National Practitioner Data Bank: Partnering to Protect Patients

NPDB Guidebook and Website
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Health Resources and Services Administration (HRSA)
Overview

► Website Features and Resources
► Get the Best Use of The Guidebook
► NPDB Guidebook 2018 Key Updates
► Questions and Answers
Let’s Get to Know the Audience:

1. Who traveled the farthest?
2. What type of organization do you work in?
3. Do you use the Guidebook regularly?
4. Do you use the NPDB website regularly?
NPDB Website
NPDB Website Features

- Web pages tailored to your organization type
- Infographics
- Data Analysis Tool
- Compliance Map
- Help Center
Organization Specific Webpages

Select your Organization

- State Licensing and Certification Agency
- Medical Malpractice Payer
- Health Center
- Health Plan
- Hospital
- Federal Hospital
- Federal Agency
- All Other Organizations
**How the NPDB Works**

Only registered entities have access to the NPDB reports.

- **Health care entities query and/or report to the NPDB**
  - State licensing boards
  - Medical malpractice payers
  - Other health care entities

- **NPDB**
  - Practitioners may self-query the NPDB
  - Subjects of reports may submit a statement giving their perspective
  - The Public Use Data File is used for research purposes

**Attestation 101**

<table>
<thead>
<tr>
<th>WHO</th>
<th>WHAT</th>
<th>WHEN</th>
<th>WHERE</th>
<th>WHY</th>
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**NPDB Guide to Reporting Clinical Privileges Actions**

**BEFORE SUBMITTING:**

- Adversely affects clinical privileges (including privileges, medical staff or panel membership, network participation, affiliation, and other circumstances) for a period of more than 30 days, including:
  - Reduction, restriction, suspension or revocation of privileges
  - Denial of privileges based on professional review (including denial based on failure to meet specific threshold criteria or an initial application withdrawal before a final professional review decision)
  - A practitioner’s surrender of, or failure to renew, privileges while under or to avoid investigation
  - Summary suspensions that are the result of a professional review in effect for more than 30 days, regardless of whether the action is final

**AND**

- Is based on the practitioner’s professional competence or professional conduct that adversely affects, or could adversely affect, the health or welfare of a patient

**SUBMIT AN INITIAL ADVERSE ACTION REPORT**

The NPDB notifies the subject of the report when the report is submitted, and when any of these modifications are made.

**REPORT MODIFICATIONS (when needed):**

- Did your organization take an action that modifies or relates to a previously reported action (including reinstatements)?
- Did your organization determine there is an error in the previously submitted report?

**Submit a Revision-to-Action Report**

**Submit a Correction Report**

**Void the Report**

*Reporting of physicians and dentists is mandatory. Other health care practitioners may be reported.

**How Many Queries Do I Need to Run?**
Demo of Data Analysis Tool

Link - https://www.npdb.hrsa.gov/analysistool/
Compliance Map

U.S. Territories

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Health Workforce
Help Center

Organizations
Learn how to get your organization started using the NPDB.

Accounts & Sign In
Help to sign in, reset passwords, and manage user accounts.

Querying
How to search for NPDB reports using One-Time or Continuous Query.

Reporting
Procedures for reporting medical malpractice payments and adverse actions to the NPDB.

Registration
New to the NPDB? See if your organization is eligible to access the NPDB. Learn how to register your organization.

Billing & Fees
Directions for getting a receipt, storing a form of payment, or reconciling a payment.

Policy
Provides the latest policy guidance, and links to the Guidebook Q&As.

Attestation
Help for organizations that are attesting with the NPDB.

Subject Database
Learn about storing subject information to save time for querying and reporting.

Authorized Agents
Help for organizations that need to query or report on behalf of entities registered with the NPDB.
The NPDB Guidebook serves as a policy manual. It is one of a number of efforts to inform the U.S. health care community and others about the National Practitioner Data Bank (NPDB) and the requirements established by the laws governing the NPDB.

http://www.npdb.hrsa.gov/resources/aboutGuidebooks.jsp
Why use the Guidebook?

► Has the latest examples and clarification
► Provides quick references and infographics
► E-Guidebook is searchable

The Guidebook is available in:

► E-Guidebook
► Printable PDF
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Appendix C: Change History

The following table describes changes made to the NPDB Guidebook. Style and formatting changes made throughout the Guidebook that do not affect the substance of the text are not indicated below. References to new figures added to this edition can be found in the Table of Figures.

### General Updates

- Modified the date contained in the indicia.
- Modified the Table of Contents to reflect the changes made in this edition.
- Added the Table of Tables
- Added the Table of Figures
- Added this Appendix C.

### Chapter A: Introduction and General Information

- Added reference to Appendix C to the list of the Guidebook’s topical sections.
- In the paragraph that follows the list of topical sections, modified the reference to the HIPDB Guidebook.
- Changed the style of the heading of the section entitled “Title IV of Public Law 99-660, Health Care Quality Improvement Act of 1986.”
- Modified the second paragraph of the section entitled “Civil Money Penalties.”

### Sections Updated

- Chapter A: Introduction and General Information, Preface
- Chapter A: Introduction and General Information, Background
- Chapter A: Introduction and General Information, General Information
Access Updates to Guidebook

Submiting Reports to the NPDB

Report Formats
The NPDB uses three report formats to capture the necessary information for report submissions. These report formats are:

- Medical Malpractice Payment Report (MMPR), for reporting medical malpractice payments
- Judgment or Conviction Report, for reporting health care-related criminal convictions and civil judgments in federal or state court
- Adverse Action Report, for reporting all other actions required to be submitted to the NPDB

All fields required by specific report formats must be completed successfully before a report can be generated. If an entity does not have all the required information, the entity is responsible for obtaining the information so that the entity can comply with its reporting requirements. An entity’s lack of mandatory information does not relieve the entity of its reporting requirements.

