

Department of Health and Human Services

**OFFICE OF
INSPECTOR GENERAL**

**NATIONAL PRACTITIONER DATA BANK:
USEFULNESS AND IMPACT OF REPORTS
TO STATE LICENSING BOARDS**



MARCH 1993

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MARCH 1993 OEI-01-90-00523

EXECUTIVE SUMMARY

PURPOSE

The purpose of this study is to assess the utility of National Practitioner Data Bank reports to State licensing boards.

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, State licensing boards, and professional societies against licensed health care practitioners. It provides hospitals, licensing boards and other health care entities with information relating to the professional competence and conduct of physicians, dentists, and other health care practitioners. It is operated by a contractor to the Health Resources and Services Administration (HRSA) of the Public Health Service (PHS).

The primary users of the Data Bank are hospitals, which are required by law to query the Data Bank about practitioners at the time they apply for hospital privileges and at least every two years thereafter. State licensing boards are permitted to query the Data Bank, but are under no mandate to do so. Few licensing boards have opted to query.

Licensing boards receive much of the information contained in the Data Bank even without querying. They automatically receive copies of reports to the Data Bank from malpractice insurers regarding payments (judgments or settlements) made within their own States. They also act as conduits to the Data Bank for hospitals and professional societies in their States, receiving reports of adverse actions from these sources and forwarding copies to the Data Bank. In addition, many States have their own laws mandating reports to boards of malpractice payments and hospital discipline. Medical and dental boards, furthermore, routinely get information on adverse actions against physicians and dentists taken by their counterparts in other States through clearinghouses run by those boards' national organizations. Therefore, information contained in the Data Bank that is not routinely available to State boards consists primarily of malpractice payments and hospital disciplinary actions occurring in other States.

In our inspection, we sought to provide an early assessment of the usefulness and impact of information in the Data Bank to hospitals and State licensing boards. Toward that end, we based our data selection and analysis on matches -- that is, the occasions on which the Data Bank provided records of malpractice payments or adverse actions to querying entities. A separate report on hospitals' experiences was based on a sample of 200 of the 19,122 matches sent to hospitals from the Data Bank in the period from its opening until March 19, 1992 (see "National Practitioner Data

Bank: Usefulness and Impact of Reports to Hospitals," OEI-01-90-00520, February 1993). In that same time period, boards only had 68 matches. Because the number of matches was small, the report on boards' experiences assesses the entire universe.

From the opening of the Data Bank in September 1990 through March 19, 1992, 13 different boards submitted 59 queries that matched one or more reports about practitioners in the Data Bank. We sent 1 questionnaire regarding each query to these boards, and received 44 replies from 9 boards.

FINDINGS

USEFULNESS TO STATE LICENSING BOARDS: Most Data Bank responses were useful to State boards.

Measured by both objective and subjective criteria, the Data Bank appears to be providing valuable information to State boards.

- Six of the nine responding State boards query about all first-time applicants for licenses.
- Ten of the 44 Data Bank responses provided information previously unknown to State board staffs. All of these responses yielded information from sources outside the States in which the querying boards were located.
- The Data Bank has delivered accurate reports to State boards, and its timeliness has been improving.
- State board officials found 29 of 44 Data Bank responses useful. The most frequently cited reason for Data Bank reports' usefulness was that they confirmed information about practitioners that State board officials already knew.
- Neither the source of reports nor, for malpractice reports, the payment amount affected the proportion of Data Bank responses that State board officials rated useful.

IMPACT ON DECISIONS: Data Bank reports never led State boards to make licensure or disciplinary decisions they would not have made without the reports, even when the reports provided information that State boards did not already know.

By the time of our survey, responding boards had reached decisions on the applications or investigations of 20 of the 44 practitioners involved in matches. We evaluated the reports' impact on those decisions by asking State boards the following question: Would your decision regarding the practitioner have been different if you had not queried the Data Bank?

- None of the 20 decisions would have been different, according to State board officials, if the boards had not queried the Data Bank.
- Fifteen of the 20 Data Bank responses regarding practitioners about whom final decisions were made had little chance to have an impact on those decisions. Each of these responses either arrived after the decision was made or duplicated available information.
- Five Data Bank responses arrived before State boards' decisions were finalized and contained information that neither the practitioner involved nor any other sources had provided, but did not have an impact on State boards' decisions. In four of these cases, the State boards granted full approval to the practitioners' requests for licenses. In one case, a board denied a license for reasons unrelated to its receipt of information from the Data Bank.

CONCLUSION

Most licensing boards have not queried the Data Bank. Among their reasons for not querying is that they already receive much of the information sent to the Data Bank. Our results suggest, however, that boards may be underestimating the value of querying the Data Bank. Two-thirds of the responses that nine boards have received in response to queries have been considered useful, and several responses have provided information that the boards did not already have.

Boards might make the best use of the Data Bank by querying in cases where information from out of State is needed, because boards are less likely to obtain information routinely from out-of-State sources than in-State sources. Boards could design targeting strategies with this in mind. For example, they could query about all practitioners who apply for licenses after practicing in other States. Or they could query about current licensees who also maintain licenses in other States.

COMMENTS ON THE DRAFT REPORT

We received comments on our draft report from the Public Health Service (PHS) and the Assistant Secretary for Management and Budget (ASMB) within the Department of Health and Human Services and from the Federation of State Medical Boards (FSMB) and the American Association of Dental Examiners (AADE). In appendix C, we reproduce each set of comments in full and provide our responses to them.

A common comment was that the findings were difficult to analyze because the sample size was small. We note that the report was not based on a sample, but was based on the universe of matches at the time of the study. While we agree that the experience is limited, we feel our study provides meaningful insight into the Data Bank's utility.

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INTRODUCTION

PURPOSE

The purpose of this study is to assess the utility of National Practitioner Data Bank reports to State licensing boards.

BACKGROUND

Since September 1, 1990, the National Practitioner Data Bank has received and maintained records of malpractice payments and adverse actions¹ taken by hospitals, other health care entities, State licensing boards, and professional societies against licensed health care practitioners. It provides hospitals, licensing boards 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 and Federal outlays. It is operated by Paramax Systems Corporation (a subsidiary of Unisys Corporation) under contract to the Health Resources and Services Administration (HRSA) of the Public Health Service (PHS).

