National Practitioner Data Bank

2010 Annual Report

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U.S. Department of Health and Human Services
Health Resources and Services Administration
Bureau of Health Professions
Division of Practitioner Data Banks

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Executive Summary

The National Practitioner Data Bank (NPDB) was created by the *Health Care Quality Improvement Act of 1986 (HCQIA), Title IV of P.L. 99-660,* as amended and implemented in 1990. The NPDB is overseen by the Health Resources and Services Administration (HRSA), Bureau of Health Professions (BHPr), Division of Practitioner Data Banks (DPDB).

Initially, the Data Bank's purposes were 1) to collect and disseminate information about physicians and dentists to prevent incompetent or unprofessional practitioners from moving from one jurisdiction to another without disclosure or discovery of the physician's or dentist's previous damaging or incompetent performance, and 2) to promote professional peer review activities. The overarching intent was to improve patient safety and quality of care.

On March 1, 2010, *Section 1921* of the *Social Security Act*, as amended by section 5(b) of the *Medicare and Medicaid Patient and Program Protection Act of 1987*, and as amended by the *Omnibus Budget Reconciliation Act of 1990* (*Section 1921*) was implemented, resulting in the following:

- Expanded reporting on adverse licensing actions taken against *all health care practitioners*, not just physicians and dentists;
- Expanded reporting requirements so that any negative action or finding that a state licensing authority, a peer review organization, or a private accreditation entity finalized against a health care practitioner or entity must be reported; and
- Migration of licensing reports, from 1996 forward, from the Healthcare Integrity and Protection Data Bank (HIPDB) to the NPDB.

With the implementation of Se*ction 1921*, the intent of the NPDB was expanded to include protecting beneficiaries participating in the *Social Security Act*'s health care programs from unfit health care practitioners and to improve the anti-fraud provisions of these programs. This report highlights annual data for 2010, but it also provides trend data covering the past 10 years.

With permission from state licensing boards, licensing reports in the HIPDB were migrated to the NPDB. The reports were entered into *Section 1921* coverage based on the year the report was submitted, and therefore trend lines and data from prior NPDB Annual Reports are not comparable with 2010 data. For purposes of data analysis, all licensing data in the NPDB must be carefully reviewed and footnoted to document the impact of *Section 1921* on the data and trends analysis.

Early in 2010 the DPDB management team underwent transition, resulting in the hiring of a new director, supervisors, and staff, reflecting the growth of the Division's work. Other major DPDB and Data Bank changes included:

- The Final Rule for *Section 1921* was published in the *Federal Register* on January 28, 2010.

- The number of DPDB staff doubled in 2010.
- The Compliance and Disputes Branch was formed to improve the completeness and accuracy of data reported to the Data Bank.
- The workflow of the Secretarial Review process was streamlined, leading to an average decrease in the amount of time required to complete the review cycle.
- Educational outreach increased to make users aware of the new reporting requirements under *Section 1921*.
- The Proactive Disclosure Service underwent a name change to Continuous Query to better describe its functions.
- Continuous Query offered printable views of report updates and a summary of previously disclosed reports on a practitioner that may be used during an accreditation survey. This met with the approval of private accreditation organizations.
- An updated Data Bank Web site was unveiled to provide users with in-depth information and resources in a more efficient environment.

I. Background: National Practitioner Data Bank

A. Annual Reporting

The NPDB Annual Reports are published and archived on the Data Bank Web site http://www.npdb-hipdb.hrsa.gov/AnnualReport and are available to the general public. As well as providing data, this report addresses systematic progress with and changes to the NPDB in 2010. To provide context, data are trended over a 10-year period, from 2001 through 2010, in graphs and tables. The Appendix includes a glossary of acronyms used in the narrative, a listing of Executive Committee membership organizations, a timeline of significant NPDB events, and a compendium of statistical tables.

B. Mission

The mission of HRSA is to improve health and achieve health equity through access to quality services, a skilled health workforce, and innovative programs. The NPDB plays an important role in ensuring quality health care and a skilled health care workforce by providing critical information to health care entities about practitioners. DPDB's mission is to develop and operate a cost-effective and efficient system that offers accurate, reliable, and timely information on practitioners, providers, and suppliers for credentialing, privileging, and government use. The DPDB strives to be a pre-eminent source of licensing and credentialing information for the health care industry by administering the NPDB so that it is valued by those who use the information, those who provide the information, and those affected by the information.

C. Health Care Quality and Improvement Act

The legislation that created the NPDB was enacted by the U.S. Congress under *Title IV of Public Law 99-660,* the *Health Care Quality Improvement Act of 1986* (*HCQIA*). The issues that led to the *HCQIA* were:

- The increasing occurrence of medical malpractice and the need to improve the quality of medical care;
- The perceived need to restrict the ability of incompetent physicians from moving from state to state without disclosure or discovery of the physician's previous damaging or incompetent performance;
- The need for effective professional peer review to protect the public;
- The threat of private monetary damage liability under federal laws preventing physicians from participating in effective professional peer review; and

- The perceived need to provide incentives and protection for physicians engaging in effective professional peer review.

The NPDB was implemented in 1990 and serves as an electronic repository to collect and release certain information related to the professional competence and conduct of physicians, dentists, and, in some cases, other health care practitioners. The establishment of the NPDB represented an important step by the U.S. Department of Health and Human Services (HHS) to improve the quality of health care for all Americans. State licensing boards, hospitals and other health care entities, and professional societies are expected to identify, discipline, and report on those who engage in specific unprofessional behavior. The implementation of the NPDB prevents incompetent physicians, dentists, and other health care practitioners from moving state to state undetected by disclosing medical malpractice payments or adverse action histories at the time of credentialing, employment, or licensing.

The NPDB serves primarily as an alert or flagging system intended to facilitate a comprehensive review of health care practitioners' professional credentials. The information contained in the NPDB is intended to direct discrete inquiry into, and scrutiny of, a practitioner's licensure, clinical privileges, professional society memberships, and medical malpractice payment history.

The *HCQIA* specified that NPDB reports must be available to hospitals, health care entities with formal peer review, professional societies with formal peer review, state licensing authorities, health care practitioners (self-query), researchers (non-identifiable data for statistical purposes only), and, in limited circumstances, plaintiffs' attorneys. This same information, however, must not be disclosed to the general public. It was expected that the information contained in the NPDB be considered together with other relevant data in evaluating a practitioner's credentials. The NPDB does not collect full records of reported incidents or actions and is not designed to be the sole source of information about a practitioner. For example, if an NPDB report indicated that a settlement was made by or on behalf of a practitioner, it should not be assumed that negligence was involved.

Initially, the NPDB only collected and released information under the *HCQIA*. However, in 1987 Congress passed Public Law 100-93, Section 5(b) of the *Medicare and Medicaid Patient and Program Protection Act of 1987* (*Section 1921* of the *Social Security Act*), authorizing the Government to collect information concerning sanctions taken by state licensing authorities against all health care practitioners and entities. (See Section I.D. below.)

In 1997, an Interagency Agreement (IAA) with HRSA, the Centers for Medicare and Medicaid Services (CMS), and the HHS Office of Inspector General (OIG) included Medicaid and Medicare exclusions in the NPDB. Later that same year, the NPDB made CMS reinstatement reports available to registered users. Thus, Adverse Action Reports (AARs) submitted to the NPDB expanded from adverse licensure and professional review actions related to clinical privileges and professional society membership to practitioner exclusions from Medicare and Medicaid.

D. Section 1921

On March 1, 2010, *Section 1921* of the *Social Security Act* was implemented, expanding the information the NPDB collects and disseminates. The intent of this expansion was to protect the public from any and all unfit health care practitioners and to improve the anti-fraud provisions of the *Social Security Act's* health care programs. The Final Rule for *Section 1921* was published in the *Federal Register* on January 28, 2010.

Section 1921 adds state licensure actions taken against all types of health care practitioners, not just physicians and dentists, to the NPDB. In addition, *Section 1921* collects any negative action or finding by state licensing agencies, peer review organizations, and private accreditation organizations against all health care practitioners and organizations. Hospitals, including their human resources departments and nurse recruitment offices, now have access to these licensure actions to assist with hiring, privileging, and re-credentialing decisions.

The reporting requirements under *HCQIA* did not change for hospitals, other health care entities, medical malpractice payers and insurers, professional societies with formal peer review processes, the Drug Enforcement Administration, and the HHS OIG. Queriers under *HCQIA* now receive *Section 1921* information.

Below are summaries of how *Section 1921* impacted NPDB reporters and queriers and created new responsibilities.

NPDB Reporters with New Responsibilities under *Section 1921*

- Boards of Medical/Dental Examiners report -
  - Adverse licensure actions against a health care practitioner or entity (not just actions related to competence or conduct against physicians and dentists).
    Any negative action or finding by a state licensing authority against a health care practitioner or entity.*

New NPDB Reporters under *Section 1921*

- Other State Practitioner Licensing Boards report -
  - Adverse licensure actions against a health care practitioner or entity. Any negative action or finding by a state licensing authority against a health care practitioner or entity.

- State Health Care Entity Licensing Authorities report -
  - Adverse licensure actions against a health care practitioner or entity. Any negative action or finding by a state licensing authority against a health care practitioner or entity.

**The term entity refers to an organization that is licensed or otherwise authorized by a state to provide health care services. This includes, but is not limited to, skilled nursing facilities, ambulatory surgical centers, pharmacies, residential treatment facilities, mental health centers, and ambulance services.*

- Private Accreditation Organizations report -
  - Certain final actions taken by a private accreditation organization against a health care entity.

- Peer Review Organizations report -
  - Recommendations by a peer review organization to sanction a health care practitioner.

New NPDB Queriers under *Section 1921* that May Only Receive *Section 1921* Information

- State health care entity licensing authorities
- Agencies administering state or federal health care programs
- State Medicaid fraud control units
- Quality improvement organizations
- DEA and HHS OIG
- Other law enforcement agencies

E. Reports

Part B of P.L. 99-660 of the *HCQIA* mandated that a report be submitted to the NPDB for any payment, including settlements, made as a result of a malpractice claim or suit and for adverse actions against clinical privileges, state license, or professional society membership of physicians and dentists and, in some cases, other health care practitioners who are licensed or otherwise authorized by a state to provide health care services. Mandated NPDB reporters are obligated to report medical malpractice payments and adverse actions taken on or after September 1, 1990. With the exception of reports on Medicare/Medicaid Exclusions, the NPDB cannot accept any report with a date of payment or a date of action prior to September 1, 1990.

Section 1921 created new reporters to the NPDB to include other state practitioner licensing boards, state health care entity licensing authorities, private accreditation authorities, and peer review organizations.

In summary, the following entities are required to **report** to the NPDB:

- State medical and dental boards;
- State licensing boards for all other health care practitioners;
- State agencies that license health care entities;

- Hospitals;
- Other health care entities/organizations;
- Professional societies that follow a formal peer review process;
- Medical malpractice payers;
- Peer review organizations; and
- Private accreditation organizations.

For more detailed information on reporting and querying see Figure 1.

Reports are collected from private and government entities, including the Armed Forces, located in the 50 states and U.S. territories.[1] To obtain information from government entities, the Secretary of HHS entered into Memoranda of Agreement (MOA) with all relevant federal agencies and departments. Section 432(b) of the *Social Security Act* mandated that the Secretary establish an MOA with the Secretaries of Defense and Veterans Affairs to apply provisions of the *Act* to hospitals, other facilities, and health care providers under their jurisdictions. Section 432(c) stipulated that the Secretary also enter into an MOA with the administrators of the Department of Justice, DEA, to ensure the reporting of practitioners whose registrations to dispense controlled substances that are suspended or revoked under Section 304 of the *Controlled Substances Act*.

The Secretary has government agreements in place with the following agencies to ensure compliance with all NPDB-related laws.

- Centers for Medicare and Medicaid Services (Interagency Agreement or IAA)
- Department of Defense (MOA)
- Department of Justice, which includes the Bureau of Prisons and the DEA (MOA)
- Department of Veterans Affairs (MOA)
- Public Health Service Contractors and Employees (HHS Policy Directive)

[1]In addition to the 50 States, the District of Columbia, and Armed Forces installations throughout the world, entities eligible to report and query are located in Puerto Rico, the Virgin Islands, American Samoa, Palau, Guam, the Northern Mariana Islands, the Federated States of Micronesia, and the Marshall Islands.

Figure 1
Reporting to and Querying the NPDB 2010

Entity	Report	Query
State Medical and Dental Boards	**Required to report** on licensure disciplinary actions, e.g., revocation, suspension, voluntary surrender while under investigation, license restriction, and any negative action or finding	**Optional**
State Licensing Boards for Other Health Care Practitioners	**Required to report** as noted for state medical and dental boards	**Optional**
Hospitals	**Required to report** on adverse professional review actions related to professional competence or conduct that impact physician or dentist privileges or panel membership for more than 30 days **Required to report** a physician's or dentist's voluntary surrender or restriction of his/her clinical privileges/panel membership while being investigated for possible professional incompetence or improper professional conduct or in return for an entity not conducting an investigation or taking a reportable professional review action. **Required to report** on adverse actions against other health care practitioners	**Required to Query** all applicants for medical staff appointments or granting, adding to or expanding clinical privileges, and every two years to renew clinical privileges, and as needed
Health Care Entities*	**Required to report** as noted for Hospitals	**Optional**
Professional Societies that Follow a Formal Peer Review Process	**Required to report** on adverse professional review actions based on reasons related to professional competence or professional conduct that adversely affects a physician's or a dentist's membership **Required to report** on other health care practitioners for these actions	**Optional**
Health Care Practitioners	**Prohibited**	**May Self-Query**
Medical Malpractice Payers	**Required to report** all medical malpractice payments when an entity makes a payment for the benefit of a health care practitioner in settlement of, or in satisfaction in whole or in part of, a claim or judgment against that practitioner	**Prohibited**
Peer Review Organizations	**Required to Report**	**Prohibited**
Quality Improvement Organizations (QIOs)	**Not Required to Report**	**Optional****
Private Accreditation Organizations	**Required to Report**	**Prohibited**
State Medicaid Fraud Control Units and Law Enforcement Agencies	**Not Required to Report**	**Optional****
Agencies Administering Federal Health Care Programs and their Contractors	**Not Required to Report**	**Optional****
State Agencies Administering State Health Care Programs	**Not Required to Report**	**Optional****
State Agencies that License Health Care Entities	**Required to Report**	**Optional****
U.S. Comptroller General	**Not Required to Report**	**Optional****
Plaintiff's Attorneys	**Prohibited**	**May query** when a hospital failed to query on the practitioner and also named him/her in an action or claim in the NPDB

** Health care entities or organizations must provide health care services, directly or indirectly, and follow a formal peer review process for the purpose of furthering quality health care.*
***These organizations and agencies may receive only information reported to the NPDB under Section 1921.*

F. Queries

Access to information in the NPDB is available to entities that meet the eligibility requirements defined in the provisions of the *HCQIA*, *Section 1921*, and the NPDB regulations. Medical malpractice insurers cannot query the NPDB.[2] In order to access NPDB data about practitioners, entities that meet the eligibility requirements must first register with the Data Bank.

NPDB information is available to the following queriers under *HCQIA*:

- Hospitals (required to query);
- Other health care entities (optional query);
- State medical and dental boards (optional query);
- State licensing boards for other health care practitioners (optional query);
- Professional societies that follow a formal peer review process (optional query);
- Health care practitioners (self-query only);
- Plaintiff's attorneys (may query under certain circumstances); and
- Researchers requesting aggregated information that does not identify any particular entity or practitioner (non-identifiable data).

As noted on page 10, **D. *Section 1921***, the following organizations and agencies may query the NPDB but only receive information reported to the NPDB under *Section 1921*:

- Quality improvement organizations (optional query)
- State Medicaid fraud control units and law enforcement agencies (optional query)
- Agencies administering federal health care programs and their contractors (optional query)
- State agencies administering state health care programs (optional query)
- State agencies that license health care entities (optional query)
- U.S. Comptroller General (optional query)

Health care practitioners may self-query the NPDB at any time, but they may only query themselves, not other practitioners. A plaintiff or an attorney for a plaintiff in a civil action

[2]Self-insured health care entities may query for peer review but not for "insurance" purposes.

against a hospital may query the NPDB about a specific practitioner in limited circumstances. This is possible only when independently obtained evidence, submitted to HHS, discloses that the hospital did not make a required query on the practitioner. If this is proven, the attorney or plaintiff is provided with information that the hospital would have received if it had queried the practitioner as mandated. This information may only be used against the hospital.

As mandated by law, user fees, not taxpayer dollars, are used to pay for all costs of NPDB operations. The query fee in 2010 was $4.75 for each practitioner query. The Continuous Query fee was $3.25 for one practitioner for an enrollment in to the service for one year. The self-query fee was $8.00 for the NPDB because a self-query continued to require manual processing. Queries must be paid for by credit card or via automatic electronic funds transfer.

G. Confidentiality of NPDB Information

Under *HCQIA*, information reported to the NPDB is considered confidential and cannot be disclosed except as specified in the NPDB regulations. The *Privacy Act of 1974* protects the contents of federal records, such as those contained in the NPDB, from disclosure. Those authorized to query the NPDB must use NPDB information solely for the purposes provided. The HHS OIG has the authority to impose civil monetary penalties on those who violate the confidentiality provisions of *Title IV*.[3] Persons, organizations, or entities that receive NPDB information either directly or indirectly are subject to the confidentiality provisions and the imposition of a civil monetary penalty of up to $11,000 for each offense if they violate these provisions. In this Annual Report, the data from the records are aggregated and do not disclose the identity of the practitioners in the NPDB. NPDB information is not available to medical malpractice insurers or to the public.

H. Civil Liability Protection

To encourage and support professional review activity of physicians and dentists, Part A of *HCQIA* provides that the professional review bodies of hospitals and other health care entities, and persons serving on or otherwise assisting such bodies, are offered immunity from private damages in civil suits under federal or state law. Immunity provisions apply when professional review responsibilities are conducted with the reasonable belief of furthering the quality of health care and with proper regard for due process.

[3]Information reported under this subchapter is considered confidential and shall not be disclosed (other than to the physician or practitioner involved) except with respect to professional review activity, as necessary to carry out subsections (b) and (c) of section 11135 of this title (as specified in regulations by the Secretary), or in accordance with regulations of the Secretary promulgated pursuant to subsection (a) of this section. Nothing in this subsection shall prevent the disclosure of such information by a party which is otherwise authorized, under applicable State law, to make such disclosure. Information reported under this subchapter that is in a form that does not permit the identification of any particular health care entity, physician, other health care practitioner, or patient shall not be considered confidential.

II. Management of the NPDB

A. The Division of Practitioner Data Banks

The DPDB is responsible for the management of the NPDB. The DPDB collaborates with other HHS agencies, federal entities, state licensing authorities, hospitals and other health care entities, and state and national professional organizations to improve and enhance NPDB data. The DPDB consists of three branches: the Operations and Administration Branch, the Policy and Research Branch, and the Compliance and Disputes Branch. Due to a transition in management and an expansion of DPDB work, new staff members were hired, including a director, supervisors, and staff for each Branch. By the end of 2010, the total number of staff had more than doubled compared to 2009. The DPDB employs the services of a contractor to support the NPDB.

