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Before the Committee on Health
Hearing on the Performance of the District of Columbia Board of Medicine

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Chairman Catania and Members of the Committee,

I am very thankful for the opportunity to testify on this important topic. Although I have been following and measuring this issue of Medical Board enforcement of state Medical Practice Acts for more than 30 years, this is the first time I have been asked to appear at a D.C. Council hearing conducting oversight over the D.C. Board of Medicine. For all practical purposes, other than some rather pro forma, appropriations hearings, the Council has previously neglected its duties to conduct such oversight for these 30 years.

In an article 18 years ago in the Journal of the American Medical Association written by officials of the Federation of State Medical Boards, the authors stated that:

> "The success of boards to improve medical discipline will finally depend, of course, on the funding, staffing, and authority of state boards. These can only come from state legislatures willing to act responsibly. . . . . .Those who sit in the legislatures of the various states must recognize that the effective regulation of medical practice is in their hands." (JAMA Editorial February 13, 1987, Volume 257 pp 828-9)

Section I: Inadequate Doctor Discipline in the District of Columbia

The D.C. Board of Medicine exemplifies the problems that inevitably punish patients in the District of Columbia because of grossly inadequate legislative oversight and, therefore, inadequate funding, staffing and authority to fully enforce the Medical Practice Act. Inadequate

discipline of dangerous doctors clearly results in harm to patients. Whenever asked, I have stated that the D.C. board has consistently had one of the lowest rates of serious disciplinary actions against physicians of any board in the country but that this is hardly surprising in view of the lack of authority, funds and staff. Despite this the board has very recently improved from always being one of the worst 10 boards to 30^{th,} based on the average rates of serious actions in 2002-2004. (see Figures 1a and 1b below). This still means that for these last three years, there were nine state boards that disciplined more than twice as many doctors (per 1000 licensed physicians) as did D.C.

Figure 1a: Ranking of the Rate of State Medical Boards' Serious Disciplinary Actions in 2004

Rank 2002 - 2004*	State	Number of Serious Actions 2004	Number of Physicians 2003**	Serious Actions per 1,000 Physicians from 2002 – 2004***
1	Wyoming	8	1140	10.04
2	Kentucky	95	10540	9.32
3	North Dakota	7	1742	7.65
4	Alaska	12	1650	7.44
5	Oklahoma	37	6792	6.95
6	Arizona	63	13641	6.68
7	Ohio	227	35568	6.64
8	Montana	14	2525	6.40
9	Colorado	82	13827	6.18
10	West Virginia	19	4587	5.33
11	Missouri	162	16518	5.23
12	Iowa	45	7311	5.00
13	Utah	22	5514	4.99
14	Louisiana	67	12980	4.87
15	Vermont	8	2578	4.47
16	Alabama	37	10767	4.33
17	New York	373	84386	4.29
18	Georgia	85	21720	4.21
19	New Mexico	21	5031	4.00
20	Oregon	33	11203	3.93
21	Idaho	9	2802	3.71
22	California	375	104261	3.55
23	Massachusetts	106	31076	3.45
24	Nebraska	16	4765	3.44
25	Illinois	177	39740	3.39
26	New Hampshire	16	4018	3.38
27	Indiana	50	15389	3.35
28	Texas	152	53727	3.25
29	New Jersey	102	31758	3.14
30	District of Columbia	13	4648	2.93
31	Kansas	26	7318	2.86
32	South Dakota	4	1909	2.78
33	Virginia	57	23021	2.78
34	North Carolina	97	24014	2.69
35	Maine	9	3995	2.65
36	Pennsylvania	153	40542	2.60
37	Florida	153	50000	2.46
38	Connecticut	31	14167	2.44

39	Michigan	80	26459	2.38
40	Mississippi	8	6099	2.35
41	Tennessee	49	16547	2.33
42	Washington	34	18580	2.21
43	South Carolina	17	10791	2.18
44	Arkansas	9	6321	2.11
45	Rhode Island	10	4287	2.09
46	Nevada	6	4691	2.00
47	Maryland	53	25359	1.94
48	Minnesota	24	15929	1.74
49	Wisconsin	33	15807	1.70
50	Delaware	4	2488	1.54
51	Hawaii	6	4518	1.44

* Rank is calculated based upon an average of the disciplinary rates for 2002, 2003 and 2004.
**Includes osteopathic physicians for boards with jurisdiction over both physicians and osteopaths.
***Action rate is calculated by averaging the action rates over the three-year period of 2002, 2003 and 2004.

