

NATIONAL PRACTITIONER DATA BANK 1997 Annual Report

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<u>EXECUTIVE SUMMARY</u>
<u>INTRODUCTION</u>
<u>IMPROVEMENTS</u>
<u>CONCLUSION</u>
<u>STATISTICAL APPENDIX</u>

EXECUTIVE SUMMARY

NATIONAL PRACTITIONER DATA BANK

1997 Annual Report



The National Practitioner Data Bank (NPDB) 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 NPDB's activities and accomplishments during 1997 by reviewing the operational improvements realized and presenting descriptive statistics. In addition, an overview of the NPDB guidelines is presented and the issues impacting reporting trends are discussed.

Operational Improvements

During 1997, the NPDB continued improving its operations. Medicare/Medicaid exclusion reports were added to the NPDB under an agreement with the Health Care Financing Administration and the Office of Inspector General. Medicare/Medicaid exclusions are now disclosed to queriers along with Malpractice Payments and Adverse Actions reports. The NPDB also selected a new contractor to replace the original data communications contract and began work on software to facilitate the changeover. When implemented during 1998, the new communications system should result in improved data transmission times for larger files and solve data transmission problems experienced by certain queriers in Alaska and other areas served only by satellite communications. Several improvements also were made which affect agents and their entity clients. Entities may now designate more than one agent. In addition, agents now may use their own Electronic Funds Transfer (EFT) accounts for their clients' queries. Clients that submit their own queries in addition to using an agent for some queries will not trigger a withdrawal from an agent's EFT

account. Improvements also were made to the NPDB's query and report matching process. Practitioner gender, when information is available, is now considered in matching. Lastly, the paper self-query form, one of the three methods practitioners can use to query on their own records, was redesigned to reduce errors.

Another major 1997 activity an undertaking by the contractor which operates the NPDB. The contractor, Systems Research and Applications Corporation (SRA), is developing the computer system which will be used to operate the Healthcare Integrity and Protection Data Bank (HIPDB). The HIPDB will be operated in conjunction with the NPDB, and the NPDB is serving as the model for developing the HIPDB's computer system. The HIPDB will begin limited operations in 1998 and will eventually include Federal and State health care criminal convictions, Federal and State adverse licensing and certification information, and health care civil judgments made against health care providers, suppliers, and practitioners. Development of the HIPDB is funded by appropriations rather than NPDB revenues.

Reports

By December 31, 1997, the end of its 88th month of operations, the NPDB contained reports on more than 176,000 reportable actions, malpractice payments, and Medicare/Medicaid exclusions involving 118,142 individual practitioners. Of the 118,142 practitioners reported to the NPDB, 73.0 percent were physicians (including M.D. and D.O. residents and interns), 15.1 percent were dentists (including dental residents), and 11.9 percent were other health care practitioners. The majority of physicians (69.6 percent) had only one report in the NPDB and 99.7 percent had fewer than 10 reports. Notably, few physicians had both malpractice payment and reportable action reports. Only 4.5 percent had at least one report of both types.

During 1997, approximately 59 percent of all reports concerned malpractice payments, although cumulatively malpractice payments comprised more than 77 percent of all reports. The 1997 percentage is substantially smaller than the cumulative percentage. The 1997 percentage reflects the addition of over 7,800 Medicare/Medicaid exclusions which were not reported to the NPDB in earlier years. During 1997, physicians were responsible for 79.9 percent of all malpractice payment reports. Dentists were responsible for 13.3 percent, and all other health care practitioners were responsible for the remaining 6.8 percent. These figures are similar to the percentages from previous years.

Cumulatively, the median payment for physicians was \$85,000 (\$92,497 adjusting for inflation to standardize payments made prior years to 1997 dollars) and the mean malpractice payment for physicians was \$189,066 (\$204,735 adjusting for inflation). Both the mean and the median payments for 1997 were higher than the cumulative figures. During 1997, as in previous years, obstetrics-related cases, which represented approximately 8.0 percent of all physician malpractice payment reports, had the highest median and mean payment amounts (\$200,000 and \$344,106 respectively). However, the

median obstetrics-related payment for physicians was unchanged from 1996 and the mean was over \$14,000 lower. Incidents relating to miscellaneous not otherwise categorized problems had the lowest mean and median payments (\$61,665 and \$20,000 respectively).

For malpractice payments made during 1997, the mean delay between an incident which led to a payment and the payment itself was 4.35 years. This is a 4.6 percent reduction in the average duration of cases from 1996 (4.56 years). This reflects continuation of a trend of faster payments that began in 1992. The 1997 mean payment delay varied markedly between the States and ranged from 2.47 years in Wyoming to 6.30 years in New York. It is interesting to note that payment delays have been decreasing while mean and median payments have been increasing.

Reportable actions (licensure, clinical privileges, professional society membership, and DEA actions) represent 18.2 percent of all reports received from September 1, 1990 through December 31, 1997 and 16.5 percent (5,285 of 32,045) of all reports received by the NPDB during 1997. This is a 2.1 percent decrease from the record number of reportable actions submitted to the NPDB during 1996. During 1997 licensure actions comprised 80.2 percent of all reportable actions and clinical privileges reports comprised 18.7 percent.

The Health Resources and Services Administration (HRSA) continues to be concerned about the low level of clinical privileges reporting by hospitals. Nationally over the history of the NPDB, there are 3.6 times more licensure reports than clinical privileges reports. Moreover, the majority of the hospitals registered with the NPDB have never submitted a clinical privileges report. Clinical privileges reporting seem to be concentrated in a few facilities even in States which have comparatively high overall clinical privileging reporting levels. There was general agreement at a 1996 HRSA-sponsored conference on the issue of hospital clinical privileges reporting that the level of reporting is unreasonably low. During 1997 HRSA continued supervision of two contracts for research into this issue and awarded a new contract to help improve hospital reporting to State authorities. Improved reporting to the States should also result in improved reporting to the NPDB.

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

Queries

From September 1, 1990 through December 31, 1997, the NPDB had responded to over 12.6 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 1997, entity query volume increased 13.4 percent, from 2,762,643 queries in 1996 to 3,133,471 queries in 1997. Although the number of mandatory hospital queries increased by 39.2 percent from 1993 to 1997, the increase in the number of voluntary queries (queries by all registered

entities other than hospitals) has been much greater. From 1993 to 1997 there was a 522.2 percent increase in voluntary queries, from 325,881 to 2,027,997. During 1997, over 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 7.1 percent of all "active" entities registered with the NPDB, they made 29.9 percent of all queries cumulatively and 36.8 percent of all queries during 1997. The number of self-queries also continues to grow. The number of self-query requests increased 16.0 percent from 45,344 in 1996 to a total of 52,603 in 1997.

Matches

When a query is submitted concerning a practitioner who has one or more reports in the NPDB, a "match" is made, and the querier is sent copies of the reports. As reports naming additional practitioners are submitted to the NPDB and as more queries are made, both the number and rate of matches increases. During 1997 a total of 359,255 matches were made on entity queries; the match rate for entity queries was almost 11.5 percent. Cumulatively 1,094,433 matches have been made on entity queries, and the cumulative match rate is 8.7 percent. Self-query matches have also increased steadily. Cumulatively 16,433 self-queries have been matched for a cumulative self-query match rate of 7.5 percent. During 1997 there were 4,704 self-query matches for a match rate of 8.9 percent. The number of matches and the match rate are expected to continue to increase.

During October 1997, data were collected to study query volume by practitioner type. Although 81.9 percent of the 218,493 queries examined concerned physicians, large numbers of queries also were submitted concerning dentists (2.9 percent of all queries), clinical psychologists (2.5 percent), clinical social workers (2.1 percent), podiatrists (1.8 percent), chiropractors (1.5 percent) and optometrists (1.4 percent).

Disputes and Secretarial Reviews

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 NPDB and ask the reporter to change it. If the disagreement is not 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 1997, 8.1 percent (2,602) of all adverse action reports and 4.7 percent (6,471) of all malpractice payment reports in the NPDB were listed as being in dispute. Few disputed reports are taken to the Secretary. There were only 131 requests for Secretarial Review during 1997. Although reportable actions represent only 16.5 percent of all 1997 reports, they were responsible for 61.1 percent of all requests for Secretarial Review. Of the 131 requests for Secretarial Review received during the year, 112 cases were resolved. Of these, 20.5 percent were resolved in favor of the practitioner. Cumulatively, 18.1 percent of 1,014 resolved requests for Secretarial Review have been decided in favor of the practitioner.

National Practitioner Data Bank

1997 Annual Report



INTRODUCTION: THE NPDB PROGRAM

The National Practitioner Data Bank (NPDB) was established to implement the Health Care Quality Improvement Act of 1986, Title IV of P.L. 99-660, as amended (the HCQIA). 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 the establishment of the NPDB, 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 found to be in noncompliance with NPDB reporting requirements can lose their immunity for a three-year period.

Administration and Operation of the NPDB Program

The Division of Quality Assurance (DQA) of the Bureau of Health Professions (BHPr), Health Resources and Services Administration (HRSA), U.S. Department of Health and Human Services (DHHS), is responsible for the administration and management of the NPDB program. The NPDB itself is operated by a contractor. Systems Research and Applications Corporation (SRA) began operating the NPDB in June 1996. SRA replaced Unisys Corporation, which had operated the NPDB since its opening on September 1, 1990. SRA has made such significant improvements to the NPDB's computer system that it has been termed the "second generation" NPDB system. Circle Solutions, Inc., is a subcontractor to SRA for operation of the NPDB 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 NPDB

The NPDB 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 and dentists by hospitals and other health care entities, including health maintenance organizations, group practices, and professional societies; (4) actions taken by the Drug Enforcement Agency (DEA), and (5) Medicare/Medicaid exclusions. 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 reported to the NPDB is made available upon request to registered entities which under the law are eligible to query (State licensing boards, professional societies, and health care providers which conduct peer review, including HMOs, PPOs, group practices, etc.). These entities query concerning practitioners who currently have or who are requesting licensures, clinical privileges, or professional society membership. The NPDB's information is intended to alert querying entities of possible problems in a practitioner's past so they may undertake further review of a practitioner's backgrounds as they deem necessary. The information is intended to augment and verify, not replace other sources of information. The NPDB was designed as a flagging system; it was not designed to collect and disclose the full record concerning reported incidents or actions. It also is important to note that the NPDB does not have information on adverse actions taken or malpractice payments made before September 1, 1990, the date the NPDB opened. As reports accumulate over time, the value of the NPDB as an information source will increase.

How the NPDB Protects the Public

Although the Act does not provide for the release of practitioner-specific NPDB information to the public, the public benefits from the NPDB's existence. Licensing authorities and peer reviewers now have information needed to identify possibly incompetent or unprofessional physicians, dentists, and other health care practitioners. They can use this information to make licensing and credentialing decisions to protect the public. In addition, to help the public better understand medical malpractice and disciplinary issues, the NPDB 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 NPDB is made available. This file can be used by anyone to analyze NPDB statistical information. For

example, researchers could use the file to compare malpractice payments made for the benefit of physicians to those made for physician assistants in terms of numbers of payments, dollar amounts of payments, and type of incidents that led to payments. Similarly, health care entities could use the file 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 NPDB Obtains Information

The NPDB receives three types of information: (1) reports on "adverse" actions, (2) reports on malpractice payments, and (3) Medicare/Medicaid exclusion reports.

Adverse action reports must be submitted to the NPDB in 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 a practitioner's professional competence or conduct, a report must be filed with the NPDB. Revisions to previously reported actions also must be reported.
- A clinical privileges report must be filed with the NPDB when (1) 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 (2) a physician or dentist voluntarily surrenders or restricts his or her clinical privileges while under investigation for possible professional incompetence or improper conduct in return for an entity not proceeding with the investigation. Revisions to previously-reported actions also must 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. Revisions to actions also must be reported. Such actions also may be reported for health care practitioners other than physicians or dentists. Revisions to previously-reported actions also must 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 and DEA Reports) are first filed with the appropriate State Board, which then submits them to the NPDB. Reports submitted electronically are sent directly to the NPDB with copies to the appropriate State Board.

Malpractice payment reports must be submitted to the NPDB 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.

When the Department of Health and Human Services excludes a practitioner from Medicare or Medicaid reimbursement, the exclusion is reported to the NPDB, published in the Federal Register, and posted on the Internet. NPDB queriers are automatically notified of Medicare/Medicaid exclusions concerning any practitioner about whom they query. This is much more convenient than searching the Federal Register or the Internet for each practitioner of interest.

Requesting Information from the NPDB

Hospitals, certain health care entities, State licensure boards, and professional societies may request information from the NPDB ("query"). In some instances hospitals are required to query the NPDB for information. Malpractice insurers other than self-insured health care entities cannot query the NPDB.

A hospital must query the NPDB:

- 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 NPDB at any time with respect to its professional review activity.

Other eligible entities may request information from the NPDB.

- 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 NPDB also may be queried in two other circumstances.

- A physician, dentist, or other health care practitioner may "self-query" the NPDB 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 NPDB 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 NPDB 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 NPDB costs are recovered from user fees; taxpayer funds are not used to operate the NPDB. The NPDB fee structure is designed to ensure that the NPDB is self-supporting. Queriers, except practitioners requesting information about themselves, are required to pay a fee for each practitioner about whom information is requested. During 1997 the query fee was \$3.00 per name for queries both submitted via modem and paid for electronically. There was 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 was 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 to increase efficiency and save money. Query fees increased to a base fee of \$4.00 per name plus applicable surcharges on March 2, 1998 because of increased telecommunications charges and other increases in the cost of operation of the NPDB.

Confidentiality of NPDB Information

Under the terms of the HCQIA, information contained in the NPDB 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 NPDB as a confidential "System of Records" under the Privacy Act of 1974. Authorized queriers who receive information from the NPDB must use it solely for the purposes for which it was provided. Any person who violates the confidentiality of NPDB information is subject to civil money penalties of up to \$11,000 for each violation.

The Act does not provide for disclosure by the NPDB of information on a specific practitioner to medical malpractice insurers or the public. Federal statutes provide criminal penalties, including fines and imprisonment, for individuals who knowingly and willfully query the NPDB under false pretenses or who fraudulently gain access to NPDB information. In addition, there are similar criminal penalties for individuals who knowingly and willfully report to the NPDB under false pretenses.

Accuracy of NPDB Information

Reports to the NPDB are entered exactly as received from reporters. To ensure the accuracy of reports, each practitioners reported to the NPDB is notified that a report has been made and is provided a copy of the report. Since March 1994, the NPDB has allowed practitioners to submit a statement that gives their view of the circumstances surrounding any malpractice payment or adverse action report concerning them. The practitioner's statement is disclosed whenever that report is disclosed. Practitioners also may notify the NPDB that a report is disputed. The report in question is then noted as under dispute when it is released in response to queries. The practitioner is asked to work with the reporting entity to reach agreement to revise the report or void it (i.e., remove it from the NPDB). If the 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 NPDB.

Federal Participation in the NPDB

Federal agencies and health care entities participate in the NPDB 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 NPDB were implemented on November 9, 1989 and October 15, 1990.

Under an agreement between HRSA, the Health Care Financing Administration, and the Office of Inspector General, Medicaid and Medicare exclusions were placed in the NPDB in March 1997 and are updated monthly. Reinstatements were added in October. The reports included all exclusions as of the date they are submitted to the NPDB regardless of when the penalty was imposed.

