mexico	78	73	91	0.80
New York	976	899	2,139	0.42
North Carolina	271	247	388	0.64
North Dakota	45	42	104	0.40
Ohio	603	558	1,967	0.28
Oklahoma	227	212	579	0.37
Oregon	175	163	551	0.30
Pennsylvania	524	487	682	0.71
Rhode Island	79	74	133	0.56
South Carolina	205	183	350	0.52
South Dakota	32	31	35	0.89
Tennessee	271	249	394	0.63
Texas	941	866	2,005	0.43
Utah	97	94	184	0.51
Vermont	46	39	100	0.39
Virginia	319	290	1,114	0.26
Washington	329	299	609	0.49
West Virginia	120	106	427	0.25
Wisconsin	229	206	310	0.66
Wyoming	26	25	54	0.46
All Jurisdictions***	14,162	12,998	30,823	0.42

This table includes only disclosable reports in the NPDB as of the end of the current year. Voided reports have been excluded. Clinical Privileges Reports were attributed to States based on the physician's reported work State. If work State was not included in a report, home State was used. Licensure Reports were considered to be for In-State physicians if the State of the board taking a reported action was the same as the State of the clinical privileges action as described above.

* The "Physicians" category includes allopathic (M.D.) physicians, allopathic interns and residents, osteopathic (D.O.) physicians, and osteopathic interns and residents.

** "Clinical Privileges Reports" include truly adverse actions (e.g., revocations, probations, suspensions, reprimands, etc.) as well as reportable "adverse actions" which are not adverse to the practitioner (e.g., restorations and reinstatements). "Reports Adverse to the Practitioner" exclude restorations, reinstatements, etc.

*** The total includes reports for American Samoa, Guam, Northern Mariana Islands, Puerto Rico, U.S. Virgin Islands, and Armed Forces locations overseas (88 Clinical Privileges Reports; 79 adverse Clinical Privileges Reports, and 11 adverse Licensure Reports); additional reports that lack information about the State are also included in the total (20 Clinical Privileges Reports, 17 adverse Clinical Privileges Reports).

Table 17: Licensure Actions by State, Cumulative Through 2006 - Physicians*
National Practitioner Data Bank (September 1, 1990 - December 31, 2006)

State	Number of Licensure Reports	Number of Licensure Reports Adverse to Practitioner**	Percent of Licensure Actions Adverse to Practitioner	Number of Licensure Reports Adverse to the Practitioner for In-State Physicians***	Percent of Licensure Action Reports Adverse to the Practitioner for In-State Physicians
Alabama	668	548	82.0%	403	73.5%
Alaska	201	185	92.0%	118	63.8%
Arizona	1,523	1,326	87.1%	1,134	85.5%
Arkansas	276	244	88.4%	208	85.2%
California	5,908	5,015	84.9%	3,799	75.8%
Colorado	1,397	1,238	88.6%	1,050	84.8%
Connecticut	574	551	96.0%	446	80.9%
Delaware	70	60	85.7%	34	56.7%
District of Columbia	209	198	88.0%	51	60.6%
Florida	2,249	1,929	85.8%	1,661	86.1%
Georgia	1,242	1,110	89.4%	864	77.8%
Hawaii	116	108	93.1%	36	33.3%
Idaho	158	136	86.1%	87	64.0%
Illinois	1,355	1,068	78.8%	863	80.8%
Indiana	430	379	88.1%	216	57.0%
Iowa	807	709	87.9%	414	58.4%
Kansas	315	263	83.5%	215	81.7%
Kentucky	949	787	82.9%	638	81.1%
Louisiana	784	599	76.4%	479	80.0%
Maine	282	244	86.5%	180	73.8%
Maryland	1,247	1,108	88.9%	884	79.8%
Massachusetts	1,009	941	93.3%	757	80.4%
Michigan	2,097	1,787	85.2%	1,346	75.3%
Minnesota	597	466	78.1%	337	72.3%
Mississippi	489	438	89.6%	342	78.1%
Missouri	1,039	918	88.4%	602	65.6%
Montana	173	159	91.9%	110	69.2%
Nebraska	119	115	96.6%	80	69.6%
Nevada	189	187	98.9%	122	65.2%
New Hampshire	165	160	97.0%	122	76.3%
New Jersey	1,741	1,470	84.4%	998	67.9%
New Mexico	133	113	85.0%	91	80.5%
New York	4,320	4,296	99.4%	2,139	49.8%
North Carolina	723	600	83.0%	388	64.7%
North Dakota	245	178	72.7%	104	58.4%
Ohio	3,350	2,567	76.6%	1,967	76.6%
Oklahoma	799	682	85.4%	579	84.9%
Oregon	693	615	88.7%	551	89.6%
Pennsylvania	1,627	1,508	92.7%	682	45.2%
Rhode Island	196	185	94.4%	133	71.9%
South Carolina	573	431	75.2%	350	81.2%
South Dakota	66	60	90.9%	35	58.3%
Tennessee	618	531	85.9%	394	74.2%
Texas	2,610	2,266	86.8%	2,005	88.5%
Utah	328	242	73.8%	184	76.0%
Vermont	165	150	90.9%	100	66.7%
Virginia	1,767	1,536	86.9%	1,114	72.5%
Washington	971	794	81.8%	609	76.7%
West Virginia	722	574	79.5%	427	74.4%
Wisconsin	507	416	82.1%	310	74.5%
Wyoming	89	77	86.5%	54	70.1%
All Jurisdictions****	48,893	42,280	86.5%	30,823	72.9%

This table includes only disclosable reports in the NPDB as of the end of the current year. Voided reports have been excluded. Licensure Reports were attributed to States based on the State of the reporting licensing board.

