

National Practitioner Data Bank

1998 Annual Report

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NATIONAL PRACTITIONER DATA BANK 1998 Annual Report

EXECUTIVE SUMMARY

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. The NPDB also has contained reports of exclusions from participation in the Medicare and Medicaid programs since 1997. This report highlights the NPDB's activities and accomplishments during 1998 by reviewing the operational improvements realized and presenting program statistics. In addition, an overview of NPDB guidelines is presented, and the issues impacting reporting trends are discussed.

Operational Improvements

During 1998, the NPDB continued improving its policies and operations. Improvements during 1998 included:

Implementation of new data communications network and QPRAC 4.0 querying and reporting software

Continued development of the Healthcare Integrity and Protection Data Bank (a separate data bank based on the NPDB model)

Development of the computer system to implement section 1921 of the Social Security Act

Publication of proposed "corporate shield" regulations

Publication of proposed self-query fee regulations

Provision of NPDB guidance materials and forms on the Internet

Reports

By December 31, 1998, the end of its 100th month of operations, the NPDB contained reports on 202,033 reportable actions, malpractice payments, and Medicare/Medicaid exclusions involving 131,679 individual practitioners. Of the 131,679 practitioners reported to the NPDB, 72.1 percent were physicians (including M.D. and D.O. residents and interns), 14.9 percent were dentists (including dental residents), and 13.0 percent were other health care practitioners. Approximately one-sixth of physicians in active practice have at least one report in the NPDB. Approximately one-eighth of dentists have a report. The majority of physicians with reports (68.4 percent) had only one report in the NPDB; 87.0 percent have two or fewer reports, 98.1 percent of physicians with reports have five or fewer, and 99.8 percent had 10 or fewer. Notably, few physicians had both malpractice payment and reportable action reports. Only 4.8 percent had at least one report of both types.

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During 1998, approximately 69.5 percent of all reports concerned malpractice payments, although cumulatively malpractice payments comprised 76.4 percent of all reports. The smaller percentage in 1998 reflects the addition of over 10,000 Medicare/Medicaid exclusions which were not included in the NPDB before 1997. During 1998, physicians were responsible for 79.7 percent of all malpractice payment reports. Dentists were responsible for 13.2 percent, and all other health care practitioners were responsible for the remaining 7.1 percent. These figures are similar to the percentages from previous years.

Cumulatively, the median payment for physicians was \$90,000 (\$98,140 adjusting for inflation to standardize payments made prior years to 1998 dollars) and the mean malpractice payment for physicians was \$196,589.35 (\$211,385 adjusting for inflation). Both the mean and the median payments for 1998 were higher than the cumulative figures. During 1998, as in previous years, obstetrics-related cases, which represented approximately 8.1 percent of all physician malpractice payment reports, had the highest median and mean payment amounts (\$200,000 and \$388,238 respectively). However, the median obstetrics-related payment for physicians was unchanged from 1997 and the mean was over \$44,132 higher. Incidents relating equipment/product reports had the lowest mean and median payments during 1998 (\$2,050 and \$33,424 respectively). For malpractice payments made during 1998, the mean delay between an incident which led to a payment and the payment itself was 4.55 years. This is a 4.6 percent increase in the average duration of cases from 1997 (4.35 years). The 1998 mean payment delay varied markedly between the States, as in previous years, and ranged from 2.58 years in Minnesota to 10.84 years in West Virginia.

Reportable actions (licensure, clinical privileges, professional society membership, and DEA actions) represent 18.5 percent of all reports received from September 1, 1990 through December 31, 1998 and 21.3 percent (5,543 of 26,014) of all reports received by the NPDB during 1998. This is a 4.0 percent increase from the record number of reportable actions submitted to the NPDB during 1996 and a 6.7 percent increase over 5,196 reports received in 1997. During 1998, licensure actions comprised 81.1 percent of all reportable actions and clinical privileges reports comprised 17.2 percent.

The Health Resources and Services Administration (HRSA) continue to be concerned about the low level of clinical privileges actions reported by hospitals. Nationally over the history of the NPDB, there are 3.8 times more licensure reports than clinical privileges reports. Moreover, 61.7 percent of the hospitals currently in "active" registered status 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 1998 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 also should result in improved reporting to the NPDB.

A number of other issues discussed in this Annual Report. These issues 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, 1998, the NPDB had responded to over 16.4 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 1998, entity query volume increased 0.7 percent, from 3,133,471 queries in 1997 to 3,155,558 queries in 1998. Although the number of mandatory hospital queries increased by 23.3 percent from 1994 to 1998, the increase in the number of voluntary queries (queries by all registered entities other than hospitals) has been much greater. From 1994 to 1998 there was a 210.1 percent increase in voluntary queries, from 667,340 to 2,069,755. During 1998, 65.6 percent of queries were submitted by voluntary queriers; cumulatively from September 1, 1990 through December 31, 1998 over half (52.9 percent) of the queries were submitted by voluntary queriers. Of the voluntary queriers, HMOs are the most active. Although they represent 7.3 percent of all "active" entities registered with the NPDB as of December 31, 1998, they had made 33.7 percent of all queries cumulatively. HMOs made 36.4 percent of all queries during 1998.

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 1998 a total of 374,002 matches were made on entity queries; thus, almost 11.9 percent of all entity queries resulted in a match. Cumulatively 1,468,435 matches have been made on entity queries; the match rate from the opening of the NPDB through the end of 1998 is 8.9 percent. Self-query matches also have increased steadily. Cumulatively 20,726 self-queries have been matched for a cumulative 7.8 percent self-query match rate. During 1998 there were 4,293 self-query matches for a match rate of 8.9 percent.

Disputes and Secretarial Reviews

A practitioner who is reported to the NPDB may dispute the report. The practitioner may dispute either the contents of the report or the fact that a report was filed at all. If the disagreement is not resolved between the practitioner and the reporter, the practitioner may ultimately request a review of the report by the Secretary of Health and Human Services. At the end of 1998, 7.5 percent (2,820) of all reportable action reports and 4.5 percent (7,010) of all malpractice payment reports in the NPDB were in dispute. Only a few practitioners who dispute reports request Secretarial Review. There were only 103 requests for Secretarial Review during 1998. Although reportable actions represent only 21.3 percent of all 1998 reports, they were responsible for 56.7 percent of all requests for Secretarial Review. Of the 103 requests for Secretarial Review received during the year, 67 cases were resolved by the Secretary. Of these, 4.5 percent were resolved in favor of the practitioner or the entity voluntarily changed the report in a way that was acceptable to the practitioner. Cumulatively, 17.5 percent of 1,142 resolved requests for Secretarial Review have been decided in favor of the practitioner or changed by the reporting entity in a way which satisfies the practitioner.

NATIONAL PRACTITIONER DATA BANK

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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.

The HCQIA also includes provisions that encourage the use of 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 not to be in compliance with NPDB reporting requirements may lose 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 1995. 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 usually 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 for: (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 primarily 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,

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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 are eligible to query (State licensing boards, professional societies, and health care providers which conduct peer review, including HMOs, PPOs, group practices, etc.) or required to query (hospitals). These entities query concerning practitioners who currently have or who is requesting licensure, 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 background 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 reportable 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 information continues to 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. A Public Use File containing selected information from each report in the NPDB also is made available. This file can be used 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

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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 discontinuing 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 and dentists, but such reports are not required.

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.

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. Placing the information in the NPDB makes it conveniently available to queriers, who do not have to search the Federal Register or the Internet to find out who has been excluded from participation in these programs. Queriers receive exclusion information along with other reports when they query the NPDB on individual practitioners.

Requesting Information from the NPDB

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

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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 may query and receive information from the NPDB concerning a specific practitioner in very limited circumstances. In cases where plaintiffs represent themselves, they may obtain information for themselves. This is possible when independently obtained evidence is submitted to DHHS disclosing that the hospital failed to make a required query to the NPDB on the practitioner. If it is demonstrated that the hospital failed to query as required, the attorney or plaintiff will be provided with the information the hospital would have received had it queried.

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. All queriers, except practitioners requesting information about themselves, are required to pay a fee for each practitioner about whom information is requested. On March 2, 1998, the base fee was increased to \$4.00 (from \$3.00) per name for queries submitted via modem and paid for electronically. This was necessary due to the increases in telecommunications charges and other operational costs. A surcharge of \$3.00 is applied for queries submitted on diskettes to cover extra handling involved. There is an additional surcharge of \$4.00 per name for any query not paid for electronically, i.e. either by credit card or electronic fund transfer. This surcharge reflects the costs of maintaining a billing system and processing checks. The surcharges also serve to encourage queriers to convert to the use of modems for querying and electronic means of payment to increase efficiency and reduce cost. Because of the high costs involved in maintaining a billing system used by relatively few queriers, the NPDB will discontinue the billing system during 1999 and require electronic payment for all queries.

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 a civil money penalty 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 practitioner 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 expressing their view of the circumstances surrounding any malpractice payment or adverse action report concerning them. The practitioner's statement is disclosed whenever the report is disclosed. If a practitioner decides to dispute the accuracy of information in the report in addition to or instead of filing a statement, the practitioner is requested to notify the NPDB that the report is being disputed. The report in question is then noted as under dispute when it is released in response to queries. The practitioner also must attempt to work with the reporting entity to reach agreement on revision or voidance of a disputed report. If practitioners' 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,

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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. Reinstatement reports were added in October, 1997. The reports include all exclusions as of the date they are submitted to the NPDB regardless of when the penalty was imposed.

1998 NPDB 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 third full calendar year of operations, January 1 through December 31, 1998, was marked by software and operating system improvements which have already or will in the future improve service to NPDB customers. Other NPDB policy and customer service improvements have also been made.

- Implementation of New Data Communications Network and QPRAC 4.0
- Continued Development of the Healthcare Integrity and Protection Data Bank
- Development of Computer System to Implement Section 1921 of the Social Security Act
- Publication of Proposed "Corporate Shield" Regulations
- Publication of Proposed Self-Query Fee Regulations
- Availability of NPDB Guidance Materials and Forms on the Internet

Implementation of New Data Communications Network and QPRAC 4.0

During 1998 the NPDB fully implemented use of the General Electric Information Systems (GEIS) network as its new data communications service provider through a contract with National Computer Systems, Inc. (NCS). All NPDB electronic data transmission was migrated to the NCS-GEIS network and all services on the NPDB's former CompuServe private network were terminated. NPDB users who transmit large files currently experience a reduction in the time it takes to send queries and receive reports because of an improved data compression algorithm that reduces the amount of data actually transmitted to and from the NPDB while maintaining the content of the information transmitted. NPDB users in parts of Alaska and other areas served only by satellite telephone service also can use the data transmission network for the first time and no longer have to mail diskettes to the NPDB to query.

A new version of the NPDB's querying and reporting software, QPRAC 4.0, was introduced in order to facilitate the conversion to the NCS-GEIS services. Although this software is very similar to Windows-based QPRAC 3.0, which was used by many NPDB queriers and reporters, users who had not upgraded from DOS-based QPRAC 2.0 found many new features when they installed the software. These features include a Windows-based interface and the ability to file reports electronically.

Continued 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 the responsibility to develop 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, Federal and State regulatory agencies, and law enforcement officials. The 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 and State 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.

The NPDB was selected as the model for the HIPDB system. The HIPDB will operate in a way that is very similar to the NPDB. Some information currently required to be reported to the NPDB is also by law reportable to the HIPDB, but the HIPDB system is being developed to ensure that only one report will need to be filed to have the information entered into both systems. Similarly, the system is being designed so that entities which are eligible to query both the NPDB and the HIPDB will be able to submit a single query to both data banks rather than having to submit separate queries. Using appropriated funds rather than NPDB revenues to pay for the work, SRA continued developing the new HIPDB computer system during 1998. The HIPDB is projected to be ready for operation in the fall of 1999.

Development of Computer System to Implement Section 1921 of the Social Security Act

Some of the types of reports to be included in the HIPDB also are required to be reported under Section 1921 of the Social Security Act as established by Section 5(b) of the Medicare and Medicaid Patient and Program Protection Act of 1987 (P.L. 100-93) as amended by Omnibus Budget Reconciliation Act (OBRA) of 1990 (P.L. 101-508). Funding was never provided to implement this program. The development of the system to implement the HIPDB provides an opportunity to implement Section 1921 reporting as well. Information to be reported under Section 1921 consists of licensure actions taken against all licensed health care practitioners (not just physicians and dentists) and entities, negative actions or findings taken by peer review organizations or private accreditation agencies, and negative actions taken by State licensing authorities against health care entities. Information collected under Section 1921 will be made available to a broader range of queriers than is information reported under the Health Care Quality Improvement Act, which led to the establishment of the NPDB.

98 NPDB Improvements

The NPDB contractor, SRA, is developing the computer system in a way to facilitate implementation of Section 1921 by the NPDB without duplication of effort. The Division of Quality Assurance is developing proposed regulations for adding Section 1921 reporting and Querying to the NPDB. These regulations may be published for public comment during 1999.

Publication of Proposed Self-Query Fee Regulations

Then NPDB has provided responses to self-queries, i.e., a query from a practitioner seeking a copy of his or her own record, available without charge since it opened. The costs of providing this service were subsidized by the query fees paid by all other queriers. In order to allocate costs more fairly, on March 24, 1998 the Department published a Notice of Proposed Rulemaking to impose a fee for self-queries. Public comments were solicited and analyzed. The Department concluded that a \$10.00 fee would be imposed for self-queries. This charge will become effective March 31, 1999.

Publication of Proposed "Corporate Shield" Regulations

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 the name of the health care organization (e.g. hospital or group practice) is substituted for the name of the defendant health care practitioner. This is most common when the health care organization is responsible for the malpractice coverage of the 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 published a Notice of Proposed Rule Making (NPRM) for public comment on December 24, 1998 to require more complete reporting. The proposed regulations would require reports naming the practitioners whose actions were the basis of the claim or action, regardless of whether or not they were named as defendants unless the malpractice payer is unable to identify any practitioner as responsible. The Department plans to review the public comments and may take further action on this issue during 1999.

Availability of NPDB Guidance Materials and Forms on the Internet

The NPDB and the Division of Quality Assurance undertook a major initiative to make information about the NPDB conveniently available on the Internet. The legislation which led to the establishment of the NPDB, regulations, and notices of proposed regulations, the NPDB Guidebook, NPDB Annual Reports, fact sheets, and other guidance were made available at <http://npdb.com> or <http://www.hrsa.gov/bhpr/dqa/dqahompg.htm>. Placing these documents on the Internet is particularly helpful in the case of the NPDB Guidebook since updated chapters can be made available immediately without having to wait for publication of a completely revised Guidebook.

Most forms used by the NPDB, including the self-query form, also may be obtained on the Internet. This improvement is particularly significant for practitioners who want to self-query. They can now complete the form on-line and print it. Although they still have to have the printed

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copy notarized to confirm their identity and have to mail the notarized form to the NPDB, they no longer have to wait for the NPDB to mail a copy of the blank form to them before starting the process. This can cut several days off the time needed to obtain a self-query response. It also eliminates any possibility that the NPDB will introduce errors in keypunching the form since the NPDB will process the form as entered on the Internet as soon as the notarized form is received in the mail.

Other Significant Developments

The Commission on Accreditation of Rehabilitation Facilities (CARF) adopted a standard during 1998 which requires that accredited rehabilitation facilities query the NPDB during their credentialing process. This is similar to the policy of the National Committee for Quality Assurance which requires NPDB queries.

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

This section primarily discusses descriptive statistics concerning 1998 reports, queries, matches, disputes, and Secretarial reviews. For comparative purposes, information is provided for each of the most recent five years (1994 through 1998) as well as cumulatively from the opening of the NPDB on September 1, 1990 through December 31, 1998.

