

NPDB

National Practitioner Data Bank

National Practitioner Data Bank: A Valuable Health Workforce Tool

National Credentialing Forum
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Overview

- National Practitioner Data Bank (NPDB)
Purpose & General Provisions
- Querying
- Health Center Reporting
- Data
- Resources
- Contact information



Purpose

- The National Practitioner Data Bank (NPDB) is a health workforce tool, created by Congress, to assist organizations in making well-informed credentialing, privileging, and licensing decisions.
- Contains information on medical malpractice payments and certain adverse actions related to health care practitioners, entities, providers, and suppliers.



Purpose

Created under three statutes to meet several needs:

- Flagging system for effective credential reviews
- Protection against unfit practitioners
- Deter fraud and abuse in the health care system



Purpose

NPDB and NCF: A Shared Goal

- The NPDB and NCF share the goal of improving quality care and ensuring patient safety.
- We understand the health care industry's need to have access to tools and resources to engage and retain a quality health workforce.
- Reporting contributes to the completeness of the information in the NPDB, which adds value for all queriers who rely on the information.
- Insufficient reporting denies other health care entities information on practitioners with real competency or conduct concerns.



Purpose

User Feedback

- NPDB reports help identify if providers are being honest or deceitful.
- If the NPDB only collected some reports, we could miss an important pattern with the physician.
- NPDB reports are used to see whether there is a problem with the physician's competency and to identify any quality of care concerns that have not been identified during the credentialing and privileging process.



General Provisions



Types of Information Collected

- Medical malpractice judgments, settlements
- Adverse licensing and certification actions
- Clinical privileges actions
- Health plan contract terminations
- Professional society membership actions
- Negative actions/findings from private accreditation organizations and peer review organizations
- Government administrative actions, e.g., exclusions from programs
- Civil and criminal health care-related judgments



General Provisions

Types of Transactions

- Reporting (no charge)
- Querying (by hospitals and health care organizations)
 - \$2 for a one-year continuous query subscription
 - \$2 for a one-time query
- Self-Query (by an individual or organization)
 - \$4



General Provisions

Confidentiality

- Information reported to the NPDB is:
 - Confidential
 - Not available to the general public
 - May not be disclosed except as provided by law
- Penalty up to \$11,000 per confidentiality violation



General Provisions

Civil Liability Protection

- Immunity provisions in Title IV, Section 1921 and Section 1128E protect individuals, entities, and their authorized agents from being held liable in civil actions for reports made to the NPDB unless they have actual knowledge that the information in the report is false
- Health care entity professional review bodies, their members, and their agents are immune from civil liability in most cases

Failure to Report

- Organization name published in the Federal Register
- Potential loss of immunity protections provided for professional review activities for a three year period