* The "Physicians" category includes allopathic (M.D.) physicians, allopathic interns and residents, osteopathic (D.O.) physicians, and osteopathic interns and residents.

** "Licensure Reports" include truly adverse actions (e.g., revocations, probations, suspensions, reprimands, etc.) as well as reportable "adverse actions" which are not adverse to the practitioner (e.g., restorations and reinstatements). Reports "Adverse to the Practitioner" exclude restorations, reinstatements, etc.

***Licensure reports were considered to be for In-State physicians if the State of the board taking a reported action was the same as the reported work State of the physician. If work State was not included in a report, home State was used.

****The total includes reports for American Samoa, Guam, Northern Mariana Islands, Puerto Rico, and the U.S. Virgin Islands (13 licensure actions, 13 adverse licensure actions, and 11 adverse licensure actions for in-State physicians).

Table 18: Licensure Actions by State, Cumulative Through 2006 - Dentists*
National Practitioner Data Bank (September 1, 1990 - December 31, 2006)

State	Number of Licensure Actions	Number of Licensure Actions Adverse to Practitioner**	Percent of Licensure Actions Adverse to the Practitioner	Number of Licensure Actions Adverse to the Practitioner for In-State Dentists***	Percent of Licensure Actions Adverse to the Practitioner for In-State Dentists
Alabama	155	154	99.4%	151	98.1%
Alaska	54	52	96.3%	49	94.2%
Arizona	901	896	99.4%	856	95.5%
Arkansas	44	39	88.6%	39	100.0%
California	522	515	98.7%	485	94.2%
Colorado	623	614	98.6%	565	92.0%
Connecticut	174	166	95.4%	154	92.8%
Delaware	2	2	100.0%	2	100.0%
District of Columbia	6	6	100.0%	2	100.0%
Florida	556	504	90.6%	483	95.8%
Georgia	234	234	100.0%	226	96.6%
Hawaii	9	9	100.0%	7	77.8%
Idaho	21	21	100.0%	20	95.2%
Illinois	542	386	71.2%	359	93.0%
Indiana	76	65	85.5%	57	87.7%
Iowa	234	206	88.0%	152	73.8%
Kansas	39	39	100.0%	34	87.2%
Kentucky	124	121	97.6%	117	96.7%
Louisiana	151	147	97.4%	142	96.6%
Maine	60	60	100.0%	54	90.0%
Maryland	352	271	77.0%	245	90.4%
Massachusetts	158	149	94.3%	135	90.6%
Michigan	651	547	84.0%	489	89.4%
Minnesota	214	171	79.9%	167	97.7%
Mississippi	62	60	96.8%	57	95.0%
Missouri	191	186	97.4%	163	87.6%
Montana	26	25	96.2%	20	80.0%
Nebraska	60	57	95.0%	48	84.2%
Nevada	48	45	93.8%	41	91.1%
New Hampshire	41	41	100.0%	39	95.1%
New Jersey	320	285	89.1%	270	94.7%
New Mexico	13	12	92.3%	11	91.7%
New York	628	625	99.5%	552	88.3%
North Carolina	345	338	98.0%	326	96.4%
North Dakota	2	2	100.0%	2	100.0%
Ohio	654	629	96.2%	617	98.1%
Oklahoma	114	113	99.1%	110	97.3%
Oregon	351	350	99.7%	327	93.4%
Pennsylvania	239	227	95.0%	168	74.0%
Rhode Island	19	18	94.7%	15	83.3%
South Carolina	115	109	94.8%	106	97.2%
South Dakota	3	3	100.0%	3	100.0%
Tennessee	223	203	91.0%	192	94.6%
Texas	568	564	99.3%	559	99.1%
Utah	123	95	77.2%	83	87.4%
Vermont	27	22	81.5%	15	68.2%
Virginia	827	780	94.3%	715	91.7%
Washington	454	424	93.4%	386	91.0%
West Virginia	26	25	96.2%	22	88.0%
Wisconsin	214	190	88.8%	177	93.2%
Wyoming	6	6	100.0%	6	100.0%
All Jurisdictions****	11,604	10,811	93.2%	10,023	92.7%

This table includes only disclosable reports in the NPDB as of the end of the current year. Voided reports have been excluded. Licensure Reports were attributed to States based on the State of the reporting licensing board.

*The "Dentists" category includes dentists and dental residents.

** "Licensure Reports" include truly adverse actions (e.g., revocations, probations, suspensions, reprimands, etc.) as well as reportable "adverse actions" which are not adverse to the practitioner (e.g., restorations and reinstatements). Reports "Adverse to the Practitioner" exclude restorations, reinstatements, etc.

***Licensure reports were considered to be for In-State physicians if the State of the board taking a reported action was the same as the reported work State of the physician. If work State was not included in a report, home State was used.

**** The total includes reports for American Samoa, Guam, Northern Mariana Islands, Puerto Rico, U.S. Virgin Islands, and Armed Forces locations overseas (3 licensure actions, 3 adverse licensure actions, and 3 adverse licensure actions for in-State dentists).