The primary users of the Data Bank are hospitals, which are required by law to query the Data Bank about practitioners at the time they apply for hospital privileges and at least every two years thereafter. State licensing boards are permitted to query the Data Bank, but are under no mandate to do so. Few licensing boards have opted to query.²

Licensing boards receive much of the information contained in the Data Bank even without querying. They automatically receive copies of reports to the Data Bank from malpractice insurers regarding payments (judgments or settlements) made within their own States. They act as conduits to the Data Bank for hospitals and professional societies in their States, receiving reports of adverse actions from these sources and forwarding copies to the Data Bank. In addition, many States have their own laws mandating reports to boards of malpractice payments and hospital discipline. Medical and dental boards, furthermore, routinely get information on adverse actions against physicians and dentists taken by their counterparts in other States through clearinghouses run by those boards' national organizations. Therefore, information contained in the Data Bank that is not routinely available to State boards consists primarily of malpractice payments and hospital disciplinary actions occurring in other States.

In our inspection, we sought to provide an early assessment of the usefulness and impact of information in the Data Bank to hospitals and State licensing boards. Toward that end, we based our data selection and analysis on matches -- that is, the occasions on which the Data Bank provided records of malpractice payments or

adverse actions to querying entities. A separate report on hospitals' experiences was based on a sample of 200 of the 19,122 matches sent to hospitals from the Data Bank in the period from its opening until March 19, 1992 (see "National Practitioner Data Bank: Usefulness and Impact of Reports to Hospitals," OEI-01-90-00520, February 1993). In that same time period, boards only had 68 matches. Because the number of matches was small, the report on boards' experiences assesses the entire universe.

This report examines why boards who have received reports elected to query the Data Bank, whether they found the information they obtained useful, and what impact the information had on board proceedings. Most of the boards involved were medical boards.

METHODOLOGY

From the opening of the Data Bank in September 1990 through March 19, 1992, there were 59 queries from boards that matched a total of 68 reports about practitioners in the Data Bank. Thirteen different agencies submitted these queries: 11 medical boards, 1 dental board, and 1 umbrella agency representing several State boards. We sent 1 questionnaire per query to these boards and received 44 usable replies. Appendix A gives details of our methodology and provides information about the reports, practitioners, and State licensing boards included in this study.

In this study, the term "report" refers to information about a single malpractice payment or adverse action that has been submitted to and stored by the Data Bank. The term "response" refers to information delivered to a licensing board in response to a query. A response may contain one or more reports about a practitioner named in a board's query. Five of the 44 responses described in this study contained 2 reports each, for a total of 49 reports.

We conducted our review in accordance with the *Interim Standards for Inspections* issued by the President's Council on Integrity and Efficiency.

OTHER REPORTS

This report is one in a series of OIG studies on the Data Bank. Other studies include:

- *National Practitioner Data Bank: Controls Over Authorized Agents* (OEI-12-90-00530), August 1991
- *National Practitioner Data Bank: Malpractice Reporting Requirements* (OEI-01-90-00521), April 1992
- *National Practitioner Data Bank: Profile of Matches* (OEI-01-90-00522), April 1992
- *National Practitioner Data Bank: Ensuring Proper Access by Health Care Entities* (OEI-12-92-00290), August 1992
- *National Practitioner Data Bank: Usefulness and Impact of Reports to Hospitals* (OEI-01-90-00520), February 1993

FINDINGS

USEFULNESS TO STATE LICENSING BOARDS: Most Data Bank reports were useful to State boards.

Whether a report from the Data Bank is useful to a licensing board 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 board in time to be used during licensure or disciplinary proceedings. Other factors are purely subjective, such as whether the information is relevant to the reported practitioner's competency and professionalism. Measured by both objective and subjective criteria, the Data Bank appears to be providing valuable information to State boards.

- Six of the nine responding State boards query about all first-time applicants for licenses.

One measure of Data Bank reports' usefulness is boards' persistence in trying to obtain them. During the first 18 months of the Data Bank's operations, the odds of receiving a report of a malpractice payment or adverse action in response to a query were slim. The 68 matches by State boards resulted from nearly 10,000 queries.³ This is a match rate of less than 1 percent.⁴

Despite these low odds, six State boards decided that the potential of receiving information as a result of a query justified the six dollar querying fee every time they received an application for an initial (as opposed to renewed) license. The six are medical boards in Alaska, Iowa, Kentucky, Louisiana, and Missouri, and an agency representing several boards in Florida. Some of these boards query under other circumstances as well. Louisiana and Florida query about all practitioners who apply for reactivation or reinstatement of their licenses, while Iowa and Florida query about certain practitioners who are under investigation. Alaska's policies resulted in approximately 300 queries through the Spring of 1992; in Florida, the number of queries exceeded 5,000.

The other boards responding to our survey query under more limited circumstances. The Washington medical board limits queries to certain practitioners under investigation. The Nevada medical board queries about a select group of license applicants. The Texas medical board has only queried the Data Bank once.

Of the 44 queries in our sample, 37 were prompted by initial license applications, 3 by renewal applications, and 4 by investigations of current licensees.

- Ten of the 44 Data Bank responses provided information previously unknown to State board staffs. All of these responses yielded information from sources outside the States in which the querying boards were located.

It creating the Data Bank, Congress was trying to meet the "national need to restrict the ability of incompetent physicians to move from State to State without disclosure or discovery of the physician's previous damaging or incompetent performance."⁵ One measure of the usefulness of Data Bank reports, therefore, is the extent to which they add to boards' knowledge by providing information the boards do not obtain elsewhere. Another measure is the extent to which this information pertains to practitioners who move from State to State. So far, 10 reports to boards in response to queries have satisfied both criteria. Seven of these reports involved malpractice payments, two involved hospital privilege actions, and one involved a board licensure action.

Boards do not always receive complete information from sources other than the Data Bank. Fifteen of the 44 practitioners involved in Data Bank reports received by boards did not inform the boards of the payments or adverse actions contained in the reports. Of the 12 Data Bank reports involving adverse actions taken by State boards, 6 provided information that boards did not obtain from either the Federation of State Medical Boards (FSMB) data base or the originating boards themselves. Whether this communication gap results from reporting boards and FSMB failing to provide requested information or from querying boards failing to request information from these sources, we cannot say.

- The Data Bank has delivered accurate reports to State boards, and its timeliness has been improving.

During the planning and early implementation of the Data Bank, some observers feared that erroneous information about practitioners could be relayed from the Data Bank to Data Bank queriers.⁶ But the Data Bank's safeguards, such as allowing practitioners to dispute reports against them, seem effective in preventing the release of incorrect reports. Boards had almost no complaints about the reliability of information in Data Bank reports. No board in our sample responded that the Data Bank report it received was inaccurate. (Boards evaluated, or had a chance to evaluate, the accuracy of the information by comparing it to information they had already received or by making inquiries of other sources after they received the reports. Their judgments, therefore, are good indicators of the accuracy of the reports.)