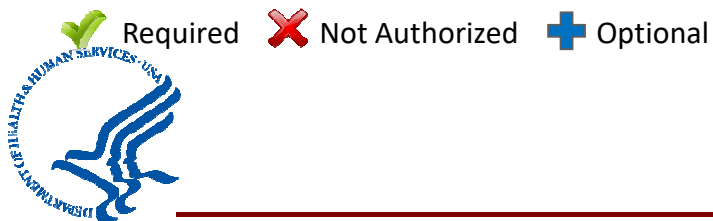


Querying and Reporting

Details & Sanctions



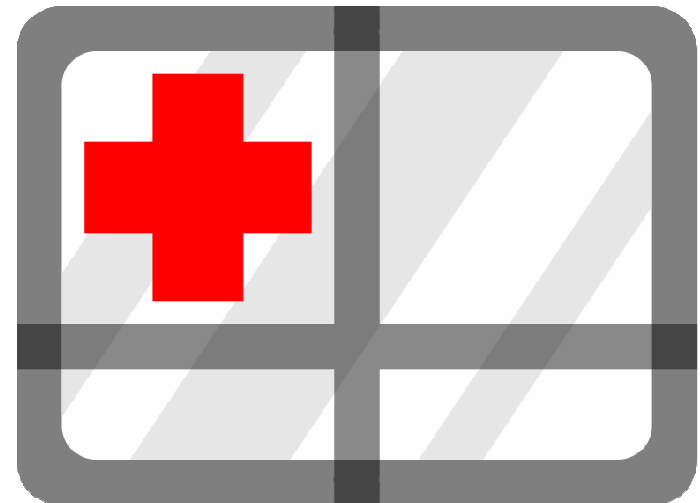
ENTITY TYPE	REPORT	QUERY
Hospitals	✓	✓
Health plans	✓	+
Other health care entities with formal peer review	✓	+
State agencies that license and certify health care practitioners and entities, including boards of medical and dental examiners	✓	+
State agencies administering or supervising state health care programs	✓	+
State law enforcement or fraud enforcement agencies (including state Medicaid fraud control units and state prosecutors)	✓	+
Federal licensing and certification agencies	✓	+
Agencies administering federal health care programs, including private entities administering such programs under contract	✓	+
Federal law enforcement officials and agencies (including Drug Enforcement Agency, HHS Office of Inspector General, and federal prosecutors)	✓	+
Medical malpractice payers	✓	✗
Professional societies with formal peer review	✓	+
Peer review organizations (excluding quality improvement organizations)	✓	✗
Private accreditation organizations	✓	✗
Quality improvement organizations	✗	+
Individual practitioners, providers, and suppliers (self-query only)	✗	+



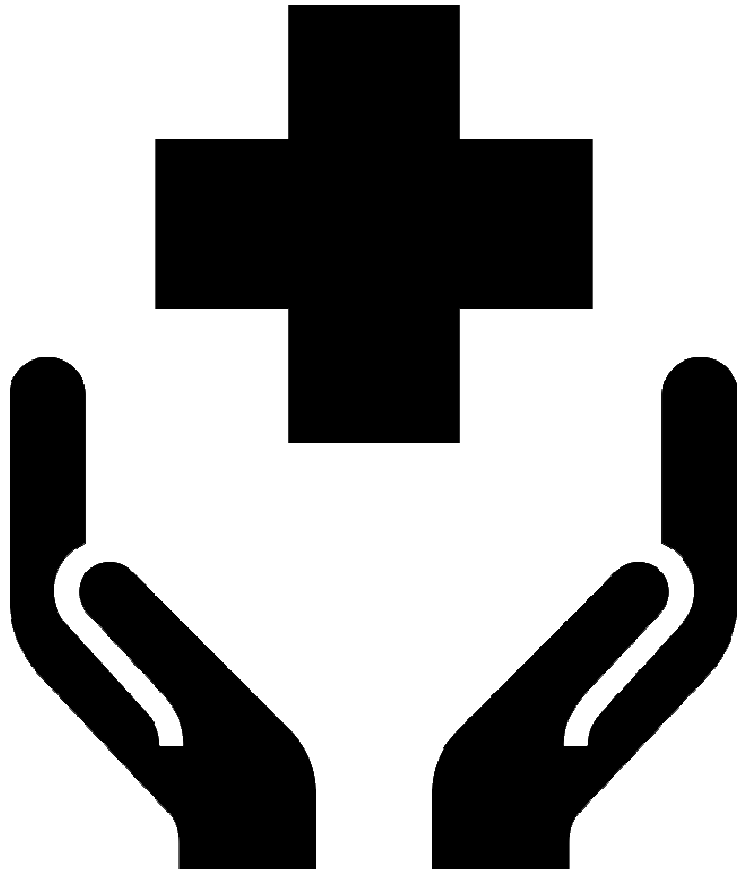
Hospital Querying

Must query on: Health care practitioners when practitioners apply for staff appointments (courtesy or otherwise) or clinical privileges (including temporary privileges); every two years for practitioners on staff or with clinical privileges

May query on: Health care practitioners with whom the hospital has entered (or maybe entering) employment or affiliation relationships



Hospital Reporting



Overview

Must report on: Physicians and dentists

- Adverse clinical privileges actions >30 days related to professional competence or conduct

May report on: Other practitioners

- Adverse clinical privileges actions >30 days related to professional competence or conduct

Health Plan Reporting

Overview

Must report on:

- Practitioners, providers, and suppliers
- Health care-related civil judgments in federal or state court; other adjudicated actions or decisions