Figure 1b: Ranking of the Rate of State Medical Boards' Serious Disciplinary Actions in 2004

Ranks Based Upon Average Doctor Disciplinary Rates Over Three Years*

	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004
Alabama	40	39	36	27	18	14	12	11	13	16
Alaska	5	3	3	1	1	1	1	1	6	4
Arizona	11	9	7	13	28	18	5	3	1	6
Arkansas	28	24	16	9	5	8	15	20	29	44
California	31	32	20	22	22	23	25	24	22	22
Colorado	9	5	5	6	12	19	16	12	9	9
Connecticut	35	37	33	37	39	37	39	38	38	38
Delaware	48	47	44	49	50	50	50	49	50	50
District of Columbia**	51	51	49	40	42	N/A	N/A	N/A	41	30
West Virginia	1	7	9	8	9	11	17	15	10	10
New Mexico	38	30	27	23	27	24	34	26	21	19

*Rank for each year is calculated based upon an average of the disciplinary rates from that year and the preceding two years.
**The District of Columbia did not provide data for 2000.

Following a significant increase in funding and staffing mandated by the Arizona legislature in the late 1990s, after considerable adverse publicity concerning the state medical board's inadequate rate of serious disciplinary actions, there was a three-fold increase in the rate of serious actions in that state so that by 2003, it ranked first in the country as shown in Figure 1b above.

By looking at two other states with almost exactly the same number of licensed physicians as D.C. – nearby West Virginia and New Mexico – the extreme limitation of authority and resources available to the D.C. Board of Medicine can be seen. In Figure 2 below, both of these latter boards have full-time executive directors, one or two full-time investigators, one full-time lawyer and two full-time clerical people. The D.C. board, unfortunately, does not have one full-

time person in any of these four job categories. An important cause of this is that the D.C. board, unlike its counterparts in West Virginia and New Mexico, does not have the authority to either develop or approve its budget.

Also unlike these two states, both of which are able to allocate, respectively, 90 percent and 100 percent of the licensing funds for use by the board, the D.C. board has no such authority, operating without any formal budget and subject to the arbitrary largesse of other parts of the D.C. government. We strongly urge the Council to raise the annual licensing fee from the current $156 per year to $500 per year.

Another important difference between the authority granted to West Virginia and New Mexico boards but lacking here in D.C. has to do with the authority to adopt its own rules and regulations. Whereas both the West Virginia and New Mexico boards have such authority, in D.C. the board can merely recommend such changes, but they have to be approved by the Director of the Department of Health. A total of 42 states have such authority, so D.C. is in a distinct minority.

It is no surprise, therefore, that both boards are able to do considerably more discipline than D.C. As seen in Figure 1a above, West Virginia disciplined 1.8 times as many physicians per 100 licensed physicians in 2002-2004 and New Mexico disciplined 1.4 times as many physicians as D.C.

Figure 2: Comparison of D.C. Board of Medicine Authority & Resources with Those of Two States Having Comparable Numbers of Physicians

State	# Licensed Docs	Full-Time Exec. Dir	Full-Time Invest-igators	Full-Time Lawyers	Full-Time Clerical Staff	Adopts Rules and Regulations	Develop/ Approve Budget	% Licensing Funds Available to Board
D.C.	4,648	No	0	0	0	No	No/No*	unknown
W.V.	4,587	Yes	1	1	2	Yes	Yes/Yes	90%
N.M.	5,031	Yes	2	1	2	Yes	Yes/No	100%

*There is no defined budget for the D.C. Board of Medicine

Section II: The Patient's Need for an On-line Physician Profile

The Problems with a Small Number of Repeat Offender Doctors

Mr. Chairman, in addition to the above needed changes, under your leadership, the City Council can also make dramatic improvements to the type of information the Department of Health (DOH), through its Health Professional Licensing Administration, makes available on-line that will help patients and consumers make much more informed choices about which doctors to seek care from. Such improvements, which surveys show consumers overwhelmingly want, will at least put D.C. residents on a par with those living in many other jurisdictions in the country. And this new information will give patients a much greater measure of control over their own health care.

