

NATIONAL PRACTITIONER DATA BANK 1996 Annual Report

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EXECUTIVE SUMMARY



The National Practitioner Data Bank (Data Bank) has maintained records of licensure, clinical privileges, professional society membership, and Drug Enforcement Agency actions taken against health care practitioners and malpractice payments made for their benefit since its opening on September 1, 1990. This report highlights the Data Bank's activities and accomplishments during 1996 by reviewing the operational improvements realized and presenting descriptive statistics. In addition, an overview of the Data Bank guidelines is presented, as is a discussion of the issues impacting reporting trends.

Operational Improvements

During 1996, the Data Bank continued improving the efficiency and "user friendliness" of its operations through the introduction of QPRAC 3.0 software. Streamlined improved query matching algorithms, expanded capabilities for agents, and improved security of account data on credit card receipts were also noteworthy enhancements to the Data Bank system. Progress was also made towards adding Medicare exclusion data to the Data Bank. A discount for queries made via modem and paid for electronically combined with an education and outreach program for queriers led to a dramatic increase in fully electronic querying via modem. The capability to report electronically was also introduced on a pilot basis. During December 1996 approximately 28 percent of reports were made via modem. Also during December 1996, 95.6 percent of all Data Bank entity queries were received via modem and only 4.6 percent were received on diskette. The percent received on diskette was less than half that of December 1995. Use of electronic querying and reporting, particularly via modem, greatly increases efficiency.

Reports

By December 31, 1996, the end of its 76th month of operations, the Data Bank contained reports on more than 145,000 actions and malpractice payments involving 99,925 individual practitioners. Of the 99,925 practitioners reported to the Data Bank, 75.5 percent were physicians (including M.D. and D.O. residents and interns), 15.3 percent were dentists (including dental residents), and 9.2 percent were other health care practitioners. The majority of physicians (72 percent) had only one report in the Data Bank and 99.8 percent had fewer than 10 reports. Notably, only 4.1 percent of physicians listed in the Data Bank had at least one malpractice payment report and at least one reportable action report.

During 1996, approximately 78 percent of all reports concerned malpractice payments, although cumulatively malpractice payments comprised more than 81 percent of all reports. This year, physicians were responsible for 79.3 percent of all malpractice payment reports, while dentists were responsible for nearly 13 percent, and all other health care practitioners were responsible for the remaining 7.7 percent. These figures are similar to the percentages from previous years.

Cumulatively, the mean malpractice payment was \$154,404 (\$165,225 adjusting for inflation) and the median payment was \$52,250 (\$57,604 adjusting for inflation). Both the mean and the median payment for 1996 were above these figures. During 1996, as in previous years, obstetrics-related cases, which represented 7.0 percent of all malpractice payment reports, had the highest mean and median payment amounts (\$363,206 and \$200,000 respectively). Incidents relating to equipment and product problems had the lowest mean and median payments. The cumulative mean delay to receive payment from the time the incident occurred was 4.73 years, which was slightly longer than the mean payment delay in 1996, which was 4.56 years. The 1996 mean payment delay varied markedly between the States and ranged from 2.91 years in Wyoming to 6.58 years in New York. It is interesting to note that, even after adjusting for inflation, payment delays have been decreasing while mean and median payments have been increasing. Small numbers of practitioners, class action payments, and differences in State malpractice statutes can help explain payment differences observed between States.

Reportable actions represent 18.6 percent of all reports received from September 1, 1990 through December 31, 1996 and 21.8 percent (5,540 of 25,468) of all reports received by the Data Bank during 1996. This is the greatest number of reportable actions ever submitted to the Data Bank in a single year. During 1996 licensure actions comprised 80.7 percent of all reportable actions and clinical privileges reports comprised 18.5 percent of all reportable actions. Examining reporting activity by State per 1000 practitioners indicates that there is only a weak correlation between State licensure reporting rates and State clinical privileges rates. Nationally, there are 2.5 times more licensure reports than clinical privileges reports. Moreover, the majority of the hospitals registered with the Data Bank have never submitted a clinical privileges report. Reporting seems to be concentrated in a few facilities even in States which have comparatively high overall clinical privileging reporting levels.

Representatives of the health care industry attended the Health Resources and Services Administration (HRSA) Roundtable to address the issue of clinical privileges reporting by hospitals. They agreed that the level of reporting is unreasonably low and called for more research on the issue.

Other issues discussed in this Annual Report include reporting of malpractice payments for resident physicians and the use of the "corporate shield" to avoid reporting malpractice payments.

Queries

From September 1, 1990 through December 31, 1996, the Data Bank had responded to over 9.6 million inquiries (queries) from authorized organizations such as hospitals, health maintenance organizations (HMOs), State licensing boards, professional societies, and individual practitioners seeking to review their own records. During 1996, entity query volume increased 23.6 percent, from 2,235,812 queries in 1995 to 2,762,643 queries in 1996. Although the number of mandatory hospital queries increased by 27.7 percent from 1992 to 1996, the increase in the number of voluntary queries (made by HMOs, PPOs, group practices, etc.) has been much greater. During 1996, almost 64 percent of queries were submitted by voluntary queriers. Cumulatively, nearly half of the queries were submitted by voluntary queriers. Of the voluntary queriers, HMOs are the most active. Although they represent 8.2 percent of all entities registered with the Data Bank, they made 28.0 percent of all queries cumulatively and 39.3 percent of all queries during 1996. The number of self-queries has also grown. The number of self-query requests increased 4.0 percent from 1995 to a total of 45,345 in 1996.

Matches

The match rate has also steadily increased. Although the cumulative match rate for entity queries is 7.7 percent, during 1995 more than 10.5 percent of all names submitted were matched with reports in the Data Bank. Self-query matches also increased from 7.2 percent in 1995 to 8.3 percent in 1996. The cumulative match rate for self-queries is 7.0 percent. The match rate is expected to continue to increase until the Data Bank has been operating as long as the career of the typical practitioner.

During a two week period in December of 1996, data was collected to study query volume and match rate by practitioner type. Although 80 percent of the queries made concerned physicians, significant numbers of queries were also submitted concerning dentists (4.1 percent), clinical psychologists (3.1 percent), clinical social workers (2.3 percent), chiropractors (2.2 percent), and podiatrists (2.0 percent). Radiological technologists, osteopathic physicians, allopathic physicians, and dentists had the highest match rates.

Secretarial Review

If a practitioner disagrees with the content of a report (or the filing of a report at all), he or she can dispute the report with the Data Bank and ask the reporter to change it. If the disagreement cannot be resolved between the practitioner and the reporter, the practitioner can ultimately request a review of the report by the Secretary of Health and Human Services. At the end of 1996, 9.6 percent of all adverse action reports (2,595) and 5.2 percent of all malpractice payment reports (6,182) in the Data Bank were under dispute. Requests for Secretarial Review increased from 100 in 1995 to 111 requests in 1996. Although reportable actions represent only 21.8 percent of all 1996 reports, they were responsible for 67.6 percent of all requests for review. Of the 81 cases that were resolved during 1996, 16 percent were resolved in favor of the practitioner. Cumulatively, 15.7 percent of 908 requests for Secretarial Review have been resolved in favor of the practitioner.

NATIONAL PRACTITIONER DATA BANK 1996 Annual Report



INTRODUCTION: THE DATA BANK PROGRAM

The National Practitioner Data Bank (NPDB or Data Bank) was established to implement the Health Care Quality Improvement Act of 1986, Title IV of P.L. 99-660, as amended (the Act). Enacted on November 14, 1986, the Act authorized the Secretary of Health and Human Services to establish a national data bank to ensure that unethical or incompetent physicians, dentists, and other types of health care practitioners do not compromise health care quality. It was intended that such a data bank would restrict the ability of unethical or incompetent practitioners to move from State to State without disclosure or discovery of previous damaging or incompetent performance.

In addition to its provisions which led to establishment of the Data Bank, the Act also contains provisions which encourage peer review. Peer review bodies and their members are granted immunity from private damages if their review actions are conducted in good faith and in accordance with established standards. However, entities which are found not to have made required reports to the Data Bank can lose their immunity for a three-year period.

Administration and Operation of the Data Bank Program

The Division of Quality Assurance (DQA) of the Bureau of Health Professions (BHP), Health Resources and Services Administration (HRSA), U.S. Department of Health and Human Services (DHHS), is responsible for the administration and management of the Data Bank program. The Data Bank itself is operated by a contractor. Systems Research and Applications Corporation (SRA) took over operation of the Data Bank from Unisys Corporation, the previous Data Bank contractor, in June 1995. SRA has made such significant improvements to the Data Bank's computer system that it has been termed the "second generation" Data Bank system. Circle Solutions, Inc., is a subcontractor to SRA for operation of the Data Bank Help Line.

An Executive Committee advises the contractor on operation and policy matters. The committee, which meets semiannually with both contractor and HRSA personnel, includes representatives of various health professions, national health organizations, State professional licensing bodies, malpractice insurers, and the public.

The Role of the Data Bank

The Data Bank is a central repository of information about: (1) malpractice payments made for the benefit of physicians, dentists, and other health care practitioners; (2) licensure actions taken by State medical boards and State boards of dentistry against physicians and dentists; (3) professional review actions taken against physicians, dentists (and, optionally, other licensed practitioners) by hospitals and other health care entities, including health maintenance organizations, group practices, and professional societies; and (4) actions taken by the Drug Enforcement Agency (DEA). This information is made available upon request to State boards, hospitals, health maintenance organizations, professional societies, and other quality assurance and credentialing authorities engaged in licensure or professional review activities. Information is collected from private and government entities, including the Armed Forces, located in the 50 States and all other areas under the jurisdiction of the United States.

Information contained in the Data Bank is intended to serve in a flagging role to alert health care entities, licensing authorities, and professional societies so they may undertake further review of practitioners' backgrounds as they deem necessary. The information is intended to be used to augment and verify, not replace other sources of information. Authorized queriers (State licensing boards, professional societies, and health care providers which conduct peer review) request information concerning practitioners who currently have or are requesting licensure, clinical privileges, or professional society membership. As a flagging system, the Data Bank was not designed to provide all details of reported incidents or actions. It is also important to note that the Data Bank does not have information on adverse actions taken or malpractice payments made before September 1, 1990, the date the Data Bank opened. As reports accumulate over time, the value of the Data Bank as an information source will continually increase.

How the Data Bank Protects the Public

Although the Act does not provide for the release of practitioner-specific Data Bank information to the public, the public benefits from the Data Bank's existence. Licensing authorities and peer reviewers now have information needed to identify incompetent or unprofessional physicians, dentists, and other health care practitioners and prevent them from practicing. To help the public better understand medical malpractice and disciplinary issues, the Data Bank responds to individual requests for statistical information, conducts research, publishes articles, and presents educational programs. In addition, a Public Use File containing selected information from each report in the Data Bank is made available. This file can be used by anyone to analyze Data Bank statistical information. For example, health care entities could use it to identify particular problem areas in the delivery of health care services so they could target quality improvement actions toward these problem areas.

How the Data Bank Obtains Information

The Data Bank receives two types of information: (1) reports on "adverse" actions and (2) reports on malpractice payments.

Adverse action reports must be submitted to the Data Bank several circumstances.

- When a State medical board or State board of dentistry takes certain licensure disciplinary actions, such as revocation, suspension, or restriction of a license, for reasons related to the practitioner's professional competence or conduct, a report must be filed with the Data Bank. Revisions to actions must also be reported.
- When a hospital, HMO, or other health care entity takes certain professional review actions which adversely affect for more than 30 days the clinical privileges of a physician or dentist with a staff appointment or clinical privileges, or when the clinical privileges of a physician or dentist are surrendered or restricted while the practitioner is under investigation for possible professional incompetence or improper conduct in return for the entity not proceeding with such an investigation, a report must be filed with the Data Bank. Revisions of such actions must also be reported. Clinical privileges adverse actions also may be reported for health care practitioners other than physicians or dentists.
- When a professional society takes a professional review action which adversely affects the membership of a physician or dentist, that action must be reported. Such actions also may be reported for health care practitioners other than physicians or dentists. Revisions to actions must also be reported.
- When the Drug Enforcement Agency takes action to revoke the DEA registration ("number") of a practitioner a report is filed by virtue of a Memorandum of Understanding between the DEA and the Bureau of Health Professions.

When submitted on paper rather than electronically, adverse action reports (except State Board reports) are first filed with the appropriate State Board, which then submits them to the Data Bank. Reports submitted electronically are sent directly to the Data Bank with copies to the appropriate State Board.

Malpractice payment reports must be submitted to the Data Bank when an insurance company or self-insured entity (but not a self-insured individual) makes a payment of any amount for the benefit of a physician, dentist, or other licensed health care practitioner in settlement of, or in satisfaction of, a judgment or malpractice action or claim.

Requesting Information from the Data Bank

Hospitals, certain health care entities, State licensure boards, and professional societies may request information from the Data Bank ("query"). In some instances they are required to query the Data Bank for information.

A hospital must query the Data Bank:

- When it is considering a physician, dentist, or other health care practitioner for a medical staff appointment or for clinical privileges; and
- At least once every 2 years concerning any physician, dentist, or other health care practitioner who is on its medical staff or has clinical privileges at the hospital.

A hospital may query the Data Bank at any time with respect to its professional review activity.

Other eligible entities may request information from the Data Bank.

- Boards of medical or dental examiners or other State licensing boards may query at any time.
- Health care entities such as HMOs, preferred provider organizations, and group practices may query under the following circumstances: (1) when entering an employment or affiliation arrangement with a physician, dentist, or other health care practitioner; (2) when considering an applicant for medical staff appointment or clinical privileges; (3) or when conducting peer review activity. To be eligible, such entities must both provide health care services and have a formal peer review process for the purpose of furthering the quality of health care.
- Professional societies may query when screening applicants for membership or in support of peer review activities.

The Data Bank may also be queried in two other circumstances.

- A physician, dentist, or other health care practitioner may "self-query" the Data Bank concerning himself or herself at any time. Practitioners may not query to obtain the records of other practitioners.
- An attorney for a plaintiff in a malpractice action against a hospital (or a plaintiff representing himself) may query and receive information from the Data Bank concerning a specific practitioner in narrowly limited circumstances. Information on a specific practitioner can be released to an attorney or plaintiff representing himself or herself only if independently obtained evidence is submitted to DHHS which reveals that the hospital failed to make a required query to the Data Bank on the practitioner also named in the legal action against the hospital. If this test is met, the attorney or plaintiff will be told what the hospital would have found out if it had queried at the time it was required to do so.

Querying Fees

As mandated by law, all Data Bank costs are recovered from user fees; no taxpayer funds are used to operate the Data Bank. The Data Bank fee structure is designed to ensure that the Data Bank is self-supporting. Queriers, except practitioners requesting information about themselves, are required to pay a fee for each practitioner about whom information is requested. In late June 1995, the base query fee was reduced from \$4.00 to \$3.00 per name for queries both submitted via modem and paid for electronically. There is a surcharge of \$3.00 in addition to the \$3.00 base fee (for a total fee of \$6.00 per name) for queries submitted on diskette to cover the costs of human handling of diskettes and of printing and mailing responses. There is an additional surcharge of \$4.00 per name for any query not paid for electronically, i.e. either by credit card or electronic funds transfer. This surcharge reflects the high costs of maintaining a billing system and processing checks. Both surcharges also serve to encourage queriers to convert to the use of modems for querying and electronic means of payment in increase efficiency and save money.