May Query on:

- Practitioners, providers, and suppliers when credentialing or entering into relationships; investigating potential fraud or abuse related to payment or delivery; pursuing civil actions



Other Health Care Entities Reporting

Overview

For other health care entities with formal peer review:

Must report on: Physicians and Dentists

- Adverse clinical privileges actions >30 days related to professional competence or conduct

May report on: Other practitioners

- Adverse clinical privileges actions >30 days related to professional competence or conduct

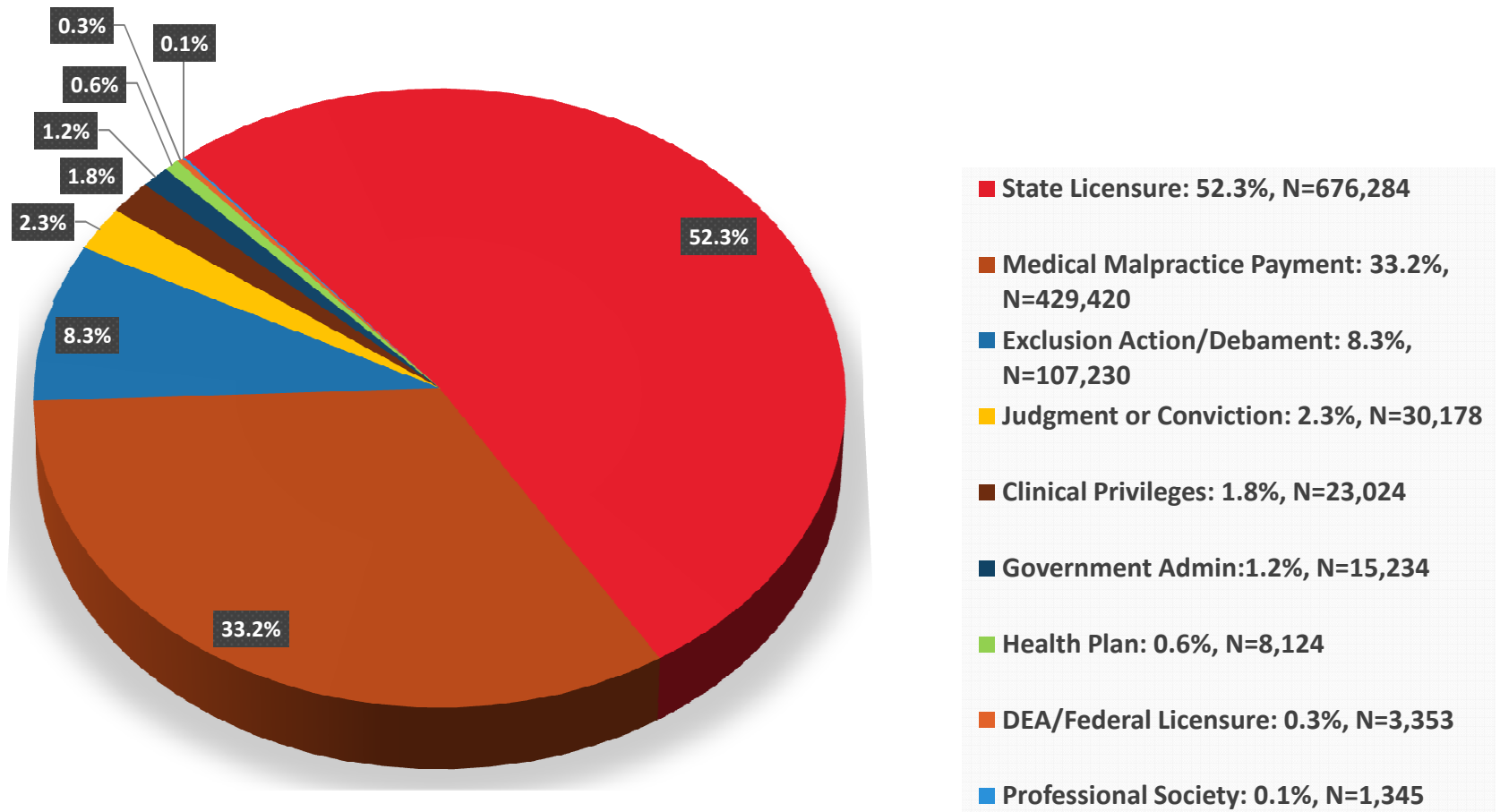
May Query on:

- Practitioners when conducting professional review activities; entering into employment or affiliation relationships; screening for staff appointments or clinical privileges



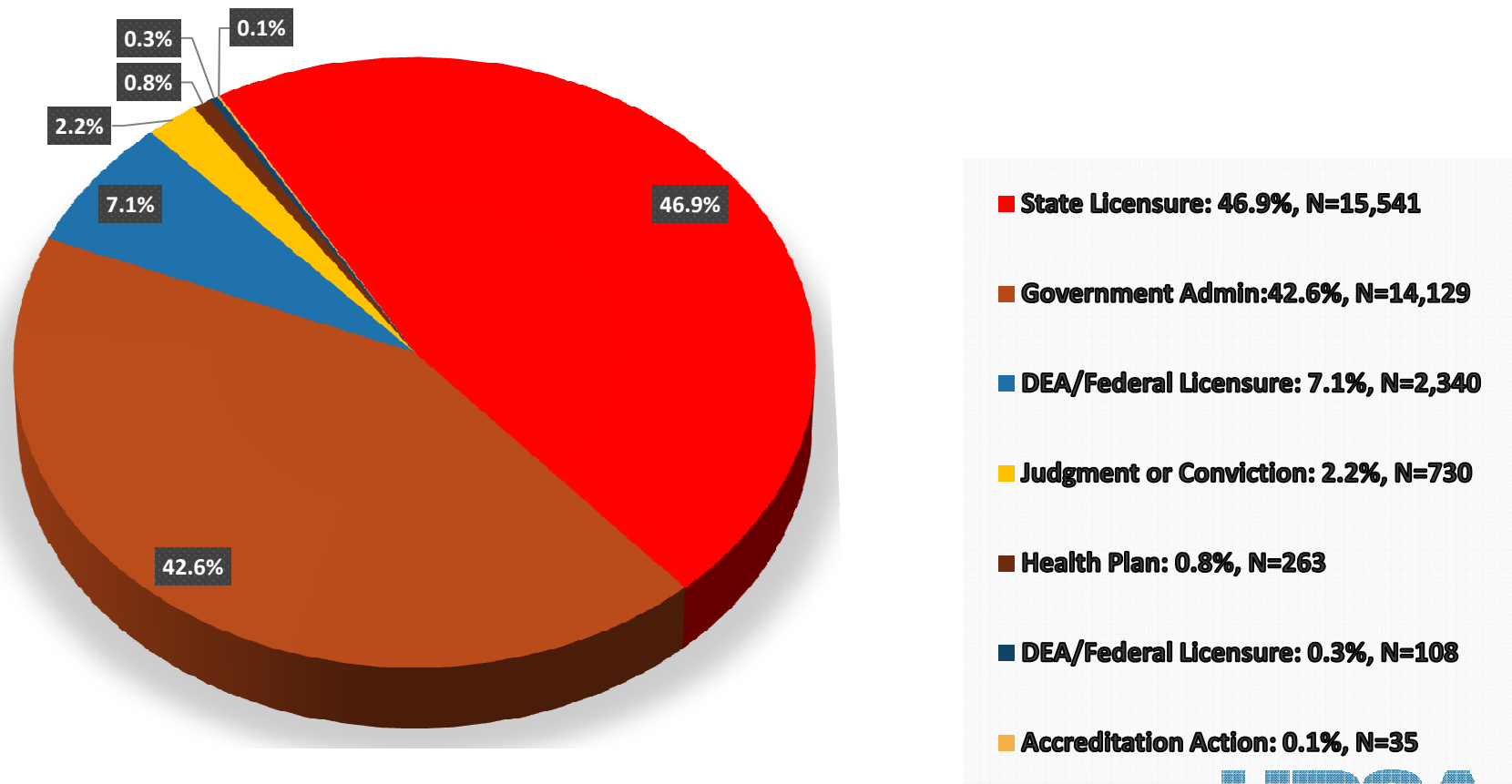
