

# National Practitioner Data Bank

## 2011 Annual Report

March 2013

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).

The NPDB's purposes are 1) to collect and disseminate information about physicians, dentists, and other healthcare practitioners to prevent incompetent or unprofessional practitioners from moving from one jurisdiction to another without disclosure or discovery of previously damaging or incompetent performance, and 2) to promote professional peer review activities. The overarching intent is to improve patient safety and quality of care.

The implementation of Section 1921 of the Social Security Act expanded state licensure reporting requirements to include all health care practitioners, not just physicians and dentists. This Annual Report describes HRSA's increased efforts during 2011 to educate reporters to the NPDB about new reporting requirements. The report also highlights annual data for 2011, and it provides trend data covering the past 10 years.

During 2011, DPDB reorganized from three branches into four – Compliance, Operations and Administration, Research, and Policy and Disputes. Highlights of each of the branches' activities are summarized in this report.

The NPDB continued to implement system enhancements throughout 2011. During this time, a [Federal Register Notice](#) was released announcing the removal of the prototype status for the Proactive Disclosure Service (PDS) and permanently changing the name from PDS to Continuous Query. Additionally, system enhancements were implemented to improve customer usability experience.

In addition to regular outreach efforts, the DPDB hosted a compliance webinar to address the compliance effort with licensing authorities for chiropractors, optometrists, and physical therapists. The webinar was hosted in June 2011 and focused on adverse actions for the years 2006-09, providing information about the compliance process and offering a question and answer session for the attendees.

Also in 2011, the NPDB released the combined [Annual Report for 2007, 2008, and 2009](#), which is available on the NPDB website. The report summarized three years of NPDB reporting and system enhancements that were based on suggestions from NPDB users and stakeholders.

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**PART I**

## Chapter 1: National Practitioner Data Bank Description

### Purpose of the National Practitioner Data Bank

The National Practitioner Data Bank (NPDB) was established by the Health Care Quality Improvement Act of 1986 (HCQIA) to protect the public by restricting the ability of practitioners to move from state to state or hospital to hospital without disclosing medical malpractice payments or adverse action histories at the time of credentialing, employment, or licensing. Implemented in September 1990, the NPDB serves as an electronic repository to collect and release information related to the professional competence and conduct of physicians, dentists, and other health care practitioners. Establishing 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, health care entities, and professional societies are expected to identify, discipline, and report on those who engage in unprofessional behavior.

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

#### *Annual Reporting*

This edition of the NPDB Annual Report is available on the NPDB website at <http://www.npdb-hipdb.hrsa.gov/AnnualReport>. Previous editions are also accessible on the website.

Aggregated data gleaned from the NPDB are depicted in graphic and tabular forms. Information covering calendar years 2002 through 2011 is presented, with additional information from 2001 in some parts of the report.

Additional detailed information about the NPDB is provided in the *NPDB Guidebook*. The *Guidebook* is available at <http://www.npdb-hipdb.hrsa.gov/resources/NPDBGuidebook.pdf>.

## Chapter 2: National Practitioner Data Bank Law

### Health Care Quality and Improvement Act

Title IV of Public Law 99-660 (42-U.S.C. 11101, et seq.), the Health Care Quality Improvement Act of 1986 (HCQIA), created the NPDB. Issues that led to the HCQIA included:

- An 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 to move 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 discouraging 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, implemented in 1990, 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 NPDB is primarily 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.

### Section 1921 of the Social Security Act

Initially, the NPDB only collected and released information under HCQIA. However, in 1987, Section 5(b) of the Medicare and Medicaid Patient and Program Protection Act of 1987 (Section 1921 of the Social Security Act), Public Law 100-93, was enacted and authorized the federal government to collect information concerning sanctions taken by state licensing authorities against all health care practitioners and entities.

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 antifraud provisions of the Social Security Act's health care programs.

### Reports

#### *HCQIA Reporting*

HCQIA mandates NPDB reporters to report medical malpractice payments and adverse actions taken on or after September 1, 1990. With the exception of reports on Medicare or Medicaid exclusions, the NPDB cannot accept any report with a date of payment or a date of action prior

to September 1, 1990. State licensing boards, hospitals and other health care entities, and professional societies are expected to identify, discipline, and report on those who engage in unprofessional behavior. With the addition of Section 1921, HCQIA reporting requirements did not change for hospitals and other health care entities, medical malpractice payers and insurers, professional societies with formal peer review processes, the Drug Enforcement Administration (DEA), or the HHS Office of Inspector General (OIG).

Exclusions are also part of the NPDB. In 1997, an interagency agreement (IAA) with HRSA, the Centers for Medicare and Medicaid Services (CMS), and the HHS 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 memberships to practitioner exclusions from Medicare and Medicaid.

### *Section 1921 Reporting*

Section 1921 added state licensure actions taken against all types of health care practitioners, not just physicians and dentists, to the NPDB. In addition, the NPDB collects any negative action or finding by state licensing agencies, peer review organizations, and private accreditation organizations against all health care practitioners and organizations. The following is a description of the new reporting requirements under Section 1921.

#### NPDB Reporters with New Responsibilities under Section 1921

- Boards of Medical or Dental Examiners Report -
  - Adverse licensure actions against a health care practitioner (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.<sup>1</sup>

#### New NPDB Reporters under Section 1921

- Other State Practitioner Licensing Boards Report -
  - Adverse licensure actions against a health care practitioner. Any negative action or finding by a state licensing authority against a health care practitioner.
- State Health Care Entity Licensing Authorities Report -
  - Adverse licensure actions against a health care entity. Any negative action or finding by a state licensing authority against a health care entity.
- Private Accreditation Organizations Report -

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<sup>1</sup> 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.

- 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.

### *Combined HCQIA and Section 1921 Reporting*

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 or organizations;
- Professional societies that follow a formal peer review process;
- Medical malpractice payers;
- Private accreditation organizations; and
- Peer review organizations.

### *Government Reporting*

Reports are collected from private and government entities, including the armed services, located in the 50 states and U.S. territories.<sup>2</sup> 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, Drug Enforcement Administration (DEA), to ensure the reporting of practitioners whose registrations to dispense controlled substances 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);
- Department of Defense (MOA);
- Department of Justice, which includes the Bureau of Prisons and the DEA (MOA);
- Department of Veterans Affairs (MOA); and
- Public Health Service Contractors and Employees (HHS Policy Directive).

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<sup>2</sup>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.

## Queries

### *HCQIA Querying*

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. NPDB information should 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 or entity. For example, an NPDB medical malpractice payment report does not necessarily indicate negligence on the part of a practitioner.

Access to NPDB information is available to entities that meet the eligibility requirements defined in the provisions of HCQIA, Section 1921, and [NPDB regulations](#). Medical malpractice insurers cannot query the NPDB.<sup>3</sup> In order to access NPDB data about practitioners, entities that meet the eligibility requirements must first register with the Data Bank.

Queriers under HCQIA now also receive Section 1921 information. Hospitals, including their human resources departments and nurse recruitment offices, have access to Section 1921 licensure actions to assist with hiring, privileging, and re-credentialing decisions.

NPDB information is available to the following queriers under HCQIA and Section 1921:

- 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 (under certain circumstances); and
- Researchers requesting aggregated information that does not identify any particular entity or practitioner (non-identifiable data).

The following group of queriers have access to information reported to the NPDB under Section 1921 only:

- Agencies administering federal health care programs, including private sector entities administering such programs under contract.
- State agencies administering or supervising the administration of state health care programs.
- Authorities of a state or its political subdivisions responsible for licensing health care entities.
- State Medicaid Fraud Control Units.

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<sup>3</sup>Self-insured health care entities may query for peer review but not for "insurance" purposes.

- U.S. Attorney General and other law enforcement officials.
- U.S. Comptroller General.
- Utilization and Quality Control Peer Review Organizations (now known as Quality Improvement Organizations).

Health care practitioners may self-query the NPDB at any time. A plaintiff or an attorney for a plaintiff in a civil action 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.

### *Fees*

As mandated by law, user fees, not taxpayer dollars, are used to pay for all costs of NPDB operations. The query fee in 2011 was \$4.75 for each practitioner query. The Continuous Query fee was \$3.25 per practitioner for an enrollment in the service for one year. The self-query fee was \$8.00 for the NPDB. (Self-queries continued to require manual processing. This charge reflects the cost of the processing.) Queries must be paid for by credit card or via automatic electronic funds transfer.

### **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 from disclosure the contents of federal records, such as those contained in the NPDB. Authorized queriers must use NPDB information solely for the purposes provided. The HHS OIG can impose civil monetary penalties on those who violate the confidentiality provisions of Title IV. 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.

### **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.

**PART II**

## **Chapter 3: Housing and Managing the National Practitioner Data Bank**

The NPDB is housed and operated by staff members of the Division of Practitioner Data Banks (DPDB). The DPDB resides in the Bureau of Health Professions (BHP), Health Resources and Services Administration (HRSA), HHS. Descriptions of HRSA, BHP, and DPDB are provided below.

### **Health Resources and Services Administration**

HRSA (<http://www.hrsa.gov/index.html>), an agency of HHS, is the primary federal agency for improving access to health care services for people who are uninsured, isolated, or medically vulnerable.

Comprising six bureaus and ten offices, HRSA provides leadership and financial support to health care providers in every state and U.S. territory. HRSA grantees provide health care to uninsured people, people living with HIV/AIDS, pregnant women, mothers, and children. Additionally, HRSA grantees train health professionals and improve systems of care in rural communities.

HRSA oversees organ, bone marrow, and cord blood donation. It supports programs that prepare against bioterrorism, compensates individuals harmed by vaccination, and maintains the NPDB and the Health Integrity and Protection Data Bank (HIPDB), collectively known as the Data Bank.

Since 1943, the agencies that were HRSA precursors have worked to improve the health of needy people. HRSA was created in 1982, when the Health Resources Administration and the Health Services Administration were merged (<http://www.hrsa.gov/about/index.html>).

### **Bureau of Health Professions**

HRSA's BHP is guided by its mission to increase the population's access to health care by providing national leadership in developing, distributing, and retaining a diverse, culturally competent health workforce that can adapt to the population's changing health care needs and provide the highest quality of care for all.

### **Division of Practitioner Data Banks**

DPDB, a component of BHP, operates the NPDB and the HIPDB. DPDB is committed to developing and operating cost-effective and efficient systems that offer accurate, reliable, and timely information on practitioners, providers, and suppliers to credentialing, privileging, and government authorities.

DPDB actively addresses its mission by working closely with state licensing boards to ensure all disciplinary actions are reported to the Data Bank, monitoring data entry accuracy and completeness, and making presentations to a variety of audiences representing state licensing

boards and professionals in the health care and private sector industries. In 2011, DPDB presented information about the Data Bank to stakeholders and constituents across the country (Figure 1).

Figure 1: Presentations by DPDB



- Amelia Island and Miami Beach, FL
- Indianapolis, IN
- San Diego and Redlands/San Bernardino, CA
- Washington, DC
- Las Vegas, NV
- Burlington, MA
- Peoria, IL
- Breezy Point, MN
- Tulalip and Seattle, WA
- Niagara Falls, NY
- Wichita, KS
- Omaha, NE
- Salt Lake City, UT
- Fort Worth and Dallas, TX
- Pittsburgh, PA
- Arlington and Fairfax, VA
- St. Louis, MO
- Marlton, NJ

## **Contractor**

The NPDB information technology system is operated by a contractor, SRA International, Inc. (SRA), which began doing so in June 1995. SRA replaced Unisys Corporation, which had operated the NPDB from its opening on September 1, 1990. SRA created the Integrated Querying and Reporting Service (IQRS), an Internet reporting and querying system for the NPDB and the HIPDB.

## **Executive Committee**

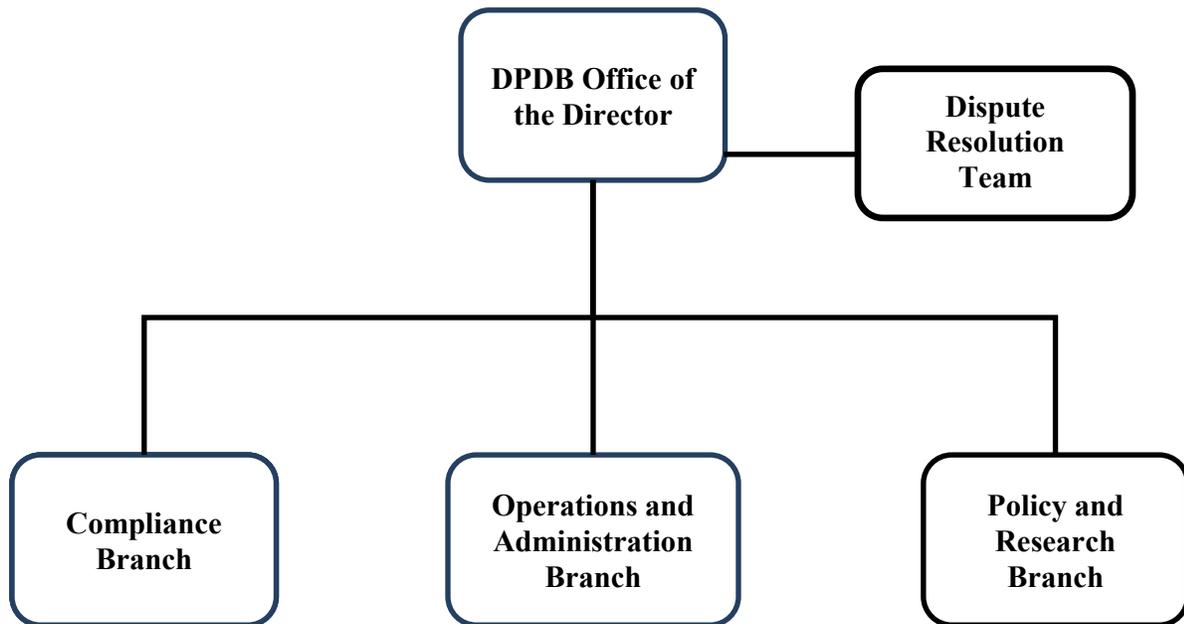
The NPDB Executive Committee was established in February 1989 to provide guidance, recommendations for improvement, and health care expertise to the NPDB contractor on NPDB operations. The NPDB Executive Committee is not a congressionally appointed committee and therefore has no legal authority over 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 agencies, medical malpractice insurers, and public advocacy organizations. The committee serves as a forum for these organizations that share a stake in the NPDB, to discuss NPDB operations and policy. A chair and vice chair of the committee are elected for two-year terms by the Executive Committee members. Committee members from private 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. A webinar was held with the NPDB Executive Committee on May 16, 2011. The committee met in person on November 3, 2011, in Arlington, VA.