During 1996 the fee structure was further modified to provide an additional incentive for queriers to fully automate their interaction with the Data Bank. The 1996 fee structure provided a \$1.00 discount for queries submitted electronically via modem and paid for automatically by credit card or electronic funds transfer. The cost of these completely paperless queries was \$2.00 per name including the discount. The \$1.00 discount and the resulting \$2.00 fee did not reflect full operating costs of the Data Bank and was discontinued as of March 1, 1997. The Data Bank has an established history of passing lower costs achieved through greater efficiencies back to queriers. The fee for the least expensive, most fully automated query was reduced from \$6.00 to \$5.00 on July 1, 1994; to \$4.00 on January 1, 1995; to \$3.00 on June 26, 1995, and, temporarily to \$2.00 during 1996 and the first two months of 1997.

Confidentiality of Data Bank Information

Under the terms of the Health Care Quality Improvement Act of 1986, as amended (the Act), information contained in the Data Bank which permits identification of any particular practitioner, entity, or patient is confidential. The Department of Health and Human Services has implemented this requirement by designating the Data Bank as a confidential "System of Records" under the Privacy Act of 1974.

Authorized queriers who receive information from the Data Bank must use it solely for the purposes for which it was provided. Any person who violates the confidentiality of Data Bank information is subject to civil money penalties of up to \$11,000 for each violation.

The Act does not provide for Data Bank disclosure of information on a specific practitioner to medical malpractice insurers or the public. Although it is uncertain that the confidentiality provisions of the Act directly apply to individuals who knowingly and willfully report to or query the Data Bank under false pretenses or who fraudulently gain access to Data Bank information, other Federal statutes clearly subject such individuals to criminal penalties, including fines and imprisonment.

Accuracy of Data Bank Information

Reports to the Data Bank are entered exactly as received from reporters. To ensure the accuracy of reports, each practitioners reported to the Data Bank is notified that a report has been made and is provided a copy of the report. Since March 1994, the Data Bank has allowed practitioners to submit a statement to give their view of the situation in relation to any malpractice payment or adverse action report concerning them. The practitioner's statement is disclosed whenever that report is disclosed. If a practitioner believes that simply adding a statement for the record is not adequate to ensure accuracy, he or she may file a dispute with the Data Bank. The report in question is then noted as under dispute when it is released, and the practitioner is asked to work with the reporting entity to reach agreement to void the report (i.e., remove it from the Data Bank) or revise its contents. If a practitioner's concerns are not resolved by the reporting entity, the practitioner may request that the Secretary of Health and Human Services review the disputed information. The Secretary then makes the final determination concerning whether a report should remain unchanged, be modified, or be voided and removed from the Data Bank.

Federal Participation in the Data Bank

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

The Secretary signed an MOU with the Department of Defense on September 21, 1987, with the Drug Enforcement Administration on November 4, 1988, and with the Department of Veterans Affairs on November 19, 1990. In addition, MOUs with the U.S. Coast Guard (Department of Transportation) and with the Bureau of Prisons (Department of Justice) were signed on June 6, 1994 and August 21, 1994, respectively. Policies under which the Public Health Service participates in the Data Bank for its facilities and practitioners were implemented on November 9, 1989 and October 15, 1990.

1996 DATA BANK OPERATING IMPROVEMENTS AND PROSPECTS FOR THE FUTURE

The SRA Corporation has operated the Data Bank under contract with the Department of Health and Human Services since June 26, 1995. SRA's first complete calendar year of operations, January 1- December 31, 1996, was marked by the following software and operating system improvements which have already or will in the future improve service to Data Bank customers:

- Introduction of QPRAC 3.0 software.
- Improved query matching capability.
- Improved capabilities for agents.
- Improved security of account data on credit card receipts.
- Progress toward addition of exclusion information to the Data Bank.

QPRAC 3.0 Software

An improved version of the Data Bank's free software was introduced gradually during 1996. Unlike the previous version of QPRAC, the new software uses a Windows graphical interface.

The new software has several advantages:

- QPRAC 3.0 can be used for reporting malpractice payments and adverse actions to the Data Bank. Reporters using QPRAC 3.0 do not need to complete paper forms and mail them to the Data Bank. Instead, QPRAC 3.0 automatically sends the reports to the Data Bank.
- Entities using QPRAC 3.0 can update their entity registration information, including changes in phone numbers, staff names, etc. Paper forms obtained from the Data Bank for this purpose are no longer needed for QPRAC 3.0 users. In addition, entity registrations are automatically updated as a part of the installation process for QPRAC 3.0.
- Responses to queries which resulted in a large number of matches are no longer broken into separate files for QPRAC 3.0 users. Instead, they are sent as one large file. This makes it easier to download the responses and review or print them.
- Queriers using QPRAC 3.0 can pay for responses using Discover credit cards in addition to using the Visa and MasterCard credit cards allowed under QPRAC 2.0.

QPRAC 3.0 was first sent to a group of Data Bank reporters who agreed to test the software in cooperation with the Data Bank. Distribution was later expanded to include all reporters. QPRAC 3.0 is being distributed to queriers only on request. This will make the transition to the new software a gradual process, thereby preventing problems inherent in mass introductions of new software. Queriers currently using QPRAC 2.0 can request the new software, free of charge, from the Data Bank Help Line by calling 1-800-SOS-NPDB or 1-800-767-6732.

Improved Query Matching Capability

In 1996, the Data Bank has continued to improve the process of matching queries to reports. Since names and identifying information are not always listed identically in reports and queries, the Data Bank uses a sophisticated matching algorithm to match queries to reports. The matching algorithm occasionally determines that it cannot adequately match the name in a query with the name in a report. Such cases are referred to human technicians to review and determine whether or not a match exists.

During 1996 the Data Bank's computer system was modified in order to facilitate identification and processing of "PIN (practitioner identification number) Merges" and "PIN Unwinds," thus ensuring better data in the system and more accurate responses for queriers. On rare occasions, reports which actually concern only one practitioner are discovered to have been reported with identifying information sufficiently different to have been listed in the system as being for two separate practitioners (e.g., reports have been entered for John O. Smith and John Q. Smith as separate individuals, but in reality both reports concern the same practitioner). In these instances, referred to as "PIN Merges," the PINs of the "two practitioners" are merged into a single PIN to ensure comprehensive matching and responses to future queries on the practitioner.

The opposite situation can also occur. On rare occasions the Data Bank has discovered that reports that were listed as belonging to the same practitioner actually concerned two separate practitioners. Although rare, these situations most often happen with twins with similar first names who have similar social security numbers and who went to the same professional school and graduated in the same year. The Data Bank resolves these situations, referred to as "PIN Unwinds" by carefully reviewing the records and setting up separate PINs for each practitioner. The automated matching system is also instructed to refer any report or query involving either of the practitioners in the "unwind" to human technicians to ensure that proper matching occurs.

Improved Capabilities for Agents

Instead of using their own staff, some registered entities choose to query the Data Bank through an authorized agent, an individual or organization that an eligible entity designates to query the Data Bank on its behalf. Currently, a total of 172 agents are registered with the Data Bank. Although in most cases an authorized agent is an independent contractor to the requesting entity, any registered entity (e.g., a hospital) can serve as an authorized agent for any other entity registered with the Data Bank.

During 1996, two improvements were implemented affecting agents and their clients. First, entities can now designate multiple agents. Previously an entity could only have one agent at a time. Now, entities can use one agent for some transactions and another agent for others. In addition, agents now have the same billing flexibility using Electronic Funds Transfers (EFT) as they have using credit cards. Previously, billing could only be made to the EFT account of the querying entity, not the agent. As a result, the client entity paying by EFT received two separate charges for queries; one EFT charge from the Data Bank and a separate charge by the agent for their services. Now agents can specify their own EFT account for payment of Data Bank query charges and then bill their clients for both the Data Bank charge and their service charge in one statement.

Improved Security of Account Data on Credit Card Receipts

In response to customer concerns, the Data Bank revised the electronic receipt used to inform queriers of charges to credit cards. Previously the receipt included the full credit card account number. Although this information was useful to entities with multiple credit card accounts who used the number to reconcile billing statements, other users were concerned that printing the account number on charge receipts potentially compromised the security of their accounts. To meet the needs of both groups of users, the Data Bank modified the charge receipts to include only the last four digits of the account number. This should allow entities to identify the particular account in question while not providing enough information to allow fraudulent use of the account.

Progress toward Addition of Exclusion Information to the Data Bank

The Data Bank continued efforts to add Medicare and Medicaid exclusion information to the Data Bank. The Department of Health and Human Services maintains a list of practitioners who have been declared ineligible for Medicare and Medicaid payments. Hospitals, managed care organizations, and other providers are prohibited from billing Medicare and Medicaid for any services which might be rendered by these providers. Currently, entities are expected to review the Federal Register to ensure that they do not bill for services provided by an excluded practitioner. The Data Bank in cooperation with the Office of Inspector General and the Health Care Financing Administration is working toward implementation of a system in which all queries submitted to the Data Bank will be matched not only to Data Bank reports but also to the Medicare and Medicaid exclusions list. Thus queriers will be informed automatically if any practitioner who they are considering for privileges or employment is on the Medicare and Medicaid exclusion list. The Data Bank computer system was modified during 1996 to implement the addition of exclusion information. Queriers began receiving exclusion information as well as malpractice payment and adverse action information in response to queries during the first quarter of 1997.

DATA BANK OPERATIONS: REPORTS, QUERIES, MATCHES, ENTITIES, AND DISPUTES

This section discusses descriptive statistics focusing primarily on the Data Bank during 1996. For comparative purposes, information is provided for each of the most recent five years (1992 through 1996), as well as cumulatively from the opening of the Data Bank on September 1, 1990 through December 31, 1996.

Reports

Tables 1-5 in the Statistical Appendix, present data on reports received by the Data Bank through December 31, 1996 by report type. Information is presented on reports concerning both medical malpractice payments and "adverse actions" involving licensure, clinical privileges, professional society membership, or the DEA. It should be noted that some "adverse action" reports are not "adverse" to the practitioner involved and concern reinstatements, reductions of penalties, or reversals of previous actions. Therefore, the term "reportable actions" is used unless non-adverse actions are excluded. Table 1 shows the number and percent distribution of reports received by type of report.

Malpractice Payments

Data from Table 1, as illustrated in Figure 1, show that, for each year, medical malpractice payment reports represent, by far, the greatest proportion of reports contained in the Data Bank. Cumulative data show that at the end of 1996, 81.4 percent of all the Data Bank's reports concerned malpractice payments. During 1996 itself, the Data Bank received 19,928 such reports (78.2 percent of all reports received).

Table 2 shows the percentage change by report type from year to year. Malpractice payment reports increased by 9.8 percent from 1991 to 1992, but fluctuated by less than three percent in 1993 and 1994. The number of malpractice payment reports received during 1995 decreased by 9.1 percent from the number received during 1994. The number of malpractice payment reports rebounded during 1996. There were 1,781 more malpractice payment reports received in 1996 than in 1995; a 9.8 percent increase. However, the total number of malpractice payment reports received in 1996 remained below the 20,123 reports received in 1992, which was the largest number in any year to date.

DATA BANK OPERATIONS: REPORTS, QUERIES, MATCHES, ENTITIES, AND DISPUTES

Figure 1: Number and Type of Reports Received by the NPDB (1992-1996)

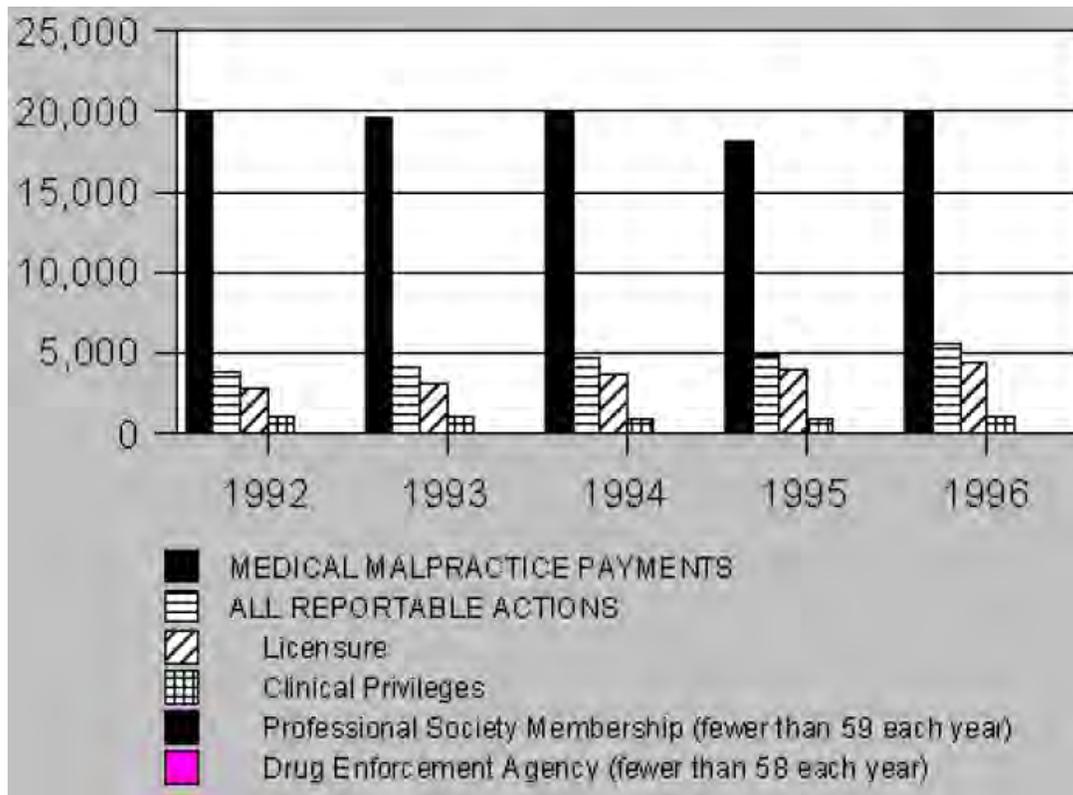


Table 3 shows malpractice payment reports for physicians, dentists and other types of practitioners during the most recent five years and cumulatively. Although only physicians and dentists must be reported to the Data Bank if a reportable action is taken against them, all health care practitioners must be reported to the Data Bank if a malpractice payment is made for their benefit. Physicians have been responsible for 89,801 (76.0 percent) of the Data Bank's malpractice payment reports while dentists have been responsible for 17,588 (14.9 percent) and all other types of practitioners have been responsible for 10,545 (8.9 percent) reports. The percent of payment reports from physicians has consistently increased each year while the percent from dentists and other practitioners has decreased or remained constant. During 1996, physicians were responsible for 15,810 (79.3 percent) malpractice payment reports and dentists were responsible for 2,541 payment reports (12.8 percent). "Other practitioners" were responsible for 1,538 malpractice payment reports in 1996, representing 7.7 percent of all malpractice payment reports received. There has been a generally steady decline in this percentage since 1991, when "other practitioners" were responsible for 11.3 percent of malpractice payment reports.