In most but not all cases, responses from the Data Bank contained complete histories of malpractice payments and adverse actions from September 1, 1990, through the dates of the responses. In 42 of the 44 cases, boards had no knowledge of any malpractice payments or adverse actions that should have been reported to the Data Bank but were not included in the response to the board's query.⁷ We cannot judge, however, whether underreporting is a significant problem. Although it seems that the

Data Bank has full information on those practitioners who are reported, there remains the possibility that practitioners who should have been reported to the Data Bank never were.

Timeliness is an important factor in the usefulness of the Data Bank, and the Data Bank seems to be improving in this area. For the 6 queries in our sample submitted in the Data Bank's first 6 months of operation, the median response time was 97 days.⁸ For the 19 queries submitted over the following 6 months, the median response time fell to 52 days. During the final 6 months of our study period, median response time to 11 queries was 41 days.⁹ (Respondents had not recorded dates of submission and/or response for eight queries in our survey.)

- State board officials found 29 of 44 Data Bank responses useful. The most frequently cited reason for Data Bank responses' usefulness was that they confirmed information about practitioners that State board officials already knew.

Measured by board officials' assessments, 66 percent (29 of 44) of Data Bank responses received between September 1, 1990, and March 19, 1992, were useful. Of the 29 responses they considered useful, board officials considered 19 useful at least in part because they confirmed other available information. The next most frequently cited reason was that they provided information unavailable elsewhere (eight responses).

Not all board officials valued responses that confirm available information. Of the 15 responses considered not useful, board officials considered 13 not useful at least in part because they were duplicative.

- Neither the source of reports nor, for malpractice reports, the payment amount affected the proportion of Data Bank responses that State board officials rated useful.

There were no significant differences in the percentage of responses judged useful according to the incident involved (payment vs. adverse action), amount of malpractice payment, location of report (in-State vs. out-of-State), or type of adverse action (table 1).¹⁰ These results are contrary to expectations. Some observers familiar with the Data Bank and with licensing boards believe that reports of adverse actions would be more useful than reports of malpractice payments and that reports of large malpractice payments would be more useful than reports of small ones.

IMPACT ON DECISIONS: Data Bank reports never led State boards to make licensure or disciplinary decisions they would not have made without the reports, even when the reports provided information that State boards did not already know.

One can characterize the impact on State boards of information received in response to Data Bank queries in several ways. Impact can include giving board staff

TABLE 1

USEFULNESS TO LICENSING BOARDS OF DIFFERENT TYPES OF DATA BANK RESPONSES

Type of response (see endnote 10)	Number of responses in survey	Responses considered useful
Incident involved		
Malpractice payment	26	18 (69%)
Adverse action	18	11 (61%)
Amount of malpractice payment*		
Less than \$50,000	7	5 (71%)
\$50,000 or more	14	10 (71%)
Type of adverse action		
Board licensure action	13	9 (69%)
Hospital privileges action	5	2 (40%)
Location of report		
Out-of-State	41	27 (66%)
In-State	3	2 (67%)

Note: None of these differences are significant at the 95 percent confidence level.

* The total amount of five malpractice payments was unavailable.

SOURCE: OIG Survey of State Licensing Boards, Spring 1992

confidence that they have complete information about their licensees. It can 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 initial or renewed licenses, or who may be facing disciplinary actions. For this reason, we asked boards the following question: Would your decision regarding the practitioner have been different if you had not queried the Data Bank?

Because our measurement of impact focused on the boards' decisions, we excluded any situations involving pending decisions from this analysis. By the time of our survey, responding boards had reached decisions on the applications or investigations of 20 of the 44 practitioners involved in matches.

- None of the 20 decisions would have been different, according to State board officials, if the boards had not queried the Data Bank.

The 20 final decisions included 18 decisions on license applications and 2 decisions following investigations. The licensure decisions included 13 approvals, 3 rejections, 1 restriction, and 1 probation. Boards closed both of the completed investigations without imposing sanctions. In no case did a board official say the outcome of the decision hinged on the response to a Data Bank query.

- Fifteen of the 20 Data Bank responses regarding practitioners about whom final decisions were made had little chance to have an impact on those decisions. Each of these responses either arrived after the decision was made or duplicated available information.

A variety of reasons explained why it was unlikely for Data Bank responses to have had an impact on licensure or disciplinary decisions. When boards received responses after their decisions had been made, the responses clearly could not affect those decisions. When boards were already aware from other sources of the information in the Data Bank responses, the responses themselves were unlikely to affect decisions. Board officials who received confirming information may have felt more confident about decisions they were planning to make, but they probably would not have altered their decisions based on duplicative information.

Fifteen of the 20 responses had little chance of having an impact on decisions. Four responses were received after the boards' decisions. Eleven responses, though received by boards before decisions were made, provided only information already known to the boards.

The remaining five responses were received prior to the decision and provided information unavailable elsewhere. These responses had the potential for having an impact on board decisions.

- Five Data Bank responses arrived before State boards' decisions were finalized and contained information that neither the practitioner involved nor any other sources had provided, but did not have an impact on State boards' decisions. In four of these cases, the State boards granted full approval to the practitioners' requests for licenses. In one case, a board denied a license for reasons unrelated to its receipt of information from the Data Bank.

One practitioner about whom a board learned of new information from the Data Bank before making its decision had a long history of adverse incidents. The board knew of two incidents that occurred before the Data Bank opened, and these incidents were sufficient grounds to deny the practitioner's application for a license. The board's decision, therefore, was not affected by the receipt of still more damaging information from the Data Bank.

All four responses about practitioners who were ultimately granted licenses contained single reports of malpractice payments. The payment amounts ranged from \$24,000 to \$717,366. None of these practitioners informed the boards of the payments on their behalf, and each Data Bank response was considered useful by the board receiving it. Apparently, however, the boards decided that neither the practitioners' actions leading to the malpractice suits nor the practitioners' failure to disclose the payments warranted an adverse licensure decision.

CONCLUSION

Most licensing boards have not queried the Data Bank. Among their reasons for not querying is that they already receive much of the information sent to the Data Bank. Our results suggest, however, that boards may be underestimating the value of querying the Data Bank. Two-thirds of the responses that nine boards have received to their queries have been considered useful, and several responses have provided information that the boards did not already have.