Table 19: Relationship Between Frequency of Medical Malpractice Payment Reports, Adverse Action Reports,* and Medicare/Medicaid Exclusion Reports -- Physicians**
National Practitioner Data Bank (September 1, 1990 - December 31, 2006)

Number of Medical Malpractice Payment Reports	Number of Physicians with Specified Number of Malpractice Payment Reports	Number of Physicians with Specified Number of Medical Malpractice Payment Reports Also Having One or More Adverse Action Reports Other than Exclusions***		Number of Physicians with Specified Number of Medical Malpractice Payment Reports Also Having One or More Medicare/Medicaid Exclusion Reports	
		Number	Percent	Number	Percent
1	97,743	4,687	4.8%	709	0.7%
2	29,567	2,067	7.0%	319	1.1%
3	10,168	969	9.5%	165	1.6%
4	4,349	526	12.1%	69	1.6%
5	1,932	278	14.4%	44	2.3%
6	979	161	16.4%	31	3.2%
7	519	92	17.7%	21	4.0%
8	336	67	19.9%	13	3.9%
9	191	53	27.7%	4	2.1%
10 or More	525	180	34.3%	45	8.6%
Total	146,309	9,080	6.2%	1,420	1.0%

This table includes only disclosable reports in the NPDB as of the end of the current year. Voided reports have been excluded.

* "Adverse Action Reports" are as defined in footnote 1 on page 6 of this report, except that in this table Exclusion Reports are reported separately from other Adverse Action Reports.

** The "Physicians" category includes allopathic (M.D.) physicians, allopathic interns and residents, osteopathic (D.O.) physicians, and osteopathic interns and residents.

*** For example, 97,743 physicians have one Medical Malpractice Payment Report in the NPDB; of these physicians, 4,687 have one or more Adverse Action Reports (4.8%) and 93,056 (95.2%) have no Adverse Action Reports, not including Exclusion Reports. Similarly, of the 97.743 physicians with one Medical Malpractice Payment Report, 709 (0.7%) have one Exclusion Report and 97,034 (99.3%) have no Exclusion Reports.

Table 20: Relationship Between Frequency of Adverse Action Reports*, Medical Malpractice Payment Reports, and Medicare/Medicaid Exclusion Reports -- Physicians**
National Practitioner Data Bank (September 1, 1990 - December 31, 2006)

Number of Adverse Action Reports for Each Physician	Number of Physicians with Specified Number of Adverse Action Reports (including Exclusions)*	Number of Physicians with Specified Number of Adverse Action Reports Having One or More Medical Malpractice Payment Reports***		Number of Physicians with Specified Number of Adverse Action Reports Having One or More Medicare/Medicaid Exclusion Reports	
		Number	Percent	Number	Percent
1	10,891	3,958	36.3%	1,011	9.3%
2	6,846	2,566	37.5%	1,580	23.1%
3	3,270	1,215	37.2%	947	29.0%
4	1,693	665	39.3%	633	37.4%
5	988	386	39.1%	359	36.3%
6	555	216	38.9%	246	44.3%
7	341	131	38.4%	158	46.3%
8	189	83	43.9%	86	45.5%
9	96	33	34.4%	56	58.3%
10 or More	221	87	39.4%	117	52.9%
Total	25,090	9,340	37.2%	5,193	20.7%

This table includes only disclosable reports in the NPDB as of the end of the current year. Voided reports have been excluded.

* "Adverse Action Reports" in this column are as defined in footnote 1 on page 6 of this report. This definition includes Medicare/Medicaid Exclusion Reports, which are also counted separately in the last column.

** The "Physicians" category includes allopathic (M.D.) physicians, allopathic interns and residents, osteopathic (D.O.) physicians, and osteopathic interns and residents.

*** For example, 10,891 physicians have one Adverse Action Report in the NPDB; of these physicians, 3,958 have one or more Medical Malpractice Payment Reports (36.3%) and 6,933 (63.7%) have no Medical Malpractice Payment Reports. Similarly, of the 10,891 physicians with one Adverse Action Report, 1,011 (9.3%) have one Exclusion Report and 9,880 (90.7%) have no Exclusion Reports. Note that for the 1,011 physicians with one Adverse Action Report and one Exclusion Report, the Exclusion Report is their only Adverse Action Report.

Table 21: Practitioners with Reports
National Practitioner Data Bank (September 1, 1990 - December 31, 2006)

Practitioner Type	Number of Practitioners with Reports	Number of Reports*	Reports per Practitioner
Physicians (M.D., D.O. and Interns and Residents)	164,877	307,937	1.87
Dentists and Dental Residents	31,560	52,469	1.66
Professional Nurses	5,839	6,391	1.09
Para-professional Nurses	16,014	16,762	1.05
Assistive Devices Services Practitioners	91	120	1.32
Chiropractors	6,587	8,176	1.24
Complimentary Medicine Practitioners	111	114	1.03
Counselors/Marriage/Family, Therapists	665	754	1.13
Dental Assistants and Hygienists	34	34	1.00
Dieticians/Nutritionists	11	11	1.00
Emergency Medical Practitioners	157	158	1.01
Medical Assistants	28	31	1.11
Occupational Therapists/Assistants	61	62	1.02
Optometrists	591	707	1.20
Pharmaists/Assistants	2,650	3,012	1.14
Physical Therapists/Assistants	911	951	1.04
Physician Assistants	1,250	1,394	1.12
Podiatrists/Assistants	4,286	7,223	1.69
Psychologists/Assstants/Associates	1,251	1,525	1.22
Respiratory Therapists/Technologists	40	41	1.03
Speech/Language Pathologists/Audiologists	47	52	1.11
Social Workers	198	214	1.08
Other Technologists	190	194	1.02
Other Rehab/Restorative Services	33	33	1.00
Other Health Care Practitioners	12	12	1.00
Other Individuals	12	13	1.08
Unspecified or Unknown	329	340	1.03
All Types	237,835	408,730	1.72

This table includes only disclosable reports in the NPDB as of the end of the current year. Voided reports have been excluded.