B. NPDB Executive Committee

The NPDB Executive Committee was established in February 1989 to provide guidance, recommendations for improvement, and health care expertise to the NPDB contractor on NPDB operations. The NPDB Executive Committee is not a congressionally appointed committee and therefore has no legal authority over the contractor or DPDB. However, the committee, through its work with the contractor, provides valued feedback to NPDB processes.

The committee is comprised of 32 organizational representatives from HRSA and other federal agencies, various health professions, national health organizations, state professional licensing bodies, medical malpractice insurers, and public advocate organizations. The Committee serves as a forum for these organizations, with a vested interest in the NPDB, to discuss Data Bank operations and policy. A Chair and Vice Chair of the Committee are elected for two-year terms by the Executive Committee members. Non-federal organizations have three-year renewable staggered terms. Federal agencies, such as the Department of Defense and the HHS OIG, participate on the Committee without term limits. The Executive Committee meets periodically with the contractor and the DPDB.

III. Review of 2010

A. Operations and Administration Highlights

1) *Web Site* – The Data Bank unveiled an updated Web site to provide users with additional in-depth information and resources in a more efficient environment. A new design, layout, and tools made navigation easier by limiting the number of "clicks" to desired destinations. The home page afforded instant access to NPDB sign-in procedures, frequently used documents, news, and resources.

2) *Continuous Query* – The Proactive Disclosure Service (PDS) underwent a name change to Continuous Query to better describe its functions. Continuous Query keeps users informed about any Data Bank reports submitted on their enrolled practitioners 24 hours a day, 365 days a year. Email notifications are provided to the user within 24 hours of a new report received by the Data Bank.

   In 2010, Continuous Query offered printable views of report updates and a summary of all previously disclosed reports on practitioners. These reports were approved by private accreditation organizations as proof of continuous monitoring during the survey process. Continuous Query also meets the *HCQIA* legal requirements for querying the Data Bank.

3) *Increased Security* – The Data Bank underwent modifications to mask Social Security Numbers on verification reports and other output documents. In addition, the development of e-authentication and identity-proofing strategies began in an effort to improve the verification of all Data Bank users.

4) *Going Green* – The report output was consolidated so that all reports could fit on one sheet of paper, front and back. All documents that were transmitted via hard copy are also printed front to back to minimize the use of paper.

5) *Record Changes* – A monthly Data Bank report, in the format of an e-mail message, was initiated to keep client entities up to date on their Data Bank activities. The report contains all of the entity's queries and reports from the previous month as well as a notification of any incomplete actions such as incomplete reports.

6) *Revised Reports* – Correction reports were modified, based on user input, in two ways. The cover page was enhanced to list out all fields that changed on the corrected report, and an asterisk indicates the actual change.

B. Policy Highlights

1) *Section 1921 Regulation* – The final regulation implementing *Section 1921* was published at 75 FR 4656 on January 28, 2010, and went into effect on March 1, 2010. (See Section I.D. above.)

2) *Educating External Partners* – DPDB staff conducted 38 professional presentations, 2 teleconferences, and 1 Webinar for Data Bank users and stakeholders across the country. Of these, 15 were presentations at State Associations of Medical Staff Services meetings. In all, meetings occurred in 24 states, including California, Florida, Pennsylvania, Ohio, and Washington. Meeting attendees shared and collected information about NPDB quality improvements and system enhancements, as well as information about *Section 1921*. The DPDB also exhibited at conferences, including the Health Care Compliance Association, America's Health Insurance Plans, Physician Insurers Association of America, National Conference of State Legislatures, National Association of State Emergency Medical Services Officials, and National Association of Medical Staff Services.

3) *Annual Report* – The Policy team created a combined Annual Report for 2007, 2008, and 2009. The report was developed using a new template for easy navigation, and graphs with longitudinal data covering a 10-year period.

C. Research Highlights

1) *Customer Service* – The DPDB received and fulfilled 42 requests for de-identified aggregated data from external partners and stakeholders (i.e., nongovernment and non-DPDB staff), and fulfilled 48 requests from DPDB staff.

2) *Public Use Data File* – Research staff responded to calls from researchers who had questions about the NPDB Public Use Data File. The staff updated the Public Use File on its regular quarterly schedule, in March, June, September, and December. Researchers and users downloaded the file 2,416 times in 2010. This file is designed to provide data for statistical analysis only.

3) *Data Quality* – Research staff members reviewed all Data Bank variables and codes to ensure an understanding of the data values and to propose data quality enhancements. National databases were identified as possible resources to verify the names of medical schools and certain practitioner variables.

4) *Pilot Study with the Federation of State Medical Boards (FSMB)* – DPDB research staff collaborated on a pilot project with the FSMB to determine the accuracy and correlation of medical malpractice payments and clinical privilege reports submitted to the Data Bank by the States of Georgia, Louisiana, Maine, Ohio, Rhode Island, Texas, Washington, and West Virginia.

D. Compliance Highlights

In 2010 DPDB was reorganized to improve the accuracy and integrity of the data through reporting compliance activities The Secretary of HHS has the authority to publish names of Data Bank reporters that do not meet the reporting requirements. The Secretary's authority specifically encompasses reporting requirements established for the Healthcare Integrity and Protection Data Bank (HIPDB). The Secretary published the Compliance Status list for first time in July 2010. She also took the unprecedented step of calling on the Governors to do their part to assure that state reports to the Data Bank are complete and accurate. Information gathered by DPDB to further the Secretary's HIPDB compliance efforts proved invaluable for improving the accuracy and completeness of the information in the NPDB.

See: http://www.npdb-hipdb.hrsa.gov/news/reportingCompliance.jsp for current results.

Other DPDB projects affecting the NPDB in 2010 included:

1) *Never-Reported Professions* – Compliance and Disputes Branch staff reviewed more than 500 regulatory boards that had never reported actions to the Data Bank. The staff worked with these boards to help them register with the Data Bank and report actions as appropriate.

2) *Disciplinary Action* – Staff reviewed disciplinary action data from state boards that regulate frequently queried professions. Professions included nurses for the time period 2008 through 2009 and physicians, dentists, pharmacists, physician assistants, podiatrists, psychologists, and social workers for the time period from 2006 through 2009. These state data were compared to HIPDB reports. DPDB staff worked with state boards to reconcile gaps in data.

3) *Communications* – To assist states in their efforts to become compliant, DPDB staff conducted six technical assistance teleconferences, with participation from every state. DPDB staff continued to offer technical assistance to state boards throughout 2010 to ensure sustained compliance.

E. Dispute Review Highlights

1) *Dispute Statistics* – In 2010, 73 disputed cases were elevated for review by the Secretary of HHS, and 71 cases were completed.

2) *Dispute Process Efforts* – The dispute process was streamlined and improved in 2010. The number of completed cases was attributed to enhanced daily and monthly tracking tools and procedures.

IV. Graphs of NPDB Data

The next eighteen graphs describe NPDB data. In 2010, *Section 1921* was implemented, leading to an increase in the number of reports to the NPDB. Therefore, 2010 was a transition year for NPDB data, thus preventing reliable comparisons with previous years. The 2010 NPDB Annual Report does not describe the data for each graph. Each graph should be viewed with an understanding of the data issues described below.

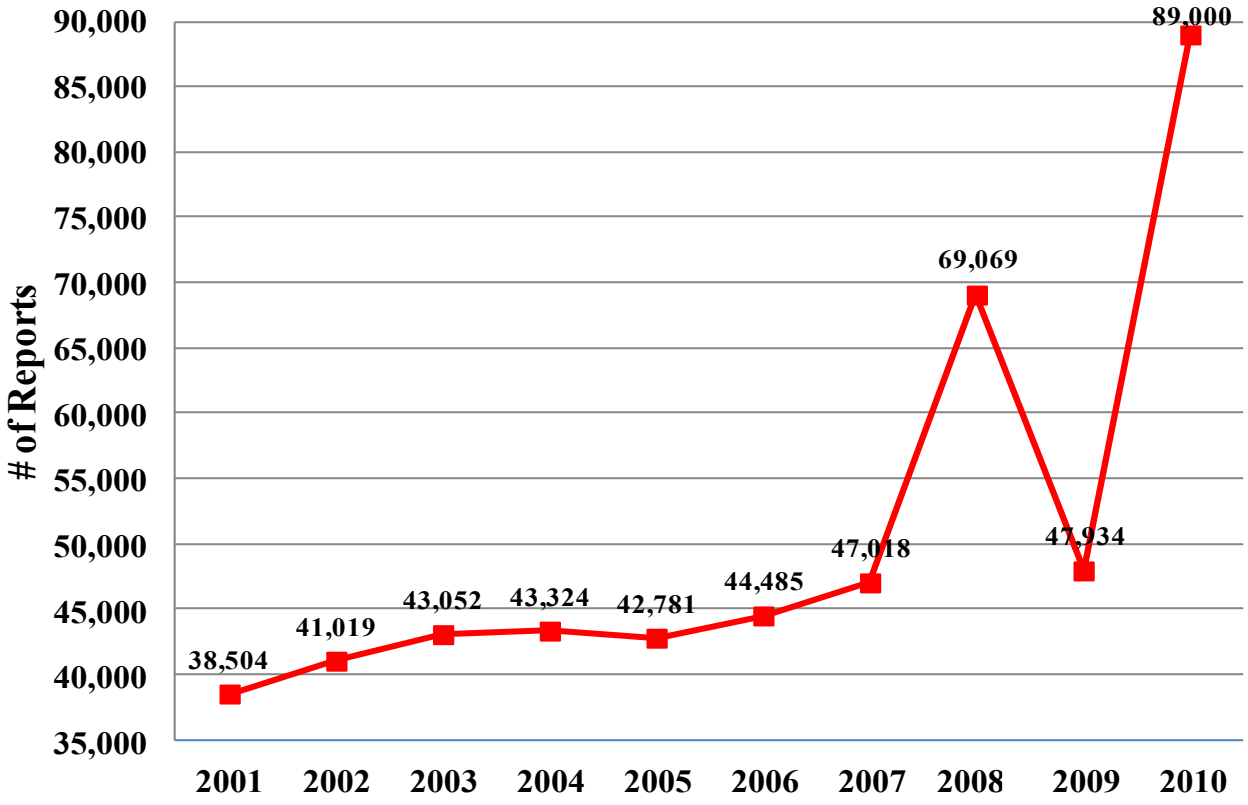
The data issues are as follows:

- The number of reports in the NPDB increased for the year 2010 due to the implementation of *Section 1921*. There are now reports on health care practitioners, in addition to reports on physicians and dentists. Consequently, the report data from this 2010 Annual Report are not comparable with previous years.

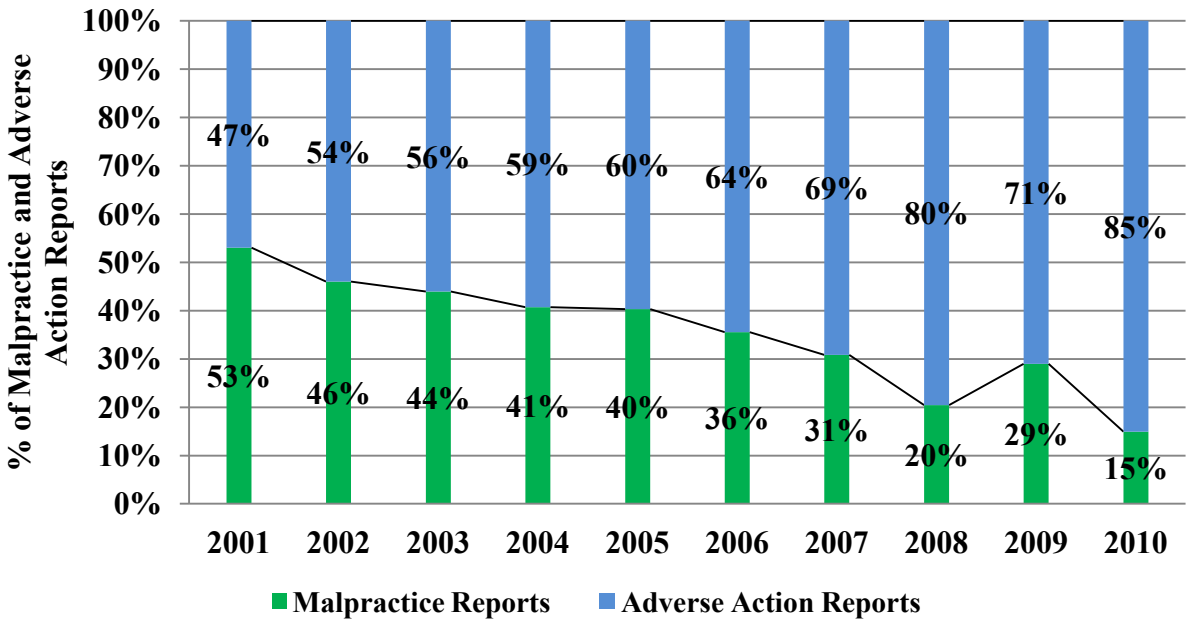
- The National Council of State Boards of Nursing made major headway in reconciling data in its system with reports in the HIPDB for professional nurses and paraprofessional nursing staff. This resulted in a major increase in 2010 reporting. However, it is not possible to determine with accuracy what proportion of the reporting increase is due to this activity.

- All graphs that report on Adverse Action Reports (AARs) use the year the initial report was submitted. Graph 4 and Graph 5 trend AARs by the year the adverse action occurred.

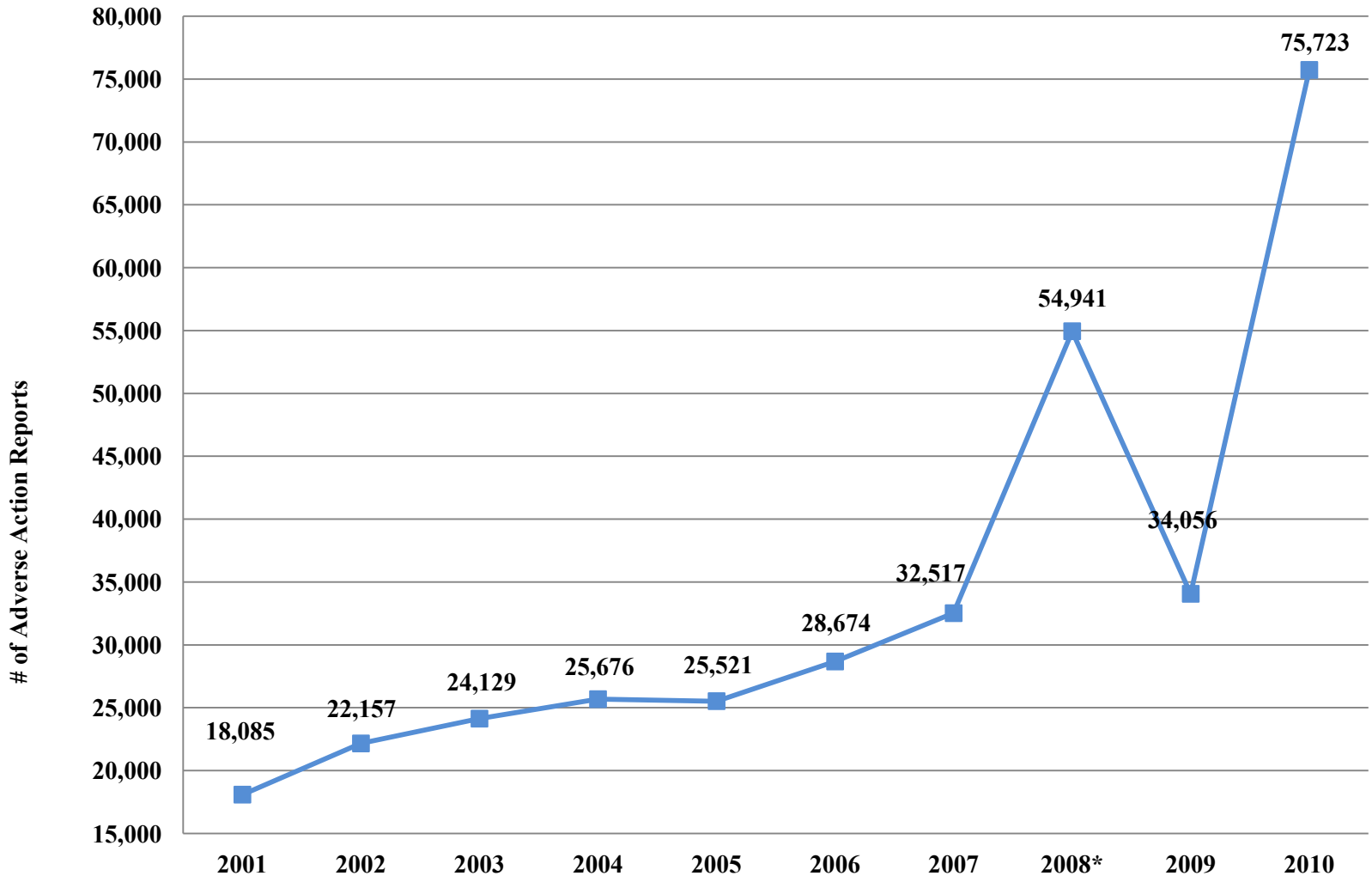
Graph 1.
Number of Medical Malpractice and Adverse Action Reports by Year (2001-2010)



