

# 2009 NATIONAL PRACTITIONER ADVERSE FINDINGS STUDY

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# Medversant 2009 National Practitioner Adverse Findings Study

## BACKGROUND

Medversant Technologies continuously monitors and credentials practitioners across the US for adverse background information on behalf of state governments, health plans, hospitals and other organizations. Through its patented AutoVerifi™ technology (US Patent No. 7,529,682) licensure, and federal exclusions and debarments for healthcare practitioners, including Medicare and Medicaid sanctions, DEA registration, and CDS registration are continuously monitored. Initial results of continuous monitoring were released in 2008. Nine percent of reviewed practitioners were found to be practicing under an invalid license or had other adverse findings. Medversant expanded its 2009 study to include among other things, direct hospital query of clinical privilege actions.

## DESIGN

Randomized study of 29,845 healthcare practitioners with professed current medical licensure.

## KEY MEASUREMENTS

1) Number of practitioners with one or more adverse findings, 2) number of practitioners practicing without a license; and 3) number of practitioners with an adverse finding not reported by the Excluded Parties List System (EPLS) or the National Practitioner Data Bank (NPDB).

## RESULTS

18.7% (5,577 of 29,845) of practitioners reviewed had one or more adverse findings; 5.3% (n=1564) had one or more adverse findings not reported by EPLS nor NPDB and 1.9% (n=558) were practicing without a license.

## CONCLUSIONS

Continuous monitoring of credentials identifies higher risk practitioners who might otherwise be missed in a traditional biennial or triennial credentialing process. NPDB, in its 2006 report, states that practitioners with more than one malpractice payment report are responsible for more than half of malpractice payments made, and are one third more likely to have other adverse findings than practitioners with a

single malpractice payment report. Arguably, a reduction in preventable medical injuries and a subsequent decrease in malpractice payments may be achieved by identifying such practitioners in a more timely fashion.

## Overview

Typically healthcare organizations turn to the “credentials verification” process to identify background issues with practitioners. Sources of information include licensing and registration boards, hospitals and other healthcare entities, malpractice insurers, education and training institutions, specialty certification boards, employers, peers and federal databases including the Excluded Parties List System (EPLS) and the National Practitioner Data Bank (NPDB.) The EPLS maintains a list of healthcare practitioners, as determined by the Office of the Inspector General, who are excluded from participating in Federally funded healthcare programs due to convictions from program-related fraud and patient abuse.<sup>1</sup> The National Practitioner Data Bank provides decision makers with information relating to practitioner medical incompetence and misconduct as a component of their peer review process. Insurance carriers, state licensure boards for physicians and dentists, and professional societies are required to report their adverse actions to the NPDB. Hospitals are required to report adverse clinical privilege actions that are in effect for more than 30 days.<sup>2</sup>

Healthcare accrediting organizations and government regulatory agencies, such as the Joint Commission, the National Committee for Quality Assurance (NCQA), URAC and the Centers for Medicare & Medicaid Services (CMS) specify that credentials verification must take place every two to three years. NCQA is the only organization to specifically require continuous monitoring of licensure and Medicare/Medicaid sanctions. In its 2006 report, NPDB stated that practitioners with more than one malpractice payment report are responsible for more than half of malpractice payments made, and are one third more likely to have other adverse findings than practitioners with a single malpractice payment report.<sup>3</sup> The American Journal of Medical Quality reports that, as of 2006, 65 to 75 percent of actions required by law to be reported to the National Practitioner Data Bank were not reported.<sup>4</sup> Public Citizen, in its May 2009 article, corroborates this by reporting that clinical privilege actions taken by hospitals are annually underreported by 87.5%, based upon the government’s estimate of expected annual reports at time of NPDB inception.

The article goes on to say that, of those reported, 54% are not reflected on the practitioner’s state license. Public Citizen calls for federal government action to enforce reporting by hospitals so that timely action may be taken against such practitioners in order to prevent patient harm.<sup>5</sup>

## Methods

### Study Population

The Adverse Action study cohort consisted of 29,845 healthcare practitioners, randomly selected from Medversant’s Provider Data Warehouse. The cohort was comprised of physicians, dentists, podiatrists, chiropractors, physician assistants, nurse practitioners, and other ancillary personnel from 30 healthcare organizations, concentrated primarily in California, New Jersey, Pennsylvania, Texas, New York, Tennessee, Kentucky, West Virginia, Minnesota, and Georgia. To be eligible for the study, a practitioner needed to have

provided a state license number under which he or she professed to practice at time of credentials verification.