* "Number of Reports" includes Medical Malpractice Payment Reports, Adverse State Licensure Action Reports, Clinical Privileges Reports, Professional Society Membership Reports, Drug Enforcement Administration Reports, and Medicare/Medicaid Exclusion Reports. Only physicians and dentists are reported for adverse licensure, clinical privilege, and professional society membership actions.

Table 22: Number, Percent, and Percent Change in Queries and Queries Matched, Last Five Years and Cumulative Through 2006
National Practitioner Data Bank (September 1, 1990 - December 31, 2006)

Query Type	2002	2003	2004	2005	2006	Cumulative
ENTITY QUERIES*						
Total Entity Queries	3,254,506	3,214,081	3,448,514	3,503,922	3,687,269	42,649,602
Queries Percent Increase/Decrease from Previous Year	3.1%	-1.2%	7.3%	1.6%	5.2%	n/a
Matched Queries	439,793	440,830	484,040	491,945	517,232	5,088,472
Percent Matched	13.5%	13.7%	14.0%	14.0%	14.0%	11.9%
Matches Percent Increase/Decrease from Previous Year	7.6%	0.2%	9.8%	1.6%	5.1%	n/a
SELF-QUERIES						
Total Practitioner Self-Queries	37,804	42,214	47,948	52,041	53,893	609,871
Self-Queries Percent Increase/Decrease from Previous Year	-21.7%	11.7%	13.6%	8.5%	3.6%	n/a
Matched Self-Queries	3,763	4,174	4,823	5,487	5,476	53,890
Self-Queries Percent Matched	10.0%	9.9%	10.1%	10.5%	10.2%	8.8%
Matches Percent Increase/Decrease from Previous Year	12.3%	10.9%	15.5%	3.8%	-0.2%	n/a
TOTAL QUERIES (ENTITY AND SELF)	3,292,310	3,256,295	3,496,462	3,555,963	3,741,162	43,259,473
TOTAL MATCHED (ENTITY AND SELF)	443,556	445,004	488,863	497,432	522,708	5,142,362
TOTAL PERCENT MATCHED (ENTITY AND SELF)	13.5%	13.7%	14.0%	14.0%	14.0%	11.9%

* "Entity queries" include practitioner self-queries submitted electronically by entities for practitioners in 1999 and 2000.

Table 23: Queries by Type of Querying Entity, Last Five Years and Cumulative Through 2006
National Practitioner Data Bank (September 1, 1990 - December 31, 2006)

Entity Type*	2002			2003			2004		
	Number of Querying Entities	Number of Queries**	Percent of Queries	Number of Querying Entities	Number of Queries**	Percent of Queries	Number of Querying Entities	Number of Queries**	Percent of Queries
Required Queriers									
Hospitals	5,830	1,120,241	34.4%	5,876	1,140,806	35.5%	5,951	1,186,309	34.4%
Voluntary Queriers									
State Licensing Boards	70	17,047	0.5%	78	19,432	0.6%	83	23,421	0.7%
Managed Care Organizations	991	1,604,561	49.3%	919	1,522,781	47.4%	878	1,640,701	47.6%
Professional Societies	62	4,456	0.1%	59	4,793	0.1%	61	4,153	0.1%
Other Health Care Entities	3,879	508,201	15.6%	4,502	526,269	16.4%	5,300	593,930	17.2%
Total Voluntary Queriers	5,002	2,134,265	65.6%	5,558	2,073,275	64.5%	6,322	2,262,205	65.6%
Total**	10,832	3,254,506	100%	11,434	3,214,081	100%	12,273	3,448,514	100%

Entity Type*	2005			2006			Cumulative through 2006		
	Number of Querying Entities	Number of Queries**	Percent of Queries	Number of Querying Entities	Number of Queries**	Percent of Queries	Number of Querying Entities	Number of Queries**	Percent of Queries
Required Queriers									
Hospitals	5,955	1,216,064	34.7%	5,996	1,278,644	34.7%	8,128	16,622,267	39.0%
Voluntary Queriers									
State Licensing Boards	90	23,637	0.7%	87	56,111	1.5%	166	243,843	0.6%
Managed Care Organizations	877	1,618,788	46.2%	834	1,702,836	46.2%	2,088	19,468,354	45.6%
Professional Societies	61	5,903	0.2%	56	3,655	0.1%	203	89,096	0.2%
Other Health Care Entities	5,866	639,530	18.3%	6,415	646,023	17.5%	10,517	6,226,042	14.6%
Total Voluntary Queriers	6,894	2,287,858	65.3%	7,392	2,408,625	65.3%	12,974	26,027,335	61.0%
Total**	12,849	3,503,922	100%	13,388	3,687,269	100%	21,102	42,649,602	100%

* "Entity Type" is based on how an entity was registered on the last day of 2006 and may be different from previous years. Thus, the number of queriers for each entity type also may vary slightly from the number shown in annual reports for previous years. A single entity may have more than one registration at a time or over the years.