Reports in the Data Bank

NPDB Individual Reports by Type(N=1,294,192)
9/1/1990-12/31/2016



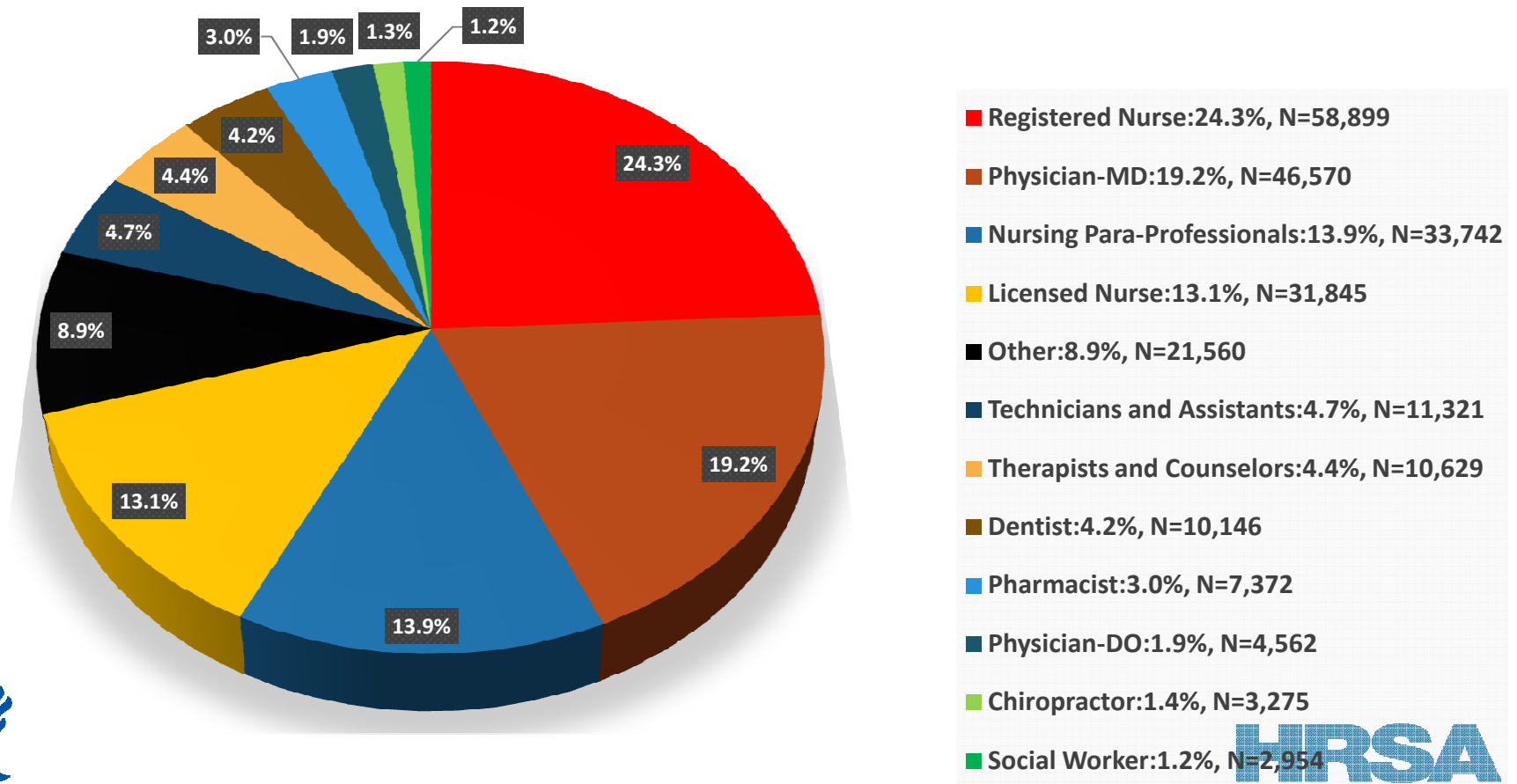
Reports in the Data Bank

NPDB Organization Reports by Type(N=33,146)