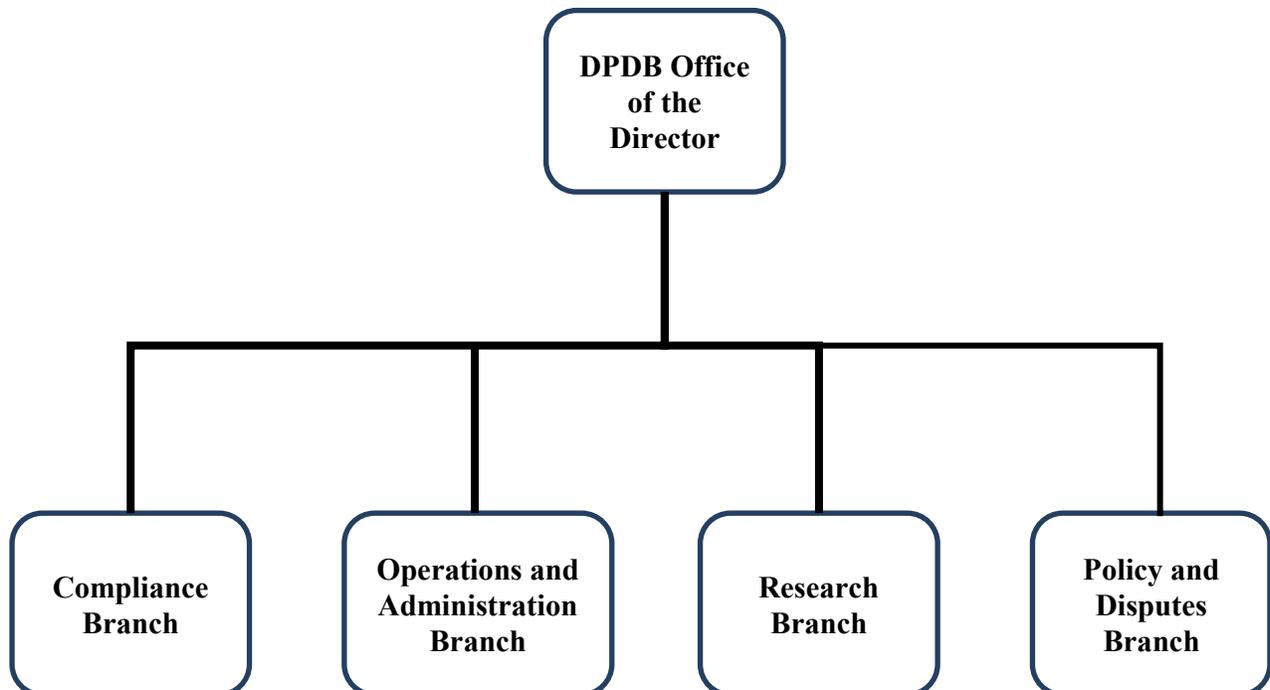
## **DPDB Organizational Structure**

In 2011, DPDB underwent organizational change (Figures 2 and 3), moving from three to four branches. After the organizational change, the disputes team joined the Policy Branch and became the Policy and Disputes Branch. Research became a freestanding branch in DPDB.

**Figure 2: DPDB Prior to Reorganization**



**Figure 3: Current Organizational Structure of the DPDB**



## **Branch Highlights and Activities**

The newly structured DPDB is composed of four branches – Operations and Administration, Policy and Disputes, Research, and Compliance. Major branch activities through calendar year 2011 are listed below.

### *Operations and Administration Branch*

The Operations and Administration Branch is primarily responsible for managing the technological, financial, administrative, and contractual obligations for the Data Bank to support DPDB's mission. The branch is also responsible for formulating and maintaining DPDB's budget, and for other administrative functions. To support the needs of the Data Bank user base, the branch oversees operational aspects of the Data Bank, including a customer service center, system maintenance and enhancements, query fee processing, document management, and the publication of newsletters. Branch employees plan and manage system enhancements to make the Data Bank more user-friendly, to improve data quality, and to ensure reliability. Additionally, the branch completed the selection process for the fifth generation Data Bank contract.

The Operations and Administration Branch provided oversight of the following:

- Improved system security through e-authentication initiatives, including an identity-proofing process for Data Bank entities and users, second-factor authentication for investigators, and a fraud detection service.
- Began a two-year effort to identity proof 18,000 Data Bank entities and 50,000 users.
- Completed an effort to re-brand the Proactive Disclosure Service as Continuous Query, including a number of enhancements to increase entity participation in the service.
- Conducted usability studies on the querying and reporting interfaces, collecting valuable feedback on the way customers use the system and how to better serve their needs.
- Significantly enhanced the reporting interface based on user feedback.
- Introduced a secure messaging capability that allows the Data Bank to safely communicate sensitive information with the user community.

### *Policy and Disputes Branch*

The Policy and Disputes Branch writes policy guidelines for the Data Bank; answers policy questions from health care entities, attorneys, government officials, and practitioners; educates users about programs; makes presentations at health care conferences and meetings; ensures compliance with reporting and querying requirements; and creates fact sheets and other texts for the Data Bank's website. The branch also facilitates a dispute resolution process, which results from practitioners disputing reports in the Data Bank. If a reporting entity does not resolve a practitioner's concerns, the practitioner may ask for dispute resolution. A final determination is then made on whether a report should remain unchanged, be modified, or be voided.

Branch highlights for 2011 included the following:

- Policy and Disputes staff conducted 24 professional presentations or exhibits for Data Bank users and stakeholders across the country, as well as two webinars.
- A [Federal Register Notice](#) (76 FR 72325-72326) was released announcing that the NPDB was provided the same privacy act exemptions as the HIPDB, making investigative materials compiled for law enforcement purposes available through the NPDB.
- The prototype status for the Proactive Disclosure Service was removed and the name was formally changed to Continuous Query (*Federal Register*, Sept. 23, 2011, pp. 59144-59145) to better capture the true nature of this service, which is the continuous monitoring of enrolled practitioners.
- In 2011, 97 reports were elevated to dispute resolution and 65 were closed. Several reports closed in 2011 were elevated prior to 2011.

### *Research Branch*

Formerly combined with the Policy Branch, the Research Branch became an independent branch in the DPDB in 2011. The Research Branch is responsible for creating in-house research files and Public Use Files (PUF) by selecting, merging, and recoding variables from the NPDB and the HIPDB. Other functions of the Research Branch include providing aggregated data to internal and external stakeholders and performing quality control checks for data accuracy. The Research Branch also provides information to other DPDB branches to support their work.

Branch highlights for 2011 include the following:

- Public Use File
  - DPDB held a teleconference with PUF users on October 13, 2011. During the teleconference, DPDB staff members addressed comments and concerns expressed by the users and obtained information about the most frequently used variables in the PUF. The information gathered from the teleconference served as the foundation for creating an interactive web tool.
  - A Data Use Agreement, stipulating the terms and conditions for using the PUF, was posted with the PUF.
  - The PUF was downloaded an average of three to four times per day.
- Data Requests
  - The Research Branch responded to 70 data requests and inquiries from external users and more than 25 from agency staff.
  - The Research Branch completed 23 reports for 20 medical boards and boards of osteopathic medicine across 19 states (Alabama, Arkansas, California, Delaware, Florida, Hawaii, Kansas, Missouri, Montana, Nebraska, Nevada, New Jersey, New York, North Carolina, Ohio, Oklahoma, Utah, Washington, and Wisconsin). For this project, the Research Staff verified the numbers of physicians with one or more clinical privilege actions but no licensure action in those states.
- Presentations
  - In October 2011, a presentation titled “Trends in Querying and Reporting to the National Practitioner Data Bank and Healthcare Integrity and Protection Data Bank” was delivered

at the Annual Meeting and Exposition of the American Public Health Association in Washington, D.C.

### *Compliance Branch*

Since February 2010, the Compliance Branch has been engaged in compliance efforts to ensure that adverse licensure actions taken by state licensing boards are reported to the Data Bank as required by federal law. The compliance status of each profession reviewed during these efforts has been posted publicly under Data Bank authority on the NPDB website.

Specific compliance efforts in 2011 included:

- *Never Reported Professions* – Compliance Branch staff continued to work with licensing boards that had never reported disciplinary actions to the Data Bank. For this effort, staff identified specific professions and contacted state licensing boards for those professions. Staff worked closely with these agencies to ensure that they 1) understood the Data Bank reporting requirements, 2) registered with the Data Bank (if they were previously unregistered), 3) reported all reportable disciplinary actions they had taken, and 4) attested that they will continue to report in the future. At the end of 2011, nearly 89 percent of the professions reviewed were compliant with reporting requirements.
- *Adverse Licensure Action Comparison Project* – For this effort, DPDB staff compared publicly available disciplinary action data against actions in the Data Bank to verify that they were reported as required by law. Where data were not publicly available, staff requested data from state licensing boards. Staff verified, by a one-to-one match, that all reportable adverse licensure actions taken by state licensing boards against nurses for the years 2008-09 and against pharmacists, physician assistants, podiatrists, psychologists, social workers, physicians, dentists, chiropractors, optometrists, and physical therapists for the years 2006-09 had been reported to the Data Bank as required by law. By the end of 2011, more than 97 percent of all professions in this effort were compliant with Data Bank reporting requirements (Table 1).
- *Communications* – To assist state licensing boards in their efforts to become compliant, Compliance staff conducted various webinars, teleconferences, and presentations throughout 2011. Staff also presented data to various national licensing organizations and state licensing boards, including the Federation of State Medical Boards; the Council on Licensure, Enforcement, and Regulation; and the National Association of Insurance Commissioners. Finally, Compliance staff provided ongoing technical assistance to state licensing boards using email, telephone, and secure message transfer.

**Table 1: Summary Compliance Efforts**

<b>Project</b>	<b>Compliance Status Public Posting Compliant Professions</b>	
	<b>December 2011 Number of Professions (% compliant)</b>	<b>New Reports<sup>3</sup> N</b>
Never Reported Professions <sup>1</sup>	494 (88.9%)	14,908
Adverse Licensure Project <sup>2</sup>	528 (97.9%)	3,346
<b>Total</b>	<b>1,022</b>	<b>18,254</b>

<sup>1</sup> 54 new Data Bank registrations resulted from this effort.

<sup>2</sup> Professions in this effort included nurses, pharmacists, physician assistants, podiatrists, psychologists, social workers, physicians, dentists, chiropractors, optometrists, and physical therapists.

<sup>3</sup> Number of new reports to the Data Bank as a result of the compliance efforts.

**PART III**

## Chapter 4: Reporting to and Querying the National Practitioner Data Bank

### Reporting to the NPDB

The laws and regulations governing the information and the types of entities (Table 2) required to submit reports to the NPDB were described in Chapter 1.

**Table 2: Entities that Report to NPDB**

Entity	Report
State Medical and Dental Boards	<b>Required to report</b> on licensure disciplinary actions, <i>e.g.</i> , revocation, suspension, voluntary surrender while under investigation, license restriction, and any negative action or finding.
State Licensing Boards for Other Health Care Practitioners	<b>Required to report</b> in generally the same manner as state medical and dental boards.
Hospitals	<b>Required to report</b> on adverse professional review actions related to professional competence or conduct that impact physician or dentist privileges or panel memberships for more than 30 days. <b>Required to report</b> a physician's or dentist's voluntary surrender or restriction of clinical privileges or panel memberships 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.
Health Care Entities*	<b>Required to report</b> in the same manner as hospitals.
Professional Societies that Follow a Formal Peer Review Process	<b>Required to report</b> 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.
Medical Malpractice Payers	<b>Required to report</b> 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.
Peer Review Organizations	<b>Required to report</b> recommendation to sanction a health care practitioner.
Private Accreditation Organizations	<b>Required to report</b> certain final actions taken by a private accreditation organization against a health care entity that is licensed or otherwise authorized by a state to provide health care services.
State Agencies that License Health Care Entities	<b>Required to report</b> in the same manner as state medical and dental boards.

\*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.

## Querying the NPDB

The laws and regulations authorizing entities to query the NPDB were described in Chapter 2 (See Table 3 for details).

The NPDB can be queried using the one-time query process or Continuous Query. When using the one-time query method, entities submit individual queries on a practitioner and receive a copy of reports stored on the practitioner at the time of the query.

To use the Continuous Query method, entities must first enroll one or more of their practitioners in this service using the same query form as is used for a one-time query. Entities with enrolled practitioners receive copies of reports stored on the practitioner(s) and automatically receive notice of new and updated reports in real time. Entities enroll practitioners for one year and may renew that enrollment annually.

Queries submitted by either method may or may not receive a matched report. Matched reports are generated when the information on the query matches information on an active report stored in the Data Bank.

**Table 3: Entities that Query the National Practitioner Data Bank**

Entity	Query
State Medical and Dental Boards	Optional.
State Licensing Boards for Other Health Care Practitioners	Optional.
Hospitals	<b>Required to query</b> all applicants for medical staff appointments or when granting, adding to, or expanding clinical privileges, and every two years to renew clinical privileges, and as needed.
Health Care Entities*	Optional.
Professional Societies that Follow a Formal Peer Review Process	Optional.
Health Care Practitioners	May self-query.
Medical Malpractice Payers	Prohibited.
Peer Review Organizations	Prohibited.
Quality Improvement Organizations	Optional.**
Private Accreditation Organizations	Prohibited.
State Medicaid Fraud Control Units and Law Enforcement Agencies	Optional.**
Agencies Administering Federal Health Care Programs and their Contractors	Optional.**
State Agencies Administering State Health Care Programs	Optional.**
State Agencies that License Health Care Entities	Optional.**
U.S. Comptroller General	Optional.**
Plaintiff's Attorneys	<b>May query</b> when a hospital failed to query on the practitioner and also named him or her in an action or claim against the hospital.

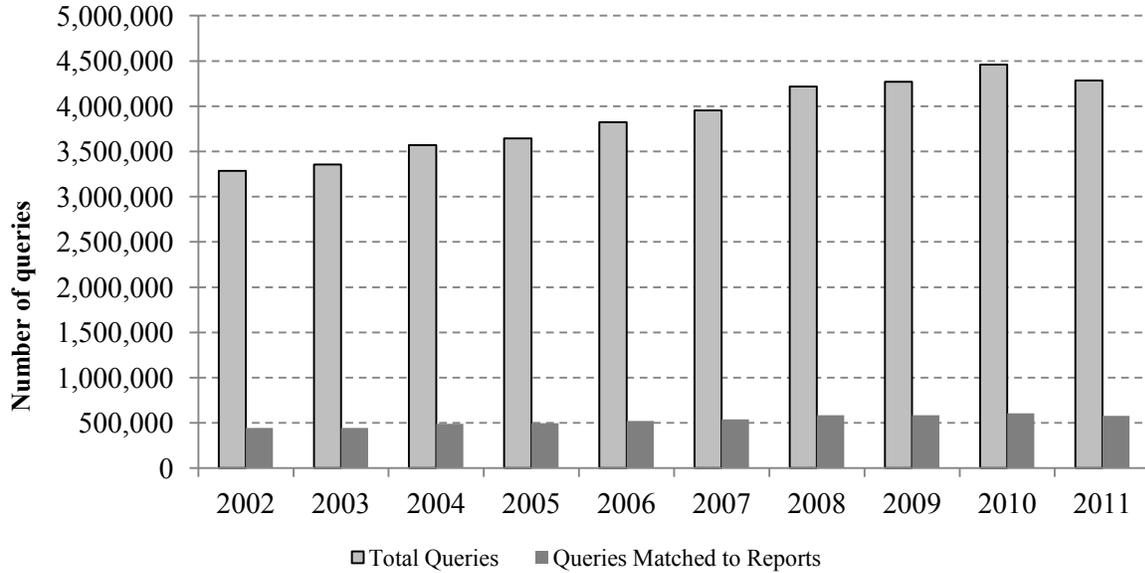
\*Health care entities or organizations must provide health care services, directly or indirectly, and follow a formal peer review process for the purpose of furthering quality health care.

\*\*These organizations and agencies may receive only information reported to the NPDB under Section 1921.

### *One Time Queries*

Between 2002 and 2010, the number of traditional queries increased steadily from 3.3 million to 4.5 million and then declined slightly to 4.3 million in 2011 (Figure 4). The number of one-time queries that matched to reports followed a similar pattern, increasing through 2010 from 440,000 to 604,901 and then declining to 577,564 in 2011.