Reports

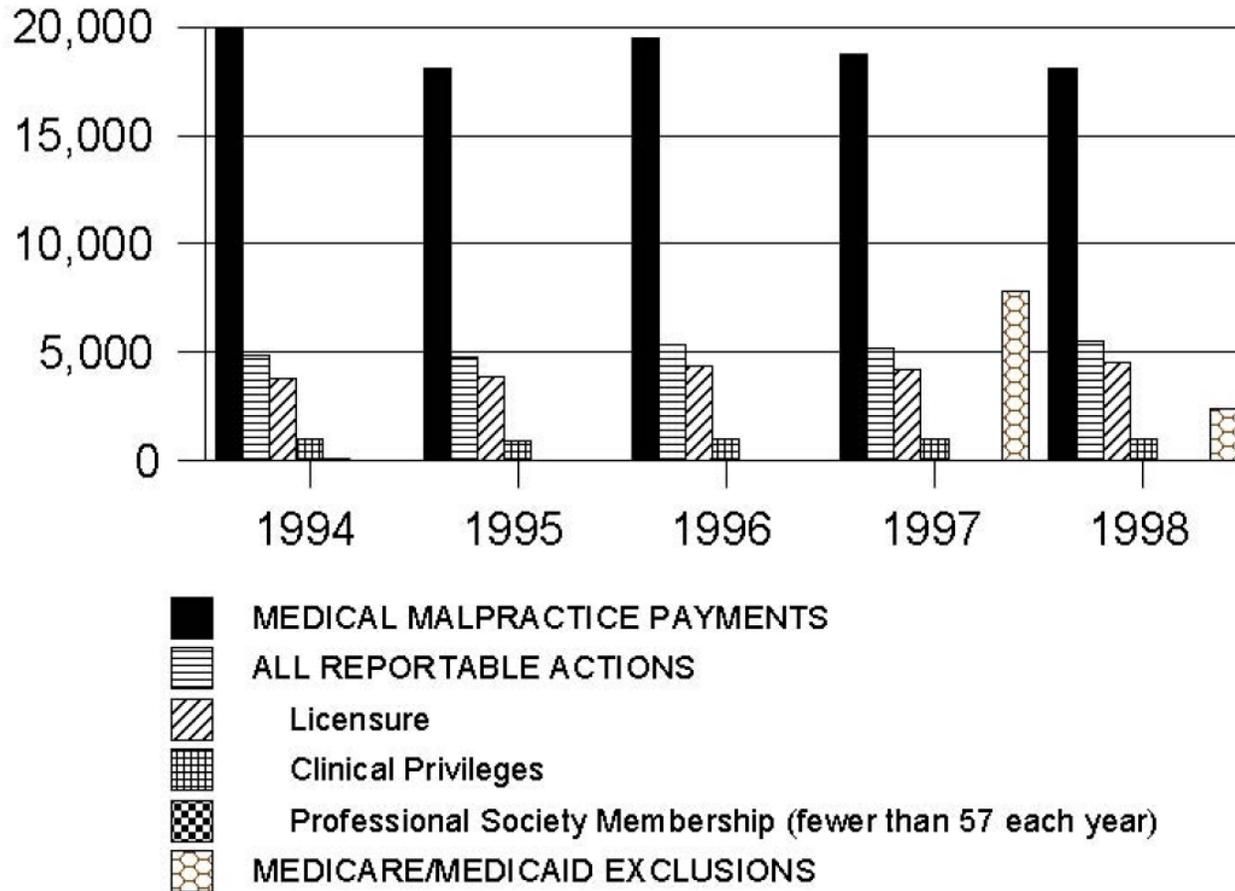
Tables 1 through 6 present data on practitioners reported and reports received by the NPDB through December 31, 1998 by report type. Table 1 shows the number of practitioners, by type, with reports in the NPDB, the number of reports in the NPDB for each type of practitioner, and the ratio of reports per practitioner. Tables 2 through 6 provide information by type of report (medical malpractice payments and "adverse actions" involving licensure, clinical privileges, professional society membership, or the DEA actions, as well as Medicare/Medicaid exclusions. It should be noted that some "adverse action" reports are not "adverse" to the practitioner involved and concern reinstatements, reductions of penalties, or reversals of previous actions. Therefore, the term "reportable actions" is used unless non-adverse actions are excluded. Table 2 shows the number and percent distribution of reports received by type of report.

Malpractice Payments

Data from Table 2, as illustrated in Figure 1, show that, for each year, medical malpractice payment reports (MMPRs) represent, by far, the greatest proportion of reports contained in the NPDB. Cumulative data show that at the end of 1998, 76.4 percent of all the NPDB's reports concerned malpractice payments. During 1998 itself, the NPDB received 18,071 such reports (69.5 percent of all reports received). Medicare/Medicaid Exclusion reports (MMERs) were first placed in the NPDB in 1997. Reports that year included practitioners excluded in previous years and not yet reinstated, thus 1997 and 1998 reporting statistics are not comparable to each other or to those of previous years. If Exclusion reports are excluded, then malpractice payments constitute 78.3 percent of all 1997 reports and 76.6 percent of all reports in 1998. Those MMPRs have steadily decreased as a percentage of all reports for the last five years.

Table 3 shows the percent change by report type from year to year. State licensure action reporting was at a record high level in 1998. The apparent large decrease in exclusion reports for 1998 reflects the fact that the count of exclusion reports for 1998 reflects only exclusions and reinstatements actually taken during the year while the count for 1997 reflects both 1997 exclusions and exclusions in earlier years for practitioners who had not been reinstated. Thus the 1998 exclusion count is not comparable to the count for 1997.

Figure 1: Number and Type of Reports Received by the NPDB 1994-1998



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Table 4 shows malpractice payment reports for all 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 118,608 (76.6 percent) of the NPDB's malpractice payment reports while dentists were responsible for 22,412 reports (14.5 percent), and all other types of practitioners were responsible for 13,047 reports (8.4 percent). Practitioner type was not specified in 0.6 percent of malpractice payment reports. During 1998, physicians were responsible for 14,406 malpractice payment reports (79.7 percent of all malpractice payment reports received during the year). Dentists were responsible for 2,381 malpractice payment reports (13.2 percent). "Other practitioners" were responsible for 1,262 malpractice payment reports (7.0 percent). Overall, the number of physician malpractice payment reports in 1998 decreased 3.5 percent from 1997 to 1998.

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 the name of health care organizations (e.g. hospitals or group practices) is substituted for the name of the practitioner. This is most common when the health care organization is responsible for the malpractice coverage of the 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. These practitioners are protected from malpractice claims made against them personally for work performed as part of their government duties. The DOD reports malpractice payments to the NPDB 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 a malpractice payment.

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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) was published in 1998. The proposed regulations would require reports concerning practitioners whose acts or omissions were the basis of the claim or action that led to the malpractice payment regardless of whether the practitioners 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 1998. 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 1998 the NPDB contained 1,176 malpractice payments made for the benefit of residents and interns (both M.D. and D.O.) out of 118,608 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 1,176 payments made for the benefit of residents in the NPDB. During their careers to date, most physicians with at least one payment while they were a resident (803) have had only one payment reported to the NPDB; 183 have had two payments reported, 48 have had three payments reported, 19 have had four payments reported, and 15 had five or more payments reported.

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 2, reportable actions represent 21.3 percent of all reports received by the NPDB during 1998 and, cumulatively, 18.5 percent of all reports in the NPDB. The number of reportable action reports received increased by 347 reports to a total of 5,543 (a 6.7 percent increase) from 1997 to 1998 (Table 3). This followed a 2.5 percent decrease in reportable actions from 1996 to 1997. The 5,543 reportable action reports received during 1998 was the largest number of such reports received in any single year to date.

During 1998, licensure actions made up 81.1 percent of all reportable actions and 17.3 percent of all NPDB reports (including malpractice payments and Medicare/Medicaid exclusions). Licensure actions continue to represent the majority of reportable actions (cumulatively 78 percent of all reportable actions). Except for 1997, a steady increase is observed 1994 through 1998. Licensure reports increased by 7.3 percent in 1998 compared to 1997. Licensure reports for physicians increased by 8.0 percent in 1998.

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Licensure reports for dentists, in contrast, increased by only 3.0 percent (Table 4). Licensure reports for physicians constituted 79.6 percent of all licensure reports in 1998.

The number of clinical privileges actions essentially remained the same between 1997 and 1998. There were 957 such reports in 1998, an increase of only 10 reports from 1997. Clinical privileges actions represented 17.3 percent of all 1998 reportable action reports and 9.3 percent of all 1998 NPDB reports.

In 1998, professional society membership actions and Drug Enforcement Agency (DEA) reports combined represented only 1.6 percent of reportable action reports and 0.3 percent of all NPDB reports. Professional society membership actions (only 32 reported) made up 0.6 percent of all reportable actions during 1998. Fifty-six Drug Enforcement Agency reports were received during 1998. 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 100 in 1994.

Table 5 presents information on all types of reportable actions and on Medicare/Medicaid exclusion reports (MMER) by type of practitioner, type of report, and year. Physicians are responsible for the largest number of all reportable actions during 1998 and earlier years. During 1998, physicians were responsible for 79.6 percent of licensure actions, 92.8 percent of clinical privileges actions, 96.9 percent of professional society membership actions, and 92.9 percent of the DEA actions. In contrast, physicians were responsible for only 25.5 percent of the Medicaid/Medicare exclusion actions added to the NPDB during 1998. 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 who had not been reinstated.

Physicians are more likely to have reports than are dentists. Physicians, who represent 81.5 percent of the nation's total physician-dentist work force, were responsible for 86.6 percent of licensure reports for physicians and dentists during 1998. They were responsible for 97.2 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 18.5 percent of the nation's total physician-dentist work force, during 1998, were responsible for 13.4 percent of physician and dentist licensure actions, 2.8 percent of clinical privileges actions, 3.0 percent (only 1 report) of professional society membership actions, 4 DEA actions, and 25.6 percent of exclusion reports for physicians and dentists. The number of dental licensure reports has grown slightly each year and 1998 represents the greatest number of dental licensure actions submitted to the NPDB in a single year (860 reports).

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Voluntary reporting of reportable actions against "other practitioners" was not a significant source of reportable action reports to the NPDB during 1998. Only 98 reportable action 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, the "other practitioners" group of practitioners accounted for the majority of Medicare/Medicaid exclusion reports (65.8 percent of 2,400 reports) added to the NPDB during 1998. Nurses and nurse's aides were responsible for 3,854 reports (60.6 percent of "other practitioner" exclusions and 37.7 percent of all exclusions). Chiropractors were the next largest group. They were responsible for 1,487 exclusions (23.4 percent of "other practitioner" exclusions and 14.5 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 2 and 3 is unreasonably low. This could reflect either an actual low number of actions taken (perhaps because hospitals substituted non-reportable actions for reportable actions) or failure to file reports concerning reportable actions taken, or both. 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." 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 two research contracts in this regard during 1998 to learn more about the causes of the problem, and to assess the States in improving clinical privileges reporting under State laws. 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 6 and 7 shed additional light on the low level of reporting of clinical privileges actions by hospitals. Table 6 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 36.5 percent in New Jersey to 79.0 percent in Minnesota. Nationally, as of December 31, 1998, 61.7 percent of non-Federal hospitals registered with the NPDB and in "active" status had never reported a clinical privileges action to the NPDB. Clinical privileges reporting seems 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 7, Kansas ranks third highest in the nation in the number of clinical privileges actions reported per 1,000 physicians. However, as shown in Table 6 it also is a State

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with one of the highest percentage of hospitals that have never reported (75.8 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. The relationship between malpractice payments and reportable action reports is then examined. Third, information regarding physicians with multiple reports in the NPDB is discussed. Finally, some discussions of 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 7, 8, and 9. 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 7. New Mexico, the District of Columbia, and Massachusetts have the lowest cumulative physician licensure reporting rates, while Connecticut, Massachusetts, and Washington, D.C. have the lowest cumulative physician clinical privileges rates. The highest cumulative licensure reporting rates are found in West Virginia, North Dakota, and Mississippi. The highest cumulative clinical privileges rates are in Nevada, Arizona, and Kansas.

The correlation coefficient between the State licensure action rates per 1,000 physicians and the State clinical privileges action rates per 1,000 physicians is only 0.31, which means that variations in one rate "explain" only 9.42 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 as many licensure reports as 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 has 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 8 shows the cumulative number of medical malpractice payment reports for physicians and dentists from September 1, 1990 through December 31, 1998 by State (generally the State in which the practitioner maintained his or her practice at the time the

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incident took place). The table also includes the "adjusted annualized rate" of payments, which is the average number of payments per year per 1,000 physicians and 1,000 dentists in each State. These rates are adjusted to exclude malpractice payments made by State excess judgment funds and similar State funds. When payments are made by these funds, two reports are filed with the NPDB (one from the primary insurer and one from the fund) whenever a total malpractice settlement or award exceeds a maximum set by the state for the practitioners' primary malpractice carrier. States with these funds are marked by asterisks in the tables. Payments by these funds are excluded from the "adjusted" columns so that malpractice incidents are not counted twice.

Michigan and West Virginia had the highest rates for physicians (39.0 and 35.74 reports per thousand physicians, respectively.) Alabama and Wisconsin had the lowest rates (6.81 and 9.22 reports per 1,000 physicians, respectively). The highest rates for dentists were found in Utah and California (38.72 and 26.97 reports per thousand dentists, respectively). The lowest rates were found in South Carolina and Alabama (5.09 and 6.37 reports per 1,000 dentists, respectively).

Table 9 and 10 present the annual rate of malpractice payment reports per 1,000 physicians and dentists by State for each of the last five calendar years. Both unadjusted and adjusted rates are provided for each State each year. The adjusted rates exclude payments made by State excess judgment or other similar funds. Nine States have such funds, and most fund payments pertain to practitioners from these States. However, these funds sometimes make payments for practitioners reported to the NPDB as working in other States. To account for the fact that these fund payments represent a second payment for each reported incident, we have adjusted the payment rates to count each malpractice incident only once when a State fund has made a payment in addition to the payment made by the primary malpractice insurance carrier. Thus the unadjusted columns in Tables 9 and 10 are based on malpractice payments while the adjusted rates are based on malpractice incidents.

It also 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 2.2 times the national rate because of a large number of payments made for one practitioner during 1994. State rates may also be substantially impacted by other reporting artifacts such as a reporter submitting a substantial number of delinquent reports at the same time. Indiana reporting, for example, was impacted by receipt of delinquent reports during 1996 and 1997.

State malpractice payment rates also are affected by differences in malpractice statutes in each State. Statutory provisions may make it easier or more difficult 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 also are 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.

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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 also are of interest. We examined all malpractice payment reports received by the NPDB between its opening and December 31, 1998. The results are shown in Table 11. Note that these numbers are not adjusted for the impact of State excess judgment and similar funds. Because mean payments can be substantially impacted by a single 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 \$61,220. Adjusted for inflation, the median payment over the entire period of the NPDB's operation was \$65,574. The median payment in 1998 was \$83,463 which has increased from the 1997 median. The highest 1998 medians were found in Illinois, Pennsylvania, and Washington, D.C., all of which had a median payment of \$100,000 or more. The lowest 1998 medians were found in California (\$29,999) and South Dakota (\$39,618).

The cumulative mean malpractice payment for the NPDB was \$167,031. Adjusted for inflation, assuming 1998 dollars for all payments, the mean payment was \$177,550. The mean payment during 1998 was \$216,617. During 1998 mean payments ranged from lows of \$96,443 in South Dakota and \$97,328 in Nebraska to highs of \$345,308 in Connecticut and \$357,282 in Pennsylvania. 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 also are 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, 1998, the mean delay between incident and payment was 4.18 years. For 1998 payments, the mean delay was 4.32 years. Thus during 1998, payments were made on average a month later than the average for all payments. On average, during 1998, payments were made most quickly in Alaska (2.96 years). Payments were slowest in West Virginia (10.84 years). Average payment delays have decreased in 1998 from 1997 while the same time mean and median malpractice payments have been increasing.

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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 12, the NPDB categorizes malpractice events into ten broad categories. During 1998, incidents relating to equipment and product problems had the lowest median and mean payments (\$2,050 and \$33,425, respectively). The second lowest median and the lowest mean payment amounts for physicians were for miscellaneous incidents (\$26,250 and \$86,387 respectively). However, there were only 137 equipment and product reports and only 215 miscellaneous reports. Together these categories represent only 2.5 percent of all malpractice payments in 1998. As in previous years, obstetrics-related cases (1,162 reports; 8.1 percent of all malpractice payment reports) had by far the highest median and mean payments (\$200,000 and \$388,238 respectively).