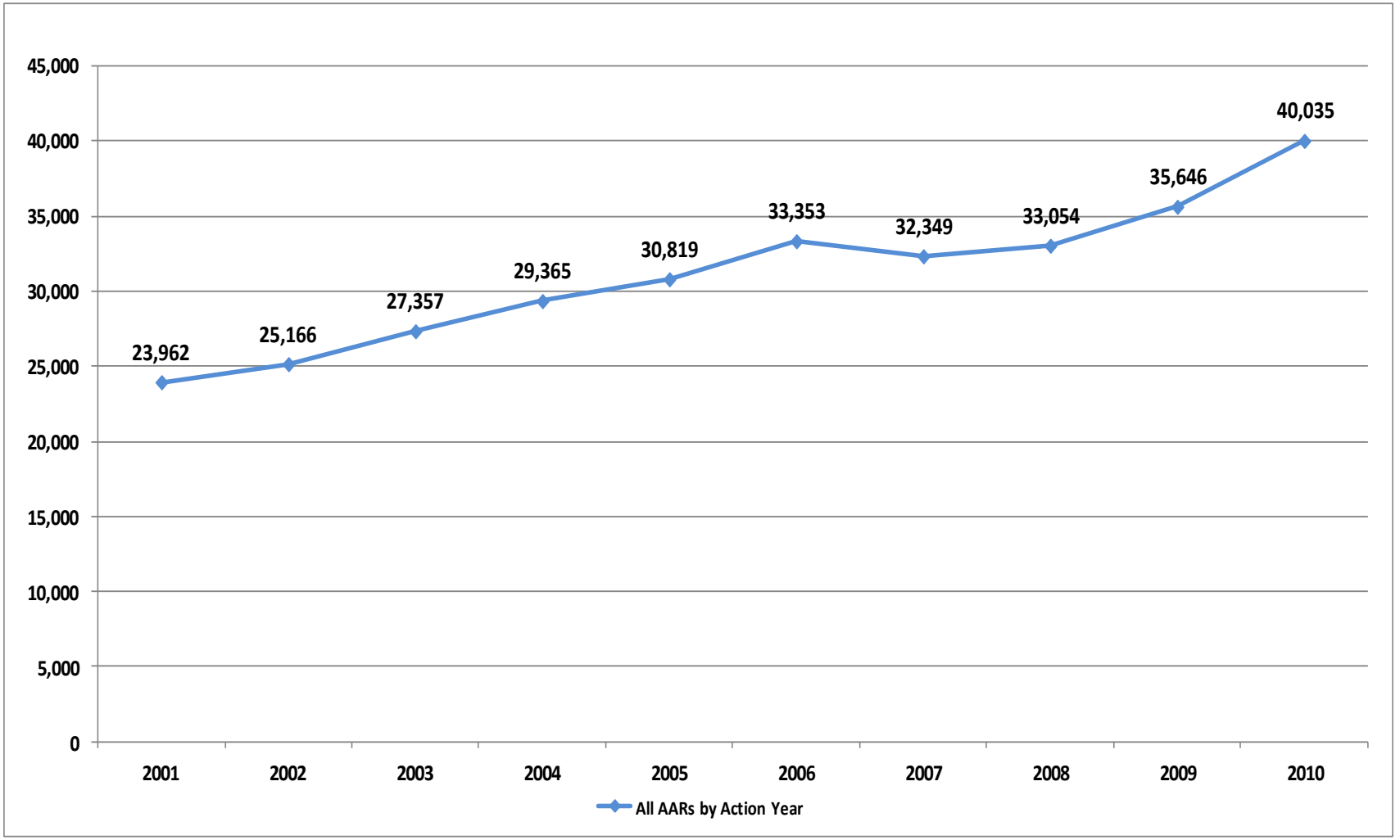
Graph 2.
Percentage of Medical Malpractice and Adverse Action Reports by Year (2001-2010)



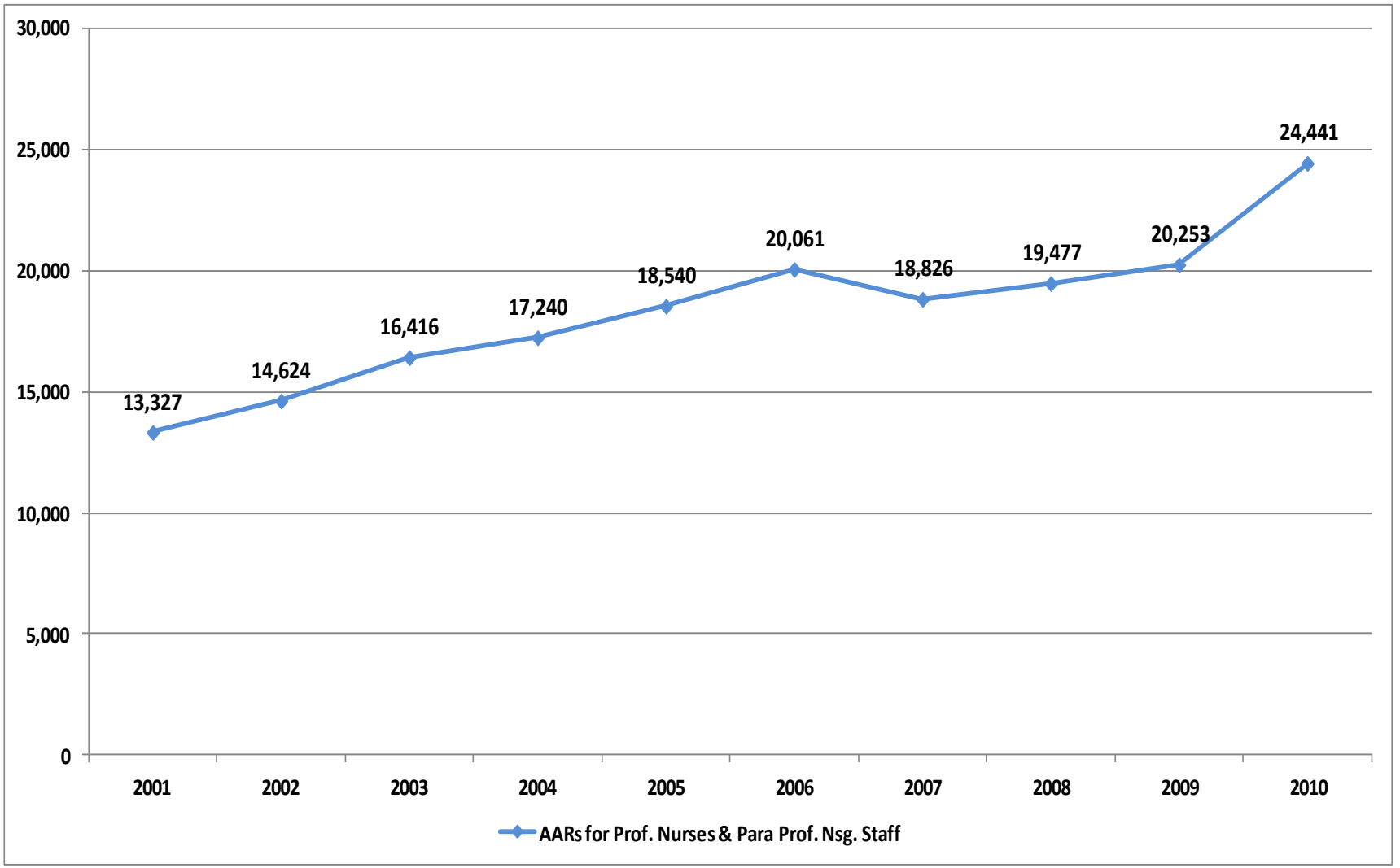
Graph 3.
Number of Adverse Action Reports by Year (2001-2010)



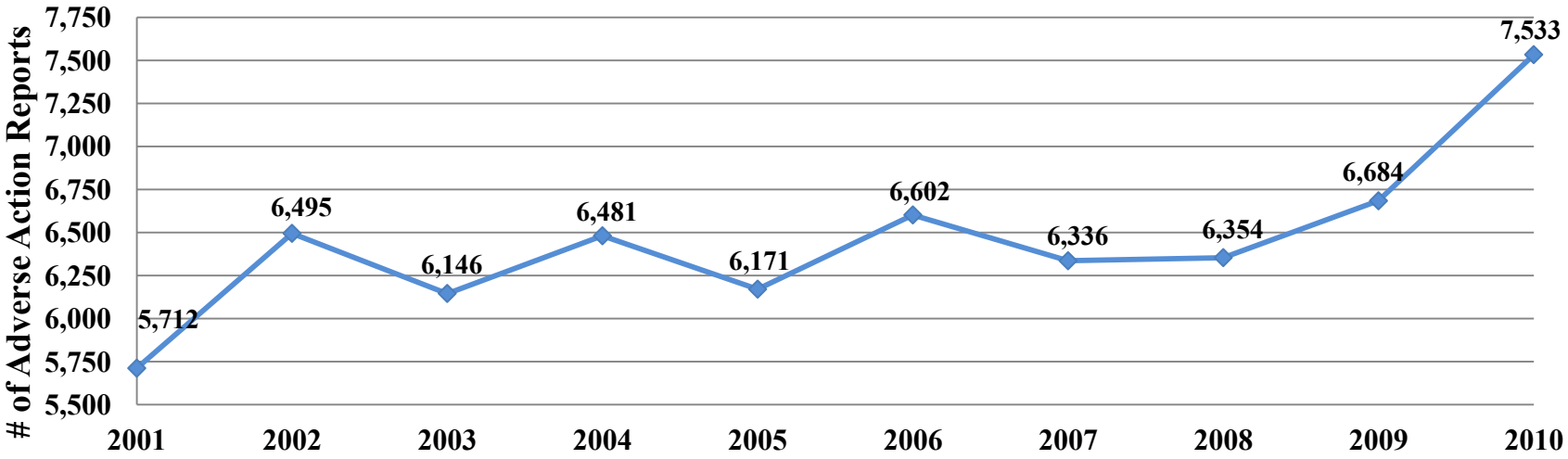
Graph 4.
Number of Adverse Action Reports by the Year the Action Occurred (2001-2010)



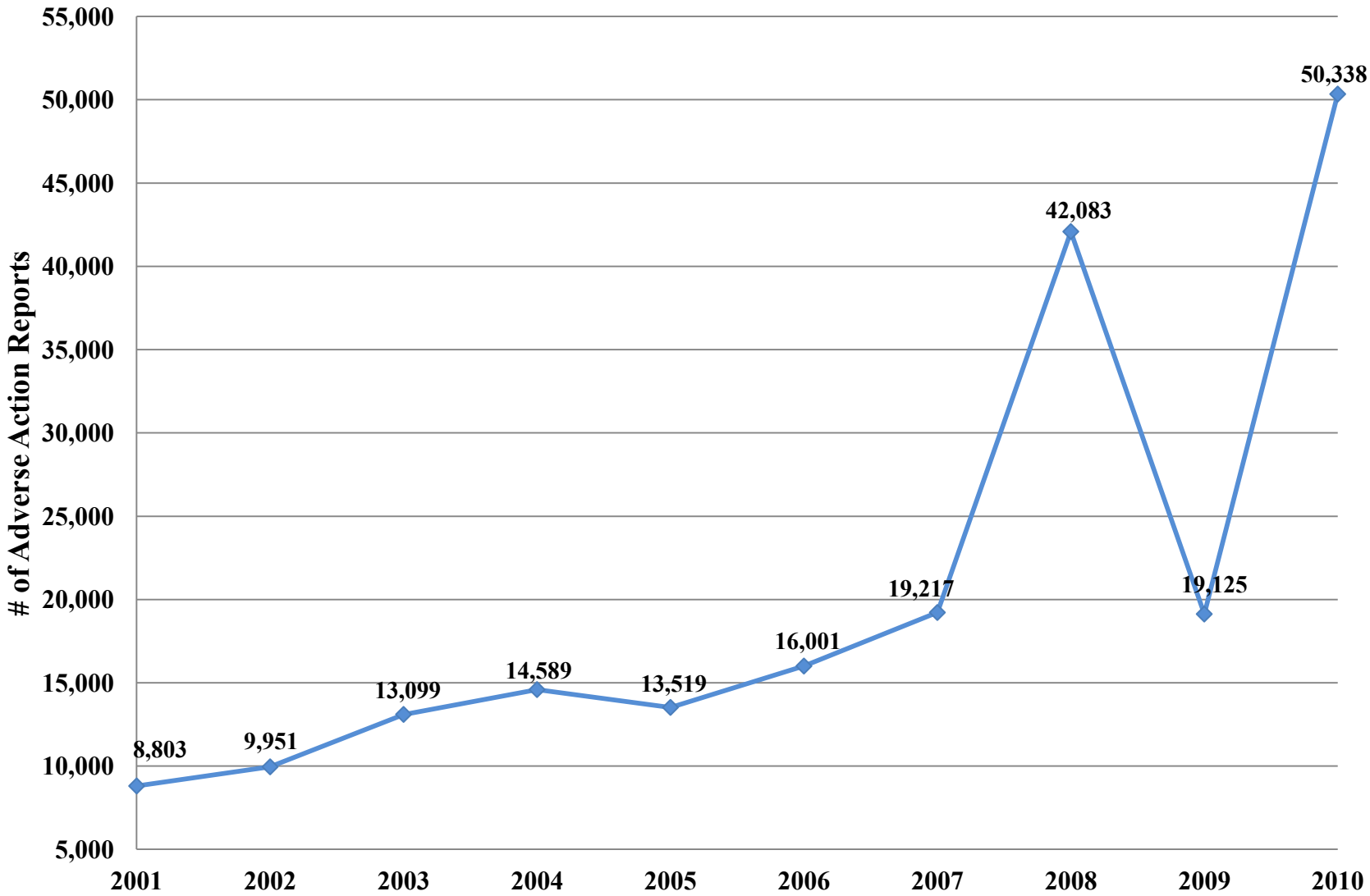
Graph 5.
Number of Adverse Action Reports for Professional Nurses and Paraprofessional Nursing Staff by the Year the Action Occurred (2001-2010)



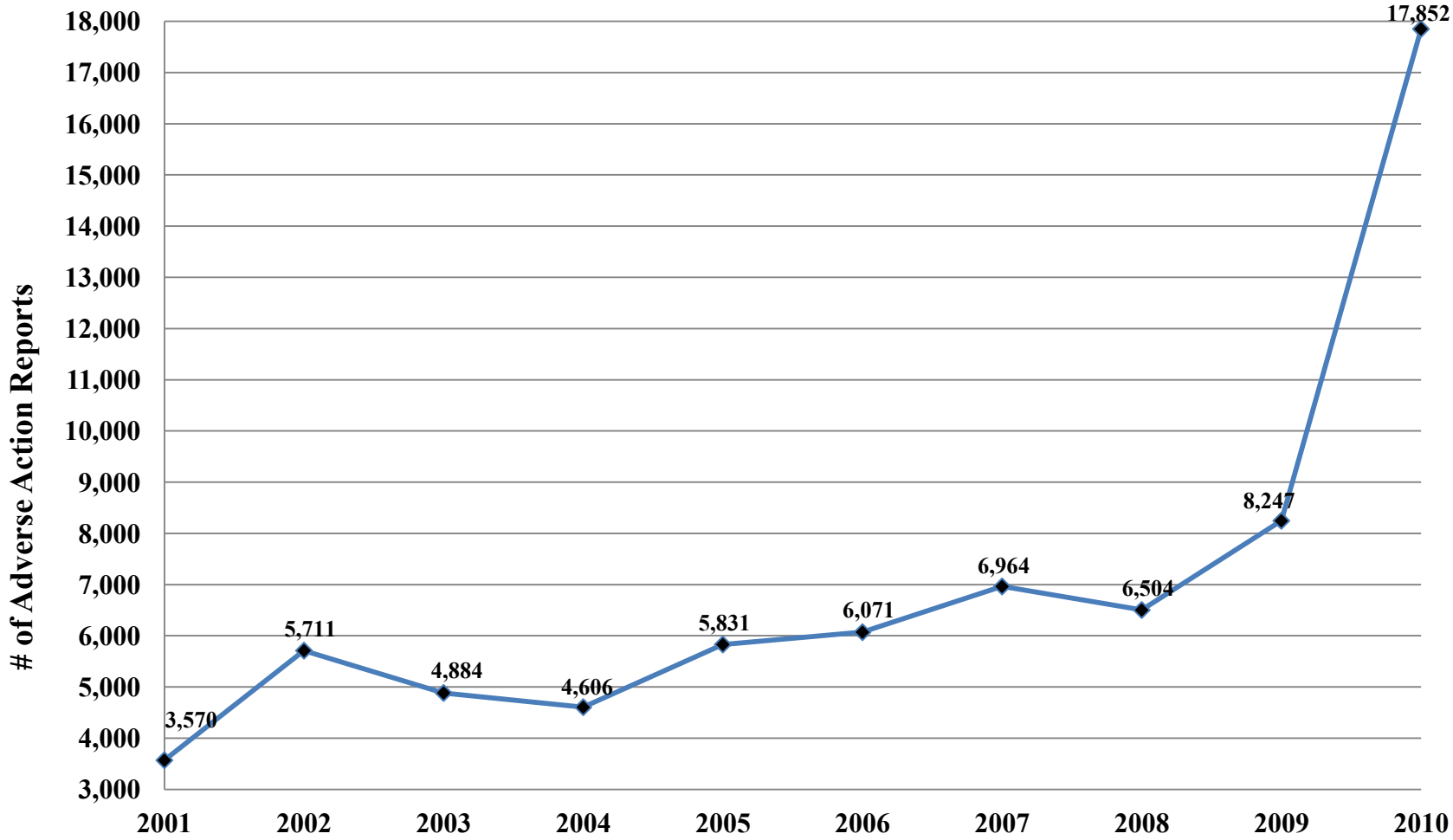
Graph 6.
Number of Adverse Action Reports Filed on Medical Doctors and Dentists (2001-2010)



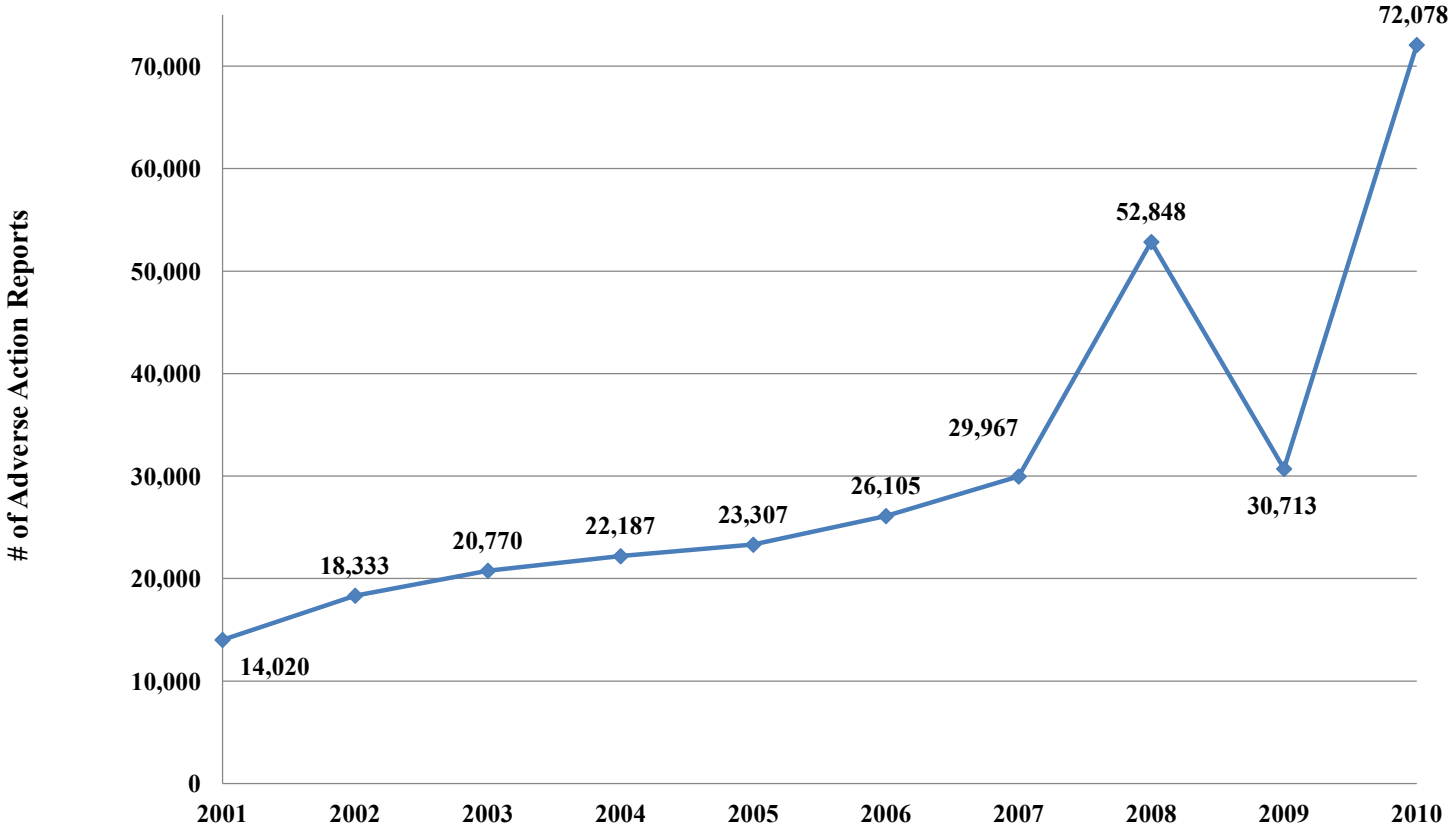
Graph 7.
Number of Adverse Action Reports Filed on Professional Nurses and Para-Professional Nurses (2001-2010)