**Figure 4: One Time Queries Matched to Reports, 2002 - 2011**

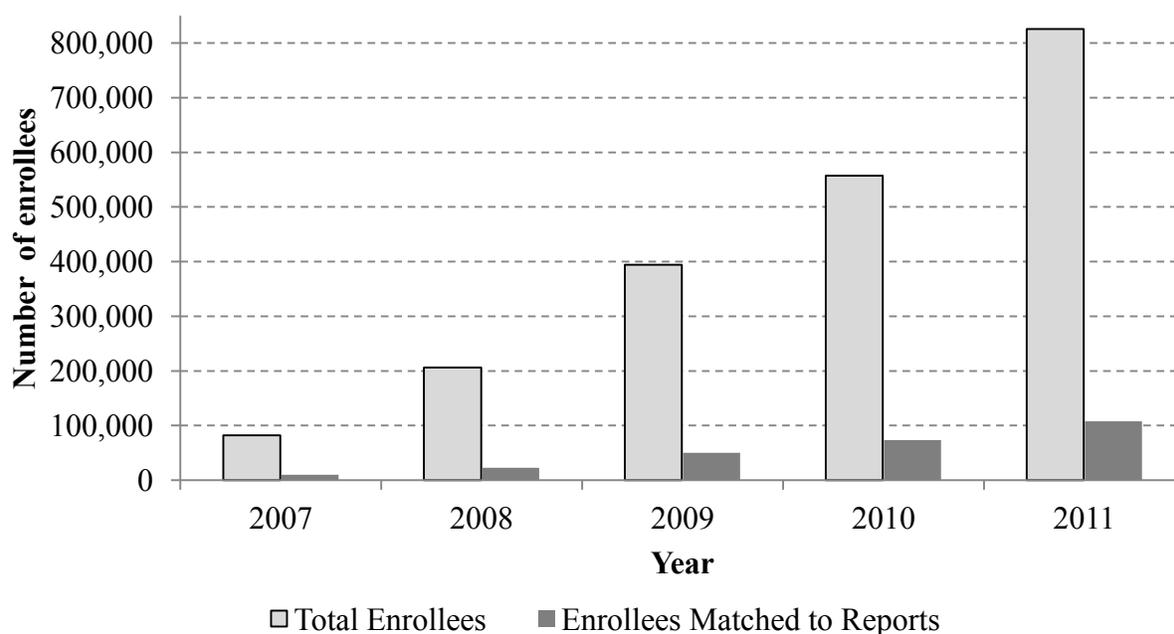


### *Continuous Queries*

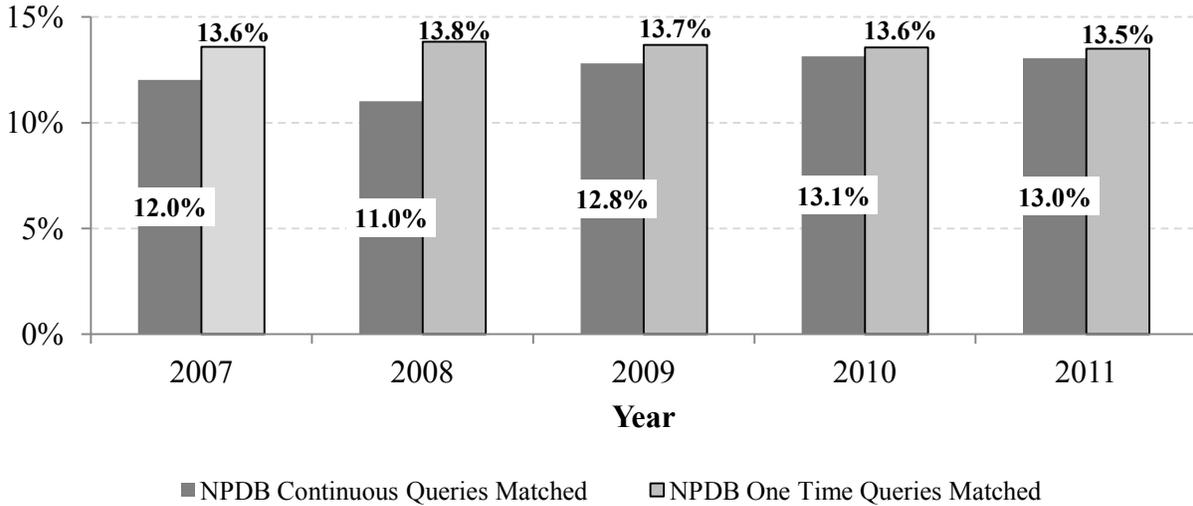
The Data Bank introduced Continuous Query in May 2007, in response to growing interest from the health care community in ongoing practitioner monitoring. Organizations that enroll their practitioners in Continuous Query receive an initial query response, followed by continuous, around-the-clock monitoring on those practitioners for 1 year. Continuous Query is popular with users for its prompt and automatic notices of new information, its ease of use, and the time it saves by effectively automating querying. As a result, Continuous Query usage among all types of organizations, big and small, has grown substantially since 2007.

Between 2007 and 2011, the number of Continuous Query enrollees increased dramatically from 82,100 to 825,401 (Figure 5). The number of enrollees that matched to reports followed a similar pattern, increasing from 9,877 to 107,662 for the same time period.

**Figure 5: Continuous Query Enrollees Matched to Data Bank Reports, 2007 - 2011**



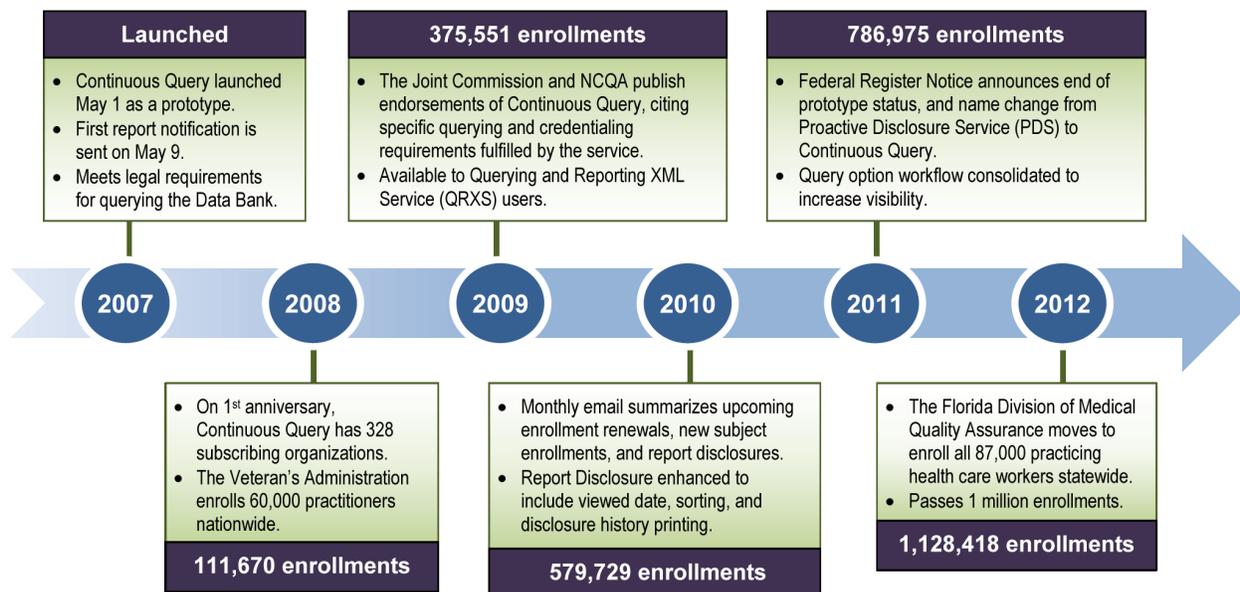
**Figure 6: Queries Matched to Data Bank Reports by Query Type, 2007 - 2011**



Between 2007 and 2011, the trend in the match rates for one-time queries and Continuous Queries did not differ substantially (Figure 6). Over the 5-year period, the match rate for one-time queries was relatively stable, hovering around 13.5 percent. For the same time period, the range of match rates for Continuous Queries was between 11 percent and 13 percent.

Figure 7: Continuous Query Timeline

## A History of Continuous Query



Below are some of the most often cited benefits of using Continuous Query:

- The *timeliness* of report disclosures enables organizations to respond proactively to adverse actions as they occur, instead of waiting until re-credentialing time.
- *No need to submit One Time Queries* on enrolled practitioners. Organizations are automatically notified of new or changed reports within one business day of the Data Bank's receipt.
- *Flexible enrollment and renewal options* include automatic renewals, the ability to schedule enrollment termination dates, and a variety of sorting and filtering capabilities to simplify tracking of enrolled practitioners.
- *Cost-effective savings in staff time spent* on querying while keeping organizations systematically informed about reportable incidents on their enrolled practitioners – including adverse licensure and privileging actions, Medicare and Medicaid exclusions, civil judgments, criminal convictions, and medical malpractice payments.
- Continuous Query can *enhance the hiring practices* of health care organizations and fulfill certain [legal and accreditation requirements](#).

These features help to explain the increase in Continuous Query enrollments since its 2007 introduction.

## **Chapter 5: Who and What is Reported to the National Practitioner Data Bank**

The types of practitioners reported to the NPDB include, but are not limited to, the following:

- Physicians (MDs and DOs)
- Dentists
- Professional Nurses
- Para-Professionals
- Assisted Devices Services Practitioners
- Chiropractors
- Complimentary Medicine Practitioners
- Counselors and Marriage or Family Therapists
- Dental Assistants and Hygienists
- Dieticians and Nutritionists
- Emergency Medical Technicians
- Medical Assistants
- Occupational Therapists and Assistants
- Optometrists
- Pharmacists and Assistants
- Physical Therapists and Assistants
- Physician Assistants
- Podiatrists and Assistants
- Psychologists and Assistants and Associates
- Respiratory Therapists and Technologists
- Speech and Language Pathologists and Audiologists
- Social Workers
- Other Technologists and Technicians
- Other Rehab or Restorative Service Practitioners
- Lay Midwives (Non-Nurse)
- Health Care Facility Administrators

Over the years, the number of reports processed annually by the NPDB has increased substantially. Between 2009 and 2010, the number of reports submitted to the NPDB more than doubled (Table 4). This dramatic increase may, in part, represent the impact of implementing Section 1921 as well as the submission of several multi-year reports files. Increased efforts on the part of the DPDB's Compliance Branch produced large numbers of adverse action reports being processed in 2010.

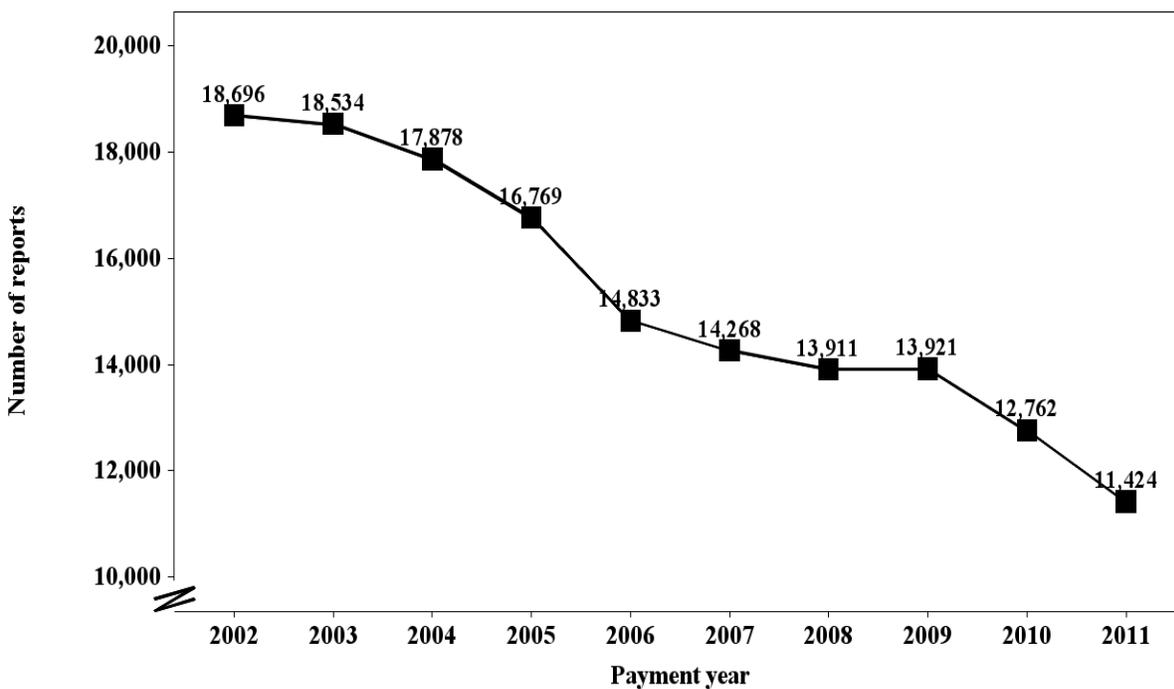
**Table 4: NPDB Reports by Type by Processed Year, 1990 - 2011**

Processed Year	Number of Reports			Percent of All Reports	
	All	Malpractice	Adverse Action	Malpractice	Adverse Action
1990	2,321	2,106	215	90.7%	9.3%
1991	21,107	17,768	3,339	84.2	15.8
1992	23,528	19,750	3,778	83.9	16.1
1993	23,330	19,235	4,095	82.4	17.6
1994	24,353	19,647	4,706	80.7	19.3
1995	22,243	17,681	4,562	79.5	20.5
1996	23,978	18,898	5,080	78.8	21.2
1997	23,161	18,264	4,897	78.9	21.1
1998	22,387	17,298	5,089	77.3	22.7
1999	24,822	18,678	6,144	75.2	24.8
2000	63,805	19,136	44,669	30.0	70.0
2001	37,381	20,361	17,020	54.5	45.5
2002	39,695	18,824	20,871	47.4	52.6
2003	42,667	18,690	23,977	43.8	56.2
2004	39,420	17,556	21,864	44.5	55.5
2005	40,352	17,159	23,193	42.5	57.5
2006	41,070	15,706	25,364	38.2	61.8
2007	40,989	14,463	26,526	35.3	64.7
2008	55,846	14,105	41,741	25.3	74.7
2009	44,165	14,606	29,559	33.1	66.9
2010	119,543	14,428	105,115	12.1	87.9
2011	88,459	13,459	75,000	15.2	84.8
<b>Total</b>	<b>864,622</b>	<b>367,818</b>	<b>496,804</b>	<b>42.5%</b>	<b>57.3%</b>

Note: Processed Year is the year the report was processed into the NPDB. 1990 is a partial year, September – December.

For nearly every year in the past 10 years, the number of medical malpractice payments reported to the NPDB for all practitioners has decreased (Figure 8). Between 2002 and 2011, the number of medical malpractice reports decreased nearly 40 percent, declining steadily from 18,696 to 11,424.