Boards might make the best use of the Data Bank by querying in cases where information from out of State is needed, because boards are less likely to obtain information routinely from out-of-State sources than in-State sources. Boards could design targeting strategies with this in mind. For example, they could query about all practitioners who apply for licenses after practicing in other States. Or they could query about current licensees who also maintain licenses in other States. Meanwhile, they might choose not to query about practitioners seeking the first professional licenses of their careers, as these practitioners are unlikely to have been reported to the Data Bank. A period of experimentation with querying would probably help States determine how to make the most cost-effective use of the Data Bank. Boards might wish to repeat such experiments periodically, to see whether querying becomes more fruitful as the Data Bank continues to collect information.

As we noted in the introduction, the Data Bank provides information even to those boards that choose not to query. Boards now automatically receive reports of all malpractice payments and hospital and professional society disciplinary actions occurring within their States. This function of the Data Bank has particular significance for boards in States without complementary reporting laws.

COMMENTS ON THE DRAFT REPORT

From within the Department of Health and Human Services, we received comments on our draft report from the Public Health Service (PHS) and the Assistant Secretary for Management and Budget (ASMB). We also received comments from the Federation of State Medical Boards (FSMB) and the American Association of Dental Examiners (AADE). In appendix C, we reproduce these comments in full and provide our responses to them.

The PHS found our report useful and had supportive comments. The PHS felt our title was somewhat misleading. We have added some information in our background to address this issue.

The ASMB felt it was difficult to evaluate the findings based on a small sample. We note that the report was not based on a sample, but was based on the universe of matches at the time of the study. The ASMB also felt that we should include three recommendations in our report. As we explain in appendix C, we chose not to incorporate ASMB's recommendations into our report.

The FSMB felt the sample size was too small to allow us to make significant findings. They felt that it was premature to be doing a study of this sort. As noted above, the report was based not on a sample of matches, but on the universe of matches at the time of the study. While we agree that the experience is limited, we feel our study provides meaningful insight into the Data Bank's utility.

The AADE was also concerned about the size of the sample, particularly since only one dental board was represented. They suggested that the report distinguish between medical boards and dental boards. We have included more information in the introduction to clarify that most of the experience we base our conclusions on is from State medical boards.

APPENDIX A

METHODOLOGY

We collected the data presented in this report through a mail survey of State licensing boards conducted from February to July 1992. We surveyed the universe of all 59 Data Bank queries from licensing boards between September 1, 1990, and March 19, 1992, that resulted in matches. A match is a pairing of a report and a query to the Data Bank that name the same practitioner. The 59 queries matched a total of 68 reports in the Data Bank. We requested and received from Paramax Systems Corporation a computer file containing records of all queries and reports received by the Data Bank that identified the same practitioner. We restructured and analyzed the data using Version 6.04 of the SAS System for Personal Computers.

By April 1992, we had mailed a questionnaire about each query to the board involved. Thirteen boards received these questionnaires. Table A shows the response rate for each board. Analysis of nonrespondents showed no biases in favor of types of reports (adverse actions vs. malpractice payments) or dollar values of malpractice payments. Appendix B shows the questionnaire and simple frequencies of the responses.

Five of the respondents' queries matched two reports in the Data Bank. Therefore, our 44 returned surveys corresponded to 49 individual matches.

With the exception of one dentist, all practitioners named in the 44 returned surveys were physicians. Eighteen queries matched reports of adverse actions and 26 matched reports of malpractice payments. The adverse actions consisted of 14 board disciplinary actions and 6 hospital privilege actions (2 queries matched 2 adverse actions each).

TABLE A

STATE LICENSING BOARDS WITH QUERIES TO THE NATIONAL PRACTITIONER DATA BANK THAT RESULTED IN MATCHES

Licensing Board	Number of Queries Resulting in Matches	Number of Reports Matched	Number of Responses to OIG Survey
Alaska Board of Medical Examiners	5	5	5
Alaska Board of Dental Examiners	1	1	0
Connecticut Division of Medical Quality Assurance	1	1	0
Florida Department of Professional Regulation	24	26	17*
Iowa Board of Medical Examiners	6	8	3
Kentucky Board of Medical Licensure	1	1	1
Louisiana Board of Medical Examiners	10	11	10*
Missouri Board of Registration for the Healing Arts	5	8	5*
Nevada Board of Medical Examiners	1	1	1
New Jersey Board of Medical Examiners	2	3	0
Pennsylvania Board of Medicine	1	1	0
Texas Board of Medical Examiners	1	1	1
Washington Medical Disciplinary Board	1	1	1
Total	59	68	44

* Among the queries for which we received replies to our survey, three from the Missouri Board, one from the Florida Board, and one from the Louisiana Board matched two Data Bank reports. Therefore, the total number of reports matched by queries in our sample is 49 rather than 44.

APPENDIX B

SUMMARY OF LICENSING BOARDS' 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 23 questions in this survey concern the case of Doctor A, whose identity is given on the attached identification sheet. Please confine your responses to your knowledge of that particular case.

BASIC FACTS AND CHRONOLOGY

1	What is Doctor A's specialty? <i>18 different specialties represented.</i>	1
2	On what date did you request information about Doctor A from the National Practitioner Data Bank? ___/___/___	2
3	On what date did you receive a response from the Data Bank? ___/___/___	3
4	What prompted you to request information about Doctor A from the National Practitioner Data Bank? <u>37</u> (a) Initial license application (<i>Go to Question 5</i>) <u>3</u> (b) Renewal of license (<i>Go to Question 6</i>) <u>4</u> (c) Inquiry or investigation (<i>Go to Question 9</i>) <u>0</u> (d) Other (Explain: _____ _____ _____ _____) (<i>Go to Question 13</i>)	4
5	(<i>Answer if you answered (a) to Question 4</i>) On what date did Doctor A file an initial license application? ___/___/___ (skip to Question 7)	5
6	(<i>Answer if you answered (b) to Question 4</i>) On what date did Doctor A file a renewal license application? ___/___/___	6

7	<p><i>(Answer if you answered (a) or (b) to Question 4)</i> On what date did the State board make its decision about Doctor A's licensure application or renewal?</p>	7	___/___/___
8	<p><i>(Answer if you answered (a) or (b) to Question 4, then skip to Question 13)</i> What was the decision on Doctor A's license?</p> <p><u>22</u> (a) No decision reached yet</p> <p><u>13</u> (b) License application approved or renewed without restrictions</p> <p><u>3</u> (c) License application rejected</p> <p><u>1</u> (d) Restrictions placed on license</p> <p><u>1</u> (e) Provisional or probationary approval given</p> <p><u>0</u> (f) Other (Explain: _____ _____ _____ _____)</p>	8	
9	<p><i>(Answer if you answered (c) to Question 4)</i> On what date did the State board initiate an investigation on Doctor A?</p>	9	___/___/___
10	<p><i>(Answer if you answered (c) to Question 4)</i> On what date did the State board close its investigation on Doctor A? (Write "OPEN" if the case is still open.)</p>	10	___/___/___

11

11

(Answer if you answered (c) to Question 4)
What prompted the investigation?