The mean payment delay is shown in Table 13 for each type of case. The 164 equipment or product related payments in 1998 (0.9 percent of all 1998 payments) had the longest mean delay between incident and payment (12.63 years). This extraordinary delay is explained by the relatively large number of reports submitted for payments related to silicone breast implants as a part of extended class action litigation. As in previous years, obstetric related payments have the longest delay between incident and payment, 5.79 years. The shortest average delay for 1998 payments was for anesthesia cases (3.61 years). There were 466 such cases, representing 2.6 percent of all 1998 malpractice payments.

Relationship between Malpractice Payments and Reportable Actions

Malpractice payment and licensure and clinical privileges report rates per 1,000 physicians by State and year (1994 through 1998) are presented in Table 14. 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 has a higher correlation coefficient.

There is evidence, however, that physicians with high numbers of malpractice payment reports tend to have at least some adverse actions reports and vice versa. Tables 15 and 16 show this data. For example, as shown in Table 15, although 95.6 percent of the 61,262 physicians with only one malpractice payment report in the NPDB have no reportable action reports, only 58.2 percent of the 146 physicians with ten or more malpractice payment reports have no reportable action reports. Generally, as a physician's number of malpractice payment reports increases; the likelihood that the physician has action reports also increases. Similarly, as shown in Table 16, there is a tendency for a smaller proportion of physicians to have no malpractice payment reports as their number of reportable action reports increases. However, the trend reverses for physicians with nine or more reportable action reports. One explanation may be that physicians with large numbers of reportable action reports leave the profession and no longer have the opportunity to be the targets of malpractice claims.

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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. As seen in Table 1, at the end of 1998, a total of 131,679 individual practitioners had disclosable reports in the NPDB. Of these, 94,929 (72.1 percent) were physicians. Most physicians (68.4 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 18.6 percent of the total. Over 99.7 percent of physicians with reports had nine or fewer reports. Only 317 physicians had more than nine reports each. Of the physicians with disclosable reports, 82.3 percent had only malpractice payment reports; 10.5 percent had only reportable action reports, and 1.0 percent had only exclusion reports. Notably, only 5.7 percent had at least one report in two of the three types of reports. Only 0.4 percent had at least one malpractice payment, adverse action, and exclusion report at the end of 1998.

Approximately 26 percent of the 82,828 physicians in the NPDB with at least one malpractice payment report had two or more malpractice reports. Over 29.5 percent of all physician 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 payment report are likely to have multiple payments. Of the 15,829 physicians with at least one reportable action report, 7,561 (47.8 percent) have at least two such reports. Almost 73.5 percent of all physician reportable action reports are for physicians with more than one such report. Of the 7,550 physicians with multiple reportable action reports, 4,511 (59.7 percent) have only licensure action reports; these physicians, however may or may not have malpractice payment reports. Only 1,203 (26.7 percent) of the 4,511 physicians with multiple action reports do have malpractice payment reports. About 11.3 percent (850) of the 7,550 physicians with multiple reportable action reports have only clinical privileges reports. Only 45 physicians have at least one licensure report, clinical privileges report, and professional society membership report. Only 16 also have at least one Medicare/Medicaid exclusion report. Only seven 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 17, all types of Registered Nurses have been responsible for 2,520 malpractice payments (1.6 percent of all payments) over the history of the NPDB. About two-thirds of the payments for nurses were made for non-specialized Registered Nurses. Nurse Anesthetists were responsible for 24.3 percent of nurse payments. Nurse Midwives were responsible for 6.4 percent, and Nurse Practitioners were responsible for 4.1 percent of all nurse payments. Monitoring, treatment, and medication problems are responsible for the majority of 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

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problems are responsible for 86 percent of the 527 payments for Nurse Anesthetists. Similarly, obstetrics-related problems are responsible for 77.8 percent of the 162 Nurse Midwife payments. Diagnosis-related problems are responsible for 38.5 percent of the 104 payments for Nurse Practitioners. Treatment-related problems are responsible for another 26 percent of payments for these nurses.

As shown in Table 18, the median and mean payment for all types of nurses in 1998 was \$83,300 and \$290,053, respectively. The median is about \$20,000 less than the median physician payment and the mean is about \$40,000 larger than the mean physician payment in 1998.

Cumulatively, the pattern is somewhat different. Although the inflation-adjusted cumulative mean nurse payment of \$245,932 is over \$34,000 larger than the cumulative mean physician payment, the inflation-adjusted cumulative median nurse payment (\$73,552) is \$24,589 less than the inflation-adjusted cumulative median payment for physicians.

Table 19 shows the cumulative nurse malpractice payment rate by State (adjusted rates for States with payments by State patient compensation and similar funds). Vermont, which has no nurse malpractice payment reports, has the lowest nurse malpractice payment rates. Minnesota has the second lowest malpractice payment rates for nurses. New Jersey has 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 0.07 which means that only about 0.49 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 20. A total of 3,155,558 entity requests for the disclosure of information (queries) were successfully processed by the NPDB during 1998. This is an average of about six queries every minute, 24 hours a day, 365 days a year, or one query about every 10 seconds. The number of queries in 1998 increased 0.7 percent from the 3,133,471 queries processed during 1997. 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 16,431,992 entity queries by the end of 1998.

Practitioner self-queries also are shown in Table 20. Practitioners who want to verify their record (or lack of a record) in the NPDB can query on their own record at any time. Some State boards, which could query the NPDB, instead require practitioners to submit self-query results with license applications. During 1998, the NPDB processed 48,287 self-query requests. This was a decrease of 8.2 percent over the number of self-queries processed during 1997. Only 4,293 (8.9 percent) of the practitioners who self-queried in 1998

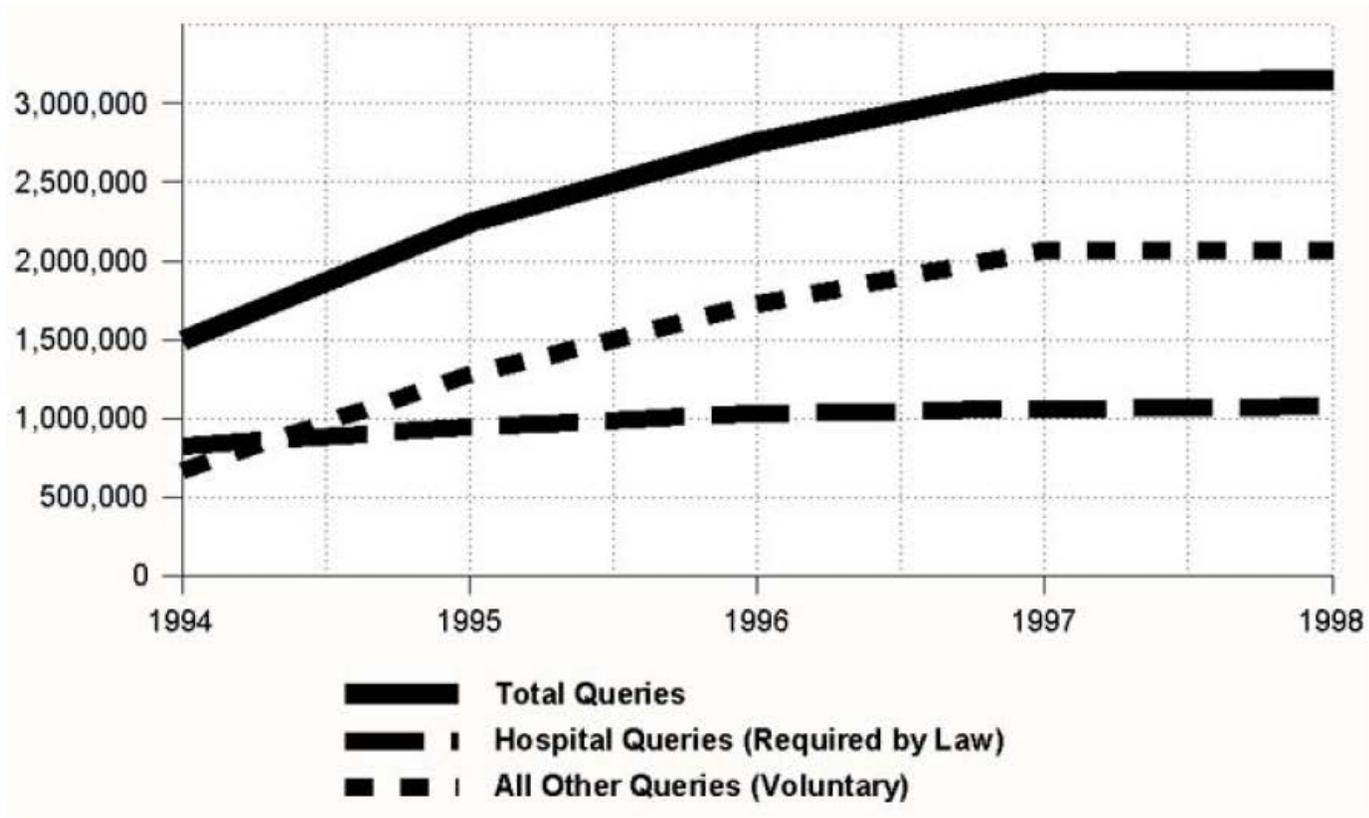
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had reports in the NPDB. Cumulatively from the opening of the NPDB, 267,342 self-queries have been processed; 20,726 (7.8 percent) of these queries were matched with reports in the NPDB.

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 privileged staff. 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 177 percent from 1991 (the NPDB's first full year of operation) to 1998, to a total of 1,085,803 queries in 1998, the increase in the number of voluntary queries has been much greater. These queries increased from 72,801 in 1991 to 2,069,755 in 1998, an increase of over 2,700 percent. Voluntary queries represented 65.6 percent of all queries during 1998 (Table 21).

The distribution of queries by querier type is shown in Table 21. Of the voluntary queriers, HMOs are the most active. Although they represent 7.7 percent of all entities registered with the NPDB, HMOs made 33.7 percent of all queries cumulatively and 36.4 percent of all queries during 1998. PPOs and group practices made 6.6 percent of all queries during the entire period, but during 1998 these entities were responsible for 10.7 percent of all queries. State licensing boards made 0.4 percent of queries during 1998 and 0.5 percent cumulatively. Professional societies were responsible for 0.5 percent of all queries during 1998 and 0.4 percent of all queries cumulatively. In summary, the percentage of queries submitted by hospitals has remained the same while HMO, PPO, group practice, and other entity queries have increased.

Figure 2: Growth in Queries, by Querier Type 1994-1998



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 20, the 374,002 entity queries matched during 1998 represents a match rate of 11.9 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 88.1 percent of entity 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, presumably because they confirm that practitioners have had no reports in over six years. At the end of 1998 a no-match response to a query confirmed that a practitioner has had no reports in over eight years. These responses will become even more valuable as the NPDB matures.

Registered Entities

All reporting and querying to the NPDB (except for practitioner self-querying) is performed by registered entities which certify that they meet the eligibility requirements of the Health Care Quality Improvement Act of 1986. Table 22 provides information on the more than 13,000 registered entities that have reported or queried at least once since the opening of the NPDB and those active as of December 31, 1998. Some entities have (or had in the past) multiple registration numbers either simultaneously or sequentially, so the numbers shown in Table 22 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 can only 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 1998, there were 2,820 reportable action and 7,010 malpractice payment reports under dispute by the practitioners named in the reports. Medicare/Medicaid exclusion reports cannot be disputed with the NPDB. Disputed reports constitute 7.5 percent of all reportable action reports and 4.5 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.

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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 23 presents information on this level of review. Requests for review by the Secretary decreased by 20.8 percent from 1997 to 1998. A total of 103 requests for review by the Secretary were received during 1998 compared to 130 in 1997. 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 1998, the number of new requests for Secretarial Review was about 0.4 percent of the number of new malpractice payment and adverse action reports received.

As Table 23 shows, reportable action reports were more likely to be appealed to the Secretary than were malpractice payment reports. During 1998, 56 percent (58 requests) of all requests for Secretarial Review concerned reportable actions (i.e., licensure, clinical privileges, or professional society membership reports) even though only 21.3 percent of all 1998 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 24 presents data on the outcome of requests for Secretarial Review. At the end of 1998, 36 (35.5 percent) of the 103 requests for Secretarial Review received during the year remained unresolved. Of the 67 new 1998 cases which were resolved, only 3 (4.5 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 62 cases (92.5 percent of the 1998 cases which were resolved). Two cases (3.0 percent of 1998 cases which were resolved) were administratively dismissed for failure of the practitioner to supply information.

Table 25 presents cumulative information on Secretarial Reviews by report type and outcome. By the end of 1998 only 17.5 percent of all closed 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 1998 4.1 percent of all requests for Secretarial Review remained unresolved. Only 52 (11.8 percent) of the total of 440 malpractice payment reports with completed Secretarial Reviews 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, 81 (18.6 percent) of the 436 closed requests resulted in a change in favor of the practitioner. For licensure actions and professional society membership actions, these numbers were 55 (26.8 percent) of 203 closed requests and 3 (25.0 percent) of 12 closed requests, respectively.

CONCLUSION

The NPDB continued to improve its operations during 1998. The new SRA "second generation" system based on the use of modern data base technology operated reliably and processed a record number of queries. System improvements continued to be made to better serve the NPDB's customers. The continuing 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

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TABLE 25: Cumulative Requests for Secretarial Review, by Report Type and Outcome Type

TABLE 1: Practitioners with Reports
(National Practitioner Data Bank, September 1, 1990 - December 31, 1998)

Practitioner Type	No. of Practitioners with Reports	Number of Reports	Reports per Practitioner
Physicians	94,929	152,678	1.61
Dentists	19,578	29,259	1.49
Nurses and Nursing-related Practitioners	6,566	6,819	1.04
Chiropractors	3,788	4,313	1.14
Podiatrists and Podiatry-related Practitioners	2,285	3,597	1.57
Pharmacists and Pharmacy Assistants	863	914	1.06
Psychology-related Practitioners	812	1,010	1.24
Physician Assistants and Medical Assistants	402	456	1.13
Physical Therapists and Related Practitioners	361	380	1.05
Optical-related Practitioners	263	333	1.27
Counselors	236	301	1.28
Social Workers	188	209	1.11
Emergency Medical Practitioners	169	185	1.09
Technologists	99	103	1.04
Dental Assistants and Technicians	44	46	1.05
Occupational Therapists and Related Practitioners	28	29	1.04
Respiratory Therapists and Related Practitioners	20	21	1.05
Acupuncturists	18	19	1.06
Denturists	13	16	1.23
Psychiatric Technicians and Aides	9	12	1.33
Audiologists	9	10	1.11
Homeopaths and Naturopaths	6	8	1.33
Dieticians	4	4	1.00
Prosthetists	2	3	1.50
Speech and Language-Related Practitioners	1	1	1.00
Unspecified or Unknown	986	1,307	1.33
TOTAL	131,679	202,033	1.53

TABLE 2: Number and Percent Distribution of Reports by Report Type, Last Five Years and Cumulative (National Practitioner Data Bank, September 1, 1990 - December 31, 1998)

REPORT TYPE	1994		1995		1996		1997		1998		Cumulative through 9/1/90-12/31/98 Number	Cumulative through 9/1/90-12/31/98 Percent
	Number	Percent										
REPORTABLE ACTION REPORTS*	4,820	19.5%	4,765	20.8%	5,330	21.5%	5,196	16.4%	5,543	21.3%	37,416	18.5%
Licensure	3,750	15.1%	3,876	17.0%	4,350	17.5%	4,190	13.2%	4,498	17.3%	29,169	14.4%
Clinical Privileges	970	3.9%	857	3.7%	948	3.8%	947	3.0%	957	3.7%	7,708	3.8%
Professional Society Membership	43	0.2%	31	0.1%	32	0.1%	33	0.1%	32	0.1%	307	0.2%
Drug Enforcement Agency	57	0.2%	1	0.0%	0	0.0%	26	0.1%	56	0.2%	232	0.1%
MEDICARE/MEDICAID EXCLUSIONS	0	0.0%	0	0.0%	0	0.0%	7,831	24.7%	2,400	9.2%	10,231	5.1%
MEDICAL MALPRACTICE PAYMENT REPORTS	19,942	80.5%	18,089	79.2%	19,497	78.5%	18,712	59.0%	18,071	69.5%	154,386	76.4%
TOTAL	24,762	100.0%	22,854	100.0%	24,827	100.0%	31,739	100.0%	26,014	100.0%	202,033	100.0%

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

This table includes only disclosable reports in the NPDB as of December 31, 1998. The numbers of reports for 1994 through 1997 may differ from those shown in previous Annual Reports because of modifications and voided reports. Modified reports are counted in the year of the modification, not the year of the original report.