1997 NPDB OPERATING IMPROVEMENTS AND PROSPECTS FOR THE FUTURE

The SRA Corporation has operated the NPDB under contract with the Department of Health and Human Services since June 26, 1995. SRA's second full calendar year of operations, January 1 through December 31, 1997, was marked by the following software and operating system improvements which have already or will in the future improve service to NPDB customers:

- Medicaid / Medicare exclusion reports
- New data communications vendor
- Improved capabilities for agents
- Improved query matching capability
- Improved self-query form
- Initiation of development of the Healthcare Integrity and Protection Data Bank

Medicaid / Medicare Exclusion Reports

Since March 1, 1997, NPDB queriers have received Medicare and Medicaid exclusion information as well as malpractice payment and adverse action information regarding any practitioner about whom they query. Medicare and Medicaid exclusions identify 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 that might be rendered by these providers. Information regarding the practitioners excluded from the Medicare and Medicaid programs is released in accordance with the Social Security Act. Placing Medicare/Medicaid exclusion information in the NPDB is the result of a collaborative effort and memorandum of agreement between the Department of Health and Human Services, Office of Inspector General, the Health Care Financing Administration (HCFA) and the Health Resources and Services Administration.

The addition of Medicaid/Medicare exclusion reports to the NPDB greatly increases the efficiency by which health care entities can receive exclusion information. Previously, entities could only discover if a practitioner was excluded from the Medicare and Medicaid programs by reviewing the Federal Register, searching an Internet listing name by name, or contacting the HCFA.

New Data Communications Vendor

During 1997 the NPDB selected General Electric Information Systems (GEIS) as its new data communications service provider and began developmental work which will ultimately lead to use of the GEIS network for transmission of NPDB reports, queries, and query responses. CompuServe has provided the NPDB with data communications services since 1994. In 1997, CompuServe changed business offerings and indicated to the NPDB that its service would terminate as of August 31, 1998. The data communications changeover from CompuServe to GEIS will occur incrementally during the summer of 1998. As the result of the changeover, some NPDB customers may experience a reduction in the time it takes to send queries and receive reports. GEIS offers an improved data compression algorithm that "shrinks" the size of the file and reduces its "travel time" between the NPDB and the customer's computer terminal. The improvement will be more noticeable to customers with large data files. GEIS also offers improved data transmission to areas served only by satellite telephone service, such as parts of Alaska.

Improved Capabilities for Agents

Instead of using their own staff, some registered entities choose to query or report to the NPDB through an authorized agent, an individual or organization that an eligible entity designates to query or report to the NPDB on its behalf. Currently, a total of 256 agents are registered with the NPDB. 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 NPDB.

In response to customer demand, several improvements were implemented that affect agents and their clients. Entities can now designate multiple agents without having to get multiple NPDB identification numbers. Entities may continue to submit some or all their queries themselves even though they have designated an agent. In addition, agents can now pay using their own Electronic Funds Transfers (EFT) accounts for queries they generate on a client's behalf.

Improved Query Matching Capability

In 1997, the NPDB has continued to improve the process of matching queries to reports. Gender has now been added to the NPDB's sophisticated matching algorithm that matches queries with reports. Adding gender will prevent the inadvertent disclosure of "husband/wife" information, which may occur when two practitioners have the same surname, graduate school, year of graduation, work and home address. If these variables are identical between a query and a report, but the gender is different, the case is referred to human technicians whom review the information and decide whether or not a match exists.

Improved Self-Query Form

Practitioners can query the NPDB regarding themselves at any time using three methods: (1) calling the NPDB Helpline and providing pertinent data to an Information Specialist, (2) submitting a self-query via an entity that has QPRAC 3.0, (3) or by submitting a self-query form and mailing it to the NPDB. In 1997, the practitioner self-query form was redesigned to improve its utility and reduce errors. Copies of the practitioner self-query form can be obtained via the NPDB Internet Web page or by calling the NPDB Helpline at 1-800-767-6732.

Initiation of Development of the Healthcare Integrity and Protection Data Bank

The Secretary of the U.S. Department of Health and Human Services, acting through the Office of Inspector General was legislatively directed by the Healthcare Insurance Portability and Accountability Act of 1996 to create a fraud and abuse data collection program to combat the escalating cost of fraud and abuse in health insurance care and delivery. Under an Interagency Memorandum of Understanding, the Division of Quality Assurance assumed responsibility to develop and maintain the Healthcare Integrity and Protection Data Bank (HIPDB). HIPDB will be a national program for the reporting and disclosure of certain, final adverse actions (excluding settlements in which no findings of liability have been made) taken against health care providers, suppliers, and practitioners.

The HIPDB is designed to serve as a flagging system for health plans, regulatory agencies, law enforcement officials, and employers. HIPDB will contain data on Federal and State agency adverse actions, including licensing and certification information; Medicare, Medicaid, and other exclusions from participation in Federal programs; Federal and State health care criminal convictions; and health care civil judgments made against health care providers, suppliers, and practitioners. The data contained in the system is intended to be used in combination with information from other sources to determine employment, licensure/ certification, and contracting.

Using appropriated funds rather than NPDB revenues to pay for the work, SRA began developing the new HIPDB computer system during 1997 using the NPDB computer system as its model. The HIPDB is projected to be ready for limited operations during 1998.

NPDB OPERATIONS: REPORTS, QUERIES, MATCHES, ENTITIES, AND DISPUTES

This section primarily discusses descriptive statistics concerning 1997 reports, queries, matches, and Secretarial reviews. For comparative purposes, information is provided for each of the most recent five years (1993 through 1997), as well as cumulatively from the opening of the NPDB on September 1, 1990 through December 31, 1997.

Reports

Tables 1 through 5, in the Statistical Appendix, present data on reports received by the NPDB through December 31, 1997 by report type.⁽⁵⁾ 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.⁽⁶⁾ 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 NPDB. Cumulative data show that at the end of 1997, 77.4 percent of all the NPDB's reports concerned malpractice payments. During 1997 itself, the NPDB received 18,929 such reports (59.1 percent of all reports received). This percentage is far lower than in previous years because of the addition of 7,831 exclusion reports in 1997. Exclusions were not reported to the NPDB in earlier years. If exclusions had not been reported in 1997, malpractice payment reports would have represented 78.2 percent of all reports received during the year, which is almost identical to the percentage for 1996.

Figure 1: Number and Type of Reports Received by the NPDB 1993-1997

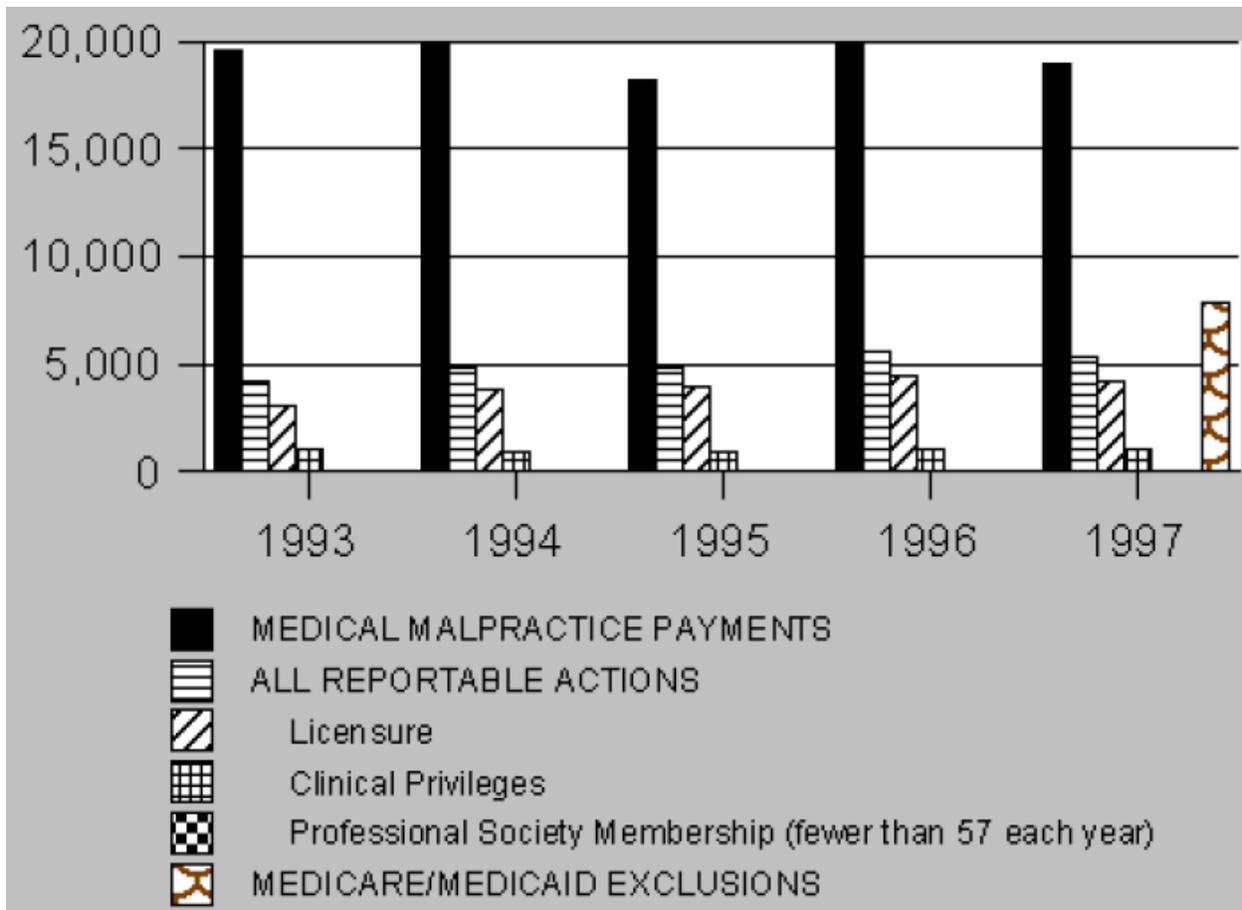


Table 2 shows the percent change by report type from year to year. Malpractice payment reports decreased by 2.7 percent from 1992 to 1993, but increased by 2.1 percent between 1993 and 1994. The number of malpractice payment reports received during 1995 decreased by 9.3 percent from the number received during 1994. The number of malpractice payment reports increased by 7.8 percent during 1996, and then decreased again in 1997. There were 599 fewer malpractice payment reports received in 1997 than in 1996, a 3.1 percent decrease. Compared to 1992, which had the largest number of malpractice payment submitted reported to the NPDB in any year, there was a 5.8 percent decrease in the number of malpractice payment reports reported in 1997.

Table 3 shows malpractice payment reports for physicians (including allopathic physicians, osteopathic physicians, interns, and residents), dentists and dental residents, and other types of practitioners during the most recent five years and cumulatively. Although only physicians and dentists must be reported to the NPDB if a reportable action is taken against them, all health care practitioners must be reported to the NPDB if a malpractice payment is made for their benefit. Cumulatively, physicians were responsible for 104,464 (76.5 percent) of the NPDB's malpractice payment reports while dentists were

responsible for 20,053 (14.7 percent) and all other types of practitioners were responsible for 11,806 (8.6 percent) reports. During 1997, physicians were responsible for 15,112 (79.8 percent) malpractice payment reports and dentists were responsible for 2,505 payment reports (13.2 percent). "Other practitioners" were responsible for 1,285 malpractice payment reports in 1997, representing 6.8 percent of all malpractice payment reports received. Overall, the number of physician malpractice payment reports in 1997 decreased 2.2 percent from the record high of 15,451 in 1996 to 15,112 reports in 1997. In contrast, the number of malpractice payments made for the benefit of dentists decreased by 0.4 percent from 1996 and by 24.7 percent from 1992's record of 3,329 dental malpractice payment reports. The number of 1997 malpractice payment reports for other practitioners decreased by 15.6 percent from the number of reports in 1996. The decrease was 28.1 percent from 1992's record of 1,788 malpractice payment reports for other practitioners.

Malpractice Payment Reporting Issues

Two aspects of malpractice payment reporting are of particular interest to reporters, queriers, practitioners, and policy makers. First, the "corporate shield" issue reflects possible under-reporting of malpractice payments. The second, the reporting of physicians in residency programs, concerns the appropriateness of reporting malpractice payments made for the benefit of 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 NPDB have worked out settlements in which only co-defendant health care organizations (e.g. hospitals or group practices) are named. This is most common when the defendant organization is responsible for the malpractice coverage of the co-defendant employee practitioner. Under current NPDB regulations, if a practitioner is named in the claim but not in the settlement, no report is required to be filed with the NPDB unless the practitioner is excluded from the settlement as a condition of the settlement.

The Department of Defense (DOD) and the Department of Veterans Affairs (DVA) currently use a variant of the "corporate shield" when reporting malpractice payments made by the Federal government for care provided by their practitioners. A payment is reported by DOD only if the Surgeon General of the affected military department (Air Force, Army, or Navy) concludes on the basis of three criteria that the payment should be reported. Analysis of DOD reports indicates that the Surgeons General of the three military departments apply these criteria differently. DVA uses a similar process in determining whether to report malpractice payments.

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 NPDB. It also reduces the usefulness of the NPDB as a flagging system. To address this problem, a Notice of Proposed Rule Making (NPRM) has been drafted and is currently under review within the Department. The proposed regulations would require reports on payments made on behalf of those practitioners who provided the medical care that is the subject of the claim or action, regardless of whether or not they were named as defendants in the claim or action.

Malpractice Payments for Physicians in Residency Programs

The reporting of malpractice payments made for the benefit of residents is an issue that continued to be of interest during 1997.(8) 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 NPDB. The Health Care Quality Improvement Act, however, makes no exceptions for malpractice payments made for the benefit of residents. These payments must be reported to the NPDB. At the end of 1997, the NPDB contained 1,083 malpractice payments made for the benefit of residents and interns (both M.D. and D.O.) out of 104,464 payments for the benefit of physicians (M.D., D.O., interns and residents). Thus payment reports for residents represent 1.0 percent of malpractice payments for physicians. A total of 876 residents were responsible for the 1,083 payments made for the benefit of residents in the NPDB. Most residents with payments (741) had only one payment; 107 had 2 payments, 19 had 3 payments, 4 had 4 payments, and 5 had five or more payments.(9)

Reportable Actions

Licensure, clinical privileges, professional society membership disciplinary actions, actions taken by the DEA concerning authorization to prescribe controlled substances, and revisions to such actions must be reported to the NPDB if they are taken against physicians and dentists. As shown in Table 1, reportable actions represent 16.5 percent of all reports received by the NPDB during 1997 and, cumulatively, 18.2 percent of all reports in the NPDB. The number of reportable action reports received decreased by 113 reports to a total of 5,285 (a 2.1 percent decrease) from 1996 to 1997 (Table 2). This followed a 12.2 percent increase in reportable actions from 1995 to 1996 and a 0.6 percent decrease from 1994 to 1995. The 5,398 reportable action reports received during 1996 was the largest number of such reports received in any single year to date.

