

**Department of Health and Human Services**

**OFFICE OF  
INSPECTOR GENERAL**

**NATIONAL PRACTITIONER DATA BANK  
REPORTS TO HOSPITALS:  
THEIR USEFULNESS AND IMPACT**



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# EXECUTIVE SUMMARY

## **PURPOSE**

To update an assessment of the usefulness and impact of information in the National Practitioner Data Bank to hospitals.

## **BACKGROUND**

Since September 1, 1990, the National Practitioner Data Bank (hereafter referred to as the Data Bank) has received and maintained records of malpractice payments and adverse actions against licensed health care practitioners. It provides hospitals and other health care entities with information relating to the professional competence and conduct of health care practitioners. Hospitals are required to request information from the Data Bank about every physician and dentist who applies for appointment. In addition, hospitals must query at least once every 2 years on every practitioner who is on their medical staff or who has privileges. They may query about any practitioner seeking or holding privileges at any time. As of February 25, 1994, hospitals had received, in response to queries, 108,552 reports of malpractice payments or adverse actions against physicians, dentists, and other health care practitioners.

In February 1993, we released a report that evaluated the usefulness and impact of reports to hospitals through March 1992. In December 1993, the Administrator of the Health Resources and Services Administration (HRSA) asked us to update the information in the February 1992 report using more recent data. We agreed to conduct the study. Our February 1993 report found that a majority of Data Bank reports were useful to hospitals as reflected by a number of measures of usefulness. However, it was very rare for Data Bank reports to lead hospitals to make privileging decisions they would not have made without the reports.

The data in this report result from a survey we conducted of hospitals that received reports of malpractice payments or adverse actions from the Data Bank. We sampled 400 matches--instances when a querying hospital received a report of a specific incident--from the universe of 89,430 hospital matches from March 20, 1992 through February 25, 1994. We asked hospital officials questions about how they used and what their assessments were of the reports; we received 257 useable responses. Throughout the report we compare the results of our original study, which covered the period from September 1, 1990 through March 19, 1992 (period A), to the results of this survey, which covered the period from March 20, 1992 through February 25, 1994 (period B). Appendix A gives details of our methodology.

## FINDINGS

***USEFULNESS TO HOSPITALS:*** *Hospital officials found a much higher proportion of reports to be useful; however, a much smaller proportion of reports provided information that was previously unknown to hospital staff.*

- The proportion of reports that hospital officials consider useful increased from 58 percent in the period from September 1, 1990 to March 19, 1992 (period A) to 83 percent in the period from March 20, 1992 to February 25, 1994 (period B).
- Response time, which had been very problematic in the early part of period A, improved significantly toward the end of period A; that improvement was maintained throughout period B. The Data Bank's electronic querying process, which was begun in period B, allowed hospitals to receive reports much more quickly than if they submitted queries by mail.
- The proportion of reports that provided information previously unknown to hospital staffs declined from 40 percent in period A to 28 percent in period B.
- In neither period did hospital officials see accuracy of reporting to be a large problem.
- The reasons hospital officials found reports useful or not useful remained largely unchanged. The most commonly cited reason in both periods for the reports being useful was that they confirmed information from other sources; the most commonly cited reason in both periods for the reports not being useful was that they duplicated information available elsewhere.
- (Measured only in period B.) Seventy-seven percent of our respondents felt that responses from the Data Bank that listed no adverse information were at least somewhat useful to them. Seventy-one percent found it worthwhile to query the Data Bank about all practitioners, as the current law requires.

***IMPACT ON DECISIONS:*** *In both periods, hospitals seldom made different privileging decisions than they would have made without the Data Bank reports.*

- In period A, according to hospital officials, if hospitals had not received the Data Bank reports, their privileging decisions would have been different 1 percent of the time; in period B, this figure was 2 percent.
- In period A, 80 percent of reports had little chance to have an impact on hospitals' privileging decisions; in period B, this figure dropped to 75 percent. These reports arrived after the decision was made, duplicated available information, or the practitioner did not go through the privilege decision process.

- The percent of reports that could have had impact on hospitals' privileging decisions but did not increased from 19 percent (23 reports) in period A to 24 percent (56 reports) in period B. These are reports that hospitals received before they made their privileging decisions and that provided them with new information on a practitioner.

## CONCLUSION

The information in this report contributes to an understanding of the usefulness and impact of the Data Bank in hospitals. It reveals that the Data Bank is operating much more smoothly than during its early implementation period. Hospital officials are receiving reports in a much more timely fashion and they are now much more likely to characterize Data Bank information as useful. At the same time, our data reveal that Data Bank reports seldom affect privileging decisions of hospitals.

During this and prior inspections on the Data Bank, we have become ever more aware of differing expectations of the Data Bank. Thus, any assessments of the Data Bank's usefulness and impact will depend heavily on how these expectations are expressed and on the relative emphasis given to them. In that context, we offer the following concluding observations concerning three important expectations about the Data Bank.

- ***Data Bank as a Reliable, Centralized Source of Information.*** In the sense that the Data Bank is expected to serve as such a source of information about adverse actions and medical malpractice payments, it seems to be working quite well. It is a timely, accurate source that is widely regarded as useful--mainly because it confirms information available from other (presumably less reliable) sources.
- ***Data Bank as a Unique Source of Information.*** In the sense that the Data Bank is expected to serve as a unique source of information--that is, one unavailable elsewhere--it clearly has some value. In our sample, 28 percent of the reports provided new information to the hospitals. That 28 percent projects to 25,040 reports providing new information to hospitals over a period of almost 2 years.
- ***Data Bank as a Mechanism to Protect the Public by Preventing Incompetent and/or Unprofessional Practitioners from Practicing in Hospitals.*** Clearly, this is the most ambitious and controversial of these expectations. It is also the one most difficult to assess without more information. In one sense, the fact that 2 percent of reports are having an impact on privileging decisions may seem inappropriately low. It may suggest that hospitals are overly reluctant to take adverse actions against incompetent and/or unprofessional practitioners.

Yet, to the extent that only a small percent of practitioners are unfit to practice, one may argue that nothing is necessarily inappropriate about 2 percent of reports, which projects to 1,520 reports over a period of almost 2 years, having an impact on privileging decisions. These 1,520 reports involve hundreds of practitioners

and affect thousands of patients they serve. Finally, it is important to recognize that the very existence of the Data Bank may deter some unfit practitioners from even applying to hospitals for practice privileges and may encourage other practitioners to be more forthcoming in the applications they submit for hospital privileges.

## **COMMENTS ON THE DRAFT REPORT**

We solicited and received comments on the draft report from the Public Health Service (PHS), the Assistant Secretary for Planning and Evaluation (ASPE), the American Hospital Association (AHA), and the American Medical Association (AMA). Their comments appear in full in appendix C. Below we summarize their comments, and, in italics, our responses.

### **PHS Comments**

The PHS expressed appreciation for our inquiry and indicated that the report would be helpful. It called for one minor change in the background section of the report where we explain the Data Bank law. *We appreciate the positive response from PHS. We made the change requested.*

### **ASPE Comments**

The ASPE supported the purpose of our inquiry and noted that the methodology seemed to be "appropriate." It added, however, that the conclusion that the Data Bank is useful is questionable and that the data in the report might be used to support a contrary conclusion. *We did not conclude that the Data Bank is useful. We elaborated on how one's assessments of usefulness and impact will depend heavily on one's expectations of the Data Bank.*

### **AHA Comments**

The AHA found it "encouraging" that hospital respondents regarded Data Bank reports to be more useful and timely than during our prior survey period. At the same time, it expressed concern that the supplemental role of the Data Bank in hospital credentialing and privileging efforts may come at "too high a price." *How one assesses the performance of the Data Bank, as we noted above, is likely to depend heavily on one's expectations of it in the first place. Our intention, in focusing on the usefulness and impact of Data Bank reports, was to contribute to such assessments whatever one's starting place.*

### **AMA Comments**

The AMA expressed considerable concern about the cost-effectiveness of the Data Bank and about our report. As with our prior report, it found this one misleading in that it focused on the universe of matches rather than the much larger universe of queries to the

Data Bank. It also found misleading our findings that (1) 77 percent of the hospital respondents found Data Bank responses with no adverse information about a practitioner to be at least somewhat useful and (2) 71 percent found it worthwhile to query the Data Bank for all practitioners, as the law requires. It specified that the Likert scale we used for the former finding and the yes-no format for the latter accounted for what "may have been predictable" responses. Finally, it commented that we gave insufficient attention to our draft report finding that 5 percent of hospital respondents found the Data Bank match reports sent them to be incomplete.

*We disagree with the AMA on the value of focusing on matches. In our prior report and in this one, we focused on matches to provide discrete, practical feedback on the information actually provided to hospitals by the Data Bank. With respect to the above-noted findings, we note that the 77 percent of respondents who regarded the Data Bank responses with no adverse information to be at least "somewhat useful" included 26 percent who regarded it as "extremely or very useful" and 27 percent as "moderately useful." The use of a yes-no format to record an overall assessment of the Data Bank is, we believe, an unbiased approach toward obtaining a basically positive or negative reaction. Finally, we agreed with the AMA that if 5 percent of Data Bank reports were incomplete that would be significant information warranting immediate attention. Accordingly, we conducted a follow-up inquiry, and, as we note on page 7, found that all of the reports initially cited as incomplete were explainable as timing issues or as respondent errors. None involved actual nonreporting to the Data Bank.*

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# INTRODUCTION

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## **PURPOSE**

To update an assessment of the usefulness and impact of information in the National Practitioner Data Bank to hospitals.

## **BACKGROUND**

Since September 1, 1990, the National Practitioner Data Bank has received and maintained records of malpractice payments and adverse actions taken by hospitals, other health care entities, licensing boards, and professional societies against licensed health care practitioners. It 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 was established by Title IV of the Health Care Quality Improvement Act of 1986 (P.L. 99-660), as amended, and is funded by user fees. It is operated by the Unisys Corporation under contract to the Health Resources and Services Administration (HRSA) of the Public Health Service (PHS).

Hospitals are required to request information from the Data Bank about every physician and dentist who applies for appointment. Hospitals must query about all medical and dental staff and other health care practitioners with clinical privileges at least once every 2 years. They have the option of querying about any practitioner with privileges (or who is seeking privileges) at any time. The Data Bank is intended to provide information to hospitals to help them make decisions about hiring, granting privileges to, and disciplining practitioners.