9/1/1990-12/31/2016



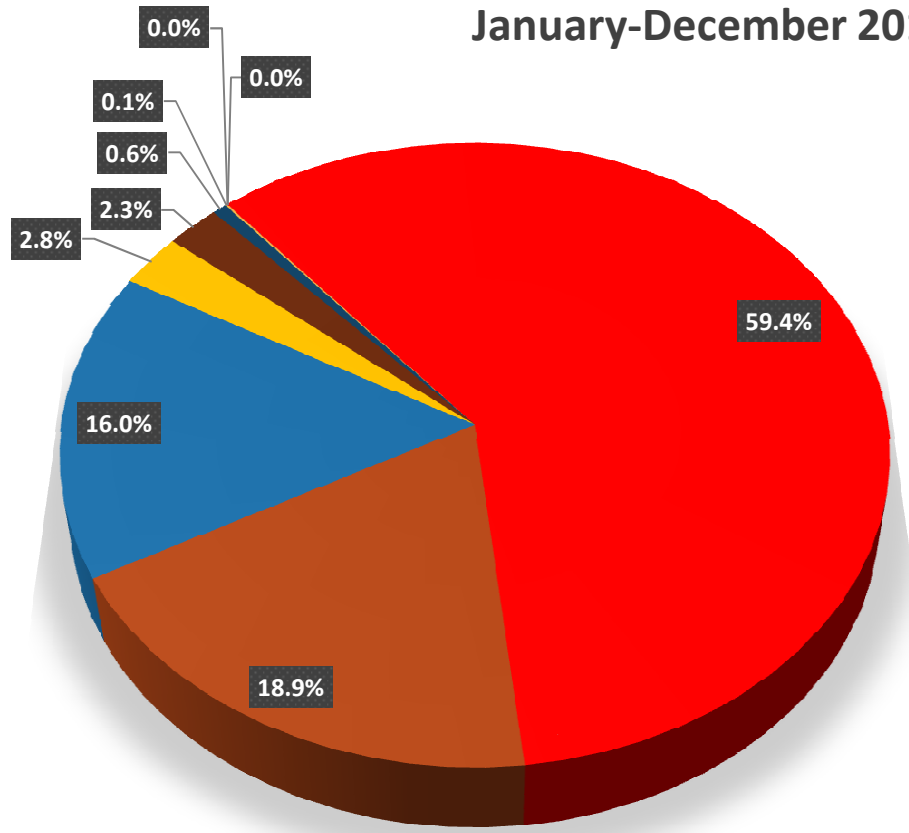
Who is Being Reported

Approximate Number(N=242,875) of Data Bank Reports Submitted
(Practitioners Only) From 2014-2016 by Profession



