

Department of Health and Human Services

**OFFICE OF
INSPECTOR GENERAL**

**NATIONAL PRACTITIONER DATA BANK:
PROFILE OF MATCHES**



**Richard P. Kusserow
INSPECTOR GENERAL**

APRIL 1992

OFFICE OF INSPECTOR GENERAL

The mission of the Office of Inspector General (OIG), as mandated by Public Law 95-452, as amended, is to protect the integrity of the Department of Health and Human Services' (HHS) programs as well as the health and welfare of beneficiaries served by those programs. This statutory mission is carried out through a nationwide network of audits, investigations, and inspections conducted by three OIG operating components: the Office of Audit Services, the Office of Investigations, and the Office of Evaluation and Inspections. The OIG also informs the Secretary of HHS of program, and management problems, and recommends courses to correct them.

OFFICE OF AUDIT SERVICES

The OIG's Office of Audit Services (OAS) provides all auditing services for HHS, either by conducting audits with its own audit resources or by overseeing audit work done by others. Audits examine the performance of HHS programs and/or its grantees and contractors in carrying out their respective responsibilities and are intended to provide independent assessments of HHS programs and operations in order to reduce waste, abuse, and mismanagement and to promote economy and efficiency throughout the Department.

OFFICE OF INVESTIGATIONS

The OIG's Office of Investigations (OI) conducts criminal, civil, and administrative investigations of allegations of wrongdoing in HHS programs or to HHS beneficiaries and of unjust enrichment by providers. The investigative efforts of OI lead to criminal convictions, administrative sanctions, or civil money penalties. The OI also oversees State Medicaid fraud control units which investigate and prosecute fraud and patient abuse in the Medicaid program.

OFFICE OF EVALUATION AND INSPECTIONS

The OIG's Office of Evaluation and Inspections (OEI) conducts short-term management and program evaluations (called inspections) that focus on issues of concern to the Department, the Congress, and the public. The findings and recommendations contained in these inspection reports generate rapid, accurate, and up-to-date information on the efficiency, vulnerability, and effectiveness of departmental programs.

This report was prepared in the Boston Regional office under the direction of Regional Inspector General Mark R. Yessian, Ph.D., and Deputy Regional Inspector General Martha B. Kvaal. Project staff include:

David Veroff, *Project Leader*
David Schrag, *Lead Analyst*
Alan Levine, *Headquarters*

Department of Health and Human Services

**OFFICE OF
INSPECTOR GENERAL**

**NATIONAL PRACTITIONER DATA BANK:
PROFILE OF MATCHES**



Richard P. Kusserow
INSPECTOR GENERAL

OEI-01-90-00522

EXECUTIVE SUMMARY

PURPOSE

This report profiles the set of occasions--known as matches--on which the National Practitioner Data Bank has provided records of malpractice payments or adverse actions to querying entities.

BACKGROUND

The National Practitioner Data Bank opened on September 1, 1990. It maintains records of malpractice payments (both judgments and settlements) and adverse actions against licensed health care practitioners. The Data Bank provides hospitals and other health care entities with information relating to the professional competence and conduct of physicians, dentists, and other health care practitioners. The Data Bank receives reports of adverse actions against practitioners from State licensing boards, hospitals and other health care entities, and professional societies. It receives reports of malpractice payments from malpractice insurers.

The Data Bank has received approximately 1,000,000 requests for information (referred to as "queries") and 25,000 reports of adverse actions or malpractice payments. When a query names a practitioner who has been reported to the Data Bank, the query-record pair is referred to as a "match."

The Office of Inspector General analyzed all Data Bank matches through March 19, 1992, in preparation for a study on the use and utility of the information stored in the Data Bank. This analysis yielded rich information about the Data Bank's history that was unavailable elsewhere. To make available this information, which we believe may affect the management of the Data Bank, we are providing in this report a profile of all matches. The report answers some basic questions about the Data Bank's operations. The statistics presented do not reflect the use or utility of the information obtained by queriers through matches. Our forthcoming report, however, will put these statistics in context. We will survey a sample of queriers who have had matches and determine what types of matches are most valuable.