Malpractice Payment Reporting Issues

Two aspects of malpractice payment reporting are of particular interest to reporters, queriers, practitioners, and policy makers. One, the "corporate shield" issue, concerns possible under-reporting of malpractice payments. The second, reporting of physicians in residency programs, concerns the appropriateness of reporting malpractice payments for physicians in training who are supposed to be only acting under the direction and supervision of attending physicians.

"Corporate Shield" Malpractice payment reporting may be affected by use of the "corporate shield." Attorneys for some practitioners who would otherwise be reported to the Data Bank have worked out settlements in which only co-defendant health care organizations (e.g. hospitals or group practices) are named. Under the current Data Bank regulations, since a practitioner is named in the claim but not in the settlement, no report is required to be filed with the Data Bank unless the practitioner's name is dropped from a settlement as a condition of the settlement. The extent to which the "corporate shield" is used cannot be measured with available data. Use of the "corporate shield" masks the extent of substandard care as measured by individual malpractice payments reported to the Data Bank. It also reduces the usefulness of the Data Bank as a flagging system.

Malpractice Payments for Physicians in Residency Programs

The reporting of malpractice payments for residents is an issue that gained attention during 1996. Some argue that since residents act under the direction of attending physicians, as long as they are acting within the bounds of their residency program, residents by definition are not responsible for the care provided. Therefore, regardless of whether or not they are named in a claim for which a malpractice payment is ultimately made, they should not be reported to the Data Bank. The Health Care Quality Improvement Act, however, makes no exceptions for malpractice payments made for the benefit of residents. They must be reported to the Data Bank if a payment is made for their benefit. At the end of 1996, the Data Bank contained 990 malpractice payments made for the benefit of residents and interns (both M.D. and D.O.) out of 118,211 total malpractice payments; 89,801 of which are for physicians. Thus payment reports for residents represent 0.8 percent of all malpractice payments in the Data Bank and 1.1 percent of malpractice payments for physicians. A total of 888 individual residents were responsible for the 990 payments made for the benefit of residents in the Data Bank. Most residents with payments (835) had only one payment; 47 had 2 payments, 4 had 3 payments, 1 had 4 payments, and 1 had 45 payments as a resident.

Reportable Actions

Licensure, clinical privileges, professional society membership disciplinary actions, actions taken by the DEA concerning practitioner authorization to prescribe controlled substances, and revisions to such actions must be reported to the Data Bank if they are taken against physicians and dentists. As shown in [Table 1](#), reportable actions represent 21.8 percent of all reports received by the Data Bank during 1996 and, cumulatively, 18.6 percent of all reports in the Data Bank. The number of reportable action reports received increased by 697 reports to a total of 5,540 (a 14.4 percent increase) from 1995 to 1996 ([Table 2](#)). This followed a 0.2 percent decrease in reportable actions from 1994 to 1995 and a 14.7 percent increase from 1993 to 1994. The 5,540 reportable action reports received during 1996 was the largest number of such reports received in any single year to date.

Licensure actions made up 80.7 percent of reported actions during 1996. Clinical privileges actions represented 18.5 percent of all 1996 action reports. Professional society membership actions (only 45 reported) made up 0.8 percent of all reported actions during 1996. No Drug Enforcement Agency reports were received during 1996. This reflects a reporting problem which the Data Bank has taken steps to resolve.

Licensure actions are becoming more and more predominant among reportable action reports. Cumulatively, they represent 76.4 percent of all reportable action reports, but account for more than 80 percent of all reportable actions during 1995 and 1996. This reflects a growth in the number of licensure reports not accompanied by a similar growth in clinical privileges reports. Licensure reports have increased at an average annual rate of 12.6 percent since 1992. The average annual growth rate over the entire period for clinical privileges reports is 2.0 percent; however, some years had substantial decreases in the number of clinical privileges reports. The average annual growth rate in clinical privileges reports would have been negative over the period in the absence of 1996's 16.1 percent increase over 1995. Even with this increase, there were 40 fewer clinical privileges reports in 1996 than in 1993. The number of reported professional society actions has remained almost negligible throughout the Data Bank's history. The greatest number of professional society membership actions submitted in one year was 58 reports in 1993.

[Table 4](#) presents information on reportable actions by type of practitioner and type of report. Physicians are responsible for the largest number of all reportable actions during 1996 and earlier years. During 1996, physicians were responsible for 83.8 percent of licensure actions, 96.1 percent of clinical privileges actions, and 93.3 percent of the 45 professional society membership actions reported. The proportion of physician licensure reports has steadily increased each year from 75.8 percent of all State board licensure action reports in 1992 to 83.8 percent in 1996.

Although the number of dental licensure reports per year has grown slightly, the proportion of dental licensure reports to all licensure reports has declined. The nation has far more physicians than dentists; physicians accounted for approximately 79.6 percent of the total number of physicians and dentists actively working in the United States. In 1992 and 1993, physicians were slightly under-represented in proportion to their numbers in terms of licensure reports to the Data Bank. In 1994, 1995, and 1996 they were slightly over-represented. During 1996, dentists, who comprise approximately 20.4 percent of the nation's total physician-dentist work force, were responsible for 15.6 percent of licensure actions, 1.7 percent of clinical privileges actions, and 6.7 percent (only 3 reports) of the professional society membership actions.

Voluntary reporting of reportable actions against "other practitioners" was not a significant source of reportable action reports to the Data Bank during 1996. No professional society membership actions are contained in the Data Bank for practitioners other than physicians or dentists. During 1996, "other" practitioners were responsible for only 16 (0.6 percent) of the 1,025 clinical privileges reports to the Data Bank. "Other" practitioners continue to account for less than one percent of all clinical privileges reports in the Data Bank.

Actions Reporting Issue: Under-reporting of Clinical Privileges Actions

There is general agreement that the level of clinical privileges reporting shown in Tables 1 and 2 is unreasonably low. In October 1996, the Northwestern University Institute for Health Services Research and Policy Studies, under contract with the Health Resources and Services Administration (HRSA), held a roundtable on clinical privileges reporting by hospitals. Participants included executives from the American Medical Association; the American Osteopathic Association; the American Hospital Association; the Joint Commission on Accreditation of Health Care Organizations; the Health Care Financing Administration; the DHHS Office of Inspector General; the Division of Quality Assurance, Bureau of Health Professions (BHP), HRSA, DHHS (which manages the operations of the Data Bank program); the Federation of State Medical Boards; Public Citizen Health Research Group; Citizen Advocacy Center; individual State hospital associations; individual hospitals; and hospital attorneys. The participants reached consensus that "the number of reports in the Data Bank on adverse actions against clinical privileges is unreasonably low, compared with what would be expected if hospitals pursued disciplinary actions aggressively and reported all such actions." There was also agreement that research was needed to better understand the perceived under-reporting so appropriate steps could be taken to improve reporting. The Division of Quality Assurance has initiated two separate research contracts in this regard. In addition to conducting additional research, the Data Bank and the Division of Quality Assurance are working with relevant organizations to try to ensure that actions which should be reported actually are reported.

Tables 5 and 6 shed additional light on the problem of under-reporting of clinical privileges actions by hospitals. Table 5 lists for each State the number of non-federal hospitals registered with the Data Bank and the number and percent of these hospitals that have never reported a clinical privileges action to the Data Bank. These percentages range from 38.5 percent in Delaware to 83.3 percent in Minnesota. Nationally, 66.7 percent of non-federal hospitals have never reported. Clinical privileges reporting seem to be concentrated in a few facilities even in States which have comparatively high over-all clinical privileges reporting levels. For example, as shown in Table 6, Kansas ranks third in the nation in the number of clinical privileges actions reported per 1,000 physicians. However, as shown in Table 5, it is also the State with the second highest percentage of hospitals that have never reported (80.8). It seems that, in Kansas at least, a few hospitals are reporting many clinical privileges actions while most hospitals report none. This pattern may reflect a willingness (or unwillingness) to take reportable clinical privileges actions more than it reflects a concentration of problem physicians in only a few hospitals.

Reports Analysis

Data on malpractice payments and reportable actions can be examined in many ways to discover patterns and relationships. In this report we have chosen to highlight three vantage points. First, we discuss the variations among the States in the frequency of malpractice payments and reportable actions, payment amounts, and incident-to-payment delays. Second, we examine the relationship between malpractice payments and reportable action reports. Finally, information regarding physicians with multiple reports in the Data Bank is presented.

State Reporting Rates: Reportable Actions

State-to-State variations in report rates per 1,000 practitioners are presented in Tables 6, 7, and 8. The cumulative number of physician licensure and clinical privileges reports for each State, State report rates per 1,000 physicians, and State rankings are presented in Table 6. The District of Columbia, New York, and North Carolina have the lowest cumulative physician licensure reporting rates, while Connecticut, Massachusetts, and the District of Columbia have the lowest cumulative physician clinical privileges rates. The highest cumulative licensure reporting rates are found in West Virginia, Oklahoma, and Mississippi. The highest cumulative clinical privileges rates are in Wyoming, Nevada, and Kansas.

The correlation coefficient between the State licensure action rates per 1,000 physicians and the State clinical privileges action rates per 1,000 physicians is only 0.39, which means that variations in one rate "explain" only 15 percent of the variations in the other rate. The small correlation between licensure and clinical privileges actions may demonstrate weaknesses in credentialing or licensing in various States. Nationally there are two and a half times more licensure reports than clinical privileges reports, but again the pattern varies greatly from State to State. For example, Nebraska has as many clinical privileges reports as licensure reports. Nevada, Maine, Kansas, and Indiana have almost as many. But Nebraska, Maine, and Indiana are below the national average of 4.04 licensure reports per 1,000 physicians, while Kansas and Nevada are above the national average. All five States are well above the national average of 1.46 clinical privileges reports per 1,000 physicians.

State Reporting Rates: Malpractice Payments

Table 7 shows the cumulative number of medical malpractice payment reports for physicians and dentists from September 1, 1990 through December 31, 1996 by the "practitioner's work State," the State in which the practitioner maintained his or her practice at the time the incident took place. The table also includes the "annualized rate" of payments, which is the average number of payments per year per 1,000 physicians and or dentists in each State. Table 8 presents the annual rate of reports per 1,000 physicians and dentists by work State for each of the last five calendar years. It should be noted that in States with relatively few physicians or dentists, payment rates are sometimes heavily impacted by large numbers of reports for a single practitioner which can skew the payment rate for that year as well as the State's cumulative rate. For example, the cumulative rate for dentists practicing in Utah is almost 2.7 times the national rate because of a substantial number of payments made for one practitioner during 1993 and, to a lesser extent, 1994. State rates may also be substantially impacted by other reporting artifacts such as a reporter submitting a substantial number of overdue reports. Indiana reporting, for example, was impacted by receipt of overdue reports during 1996.

State malpractice payment rates are also affected by differences in malpractice statutes in each State. Statutory provisions may make it easier or harder for plaintiffs to bring a malpractice suit and obtain a payment. There are differences in the statute of limitations provisions governing when plaintiffs may bring a suit. There are also differences in the burden of proof. In addition, some States cap payments for non-economic damages (e.g., pain and suffering), which may reduce the number of claims filed. Furthermore, nine States have State agencies or funds which at least for some practitioners pay the portion of a malpractice award or settlement that exceeds a ceiling amount. In these States, malpractice claims for eligible practitioners which result in payments over the ceiling amount generate two reports to the Data Bank rather than one.

As a result of various reporting artifacts and variations in State statutes, the malpractice payment rates of different States should be compared only with caution. Year to year comparisons within a State are typically more valid; however in making such comparisons, any change in State statutes, etc., from year to year must be considered.

State Differences in Payment Amounts

State variations in mean and median malpractice payment amounts are also of interest. We examined all malpractice payment reports received by the Data Bank between its opening and December 31, 1996. The results are shown in Table 9. The mean malpractice payment for the Data Bank during this period was \$154,404. Adjusted for inflation, assuming 1996 dollars for all payments, the mean payment was \$165,225. The mean payment during 1996 was \$183,126. During 1996 mean payments ranged from lows of \$80,520 in Vermont and \$84,859 in South Dakota to highs of \$434,687 in Alabama and \$308,749 in Wisconsin. Note that the ranking of high payment amount States does not take into account possibly higher total payment means if payments to individual plaintiffs by primary insurers and State funds were combined in the nine States with such funds.

Because mean payments can be substantially impacted by a single very large payment or a few such payments, a State's median payment is probably a better indicator of typical malpractice payment amounts. The cumulative median for the Data Bank was \$52,250. Adjusted for inflation, the median payment over the entire period of the Data Bank's operation was \$57,604. The median payment in 1996 was \$75,000. The highest 1996 medians were found in Indiana (\$325,000), Pennsylvania (\$150,000), Maryland (\$125,000) and the District of Columbia (\$125,000). The lowest 1996 medians were found in Washington (\$25,000) and California (\$29,999).

State Differences in Payment Delays

There are also substantial differences between the States in how long it takes to receive a malpractice payment after an incident occurs (payment delay). For all reports received from the opening of the Data Bank through December 31, 1996, the mean delay between incident and payment was 4.73 years. For 1996 payments, the mean delay was 4.56 years. Thus during 1996 payments were made on average two months earlier than the average for all payments. On average, during 1996, payments were made most quickly in Wyoming (2.91 years) and Iowa (3.14 years). Payments were slowest in New York (6.58 years) and Pennsylvania (6.16 years). Interestingly, even after adjustment for inflation average payment delays have been decreasing at the same time mean and median malpractice payments have been increasing.

Variations in Payment Amounts and Payment Delays for Different Types of Cases

Different types of malpractice cases are likely to have different payment amounts and varying payment delays. As shown in [Table 10](#), the Data Bank categorizes malpractice events into ten broad categories. During 1996, as in previous years, incidents relating to equipment and product problems had by far the lowest mean and median payments (\$59,875 and \$15,000, respectively). However, there were only 88 equipment and product reports, which is less than 0.5 percent of all malpractice payment reports. Also as in previous years, obstetrics-related cases (1,411 reports; 7.0 percent of all malpractice payment reports) had by far the highest mean and median payments (\$363,206 and \$200,000, respectively).

The time between a malpractice incident and payment is shown in [Table 11](#) for each type of case. As might be expected, the obstetrics-related category which had the largest mean and median payments also had the longest mean delay between incident and payment (6.15 years) for payments made during 1996. The shortest average delay for 1996 payments was for anesthesia cases (3.56 years). There were 548 such cases, representing 2.8 percent of all 1996 malpractice payments. Equipment and product cases had the next shortest delay (3.80 years).

Relationship between Malpractice Payments and Reportable Actions

Malpractice payment and licensure and clinical privileges report rates per 1,000 physicians by State and year (1992 through 1996) are presented in [Table 12](#). There is little correlation between a State's malpractice payment rate and its licensure and clinical privileges action rate. Year to year reporting rates for each type of report are more highly correlated.