For too long, people in the District have been kept in the dark about the competence of the doctors to whom they entrust their lives and the lives of their loved ones. Ordinary people cannot go to the DOH website and get adequate information about a doctor's disciplinary history. Nor can primary care doctors get this information on the specialists to whom they refer their own patients. Consumers do not know if the doctor they are considering going to has lost his hospital privileges, been found guilty of medical negligence by a court of law, or has settled any malpractice claims out of court. They are kept ignorant even of prior criminal convictions, or whether their surgeon ever removed the wrong organ or operated under the influence of a judgment-impairing narcotic.

It is plain common sense that consumers want and should have access to this information, particularly when the stakes are so high and the information is readily available to state licensing authorities. Without it, people are deprived of the ability to make intelligent, knowledgeable choices and to protect themselves from otherwise avoidable injury.

The tragic result of this ignorance is that many victims of medical negligence are harmed by repeat offenders. The statistics bear this out – a very small percentage of doctors practicing in the District are responsible for the lion's share of medical malpractice payouts to patients.

Figure 3 shows Public Citizen's analysis of information contained in the federal government's National Practitioner Data Bank (NPDB). Since September 1990, the NPDB has maintained a comprehensive set of data on the frequency of medical malpractice payouts made by insurers and others on behalf of doctors and which doctors have been disciplined or had their privileges adversely affected (although the names of those doctors are not available to the public). (A fuller description of the NPDB is in the Appendix.)

Here are the major findings for the District's doctors for the period 1990-2004:

- Just 4.3 percent of doctors practicing in the District have been responsible for 47.3 percent of all malpractice payouts to patients, and each of these doctors has made at least two payouts.

- A tiny fraction – just eight-tenths of one percent – of doctors, each of whom has made four or more malpractice payouts during that period, were responsible for 15.4 percent of the total.

- The vast majority of District doctors, some 85 percent, have never made a medical malpractice payout in the more than 14 years since the NPDB was created.

Figure 3: Number and Amounts of Medical Malpractice Payments To Patients Paid on Behalf of D.C. Doctors, 1990-2004

Number of Payment Reports	Number of Doctors With Payments	Total Number of Payments	Percentage of Total Doctors (4,022)	Percentage of Total Number of Payments	Total Amount of Payments
All	585	786	14.5%	100.0%	$315,996,500
1	414	414	10.3%	52.7%	$172,653,750
2 or more	171	372	4.3%	47.3%	$143,342,750
3 or more	66	200	1.6%	25.4%	$70,838,250
4 or more	31	121	0.8%	15.4%	$37,675,000
5 or more	19	90	0.5%	11.5%	$27,719,500

Source: Public Citizen analysis of data from the National Practitioner Data Bank; number of doctors from American Medical Association, "Physician Characteristics and Distribution in the US," calculated as an average of total number of D.C.doctors for 1995 and 2001, which is the mid-point of the period studied.

It stands to reason, then, that by focusing attention on repeat offender doctors, patient safety can be dramatically improved.

There are two ways to accomplish this. The first is to improve professional oversight and enforce more vigorous sanctions. This was the subject of the first half of my testimony.

The second is to better inform the public so that consumers can avoid those doctors with a more questionable – if not outright threatening – history of practice. In effect, empower consumers and let the marketplace weed out problem doctors. This is, obviously, not happening now.

Figure 4 shows the rates at which repeat offender doctors are being disciplined in the District, again using NPDB data. Here is what we found:

- Only 1 out of 10 doctors (10.6 percent) with three or more malpractice payouts have ever been disciplined by the D.C. Board of Medicine.

- Only 15.8 percent of doctors with five or more malpractice payouts were subjected to any type of licensee action by the D.C. Board of Medicine.

Figure 4: D.C Doctors with Two or More Medical Malpractice Payouts Who Have Been Disciplined (Reportable Licensure Actions), 1990 – 2004

Number of Payout Reports	Number of Doctors With Payouts	Number of Doctors With One or More Reportable Licensure Actions	Percent of Doctors With One or More Reportable Licensure Actions
2 or more	171	14	8.2%
3 or more	66	7	10.6%
4 or more	31	5	16.1%
5 or more	19	3	15.8%
10 or more	2	1	50.0%

Source: Public Citizen analysis of data from the National Practitioner Data Bank.

The extent to which doctors have made multiple payouts to patients for medical malpractice claims and go undisciplined is illustrated by the following NPDB descriptions of 10 District physicians who have made between 4 and 10 malpractice payouts totaling more than $1 million per doctor. None has been disciplined by the D.C. Board of Medicine. The doctors are identified by number because the NPDB does not disclose their names to the public.