Medicare/Medicaid Exclusions were first reported during 1997. Reports that year include exclusion actions taken in previous years if the practitioner had not been reinstated.

TABLE 3: Number of Reports Received and Percent Change by Report Type, Last Five Years
(National Practitioner Data Bank, September 1, 1990 - December 31, 1998)

REPORT TYPE	1994 Number	% Change 1993-1994	1995 Number	% Change 1994-1995	1996 Number	% Change 1995-1996	1997 Number	% Change 1996-1997	1998 Number	% Change 1997-1998
REPORTABLE ACTION REPORTS*	4,820	14.3%	4,765	-1.1%	5,330	11.9%	5,196	-25%	5,543	6.7%
Licensure	3,750	22.4%	3,876	3.4%	4,350	12.2%	4,190	-3.7%	4,498	7.4%
Clinical Privileges	927	-7.7%	857	-11.6%	948	10.6%	947	-0.1%	957	1.1%
Professional Society Membership	43	-23.2%	31	-27.9%	32	3.2%	33	3.1%	32	-3.0%
Drug Enforcement Agency	57	62.9%	1	98.2%	0	-100.0%	26	---	56	115.4%
MEDICARE/MEDICAID EXCLUSIONS	0	0.0%	0	0.0%	0	0.0%	7,831	---	2,400	-69.4%
MEDICAL MALPRACTICE PAYMENT REPORTS	19,942	2.2%	18,089	-9.3%	19,497	7.8%	18,712	-4.0%	18,071	-3.4%
TOTAL	24,762	4.4%	22,854	-7.7%	24,827	8.6%	31,739	27.8%	26,014	-18.0%

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

This table includes only disclosable reports in the NPDB as of December 31, 1998. The numbers of reports for 1994 through 1997 may differ from those shown in previous Annual Reports because of modifications and voided reports. Modified reports are counted in the year of the modification, not the year of the original report.

Percent changes from a zero base are indicated by "---."

TABLE 4: Number, Percent Distribution, and Percent Change of Malpractice Payment Reports by Practitioner Type, Last Five Years and Cumulative (National Practitioner Data Bank, September 1, 1990 - December 31, 1998)

YEAR	Practitioner Type				Total
	Physicians	Dentist	All Others	Not Specified	
1994					
Malpractice Payments Reports	15,294	2,959	1,550	139	19,942
Percent of 1994 Malpractice Reports	76.7%	14.8%	7.8%	0.7%	100.0%
Percent Change (1994 to 1993)	4.9%	-2.3%	-15.8%	-19.2%	1.6%
1995					
Malpractice Payment Reports	14,071	2,554	1,428	36	18,089
Percent of 1995 Malpractice Reports	77.8%	14.1%	7.9%	0.2%	100.0%
Percent Change (1995 to 1994)	-8.0%	-13.7%	-7.9%	-74.1%	-9.3%
1996					
Malpractice Payment Reports	15,425	2,514	1,521	37	19,497
Percent of 1996 Malpractice Reports	79.1%	12.9%	7.8%	0.2%	100.0%
Percent Change (1996 to 1995)	9.6%	-1.6%	6.5%	2.8%	7.8%
1997					
Malpractice Payment Reports	14,922	2,489	1,275	26	18,712
Percent of 1997 Malpractice reports	79.7%	13.3%	6.8%	0.1%	100.0%
Percent Change(1997 to 1996)	-3.3%	-1.0%	-16.2%	-29.7%	-4.0%
1998					
Malpractice Payment Reports	14,406	2,381	1,262	22	18,071
Percent of 1998 Malpractice Reports	79.7%	13.2%	7.0%	0.1%	100.0%
Percent Change (1998 to 1997)	-3.5%	-4.3%	-1.0%	-15.4%	-3.4%
Cumulative (9/1/90 – 12/31/98)					
Malpractice Reports	118,608	22,412	13,047	863	154,930
Percent reports	76.6%	14.5%	8.4%	0.6%	100.0%

This table includes only disclosable reports in the NPDB as of December 31, 1998. The numbers of reports for 1994 through 1997 may differ from those shown in previous Annual Reports because of modifications and voided reports. Modified reports are counted in the year of the modification, not the year of the original reports. Physicians include Allopathic and Osteopathic physicians and interns and residents. Dentists includes dental residents.

TABLE 5: Number, Percent Distribution, and Percent Change of Reportable Actions and Medicare/Medicaid Exclusion Reports by Practitioner Type, Last Five Years and Cumulative National Practitioner Data Bank (September 1, 1990 - December 31, 1998)

REPORT AND PRACTITIONER TYPE	1994 Number	1994 Percent	% Change 1993-1994	1995 Number	1995 Percent	% Change 1994-1995	1996 Number	1996 Percent	% Change 1995-1996	1997 Number	1997 Percent	% Change 1996-1997
LICENSURE	3,745	77.8%	22.3%	3,872	81.3%	3.4%	4,344	81.6%	12.2%	4,190	32.2%	-3.5%
Physicians	3,058	63.5%	28.3%	3,164	66.5%	3.5%	3,639	68.4%	15.0%	3,315	25.4%	-8.9%
Dentists	687	14.3%	1.5%	688	14.5%	0.1%	686	12.9%	-0.3%	835	6.4%	21.7%
Other Health Care Practitioners or Not Specified	0	0.0%	-100.0%	20	0.4%	--	19	0.4%	-5.0%	40	0.3%	110.5%
CLINICAL PRIVILEGES	970	20.1%	-7.7%	857	18.0%	-11.6%	948	17.8%	10.6%	947	7.3%	-0.1%
Physicians	924	19.2%	-8.4%	825	17.3%	-10.7%	909	17.1%	10.2%	905	6.9%	-0.4%
Dentists	18	0.4%	-10.0%	13	0.3%	-27.8%	16	0.3%	23.1%	14	0.1%	-12.5%
Other Health Care Practitioners or Not Specified	28	0.6%	27.3%	19	0.4%	-32.1%	23	0.4%	21.1%	28	0.2%	21.7%
PROFESSIONAL SOCIETY MEMBERSHIP	43	0.9%	-23.2%	31	0.7%	-27.9%	32	0.6%	3.2%	33	0.3%	3.1%
Physicians	35	0.7%	-30.0%	28	0.6%	-20.0%	29	0.5%	3.6%	31	0.2%	6.9%
Dentists	6	0.1%	0.0%	3	0.1%	-50.0%	3	0.1%	0.0%	2	0.0%	-33.3%
Other Health Care Practitioners or Not Specified	2	0.0%	--	0	0.0%	--	0	0.0%	--	0	0.0%	--
DRUG ENFORCEMENT AGENCY ACTIONS	57	1.2%	62.9%	1	0.0%	-98.2%	0	0.0%	-100.0%	26	0.2%	--
Physicians	57	1.2%	62.9%	1	0.0%	-98.2%	0	0.0%	-100.0%	26	0.2%	--
Dentists	0	0.0%	--	0	0.0%	--	0	0.0%	--	0	0.0%	--
Other Health Care Practitioners or Not Specified	0	0.0%	--	0	0.0%	--	0	0.0%	--	0	0.0%	--
MEDICARE/MEDICAID EXCLUSIONS	0	0.0%	--	0	0.0%	--	0	0.0%	--	7,831	60.1%	--
Physicians	0	0.0%	--	0	0.0%	--	0	0.0%	--	2,295	17.6%	--
Dentists	0	0.0%	--	0	0.0%	--	0	0.0%	--	760	5.8%	--
Other Health Care Practitioners or Not Specified	0	0.0%	--	0	0.0%	--	0	0.0%	--	4,776	36.7%	--
TOTAL	4,815	100.0%	14.5%	4,761	100.0%	-1.1%	5,324	100.0%	11.8%	13,027	100.0%	144.7%

TABLE 5 Continued

REPORT AND PRACTITIONER TYPE	1998 Number	1998 Percent	% Change 1997-1998	Cumulative 9/1/90 – 12/31/98	Cumulative 9/1/90- 12/31/98
LICENSURE	4,495	43.5%	7.3%	24,776	58.5%
Physicians	3,580	34.6%	8.0%	19,840	46.9%
Dentists	860	8.3%	3.0%	4,865	11.5%
Other Health Care Practitioners or Not Specified	55	0.5%	37.5%	71	0.2%
CLINICAL PRIVILEGE	957	9.3%	1.1%	6,872	16.2%
Physicians	888	8.6%	-1.9%	6,593	15.6%
Dentists	26	0.3%	85.7%	119	0.3%
Other Health Care Practitioners or Not Specified	43	0.4%	53.6%	160	0.4%
PROFESSIONAL SOCIETY MEMBERSHIP	32	0.3%	-3.0%	275	0.6%
Physicians	31	0.3%	0.0%	251	0.6%
Dentists	1	0.0%	-50.0%	24	0.1%
Other Health Care Practitioners or Not Specified	0	0.0%	--	0	0.0%
DRUG ENFORCEMENT AGENCY ACTIONS	56	0.5%	115.4%	176	0.4%
Physicians	52	0.5%	100.0%	176	0.4%
Dentists	4	0.0%	--	0	0.0%
Other Health Care Practitioners or Not Specified	0		--	0	0.0%
MEDICARE/MEDICAID EXCLUSIONS	2,400	23.2%	-69.4%	10,231	24.2%
Physicians	611	5.9%	-73.4%	2,906	6.9%
Dentists	210	2.0%	-72.4%	970	2.3%
Other Health Care Practitioners or Not Specified	1,579	15.3%	-66.9%	6,355	15.0%
TOTAL	10,340	100.0%	-20.6%	42,330	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).

Medicare/Medicaid Exclusions were first reported during 1997. Reports that year include exclusion actions taken in previous years if the practitioner had not been reinstated.

This table includes only disclosable reports in the NPDB as of December 31, 1998. The numbers of reports for 1994 through 1997 may differ from those shown in previous Annual Reports because of modifications and voided reports. Modified reports are counted in the year of the modification, not the year of the original report.

Percent changes from a zero base are indicated by "---."

TABLE 6: Currently Active Registered Non-Federal Hospitals That Have Never Reported to the National Practitioner Data Bank, by State
(National Practitioner Data Bank, September 1, 1990 - December 31, 1998)

STATE	# of Hospitals with "Active" NPDB Registrations	# of Hospitals That Have Never Reported	% That Have Never Reported
ALABAMA	130	96	73.8%
ALASKA	19	14	73.7%
ARIZONA	83	43	51.8%
ARKANSAS	94	62	66.0%
CALIFORNIA	521	259	49.7%
COLORADO	82	53	64.6%
CONNECTICUT	54	29	53.7%
DELAWARE	13	5	38.5%
FLORIDA	291	180	61.9%
GEORGIA	199	118	59.3%
HAWAII	29	17	58.6%
IDAHO	49	33	67.3%
ILLINOIS	232	130	56.0%
INDIANA	161	96	59.6%
IOWA	120	92	76.7%
KANSAS	149	113	75.8%
KENTUCKY	124	88	71.0%
LOUISIANA	195	153	78.5%
MAINE	46	25	54.3%
MARYLAND	85	43	50.6%
MASSACHUSETTS	133	83	62.4%
MICHIGAN	195	101	51.8%
MINNESOTA	143	113	79.0%
MISSISSIPPI	105	80	76.2%
MISSOURI	157	102	65.0%
MONTANA	54	39	72.2%
NEBRASKA	91	69	75.8%
NEVADA	39	25	64.1%
NEW HAMPSHIRE	32	15	46.9%
NEW JERSEY	115	42	36.5%
NEW MEXICO	53	36	67.9%
NEW YORK	283	135	47.7%
NORTH CAROLINA	144	93	64.6%
NORTH DAKOTA	49	36	73.5%
OHIO	213	109	51.2%
OKLAHOMA	144	100	69.4%
OREGON	62	28	45.2%
PENNSYLVANIA	279	153	54.8%
RHODE ISLAND	16	6	37.5%
SOUTH CAROLINA	79	48	60.8%
SOUTH DAKOTA	52	41	78.8%
TENNESSEE	161	115	71.4%
TEXAS	541	379	70.1%
UTAH	49	34	69.4%
VERMONT	16	8	50.0%
VIRGINIA	126	68	54.0%
WASHINGTON	92	46	50.0%
WEST VIRGINIA	64	41	64.1%

STATE	# of Hospitals with "Active" NPDB Registrations	# of Hospitals That Have Never Reported	% That Have Never Reported
WISCONSIN	144	95	66.0%
WYOMING	27	21	77.8%
WASHINGTON, DC	14	4	28.6%
TOTAL	6,348	3,914	61.7%

"Currently active" registered hospitals are those listed by the NPDB in "active status" on December 31, 1998.

TABLE 7: Cumulative Reportable Licensure and Privileges Action Reports for Physician, by Type and State
(National Practitioner Data, September 1, 1990 - December 31, 1998)

STATE	# of Physicians	Licensure Reports	Annualized Rate/1,000	Rank	Privileges Reports	Annualized Rate/1,000	Rank
ALABAMA	8,304	230	3.32	16	82	1.18	16
ALASKA	1,082	68	7.54	45	7	0.78	5
ARIZONA	9,050	498	6.60	43	224	2.97	50
ARKANSAS	4,600	160	4.17	24	67	1.75	37
CALIFORNIA	78,862	2,392	3.64	19	907	1.38	21
COLORADO	9,077	734	9.70	46	168	2.22	44
CONNECTICUT	11,221	344	3.68	20	55	0.59	1
DELAWARE	1,650	35	2.55	9	22	1.60	32
FLORIDA	33,453	1,286	4.61	30	389	1.40	23
GEORGIA	15,459	586	4.55	29	231	1.79	38
HAWAII	3,240	64	2.37	5	39	1.44	25
IDAHO	1,760	65	4.43	28	32	2.18	43
ILLINOIS	30,300	806	3.19	15	195	0.77	4
INDIANA	10,904	290	3.19	14	168	1.85	40
IOWA	4,876	409	10.07	48	64	1.58	31
KANSAS	5,248	190	4.34	26	127	2.90	49
KENTUCKY	7,827	429	6.58	42	95	1.46	26
LOUISIANA	10,251	365	4.27	25	87	1.02	10
MAINE	2,627	112	5.12	37	42	1.92	41
MARYLAND	19,754	729	4.43	27	195	1.18	15
MASSACHUSETTS	24,231	452	2.24	3	139	0.69	2
MICHIGAN	20,897	978	5.62	39	244	1.40	24
MINNESOTA	11,464	363	3.80	21	95	0.99	8
MISSISSIPPI	4,284	390	10.92	49	49	1.37	20
MISSOURI	12,166	518	5.11	36	148	1.46	27
MONTANA	1,661	85	6.14	41	27	1.95	42
NEBRASKA	3,448	69	2.40	7	70	2.44	46
NEVADA	2,693	88	3.92	22	82	3.65	51
NEW HAMPSHIRE	2,630	50	2.28	4	36	1.64	33
NEW JERSEY	22,664	948	5.02	34	248	1.31	18
NEW MEXICO	3,667	51	1.67	1	53	1.73	36

STATE	# of Physicians	Licensure Reports	Annualized Rate/1,000	Rank	Privileges Reports	Annualized Rate/1,000	Rank
NEW YORK	67,224	1,990	3.55	18	473	0.84	6
NORTH CAROLINA	16,536	327	2.37	6	139	1.01	9
NORTH DAKOTA	1,383	127	11.02	50	29	2.52	47
OHIO	25,432	1,423	6.71	44	352	1.66	35
OKLAHOMA	5,513	451	9.82	47	131	2.85	48
OREGON	7,095	324	5.48	38	87	1.47	28
PENNSYLVANIA	33,535	707	2.53	8	293	1.05	11
RHODE ISLAND	3,105	121	4.68	32	30	1.16	14
SOUTH CAROLINA	7,478	316	5.07	35	93	1.49	29
SOUTH DAKOTA	1,356	38	3.36	17	11	0.97	7
TENNESSEE	12,723	308	2.90	11	119	1.12	12
TEXAS	38,420	1,602	5.00	33	495	1.55	30
UTAH	3,943	99	3.01	13	37	1.13	13
VERMONT	1,647	82	5.97	40	19	1.38	22
VIRGINIA	16,125	389	2.89	10	168	1.25	17
WASHINGTON	13,048	441	4.06	23	200	1.84	39
WEST VIRGINIA	3,771	383	12.19	51	52	1.65	34
WISCONSIN	11,399	284	2.99	12	125	1.32	19
WYOMING	804	31	4.63	31	16	2.39	45
WASHINGTON, DC	4,020	68	2.03	2	25	0.75	3
Total	653,907	23,295	4.27		7,281	1.34	

The "Rank" column 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, 1998.