** Queries listed in this table include all queries submitted by entities, including practitioner self-queries submitted electronically by entities for practitioners in 1999 and 2000.

Table 24: Number of Entity Queries and Matched Entity Queries by Practitioner/Subject Type
National Practitioner Data Bank, 2006

Practitioner/Subject Type	Number of Entity Queries, 2006	Percent of Total Entity Queries	Number of Entity Queries Matched, 2006	Percent of Entity Queries Matched
Accountant (see Note 1)	12	0.0%	0	0.0%
Acupuncturist	3,839	0.1%	87	2.3%
Adult Care Facility Administrator (see Note 1)	61	0.0%	13	21.3%
Allopathic Physician Intern/Resident	15,072	0.4%	829	5.5%
Allopathic Physician	2,393,659	64.9%	429,940	18.0%
Art/Recreation Therapist	66	0.0%	0	0.0%
Athletic Trainer (see Note 1)	162	0.0%	0	0.0%
Audiologists	5,534	0.2%	17	0.3%
Bookkeepers (see Note 1)	0	0.0%	0	---
Business Manager (see Note 1)	4	0.0%	0	---
Business Owner (see Note 1)	4	0.0%	0	0.0%
Certified Nurse Aide/Nursing Assistant (see Note 3)	1,450	0.0%	3	
Certified/Qualified Medication Aide (see Note 3)	12	0.0%	0	
Chiropractor	85,454	2.3%	5,320	6.2%
Clinical Nurse Specialist (see Note 2)	1,728	0.0%	4	0.2%
Corporate Officer (see Note 1)	3	0.0%	0	0.0%
Cytotechnologist (see Note 1)	48	0.0%	0	0.0%
Dental Assistant	2,192	0.1%	3	0.1%
Dental Hygienist	1,116	0.0%	6	0.5%
Dental Resident	248	0.0%	13	5.2%
Dentist	209,389	5.7%	31,741	15.2%
Denturist	61	0.0%	6	9.8%
Dietician	2,760	0.1%	1	0.0%
EMT, Basic	215	0.0%	3	1.4%
EMT, Cardiac/Critical Care	5	0.0%	0	0.0%
EMT, Intermediate	31	0.0%	1	3.2%
EMT, Paramedic	176	0.0%	1	0.6%
Health Care Aide/Direct Care Worker (see Note 3)	139	0.0%	0	0.0%
Hearing Aid/Instrument Specialist (see Note 3)	44	0.0%	0	0.0%
Home Health Aide (Homemaker)	25	0.0%	2	8.0%
Homeopath	23	0.0%	5	21.7%
Hospital Administrator (see Note 1)	4	0.0%	0	0.0%
Insurance Agent (see Note 1)	4	0.0%	0	0.0%
Insurance Broker (see Note 1)	1	0.0%	0	---
Long Term Care Facility Administrator (see Note 1)	5	0.0%	0	0.0%
LPN or Vocational Nurse	4,532	0.1%	8	0.2%
Marriage and Family Therapist (see Note 2)	15,132	0.4%	58	0.4%
Massage Therapist	3,504	0.1%	2	0.1%
Medical Assistant	1,537	0.0%	3	0.2%
Medical Technologist	1,052	0.0%	4	0.4%
Mental Health Counselor	19,070	0.5%	39	0.2%
Midwife, Lay (Non-Nurse)	228	0.0%	12	5.3%
Naturopath	618	0.0%	5	0.8%
Nuclear Med. Technologist	95	0.0%	0	0.0%
Nurse Anesthetist	38,231	1.0%	1,164	3.0%