There is evidence, however, that physicians with high numbers of malpractice payments tend to have at least some adverse actions and vice versa. Tables 13 and 14 show this data. For example, as shown in Table 13, although 96.2 percent of the 50,716 physicians with only 1 malpractice payment in the Data Bank have no reportable actions, only 57.1 percent of the 63 physicians with 10 or more malpractice payments have no reportable actions. Generally, as a physician's number of malpractice payments increases, the likelihood that the physician has no reportable actions decreases. However physicians with 10 or more malpractice payments are slightly more likely to have no reportable actions than are physicians with 9 malpractice payments. Similarly, as shown in Table 14, there is a tendency for a smaller proportion of physicians to have no malpractice payment reports as their number of reportable actions increases. However, the trend reverses for physicians with 9 or more reportable actions. One explanation may be that physicians with large numbers of reportable actions leave the profession and no longer have the opportunity to be the targets of malpractice payments.

Physicians with Multiple Reports to the Data Bank

A related area of interest is the number and percentage of practitioners with multiple malpractice payment or reportable action reports in the Data Bank. At the end of 1996, a total of 99,925 individual practitioners had disclosable reports in the Data Bank. Of these, 75,394 (75.5 percent) were physicians (including allopathic physicians, osteopathic physicians, interns, and residents). Most physicians (72.0 percent) with reports in the Data Bank had only one report, but the mean number of reports per physician was 1.5. Physicians with exactly two reports made up 17.7 percent of the total. Over 99.8 percent of physicians with reports had 9 or fewer reports. Only 139 physicians had more than 9 reports each. Three physicians had more than 100 reports each. Of the physicians with disclosable reports, 83.4 percent had only malpractice payment reports; 12.5 percent had only reportable action reports. Notably, only 4.1 percent had both at least one malpractice payment report and at least one reportable action report.

Approximately 23.2 percent of the 75,394 physicians in the Data Bank with a malpractice payment report had two or more malpractice reports. Over 43.5 percent of all malpractice payment reports in the Data Bank concern physicians with at least two reports. Physicians who have any reportable actions are more likely to have multiple reportable actions than physicians who have any malpractice payments are likely to have more than one payment. Of physicians with at least one reportable action report, 43.0 percent have at least two such reports. Almost three-quarters (73.5 percent) of all physician reportable action reports are for physicians with more than one such report. Of the 5,377 physicians with multiple reportable action reports, 59.1 percent have only licensure action reports; these physicians, however may or may not have malpractice payment reports. Only 53.1 percent of the 5,377 physicians do have malpractice payment reports. Another 24.7 percent have at least one licensure report and at least one clinical privileges report, but no professional society membership reports. About 13.1 percent of all physicians with multiple adverse action reports have only clinical privileges reports. Only 32 physicians have at least one licensure report, clinical privileges report, and professional society membership report.

Queries

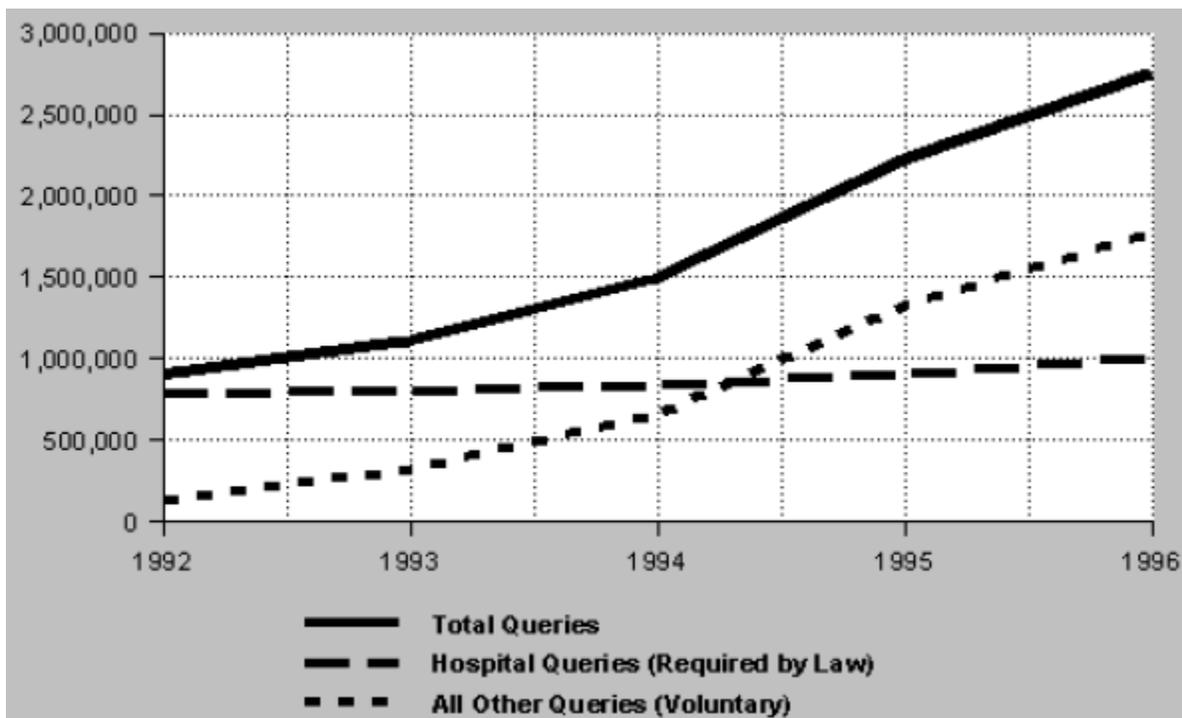
Query data are presented in Table 15. A total of 2,762,643 entity requests for the disclosure of information (queries) were successfully processed by the Data Bank during 1996. This is an average of about 5.3 queries every minute, 24 hours a day, and 365 days a year. The number of queries in 1996 increased 23.6 percent to 2,762,643 from the 2,235,812 queries processed during 1995. It is also almost three and a half times as many queries as were processed during the Data Bank's first full year of operation, 1991. Cumulatively, the Data Bank had processed 9,508,568 queries by the end of 1996.

Practitioner self-queries are also shown in Table 15. Practitioners who want to verify their record (or lack of a record) in the Data Bank can query on their own record at any time without charge. Some State boards, which could query the Data Bank, instead require practitioners to submit self-query results with license applications. During 1996 the Data Bank processed 45,345 self-query requests. This was an increase of 4.0 percent over the number of self-queries processed during 1995. Only 3,774 (8.3 percent) of the practitioners who self-queried in 1996 had reports in the Data Bank. Cumulatively from the opening of the Data Bank, 166,453 self-queries have been processed; 11,729 (7.0 percent) of these queries were matched with reports in the Data Bank.

The Data Bank classifies entity queries as "required" and "voluntary." Hospitals are required to query concerning new applicants for privileges or staff appointment and once every two years concerning their entire staffs. Hospitals voluntarily may query for other peer review activities, but for analysis purposes we assume that all hospital queries are required. As illustrated in Figure 2, hospitals made most of the queries to the Data Bank in its first few years of operation. Although the number of hospital queries increased by 27.7 percent from 1992 to 1996, to a total of 998,256 queries in 1996, the increase in the number of voluntary queries has been much greater. These queries increased from 123,999 in 1992 to 1,764,387 in 1996, an increase of over 1,322 percent. Voluntary queries represented 63.9 percent of all queries during 1996. The trend for voluntary queries as a percent of total queries continues upward. During December 1996, voluntary queries made up only 67.2 percent of all queries, over 3 percentage points more than for all of 1996.

The distribution of queries by querier type is shown in Table 16. Of the voluntary queriers, HMOs are the most active. Although they represented 8.2 percent of all entities registered with the Data Bank, HMOs made 28.0 percent of all queries cumulatively and 39.3 percent of all queries during 1996. Preferred provider organizations and group practices made 5.1 percent of all queries during the entire period, but during 1996 these entities queried at a rate of 9.8 percent. State licensing boards made 0.4 percent of queries during 1996 and 0.5 percent cumulatively. Professional societies were responsible for 0.4 percent of all queries during 1996 and 0.3 percent of all queries cumulatively. In summary, the percentage of queries submitted by hospitals and State licensing boards has decreased while HMO, PPO, group practice, and other entity queries have increased.

Figure 2: Growth in Queries, by Querier Type (1992-1996)



Matches

When an entity submits a query on a practitioner, a "match" occurs when that individual is found to have a report in the Data Bank. As shown in [Table 15](#), the 291,078 entity queries matched during 1996 represents a match rate of 10.5 percent. Although the match rate has steadily risen since the opening of the Data Bank, we hypothesize that it will plateau once the Data Bank has been in operation the same length of time as the average practitioner practices, all other factors (such as malpractice payment rates for older and younger physicians) being equal.

About 89.5 percent of queries submitted receive a "no-match" response from the Data Bank, meaning that the practitioner does not have a report in the Data Bank. This does not mean, however, that there was no value in submitting these queries. During 1995 the Office of the Inspector General completed an evaluation of the utility of the Data Bank and found that 77 percent of the hospitals and 96 percent of the managed care organizations found "no match" responses useful, presumably because they confirm that practitioners have had no reports in (now) over 6 years. These responses will become even more valuable as the Data Bank matures.

The Data Bank conducted a special study of queries and matches by practitioner type during a December 1996 sample period. Since the Data Bank does not normally record practitioner type information on queries that were not matched, this study represents the first time that match rates have been available for individual types of practitioners. The results of this study are shown in [Table 17](#). Almost 80 percent of the queries made during this period concerned physicians

(including allopathic and osteopathic physicians and interns and residents). Significant numbers of queries were also filed concerning dentists (4.1 percent of queries), clinical psychologists (3.1 percent), clinical social workers (2.3 percent), chiropractors (2.2 percent), and podiatrists (2.0 percent). As might be expected, match rates varied for queries concerning different types of practitioners. Radiological technologists had the highest match rate (13.7 percent), but so few were queried on that they accounted for only 0.1 percent of all matches. Osteopathic physicians had the next highest match rate (12.5 percent) followed by podiatrists (11.9 percent), allopathic physicians (11.4 percent), and dentists (11.4 percent). Other practitioner types with match rates greater than 1 percent include chiropractors (5.0 percent), allopathic physician interns and residents (6.7 percent), and nurse anesthetists (2.2 percent).

Registered Entities

All reporting to the Data Bank and all querying except for practitioner self-queries is done by registered entities which certify that they meet the requirements of the Health Care Quality Improvement Act of 1986. Table 18 provides information on the more than 11,000 registered entities that have reported or queried at least once since the opening of the Data Bank and those active as of December 31, 1996. Some entities have (or had in the past) multiple registration numbers either simultaneously or sequentially, so the numbers shown in Table 18 do not necessarily reflect the actual number of individual entities which have reported to or queried the Data Bank. Hospitals are by far the largest category, followed by "other health care entities," HMOs, and malpractice payers. All entity types except malpractice payers may both query and report. Malpractice payers are only allowed to report; they cannot query. It should also be noted that other types of entities besides malpractice payers may report malpractice payments they make in addition to reporting reportable actions, as applicable. For example, if a hospital makes a malpractice payment, the hospital continues to be registered as a hospital, not a malpractice payer.

Disputed Reports and Secretarial Review

At the end of 1996, there were 2,595 reportable action and 6,182 malpractice payment reports under dispute by the practitioners named in the reports. Disputed reports constitute 9.6 percent of all reportable action reports and 5.2 percent of all malpractice payment reports. Practitioners who have disputed reports attempt to negotiate with entities that filed the reports to revise or void the reports.

If practitioners are dissatisfied with the results of their efforts to have reporters modify or void disputed reports, they may seek a "Secretarial Review." Table 19 presents information on this level of review. Requests for review by the Secretary increased by 11.0 percent from 1995 to 1996, but this followed a 23.7 percent decrease from 1994 to 1995. A total of 111 requests for review by the Secretary were received during 1996 compared to 100 in 1995 and 131 in 1994. Bearing in mind that requests for Secretarial review during a given year cannot be tied directly to either reports or disputes received during the same year, we can still approximate the relationship between requests for Secretarial review, disputes, and reports. During 1996, the number of new requests for Secretarial review was about 0.4 percent of the number of new reports received.

DATA BANK OPERATIONS: REPORTS, QUERIES, MATCHES, ENTITIES, AND DISPUTES

As Table 19 shows, reportable action reports were far more likely to be appealed to the Secretary than were malpractice payment reports. During 1996, 67.6 percent (75 requests) of all requests for Secretarial review concerned reportable actions even though only 21.8 percent of all 1996 reports fell in this category. Since the opening of the Data Bank reportable actions have represented a much larger proportion of Secretarial reviews than would be expected from the number of action reports received by the Data Bank.

Table 20 presents data on the outcome of requests for Secretarial review. At the end of 1996, 30 requests (27.0 percent) for Secretarial review received during the year remained unresolved. Of the 81 cases which were resolved, only 13 (16.0 percent) were favorable to the practitioner (Secretarial decision in favor of the practitioner or the reporter voluntarily changed the report). Reports were not changed (Secretary decided in favor of entity or alleged facts were "Out-of-Scope") in 68 cases (83.9 percent of the 1996 cases which were resolved).

Table 21 presents cumulative information on Secretarial reviews by report type and outcome. By the end of 1996 only 15.7 percent of all requests for Secretarial review had resulted in a change to a report in the Data Bank either through Secretarial action or voluntary action by a reporter while Secretarial action was pending. At the end of 1996 7.2 percent of all requests for Secretarial review remained unresolved. Only 38 (10.7 percent) of the total of 354 malpractice payment reports reaching the Secretarial review level have been changed because the Secretary decided in favor of the practitioner or the reporter voluntarily voided or changed the report. In the case of reviews of privileges actions, 62 (16.5 percent) of the 375 requests resulted in a change in favor of the practitioner. For licensure actions and professional society membership actions, these numbers were 41 (24.6 percent) of 167 requests and 2 (16.7 percent) of 12 requests, respectively.

CONCLUSION

The Data Bank continued to make great strides during 1996. The new SRA "second generation" system based on the use of modern data base technology operated reliably and processed both a record number of queries and a record number of reports. Improvements continued to be made in the system to better serve the Data Bank's customers.

As data continue to accumulate, the Data Bank's value as a source of aggregate information increases. Over time, the data generated will provide useful information on trends in malpractice payments, adverse actions, and professional disciplinary behavior. Most importantly, however, the Data Bank will continue to benefit the public by serving as an information clearinghouse which facilitates comprehensive peer review and, thereby, improves the quality of health care in the United States.

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STATISTICAL APPENDIX (TABLES 1-4)

**TABLE 1: Number and Percent Distribution of Reports by Report Type, 1992 - 1996 and Cumulative
(National Practitioner Data Bank, September 1, 1990 - December 31, 1996)**

Report Type	1992		1993		1994		1995		1996		Cumulative 9/1/90-12/31/96	
	Number	Percent	Number	Percent								
Reportable Action Reports *	3,925	16.3%	4,231	17.8%	4,852	19.5%	4,843	21.1%	5,540	21.8%	27,088	18.6%
Licensure	2,816	11.7%	3,073	12.9%	3,767	15.2%	3,923	17.1%	4,470	17.6%	20,707	14.3%
Clinical Privileges	1,012	4.2%	1,065	4.5%	985	4.0%	883	3.8%	1,025	4.0%	5,963	4.1%
Professional Society Membership	49	0.2%	58	0.2%	43	0.2%	36	0.2%	45	0.2%	268	0.2%
DEA	48	0.2%	35	0.1%	57	0.2%	1	0.0%	0	0.0%	150	0.1%
Medical Malpractice Payment Reports	20,123	83.7%	19,553	82.2%	19,975	80.5%	18,149	78.9%	19,928	78.2%	118,211	81.4%
Total	24,048	100.0%	23,784	100.0%	24,827	100.0%	22,992	100.0%	25,468	100.0%	145,299	100.0%

*"Reportable Actions" include truly adverse actions (revocation, probations, suspensions, reprimands, etc.) as well as non-adverse actions reported as "Adverse Actions" (restorations and reinstatements).