Data Bank One Time Queries

One Time Queries(N=4,949,244)
January-December 2016

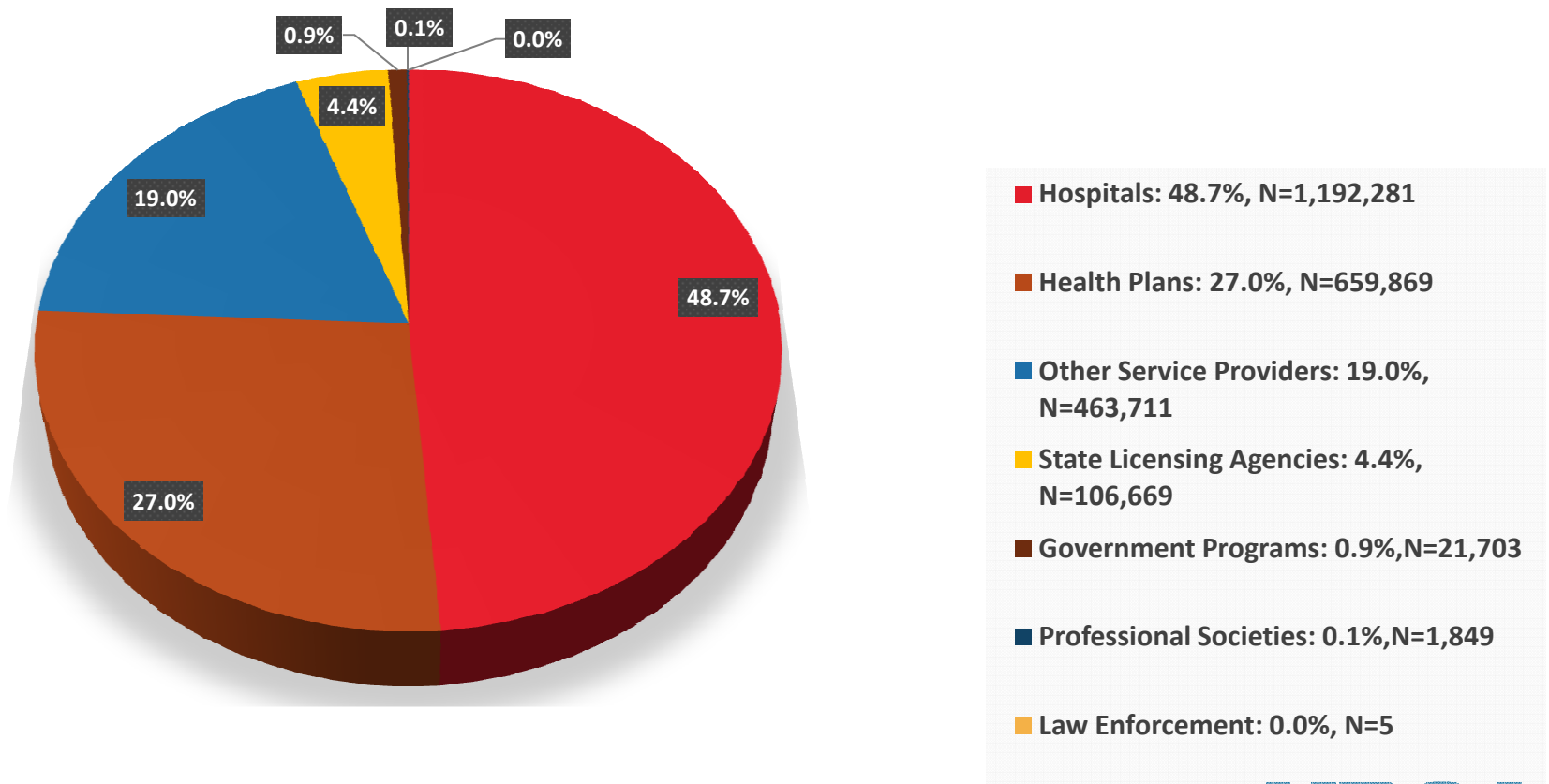


- Health Plans:59.4%, N=2,938,294
- Hospitals:18.9%, N=934,204
- Other Service Provider:16.0%, N=790,336
- Self Queries: N=2.8%, N=136,615
- State Licensing Agencies: 2.3%, N=114,724
- Government Programs:0.6%,N=30,304
- Professional Societies: 0.1%, N=4,121
- Peer Review: 0.0%, N=550
- Law Enforcement:0.0%, N=96



Data Bank Continuous Query Enrollees

Continuous Query Enrollees (N=2,446,087)
January-December 2016



Potential Hospital Sanctions

Failure to Report

Loss of immunity protections provided for professional review activities that occur during the 3-year period and organization name published in the Federal Register