Practitioner/Subject Type (continued)	Number of Entity Queries, 2006	Percent of Total Entity Queries	Number of Entity Queries Matched, 2006	Percent of Entity Queries Matched
Nurse Midwife	9,362	0.3%	575	6.1%
Nurse Practitioner	80,434	2.2%	582	0.7%
Nurses Aide	208	0.0%	0	0.0%
Nutritionist	461	0.0%	1	0.2%
Occupational Therapy Assistant	155	0.0%	0	0.0%
Occupational Therapist	11,950	0.3%	44	0.4%
Ocularist	54	0.0%	2	3.7%
Optician	438	0.0%	4	0.9%
Optometrist	74,468	2.0%	840	1.1%
Orthotics/Prosthetics Fitter	762	0.0%	4	0.5%
Osteopathic Physician Intern/Resident	1,663	0.0%	82	4.9%
Osteopathic Physician	150,518	4.1%	29,007	19.3%
Other Health Care Practitioner, Not Classified (see Note 1)	12,865	0.3%	181	1.4%
Other Non-Practitioner Occupation, Not Classified (see Note 1)	2,903	0.1%	40	1.4%
Perfusionist (see Note 1)	1,589	0.0%	7	0.4%
Pharmacist	2,222	0.1%	24	1.1%
Pharmacist, Nuclear	35	0.0%	10	28.6%
Pharmacy Assistant	1,106	0.0%	12	1.1%
Pharmacy Intern (see Note 2)	58	0.0%	0	0.0%
Pharmacy Technician (see Note 2)	376	0.0%	20	5.3%
Physician Assistant, Allopathic	75,469	2.0%	1,008	1.3%
Physician Assistant, Osteopathic	3,785	0.1%	75	2.0%
Physical Therapy Assistant	411	0.0%	0	0.0%
Physical Therapist	58,457	1.6%	413	0.7%
Podiatric Assistant	192	0.0%	8	4.2%
Podiatrist	62,985	1.7%	13,455	21.4%
Professional Counselor, Substance Abuse	1,023	0.0%	2	0.2%
Professional Counselor, Alcohol	757	0.0%	0	0.0%
Professional Counselor, Family/Marriage (see Note 2)	5,584	0.2%	26	0.5%
Professional Counselor	43,139	1.2%	74	0.2%
Psychiatric Technicians	359	0.0%	7	1.9%
Psychological Assistant, Associate, Examiner (see Note 2)	471	0.0%	2	0.4%
Psychologist	91,815	2.5%	652	0.7%
Radiation Therapy Technologist	233	0.0%	4	1.7%
Radiologic Technologists	1,150	0.0%	26	2.3%
Rehabilitation Therapist	1,108	0.0%	1	0.1%
Researcher, Clinical (see Note 1)	151	0.0%	1	0.7%
Respiratory Therapy Technician	48	0.0%	2	4.2%
Respiratory Therapist	411	0.0%	1	0.2%
RN (Professional) Nurses	67,590	1.8%	635	0.9%
Salesperson (see Note 1)	5	0.0%	0	0.0%
School Psychologist (see Note 2)	112	0.0%	1	0.9%
Social Worker, Clinical	105,204	2.9%	113	0.1%
Speech/Language Pathologist	7,638	0.2%	1	0.0%
All Types	3,687,269	**100%**	517,232	**14.0%**

Note 1: Category first available for reporting and querying on November 22, 1999.
Note 2: Category first available for reporting and queryng on September 9, 2002.
Note 3: Category first available for reporting and querying on October 17, 2005.

Table 25: Self-Queries and Self-Queries Matched with Reports by Practitioner Type
National Practitioner Data Bank, 2006

Practitioner Type	Number of Self-Queries Processed Against NPDB Reports	Percent of Total Self-Queries	Number of Self-Queries that Matched At Least One NPDB Report	Percent of Self Queries Matched with NPDB Reports
Accountant (see Note 1)	3	0.0%	0	0.0%
Acupuncturist	69	0.1%	0	0.0%
Adult Care Facility Administrator (see Note 1)	1	0.0%	0	0.0%
Allopathic Physician Intern/Resident	7,442	13.8%	24	0.3%
Allopathic Physician	30,501	56.6%	4,481	14.7%
Art/Recreation Therapist	5	0.0%	0	0.0%
Athletic Trainer (see Note 1)	1	0.0%	0	0.0%
Audiologists	1	0.0%	0	0.0%
Bookkeeper (see Note 1)	0	0.0%	0	---
Business Manager (see Note 1)	2	0.0%	0	0.0%
Business Owner (see Note 1)	5	0.0%	0	0.0%
Certified Nurse Aide/Nursing Assistant (see Note 3)	12	0.0%	0	0.0%
Chiropractor	296	0.5%	29	9.8%
Clinical Nurse Specialist (see Note 2)	17	0.0%	0	0.0%
Corporate Officer (see Note 1)	0	0.0%	0	---
Cytotechnologist (see Note 1)	2	0.0%	0	0.0%
Dental Assistant	6	0.0%	0	0.0%
Dental Hygienist	1,181	2.2%	0	0.0%
Dental Resident	143	0.3%	0	0.0%
Dentist	3,563	6.6%	383	10.7%
Denturist	6	0.0%	3	50.0%
Dietician	39	0.1%	0	0.0%
EMT, Basic	484	0.9%	0	0.0%
EMT, Cardiac/Critical Care	1	0.0%	0	0.0%
EMT, Intermediate	15	0.0%	0	0.0%
EMT, Paramedic	67	0.1%	0	0.0%
Hospital Administrator (see Note 1)	1	0.0%	0	0.0%
Insurance Agent (see Note 1)	6	0.0%	0	0.0%
Insurance Broker (see Note 1)	1	0.0%	1	0.0%
Long Term Care Facility Administrator (see Note 1)	6	0.0%	0	0.0%
LPN or Vocational Nurse	63	0.1%	2	3.2%
Marriage and Family Therapist (see Note 2)	101	0.2%	3	3.0%
Massage Therapist	4	0.0%	0	0.0%
Medical Assistant	5	0.0%	0	0.0%
Medical Technologist	7	0.0%	0	0.0%
Mental Health Counselor	344	0.6%	0	0.0%
Midwife, Lay (Non-Nurse)	0	0.0%	0	---
Naturopath	1	0.0%	0	0.0%
Nurse Anesthetist	213	0.4%	15	7.0%
Nurse Midwife	87	0.2%	5	5.7%
Nurse Practitioner	760	1.4%	8	1.1%
Nurses Aide	3	0.0%	0	0.0%
Nutritionist	8	0.0%	0	0.0%
Ocularist	1	0.0%	0	0.0%
Occupational Therapist	21	0.0%	0	0.0%
Occupational Therapy Assistant	3	0.0%	0	0.0%
Optometrist	170	0.3%	3	1.8%
Optician	0	0.0%	0	---
Orthotics/Prosthetics Fitter	58	0.1%	0	0.0%
Osteopathic Physician Intern/Resident	834	1.5%	5	0.6%
Osteopathic Physician	2,436	4.5%	416	17.1%
Other Health Care Practitioner, Not Classified (see Note 1)	69	0.1%	1	1.4%
Other Non-Practitioner Occupation, Not Classified (see Note 1)	314	0.6%	3	1.0%
Perfusionist (see Note 1)	96	0.2%	0	0.0%
Pharmacist	110	0.2%	2	1.8%
Pharmacist, Nuclear	0	0.0%	0	---
Pharmacy Assistant	3	0.0%	0	0.0%
Pharmacy Intern (see Note 2)	1	0.0%	0	0.0%
Pharmacy Technician (see Note 2)	4	0.0%	0	0.0%
Physician Assistant, Allopathic	1292	2.4%	28	2.2%
Physician Assistant, Osteopathic	86	0.2%	3	3.5%
Physical Therapy Assistant	7	0.0%	0	0.0%
Physical Therapist	141	0.3%	1	0.7%
Podiatric Assistant	1	0.0%	1	100.0%
Podiatrist	308	0.6%	47	15.3%
Professional Counselor, Substance Abuse	124	0.2%	0	0.0%
Professional Counselor, Alcohol	17	0.0%	0	0.0%
Professional Counselor, Family/Marriage (see Note 2)	17	0.0%	0	0.0%
Professional Counselor	464	0.9%	0	0.0%
Psychiatric Technicians	1	0.0%	0	0.0%
Psychological Assistant, Associate, Examiner (see Note 2)	5	0.0%	0	0.0%
Psychologist	352	0.7%	2	0.6%
Radiologic Technologists	4	0.0%	0	0.0%
Rehabilitation Therapist	0	0.0%	0	---
Researcher, Clinical (see Note 1)	3	0.0%	1	33.3%
Respiratory Therapy Technician	31	0.1%	0	0.0%
Respiratory Therapist	187	0.3%	1	0.5%
RN (Professional) Nurses	541	1.0%	8	1.5%
Salesperson (see Note 1)	9	0.0%	0	0.0%
School Psychologist (see Note 2)	6	0.0%	0	0.0%
Social Worker, Clinical	699	1.3%	0	0.0%
Speech/Language Pathologist	6	0.0%	0	0.0%
All Types	53,893	100.0%	5,476	10.2%