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, 1996 from Table E-7 of the American Medical Association's Physician Characteristics and Distribution in the U.S., 1997-98 editions.

Table 8: Physician and Dentist Medical Malpractice Payment Reports Cumulative Number and Annualized Rate per 1,000 Practitioners, by State (National Practitioner Data Bank, September 1, 1990 - December 31, 1998)

Physicians

STATE	Number of Reports	Adjusted Number of Reports	Number of Physicians	Annualized Rate	Adjusted Annualized Rate	Adjusted Rank
ALABAMA	471	471	8,304	6.81	6.81	1
ALASKA	150	150	1,082	16.64	16.64	19
ARIZONA	1,728	1,728	9,050	22.91	22.91	36
ARKANSAS	554	554	4,600	14.45	14.45	15
CALIFORNIA	13,539	13,539	78,862	20.60	20.60	31
COLORADO	1,329	1,329	9,077	17.57	17.57	23
CONNECTICUT	1,149	1,149	11,221	12.29	12.29	8
DELAWARE	280	280	1,650	20.36	20.36	29
FLORIDA*	7,343	7,343	33,453	26.34	26.34	45
GEORGIA	1,945	1,945	15,459	15.10	15.10	17
HAWAII	258	258	3,240	9.56	9.56	3
IDAHO	238	238	1,760	16.23	16.23	18
ILLINOIS	5,533	5,533	30,300	21.91	21.91	35
INDIANA*	2,461	2,459	10,904	27.08	27.06	46
IOWA	966	965	4,876	23.77	23.75	38
KANSAS*	1,359	901	5,248	31.07	20.60	32
KENTUCKY	1,138	1,132	7,827	17.45	17.36	21
LOUISIANA*	2,001	1,518	10,251	23.42	17.77	25
MAINE	300	300	2,627	13.70	13.70	13
MARYLAND	1,781	1,777	19,754	10.82	10.79	7
MASSACHUSETTS	2,120	2,118	24,231	10.50	10.49	5
MICHIGAN	6,844	6,841	20,897	39.30	39.28	51
MINNESOTA	1,013	1,008	11,464	10.60	10.55	6
MISSISSIPPI	869	865	4,284	24.34	24.23	40
MISSOURI	2,294	2,219	12,166	22.63	21.89	34
MONTANA	488	486	1,661	35.26	35.11	49
NEBRASKA*	497	430	3,448	17.30	14.97	16
NEVADA	582	581	2,693	25.93	25.89	44
NEW HAMPSHIRE	476	476	2,630	21.72	21.72	33
NEW JERSEY	4,468	4,445	22,664	23.66	23.54	37
NEW MEXICO*	811	615	3,667	26.54	20.13	28
NEW YORK	15,275	15,262	67,224	27.27	27.24	47
NORTH CAROLINA	1,832	1,818	16,536	13.29	13.19	12
NORTH DAKOTA	207	204	1,383	17.96	17.70	24
OHIO	5,130	5,120	25,432	24.21	24.16	39
OKLAHOMA	813	802	5,513	17.70	17.46	22
OREGON	758	757	7,095	12.82	12.80	11

STATE	Number of Reports	Adjusted Number of Reports	Number of Physicians	Annualized Rate	Adjusted Annualized Rate	Adjusted Rank
PENNSYLVANIA*	9,950	7,115	33,535	35.60	25.46	41
RHODE ISLAND	530	529	3,105	20.48	20.44	30
SOUTH CAROLINA*	697	604	7,478	11.18	9.69	4
SOUTH DAKOTA	189	188	1,356	16.73	16.64	20
TENNESSEE	1,350	1,338	12,723	12.73	12.62	9
TEXAS	8,247	8,229	38,420	25.76	25.70	43
UTAH	839	838	3,943	25.53	25.50	42
VERMONT	261	261	1,647	19.02	19.02	27
VIRGINIA	1,723	1,720	16,125	12.82	12.80	10
WASHINGTON	1,943	1,936	13,048	17.87	17.81	26
WEST VIRGINIA	1,123	1,120	3,771	35.74	35.64	50
WISCONSIN*	1,061	876	11,399	11.17	9.22	2
WYOMING	211	210	804	31.49	31.34	48
WASHINGTON, DC	466	465	4,020	13.91	13.88	14
TOTAL	117,590	113,045	653,907	21.58	20.75	

Dentist

STATE	Number of Reports	Adjusted Number of Reports	Number of Dentists	Annualized Rate	Adjusted Annualized Rate	Adjusted Rank
ALABAMA	94	94	1,770	6.37	6.37	2
ALASKA	41	41	335	14.69	14.69	28
ARIZONA	335	335	1,956	20.55	20.55	46
ARKANSAS	90	90	1,003	10.77	10.77	16
CALIFORNIA	4,800	4,800	21,356	26.97	26.97	50
COLORADO	280	280	2,529	13.29	13.29	20
CONNECTICUT	356	356	2,592	16.48	16.48	35
DELAWARE	44	44	328	16.10	16.10	34
FLORIDA*	1,105	1,105	7,295	18.18	18.18	40
GEORGIA	255	255	3,212	9.53	9.53	11
HAWAII	70	70	950	8.84	8.84	9
IDAHO	37	37	594	7.47	7.47	4
ILLINOIS	947	947	8,056	14.11	14.11	25
INDIANA*	299	299	2,827	12.69	12.69	19
IOWA	131	131	1,565	10.04	10.04	13
KANSAS*	164	162	1,271	15.48	15.30	31
KENTUCKY	246	246	2,131	13.85	13.85	24
LOUISIANA*	252	247	2,012	15.03	14.73	29
MAINE	66	66	592	13.38	13.38	21
MARYLAND	525	525	3,656	17.23	17.23	37
MASSACHUSETTS	563	563	4,886	13.83	13.83	23
MICHIGAN	1,113	1,113	6,014	22.21	22.21	48
MINNESOTA	228	228	2,885	9.48	9.48	10

STATE	Number of Reports	Adjusted Number of Reports	Number of Dentists	Annualized Rate	Adjusted Annualized Rate	Adjusted Rank
MISSISSIPPI	88	88	1,005	10.51	10.51	15
MISSOURI	380	380	2,754	16.56	16.56	36
MONTANA	59	59	460	15.39	15.39	32
NEBRASKA*	94	94	1,118	10.09	10.09	14
NEVADA	90	90	581	18.59	18.59	41
NEW HAMPSHIRE	118	118	668	21.20	21.20	47
NEW JERSEY	767	767	6,336	14.53	14.53	27
NEW MEXICO*	110	110	687	19.21	19.21	43
NEW YORK	2,163	2,163	15,043	17.25	17.25	38
NORTH CAROLINA	187	187	2,951	7.60	7.60	5
NORTH DAKOTA	16	16	294	6.53	6.53	3
OHIO	801	801	6,112	15.73	15.73	33
OKLAHOMA	162	162	1,577	12.33	12.33	18
OREGON	150	150	2,131	8.45	8.45	8
PENNSYLVANIA*	1,524	1,524	8,174	22.37	22.37	49
RHODE ISLAND	80	80	555	17.30	17.30	39
SOUTH CAROLINA*	66	66	1,556	5.09	5.09	1
SOUTH DAKOTA	40	40	320	15.00	15.00	30
TENNESSEE	194	194	2,829	8.23	8.23	7
TEXAS	1,419	1,419	8,772	19.41	19.41	44
UTAH	383	383	1,187	38.72	38.72	51
VERMONT	51	51	326	18.77	18.77	42
VIRGINIA	294	294	3,558	9.92	9.92	12
WASHINGTON	568	568	3,332	20.46	20.46	45
WEST VIRGINIA	97	97	851	13.68	13.68	22
WISCONSIN*	315	315	3,100	12.19	12.19	17
WYOMING	16	16	246	7.80	7.80	6
WASHINGTON, DC	90	90	761	14.19	14.19	26
ALL REPORTS	22,363	22,356	156,338	17.17	17.16	

This table includes only disclosable reports in the NPDB as of December 31, 1998.

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, 1996 from Table E-7 of the American Medical Association's Physician Characteristics and Distribution in the U.S., 1997-98 editions.

The number of dentists is from December 31, 1994 data from Table 302 of the USDHHS Fact book Health Personnel United States, 1998.

Adjusted columns exclude reports from State patient compensation and similar State funds which make payments in excess of amounts paid by a practitioner's primary malpractice carrier. When payments are made by these funds, two reports are filed with the NPDB (one from the primary insurer and one from the fund) whenever a total malpractice settlement or award exceeds a maximum set by the State for the practitioner's primary malpractice carrier. The States marked with asterisks have these funds. Thus, the adjusted columns provide a count of the number of incidents resulting in payments rather than the number of payments. These funds occasionally make payments for practitioners practicing in other States at the time of a malpractice event. See the text for a detailed explanation.

TABLE 9: Malpractice Payment Reports per 1,000 Physicians, by State
(National Practitioner Data Bank, 1994 – 1998)

STATE	1994 Rate	1994 Adjusted Rate	1995 Rate	1995 Adjusted Rate	1996 Rate	1996 Adjusted Rate	1997 Rate	1997 Adjusted Rate	1998 Rate	1998 Adjusted Rate
ALABAMA	6.33	6.33	7.21	7.21	7.95	7.95	7.83	7.56	8.31	8.02
ALASKA	15.71	15.71	18.59	18.59	28.65	28.65	17.56	16.74	13.86	13.22
ARIZONA	27.24	27.24	19.47	19.47	27.29	27.29	28.73	27.32	24.75	23.72
ARKANSAS	17.61	17.61	13.87	13.87	12.17	12.17	12.61	12.13	17.17	16.53
CALIFORNIA	24.47	24.47	19.45	19.40	22.74	22.70	23.67	22.97	19.26	18.84
COLORADO	19.15	19.03	18.43	18.32	17.30	17.30	17.30	16.65	17.08	16.55
CONNECTICUT	12.42	12.42	14.19	14.19	11.23	11.23	12.92	12.75	13.01	12.84
DELAWARE	24.58	24.58	25.67	25.67	23.03	23.03	16.97	16.19	18.18	17.35
FLORIDA*	26.37	26.27	26.96	26.87	32.70	32.52	34.11	32.07	31.87	30.30
GEORGIA	17.74	17.67	16.04	16.04	16.88	16.82	17.79	16.64	18.95	18.20
HAWAII	11.64	11.64	12.98	12.35	11.42	11.42	6.17	6.02	13.89	13.55
IDAHO	21.96	21.96	17.06	17.06	18.75	18.75	17.61	16.56	14.77	13.89
ILLINOIS	26.49	26.42	20.51	20.51	20.10	20.07	20.50	19.82	19.24	18.88
INDIANA*	24.94	24.94	17.99	17.90	58.51	58.42	40.08	38.45	23.84	22.84
IOWA	24.00	23.78	22.51	22.30	27.89	27.89	27.07	26.39	22.35	21.96
KANSAS*	40.06	26.10	26.93	16.28	30.11	16.01	42.49	29.58	33.73	17.93
KENTUCKY	23.31	23.31	19.25	18.99	18.01	18.01	19.93	19.13	16.23	15.58
LOUISIANA*	27.54	21.47	17.92	14.56	21.75	16.58	25.75	15.54	28.00	19.40
MAINE	14.53	14.53	12.79	12.79	12.56	12.18	15.99	15.54	12.94	12.58
MARYLAND	11.60	11.50	11.38	11.33	12.00	12.00	12.00	11.37	13.11	12.64
MASSACHUSETTS	11.18	11.18	9.90	9.90	10.81	10.81	9.20	8.66	9.53	9.26
MICHIGAN	53.19	53.14	50.85	50.80	32.40	32.40	31.58	30.40	35.84	34.76
MINNESOTA	13.26	13.26	10.52	10.52	10.90	10.82	8.55	8.32	6.72	6.54
MISSISSIPPI	30.47	30.47	28.55	28.30	26.61	26.38	31.28	29.69	27.31	25.93
MISSOURI	25.47	24.60	25.91	24.47	25.73	25.73	20.30	19.50	18.00	17.65
MONTANA	43.80	43.80	32.80	32.80	41.54	40.34	36.72	35.97	33.11	32.43
NEBRASKA*	21.30	18.48	19.54	17.74	17.11	13.92	20.30	16.47	17.40	14.51
NEVADA	36.79	36.36	33.27	33.27	23.77	23.39	27.85	25.10	32.31	29.92
NEW HAMPSHIRE	32.52	32.52	21.12	20.72	27.38	27.38	19.77	18.62	22.05	21.18
NEW JERSEY	26.96	26.87	23.51	23.28	23.12	23.08	20.56	19.64	25.77	25.05
NEW MEXICO*	30.03	19.63	26.34	20.67	37.91	29.45	30.00	23.55	36.00	24.35
NEW YORK	32.26	32.18	25.55	25.52	27.00	26.94	27.94	26.98	29.66	28.99
NORTH CAROLINA	15.93	15.79	13.93	13.80	13.55	13.55	14.63	13.78	13.97	13.43
NORTH DAKOTA	25.14	24.35	17.82	17.82	22.42	22.42	13.02	11.80	17.35	16.66
OHIO	25.23	25.15	25.42	25.34	26.93	26.86	24.65	23.73	16.55	16.11
OKLAHOMA	19.91	19.72	18.19	18.01	19.59	19.59	13.24	12.64	15.06	14.57
OREGON	15.86	15.86	12.62	12.62	11.70	11.70	11.84	11.35	10.57	10.26
PENNSYLVANIA*	37.93	28.19	38.29	28.89	42.82	28.87	41.33	27.14	34.86	22.16
RHODE ISLAND	19.02	17.61	19.25	18.92	19.00	19.00	27.38	25.38	23.51	22.32

STATE	1994 Rate	1994 Adjusted Rate	1995 Rate	1995 Adjusted Rate	1996 Rate	1996 Adjusted Rate	1997 Rate	1997 Adjusted Rate	1998 Rate	1998 Adjusted Rate
SOUTH CAROLINA*	6.06	5.47	10.28	8.20	12.57	10.56	16.05	12.77	18.72	14.95
SOUTH DAKOTA	24.77	23.95	20.23	20.23	16.96	16.96	19.91	19.57	20.65	20.29
TENNESSEE	15.28	15.10	12.71	12.63	12.42	12.42	15.41	14.16	12.58	12.05
TEXAS	30.70	30.61	28.11	28.01	28.58	28.55	24.36	22.83	26.03	25.04
UTAH	29.94	29.67	34.56	34.56	31.19	31.19	25.62	24.41	21.81	20.79
VERMONT	21.78	21.78	18.65	18.65	17.00	17.00	21.86	20.80	29.75	28.31
VIRGINIA	15.86	15.86	12.46	12.46	13.64	13.58	11.66	11.23	15.57	14.99
WASHINGTON	18.00	17.92	18.65	18.57	17.86	17.78	20.39	19.45	20.85	20.12
WEST VIRGINIA	40.58	40.30	38.92	38.65	31.03	30.76	34.47	33.07	38.45	37.17
WISCONSIN*	11.32	10.27	10.04	8.23	12.63	10.61	7.90	5.95	7.37	5.70
WYOMING	66.76	66.76	22.40	22.40	38.56	38.56	26.12	23.89	38.56	37.04
WASHINGTON DC	13.61	13.61	10.23	10.23	17.66	17.66	15.67	16.69	21.64	23.42
Total	24.80	23.91	21.87	21.06	23.42	22.34	22.85	20.90	21.83	21.18

This table includes only disclosable reports in the NPDB as of December 31, 1998. The rates for 1994 through 1997 may differ from those shown in previous Annual Reports because of modifications and voided reports. Modified reports are counted in the year of modification.