NOTE: This table includes only disclosable reports in the Data Bank as of December 31, 1996. The numbers of reports for 1992 through 1995 may differ from those shown in the 1995 Annual Report because of modifications and voided reports. Modified reports are counted in the year of the modification, not the year of the original report.

**TABLE 2: Number of Reports Received and Percent Change, by Report Type, 1992 - 1996
(National Practitioner Data Bank, January 1, 1992 - December 31, 1996)**

Report Type	1992		1993		1994		1995		1996	
	Number	% Change 1991-1992	Number	% Change 1992-1993	Number	% Change 1993-1994	Number	% Change 1994-1995	Number	% Change 1995-1996
Reportable Action Reports	3,925	12.9%	4,231	7.8%	4,852	14.7%	4,843	-0.2%	5,540	14.4%
Licensure	2,816	13.3%	3,073	9.1%	3,767	22.6%	3,923	4.1%	4,470	13.9%
Clinical Privilege	1,012	6.8%	1,065	5.2%	985	-7.5%	883	-10.4%	1,025	16.1%
Professional Society Membership	49	44.1%	58	18.4%	43	-25.9%	36	-16.3%	45	25.0%
DEA	48	433.3%	35	-27.1%	57	62.9%	1	-98.2%	0	-100.0%
Medical Malpractice Payment Reports	20,123	9.8%	19,553	-2.8%	19,975	2.2%	18,149	-9.1%	19,928	9.8%
Total	24,048	10.3%	23,784	-1.1%	24,827	4.4%	22,992	-7.4%	25,468	10.8%

"Reportable Actions" include truly adverse actions (revocations, probations, suspensions, reprimand, etc.) as well as non-adverse actions reported as "Adverse Actions" (restorations and reinstatements).

NOTE: This table includes only disclosable reports in the Data Bank as of December 31, 1996. The numbers of reports for 1992 through 1995 may differ from those shown in the 1995 Annual Report because of modifications and voided reports. Modified reports are counted in the year of the modification, not the year of the original report.

TABLE 3: Number, Percent Distribution, and Percent Change of Malpractice Payment Reports by Practitioner Type, 1992 - 1996, Cumulative
(National Practitioner Data Bank, September 1, 1990 - December 31, 1996)

Year	Practitioner Type				Total
	Physicians	Dentist	All Others	Not Specified	
1992					
Malpractice Payments Reports	14,826	3,332	1,965	0	20,123
Percent of 1992 Malpractice Reports	73.7%	16.6%	9.8%	0.0%	100.0%
Percent Change (1991 to 1992)	9.0%	19.1%	2.2%	---	9.8%
1993					
Malpractice Payment Reports	14,602	3,034	1,845	72	19,553
Percent of 1993 Malpractice Reports	74.7%	15.5%	9.4%	0.4%	100.0%
Percent Change (1992 to 1993)	-1.5%	-8.9%	-6.1%	---	-2.8%
1994					
Malpractice Payment Reports	15,318	2,963	1,565	129	19,975
Percent of 1994 Malpractice Reports	76.7%	14.8%	7.8%	0.6%	100.0%
Percent Change (1993 to 1994)	4.9%	-2.3%	-15.2%	79.2%	2.2%
1995					
Malpractice Payment Reports	14,121	2,558	1,433	37	18,149
Percent of 1995 Malpractice reports	77.8%	14.1%	7.9%	0.2%	100.0%
Percent Change(1994 to 1995)	-7.8%	-13.7%	-8.4%	-71.3%	-9.1%
1996					
Malpractice Payment Reports	15,810	2,541	1,538	39	19,928
Percent of 1996 Malpractice Reports	79.3%	12.8%	7.7%	0.2%	100.0%
Percent Change (1995 to 1996)	12.0%	-0.7%	7.3%	5.4%	9.8%
Cumulative (9/1/90 – 12/31/96)					
Malpractice Reports	89,801	17,588	10,545	277	118,211
Percent reports	76.0%	14.9%	8.9%	0.2%	100.0%

NOTE: This table includes only disclosable reports in the Data Bank as of December 31, 1996. The numbers of reports for 1992 through 1995 may differ from those shown in the 1995 Annual Report because of modifications and voided reports. Modified reports are counted in the year of the modification, not the year of the original report.

TABLE 4: Number, Percent Distribution, and Percent Change of Reportable Actions by Practitioner Type, 1992 - 1996 and Cumulative (National Practitioner Data Bank, September 1, 1990 - December 31, 1996)

Report Type	1992			1993			1994			1995			1996			Cumulative 9/1/90-12/31/96	
	Number	Percent	% Change 1992 - 1991	Number	Percent	% Change 1993-1992	Number	Percent	% Change 1994 - 1993	Number	Percent	% Change 1995-1994	Number	Percent	% Change 1996-1995	Number	Percent
Licensure	2,816	72.6%	13.3%	3,073	72.6%	9.1%	3,767	77.6%	22.6%	3,923	81.0%	4.1%	4,470	80.7%	13.9%	20,707	76.4%
Physicians	2,136	55.1%	10.9%	2,394	56.6%	12.1%	3,070	63.3%	28.2%	3,209	66.3%	4.5%	3,744	67.6%	16.7%	16,611	61.3%
Dentists	680	17.5%	21.6%	677	16.0%	-0.4%	692	14.3%	2.2%	690	14.2%	-0.3%	699	12.6%	1.3%	4,038	14.9%
Other Practitioners	0	0.0%	0.0%	1	0.0%	---	0	0.0%	-100.0%	20	0.4%	---	20	0.4%	---	41	0.2%
Not Specified	0	0.0%	0.0%	1	0.0%	---	5	0.1%	400.0%	4	0.1%	-20.0%	7	0.1%	75.0%	17	0.1%
Clinical Privileges	1,012	26.1%	6.8%	1,065	25.2%	5.2%	985	20.3%	-7.5%	883	18.2%	-10.4%	1,025	18.5%	16.1%	5,963	22.0%
Physicians	968	25.0%	7.8%	1,021	24.1%	5.5%	939	19.4%	-8.0%	849	17.5%	-9.6%	985	17.8%	16.0%	5,704	21.1%
Dentists	18	0.5%	5.9%	22	0.5%	22.2%	18	0.4%	-18.2%	14	0.3%	-22.2%	18	0.3%	28.6%	108	0.4%
Other Practitioners	26	0.7%	-21.2%	22	0.5%	-15.4%	23	0.5%	4.5%	17	0.4%	-26.1%	16	0.3%	-5.9%	137	0.5%
Not Specified	0	0.0%	---	0	0.0%	---	5	0.1%	---	3	0.1%	-40.0%	6	0.1%	100.0%	14	0.1%
Professional Society Membership	49	1.3%	44.1%	58	1.4%	18.4%	43	0.9%	-25.9%	36	0.7%	-16.3%	45	0.8%	25.0%	268	1.0%
Physicians	48	1.2%	50.0%	52	1.2%	8.3%	35	0.7%	-32.7%	33	0.7%	-5.7%	42	0.8%	27.3%	244	0.9%
Dentists	1	0.0%	-50.0%	6	0.1%	500.0%	6	0.1%	0.0%	3	0.1%	-50.0%	3	0.1%	0.0%	22	0.1%
Other Practitioners	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%
Not Specified	0	0.0%	---	0	0.0%	---	2	0.0%	---	0	0.0%	---	0	0.0%	---	2	0.0%
DEA Actions	48	1.2%	433.3%	35	0.8%	-27.1%	57	1.2%	62.9%	1	0.0%	-98.2%	0	0.0%	-100.0%	150	0.6%
Physicians	48	1.2%	433.3%	35	0.8%	-27.1%	57	1.2%	62.9%	1	0.0%	-98.2%	0	0.0%	---	150	0.6%
Dentists	0	0.0%	---	0	0.0%	---	0	0.0%	---	0	0.0%	---	0	0.0%	---	0	0.0%
Other Practitioners	0	0.0%	---	0	0.0%	---	0	0.0%	---	0	0.0%	---	0	0.0%	---	0	0.0%
Not Specified	0	0.0%	---	0	0.0%	---	0	0.0%	---	0	0.0%	---	0	0.0%	---	0	0.0%
Total	3,877	100.0%	11.8%	4,231	100.0%	9.1%	4,852	100.0%	14.7%	4,843	100.0%	-0.2%	5,540	100.0%	14.4%	27,088	100.0%

*"Reportable Actions" include true adverse actions (e.g., revocations, probations, suspensions, reprimands, etc.) as well as non-adverse actions reported as Adverse Actions (e.g., restorations and reinstatements). NOTE: This table includes only disclosable reports in the Data Bank as of December 31, 1996. The numbers of reports for 1992 through 1995 may differ from those shown in the 1995 Annual Report because of modifications and voided reports. Modified reports are counted in the year of the modification, not the year of the original report.

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TABLE 5: Non-Federal Hospitals That Have Never Reported to the National Practitioner Data Bank, by State
(National Practitioner Data Bank, September 1, 1990-December 31, 1996)

State	# of Hospitals Registered with NPDB	# of Hospitals That Have Never Reported	% Hospitals That Have Not Reported
Alabama	137	109	79.56%
Alaska	20	14	70.00%
Arizona	85	47	55.29%
Arkansas	95	72	75.79%
California	554	311	56.14%
Colorado	84	53	63.10%
Connecticut	56	33	58.93%
Delaware	13	5	38.46%
Florida	313	212	67.73%
Georgia	202	124	61.39%
Hawaii	28	18	64.29%
Idaho	51	41	80.39%
Illinois	242	159	65.70%
Indiana	169	108	63.91%
Iowa	127	100	78.74%
Kansas	156	126	80.77%
Kentucky	123	90	73.17%
Louisiana	201	167	83.08%
Maine	43	25	58.14%
Maryland	88	49	55.68%
Massachusetts	143	99	69.23%
Michigan	201	110	54.73%
Minnesota	156	130	83.33%
Mississippi	115	93	80.87%
Missouri	154	106	68.83%
Montana	58	44	75.86%
Nebraska	99	78	78.79%
Nevada	38	25	65.79%
New Hampshire	40	25	62.50%
New Jersey	118	53	44.92%
New Mexico	53	37	69.81%
New York	296	157	53.04%
North Carolina	156	110	70.51%
North Dakota	50	38	76.00%
Ohio	220	124	56.36%
Oklahoma	145	104	71.72%
Oregon	69	37	53.62%
Pennsylvania	283	169	59.72%
Rhode Island	18	9	50.00%

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State	# of Hospitals Registered with NPDB	# of Hospitals That Have Never Reported	% Hospitals That Have Not Reported
South Carolina	83	54	65.06%
South Dakota	55	44	80.00%
Tennessee	161	117	72.67%
Texas	561	412	73.44%
Utah	55	43	78.18%
Vermont	16	10	62.50%
Virginia	138	89	64.49%
Washington	95	55	57.89%
West Virginia	66	47	71.21%
Wisconsin	153	105	68.63%
Wyoming	28	22	78.57%
Washington, DC	15	8	53.33%
Total	6,625	4,417	66.67%

TABLE 6: Physician Cumulative Reportable Licensure and Privileges Actions Reports by Type and Work State
(National Practitioner Data Bank, September 1, 1990 - December 31, 1996)

State	# of Physicians	Licensure Reports	Annualized Rate/1,000	Rank	Privileges Reports	Annualized Rate/ 1,000	Rank
Alabama	7,582	141	2.94	13	66	1.37	16
Alaska	955	44	7.27	44	7	1.16	11
Arizona	8,259	449	8.58	46	167	3.19	47
Arkansas	4,202	100	3.76	23	42	1.58	27
California	77,084	1372	2.81	11	724	1.48	24
Colorado	8,512	532	9.87	48	144	2.67	43
Connecticut	10,788	223	3.26	19	47	0.69	1
Delaware	1,546	25	2.55	9	18	1.84	38
Florida	30,797	1124	5.76	39	315	1.61	30
Georgia	13,751	483	5.55	37	186	2.14	41
Hawaii	3,092	41	2.09	6	29	1.48	23
Idaho	1,548	28	2.86	12	16	1.63	31
Illinois	27,935	560	3.17	17	148	0.84	4
Indiana	10,023	206	3.25	18	139	2.19	42
Iowa	4,625	229	7.82	45	48	1.64	32
Kansas	4,942	150	4.79	29	106	3.39	49
Kentucky	7,165	321	7.07	43	73	1.61	29
Louisiana	9,224	310	5.31	34	67	1.15	10
Maine	2,477	49	3.12	16	33	2.10	40
Maryland	18,958	444	3.70	22	166	1.38	18
Massachusetts	22,803	345	2.39	7	106	0.73	2
Michigan	19,158	588	4.85	30	205	1.69	34
Minnesota	10,936	280	4.04	27	74	1.07	8
Mississippi	3,807	274	11.36	50	42	1.74	35
Missouri	11,424	357	4.93	32	103	1.42	20
Montana	1,484	85	9.04	47	26	2.77	44
Nebraska	3,193	55	2.72	10	57	2.82	45
Nevada	2,283	81	5.60	38	62	4.29	50
New Hampshire	2,429	30	1.95	4	24	1.56	26
New Jersey	21,439	664	4.89	31	196	1.44	21
New Mexico	3,363	53	2.49	8	41	1.92	39
New York	63,146	730	1.83	2	346	0.87	5
North Carolina	14,693	174	1.87	3	99	1.06	7
North Dakota	1,273	52	6.45	42	26	3.22	48
Ohio	23,976	887	5.84	40	278	1.83	36

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State	# of Physicians	Licensure Reports	Annualized Rate/1,000	Rank	Privileges Reports	Annualized Rate/ 1,000	Rank
Oklahoma	5,172	330	10.07	49	93	2.84	46
Oregon	6,619	262	6.25	41	67	1.60	28
Pennsylvania	32,032	414	2.04	5	214	1.05	6
Rhode Island	2,839	71	3.95	24	22	1.22	12
South Carolina	6,768	230	5.37	35	65	1.52	25
South Dakota	1,211	31	4.04	26	10	1.30	13
Tennessee	11,389	288	3.99	25	100	1.39	19
Texas	34,855	1187	5.38	36	369	1.67	33
Utah	3,674	69	2.97	14	32	1.38	17
Vermont	1,561	35	3.54	20	11	1.11	9
Virginia	15,005	343	3.61	21	124	1.30	14
Washington	12,389	322	4.10	28	144	1.84	37
West Virginia	3,573	294	12.99	51	31	1.37	15
Wisconsin	10,514	200	3.00	15	97	1.46	22
Wyoming	704	22	4.93	33	9	2.02	51
Washington, DC	4,040	37	1.45	1	20	0.78	3
Total	611,217	15,621	4.04		5,634	1.46	

Note:

This table includes only disclosable reports in the Data Bank as of December 31, 1996. The number of physicians is the number of "total physicians" less the number of physicians listed as "inactive" or "address unknown" as of January 1, 1994 from Table D-7 of the American Medical Association's Physician Characteristics and Distribution in the U.S., 1995-96 edition.