Note 1: Category first available for reporting and querying on November 22, 1999.
Note 2: Category first available for reporting and queryng on September 9, 2002.
Note 3: Category first available for reporting and querying on October 17, 2005.
Note 4: A percent cannot be calculated because no self-queries were submitted is indicated by "---".

Table 26: Entities That Have Queried or Reported to the National Practitioner Data Bank at Least Once by National Practitioner Data Bank (September 1, 1990 - December 31, 2006)*

Entity Type	Active Status Registration on December 31, 2006	Active Registration Status At Any Time
Hospitals	6,025	8,149
State Licensing Boards	144	201
Managed Care Organizations	830	2,130
Professional Societies	65	220
Other Health Care Entities	6,721	10,610
Medical Malpractice Payers	375	852
Total	14,160	22,162

*The counts shown in this table are based on entity registrations as of December 31. 2006. A few entities have registered more than once. Thus, the entity counts shown in this table may be slightly exaggerated. Entities that report both clinical privileges actions and medical malpractice payments (e.g., hospitals and HMOs) are instructed to register as health care entities, not malpractice payers, and are not double counted if they registered only once.

Table 27: Requests for Secretarial Review by Report Type, Last Five Years and Cumulative Through 2006
National Practitioner Data Bank (September 1, 1990 - December 31, 2006)

Category	2002			2003			2004		
	Number	Percent	% Change 2001-2002	Number	Percent	% Change 2002-2003	Number	Percent	% Change 2002-2003
Adverse Action Reports	85	70.8%	44.1%	49	92.5%	-42.4%	52	76.5%	6.1%
State Licensure Actions	18	21.2%	5.9%	13	26.5%	-27.8%	10	19.2%	-23.1%
Clinical Privileges Actions	58	68.2%	87.1%	33	67.3%	-43.1%	41	78.8%	24.2%
Professional Society Actions	0	0.0%	-100.0%	2	4.1%	---	0	0.0%	-100.0%
Medicare/Medicaid Exclusions	9	10.6%	-10.0%	1	2.0%	-88.9%	1	1.9%	0.0%
Medical Malpractice Payment Reports	35	29.2%	20.7%	4	7.5%	-88.6%	16	23.5%	300.0%
Total	120	100%	36.4%	53	100%	-55.8%	68	100%	28.3%

Category	2005			2006			Cumulative	
	Number	Percent	% Change 2003-2004	Number	Percent	% Change 2004-2005	Number	Percent
Adverse Action Reports	46	79.3%	-11.5%	47	79.7%	2.2%	1178	64.58%
State Licensure Actions	5	10.9%	-50.0%	7	14.9%	40.0%	343	29.1%
Clinical Privileges Actions	39	84.8%	-4.9%	39	83.0%	0.0%	783	66.5%
Professional Society Actions	0	0.0%	---	1	2.1%	--	19	1.6%
Medicare/Medicaid Exclusions	2	4.3%	100.0%	0	0.0%	-100.0%	33	2.8%
Medical Malpractice Payment Reports	12	20.7%	-25.0%	12	20.3%	0.0%	646	35.4%
Total	58	100%	-14.7%	59	100%	1.7%	1,824	100%