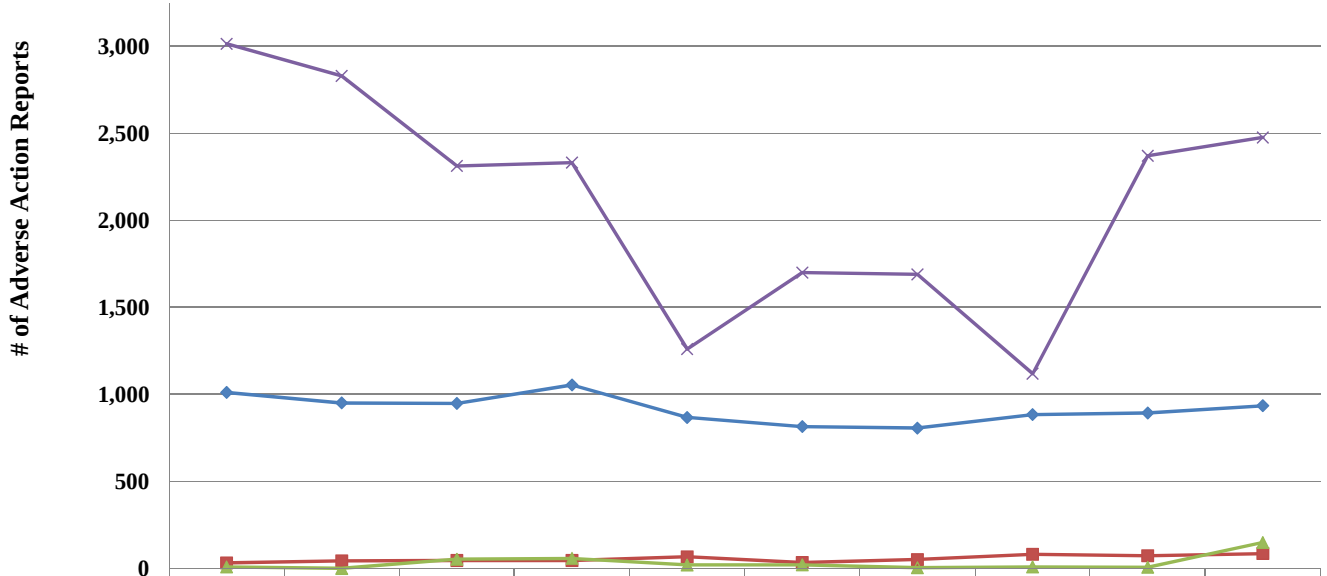
Graph 8.
Number of Adverse Action Reports Filed on Other Practitioners (2001-2010)



Graph 9a.
Number of Adverse State Licensure Actions by Year (2001-2010)

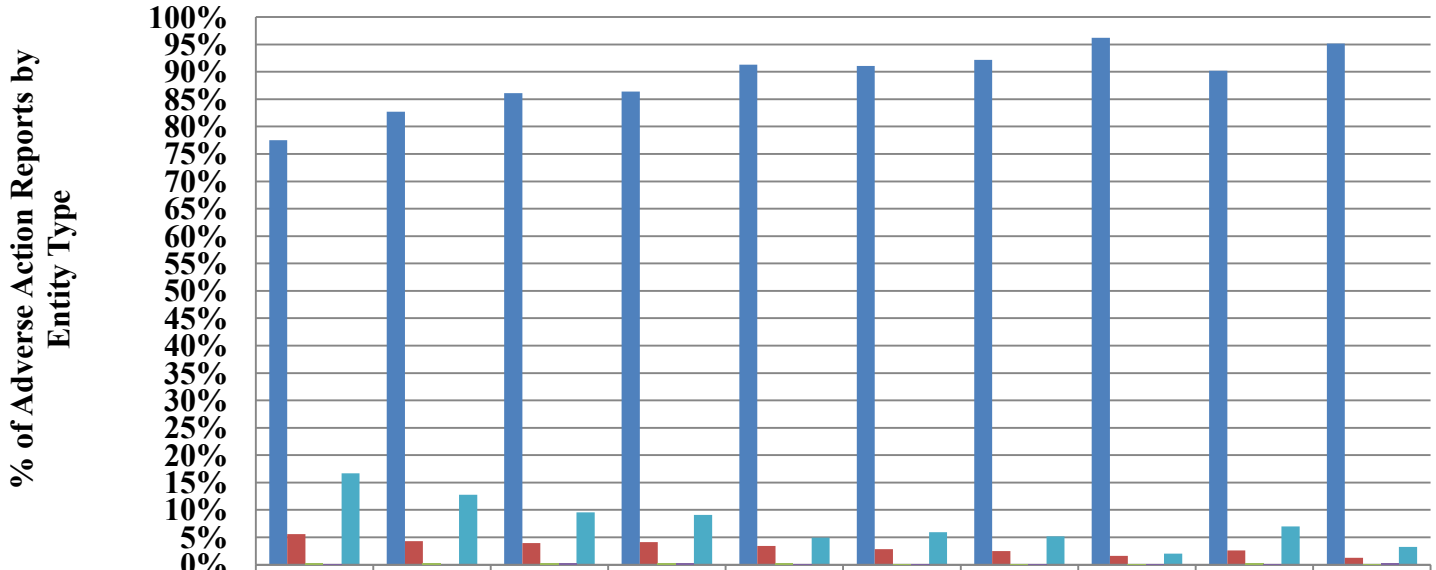


Graph 9b.
Types of Adverse Action Reports by Year (2001-2010)



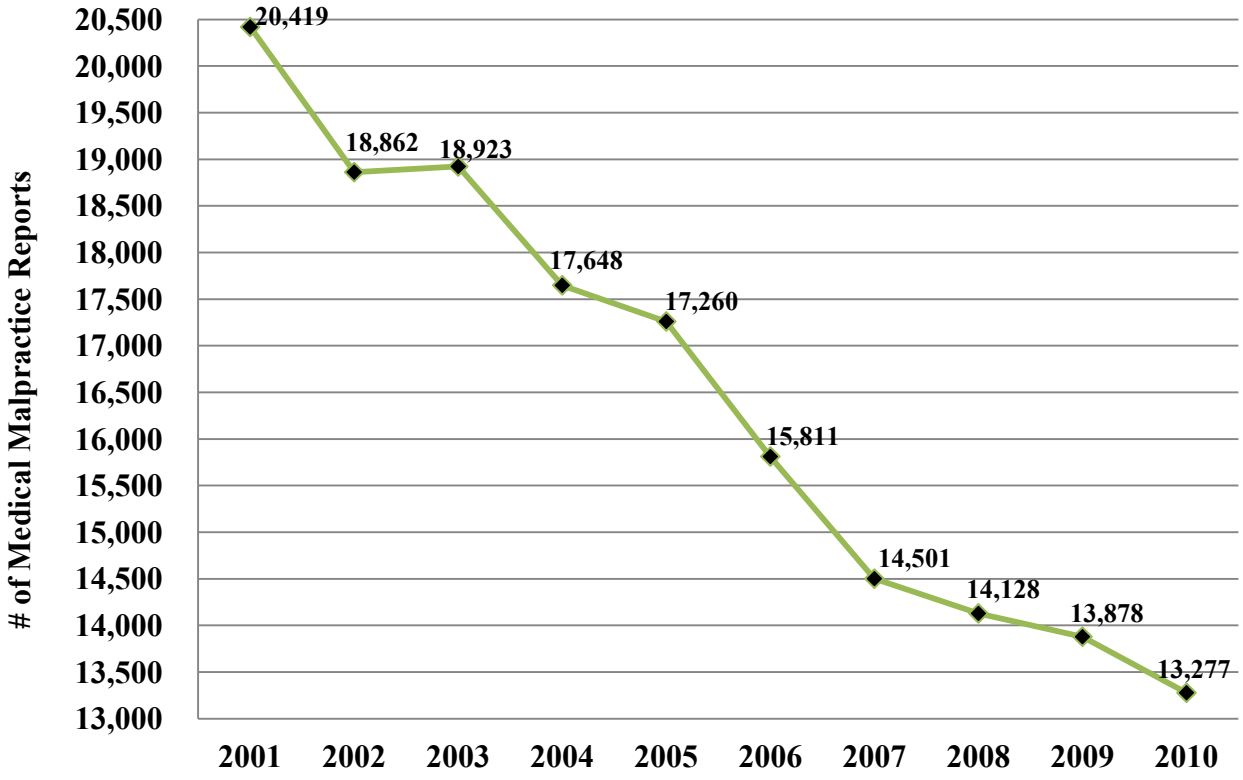
	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
Clinical Privilege	1,011	951	948	1,054	867	815	806	884	893	935
Professional Society Membership	32	44	46	46	67	34	51	81	73	86
DEA	9	0	53	58	20	21	4	9	7	149
Medicare/Medicaid Exclusion	3,013	2,829	2,312	2,331	1,260	1,699	1,689	1,119	2,370	2,475

Graph 10.
Percentages of Adverse Action Reports by Type and Year (2001-2010)

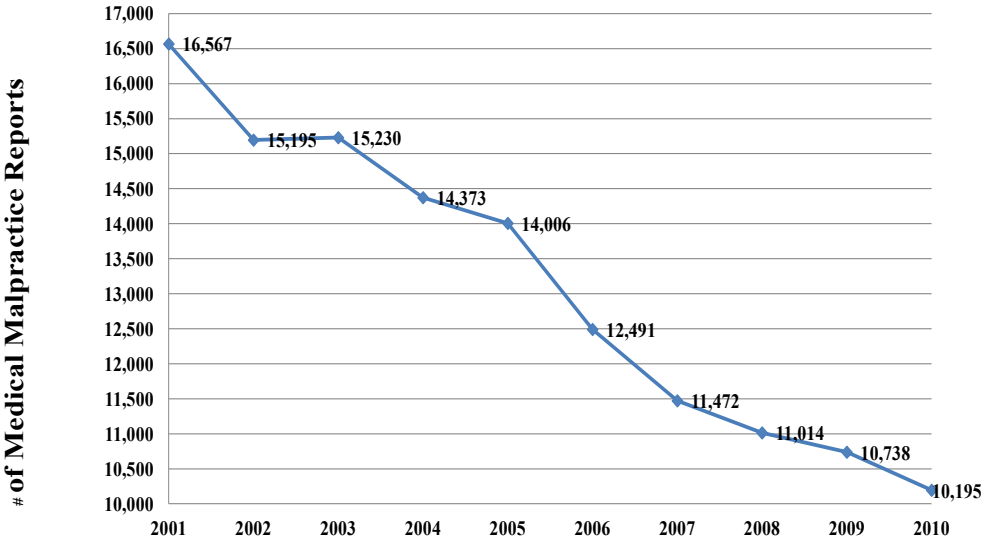


	2001	2002	2003	2004	2005	2006	2007	2008*	2009	2010
State Licensure	77.5%	82.7%	86.1%	86.4%	91.3%	91.0%	92.2%	96.2%	90.2%	95.2%
Clinical Privilege	5.6%	4.3%	3.9%	4.1%	3.4%	2.8%	2.5%	1.6%	2.6%	1.2%
Professional Society Membership	0.2%	0.2%	0.2%	0.2%	0.3%	0.1%	0.2%	0.1%	0.2%	0.1%
DEA	0.0%	0.0%	0.2%	0.2%	0.1%	0.1%	0.0%	0.0%	0.0%	0.2%
Medicare/Medicaid Exclusion	16.7%	12.8%	9.6%	9.1%	4.9%	5.9%	5.2%	2.0%	7.0%	3.3%

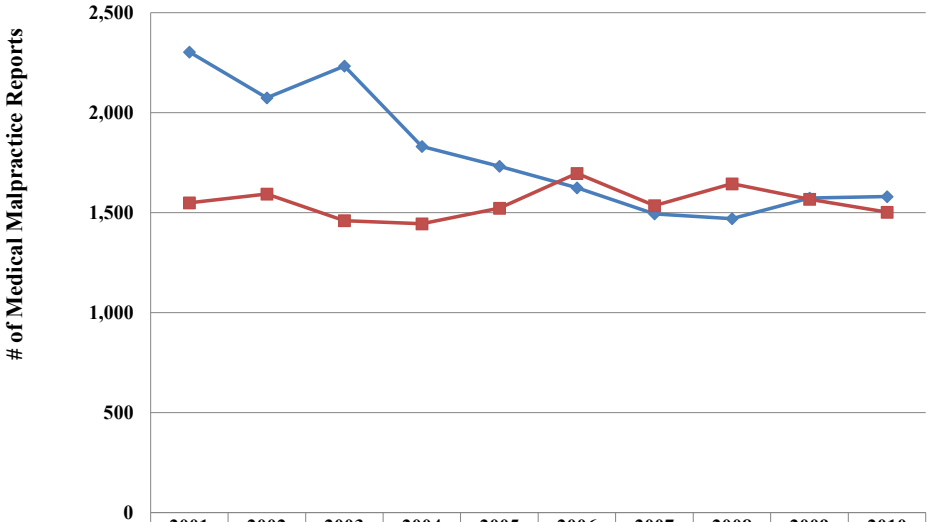
Graph 11.
Number of Medical Malpractice Reports by Year (2001-2010)



Graph 12a.
Number of Medical Malpractice Reports on Physicians by Year (2001-2010)

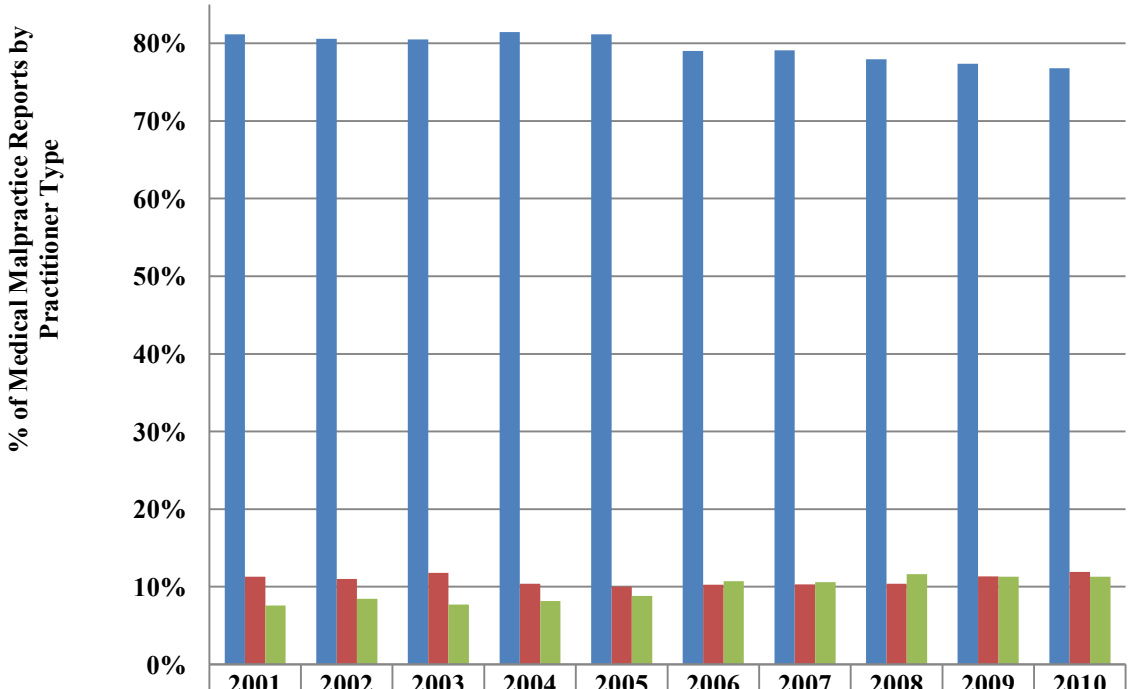


Graph 12b.
Number of Medical Malpractice Reports on Dentists and Other Practitioners by Year (2001-2010)