As of February 25, 1994, hospitals had received, in response to queries, 108,552 matched reports of malpractice payments or adverse actions against physicians, dentists, and other health care practitioners. We summarized in detail the profiles of these "matches" in a report released in August 1994.<sup>1</sup>

In February 1993, we released a report that evaluated the usefulness and impact of reports to hospitals through March 1992.<sup>2</sup> That report provided officials in the Department and parties interested in the Data Bank with an early evaluation of the Data Bank's effectiveness and utility. In December 1993, the Administrator of HRSA asked us to update the information in the February 1993 report using more recent "matches." He cited significant changes in the operation of the Data Bank, a more sizable universe from which to draw experiences, and the usefulness of the report to officials in HRSA as reasons for his request. We agreed to conduct the study. In addition to this report, we are issuing a similar report summarizing the experiences of health maintenance organizations, preferred provider organizations, and group practices using Data Bank information.

## **SUMMARY OF FEBRUARY 1993 REPORT**

Our February 1993 report found that a majority of Data Bank reports were useful to hospitals using a number of measures of usefulness. However, it was very rare for Data Bank reports to lead hospitals to make privileging decisions they would not have made without the reports. Because usefulness of the reports was sharply affected by the timeliness of reporting, we recommended that PHS take steps to improve and report upon timeliness. We also recommended that the Joint Commission on Accreditation of Healthcare Organizations establish guidelines on how quickly hospitals should query after receiving privilege applications. We received generally positive comments on a draft of the report. The most significant objections to it came from the Assistant Secretary for Planning and Evaluation in the U.S. Department of Health and Human Services and the American Medical Association (AMA), both of whom objected to our allowing users to develop their own definitions of usefulness. The AMA also sharply disagreed with our methodology of looking solely at "matches" and not looking at reports that listed no information on file.

## **METHODOLOGY**

The data presented in this report are derived from a survey of hospitals that received reports of malpractice payments or adverse actions from the Data Bank. Our methodology was intended to allow us to compare that data to the results of the study published in February 1993; therefore, the survey questions, whenever possible, were asked in an identical manner. We did, however, attempt to address some of the concerns raised by our earlier report. Notably, we probed more about why reports did not have impact and asked about the usefulness of receiving verification that no information is in the Data Bank. We sampled 400 matches--instances when a querying hospital received a report of a specific incident--from the universe of 89,430 hospital matches from March 20, 1992 through February 25, 1994. We received 257 useable responses. Our findings can be projected to this universe of matches. Appendix A gives details of our methodology and provides information about the reports, practitioners, and hospitals included in the study.

We conducted this study in accordance with the *Quality Standards for Inspections* issued by the President's Council on Integrity and Efficiency.

## FINDINGS

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***USEFULNESS TO HOSPITALS: Hospital officials found a much higher proportion of reports to be useful; however, a much smaller proportion of reports provided information that was previously unknown to hospital staff.***

Whether a report from the Data Bank is useful to a hospital depends on several factors. Some factors can be determined objectively, such as whether the report provides new information or duplicates other reports, whether it is accurate, and whether the report arrives at the hospital in time to be used in the privileging process. Other factors are more subjective, such as whether the report is relevant to the reported practitioner's competency and professionalism. Measured by both objective and subjective criteria, the Data Bank appears to be continuing to provide useful information to hospitals (see figure 1).

- The proportion of reports that hospital officials consider useful increased from 58 percent in the period from September 1, 1990 to March 19, 1992 (period A) to 83 percent in the period from March 20, 1992 to February 25, 1994 (period B).

In period A, there were no statistically significant differences in the percentages of reports judged useful because of type of incident involved (malpractice payment vs. adverse action), amount of malpractice payment, location of report (in-State vs. out-of-State), or type of adverse action. In period B, however, adverse actions were significantly less likely to be rated useful than malpractice payments. All the other comparisons showed no differences (see table 1).

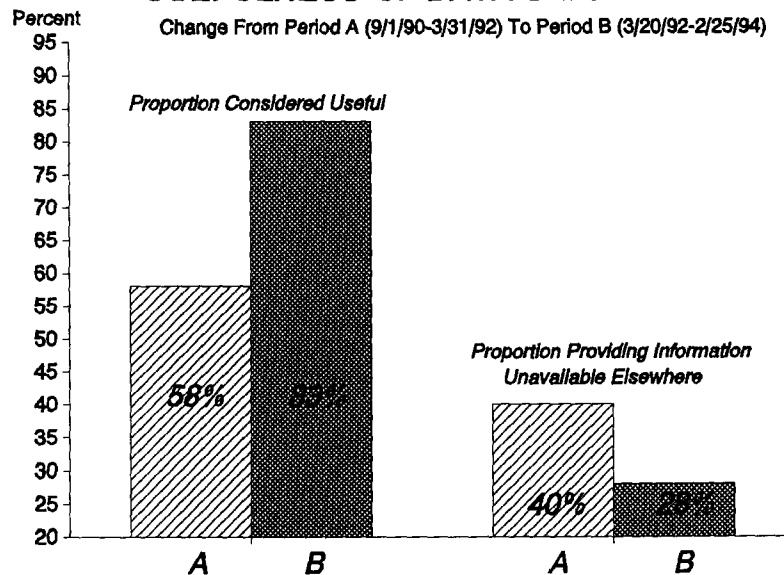
It is difficult to explain why adverse actions would be less likely to be rated useful, especially since one might expect the opposite to be true. Indeed, when we asked hospital officials about how they would rate, in general, hospital privileges action reports, licensing board action reports, and malpractice payment reports, 70 percent rated licensing board actions (in theory or in practice) extremely useful, 68 percent rated hospital privileging actions extremely useful, and only 40 percent rated malpractice payments extremely useful.<sup>3</sup> The difference in the proportions is not affected by other available information or by timeliness. There is no difference in the proportion of malpractice reports and adverse action reports that provided information unavailable elsewhere. Likewise, timeliness is not different for the two types of reports.

- Response time, which had been very problematic in the early part of period A, improved significantly toward the end of period A; that improvement was maintained throughout period B. The Data Bank's electronic querying process, which was begun in period B, allowed hospitals to receive reports much more quickly than if they submitted queries by mail.

# Figure 1

## USEFULNESS OF DATA BANK REPORTS:

Change From Period A (9/1/90-3/31/92) To Period B (3/20/92-2/25/94)



Sources: Office of Inspector General Surveys of Hospital Officials.  
Note: Period A: N=142 Responses, Period B: N=257 Responses.

This improvement in response time helps account for the significant increase in the proportion of reports considered to be useful. In period A, officials often reported that reports were not useful because of their lack of timeliness.

In period A, we found that response time had been steadily improving over the study period. The median response time dropped from 123 days to 26 days over the 18 month period (measured each quarter). That decline in response time has not continued through period B. The median response time was 23 days over period B and has ranged from 35 days to 14 days, with no particular trend over time. Still the overall improvement in response time was dramatic (over the entire period A median response time was 44 days).

Early in period B, HRSA made software available to hospitals that allowed them to query electronically. By the end of the Data Bank's third year, 47 percent of all queries were being submitted electronically.<sup>4</sup> In period B, 26 percent of respondents used electronic submission. Respondents who queried electronically received responses much faster than those who did not (median is 17 days vs. 27 days). Interestingly, they were not more likely to find the reports useful (82 percent of those who queried electronically found the reports useful while 84 percent of those who did not query electronically found them useful).

**TABLE 1**  
**USEFULNESS TO HOSPITALS OF DIFFERENT TYPES**  
**OF DATA BANK REPORTS**

TYPE OF REPORT	REPORTS CONSIDERED USEFUL	
	Period A	Period B
Incident Involved		
Malpractice Payment	59%(N=74)	85%(N=219) *
Adverse Action	57%(N=9)	67%(N=24) *
Amount of Malpractice Payment		
Less Than \$30,000	57%(N=16)	90%(N=72)
\$30,000 or More	61%(N=25)	83%(N=147)
Type of Adverse Action		
Board Licensure Action	53%(N=20)	75%(N=16)
Hospital Privileges Action	64%(N=21)	50%(N=8)
Location of Report		
Out-of-State	81%(N=72)	85%(N=97)
In-State	56%(N=11)	83%(N=146)

*\* Differences are significant at the 95 percent confidence level.*

*Sources: Office of Inspector General Surveys of Hospital Officials.*

In period A, the proportion of reports arriving before hospitals made final decisions on the practitioners involved ranged from 44 percent in the first quarter of the period to 66 percent in the last. In period B, the proportion of reports arriving prior to the final decision increased to 83 percent over the entire period. Better response time accounts for some of this improvement, but hospital officials were partly responsible for the low proportion of "on-time" arrivals. In period A, 18 percent of all reports did not arrive on time because the hospital submitted a query after having made a privileging decision. In period B, 6 percent did not submit their Data Bank request until after the decision; primarily because they felt they already had sufficient information to make the decision.

- The proportion of reports that provided information previously unknown to hospital staffs declined from 40 percent in period A to 28 percent in period B.

Practitioners themselves and malpractice insurers were more likely to be sources of information about incidents in the Data Bank reports in period B than they were in period A (see table 2). It is possible that the increase in the proportion of reports that gave hospitals information on the practitioners named in the reports provided was in part caused by the maturation of the Data Bank. The existence of the Data Bank and practitioner's knowledge of the Data Bank being a source of information for hospitals may make practitioners more likely to disclose malpractice payment and adverse action information. It is likely that practitioners' awareness of the Data Bank and of hospitals' use of the Data

Bank have grown since the end of Period A. Increased awareness of the Data Bank might well be deterring practitioners from withholding information.

In period A, we cited problems with hospitals not receiving important information from their own State's licensing board and from other hospitals in their State; these problems appear to be continuing. In period A, 20 percent of reports originally submitted by licensing boards in the hospitals' own States were the hospitals' only source of knowledge about the incident and 10 percent of the time hospitals only learned of board actions from sources other than the boards. In period B, 8 percent of reports originally submitted by licensing boards in the hospitals' own States were the only source of knowledge about the incident in the hospitals and 33 percent of the time hospitals only learned of board actions from sources other than the boards. In both periods A and B, 50 percent of Data Bank reports on clinical privilege actions taken by other hospitals provided information otherwise unavailable.