- **Physician Number 11535** had at least 6 malpractice payouts between 1991 and 2001, three times for improper management of surgeries, improper choice of delivery method, delay in treatment of fetal distress, and failure to instruct or communicate with a patient or family. The damages add up to $5,240,000.

- **Physician Number 144445** had at least 5 malpractice payouts between 1999 and 2002, for failure to treat, failure to obtain consent or lack of informed consent, delay in diagnosis, improper management of medication, and improper surgical performance. The damages add up to $3,717,500.

- **Physician Number 7170** had at least 5 malpractice payouts between 1994 and 2004, for failure to diagnose, failure to perform an obstetrics procedure, an unspecified diagnosis error, an unspecified surgical error, and an unspecified obstetrics error. The damages add up to $2,675,000.

- **Physician Number 7207** had at least 5 malpractice payouts between 1991 and 2002, twice for improper treatment technique, twice for improper management of treatment, and failure to diagnose. The damages add up to $2,560,000.

- **Physician Number 7241** had at least 5 malpractice payouts between 1993 and 2001, for delay in obstetrics performance, improper surgical performance, failure to obtain consent or lack of informed consent, improper obstetrics management, and an unspecified obstetrics error. The damages add up to $2,255,000.

- **Physician Number 70117** had at least 5 malpractice payouts between 1995 and 2004, twice for delay in obstetrics performance, an improperly performed vaginal delivery, failure to diagnose, and an unspecified obstetrics error. The damages add up to $1,820,000.

- **Physician Number 62700** had at least 4 malpractice payouts between 1994 and 2004, for an improperly performed vaginal delivery, delay in treatment of fetal distress, improper management of an obstetrics case, and an unspecified surgical error. The damages add up to $1,787,500.

- **Physician Number 15941** had at least 10 malpractice payouts between 1990 and 2004, twice for unspecified surgical errors, failure to treat, delay in diagnosis, delay in treatment, improper surgical management, improper treatment technique, improper medication technique, a patient positioning problem, and unnecessary surgical procedure. The damages add up to $1,602,500.

- **Physician Number 8706** had at least 6 malpractice payouts between 1991 and 2001, three times for failure to diagnose, failure or delay in referral or consultation, failure to report on patient condition, and an unspecified treatment error. The damages add up to $1,450,000.

- **Physician Number 95192** had at least 4 malpractice payouts between 1996 and 2001, twice for improper obstetrics management, failure or delay in referral or consultation, and an unspecified surgical error. The damages add up to $1,240,000.

A Comparison of On-line Physician Profiles in the District and Other States

Today, 49 state medical boards or departments of health provide consumers with on-line access to some doctor-specific disciplinary information—including a history of medical malpractice payouts, criminal convictions and disciplinary record. These entities obtain information on malpractice and adverse professional actions from multiple sources: in addition to mandatory self-reporting by doctors there is mandatory reporting by health care institutions and malpractice insurers.

Although the quality of on-line physician profiles varies from state to state both in terms of substance and facility of use, these are constantly being improved and expanded. The District has had Internet profiles on doctors since 2002, but these are so lacking in meaningful information that they are next to useless as a consumer protection tool.

Just as there is a set of ideal characteristics for a state medical board, as discussed earlier in this testimony, there is a set of ideal characteristics for public-access physician profiles.

Figure 5 provides an overview comparison of the physician profile website maintained by the DOH with those maintained by comparable oversight bodies in Maryland and Virginia, as well as New York and California. The latter two states we give high grades for content and user-friendliness. Virginia's site is also of a higher quality than most other states.

Figure 5: Comparison of Public On-line Physician Profiles

	DC	VA	MD	NY	CA
Practice Information					
Name	X	X	X	X	X
Address	X	X	X	X	X
Telephone Number	X	X			
Education					
Medical School		X	X	X	X
Graduate Medical Education		X	X	X	X
Specialty	X	X	X	X	
Board Certification	X	X	X	X	X
Licensure Information					
Number	X	X	X	X	X
Status	X	X	X		X
Date of Expiration	X	X	X		X
Hospital Privileges		X	X	X	
Hospital Privilege Restrictions*		X		X	X
In-State Disciplinary Actions*					
Action and Date*	X	X	X	X	X
Text of Board Order**		X	X	X	
Out-of-State Disciplinary Actions*		X	X	X	X
Civil Litigation History*					
Judgments and awards*		X	X	X	X
Settlements*		X	X	X	X
Dollar amounts of paid claims*			X		X
Criminal Convictions		X	X	X	X

*This information is collected by the National Practitioner Data Bank and provided to each state. It is available to the public, but only in non-identifiable form—i.e., practitioners are not named, but are randomly assigned serial numbers that conceal their identities. See appendix for further details.
**Text of Board Order is the full text of adjudicated notices, final orders and other decision documents created by the regulatory Board.

