

Office of the Inspector General, DoD

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DoD Implementation of the National Practitioner Data Bank Guidelines

Executive Summary

Introduction. This evaluation was requested by the Assistant Secretary of Defense (Health Affairs) (ASD[HA]). The National Practitioner Data Bank (NPDB) is a Federal database that collects and releases information relating to the professional competence and conduct of physicians, dentists, and other healthcare practitioners and providers. It is intended to improve the quality of healthcare by restricting the ability of incompetent healthcare practitioners and providers to move from State to State without disclosure or discovery of their previous damaging or incompetent performance.

Evaluation Objectives. The primary evaluation objective was to determine the Military Departments' overall effectiveness in implementing the NPDB program guidelines. In addition, we assessed the DoD programs, policies, procedures, and practices for identifying, processing, and reporting to the NPDB those healthcare practitioners and providers associated with malpractice payments or subjected to adverse privileging actions. We reviewed the management control program as it applied to the implementation of NPDB guidelines in DoD.

Evaluation Results. DoD has made progress in implementing the NPDB guidelines. Initiatives by all three Military Departments resulted in improvements in the processing time for reporting adverse privileging actions. In addition, the communication between the Air Force medical and legal communities is commendable. However, improvements were still needed in reporting malpractice payments and adverse privileging actions to the NPDB, and in reporting to the Defense Practitioner Data Bank (DPDB).

- o Although DoD reporting of malpractice payments to the NPDB needs improvement, it conforms to DoD policy, which mandates only partial reporting. Of the 124 malpractice payment records reviewed, 87 (70 percent) had not been reported to the NPDB. In addition, those reported had not been submitted in a timely manner. As a result, the NPDB had incomplete and untimely information and, when the NPDB was queried, healthcare entities did not have all relevant information available for making credentialing and privileging decisions (Finding A).

- o Although the Military Departments were reporting physicians and dentists, the specific adverse privileging actions reported varied widely. In addition, the Military Departments did not report the actions taken in a timely manner. As a result, healthcare entities querying the NPDB did not have all relevant information available when making credentialing or privileging decisions (Finding B).

the Air Force agreed to reconcile data differences between the NPDB and the DPDB by hiring a full-time database manager to be responsible for malpractice and adverse action databases. See Part I for a discussion of management comments and Part III for the complete text of those comments.

Evaluation Response. Comments from the ASD(HA), the Army, the Navy, and the Air Force were partially responsive. We recognize the ASD(HA) and Military Departments' position that DoD should report only malpractice payments made on behalf of the practitioner. However, we believe that implementation of our recommendation to report all malpractice payments is necessary to bring DoD into compliance with the intent of the public law. In addition, the original memorandum of understanding between DoD and the Department of Health and Human Services stated that DoD would report all malpractice payments. We see no need to revise the deadline for reporting malpractice payments from 30 days to 120 days because the additional time is needed only if limited reporting continues. If all malpractice payments are reported, 30 days from notification of payment is sufficient. Based on management comments, we revised the recommendation for reporting by the Judge Advocates General to the Surgeons General by extending the reporting period to 45 days. We request that the ASD(HA) reconsider her position and provide additional comments and that the Army and the Navy provide implementation plans and dates in response to the final report by August 26, 1998.