TABLE 2 SOURCES OF DATA BANK INFORMATION		
SOURCE	PERCENT OF REPORTS HOSPITAL OFFICIALS WERE AWARE OF FROM EACH SOURCE	
	PERIOD A: (9/1/90-3/18/92) (N=142)	PERIOD B: (3/19/92-2/25/94) (N=247)
Practitioner	53%	60%
State Licensing Board In-State	9%	7%
State Licensing Board Out-of-State	<1%	1%
Malpractice Insurer In-State	9%	14%
Malpractice Insurer Out-of-State	0%	2%
Hospital In-State	4%	5%
Hospital Out-of-State	2%	2%
Professional Society In-State	<1%	1%
Professional Society Out-of-State	0%	<1%
Other In-State	7%	7%
Other Out-of-State	0%	1%

*Note: Proportions will not add to 100% because hospitals could have more than one source of information.*

*Sources: Office of Inspector General Surveys of Hospital Officials.*

The surprising finding from Period A that hospitals seemed more likely to be aware of malpractice payments and adverse actions occurring in other States than of payments and actions in their own States was not true in Period B. In period A, hospitals were aware of

information contained in 85 percent of reports from other States, but in only 55 percent of reports from their own States. In period B, hospitals were aware of information contained in 70 percent of reports from other States and 72 percent of reports from their own States.

- In neither period did hospital officials see accuracy of reporting to be a large problem.

For period A, we found that no hospital in our sample responded that the Data Bank report it received was inaccurate. In period B, no hospital determined, after making additional inquiries, that the information in the Data Bank report was inaccurate.

In our draft report, we had indicated that there was growing evidence that the Data Bank is not reporting to hospitals all the information it should. We based that on the finding that in period B 12 hospitals (almost 5 percent of all respondents) indicated that the responses received from the Data Bank were incomplete (i.e., that the Data Bank should have had additional information on the practitioner in question). In period A, by contrast, only one hospital said that the Data Bank response was incomplete.

Upon further inquiry since the issuance of our draft report, we determined that none of the Data Bank reports cited by the 12 hospitals as being incomplete during period B remain incomplete today. Moreover, we found that all of the Data Bank reports identified by the hospitals as incomplete could be explained as errors by the hospital respondents or as timing issues (wherein a hospital learned of a malpractice payment or disciplinary actions from another source before it was sent to the Data Bank). We found no instances of nonreporting to the Data Bank.

- The reasons hospital officials found reports useful or not useful remained largely unchanged. In both periods, the most commonly cited reason for the reports being useful was that they confirmed information from other sources; the most commonly cited reason in both periods for the reports not being useful was that they duplicated information available elsewhere.

Table 3 demonstrates the differences between period A and period B in the reasons hospitals considered reports useful and not useful. It is clear that hospitals find the reports useful in large part because they confirm information available elsewhere. It is likely that if they found the other sources very reliable and trustworthy, they would not find the Data Bank information useful because it was duplicative.<sup>5</sup> The fact that many find the reports useful because they are confirmatory may indicate that the Data Bank is filling a need for a reliable source of information. In fact, of the reports that told hospitals about incidents they were aware of from other sources, 15 percent were inconsistent with those other sources. Yet, as we already noted, no Data Bank report was found to be inaccurate upon further inquiry. The Data Bank, while it may provide information available elsewhere, is a consistently accurate source of information. This gives us key insights into how hospitals rely upon the Data Bank and why reports are useful to so many hospitals.

- (Measured only in period B.) Seventy-seven percent of our respondents felt that responses from the Data Bank that listed no adverse information were at least somewhat useful to them. Seventy-one percent found it worthwhile to query the Data Bank about all practitioners, as the current law requires.

In period B, we asked two questions we did not ask in period A that help assess the usefulness of the Data Bank. The first asked "How useful to you are responses from the Data Bank that do not list any adverse information?" (Choices were "extremely useful," "very useful," "moderately useful," "somewhat useful," or "not useful.") Among the 77 percent who answered that the reports were useful, the great majority designated the "moderately" or "somewhat" useful categories.

The second question we asked was "All things considered, do you feel it is worthwhile to query the Data Bank about all practitioners in your hospital as current law requires?" About 71 percent of respondents said yes. Officials felt the information was worthwhile for all types of queries: that it was confirmatory, that it was a reliable source of information, that it was a source of information when practitioners failed to notify the hospital of incidents, and that it was national in scope. Officials who felt it was not worthwhile to query frequently felt that the expense of time and money was not worth it, that they can use other sources easily to get the same information, and that there is incomplete or insufficient information in the Data Bank.



**TABLE 3**  
**REASONS OFFICIALS CONSIDERED REPORTS USEFUL AND NOT USEFUL**

REASON CONSIDERED USEFUL	PROPORTION OF REPORTS THAT HOSPITAL OFFICIALS CONSIDERED USEFUL	
	Period A: (9/1/90-3/18/92)	Period B: (3/20/92-2/25/94)
	<i>Number of reports considered useful = 83</i>	<i>Number of reports considered useful = 203</i>
Confirmed Other Available Information	60%	65%
Helped Judge Practitioner's Competency	37%	32%
Provided Information Unavailable Elsewhere	30%	24%
Helped Judge Practitioner's Professionalism	22%	25%
Other Reason	10%	6%
REASON NOT CONSIDERED USEFUL	PROPORTION OF REPORTS THAT HOSPITAL OFFICIALS DID NOT CONSIDER USEFUL	
	Period A: (9/1/90-3/18/92)	Period B: (3/20/92-2/25/94)
	<i>Number of reports not considered useful = 55</i>	<i>Number of reports not considered useful = 40</i>
Information Available Elsewhere	52%	75%
Information Did Not Help Judge Competency or Professionalism	63%	45%
Report Not Timely	54%	18%
Report Inaccurate	< 1%	5%
Other Reason	19%	15%
<i>Note: In period A, 58 percent of reports were found useful and in period B, 83 percent were found useful. Proportions in this table will not add to 100% because hospitals could have more than one reason.</i>		
<i>Sources: Office of Inspector General Surveys of Hospital Officials.</i>		

***IMPACT ON DECISIONS: In both periods, hospitals seldom made different privileging decisions than they would have made without the Data Bank reports.***

The impact that receiving information from the Data Bank has on hospitals can be characterized in several ways. Impact may include giving hospital administrators confidence that they have complete information about their medical staffs. It may include adding information to practitioners' files that could be used in the future should questions arise. But Data Bank reports can have their most direct impact by affecting the outcome of decisions on practitioners who have just applied for new or continued hospital privileges. For this reason, we asked hospitals (in both periods A and B) the following question: Would your decision regarding the practitioner have been different if you had not received the Data Bank report? Because our measurement of impact focused on the privileges decisions, we did not include in this analysis any situations when decisions were still pending. In period A, 16 percent of Data Bank reports involved practitioners for whom the hospitals' privileging decisions were still pending at the time of our survey; in period B, this figure was 8 percent.

Figure 2 demonstrates how the proportions of reports that had impact, no potential for impact, and potential for impact changed over the two periods.

- In period A, according to hospital officials, if hospitals had not received the Data Bank reports, their privileging decisions would have been different 1 percent of the time; in period B, this figure was 2 percent.

In period B, of the 236 officials who answered the question, 4 said their decisions would have been different. One hospital terminated privileges immediately upon receiving the Data Bank report (which reported a voluntary surrender of privileges while under, or to avoid, investigation for incompetence, malpractice, or negligence). Another hospital reported that the practitioner withdrew his application, but it would have denied privileges based on the report (which reported conditional reinstatement of privileges at another hospital). A third hospital made a decision to grant temporary privileges prior to receiving the Data Bank response, but would not have granted them had it known the information in the response (which described a \$50,000 surgery-related malpractice payment). A fourth hospital temporarily suspended and investigated a physician based on the Data Bank report (which detailed a \$95,000 anesthesia-related malpractice payment); the hospital eventually granted privileges to the physician.

In period B, we asked a follow-up question about whether the report, if it did not cause the officials to make a different decision, made the officials feel more confident, less confident, or no different. Of the 188 respondents, only 7 felt the report made them less confident and 49 (26 percent) felt the reports made them more confident about their decisions. In all but two of these cases, the practitioner involved was granted full privileges. This is, therefore, an unexpected result. One would expect that receiving adverse information would make decision makers less confident about granting privileges.

- In period A, 80 percent of reports had little chance to have an impact on hospitals' privileging decisions; in period B, this figure dropped to 75 percent. These reports arrived after the decision was made, duplicated available information, or the practitioner did not go through the privilege decision process.

In period A, that 80 percent (97 reports) consisted of:

10 reports that named practitioners who did not go through the privilege decision process. These practitioners either withdrew their applications or requested only temporary privileges.

46 reports that were not received prior to hospitals making decisions. For 22 reports, the hospitals did not query the Data Bank until after the decisions and for 24 reports, they queried in advance of the decisions.

41 reports that, though received by hospitals before credentialing decisions were made, provided only information already known to the hospitals.

In period B, the 75 percent (176 reports) consisted of:

16 reports that named practitioners who did not go through the privilege decision process.

27 reports that were not received prior to hospitals making decisions.

133 reports that, though received by hospitals before decisions were made, provided only information already known to the hospitals.

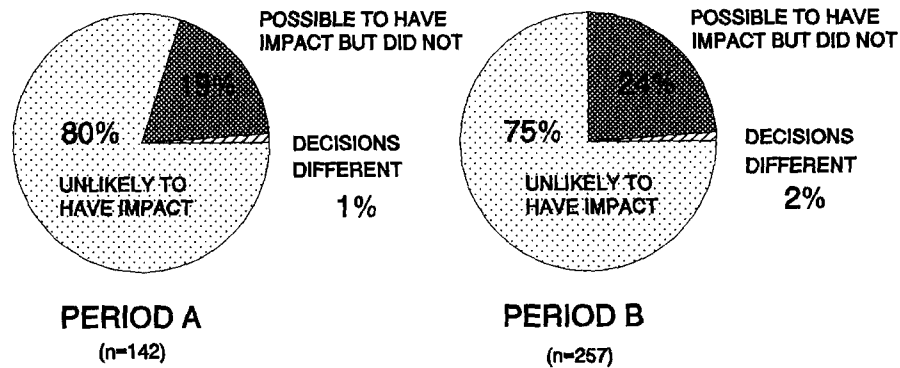
In period B, we also asked officials why the reports did not lead them to make privileging decisions they would not have made without the reports. Of responding officials, 55 percent said at least part of the reason the reports did not have impact was that the reports did not indicate a problem warranting restricting or denying privileges; 54 percent cited already knowing about the information as a reason; 8 percent cited not receiving the report in time to affect the decision, and 3 percent said they would have restricted or denied privileges anyway.