As you can see, the District website provides little more than rudimentary information on doctors, and fares very badly compared to Virginia and Maryland. Unlike the District, Maryland and Virginia:

- Permit consumers to look up the number, type and date of disciplinary actions taken against a specific doctor and even download the text of the medical board decision. The District

only makes available the type and date of a disciplinary action. And unlike our neighbors, the District does not maintain information on out-of-state actions. This is a critical omission as doctors commonly move from one state to another when they lose their privileges.

- Publicize malpractice judgments, awards, and settlements for the previous 10 years, with Maryland providing actual dollar amounts for settlements exceeding $150,000. The District does not provide any of this information.

- Maintain data on criminal convictions.

In the Appendix we have provided more detailed analyses of the physician profiles for the District and the other four states in order to conduct a more comprehensive comparison. We will also provide separately to the committee staff a full set of printouts of the contents of each public access website, and the legislative and regulatory bases for their establishment. All but that of the District were created as a result of state laws mandating that certain physician information be made available to the public, and they have been operational for at least five years. The District website was apparently created ad hoc, with no statutory or regulatory basis.

We don't believe any of the states profiled in this testimony provide ideal websites, but some of them are getting close. In Figure 6, "Model On-line Physician Profile," we have developed a composite model for the committee to consider. In effect, it takes the best features from the best websites and provides a blueprint for making the District's website the model for the country.

Since the original legislation establishing the NPDB was debated in Congress in 1986, physicians' groups have vociferously opposed the public dissemination of some physician information, especially a doctor's litigation history. They have charged that consumers would be unable to interpret the data, which could discourage them from consulting a perfectly good doctor with a slightly blemished record.

But despite the resistance of doctor groups, all states now make some doctor disciplinary information available on-line, and these public websites, as I have noted, are becoming more detailed, more comprehensive, easier to access, and more useful to consumers all the time.

Remember: for the 85 percent of doctors who have never made a malpractice payment and have nothing more significant on their records than minor disciplinary infractions, this should not be an issue. In fact, many doctors may see a benefit of being able to "advertise" the unique advantages of their practice—their "clean" patient safety record, their focus on certain types of patients or their foreign language ability.

Of course, no system is perfect. There have been cases of doctors charging that their professional reputation was damaged when unverified information that they alleged was erroneous was posted in their public profile. While this is regrettable, these are isolated incidents that should not prevent us from pursuing the greater public good.

Moreover, to remedy this problem, physician profile websites typically contain disclaimers and explanations about the source of the information posted, how to interpret malpractice payouts

and how to construe settlements, among others. The fact that a system may have "glitches" is only cause to fix the problem, not abandon the concept entirely. And that is the approach that it seems most states have been taking. After all, there is no reason that a consumer should be able to find out more about the used car they want to buy than about the doctor who will be making potentially life-altering decisions about their health.

In summary, there are many important changes in the way the Medical Board is able to function that the Council can ensure, through legislative changes and through continued oversight. These include increased authority such as setting its own budget and having 100% of the funds generated by license fees—that should ideally rise from the current $156 per year to $500 per year—going to the board. As discussed above, the Board also needs the authority to adopt its own rules and regulations. Finally, also a matter much more likely to occur if it is made a budget item and adequately funded, is the prompt provision of adequate profiles of all licensed physicians as outlined in the model on-line profile below. Most states are years ahead of D.C. in this important provision of information to current and potential patients and to physicians as a basis for more rational referrals.

Again, I thank you for this opportunity to testify.

Figure 6: Model On-line Physician Profile

Each board should have an accessible, user-friendly website that allows patients to easily search a comprehensive database of physician information. Public access to data should be preserved even when a physician's license is suspended, revoked or expired, as well as during appeals processes.