Data on the number of physicians: 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: 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, 1995 from Table D-7 of the American Medical Association's Physician Characteristics and Distribution in the U.S., 1996-97 edition. For 1996: 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, 1996 from Table D-7 of the American Medical Association's Physician Characteristics and Distribution in the U.S., 1997-98 edition. For 1997 and 1998: The number of physicians is the number of "total physicians" less the number of physicians listed as "inactive" or "address unknown" as December 31, 1996 from Table E-7 of the American Medical Association's Physician and Distribution in the U.S., 1999 edition.

Adjusted columns exclude reports from State patient compensation and similar State funds which make payments in excess of amounts paid by a practitioner's primary malpractice carrier. When payments are made by these funds, two reports are filed with the NPDB (one from the primary insurer and one from the fund) whenever a total malpractice settlement or award exceeds a maximum set by the State for the practitioner's primary malpractice carrier. The States marked with asterisks have these funds. Thus, the adjusted columns provide a count of the number of incidents resulting in payments rather than the number of payments. These funds occasionally make payments for practitioners practicing in other States at the time of a malpractice event. See the text for a detailed explanation.

TABLE 10: Malpractice Payment Reports per 1,000 Dentists, by State
(National Practitioner Data Bank 1994-1998)

STATE	1994 Rate	1994 Adjusted Rate	1995 Rate	1995 Adjusted Rate	1996 Rate	1996 Adjusted Rate	1997 Rate	1997 Adjusted Rate	1998 Rate	1998 Adjusted Rate
ALABAMA	8.31	8.31	3.39	3.39	5.08	5.08	4.52	4.52	5.55	5.55
ALASKA	37.74	37.74	2.99	2.99	11.94	11.94	0.00	0.00	11.60	11.60
ARIZONA	20.11	20.11	9.20	9.20	34.76	34.76	22.49	22.49	13.48	13.48
ARKANSAS	9.99	9.99	13.96	13.96	7.98	7.98	10.97	10.97	14.01	14.01
CALIFORNIA	27.91	27.91	24.72	24.68	26.32	26.32	26.08	26.08	26.09	26.09
COLORADO	11.28	11.28	9.09	9.09	16.61	16.61	13.44	13.44	7.57	7.57
CONNECTICUT	17.35	17.35	13.89	13.89	16.98	16.98	10.80	10.80	12.84	12.84
DELAWARE	12.27	12.27	6.10	6.10	21.34	21.34	6.10	6.10	14.58	14.58
FLORIDA*	21.02	21.02	18.09	18.09	17.27	17.14	21.52	21.52	16.95	16.95
GEORGIA	9.98	9.98	6.23	6.23	8.41	8.41	11.83	11.83	11.04	11.04
HAWAII	12.99	12.99	9.47	9.47	10.53	10.53	10.53	10.53	10.31	10.31
IDAHO	10.40	10.40	3.37	3.37	6.73	6.73	10.10	10.10	11.99	11.99
ILLINOIS	19.21	19.21	14.65	14.65	11.67	11.67	11.17	11.17	10.12	10.12
INDIANA*	10.31	10.31	14.86	14.86	18.39	18.39	11.32	11.32	10.62	10.62
IOWA	8.45	8.45	13.42	13.42	8.31	8.31	5.11	5.11	7.87	7.87
KANSAS*	22.51	22.51	15.74	15.74	11.80	11.01	14.16	14.16	10.09	10.09
KENTUCKY	18.78	18.78	15.02	15.02	9.39	9.39	11.73	11.73	12.84	12.84
LOUISIANA*	14.81	14.31	14.41	14.41	12.92	12.92	11.93	11.93	17.63	17.63
MAINE	10.10	10.10	18.58	18.58	21.96	21.96	16.89	16.89	15.36	15.36
MARYLAND	13.57	13.57	13.13	13.13	9.30	9.30	14.22	14.22	11.14	11.14
MASSACHUSETTS	15.87	15.87	18.22	18.22	14.12	14.12	11.26	11.26	12.80	12.80
MICHIGAN	38.76	38.76	24.44	24.44	11.64	11.64	14.13	14.13	14.09	14.09
MINNESOTA	10.56	10.56	9.36	9.36	6.59	6.59	8.32	8.32	4.20	4.20
MISSISSIPPI	8.65	8.65	3.98	3.98	11.94	11.94	10.95	10.95	22.48	22.48
MISSOURI	20.52	20.52	14.52	14.52	13.80	13.80	13.80	13.80	19.13	19.13
MONTANA	10.27	10.27	13.04	13.04	10.87	10.87	10.87	10.87	8.42	8.42
NEBRASKA*	14.73	14.73	17.89	17.89	2.68	2.68	6.26	6.26	0.96	0.96
NEVADA	17.67	17.67	15.49	15.49	12.05	12.05	44.75	44.75	8.77	8.77
NEW HAMPSHIRE	23.74	23.74	32.93	32.93	17.96	17.96	19.46	19.46	12.50	12.50
NEW JERSEY	16.59	16.59	16.10	16.10	13.10	13.10	15.63	15.63	11.01	11.01
NEW MEXICO*	21.89	21.89	17.47	17.47	18.92	18.92	34.93	32.02	19.31	19.31
NEW YORK	16.86	16.86	14.62	14.62	14.03	14.03	17.15	17.15	17.33	17.33
NORTH CAROLINA	6.13	6.13	6.44	6.44	6.78	6.78	10.50	10.50	5.31	5.31
NORTH DAKOTA	9.77	9.77	3.40	3.40	6.80	6.80	0.00	0.00	6.17	6.17
OHIO	19.07	19.07	14.89	14.89	15.22	15.22	13.42	13.42	12.73	12.73
OKLAHOMA	17.33	17.33	12.05	12.05	7.61	7.61	13.32	13.32	11.13	11.13
OREGON	7.22	7.22	3.28	3.28	12.20	12.20	7.04	7.04	7.23	7.23
PENNSYLVANIA*	22.81	22.81	23.24	23.24	19.33	19.33	19.70	19.45	19.01	19.01
RHODE ISLAND	21.51	21.51	19.82	19.82	10.81	10.81	14.41	14.41	6.61	6.61

STATE	1994 Rate	1994 Adjusted Rate	1995 Rate	1995 Adjusted Rate	1996 Rate	1996 Adjusted Rate	1997 Rate	1997 Adjusted Rate	1998 Rate	1998 Adjusted Rate
SOUTH CAROLINA*	8.47	8.47	3.86	3.86	3.21	3.21	3.86	3.86	2.50	2.50
SOUTH DAKOTA	15.11	15.11	25.00	25.00	12.50	12.50	9.38	9.38	2.91	2.91
TENNESSEE	6.43	6.43	10.96	10.96	6.72	6.72	7.78	7.78	9.01	9.01
TEXAS	18.67	18.67	18.70	18.70	23.60	23.60	14.25	14.25	28.49	28.49
UTAH	70.46	70.46	21.90	21.90	13.48	13.48	15.16	15.16	11.82	11.82
VERMONT	36.47	36.47	18.40	18.40	21.47	21.47	12.27	12.27	9.12	9.12
VIRGINIA	10.43	10.43	8.71	8.71	12.09	12.09	9.27	9.27	15.33	15.33
WASHINGTON	18.55	18.55	20.11	20.11	34.51	34.51	25.81	25.81	18.91	18.91
WEST VIRGINIA	18.37	18.37	17.63	17.63	11.75	11.75	7.05	7.05	13.32	13.32
WISCONSIN*	11.84	11.84	12.26	12.26	9.03	9.03	14.19	14.19	8.06	8.06
WYOMING	4.10	4.10	12.20	12.20	16.26	16.26	0.00	0.00	8.23	8.23
WASHINGTON DC	9.15	9.15	7.88	7.88	15.77	15.77	18.40	18.40	16.32	16.32
Total	18.96	18.94	16.30	16.29	16.04	16.02	15.93	15.81	15.50	15.50

This table includes only disclosable reports in the NPDB as of December 31, 1998. The rates for 1994 through 1997 may differ from those shown previous Annual Reports because of modifications and voided reports. Modified reports are counted in the year of modification.

Data on the number of dentists: For 1994: Table 302 of the USDHHS Fact book Health Personnel United States, March 1993. For 1995 - 1997: Table 302 from the USDHHS Fact book Health Personnel United States, 1988. For 1998: Data as of December 31, 1995 from Table 302 of the USDHHS Fact book Health Personnel United States, 1989. [Forthcoming]

Adjusted columns exclude reports from State patient compensation and similar State funds which make payments in excess of amounts paid by a practitioner's primary malpractice carrier. When payments are made by these funds, two reports are filed with the NPDB (one from the primary insurer and one from the fund) whenever a total malpractice settlement or award exceeds a maximum set by the State for the practitioner's primary malpractice carrier. The states marked with asterisks have these funds. Thus, the adjusted columns provide a count of the number of incidents resulting in payments rather than the number of payments. These funds occasionally make payments for practitioners practicing in other States at the time of a malpractice event. See the text for a detailed explanation.

TABLE 11: Mean and Median Malpractice Payment and Mean Delay between Incident and Payment, by State
(National Practitioner Data Bank, September 1, 1990 – December 31, 1998)

STATE	Cumulative Mean Payment	Cumulative Median Payment	1998 Only Mean Payment	1998 Only Rank	1998 Only Median Payment	Cumulative Mean Delay between Incident and Payment Years	1998 Only Mean Delay Between Incident and Payment
ALABAMA	\$266,030	\$75,000	\$295,560	45	\$132,500	3.80	3.77
ALASKA	\$154,178	\$60,000	\$278,248	43	\$75,000	3.85	2.96
ARIZONA	\$166,930	\$60,000	\$173,374	17	\$76,000	3.63	3.97
ARKANSAS	\$134,241	\$59,500	\$181,674	19	\$75,001	3.25	3.31
CALIFORNIA	\$90,919	\$29,999	\$112,394	7	\$29,999	3.42	3.03
COLORADO	\$128,255	\$35,000	\$238,236	37	\$74,500	3.28	3.23
CONNECTICUT	\$218,285	\$65,000	\$345,308	48	\$49,375	5.30	5.15
DELAWARE	\$163,551	\$64,134	\$223,491	32	\$45,000	4.52	4.52
FLORIDA*	\$181,487	\$90,000	\$194,277	27	\$104,000	3.99	3.99
GEORGIA	\$217,025	\$81,250	\$272,432	41	\$119,038	3.39	3.39
HAWAII	\$179,687	\$44,000	\$200,022	29	\$53,734	3.99	4.21
IDAHO	\$160,935	\$27,500	\$300,025	46	\$30,000	3.12	3.73
ILLINOIS	\$246,880	\$100,000	\$284,678	44	\$150,000	5.58	5.17
INDIANA*	\$127,654	\$50,007	\$191,641	24	\$75,252	5.00	5.25
IOWA	\$126,256	\$40,000	\$191,944	26	\$62,500	3.13	3.42
KANSAS*	\$138,909	\$76,707	\$158,488	13	\$100,000	3.91	4.91
KENTUCKY	\$150,011	\$45,000	\$188,303	23	\$75,000	3.67	3.89
LOUISIANA*	\$200,114	\$58,339	\$796,864	51	\$70,000	4.55	4.78
MAINE	\$187,697	\$80,000	\$159,569	14	\$93,250	3.78	3.81
MARYLAND	\$182,005	\$62,500	\$228,704	34	\$110,000	4.54	4.38
MASSACHUSETTS	\$209,991	\$85,000	\$262,107	40	\$135,000	5.66	5.27
MICHIGAN	\$86,136	\$50,000	\$93,713	1	\$60,000	4.26	4.46
MINNESOTA	\$131,268	\$40,000	\$131,842	10	\$42,000	3.11	2.58
MISSISSIPPI	\$160,878	\$71,500	\$183,342	20	\$58,000	3.90	4.14
MISSOURI	\$178,247	\$71,042	\$160,992	15	\$61,000	4.44	3.77
MONTANA	\$121,414	\$47,500	\$109,304	6	\$43,750	4.14	4.54
NEBRASKA*	\$92,141	\$39,000	\$97,328	3	\$42,500	3.72	3.58
NEVADA	\$189,409	\$62,500	\$327,749	47	\$121,856	3.89	4.12
NEW HAMPSHIRE	\$188,816	\$75,000	\$196,916	28	\$112,500	4.91	4.41
NEW JERSEY	\$197,328	\$79,500	\$252,917	38	\$125,000	6.18	5.80
NEW MEXICO*	\$112,085	\$62,500	\$128,570	9	\$85,000	3.67	3.76
NEW YORK	\$212,047	\$85,000	\$237,704	36	\$115,000	7.05	6.20
NORTH CAROLINA	\$197,209	\$75,000	\$276,006	42	\$125,000	3.53	4.04
NORTH DAKOTA	\$140,202	\$62,500	\$174,656	18	\$87,500	3.60	3.49
OHIO	\$174,767	\$50,000	\$191,641	24	\$75,000	4.27	3.95
OKLAHOMA	\$184,710	\$50,000	\$209,264	30	\$75,000	3.60	3.90
OREGON	\$128,894	\$43,000	\$154,143	12	\$50,000	3.24	3.31
PENNSYLVANIA*	\$190,232	\$100,000	\$357,282	49	\$175,000	5.89	5.58

STATE	Cumulative Mean Payment	Cumulative Median Payment	1998 Only Mean Payment	1998 Only Rank	1998 Only Median Payment	Cumulative Mean Delay between Incident and Payment Years	1998 Only Mean Delay Between Incident and Payment
RHODE ISLAND	\$208,741	\$87,500	\$226,265	33	\$117,500	6.07	6.19
SOUTH CAROLINA*	\$134,540	\$70,000	\$112,640	8	\$75,000	4.63	6.27
SOUTH DAKOTA	\$155,313	\$39,618	\$96,443	2	\$56,250	3.26	3.62
TENNESSEE	\$180,491	\$60,000	\$257,700	39	\$72,924	3.37	3.56
TEXAS	\$147,750	\$68,600	\$148,632	11	\$75,000	3.83	4.18
UTAH	\$92,292	\$15,000	\$102,991	5	\$30,000	3.36	3.22
VERMONT	\$117,168	\$49,250	\$185,491	21	\$123,750	4.57	5.09
VIRGINIA	\$159,010	\$70,000	\$164,654	16	\$70,000	3.71	3.71
WASHINGTON	\$144,006	\$37,500	\$186,523	22	\$75,000	3.98	4.70
WEST VIRGINIA	\$183,591	\$55,000	\$98,626	4	\$7,000	5.38	10.84
WISCONSIN*	\$227,384	\$50,000	\$233,700	35	\$79,954	4.54	4.32
WYOMING	\$133,247	\$54,250	\$221,597	31	\$60,000	3.01	2.86
WASHINGTON DC	\$318,233	\$112,500	\$451,520	50	\$225,000	4.69	3.74
TOTAL NPDB	\$167,031	\$61,220	\$216,617		\$83,463	4.18	4.32

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.

Rank for 1998 payments is based on the median payment amount for each State. 1 is lowest; 51 is highest.

These data are not adjusted for payments by State compensation funds and other similar funds. Mean and median payments for States with payments made by these funds understate the actual mean and median of amounts received by claimants. Payments made by these funds may also affect mean delay times between incidents and payments. States with these funds are marked with an asterisk.