- The percent of reports that could have had impact on hospitals' privileging decisions but did not increased from 19 percent (23 reports) in period A to 24 percent (56 reports) in period B. These are reports that hospitals received before they made their privileging decisions and that provided them with new information on a practitioner.

In period A, we did not ask officials who responded that the reports did not alter their credentialing decisions why they did not. However, we analyzed whether or not they found the reports useful and why. In period A, about half of the reports that arrived before hospitals' decisions were finalized and contained information that neither the

## Figure 2

### IMPACT OF DATA BANK REPORTS: CHANGE FROM PERIOD A TO PERIOD B



Dates: Period A=9/1/90-3/18/92, Period B=3/19/92-2/25/94.  
 Sources: Office of Inspector General Surveys of Hospital Officials.  
 Note: Period B proportions add up to more than 100% due to rounding.

practitioner nor any other sources had provided were judged not useful. Most often these reports were considered not useful because they could not help judge competency or professionalism. The other half were considered useful. In period B, only 11 percent of the reports that arrived before hospitals' decisions were finalized and contained information that neither the practitioner nor any other sources had provided were judged not useful. The primary reason these reports were judged not useful was again because they did not help judge the practitioner's competency or professionalism.

In period B, we asked officials who said that their privileging decisions would not have been different without the Data Bank report why their decisions would not have been different. Of the reports that arrived prior to the final decisions and that contained information not available from other sources, officials said 64 percent did not indicate a problem that warranted restricting or denying privileges. No other reason had a frequency of more than 4 (7 percent).<sup>6</sup> One official said that the hospital restricted or denied privileges anyway.

## CONCLUSION

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The information in this report contributes to an understanding of the usefulness and impact of the Data Bank in hospitals. It reveals that the Data Bank is operating much more smoothly than during its early implementation period. Hospital officials are receiving reports in a much more timely fashion and they are now much more likely to characterize Data Bank information as useful. At the same time, our data reveal that Data Bank reports seldom affect privileging decisions of hospitals.

During this and prior inspections on the Data Bank, we have become ever more aware of differing expectations of the Data Bank. Thus, any assessments of the Data Bank's usefulness and impact will depend heavily on how these expectations are expressed and on the relative emphasis given to them. In that context, we offer the following concluding observations concerning three important expectations about the Data Bank.

- ***Data Bank as a Reliable, Centralized Source of Information.*** In the sense that the Data Bank is expected to serve as such a source of information about adverse actions and medical malpractice payments, it seems to be working quite well. It is a timely, accurate source that is widely regarded as useful--mainly because it confirms information available from other (presumably less reliable) sources.
- ***Data Bank as a Unique Source of Information.*** In the sense that the Data Bank is expected to serve as a unique source of information--that is, one unavailable elsewhere--it clearly has some value. In our sample, 28 percent of the reports provided new information to the hospitals. That 28 percent projects to 25,040 reports providing new information to hospitals over a period of almost 2 years<sup>7</sup>.
- ***Data Bank as a Mechanism to Protect the Public by Preventing Incompetent and/or Unprofessional Practitioners from Practicing in Hospitals.*** Clearly, this is the most ambitious and controversial of these expectations. It is also the one most difficult to assess without more information. In one sense, the fact that 2 percent of reports are having an impact on privileging decisions may seem inappropriately low. It may suggest that hospitals are overly reluctant to take adverse actions against incompetent and/or unprofessional practitioners.

Yet, to the extent that only a small percent of practitioners are unfit to practice, one may argue that nothing is necessarily inappropriate about 2 percent of reports, which projects to 1,520 reports over a period of almost 2 years<sup>8</sup>, having an impact on privileging decisions. These 1,520 reports involve hundreds of practitioners and affect thousands of patients served by these practitioners. Finally, it is important to recognize that the very existence of the Data Bank may deter some unfit practitioners from even applying to hospitals for practice privileges and may encourage other practitioners to be more forthcoming in the applications they submit for hospital privileges.

# COMMENTS OF THE DRAFT REPORT

We solicited and received comments on the draft report from the Public Health Service (PHS), the Assistant Secretary for Planning and Evaluation (ASPE), the American Hospital Association (AHA), and the American Medical Association (AMA). We include the complete text of their comments in appendix C. Below we summarize the comments of the respondents and, in italics, offer our responses.

## **PHS COMMENTS**

The PHS noted our efforts in working cooperatively with the staff in the Health Resources and Services Administration and indicated that the report "will be helpful in administering the program." It called for one minor change in the background section of the report where we explain the Data Bank law.

*We appreciate the positive response from PHS. We made the change requested.*

## **ASPE COMMENTS**

The ASPE commented that the purpose of our inquiry was "commendable" and that the survey methodology seemed "appropriate." It added, however, that the conclusions we drew "are a matter of interpretation and that the findings of the report could be used to support conclusions other than those supported by the OIG." It recommended that we discuss why we conclude that the Data Bank is useful when some evidence in the report might be used to reach a contrary conclusion.

*We did not draw the conclusion, as ASPE stated, that the Data Bank is useful. In our concluding section, we pointed out that the data in the report contribute to an understanding of the usefulness and impact of the Data Bank. We indicated that assessments of usefulness and impact will depend heavily on one's expectations of the Data Bank and the relative emphasis given to them. We then offered some pertinent observations concerning each of three sets of expectations.*

## **AHA COMMENTS**

The AHA indicated that it was "encouraging" that hospitals found Data Bank reports to be more useful and timely than during our prior survey period. However, it raised concern that the proportion of reports providing information previously unknown to hospitals has declined. In elaborating on that concern, it suggested that the supplemental role of the Data Bank in hospital credentialing and privileging efforts may come at "too high a price." It asked: "...is the confirmatory information worth the significant administrative and financial burdens the Data Bank imposes on hospitals and other Data Bank users?"

*We hope that the survey data we provided on usefulness and impact will help readers answer that question for themselves. As we noted in our concluding section, one's*

*assessment of the value of the Data Bank will depend largely on one's expectations of it in the first place. Further, on the matter of the declining proportion of Data Bank reports providing new information to the hospitals, we think it is quite possible, as we noted in the report, that the practitioners' increased awareness of the Data Bank may well make them more likely to disclose any malpractice payments or adverse actions concerning themselves before the hospital gets the information from the Data Bank. Thus, it is not just that the Data Bank provides "confirmatory" information as AHA noted, but that it may also serve as a trigger for information that may not otherwise reach the hospitals.*

## **AMA COMMENTS**

The AMA, like the AHA, raised concerns about the cost effectiveness of the Data Bank. But it also raised a number of specific concerns about our report.

It's core concern with our report (as with our parallel prior report of February 1993) is that it focuses on the universe of matches rather than queries. In so doing, the AMA indicated, we end up offering misleading conclusions about usefulness and impact because matches represent only about 4 percent of all hospital queries to the Data Bank. Along this line, the AMA called for us to include information in the report on the number of queries. It specifically noted that our statement that "as of February 25, 1994, hospitals had received in response to queries, 108,552 reports of malpractice and adverse actions" was incorrect. It added "that the word 'matched' must be inserted between '108,552' and 'reports' to reinforce the fact that this report is only looking at approximately 4.4 percent of the universe of queries."

The AMA added that in our report we attempted to justify the low match rate and the low impact on credentialing. It said that we did this by reporting that 77 percent of the respondents found that Data Bank reports with no adverse information on a practitioner were at least somewhat useful to them and that 71 percent found it worthwhile to query the Data Bank for all practitioners as the law requires. It commented that the former statistic "may have been predictable because the Likert scale was skewed in favor of providing a positive response" and the latter because it simply elicited a yes or no response. Forty-two percent of those who explained their response, it said, offered critical judgments of the Data Bank.

In addition, the AMA commented that (1) our report would be strengthened if we analyzed matched reports on the basis of the reason hospitals queried the Data Bank and (2) our draft report gave insufficient attention to the finding that 5 percent of hospitals found that the Data Bank match reports provided them were incomplete. This significant finding, the AMA said, should be included in the executive summary of our report and should be addressed immediately by PHS.

*In 1992, when we first began our inquiries about the Data Bank, we decided, after consultation with various parties, to focus on the usefulness and impact of the information in the Data Bank, as opposed to the overall utility of the Data Bank. We determined that such a focus would provide more discrete and practical information about what the Data*

*Bank actually produces and in so doing could contribute to broader assessments of the Data Bank. We repeated that approach for this report to allow for comparative assessments of the usefulness and impact of Data Bank reports over time. We disagree with the AMA over the value of this approach.*

*In response to concerns expressed by AMA and some others about our prior inquiry (concerning period A), we added the following questions this time: (1) "How useful to you are responses that do not list any adverse information?" and (2) "All things considered, do you feel it is worthwhile to query the Data Bank about all practitioners in your hospital as current law requires?" We believe the answers to these questions offer useful perspectives of key respondents on the overall utility of the Data Bank. To AMA's critique that the results we report on the first question may overstate the positive by reporting that 77 percent of the respondents found the information "at least somewhat useful," we note that total includes 26 percent who regarded it as "extremely or very useful" and 27 percent as "moderately useful." To AMA's critique that the results of the second are predictable because of the yes-no response format, we respond that the simple format was an unbiased one allowing for the respondent to express a basically positive or negative response.*

*In response to the AMA's suggestion, we did clarify in our background section that the Data Bank reports we refer to are "matched" reports. However, we did not provide additional information as the AMA requested. In an August report entitled, "National Practitioner Data Bank: Profile of Matches Update (OEI-01-94-00031)," we offer extensive data that provide considerable perspective on Data Bank matches.*

*We agreed with the AMA that if 5 percent of the reports to the Data Bank were, in fact, incomplete, that would be a significant matter warranting immediate attention. For that reason, we conducted a follow-up inquiry and as we pointed out on page 7, all of the reports cited by hospital respondents as "incomplete" turned out to be explainable as timing issues or as respondent errors. None involved actual nonreporting to the Data Bank.*

*Additional analysis, as AMA called for, on the reasons for hospitals querying the Data Bank could be of some value, but goes beyond what we can undertake at this time.*



# APPENDIX A

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## METHODOLOGY

*For a summary of our methodology for the initial study period (period A--9/1/90 through 3/19/92), see Appendix A of our report entitled "National Practitioner Data Bank: Usefulness and Impact of Reports to Hospitals" (February 1993).*

We collected the data presented in this report for period B (March 20, 1992 through February 25, 1994) through a mail survey of hospitals conducted from May to July 1994. We drew our sample from the universe of all Data Bank matches involving hospitals between March 20, 1992 and February 25, 1994. A match is a pairing of a report and a query to the Data Bank that name the same practitioner. We requested and received a computer file containing records of all Data Bank queries and reports that identified the same practitioner. We restructured and analyzed the data using SAS® Release 6.08 on a mainframe computer and Version 6.04 of the SAS® System for Personal Computers.