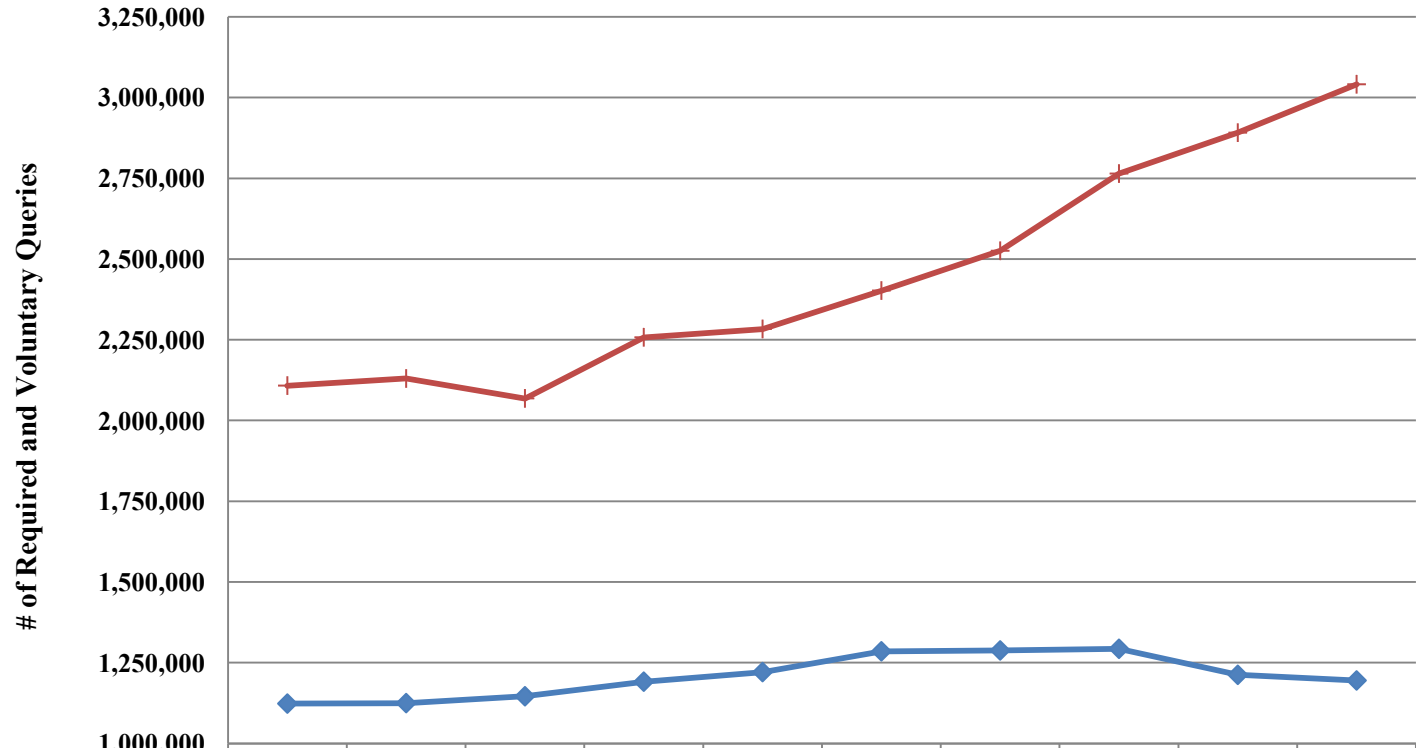
	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
Dentists	2,303	2,074	2,233	1,831	1,732	1,624	1,494	1,470	1,573	1,580
Other Practitioners	1,549	1,593	1,460	1,444	1,522	1,696	1,535	1,644	1,567	1,502

Graph 13.
Percentages of Medical Malpractice Reports by Practitioner Type and Year (2001-2010)



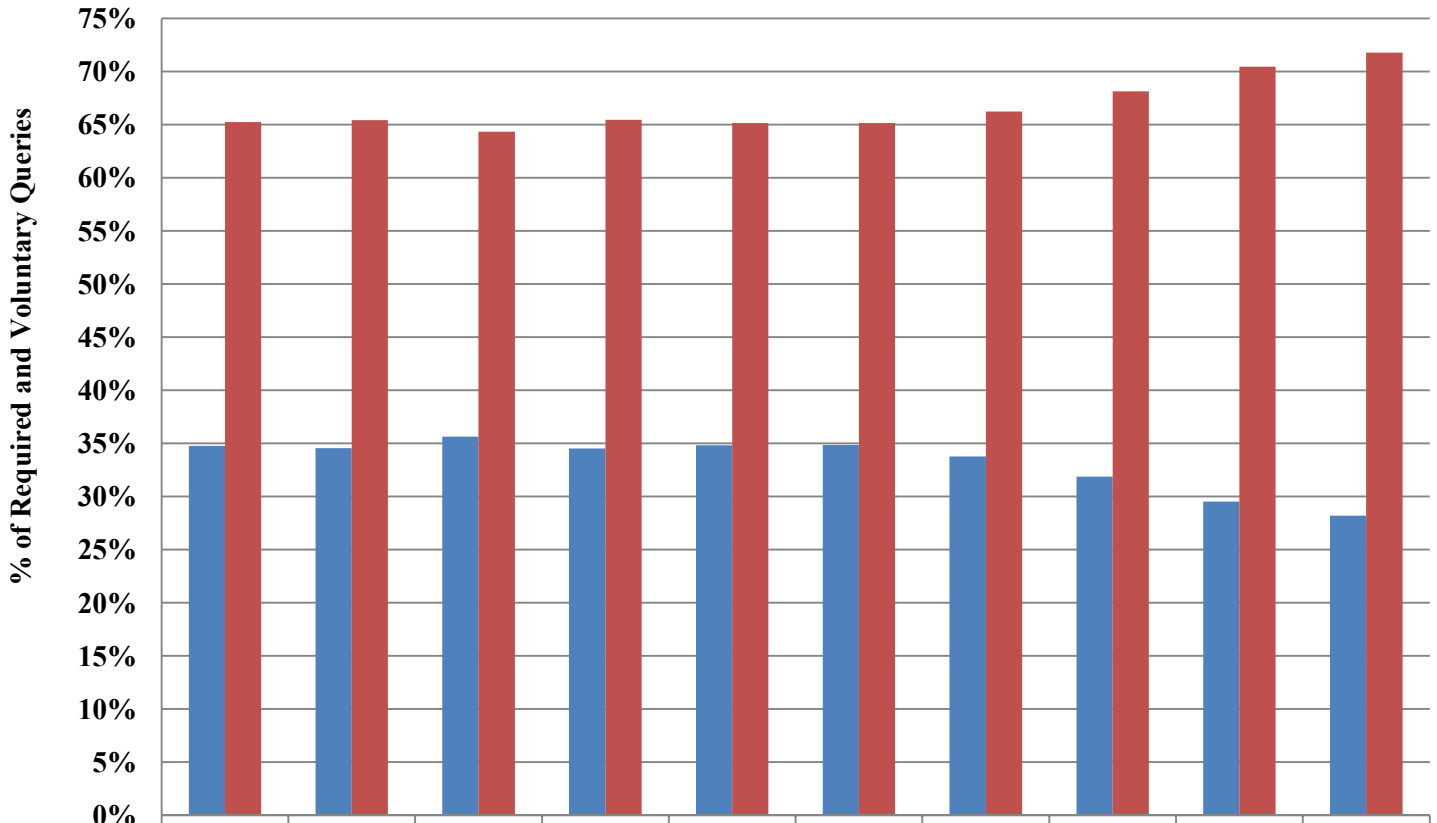
	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
Physicians	81.1%	80.6%	80.5%	81.4%	81.1%	79.0%	79.1%	78.0%	77.4%	76.8%
Dentists	11.3%	11.0%	11.8%	10.4%	10.0%	10.3%	10.3%	10.4%	11.3%	11.9%
Other Practitioners	7.6%	8.4%	7.7%	8.2%	8.8%	10.7%	10.6%	11.6%	11.3%	11.3%

Graph 14.
Number of Queries Made by Hospitals and Voluntary Entities by Year (2001-2010)



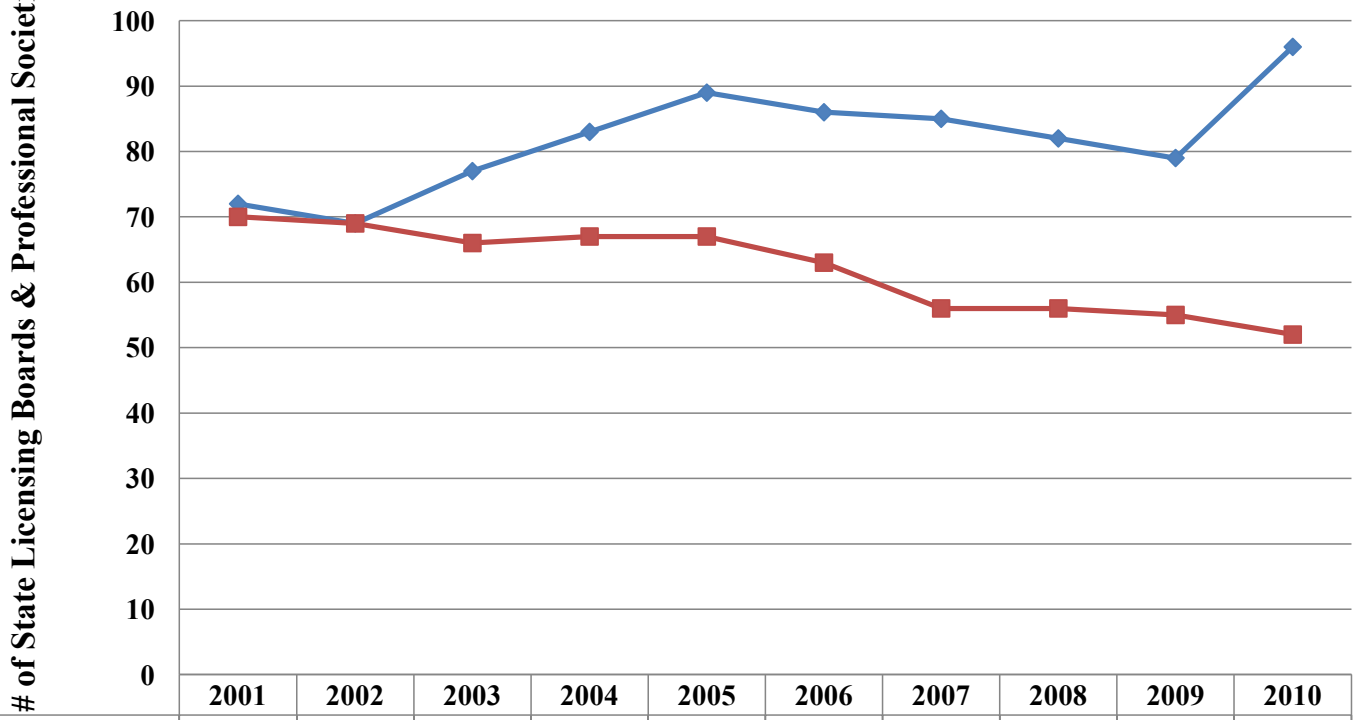
	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
Hospital Queries (Req'd by law)	1,123,154	1,124,649	1,145,813	1,190,995	1,220,635	1,285,041	1,287,703	1,292,867	1,212,176	1,194,715
Voluntary Queries	2,107,932	2,129,857	2,068,244	2,257,508	2,283,281	2,402,226	2,525,419	2,764,545	2,891,161	3,041,044

Graph 15.
Percentages of Hospital and Voluntary Queries by Year (2001-2010)



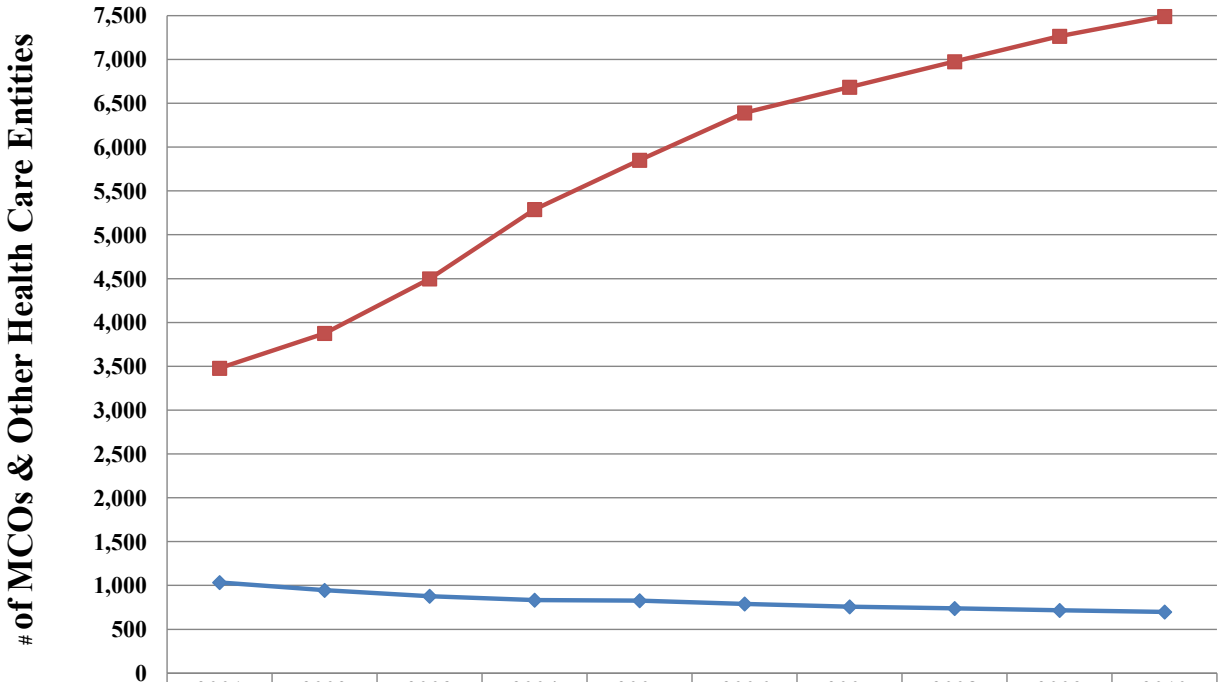
	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
% Hospital Queries	34.8%	34.6%	35.7%	34.5%	34.8%	34.9%	33.8%	31.9%	29.5%	28.2%
% Voluntary Queries	65.2%	65.4%	64.3%	65.5%	65.2%	65.1%	66.2%	68.1%	70.5%	71.8%

Graph 16a.
Number of State Licensing Boards and Professional Societies Voluntarily Querying the NPDB by Year (2001-2010)



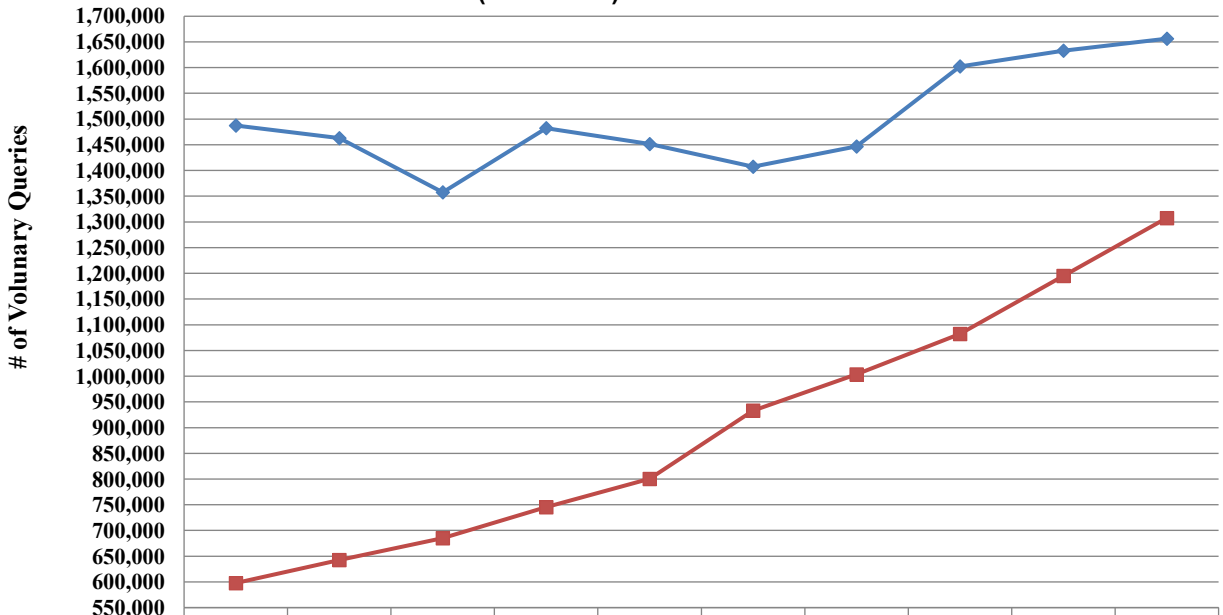
	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
State Licensing Boards	72	69	77	83	89	86	85	82	79	96
Professional Societies	70	69	66	67	67	63	56	56	55	52

Graph 16b.
Number of MCOs and Other Health Care Entities Voluntarily Querying the NPDB by Year (2001-2010)



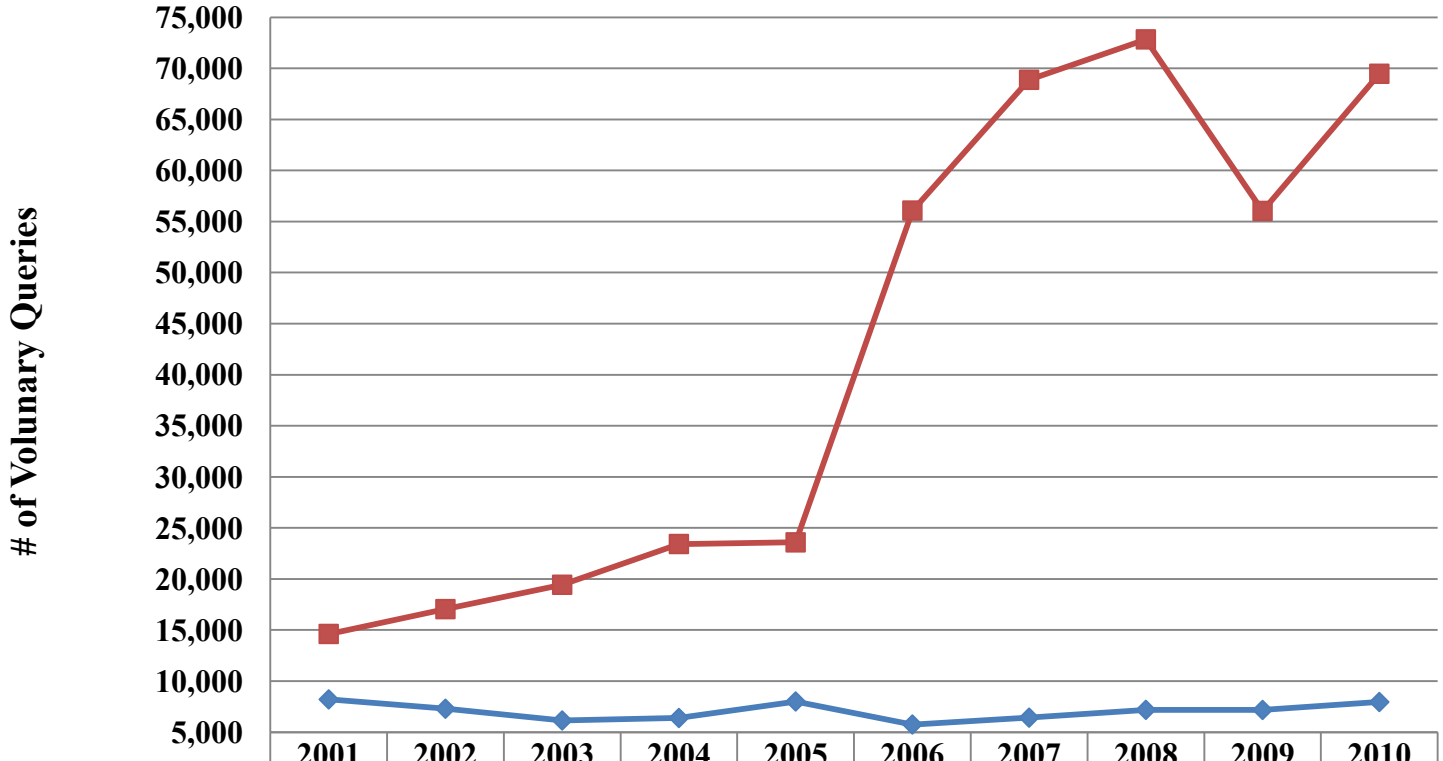
	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
Managed Care Organizations	1,034	945	878	833	827	790	757	738	716	698
Other Health Care Entities	3,478	3,876	4,498	5,289	5,851	6,391	6,684	6,975	7,265	7,491