Table 28: Distribution of Requests for Secretarial Review by Type of Outcome, Last Five Years and Cumulative Through 2006
National Practitioner Data Bank (September 1, 1990 - December 31, 2006)*

Outcome	2002			2003			2004		
	Number	Percent	Percent of Resolved Requests	Number	Percent	Percent of Resolved Requests	Number	Percent	Percent of Resolved Requests
Request Closed by Intervening Action	14	11.7%	12.0%	14	26.4%	26.4%	21	30.9%	33.9%
Request Closed: Practitioner Did Not Pursue Review**	1	0.8%	0.9%	2	3.8%	3.8%	0	0.0%	0.0%
Request Outside Scope of Review (No Change in Report)	40	33.3%	34.2%	10	18.9%	18.9%	10	14.7%	16.1%
Secretary Changes Report	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%
Secretary Maintains Report as Submitted	58	48.3%	49.6%	26	49.1%	49.1%	29	42.6%	46.8%
Secretary Voids Report	4	3.3%	3.4%	1	1.9%	1.9%	2	2.9%	3.2%
Unresolved as of December 31, 2006	3	2.5%	2.6%	0	0.0%	n/a	6	8.8%	n/a
Total	120	100%	100%	53	100%	100%	68	100%	100%

Outcome	2005			2006			Cumulative		
	Number	Percent	Percent of Resolved Requests	Number	Percent	Percent of Resolved Requests	Number	Percent	Percent of Resolved Requests
Request Closed by Intervening Action	15	25.9%	27.8%	13	22.0%	37.1%	162	8.9%	9.1%
Request Closed: Practitioner Did Not Pursue Review**	0	0.0%	0.0%	1	1.7%	-1.7%	44	2.4%	2.5%
Request Outside Scope of Review (No Change in Report)	9	15.5%	16.7%	6	10.2%	17.1%	684	37.5%	38.3%
Secretary Changes Report	0	0.0%	0.0%	0	0.0%	0.0%	19	1.0%	1.1%
Secretary Maintains Report as Submitted	28	48.3%	51.9%	14	23.7%	40.0%	728	39.9%	40.8%
Secretary Voids Report	2	3.4%	3.7%	1	1.7%	2.9%	148	8.1%	8.3%
Unresolved as of December 31, 2006	4	6.9%	n/a	24	40.7%	n/a	39	2.1%	n/a
Total	58	100%	100%	59	100%	100%	1,824	100%	100%

*This table shows, as of December 31, 2006, the outcomes of Secretarial Review requests based on the dates of requests for review. For undated requests, the date they were received by the Practitioner Data Banks Branch was used.

* "Request Closed: Practitioner Did Not Pursue Review" refers to cases which were closed because the practitioner (1) withdrew the request for Secretarial Review or (2) failed to submit required documentation after the case was elevated to Secretarial Review status. If the required documentation was not submitted prior to being elevated to Secretarial Review status, the case was not included in this table.

Table 29: Resolved Requests for Secretarial Review by Report and Outcome Types, Cumulative Through 2006
National Practitioner Data Bank (September 1, 1990 - December 31, 2006)*

Outcome	Malpractice Payments		Licensure Actions		Clinical Privileges Actions	
	Number	Percent of Requests	Number	Percent of Requests	Number	Percent of Requests
Request Closed by Intervening Action	49	7.6%	34	9.9%	73	9.3%
Request Closed: Practitioner Did Not Pursue Review**	16	2.5%	11	3.2%	15	1.9%
Request Outside Scope of Review (No Change in Report)	355	55.0%	78	22.7%	227	29.0%
Secretary Changes Report	6	0.9%	8	2.3%	4	0.5%
Secretary Maintains Report as Submitted	187	28.9%	164	47.8%	362	46.2%
Secretary Voids Report	32	5.0%	40	11.7%	72	9.2%
Unresolved as of December 31, 2006	1	0.2%	8	2.3%	30	3.8%
Total	646	100%	343	100%	783	100%

Outcome	Professional Society Membership Actions		Medicare/Medicaid Exclusions		Total	
	Number	Percent of Requests	Number	Percent of Requests	Number	Percent of Requests
Request Closed by Intervening Action	3	15.8%	3	8.8%	162	8.88%
Request Closed: Practitioner Did Not Pursue Review**	1	5.3%	1	2.9%	44	2.41%
Request Outside Scope of Review (No Change in Report)	5	26.3%	19	55.9%	684	37.50%
Secretary Changes Report	0	0.0%	1	2.9%	19	1.04%
Secretary Maintains Report as Submitted	6	31.6%	9	26.5%	728	39.91%
Secretary Voids Report	4	21.1%	0	0.0%	148	8.11%
Unresolved as of December 31, 2006	0	0.0%	1	2.9%	39	2.14%
Total	19	100%	34	100%	1,824	100%

*This table represents the outcomes of Secretarial Review requests based on the dates of the requests. For undated requests, the date they were received by the Practitioner Data Banks Branch was used.

** "Request Closed: Practitioner Did Not Pursue Review" refers to cases which were closed because the practitioner (1) withdrew the request for Secretarial Review or (2) failed to submit required documentation after the case was elevated to Secretarial Review status. If the required documentation was not submitted prior to being elevated to Secretarial Review status, the case is not included in this table.