TABLE 12: Mean and Median Malpractice Payment Amounts (Actual and Inflation Adjusted) Made for the Benefit of Physicians, by Malpractice Reason, 1998 and Cumulative (National Practitioner Data Bank September 1, 1990 - December 31, 1998)

Malpractice Reason	1998 Only			Cumulative, 9/1/90 – 12/31/98				
	Number of Payments	Mean Payment	Median Payment	Number of Payments	Mean Payment	Median Payment	Inflation Adjusted Mean Payment	Inflation Adjusted Median Payment
Diagnosis Related	5,093	\$281,460	\$150,000	38,788	\$216,291	\$100,000	\$231,926	\$115,473
Anesthesia Related	375	\$260,608	\$100,000	3,806	\$214,838	\$75,000	\$234,237	\$77,917
Surgery Related	3,817	\$184,577	\$100,000	32,159	\$156,271	\$75,000	\$167,821	\$79,787
Medication Related	644	\$154,568	\$68,750	7,173	\$140,896	\$42,000	\$152,966	\$46,189
IV & Blood Products Related	56	\$312,751	\$124,750	534	\$164,994	\$50,000	\$178,005	\$56,117
Obstetrics Related	1,162	\$388,238	\$200,000	10,351	\$342,271	\$177,500	\$370,103	\$196,195
Treatment Related	2,627	\$276,131	\$97,000	20,956	\$179,882	\$75,000	\$192,621	\$79,787
Monitoring Related	173	\$260,750	\$137,500	1,387	\$203,898	\$77,938	\$219,215	\$86,605
Equipment or Product Related	137	\$33,425	\$2,050	533	\$61,003	\$15,000	\$65,950	\$15,957
Miscellaneous	215	\$86,387	\$26,250	2,003	\$89,509	\$25,000	\$98,110	\$25,227
All Reports	14,229	\$251,624	\$100,000	117,690	\$196,589	\$90,000	\$211,386	\$98,141

This table includes only disclosable reports in the NPDB as of December 31, 1998. Malpractice payment reports which are missing data necessary to calculate payment or malpractice reason (n- 135) are excluded.

TABLE 13: Mean Delay between Incident and Payment by Malpractice Reason, 1998 and Cumulative (National Practitioner Data Bank September 1, 1990 -December 31, 1998)

Malpractice Reason	1998 Only Number of Payments	1998 Only Mean Delay Between Incident and Payment (years)	Cumulative 09/1/90- 12/31/98 Number of Payments	Cumulative 09/1/90- 12/31/98 Mean Delay Between Incident and Payment (years)
Diagnosis Related	5,402	4.71	42,346	4.89
Anesthesia Related	466	3.61	4,706	3.58
Surgery Related	4,288	4.27	36,702	4.26
Medication Related	795	4.07	9,054	5.01
IV & Blood Products Related	71	4.74	686	4.78
Obstetrics Related	1,199	5.79	10,756	6.40
Treatment Related	5,014	4.28	42,752	4.35
Monitoring Related	230	4.20	2,030	4.97
Equipment or Product Related	164	12.63*	790	5.56
Miscellaneous	310	4.04	3,141	4.87
All Reports	17,939	4.55	152,963	4.66

This table includes only disclosable reports in the NPDB as of December 31, 1998. Malpractice payment reports which are missing data necessary to calculate payment delay or malpractice reason (n=132 for 1998 and n=1,423 cumulatively) are excluded.

*The long delay found in 1998 for equipment and product-related payments results from a relatively large number of reports concerning payments in extended class action litigation for defective silicone breast implants.

TABLE 14: Malpractice Payment and Licensure and Clinical Privileges Reports per 1,000 Physicians, by State, Last Five Years
(National Practitioner Data Bank, 1994 – 1998)

STATE	1994 Mal-practice	1994 L&P Actions	1995 Mal-practice	1995 L&P Actions	1996 Mal-practice	1996 L&P Actions	1997 Mal-practice	1997 L&P Actions	1998 Mal-practice	1998 L&P Actions	5 Year Mean Mal-practice	5 Year Mean L&P Actions
ALABAMA	6.33	3.82	7.21	4.85	7.95	2.77	7.56	5.46	8.02	8.14	7.41	5.01
ALASKA	15.71	6.28	18.59	11.74	28.65	2.77	16.74	3.52	13.22	20.26	18.58	8.92
ARIZONA	27.24	9.57	19.47	7.60	27.29	19.89	27.32	12.82	23.72	5.93	25.01	11.16
ARKANSAS	17.61	3.57	13.87	4.77	12.17	6.30	12.13	7.53	16.53	11.72	14.46	6.78
CALIFORNIA	24.47	4.50	19.44	6.20	22.70	6.99	22.97	6.45	18.84	7.01	21.68	6.23
COLORADO	19.15	16.80	18.43	12.47	17.30	14.76	16.65	12.92	16.55	9.82	17.62	13.35
CONNECTICUT	12.42	4.36	14.19	6.33	11.23	4.81	12.75	4.75	12.84	4.66	12.69	4.98
DELAWARE	24.58	5.17	25.67	1.25	23.03	7.88	16.19	6.94	17.35	1.74	21.37	4.60
FLORIDA*	26.27	6.66	26.87	6.69	32.52	8.04	32.07	6.82	30.30	5.28	29.61	6.70
GEORGIA	17.74	7.64	16.04	8.56	16.82	6.40	16.64	5.40	18.20	7.27	17.09	7.05
HAWAII	11.64	5.82	12.35	3.48	11.42	6.17	6.02	3.92	13.55	6.63	11.00	5.20
IDAHO	21.96	8.40	17.06	6.70	18.75	9.66	16.56	9.62	13.89	9.08	17.65	8.69
ILLINOIS	26.49	5.23	20.51	3.62	20.07	4.16	19.82	4.79	18.88	3.85	21.15	4.33
INDIANA*	24.94	6.98	17.90	9.37	58.42	8.99	38.45	2.47	22.84	2.65	32.51	6.09
IOWA	24.00	13.62	22.30	10.42	27.89	14.36	26.39	16.12	21.96	10.68	24.51	13.04
KANSAS*	26.10	9.92	16.28	6.59	16.01	10.67	29.58	6.84	17.93	7.76	21.18	8.36
KENTUCKY	23.31	11.17	19.25	7.12	18.01	6.00	19.13	8.46	15.58	7.36	19.06	8.02
LOUISIANA	21.47	6.40	14.56	5.60	16.58	5.07	15.54	3.39	19.40	5.46	17.51	5.18
MAINE	14.53	7.67	12.79	4.80	12.18	11.04	15.54	7.03	12.58	14.43	13.52	8.99
MARYLAND	11.55	8.55	11.38	6.33	12.00	7.39	11.37	6.15	12.64	5.47	11.79	6.78
MASSACHUSETTS	11.18	4.21	9.90	3.90	10.81	3.71	8.66	3.09	9.26	3.09	9.96	3.60
MICHIGAN	53.14	6.68	50.80	8.81	32.40	10.58	30.40	8.45	34.76	10.72	40.30	9.05
MINNESOTA	13.26	5.30	10.52	4.90	10.82	6.54	8.32	4.16	6.54	4.41	9.89	5.06
MISSISSIPPI	30.47	13.92	28.55	14.15	26.38	17.04	29.69	13.52	25.93	11.74	28.20	14.07
MISSOURI	25.47	8.32	25.91	6.24	25.73	7.89	19.50	6.93	17.65	5.56	22.85	6.99
MONTANA	43.80	20.89	32.80	13.00	40.94	7.83	35.97	3.54	32.43	3.54	37.19	9.76
NEBRASKA*	18.48	4.70	17.74	6.01	13.92	7.54	16.47	4.19	14.51	4.19	16.22	5.32
NEVADA	36.36	7.88	33.27	11.62	23.39	6.31	25.10	7.57	29.92	8.94	29.61	8.47
NEW HAMPSHIRE	32.52	4.94	20.72	3.59	27.38	2.66	18.62	4.38	21.18	8.03	24.08	4.72
NEW JERSEY	26.96	5.60	23.46	7.90	23.08	7.32	19.64	4.89	25.05	5.75	23.64	6.29
NEW MEXICO*	19.63	3.27	20.67	1.13	29.45	5.18	23.55	3.97	24.35	6.35	23.53	3.98
NEW YORK	32.21	4.77	25.55	5.45	26.94	5.68	26.98	5.87	28.99	6.64	28.13	5.68
NORTH CAROLINA	15.93	0.88	13.93	2.10	13.55	5.02	13.78	4.88	13.43	5.99	14.12	3.77
NORTH DAKOTA	25.14	18.07	17.82	15.59	22.42	14.46	11.80	18.74	16.66	16.66	18.76	16.70
OHIO	25.23	10.51	25.38	10.38	26.86	10.81	23.73	8.11	16.11	11.63	23.46	10.29
OKLAHOMA	19.91	14.50	18.01	9.84	19.59	13.97	12.64	15.80	14.57	13.69	16.94	13.56
OREGON	15.86	9.52	12.62	8.07	11.70	6.91	11.35	7.80	10.26	7.25	12.36	7.91
PENNSYLVANIA*	28.19	3.18	28.89	4.58	28.87	5.19	27.14	6.01	22.16	3.88	27.05	4.57
RHODE ISLAND	17.61	7.04	19.25	6.31	19.00	9.02	25.38	6.73	22.32	8.26	20.71	7.47

STATE	1994 Mal-practice	1994 L&P Actions	1995 Mal-practice	1995 L&P Actions	1996 Mal-practice	1996 L&P Actions	1997 Mal-practice	1997 L&P Actions	1998 Mal-practice	1998 L&P Actions	5 Year Mean Mal-practice	5 Year Mean L&P Actions
SOUTH CAROLINA*	5.47	7.39	8.20	6.25	10.56	7.89	12.77	6.26	14.95	10.48	10.39	7.65
SOUTH DAKOTA	24.77	13.21	20.23	5.45	16.96	3.69	19.57	2.17	20.29	4.35	20.36	5.77
TENNESSEE	15.28	9.40	12.71	4.92	12.42	4.87	14.16	3.84	12.05	3.69	13.32	5.34
TEXAS	30.70	8.75	28.09	7.25	28.55	7.05	22.83	7.71	25.04	8.31	27.04	7.81
UTAH	29.94	5.72	34.56	2.84	31.19	6.09	24.41	4.11	20.79	5.32	28.18	4.81
VERMONT	21.78	9.61	18.65	11.81	17.00	6.68	20.80	12.13	28.31	6.93	21.31	9.43
VIRGINIA	15.86	6.66	12.46	4.13	13.58	2.98	11.23	3.05	14.99	3.17	13.62	4.00
WASHINGTON	18.00	7.75	18.65	6.06	17.78	4.90	19.45	7.03	20.12	6.36	18.80	6.42
WEST VIRGINIA	40.58	18.75	38.92	14.59	30.76	16.97	33.07	13.59	37.17	12.82	36.10	15.34
WISCONSIN*	10.27	5.52	8.23	4.43	10.61	5.61	5.95	4.00	5.70	1.19	8.15	4.15
WYOMING	66.76	12.78	22.40	6.59	38.56	1.24	23.89	13.14	37.04	15.53	37.73	9.86
WASHINGTON DC	13.61	1.24	10.23	0.00	17.66	5.47	16.69	4.85	23.42	6.46	16.32	3.60
TOTAL	23.97	6.54	21.12	6.32	22.34	7.04	20.90	6.35	21.18	6.53	21.90	6.56

This table includes only disclosable reports in the NPDB as of December 31, 1998. The rates for 1994 through 1997 may differ from those shown in previous Annual Reports because of modifications and voided reports. Modified reports are counted in the year of modification.

Data on the number of physicians: 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 editions. For 1995: 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. For 1996: The number of physicians is the number of "total physicians" less the number of physicians listed as "inactive" or "address unknown" as of Dec. 31, 1996 from Table E-7 of the American Medical Association's Physician Characteristics and Distribution in the U.S., 1997-98 edition. For 1997-1998: The number of physicians is the number of "total physicians" less the number of physicians listed as "inactive" or "address unknown" as of Dec. 31, 1997 from Table E-7 of the American Medical Association's Physician Characteristics and Distribution in the U.S., 1999 edition.

Malpractice payment rates are adjusted for States with patient compensation and similar funds. These States are marked with an asterisk. See the note to Table 6.

Table 15: Relationship between Frequency of Malpractice Payment Reports and Having No Reportable Action Reports and No Medicare/Medicaid Exclusion Reports, Physicians
 (National Practitioner Data Bank, September 1, 1990 - December 31, 1998)

Malpractice Payment Reports	Number of Physicians	Physicians with No Reportable Actions		Physicians with No Reportable Actions and No Exclusions	
		Number	Percent	Number	Percent
1	61,262	58,592	95.6%	58,541	95.6%
2	14,488	13,491	93.1%	13,473	93.0%
3	4,219	3,802	90.1%	3,797	90.0%
4	1,565	1,347	86.1%	1,347	86.1%
5	600	493	82.2%	492	82.0%
6	280	228	81.4%	227	81.1%
7	131	103	78.6%	103	78.6%
8	86	66	76.7%	66	76.7%
9	51	34	66.7%	34	66.7%
10 or More	146	85	58.2%	84	57.5%
Total	82,828	78,241	94.5%	78,164	94.4%

NOTE: This table includes only disclosable reports in the NPDB as of December 31, 1998.

Table 16: Relationship between Frequency of Reportable Action Reports and Having No Malpractice Payment Reports and No Medicare/Medicaid Exclusion Reports, Physicians
(National Practitioner Data Bank September 1, 1990 - December 31, 1998)

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	8,268	6,037	73.0%	5,598	67.7%
2	3,852	2,721	70.6%	2,377	61.7%
3	1,824	1,263	69.2%	1,061	58.2%
4	877	565	64.4%	456	52.0%
5	480	321	66.9%	258	53.8%
6	246	149	60.6%	115	46.7%
7	126	78	61.9%	63	50.0%
8	60	37	61.7%	30	50.0%
9	40	28	70.0%	24	60.0%
10 or More	56	43	76.8%	32	57.1%
Total	15,829	11,242	71.0%	10,014	63.3%

Note: This table only disclosable reports in the NPDB as of December 31, 1998

TABLE 17: Nurse Malpractice Payments, by Reason for Report and Type of Nurse
(National Practitioner Data Bank September 1, 1990 - December 31, 1998)

Malpractice Reason	Number of Payments for Registered Nurses	Number of Payments for Nurse Anesthetists	Number of Payments for Nurse Midwives	Number of Payments for Nurse Practitioners	Total Number of Nurse Payments
Diagnosis Related	102	6	14	40	162
Anesthesia Related	57	527	0	2	586
Surgery Related	175	26	5	1	207
Medication Related	257	15	0	15	287
IV & Blood Products Related	100	7	0	2	109
Obstetrics Related	168	6	126	7	307
Treatment Related	327	17	10	27	381
Monitoring Related	345	3	6	5	359
Equipment or Product Related	20	2	0	0	22
Miscellaneous	91	3	1	5	100
All Payments	1,642	612	162	104	2,520

Note: This table includes only disclosable reports in the NPDB as of December 31, 1998.

TABLE 18: Mean and Median Malpractice Payment Amounts (Actual and Inflation Adjusted) Made for the Benefit of Nurses, by Malpractice Reason, 1998 and Cumulative (National Practitioner Data Bank September 1, 1990 - December 31, 1998)

Malpractice Reason	1998			Cumulative 9/1/90 – 12/31/98					
	Number of Payments	Mean Payment	Median Payment	Number of Payments	Mean Payment	Median Payment	Inflation-Adjusted Mean Payment	Inflation-Adjusted Median Payment	
Diagnosis Related	17	\$203,342	\$75,000	162	\$318,488	\$98,908	\$342,765	\$102,882	
Anesthesia Related	67	\$356,110	\$100,000	586	\$217,246	\$75,000	\$236,862	\$84,175	
Surgery Related	17	\$57,895	\$15,000	207	\$107,281	\$32,500	\$115,619	\$36,066	
Medication Related	37	\$174,389	\$62,500	287	\$193,344	\$50,000	\$211,717	\$56,117	
IV & Blood Products Related	11	\$583,068	\$900,000	109	\$271,640	\$65,000	\$288,090	\$65,590	
Obstetrics Related	37	\$405,997	\$225,000	306	\$386,122	\$171,518	\$410,727	\$186,446	
Treatment Related	37	\$205,867	\$50,000	381	\$128,096	\$50,000	\$136,338	\$53,191	
Monitoring Related	20	\$416,560	\$91,600	359	\$242,717	\$75,000	\$262,454	\$85,106	
Equipment or Product Related	2	\$445,032	\$445,032	22	\$275,964	\$25,000	\$307,051	\$27,690	
Miscellaneous	11	\$52,270	\$25,000	100	\$133,610	\$35,000	\$147,694	\$38,251	
All Reports	256	\$287,507	\$98,202	2,519	\$221,905	\$71,418	\$239,381	\$71,418	

Note: This table includes only disclosable reports in the NPDB as of December 31, 1998.