Each profile should contain:

- **Practice Information:** 1) name, address, and telephone number of all current and former practice locations; 2) the percentage of time spent at each current practice location; 3) years in active clinical practice; 4) names of any licensed physicians, and any names under which they might do business, with whom licensee shares a group practice; 5) languages spoken at each practice location; 6) translation services available at each practice location; 7) participation in Medicare, Medicaid or any other government-funded insurance program; 8) health insurance plans accepted at each practice location.

- **Education:** 1) names of all schools attended with dates of attendance and date of graduation; 2) graduate medical education – location, concentration, dates of participation and date of completion; 3) internships, residencies and fellowship programs – locations, concentrations, dates of participation and of completion; 4) continuing medical education – subjects, locations, dates of attendance and completion; 5) professional memberships.

- **Specialty:** areas of concentration along with number of years in the specialty.

- **Board Certification:** all certifications, with initial dates, re-certification dates and dates of expiration.

- **Licensure Information:** 1) license number; 2) date of initial licensure; 3) license status; 4) any past restrictions and resolution; 5) date of expiration.

- **Privileges at Health Care Entities:** all past and present affiliations with health care entities and type of privileges. If no longer affiliated, the reason why.

- **Privilege Restrictions at Health Care Entities:** any action resulting in a reduction or change of privileges at a health care entity. The case number, name of the health care facility, description of action and effective date of action should be listed, if applicable.

- **In-State Disciplinary Actions:** information regarding any action taken against a licensee including 1) temporary restraining orders issued; 2) interim suspension orders issued; 3) revocations, suspensions, probations or limitations on practice ordered by the Board, including those made as part of a probationary order or stipulated agreement; 4) public letters of reprimand; 5) infractions, citations or fines imposed. The basis for the action, date of the action, length of penalty and copies of the order should be listed.

- **Out-of-State Disciplinary Actions:** information regarding any action ever taken by another state medical board or a governmental agency against the licensee (e.g., being put on probation by the Drug Enforcement Agency), including 1) temporary restraining orders issued; 2) interim suspension orders issued; 3) revocations, suspensions, probations or limitations on practice ordered by the Board, including those made as part of a probationary order or stipulated agreement; 4) public letters of reprimand; 5) infractions, citations or fines imposed. Dates and action taken should be listed.

- **Civil Litigation History:** all judgments, awards, settlements with 1) case number; 2) court/arbitrator; 3) docket number; 4) amount paid; 5) date of resolution; and 6) insurance company(s), if any.

- **Criminal Convictions:** court, docket number, description of the case including nature of the crime, sentence and effective date of action should be given for all past felony and misdemeanor convictions (including pleas of guilty and nolo contendere).

- **Teaching Responsibilities:** appointments to institutions of higher learning, with dates, status and responsibilities listed.

- **Publications:** titles and locations of published, peer-reviewed writings.

- **Community Service Activities**

- **Honors and Awards**

- **Personal Statement**

Appendix: National Practitioner Data Bank

Title 42, USCA, The Public Health and Welfare, Chapter 117, Encouraging Good Faith Professional Review Activities, §11101 through §11152, created the National Practitioner Data Bank (NPDB). Among the key findings made by Congress was "a national 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." As a result, the act requires each entity that makes a payment in settlement or satisfaction of a judgment in a medical malpractice action on behalf of a physician to report that information to the data bank. (§11131) In addition, sanctions taken by Boards of Medical Examiners must also be reported. (§11132) Health care entities are also required to report actions that adversely affect the clinical privileges of a licensed practitioner for a period longer than 30 days. (§11133) Professional societies that take professional review action adversely affecting the membership of a physician are also required to submit reports. (§11133) The information required to be reported under the preceding sections must be sent on prescribed forms to the NPDB monthly. (§11134) In addition, those reporting information regarding malpractice payments must also provide that information to the state licensing board for the state in which the medical malpractice case arose. (§11134) Health care entities that take action affecting a physician's clinical privileges must also report that information to the appropriate state licensing board. (§11134)

Since the creation of the NPDB, which became fully operational in 1990, state medical licensing boards have received monthly reports of medical malpractice payments on behalf of physicians and actions adversely affecting their clinical privileges. This information and the information the medical boards already collect concerning their own disciplinary actions is, therefore, readily available and should be made available to the public.