During 1997, licensure actions made up 80.2 percent of all reportable actions and 13.2 percent of all NPDB reports (including malpractice payments and Medicare/Medicaid exclusions). Although licensure actions continue to represent the majority of reportable actions (cumulatively 77.2 percent of all reportable actions), their steady increase seen from 1992 through 1996 was not repeated in 1997. Licensure reports decreased by 3.2 percent in 1997 compared to 1996. The decrease is entirely explained by fewer physician

1997 DATA BANK OPERATING IMPROVEMENTS AND PROSPECTS FOR THE FUTURE

licensing reports in 1997. Licensure reports for physicians decreased by 8.4 percent in 1997. Licensure reports for dentists, in contrast, increased by 22.0 percent (Table 4). Nevertheless, licensure reports for physicians constituted 79.1 percent of all licensure reports in 1997.

The number of clinical privileges actions essentially remained the same between 1996 and 1997. There were 988 such reports in 1997, a reduction of 2 reports from 1996. Clinical privileges actions represented 18.7 percent of all 1997 reportable action reports and 3.1 percent of all 1997 NPDB reports.

In 1997, professional society membership actions and Drug Enforcement Agency (DEA) reports combined represented only 1.1 percent of reportable action reports and 0.2 percent of all NPDB reports. Professional society membership actions (only 33 reported) made up 0.6 percent of all reportable actions during 1997. Twenty-six Drug Enforcement Agency reports were received during 1997. The number of reported professional society and DEA actions has remained almost negligible throughout the NPDB's history. The greatest number of professional society membership actions and DEA actions submitted in one year was 56 (1993) and 57 (1994) reports respectively.

Table 4 presents information on reportable actions and Medicare/Medicaid exclusion reports (MMER) by type of practitioner, type of report, and year. Although physicians are responsible for the largest number of all reportable actions during 1997 and earlier years, they are not responsible for the largest number of exclusion reports. During 1997, physicians were responsible for 79.1 percent of licensure actions, 95.6 percent of clinical privileges actions, 93.9 percent of professional society membership actions, and 100 percent of the DEA actions. In contrast, physicians were responsible for only 29.3 percent of the Medicaid/Medicare exclusion actions added to the NPDB during 1997. Exclusions were first added to the NPDB during 1997, and 1997 exclusion reports represent not only new exclusions taken in 1997 but also practitioners excluded in previous years whose exclusions have not been rescinded.

Physicians, who represent 79.6 percent of the nation's total physician-dentist work force, were responsible for 79.9 percent of licensure reports for physicians and dentists during 1997. They were responsible for 94.7 percent of all clinical privileges reports. This result is expected, however, since dentists and other types of practitioners frequently do not hold clinical privileges at a health care entity.

Dentists, who comprise approximately 20.4 percent of the nation's total physician-dentist work force, during 1997 were responsible for 20.1 percent of physician and dentist licensure actions, 1.6 percent of clinical privileges actions, (10) 6.0 percent (only 2 reports) of professional society membership actions, no DEA actions, and 24.9 percent of exclusion reports for physicians and dentists. The number of dental licensure reports has grown slightly each year and 1997 represents the greatest number of dental licensure actions submitted to the NPDB in a single year (842 reports).

Voluntary reporting of reportable actions against "other practitioners" was not a significant source of reportable action reports to the NPDB during 1997. Only 31 licensure reports and 22 clinical privileges reports were voluntarily submitted for "other practitioners." No professional society membership actions are contained in the NPDB for practitioners other than physicians or dentists. However, this group of practitioners accounted for the majority of Medicare/Medicaid exclusion reports (61.0 percent of 7,831 reports) added to the NPDB during 1997. Nurses and nurse's aides were responsible for 2,926 reports (61.3 percent of "other practitioner" exclusions and 37.4 percent of all exclusions. Chiropractors were the next largest group. They were responsible for 1,160 exclusions (24.3 percent of "other practitioner" exclusions and 14.8 percent of all exclusions.

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 conference 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 NPDB 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 NPDB 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."⁽¹¹⁾ 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 had three research contracts in this regard during 1997 to learn more about the causes of the problem, to assess possible solutions, and to begin taking steps to improve clinical privileges reporting. In addition to conducting additional research, the NPDB 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 with "active" NPDB registrations and the number and percent of these hospitals that have never reported to the NPDB. These percentages range from 38.5 percent in Delaware to 82.9 percent in Minnesota. Nationally, 65.2 percent of non-Federal hospitals have never reported a clinical privileges action to the NPDB. 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 highest 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 one of the highest percentage of hospitals that have never reported (78.1 percent). 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 several issues. First, we discuss the variations among the States in the frequency of reportable actions, frequency of malpractice payments, malpractice payment amounts, and incident-to-payment delays. Second, we examine the relationship between malpractice payments and reportable action reports. Third, we present information regarding physicians with multiple reports in the NPDB. Fourth, we discuss malpractice payments for nurses in relation to both reason for payments and State of practice.

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, annual State report rates per 1,000 physicians, and State rankings are presented in Table 6. New Mexico, the District of Columbia, and New Hampshire have the lowest cumulative physician licensure reporting rates, while the District of Columbia, Connecticut, and Massachusetts, have the lowest cumulative physician clinical privileges rates. The highest cumulative licensure reporting rates are found in West Virginia, Mississippi, and North Dakota. The highest cumulative clinical privileges rates are in Nevada, Arizona, and Oklahoma.

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 0.38, which means that variations in one rate "explain" only 14.4 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 more than three times more licensure reports than clinical privileges reports, but again the pattern varies greatly from State to State. Although the majority of States have many more licensure actions than clinical privileges actions, New Mexico and Nebraska have more clinical privileges actions and Nevada and New Hampshire have almost as many clinical privileges reports as licensure reports. These States all have clinical privileges reporting rates above the national average and, with the exception of Nevada, unusually low licensure actions reporting rates.

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, 1997 by State (generally 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 1,000 dentists in each State. Michigan and Montana had the highest rates for physicians (43.35 and 39.88 reports per thousand physicians, respectively.) Alabama and Hawaii had the lowest rates (7.23 and 9.48 reports per 1,000 physicians, respectively). The highest rates for dentists were found in Utah and California (42.39 and 27.28 reports per thousand dentists, respectively). The lowest rates were found in South Carolina and Alabama (5.43 and 6.43 reports per 1,000 dentists, respectively).

Table 8 presents the annual rate of malpractice payment reports per 1,000 physicians and dentists by 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 over 2.4 times the national rate because of a large 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 at the same time. Indiana reporting, for example, was impacted by receipt of overdue reports during 1996 and 1997.

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 sue. There are also differences in the burden of proof. In addition, some States limit payments for non-economic damages (e.g. Pain and suffering). These limits may reduce the number of claims filed by reducing the total potential recovery and the financial incentive for plaintiffs and their attorneys to file suit. Furthermore, nine States (12) 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 NPDB 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 NPDB between its opening and December 31, 1997. The results are shown in Table 9. Because mean payments can be substantially impacted by a single very large payment or a few such payments, a State's median payment is normally a better indicator of typical malpractice payment amounts. Half the payments are above the median and half are below. The cumulative median for the NPDB was \$57,500. Adjusted for inflation, the median payment over the entire period of the NPDB's operation was \$61,665. The median payment in 1997 was \$75,000, which is unchanged from the 1996 median. The highest 1997 medians were found in Illinois, Maine, and Pennsylvania, all of which had a median payment of \$150,000. The lowest 1997 medians were found in South Dakota (\$23,125) and California (\$29,999). (13)

The cumulative mean malpractice payment for the NPDB was \$158,422. Adjusted for inflation, assuming 1997 dollars for all payments, the mean payment was \$171,658. The mean payment during 1997 was \$185,702. During 1997 mean payments ranged from lows of \$80,788 in New Mexico and \$90,087 in Michigan to highs of \$358,731 in Wisconsin and \$330,868 in Hawaii. Note that the ranking of States by mean payment amounts does not take into account the fact that two separately reported payments may be made for some malpractice claims in the nine States with State malpractice funds listed in footnote 12. The mean payment amounts for these states would be higher if a single report were filed showing the total payment for the claim from all payers.

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 NPDB through December 31, 1997, the mean delay between incident and payment was 4.68 years. For 1997 payments, the mean delay was 4.35 years. Thus during 1997, payments were made on average four months earlier than the average for all payments. On average, during 1997, payments were made most quickly in Wyoming (2.47 years) and Idaho (2.89 years). Payments were slowest in New York (6.30 years) and Rhode Island (5.96 years). 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 NPDB categorizes malpractice events into ten broad categories. During 1997, the lowest median and mean payment amounts for physicians were for miscellaneous incidents (\$20,000 and \$61,665 respectively). Incidents

relating to equipment and product problems had the second lowest median and mean payments (\$25,000 and \$91,517, respectively). However, there were only 49 equipment and product reports and only 327 miscellaneous reports. Together these categories represent only 2.5 percent of all malpractice payments in 1997. As in previous years, obstetrics-related cases (1,207 reports; 8.0 percent of all malpractice payment reports) had by far the highest median and mean payments (\$200,000 and \$344,106 respectively).

The mean payment delay is shown in Table 11 for each type of case. The 1,258 obstetrics-related payments in 1997 (6.7 percent of all 1997 payments) had the longest mean delay between incident and payment (5.74 years). The shortest average delay for 1997 payments was for anesthesia cases (3.36 years). There were 528 such cases, representing 2.8 percent of all 1997 malpractice payments. Equipment and product cases had the next shortest delay (3.77 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 (1993 through 1997) 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 95.8 percent of the 56,145 physicians with only 1 malpractice payment in the NPDB have no reportable actions, only 55.7 percent of the 97 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. 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 NPDB

A related area of interest is the number and percentage of practitioners with multiple malpractice payment or reportable action reports in the NPDB. At the end of 1997, a total of 118,142 individual practitioners had disclosable reports in the NPDB. Of these, 85,754 (72.6 percent) were physicians. Most physicians (69.8 percent) with reports in the NPDB had only one report, but the mean number of reports per physician was 1.6. Physicians with exactly two reports made up 18.3 percent of the total. Over 99.7 percent of physicians with reports had 9 or fewer reports. Only 221 physicians had more than 9 reports each. Four

physicians had more than 100 reports each. Of the physicians with disclosable reports, 82.5 percent had only malpractice payment reports; 10.8 percent had only reportable action reports, and 1.0 percent had only exclusion reports. Notably, only 5.4 percent had at least one report in two of the three types of reports. Only 0.3 percent had at least one malpractice payment, adverse action, and exclusion report at the end of 1997.

Approximately 24.8 percent of the 74,654 physicians in the NPDB with a malpractice payment report had two or more malpractice reports. Over 35.4 percent of all malpractice payment reports in the NPDB concern physicians with at least two reports. Physicians who have at least one reportable action report are more likely to have multiple reportable actions than physicians who have at least one malpractice payments are likely to have multiple payments. Of the 14,150 physicians with at least one reportable action report, 6,501 (45.9 percent) have at least two such reports. Slightly more than 71.5 percent of all physician reportable action reports are for physicians with more than one such report. Of the 6,501 physicians with multiple reportable action reports, 3,845 (59.1 percent) have only licensure action reports; these physicians, however may or may not have malpractice payment reports. Only 983 (25.6 percent) of the 3,845 physicians do have malpractice payment reports. About 12.4 percent (807) of the 6,501 physicians with multiple reportable action reports have only clinical privileges reports. Only 41 physicians have at least one licensure report, clinical privileges report, and professional society membership report. Only 14 also have at least one Medicare/Medicaid exclusion report. Only 5 also have at least one malpractice payment report. No physicians also have a DEA report in addition to having at least one of every other type of report.

Malpractice Payments for Nurses

As reflected in requests for information made to the Division of Quality Assurance, there has been increasing interest in nurse malpractice payments. The NPDB classifies registered nurses into four categories: Nurse Anesthetists, Nurse Midwives, Nurse Practitioners, and Registered Nurses not otherwise classified, referred to in the tables as Registered Nurses. Malpractice Payments for nurses are relatively rare. As shown in Table 15, all types of Registered Nurses have been responsible for only 2,267 malpractice payments (1.7 percent of all payments) over the history of the NPDB. Two-thirds of the payments for nurses were made for non-specialized Registered Nurses. Nurse Anesthetists were responsible for 24.0 percent of nurse payments. Nurse Midwives were responsible for 5.9 percent, and Nurse Practitioners were responsible for 3.8 percent of all nurse payments. Monitoring, treatment, and medication problems are responsible for the majority or payments for non-specialized nurses, but obstetrics and surgery-related problems are also responsible for significant numbers of payments for these nurses. As would be expected, anesthesia-related problems are responsible for 87.5 percent of the 544 payments for Nurse Anesthetists. Similarly, obstetrics-related problems are responsible for 78.3 percent of the 134 Nurse Midwife payments. Diagnosis-related problems are responsible for 40.7 percent of the 86 payments for Nurse Practitioners. Treatment-related problems are responsible for another 25.6 percent of payments for these nurses.

As shown in Table 16, the median and mean payment for all types of nurses in 1997 was \$105,000 and \$310,814, respectively. The median is \$5,000 larger than the median physician payment and the mean is over \$96,000 larger than the mean physician payment in 1997. Cumulatively, the pattern is somewhat different. Although the inflation-adjusted cumulative mean nurse payment of \$232,871 is over \$28,000 larger than the cumulative mean physician payment, the inflation-adjusted cumulative median nurse payment (\$66,964) is \$25,353 less than the inflation-adjusted cumulative median payment for physicians.

Table 17 shows the cumulative nurse malpractice payment rate by State. South Dakota and Delaware have the lowest malpractice payment rates for nurses. Arizona and Colorado have the highest. These same states do not have particularly high or low rates for physician malpractice payments. In fact, the correlation coefficient between the State payment rates for nurse malpractice payments and physician malpractice payments is only 0.16, which means that only about 2.6 percent in the variation in one is explained by variation in the other. This suggests that differences in actual malpractice rates rather than differences in State malpractice statutes may play a large role in the differences since if State statutes played a larger role, the payment amounts for physicians and nurses would tend to vary together within states. For example, States with more and higher physician payments would tend to have more and higher nurse payments.

Queries

Query data are presented in Table 18. A total of 3,133,471 entity requests for the disclosure of information (queries) were successfully processed by the NPDB during 1997. This is an average of about 6 queries every minute, 24 hours a day, 365 days a year, or one query about every 10 seconds. The number of queries in 1997 increased 13.4 percent from the 2,762,643 queries processed during 1996. It is also almost 3.9 times as many queries as the 809,844 queries processed during the NPDB's first full year of operation, 1991. Cumulatively, the NPDB had processed 12,642,039 queries by the end of 1997.