Table 19: Nurse (Registered Nurses, Nurse Anesthetists, Nurse Midwives, and Nurse Practitioners)
 Malpractice Payments and Annualized Rate per 1,000 Nurses
 National Practitioner Data Bank, September 1, 1990 - December 31, 1998

STATE	Number of Reports	Adjusted Number of Reports	Number of Nurses	Adjusted Annualized Rate	Adjusted Rank
ALABAMA	31	31	29,574	0.13	23
ALASKA	6	6	4,951	0.15	29
ARIZONA	38	38	27,749	0.16	33
ARKANSAS	17	17	15,392	0.13	26
CALIFORNIA	93	93	152,434	0.07	7
COLORADO	35	35	26,335	0.16	32
CONNECTICUT	20	20	28,418	0.08	10
DELAWARE	3	3	6,258	0.06	5
FLORIDA*	154	154	102,868	0.18	36
GEORGIA	76	76	46,577	0.20	39
HAWAII	6	6	7,862	0.09	17
IDAHO	18	18	5,746	0.38	50
ILLINOIS	106	106	84,813	0.15	31
INDIANA*	15	15	39,045	0.05	3
IOWA	17	17	23,428	0.09	12
KANSAS*	42	26	18,203	0.17	34
KENTUCKY	30	30	25,662	0.14	27
LOUISIANA*	94	83	29,213	0.34	49
MAINE	8	8	10,959	0.09	13
MARYLAND	45	45	36,642	0.15	30
MASSACHUSETTS	153	153	57,554	0.32	47
MICHIGAN	66	66	66,059	0.12	21
MINNESOTA	9	9	34,015	0.03	2
MISSISSIPPI	28	28	17,945	0.19	38
MISSOURI	116	116	43,077	0.32	48
MONTANA	5	5	5,592	0.11	19
NEBRASKA*	21	21	12,815	0.20	40
NEVADA	6	6	8,431	0.09	11
NEW HAMPSHIRE	23	23	9,492	0.29	46
NEW JERSEY	330	330	57,357	0.69	51
NEW MEXICO*	24	23	9,823	0.28	45
NEW YORK	129	129	142,075	0.11	20
NORTH CAROLINA	36	36	52,030	0.08	9
NORTH DAKOTA	3	3	5,678	0.06	6
OHIO	99	99	82,831	0.14	28

STATE	Number of Reports	Adjusted Number of Reports	Number of Nurses	Adjusted Annualized Rate	Adjusted Rank
OKLAHOMA	36	36	17,544	0.25	43
OREGON	15	15	20,226	0.09	15
PENNSYLVANIA	83	76	102,683	0.09	14
RHODE ISLAND	9	9	8,955	0.12	22
SOUTH CAROLINA*	11	10	23,191	0.05	4
SOUTH DAKOTA	10	10	6,706	0.18	35
TENNESSEE	63	63	41,201	0.18	37
TEXAS	252	252	112,084	0.27	44
UTAH	8	8	10,539	0.09	16
VERMONT	0	0	4,104	0.00	1
VIRGINIA	38	38	45,754	0.10	18
WASHINGTON	35	35	33,041	0.13	24
WEST VIRGINIA	14	14	12,884	0.13	25
WISCONSIN*	24	22	35,803	0.07	8
WYOMING	6	6	3,333	0.22	41
WASHINGTON, DC	16	16	8,115	0.24	42
TOTAL	2,522	2,484	1,813,066	0.16	

This table includes only disclosable reports in the NPDB as of December 31, 1998. 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.

"Adjusted" columns exclude reports from State patient compensation funds and other similar funds which make payments in excess of amounts paid by a practitioner's primary malpractice carrier. When payments are made by these funds, two reports are filed with the NPDB (one from the primary insurer and one from the fund) whenever a total malpractice settlement or award exceeds a maximum set by the State for the practitioner's primary malpractice carrier. The States marked with asterisks have these funds. Thus, the adjusted columns provide a count of the number of incidents resulting in payments rather than the number of payments. See text for details.

The "Adjusted Rank" column orders the annualized rate of reports per 1,000 nurses from lowest (1) to highest (51)

TABLE 20: Number, Percent, and Percent Change in Queries and Queries Matched, Last Five Years and Cumulative (National Practitioner Data Bank, September 1, 1990 - December 31, 1998)

Query Type	1994	1995	1996	1997	1998	Cumulative 9/1/90 – 12/31/98
ENTITY QUERIES*						
Total Entity Queries	1,499,799	2,235,812	2,762,643	3,133,471	3,155,558	15,797,488
Queries Percent Increase from Previous Year	33.9%	49.1%	23.6%	13.4%	0.7%	
Matched Queries	116,101	206,374	291,078	359,255	374,002	1,468,432
Percent Matched	7.7%	9.2%	10.5%	11.5%	11.9%	9.3%
Matches Percent Increase from Previous Year	73.4%	77.8%	41.0%	23.4%	4.1%	
SELF-QUERIES						
Total Practitioner Self-Queries	31,076	43,617	45,344	52,603	48,287	267,342
Self-Queries Percent Increase from Previous Year	24.9%	40.4%	4.0%	16.0%	-8.2%	
Matched Self-Queries	2,320	3,154	3,774	4,704	4,293	20,726
Self-Queries Percent Matched	7.5%	7.2%	8.3%	8.9%	8.9%	7.8%
Matches Percent Increase from Previous Year	66.8%	35.9%	19.7%	24.6%	-8.7%	
TOTAL QUERIES (ENTITY AND SELF)	1,530,875	2,279,429	2,807,987	3,186,074	3,203,845	16,064,830
TOTAL MATCHED (ENTITY AND SELF)	118,421	209,528	294,852	363,959	378,295	1,489,158
TOTAL PERCENT MATCHED (ENTITY AND SELF)	7.7%	9.2%	10.5%	11.4%	11.8%	9.3%

*Entity queries exclude practitioner self-queries, except those submitted electronically by entities using QPRAC during 1998.

TABLE 21: Queries by Type of Querying Entity, Last Five Years and Cumulative National Practitioner Data Bank, September 1, 1990 - December 31, 1998

Type of Querying Entity	1994 Number of Querying Entities	1994 Number of Queries	1994 Percent of Queries	1995 Number of Querying Entities	1995 Number of Queries	1995 Percent of Queries	1996 Number of Querying Entities	1996 Number of Queries	1996 Percent of Queries
Required Queriers									
Hospitals	6,179	832,459	55.5%	6,004	951,990	42.6%	5,859	1,034,908	37.5%
Voluntary Queriers									
State Licensing Boards	54	12,021	0.8%	47	9,570	0.4%	39	10,196	0.4%
HMOs	470	505,633	33.7%	582	953,396	42.6%	684	1,120,694	40.6%
PPOs	62	24,114	1.6%	122	61,800	2.8%	197	169,407	6.1%
Group Practices	213	23,161	1.5%	315	49,331	2.2%	404	67,692	2.5%
Other Health Care Entities	789	96,941	6.5%	967	202,721	9.1%	1,245	348,594	12.6%
Professional Societies	39	5,470	0.4%	54	7,004	0.3%	63	11,152	0.4%
Total Voluntary Queriers	1,627	667,340	44.5%	2,087	1,283,822	57.4%	2,632	1,727,735	62.5%
Total*	7,806	1,499,799	100.0%	8,091	2,235,812	100.0%	8,491	2,762,643	100.0%

Type of Querying Entity	1997 Number of Querying Entities	1997 Number of Queries	1997 Percent of Queries	1998 Number of Querying Entities	1998 Number of Queries	1998 Percent of Queries	Cumulative 9/1/90-12/31/98 Number of Querying Entities	Cumulative 9/1/90-12/31/98 Number of Queries	Cumulative 9/1/90-12/31/98 Percent of Queries
Required Queriers									
Hospitals	5,906	1,061,238	33.9%	5,900	1,085,803	34.4%	7,457	7,435,578	47.1%
Voluntary Queriers									
State Licensing Boards	50	12,204	0.4%	55	11,187	0.4%	117	79,075	0.5%
HMOs	726	1,218,523	38.9%	725	1,147,489	36.4%	1,005	5,320,105	33.7%
PPOs	255	191,885	6.1%	294	244,158	7.7%	396	703,640	4.5%
Group Practices	460	88,874	2.8%	600	94,159	3.0%	881	343,009	2.2%
Other Health Care Entities	1,724	548,551	17.5%	2,172	557,583	17.7%	3,006	1,858,984	11.8%
Professional Societies	74	12,196	0.4%	90	15,179	0.5%	155	57,097	0.4%
Total Voluntary Queriers	3,289	2,072,233	66.1%	3,936	2,069,755	65.6%	5,560	8,361,910	52.9%
Total*	9,195	3,133,471	100%	9,836	3,155,558	100%	13,017	15,797,488	100.0%

*Excludes practitioner self-queries, except those submitted electronically by entities using QPRAC during 1998.

Table 22: Entities that Have Queried or Reported to the National Practitioner Data Bank at Least Once, by Entity Type (September 1, 1990 - December 31, 1998)

Entity Type	Active Status, 12/31/98	Active At Any Time
Malpractice Payers	434	662
State Boards	123	147
Hospitals	6,704	7,475
HMOs	936	1,025
PPOs	379	397
Group Medical Practices	835	905
Physician Professional Societies (M.D. or D.O.)	71	96
Dental Professional Societies	7	9
Other Professional Societies	58	62
Government Agencies	4	4
Other Entities	2,793	3,022
Total	12,344	13,804

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

TABLE 23: Requests for Secretarial Review, by Report Type, Last Five Years and Cumulative
(National Practitioner Data Bank, September 1, 1990 - December 31, 1998)

CATEGORY	1994 Number	1994 Percent	% Change 1994-1995	1995 Number	1995 Percent	% Change 1995-1996	1996 Number	1996 Percent	% Change 1996-1997
REPORTABLE ACTIONS	81	61.80%	-27.70%	60	61.90%	-25.90%	75	65.20%	25.00%
Licensure	19	14.50%	-32.10%	19	19.60%	0.00%	29	25.20%	52.60%
Clinical Privileges	60	45.80%	-25.90%	41	42.30%	-31.70%	43	37.40%	4.90%
Professional Society Membership	2	1.50%	-33.30%	0	0.00%	-100.00%	3	2.60%	N/A
MEDICAL MALPRACTICE PAYMENT	50	38.20%	-28.60%	37	38.10%	-26.00%	40	34.80%	8.10%
Total	131	100.00%	-28.00%	97	100.00%	-26.00%	115	100.00%	18.60%

CATEGORY	1997 Number	1997 Percent	% Change 1997-1998	1998 Number	1998 Percent	% Change 1997-1998	Cumulative 9/1/90 – 12/31/98 Number	Cumulative 9/1/90 – 12/31/98 Percent
REPORTABLE ACTIONS	79	60.80%	5.30%	58	56.30%	-26.60%	689	60.40%
Licensure	34	26.20%	17.20%	20	19.40%	-41.20%	220	19.30%
Clinical Privileges	45	34.60%	4.70%	38	36.90%	-15.60%	457	40.10%
Professional Society Membership	0	0.00%	N/A	0	0.00%	N/A	12	1.10%
MEDICAL MALPRACTICE PAYMENT	51	39.20%	27.50%	45	43.70%	-11.80%	451	39.60%
Total	130	100.00%	13.00%	103	100.00%	-20.80%	1,140	100.00%

Data in this table represent the number of requests for Secretarial review dated during each year. For undated requests, the date the request was received by the Division of Quality Assurance was used.

TABLE 24: Distribution of Requests for Secretarial Review, by Type of Outcome, Last Five Years and Cumulative National Practitioner Data Bank, September 1, 1990 - December 31, 1998

OUTCOME	1994			1995			1996		
	1994 Number	1994 Percent	1994 Percent of Resolved Requests	1995 Number	1995 Percent	1995 Percent of Resolved Requests	1996 Number	1996 Percent	1996 Percent of Resolved Requests
In Favor of Entity (No Change in Report)	63	48.1%	48.5%	35	36.1%	36.5%	48	41.7%	42.5%
Request "Out of Scope" (No Change in Report)	44	33.6%	33.8%	42	43.3%	43.8%	37	32.2%	32.7%
In Favor of Practitioner (Report Voided or Changed)	13	9.9%	10.0%	11	11.3%	11.5%	19	16.5%	16.8%
Voluntary Voiding or Changing of Report	5	3.8%	4.0%	5	5.2%	5.2%	9	7.8%	8.0%
Administratively Dismissed	5	3.8%	4.0%	3	3.1%	3.1%	0	0.0%	0.0%
Unresolved	1	0.8%	N/A	1	1.0%	N/A	2	1.7%	N/A
Total	131	100.0%	100.3%	97	100.0%	100.0%	115	100.0%	100.0%

OUTCOME TYPE	1997			1998			Cumulative, 9/1/90 – 12/31/98 Number	Cumulative, 9/1/90 – 12/31/98 Percent	Cumulative, 9/1/90 – 12/31/98 Percent of Resolved Requests
	1997 Number	1997 Percent	1997 Percent of Resolved Requests	1998 Number	1998 Percent	1998 Percent of Resolved Requests			
In Favor of Entity (No Change in Report)	58	44.6%	46.8%	38	36.9%	56.7%	447	39.2%	40.9%
Request "Out of Scope" (No Change in Report)	39	30.0%	31.5%	24	23.3%	35.8%	433	38.0%	39.6%
In Favor of Practitioner (Report Voided or Changed)	18	13.8%	14.5%	3	2.9%	4.5%	143	12.5%	13.1%
Voluntary Voiding or Changing of Report	7	5.4%	5.6%	0	0.0%	0.0%	48	4.2%	4.4%
Administratively Dismissed	2	1.5%	1.6%	2	1.9%	3.0%	22	1.9%	2.0%
Unresolved	6	4.6%	N/A	36	35.0%	N/A	47	4.1%	N/A
Total	130	100.0%	100.0%	103	100.0%	100.0%	1,140	100.0%	100.0%

This table represents the outcome of requests for Secretarial review based on the date of the request. For undated requests, the date the request was received by the Division of Quality Assurance was used.

TABLE 25: Cumulative Requests for Secretarial Review, by Report Type and Outcome Type
(National Practitioner Data Bank, September 1, 1990 - December 31, 1998)

OUTCOME	Malpractice Payments		Licensure Actions		Clinical Privileges Actions	
	Number	Percent of Resolved Requests	Number	Percent of Resolved Requests	Number	Percent of Resolved Requests
Decision In Favor of Entity (No Change in Report)	139	31.60%	99	48.30%	206	47.20%
Request "Out of Scope" (No Change in Report)	240	54.50%	48	23.40%	140	32.10%
Decision In Favor of Practitioner (Report Voided or Changed)	32	7.30%	44	21.50%	65	14.90%
Voluntary Voiding or Changing of Report by Reporting Entity	20	4.50%	11	5.40%	16	3.70%
Administratively Dismissed	9	2.00%	3	1.50%	9	2.10%
Under Review (open cases)	11	N/A	15	N/A	21	N/A
TOTAL	451	100.00%	220	100.00%	457	100.00%

OUTCOME	Professional Society Membership Actions		Total		Total Adverse Actions	
	Number	Percent of Resolved Requests	Number	Percent of Resolved Requests	Number	Percent of Resolved
Decision In Favor of Entity (No Change in Report)	3	25.00%	447	40.90%	308	47.20%
Request "Out of Scope" (No Change in Report)	5	41.70%	433	39.60%	193	29.60%
Decision In Favor of Practitioner (Report Voided or Changed)	2	16.70%	143	13.10%	111	17.00%
Voluntary Voiding or Changing of Report by Reporting Entity	1	8.30%	48	4.40%	28	4.30%
Administratively Dismissed	1	8.30%	22	2.00%	13	2.00%
Under Review (open cases)	0	N/A	47	N/A	36	N/A
TOTAL	12	100.00%	1,140	100.00%	689	100.00%