We drew a simple random sample of 400 matches from the universe of 89,430 matches. This differs from the sampling methodology we used in period A, which involved a stratified random sample of 200 matches. We increased the sample size to lend more credibility to our findings and to tighten confidence intervals. We choose not to stratify the sample because we did find significant differences on any key measure by the stratification variable (type of report).

In May 1994, we mailed a questionnaire about each report to the hospital involved. There were 372 hospitals that received questionnaires; 22 hospitals were each sent questions on 2 different practitioners (1 of those hospitals received a total of 3 questionnaires--1 for 1 practitioner and 2 for different matches for another practitioner); 1 was sent questionnaires on 3 different practitioners, and 1 was sent questionnaires on 4 different practitioners. We followed this with a second mailing to nonrespondents. All responses used in the analysis were received by July 20, 1994. Appendix B shows the questionnaire and simple frequencies.

Questionnaires were addressed to the person whose name appeared on the original query to the Data Bank. Most respondents held the position of medical staff coordinator or the equivalent. A few respondents were the chief executive officers of their hospitals.

Our response rate was 64 percent. Most of the responses (89.5 percent) concerned malpractice reports; 10.5 percent concerned adverse action reports. Overall, malpractice matches accounted for 89 percent of the universe of matches, so the distribution of report types in our response was as expected.

Sixty-nine percent of the respondents queried the Data Bank because of mandatory

two-year review requirements, 29 percent queried on initial privileging or employment applications, and 2 percent queried for professional review purposes. Of the 27 responses based on adverse actions, 63 percent were State licensing board actions and 47 percent were hospital clinical privileges actions. Ninety-three percent of the respondents queried about physicians (the other practitioners were dentists, podiatrists, and nurse anesthetists.) The specialties of the physicians are listed in table A.

There were 248 hospitals represented in the responses. Of the 22 hospitals that had been sent questionnaires about 2 practitioners, 10 responded, but 1 responded to only 1 questionnaire and the 1 that had received 3 questionnaires (2 for 1 practitioner) returned 2 questionnaires (1 for each practitioner). Of the 2 hospitals that had been sent questionnaires about more than 2 practitioners, neither returned any questionnaires.

Unless otherwise noted, survey results presented as percentages have a margin of error of approximately 5 percent at the 95 percent confidence level. Confidence intervals for statistics cited for period B in the body of the report are summarized in table B.

**TABLE A**  
**TYPES OF PRACTITIONERS**

TYPE OF PRACTITIONER	NUMBER OF MATCHES	PERCENTAGE OF MATCHES
TOTAL	257	100.0
PHYSICIANS	239	92.6
Obstetrics and Gynecology	30	11.7
General Surgery	29	11.2
Family Medicine	22	8.6
Orthopedic Medicine	21	8.3
Internal Medicine	17	6.6
Missing	10	3.9
Emergency Medicine	9	3.5
Neurological Surgery	9	3.5
Eye, Ear, Nose, and Throat	9	3.5
Plastic Surgery	9	3.5
Urology	8	3.1
General Medicine	7	2.7
Anesthesiology	7	2.7
Ophthalmology	6	2.3
Cardiology	5	1.9
Pulmonary Medicine	4	1.6
Psychiatry	4	1.6
Oncology	3	1.2
Gastroenterology	3	1.2
Osteopathic Gynecology	3	1.2
Radiology	3	1.2
Cardiac Surgery	2	0.8
Dermatology	2	0.8
Thoracic Surgery	1	0.4
Occupational Medicine	1	0.4
Radiotherapy	1	0.4
Pathology	1	0.4
DENTISTS and ORAL SURGEONS	11	4.3
PODIATRISTS	7	2.7
NURSE ANESTHETISTS	1	0.4

*Source: Office of Inspector General Survey of Hospital Officials, May - July 1994*

**TABLE B**  
**CONFIDENCE INTERVALS FOR KEY STATISTICS**

Description	Page	Value	95 Percent Confidence Interval (+ or -)
Proportion of reports considered useful	3	83.2 percent	4.7 percent
Proportion of respondents rating licensing board actions extremely useful	3	69.6 percent	5.8 percent
Proportion of respondents rating hospital actions extremely useful	3	68.3 percent	5.8 percent
Proportion of respondents rating malpractice payments extremely useful	3	39.8 percent	6.1 percent
Proportion of reports that provided information previously unknown	4	28.0 percent	5.6 percent
Proportion of time learned of board actions from sources other than board	5	33.3 percent	26.7 percent
Proportion of reports on board actions that provided information previously unknown	5	8.3 percent	15.6 percent
Proportion of reports on hospital actions that provided information previously unknown	5	50.0 percent	30.1 percent
Proportion of reports from other States hospitals were aware of	5	69.7 percent	9.1 percent
Proportion of reports from own States hospitals were aware of	5	71.6 percent	7.3 percent
Proportion of respondents indicating report was incomplete	6	4.7 percent	2.6 percent
Proportion of respondents using electronic query.	6	25.6 percent	5.6 percent
Proportion of reports that used electronic query and were found useful	6	81.7 percent	9.8 percent
Proportion of reports that did not use electronic query and were found useful	6	83.5 percent	5.6 percent
Proportion of reports that arrived prior to final decision	7	83.2 percent	5.4 percent
Proportion of reports that were not "on-time" because of a late query	7	5.8 percent	2.9 percent
Proportion of reports that told hospitals about information they were aware of and was not consistent with it	7	14.5 percent	5.4 percent
Proportion of respondents who find it worthwhile to query for all practitioners	7	71.1 percent	5.8 percent
Proportion of respondents who find reports that do not list adverse information somewhat or not useful	7	47.2 percent	6.2 percent
Proportion of respondents who find reports that do not list adverse information extremely or very useful	7	26.0 percent	5.4 percent
Proportion of respondents who find reports that do not list adverse information moderately useful	7	26.8 percent	5.5 percent
Proportion of reports with decisions pending	9	7.8 percent	3.3 percent
Proportion of reports that made a difference in a decision	9	1.7 percent	1.6 percent

**TABLE B**  
**CONFIDENCE INTERVALS FOR KEY STATISTICS**

Description	Page	Value	95 Percent Confidence Interval (+ or -)
Proportion of reports that made respondent more confident about a decision	9	26.1 percent	6.3 percent
Proportion of reports that had little chance of impact	10	74.6 percent	5.6 percent
Proportion of reports that practitioner did not go through credentialing process	10	6.8 percent	3.2 percent
Proportion of reports not received prior to decision	10	11.4 percent	4.1 percent
Proportion of reports provided information already know (though received "on-time")	10	56.4 percent	6.3 percent
Proportion of reports where respondents said at least part of the reason for no impact was that the reports did not warrant restricting or denying privileges	10	55.8 percent	6.5 percent
Proportion of reports where respondents said at least part of the reason for no impact was that the reports gave them information they already were aware of	10	54.7 percent	6.5 percent
Proportion of reports where respondents said at least part of the reason for no impact was that the reports did not arrive in time	10	7.6 percent	3.5 percent
Proportion of reports where respondents said at least part of the reason for no impact was that they denied or restricted privileges anyway	10	3.1 percent	2.3 percent
Proportion of reports that could have had impact but did not	10	23.7 percent	5.4 percent
Proportion of reports that could have had impact and were judged not useful	11	12.0 percent	9.0 percent
Proportion of reports that could have had impact and yet did not indicate a problem warranting a change in privileges	11	76.6 percent	12.1 percent

# **APPENDIX B**

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## **SUMMARY OF HOSPITALS' RESPONSES TO OIG MAIL SURVEY**

# U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

## USE AND UTILITY OF THE NATIONAL PRACTITIONER DATA BANK

NOTE: The first 33 questions in this survey concern the case of Practitioner A, whose identity is given on the last page of this questionnaire. Unless otherwise specified, please confine your responses to your knowledge of the particular practitioner and event referred to on that page.