**TABLE 7: Physician and Dentist Malpractice Payments, Cumulative Number and Annualized Rate per 1,000 Practitioners, by State
(National Practitioner Data Bank, September 1, 1990 - December 31, 1996)**

State	Physicians			Dentist		
	Number of Reports	Number of Physicians	Annualized Rate	Number of Reports	Number of Dentist	Annualized Rate
Alabama	330	7,582	6.87	76	1,806	6.64
Alaska	115	955	19.01	36	371	15.32
Arizona	1,224	8,259	23.40	262	1,989	20.80
Arkansas	417	4,202	15.67	65	1,001	10.25
California	10,100	77,084	20.69	3,683	20,888	27.84
Colorado	1,007	8,512	18.68	227	2,482	14.44
Connecticut	837	10,788	12.25	284	2,651	16.92
Delaware	217	1,546	22.16	37	326	17.92
Florida	4,962	30,797	25.44	822	7,184	18.07
Georgia	1,375	13,751	15.79	182	3,207	8.96
Hawaii	186	3,092	9.50	50	924	8.54
Idaho	178	1,548	18.16	24	577	6.57
Illinois	4,217	27,935	23.84	768	8,119	14.94
Indiana	1,897	10,023	29.88	235	2,814	13.19
Iowa	705	4,625	24.07	108	1,538	11.09
Kansas	907	4,942	28.98	133	1,377	15.25
Kentucky	851	7,165	18.75	193	2,130	14.31
Louisiana	1,435	9,224	24.56	193	2,026	15.04
Maine	222	2,477	14.15	47	594	12.49
Maryland	1,260	18,958	10.49	434	3,758	18.23
Massachusetts	1,653	22,803	11.45	449	4,789	14.80
Michigan	5,395	19,158	44.46	928	5,985	24.48
Minnesota	838	10,936	12.10	190	2,935	10.22
Mississippi	609	3,807	25.26	53	1,041	8.04
Missouri	1,802	11,424	24.91	287	2,778	16.31
Montana	371	1,484	39.47	48	487	15.56
Nebraska	362	3,193	17.90	84	1,086	12.21
Nevada	421	2,283	29.12	57	566	15.90
New Hampshire	364	2,429	23.66	97	674	22.72
New Jersey	3,232	21,439	23.80	590	6,449	14.45
New Mexico	569	3,363	26.71	73	731	15.77
New York	11,167	63,146	27.92	1,653	14,949	17.46
North Carolina	1,353	14,693	14.54	140	2,936	7.53
North Dakota	163	1,273	20.22	13	307	6.69
Ohio	3,781	23,976	24.90	627	6,135	16.14
Oklahoma	661	5,172	20.18	122	1,616	11.92
Oregon	593	6,619	14.15	120	2,077	9.12
Pennsylvania	7,230	32,032	35.64	1,198	8,153	23.20
Rhode Island	370	2,839	20.58	66	558	18.68
South Carolina	427	6,768	9.96	54	1,534	5.56
South Dakota	131	1,211	17.08	36	331	17.17
Tennessee	1,002	11,389	13.89	147	2,799	8.29
Texas	6,280	34,855	28.45	1,029	8,785	18.49
Utah	640	3,674	27.50	350	1,178	46.91
Vermont	176	1,561	17.80	43	329	20.64
Virginia	1,280	15,005	13.47	204	3,548	9.08
Washington	1,395	12,389	17.78	402	3,235	19.62
West Virginia	852	3,573	37.65	80	871	14.50
Wisconsin	881	10,514	13.23	245	3,126	12.37
Wyoming	161	704	36.11	14	244	9.06
Washington, DC	313	4,040	12.23	65	765	13.42
All Reports	86,914	611,217	22.45	17,323	155,994	17.53

Note:

This table includes only disclosable reports in the Data Bank as of December 31, 1996. The number of physicians is the number of "total physicians" less the number of physicians listed as "inactive" or "address unknown" as of January 1, 1994 from Table D-7 of the American Medical Association's Physician Characteristics and Distribution in the U.S., 1995-96 edition. Table 302 from the USDHHS Fact book Health Personnel United States, March 1993, is the source for data on the number of dentists.

TABLE 8: Malpractice Payment Reports per 1,000 Practitioners, by Practitioner Type and Work State
(National Practitioner Data Bank, 1992 - 1996)

State	Physicians					Dentist				
	1992	1993	1994	1995	1996	1992	1993	1994	1995	1996
Alabama	6.12	6.53	6.33	7.39	8.70	7.75	9.41	8.31	3.32	4.98
Alaska	24.70	20.41	14.66	18.85	33.51	13.48	18.87	37.74	2.70	10.78
Arizona	24.61	23.73	26.76	20.46	29.79	23.63	21.62	20.11	8.55	33.69
Arkansas	18.41	16.94	17.37	14.52	13.33	11.99	7.99	9.99	13.99	7.99
California	22.72	22.51	24.30	19.45	23.05	33.18	31.26	27.82	25.13	27.10
Colorado	20.84	21.93	18.91	19.03	17.97	21.35	14.50	11.28	9.27	16.92
Connecticut	14.74	12.87	11.87	14.46	11.22	21.12	21.12	16.97	13.58	16.60
Delaware	25.74	22.44	23.93	25.87	22.64	36.81	21.47	12.27	6.13	21.47
Florida	24.11	25.47	26.07	27.63	35.33	22.69	16.84	20.74	17.96	18.23
Georgia	14.09	16.20	17.74	17.09	19.20	14.03	10.60	9.98	6.24	8.42
Hawaii	9.35	9.35	11.00	13.26	11.32	10.82	7.58	12.99	9.74	10.82
Idaho	20.92	20.24	21.96	18.09	20.03	6.93	3.47	10.40	3.47	6.93
Illinois	28.38	29.69	25.45	21.12	21.30	15.03	21.06	19.21	14.29	10.84
Indiana	24.20	20.10	24.34	18.86	78.22	13.50	11.37	10.31	14.93	19.19
Iowa	21.02	26.27	23.14	23.57	29.41	14.30	11.70	8.45	11.70	8.45
Kansas	32.92	32.92	38.65	26.51	26.31	18.16	14.52	22.51	14.52	10.89
Kentucky	19.79	19.65	22.75	20.52	19.96	17.37	13.62	18.78	15.02	9.39
Louisiana	27.58	30.84	27.54	18.65	23.85	15.30	19.25	15.30	14.31	13.33
Maine	12.73	19.71	14.13	12.92	13.32	11.78	5.05	10.10	18.52	21.89
Maryland	11.21	10.99	11.50	11.08	12.18	15.70	15.43	13.57	12.77	9.31
Massachusetts	14.62	13.17	11.10	10.26	11.23	16.70	15.87	15.87	18.58	14.20
Michigan	49.07	41.57	52.82	53.82	35.39	27.74	25.90	38.26	24.23	11.53
Minnesota	14.47	12.33	12.98	10.70	11.70	14.99	11.93	10.56	9.20	6.47
Mississippi	26.85	27.39	30.21	29.68	30.47	10.57	9.61	7.68	3.84	11.53
Missouri	28.10	23.16	24.95	26.35	26.87	14.76	18.36	20.52	14.40	13.68
Montana	45.73	33.45	43.80	35.04	45.15	26.69	24.64	10.27	10.27	10.27
Nebraska	17.44	15.86	20.98	19.73	18.48	11.05	16.57	13.81	18.42	1.84
Nevada	28.41	32.20	36.79	36.36	27.16	26.50	8.83	17.67	15.90	12.37
New Hampshire	17.36	30.59	31.70	21.82	30.47	14.84	19.29	23.74	32.64	17.80
New Jersey	22.77	27.98	25.75	23.84	23.60	16.13	15.04	16.44	15.66	12.87
New Mexico	26.76	20.61	30.03	27.65	40.14	13.68	10.94	21.89	16.42	16.42
New York	31.36	31.18	31.82	26.32	28.06	24.68	17.79	16.66	14.72	14.05
North Carolina	16.33	16.90	15.72	14.56	15.31	11.24	9.20	6.47	6.13	6.81
North Dakota	16.17	22.64	25.14	18.85	23.57	3.26	0.00	6.51	3.26	6.51
Ohio	28.81	23.19	24.77	25.61	27.99	19.40	15.97	18.74	14.51	14.83
Oklahoma	19.25	24.55	19.53	18.95	22.04	13.61	13.61	17.33	11.76	7.43
Oregon	17.90	16.98	15.71	12.69	12.09	13.96	4.81	7.22	3.37	12.52
Pennsylvania	35.39	35.71	37.24	39.18	43.83	31.15	25.88	22.20	22.94	19.26
Rhode Island	21.27	25.23	18.67	20.43	20.78	23.30	12.54	21.51	19.71	10.75
South Carolina	8.74	11.81	5.76	10.79	12.85	11.08	3.91	8.47	3.26	3.26
South Dakota	11.76	14.29	24.77	21.47	18.17	15.11	12.08	15.11	24.17	12.08

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State	Physicians					Dentist				
	1992	1993	1994	1995	1996	1992	1993	1994	1995	1996
Tennessee	13.44	16.70	15.19	13.61	13.87	10.00	9.65	6.43	10.72	6.79
Texas	29.63	29.07	30.27	29.46	31.79	21.51	14.57	18.21	18.67	23.56
Utah	23.18	29.80	29.94	35.93	32.93	22.07	163.84	69.61	22.07	13.58
Vermont	18.32	19.63	21.78	19.22	17.94	18.24	12.16	36.47	18.24	21.28
Virginia	14.58	15.41	15.86	12.66	14.60	12.68	6.20	10.43	8.74	12.12
Washington	16.92	20.41	17.60	18.97	18.81	17.93	18.24	18.55	20.71	30.91
West Virginia	46.52	36.86	40.58	40.30	33.59	16.07	19.52	18.37	17.22	11.48
Wisconsin	18.01	12.21	11.03	10.75	13.32	19.83	13.12	11.84	11.84	8.64
Wyoming	37.57	30.35	66.76	24.15	45.45	4.10	8.20	4.10	12.30	16.39
Washington, DC	12.21	9.10	13.61	9.90	17.08	27.45	14.38	9.15	7.84	15.69
Total	23.97	23.75	24.42	22.48	24.96	20.98	19.21	18.79	16.18	15.96

Note:

This table includes only disclosable reports in the Data Bank as of December 31, 1995.

For 1990 - 1991: The number of physicians is an estimate of the active physicians and osteopathic physicians by the Bureau of Health Professions, USDHHS. For 1992 - 1993: The number of physicians is the number of "total physicians" less the number of physicians listed as "inactive" or "address unknown" as of January 1, 1993 from Table D-7 of the American Medical Association's Physician Characteristics and Distribution in the U.S., 1994-1995 edition. For 1994 - 1995: The number of physicians is the number of "total physicians" less the number of physicians listed as "inactive" or "address unknown" as of January 1, 1994 from Table D-7 of the American Medical Association's Physician Characteristics and Distribution in the U.S., 1995-96 edition. For all years, the source of the number of dentists is the USDHHS Fact book Health Personnel United States, March 1993.

STATISTICAL APPENDIX (TABLES 9-12)

**TABLE 9: Mean and Median Malpractice Payment and Mean Delay between Incident and Payment, by Work State
(National Practitioner Data Bank, September 1, 1990 - December 31, 1996)**

State	Cumulative Mean Payment	Median Payment	Cumulative Mean Payment Inflation Adjusted	Median Inflation Adjusted	1996 Only Mean Payment	Median Payment	Cumulative Mean Delay Between Incident and Payment (years)	1996 Only Mean Delay Between Incident and Payment (years_)
Alabama	\$261,233	\$70,000	\$275,367	\$72,091	\$434,687	\$100,000	3.83	3.59
Alaska	\$134,043	\$60,000	\$143,034	\$63,559	\$149,075	\$70,000	3.95	3.21
Arizona	\$152,131	\$50,000	\$163,147	\$52,966	\$150,464	\$60,000	3.54	3.63
Arkansas	\$128,422	\$50,000	\$139,051	\$55,928	\$108,719	\$70,000	3.24	3.34
California	\$87,337	\$29,999	\$93,627	\$30,000	\$103,285	\$29,999	3.52	3.25
Colorado	\$108,249	\$30,000	\$115,194	\$32,379	\$156,277	\$40,250	3.26	3.25
Connecticut	\$183,627	\$50,001	\$197,083	\$55,928	\$192,398	\$55,000	5.29	5.28
Delaware	\$150,128	\$65,580	\$161,621	\$69,124	\$141,852	\$75,000	4.49	3.97
Florida	\$181,488	\$85,250	\$193,490	\$92,337	\$200,976	\$122,500	3.71	3.57
Georgia	\$193,977	\$75,000	\$207,494	\$79,767	\$220,131	\$100,000	3.32	3.54
Hawaii	\$158,785	\$35,000	\$168,519	\$39,575	\$154,510	\$49,750	3.92	4.20
Idaho	\$126,714	\$25,750	\$135,337	\$27,964	\$191,193	\$60,000	3.04	3.35
Illinois	\$219,875	\$100,000	\$237,047	\$109,015	\$239,983	\$121,877	5.68	4.95
Indiana	\$127,740	\$50,000	\$130,095	\$52,966	\$275,318	\$325,000	4.97	5.69
Iowa	\$108,175	\$37,500	\$115,539	\$40,000	\$141,692	\$65,000	3.06	3.14
Kansas	\$135,018	\$65,000	\$145,574	\$72,399	\$140,903	\$100,000	3.76	4.03
Kentucky	\$141,466	\$40,000	\$150,555	\$42,373	\$184,887	\$65,000	3.60	3.98
Louisiana	\$100,051	\$50,000	\$107,758	\$55,928	\$105,961	\$75,000	4.48	4.46
Maine	\$183,731	\$80,000	\$196,472	\$86,681	\$213,930	\$77,500	3.68	3.72
Maryland	\$167,402	\$50,000	\$178,096	\$52,966	\$260,753	\$125,000	4.49	4.50
Massachusetts	\$191,888	\$75,000	\$206,165	\$83,893	\$238,352	\$95,000	5.71	4.88
Michigan	\$84,763	\$48,500	\$91,342	\$50,318	\$97,491	\$55,000	4.19	4.24
Minnesota	\$131,546	\$40,000	\$140,321	\$41,195	\$209,023	\$51,500	3.16	2.90
Mississippi	\$143,238	\$75,000	\$151,673	\$75,000	\$166,447	\$77,500	3.80	3.66
Missouri	\$181,853	\$70,000	\$195,231	\$75,000	\$199,859	\$97,500	4.50	4.55
Montana	\$115,746	\$45,000	\$123,098	\$46,083	\$169,414	\$84,167	4.06	3.77
Nebraska	\$88,149	\$35,000	\$94,698	\$37,076	\$103,008	\$82,500	3.72	4.20
Nevada	\$159,975	\$50,000	\$170,123	\$50,760	\$234,702	\$75,000	3.75	3.75
New Hampshire	\$172,534	\$75,000	\$184,406	\$75,000	\$160,984	\$100,000	5.06	4.25
New Jersey	\$186,529	\$75,000	\$199,573	\$82,932	\$222,564	\$95,000	5.82	5.71
New Mexico	\$110,278	\$62,500	\$117,802	\$65,217	\$115,580	\$72,500	3.63	3.43
New York	\$205,117	\$75,000	\$219,952	\$82,381	\$219,007	\$95,000	7.19	6.58
North Carolina	\$180,111	\$70,000	\$192,962	\$75,000	\$186,869	\$90,000	3.45	3.69
North Dakota	\$133,529	\$55,000	\$142,940	\$58,263	\$160,917	\$100,000	3.61	3.18
Ohio	\$170,236	\$50,000	\$181,473	\$55,928	\$211,088	\$75,000	4.10	4.12
Oklahoma	\$184,853	\$48,796	\$197,458	\$50,000	\$281,434	\$50,000	3.52	3.29
Oregon	\$124,135	\$40,000	\$134,223	\$44,743	\$144,615	\$40,000	3.21	3.20
Pennsylvania	\$161,148	\$100,000	\$172,076	\$102,987	\$195,617	\$150,000	5.88	6.16
Rhode Island	\$210,112	\$75,000	\$227,049	\$83,893	\$176,888	\$100,000	6.02	5.94
South Carolina	\$153,307	\$67,472	\$161,979	\$74,426	\$273,998	\$87,500	4.26	4.13
South Dakota	\$178,683	\$35,000	\$186,988	\$37,500	\$84,859	\$70,000	3.18	3.41
Tennessee	\$160,478	\$50,000	\$171,908	\$57,604	\$182,903	\$90,000	3.31	3.64
Texas	\$146,028	\$64,000	\$157,066	\$67,662	\$161,285	\$75,000	3.79	3.69
Utah	\$85,501	\$10,001	\$91,093	\$11,371	\$116,511	\$36,250	3.30	3.58