Graph 17a.
Number of Voluntary NPDB Queries by MCOs and Other Health Care Entities by Year (2001-2010)



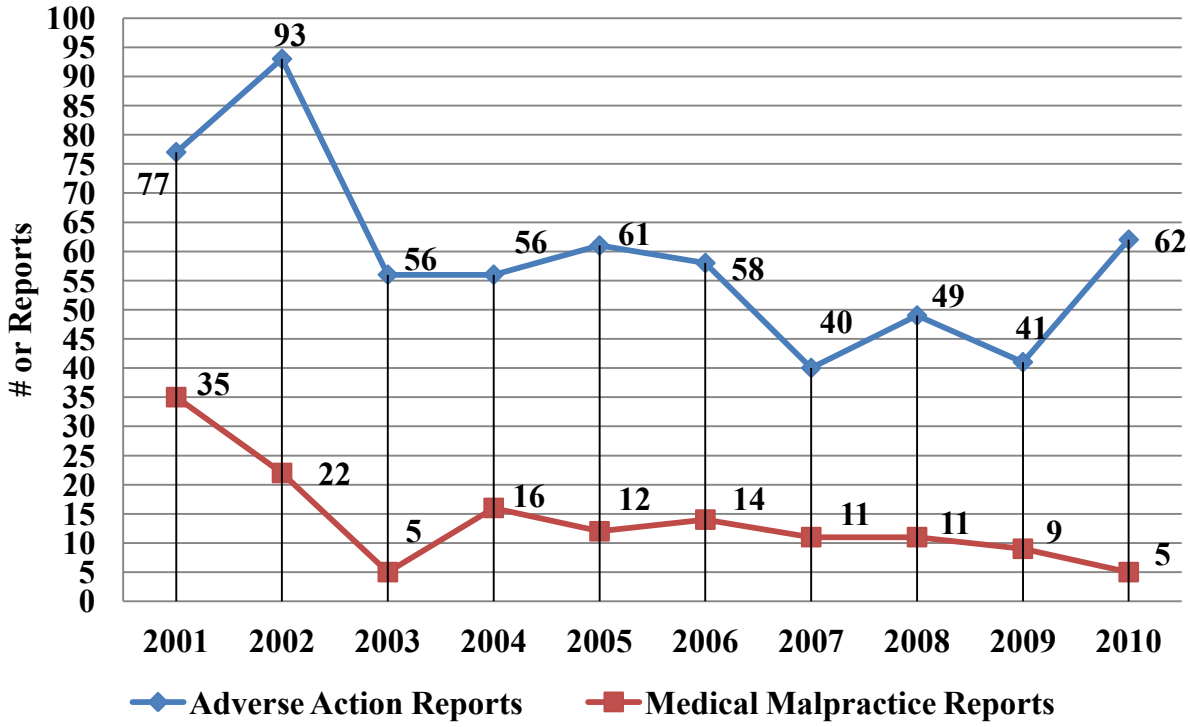
	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
Managed Care Organizations	1,487,389	1,462,852	1,357,597	1,482,294	1,451,381	1,407,324	1,446,629	1,602,351	1,632,936	1,656,229
Other Health Care Entities	597,723	642,667	685,074	745,406	800,313	933,084	1,003,494	1,082,175	1,195,014	1,307,398

Graph 17b.
Number of Voluntary NPDB Queries by Professional Societies and State Licensing Boards by Year (2001-2010)



	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
Professional Societies	8,207	7,292	6,142	6,387	8,003	5,746	6,418	7,182	7,173	7,948
State Licensing Boards	14,613	17,046	19,431	23,421	23,584	56,072	68,878	72,837	56,038	69,469

Graph 18.
Number of Requests for Secretarial Review by Report Type and Year (2001-2010)



Appendix A. EXECUTIVE COMMITTEE: ORGANIZATIONAL REPRESENTATIVES

1. AARP
2. American Association of Dental Boards
3. American Association of Health Plans
4. American College of Obstetricians and Gynecologists
5. American College of Surgeons
6. American Dental Association
7. American Health Lawyers Association
8. American Hospital Association
9. American Insurance Association
10. American Medical Association
11. American Nurses Association
12. American Osteopathic Association
13. American Podiatric Medical Association
14. Centers for Medicare & Medicaid Services
15. Council of Medical Specialty Societies
16. Federation of Chiropractic Licensing Boards
17. Federation of State Medical Boards
18. Health Resources and Services Administration
19. Horty, Springer & Mattern, P.C.
20. National Association Medical Staff Services (NAMSS)
21. National Committee for Quality Assurance
22. National Council of State Boards of Nursing
23. Physician Insurers Association of America
24. Public Citizen Health Research Group
25. Risk Management Foundation of the Harvard Medical Institutions
26. SRA International, Inc.
27. The Council on Licensure, Enforcement and Regulation
28. The Joint Commission
29. The Medical Protective Company
30. U.S. Department of Defense
31. U.S. Department of Health and Human Services, Office of Inspector General
32. U.S. Department of Veterans Affairs

Appendix B. NPDB MILESTONES

YEAR	NPDB MILESTONES
1986	***Health Care Quality Improvement Act* Enacted** Congress passed the *Health Care Quality Improvement Act of 1986* (*HCQIA*). The intent of *HCQIA* was to prevent incompetent practitioners from moving state to state without disclosure or discovery of previous damaging or incompetent performance and to protect peer review bodies from private monetary damage liability. President Ronald Reagan signed *Title IV* of Public Law 99-660, *HCQIA*, which led to the National Practitioner Data Bank's (NPDB) establishment.
1988	**NPDB Formed** HHS, HRSA, BHPr began developing the NPDB. HRSA contracted with first contractor to develop and operate the NPDB.
1989	**Publication of Final Regulations** Final NPDB regulations (45 CFR part 60) were published in the *Federal Register*. NPDB Executive Committee convened its first meeting.
1990	**Implementation of NPDB** Operating out of Camarillo, CA, the NPDB was implemented September 1 and began collecting reports on medical malpractice payments and adverse licensure, clinical privileges, and professional society membership actions taken against physicians, dentists, and other licensed health care practitioners. Hospitals, health care entities, and state licensing boards began querying the NPDB. The NPDB was designed to be self-supporting through query fees. All transactions became paper-based. Average query response time was six weeks. The first NPDB Guidebook was published, providing policy guidance to users.
1991	**NPDB Processed Queries** NPDB processed 809,900 queries, an average of 16,000 names per week.
1992	**Electronic Querying Introduced** Electronic querying was introduced using new proprietary software called QPRAC, version 1.0. Queries were submitted via modem or diskette; responses were returned on paper. Average query response time was reduced to one week.
1993	**NPDB Endorsed by the National Committee for Quality Assurance** Endorsing the value of NPDB, the NCQA adopted an accreditation standard encouraging managed care organizations to query the NPDB. BHPr's Division of Quality Assurance (manager of the NPDB) received the 1993 Federal Leadership Award for its efforts to reduce paper processing. NPDB accepted query payments by credit card.

YEAR	NPDB MILESTONES
1994	**Practitioner Statement Added to Reports** • A practitioner with a report in the NPDB could add his or her own statement to the report, which became available to queriers. • NPDB implemented automated fee collection through Electronic Funds Transfer. Individuals and entities that query could preauthorize the NPDB to debit their bank accounts directly for query fees. • QPRAC version 2.0 was introduced, allowing the NPDB to respond electronically to queries. • HRSA contracted with the second contractor to develop and operate the 2nd Generation NPDB. • More than 1.5 million queries were processed, an average of 30,000 per week. More than half of all queries became electronic. • Average query response time was two to three days.
1995	**NPDB Collected Its 100,000th Report** • Since its implementation in 1990 the NPDB collected its 100,000th report. • All paper queries, except practitioner self-queries, were eliminated. • Voluntary queries, submitted by entities not mandated by law, outnumbered mandated queries for the first time. • Responses to queries became more comprehensive. If the subject of a report requested a Secretarial Review, then the response for each query included this information as well as the status of the Secretarial Review.
1996	***Health Insurance Portability and Accountability Act* Enacted** • The Secretary of HHS, acting through the OIG, was directed by the *Health Insurance Portability and Accountability Act* of 1996 to create the Healthcare Integrity and Protection Data Bank (HIPDB) to combat fraud and abuse in health insurance and health care delivery. • NPDB users could submit reports and update registration information electronically using QPRAC version 3.0. • The Blizzard of '96 blanketed the Washington, D.C., area with 20 inches of snow. Although the Division of Quality Assurance employees were not able to get to work, the NPDB received and processed more than 20,000 queries. • More than 2.7 million queries were processed, an average of 52,000 per week. • Average query response time was six hours or less.
1997	**HRSA Coordinated NPDB with HIPDB** • Because of the NPDB's success, HHS OIG asked BHPr's Division of Quality Assurance to design, develop, and operate the new HIPDB. By law, the operations of the NPDB and HIPDB were required to be coordinated. • NPDB queries generated information about Medicare and Medicaid exclusions.

YEAR	NPDB MILESTONES
1998	**Health Care Entities Queried More than 15 Million Times** • State licensing boards, hospitals, and other health care entities queried the NPDB more than 15 million times since 1990. • The NPDB collected its 200,000th report.
1999	**NPDB and HIPDB Became Web Based** • Final regulations governing the HIPDB were codified as 45 CFR Part 61. • For the first time, the NPDB and the HIPDB began accepting reports and single name queries using a secure Internet site. This was made possible with the Integrated Querying and Reporting Service (IQRS). • More than 3.2 million NPDB queries were processed during the year, an average of six queries a minute, 24 hours a day, 365 days a year, or a query every 10 seconds.
2000	**NPDB Turned 10 Years Old** • NPDB celebrated 10 years of successful operations. • NPDB entered the new millennium Y2K-trouble free. • HIPDB opened for querying. • Average query response time was 4 hours. • The Data Bank introduced the Interface Control Document Transfer Program, an alternative to the IQRS for large-volume users. This change allowed interoperability between the computer systems of those that query and report and the Data Bank.
2001	**Web-Based Self-Query Service Began** • Improvements were made to the self-query service so that practitioners were able to submit self-query data electronically through the NPDB-HIPDB's secure Web site. After transmitting a self-query, the process was completed by printing and mailing the notarized self-query application to the Data Bank. Self-queries were processed within 48 hours and self-query status could be tracked online. • BHPr's Division of Quality Assurance was renamed the Division of Practitioner Data Banks.
2002	**NPDB Received Recognition** • The DPDB received an Electronic Government Trailblazer Award for the NPDB-HIPDB. This award highlighted federal, state, local, and international government programs that had successfully implemented the most innovative information systems in e-Government. • The Data Bank introduced the on-line Report Response Service for efficient processing of self-queries, while maintaining strict security standards. The Report Response Service allowed report subjects to electronically maintain current address information with the Data Bank; add, modify, or remove Subject Statements; initiate or withdraw disputes; and elevate or withdraw requests for Secretarial Review online. Previously, subjects performed these functions via paper correspondence.
2003	**IQRS Introduced Web-Based Entity and Agent Registration** • The Data Bank introduced online entity and authorized agent registration, replacing the paper registration forms and paper-based registration process. On-screen instructions and help file information provided immediate assistance, enabling simplified online registration. • The number of registered users of the Data Bank reached 16,000.

YEAR	NPDB MILESTONES
2004	**Data Bank Won Excellence.Gov Award** - The NPDB-HIPDB program was awarded the 2004 Excellence.Gov Award. In addition, the Data Bank was also recognized as one of the "Top 5" Federal E-Government Programs of 2004. The awards were bestowed on federal organizations with outstanding information technology achievements in the public service arena. The Excellence.Gov Award focused on governance models used in e-Government projects that cross organizations. - The Data Bank made IQRS report and query histories available to users, enabling them to obtain a summary of subjects queried or reported on over the previous four years.
2005	**Querying and Reporting XML Service Introduced** - The Data Bank introduced the QRXS, an alternative to the IQRS and the ITP for users who wanted their computer systems to interface directly with the Data Bank. - Average query response time was less than two hours. - The NPDB processed more than 36 million queries since 1991 and maintained more than 375,000 reports.
2006	**IQRS Query Workflow Streamlined** - The IQRS query workflow was streamlined, making submitting queries easier and more intuitive. - Average query response time was less than one hour. - An improved registration renewal process was completed. More than 16,500 entities and agents updated their registrations with the Data Bank using the new procedure.
2007	**Proactive Disclosure Service Prototype Launched** - The PDS was implemented on April 30, 2007. - PDS subscribers received notification of new reports within one business day.
2008	**PDS Became a Permanent Service** - The PDS became a permanent service for automatic and continuous querying of enrolled practitioners in the NPDB and the HIPDB. - Nearly 18 months after implementation, the PDS successfully completed a full monitoring cycle, including the opportunity for entities to renew their PDS registration. The renewal rate after year one was 97 percent.
2009	**Interface Control Document Transfer Program Phased Out for Querying and Reporting XML Service** - The QRXS, the next generation interface for high-volume users, started replacing and phasing out the ICD ITP. - The QRXS used an industry standard XML format that improved the exchange of data between the user and the Data Bank. The QRXS provided real-time data validation.

YEAR	NPDB MILESTONES
2010	***Section 1921* of the *Social Security Act*** - NPDB began accepting reports and queries required by *Section 1921* on March 1, 2010. *Section 1921* expanded the information collected and disseminated through the NPDB to include reports on all licensure actions taken against all health care practitioners, not just physicians and dentists. - The Compliance and Disputes Branch formed, undertaking a rigorous review of adverse or disciplinary action reporting by state licensing boards and agencies. - The Secretary published for the first time a list of state agencies that failed to meet the Data Bank reporting requirements. She also took the unprecedented step of calling on the Governors to do their part to assure that state reports to the Data Bank are complete and accurate. - The Compliance and Disputes Branch began providing state boards with technical assistance to ensure compliance.

Appendix C. GLOSSARY OF ACRONYMS

ACRONYM	COMPLETE NAME OF ABBREVIATION
AAR	Adverse Action Report
AHA	American Hospital Association
BHPr	Bureau of Health Professions
CMS	Centers for Medicare & Medicaid Services
DBID	Data Bank Identification Number
DCN	Data Bank Control Number
DEA	Drug Enforcement Administration
D.O.	Doctor of Osteopathy
DoD	U.S. Department of Defense
DOJ	U.S. Department of Justice
DPDB	Division of Practitioner Data Bank
EFT	Electronic Funds Transfer
HCQIA	*Health Care Quality Improvement Act of 1986*
HHS	U.S. Department of Health and Human Services
HIPAA	*Health Insurance Portability and Accountability Act*
HIPDB	Healthcare Integrity and Protection Data Bank
HMO	Health Maintenance Organization
HRSA	Health Resources and Services Administration
IAA	Interagency Agreement
ICD	Interface Control Document
IQRS	Integrated Querying and Reporting Service
ITP	Interface Control Document (ICD) Transfer Program
MCO	Managed Care Organization
M.D.	Doctor of Medicine (Allopathic Physician)
MFCU	Medicaid Fraud Control Units
MMPR	Medical Malpractice Payment Report
MOA	Memorandum of Agreement
MOU	Memorandum of Understanding
NAMSS	National Association Medical Staff Services
NCQA	National Committee for Quality Assurance
NPDB	National Practitioner Data Bank
OIG	Office of the Inspector General
PDS	Proactive Disclosure Service
QIO	Quality Improvement Organization
QRXS	Querying and Reporting Extensible Markup Language Service
TJC	The Joint Commission
VA	U.S. Department of Veterans Affairs
XML	Extensible Markup Language

Appendix D. DATA TABLES

Table 1: Number and Percent Distribution of Reports by Report Type (2001-2010)

Report Type	2001		2002		2003		2004		2005	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Malpractice Payment Reports	**20,419**	**53.0%**	**18,862**	**46.0%**	**18,923**	**44.0%**	**17,648**	**40.7%**	**17,260**	**40.3%**
Adverse Action Reports*	**18,085**	**47.0%**	**22,157**	**54.0%**	**24,129**	**56.0%**	**25,676**	**59.3%**	**25,521**	**59.7%**
State Licensure	14,020	36.4%	18,333	44.7%	20,770	48.2%	22,187	51.2%	23,307	54.5%
Clinical Privilege	1,011	2.6%	951	2.3%	948	2.2%	1,054	2.4%	867	2.0%
Professional Society Membership	32	0.1%	44	0.1%	46	0.1%	46	0.1%	67	0.2%
DEA	9	0.0%	0	0.0%	53	0.1%	58	0.1%	20	0.0%
Medicare/Medicaid Exclusion	3,013	7.8%	2,829	6.9%	2,312	5.4%	2,331	5.4%	1,260	2.9%
All Reports	**38,504**	**100.0%**	**41,019**	**100.0%**	**43,052**	**100.0%**	**43,324**	**100.0%**	**42,781**	**100.0%**

Report Type	2006		2007		2008		2009		2010	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Malpractice Payment Reports	**15,811**	**35.5%**	**14,501**	**30.8%**	**14,128**	**20.5%**	**13,878**	**29.0%**	**13,277**	**14.9%**
Adverse Action Reports*	**28,674**	**64.5%**	**32,517**	**69.2%**	**54,941**	**79.5%**	**34,056**	**71.0%**	**75,723**	**85.1%**
State Licensure	26,105	58.7%	29,967	63.7%	52,848	76.5%	30,713	64.1%	72,078	81.0%
Clinical Privilege	815	1.8%	806	1.7%	884	1.3%	893	1.9%	935	1.1%
Professional Society Membership	34	0.1%	51	0.1%	81	0.1%	73	0.2%	86	0.1%
DEA	21	0.0%	4	0.0%	9	0.0%	7	0.0%	149	0.2%
Medicare/Medicaid Exclusion	1,699	3.8%	1,689	3.6%	1,119	1.6%	2,370	4.9%	2,475	2.8%
All Reports	**44,485**	**100.0%**	**47,018**	**100.0%**	**69,069**	**100.0%**	**47,934**	**100.0%**	**89,000**	**100.0%**

This table includes only disclosable reports in the NPDB as of the end of the current year. Voided reports have been excluded.

* "Adverse Action Reports" include the reports of state licensure actions, clinical privilege actions, professional society membership actions, Medicare and Medicaid exclusions, and U.S. Drug Enforcement Administration (DEA) actions.