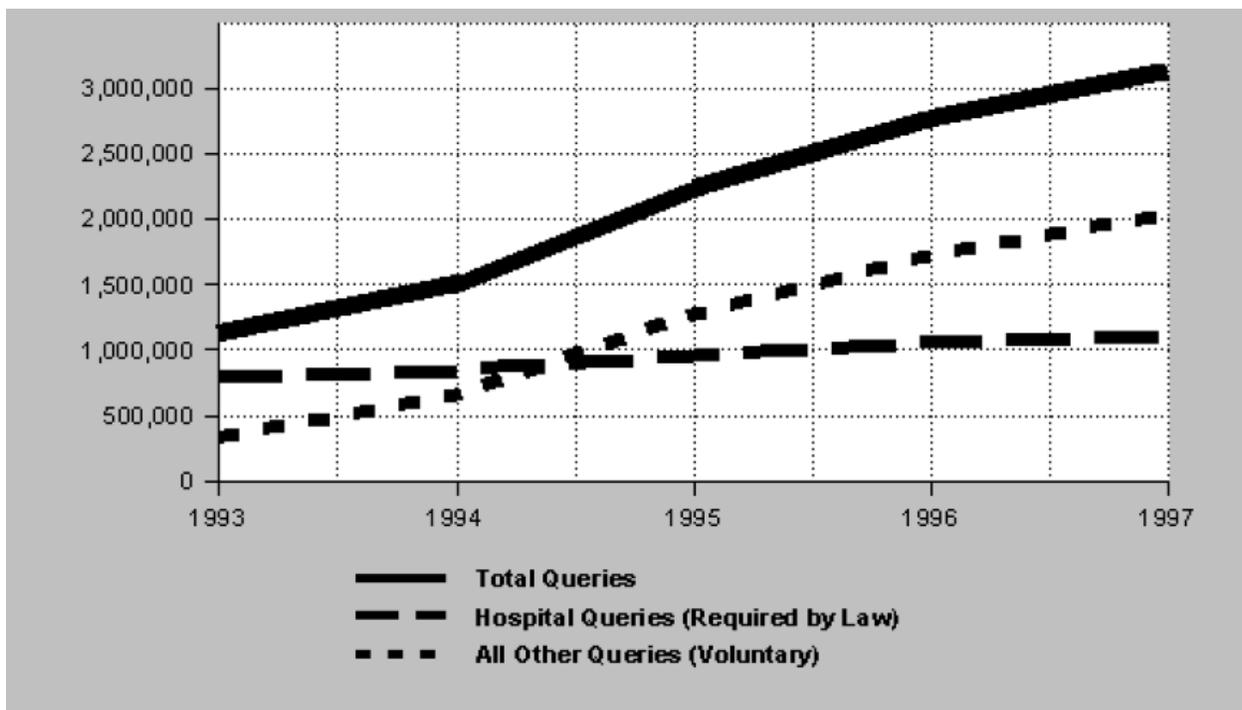
Practitioner self-queries are also shown in Table 18. Practitioners who want to verify their record (or lack of a record) in the NPDB can query on their own record at any time without charge. Some State boards, which could query the NPDB, instead require practitioners to submit self-query results with license applications. During 1997, the NPDB processed 52,603 self-query requests. This was an increase of 16.0 percent over the number of self-queries processed during 1996. Only 4,704 (8.9 percent) of the practitioners who self-queried in 1997 had reports in the NPDB. Cumulatively from the opening of the NPDB, 219,055 self-queries have been processed; 16,433 (7.5 percent) of these queries were matched with reports in the NPDB.

The NPDB classifies entity queries as "required" and "voluntary." Hospitals are required to query for all 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. Figure 2 shows querying volumes for the last five years. Hospitals made most of the queries to the NPDB in its first few years of operation. Although the number of hospital queries increased by 150 percent from 1991 (the NPDB's first full year of operation) to 1997, to a total of 1,105,474 queries in 1997, the increase in the number of voluntary queries has been much greater. These queries increased from 72,801 in 1991 to 2,027,997 in 1997, an increase of over 2,685 percent. Voluntary queries represented 64.7 percent of all queries during 1997 (Table 19).

The distribution of queries by querier type is shown in Table 19. Of the voluntary queriers, HMOs are the most active. Although they represent 8.3 percent of all entities registered with the NPDB, HMOs made 29.9 percent of all queries cumulatively and 36.8 percent of all queries during 1997. PPOs and group practices made 5.4 percent of all queries during the entire period, but during 1997 these entities were responsible for 8.7 percent of all queries. State licensing boards made 0.4 percent of queries during 1997 and 0.5 percent cumulatively. Professional societies were responsible for 0.4 percent of all queries during 1997 and 0.3 percent of all queries cumulatively. In summary, the percentage of queries submitted by hospitals has decreased while HMO, PPO, group practice, and other entity queries have increased.

Figure 2: Growth in Queries, by Querier Type 1993-1997



Matches

When an entity submits a query on a practitioner, a "match" occurs when that individual is found to have a report in the NPDB. As shown in Table 18, the 359,255 entity queries matched during 1997 represents a match rate of 11.5 percent. Although the match rate has steadily risen since the opening of the NPDB, we hypothesize that it will plateau once the NPDB 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 88.5 percent of queries submitted receive a "no-match" response from the NPDB, meaning that the practitioner does not have a report in the NPDB. This does not mean, however, that there was no value in receiving these responses. During 1995 the Office of Inspector General completed an evaluation of the utility of the NPDB and found that 77 percent of the hospitals and 96 percent of the managed care organizations found "no match" responses useful,(14) presumably because they confirm that practitioners have had no reports in (now) over 6 years. These responses will become even more valuable as the NPDB matures.

The NPDB conducted a special study of queries by practitioner type during an October 1997 sample period. During this period 218,493 queries were processed. Since the NPDB does not normally record practitioner type information on queries that were not matched, this study represents only the second time that this type of information has been available. The results of this study are shown in Table 20. Almost 82 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 (2.9 percent of queries), clinical psychologists (2.5 percent), clinical social workers (2.2 percent), podiatrists (1.8 percent) and chiropractors (1.5 percent).

Registered Entities

All reporting and querying to the NPDB (except for practitioner self-querying) is done by registered entities which certify that they meet the requirements of the Health Care Quality Improvement Act of 1986. Table 21 provides information on the more than 12,000 registered entities that have reported or queried at least once since the opening of the NPDB and those active as of December 31, 1997. Some entities have (or had in the past) multiple registration numbers either simultaneously or sequentially, so the numbers shown in Table 21 do not necessarily reflect the actual number of individual entities which have reported to or queried the NPDB. Hospitals are by far the largest category; followed by "other health care entities," HMOs, group practices, 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 entities which provide health care services may also occasionally make a malpractice payment without affecting their registration status or ability to query. A self-insured hospital, for example, may make

a malpractice payment for an employee physician without changing its registration status to malpractice payer.

Disputed Reports and Secretarial Review

At the end of 1997, there were 2,602 reportable action and 6,471 malpractice payment reports under dispute by the practitioners named in the reports. No Medicare/Medicaid exclusion reports have been disputed. Disputed reports constitute 8.1 percent of all reportable action reports and 4.7 percent of all malpractice payment reports. Practitioners who have disputed reports first 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 22 presents information on this level of review. Requests for review by the Secretary increased by 13.9 percent from 1996 to 1997. A total of 131 requests for review by the Secretary were received during 1997 compared to 115 in 1996 and 97 in 1995. 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 1997, the number of new requests for Secretarial Review was about 0.5 percent of the number of new malpractice payment and adverse action reports received.

As Table 22 shows, reportable action reports were far more likely to be appealed to the Secretary than were malpractice payment reports. During 1997, 61.1 percent (85 requests) of all requests for Secretarial Review concerned reportable actions (i.e., licensure, clinical privileges, or professional society membership reports) even though only 21.8 percent of all 1997 reports fell in this category. Since the opening of the NPDB reportable actions have represented a much larger proportion of Secretarial Reviews than would be expected from the number of reportable action reports received by the NPDB.

Table 23 presents data on the outcome of requests for Secretarial Review. At the end of 1997, 19 (14.5 percent) of the 131 requests for Secretarial Review received during the year remained unresolved. Of the 112 new 1997 cases which were resolved, only 23 (20.5 percent) were resolved in a way 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 87 cases (77.7 percent of the 1997 cases which were resolved). Two cases were administratively dismissed.

Table 24 presents cumulative information on Secretarial Reviews by report type and outcome. By the end of 1997 only 17.7 percent of all requests for Secretarial Review had resulted in a change to a report in the NPDB either through Secretarial action or voluntary action by a reporter while Secretarial action was pending. At the end of 1997 2.3 percent of

1997 DATA BANK OPERATING IMPROVEMENTS AND PROSPECTS FOR THE FUTURE

all requests for Secretarial Review remained unresolved. Only 51 (12.6 percent) of the total of 406 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, 75 (17.9 percent) of the 421 requests resulted in a change in favor of the practitioner. For licensure actions and professional society membership actions, these numbers were 55 (27.6 percent) of 199 requests and 3 (25.0 percent) of 12 requests, respectively.

CONCLUSION

The NPDB continued to improve its operations during 1997. 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 NPDB's customers. The addition of Medicare/Medicaid exclusion reports, which was largely responsible for the record number of reports, was a major milestone. The beginning of work by SRA to set up the new HIPDB, which will be operated in conjunction with the NPDB, was another major accomplishment.

As data continue to accumulate, the NPDB's value increases as a source of aggregate information for research. Over time, the data generated will provide useful information on trends in malpractice payments, adverse actions, and professional disciplinary behavior. Most importantly, however, the NPDB 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.

STATISTICAL APPENDIX

Click on a table number or description to view the table.

- TABLE 1: Number and Percent Distribution of Reports by Report Type, 1993-1997 and Cumulative
- TABLE 2: Number of Reports Received and Percent Change, by Report Type, 1993-1997
- TABLE 3: Number, Percent Distribution, and Percent Change of Malpractice Payment Reports by Practitioner Type, 1993-1997 and Cumulative
- TABLE 4: Number, Percent Distribution, and Percent Change of Reportable Actions and Medicare/Medicaid Reports by Practitioner Type, 1993-1997 and Cumulative
- TABLE 5: Currently Active, Non-Federal Hospitals That Have Never Reported to the National Practitioner Data Bank, by State
- TABLE 6: Physician Cumulative Reportable Licensure and Privileges Actions Reports by Type and State
- TABLE 7: Physician and Dentist Malpractice Payments, Cumulative Number and Annualized Rate per 1,000 Practitioners, by State
- TABLE 8: Malpractice Payment Reports per 1,000 Practitioners, by Practitioner Type and State
- TABLE 9: Mean and Median Malpractice Payment and Mean Delay between Incident and Payment, by State
- TABLE 10: Mean and Median Malpractice Payment Amounts (Actual and Inflation Adjusted) Made for the Benefit of Physicians, by Malpractice Reason, 1997 and Cumulative
- TABLE 11: Mean Delay Between Incident and Payment by Malpractice Reason, 1997 and Cumulative
- TABLE 12: Malpractice Payment and Licensure and Clinical Privileges Reports per 1,000 Physicians, by State, 1993-1997

NPDB 1997 Annual Report STATISTICAL APPENDIX

TABLE 13: Physicians' Relationship between Frequency of Malpractice Payment Reports and Having No Reportable Action Reports and No Medicare/Medicaid Exclusion Reports

TABLE 14: Physicians' Relationship between Frequency of Reportable Action Reports and Having No Malpractice Payments Reports and No Medicare/Medicaid Exclusion Reports

TABLE 15: Nurse Malpractice Payments by Type of Nurse and Malpractice Reason

TABLE 16: Mean and Median Malpractice Payment Amounts (Actual and Inflation Adjusted) Made for the Benefit of Nurses, by Malpractice Reason, 1997 and Cumulative

TABLE 17: Nurse (Registered Nurses, Nurse Anesthetists, Nurse Midwives, and Nurse Practitioners) Malpractice Payments, Cumulative Number, and Annualized Rate per 1,000 Practitioners, by State

TABLE 18: Number, Percent, and Percent Change in Queries and Queries Matched, 1993 - 1997 and Cumulative

TABLE 19: Number and Percent of Queries by Type of Querying Entity, 1993 - 1997 and Cumulative

TABLE 20: Number of Queries by Practitioner Type

TABLE 21: Entities That Have Queried or Reported to the National Practitioner Data Bank at Least Once, by Entity Type

TABLE 22: Number, Percent and Percent Change in Requests for Secretarial Review, by Report Type, 1993 - 1997 and Cumulative

TABLE 23: Number and Percent Distribution of Requests for Secretarial Review, by Outcome Type, 1993 - 1997 and Cumulative

TABLE 24: Cumulative Number and Percent Distribution of Requests for Secretarial Review, by Report Type and Outcome Type

STATISTICAL APPENDIX (TABLES 1-4)

TABLE 1: Number and Percent Distribution of Reports by Report Type, 1993 - 1997 and Cumulative (National Practitioner Data Bank, September 1, 1990 - December 31, 1997)

REPORT TYPE	1993		1994		1995		1996		1997		Cumulative through 1997 Number	Cumulative through 1997 Percent
	Number	Percent										
REPORTABLE ACTION REPORTS*	4,217	17.8%	4,839	19.5%	4,811	21.0%	5,398	21.7%	5,285	16.5%	32,148	18.2%
Licensure	3,066	12.9%	3,760	15.2%	3,904	17.0%	4,376	17.6%	4,238	13.2%	24,803	14.0%
Clinical Privilege	1,060	4.5%	979	3.9%	875	3.8%	990	4.0%	988	3.1%	6,892	3.9%
Professional Society Membership	56	0.2%	43	0.2%	31	0.1%	32	0.1%	33	0.1%	277	0.2%
DEA	35	0.1%	57	0.2%	1	0.0%	0	0.0%	26	0.1%	176	0.1%
MEDICARE/MEDICAID EXCLUSION	0	0.0%	0	0.0%	0	0.0%	0	0.0%	7,831	24.4%	7,831	4.4%
MEDICAL MALPRACTICE PAYMENT REPORTS	19,533	82.2%	19,955	80.5%	18,107	79.0%	19,528	78.3%	18,929	59.1%	136,624	77.4%
TOTAL	23,750	100.0%	24,794	100.0%	22,918	100.0%	24,926	100.0%	32,045	100.0%	176,603	100.0%

*“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 NPDB as of December 31, 1997. The numbers of reports for 1993 through 1996 may differ from those shown in the 1996 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.

STATISTICAL APPENDIX 1-4

**TABLE 2: Number of Reports Received and Percent Change, by Report Type, 1993 - 1997
(National Practitioner Data Bank, January 1, 1992 - December 31, 1997)**

REPORT TYPE	1993 Number	% Change 1993-1994	1994 Number	% Change 1994-1995	1995 Number	% Change 1996-1997	1996 Number	% Change 1995-1996	1997 Number	% Change 1996-1997
REPORTABLE ACTION REPORTS	4,217	7.9%	4,839	14.7%	4,811	-0.6%	5,398	12.2%	5,285	-2.1%
Licensure	3066	9.2%	3,760	22.6%	3,904	3.8%	4,376	12.1%	4,238	-3.2%
Clinical Privilege	1,060	5.1%	979	-7.6%	875	-10.6%	990	13.1%	988	-0.2%
Professional Society Membership	56	24.4%	43	-23.2%	31	-27.9%	32	3.2%	33	3.1%
DEA	35	-27.1%	57	62.9%	1	-98.2%	0	-100.0%	26	----
MEDICARE/MEDICAID EXCLUSION	0	0.0%	0	0.0%	0	0.0%	0	0.0%	7831	----
MEDICAL MALPRACTICE PAYMENT REPORTS	19,553	-2.7%	19,955	2.1%	18,107	-9.3%	19,528	7.8%	18,929	-3.1%
TOTAL	23,770	-1.0	24,794	4.3%	22,918	-7.6%	24,926	8.8%	32,045	28.6%

*“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 NPDB as of December 31, 1997. The numbers of reports for 1993 through 1996 may differ from those shown in the 1996 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, 1993 - 1997 and Cumulative (National Practitioner Data Bank, September 1, 1990 - December 31, 1997)

YEAR	Practitioner Type				
	Physicians	Dentist	All Others	Not Specified	Total
1993					
Malpractice Payments Reports	14,590	3,030	1,741	172	19,533
Percent of 1993 Malpractice Reports	74.7%	15.5%	8.9%	0.9%	100.0%
Percent Change (1992 to 1993)	-1.5%	-9.0%	-11.4%	---	-2.8%
1994					
Malpractice Payment Reports	15,305	2,960	1,551	139	19,955
Percent of 1994 Malpractice Reports	76.7%	14.8%	7.8%	0.7%	100.0%
Percent Change (1993 to 1994)	4.9%	-2.3%	-10.9%	-19.2%	2.2%
1995					
Malpractice Payment Reports	14,084	2,556	1,430	37	18,107
Percent of 1995 Malpractice Reports	77.8%	14.1%	7.9%	0.2%	100.0%
Percent Change (1994 to 1995)	-8.0%	-13.6%	-7.8%	-73.4%	-9.3%
1996					
Malpractice Payment Reports	15,451	2,515	1,523	39	19,528
Percent of 1996 Malpractice reports	79.1%	12.9%	7.8%	0.2%	100.0%
Percent Change(1995 to 1996)	9.7%	-1.6%	6.5%	5.4%	7.8%
1997					
Malpractice Payment Reports	15,112	2,505	1,285	27	18,929
Percent of 1997 Malpractice Reports	79.8%	13.2%	6.8%	0.1%	100.0%
Percent Change (1996 to 1997)	-2.2%	-0.4%	-15.6%	-30.8%	-3.1%
Cumulative (9/1/90 – 12/31/97)					
Malpractice Payment Reports	104,464	20,053	11,806	301	136,624
Percent of all Malpractice Reports	76.5%	14.7%	8.6%	0.2%	100.0%

NOTE: This table includes only disclosable reports in the NPDB as of December 31, 1997. The numbers of reports for 1993 through 1996 may differ from those shown in the 1996 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. Physicians include Allopathic and Osteopathic physicians and interns and residents. Dentists include dental residents.