STATISTICAL APPENDIX 9-12

State	Cumulative Mean Payment	Median Payment	Cumulative Mean Payment Inflation Adjusted	Median Inflation Adjusted	1996 Only Mean Payment	Median Payment	Cumulative Mean Delay Between Incident and Payment (years)	1996 Only Mean Delay Between Incident and Payment (years_)
Vermont	\$100,800	\$33,000	\$107,908	\$33,493	\$80,520	\$50,000	4.60	4.37
Virginia	\$155,095	\$64,482	\$165,619	\$69,517	\$149,032	\$66,750	3.69	3.52
Washington	\$125,139	\$30,000	\$133,347	\$33,557	\$119,996	\$25,000	3.83	3.66
West Virginia	\$185,527	\$60,000	\$199,740	\$65,000	\$163,112	\$75,000	4.64	4.23
Wisconsin	\$212,345	\$47,750	\$227,776	\$49,459	\$308,749	\$81,250	4.54	4.82
Wyoming	\$114,294	\$53,165	\$121,423	\$55,928	\$145,540	\$80,000	3.10	2.91
Washington, DC	\$299,045	\$100,000	\$321,061	\$103,687	\$273,991	\$125,000	4.73	4.89
All Reports	\$154,404	\$52,250	\$165,225	\$57,604	\$183,126	\$75,000	4.73	4.56

TABLE 10: Mean and Median Malpractice Payment Amounts (Actual and Inflation Adjusted) by Malpractice Reason, 1996 and Cumulative (National Practitioner Data Bank, September 1, 1990 - December 31, 1996)

Malpractice Reason	1996 Only			Cumulative 9/1/90-12/31/96				
	Number of Payments	Mean Payment	Median Payment	Number of Payments	Mean Payment	Median Payment	Inflation Adjusted Mean Payment	Inflation Adjusted Median Payment
Diagnosis Related	5,578	\$221,596	\$125,000	31,931	\$190,055	\$98,000	\$203,176	\$102,163
Anesthesia Related	553	\$223,925	\$100,000	3,765	\$199,939	\$60,000	\$216,573	\$66,244
Surgery Related	5,019	\$164,977	\$77,500	28,102	\$137,043	\$60,000	\$146,335	\$62,500
Medication Related	1,045	\$161,424	\$50,000	7,472	\$123,204	\$29,999	\$132,267	\$31,682
IV & Blood Products Related	85	\$213,100	\$83,600	571	\$152,981	\$40,000	\$163,214	\$42,900
Obstetrics Related	1,411	\$363,888	\$200,000	8,428	\$335,107	\$165,000	\$358,858	\$178,283
Treatment Related	5,579	\$121,252	\$35,000	33,050	\$95,796	\$25,000	\$102,350	\$27,174
Monitoring Related	251	\$197,664	\$100,000	1,594	\$179,045	\$65,000	\$191,714	\$71,710
Equipment or Product Related	88	\$55,105	\$18,000	553	\$59,875	\$15,000	\$64,547	\$16,304
Miscellaneous	318	\$94,527	\$28,500	2,494	\$91,159	\$25,000	\$99,187	\$27,174
All Reasons	19,927	\$183,126	\$75,000	117,960	\$154,431	\$52,250	\$165,225	\$57,604

Note:

This table includes only disclosable reports in the Data Bank as of December 31, 1996. Malpractice payment reports which are missing payment amounts or act or omission codes (n=251) are excluded.

**TABLE 11: Mean Delay between Incident and Payment by Malpractice Reason, 1996 and Cumulative
(National Practitioner Data Bank, September 1, 1990 - December 31, 1996)**

Malpractice Reason	1996 Only		Cumulative, 9/1/90-12/31/96	
	Number of Payments	Mean Delay Between Incident and Payment (Years)	Number of Payments	Mean Delay Between Incident and Payment (Years)
Diagnosis Related	5,540	4.85	31,663	4.94
Anesthesia Related	548	3.56	3,731	3.59
Surgery Related	4,980	4.16	27,919	4.29
Medication Related	1,037	4.58	7,383	5.24
IV & Blood Products Related	85	5.33	563	4.79
Obstetrics Related	1,398	6.15	8,362	6.57
Treatment Related	5,546	4.29	32,757	4.40
Monitoring Related	250	4.72	1,584	5.16
Equipment or Product Related	85	3.80	547	3.71
Miscellaneous	318	4.83	2,428	5.16
All Reasons	19,787	4.56	116,937	4.73

Note:

This table includes only disclosable reports in the Data Bank as of December 31, 1996. Malpractice payment reports which are missing data necessary to calculate payment delay or act or omission codes (n=141) are excluded.

**TABLE 12: Malpractice Payment and Licensure and Clinical Privileges Reports per 1,000 Physicians, by Work State 1992 - 1996
and Last Five Years
(National Practitioner Data Bank 1991-1996)**

State	1992		1993		1994		1995		1996		5 Year	
	Malpractice	L&P Actions	Mean Malpractice	Mean L&P Actions								
Alabama	6.12	5.30	6.53	5.17	6.33	3.82	7.39	5.94	8.70	3.17	7.01	4.68
Alaska	24.70	13.96	20.41	9.67	14.66	6.28	18.85	13.61	33.51	1.05	22.43	8.91
Arizona	24.61	8.41	23.73	12.43	26.76	11.38	20.46	10.53	29.79	21.92	25.07	12.93
Arkansas	18.41	6.14	16.94	6.63	17.37	4.05	14.52	5.95	13.33	6.66	16.11	5.88
California	22.72	3.67	22.51	3.85	24.30	4.24	19.45	5.38	23.05	6.41	22.40	4.71
Colorado	20.84	11.15	21.93	12.36	18.91	15.63	19.03	13.16	17.97	16.92	19.74	13.84
Connecticut	14.74	3.10	12.87	3.47	11.87	4.26	14.46	5.75	11.22	4.82	13.03	4.28
Delaware	25.74	3.96	22.44	1.98	23.93	7.76	25.87	0.00	22.64	5.82	24.13	3.90
Florida	24.11	7.39	25.47	6.79	26.07	7.86	27.63	8.22	35.33	9.58	27.72	7.97
Georgia	14.09	7.31	16.20	7.91	17.74	8.22	17.09	8.80	19.20	10.11	16.87	8.47
Hawaii	9.35	2.67	9.35	2.34	11.00	5.50	13.26	4.20	11.32	5.50	10.86	4.04
Idaho	20.92	6.75	20.24	4.05	21.96	5.81	18.09	3.88	20.03	2.58	20.25	4.61
Illinois	28.38	3.29	29.69	4.35	25.45	5.08	21.12	4.40	21.30	4.30	25.19	4.28
Indiana	24.20	4.31	20.10	4.10	24.34	7.18	18.86	7.28	78.22	6.98	33.14	5.97
Iowa	21.02	7.66	26.27	7.44	23.14	10.16	23.57	8.65	29.41	14.70	24.68	9.72
Kansas	32.92	7.25	32.92	8.28	38.65	8.09	26.51	8.70	26.31	11.94	31.46	8.85
Kentucky	19.79	8.24	19.65	10.69	22.75	11.30	20.52	7.82	19.96	7.26	20.53	9.06
Louisiana	27.58	7.43	30.84	7.32	27.54	5.53	18.65	6.61	23.85	6.29	25.69	6.64
Maine	12.73	2.05	19.71	9.03	14.13	6.46	12.92	2.42	13.32	6.46	14.56	5.29
Maryland	11.21	4.39	10.99	6.28	11.50	7.17	11.08	4.96	12.18	6.01	11.39	5.76
Massachusetts	14.62	2.94	13.17	2.72	11.10	3.68	10.26	4.17	11.23	4.12	12.07	3.53
Michigan	49.07	5.48	41.57	5.85	52.82	6.63	53.82	8.93	35.39	10.60	46.53	7.50
Minnesota	14.47	6.44	12.33	6.35	12.98	5.67	10.70	5.94	11.70	5.03	12.44	5.89
Mississippi	26.85	14.23	27.39	7.52	30.21	15.50	29.68	13.40	30.47	20.49	28.92	14.23
Missouri	28.10	4.58	23.16	8.53	24.95	7.88	26.35	4.99	26.87	8.23	25.89	6.84
Montana	45.73	11.60	33.45	5.46	43.80	26.28	35.04	16.85	45.15	9.43	40.63	13.93
Nebraska	17.44	2.54	15.86	6.98	20.98	5.64	19.73	5.95	18.48	8.46	18.50	5.91
Nevada	28.41	9.47	32.20	10.42	36.79	9.20	36.36	15.77	27.16	11.39	32.18	11.25
New Hampshire	17.36	3.72	30.59	2.89	31.70	4.12	21.82	4.53	30.47	3.71	26.39	3.79
New Jersey	22.77	6.54	27.98	7.50	25.75	5.50	23.84	7.23	23.60	7.51	24.79	6.86
New Mexico	26.76	4.00	20.61	6.77	30.03	5.95	27.65	2.38	40.14	5.65	29.04	4.95
New York	31.36	3.10	31.18	3.76	31.82	3.66	26.32	1.95	28.06	2.09	29.75	2.91
North Carolina	16.33	4.69	16.90	3.41	15.72	1.63	14.56	2.59	15.31	4.15	15.76	3.29
North Dakota	16.17	9.70	22.64	9.70	25.14	10.21	18.85	12.57	23.57	14.14	21.27	11.26
Ohio	28.81	7.23	23.19	7.75	24.77	9.68	25.61	9.34	27.99	10.05	26.08	8.81
Oklahoma	19.25	16.50	24.55	14.14	19.53	13.92	18.95	11.02	22.04	15.27	20.86	14.17

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State	1992		1993		1994		1995		1996		5 Year	
	Malpractice	L&P Actions	Mean Malpractice	Mean L&P Actions								
Oregon	17.90	7.96	16.98	5.81	15.71	9.97	12.69	8.91	12.09	7.71	15.07	8.07
Pennsylvania	35.39	2.38	35.71	2.89	37.24	3.12	39.18	4.00	43.83	5.18	38.27	3.51
Rhode Island	21.27	2.52	25.23	7.93	18.67	6.34	20.43	7.75	20.78	6.69	21.28	6.25
South Carolina	8.74	6.29	11.81	7.82	5.76	7.54	10.79	7.24	12.85	8.72	9.99	7.52
South Dakota	11.76	3.36	14.29	7.56	24.77	15.69	21.47	2.48	18.17	2.48	18.09	6.31
Tennessee	13.44	4.63	16.70	3.90	15.19	10.27	13.61	4.92	13.87	5.97	14.56	5.94
Texas	29.63	6.89	29.07	6.26	30.27	9.12	29.46	7.98	31.79	8.64	30.04	7.78
Utah	23.18	3.86	29.80	5.24	29.94	6.53	35.93	3.27	32.93	5.17	30.36	4.82
Vermont	18.32	4.58	19.63	1.96	21.78	7.05	19.22	7.05	17.94	5.77	19.38	5.28
Virginia	14.58	6.40	15.41	5.57	15.86	6.40	12.66	4.33	14.60	3.80	14.62	5.30
Washington	16.92	4.31	20.41	7.96	17.60	8.48	18.97	6.38	18.81	5.81	18.54	6.59
West Virginia	46.52	12.00	36.86	15.51	40.58	18.75	40.30	14.55	33.59	17.07	39.57	15.58
Wisconsin	18.01	3.25	12.21	5.02	11.03	5.61	10.75	4.38	13.32	5.52	13.06	4.75
Wyoming	37.57	5.78	30.35	5.78	66.76	12.78	24.15	11.36	45.45	4.26	40.86	7.99
Washington DC	12.21	2.63	9.10	0.48	13.61	3.22	9.90	1.24	17.08	3.71	12.38	2.26
Total	23.97	5.17	23.75	5.63	24.42	6.42	22.48	6.01	24.96	6.90	23.91	6.03

Note:

This table includes only disclosable reports in the Data Bank as of December 31, 1996. For 1990 - 1991: The number of physicians is an estimate of the active physicians and osteopathic physicians by the Bureau of Health Professions, USDHHS. For 1992 - 1993: The number of physicians is the number of "total physicians" less the number of physicians listed as "inactive" or "address unknown" as of January 1, 1993 from Table D-7 of the American Medical Association's Physician Characteristics and Distribution in the U.S. 1994 - 1995 edition. For 1994 - 1996, the number of physicians is the number of "total physicians" less the number of physicians listed as "inactive" or "address unknown" as of January 1, 1994 from Table D-7 of the American Medical Association's Physician Characteristics and Distribution in the U.S. 1994 - 1996 edition. For all years, the source of the number of dentists is the USDHHS Fact book Health Personal United States, March 1993.