FINDINGS

As of March 19, 1992, 20,954 matches had occurred. Almost all of these involved hospitals receiving information about physicians.

In 93 percent the practitioner involved was a physician.

In 91 percent the querier involved was a hospital.

In 88 percent of matches, the incident involved was a malpractice payment; the other 12 percent involved adverse actions.

Half of the malpractice matches involved payments of \$50,000 or less; most involved recent incidents.

Licensing boards and hospitals each accounted for about half of the adverse action records involved in matches.

Nine percent of matches involved practitioners who crossed State lines seeking work.

APPENDICES

In four appendices, we provide details on the types of practitioners, queriers, malpractice payments, and adverse actions involved in matches.

TABLE OF CONTENTS

	PAGE
EXECUTIVE SUMMARY	i
INTRODUCTION	1
FINDINGS	3
How many matches have occurred to date?	3
What kinds of practitioners have been involved in matches?	3
What kinds of queriers have had matches?	3
What kinds of reports have resulted in matches?	4
Has the Data Bank supplied information on practitioners who crossed State lines?	5
APPENDICES	
A. Practitioners Involved in Matches	A-1
B. Queriers Involved in Matches	B-1
C. Malpractice Payment Records Involved in Matches	C-1
D. Adverse Action Records Involved in Matches	D-1
E. Notes	E-1

INTRODUCTION


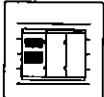

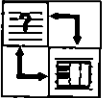
PURPOSE

This report profiles the set of occasions--known as matches--on which the National Practitioner Data Bank has provided records of malpractice payments or adverse actions to querying entities.

BACKGROUND

The National Practitioner Data Bank maintains records of malpractice judgments and adverse actions against licensed health care practitioners. It was established by Title IV of the Health Care Quality Improvement Act of 1986 (P.L. 99-660), and has been in operation since September 1, 1990. The Data Bank is funded by user fees and Federal outlays and is administered by Unisys Corporation under contract to the Health Resources and Services Administration (HRSA) of the Public Health Service (PHS).

The Data Bank provides hospitals and other health care entities with information relating to the professional competence and conduct of physicians, dentists, and other health care practitioners. Congress believed it could, among other things, help "restrict the ability of incompetent physicians to move from State to State without disclosure or discovery of the physician's previous damaging or incompetent performance."¹

DEFINITION OF TERMS USED IN THIS REPORT		
REPORT		Information sent to the Data Bank about a practitioner by a malpractice insurer, hospital, licensing board, or professional society.
RECORD		A report that has been received and is permanently stored by the Data Bank.
QUERY		A request for information about a practitioner submitted to the Data Bank by a hospital, licensing board, or other health care entity.
MATCH		A pairing of a record and query that identifies the same practitioner.

Reports of adverse actions against practitioners are submitted to the Data Bank by State licensing boards, hospitals and other health care entities, and professional societies.² These groups must report actions against physicians and dentists, and health care entities and professional societies may report actions against other licensed practitioners. Reports of malpractice payments are submitted by insurers, who must report all judgments and settlements made on behalf of all licensed practitioners.³

Data Bank records may be released only to authorized entities. These entities (referred to as "queriers") include hospitals and other health care entities,⁴ State licensing boards, professional societies, and, under specified conditions, plaintiffs' attorneys in malpractice suits. Also, practitioners may request their own records. Only hospitals are required by law to query the Data Bank. They must request records for practitioners wishing to obtain clinical privileges and, every two years, for all practitioners with privileges.⁵

When a hospital, licensing board, or other health care entity requests information on a certain practitioner from the Data Bank, and that practitioner has been reported to the Data Bank, the query-record pair is referred to as a "match." Through November 22, 1991 (the most recent date for which complete statistics are available), the Data Bank had received 959,753 queries and 23,396 adverse action or malpractice payment reports.⁶ These queries and reports had resulted in approximately 9,000 matches.⁷

The Office of Inspector General analyzed Data Bank matches in preparation for a study of the use and utility of the information stored in the Data Bank. This analysis yielded rich information about the Data Bank's history that was unavailable elsewhere. To make available this information, which we believe may affect the management of the Data Bank, we are providing in this report a profile of all matches through March 19, 1992. The report answers some basic questions about the Data Bank's operations.