STATISTICAL APPENDIX 1-4

REPORT AND PRACTITIONER TYPE	1993			1994			1995			1996			1997			Cumulative 9/1/90-12/31/97	
	Number	Percent	% Change 1992 - 1993	Number	Percent	% Change 1993-1994	Number	Percent	% Change 1994 - 1995	Number	Percent	% Change 1995-1996	Number	Percent	% Change 1996-1997	Number	Percent
MEDICARE/MEDICAID EXCLUSION	0	0.0%	---	0	0.0%	---	0	0.0%	---	0	0.0%	---	7,831	59.7%	---	7,831	19.6%
Physicians	0	0.0%	---	0	0.0%	---	0	0.0%	---	0	0.0%	---	2,295	17.5%	---	2,295	5.7%
Dentists	0	0.0%	---	0	0.0%	---	0	0.0%	---	0	0.0%	---	760	5.8%	---	760	1.9%
Other Health Care Practitioners	0	0.0%	---	0	0.0%	---	0	0.0%	---	0	0.0%	---	4,776	36.4%	---	4,776	11.9%
[Not Specified]	0	0.0%	---	0	0.0%	---	0	0.0%	---	0	0.0%	---	0	0.0%	---	0	0.0%
TOTAL	4,217	100.0%	7.9%	4,839	100.0%	14.7%	4,811	100.0%	-0.6%	5,398	100.0%	12.2%	13,116	100.0%	143.0%	39,979	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 NPDB as of December 31, 1997. The numbers of reports for 1993 through 1996 may differ from those shown in the 1996 Annual Report because of modifications and voided reports.

STATISTICAL APPENDIX (TABLES 5-8)

**TABLE 5: Currently Active Non-Federal Hospitals That Have Never Reported to the National Practitioner Data Bank, by State
(National Practitioner Data Bank, September 1, 1990-December 31, 1997)**

State	# of Hospitals Registered with the NPDB	# of Hospitals That Have Never Reported	% Hospitals That Have Not Reported
ALABAMA	137	105	76.6%
ALASKA	18	13	72.2%
ARIZONA	83	47	56.6%
ARKANSAS	90	61	67.8%
CALIFORNIA	543	290	53.4%
COLORADO	82	53	64.6%
CONNECTICUT	56	33	58.9%
DELAWARE	13	5	38.5%
FLORIDA	317	212	66.9%
GEORGIA	197	120	60.9%
HAWAII	28	18	64.3%
IDAHO	51	38	74.5%
ILLINOIS	240	147	61.3%
INDIANA	164	105	64.0%
IOWA	123	97	78.9%
KANSAS	155	121	78.1%
KENTUCKY	123	89	72.4%
LOUISIANA	203	168	82.8%
MAINE	44	26	59.1%
MARYLAND	87	48	55.2%
MASSACHUSETTS	136	91	66.9%
MICHIGAN	192	104	54.2%
MINNESOTA	152	126	82.9%
MISSISSIPPI	112	91	81.2%
MISSOURI	159	110	69.2%
MONTANA	59	45	76.3%
NEBRASKA	96	75	78.1%
NEVADA	41	27	65.9%
NEW HAMPSHIRE	38	21	55.3%
NEW JERSEY	115	46	40.0%
NEW MEXICO	54	38	70.4%
NEW YORK	285	144	50.5%
NORTH CAROLINA	150	101	67.3%

STATISTICAL APPENDIX 5-8

State	# of Hospitals Registered with the NPDB	# of Hospitals That Have Never Reported	% Hospitals That Have Not Reported
NORTH DAKOTA	51	39	76.5%
OHIO	215	117	54.4%
OKLAHOMA	147	105	71.4%
OREGON	66	34	51.5%
PENNSYLVANIA	278	159	57.2%
RHODE ISLAND	18	9	50.0%
SOUTH CAROLINA	83	54	65.1%
SOUTH DAKOTA	59	48	81.4%
TENNESSEE	157	113	72.0%
TEXAS	570	417	73.2%
UTAH	55	39	70.9%
VERMONT	16	8	50.0%
VIRGINIA	134	81	60.4%
WASHINGTON	90	48	53.3%
WEST VIRGINIA	63	44	69.8%
WISCONSIN	148	101	68.2%
WYOMING	28	22	78.6%
WASHINGTON, DC	13	6	46.2%
TOTAL	6,534	4,259	65.2%

NOTE: “Currently active” hospitals are those listed as having active registrations as of December 31, 1997.

TABLE 6: Physician Cumulative Reportable Licensure and Privileges Actions Reports by Type and State
(National Practitioner Data Bank, September 1, 1990 - December 31, 1997)

STATE	# of Physicians	Licensure Reports	Annualized Rate/1,000	Rank	Privileges Reports	Annualized Rate/ 1,000	Rank
ALABAMA	7,582	169	3.04	11	76	1.37	17
ALASKA	955	45	6.43	41	7	1.00	6
ARIZONA	8,259	476	7.86	45	191	3.15	50
ARKANSAS	4,202	117	3.80	20	55	1.78	33
CALIFORNIA	77,084	1,929	3.41	15	834	1.48	21
COLORADO	8,512	657	10.53	47	161	2.58	45
CONNECTICUT	10,788	297	3.75	19	50	0.63	2
DELAWARE	1,546	32	2.82	9	22	1.94	37
FLORIDA	30,797	1,168	5.17	33	349	1.55	24
GEORGIA	13,751	495	4.91	30	215	2.13	42
HAWAII	3,092	50	2.21	4	32	1.41	18
IDAHO	1,548	56	4.93	31	26	2.29	43
ILLINOIS	27,935	711	3.47	16	174	0.85	4
INDIANA	10,023	290	3.95	21	140	1.90	36
IOWA	4,625	364	10.73	48	58	1.71	31
KANSAS	4,942	168	4.64	27	110	3.04	48
KENTUCKY	7,165	379	7.21	43	86	1.64	25
LOUISIANA	9,224	323	4.78	29	76	1.12	8
MAINE	2,477	80	4.40	24	37	2.04	40
MARYLAND	18,958	632	4.55	26	187	1.35	16
MASSACHUSETTS	22,803	392	2.34	6	125	0.75	3
MICHIGAN	19,158	775	5.52	37	232	1.65	27
MINNESOTA	10,936	320	3.99	22	86	1.07	7
MISSISSIPPI	3,807	342	12.25	50	46	1.65	26
MISSOURI	11,424	472	5.63	38	127	1.52	22
MONTANA	1,484	80	7.35	44	26	2.39	44
NEBRASKA	3,193	61	2.61	8	63	2.69	46
NEVADA	2,283	74	4.42	25	71	4.24	51
NEW HAMPSHIRE	2,429	34	1.91	3	32	1.80	34
NEW JERSEY	21,439	845	5.37	36	224	1.42	19
NEW MEXICO	3,363	37	1.50	1	48	1.95	38
NEW YORK	63,146	1,609	3.47	17	415	0.90	5
NORTH CAROLINA	14,693	247	2.29	5	126	1.17	10
NORTH DAKOTA	1,273	107	11.46	49	28	3.00	47
OHIO	23,976	1,149	6.53	42	327	1.86	35
OKLAHOMA	5,172	395	10.41	46	119	3.14	49
OREGON	6,619	288	5.93	39	75	1.55	23
PENNSYLVANIA	32,032	611	2.60	7	266	1.13	9

STATISTICAL APPENDIX 5-8

STATE	# of Physicians	Licensure Reports	Annualized Rate/1,000	Rank	Privileges Reports	Annualized Rate/ 1,000	Rank
RHODE ISLAND	2,839	98	4.71	28	26	1.25	12
SOUTH CAROLINA	6,768	247	4.98	32	82	1.65	28
SOUTH DAKOTA	1,211	32	3.60	18	11	1.24	11
TENNESSEE	11,389	277	3.32	14	107	1.28	13
TEXAS	34,855	1,338	5.23	35	444	1.74	32
UTAH	3,674	80	2.97	10	35	1.30	14
VERMONT	1,561	71	6.20	40	19	1.66	29
VIRGINIA	15,005	364	3.31	13	144	1.31	15
WASHINGTON	12,389	382	4.18	23	178	1.96	39
WEST VIRGINIA	3,573	342	13.05	51	44	1.68	30
WISCONSIN	10,514	252	3.27	12	111	1.44	20
WYOMING	704	27	5.23	34	11	2.13	41
WASHINGTON, D.C.	4,040	54	1.82	2	18	0.61	1
Total	611,217	19,838	4.43		6,552	1.46	

NOTE: Rank orders the annualized rate from the State with the fewest reports per 1,000 practitioners per year (number 1) to the State with the greatest number of reports (number 51). This table includes only disclosable reports in the NPDB as of December 31, 1997. The physician cumulative is data from 1994, the middle year between 1990 through 1997. The cumulative 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, 1997)**

STATE	Number of Physician Reports	Number of Physicians	Physicians Annualized Rate	Number of Dentist Reports	Number of Dentists	Dentists Annualized Rate
ALABAMA	402	7,582	7.23	84	1,770	6.47
ALASKA	135	955	19.28	36	335	14.65
ARIZONA	1,507	8,259	24.88	308	1,956	21.47
ARKANSAS	475	4,202	15.41	76	1,003	10.33
CALIFORNIA	12,039	77,084	21.30	4,272	21,356	27.28
COLORADO	1,175	8,512	18.82	261	2,529	14.07
CONNECTICUT	1,003	10,788	12.68	323	2,592	16.99
DELAWARE	250	1,546	22.05	39	328	16.21
FLORIDA	6,296	30,797	27.88	986	7,295	18.43
GEORGIA	1,660	13,751	16.46	220	3,212	9.34
HAWAII	215	3,092	9.48	60	950	8.61
IDAHO	212	1,548	18.68	30	594	6.89
ILLINOIS	4,960	27,935	24.21	869	8,056	14.71
INDIANA	2,203	10,023	29.97	270	2,827	13.02
IOWA	859	4,625	25.33	119	1,565	10.37
KANSAS	1,186	4,942	32.73	151	1,271	16.20
KENTUCKY	1,011	7,165	19.24	219	2,131	14.01
LOUISIANA	1,717	9,224	25.38	217	2,012	14.71
MAINE	267	2,477	14.70	57	592	13.13
MARYLAND	1,528	18,958	10.99	485	3,656	18.09
MASSACHUSETTS	1,896	22,803	11.34	505	4,886	14.09
MICHIGAN	6,105	19,158	43.45	1,032	6,014	23.40
MINNESOTA	938	10,936	11.70	216	2,885	10.21
MISSISSIPPI	753	3,807	26.97	65	1,005	8.82
MISSOURI	2,082	11,424	24.85	329	2,754	16.29
MONTANA	434	1,484	39.88	55	460	16.30
NEBRASKA	437	3,193	18.66	93	1,118	11.34
NEVADA	499	2,283	29.81	85	581	19.95
NEW HAMPSHIRE	420	2,429	23.58	110	668	22.46
NEW JERSEY	3,897	21,439	24.79	700	6,336	15.07
NEW MEXICO	682	3,363	27.65	9	687	19.45
NEW YORK	13,313	63,146	28.75	1,92	15,043	17.44
NORTH CAROLINA	1,606	14,693	14.91	17	2,951	7.90
NORTH DAKOTA	184	1,273	19.71	14	294	6.49
OHIO	4,720	23,976	26.85	726	6,112	16.20
OKLAHOMA	732	5,172	19.30	144	1,577	12.45
OREGON	684	6,619	14.09	135	2,131	8.64
PENNSYLVANIA	8,797	32,032	37.45	1,379	8,174	23.01
RHODE ISLAND	466	2,839	22.38	76	555	18.67

STATISTICAL APPENDIX 5-8

STATE	Number of Physician Reports	Number of Physicians	Physicians Annualized Rate	Number of Dentist Reports	Number of Dentists	Dentists Annualized Rate
SOUTH CAROLINA	558	6,768	11.24	62	1,556	5.43
SOUTH DAKOTA	161	1,211	18.13	39	320	16.62
TENNESSEE	1,198	11,389	14.34	170	2,829	8.19
TEXAS	7,274	34,855	28.46	1,169	8,772	18.17
UTAH	753	3,674	27.95	369	1,187	42.39
VERMONT	212	1,561	18.52	48	326	20.08
VIRGINIA	1,477	15,005	13.42	239	3,558	9.16
WASHINGTON	1,675	12,389	18.44	506	3,332	20.71
WEST VIRGINIA	980	3,573	37.40	86	851	13.78
WISCONSIN	981	10,514	12.72	291	3,100	12.80
WYOMING	181	704	35.06	14	246	7.76
WASHINGTON, DC	380	4,040	12.83	79	761	14.16
TOTAL	103,575	611,217	23.11	20,011	156,338	17.45

NOTE: This table includes only disclosable reports in the NPDB as of December 31, 1997. The physician cumulative is data from 1994, the middle year between 1990 through 1997. The cumulative 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. The cumulative number of dentists is from December 31, 1994 data from Table 302 of the USDHHS Fact book Health Personal United States, 1998 [forthcoming].