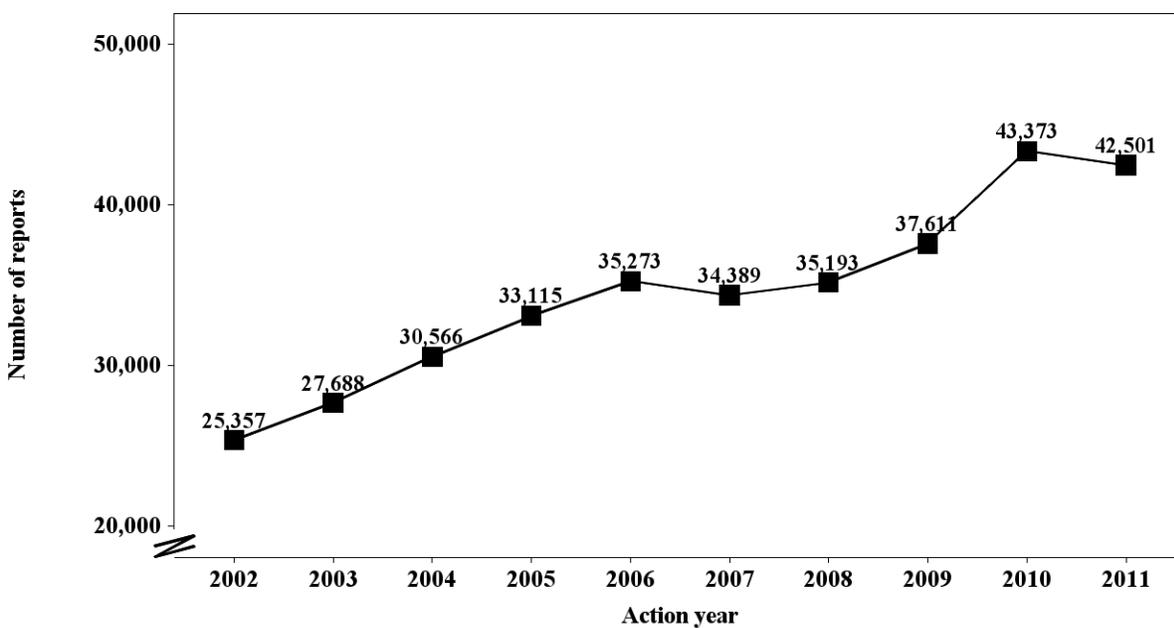
**Figure 8: All Practitioners Medical Malpractice Reports, 2002 – 2011**



Note: Includes disclosable reports in the NPDB as of the end of the calendar year 2011; voided reports have been excluded.

In contrast to medical malpractice payment reporting, the number of Adverse Action Reports for all practitioners has increased nearly every year in the past ten years (Figure 9). Between 2002 and 2011, the number of adverse action reports increased nearly 70 percent, from 25,357 to 42,501.

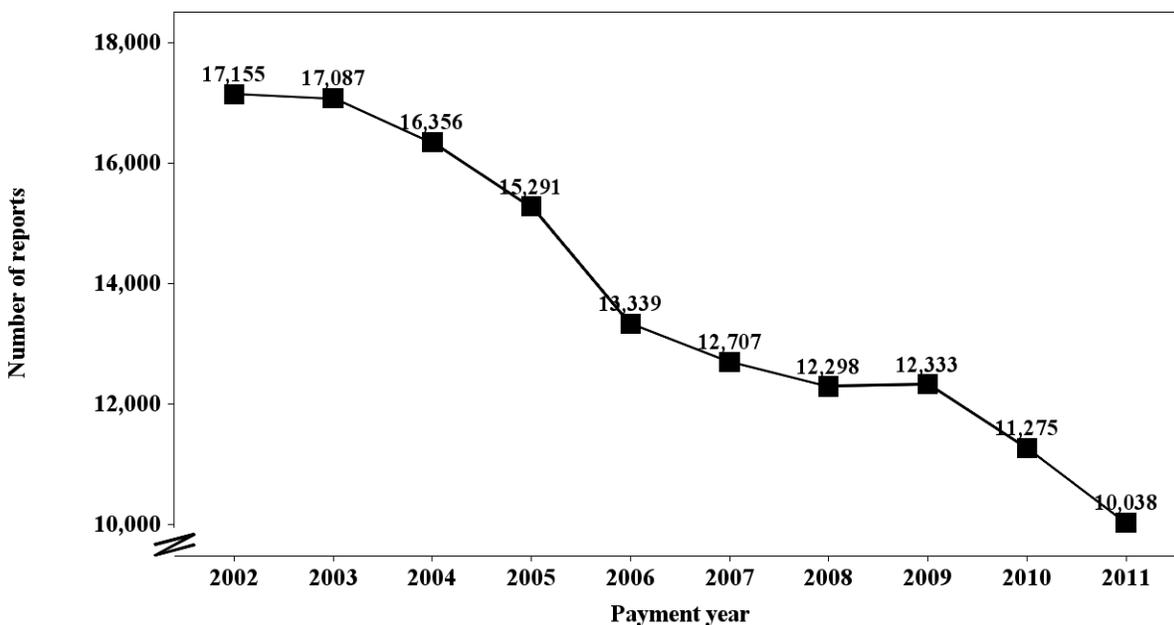
**Figure 9: All Practitioner Adverse Action Reports, 2002 – 2011**



Note: Includes disclosable reports in the NPDB as of the end of calendar year 2011; voided reports have been excluded. Adverse Action Reports include state licensure, clinical privilege, and professional society membership actions, Medicare and Medicaid exclusions, and DEA actions. Since the implementation of Section 1921 in September 2010, state licensure reports include reports for both practitioners and organizations.

In the past ten years, the number of medical malpractice payments reported to the NPDB attributed to physicians and dentists has decreased steadily from 17,155 to 10,038, representing a 40 percent decline (Figure 10).

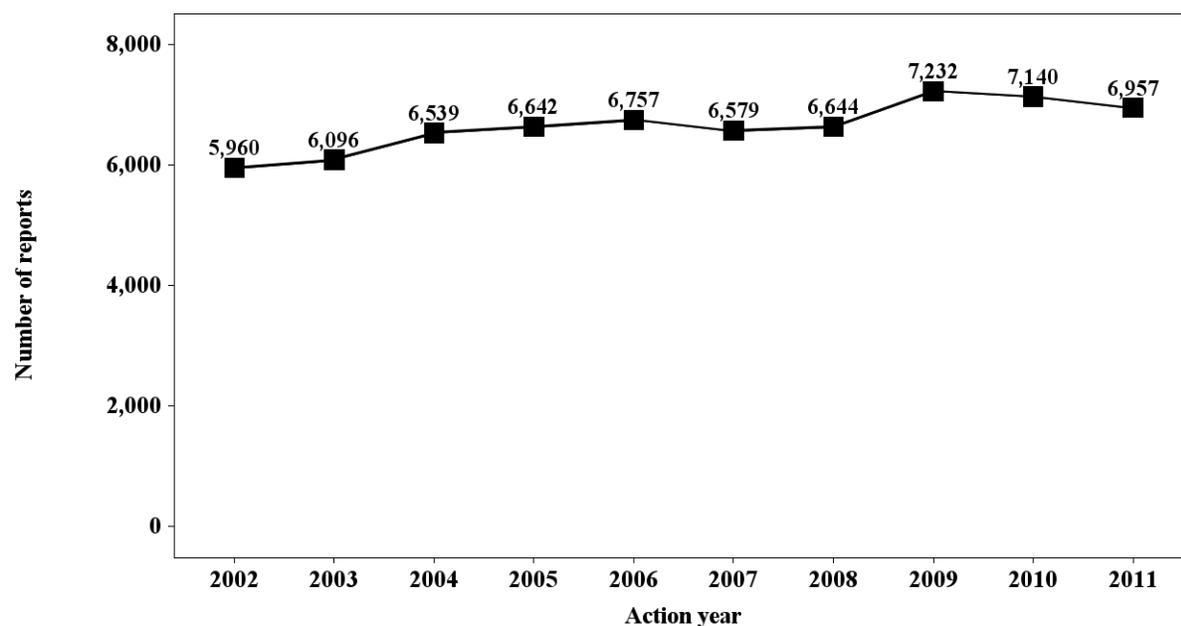
**Figure 10: Physician and Dentist Medical Malpractice Reports, 2002 – 2011**



Note: Includes disclosable reports in the NPDB as of the end of calendar year 2011; voided reports have been excluded.

In the past 10 years, the number of Adverse Action Reports attributed to physicians and dentists presented a different trend from that of medical malpractice payments. The number of adverse actions reported to the NPDB related to physicians and dentists has remained relatively stable, increasing slightly from 5,960 to 6,957 (Figure 11).

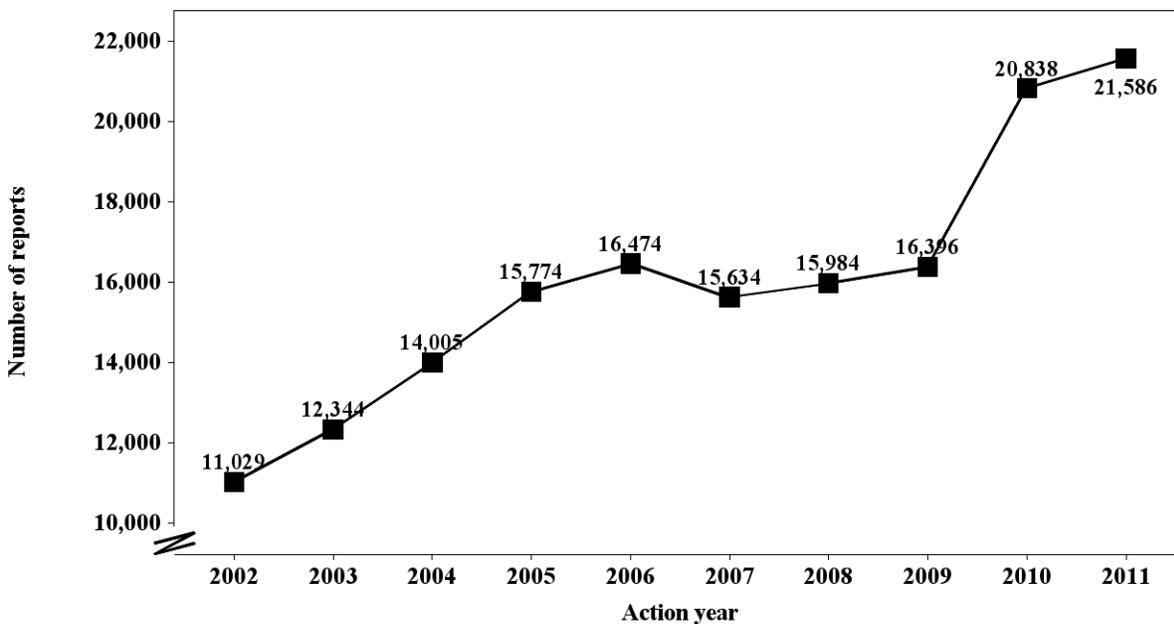
**Figure 11: Physician and Dentist Adverse Action Reports, 2002 – 2011**



Note: Includes disclosable reports in the NPDB as of the end of calendar year 2011; voided reports have been excluded. Adverse Action Reports include state licensure, clinical privilege, and professional society membership actions, Medicare and Medicaid exclusions, and DEA actions.

The number of adverse actions reported to NPDB related to nurses in 2011 was nearly double that for 2002 (21,586 vs. 11,029 respectively). The number of reports increased steadily between 2002 and 2006 and then remained relatively stable through 2009 (Figure 12). Between 2009 and 2011, the number of adverse actions reported to NPDB related to nurses increased 32 percent, possibly reflecting the implementation of Section 1921.

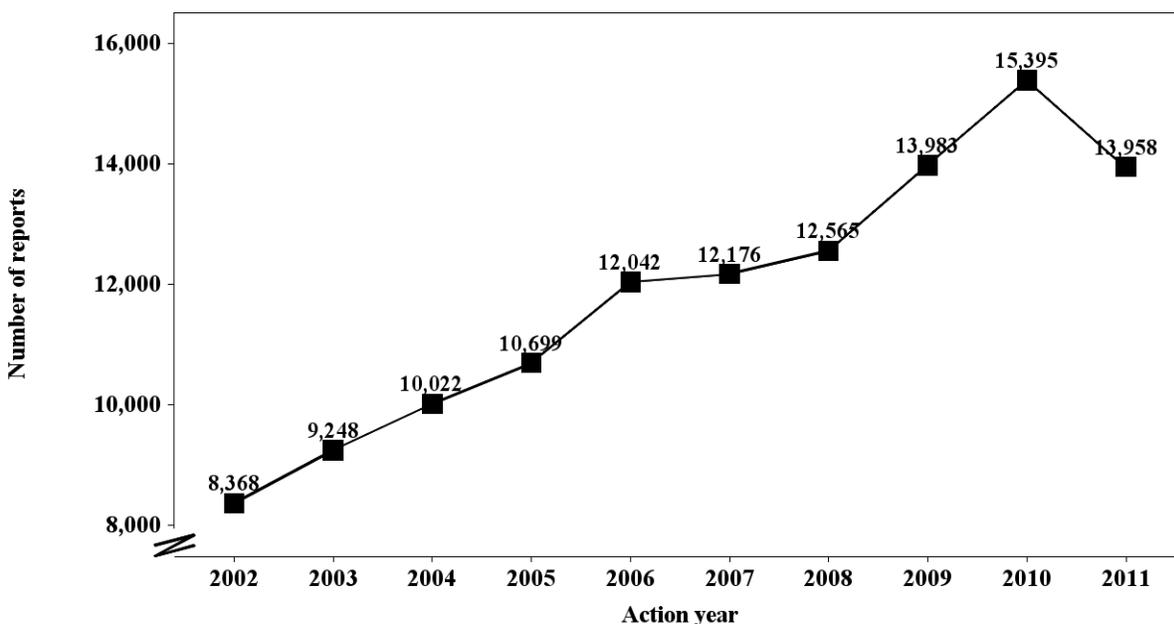
**Figure 12: Nurses Adverse Action Reports 2002 – 2011**



Note: Includes disclosable reports in the NPDB as of the end of calendar year 2011; voided reports have been excluded. Adverse Action Reports include state licensure, clinical privilege, and professional society membership actions, Medicare and Medicaid exclusions, and DEA actions.

Between 2002 and 2010, the number of adverse actions reported to NPDB related to practitioners other than physicians, dentists, and nurses increased 84 percent (Figure 13). After increasing steadily between 2002 and 2010, the number of adverse actions reported to NPDB related to practitioners other than physicians, dentists, and nurses declined in 2011 to the 2009 level.

**Figure 13: Other Practitioner Adverse Action Reports 2002 – 2011**



Note: Includes disclosable reports in the NPDB as of the end of calendar year 2011; voided reports have been excluded. Adverse Action Reports include state licensure, clinical privilege, and professional society membership actions, Medicare and Medicaid exclusions, and DEA actions.

Practitioners on whom reports were filed have the right to dispute the accuracy and the validity of the reports filed on them. Information about the process of disputing reports submitted to the NPDB is available on DPDB's website at <http://www.npdb-hipdb.hrsa.gov/pract/aboutRespondingToReports.jsp>. The number of disputed Adverse Action and Medical Malpractice Payment Reports is provided in Appendix E.

**PART IV**

## Chapter 6: Future Endeavors and Projects

This Annual Report concludes with projects and activities planned for 2012.

### Policy and Law

- Section 6403 of the Patient Protection and Affordable Care Act requires the Secretary of HHS to establish a transition period to transfer all data in the HIPDB to the NPDB and, once completed, to cease HIPDB operations. Information previously collected and disclosed through the HIPDB will then be collected and disclosed through the NPDB. The statute requires the Secretary to transition HIPDB operations to the NPDB while maintaining reporting and querying requirements, to eliminate duplicative data reporting and access requirements between the NPDB and the HIPDB, and to streamline Data Bank operations.
- Notice of Proposed Rule Making – In 2012, HRSA will publish a Notice of Proposed Rule Making in the *Federal Register* to implement Section 6403.