The statistics presented in this report do not reflect the use or utility of the information obtained by queriers through matches. Our forthcoming report, however, will put these statistics in context. We will survey a sample of queriers who have had matches and determine what types of matches are most valuable.

METHODOLOGY

The Office of Inspector General (OIG) requested and received from Unisys Corporation a computer file containing records as of March 19, 1992, of all queries and reports received by the Data Bank that identified the same practitioner.⁸ We restructured and analyzed the data using Version 6.04 of the SAS System for Personal Computers.⁹ We also obtained statistics pertaining to all reports and queries received by the Data Bank, whether or not they were involved in matches, as of November 22, 1991. This information was not available through March 1992. Our review was conducted in accordance with the *Interim Standards for Inspections* issued by the President's Council on Integrity and Efficiency.

FINDINGS

HOW MANY MATCHES HAVE OCCURRED TO DATE?

20,954 as of March 19, 1992.

Between September 1, 1990, and March 19, 1992, a total of 20,954 records of adverse actions or malpractice payments were sent to Data Bank queriers. In addition, there were a number of "echoes" (in which a querier receives information it had previously submitted), duplicate records, and duplicate queries.¹⁰ None of these (1,939 matches in all) constituted a real transfer of information, and thus they are not included in any of our statistics.¹¹

The 20,954 matches resulted from 19,034 queries. This means that each query involved in a match provided the querier with an average of 1.10 ($20,954 \div 19,034$) records per practitioner.

The number of matches increased sharply between November 1991, when there were about 9,000 matches, and March 1992.¹² Much of that increase is due to improvements made by the Data Bank administrators in resolving partial matches.¹³ The Data Bank project officer estimated that 8,000 partial matches were resolved in February and March 1992 and that most of these resulted in matches.¹⁴ Prior to February 1992, the Data Bank had no mechanism for resolving these matches.

WHAT KINDS OF PRACTITIONERS HAVE BEEN INVOLVED IN MATCHES?

Nearly all are physicians.

There were 10,185 different practitioners represented in matches.¹⁵ Ninety-three percent of the matches involved physicians (18,257 involved allopathic physicians and 1,161 involved osteopathic physicians); 4 percent involved dentists. Appendix A displays the types of practitioners involved in matches.

Physicians are apparently overrepresented in matches. Just 75 percent of the *reports* submitted to the Data Bank involved physicians, compared with 91 percent of the *matches*.¹⁶ This disparity is likely explained by the fact that hospitals are the only mandated queriers of the Data Bank and are most likely to query about physicians.

WHAT KINDS OF QUERIERS HAVE HAD MATCHES?

Nearly all are hospitals.

A total of 4,357 queriers submitted queries that led to matches. A vast majority of the matches resulted from queries submitted by hospitals (91.2 percent). Health maintenance organizations and preferred provider organizations accounted for

6.3 percent and other health care entities for 1.8 percent. The remaining 0.6 percent were distributed among State licensing boards, group practices, and professional societies. (Appendix B displays these figures in tabular form.) These proportions are not unexpected. Hospitals are the only organizations required to query the Data Bank. Other organizations that may be interested in querying in the future have various reasons for not doing so at this time.¹⁷

Most of the 19,122 hospital matches resulted from mandatory two-year queries (64.3 percent). Initial privileging and employment queries accounted for 33.9 percent and professional review activity accounted for 1.6 percent.¹⁸

Most queriers had matches on a small number of practitioners; the mean was 4.37 practitioners matched per querier. Thirty-two percent of queriers matched on exactly 1 practitioner, and 76 percent matched on 5 or fewer. A few queriers matched on many more practitioners; 1 health plan had matches on 134 different practitioners.

WHAT KINDS OF REPORTS HAVE RESULTED IN MATCHES?

Nearly all are malpractice payments; just 12 percent are adverse actions of licensing boards, health care entities, or professional societies.