- 0 (a) Consumer complaint
- 0 (b) Conviction in a criminal case
- 1 (c) Clinical privileges action by a hospital, HMO, other health care organization
- 0 (d) Peer review organization or Medicaid action
- 0 (e) Malpractice claim or payment
- 3 (f) Other (Specify: *inquiry from another State board, surrender of license in another State, report from FSMB*)

12

12

(Answer if you answered (c) to Question 4)
What was the result of the State board's investigation?

- 2 (a) No decision reached yet
- 2 (b) Case closed without action
- 0 (c) License revocation
- 0 (d) License suspension
- 0 (e) License probation
- 0 (f) Other (Specify: _____

_____))

AVAILABILITY AND ACCURACY OF INFORMATION

13	Were you aware, from sources other than the Data Bank, of the incident mentioned in the response from the Data Bank and the subsequent disciplinary action or malpractice payment? <i>(Answer "NO" if the only information you received from other sources consisted of those sources' reports to the Data Bank.)</i>	YES: 34 NO: 10 (If no, skip to Question 15)	13																																																												
14	From which of the following sources were you aware of the incident and/or the subsequent disciplinary action or payment?		14																																																												
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;"></th> <th style="width: 45%; text-align: center;">Source</th> <th style="width: 15%; text-align: center;">Aware of Incident</th> <th style="width: 15%; text-align: center;">Aware of Action/Payment</th> <th style="width: 10%;"></th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">a,b</td> <td style="text-align: center;">Doctor A (self-report)</td> <td style="text-align: center;">YES:29</td> <td style="text-align: center;">YES:26</td> <td style="text-align: center;">a,b</td> </tr> <tr> <td style="text-align: center;">c,d</td> <td style="text-align: center;">Federation of State Medical Boards</td> <td style="text-align: center;">YES: 7</td> <td style="text-align: center;">YES: 5</td> <td style="text-align: center;">c,d</td> </tr> <tr> <td style="text-align: center;">e,f</td> <td style="text-align: center;">Licensing board in another state</td> <td style="text-align: center;">YES: 12</td> <td style="text-align: center;">YES: 8</td> <td style="text-align: center;">e,f</td> </tr> <tr> <td style="text-align: center;">g,h</td> <td style="text-align: center;">Malpractice insurer in your state</td> <td style="text-align: center;">YES: 0</td> <td style="text-align: center;">YES: 0</td> <td style="text-align: center;">g,h</td> </tr> <tr> <td style="text-align: center;">i,j</td> <td style="text-align: center;">Malpractice insurer in another state</td> <td style="text-align: center;">YES: 0</td> <td style="text-align: center;">YES: 0</td> <td style="text-align: center;">i,j</td> </tr> <tr> <td style="text-align: center;">k,l</td> <td style="text-align: center;">Hospital in your state</td> <td style="text-align: center;">YES: 1</td> <td style="text-align: center;">YES: 1</td> <td style="text-align: center;">k,l</td> </tr> <tr> <td style="text-align: center;">m,n</td> <td style="text-align: center;">Hospital in another state</td> <td style="text-align: center;">YES: 2</td> <td style="text-align: center;">YES: 0</td> <td style="text-align: center;">m,n</td> </tr> <tr> <td style="text-align: center;">o,p</td> <td style="text-align: center;">Professional society in your state</td> <td style="text-align: center;">YES: 0</td> <td style="text-align: center;">YES: 0</td> <td style="text-align: center;">o,p</td> </tr> <tr> <td style="text-align: center;">q,r</td> <td style="text-align: center;">Professional society in another state</td> <td style="text-align: center;">YES: 0</td> <td style="text-align: center;">YES: 0</td> <td style="text-align: center;">q,r</td> </tr> <tr> <td style="text-align: center;">s,t</td> <td style="text-align: center;">Other source in your state (IF YES, SPECIFY: _____)</td> <td style="text-align: center;">YES: 1</td> <td style="text-align: center;">YES: 1</td> <td style="text-align: center;">s,t</td> </tr> <tr> <td style="text-align: center;">u,v</td> <td style="text-align: center;">Other source in another state (IF YES, SPECIFY: _____)</td> <td style="text-align: center;">YES: 1</td> <td style="text-align: center;">YES: 1</td> <td style="text-align: center;">u,v</td> </tr> </tbody> </table>		Source	Aware of Incident	Aware of Action/Payment		a,b	Doctor A (self-report)	YES:29	YES:26	a,b	c,d	Federation of State Medical Boards	YES: 7	YES: 5	c,d	e,f	Licensing board in another state	YES: 12	YES: 8	e,f	g,h	Malpractice insurer in your state	YES: 0	YES: 0	g,h	i,j	Malpractice insurer in another state	YES: 0	YES: 0	i,j	k,l	Hospital in your state	YES: 1	YES: 1	k,l	m,n	Hospital in another state	YES: 2	YES: 0	m,n	o,p	Professional society in your state	YES: 0	YES: 0	o,p	q,r	Professional society in another state	YES: 0	YES: 0	q,r	s,t	Other source in your state (IF YES, SPECIFY: _____)	YES: 1	YES: 1	s,t	u,v	Other source in another state (IF YES, SPECIFY: _____)	YES: 1	YES: 1	u,v		
	Source	Aware of Incident	Aware of Action/Payment																																																												
a,b	Doctor A (self-report)	YES:29	YES:26	a,b																																																											
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s,t	Other source in your state (IF YES, SPECIFY: _____)	YES: 1	YES: 1	s,t																																																											
u,v	Other source in another state (IF YES, SPECIFY: _____)	YES: 1	YES: 1	u,v																																																											
15	Was the information you received in the Data Bank response inconsistent in any way with the information received from any of the above sources? <i>(IF YES, WHICH SOURCES? _____)</i>	YES: 5 NO: 37 MISSING: 2	15																																																												
16	Did you make additional inquiries to confirm the accuracy of the Data Bank report or to obtain more detailed information on its content (for example, from reporting hospitals or insurers)?	YES: 16 NO: 26 MISSING: 2 (If no, skip to Question 18)	16																																																												