### Compliance, Outreach, and Information Dissemination

- Behavioral health professions (therapists, counselors, and substance abuse service providers) will be included in disciplinary action compliance efforts, with a public posting of their compliance status on July 1, 2012.
- A two-pronged hospital compliance initiative will be undertaken in 2012:
  - Staff will work with the American Hospital Association (AHA) to obtain accurate data on hospitals in the United States. The AHA data will be compared with information on hospitals currently registered with the Data Bank. By comparing internal data to AHA data, staff will be able to determine exactly how many and which hospitals are not registered, and will then conduct appropriate outreach to try to obtain 100 percent registration.
  - Secondly, staff will conduct discussion groups with key stakeholders to better understand hospital credentialing and peer review processes and their impact on hospital adverse action reporting. Staff will also develop a plan to review how well hospitals meet Data Bank reporting requirements.
- The Compliance Portal will be launched in 2012. This technological improvement will allow registered state licensing boards to view missing actions, see their compliance status, and submit missing reports as needed to achieve compliance. Additionally, this improvement will provide a technologically secure environment while substantially reducing the amount of time it takes for licensing boards to examine their compliance status.
- DPDB staff will conduct professional presentations, educational forums, and exhibits for Data Bank users and stakeholders across the country.
- Data Bank Fact Sheets for allied professions will be created and available in 2012. Fact sheets are being developed for nurses, chiropractors, and pharmacists. Each fact sheet contains information on who can be reported to the Data Bank for what actions, as well as instructions on how to dispute a report.

- The Data Bank staff is producing a new Guidebook, which will merge NPDB and HIPDB information into one publication in anticipation of the merge. A draft version will be completed in 2012.
- In an effort to reduce the use of paper, the January 2012 *Data Bank News* will be the last printed newsletter; an electronic format will begin in April 2012.

### System-Level Enhancements

- The registration process will be enhanced, allowing entities to declare their statutory authorities for Data Bank access using a simple guided questionnaire.
- The effort to identify proof 18,000 Data Bank entities and 50,000 users will be completed.
- The Data Bank continues to minimize the use of paper. Streamlined documents and further use of electronic delivery will save an additional 400,000 printed pages every year.
- State boards will be able to receive medical malpractice, clinical privilege, and professional society actions, forwarded electronically by participating reporting entities. Currently the reporting entity mails a copy to the state board.
- The re-branding of the Data Bank website will be completed, with the new brand consistently applied to all the Data Bank web services.
- Reporters will benefit from the proposed introduction of real-time reporting through the IQRS. Reporters will be able to receive an official confirmation response immediately upon submitting their report to the Data Bank.
- The Data Bank systems will be updated in preparation for the merger of the HIPDB into the NPDB.
- The quality of reports in the Data Bank will be improved with system enhancements designed to address inaccurate, missing, or duplicative information. Users will benefit from report workflow enhancements that will prevent quality problems. The system will also provide an efficient mechanism for notifying reporters of issues with their existing reports, and it will enable users to efficiently resolve these issues.
- Query responses will be enhanced, based on user feedback, to include an incident-based summary. This will greatly enhance the clarity of the information provided to entities and self-queriers.

### Research Efforts

- The NPDB will develop a web-based Data Analysis Tool to facilitate independent analysis of information relating to medical malpractice payments and adverse actions. The new tool will allow a wide range of its users to perform unique analyses that can be customized by state or region making it possible for stakeholders to identify trends of interest and to target limited resources on areas of concern.
- The Data Bank will develop NPDB report statistics by state that will be available in table and trend plot formats and accessed using an interactive map of the United States.
- NPDB research staff will merge external data files with NPDB data to accomplish the following:
  - Validate existing Data Bank physician information by comparing it with information collected in the external data files.

- Examine information residing in the Data Bank that is collected in non-mandatory fields by the reporting system.
- In 2012, the Research Branch will take steps to procure a contract to administer a survey of Data Bank queriers and reporters to obtain a more comprehensive view of the usability and customer satisfaction with Data Bank products and services.

**APPENDICES**

## **Appendix A: Milestones**

**Table 5: NPDB Milestones**

<b>YEAR</b>	<b>MILESTONES</b>
<b>1994</b>	<p><b>Practitioner Statement Added to Reports</b></p> <ul style="list-style-type: none"> <li>• A practitioner with a report in the NPDB could add his or her own statement to the report, which became available to queriers.</li> <li>• 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.</li> <li>• QPRAC version 2.0 was introduced, allowing the NPDB to respond electronically to queries.</li> <li>• HRSA contracted with the second contractor to develop and operate the second Generation NPDB.</li> <li>• More than 1.5 million queries were processed, an average of 30,000 per week. More than half of all queries became electronic.</li> <li>• Average query response time was 2 to 3 days.</li> </ul>
<b>1995</b>	<p><b>NPDB Collected Its 100,000th Report</b></p> <ul style="list-style-type: none"> <li>• Since its implementation in 1990 the NPDB collected its 100,000th report.</li> <li>• All paper queries, except practitioner self-queries, were eliminated.</li> <li>• Voluntary queries, submitted by entities not mandated by law, outnumbered mandated queries for the first time.</li> <li>• Responses to queries became more comprehensive. If the subject of a report requested a Secretarial Review (now called Dispute Review), the response for each query included this information as well as the status of the Secretarial Review.</li> </ul>
<b>1996</b>	<p><b>Health Insurance Portability and Accountability Act Enacted</b></p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• NPDB users could submit reports and update registration information electronically using QPRAC version 3.0.</li> <li>• The Blizzard of '96 blanketed the Washington, D.C., area with 20 inches of snow. Although employees of DPDB's forerunner, the Division of Quality Assurance, were not able to get to work, the NPDB received and processed more than 20,000 queries.</li> <li>• More than 2.7 million queries were processed, an average of 52,000 per week.</li> <li>• Average query response time was 6 hours or less.</li> </ul>
<b>1997</b>	<p><b>HRSA Coordinated NPDB with HIPDB</b></p> <ul style="list-style-type: none"> <li>• Because of the NPDB's success, HHS OIG asked BHP'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.</li> <li>• NPDB queries generated information about Medicare and Medicaid exclusions.</li> </ul>
<b>1998</b>	<p><b>Health Care Entities Queried More than 15 Million Times</b></p> <ul style="list-style-type: none"> <li>• State licensing boards, hospitals, and other health care entities queried the NPDB more than 15 million times since 1990.</li> <li>• The NPDB collected its 200,000th report.</li> </ul>

YEAR	MILESTONES
1999	<p><b>NPDB and HIPDB Became Web Based</b></p> <ul style="list-style-type: none"> <li>● Final regulations governing the HIPDB were codified as 45 CFR Part 61.</li> <li>● 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).</li> <li>● More than 3.2 million NPDB queries were processed during the year, an average of 6 queries a minute, 24 hours a day, 365 days a year, or a query every 10 seconds.</li> </ul>
2000	<p><b>NPDB Turned 10 Years Old</b></p> <ul style="list-style-type: none"> <li>● NPDB celebrated 10 years of successful operations.</li> <li>● NPDB entered the new millennium Y2K-trouble free.</li> <li>● HIPDB opened for querying.</li> <li>● Average query response time was 4 hours.</li> <li>● 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.</li> </ul>
2001	<p><b>Web-Based Self-Query Service Began</b></p> <ul style="list-style-type: none"> <li>● 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 a notarized self-query application to the Data Bank. Self-queries were processed within 48 hours and self-query status could be tracked online.</li> <li>● BHPPr's Division of Quality Assurance was renamed the Division of Practitioner Data Banks.</li> </ul>
2002	<p><b>NPDB Received Recognition</b></p> <ul style="list-style-type: none"> <li>● 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.</li> <li>● The Data Bank introduced the online 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.</li> </ul>

<b>YEAR</b>	<b>MILESTONES, continued</b>
<b>2003</b>	<p><b>IQRS Introduced Web-Based Entity and Agent Registration</b></p> <ul style="list-style-type: none"> <li>● 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.</li> <li>● The number of registered users of the Data Bank reached 16,000.</li> </ul>
<b>2004</b>	<p><b>Data Bank Won Excellence.Gov Award</b></p> <ul style="list-style-type: none"> <li>● The NPDB-HIPDB program was awarded the 2004 Excellence.Gov Award. In addition, the Data Bank was also recognized as one of the "Top Five" 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.</li> <li>● 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 4 years.</li> </ul>
<b>2005</b>	<p><b>Querying and Reporting XML Service Introduced</b></p> <ul style="list-style-type: none"> <li>● The Data Bank introduced the Querying and Reporting XML Service (QRXS), an alternative to the IQRS and the ITP for users who wanted their computer systems to interface directly with the Data Bank.</li> <li>● Average query response time was less than 2 hours.</li> <li>● The NPDB processed more than 36 million queries since 1991 and maintained more than 375,000 reports.</li> </ul>
<b>2006</b>	<p><b>IQRS Query Workflow Streamlined</b></p> <ul style="list-style-type: none"> <li>● The IQRS query workflow was streamlined, making submitting queries easier and more intuitive.</li> <li>● Average query response time was less than 1 hour.</li> <li>● 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.</li> </ul>
<b>2007</b>	<p><b>Proactive Disclosure Service Prototype Launched</b></p> <ul style="list-style-type: none"> <li>● The Proactive Disclosure Service (PDS) was implemented on April 30, 2007.</li> <li>● PDS subscribers received notification of new reports within one business day.</li> </ul>

YEAR	MILESTONES, continued
2008	<p><b>PDS Became a Permanent Service</b></p> <ul style="list-style-type: none"> <li>● The PDS became a permanent service for automatic and continuous querying of enrolled practitioners in the NPDB and the HIPDB.</li> <li>● 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.</li> </ul>
2009	<p><b>Interface Control Document Transfer Program Phased Out for Querying and Reporting XML Service</b></p> <ul style="list-style-type: none"> <li>● The QRXS, the next generation interface for high-volume users, started replacing and phasing out the Interface Control Document Transfer Program (ICD ITP).</li> <li>● The QRXS used an industry standard XML format that improved the exchange of data between the user and the Data Bank, providing real-time data validation.</li> </ul>
2010	<p><b>Section 1921 of the Social Security Act</b></p> <ul style="list-style-type: none"> <li>● NPDB began accepting reports and queries required by Section 1921 on March 1. 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.</li> <li>● The Compliance Branch initiated a rigorous review of adverse or disciplinary action reporting by state licensing boards and agencies.</li> <li>● The Secretary of HHS published for the first time a list of state agencies that failed to meet Data Bank reporting requirements. She also took the unprecedented step of calling on state governors to do their part to assure that state reports to the Data Bank are complete and accurate.</li> <li>● The Compliance and Disputes Branch began providing state boards with technical assistance to ensure compliance.</li> </ul>
2011	<p><b>PDS Becomes Continuous Query</b></p> <ul style="list-style-type: none"> <li>● The prototype status for PDS was removed and the name formally changed from PDS to Continuous Query to better capture the true nature of the service, which is the continuous monitoring of enrolled practitioners.</li> </ul> <p><b>More Professions Compliant with Reporting Requirements</b></p> <ul style="list-style-type: none"> <li>● By the end of 2011, more than 94 percent of all professions reviewed in the Adverse Licensure Comparison Project (conducted by the Compliance Branch) were compliant with Data Bank reporting requirements for years 2006 thru 2009. The reviewed professions were nurses, pharmacists, physicians, dentists, physician assistants, podiatrists, psychologists, social workers, chiropractors, optometrists, and physical therapists.</li> </ul> <p><b>Improved Methods for Handling Data Requests and Inquiries</b></p> <ul style="list-style-type: none"> <li>● DPDB established a dedicated email account for receiving data requests and inquiries, resulting in a more efficiently streamlined process for handling inquiries from users and dramatically shortening the time for staff to respond.</li> <li>● Data Use Agreement policy was instituted to protect the anonymity of the practitioners for whom reports were filed and to establish guidelines regarding how the Public Use File is to be used.</li> </ul>

## **Appendix B: Queries and Reports by Entity Type and Year**

**Table 6: Querying Entities by Type, 2002 – 2011**

Entity Type	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
<b>Required Queriers</b>										
Hospital	5,886	5,928	6,016	6,029	6,073	6,070	6,035	5,905	5,912	5,742
<b>Voluntary Queriers</b>										
State Licensing Board	69	77	83	89	86	85	82	79	96	90
Managed Care Organization	976	915	876	872	840	807	789	766	750	732
Professional Society	73	70	71	71	68	62	62	62	60	56
Other Health Care Entity	3,828	4,443	5,226	5,787	6,320	6,613	6,901	7,192	7,416	7,603
<b>Total Voluntary Queriers</b>	4,946	5,505	6,256	6,819	7,314	7,567	7,835	8,100	8,323	8,483
<b>Total Queriers</b>	<b>10,832</b>	<b>11,433</b>	<b>12,272</b>	<b>12,848</b>	<b>13,387</b>	<b>13,637</b>	<b>13,870</b>	<b>14,005</b>	<b>14,235</b>	<b>14,225</b>

Note: Entity type is based on registration as of December 31, 2011. An entity may have more than one registration.

**Table 7: Queries by Entity Type, 2002 - 2011**

<b>Entity Type</b>	<b>2002</b>	<b>2003</b>	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>
<b>Required Queries</b>	<u>Number</u>									
Hospital	1,126,814	1,147,440	1,193,235	1,223,225	1,287,287	1,289,696	1,295,360	1,213,931	1,197,671	1,117,016
<b>Voluntary Queries</b>										
State Licensing Board	17,046	19,431	23,421	23,584	56,072	68,878	72,837	56,038	69,469	60,138
Managed Care Organization	1,540,694	1,418,274	1,537,246	1,510,575	1,482,119	1,518,278	1,673,353	1,712,185	1,736,748	1,727,593
Professional Society	7,787	6,445	6,671	8,952	6,531	7,114	8,243	8,283	8,508	9,573
Other Health Care Entity	562,165	622,467	687,930	737,580	855,258	929,156	1,007,615	1,112,893	1,223,354	1,209,678
<b>Voluntary Queries Total</b>	<b>2,127,692</b>	<b>2,066,617</b>	<b>2,255,268</b>	<b>2,280,691</b>	<b>2,399,980</b>	<b>2,523,426</b>	<b>2,762,052</b>	<b>2,889,406</b>	<b>3,038,088</b>	<b>3,007,002</b>
<b>Total Queries</b>	<b>3,254,506</b>	<b>3,214,057</b>	<b>3,448,503</b>	<b>3,503,916</b>	<b>3,687,267</b>	<b>3,813,122</b>	<b>4,057,412</b>	<b>4,103,337</b>	<b>4,235,759</b>	<b>4,124,018</b>
<b>Required Queries</b>	<u>Percent</u>									
Hospital	34.6%	35.7%	34.6%	34.9%	34.9%	33.8%	31.9%	29.6%	28.3%	27.1%
<b>Voluntary Queries</b>										
State Licensing Board	0.5%	0.6%	0.7%	0.7%	1.5%	1.8%	1.8%	1.4%	1.6%	1.5%
Managed Care Organization	47.3	44.1	44.6	43.1	40.2	39.8	41.2	41.7	41.0	41.9
Professional Society	0.2	0.2	0.2	0.3	0.2	0.2	0.2	0.2	0.2	0.2
Other Health Care Entity	17.3	19.4	19.9	21.1	23.2	24.4	24.8	27.1	28.9	29.3
<b>Voluntary Queries Total</b>	<b>65.4</b>	<b>64.3</b>	<b>65.4</b>	<b>65.1</b>	<b>65.1</b>	<b>66.2</b>	<b>68.1</b>	<b>70.4</b>	<b>71.7</b>	<b>72.9</b>
<b>Total Queries</b>	<b>100.0%</b>									

Note: Entity type is based on registration as of December 31, 2011. An entity may have more than one registration.