Table 2: Number of Reports Received and Percent Change by Report Type (2001-2010)

Report Type	2001 Number	2001 % Change 2000-2001**	2002 Number	2002 % Change 2001-2002	2003 Number	2003 % Change 2002-2003**	2004 Number	2004 % Change 2003-2004	2005 Number	2005 % Change 2004-2005
Malpractice Payment Reports	**20,419**	**6.1%**	**18,862**	**-7.6%**	**18,923**	**0.3%**	**17,648**	**-6.7%**	**17,260**	**-2.2%**
Adverse Action Reports*	**18,085**	**-65.5%**	**22,157**	**22.5%**	**24,129**	**8.9%**	**25,676**	**6.4%**	**25,521**	**-0.6%**
State Licensure	14,020	-68.5%	18,333	30.8%	20,770	13.3%	22,187	6.8%	23,307	5.0%
Clinical Privilege	1,011	-1.7%	951	-5.9%	948	-0.3%	1,054	11.2%	867	-17.7%
Professional Society Membership	32	14.3%	44	37.5%	46	4.5%	46	0.0%	67	45.7%
DEA	9	…	0	-100.0%	53	…	58	9.4%	20	-65.5%
Medicare/Medicaid Exclusion	3,013	-56.0%	2,829	-6.1%	2,312	-18.3%	2,331	0.8%	1,260	-45.9%
All Reports	**38,504**	**-46.2%**	**41,019**	**6.5%**	**43,052**	**5.0%**	**43,324**	**0.6%**	**42,781**	**-1.3%**

Report Type	2006 Number	2006 % Change 2005-2006	2007 Number	2007 % Change 2006-2007	2008 Number	2008 % Change 2007-2008	2009 Number	2009 % Change 2008-2009	2010 Number	2010 % Change 2009-2010
Malpractice Payment Reports	**15,811**	**-8.4%**	**14,501**	**-8.3%**	**14,128**	**-2.6%**	**13,878**	**-1.8%**	**13,277**	**-4.3%**
Adverse Action Reports*	**28,674**	**12.4%**	**32,517**	**13.4%**	**54,941**	**69.0%**	**34,056**	**-38.0%**	**75,723**	**122.3%**
State Licensure	26,105	12.0%	29,967	14.8%	52,848	76.4%	30,713	-41.9%	72,078	134.7%
Clinical Privilege	815	-6.0%	806	-1.1%	884	9.7%	893	1.0%	935	4.7%
Professional Society Membership	34	-49.3%	51	50.0%	81	58.8%	73	-9.9%	86	17.8%
DEA	21	5.0%	4	-81.0%	9	125.0%	7	-22.2%	149	2028.6%
Medicare/Medicaid Exclusion	1,699	34.8%	1,689	-0.6%	1,119	-33.7%	2,370	111.8%	2,475	4.4%
All Reports	**44,485**	**4.0%**	**47,018**	**5.7%**	**69,069**	**46.9%**	**47,934**	**-30.6%**	**89,000**	**85.7%**

This table includes only disclosable reports in the NPDB as of the end of the current year. Voided reports have been excluded.

* "Adverse Action Reports" include the reports of state licensure actions, clinical privilege actions, professional society membership actions, Medicare and Medicaid exclusions, and U.S. Drug Enforcement Administration (DEA) actions.

**Percent changes that cannot be calculated because no reports were submitted in the base year for the calculation are indicated by "…"

Table 3: Number, Percent Distribution, and Percent Change of Medical Malpractice Payment Reports by Practitioner Type (2001-2005)

Practitioner Type*	2001 Number	2001 Percent	% Change 2000-2001	2002 Number	2002 Percent	% Change 2001-2002	2003 Number	2003 Percent	% Change 2002-2003
Physicians	16,567	81.1%	7.3%	15,195	80.6%	-8.3%	15,230	80.5%	0.2%
Dentists	2,303	11.3%	-1.3%	2,074	11.0%	-9.9%	2,233	11.8%	7.7%
Other Practitioners	1,549	7.6%	5.4%	1,593	8.4%	2.8%	1,460	7.7%	-8.3%
All Practitioners	**20,419**	**100.0%**	**6.1%**	**18,862**	**100.0%**	**-7.6%**	**18,923**	**100.0%**	**0.3%**

Practitioner Type*	2004 Number	2004 Percent	% Change 2003-2004	2005 Number	2005 Percent	% Change 2004-2005
Physicians	14,373	81.4%	-5.6%	14,006	81.1%	-2.6%
Dentists	1,831	10.4%	-18.0%	1,732	10.0%	-5.4%
Other Practitioners	1,444	8.2%	-1.1%	1,522	8.8%	5.4%
All Practitioners	**17,648**	**100.0%**	**-6.7%**	**17,260**	**100.0%**	**-2.2%**

This table includes only disclosable reports in the NPDB as of the end of the current year. Voided reports have been excluded.

* The "Physicians" category includes allopathic (M.D.) physicians, allopathic interns and residents, osteopathic (D.O.) physicians, and osteopathic interns and residents. The "Dentists" category includes dentists and dental residents. The "Other Practitioners" category includes other health care practitioners, non-health care professionals, and non-specified professionals.

Table 4: Number, Percent Distribution, and Percent Change of Medical Malpractice Payment Reports by Practitioner Type (2006-2010)

Practitioner Type*	2006			2007			2008		
	Number	Percent	% Change 2005-2006	Number	Percent	% Change 2006-2007	Number	Percent	% Change 2007-2008
Physicians	12,491	79.0%	-10.8%	11,472	79.1%	-8.2%	11,014	78.0%	-4.0%
Dentists	1,624	10.3%	-6.2%	1,494	10.3%	-8.0%	1,470	10.4%	-1.6%
Other Practitioners	1,696	10.7%	11.4%	1,535	10.6%	-9.5%	1,644	11.6%	7.1%
All Practitioners	**15,811**	**100.0%**	**-8.4%**	**14,501**	**100.0%**	**-8.3%**	**14,128**	**100.0%**	**-2.6%**

Practitioner Type*	2009			2010		
	Number	Percent	% Change 2008-2009	Number	Percent	% Change 2009-2010
Physicians	10,738	77.4%	-2.5%	10,195	76.8%	-5.1%
Dentists	1,573	11.3%	7.0%	1,580	11.9%	0.4%
Other Practitioners	1,567	11.3%	-4.7%	1,502	11.3%	-4.1%
All Practitioners	**13,878**	**100.0%**	**-1.8%**	**13,277**	**100.0%**	**-4.3%**

This table includes only disclosable reports in the NPDB as of the end of the current year. Voided reports have been excluded.

* The "Physicians" category includes allopathic (M.D.) physicians, allopathic interns and residents, osteopathic (D.O.) physicians, and osteopathic interns and residents. The "Dentists" category includes dentists and dental residents. The "Other Practitioners" category includes other health care practitioners, non-health care professionals, and non-specified professionals.

Table 5: Queries by Type of Querying Entity (2001-2005)

Entity Type*	2001			2002			2003		
	Number of Querying Entities	Number of Queries	Percent of Queries	Number of Querying Entities	Number of Queries	Percent of Queries	Number of Querying Entities	Number of Queries	Percent of Queries
Required Queriers									
Hospitals	5,811	1,123,154	34.8%	5,873	1,124,649	34.6%	5,914	1,145,813	35.7%
Voluntary Queriers									
State Licensing Boards	72	14,613	0.5%	69	17,046	0.5%	77	19,431	0.6%
Managed Care Organizations	1,034	1,487,389	46.0%	945	1,462,852	44.9%	878	1,357,597	42.2%
Professional Societies	70	8,207	0.3%	69	7,292	0.2%	66	6,142	0.2%
Other Health Care Entities	3,478	597,723	18.5%	3,876	642,667	19.7%	4,498	685,074	21.3%
Total Voluntary Queriers	**4,654**	**2,107,932**	**65.2%**	**4,959**	**2,129,857**	**65.4%**	**5,519**	**2,068,244**	**64.3%**
Total	**10,465**	**3,231,086**	**100.0%**	**10,832**	**3,254,506**	**100.0%**	**11,433**	**3,214,057**	**100.0%**

Entity Type*	2004			2005		
	Number of Querying Entities	Number of Queries	Percent of Queries	Number of Querying Entities	Number of Queries	Percent of Queries
Required Queriers						
Hospitals	6,000	1,190,995	34.5%	6,014	1,220,635	34.8%
Voluntary Queriers						
State Licensing Boards	83	23,421	0.7%	89	23,584	0.7%
Managed Care Organizations	833	1,482,294	43.0%	827	1,451,381	41.4%
Professional Societies	67	6,387	0.2%	67	8,003	0.2%
Other Health Care Entities	5,289	745,406	21.6%	5,851	800,313	22.8%
Total Voluntary Queriers	**6,272**	**2,257,508**	**65.5%**	**6,834**	**2,283,281**	**65.2%**
Total	**12,272**	**3,448,503**	**100.0%**	**12,848**	**3,503,916**	**100.0%**

* "Entity Type" is based on how an entity was registered on the last day of 2010 and may be different from previous years. Thus, the number of queriers for each entity type also may vary slightly from the number shown in Annual Reports for previous years. A single entity may have more than one registration at a time or over the years.

Table 6: Queries by Type of Querying Entity (2006-2010)

Entity Type*	2006			2007			2008		
	Number of Querying Entities	Number of Queries	Percent of Queries	Number of Querying Entities	Number of Queries	Percent of Queries	Number of Querying Entities	Number of Queries	Percent of Queries
Required Queriers									
Hospitals	6,057	1,285,041	34.9%	6,055	1,287,703	33.8%	6,019	1,292,867	31.9%
Voluntary Queriers									
State Licensing Boards	86	56,072	1.5%	85	68,878	1.8%	82	72,837	1.8%
Managed Care Organizations	790	1,407,324	38.2%	757	1,446,629	37.9%	738	1,602,351	39.5%
Professional Societies	63	5,746	0.2%	56	6,418	0.2%	56	7,182	0.2%
Other Health Care Entities	6,391	933,084	25.3%	6,684	1,003,494	26.3%	6,975	1,082,175	26.7%
Total Voluntary Queriers	**7,330**	**2,402,226**	**65.1%**	**7,582**	**2,525,419**	**66.2%**	**7,851**	**2,764,545**	**68.1%**
Total	**13,387**	**3,687,267**	**100.0%**	**13,637**	**3,813,122**	**100.0%**	**13,870**	**4,057,412**	**100.0%**

Entity Type*	2009			2010		
	Number of Querying Entities	Number of Queries	Percent of Queries	Number of Querying Entities	Number of Queries	Percent of Queries
Required Queriers						
Hospitals	5,890	1,212,176	29.5%	5,898	1,194,715	28.2%
Voluntary Queriers						
State Licensing Boards	79	56,038	1.4%	96	69,469	1.6%
Managed Care Organizations	716	1,632,936	39.8%	698	1,656,229	39.1%
Professional Societies	55	7,173	0.2%	52	7,948	0.2%
Other Health Care Entities	7,265	1,195,014	29.1%	7,491	1,307,398	30.9%
Total Voluntary Queriers	**8,115**	**2,891,161**	**70.5%**	**8,337**	**3,041,044**	**71.8%**
Total	**14,005**	**4,103,337**	**100.0%**	**14,235**	**4,235,759**	**100.0%**

* "Entity Type" is based on how an entity was registered on the last day of 2010 and may be different from previous years. Thus, the number of queriers for each entity type also may vary slightly from the number shown in Annual Reports for previous years. A single entity may have more than one registration at a time or over the years.

Table 7: Requests for Secretarial Review by Report Type (2001-2005)

Category	2001			2002			2003		
	Number	Percent	% Change 2000-2001	Number	Percent	% Change 2001-2002	Number	Percent	% Change 2002-2003
Adverse Action Reports	**77**	**68.8%**	**-27.4%**	**93**	**80.9%**	**20.8%**	**56**	**91.8%**	**-39.8%**
State Licensure Actions	26	33.8%	-10.3%	31	33.3%	19.2%	18	32.1%	-41.9%
Clinical Privileges Actions	38	49.4%	8.6%	52	55.9%	36.8%	36	64.3%	-30.8%
Professional Society Actions	1	1.3%	-50.0%	1	1.1%	0.0%	1	1.8%	0.0%
Medicare/Medicaid Exclusions	12	15.6%	-20.0%	9	9.7%	-25.0%	1	1.8%	-88.9%
Medical Malpractice Payment Reports	**35**	**31.2%**	**-20.5%**	**22**	**19.1%**	**-37.1%**	**5**	**8.2%**	**-77.3%**
Total	**112**	**100.0%**	**-25.3%**	**115**	**100.0%**	**2.7%**	**61**	**100.0%**	**-47.0%**

Category	2004			2005		
	Number	Percent	% Change 2003-2004	Number	Percent	% Change 2004-2005
Adverse Action Reports	**56**	**77.8%**	**0.0%**	**61**	**83.6%**	**8.9%**
State Licensure Actions	14	25.0%	-22.2%	20	32.8%	42.9%
Clinical Privileges Actions	41	73.2%	13.9%	39	63.9%	-4.9%
Professional Society Actions	0	0.0%	-100.0%	0	0.0%	---
Medicare/Medicaid Exclusions	1	1.8%	0.0%	2	3.3%	100.0%
Medical Malpractice Payment Reports	**16**	**22.2%**	**220.0%**	**12**	**16.4%**	**-25.0%**
Total	**72**	**100.0%**	**18.0%**	**73**	**100.0%**	**1.4%**

This table includes only disclosable reports in the NPDB as of the end of the current year. Percent changes that cannot be calculated because no reports were submitted in the base year for the calculation are indicated by "---".

Table 8: Requests for Secretarial Review by Report Type (2006-2010)

Category	2006			2007			2008		
	Number	Percent	% Change 2005-2006	Number	Percent	% Change 2006-2007	Number	Percent	% Change 2007-2008
Adverse Action Reports	**58**	**80.6%**	**-4.9%**	**40**	**78.4%**	**-31.0%**	**49**	**81.7%**	**22.5%**
State Licensure Actions	17	29.3%	-15.0%	8	20.0%	-52.9%	17	34.7%	112.5%
Clinical Privileges Actions	40	69.0%	2.6%	30	75.0%	-25.0%	36	73.5%	20.0%
Professional Society Actions	1	1.7%	---	1	2.5%	0.0%	0	0.0%	-100.0%
Medicare/Medicaid Exclusions	0	0.0%	-100.0%	1	2.5%	---	0	0.0%	-100.0%
Medical Malpractice Payment Reports	**14**	**19.4%**	**16.7%**	**11**	**21.6%**	**-21.4%**	**11**	**18.3%**	**0.0%**
Total	**72**	**100.0%**	**-1.4%**	**51**	**100.0%**	**-29.2%**	**60**	**100.0%**	**17.6%**

Category	2009			2010		
	Number	Percent	% Change 2008-2009	Number	Percent	% Change 2009-2010
Adverse Action Reports	**41**	**82.0%**	**-16.3%**	**62**	**92.5%**	**51.2%**
State Licensure Actions	9	22.0%	-47.1%	23	37.1%	155.6%
Clinical Privileges Actions	30	73.2%	-16.7%	38	61.3%	26.7%
Professional Society Actions	1	2.4%	---	0	0.0%	-100.0%
Medicare/Medicaid Exclusions	1	2.4%	---	1	1.6%	0.0%
Medical Malpractice Payment Reports	**9**	**18.0%**	**-18.2%**	**5**	**7.5%**	**-44.4%**
Total	**50**	**100.0%**	**-16.7%**	**67**	**100.0%**	**34.0%**

This table includes only disclosable reports in the NPDB as of the end of the current year. Percent changes that cannot be calculated because no reports were submitted in the base year for the calculation are indicated by "---".

Table 9: Actual and Adjusted Medical Malpractice Payment Reports and Ratio of Adjusted Medical Practitioner Reports by State – Physicians and Dentists (Cumulative From September 1, 1990, Through December 31, 2010)

State	Physicians*		Dentists*		Ratio of Adjusted Physician Reports to Adjusted Dentist Reports	Ratio of Adjusted Dentist Reports to Adjusted Physician Reports
	Number of Reports	Adjusted Number of Reports**	Number of Reports	Adjusted Number of Reports**		
Alabama	1,156	1,145	214	214	5.35	0.19
Alaska	361	361	100	99	3.65	0.27
Arizona	4,552	4,522	684	684	6.61	0.15
Arkansas	1,354	1,343	180	180	7.46	0.13
California	27,861	27,809	9,194	9,194	3.02	0.33
Colorado	3,025	2,997	575	575	5.21	0.19
Connecticut	3,038	3,032	699	699	4.34	0.23
Delaware	705	686	68	68	10.09	0.10
District of Columbia	1,049	1,046	173	173	6.05	0.17
Florida**	20,299	20,199	2,306	2,306	8.76	0.11
Georgia	5,145	5,119	791	791	6.47	0.15
Hawaii	642	642	160	160	4.01	0.25
Idaho	605	601	94	94	6.39	0.16
Illinois	10,965	10,930	1,671	1,671	6.54	0.15
Indiana**	5,442	3,676	482	452	8.13	0.12
Iowa	2,171	2,167	264	264	8.21	0.12
Kansas**	3,246	2,158	296	293	7.37	0.14
Kentucky	3,124	3,097	425	425	7.29	0.14
Louisiana**	5,744	3,752	492	455	8.25	0.12
Maine	818	814	138	138	5.90	0.17
Maryland	4,737	4,717	959	959	4.92	0.20
Massachusetts	5,498	5,480	1,163	1,163	4.71	0.21
Michigan	13,408	13,388	1,795	1,795	7.46	0.13
Minnesota	2,037	2,021	375	375	5.39	0.19
Mississippi	2,144	2,133	180	179	11.92	0.08

Table 9. continued

State	Physicians*		Dentists*		Ratio of Adjusted Physician Reports to Adjusted Dentist Reports	Ratio of Adjusted Dentist Reports to Adjusted Physician Reports
	Number of Reports	Adjusted Number of Reports**	Number of Reports	Adjusted Number of Reports**		
Missouri	4,966	4,807	614	614	7.83	0.13
Montana	1,182	1,178	106	106	11.11	0.09
Nebraska**	1,466	1,133	162	162	6.99	0.14
Nevada	1,716	1,710	283	283	6.04	0.17
New Hampshire	1,059	1,058	200	200	5.29	0.19
New Jersey	11,728	11,571	1,566	1,566	7.39	0.14
New Mexico**	2,010	1,552	257	257	6.04	0.17
New York	36,594	36,547	5,841	5,841	6.26	0.16
North Carolina	4,153	4,110	368	368	11.17	0.09
North Dakota	469	464	48	48	9.67	0.10
Ohio	10,664	10,630	1,407	1,407	7.56	0.13
Oklahoma	2,472	2,446	454	454	5.39	0.19
Oregon	1,937	1,931	378	378	5.11	0.20
Pennsylvania**	23,733	16,343	2,777	2,777	5.89	0.17
Rhode Island	1,180	1,176	166	166	7.08	0.14
South Carolina**	2,688	2,100	199	190	11.05	0.09
South Dakota	483	479	79	79	6.06	0.16
Tennessee	3,440	3,418	417	417	8.20	0.12
Texas	18,590	18,536	2,357	2,357	7.86	0.13
Utah	2,004	2,000	564	564	3.55	0.28
Vermont	513	512	105	105	4.88	0.21
Virginia	3,864	3,850	632	632	6.09	0.16
Washington	4,358	4,347	1,431	1,431	3.04	0.33
West Virginia	2,600	2,595	189	189	13.73	0.07
Wisconsin**	2,060	1,785	567	567	3.15	0.32
Wyoming	470	468	48	48	9.75	0.10
All Jurisdictions* **	**279,285**	**264,339**	**44,855**	**44,774**	**5.90**	**0.17**

Table 9. continued

This table includes only disclosable reports in the NPDB as of the end of the current year. Voided reports have been excluded.