17	(Skip if you answered NO to Question 16) Did you find the information in the Data Bank response to be accurate? (IF NO, EXPLAIN: <i>One board was still waiting for information in response to its follow-up inquiry.</i>)	YES: 16 NO: 0 OTHER: 1	17
18	Were you aware of any incidents, disciplinary actions, or malpractice payments involving Doctor A that were <u>not</u> contained in the response from the Data Bank?	YES: 15 NO: 28 MISSING: 1 (If no, skip to Question 22)	18
19	(Skip if you answered NO to Question 18) How many disciplinary actions and malpractice payments were you aware of that were <u>not</u> contained in the response from the Data Bank?	MISSING: 1 ONE: 5 TWO: 4 THREE: 2 FOUR: 2 NINE: 1	19
20	(Skip if you answered NO to Question 18) How many of these disciplinary actions and malpractice payments occurred <u>after</u> September 1, 1990?	NONE: 13 TWO: 2	20
21	(Skip if you answered NO to Question 18) Which of the following sources provided information about incidents, disciplinary actions, or payments that were <u>not</u> contained in the response from the Data Bank?		21
a	Doctor A (self-report)	YES: 14	a
b	Federation of State Medical Boards	YES: 3	b
c	Licensing board in another state	YES: 6	c
d	Malpractice insurer in your state	YES: 0	d
e	Malpractice insurer in another state	YES: 0	e
f	Hospital in your state	YES: 0	f
g	Hospital in another state	YES: 2	g
h	Professional society in your state	YES: 0	h
i	Professional society in another state	YES: 0	i
j	Other source in your state (IF YES, SPECIFY: _____)	YES: 0	j
k	Other source in another state (IF YES, SPECIFY: _____)	YES: 0	k

UTILITY OF INFORMATION

22	<p>Overall, do you believe the information about Doctor A contained in the response from the Data Bank was useful to you? IF YES, WHY? (Check all that apply)</p> <p><u> 8 </u> (a) Information was not available elsewhere</p> <p><u> 19 </u> (b) Information confirmed other reports that were available elsewhere</p> <p><u> 3 </u> (c) Information helped us to judge Doctor A's competency</p> <p><u> 3 </u> (d) Information helped us to judge Doctor A's professionalism</p> <p><u> 6 </u> (e) Other (Explain: _____)</p> <p>IF NO, WHY NOT? (Check all that apply)</p> <p><u> 13 </u> (f) Information was available elsewhere</p> <p><u> 0 </u> (g) Information was not accurate</p> <p><u> 1 </u> (h) Information did not help us to judge Doctor A's competency or professionalism</p> <p><u> 4 </u> (i) Information was not provided in a timely manner</p> <p><u> 0 </u> (j) Other (Explain: _____)</p>	<p>YES: 29 NO: 15</p>	22
23	<p>Would the decision regarding Doctor A's license or investigation have been different if you had <u>not</u> queried the Data Bank? (IF YES, EXPLAIN: NOTE: Some boards that had not yet reached final decisions nevertheless answered that their decisions would not have been different had they not queried the Data Bank.)</p>	<p>YES: 0 NO: 36 OTHER: 1 MISSING: 7</p>	23

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

GENERAL QUESTIONS ON THE NATIONAL PRACTITIONER DATA BANK

24	<p>How, if at all, have the other parts of your licensing and investigation procedures been affected by the availability of the Data Bank?</p> <p><i>Five boards cited no effects, generally. Three boards said that querying the Data Bank slowed down the licensure process. Two boards noted that the Data Bank provided the boards with another useful source of information.</i></p>	24																
25	<p>Under what circumstances have you queried the National Practitioner Data Bank? (Check all that apply.)</p> <p><u>6</u> (a) All initial license applications <u>0</u> (b) All license renewal applications <u>0</u> (c) All complaints and referrals <u>0</u> (d) All investigations and inquiries <u>9</u> (e) Other (Specify: <i>All reactivations and reinstatements: 2 boards. Some investigations and inquiries: 2 boards. Some license applications: 1 board. Only one query ever: 1 board.</i>)</p>	25																
26	<p>What is the total number of queries you have made to the Data Bank to date?</p>	26																
<p style="text-align: right;"><i>Range: 1 - 5,000+</i></p>																		
27	<p>Please rank 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 licensing and investigation process. (Let 1 = most useful and 4 = least useful.) <i>NOTE: Means were calculated using one score per board, not one score per response.</i></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 5%; text-align: center;">a</td> <td style="width: 75%;">Hospital disciplinary actions/privilege restrictions</td> <td style="width: 15%; text-align: right;"><i>MEAN: 1.5</i></td> <td style="width: 5%; text-align: right;">a</td> </tr> <tr> <td style="text-align: center;">b</td> <td>Licensing board actions</td> <td style="text-align: right;"><i>MEAN: 2.1</i></td> <td style="text-align: right;">b</td> </tr> <tr> <td style="text-align: center;">c</td> <td>Malpractice payments</td> <td style="text-align: right;"><i>MEAN: 2.8</i></td> <td style="text-align: right;">c</td> </tr> <tr> <td style="text-align: center;">d</td> <td>Professional society disciplinary actions</td> <td style="text-align: right;"><i>MEAN: 3.1</i></td> <td style="text-align: right;">d</td> </tr> </table>	a	Hospital disciplinary actions/privilege restrictions	<i>MEAN: 1.5</i>	a	b	Licensing board actions	<i>MEAN: 2.1</i>	b	c	Malpractice payments	<i>MEAN: 2.8</i>	c	d	Professional society disciplinary actions	<i>MEAN: 3.1</i>	d	27
a	Hospital disciplinary actions/privilege restrictions	<i>MEAN: 1.5</i>	a															
b	Licensing board actions	<i>MEAN: 2.1</i>	b															
c	Malpractice payments	<i>MEAN: 2.8</i>	c															
d	Professional society disciplinary actions	<i>MEAN: 3.1</i>	d															
28	<p>Is there any type of information currently maintained by the Data Bank that you believe would <u>not</u> be useful to you under <u>any</u> circumstances? If so, please explain.</p> <p><i>All boards either answered "no" or did not respond.</i></p>	28																

29 What kind of information not currently maintained by the Data Bank would be useful to you? 29

One board suggested other States' denials of license applications, one suggested criminal records, and one suggested information regarding incidents that occurred before the Data Bank opened. Other boards answered "none" or did not respond.

30 Please list any additional comments and suggestions you have about the National Practitioner Data Bank, especially those that pertain to its usefulness to State licensing boards. 30

One board suggested that applicants be responsible for querying the Data Bank and that responses be sent automatically to the boards. One board asked that the reporting process be simplified. One board commented that the Data Bank's response time was too slow. One board noted that it rarely queried because information in the Data Bank generally duplicated what the board already knew. One board said that because the information was duplicative, the six dollar querying fee was too high. One board predicted that the Data Bank would become more useful to boards if and when it collects information about practitioners other than physicians and dentists. Three boards did not respond.

