Association of Health Care Journalists: Researching the backgrounds of health professionals: April 16, 2010
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Two primary reasons for this research

- To warn the public about specific providers whose records present dangers for patients
- To effect changes in the regulatory structures (e.g. hospitals and licensing boards) whose failures have allowed such providers to continue

From what sources would you find all there is to know about your doctor?

Medical board web sites and docfinder

http://www.docboard.org/docfinder.html

(for 21 states, a combined search can be done)

Get on mailing list for your state medical board

Dollars for Docs

FOIA requests of state and federal agencies

Google search for the doctor’s name

Boards with Web Sites Listing Hospital Actions and Malpractice Information*

- California
- Florida
- Georgia
- Idaho
- Massachusetts
- New Jersey
- New York
- Tennessee
- Vermont - Medical Only
- Virginia

*(as of 2006)

National Practitioner Data Bank Public Use File

Over 20 years of information at the individual practitioner level on malpractice payments, licensure actions, and clinical privileges actions

A Free Download from: http://www.npdb-hipdb.hrsa.gov/resources/publicData.jsp (updated quarterly)

Contents of NPDB Public Use File

reports on 151,546 physicians.

135,445 physicians have one or more malpractice payments.

28,970 physicians have one or more licensure actions,

10,796 physicians have one or more clinical privileges actions.

NPDB (continued)

Two download formats: SPSS format for direct use with SPSS statistics or many other statistical programs,

ASCII format for manual import into other software

NPDB Variables include:

Practitioner Number (to link multiple reports on the same practitioner) number changes quarterly.

Practitioner Field of License (Physician, Dentist, Registered Nurse, Chiropractor, Podiatrist, etc.)

Practitioner Specialty

Practitioner's Work and Home States

State of Entity Filing the Report

Practitioner's Age

Type of report: Malpractice, Licensure, Hospital

NPDB Variables (cont'd)

Year of Payment or Action
Malpractice Specific Allegation (Failure to Diagnose, Wrong Body Part, Contraindicated Procedure, etc.)
Amount of Malpractice Payment
Outcome: (Minor Temporary Injury, Grave Permanent Injury, Death, etc.)
Specific Type of Action Taken (Revocation, Restriction, Summary or Emergency Suspension, etc)

NPDB Variables (cont'd)

Basis for Action (Unable to Practice Safely, Disruptive Conduct, Patient Neglect, etc.)

Length of Penalty (Permanent, Indefinite, or Specified Length)

Uses for NPDB Analyses

Develop a profile for a specific (serial number) physician using the data in the NPDB

Determine how many physicians had malpractice payments in a state but had no reported actions against their license or clinical privileges

Uses for NPDB Analyses (cont'd)

Determine how many physician malpractice payments there were and how much was paid in a state each year over the last 20 years

Determine how many physicians in a state with hospital actions had no licensing action

State Medical Boards Fail to Discipline Doctors with Hospital Actions Against Them
Public Citizen report March 15, 2011

10,672 physicians in the data bank with one or more clinical privilege actions — revocation or restriction of their clinical privileges — 45% also had one or more state licensing actions.

However 5,887, or 55%, of these physicians — more than half — had no state licensing actions.

Reasons for the actions against these 5,887 physicians

- 220 physicians disciplined because they were an “Immediate Threat to Health or Safety”
- 1,119 physicians disciplined because of incompetence, negligence or malpractice
- 605 physicians disciplined because of substandard care

Types of Clinical Privileging Actions taken against the 5,887 physicians

- 3,218 physicians in our study lost their clinical privileges permanently, and an additional 389 physicians lost privileges for more than one year.
- Thus, 3,607 physicians, representing 61% of those with one or more clinical privilege reports but no state disciplinary action, had either a permanent clinical privilege penalty or a penalty of one year or more.

Malpractice payouts against these physicians

- many of the 5,887 physicians who had been disciplined by hospitals, but had no state medical board action, had a history of medical malpractice payments (as reported to the NPDB).
- A physician in New Mexico had 26 malpractice cases while a physician in Indiana had 20.
- Fourteen states had a physician with at least one clinical privilege report, no state licensure action, and at least 10 medical malpractice payments.

Doctors with hospital actions but no board licensing action

- California: Physician # 5039 had a clinical privilege report involving suspension of privileges in 1991 and 15 medical malpractice reports totaling $1.9 million for the period 1993-2009. The reasons for the malpractice claims, as described in the Public Use File, included two cases of retained foreign body (surgery related) and two cases of improper performance; one patient suffered significant permanent injury.

Florida – Physician # 9469 had a clinical privilege report involving permanent revocation of hospital privileges in 2002 for incompetence and 10 medical malpractice reports totaling $1 million for the period 1992–2009. The reasons for the malpractice claims included two cases of failing to monitor, one case of retained foreign body, one case of misdiagnosis (surgery related), one case of improper management (surgery related), one case of unnecessary procedure, and one case of delay in performance (surgery related); two patients died.