### BASIC FACTS AND CHRONOLOGY

1	What is Practitioner A's specialty? <i>31 different specialties represented</i>	1
2	On what date did Practitioner A sign an application requesting privileges (either new or continued) at your hospital? <i>wide range of dates</i>	2
3	On what date did you request information about Practitioner A from the National Practitioner Data Bank? <i>wide range of dates</i>	3
4	Did you request information about Practitioner A using electronic querying methods (QPRAC)?	4
		<i>Yes: 61 No: 177 Missing: 19</i>
5	On what date did you receive a response from the Data Bank? <i>(Write "NR" if you have not yet received a response.)</i> <i>wide range of dates 3 had not received a response yet</i>	5
6	On what date did the hospital board make its initial decision regarding Practitioner A's privileges? <i>(Write "PENDING" if board's initial decision has not yet been made, then skip to 16.)</i> <i>wide range of dates 20 initial decisions were pending</i>	6
7	<i>(If you made your decision about Practitioner A prior to receiving information from the Data Bank.)</i> Why did you make your decision about Practitioner A's privileges prior to receiving information in response to the request? <i>15 queried after having made a decision</i>	7
a	The response took too long to arrive.	<i>Yes: 0</i> a
b	We had sufficient information already to make the decision.	<i>Yes: 12</i> b
c	This request was made outside of our credentialing process. It was made for the following reason: _____	<i>Yes: 4</i> c

d	When we have received adverse information from the Data Bank, it has not been useful.	Yes: 1	d
e	We rarely receive adverse information in response to a request.	Yes: 3	e
f	The Data Bank responses are not used in our credentialing process at all.	Yes: 0	f
g	Other (EXPLAIN: _____)	Yes: 0	g
8	Was the hospital board's <i>initial</i> decision a temporary one pending further information?	Yes: 8 No: 192 Missing: 57	8
9	(Skip if you answered NO to 7) On what date did the hospital make its final decision regarding Practitioner A's privileges? (Write "PENDING" if board's final decision has not yet been made, then answer 10 through 15 with respect to the board's initial decision.)	wide range of dates no final decisions were pending	9
10	Were privileges granted to Practitioner A as requested by Practitioner A?	Yes: 200 No: 13 Missing or N/A: 44	10
11	(Skip if you answered YES to 10) Were Practitioner A's privileges denied (for initial application) or revoked (for renewal application)?	Yes: 5 No: 6 Missing or N/A: 246	11
12	(Skip if you answered YES to 10 or 11) Were Practitioner A's privileges restricted or amended in any way?	Yes: 3 No: 3 Missing or N/A: 251	12
13	(Skip if you answered YES to 10 or 11 or NO to 12) In what way were Practitioner A's privileges restricted or amended?		13
a	All privileges suspended (IF YES, FOR HOW LONG? _____)	Yes: 0	a
b	May not perform certain procedures	Yes: 0	b
c	May perform certain procedures only with another practitioner	Yes: 1	c
d	May co-admit patients only	Yes: 0	d
e	Mandatory consultation for certain conditions	Yes: 0	e
f	Mandatory review before patient admission or discharge	Yes: 0	f
g	Proctor assigned to review Practitioner A's work	Yes: 0	g



h	Other (IF YES, SPECIFY: _____ )	Yes: 2	h
14	(Skip if you answered YES to 10 or 11 or NO to 12) Were these restrictions on Practitioner A's privileges in place prior to the application?	Yes: 2 No: 2 Missing or N/A: 253	14
15	(Skip if you answered YES to 10 or 11 or NO to 12) Which of the following best describes the restrictions applied to Practitioner A's privileges?	(Check one)	15
a	Routine (e.g., procedure(s) not approved at this hospital, restriction applied to all new hires, etc.)	0	a
b	Specific to Practitioner A (e.g., applied because of particular event(s) in Practitioner A's history)	2	b
16	Were any other actions taken with regard to Practitioner A's employment, privileges, or credentials (e.g., education requirements, drug testing, etc.)? (IF YES, EXPLAIN: _____ )	Yes: 13 No: 224 Missing or N/A: 20	16

## AVAILABILITY AND ACCURACY OF INFORMATION

17	Were you aware, from sources other than the Data Bank, of the adverse action or malpractice payment mentioned on the last page of this form?	<b>Yes: 175</b> <b>No: 72</b> <b>Missing or N/A: 10</b>	17
18	<i>(Skip if you answered NO to 17)</i> From which of the following sources were you aware of the adverse action or malpractice payment?		18
a	Practitioner A (self-report)	<b>Yes: 149</b> <b>No: 23</b> <b>N/A: 72</b> <b>Missing: 3</b>	a
b	Licensing board in your state	<b>Yes: 17</b> <b>No: 154</b> <b>N/A: 72</b> <b>Missing: 4</b>	b
c	Licensing board in another state	<b>Yes: 3</b> <b>No: 168</b> <b>N/A: 72</b> <b>Missing: 4</b>	c
d	Malpractice insurer in your state	<b>Yes: 35</b> <b>No: 136</b> <b>N/A: 72</b> <b>Missing: 4</b>	d
e	Malpractice insurer in another state	<b>Yes: 4</b> <b>No: 167</b> <b>N/A: 72</b> <b>Missing: 4</b>	e
f	Other hospital in your state	<b>Yes: 13</b> <b>No: 158</b> <b>N/A: 72</b> <b>Missing: 4</b>	f
g	Hospital in another state	<b>Yes: 5</b> <b>No: 166</b> <b>N/A: 72</b> <b>Missing: 4</b>	g
h	Professional society in your state	<b>Yes: 2</b> <b>No: 169</b> <b>N/A: 72</b> <b>Missing: 4</b>	h
i	Professional society in another state	<b>Yes: 1</b> <b>No: 170</b> <b>N/A: 72</b> <b>Missing: 4</b>	i

j	Other source in your state (IF YES, SPECIFY: _____)	Yes: 16 No: 154 N/A: 72 Missing: 5	j
k	Other source in another state (IF YES, SPECIFY: _____)	Yes: 3 No: 165 N/A: 72 Missing: 7	k
19	(Skip if you answered NO to 17) Was the information you received in the Data Bank response inconsistent in any way with the information reported by any of the above sources? (IF YES, WHICH SOURCES? _____)	Yes: 24 No: 142 Missing or N/A: 91	19
20	Did you make additional inquiries (for example, to a malpractice insurer or another hospital) to confirm the accuracy of the Data Bank response or to obtain more detailed information on its content?	Yes: 48 No: 197 Missing or N/A: 12	20
21	(Skip if you answered NO to 20) Did your additional inquiries show the Data Bank response to be accurate? (IF NO, EXPLAIN: _____)	Yes: 40 No: 0 Missing or N/A: 217	21
NOTE: Questions 22-25 refer to the entire Data Bank response, not just to the report attached to this questionnaire. Therefore, if you received more than one report from the Data Bank on Practitioner A, please consider them all in answering Questions 22-25.			
22	Were you aware of any disciplinary actions, or malpractice payments involving Practitioner A that were <u>not</u> contained in the response from the Data Bank?	Yes: 20 No: 228 Missing or N/A: 9	22
23	(Skip if you answered NO to 22) How many disciplinary actions and malpractice payments were you aware of that were <u>not</u> contained in the response from the Data Bank?		23
a	Number of disciplinary actions	1 resp. aware of 1 2 aware of 3 1 aware of 4	a
b	Number of malpractice payments	7 resp. aware of 1 8 aware of 2 1 aware of 3 1 aware of 7 1 aware of 11	b

24	<p><i>(Skip if you answered NO to 22)</i></p> <p>How many of these disciplinary actions and malpractice payments occurred <u>after</u> September 1, 1990?</p>	24
a	<p>Number of disciplinary actions</p>	a
	<p><i>1 resp. aware of 1 1 aware of 2</i></p>	
b	<p>Number of malpractice payments</p>	b
	<p><i>6 resp. aware of 1 4 aware of 2 1 aware of 5</i></p>	
25	<p><i>(Skip if you answered NO to 22)</i></p> <p>Which of the following sources provided information about disciplinary actions or malpractice payments that were <u>not</u> contained in the response from the Data Bank?</p>	25
a	<p>Practitioner A (self-report)</p>	a
	<p><i>Yes: 18</i></p>	
b	<p>Licensing board in your state</p>	b
	<p><i>Yes: 1</i></p>	
c	<p>Licensing board in another state</p>	c
	<p><i>Yes: 1</i></p>	
d	<p>Malpractice insurer in your state</p>	d
	<p><i>Yes: 3</i></p>	
e	<p>Malpractice insurer in another state</p>	e
	<p><i>Yes: 0</i></p>	
f	<p>Other hospital in your state</p>	f
	<p><i>Yes: 5</i></p>	
g	<p>Hospital in another state</p>	g
	<p><i>Yes: 1</i></p>	
h	<p>Professional society in your state</p>	h
	<p><i>Yes: 0</i></p>	
i	<p>Professional society in another state</p>	i
	<p><i>Yes: 0</i></p>	
j	<p>Other source in your state</p> <p>(IF YES, SPECIFY: _____)</p>	j
	<p><i>Yes: 3</i></p>	
k	<p>Other source in another state</p> <p>(IF YES, SPECIFY: _____)</p>	k
	<p><i>Yes: 0</i></p>	

## CONSIDERATION OF INFORMATION

26	Based on the notes in Practitioner A's file and your personal knowledge of Practitioner A's application, which of the following people or groups had access to <u>and used</u> the response from the Data Bank in making a decision regarding Practitioner A's application?	26
a	Department chair	a
	<i>Yes: 183</i> <i>No: 60</i> <i>Missing or N/A: 14</i>	
b	Chief of medical staff	b
	<i>Yes: 148</i> <i>No: 95</i> <i>Missing or N/A: 14</i>	
c	Hospital administration (CEO, Vice President, etc.)	c
	<i>Yes: 139</i> <i>No: 104</i> <i>Missing or N/A: 14</i>	
d	Credentials committee	d
	<i>Yes: 192</i> <i>No: 48</i> <i>Missing or N/A: 17</i>	
e	Medical staff executive committee	e
	<i>Yes: 164</i> <i>No: 78</i> <i>Missing or N/A: 15</i>	
f	Hospital board subcommittee	f
	<i>Yes: 71</i> <i>No: 162</i> <i>Missing or N/A: 24</i>	
g	Full hospital board	g
	<i>Yes: 138</i> <i>No: 104</i> <i>Missing or N/A: 15</i>	

## UTILITY OF INFORMATION

27	Including the report on the last page, how many Data Bank reports on Practitioner A did you receive in total from this request?	<i>Range from 1 to 158; 159 responds said 1, 9 responds missing or NA, 89 had multiple reports. Ave: 2.98 reports</i>	27
28	(Skip if you answered "1" to 27) Overall, was the information contained in the complete Data Bank response (i.e., all reports combined) useful to you?	Yes: 71 No: 12 Missing or N/A: 174	28
IF YES, WHY? <span style="float: right;"><i>(Check all that apply)</i></span>			
a	Information was unavailable elsewhere	Yes: 21	a
b	Information confirmed other reports that were available elsewhere	Yes: 49	b
c	Information helped us to judge practitioner's competency	Yes: 25	c
d	Information helped us to judge practitioner's professionalism	Yes: 15	d
e	Other (EXPLAIN: _____)	Yes: 2	e
IF NO, WHY NOT? <span style="float: right;"><i>(Check all that apply)</i></span>			
f	Information was available elsewhere	Yes: 13	f
g	Information was inaccurate	Yes: 1	g
h	Information did not help us to judge practitioner's competency or professionalism	Yes: 8	h
i	Information was not provided in a timely manner	Yes: 2	i
j	Other (EXPLAIN: _____)	Yes: 4	j
29	(Skip if you answered "1" to 27) Would your decision regarding Practitioner A have been different if you had <u>not</u> received the reports from the Data Bank?	Yes: 2 No: 84 Missing or N/A: 171	29
IF YES, HOW (then skip to 31)? <span style="float: right;"><i>(Check one)</i></span>			
a	Would have granted requested privileges	Yes: 0	a
b	Would not have granted requested privileges	Yes: 1	b
c	Would have restricted privileges	Yes: 1	c
d	Would not have restricted privileges	Yes: 0	d