**Table 8: Reports by Entity Type, 2002 - 2011**

<b>Entity Type</b>	<b>2002</b>	<b>2003</b>	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>
	<u>Number</u>									
Hospital	1,179	1,125	1,151	1,122	1,010	1,018	1,070	1,164	1,126	880
State Licensing Board	21,303	23,741	26,495	29,136	31,385	30,597	31,442	33,789	39,323	39,042
Managed Care Organization	135	178	166	141	136	129	146	182	157	163
Professional Society	47	54	42	62	32	48	84	69	88	59
Malpractice Payer Organization	16,065	15,157	14,817	13,894	12,194	12,070	11,564	11,393	10,598	9,833
Other Health Care Entity	5,324	5,967	5,773	5,529	5,349	4,795	4,798	4,935	4,843	3,948
<b>Total</b>	<b>44,053</b>	<b>46,222</b>	<b>48,444</b>	<b>49,884</b>	<b>50,106</b>	<b>48,657</b>	<b>49,104</b>	<b>51,532</b>	<b>56,135</b>	<b>53,925</b>
	<u>Percent</u>									
Hospital	2.7%	2.4%	2.4%	2.2%	2.0%	2.1%	2.2%	2.3%	2.0%	1.6%
State Licensing Board	48.4	51.4	54.7	58.4	62.6	62.9	64.0	65.6	70.1	72.4
Managed Care Organization	0.3	0.4	0.3	0.3	0.3	0.3	0.3	0.4	0.3	0.3
Professional Society	0.1	0.1	0.1	0.1	0.1	0.1	0.2	0.1	0.2	0.1
Malpractice Payer Organization	36.5	32.8	30.6	27.9	24.3	24.8	23.6	22.1	18.9	18.2
Other Health Care Entity	12.1	12.9	11.9	11.1	10.7	9.9	9.8	9.6	8.6	7.3
<b>Total</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>

Note: Entity type is based on registration as of December 31, 2011. An entity may have more than one registration

**Table 9: Continuous Query Subscribers by Entity Type, 2007 – 2011**

<b>Entity Type</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>
	<u>Number</u>				
<b>Required Queriers</b>					
Hospital	195	424	823	1,206	1,540
<b>Voluntary Queriers</b>					
Managed Care Organizations	4	9	32	53	97
Other Health Care Entities	72	130	462	616	1,193
Professional Societies	1	1	2	5	10
State Licensing Boards	1	1	4	5	10
<b>Total Voluntary Queriers</b>	<b>78</b>	<b>141</b>	<b>500</b>	<b>679</b>	<b>1,310</b>
<b>Total Queriers</b>	<b>273</b>	<b>565</b>	<b>1,323</b>	<b>1,705</b>	<b>2,850</b>

**Table 10: Continuous Query Enrollments by Entity Type, 2007 - 2011**

<b>Entity Type</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>
	<u>Number</u>				
<b>Required Queriers</b>					
Hospital	71,054	172,445	291,520	391,909	519,387
<b>Voluntary Queriers</b>					
Managed Care Organizations	3,016	6,305	26,895	61,473	142,481
Other Health Care Entities	7,957	27,322	75,854	101,685	152,430
Professional Societies	38	35	47	1,471	1,762
State Licensing Boards	35	21	77	784	9,341
<b>Total Voluntary Queriers</b>	<b>11,046</b>	<b>33,683</b>	<b>102,873</b>	<b>165,413</b>	<b>306,014</b>
<b>Total</b>	<b>82,100</b>	<b>206,128</b>	<b>394,393</b>	<b>557,322</b>	<b>825,401</b>
	<u>Percent</u>				
<b>Required Queriers</b>					
Hospital	<b>86.5%</b>	<b>83.7%</b>	<b>73.9%</b>	<b>70.3%</b>	<b>62.9%</b>
<b>Voluntary Queriers</b>					
Managed Care Organizations	3.7%	3.1%	6.8%	11.0%	17.3%
Other Health Care Entities	9.7	13.3	19.2	18.2	18.5
Professional Societies	0.0	0.0	0.0	0.3	0.2
State Licensing Boards	0.0	0.0	0.0	0.1	1.1
<b>Total Voluntary Queriers</b>	<b>13.5%</b>	<b>16.3%</b>	<b>26.1%</b>	<b>29.7%</b>	<b>37.1%</b>
<b>Total</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>

## **Appendix C: Practitioner Reports by Type, State, and Year**

**Table 11: Medical Malpractice Payment Reports by Practitioner Type, 2002 - 2011**

Practitioner Type	Payment Year										Total
	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	
	<u>Number</u>										
Physicians and Dentists	17,155	17,087	16,356	15,291	13,339	12,707	12,298	12,333	11,275	10,038	<b>137,879</b>
Professional Nurse	484	483	531	597	586	625	686	677	602	556	<b>5,827</b>
All Other Practitioners	1,057	964	991	881	908	936	927	911	885	830	<b>9,290</b>
<b>Total</b>	<b>18,696</b>	<b>18,534</b>	<b>17,878</b>	<b>16,769</b>	<b>14,833</b>	<b>14,268</b>	<b>13,911</b>	<b>13,921</b>	<b>12,762</b>	<b>11,424</b>	<b>152,996</b>
	<u>Percent</u>										
Physicians and Dentists	91.8%	92.2%	91.5%	91.2%	89.9%	89.1%	88.4%	88.6%	88.3%	87.9%	90.1%
Professional Nurse	2.6	2.6	3.0	3.6	4.0	4.4	4.9	4.9	4.7	4.9	3.8
All Other Practitioners	5.7	5.2	5.5	5.3	6.1	6.6	6.7	6.5	6.9	7.3	6.1
<b>Total</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>

Note: Includes reports for the 50 U.S. states, the District of Columbia, American Samoa, Guam, Federated States of Micronesia, Northern Mariana Islands, Palau, Puerto Rico, U.S. Virgin Islands, and Armed Forces locations overseas. Includes disclosable reports in the NPDB as of December 31, 2011; voided reports are excluded.

“Physicians and Dentists” includes allopathic (M.D.) physicians, interns, and residents; osteopathic (D.O.) physicians, interns, and residents; and dentists and dental residents.

“Professional Nurses” includes registered nurses, licensed practical nurses, licensed vocational nurses, nurse practitioners, nurse anesthetists, nurse midwives, clinical nurse specialists, advanced nurse practitioners, and doctors of nursing practice.

“All Other Practitioner” includes all other health care practitioners, non-health-care professionals, and non-specified professionals.

**Table 12: Adverse Action Reports by Practitioner Type, 2002 - 2011**

Practitioner Type	Action Year										Total
	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	
	<u>Number</u>										
Physicians and Dentists	5,960	6,096	6,539	6,642	6,757	6,579	6,644	7,232	7,140	6,957	<b>66,546</b>
Professional Nurse	11,029	12,344	14,005	15,774	16,474	15,634	15,984	16,396	20,838	21,586	<b>160,064</b>
All Other Practitioners	8,368	9,248	10,022	10,699	12,042	12,176	12,565	13,983	15,395	13,958	<b>118,456</b>
<b>Total</b>	<b>25,357</b>	<b>27,688</b>	<b>30,566</b>	<b>33,115</b>	<b>35,273</b>	<b>34,389</b>	<b>35,193</b>	<b>37,611</b>	<b>43,373</b>	<b>42,501</b>	<b>345,066</b>
	<u>Percent</u>										
Physicians and Dentists	23.5%	22.0%	21.4%	20.1%	19.2%	19.1%	18.9%	19.2%	16.5%	16.4%	<b>19.3%</b>
Professional Nurse	43.5	44.6	45.8	47.6	46.7	45.5	45.4	43.6	48.0	50.8	<b>46.4</b>
All Other Practitioners	33.0	33.4	32.8	32.3	34.1	35.4	35.7	37.2	35.5	32.8	<b>34.3</b>
<b>Total</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>

Note: Includes reports for the 50 U.S. states, the District of Columbia, American Samoa, Guam, Federated States of Micronesia, Northern Mariana Islands, Palau, Puerto Rico, U.S. Virgin Islands, and Armed Forces locations overseas. Includes disclosable reports in the NPDB as of December 31, 2011; voided reports are excluded.

“Physicians and Dentists” includes allopathic (M.D.) physicians, interns, and residents; osteopathic (D.O.) physicians, interns, and residents; and dentists and dental residents.

“Professional Nurses” includes registered nurses, licensed practical nurses, licensed vocational nurses, nurse practitioners, nurse anesthetists, nurse midwives, clinical nurse specialists, advanced nurse practitioners, and doctors of nursing practice.

“All Other Practitioner” includes all other health care practitioners, non-health-care professionals, and non-specified professionals.

**Table 13: All Reports by Type, 2002 - 2011**

	<u>Number</u>										
	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	Total
<b>Malpractice Payment Reports</b>	<b>18,696</b>	<b>18,534</b>	<b>17,878</b>	<b>16,769</b>	<b>14,833</b>	<b>14,268</b>	<b>13,911</b>	<b>13,921</b>	<b>12,762</b>	<b>11,424</b>	<b>152,996</b>
<b>All Adverse Action Reports</b>	<b>25,357</b>	<b>27,688</b>	<b>30,566</b>	<b>33,115</b>	<b>35,273</b>	<b>34,389</b>	<b>35,193</b>	<b>37,611</b>	<b>43,373</b>	<b>42,501</b>	<b>345,066</b>
State Licensure Action	21,394	23,832	26,573	29,242	31,435	30,688	31,556	33,946	39,735	39,441	<b>307,842</b>
Clinical Priv./Panel Membership Action	974	1,004	993	867	807	823	800	865	867	719	<b>8,719</b>
Prof. Society Membership Action	47	54	42	62	32	48	84	69	91	60	<b>589</b>
Drug Enforcement Admin. Action	25	37	48	26	18	12	19	382	139	94	<b>800</b>
HHS OIG Exclusion	2,917	2,761	2,910	2,918	2,981	2,818	2,734	2,349	2,541	2,187	<b>27,116</b>
<b>All Reports</b>	<b>44,053</b>	<b>46,222</b>	<b>48,444</b>	<b>49,884</b>	<b>50,106</b>	<b>48,657</b>	<b>49,104</b>	<b>51,532</b>	<b>56,135</b>	<b>53,925</b>	<b>498,062</b>
	<u>Percent</u>										
<b>Malpractice Payment Reports</b>	<b>42.4%</b>	<b>40.1%</b>	<b>36.9%</b>	<b>33.6%</b>	<b>29.6%</b>	<b>29.3%</b>	<b>28.3%</b>	<b>27.0%</b>	<b>22.7%</b>	<b>21.2%</b>	<b>30.7%</b>
<b>All Adverse Action Reports</b>	<b>57.6</b>	<b>59.9</b>	<b>63.1</b>	<b>66.4</b>	<b>70.4</b>	<b>70.7</b>	<b>71.7</b>	<b>73.0</b>	<b>77.3</b>	<b>78.8</b>	<b>69.3</b>
State Licensure Action	48.6	51.6	54.9	58.6	62.7	63.1	64.3	65.9	70.8	73.1	61.8
Clinical Priv./Panel Membership Action	2.2	2.2	2.0	1.7	1.6	1.7	1.6	1.7	1.5	1.3	1.8
Prof. Society Membership Action	0.1	0.1	0.1	0.1	0.1	0.1	0.2	0.1	0.2	0.1	0.1
Drug Enforcement Admin. Action	0.1	0.1	0.1	0.1	0.0	0.0	0.0	0.7	0.2	0.2	0.2
HHS OIG Exclusion	6.6	6.0	6.0	5.8	5.9	5.8	5.6	4.6	4.5	4.1	5.4
<b>All Reports</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>

Note: Includes reports for the 50 U.S. states, the District of Columbia, American Samoa, Guam, Federated States of Micronesia, Northern Mariana Islands, Palau, Puerto Rico, U.S. Virgin Islands, and Armed Forces locations overseas.

Payment year is used for Malpractice Payment Reports; while action year is used for Adverse Action Reports.

Adverse Action Reports include state licensure actions, clinical privilege actions, professional society membership actions, Medicare and Medicaid exclusions, and DEA actions.

**Table 14: Reports for Physicians, 2002 - 2011**

	<u>Number</u>										
	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	Total
<b>Malpractice Payment Reports</b>	<b>15,140</b>	<b>15,123</b>	<b>14,522</b>	<b>13,624</b>	<b>11,731</b>	<b>11,228</b>	<b>10,838</b>	<b>10,730</b>	<b>9,713</b>	<b>8,656</b>	<b>121,305</b>
<b>All Adverse Action Reports</b>	<b>4,915</b>	<b>4,900</b>	<b>5,289</b>	<b>5,291</b>	<b>5,358</b>	<b>5,222</b>	<b>5,237</b>	<b>5,883</b>	<b>5,674</b>	<b>5,637</b>	<b>53,406</b>
State Licensure Action	3,507	3,671	4,069	4,174	4,340	4,182	4,219	4,541	4,501	4,667	<b>41,871</b>
Clinical Priv./Panel Membership Action	920	890	905	797	692	722	671	721	750	593	<b>7,661</b>
Prof. Society Membership Action	37	48	37	47	26	41	79	60	65	40	<b>480</b>
Drug Enforcement Admin. Action	23	30	40	23	14	12	12	302	110	83	<b>649</b>
HHS OIG Exclusion	428	261	238	250	286	265	256	259	248	254	<b>2,745</b>
<b>All Reports</b>	<b>20,055</b>	<b>20,023</b>	<b>19,811</b>	<b>18,915</b>	<b>17,089</b>	<b>16,450</b>	<b>16,075</b>	<b>16,613</b>	<b>15,387</b>	<b>14,293</b>	<b>174,711</b>
	<u>Percent</u>										
<b>Malpractice Payment Reports</b>	<b>75.5%</b>	<b>75.5%</b>	<b>73.3%</b>	<b>72.0%</b>	<b>68.6%</b>	<b>68.3%</b>	<b>67.4%</b>	<b>64.6%</b>	<b>63.1%</b>	<b>60.6%</b>	<b>69.4%</b>
<b>All Adverse Action Reports</b>	<b>24.5</b>	<b>24.5</b>	<b>26.7</b>	<b>28.0</b>	<b>31.4</b>	<b>31.7</b>	<b>32.6</b>	<b>35.4</b>	<b>36.9</b>	<b>39.4</b>	<b>30.6</b>
State Licensure Action	17.5	18.3	20.5	22.1	25.4	25.4	26.2	27.3	29.3	32.7	24.0
Clinical Priv./Panel Membership Action	4.6	4.4	4.6	4.2	4.0	4.4	4.2	4.3	4.9	4.1	4.4
Prof. Society Membership Action	0.2	0.2	0.2	0.2	0.2	0.2	0.5	0.4	0.4	0.3	0.3
Drug Enforcement Admin. Action	0.1	0.1	0.2	0.1	0.1	0.1	0.1	1.8	0.7	0.6	0.4
HHS OIG Exclusion	2.1	1.3	1.2	1.3	1.7	1.6	1.6	1.6	1.6	1.8	1.6
<b>All Reports</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>

Note: Includes reports for the 50 U.S. states, the District of Columbia, American Samoa, Guam, Federated States of Micronesia, Northern Mariana Islands, Palau, Puerto Rico, U.S. Virgin Islands, and Armed Forces locations overseas.