Illinois – Physician # 12405 had a clinical privilege report in 1999 involving permanent denial of privileges, and 10 medical malpractice reports for the period 1992-2006 totaling $7 million. The reasons for the malpractice claims included four cases of improper management (obstetrics related), one case of improper performance(surgery related), one case of failure to diagnose (obstetrics related), one case of failure to identify fetal distress (obstetrics related), one case of failure to order appropriate test (obstetrics related). One patient suffered a major permanent injury while another became a quadriplegic due to a brain injury.

New York – Physician #93487 had a clinical privilege report in 2008. The practitioner voluntarily surrendered privileges while under investigation and received an indefinite suspension of privileges. The physician had 15 medical malpractice reports totaling $6.2 million for the period 1996 -2008. The malpractice claims included three cases of improper performance (treatment related) and four cases of improper technique (treatment related); there was one patient death, one case of significant permanent injury and one case of major temporary injury.

Pennsylvania – Physician # 56598 had a clinical privilege report in 2006 that resulted in suspension of clinical privileges. There were also 25 malpractice reports totaling $9.5 million for the period 1994–2009. The reasons for the malpractice claims included: four cases of retained foreign bodies, five cases involving improper performance (surgery related), two cases of unnecessary surgical procedures, two cases of failure to obtain consent (surgery related), a case of failure to communicate with patient (surgery related), and wrong medication (surgery related). Six patients incurred significant permanent injuries, one patient had a major permanent injury and one patient became a quadriplegic due to brain damage.

Focussing on states with a large proportion of those doctors with hospital actions having no board actions

- Colorado had disciplinary actions against 68.4 % of those docs with hospital actions
- Eight states, including Pennsylvania, took board actions against fewer than 30 %
- We chose New Jersey to study more intensively because an article and subsequent editorial in the Bergen Record called for legislative hearings after our report last month

The following is from testimony April 11th to the New Jersey Senate Health Committee

- from September 1, 1990 through the end of 2009, New Jersey hospitals have taken disciplinary actions against 320 New Jersey physicians. Although 43 percent of them have also had a disciplinary action by the NJBME, 57 percent---183---have never had any board disciplinary action
- Of 183 physicians with New Jersey hospital actions but no NJBME actions, 97--- more than one-half --- had the most serious kinds of hospital actions, either terminating or restricting their admitting privileges permanently or for one year or more.

Reasons Why These Physicians Were Disciplined

For the 56 physicians for whom details were given, the reasons stated by the hospital were as follows:

- 29 physicians: unable to practice safely, incompetence, negligence, or substandard/inadequate care or skill level
- 17 physicians: unprofessional conduct
- 2 physicians: fraud
- 1 physician: criminal conviction