Appendix: Selected State On-line Physician Profiles

Washington, D.C. On-line Physician Profile

http://hpla.doh.dc.gov/weblookup/

According to Dr. Feseha Woldu, who oversees the District's licensing of health care professionals, the online professional license search has been available for the past 2-3 years and is not the requirement of any statute or regulation. It is, rather, a public service provided by the Department of Health, as follows:

- **Practice Information:** Name, business address and telephone.
- **Licensure Information:** type of license, license number, license status, original issue date, and date of expiration.
- **Specialty/Board Certification:** specialty information as reported by licensee.
- **In-State Disciplinary Actions:** for last 10 years. (The District does not provide a statutory or regulatory definition of "disciplinary actions," and it is noteworthy that a random search of numerous doctor profiles failed to turn up a single case in which disciplinary action was cited, even where a doctor's license had been suspended.)

Virginia On-line Physician Profile

http://www.vahealthprovider.com/

Since 1998 doctors of medicine and osteopathy are required by law to provide "certain data" to the Virginia Board of Medicine, and the Board must make this information available to the public. In 1999 doctors of podiatry were added.

The website has been available since mid 2001. Most information is self-reported. Practitioners are also required to update their profiles regularly. Profiles are currently available on over 98 percent of Virginia's doctors. Information provided is as follows:

- **Practice Information:** 1) primary practice address (including telephone), additional practice addresses (including telephone numbers), if any, and how the physician apportions time at each location; 2) years in active clinical practice in the United States or Canada; 3) years in active clinical practice outside the U.S. or Canada; 4) participation in Medicaid and Medicare; 5) access to any translating services and which foreign languages are spoken.

- **Education**: 1) medical, osteopathic or podiatric school attended with year of graduation; 2) school where graduate medical education was obtained with dates of completion; 3) internship, residency and fellowship training; 4) continuing medical education.

- **Specialty:** self designated areas of practice.

- **Board Certification:** certification by the recognized certification boards in the United States is provided by year of initial certification and any re-certifications and date present certification expires.

- **Licensure Information:** license number, issue date, expiration date and current status.

- **Hospital Privileges:** affiliation with Virginia hospitals and hospitals in states other than Virginia.

- **Hospital Privilege Restrictions:** any final disciplinary or other action that results in a suspension or revocation of privileges or the termination of employment.

- **In-State Disciplinary Actions:** Virginia Board of Medicine Notices and Orders (verified by the Board).

- **Out-of-State Disciplinary Actions:** actions taken by States/organizations other than the Virginia Board. Actions by other states and agencies are summarized by date, entity taking action, and a brief description of the action taken.

- **Civil Litigation History:** Claims history over the last 10 years, including the specialty involved, location, year, whether a settlement or judgment, whether the amount was average, above average or below average for that specialty, the number of specialists in that specialty,

the percentage of practitioners with claims in this specialty and any comments supplied by the physician.

- **Criminal Convictions:** felony convictions, including the date of conviction, the nature of conviction, jurisdiction and sentence imposed.

- **Additional Information:** 1) appointments, within the most recent ten years, to the faculty of a school of medicine, osteopathy or podiatry; 2) any publications in peer-reviewed literature within the most recent five years.

Maryland On-line Physician Profile

http://www.mbp.state.md.us/pages/nuclear_med.html

Since 1999 the Maryland Board of Physicians has been required to create a profile on each licensed physician. Consumers can search by physician's last name and by license number.

Information provided is as follows:

- **Practice Information:** 1) name and address for primary practice setting; 2) public address; 3) whether the doctor participates on the Maryland Medical Assistance Program.

- **Education:** 1) names of medical schools and dates of graduation; 2) descriptions of internships and residency trainings.

- **Specialty:** self reported practice area.

- **Board Certification:** for any specialty board certification by a recognized board of the American Board of Medical Specialties or the American Osteopathic Association, as reported by the licensee.

- **Licensure Information:** license number, date issued, status and date of expiration.

- **Hospital Privilege Information:** names of Maryland hospitals where licensee has medical privileges.

- **In-State Disciplinary Actions:** description of any action taken by the Maryland Board within the most recent ten year period (including copy of public order)

- **Out-of-State Disciplinary Actions:** description in summary form of final disciplinary actions by any state medical board within the past ten years is listed. The date, state and a summary of each action are shown.

- **Civil Litigation History:** all final malpractice judgments and arbitration awards within the past ten years for which all appeals have been exhausted are listed. If there are three or more settlements of $150,000 or greater within the past five years, they are shown as well. The payment dates, dollar amounts and insurance companies are listed for each payment.