Payment year is used for Malpractice Payment Reports; while action year is used for Adverse Action Reports.

Adverse Action Reports include state licensure actions, clinical privilege actions, professional society membership actions, Medicare and Medicaid exclusions, and DEA actions.

**Table 15: Reports for Nurses, 2002 – 2011**

	<u>Number</u>										
	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	Total
<b>Malpractice Payment Reports</b>	<b>484</b>	<b>483</b>	<b>531</b>	<b>597</b>	<b>586</b>	<b>625</b>	<b>686</b>	<b>677</b>	<b>602</b>	<b>556</b>	<b>5,827</b>
<b>All Adverse Action Reports<sup>3</sup></b>	<b>11,029</b>	<b>12,344</b>	<b>14,005</b>	<b>15,774</b>	<b>16,474</b>	<b>15,634</b>	<b>15,984</b>	<b>16,396</b>	<b>20,838</b>	<b>21,586</b>	<b>160,064</b>
State Licensure Action	11,020	12,327	13,974	15,756	16,458	15,623	15,965	16,370	20,811	21,575	<b>159,879</b>
Clinical Priv./Panel Membership Action	8	15	27	18	16	11	18	15	20	9	<b>157</b>
Prof. Society Membership Action	0	0	0	0	0	0	0	0	1	0	<b>1</b>
Drug Enforcement Admin. Action	0	0	1	0	0	0	1	11	6	2	<b>21</b>
HHS OIG Exclusion	1	2	3	0	0	0	0	0	0	0	<b>6</b>
<b>All Reports</b>	<b>11,513</b>	<b>12,827</b>	<b>14,536</b>	<b>16,371</b>	<b>17,060</b>	<b>16,259</b>	<b>16,670</b>	<b>17,073</b>	<b>21,440</b>	<b>22,142</b>	<b>165,891</b>
	<u>Percent</u>										
<b>Malpractice Payment Reports</b>	<b>4.2%</b>	<b>3.8%</b>	<b>3.7%</b>	<b>3.6%</b>	<b>3.4%</b>	<b>3.8%</b>	<b>4.1%</b>	<b>4.0%</b>	<b>2.8%</b>	<b>2.5%</b>	<b>3.5%</b>
<b>All Adverse Action Reports<sup>3</sup></b>	<b>95.8</b>	<b>96.2</b>	<b>96.3</b>	<b>96.4</b>	<b>96.6</b>	<b>96.2</b>	<b>95.9</b>	<b>96.0</b>	<b>97.2</b>	<b>97.5</b>	<b>96.5</b>
State Licensure Action	95.7	96.1	96.1	96.2	96.5	96.1	95.8	95.9	97.1	97.4	96.4
Clinical Priv./Panel Membership Action	0.1	0.1	0.2	0.1	0.1	0.1	0.1	0.1	0.1	0.0	0.1
Prof. Society Membership Action	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Drug Enforcement Admin. Action	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.0	0.0	0.0
HHS OIG Exclusion	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
<b>All Reports</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>

Note: Includes reports for the 50 U.S. states, the District of Columbia, American Samoa, Guam, Federated States of Micronesia, Northern Mariana Islands, Palau, Puerto Rico, U.S. Virgin Islands, and Armed Forces locations overseas.

Payment year is used for Malpractice Payment Reports; while action year is used for Adverse Action Reports.

Adverse Action Reports include state licensure actions, clinical privilege actions, professional society membership actions, Medicare and Medicaid exclusions, and DEA actions.

**Table 16: Number of Reports by Practitioner Type September 1990 – December 2011**

Number of Reports	Physicians		Dentists		Professional Nurses	
	Practitioners	Percent	Practitioners	Percent	Practitioners	Percent
1	114,911	58.1	25,551	64.7	67,247	58.6
2	41,415	20.9	7,535	19.1	31,916	27.8
3	17,581	8.9	3,000	7.6	8,812	7.7
4	9,206	4.7	1,445	3.7	3,880	3.4
5	5,164	2.6	755	1.9	1,556	1.4
6	3,103	1.6	410	1.0	666	0.6
7	1,971	1.0	240	0.6	283	0.2
8	1,268	0.6	158	0.4	191	0.2
9	862	0.4	89	0.2	62	0.1
10	578	0.3	76	0.2	42	0.0
>10	1,637	0.8	217	0.5	41	0.0

“Physicians” includes allopathic (M.D.) physicians, interns, and residents; osteopathic (D.O.) physicians, interns, and residents.

“Dentists” includes dentists and dental residents.

“Professional Nurses” includes registered nurses, licensed practical nurses, licensed vocational nurses, nurse practitioners, nurse anesthetists, nurse midwives, clinical nurse specialists, advanced nurse practitioners, and doctors of nursing practice.

**Table 17: Reports by Jurisdiction, 2002-2011**

<b>Jurisdiction</b>	<b>2002</b>	<b>2003</b>	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>
Alabama	857	889	1,066	1,175	1,153	1,178	1,041	1,120	1,252	1,139
Alaska	146	146	162	151	132	136	148	143	154	139
American Samoa	4	5	4	3	3	0	1	2	2	1
Arizona	1,770	2,141	2,116	2,129	2,299	2,008	1,946	1,941	1,841	1,653
Arkansas	516	469	831	739	685	584	690	719	760	711
Armed Forces - Americas	0	0	0	1	1	1	0	0	0	0
Armed Forces - Europe	5	6	11	2	9	3	5	6	5	8
Armed Forces - Pacific	0	3	5	9	3	4	0	4	4	3
California	3,622	3,665	3,921	3,778	3,688	3,802	3,751	3,795	4,636	4,571
Colorado	801	829	859	877	991	1,135	1,204	1,281	1,302	1,095
Connecticut	513	545	509	505	581	494	508	496	436	446
Delaware	80	115	94	110	113	64	101	103	151	129
District of Columbia	92	89	97	140	97	77	79	83	85	80
Federated States of Micronesia	0	0	0	0	1	2	0	2	0	0
Florida	2,963	2,944	3,018	3,464	3,289	3,206	3,434	3,130	3,436	3,495
Georgia	875	902	912	835	751	828	793	793	696	699
Guam	1	4	1	1	1	2	7	2	0	1
Hawaii	64	83	75	61	73	66	76	91	76	61
Idaho	124	141	152	157	165	162	182	192	182	216

**Table 17: Reports by Jurisdiction, 2002-2011, continued**

<b>Entity Type</b>	<b>2002</b>	<b>2003</b>	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>
Illinois	1,595	1,575	1,439	1,574	1,293	1,367	1,359	1,669	2,057	1,781
Indiana	562	721	707	793	845	756	834	1,028	984	1,011
Iowa	432	427	533	509	427	474	560	605	653	562
Kansas	380	396	479	438	425	457	492	507	619	562
Kentucky	745	645	740	795	781	770	759	765	766	796
Louisiana	1,029	1,008	1,191	1,267	1,274	1,301	1,294	1,284	1,725	1,533
Maine	208	224	217	225	311	282	316	311	314	297
Marshall Islands	0	0	0	0	0	0	0	0	0	0
Maryland	634	710	715	707	753	825	708	800	879	886
Massachusetts	846	927	1,001	975	1,038	940	1,007	1,049	1,077	904
Michigan	1,488	1,485	1,485	1,403	1,438	1,359	1,365	1,541	1,479	1,464
Minnesota	670	566	610	599	612	716	550	624	880	688
Mississippi	857	878	845	792	898	651	776	662	795	704
Missouri	777	820	967	1,172	888	1,075	952	1,058	1,301	1,313
Montana	166	173	140	165	165	217	228	162	216	205
Nebraska	298	283	359	492	328	348	403	331	576	493
Nevada	439	519	524	418	422	519	582	592	524	589
New Hampshire	223	226	266	211	235	197	200	200	242	203
New Jersey	1,274	1,418	1,485	1,769	1,463	1,355	1,428	1,614	1,585	1,783
New Mexico	304	293	315	301	330	333	321	396	424	358

**Table 17: Reports by Jurisdiction, 2002-2011, continued**

<b>Entity Type</b>	<b>2002</b>	<b>2003</b>	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>
New York	3,210	3,215	3,191	3,063	3,079	2,784	2,657	2,738	2,665	2,648
North Carolina	880	910	1,048	1,019	1,006	1,162	1,277	1,318	1,437	1,428
North Dakota	142	114	113	122	122	139	123	135	147	132
Northern Marianas	1	0	1	0	3	1	2	1	0	1
Ohio	1,674	1,767	2,013	2,234	2,062	1,979	2,358	2,325	2,340	2,295
Oklahoma	1,176	1,669	1,623	1,543	1,536	1,169	1,111	928	1,523	1,707
Oregon	567	587	538	596	657	774	1,008	1,267	1,226	1,026
Palau	0	0	0	0	0	1	0	1	0	0
Pennsylvania	2,185	2,235	2,251	1,995	2,317	2,092	1,962	2,041	2,070	1,727
Puerto Rico	204	195	241	265	205	255	294	283	312	265
Rhode Island	176	194	150	168	185	167	197	186	177	185
South Carolina	412	603	572	581	598	612	648	681	849	587
South Dakota	90	90	91	117	89	107	138	103	136	129
Tennessee	476	486	671	752	821	794	840	1,030	1,124	1,101
Texas	3,864	3,730	4,114	4,563	4,992	4,418	3,648	4,347	4,907	4,859
Utah	445	402	376	414	404	381	380	396	415	364
Vermont	167	195	227	232	241	195	188	213	207	210
Virgin Islands	2	3	3	4	4	6	1	9	3	1
Virginia	1,100	1,116	1,192	1,259	1,131	1,133	1,528	1,660	1,534	1,532
Washington	976	1,454	1,234	1,187	1,665	1,681	1,562	1,708	1,656	1,785
West Virginia	408	378	370	402	359	436	393	404	490	485
Wisconsin	415	502	490	540	577	596	604	553	640	690
Wyoming	123	107	84	86	92	81	85	104	163	189

**Appendix D: Medical Malpractice Payment Adjustments by State, Amount, and Delay**

**Table 18: Medical Malpractice Payments and Adjusted Payment Reports, by State, 2002 - 2011**

State	<u>Physicians</u>		<u>Dentists</u>		<u>Ratios</u>	
	Total	Adjusted	Total	Adjusted	Physician/ Dentist	Dentist/ Physician
Florida	9,984	9,928	952	952	10.4	0.10
Indiana	2,290	1,599	151	147	10.9	0.09
Kansas	1,494	966	104	103	9.4	0.11
Louisiana	3,051	1,790	178	154	11.6	0.09
Nebraska	779	550	54	54	10.2	0.10
New Mexico	932	729	127	127	5.7	0.17
Pennsylvania	9,586	6,860	866	866	7.9	0.13
South Carolina	1,597	1,202	104	96	12.5	0.08
Wisconsin	766	702	186	186	3.8	0.26

Note: Includes states that provide additional patient compensation. Adjusted columns exclude reports from state funds that make payments in addition to primary malpractice carrier payments for the same case. State funds occasionally make payments on behalf of a practitioner practicing in another state.

**Table 19: Medical Malpractice Payment and Adjusted Reports for Physicians and Dentists, by State, 2002 - 2011**

State	<u>Reports</u>										
	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	
Florida	1,399	1,415	1,326	1,157	915	927	1,048	1,022	913	814	<b>10,936</b>
Indiana	301	323	265	208	240	234	226	293	182	169	<b>2,441</b>
Kansas	168	165	183	194	161	160	146	128	159	134	<b>1,598</b>
Louisiana	332	314	332	294	378	334	360	312	308	265	<b>3,229</b>
Nebraska	95	97	120	181	69	69	57	57	44	44	<b>833</b>
New Mexico	103	113	110	120	126	104	83	100	107	93	<b>1,059</b>
Pennsylvania	1,364	1,384	1,333	1,145	1,011	900	936	933	860	586	<b>10,452</b>
South Carolina	168	190	178	195	216	210	165	134	131	114	<b>1,701</b>
Wisconsin	115	150	123	100	79	79	85	92	58	71	<b>952</b>
	<u>Adjusted</u>										
Florida	1,392	1,407	1,316	1,154	912	919	1,041	1,017	909	813	<b>10,880</b>
Indiana	170	209	165	134	162	182	171	220	164	169	<b>1,746</b>
Kansas	118	110	116	138	105	115	95	80	106	86	<b>1,069</b>
Louisiana	218	202	221	201	212	187	212	167	174	150	<b>1,944</b>
Nebraska	77	72	93	103	44	52	42	46	37	38	<b>604</b>
New Mexico	84	97	91	95	96	84	66	79	87	77	<b>856</b>
Pennsylvania	915	938	932	843	749	674	715	686	688	586	<b>7,726</b>
South Carolina	126	143	127	139	164	160	133	113	103	90	<b>1,298</b>
Wisconsin	105	141	119	94	71	74	80	82	53	69	<b>888</b>

Note: Includes states that provide additional patient compensation. Adjusted columns exclude reports from state funds that make payments in addition to primary malpractice carrier payments for the same case. State funds occasionally make payments on behalf of a practitioner practicing in another state.

**Table 20: Medical Malpractice Payment and Adjusted Reports for Physicians, by State, 2002 - 2011**

State	<u>Reports</u>										
	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	
Florida	1,283	1,325	1,244	1,069	840	851	964	920	796	692	<b>9,984</b>
Indiana	287	309	246	190	229	219	210	272	172	156	<b>2,290</b>
Kansas	158	155	167	181	149	146	137	122	156	123	<b>1,494</b>
Louisiana	307	288	308	279	355	317	343	298	297	259	<b>3,051</b>
Nebraska	90	89	112	171	66	62	54	53	42	40	<b>779</b>
New Mexico	86	103	100	104	109	94	73	88	96	79	<b>932</b>
Pennsylvania	1,262	1,290	1,251	1,060	899	827	849	853	775	520	<b>9,586</b>
South Carolina	151	180	164	186	210	202	155	126	121	102	<b>1,597</b>
Wisconsin	100	122	86	86	72	63	71	74	39	53	<b>766</b>
	<u>Adjusted</u>										
Florida	1,276	1,317	1,234	1,066	837	843	957	915	792	691	<b>9,928</b>
Indiana	156	195	146	120	151	167	155	199	154	156	<b>1,599</b>
Kansas	108	100	100	125	93	102	86	74	103	75	<b>966</b>
Louisiana	195	181	200	187	193	171	196	156	165	146	<b>1,790</b>
Nebraska	72	64	85	93	41	45	39	42	35	34	<b>550</b>
New Mexico	67	87	81	79	79	74	56	67	76	63	<b>729</b>
Pennsylvania	813	844	850	758	637	601	628	606	603	520	<b>6,860</b>
South Carolina	113	133	113	131	158	153	124	106	93	78	<b>1,202</b>
Wisconsin	90	113	82	80	64	58	66	64	34	51	<b>702</b>

Note: Includes states that provide additional patient compensation. Adjusted columns exclude reports from state funds that make payments in addition to primary malpractice carrier payments for the same case. State funds occasionally make payments on behalf of a practitioner practicing in another state.