A total of 938 reporters have submitted 11,296 adverse action or malpractice reports that have been matched.¹⁹ Malpractice payment records made up 88 percent of all the matches; adverse actions made up 12 percent. The corresponding percentages for all reports to the Data Bank were 85 and 15.²⁰

Half of the malpractice matches involved payments of \$50,000 or less; most involved recent incidents.

Malpractice payment amounts ranged from \$1 to \$4,675,000, with a mean of \$132,358.²¹ Most matches involved payments well below the mean; the median payment amount was only \$50,000.²²

Most matches involved fairly recent incidents of malpractice. Fifty-three percent involved incidents occurring in 1987 or later (including 11 that were erroneously reported as occurring after 1992). The earliest incident involved in a match occurred in 1961.²³

A majority of the malpractice records that appeared in matches fell into three major categories of acts or omissions: 32 percent were surgery-related, 28 percent diagnosis-related, and 19 percent treatment-related. Appendix C summarizes the types of acts or omissions.

Licensing boards and hospitals each accounted for about half of the adverse action records involved in matches.

Adverse action records appearing in matches came from two major sources. Fifty-two percent came from licensure actions submitted by State boards and 47 percent from hospital clinical privileges actions. The remaining 1 percent came from professional societies reporting about membership actions.

Overall, 71 percent of adverse action reports received by the Data Bank were licensure actions and 28 percent were clinical privileges actions.²⁴ One hypothesis to account for the difference between the *match* proportions and the *reporting* proportions is that practitioners who have serious licensure actions taken against them may refrain from seeking credentials. If they do refrain, their records will not be requested and they will not be involved in matches.

The specific actions taken against practitioners that show up in matches include probation of license (23 percent of adverse action matches) and denial of clinical privileges (12 percent). The reasons for action include incompetence, malpractice, and negligence (16 percent of adverse action matches), unprofessional conduct (11 percent), and alcohol and other substance abuse (10 percent).²⁵ Appendix D summarizes the types of actions and reasons for actions.

HAS THE DATA BANK SUPPLIED INFORMATION ON PRACTITIONERS WHO CROSSED STATE LINES?

It has happened 1,956 times; i.e., in 9.3 percent of all matches.

One of Congress's priorities in establishing the Data Bank was to prevent incompetent and unprofessional practitioners from evading detection by simply crossing State lines. Interstate matches account for 9.3 percent of the total.²⁶

APPENDIX A

PRACTITIONERS INVOLVED IN MATCHES, SEPTEMBER 1, 1990 - MARCH 19, 1992

TYPE OF PRACTITIONER	NUMBER OF MATCHES	PERCENTAGE OF MATCHES
TOTAL	20,954	100.0
Physicians and Dentists	20,165	96.2
<i>Allopathic Physicians</i>	18,038	
<i>Allopathic Physician Residents</i>	219	
<i>Osteopathic Physicians</i>	1,135	
<i>Osteopathic Physician Interns and Residents</i>	26	
<i>Dentists</i>	735	
<i>Dental Residents</i>	12	
Podiatrists	486	2.3
Psychologists	51	0.2
Other Health Care Disciplines/Personnel	36	0.2
<i>Chiropractors</i>	1	
<i>Optometrists</i>	10	
<i>Physician Assistants</i>	5	
<i>Podiatric Assistants</i>	2	
<i>Professional Counselors</i>	16	
<i>Professional Counselors, Family/Marriage</i>	2	
Nurses and Related	30	0.1
<i>Registered (Professional) Nurses</i>	4	
<i>Nurse Anesthetists</i>	24	
<i>Nurse Midwives</i>	1	
<i>Psychiatric Technicians</i>	1	
Emergency Care Personnel	2	0.0
Rehabilitation/Restorative Services Personnel	4	0.0
Technicians and Technologists	2	0.0
Not Properly Coded	178	0.8

DATA SOURCE: National Practitioner Data Bank. ANALYSIS: HHS Office of Inspector General