* The "Physicians" category includes allopathic (M.D.) physicians, allopathic interns and residents, osteopathic (D.O.) physicians, and osteopathic interns and residents. The "Dentists" category includes dentists and dental residents.

** Adjusted columns exclude reports from state patient compensation and similar state funds that 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 double asterisks have or had these funds. Thus, the adjusted columns provide an approximation 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.

*** The total includes reports for American Samoa, Guam, Federated States of Micronesia, Northern Mariana Islands, Palau, Puerto Rico, U.S. Virgin Islands, and Armed Forces locations overseas (3,760 actual reports and 3,758 adjusted reports for physicians; 162 actual reports and 162 adjusted reports for dentists); an additional 25 reports (20 reports for physicians and 5 reports for dentists) that lack information about the state are also included in the total.

Table 10: Number of Medical Malpractice Payment Reports by State – Physicians (2006-2010)*

State	2006		2007		2008		2009		2010	
	Number of Reports	Adjusted Number of Reports**	Number of Reports	Adjusted Number of Reports**	Number of Reports	Adjusted Number of Reports**	Number of Reports	Adjusted Number of Reports**	Number of Reports	Adjusted Number of Reports**
Alabama	61	60	45	45	49	49	37	37	49	49
Alaska	26	26	11	11	10	10	13	13	18	18
Arizona	234	232	207	206	178	175	182	180	168	167
Arkansas	60	60	52	52	55	55	57	56	50	50
California	1,075	1,073	999	989	961	958	1,000	998	909	907
Colorado	146	146	110	108	143	141	134	130	108	107
Connecticut	172	172	156	155	126	126	120	120	109	109
Delaware	37	35	19	18	27	26	21	21	29	27
District of Columbia	80	80	26	26	33	33	23	23	28	28
Florida**	907	905	871	868	964	954	885	881	838	833
Georgia	277	276	269	269	245	244	215	212	186	185
Hawaii	19	19	28	28	21	21	33	33	24	24
Idaho	33	32	28	28	21	21	30	30	16	16
Illinois	427	426	421	417	378	375	347	346	312	308
Indiana**	234	158	225	171	206	151	214	189	239	175
Iowa	79	79	69	69	90	89	83	83	73	73
Kansas**	159	101	144	100	137	90	126	74	160	107
Kentucky	168	167	129	127	136	135	121	121	102	102
Louisiana**	364	200	316	169	353	202	297	157	304	170
Maine	37	37	50	49	45	45	39	38	40	40
Maryland	219	215	205	204	212	211	213	211	224	223
Massachusetts	273	270	292	291	271	270	328	327	284	283
Michigan	398	398	432	432	517	516	386	383	309	306
Minnesota	73	73	94	92	72	72	66	65	57	57
Mississippi	107	107	99	98	87	85	78	78	73	72

Table 10. continued

State	2006		2007		2008		2009		2010	
	Number of Reports	Adjusted Number of Reports**	Number of Reports	Adjusted Number of Reports**	Number of Reports	Adjusted Number of Reports**	Number of Reports	Adjusted Number of Reports**	Number of Reports	Adjusted Number of Reports**
Missouri	220	216	228	219	138	131	191	182	155	152
Montana	51	51	61	61	65	65	45	44	39	39
Nebraska**	73	45	57	44	63	43	51	41	43	35
Nevada	90	90	90	90	82	81	86	85	58	58
New Hampshire	39	39	45	45	50	50	54	54	44	44
New Jersey	575	570	559	540	471	455	567	557	480	469
New Mexico**	107	89	122	75	77	63	87	65	102	81
New York	1,931	1,927	1,633	1,630	1,487	1,485	1,415	1,413	1,374	1,372
North Carolina	164	164	155	153	156	154	125	125	146	144
North Dakota	16	16	20	19	14	14	21	21	14	14
Ohio	359	356	241	238	238	238	226	226	260	253
Oklahoma	136	134	170	168	151	150	166	166	122	122
Oregon	94	94	95	95	105	105	90	90	97	96
Pennsylvania**	994	691	868	607	860	633	847	626	844	597
Rhode Island	55	55	64	64	46	45	47	46	35	35
South Carolina**	197	144	211	165	152	121	131	112	127	95
South Dakota	22	21	22	21	36	36	25	25	8	8
Tennessee	171	170	166	165	160	158	152	150	118	117
Texas	673	670	587	585	500	499	511	507	510	508
Utah	86	86	81	80	81	81	96	95	95	95
Vermont	22	22	10	10	17	17	24	24	19	19
Virginia	163	162	135	134	130	130	145	145	149	149
Washington	193	192	171	171	146	145	144	144	121	121
West Virginia	85	85	75	74	90	90	88	88	173	173
Wisconsin**	78	71	62	58	72	70	74	59	44	39
Wyoming	19	19	13	12	13	13	13	13	18	18
All Jurisdictions* **	**12,491**	**11,739**	**11,472**	**10,779**	**11,014**	**10,403**	**10,738**	**10,178**	**10,195**	**9,580**

Table 10. continued

This table includes only disclosable reports in the NPDB as of the end of the current year. Voided reports have been excluded.

* The "Physicians" category includes allopathic (M.D.) physicians, allopathic interns and residents, osteopathic (D.O.) physicians, and osteopathic interns and residents.

** Adjusted columns exclude reports from state patient compensation and similar state funds that 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 double asterisks have or had these funds. Thus, the adjusted columns provide an approximation 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.

*** The total includes reports for American Samoa, Federated states of Micronesia, Guam, Northern Mariana Islands, Puerto Rico, U.S. Virgin Islands, and Armed Forces locations overseas (213 reports in 2006, 234 reports in 2007, 277 reports in 2008, 269 reports in 2009, and 291 reports in 2010).

Table 11: Number of Medical Malpractice Payment Reports by State – Dentists (2006-2010)*

State	2006		2007		2008		2009		2010	
	Number of Reports	Adjusted Number of Reports**	Number of Reports	Adjusted Number of Reports**	Number of Reports	Adjusted Number of Reports**	Number of Reports	Adjusted Number of Reports**	Number of Reports	Adjusted Number of Reports**
Alabama	9	9	9	9	6	6	7	7	4	4
Alaska	6	6	1	1	3	3	5	5	4	4
Arizona	26	26	31	31	25	25	34	34	20	20
Arkansas	6	6	7	7	5	5	0	0	5	5
California	331	331	328	328	310	310	310	310	341	341
Colorado	19	19	19	19	24	24	27	27	35	35
Connecticut	22	22	24	24	24	24	34	34	21	21
Delaware	2	2	2	2	2	2	0	0	2	2
District of Columbia	4	4	6	6	7	7	3	3	17	17
Florida**	75	75	79	79	81	81	102	102	118	118
Georgia	18	18	25	25	19	19	36	36	12	12
Hawaii	6	6	9	9	4	4	8	8	3	3
Idaho	5	5	5	5	6	6	4	4	6	6
Illinois	71	71	47	47	53	53	48	48	42	42
Indiana**	13	13	13	13	17	17	18	18	14	14
Iowa	9	9	10	10	10	10	11	11	12	12
Kansas**	13	13	14	13	8	8	7	7	3	3
Kentucky	9	9	10	10	12	12	17	17	12	12
Louisiana**	19	15	18	17	20	19	14	11	10	8
Maine	12	12	4	4	3	3	5	5	3	3
Maryland	30	30	23	23	22	22	36	36	26	26
Massachusetts	37	37	21	21	43	43	36	36	38	38
Michigan	34	34	41	41	33	33	53	53	38	38
Minnesota	8	8	13	13	12	12	17	17	10	10
Mississippi	5	5	9	9	4	4	5	5	7	7

Table 11. continued

State	2006		2007		2008		2009		2010	
	Number of Reports	Adjusted Number of Reports**	Number of Reports	Adjusted Number of Reports**	Number of Reports	Adjusted Number of Reports**	Number of Reports	Adjusted Number of Reports**	Number of Reports	Adjusted Number of Reports**
Missouri	20	20	17	17	10	10	17	17	14	14
Montana	0	0	2	2	7	7	3	3	6	6
Nebraska**	2	2	8	8	3	3	3	3	3	3
Nevada	17	17	6	6	21	21	17	17	8	8
New Hampshire	5	5	8	8	6	6	6	6	8	8
New Jersey	56	56	52	52	72	72	66	66	50	50
New Mexico**	19	19	13	13	10	10	10	10	12	12
New York	324	324	249	249	224	224	265	265	250	250
North Carolina	20	20	12	12	16	16	16	16	14	14
North Dakota	3	3	1	1	3	3	1	1	3	3
Ohio	37	37	45	45	40	40	32	32	48	48
Oklahoma	16	16	9	9	11	11	33	33	16	16
Oregon	9	9	17	17	16	16	15	15	35	35
Pennsylvania**	111	111	75	75	89	89	77	77	84	84
Rhode Island	8	8	7	7	13	13	4	4	7	7
South Carolina**	5	5	6	6	11	9	9	8	10	10
South Dakota	3	3	12	12	3	3	0	0	2	2
Tennessee	8	8	29	29	16	16	11	11	18	18
Texas	74	74	66	66	54	54	42	42	56	56
Utah	17	17	10	10	7	7	18	18	15	15
Vermont	4	4	5	5	3	3	5	5	4	4
Virginia	19	19	12	12	24	24	18	18	16	16
Washington	40	40	37	37	26	26	40	40	63	63
West Virginia	3	3	1	1	6	6	7	7	6	6
Wisconsin**	7	7	17	17	14	14	16	16	20	20
Wyoming	1	1	1	1	3	3	1	1	2	2
All Jurisdictions* **	**1,624**	**1,620**	**1,494**	**1,492**	**1,470**	**1,467**	**1,573**	**1,569**	**1,580**	**1,578**

Table 11. continued

This table includes only disclosable reports in the NPDB as of the end of the current year. Voided reports have been excluded.

*The "Dentists" category includes dentists and dental residents.

** Adjusted columns exclude reports from state patient compensation and similar state funds that 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 or had these funds. Thus, the adjusted columns provide an approximation 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 Annual Report narrative for additional details.

*** The total includes reports for American Samoa, Puerto Rico, and U.S. Virgin Islands (7 reports in 2006, 9 reports in 2007, 9 reports In 2008, 4 reports in 2009, and 7 reports in 2010).

Table 12: Currently Active Registered Non-Federal Hospitals That Have Never Reported to the NPDB, by State* (September 1, 1990, Through December 31, 2010)

State	Number of Hospitals with "Active" NPDB Registrations	Number of "Active" Hospitals that Have Never Reported	Percent of Hospitals that Have Never Reported
Alabama	119	69	58.0%
Alaska	20	9	45.0%
Arizona	94	43	45.7%
Arkansas	97	44	45.4%
California	419	131	31.3%
Colorado	89	51	57.3%
Connecticut	42	11	26.2%
Delaware	10	4	40.0%
District of Columbia	14	4	28.6%
Florida	239	100	41.8%
Georgia	175	71	40.6%
Hawaii	28	14	50.0%
Idaho	50	30	60.0%
Illinois	208	79	38.0%
Indiana	158	77	48.7%
Iowa	116	66	56.9%
Kansas	155	104	67.1%
Kentucky	112	56	50.0%
Louisiana	215	146	67.9%
Maine	41	14	34.1%
Maryland	60	17	28.3%
Massachusetts	108	44	40.7%
Michigan	167	55	32.9%
Minnesota	131	76	58.0%
Mississippi	101	54	53.5%

Table 12. continued

State	Number of Hospitals with "Active" NPDB Registrations	Number of "Active" Hospitals that Have Never Reported	Percent of Hospitals that Have Never Reported
Missouri	145	72	49.7%
Montana	58	35	60.3%
Nebraska	93	61	65.6%
Nevada	46	23	50.0%
New Hampshire	33	9	27.3%
New Jersey	98	32	32.7%
New Mexico	44	19	43.2%
New York	235	62	26.4%
North Carolina	131	53	40.5%
North Dakota	45	29	64.4%
Ohio	219	98	44.7%
Oklahoma	145	90	62.1%
Oregon	63	19	30.2%
Pennsylvania	236	97	41.1%
Rhode Island	16	3	18.8%
South Carolina	81	36	44.4%
South Dakota	56	43	76.8%
Tennessee	143	66	46.2%
Texas	560	353	63.0%
Utah	53	21	39.6%
Vermont	16	4	25.0%
Virginia	117	46	39.3%
Washington	94	38	40.4%
West Virginia	62	26	41.9%
Wisconsin	138	69	50.0%
Wyoming	28	17	60.7%
All Jurisdictions**	**5,980**	**2,832**	**47.4%**

* "Currently active" registered hospitals are those listed by the NPDB as having active status registrations on December 31, 2010. A few hospitals have more than one registration and are included more than once in this table. Non-federal hospitals are hospitals not owned and operated by the federal government.

** The total includes hospitals in American Samoa, Guam, Puerto Rico, and U.S. Virgin Islands (57 hospitals with active registrations, 42 hospitals that have never reported).

Table 13. Outcomes of Adverse Action Reports and Medical Malpractice Payment Reports Submitted for Secretarial Review (2001-2010)

Types of Reports	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
Requests for Secretarial Review										
Adverse Action Reports (AAR)	77	93	56	56	61	58	40	49	41	62
Medical Malpractice Payment Reports (MMPR)	35	22	5	16	12	14	11	11	9	5
Total # Reports Requested for Secretarial Review	**112**	**115**	**61**	**72**	**73**	**72**	**51**	**60**	**50**	**67**
Percentages of Requests for Secretarial Review										
% Adverse Action Reports	69%	81%	92%	78%	84%	81%	78%	82%	82%	93%
% Medical Malpractice Reports	31%	19%	8%	22%	16%	19%	22%	18%	18%	7%
Secretarial Review Outcomes (AAR and MMPR)										
# Reports Determined Beyond Scope of Secretary	95	93	43	50	51	46	36	43	35	20
% Reports Determined Beyond Scope of Secretary	85%	81%	70%	69%	70%	64%	71%	72%	70%	30%
# Reports Voided by Secretary	0	2	1	1	3	3	2	0	0	0
% Reports Voided by Secretary	0%	2%	2%	1%	4%	4%	4%	0%	0%	0%
# Reports Closed by Intervening Action	16	19	13	20	17	23	12	12	5	7
% Reports Closed by Intervening Action	14%	17%	21%	28%	23%	32%	24%	20%	10%	10%
# Reports Closed by Practitioner	0	1	4	1	1	0	1	1	0	2
% Reports Closed by Practitioner	0%	1%	7%	1%	1%	0%	2%	2%	0%	5%
# Reports Unresolved as of December 31, 2010	0	0	0	0	0	0	0	4	10	38
% Reports Unresolved as of December 31, 2010	0%	0%	0%	0%	0%	0%	0%	7%	20%	57%
# Reports Changed by Secretary	1	0	0	0	1	0	0	0	0	0
% Reports Changed by Secretary	1%	0%	0%	0%	1%	0%	0%	0%	0%	0%

Table 14. Number and Percent Distribution of Adverse Action Reports by Report Type and Action Year (2001 - 2010)

Report Type	2001		2002		2003		2004		2005	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
State Licensure	19,897	83.0%	21,301	84.6%	23,621	86.3%	26,335	89.7%	28,635	92.9%
Clinical Privilege	1,019	4.3%	974	3.9%	1,003	3.7%	994	3.4%	866	2.8%
Professional Society Membership	23	0.1%	47	0.2%	54	0.2%	42	0.1%	62	0.2%
DEA	1	0.0%	25	0.1%	37	0.1%	48	0.2%	25	0.1%
Exclusion Action	3,022	12.6%	2,819	11.2%	2,642	9.7%	1,946	6.6%	1,231	4.0%
All Reports	**23,962**	**100%**	**25,166**	**100%**	**27,357**	**100%**	**29,365**	**100%**	**30,819**	**100.%**

Report Type	2006		2007		2008		2009		2010	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
State Licensure	30,525	91.5%	29,925	92.5%	30,691	92.9%	32,720	91.8%	36,708	91.7%
Clinical Privilege	808	2.4%	822	2.5%	798	2.4%	856	2.4%	784	2.0%
Professional Society Membership	33	0.1%	48	0.1%	84	0.3%	69	0.2%	84	0.2%
DEA	16	0.0%	10	0.0%	7	0.0%	105	0.3%	47	0.1%
Exclusion Action	1,971	5.9%	1,544	4.8%	1,474	4.5%	1,896	5.3%	2,412	6.0%
All Reports	**33,353**	**100%**	**32,349**	**100%**	**33,054**	**100%**	**35,646**	**100%**	**40,035**	**100%**

Table 15. Number and Percent Distribution of Adverse Action Reports by Report Type and Action Year (2001 - 2010)
For Professional Nurses and Paraprofessional Nursing Staff

Report Type	2001		2002		2003		2004		2005	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
State Licensure	11,731	88.0%	12,811	87.6%	14,542	88.6%	15,744	91.3%	17,566	94.7%
Clinical Privilege	10	0.1%	8	0.1%	15	0.1%	27	0.2%	17	0.1%
DEA	0	0.0%	0	0.0%	0	0.0%	1	0.0%	0	0.0%
Exclusion Action	1,586	11.9%	1,805	12.3%	1,859	11.3%	1,468	8.5%	957	5.2%
All Reports	**13,327**	**100%**	**14,624**	**100%**	**16,416**	**100%**	**17,240**	**100%**	**18,540**	**100%**

Report Type	2006		2007		2008		2009		2010	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
State Licensure	18,511	92.3%	17,627	93.6%	18,320	94.1%	18,869	93.2%	22,573	92.4%
Clinical Privilege	16	0.1%	11	0.1%	18	0.1%	15	0.1%	20	0.1%
DEA	0	0.0%	0	0.0%	0	0.0%	2	0.0%	3	0.0%
Exclusion Action	1,534	7.6%	1,188	6.3%	1,139	5.8%	1,367	6.7%	1,845	7.5%
All Reports	**20,061**	**100%**	**18,826**	**100%**	**19,477**	**100%**	**20,253**	**100%**	**24,441**	**100%**