**TABLE 8: Malpractice Payment Reports per 1,000 Practitioners, by Practitioner Type and State
(National Practitioner Data Bank, 1993 - 1997)**

STATE	Physicians					Dentists				
	1993	1994	1995	1996	1997	1993	1994	1995	1996	1997
ALABAMA	6.66	6.33	7.21	8.20	8.08	9.41	8.31	3.39	5.08	4.52
ALASKA	20.41	15.71	18.59	30.33	18.59	18.87	37.74	2.99	11.94	0.00
ARIZONA	25.11	27.24	19.47	28.46	29.96	21.62	20.11	9.20	34.76	22.49
ARKANSAS	16.94	17.61	13.87	12.73	13.18	7.99	9.99	13.96	7.98	10.97
CALIFORNIA	22.55	24.47	19.45	23.07	24.02	31.31	27.91	24.72	26.32	26.36
COLORADO	22.06	19.15	18.43	17.64	17.64	14.50	11.28	9.09	16.61	13.44
CONNECTICUT	13.05	12.42	14.19	11.39	13.11	23.01	17.35	13.89	16.98	10.80
DELAWARE	22.44	24.58	25.67	23.79	17.53	21.47	12.27	6.10	21.34	6.10
FLORIDA	27.46	26.37	26.96	34.18	35.65	17.40	21.02	18.09	17.27	21.52
GEORGIA	16.28	17.74	16.04	17.59	18.54	10.60	9.98	6.23	8.41	11.83
HAWAII	9.35	11.64	12.98	11.71	6.33	7.58	12.99	9.47	10.53	10.53
IDAHO	20.92	21.96	17.06	20.11	18.89	3.47	10.40	3.37	6.73	10.10
ILLINOIS	30.64	26.49	20.51	20.78	21.19	21.18	19.21	14.65	11.67	11.30
INDIANA	20.30	24.94	17.99	60.41	41.38	11.73	10.31	14.86	18.39	11.32
IOWA	29.77	24.00	22.51	28.35	27.51	11.70	8.45	13.42	8.31	5.11
KANSAS	34.37	40.06	26.93	30.61	43.21	14.52	22.51	15.74	11.80	14.16
KENTUCKY	19.79	23.31	19.25	18.59	20.57	13.62	18.78	15.02	9.39	11.73
LOUISIANA	31.29	27.54	17.92	22.70	26.87	19.74	14.81	14.41	12.92	11.93
MAINE	19.71	14.53	12.79	13.19	16.79	5.05	10.10	18.58	21.96	16.89
MARYLAND	11.26	11.60	11.38	12.10	12.10	15.43	13.57	13.13	9.30	14.22
MASSACHUSETTS	13.21	11.18	9.90	10.99	9.36	15.87	15.87	18.22	14.12	11.26
MICHIGAN	42.15	53.19	50.85	33.32	32.49	26.57	38.76	24.44	11.64	14.13
MINNESOTA	12.42	13.26	10.52	11.14	8.73	11.93	10.56	9.36	6.59	8.32
MISSISSIPPI	27.93	30.47	28.55	28.30	33.27	9.61	8.65	3.98	11.94	10.95
MISSOURI	23.97	25.47	25.91	26.41	20.84	18.72	20.52	14.52	13.80	13.80
MONTANA	32.76	43.80	32.80	42.70	37.75	24.64	10.27	13.04	10.87	10.87
NEBRASKA	16.18	21.30	19.54	17.74	21.05	16.57	14.73	17.89	2.68	6.26
NEVADA	32.67	36.79	33.27	25.65	30.06	10.60	17.67	15.49	12.05	44.75
NEW HAMPSHIRE	30.59	32.52	21.12	28.69	20.72	19.29	23.74	32.93	17.96	19.46
NEW JERSEY	30.27	26.96	23.51	23.65	21.03	15.20	16.59	16.10	13.10	15.63
NEW MEXICO	20.30	30.03	26.34	39.37	31.15	10.94	21.89	17.47	18.92	34.93
NEW YORK	32.02	32.26	25.55	27.42	28.38	17.86	16.86	14.62	14.03	17.42
NORTH CAROLINA	16.97	15.93	13.93	14.25	15.39	9.20	6.13	6.44	6.78	10.50

STATISTICAL APPENDIX 5-8

STATE	Physicians					Dentists				
	1993	1994	1995	1996	1997	1993	1994	1995	1996	1997
NORTH DAKOTA	22.64	25.14	17.82	23.01	13.36	0.00	9.77	3.40	6.80	0.00
OHIO	24.39	25.23	25.42	27.55	25.22	16.79	19.07	14.89	15.22	13.42
OKLAHOMA	24.75	19.91	18.19	20.05	13.55	14.23	17.33	12.05	7.61	13.32
OREGON	16.98	15.86	12.62	12.18	12.33	4.81	7.22	3.28	12.20	7.04
PENNSYLVANIA	36.45	37.93	38.29	42.95	41.46	26.25	22.81	23.24	19.33	19.70
RHODE ISLAND	25.96	19.02	19.25	19.58	28.21	12.54	23.30	19.82	10.81	14.41
SOUTH CAROLINA	11.81	6.06	10.28	13.06	16.68	3.91	8.47	3.86	3.21	3.86
SOUTH DAKOTA	15.13	24.77	20.23	17.90	21.01	12.08	15.11	25.00	12.50	9.38
TENNESSEE	16.70	15.28	12.71	12.95	16.07	9.65	6.43	10.96	6.72	7.78
TEXAS	29.42	30.70	28.11	29.68	25.30	14.80	18.67	18.70	23.60	14.25
UTAH	30.08	29.94	34.56	31.73	26.05	163.84	70.46	21.90	13.48	15.16
VERMONT	19.63	21.78	18.65	17.40	22.37	12.16	36.47	18.40	21.47	12.27
VIRGINIA	15.54	15.86	12.46	13.98	11.95	6.20	10.43	8.71	12.09	9.56
WASHINGTON	20.74	18.00	18.65	18.33	20.93	18.24	18.55	20.11	34.51	25.81
WEST VIRGINIA	37.16	40.58	38.92	31.62	35.14	19.52	18.37	17.63	11.75	7.05
WISCONSIN	12.30	11.32	10.04	13.02	8.14	13.12	11.84	12.26	9.03	14.19
WYOMING	30.35	66.76	22.40	40.84	27.67	8.20	4.10	12.20	16.26	0.00
WASHINGTON, DC	9.10	13.61	10.23	17.71	15.72	14.38	9.15	7.88	15.77	18.40
Total	24.32	24.80	21.87	24.03	23.45	19.41	18.96	16.30	16.04	15.93

NOTE: This table includes only disclosable reports in the NPDB as of December 31, 1997. The rates for 1993 through 1996 may differ from those shown in the 1996 Annual Report because of modifications and voided reports. Modified reports are counted in the year of modification. Data on the number of physicians: For 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., 1993-94 edition. For 1994: 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 1995-1997: The number of physicians is the number of “total physicians” less the number of physicians listed as “inactive” or “address unknown” as of December 31, 1995 from Table D-7 of the American Medical Association's Physician Characteristics and Distribution in the U.S., 1996-97 edition. Data on number of dentists: For 1993-1994: Table 302 from the USDHHS Fact book Health Personnel United States, March 1993. For 1995-1997: Table 302 from the USDHHS Fact book Health Personnel United States, 1998 [forthcoming].

STATISTICAL APPENDIX (TABLES 9-12)

**TABLE 9: Mean and Median Malpractice Payment and Mean Delay between Incident and Payment, by State
(National Practitioner Data Bank, September 1, 1990 - December 31, 1997)**

STATE	Cumulative Mean Payment	Cumulative Median Payment	1997 Only Mean Payment	1997 Only Median Payment	Cumulative Mean Delay Between Incident and Payment (years)	1997 only Mean Delay Between Incidents and Payment (years)
ALABAMA	\$261,015	\$75,000	\$254,468	\$100,000	3.81	3.59
ALASKA	\$137,215	\$60,000	\$177,748	\$65,000	3.97	4.20
ARIZONA	\$165,993	\$55,192	\$237,006	\$100,000	3.58	3.59
ARKANSAS	\$126,478	\$50,000	\$100,703	\$45,000	3.24	3.08
CALIFORNIA	\$88,358	\$29,999	\$92,513	\$29,999	3.47	3.05
COLORADO	\$115,405	\$32,354	\$158,059	\$60,800	3.29	3.42
CONNECTICUT	\$201,911	\$58,000	\$327,507	\$125,000	5.32	5.23
DELAWARE	\$156,685	\$67,500	\$211,342	\$68,000	4.51	4.35
FLORIDA	\$179,663	\$85,000	\$181,441	\$100,000	4.06	3.41
GEORGIA	\$207,317	\$75,001	\$264,293	\$100,000	3.35	3.22
HAWAII	\$174,375	\$40,000	\$330,868	\$44,000	3.94	3.94
IDAHO	\$144,132	\$27,500	\$225,728	\$75,000	3.05	2.89
ILLINOIS	\$242,780	\$100,000	\$272,473	\$150,000	5.63	4.97
INDIANA	\$120,740	\$50,000	\$166,828	\$75,253	4.97	5.16
IOWA	\$177,917	\$40,000	\$181,705	\$75,000	3.09	3.26
KANSAS	\$136,163	\$75,000	\$123,924	\$75,000	3.81	3.65
KENTUCKY	\$145,426	\$40,250	\$153,616	\$58,710	3.65	3.90
LOUISIANA	\$106,651	\$55,000	\$146,900	\$95,000	4.51	4.56
MAINE	\$193,710	\$80,000	\$251,074	\$150,000	3.76	3.99
MARYLAND	\$175,575	\$55,000	\$215,962	\$100,000	4.57	4.41
MASSACHUSETTS	\$203,584	\$80,000	\$288,997	\$125,000	5.71	5.48
MICHIGAN	\$85,384	\$50,000	\$90,087	\$50,000	4.23	4.03
MINNESOTA	\$131,017	\$40,000	\$124,626	\$45,131	3.15	2.92
MISSISSIPPI	\$157,299	\$75,000	\$222,216	\$75,000	3.87	3.98
MISSOURI	\$180,318	\$74,782	\$179,996	\$90,000	4.51	4.34
MONTANA	\$122,675	\$46,875	\$159,381	\$55,750	4.09	4.11
NEBRASKA	\$91,409	\$35,000	\$111,236	\$50,000	3.73	3.48
NEVADA	\$168,513	\$55,000	\$214,287	\$92,806	3.85	4.29
NEW HAMPSHIRE	\$187,789	\$75,000	\$284,443	\$75,000	4.98	4.41
NEW JERSEY	\$189,643	\$75,000	\$243,087	\$100,000	6.22	5.60
NEW MEXICO	\$108,660	\$60,000	\$80,788	\$43,750	3.66	3.68
NEW YORK	\$208,298	\$75,000	\$227,665	\$100,000	7.16	6.30
NORTH CAROLINA	\$186,154	\$72,000	\$215,108	\$75,000	3.46	3.53
NORTH DAKOTA	\$136,332	\$62,500	\$158,524	\$120,000	3.62	3.64
OHIO	\$173,307	\$50,000	\$234,747	\$95,750	4.29	3.85

STATISTICAL APPENDIX 9-12

STATE	Cumulative Mean Payment	Cumulative Median Payment	1997 Only Mean Payment	1997 Only Median Payment	Cumulative Mean Delay Between Incident and Payment (years)	1997 only Mean Delay Between Incidents and Payment (years)
OKLAHOMA	\$184,252	\$50,000	\$199,364	\$55,500	3.56	3.82
OREGON	\$126,239	\$42,500	\$143,407	\$50,000	3.23	3.18
PENNSYLVANIA	\$168,980	\$100,000	\$211,063	\$150,000	5.93	5.89
RHODE ISLAND	\$206,478	\$80,000	\$192,845	\$90,000	6.05	5.96
SOUTH CAROLINA	\$139,541	\$66,667	\$90,977	\$58,334	4.25	4.20
SOUTH DAKOTA	\$164,181	\$33,000	\$95,014	\$23,125	3.21	3.35
TENNESSEE	\$171,821	\$57,500	\$233,589	\$87,500	3.35	3.47
TEXAS	\$147,620	\$66,000	\$150,934	\$85,000	3.78	3.46
UTAH	\$91,339	\$15,000	\$142,381	\$52,500	3.37	3.72
VERMONT	\$104,570	\$37,249	\$123,342	\$90,000	4.47	3.84
VIRGINIA	\$158,192	\$70,000	\$184,885	\$96,250	3.71	3.64
WASHINGTON	\$137,656	\$34,050	\$214,481	\$50,000	3.87	3.94
WEST VIRGINIA	\$196,389	\$70,000	\$287,737	\$117,938	4.56	3.87
WISCONSIN	\$226,803	\$50,000	\$358,731	\$57,500	4.55	4.06
WYOMING	\$118,299	\$50,000	\$151,360	\$45,000	3.03	2.47
WASHINGTON, DC	\$289,886	\$100,000	\$254,908	\$112,463	4.89	5.48
Total NPDB	\$158,422	\$57,500	\$185,702	\$75,000	4.68	4.35

NOTE: Total NPDB includes all 50 states, District of Columbia, U.S. Armed Forces installations throughout the world and all other areas under the jurisdiction of the United States.

STATISTICAL APPENDIX 9-12

TABLE 10: Mean and Median Malpractice Payment Amounts (Actual and Inflation Adjusted) Made for the Benefit of Physicians, by Malpractice Reason, 1997 and Cumulative (National Practitioner Data Bank, September 1, 1990 - December 31, 1997)

Malpractice Reason	1997 Only			Cumulative 9/1/90-12/31/97			Inflation Adjusted Mean Payment	Inflation Adjusted Median Payment
	Number of Payments	Mean Payment	Median Payment	Number of Payments	Mean Payment	Median Payment		
Diagnosis Related	5,226	\$239,330	\$137,500	34,011	\$206,495	\$100,000	\$223,192	\$114,286
Anesthesia Related	428	\$228,342	\$75,000	3,464	\$209,604	\$68,751	\$229,809	\$74,713
Surgery Related	4,230	\$183,323	\$90,000	28,551	\$152,624	\$75,000	\$164,786	\$77,081
Medication Related	758	\$174,552	\$65,000	6,619	\$139,561	\$40,000	\$151,983	\$43,526
IV & Blood Products Related	36	\$199,292	\$125,000	481	\$147,791	\$50,000	\$161,452	\$51,387
Obstetrics Related	1,207	\$344,106	\$200,000	9,277	\$336,521	\$175,000	\$365,814	\$186,012
Treatment Related	2,686	\$186,206	\$90,000	18,474	\$166,137	\$75,000	\$179,673	\$78,125
Monitoring Related	165	\$214,792	\$90,000	1,222	\$195,776	\$75,000	\$212,055	\$81,611
Equipment or Product Related	49	\$91,517	\$25,000	400	\$70,517	\$22,750	\$76,737	\$24,742
Miscellaneous	327	\$61,665	\$20,000	1,823	\$89,745	\$25,000	\$98,810	\$25,000
All Reports	15,112	\$214,332	\$100,000	104,322	\$189,066	\$85,000	\$204,735	\$92,497

NOTE: This table includes only disclosable reports in the NPDB as of December 31, 1997. Malpractice payment reports which are missing data necessary to calculate payment or malpractice reason (n=142) are excluded.