- **Criminal Convictions:** convictions or entries of pleas of guilty or nolo contendere for crimes involving moral turpitude are reported to the Board by the courts.

New York On-line Physician Profile

http://www.nydoctorprofile.com/welcome.jsp

Since 2000 the New York Department of Health has been required to provide to the public certain self-reported information on all licensed doctors of medicine and doctors of osteopathy who are registered to practice medicine in New York State.

Information provided is as follows:

- **Practice Information:** 1) location of primary practice setting; 2) names of any licensed physicians with whom licensee shares a group practice; 3) identification of translating services that may be available at primary practice location; 4) participation in Medicare, Medicaid or any other government insurance program; 5) health care plans with which the licensee has contracts or other affiliations.

- **Education:** 1) medical school and date of graduation; 2) graduate medical education; 3) professional memberships are listed.

- **Board Certification:** current specialty board certification and date of certification.

- **Hospital Privileges:** names of hospitals where licensee has practice privileges.

- **Hospital Privilege Restrictions:** statement of any loss or involuntary restriction of hospital privileges or a failure to renew professional privileges at hospitals within the past ten years for reasons related to the quality of care delivered where procedural due process has been afforded. The existence of a restriction and the effective date are listed.

- **In-State Disciplinary Actions:** statement of any current limitation of the license to a specified area, type, scope or condition of practice.

- **Out-of-State Disciplinary Actions:** the date, state, action taken and summary are shown for actions within the most recent ten years.

- **Civil Litigation History:** the number of judgments and awards for the past ten years are reported along with payment details (date, zip code and classification of payment as average, above average or below average for doctors in the same specialty who have made payments). Also, if more than two settlements have occurred in the past ten years, they will be listed with the same payment details as used for judgments and awards.

- **Criminal Convictions:** felonies and misdemeanors for which there was a verdict or plea of guilty within the most recent ten years, under NY state law or the law of any other jurisdiction. The name of the offense, state, province and country where conviction occurred, and the date of conviction are all listed.

- **Additional Information:** 1) appointments to medical school faculties and indication as to whether a licensee has had a responsibility for graduate medical education within the most recent ten years; 2) information regarding publications in peer reviewed medical literature within the most recent ten years; 3) information regarding professional or community service activities or awards

California On-line Physician Profile

http://www.medbd.ca.gov/

Since 1998 the Medical Board of California has been authorized to provide the public with certain information about physicians. Information provided is as follows:

- **Practice Information:** the licensee's name, address and county.

- **Education:** 1) medical school and year of graduation; 2) approved postgraduate training.

- **Licensure Information:** type of license, license number, license status, original issue date, and date of expiration.

- **Board Certification:** current American Board of Medical Specialty certification or board equivalent as certified by the Medical Board of California, or the California Board of Podiatric Medicine.

- **Hospital Privilege Restrictions:** hospital disciplinary actions that result in termination or revocation of privileges for medical disciplinary cause or reason. The case number, name of the health care facility, description of action and effective date of action are listed.

- **In-State Disciplinary Actions:** information regarding any action taken against a licensee including 1) temporary restraining orders issued; 2) interim suspension orders issued; 3) revocations, suspensions, probations or limitations on practice ordered by the Board, including those made as part of a probationary order or stipulated agreement; 4) public letters of reprimand; 5) infractions, citations or fines imposed.

- **Out-of-State Disciplinary Actions:** disciplinary actions by medical boards of other states as well as federal government agencies are listed.

- **Civil Litigation History:** civil judgments in any amount, whether or not vacated by a settlement, that were not reversed on appeal as well as arbitration awards in any amount for a claim or action for damages for death or personal injury caused by the physician's negligence, error or omission in practice. All settlements of $30,000 or more are disclosed for low-risk specialties if there are three or more settlements within the past 10 years and for high-risk specialties if there are four or more settlements within the past 10 years. The complaint number, court/arbitrator, docket number, amount of award and date of action are listed for judgments and awards. For settlements, instead of listing the amount of the payment, the following information is displayed: the significance of payment (below average, average or above average), the number of years the licensee has been in practice, the total number of licensees in that specialty, the number of those with settlements, and the percentage of total specialists those with settlements represents.

- **Criminal Convictions:** felony convictions and citations issued by the Board for minor violations of the law. For citations, the number, cause, fine amount, date resolved and date citation was issued are listed. For felony convictions, the complaint number, court, docket number, a description of the case, the sentence and effective date of the action are shown.