APPENDIX B

QUERIERS INVOLVED IN MATCHES, SEPTEMBER 1, 1990 - MARCH 19, 1992

TYPE OF QUERIER	NUMBER OF MATCHES	PERCENTAGE OF MATCHES
TOTAL	20,954	100.0
Non-Federal Hospital	18,788	89.7
<i>Initial privileging/employment</i> <i>Mandatory two-year review</i> <i>Professional review activity</i> <i>Other</i> <i>State Licensing Board¹</i>	6,278 12,164 301 42 3	
HMO/PPO	1,319	6.3
<i>Initial privileging/employment</i> <i>Mandatory two-year review</i> <i>Professional review activity</i> <i>Other</i>	776 158 350 35	
Other Non-Federal Health Care Entity	382	1.8
<i>Initial privileging/employment</i> <i>Mandatory two-year review</i> <i>Professional review activity</i> <i>Other</i> <i>State Licensing Board¹</i>	257 111 12 1 1	
Federal Hospital	334	1.6
<i>Initial privileging/employment</i> <i>Mandatory two-year review</i> <i>Professional review activity</i>	202 127 5	
State Licensing Board	69	0.3
<i>State licensing board</i> <i>Mandatory two-year review</i> <i>Initial privileging/employment¹</i>	65 3 1	
Group Practice	42	0.2
Professional Society	15	0.1
Other Federal Health Care Entity	5	0.0

DATA SOURCE: National Practitioner Data Bank. ANALYSIS: HHS Office of Inspector General

¹Denotes inconsistency between querying entity type and query type; could result from improper form completion or incorrect assignment of entity type code.

APPENDIX C

MALPRACTICE PAYMENT RECORDS INVOLVED IN MATCHES, SEPTEMBER 1, 1990 - MARCH 19, 1992

TYPE OF ACT/OMISSION ¹	NUMBER OF MATCHES	PERCENTAGE OF MALPRACTICE RECORD MATCHES	PERCENTAGE OF ALL MATCHES
TOTAL MATCHES	20,954	--	100.0
TOTAL MALPRACTICE MATCHES	18,521	100.0	88.4
Surgery-Related	5,871	31.7	28.0
Diagnosis-Related	5,125	27.7	24.5
Treatment-Related	3,440	18.6	16.4
Medication-Related	1,335	7.2	6.4
Obstetrics-Related	1,286	6.9	6.1
Anesthesia-Related	583	3.1	2.8
Monitoring-Related	235	1.3	1.1
Intravenous and Blood Products-Related	220	1.2	1.0
Miscellaneous	206	1.1	1.0
Biomedical Equipment/Product-Related	121	0.7	0.6
Not Properly Coded	99	0.5	0.5

DATA SOURCE: National Practitioner Data Bank. ANALYSIS: HHS Office of Inspector General

¹Malpractice payment reports can be given one or two codes indicating type of act or omission. Of the 18,521 malpractice payment matches only 4,088 were assigned two codes. For clarity, these secondary codes have been disregarded in this table.

MALPRACTICE PAYMENT RECORDS INVOLVED IN MATCHES,
 SEPTEMBER 1, 1990 - MARCH 19, 1992
 (continued)

MALPRACTICE PAYMENT AMOUNT (SINGLE PAYMENTS ONLY)	NUMBER OF MATCHES	PERCENTAGE OF SINGLE PAYMENT MALPRACTICE RECORD MATCHES
TOTAL	16,962	100.0
\$1 - \$29,999	6,434	37.9
\$30,000 - \$49,999	1,506	8.9
\$50,000 - \$99,999	2,870	16.9
\$100,000 - \$499,999	5,129	30.2
\$500,000 and above	1,023	6.0
NOTE: Mean = \$132,358; Median = \$50,000; Mode = \$100,000 An additional 1,559 matches involved malpractice payments that belonged to a series of payments of unknown total value.		