APPENDIX C

DETAILED COMMENTS ON THE DRAFT REPORT AND OIG RESPONSE TO THE COMMENTS


In this appendix, we present in full the comments on the draft report offered by the Public Health Service (PHS), the Assistant Secretary for Management and Budget (ASMB), the Federation of State Medical Boards (FSMB), and the American Association of Dental Examiners (AADE). We also present our response to each set of comments.



Memorandum

Date • DEC 24 1992
From Deputy Assistant Secretary for Health Management Operations
Subject Office of Inspector General (OIG) Draft Report "National Practitioner Data Bank: Usefulness of Reports to State Licensing Boards, OEI-01-90-00523
To Deputy Inspector General for Evaluation and Inspections, OS

Attached are the Public Health Service comments on the subject draft OIG report. We believe that the report contributes to the growing positive evaluative literature on the "early" Data Bank.


Anthony L. Itteilag

Attachment

PUBLIC HEALTH SERVICE (PHS) COMMENTS ON THE OFFICE OF
INSPECTOR GENERAL (OIG) DRAFT REPORT "NATIONAL
PRACTITIONER DATA BANK: USEFULNESS AND IMPACT
OF REPORTS TO STATE LICENSING BOARDS"

The OIG performed this study to assess the utility of National Practitioner Data Bank (NPDB) reports to State licensing boards. In this study, OIG focussed on the experiences of a small group of State boards who queried about practitioners who had in fact been reported to the NPDB. OIG sought to determine why these boards elected to query the NPDB, whether they found the information the NPDB provided useful, and what impact the information had on the board proceedings.

The OIG found that most NPDB responses were useful to State boards; however, the reports never led the boards to make licensure or disciplinary decisions that they would not have made even without the reports. OIG concludes that boards might make the best use of NPDB reports by querying in cases where information from out-of-State is needed.

We believe that the OIG report represents a contribution to the growing positive evaluative literature on the "early" NPDB. However, some readers of the report may be misled by the report's subtitle which suggests that the study's findings are generalizable to all State licensing boards. We suggest that the report emphasize that query matches involving only 13 State boards were the basis of the study.

Technical Comment

There is a minor omission in the first sentence of the first full paragraph on Page 5. The introductory clause of that sentence should read: "Timeliness is an important factor in the usefulness of the Data Bank...."


OIG RESPONSE TO PHS COMMENTS

The PHS suggested that the title of the report might mislead readers to believe the report was generalizable to all State licensing boards when in fact it was based on the experiences of only 13 boards. Because our report is based on a survey of all State licensing boards that had had matches as of March 1992 and thus represents fully this universe, we have not changed the title. We have, however, added information in the background section to emphasize that this is an early look at the Data Bank.



NOV 19 1992

MEMORANDUM TO: Bryan B. Mitchell
Principal Deputy Inspector General

FROM:  Arnold R. Tompkins *Elizabeth M. James*
Assistant Secretary for Management and Budget

SUBJECT : OIG Draft Report: "National Practitioner Data Bank: Usefulness and Impact of Reports to State Licensing Boards," OEI-01-90-00523

Thank you for the opportunity to review your draft report, "National Practitioner Data Bank: Usefulness and Impact of Reports to State Licensing Boards." Overall, we have found the information provided in your report very useful, although it was somewhat difficult evaluating the findings of the report given the small sample. We do agree that those who were surveyed found the majority of Data Bank Reports to be useful.

We think that the Data Bank provides a very valuable service and suggest that PHS find ways to increase the usefulness of these reports to State Boards.

Therefore, we provide the following comments and recommendations for your consideration.

If your staff have any questions about this response, please have them call Neil J. Stillman, Deputy Assistant Secretary for Information Resources Management, at 690-6162, or Joanne Amato, Office of Information Resources Management, at 690-8358.

Attachment

OIG Draft Report
"National Practitioner Data Bank:
Usefulness and Impact of Reports to State Licensing Boards"

We have found the information provided by your report accurate and useful, although it was somewhat difficult to evaluate the findings of the report given the small sample. We do agree that most Data Bank reports were useful to State Boards included in your survey.

Based on information contained in the report, we agree that Boards might make the best use of the Data Bank by querying in cases where information from out-of-State is needed, since the boards are less likely to obtain this information routinely. We also agree that timeliness is an important factor in determining the usefulness of reports, although it does not seem to be as significant a problem for State Licensing Boards as for hospitals. We also believe that these reports, in general, could be more useful if Boards were required to query the Data Bank in certain instances. Given this, we suggest that you provide recommendations to PHS as part of your report and offer the following:

- PHS is currently in the process of determining priorities and strategies for procuring its second contract for administration of the Data Bank. We suggest that PHS work with Data Bank customers in defining additional data needs (possibly focusing on out-of-State information) that will increase the usefulness of these reports, as part of the new system design requirements.
- Likewise, we strongly recommend that PHS make improving query response time a high priority. It is our opinion that the new system design should support a virtually paperless environment and provide interactive access to the user. We believe that this type of design will not only cut down on errors significantly, but can also reduce costs and increase the timeliness of responses to our customers.
- We suggest that PHS seek legislative authority requiring State Licensing Boards to query the Data Bank for first-time license requests and for applicants who have practiced in another State.

OIG RESPONSE TO ASMB COMMENTS

Although we agree with the general thrust and many of the specifics of ASMB's suggested recommendations, we have not incorporated them into our report. We believe that PHS's work with the Data Bank Executive Committee and regular communications with user groups constitute sufficient efforts to identify additional data needs. (Furthermore, the State licensing boards we surveyed were given the opportunity to identify useful additional data, but no type of data was identified more than once.) We believe that PHS should make improving response time a high priority; we note that we made a recommendation to this effect in our report entitled "National Practitioner Data Bank: Usefulness and Impact of Reports to Hospitals" (OEI-01-90-00520). Finally, while we feel that our report shows that the Data Bank is potentially a useful source of information for State licensing boards, particularly about applicants who have practiced in another State, we do not feel our evidence warrants a recommendation that PHS propose legislation requiring boards to query. We feel that since our report is based on early evidence from very few boards, we should not make anything more than suggestions about whether boards should query and when they should query.