TABLE 11: Mean Delay between Incident and Payment by Malpractice Reason, 1997 and Cumulative (National Practitioner Data Bank, September 1, 1990 - December 31, 1997)

Malpractice Reason	1997 Only		Cumulative, 9/1/90-12/31/97	
	Number of Payments	Mean Delay Between Incident and Payment (Years)	Number of Payments	Mean Delay Between Incident and Payment (Years)
Diagnosis Related	5,526	4.73	37,044	4.91
Anesthesia Related	528	3.36	4,251	3.56
Surgery Related	4,689	4.06	32,490	4.26
Medication Related	911	3.92	8,272	5.09
IV & Blood Products Related	52	4.70	616	4.79
Obstetrics Related	1,258	5.74	9,585	6.47
Treatment Related	5,149	4.08	37,799	4.36
Monitoring Related	225	4.43	1,806	5.06
Equipment or Product Related	83	3.77	627	3.70
Miscellaneous	413	3.82	2,835	4.96
All Reports	18,834	4.35	135,325	4.67

NOTE: This table includes only disclosable reports in the NPDB as of December 31, 1997. Malpractice payment reports which are missing data necessary to calculate payment delay or malpractice reason (n=1,299) are excluded.

TABLE 12: Malpractice Payment and Licensure and Clinical Privileges Reports PER 1,000 Physicians, by State, 1993 - 1997

STATE	1993		1994		1995		1996		1997		5 Year	
	Mal-practice	L&P Actions	Mean Mal-practice	Mean L&P Actions								
ALABAMA	6.66	5.85	6.33	3.82	7.21	4.85	8.20	2.86	8.08	5.84	7.30	4.64
ALASKA	20.41	8.59	15.71	6.28	18.59	11.74	30.33	2.94	18.59	3.91	20.73	6.69
ARIZONA	25.11	10.80	27.24	9.57	19.47	7.60	28.46	20.74	29.96	13.94	26.05	12.53
ARKANSAS	16.94	7.36	17.61	3.57	13.87	4.77	12.73	6.59	13.18	8.18	14.87	6.10
CALIFORNIA	22.55	3.91	24.47	4.50	19.45	6.20	23.07	7.09	24.02	6.69	22.71	5.68
COLORADO	22.06	12.36	19.15	16.80	18.43	12.47	17.64	15.06	17.64	13.60	18.98	14.06
CONNECTICUT	13.05	3.76	12.42	4.36	14.19	6.33	11.39	4.88	13.11	4.88	12.83	4.84
DELAWARE	22.44	1.32	24.58	5.17	25.67	1.25	23.79	8.14	17.53	7.51	22.80	4.68
FLORIDA	27.46	5.83	26.37	6.66	26.96	6.69	34.18	8.40	35.65	7.47	30.12	7.01
GEORGIA	16.28	7.01	17.74	7.64	16.04	8.56	17.59	6.67	18.54	5.86	17.24	7.15
HAWAII	9.35	2.67	11.64	5.82	12.98	3.48	11.71	6.33	6.33	4.12	10.40	4.48
IDAHO	20.92	7.42	21.96	8.40	17.06	6.70	20.11	10.36	18.89	10.97	19.79	8.77
ILLINOIS	30.64	4.46	26.49	5.23	20.51	3.62	20.78	4.30	21.19	5.05	23.92	4.53
INDIANA	20.30	4.31	24.94	6.98	17.99	9.37	60.41	9.28	41.38	2.65	33.01	6.52
IOWA	29.77	8.76	24.00	13.62	22.51	10.42	28.35	14.59	27.51	16.67	26.43	12.81
KANSAS	34.37	8.28	40.06	9.92	26.93	6.59	30.61	10.85	43.21	7.17	35.04	8.56
KENTUCKY	19.79	11.85	23.31	11.17	19.25	7.12	18.59	6.20	20.57	9.10	20.30	9.09
LOUISIANA	31.29	7.32	27.54	6.40	17.92	5.60	22.70	5.29	26.87	3.66	25.26	5.65
MAINE	19.71	8.62	14.53	7.67	12.79	4.80	13.19	11.59	16.79	7.59	15.40	8.06
MARYLAND	11.26	6.28	11.60	8.55	11.38	6.33	12.10	7.45	12.10	6.43	11.69	7.01
MASSACHUSETTS	13.21	2.67	11.18	4.21	9.90	3.90	10.99	3.78	9.36	3.23	10.93	3.56
MICHIGAN	42.15	6.28	53.19	6.68	50.85	8.81	33.32	10.88	32.49	8.96	42.40	8.32
MINNESOTA	12.42	6.44	13.26	5.30	10.52	4.90	11.14	6.68	8.73	4.37	11.21	5.54
MISSISSIPPI	27.93	8.86	30.47	13.92	28.55	14.15	28.30	18.12	33.27	15.14	29.70	14.04
MISSOURI	23.97	10.23	25.47	8.32	25.91	6.24	26.41	8.10	20.84	7.26	24.52	8.03
MONTANA	32.76	5.46	43.80	20.89	32.80	13.00	42.70	8.04	37.75	3.71	37.96	10.22

STATISTICAL APPENDIX 9-12

STATE	1993		1994		1995		1996		1997		5 Year	
	Mal-practice	L&P Actions	Mean Mal-practice	Mean L&P Actions								
NEBRASKA	16.18	6.98	21.30	4.70	19.54	6.01	17.74	7.82	21.05	4.51	19.16	6.00
NEVADA	32.67	9.47	36.79	7.88	33.27	11.62	25.65	6.81	30.06	8.82	31.69	8.92
NEW HAMPSHIRE	30.59	3.31	32.52	4.94	21.12	3.59	28.69	2.79	20.72	4.78	26.73	3.88
NEW JERSEY	30.27	8.50	26.96	5.60	23.51	7.90	23.65	7.49	21.03	5.14	25.08	6.93
NEW MEXICO	20.30	4.00	30.03	3.27	26.34	1.13	39.37	5.38	31.15	4.25	29.44	3.61
NEW YORK	32.02	4.03	32.26	4.77	25.55	5.45	27.42	5.77	28.38	6.10	29.13	5.23
NORTH CAROLINA	16.97	4.12	15.93	0.88	13.93	2.10	14.25	5.28	15.39	5.34	15.29	3.54
NORTH DAKOTA	22.64	12.13	25.14	18.07	17.82	15.59	23.01	14.85	13.36	20.04	20.39	16.14
OHIO	24.39	7.70	25.23	10.51	25.42	10.38	27.55	11.06	25.22	8.53	25.56	9.64
OKLAHOMA	24.75	14.73	19.91	14.50	18.19	9.84	20.05	14.29	13.55	16.71	19.29	14.01
OREGON	16.98	5.05	15.86	9.52	12.62	8.07	12.18	7.19	12.33	8.37	14.00	7.64
PENNSYLVANIA	36.45	2.83	37.93	3.18	38.29	4.58	42.95	5.20	41.46	6.16	39.41	4.39
RHODE ISLAND	25.96	7.21	19.02	7.04	19.25	6.31	19.58	9.29	28.21	7.30	22.40	7.43
SOUTH CAROLINA	11.81	7.05	6.06	7.39	10.28	6.25	13.06	8.20	16.68	6.81	11.58	7.14
SOUTH DAKOTA	15.13	7.56	24.77	13.21	20.23	5.45	17.90	3.89	21.01	2.33	19.81	6.49
TENNESSEE	16.70	3.00	15.28	9.40	12.71	4.92	12.95	5.08	16.07	4.18	14.74	5.31
TEXAS	29.42	5.55	30.70	8.75	28.11	7.25	29.68	7.33	25.30	8.33	28.64	7.44
UTAH	30.08	5.24	29.94	5.72	34.56	2.84	31.73	6.19	26.05	4.38	30.47	4.87
VERMONT	19.63	3.93	21.78	9.61	18.65	11.81	17.40	6.84	22.37	13.05	19.97	9.05
VIRGINIA	15.54	5.78	15.86	6.66	12.46	4.13	13.98	3.05	11.95	3.24	13.96	4.57
WASHINGTON	20.74	9.46	18.00	7.75	18.65	6.06	18.33	5.04	20.93	7.47	19.33	7.15
WEST VIRGINIA	37.16	15.80	40.58	18.75	38.92	14.59	31.62	17.30	35.14	14.32	36.68	16.15
WISCONSIN	12.30	5.12	11.32	5.52	10.04	4.43	13.02	5.79	8.14	4.25	10.96	5.02
WYOMING	30.35	7.23	66.76	12.78	22.40	6.59	40.84	1.32	27.67	14.49	37.60	8.48
WASHINGTON, DC	9.10	0.24	13.61	1.24	10.23	0.00	17.71	5.49	15.72	4.49	13.27	2.29
TOTAL	24.32	5.69	24.80	6.54	21.87	6.32	24.03	7.22	23.45	6.72	23.69	6.50

STATISTICAL APPENDIX 9-12

NOTE: This table includes only disclosable reports in the NPDB as of December 31, 1997. The rates for 1993 through 1996 may differ from those shown in the 1996 Annual Report because of modifications and voided reports. Modified reports are counted in the year of modification. Data on the number of physicians: For 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., 1993-94 edition. For 1994: 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 1995-1997: The number of physicians is the number of “total physicians” less the number of physicians listed as “inactive” or “address unknown” as of December 31, 1995 from Table D-7 of the American Medical Association's Physician Characteristics and Distribution in the U.S., 1996-1997 edition.

STATISTICAL APPENDIX (TABLES 13-16)

**Table 13: Physicians' Relationship between Frequency of Malpractice Payment Reports and Having No Reportable Action Reports and No Medicare/Medicaid Exclusion Reports
(National Practitioner Data Bank, September 1, 1990 - December 31, 1997)**

Physicians with Specific Number of Malpractice Payment Reports	Number of Physicians	Physicians with No Reportable Actions		Physicians with No Reportable Actions and No Exclusions	
		Number	Percent	Number	Percent
1	56,145	53,787	95.8%	53,742	95.7%
2	12,708	11,915	93.8%	11,901	93.6%
3	3,586	3,248	90.6%	3,243	90.4%
4	1,218	1,052	86.4%	1,052	86.4%
5	486	404	83.1%	403	82.9%
6	218	185	84.9%	183	83.9%
7	101	79	78.2%	79	78.2%
8	64	47	73.4%	47	73.4%
9	40	24	60.0%	24	60.0%
10 or More	97	54	55.7%	53	54.6%
Total	74,663	70,795	94.8%	70,727	94.7%

NOTE: This table includes only disclosable reports in the NPDB as of December 31, 1997.

**Table 14: Physicians' Relationship between Frequency of Reportable Action Reports and Having No Malpractice Payment Reports and No Medicare/Medicaid Exclusion Reports
(National Practitioner Data Bank, September 1, 1990 - December 31, 1997)**

Physicians with Specific Number of Reportable Action Reports	Number of Physicians	Physicians with No Malpractice Payments		Physicians with No Malpractice Payments and No Exclusions	
		Number	Percent	Number	Percent
1	7,644	5,720	74.8%	5,343	69.9%
2	3,442	2,466	71.6%	2,182	63.4%
3	1,552	1,069	68.9%	911	58.7%
4	718	496	69.1%	419	58.4%
5	389	262	67.4%	224	57.6%
6	191	124	64.9%	104	54.5%
7	87	54	62.1%	45	51.7%
8	48	30	62.5%	25	52.1%
9	30	20	66.7%	19	63.3%
10 or More	39	31	79.5%	23	59.0%
Total	14,140	10,272	72.6%	9,295	65.7%

NOTE: This table includes only disclosable reports in the NPDB as of December 31, 1997.

**TABLE 15: Nurse Malpractice Payments by Type of Nurse and Malpractice Reason
(National Practitioner Data Bank, September 1, 1990 - December 31, 1997)**

Malpractice Reason	Registered Nurse	Nurse Anesthetist	Nurse Midwife	Nurse Practitioner	Total
Diagnosis Related	93	6	11	35	145
Anesthesia Related	43	476	0	1	520
Surgery Related	163	22	4	1	190
Medication Related	229	12	0	9	250
IV & Blood Products Related	90	6	0	2	98
Obstetrics Related	157	4	104	7	272
Treatment Related	303	11	8	22	344
Monitoring Related	326	3	6	4	339
Equipment or Product Related	18	2	0	0	20
Miscellaneous	81	2	1	5	89
All Reports	1,503	544	134	86	2,267

NOTE: This table includes only disclosable reports in the NPDB as of December 31, 1997.

TABLE 16: Mean and Median Malpractice Payment Amounts (Actual and Inflation Adjusted) Made for the Benefit of Nurses, by Malpractice Reason, 1997 and Cumulative (National Practitioner Data Bank, September 1, 1990 - December 31, 1997)

Malpractice Reason	1997 Only			Cumulative, 9/1/90-12/31/97			Inflation-Adjusted Mean Payment	Inflation-Adjusted Median Payment
	Number of Payments	Mean Payment	Median Payment	Number of Payments	Actual Mean Payment	Actual Median Payment		
Diagnosis Related	26	\$330,631	\$175,000	145	\$331,988	\$100,000	\$357,002	\$114,943
Anesthesia Related	76	\$227,949	\$125,000	520	\$198,938	\$75,000	\$219,778	\$77,784
Surgery Related	25	\$168,296	\$40,000	190	\$111,700	\$33,000	\$120,092	\$35,975
Medication Related	25	\$155,719	\$40,000	250	\$196,149	\$50,000	\$216,103	\$55,105
IV & Blood Products Related	8	\$150,531	\$45,000	98	\$236,684	\$43,950	\$253,614	\$45,446
Obstetrics Related	53	\$651,019	\$200,000	271	\$382,556	\$161,393	\$407,817	\$178,571
Treatment Related	50	\$142,879	\$50,000	344	\$119,731	\$50,000	\$128,127	\$52,910
Monitoring Related	34	\$514,016	\$250,000	339	\$232,461	\$75,000	\$251,892	\$83,826
Equipment or Product Related	3	\$160,911	\$155,911	20	\$259,058	\$25,000	\$291,770	\$26,449
Miscellaneous	7	\$83,929	\$25,000	89	\$143,663	\$35,000	\$158,617	\$38,085
All Reports	307	\$310,814	\$105,000	2,266	\$214,772	\$60,000	\$232,871	\$66,964

NOTE: This table includes only disclosable reports in the NPDB as of December 31, 1997

STATISTICAL APPENDIX (TABLES 17-20)

**Table 17: Nurse (Registered Nurses, Nurse Anesthetists, Nurse Midwives, and Nurse Practitioners) Malpractice Payments, Cumulative Number, and Annualized Rate per 1,000 Practitioners, by State
(National Practitioner Data Bank, September 1, 1990 - December 31, 1997)**

STATE	Number of Reports	Number of Nurses	Annualized Rate	Rank
ALABAMA	329	29,574	1.52	4
ALASKA	89	4,951	2.45	26
ARIZONA	1,094	27,749	5.38	50
ARKANSAS	214	15,392	1.90	15
CALIFORNIA	3,187	152,434	2.85	36
COLORADO	1,180	26,335	6.11	51
CONNECTICUT	455	28,418	2.18	20
DELAWARE	57	6,258	1.24	2
FLORIDA	1,883	102,868	2.50	28
GEORGIA	889	46,577	2.60	31
HAWAII	95	7,862	1.65	9
IDAHO	108	5,746	2.56	30
ILLINOIS	1,302	84,813	2.09	18
INDIANA	489	39,045	1.71	10
IOWA	547	23,428	3.18	41
KANSAS	341	18,203	2.55	29
KENTUCKY	559	25,662	2.97	37
LOUISIANA	558	29,213	2.60	32
MAINE	147	10,959	1.83	13
MARYLAND	946	36,642	3.52	45
MASSACHUSETTS	723	57,554	1.71	11
MICHIGAN	1,337	66,059	2.76	35
MINNESOTA	549	34,015	2.20	21
MISSISSIPPI	445	17,945	3.38	44
MISSOURI	788	43,077	2.49	27
MONTANA	122	5,592	2.98	38
NEBRASKA	173	12,815	1.84	14
NEVADA	168	8,431	2.72	33
NEW HAMPSHIRE	111	9,492	1.59	7
NEW JERSEY	1,579	57,357	3.75	46
NEW MEXICO	113	9,823	1.57	6
NEW YORK	2,466	142,075	2.37	25

STATISTICAL APPENDIX 17-20

STATE	Number of Reports	Number of Nurses	Annualized Rate	Rank
NORTH CAROLINA	610	52,030	1.60	8
NORTH DAKOTA	139	5,678	3.34	43
OHIO	1,984	82,831	3.27	42
OKLAHOMA	638	17,544	4.96	49
OREGON	558	20,226	3.76	47
PENNSYLVANIA	1,106	102,683	1.47	3
RHODE ISLAND	148	8,955	2.25	24
SOUTH CAROLINA	380	23,191	2.23	22
SOUTH DAKOTA	56	6,706	1.14	1
TENNESSEE	549	41,201	1.82	12
TEXAS	2,241	112,084	2.73	34
UTAH	162	10,539	2.10	19
VERMONT	93	4,104	3.09	40
VIRGINIA	752	45,754	2.24	23
WASHINGTON	745	33,041	3.07	39
WEST VIRGINIA	409	12,884	4.33	48
WISCONSIN	524	35,803	2.00	17
WYOMING	47	3,333	1.92	16
WASHINGTON, DC	92	8,115	1.55	5
TOTAL	34,276	1,813,066	2.58	

NOTE: This table includes only disclosable reports in the NPDB as of December 31, 1997. The number of nurses is the estimated full-time equivalent as of March 1996 from Table 39 of the “The Registered Nurse Population March 1996: Findings from The National Sample Survey of Registered Nurses,” USDHHS, HRSA, BHP, Division of Nursing. “Rank” orders the annualized rate of reports per 1,000 nurses from lowest (1) to highest (51).