**Table 21: Medical Malpractice Payment and Adjusted Reports for Dentists, by State, 2002 - 2011**

State	Reports										
	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	
Florida	116	90	82	88	75	76	84	102	117	122	<b>952</b>
Indiana	14	14	19	18	11	15	16	21	10	13	<b>151</b>
Kansas	10	10	16	13	12	14	9	6	3	11	<b>104</b>
Louisiana	25	26	24	15	23	17	17	14	11	6	<b>178</b>
Nebraska	5	8	8	10	3	7	3	4	2	4	<b>54</b>
New Mexico	17	10	10	16	17	10	10	12	11	14	<b>127</b>
Pennsylvania	102	94	82	85	112	73	87	80	85	66	<b>866</b>
South Carolina	17	10	14	9	6	8	10	8	10	12	<b>104</b>
Wisconsin	15	28	37	14	7	16	14	18	19	18	<b>186</b>
	Adjusted										
Florida	116	90	82	88	75	76	84	102	117	122	<b>952</b>
Indiana	14	14	19	14	11	15	16	21	10	13	<b>147</b>
Kansas	10	10	16	13	12	13	9	6	3	11	<b>103</b>
Louisiana	23	21	21	14	19	16	16	11	9	4	<b>154</b>
Nebraska	5	8	8	10	3	7	3	4	2	4	<b>54</b>
New Mexico	17	10	10	16	17	10	10	12	11	14	<b>127</b>
Pennsylvania	102	94	82	85	112	73	87	80	85	66	<b>866</b>
South Carolina	13	10	14	8	6	7	9	7	10	12	<b>96</b>
Wisconsin	15	28	37	14	7	16	14	18	19	18	<b>186</b>

Note: Includes states that provide additional patient compensation. Adjusted columns exclude reports from state funds that make payments in addition to primary malpractice carrier payments for the same case. State funds occasionally make payments on behalf of a practitioner practicing in another state.

**Table 22: Median Malpractice Payments and Rank by Jurisdiction, Physicians 2002 - 2011**

State	Payment Ranks		Median Payment 2011
	2002-2011	2011	
Alabama	11	16	\$200,000
Alaska	23	8	\$275,000
Arizona	13	9	\$253,375
Arkansas	16	22	\$166,667
California	33	36	\$94,167
Colorado	26	24	\$165,000
Connecticut	4	6	\$298,250
Delaware	9	17	\$194,463
District of Columbia	7	21	\$173,750
Florida	14	16	\$200,000
Georgia	11	16	\$200,000
Hawaii	6	11	\$245,000
Idaho	21	12	\$225,000
Illinois	1	2	\$400,000
Indiana	27	30	\$118,501
Iowa	26	34	\$100,000
Kansas	22	27	\$145,000
Kentucky	25	28	\$142,250
Louisiana	30	37	\$90,000
Maine	8	4	\$300,000
Maryland	10	26	\$150,000
Massachusetts	2	1	\$404,000
Michigan	31	31	\$115,000
Minnesota	15	4	\$300,000
Mississippi	23	26	\$150,000
Missouri	11	16	\$200,000
Montana	16	10	\$250,000
Nebraska	23	14	\$212,500
Nevada	19	32	\$112,500
New Hampshire	5	3	\$326,000
New Jersey	5	8	\$275,000
New Mexico	17	19	\$187,500
New York	5	5	\$299,500
North Carolina	16	12	\$225,000

State	Payment Ranks		Median Payment
	2002-2011	2011	2011
North Dakota	28	20	\$180,000
Ohio	16	18	\$189,250
Oklahoma	23	13	\$215,000
Oregon	23	12	\$225,000
Pennsylvania	3	4	\$300,000
Rhode Island	18	16	\$200,000
South Carolina	30	29	\$135,000
South Dakota	29	38	\$77,500
Tennessee	24	16	\$200,000
Texas	23	33	\$110,000
Utah	23	26	\$150,000
Vermont	32	35	\$94,200
Virginia	9	7	\$295,000
Washington	23	23	\$165,834
West Virginia	26	39	\$75,000
Wisconsin	12	25	\$158,268
Wyoming	20	15	\$210,000

Note: Year is malpractice payment year.

**Table 23: Median and Mean Medical Malpractice Payment Delay, in Years Between Incident and Payment, by Jurisdiction, 2002-2011**

State	Rank		Median Delay		Mean Delay	
	2011	2002-2011	2011	2002-2011	2011	2002-2011
Alabama	13	22	4.4	4.1	4.9	4.4
Alaska	40	41	3.4	3.6	3.6	5.1
American Samoa	46	38	3.1	3.7	3.1	4.9
Arizona	23	37	3.8	3.7	4.2	3.9
Arkansas	34	43	3.5	3.6	3.8	4.1
Armed Forces - Americas	52	1	0.0	8.4	0.0	8.4
Armed Forces - Europe	52	28	0.0	3.9	0.0	4.7
Armed Forces - Pacific	52	55	0.0	3.1	0.0	3.7
California	51	57	2.8	2.7	3.2	3.2
Colorado	50	56	2.8	3.1	3.4	3.6
Connecticut	7	9	5.2	5.2	5.4	5.5
Delaware	32	23	3.6	4.1	5.3	4.4
District of Columbia	25	18	3.7	4.3	3.9	4.5
Federated States of Micronesia	52	58	0.0	1.2	0.0	1.2
Florida	45	45	3.2	3.5	3.7	4.1
Georgia	31	33	3.6	3.8	4.0	4.3
Guam	52	3	0.0	6.4	0.0	6.0
Hawaii	14	20	4.4	4.2	3.9	4.2
Idaho	27	39	3.7	3.7	4.4	4.1
Illinois	8	10	5.1	5.1	5.5	5.7
Indiana	3	5	5.5	5.9	5.9	6.3
Iowa	41	50	3.4	3.4	3.5	3.8

State	Rank		Median Delay		Mean Delay	
	2011	2002-2011	2011	2002-2011	2011	2002-2011
Kansas	39	48	3.4	3.4	3.7	3.9
Kentucky	19	29	3.9	3.9	4.4	4.5
Louisiana	6	7	5.3	5.4	6.2	5.9
Maine	2	14	5.6	4.6	5.7	4.8
Marshall Islands	52	59	0.0	0.0	0.0	0.0
Maryland	15	21	4.1	4.1	4.4	4.3
Massachusetts	1	4	5.6	6.0	6.1	6.2
Michigan	20	27	3.8	3.9	4.4	4.3
Minnesota	43	51	3.3	3.3	3.8	3.7
Mississippi	36	24	3.5	4.0	4.7	4.8
Missouri	26	31	3.7	3.8	4.3	4.3
Montana	15	36	4.1	3.7	4.2	3.9
Nebraska	37	25	3.4	4.0	3.8	4.4
Nevada	29	15	3.6	4.6	4.1	4.7
New Hampshire	16	26	4.1	3.9	4.3	4.5
New Jersey	9	11	5.0	5.1	6.0	5.9
New Mexico	28	44	3.6	3.6	4.0	3.9
New York	4	8	5.4	5.2	5.9	5.8
North Dakota	49	52	2.9	3.2	2.9	3.5
Northern Marianas	52	2	0.0	7.7	0.0	7.7
Ohio	38	42	3.4	3.6	4.4	4.4
Oklahoma	30	40	3.6	3.7	4.0	4.1
Oregon	48	54	2.9	3.2	3.4	3.4
Palau	52	59	0.0	0.0	0.0	0.0
Pennsylvania	12	12	4.5	4.9	4.9	5.6

State	Rank		Median Delay		Mean Delay	
	2011	2002-2011	2011	2002-2011	2011	2002-2011
Puerto Rico	10	13	4.8	4.8	5.6	5.4
Rhode Island	5	6	5.4	5.7	5.5	6.0
South Carolina	11	16	4.7	4.4	5.1	4.8
South Dakota	44	53	3.2	3.2	3.8	3.7
Tennessee	18	30	4.0	3.8	4.5	4.3
Texas	33	49	3.5	3.4	3.9	3.8
Utah	22	35	3.8	3.7	4.4	4.1
Vermont	21	34	3.8	3.7	3.8	4.4
Virgin Islands	52	19	0.0	4.2	0.0	4.3
Virginia	47	47	2.9	3.5	3.6	4.0
Washington	35	46	3.5	3.5	3.7	3.9
West Virginia	42	34	3.4	3.7	3.3	4.0
Wisconsin	17	17	4.0	4.3	4.3	4.6
Wyoming	38	53	3.4	3.2	3.4	3.6

**Table 24: Mean and Median Physician Malpractice Payments, 2002 - 2011**

Payment Reason	Median Payment		Number of Payments		Mean Payment	
	2011	2002-2011	2011	2002-2011	2011	2002-2011
Obstetrics-related	\$373,750	\$350,000	556	9,765	\$606,809	\$541,138
Diagnosis-related	\$250,000	\$212,500	2,596	40,074	\$373,957	\$334,879
Anesthesia-related	\$225,000	\$200,405	254	3,525	\$397,791	\$369,687
IV & Blood Products-related	\$200,000	\$150,035	24	270	\$287,063	\$239,664
Surgery-related	\$171,250	\$150,000	2,444	32,120	\$278,253	\$262,024
Treatment-related	\$150,000	\$150,000	1,783	23,059	\$273,828	\$258,049
Monitoring-related	\$150,000	\$150,000	230	3,094	\$327,343	\$316,716
Medication-related	\$110,000	\$120,000	472	6,119	\$235,100	\$235,659
Other	\$55,000	\$55,000	218	2,325	\$209,102	\$201,147
Behavioral Health-related	\$50,000	\$115,000	17	349	\$183,840	\$231,442
Equipment/Product-related	\$38,000	\$58,750	62	605	\$116,902	\$142,554

Note: Year is malpractice payment year.

**Table 25: Median and Mean Physician Medical Malpractice Delay, in Years, Between Incident and Payment, by Payment Reason, 2002 - 2011**

Payment Reason	Median Delay		Number of Delays		Mean Delay	
	2011	2002-2011	2011	2002-2011	2011	2002-2011
Obstetrics Related	5.1	5.2	556	9,765	5.9	6.0
Diagnosis Related	4.2	4.3	2,596	40,074	5.0	4.9
Medication Related	4.0	3.8	472	6,119	4.5	4.3
Treatment Related	3.9	4.0	1,783	23,059	4.6	4.6
Equipment/Product Related	3.8	3.3	62	605	4.2	3.8
Surgery Related	3.8	3.8	2,444	32,120	4.3	4.3
Monitoring Related	3.7	4.0	230	3,094	4.5	4.6
Anesthesia Related	3.5	3.7	254	3,525	4.2	4.0
Behavioral Health Related	3.3	5.2	17	349	4.3	5.5
IV & Blood Products Related	3.0	3.8	24	270	3.4	4.4
Other Miscellaneous	2.7	3.3	218	2,325	3.8	4.3

Note: Year is malpractice payment year.

## **Appendix E: Summary Tables**

**Table 26: Compliance Efforts Summary Status**

Profession	Compliance Status Public Posting Compliant Professions						New Reports (N)	Disclosures (N)	
	N (% compliant)								
	2010		2011						
	July 1	October 1	April 1	July 1	October 1	December 1			
<b>Never Reported Professions<sup>1,2</sup></b>	249 (43.0)	402 (69.4)	482 (83.2)	491 (84.8)	494 (88.9)	494 (88.9)	14,908	500	
<b>Adverse Licensure Action Comparison Project<sup>5</sup></b>	<b>Nurses</b>	6 (12.0)	21 (42.0)	45 (90.0)	48 (96.0)	49 (98.0)	49 (98.0)	475	163
	<b>Pharmacists</b>	0 (0)	19 (44.2)	39 (90.7)	41 (95.3)	41 (95.3)	41 (95.3)	938	246
	<b>Physician Assistants</b>	5 (10.4)	43 (89.6)	46 (95.8)	48 (100)	48 (100)	48 (100)	31	73
	<b>Podiatrists</b>	3 (6.5)	38 (82.6)	43 (93.5)	45 (97.8)	45 (97.8)	45 (97.8)	14	60
	<b>Psychologists</b>	1 (2.0)	33 (66.0)	44 (88.0)	46 (92.0)	47 (94.0)	48 (96.0)	76	77
	<b>Social Workers</b>	0 (0)	29 (60.4)	45 (93.8)	46 (95.8)	46 (95.8)	48 (100)	224	92
	<b>Physicians<sup>5</sup></b>	-	-	44 (68.8)	55 (85.9)	60 (93.8)	63 (98.4)	709	1,845
	<b>Dentists</b>	-	-	41 (80.4)	47 (92.2)	48 (94.1)	49 (96.1)	467	852
	<b>Chiropractors</b>	-	-	-	-	50 (98.0)	51 (100)	288	83
	<b>Optometrists</b>	-	-	-	-	50 (98.0)	51 (100)	41	32
	<b>Physical Therapists<sup>5</sup></b>	-	-	-	-	82 (96.5)	83 (97.6)	83	7
<b>Adverse Licensure Total</b>							<b>3,346</b>	<b>3,530</b>	
<b>Grand Total (includes never reported professions)</b>							<b>18,254</b>	<b>4,030</b>	

<sup>1</sup>Professions in this effort are available on DPDB's website at <http://www.npdb-hipdb.hrsa.gov/news/reportingCompliance.jsp>.

<sup>2</sup>54 new Data Bank registrations resulted from this effort.

<sup>3</sup>Number of new reports to the Data Bank as a result of the compliance effort.

<sup>4</sup>Total number of times the New Reports were either viewed by a registered Data Bank entity or seen as a result of a self-query. For example, a report disclosed to five different queriers is counted as five disclosures. A search on a practitioner that does not result in a matched Data Bank report is not counted as a disclosure.

<sup>5</sup>For some professions, DPDB separated out groupings for the public posting (e.g., MDs and Dos; physical therapists and physical therapy assistants).

**Table 27: Adverse Action and Medical Malpractice Payment Reports in Dispute Resolution, 2002 - 2011**

Report Type	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
	<u>Number</u>									
Adverse Action Reports	93	56	56	61	58	39	49	41	62	66
State Licensure Actions	31	18	14	20	17	8	13	9	23	33
Clinical Privileges Actions	52	36	41	39	40	30	36	30	38	33
Professional Society Actions	1	1	0	0	1	1	0	1	0	0
Medicare/Medicaid exclusions	9	1	1	2	0	0	0	1	1	0
Medical malpractice payment reports	22	5	16	12	14	11	11	9	5	9
<b>Total</b>	<b>115</b>	<b>61</b>	<b>72</b>	<b>73</b>	<b>72</b>	<b>50</b>	<b>60</b>	<b>50</b>	<b>67</b>	<b>75</b>
	<u>Percent</u>									
Adverse Action Reports	80.9	91.8	77.8	83.6	80.6	78.0	81.7	82.0	92.5	88.0
State Licensure Actions	33.3	32.1	25.0	32.8	29.3	20.5	26.5	22.0	37.1	50.0
Clinical Privileges Actions	55.9	64.3	73.2	63.9	69.0	76.9	73.5	73.2	61.3	50.0
Professional Society Actions	1.1	1.8	0.0	0.0	1.7	2.6	0.0	2.4	0.0	0.0
Medicare/Medicaid exclusions	9.7	1.8	1.8	3.3	0.0	0.0	0.0	2.4	1.6	0.0
Medical malpractice payment reports	19.1	8.2	22.2	16.4	19.4	22.0	18.3	18.0	7.5	12.0
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>

Note: Includes only disclosable reports in the NPDB as of December 31, 2011.