DATA SOURCE: National Practitioner Data Bank. ANALYSIS: HHS Office of Inspector General

APPENDIX D

ADVERSE ACTION RECORDS INVOLVED IN MATCHES, SEPTEMBER 1, 1990 - MARCH 19, 1992

TYPE OF ADVERSE ACTION	NUMBER OF MATCHES	PERCENTAGE OF ADVERSE ACTION MATCHES	PERCENTAGE OF ALL MATCHES
TOTAL MATCHES	20,954	--	100.0
TOTAL ADVERSE ACTION MATCHES	2,433	100.0	11.6
Licensure	1,256	51.6	6.0
<i>Revocation</i>	52		
<i>Probation</i>	560		
<i>Suspension</i>	129		
<i>Miscellaneous</i>	515		
Clinical Privileges	1144	47.0	5.5
<i>Revocation</i>	144		
<i>Suspension</i>	164		
<i>Voluntary Surrender</i>	222		
<i>Reduction in Privileges</i>	122		
<i>Other Restriction</i>	113		
<i>Denial</i>	292		
<i>Revision to Action</i>	87		
Professional Society Membership	33	1.4	0.2
<i>Revocation</i>	7		
<i>Suspension</i>	8		
<i>Denial</i>	17		
<i>Not Properly Coded</i>	1		

ADVERSE ACTION RECORDS INVOLVED IN MATCHES,
 SEPTEMBER 1, 1990 - MARCH 19, 1992
 (continued)

REASON FOR ACTION	NUMBER OF MATCHES	PERCENTAGE OF ADVERSE ACTION MATCHES	PERCENTAGE OF ALL MATCHES
TOTAL MATCHES	20,954	--	100.0
TOTAL ADVERSE ACTION MATCHES	2,433	100.0	11.6
Alcohol and Other Substance Abuse	238	9.8	1.1
Incompetence/Malpractice/Negligence	380	15.6	1.8
Narcotics Violations	93	3.8	0.4
Felony	28	1.2	0.1
Fraud	27	1.1	0.1
Unprofessional Conduct	263	10.8	1.3
Mental Disorder	14	0.6	0.1
Allowing Unlicensed Person to Practice	21	0.9	0.1
Disciplinary Action Taken in Another State	127	5.2	0.6
Physical Impairment	11	0.5	0.1
Other Reason--Not Classified ¹	594	24.4	2.8
Miscellaneous Actions ²	603	24.8	2.9
Not Properly Coded, General Code Used	34	1.4	0.2

DATA SOURCE: National Practitioner Data Bank. ANALYSIS: HHS Office of Inspector General

¹Reporters use this code when none of the above categories apply.

²Miscellaneous licensure actions are not assigned classification codes to parallel other types of actions. The breakdown of miscellaneous licensure action matches is as follows: License Restored or Reinstated, 82 matches; Reinstatement Denied, 5; Reprimand, 176; Other (Including Censure and Surrender), 249; License Denied (Renewal Only), 1 and Not Properly Coded, 2. In addition, there were 87 matches related to revisions to actions on hospital clinical privileges and 1 related to a revision to action on professional society membership.

APPENDIX E

NOTES

1. Health Care Quality Improvement Act of 1986 (P.L. 99-660), Section 402.
2. Adverse actions include licensure revocation, suspension, and probation; clinical privilege revocation, suspension, reduction, restriction, and voluntary surrender; and professional society membership revocation, suspension, and denial; as well as other categories. Some of these other categories include actions favorable to practitioners, such as license reinstatement.

Under current law, State licensing boards must report actions only against physicians and dentists, whereas other entities must report actions against physicians and dentists and may report actions against other licensed health care practitioners.

3. Malpractice insurers do not submit reports of payments on behalf of facilities or corporations.
4. Health care entities must provide health care services and engage in professional review activity through a formal peer review process.
5. There are no Federal penalties assessed against hospitals for not querying the Data Bank; however, their failure to query could be used against them in legal proceedings.
6. Presentation by Unisys project director at the National Practitioner Data Bank Executive Committee Meeting, Alexandria, VA, December 5, 1991.
7. An exact figure is not available. The match count of 9,261 reported as of November 22, 1991, includes match types that do not fit the criteria used for this report. For example, it includes matches resulting from duplicate reports and queries.
8. Some types of matches were excluded from the computer file. These were self-queries, in which practitioners requested their own Data Bank records, and matches on reports that were later voided (*i.e.*, removed from the Data Bank because of errors).