- e Other (EXPLAIN: \_\_\_\_\_) Yes: 0 e
- IF NO, WHY NOT? (Check all that apply)
- f Would have restricted or denied privileges anyway Yes: 2 f
- g Already knew, from other sources, about information reported in Data Bank responses Yes: 51 g
- h Data Bank responses did not indicate a problem that warranted restricting or denying privileges Yes: 42 h
- i Did not receive Data Bank responses in time to affect decision Yes: 3 i
- j Other (EXPLAIN: \_\_\_\_\_) Yes: 2 j

30 (Skip if you answered "YES" to 29) 30

Did the reports you received make you feel more confident, less confident, or no different about the decision you made regarding Practitioner A? (Check one)

	Missing	180	
a	More confident	25	a
b	Less confident	2	b
c	No different	48	c

- 31 Overall, was the information contained in the Data Bank report on the last page useful to you? Yes: 203 No: 40 Yes and No: 1 Missing or N/A: 13 31
- IF YES, WHY? (Check all that apply)
- a Information was unavailable elsewhere Yes: 51 a
  - b Information confirmed other reports that were available elsewhere Yes: 132 b
  - c Information helped us to judge practitioner's competency Yes: 64 c
  - d Information helped us to judge practitioner's professionalism Yes: 50 d
  - e Other (EXPLAIN: \_\_\_\_\_) Yes: 12 e
  - IF NO, WHY NOT? (Check all that apply)
  - f Information was available elsewhere Yes: 30 f
  - Information was inaccurate Yes: 2 g

h	Information did not help us to judge practitioner's competency or professionalism	Yes: 18	h
i	Information was not provided in a timely manner	Yes: 7	i
j	Other (EXPLAIN: _____)	Yes: 6	j
32	Would your decision regarding Practitioner A's privileges have been different if you had <u>not</u> received the report on the last page from the Data Bank? IF YES, HOW?	Yes: 5 No: 227 Missing or N/A: 25	32
a	Would have granted requested privileges	Yes: 2	a
b	Would not have granted requested privileges	Yes: 2	b
c	Would have restricted privileges	Yes: 1	c
d	Would not have restricted privileges	Yes: 0	d
e	Other (EXPLAIN: _____)	Yes: 2	d
	IF NO, WHY NOT? (Check all that apply)		
f	Would have restricted or denied privileges anyway	Yes: 7	f
g	Already knew, from other sources, about information reported in Data Bank response	Yes: 122	g
h	Data Bank response did not indicate a problem that warranted restricting or denying privileges	Yes: 125	h
i	Did not receive Data Bank response in time to affect decision	Yes: 17	i
j	Other (EXPLAIN: _____)	Yes: 10	j
33	(Skip if you answered "YES" to 32) Did the reports you received make you feel more confident, less confident, or no different about the decision you made regarding Practitioner A?	(Check one)	33
	Missing	67	
a	More confident	49	a
b	Less confident	7	b
c	No different	132	c



NOTE: The remaining questions do not concern the specific case of Practitioner A, but rather your general experience with and attitudes about the Data Bank.

## GENERAL QUESTIONS ON THE NATIONAL PRACTITIONER DATA BANK

34	<p>How, if at all, have the other parts of your credentialing procedures been affected by the availability of the Data Bank?</p> <p><i>25 respondents discussed how the process is more costly or has been delayed by the Data Bank, 24 discussed how hiring or granting of privileges now is dependent upon first receiving the Data Bank response, 22 discussed how the Data Bank query is required for all applicants, and 22 discussed how the Data Bank is used to verify information on practitioner's application. A host of other changes were mentioned by other respondents.</i></p>	34																								
35	<p>Please rate the following four types of information maintained in the Data Bank in terms of their usefulness to you--in practice or in theory--in the practitioner credentialing process. (Let 1 = extremely useful and 4 = not at all useful.)</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 5%; text-align: center;">a</td> <td style="width: 60%;">Hospital disciplinary actions/privilege restrictions</td> <td style="width: 20%;"> <b>RATING:</b>                      Mean: 1.53                      S.D.: 0.89                 </td> <td style="width: 15%; text-align: right;">a</td> </tr> <tr> <td style="text-align: center;">b</td> <td>Licensing board actions</td> <td> <b>RATING:</b>                      Mean: 1.53                      S.D.: 0.92                 </td> <td style="text-align: right;">b</td> </tr> <tr> <td style="text-align: center;">c</td> <td>Malpractice payments</td> <td> <b>RATING:</b>                      Mean: 2.00                      S.D.: 0.99                 </td> <td style="text-align: right;">c</td> </tr> <tr> <td style="text-align: center;">d</td> <td>Professional society disciplinary actions</td> <td> <b>RATING:</b>                      Mean: 2.25                      S.D.: 1.18                 </td> <td style="text-align: right;">d</td> </tr> </table>	a	Hospital disciplinary actions/privilege restrictions	<b>RATING:</b> Mean: 1.53 S.D.: 0.89	a	b	Licensing board actions	<b>RATING:</b> Mean: 1.53 S.D.: 0.92	b	c	Malpractice payments	<b>RATING:</b> Mean: 2.00 S.D.: 0.99	c	d	Professional society disciplinary actions	<b>RATING:</b> Mean: 2.25 S.D.: 1.18	d	35								
a	Hospital disciplinary actions/privilege restrictions	<b>RATING:</b> Mean: 1.53 S.D.: 0.89	a																							
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c	Malpractice payments	<b>RATING:</b> Mean: 2.00 S.D.: 0.99	c																							
d	Professional society disciplinary actions	<b>RATING:</b> Mean: 2.25 S.D.: 1.18	d																							
36	<p>How useful to you are responses from the Data Bank that do not list any adverse information? <span style="float: right;">(Check one)</span></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 5%;"></td> <td style="width: 60%; text-align: center;">Missing</td> <td style="width: 20%; text-align: center;">6</td> <td style="width: 15%;"></td> </tr> <tr> <td style="text-align: center;">a</td> <td style="text-align: center;">Extremely useful</td> <td style="text-align: center;">28</td> <td style="text-align: right;">a</td> </tr> <tr> <td style="text-align: center;">b</td> <td style="text-align: center;">Very useful</td> <td style="text-align: center;">37</td> <td style="text-align: right;">b</td> </tr> <tr> <td style="text-align: center;">c</td> <td style="text-align: center;">Moderately useful</td> <td style="text-align: center;">67</td> <td style="text-align: right;">c</td> </tr> <tr> <td style="text-align: center;">d</td> <td style="text-align: center;">Somewhat useful</td> <td style="text-align: center;">60</td> <td style="text-align: right;">d</td> </tr> <tr> <td style="text-align: center;">e</td> <td style="text-align: center;">Not useful</td> <td style="text-align: center;">58</td> <td style="text-align: right;">e</td> </tr> </table> <p>Please explain: <i>22 explained that it confirms information provided by other sources (positive); 7 felt the Data Bank was incomplete or had insufficient information.</i></p>		Missing	6		a	Extremely useful	28	a	b	Very useful	37	b	c	Moderately useful	67	c	d	Somewhat useful	60	d	e	Not useful	58	e	36
	Missing	6																								
a	Extremely useful	28	a																							
b	Very useful	37	b																							
c	Moderately useful	67	c																							
d	Somewhat useful	60	d																							
e	Not useful	58	e																							

37	All things considered, do you feel it is worthwhile to query the Data Bank about all practitioners in your hospital as current law requires?	Yes: 170 No: 69 Missing: 18	37
Please explain: 25 felt it was useful because it provided useful documentation for credentialing or privileging; 18 felt it was not worth the time or money.			
38	What kind of information <u>not</u> currently maintained by the Data Bank would be useful to you?		38
39	Please list any additional comments and suggestions you have about the operation of the National Practitioner Data Bank.		39

This is the end of the survey. Thank you for taking the time to complete it. Please return your completed survey in the business-reply envelope to:

Office of Evaluation and Inspections  
Office of Inspector General  
U.S. Department of Health and Human Services  
Room 2475, J.F.K. Federal Building  
Boston, MA 02203

If you have questions, please call David Veroff or Barry McCoy at 617-565-1050.

# **APPENDIX C**

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## **COMPLETE COMMENTS ON THE DRAFT REPORT**



Memorandum

FEB 21 1995

Date

From

Assistant Secretary for Health

Subject


Office of Inspector General (OIG) Draft Reports on the  
Usefulness and Impact of National Practitioner Data Bank  
Reports to Hospitals and Managed Care Organizations,

To

OEI-01-94-00030 and OEI-01-94-00032

Inspector General, OS

Attached are the Public Health Service comments on the subject  
OIG draft reports. We appreciate the efforts of OIG staff in  
developing these reports. We offer only a few general  
comments and a suggested editorial change.

  
Philip R. Lee, M.D.

Attachment

PUBLIC HEALTH SERVICE (PHS) COMMENTS ON THE OFFICE OF INSPECTOR  
GENERAL (OIG) DRAFT REPORTS ON THE USEFULNESS AND IMPACT OF THE  
NATIONAL PRACTITIONER DATA BANK TO HOSPITALS AND MANAGED CARE  
ORGANIZATIONS, OEI 01-94-00030 AND OEI-01-94-00032,  
DECEMBER 1994

The OIG inspections were performed at the request of the Health Resources and Services Administration (HRSA). The HRSA asked OIG to update the February 1993 inspection report on the usefulness and impact of National Practitioner Data Bank reports to hospitals, and to consider the Data Bank's relevance to managed care organizations.

We appreciate the efforts of the OIG staff and their cooperation with program officials in HRSA in developing these reports. These reports reflect many of the changes that we suggested to OIG staff during the exit conference and on subsequent occasions. We believe that these reports will be helpful in administering the program.