TABLE 18: Number, Percent, and Percent Change in Queries and Queries Matched, 1993 - 1997 and Cumulative (National Practitioner Data Bank, September 1, 1990 - December 31, 1997)

Query Type	1993	1994	1995	1996	1997	Cumulative 9/1/90 – 12/31/97
ENTITY QUERIES*						
Total Entity Queries	1,119,982	1,499,799	2,235,812	2,762,643	3,133,471	12,642,039
Queries Percent Increase from Previous Year	23.7%	33.9%		23.6%	13.4%	
Matched Queries	66,964	116,101	206,374	291,078	359,255	1,094,433
Percent Matched	6.0%	7.7%	9.2%	10.5%	11.5%	8.7%
Matches Percent Increase from Previous Year	79.8%	73.4%	77.8%	41.0%	23.4%	
SELF-QUERIES						
Total Practitioner Self-Queries	24,879	31,076	43,617	45,344	52,603	219,055
Self-Queries Percent Increase from Previous Year	45.8%	24.9%	40.4%	4.0%	16.0%	
Matched Self-Queries	1,391	2,320	3,154	3,774	4,704	16,433
Self-Queries Percent Matched	5.6%	7.5%	7.2%	8.3%	8.9%	7.5%
Matches Percent Increase from Previous Year	100.7%	66.8%	35.9%	19.7%	24.6%	

*Entity Queries exclude practitioner self-queries

TABLE 19: Number and Percent of Queries by Type of Querying Entity, 1993 - 1997 and Cumulative (National Practitioner Data Bank, September 1, 1990 - December 31, 1997)

Type of Querying Entity	1993			1994			1995		
	Number of Querying Entities	Number of Queries	Percent of Queries	Number of Querying Entities	Number of Queries	Percent of Queries	Number of Querying Entities	Number of Queries	Percent of Queries
Required Queriers									
Hospitals	6,288	794,101	70.9%	6,201	841,301	56.1%	6,018	958,617	42.9%
Voluntary Queriers									
State Licensing Boards	54	8,436	0.8%	52	12,021	0.8%	45	9,570	0.4%
HMOs	343	208,088	18.6%	465	420,888	28.1%	578	804,899	36.0%
PPOs	26	6,738	0.6%	60	23,874	1.6%	122	61,825	2.8%
Group Practices	143	10,245	0.9%	209	20,158	1.3%	310	45,171	2.0%
Other Health Care Entities	638	90,311	8.1%	781	176,794	11.8%	966	349,021	15.6%
Professional Societies	33	2,063	0.2%	37	4,763	0.3%	52	6,709	0.3%
Total Voluntary Queriers	1,237	325,881	29.1%	1,604	658,498	43.9%	2,073	1,277,195	57.1%
Total*	7,525	1,119,982	100.0%	7,805	1,499,799	100.0%	8,091	2,235,812	100.0%

Type of Querying Entity	1996			1997			Cumulative 9/1/90-12/31/97		
	Number of Querying Entities	Number of Queries	Percent of Queries	Number of Querying Entities	Number of Queries	Percent of Queries	Number of Querying Entities	Number of Queries	Percent of Queries
Required Queriers									
Hospitals	5,894	1,048,337	37.9%	5,945	1,105,474	35.3%	7,394	6,431,516	50.9%
Voluntary Queriers									
State Licensing Boards	36	10,196	0.4%	47	12,204	0.4%	109	67,888	0.5%
HMOs	676	1,079,012	39.1%	718	1,152,542	36.8%	925	3,784,888	29.9%
PPOs	196	170,505	6.2%	255	192,382	6.1%	327	460,862	3.6%
Group Practices	395	62,484	2.3%	451	82,232	2.6%	665	227,717	1.8%
Other Health Care Entities	1,236	382,549	13.8%	1,710	577,351	18.4%	2,412	1,632,898	12.9%
Professional Societies	58	9,560	0.3%	69	11,286	0.4%	126	36,270	0.3%
Total Voluntary Queriers	2,597	1,714,306	62.1%	3,250	2,027,997	64.7%	4,564	6,210,523	49.1%
Total*	8,491	2,762,643	100.0%	9,195	3,133,471	100%	11,958	12,642,039	100.0%

*Excludes practitioner self-queries

TABLE 20: Number of Queries by Practitioner Type (National Practitioner Data Bank, October 1997)

Practitioner	Queries Oct. 1997	Percent of Total Queries
Allopathic Physicians (M.D.)	169,962	77.8%
Allopathic Physician Interns/Residents	623	0.3%
Osteopathic Physicians (D.O.)	8,179	3.7%
Osteopathic Physician Interns/Residents	87	0.0%
Dentists	6,417	2.9%
Dental Residents	0	0.0%
Pharmacists	54	0.0%
Pharmacists, Nuclear	20	0.0%
Pharmacy Assistants	18	0.0%
Registered (Professional) Nurses	2,080	1.0%
Nurse Anesthetists	1,113	0.5%
Nurse Midwives	401	0.2%
Nurse Practitioners	1,144	0.5%
Licensed Practitioner Vocational Nurses	149	0.1%
Nurses Aides	10	0.0%
Home Health Aids (Homemakers)	1	0.0%
Psychiatric Technicians	18	0.0%
Dietitians	41	0.0%
Nutritionists	8	0.0%
EMT, Basic	2	0.0%
EMT, Cardiac/Critical Care	5	0.0%
EMT, Intermediate	2	0.0%
EMT, Paramedic	1	0.0%
Social Workers, Clinical	4,691	2.1%
Podiatrists	3,851	1.8%
Psychologists, Clinical	5,430	2.5%
Audiologists	239	0.1%
Occupational Therapists	241	0.1%
Occupational Therapy Assistants	1	0.0%
Physical Therapists	1,293	0.6%
Physical Therapy Assistants	50	0.0%
Rehabilitation Therapist	39	0.0%
Speech/Language Pathologists	273	0.1%
Medical Technologists	259	0.1%
Nuclear Medicine Technologists	3	0.0%
Radiation Therapy Technologists	11	0.0%
Radiological Technologists	39	0.0%
Acupuncturists	43	0.0%
Chiropractors	3,327	1.5%
Dental Assistants	17	0.0%
Dental Hygienists	18	0.0%

STATISTICAL APPENDIX 17-20

Practitioner	Queries Oct. 1997	Percent of Total Queries
Denturists	4	0.0%
Homeopaths	5	0.0%
Medical Assistants	134	0.1%
Mental Health Counselors	446	0.2%
Midwives, Lay(Non-Nurse)	12	0.0%
Naturopaths	8	0.0%
Ocularists	4	0.0%
Opticians	14	0.0%
Optometrists	3,028	1.4%
Orthotics/Prosthetics Fitters	19	0.0%
Physician Assistants	1,301	0.6%
Physician Assistants(Osteopathic)	19	0.0%
Podiatric Assistants	4	0.0%
Professional Counselors	1,114	0.5%
Professional Counselors, Alcohol	38	0.0%
Professional Counselors, Family/Marriage	1,101	0.5%
Professional Counselors, Substance Abuse	68	0.0%
Respiratory Therapists	1,014	0.5%
Total	218,493	100.0%

Note: Queries for this sample period may not be representative of other times.

STATISTICAL APPENDIX (TABLES 21-24)

Table 21: Entities that Have Queried or Reported to the National Practitioner Data Bank at Least Once, by Entity Type (September 1, 1990 - December 31, 1997)

Entity Type	Active Status, 12/31/97	Active At Any Time
Medical Malpractice Payers	548	665
State Boards	127	140
Hospitals	6,936	7,385
HMOs	887	943
PPOs	319	328
Group Medical Practices	675	688
Physician Professional Societies (M.D. or D.O.)	81	83
Dental Professional Societies	7	8
Other Professional Societies	48	48
Government Agencies	4	4
Other Entities	2,395	2,437
Total	12,027	12,729

TABLE 22: Number, Percent, and Percent Change in Requests for Secretarial Review, by Report Type, 1993 - 1997 and Cumulative (National Practitioner Data Bank, September 1, 1990 - December 31, 1997)

Category	1993			1994			1995		
	Number	Percent	% Change 1992-1993	Number	Percent	% Change 1993-1994	Number	Percent	% Change 1994-1995
Reportable Actions	112	61.5%	-20.6%	81	61.8%	-27.7%	60	61.9%	-25.9%
Licensure	28	15.4%	-34.9%	19	14.5%	-32.1%	19	19.6%	0.0%
Clinical Privileges	81	44.5%	-16.5%	60	45.8%	-25.9%	41	42.3%	-31.7%
Professional Society Membership	3	1.6%	200.0%	2	1.5%	-33.3%	0	0.0%	-100.0%
Medical Malpractice Payment	70	38.5%	-6.7%	50	38.2%	-28.6%	37	38.1%	-26.0%
Total	182	100.0%	-15.7%	131	100.0%	-28.0%	97	100.0%	-26.0%

Category	1996			1997			Cumulative 9/1/90 - 12/31/97	
	Number	Percent	% Change 1995-1996	Number	Percent	% Change 1996-1997	Number	Percent
Reportable Actions	75	65.2%	25.0%	80	61.1%	6.7%	632	60.9%
Licensure	29	25.2%	52.6%	33	25.2%	13.8%	199	19.2%
Clinical Privileges	43	37.4%	4.9%	47	35.9%	9.3%	421	40.6%
Professional Society Membership	3	2.6%	N/A	0	0.0%	-100.0%	12	1.2%
Medical Malpractice Payment	40	34.8%	8.1%	51	38.9%	27.5%	406	39.1%
Total	115	100.0%	18.6%	131	100.0%	13.9%	1,038	100.0%

TABLE 23: Number and Percent Distribution of Requests for Secretarial Review, by Outcome 1993 - 1997 and Cumulative (National Practitioner Data Bank, September 1, 1990 - December 31, 1997)

Outcome	1993 Percent of Resolved			1994 Percent of Resolved			1995 Percent of Resolved		
	Number	Percent	Requests	Number	Percent	Requests	Number	Percent	Requests
In Favor of Entity (No Change in Report)	66	36.3%	36.3%	63	48.1%	48.5%	35	36.1%	36.5%
In Favor of Entity (No Change in Report)	79	43.4%	43.4%	44	33.6%	33.8%	42	43.3%	43.8%
In Favor of Practitioner (Report Voided or Changed)	29	15.9%	15.9%	13	9.9%	10.0%	11	11.3%	11.5%
Voluntary Voiding or Changing of Report	6	3.3%	3.3%	5	3.8%	4.0%	5	5.2%	5.4%
Administratively Dismissed	2	1.1%	N/A	5	3.8%	N/A	3	3.1%	N/A
Unresolved	0	0.0%	N/A	1	0.8%	N/A	1	1.0%	N/A
Total	182	100.0%	100.0%	131	100.0%	96.3%	97	100.0%	97.0%

Outcome	1996 Percent of Resolved			1997 Percent of Resolved			1998 Percent of Resolved		
	Number	Percent	Requests	Number	Percent	Requests	Number	Percent	Requests
In Favor of Entity (No Change in Report)	49	42.6%	43.4%	54	41.2%	49.1%	407	39.2%	40.1%
In Favor of Entity (No Change in Report)	37	32.2%	32.7%	33	25.2%	30.0%	403	38.8%	39.7%
In Favor of Practitioner (Report Voided or Changed)	18	15.7%	15.9%	17	13.0%	15.5%	137	13.2%	13.5%
Voluntary Voiding or Changing of Report	9	7.8%	8.0%	6	4.6%	5.5%	47	4.5%	4.7%
Administratively Dismissed	0	0.0%	N/A	2	1.5%	N/A	20	1.9%	N/A
Unresolved	2	1.7%	N/A	19	14.5%	N/A	24	2.3%	N/A
Total	115	100.0%	100.0%	131	100.0%	100.0%	1,038	100.0%	98.1%

NOTE: This table represents the outcome of requests for Secretarial review based on the date of the request. In the cases of undated requests, the date that the request was received by DQA was used.

TABLE 24: Cumulative Number and Percent Distribution of Requests for Secretarial Review, (National Practitioner Data Bank, September 1, 1990 - December 31, 1997)

Outcome	Malpractice Payments		Licensure Action		Clinical Privileges Action	
	Number	Percent	Number	Percent	Number	Percent
Decision In Favor of Entity (No Change in Report)	127	31.3%	89	44.7%	188	44.7%
Request "Out of Scope" (No Change in Report)	214	52.7%	47	23.6%	137	32.5%
Decision In Favor of Practitioner (Report Voided or Changed)	31	7.6%	44	22.1%	60	14.3%
Voluntary Voiding or Changing of Report	20	4.9%	11	5.5%	15	3.6%
Administratively Dismissed	7	1.7%	3	1.5%	9	2.1%
Unresolved (open)	7	1.7%	5	2.5%	12	2.9%
Total	406	100.0%	199	100.0%	421	100.0%

Outcome	Professional Society Membership Actions		Total	
	Number	Percent	Number	Percent
Decision In Favor of Entity (No Change in Report)	3	25.0%	407	39.2%
Request "Out of Scope" (No Change in Report)	5	41.7%	403	38.8%
Decision In Favor of Practitioner (Report Voided or Changed)	2	16.7%	137	13.2%
Voluntary Voiding or Changing of Report	1	8.3%	47	4.5%
Administratively Dismissed	1	8.3%	20	1.9%
Unresolved (open)	0	0.0%	24	2.3%
Total	12	100.0%	1,038	100.0%