The file we received from Unisys contained individual records for queries and reports. Included in each record was a field for "Practitioner Identification Number (PIN)." To construct our file of matches, we created a new data set containing a single record for each request-report pair that named the same PIN.

We made two assumptions regarding the file received from Unisys. The first was that the PIN in each record was correct, meaning that only queries and reports referring to the same individual were paired. The second is that, with the exceptions noted above, the file did in fact contain the entire set of practitioners for whom both a report and a query had been received.

9. SAS Institute, Cary, NC, 1988.
10. Unisys also excluded reports sent to practitioners querying about themselves from the data base we received, but we do not know how many times this occurred. As of January 1992, the number of self-queries was 117. We estimate that there were between 125 and 200 self-queries excluded from the data base.
11. The original data set obtained from Unisys consisted of 23,153 matches, not counting matches on reports later deleted from the Data Bank. Of these, 260 were echoes, 1,756 were from duplicate queries, and 183 were from duplicate reports. Therefore, 20,954 (90.5 percent) of the 23,153 original matches met our criteria for inclusion in the analysis.
12. Cumulative Data Bank Statistics Summary, presented by Unisys project director at December 5, 1991, National Practitioner Data Bank Executive Committee Meeting, Alexandria, VA.
13. Partial matches are cases when more than one, but not all identifying fields match.
14. Conversation with HRSA project officer, March 26, 1992.
15. The number of matches is greater than the number of practitioners because practitioners could have been mentioned in more than one report or could have been queried about more than once.
16. Our data on cumulative Data Bank reports and queries is drawn from the Cumulative Data Bank Statistics Summary, presented by Unisys project director at the December 5, 1991, National Practitioner Data Bank Executive Committee Meeting, Alexandria, VA. Because the primary purpose of our data request was to generate a sample of queriers who had experienced matches, we asked for the most recent data available rather than data available as of November 22, 1991. The analyses of reports and queries that were conducted on November 22, 1991, were not available for the period ending March 19, 1992. Our comparisons between the universe of matches and the universe of all reports and queries must be interpreted with this in mind.
17. At the December 5, 1991, Data Bank Executive Committee meeting, heads of national organizations of licensing boards mentioned several reasons for not querying the Data Bank. These include cost, limited history in the Data Bank,

and duplication with the national organizations' own data bases. Certainly, as the Data Bank ages, it will have more complete historical information and will likely be more attractive to the optional users.

18. The remaining 0.2 percent of hospital matches were from queries marked as state licensing board (4 matches), or other (42 matches). This indicates that some hospitals may not be sure which of the "query type" boxes on the query form they should check, or that some non-hospitals were inappropriately assigned identification numbers in the hospital category.
19. The number of matches is greater than the number of reports because multiple queriers can match on the same report.
20. See note 16 above.
21. These calculations are based only on the 16,962 matches involving one-time payments. Excluded are 1,559 matches involving payments that were part of a series of installments, and for which the total payment amount was not available.
22. There has been recent discussion of imposing a floor dollar amount on malpractice payment reports, which would eliminate reports for payments under the floor. The Physicians Insurance Association of America has recommended a floor of \$50,000, while the American Medical Association has proposed a floor of \$30,000 (Letter from the Chairman of the PIAA Data Sharing Project to the Director of the Bureau of Health Professions, HRSA on February 25, 1991). A \$30,000 floor would have eliminated 37.9 percent of the matches, and a \$50,000 floor would have eliminated another 8.9 percent (appendix C). This subject is covered more fully in our report titled "National Practitioner Data Bank: Malpractice Reporting Requirements," OEI-01-90-00521, April 1992.
23. One report mistakenly gave 1908 as the date of the incident. This report generated a match for seven different queries.
24. See note 16 above.
25. The coding system for classes of and reasons for adverse actions was taken from the National Practitioner Data Bank reporting instructions.
26. A match was considered to be an interstate match if the querier's State was different from either the practitioner's work State or, for adverse actions, the reporter's State. We did not use the reporter's State for malpractice payment matches because many physicians are insured by out-of-State companies.