The NPDB recommends that each reporting entity review the report form fields and make an effort to routinely collect information on health care practitioners, entities, providers, and suppliers (as appropriate) before there is a reason to submit a report (e.g., during the application process for a license or clinical privileges). In submitting a report, all required information must be completed properly.

For help with submitting a report, contact the NPDB Customer Service Center.

Types of Reports
Reporting entities are responsible for the accuracy of information they report to the NPDB and for keeping information reported to the NPDB up to date. Reports submitted to the NPDB are permanently maintained unless corrected or voided by the reporting entity or by the NPDB through the dispute resolution process. This feature report helps facilitate accurate reporting.
Revision # 1:
Chapter E: Reports, Submitting Reports to the NPDB
Added new section, “Basis for Action Codes”:

All submitted reports should contain Basis for Action Codes that **accurately represent the reportable action**. When submitting a report, choose the most accurate codes. Multiple codes may be selected if there are multiple reasons for the action(s) taken. A Basis for Action Code of "Other" should be used only if there are no codes that match the actual basis for action. Use appropriate codes from the codes list when submitting reports to assure complete and accurate reporting.
Revision # 2:
Chapter E: Reports, Reporting Clinical Privileges Actions
Modified the section entitled “Proctors”

If, as a result of a professional review action related to professional competence or conduct, a proctor is required in order for a physician or dentist to proceed in freely exercising clinical privileges, and the period lasts longer than 30 days, the action must be reported to the NPDB. In other words, if, for a period lasting more than 30 days, the physician or dentist cannot perform certain procedures without proctor approval or without the proctor being present and watching the physician or dentist, the action constitutes a restriction of clinical privileges and must be reported.
Revision # 3:

Chapter E: Reports, Reporting Clinical Privileges Actions

Added new section “Length of Restriction”

Entities must report clinical privileges actions to the NPDB if they result from a professional review action and last longer than 30 days. Title IV requires "a professional review action that adversely affects the clinical privileges of a physician or dentist for longer than 30 days" to be reported (emphasis added). The NPDB has consistently interpreted "adversely affects" to mean the impact of the restriction, not the manner in which the restriction is written. If a physician's or dentist's privileges are adversely affected for longer than 30 days, the restriction must be reported, regardless of how the health care entity writes the restriction.
Revision # 4:

Chapter E: Reports, Reporting Clinical Privileges

Added new Q&A # 22:

Is an agreement not to exercise privileges during an investigation, without actually surrendering the privileges, a resignation while under investigation that is reportable?
Revision # 5:

Chapter E: Reports, Reporting Clinical Privileges Actions

Added new Q&A # 23:

Is a leave of absence while under investigation considered to be a resignation of privileges that is reportable?
Revision # 6:
Chapter E: Reports, Reporting Clinical Privileges Actions

Added new Q&A # 25:

Is a resignation while subject to a "quality improvement plan" a resignation while under investigation? A quality improvement plan might include a limit on the number of patients a physician can have in a hospital at a time or a requirement that all surgical cases be discussed with the physician's department chair in advance of surgery.
Revision # 7:

Chapter E: Reports, Reporting Clinical Privileges

Added new Q&A # 31:

Is the requirement that a surgeon operate only with a qualified first assistant a restriction of privileges?
Revision # 8:

Chapter E: Reports, Reporting Clinical Privileges Actions

Added new Q&A # 46:

Is a report required when clinical privileges lapse at the end of a 2-year appointment because there has been a recommendation by the Medical Executive Committee that the physician not be reappointed, but the physician's current 2-year appointment ends before a hearing can be held and final action taken by the hospital's governing body?
Revision # 9:

Chapter E: Reports, Reporting Clinical Privileges Actions

Added new Q&A # 49:

How should a hospital report to the NPDB when an adverse clinical privileges action it took against a practitioner is changed by court order?
Revision # 10:

Chapter E: Reports, Reporting State Licensure and Certification Actions

Added new section “Private Agreements”:

If a state licensing or certification board takes an adverse action that is the result of a formal proceeding, **it is reportable** even if the state took the action through a **private agreement**. Any state board action that meets the definition of an adverse action is reportable. An adverse action must be taken as a result of a formal proceeding, but it need not be publicly available.
Revision # 11:

Chapter E: Reports, Reporting State Licensure and Certification Actions

Added new section “Impaired Practitioners”:

To determine whether actions taken against an impaired practitioner are reportable to the NPDB as adverse actions, the state licensing authority should consider whether the restriction itself meets reporting requirements, regardless of the type of impairment. The impairment can arise as a result of a physical or mental illness, injury, incapacitation, or alcohol or drug abuse.
Revision # 12:

Chapter E: Reports, Reporting State Licensure and Certification Actions

Added new Q&A # 24:

In some states, an agency other than a licensing board (such as a state department of health) may be responsible for taking actions against unlicensed providers. Are these other agencies required to report the actions they take?
Help When You Need It: http://www.npdb.hrsa.gov

- FAQs, brochures, and fact sheets
- NPDB Guidebook
- Recorded webinars
- Instructions for reporting and querying
- Regulations
- Statistical data
- Research tools
- NPDB Insights
- Policy: NPDBPolicy@hrsa.gov
- Customer Service Center
  - Call 800.767.6732
  - Email help@npdb.hrsa.gov
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