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STATE MEDICAL BOARDS
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2 February 1993

David R. Veroff
Project Leader
Office of Inspector General
Office of Evaluation and Inspections
Region 1
John F. Kennedy Federal Building
Boston, MA 02203

Dear Mr Veroff

I appreciate the opportunity to comment on the OIG's draft report titled National Practitioner Data Bank: Usefulness and Impact of Reports to State Licensing Boards. I have also reviewed the accompanying report related to hospitals but will not comment directly on that, save to suggest that it appears a more useful effort.

To begin, I agree with the basic thrust of the report related to the state boards: that the NPDB can be a valuable tool for any entity that must review physician credentials and should be as widely used as possible. At the same time, I recognize, as you do, the limitations of the bank stemming from its shallow reservoir of data. As you remark, this will change as years pass. You are also correct in pointing out the bank's value as a potential resource for research in the liability area. Clearly, and for obvious reasons, its role in relation to state board actions is redundant, but that does not detract from its value as a source of information for boards on privileging and liability actions taken in other states.

However, as I noted in my comments to the Executive Committee in December, the data presented in this report are so sparse that their use to demonstrate any point reliably is simply not tenable by any reasonable standard. The study was certainly premature and its conclusions, because of that, are of doubtful utility. The most significant points deriving from the data, in fact, are that few state boards are yet (as of the date of the study) using the NPDB and that the bank's response time must be improved for it to be of significant value in decision making. Beyond that, the data cannot go. And simple common sense has told us both those things for some time.

I suggest that a study of this type might better be done after more extensive NPDB experience has accumulated, and that this original effort

Page 2
2 February 1993
David R. Veroff

be put aside. If, indeed, the purpose of the report, as stated at its beginning, is to study the utility of NPDB reports to state licensing boards, it fails for being too small a sample taken too soon.

Sincerely

A handwritten signature in black ink that reads "James R. Winn, M.D." The signature is written in a cursive style with a large initial 'J' and 'W'.

James R. Winn, MD
Executive Vice President

JRW:lv

OIG RESPONSE TO FSMB COMMENTS

We agree that State licensing boards' experiences with Data Bank reports are limited. However, we feel that it is worthwhile to assess their experiences thus far to provide early insights on an important function of the Data Bank. We note that the report is based on a survey of all boards that had matches at the time of the study. As such, it represents the universe of boards' experiences with reports from the Data Bank. Because boards' experiences have been limited, we do not recommend mandated action by PHS, Congress, or boards, but instead suggest that boards consider certain actions in light of their needs (we note that others felt our results indicated the need for mandates). The FSMB also contends that the most significant points deriving from the data were self-evident. We disagree; we believe the information on usefulness and impact to be new and valuable information particularly at this early juncture. We do agree, however, that our examination comes early in the history of the Data Bank. We have added text in the introduction to emphasize the fact that this inquiry was intended to be an early look at how State licensing boards have used and perceived the usefulness of Data Bank reports. In the introduction, we also more clearly describe the scope of the report.

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Mr. David Veroff
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Boston, MA 02203

Dear David:

Thank you for giving the American Association of Dental Examiners the opportunity to comment on the OIG's October 1992 draft report "National Practitioner Data Bank: Usefulness and Impact of Reports to State Licensing Boards." Most of the AADE comments were transmitted to you by telephone or during the National Practitioner Data Bank Executive Committee Meeting, December 14, 1992.

The report stated, "From the opening of the Data Bank in September 1990 through March 19, 1992, there were 59 queries from boards that matched a total of 68 reports about practitioners in the Data Bank. Thirteen different agencies submitted these queries: 11 medical boards, 1 dental board, and 1 umbrella agency representing several state boards." In my opinion, this is an extremely small sample from which to draw any conclusions especially regarding usefulness of the NPDB for the dental boards. Also, it is suggested that comments distinguish between medical and dental boards in the report.

In addition, I agree with comments made at the NPDB Executive Committee Meeting by Dr. Jim Wynn, Federation of State Medical Boards' Executive Director, that an important question was missed in this study -- why state boards do not query the NPDB. Possibly another study could be done when more boards have queried that would address the cost versus benefit ratio to the boards.

Again, thank you for allowing the AADE to comment.

Sincerely,

Molly

Molly Nadler
Executive Director

cc: Members, Executive Council

OIG RESPONSE TO AADE COMMENTS

We agree that it is difficult to judge the usefulness of the information in the Data Bank to State dental boards based on the experience of one board with one match. We note, however, that we did not draw a sample of the matches, but instead looked at the universe of matches. Our conclusions are based on all of the experiences boards had had with reports at the time of the study. Therefore, while we have added information in our background that emphasizes that most of the experiences with reports have been comes from medical boards, we have not made changes to findings or to the conclusion.

The AADE notes that we did not address an important issue in our study -- why State boards frequently do not query the Data Bank. We agree that this is an interesting and important question, but note that it was beyond the scope of this study.

APPENDIX D

NOTES

1. Actions that must be reported include: adverse decisions on hospital privileges including voluntary resignation; actions taken by State licensing boards on licenses including suspension, denial, restriction, and revocation; and losses of membership in professional societies.
2. As of March 30, 1992, only 40 of the more than 130 medical, osteopathic, dental, and other State boards had submitted queries.
3. As of March 19, 1992, there were 69 matches. According to HRSA, there were 9,813 queries from State licensing boards as of March 30, 1992.
4. The match rate is expected to increase over time as more practitioners are reported to the Data Bank.
5. P.L. 99-660, Sec. 402.
6. M. Holoweiko, "The malpractice data bank is turning into a Frankenstein," *Medical Economics*, May 6, 1991, pp. 120-133.
7. In the other two cases, the practitioners themselves provided boards with information that the Data Bank did not provide.
8. Response time is defined as the time a board had to wait between submitting a query to the Data Bank and receiving a report.
9. For a more thorough discussion of the Data Bank's response time, see the OIG report, *National Practitioner Data Bank: Usefulness and Impact of Reports to Hospitals* (OEI-01-90-00520), forthcoming.
10. In the five cases where respondents had received two reports in response to their queries, the pairs of reports were extremely homogeneous. In all five cases, both reports provided information from sources outside the State in which the querier was located. In three cases, both reports involved malpractice payments; in the other two cases, both reports involved adverse actions. All malpractice payments in these responses were for amounts greater than \$50,000. The only differences between paired reports relevant to this study concerned types of adverse actions. One response contained a pair of reports submitted by hospitals, but the other contained one report submitted by a hospital and one report submitted by a licensing board. In constructing table 1, we included this split pair as 1 of the 13 responses involving board licensure actions. Had we included the pair as a response involving hospital

privilege actions, the proportions of responses considered useful for these two types of adverse actions would have been even more similar.