STATISTICAL APPENDIX (TABLES 13-16)

**Table 13: Physicians' Relationship between Frequency of Malpractice Payment Reports and Having No Reportable Action Reports
(National Practitioner Data Bank, September 1, 1990 - December 31, 1996)**

Physicians with Specific Number of Malpractice Payment Reports	Number of Physicians	Physicians with No Reportable Actions Number	Percent
1	50,716	48,795	96.21%
2	10,744	10,120	94.19%
3	2,872	2,603	90.63%
4	915	803	87.76%
5	340	290	85.29%
6	165	138	83.64%
7	74	52	70.27%
8	44	34	77.27%
9	32	18	56.25%
10 or More	63	36	57.14%
Total	65,965	62,889	95.34%

**Table 14: Physicians' Relationship between Frequency of Reportable Action Reports and Having No Malpractice Payment Reports
(National Practitioner Data Bank, September 1, 1990 - December 31, 1996)**

Physicians with Specific Number of Reportable Action Reports	Number of Physicians	Physicians with No Malpractice Payments Number	Percent
1	7,128	5,505	77.23%
2	2,940	2,167	73.71%
3	1,267	895	70.64%
4	603	441	73.13%
5	277	196	70.76%
6	145	95	65.52%
7	63	42	66.67%
8	40	25	62.50%
9	16	12	75.00%
10 or More	26	21	80.77%
Total	12,505	9,399	75.16%

**TABLE 15: Number, Percent, and Percent Change in Queries and Queries Matched, 1992 – 1996 and Cumulative
(National Practitioner Data Bank, September 1, 1990 - December 31, 1996)**

Query Type	1992	1993	1994	1995	1996	Cumulative 9/1/90 – 12/31/96
ENTITY QUERIES*						
Total Entity Queries	905,435	1,119,982	1,499,799	2,235,812	2,762,643	9,508,568
Queries Percent Increase from Previous Year	12.4%	23.7%	33.9%	49.1%	23.6%	
Matched Queries	37,237	66,964	116,101	206,374	291,078	735,178
Percent Matched	4.1%	6.0%	7.7%	9.2%	10.5%	7.7%
Matches Percent Increase from Previous Year	125.4%	79.8%	73.4%	77.8%	41.0%	
SELF-QUERIES						
Total Practitioner Self-Queries	17,065	24,879	31,076	43,617	45,345	166,453
Self-Queries Percent Increase from Previous Year	292.0%	45.8%	24.9%	40.4%	4.0%	
Matched Self-Queries	693	1,391	2,320	3,154	3,774	11,729
Self-Queries Percent Matched	4.1%	5.6%	7.5%	7.2%	8.3%	7.0%
Matches Percent Increase from Previous Year	112.6%	100.7%	66.8%	35.9%	19.7%	

**TABLE 16: Number and Percent of Queries by Type of Querying Entity, 1992 - 1996 and Cumulative
(National Practitioner Data Bank, September 1, 1990 - December 31, 1996)**

Type of Querying Entity	1992		1993		1994		1995		1996	
	Number of Queries	Percent of Queries								
Required Queriers										
Hospitals	781,436	86.3%	799,107	71.3%	838,781	55.9%	913,748	40.9%	998,256	36.1%
Voluntary Queriers										
State Licensing Boards	8,381	0.9%	7,763	0.7%	11,068	0.7%	8,075	0.4%	8,796	0.4%
HMOs	80,076	8.8%	209,826	18.7%	433,716	28.9%	816,168	36.5%	1,086,307	39.3%
PPOs	4,709	0.5%	7,998	0.7%	21,932	1.5%	89,212	4.0%	206,657	7.5%
Group Practices	4,675	0.5%	10,060	0.9%	21,383	1.4%	47,904	2.1%	64,316	2.3%
Other Health Care Entities	24,473	2.7%	81,253	7.3%	166,861	11.1%	353,198	15.8%	386,557	14.0%
Professional Societies	1,660	0.2%	3,929	0.4%	5,708	0.4%	7,474	0.3%	11,667	0.4%
Other Government Entities	25	0.0%	46	0.0%	350	0.0%	33	0.0%	87	0.0%
Total Voluntary Queriers	123,999	13.7%	320,875	28.7%	661,018	44.1%	1,322,064	59.1%	1,764,387	63.9%
Total**	905,435	100.0%	1,119,982	100.0%	1,499,799	100.0%	2,235,812	100.0%	2,762,643	100.1%

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Type of Querying Entity	Cumulative 9/1/90-12/31/96	
	Number of Queries	Percent of Queries
Required Queriers		
Hospitals	5,251,119	55.2%
Voluntary Queriers		
State Licensing Boards	50,864	0.5%
HMOs	2,663,623	28.0%
PPOs	332,903	3.5%
Group Practices	150,726	1.6%
Other Health Care Entities	1,027,472	10.8%
Professional Societies	31392	1.6%
Other Government Entities	469	10.8%
Total Voluntary Queriers	4,257,449	44.8%
Total**	9,508,568	100.0%

*Excludes practitioner self-queries.

STATISTICAL APPENDIX (TABLES 17-21)

**TABLE 17: Match Rate by Practitioner Type
(National Practitioner Data Bank, December 10 - December 19, 1996)**

Practitioner	# Practitioners in the NPDB	% of Practitioners in NPDB	% of Total Queries	% of Total Matches	% Match Rate
Allopathic Physicians (M.D.)	104,492	72.38%	75.73%	86.46%	11.42%
Allopathic Physician Interns/Residents	978	0.68%	0.16%	0.11%	6.73%
Osteopathic Physicians (D.O.)	6,939	4.81%	3.77%	4.72%	12.52%
Osteopathic Physician Interns/Residents	101	0.07%	0.02%	0.00%	0.00%
Dentists	21,637	14.99%	4.14%	4.72%	11.41%
Dental Residents	119	0.08%	0.00%	0.00%	0.00%
Pharmacists	772	0.53%	0.03%	0.00%	0.00%
Pharmacy Assistants	5	0.00%	0.01%	0.00%	0.00%
Registered (Professional) Nurses	1,336	0.93%	0.74%	0.05%	0.61%
Nurse Anesthetists	478	0.33%	0.34%	0.08%	2.21%
Nurse Midwives	107	0.07%	0.15%	0.00%	0.00%
Nurse Practitioners	75	0.05%	0.50%	0.00%	0.00%
Licensed Practical or Vocational Nurses	200	0.14%	0.07%	0.00%	0.00%
Nurse's Aides	24	0.02%	0.00%	0.00%	0.00%
Home Health Aids (Homemakers)	7	0.00%	0.00%	0.00%	0.00%
Psychiatric Technicians	11	0.01%	0.02%	0.00%	0.00%
Dietitians	3	0.00%	0.01%	0.00%	0.00%
Nutritionists	0	0.00%	0.03%	0.00%	0.00%
EMT, Paramedic	17	0.01%	0.00%	0.00%	0.00%
Social Workers, Clinical	145	0.10%	2.26%	0.03%	0.13%
Podiatrists	2,822	1.95%	1.99%	2.36%	11.87%
Psychologists, Clinical	643	0.45%	3.06%	0.12%	0.39%
Audiologists	7	0.00%	0.07%	0.00%	0.00%
Occupational Therapists	20	0.01%	0.08%	0.00%	0.00%
Physical Therapists	296	0.21%	0.64%	0.03%	0.46%
Physical Therapy Assistants	24	0.02%	0.01%	0.00%	0.00%
Rehabilitation Therapist	5	0.00%	0.01%	0.00%	0.00%
Speech/Language Pathologists	1	0.00%	0.09%	0.00%	0.00%
Medical Technologists	23	0.02%	0.02%	0.00%	0.00%
Nuclear Medicine Technologists	4	0.00%	0.00%	0.00%	0.00%
Radiation Therapy Technologists	4	0.00%	0.00%	0.00%	0.00%
Radiological Technologists	47	0.04%	0.08%	0.11%	13.73%
Acupuncturists	10	0.01%	0.09%	0.00%	0.00%
Chiropractors	2,255	1.56%	2.21%	1.11%	5.04%
Dental Assistants	2	0.00%	0.01%	0.00%	0.00%
Dental Hygienists	19	0.01%	0.00%	0.00%	0.00%
Medical Assistants	12	0.01%	0.03%	0.00%	0.00%

STATISTICAL APPENDIX 17-21

Practitioner	# Practitioners in the NPDB	% of Practitioners in NPDB	% of Total Queries	% of Total Matches	% Match Rate
Mental Health Counselors	53	0.04%	0.13%	0.00%	0.00%
Midwives, Lay (Non-Nurse)	0	0.00%	0.00%	0.00%	0.00%
Naturopaths	2	0.00%	0.05%	0.00%	0.00%
Ocularists	11	0.01%	0.00%	0.00%	0.00%
Opticians	11	0.01%	0.00%	0.00%	0.00%
Optometrists	178	0.12%	1.93%	0.11%	0.54%
Orthotics/Prosthetics Fitters	2	0.00%	0.01%	0.00%	0.00%
Physician Assistants (Allopathic)	244	0.17%	0.54%	0.00%	0.00%
Physician Assistants (Osteopathic)	4	0.00%	0.01%	0.00%	0.00%
Podiatric Assistants	8	0.01%	0.01%	0.00%	0.00%
Professional Counselors	69	0.05%	0.62%	0.00%	0.00%
Professional Counselors, Alcohol	6	0.00%	0.01%	0.00%	0.00%
Professional Counselors, Family/Marriage	109	0.08%	0.30%	0.02%	0.50%
Professional Counselors, Substance Abuse	13	0.01%	0.02%	0.00%	0.00%
Respiratory Therapists	11	0.01%	0.02%	0.00%	0.00%
Total	144,361	100.00%	100.00%	100.00%	10.00%

Note: Queries, Matches, and Match Rate for this sample period may not be representative of other times.

TABLE 18: Entities that Have Queried or Reported to the National Practitioner Data Bank at Least Once, by Entity Type
(National Practitioner Data Bank September 1, 1990 - December 31, 1996)

Entity Type	Active Status, 12/31/96	Active At Any Time
Medical Malpractice Payers	514	630
State Board	128	139
Hospital	6,849	7,266
HMO	799	849
PPO	238	245
Group Medical Practice	558	570
Medical Doctor Professional Societies (M.D. or D.O.)	83	85
Dental Professional Societies	7	8
Other Professional Societies	37	37
Other Entities	1,774	1,812
Total	10,987	11,641

Note: The counts shown in this table are based on entity registrations. A few entities have registered more than once. The registration counts shown in this table may, therefore, slightly over-count the actual number of separate, individual entities in each category.

TABLE 19: Number, Percent, and Percent Change in Requests for Secretarial Review, by Report Type, 1992 - 1996 and Cumulative (National Practitioner Data Bank, September 1, 1990 - December 31, 1996)

Category	1992			1993			1994		
	Number	Percent	% Change 1991-1992	Number	Percent	% Change 1992-1993	Number	Percent	% Change 1993-1994
Reportable Actions	142	65.4%	75.3%	112	51.6%	-21.1%	81	44.5%	-27.7%
Licensure	43	19.8%	53.6%	28	12.9%	-34.9%	19	10.4%	-32.1%
Clinical Privileges	98	45.2%	96.0%	81	37.3%	-17.3%	60	33.0%	-25.9%
Professional Society Membership	1	0.5%	-66.7%	3	1.4%	200.0%	2	1.1%	-33.3%
Medical Malpractice Payment	75	34.6%	-7.4%	70	32.3%	-6.7%	50	27.5%	-28.6%
Total	217	100.0%	34.0%	182	100.0%	-16.1%	131	100.0%	-28.0%

Category	1995			1996			Cumulative 9/1/90 - 12/31/96	
	Number	Percent	% Change 1994-1995	Number	Percent	% Change 1995-1996	Number	Percent
Reportable Actions	61	46.6%	-24.7%	75	67.6%	23.0%	554	61.0%
Licensure	20	15.3%	5.3%	29	26.1%	45.0%	167	18.4%
Clinical Privileges	41	31.3%	-31.7%	43	38.7%	4.9%	375	41.3%
Professional Society Membership	0	0.0%	-100.0%	3	2.7%		12	1.3%
Medical Malpractice Payment	39	29.8%	-22.0%	36	32.4%	-7.7%	354	39.0%
Total	100	100.0%	-23.7%	111	100.0%	11.0%	908	100.0%

Note: Data in this table represent the number of requests for Secretarial review dated during each year. In the case of undated requests, the date the request was received by DQA was used.

TABLE 20: Number and Percent Distribution of Requests for Secretarial Review, by Outcome Type, 1992 - 1996 and Cumulative (National Practitioner Data Bank, September 1, 1990 - December 31, 1996)

Outcome Type	1992			1993			1994		
	Number	Percent	Requests	Number	Percent	Requests	Number	Percent	Requests
In Favor of Entity (No Change in Report)	80	36.9%	38.1%	66	36.3%	36.9%	63	48.1%	50.4%
Request "Out of Scope" (No Change in Report)	92	42.4%	43.8%	78	42.9%	43.6%	44	33.6%	35.2%
In Favor of Practitioner (Report Voided or Changed)	30	13.8%	14.3%	29	15.9%	16.2%	13	9.9%	10.4%
Voluntary Voiding or Changing of Report	8	3.7%	3.8%	6	3.3%	3.4%	5	3.8%	4.0%
Unresolved	7	3.2%	N/A	3	1.6%	N/A	6	4.6%	N/A
Total	217	100.0%	100.0%	182	100.0%	100.0%	131	100.0%	100.0%

Outcome Type	1995			1996			Cumulative 9/19/90-12/31/96		
	Number	Percent	Requests	Number	Percent	Requests	Number	Percent	Requests
In Favor of Entity (No Change in Report)	31	31.0%	36.0%	33	29.7%	40.7%	333	36.7%	39.5%
Request "Out of Scope" (No Change in Report)	42	42.0%	48.8%	35	31.5%	43.2%	367	40.0%	43.5%
In Favor of Practitioner (Report Voided or Changed)	10	10.0%	11.6%	10	9.0%	12.3%	111	12.2%	13.2%
Voluntary Voiding or Changing of Report	3	3.0%	3.5%	3	2.7%	3.7%	32	3.5%	3.8%
Unresolved	14	14.0%	N/A	30	27.0%	N/A	65	7.2%	N/A
Total	100	100.0%	100.0%	111	100.0%	100.0%	908	100.0%	100.0%

Note: This table reports the outcome of requests for Secretarial review based on the date of the request. In the case of undated requests, the date the request was received by DQA was used.

**TABLE 21: Cumulative Number and Percent Distribution of Requests for Secretarial Review, by Report Type and Outcome Type
(National Practitioner Data Bank, September 1, 1990 - December 31, 1996)**

Outcome	Malpractice Payments		Licensure Action		Privileges Action	
	Number	Percent	Number	Percent	Number	Percent
In Favor of Entity (No Change in Report)	107	30.2%	67	40.1%	156	41.6%
Request "Out of Scope" (No Change in Report)	192	54.2%	42	25.1%	128	34.1%
In Favor of Practitioner (Report Voided or Changed)	22	6.2%	36	21.6%	51	13.6%
Voluntary Voiding or Changing of Report	16	4.5%	5	3.0%	11	2.9%
Unresolved (open cases)	1	4.8%	17	10.2%	29	7.7%
Total	354	100%	167	100.0%	375	100.0%

Outcome	Professional Society Membership Actions		Total	
	Number	Percent	Number	Percent
Decision In Favor of Entity (No Change in Report)	3	25.0%	333	36.7%
Request "Out of Scope" (No Change in Report)	5	41.7%	367	40.4%
In Favor of Practitioner (Report Voided or Changed)	2	16.7%	111	12.2%
Voluntary Voiding or Changing of Report	0	0.0%	32	3.5%
Unresolved (open)	2	16.7%	65	7.2%
Total	12	100.0%	908	100.0%