Failure to Query

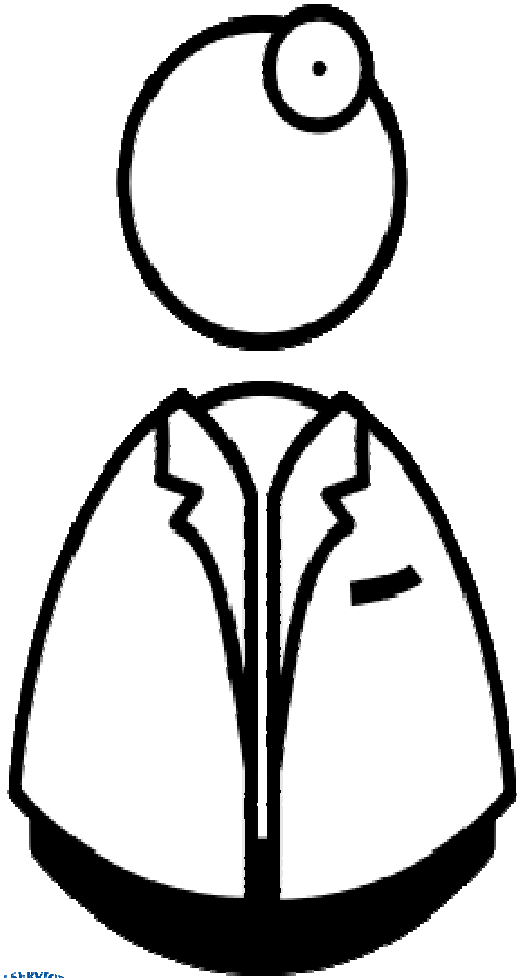
Plaintiff is allowed access to NPDB information on that practitioner for use in litigation against the hospital.



Continuous Query



Continuous Query



Purpose

- A subscription service that notifies subscribers of new information on any of their enrolled practitioners within one business day of the NPDB's receipt of the information
- Designed and developed to help meet new accreditation standards that require ongoing monitoring of practitioners
- Since 2007, health care providers have enrolled more than 1.85 million practitioners



Continuous Query

With One-Time Query

- An average of 320 days pass between receipt of a report and disclosure of the report in response to a query.
- Re-credentialing means re-querying practitioners and reviewing all results to identify new information – a tremendous amount of effort for large organizations.

With Continuous Query

- Service notifies subscribers of a report on their enrolled practitioners within one business day of receipt by the NPDB
- By handling new reports as they are disclosed, subscriber organizations are always up to date. Subscribers can deal only with events that need attention, immediately resolving issues



NPDB Initiatives



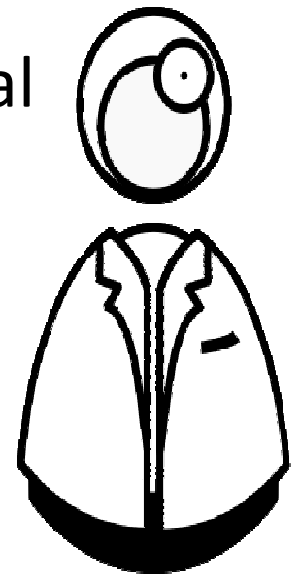
Compliance Initiatives

Compliance Initiatives

- State Board Compliance
- Attestation for hospitals, health plans, medical malpractice payers and health centers

Education and Outreach

- Website
- Guidebook
- Stakeholder Engagement
- User Surveys



NPDB NATIONAL PRACTITIONER DATA BANK

For Health Care Professionals For Organizations NPDB Resources

Search the NPDB Guidebook for...

Guidebook Cover Page

Chapter A: Introduction and General Information

Chapter B: Eligible Entities

Chapter C: Subjects of Reports

Chapter D: Queries

Chapter E: Reports

Chapter F: Subject Statements and the Dispute Process

Chapter G: Fees

Chapter H: Information Sources

Appendix A: Glossary

Appendix B: Acronym Guide

Download the the NPDB Guidebook (PDF - 3.0 MB)



NPDB e-Guidebook

This publication links to non-Federal resources in order to provide additional information to consumers. The views and content in these resources have not been formally approved by the U.S. Department of Health and Human Services (HHS) or Health Resources and Services Administration (HRSA). Neither HHS nor HRSA endorses the products or services of the listed resources.

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Resources

Help When You Need It: www.npdb.hrsa.gov

- FAQs, brochures, and fact sheets
- NPDB Guidebook
- Recorded webinars
- Instructions for reporting and querying
- Regulations
- Statistical data
- Research tools
- The Data Bank newsletter
- Customer Service Center
 - Call 800.767.6732
 - Email help@npdb.hrsa.gov



NPDB Compliance Tip Line
301-945-9601



Questions



Contact Information

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