Nevertheless, we believe that a wording change is needed to provide greater clarity in the "Background" section of the Executive Summary of both reports. The first paragraph in these sections states that "[H]ospitals are required to request information from the Data Bank about every physician and dentist who applies for appointment (they must query at least every two years)." The requirement might be better understood by readers if the parenthetical phrase was deleted and replaced with the following sentence: "In addition, hospitals must query at least once every two years on every practitioner who is on their medical staff or who has privileges."



To: June Gibbs Brown  
Inspector General

From: Assistant Secretary for  
Planning and Evaluation

Subject: **OIG Draft Reports on the Usefulness and Impact of the National Practitioner  
Data Bank**

FEB 27 1995

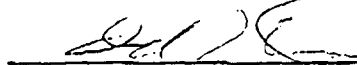
I have reviewed two draft inspection reports entitled, "National Practitioner Data Bank Reports to Hospitals: Their Impact and Usefulness" and "National Practitioner Data Bank Reports to Managed Care Organizations: Their Impact and Usefulness." The purpose of the surveys, as indicated in the titles, is to determine if the users consider the data bank to be useful in making decisions about granting privileges to physicians. The purpose of OIG's inquiry is commendable and the survey methodology seems appropriate.

I think, however, that the conclusions drawn by OIG are a matter of interpretation and that the findings of the report could be used to support conclusions other than those drawn by OIG. For example, the findings from the survey of managed care entities suggest that the data bank is, contrary to OIG's contention, duplicative as indicated by the following responses.

Officials said they seldom or rarely relied on a report from the data bank in deciding to deny privileges. In fact, only 8% (questionnaire item 27, page 8) of the information was reported unavailable elsewhere. This implies that 92% found the information available elsewhere.

The major finding that supports the OIG's conclusion of data bank usefulness is the answer to the question, "Overall, was the information contained in the complete Data Bank response (i.e., all reports combined) useful to you?" (questionnaire item 27, page 8). Of those who answered, 96% said yes; however, only 60 of 200 respondents or 30% of the sample answered the question. One could interpret this finding to indicate that only 30% of the sample could answer positively.

I recommend that OIG discuss why its conclusion that the data bank is useful is a better reading of the evidence than the conclusion reached above.

  
David T. Ellwood

Prepared by: Mary Byrnes 690-7388



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One North Franklin  
Chicago, Illinois 60606  
Telephone 312.422.3000

February 6, 1995

June Gibbs Brown  
Inspector General  
Office of Inspector General  
Department of Health & Human Services  
Washington, D.C. 20201

Re: Draft Report - National Practitioner Data Bank Reports to Hospitals: Their Usefulness and Impact

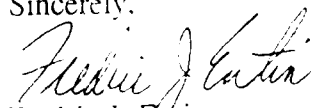
Dear Ms. Brown

The American Hospital Association (AHA), on behalf of its 5,000 hospital members, welcomes this opportunity to comment on the Office of Inspector General's draft report on the usefulness and impact of National Practitioner Data Bank reports to hospitals. Because our members are principal users of Data Bank information and the chief financial support for Data Bank operations, the AHA is extremely interested in knowing how hospitals use this information and whether it is useful to them during the credentialing and privileging process.

According to the draft, hospitals are finding Data Bank information both more useful and more timely than in a previous survey, conducted shortly after the Data Bank was implemented. Although these findings are encouraging, OIG also reports that the proportion of "new" information the Data Bank supplies actually has declined. While there may be some value in the supplemental role the Data Bank seems to have assumed in credentialing and privileging, we question whether that role comes at too high a price. In other words, is the confirmatory information worth the significant administrative and financial burdens the Data Bank imposes on hospitals and other Data Bank users?

In short, although we are pleased that a greater percentage of hospitals find the Data Bank generally useful, we are concerned that Data Bank information, acquired pursuant to statutory mandate and at high cost to users, is not proving appropriate to and effective in hospital decisionmaking.

Sincerely,

  
Fredric J. Ertin  
Senior Vice President  
and General Counsel

# American Medical Association

Physicians dedicated to the health of America



**James S. Todd, MD**  
Executive Vice President

516 North State Street  
Chicago, Illinois 60610

312 464-5000  
312 464-4184 Fax

February 1, 1995

The Honorable June Gibbs Brown  
Inspector General  
Office of Inspector General  
Department of Health and Human Services  
330 Independence Avenue, SW - Room 5246  
Cohen Building  
Washington, D.C. 20201

RE: Draft Inspection Report, *National Practitioner Data Bank Reports to Hospitals: Their Usefulness and Impact*

Dear Inspector General Brown:

The American Medical Association (AMA) is pleased to respond to your request for comments on the Office of Inspector General's (OIG) draft inspection report, *National Practitioner Data Bank Reports to Hospitals: Their Usefulness and Impact*, December 1994. The stated purpose of this study was to update an assessment of the usefulness and impact of information in the National Practitioner Data Bank (NPDB) to hospitals.

After reviewing the December draft report, the AMA concludes that the report only partially addresses the usefulness and impact of the NPDB and does not agree with the concluding observations. The AMA is very disappointed to see the serious flaws we identified in the February, 1993 OIG report repeated in this report. The AMA offers the following comments on the draft report.

The draft report again fails to disclose the total universe of queries or any operational information. Since the AMA cited this matter as a most serious deficiency in the February, 1993 report, the AMA questions why the OIG is not presenting a more comprehensive and accurate assessment of the usefulness and impact of the NPDB. The AMA believes that some of the critical information from the August, 1994 OIG report, *National Practitioner Data Bank: Profile of Matches Update*, must be included in this current report. For example, the following information needs to be included in the background section of the draft report:

As of April, 1994, the Data Bank had received 3,462,297 requests for information and 82,623 reports of adverse actions or malpractice payments. As a result of the queries made by April of 1994, 152,941 matches had occurred (144,649 matches as of February of 1994).



This information provides a match rate of 4.4 percent. Ninety-six percent of the queries resulted in no adverse action or malpractice information. The background section of the draft report presents a very different picture. The draft report states, "as of February 25, 1994, hospitals had received, in response to queries, 108,552 reports of malpractice payments or adverse actions against physicians, dentists, and other health care practitioners." This statement is wrong. The AMA believes that the word "matched" must be inserted between "108,552" and "reports" to reinforce the fact that this report is only looking at approximately 4.4 percent of the universe of queries.

The report would be strengthened if the OIG would analyze the matched reports based on the reason the hospital was querying the NPDB. Of those respondents who queried the data bank, 69 percent did so to meet their statutorily mandated two year requirements, 29 percent did so on initial privileging or employment applications, and 2 percent did so for professional review purposes. That analysis demonstrates that matches for initial applicants may be more important than if a practitioner was being recredentialed. In the February, 1993 OIG report, 42 percent queried on initial privileging or employment. This change in the reason for the query could be why the unknown information decreased from 40 percent to 28 percent.

The draft report states that 83 percent of hospital officials in period B now consider the matched reports useful compared to 58 percent in period A. Again, however, the major reason was that the information only confirmed other reports that were available elsewhere. The draft report attempts to justify the low match rate and impact on credentialing by stating that 77 percent of the respondents found that no adverse information was at least somewhat useful and 71 percent found it worthwhile to query as the current law requires. These results may have been predictable because the Likert scale was skewed in favor of providing a positive response, and the other question was to elicit a simple yes or no response. Forty-two percent of the respondents who explained their response stated that the NPDB was not worth the time or money.

The AMA was pleased to see that the NPDB response time had improved significantly. However, the AMA is very concerned about growing evidence that the NPDB is not reporting all the information it should to hospitals. Almost 5 percent of the hospitals indicated that the match report was incomplete. This indicates that there are serious problems with the matching algorithm or how the reports are being entered into the NPDB files. Since many hospitals justify the usefulness on confirmation of information, this growing trend raises questions about the "real" usefulness. The AMA believes that this is a significant finding and should be included in the executive summary portion of the report. In addition, the Public Health Service needs to take immediate steps to identify the problem and correct it.


Page 3  
February 1, 1995  
The Honorable June Gibbs Brown

The most important indicator of usefulness is whether the matched reports had an impact on credentialing decisions. Although period B shows a slight improvement over period A, only 2 percent of the matched reports made a difference in a privileging decision compared to 1 percent in period A. With a match rate of 4.4 percent and only 2 percent of matched reports having an impact on privileging, the overall impact is 0.09 percent or about one out of every 1,100 queries. After review of the draft report, the AMA seriously questions the OIG's concluding observations. The growing trend of the NPDB failing to provide complete information on a practitioner with an adverse action report and/or a malpractice payment report raises serious concerns about NPDB reliability as a centralized source of information. In addition, the Data Bank is not a cost-effective mechanism to protect the public by preventing incompetent and/or unprofessional practitioners from practicing in hospitals. Very rarely did an NPDB query affect privileging decisions of hospitals. Only 0.09 percent of the queries affect a credentialing decision.

There is also no data presented to suggest that hospitals are overly reluctant to take adverse actions against incompetent and/or unprofessional practitioners. In fact, hospitals and their medical staffs are taking steps to enhance their continuous quality improvement programs to improve their patient care.

It is difficult to justify the direct and indirect costs of operating the NPDB to provide reports that did not change anything or provided information that simply confirmed information that was already known. We urge you to consider our comments in order to adequately assess the utility and impact of the NPDB to hospitals.

Sincerely,



James S. Todd, MD

James S. Todd, MD

# APPENDIX D

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## NOTES

1. Department of Health and Human Services, Office of Inspector General, *National Practitioner Data Bank: Profile of Matches Update*, OEI-01-94-00031, August 1994.
2. Department of Health and Human Services, Office of Inspector General, *National Practitioner Data Bank: Usefulness and Impact of Reports to Hospitals*, OEI-01-90-00520, February 1993.
3. Thirty-eight percent rated professional society action reports extremely useful.
4. Department of Health and Human Services, Public Health Service, Health Resources and Services Administration, Bureau of Health Professions, Division of Quality Assurance, *National Practitioner Data Bank: Third Annual Report (September 1, 1992 - August 31, 1993)*, 1993, 7.
5. Of the 17 percent of reports found not useful, this is the primary reason they were found not useful.
6. Over 23 percent did not answer why the reports did not have any impact on their decisions.
7. We are 95 percent confident that the proportions of reports that provided new information to hospitals is between 20,033 and 30,048.
8. We are 95 percent confident that the proportion of reports that affect hospital credentialing decisions is between 45 and 2,995.