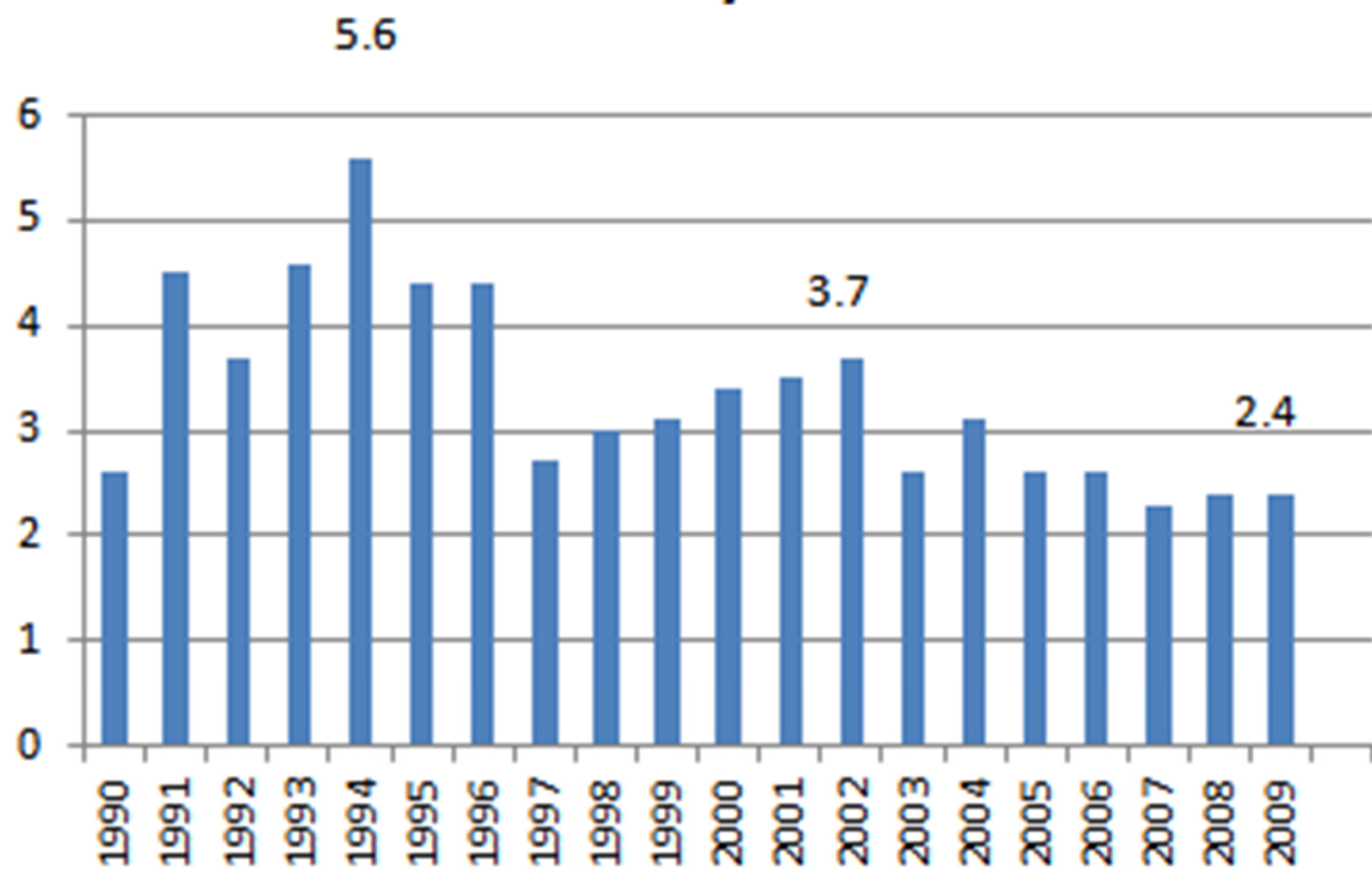
New Jersey Physician 165597

- In 2004, this physician had two different hospital actions, each resulting in a one-year restriction on admitting privileges. One was for substandard or inadequate skill level, the other for substandard or inadequate level of care. In 2006 and again in 2008 there were large malpractice payments made against the physician for 970,000 and $940,000 respectively. The reasons were both surgery-related, the first due to the failure to order the appropriate test, the second, because of improper performance of surgery, each resulting in “significant permanent injury” to the two patients involved.

New Jersey Physician 210390

In 2009, a New Jersey hospital permanently revoked this physician's admitting privileges for a reason listed as "other" in the public use file of the NPDB. Between 2004 and 2006 there were eight malpractice payments made against this physician totaling $2.7 million. The reasons for the payouts, seven surgery-related, one treatment related, included: four instances of improper performance, one delay in treatment and failure to recognize complication, one failure to obtain informed consent or lack of consent, and one instance of improper management, the patient in this case suffering significant permanent injury.

NJBME Disciplinary Actions:1990-2009 Rate of Serious Actions per 1000 Physicians



Ranking of the Rate of State Medical Boards' Serious Disciplinary Actions
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

Figure 2: Comparison of DC Board Authority & Resources with Those of Two States Having Comparable Numbers of Physicians

State	Number Licensed Docs	Full Time Exec. Dir	Full Time Investigators	Full Time Lawyers	Full Time Clerical Staff	Adopt Rules/ regulations	Develop approve Budget	% Licensing Funds Available to Board
D.C.	4648	No	0	0	0	No	No/No*	unknown
W.V.	4587	Yes	1	1	2	Yes	Yes/Yes	90%
N.M.	5031	Yes	2	1	2	Yes	Yes/No	100%

There is no defined budget for the DC Medical Board

Factors affecting medical board function

- Adequate funding (all money from license fees going to fund board activities instead of going into the state treasury for general purposes);
- Adequate staffing including investigators and legal staff;
- Assure that well trained public members without a conflict of interest are exercising an effective role;
- Proactive investigations rather than only reacting to complaints;

The use of all available/reliable data from other sources such as the NPDB, Medicare and Medicaid sanctions, hospital sanctions, malpractice payouts, and the criminal justice system;

Excellent leadership;

Independence from state medical societies—medical societies not providing the list for the governor, with doctor-friendly doctors dominating;

Independence from other parts of the state government so that the board has the ability to develop its own budgets and regulations; and

A reasonable legal standard for disciplining doctors ("preponderance of the evidence" rather than "beyond a reasonable doubt" or "clear and convincing evidence").

Some Things Do Not Change and Still Need Much Improvement

"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."

FSMB Leadership in 1987: JAMA Editorial
(February 13, Volume 257 pp 828-9)

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