Cohort groupings were further defined by professional degree. The physician group included degrees of MD and DO, with the dentist group including degrees of DDS and DMD. Podiatrists (DPM), chiropractors (DC), physician assistants (PA) and nurse practitioners (NP) were studied separately. All other practitioner types were included in the allied health group.

**Record Review**

An adverse finding was defined as (1) any instance where a credential’s verification status flagged the practitioner’s record for review and (2) any instance where a credential’s verification status did not flag the practitioner’s record for review but one or more adverse actions were reported by the verifying source. 110 flags across 13 credentials were identified (Table 1.)

Credential	Adverse Finding
Education	Did Not Complete in Good Standing Not Completed No Record Found
ECFMG	Not Certified
Training	Ability to Interact Actions in Process at Termination No Record Found Not Completed Suspension Termination
NPDB	AAR - Clinical Privileges AAR - Exclusion or Debarment AAR - Health Plan AAR - License Action AAR - State Licensure Action AAR - Professional Society Adverse Action Disclosure Discrepancy MMPR - Medical Malpractice Payment Report
EPLS	Current Exclusion Current and Past Exclusion Current and Past Exclusion-Nonprocurement Current and Past Exclusion-Reciprocal
CDS Registration	Closed Delinquent Expired Inactive No Record Found Restricted
DEA Registration	Expired Inactive No Record Found

TABLE 1. ADVERSE FINDINGS BY CREDENTIAL TYPE	
Credential	Adverse Finding
License	Accusation Active - Limited Administrative Penalty Arbitration Award Board Action Board Order Cleared Canceled Cleared Action Continuing Education Units Not Adequate Continuing Education Hold Citation COE Delinquent Denial of initial Disciplinary Action Duplicate Ethics Course Required Expired Failed Continuing Education Audit Financial Statement Inadequate Hospital Discipline Inactive Incomplete Renewal Malpractice Judgment Lapsed Limitation or restriction No Record Found Non Renewed Not Registered Prior Board action Probation Completed Probation Probation Terminated Public Reprimand Publicly available fine/monetary penalty Reprimand or censure Revocation See previous order Suspended Terminated Under Board Order Voluntary Surrender
Professional Liability Coverage	Cancelled Insufficient Coverage Reduced Limits Expired Uninsured
Professional Liability Action	Claims History

TABLE 1. ADVERSE FINDINGS BY CREDENTIAL TYPE	
Credential	Adverse Finding
Healthcare Facility Affiliation	Application Withdrawn Expired Formal Admonition Inactive Judicial Review Limited/Restricted Privileges Malpractice Issue No Record Found Not Affiliated with Facility Not in good standing Suspended Privileges Termination Voluntary Restriction of Privileges
Employment	Employment Gap Inability to Get Along with Others No Record Found Rehire with Reservation
Peer Reference	Do Not Recommend Ethical Conduct Issue Health Problems Inability to Understand/Speak English Issue with Patient/Practitioner Relationship Issue with Sense of Responsibility Malpractice Record Other Disciplinary Action Past Substance Abuse Peer Relationship Conflict Placed on Probation, Concurrent or Retrospective Review Prefer not to Comment

Credentials verification included review of education and training program participation, ECFMG (Educational Commission for Foreign Medical Graduates) certification, specialty board certifications, licensure, DEA (Drug Enforcement Administration) and state CDS (controlled drug substance) registrations, professional liability coverage and claims history, NPDB (National Practitioner Data Bank), healthcare facility affiliations, employment, peer references and failure to disclose adverse action history. These criteria were based upon credentialing standards promulgated by the National Committee for Quality Assurance (NCQA), URAC, the Joint Commission, and the Centers for Medicare & Medicaid Services (CMS.)

Automated credentials review was conducted using Medversant's patented AutoVerifi™ technology, which provides continuous web-based monitoring of licensure, DEA and CDS registrations and federal exclusions and debarments for healthcare practitioners. Manual credentials review was conducted by Medversant's credentials verification operation, both fully accredited by URAC and certified for ten of ten credentials verification services by NCQA.

The study was refined so that duplicative adverse findings would not be counted more than once for an individual credential. To this end, EPLS and NPDB reports were not included in the adverse finding count for practitioners with more than one adverse finding, if the report contained a state license, clinical privilege, professional liability, or federal exclusion or debarment action that matched a finding reported under licensure, healthcare affiliations or professional liability claims history.

## **Analysis**

The Medversant database was queried for the following:

- Number of deceased and retired practitioners
- Number of practitioners with one or more adverse findings
- Number of practitioners by credential and practitioner type with one or more adverse findings
- Number of practitioners with more than one distinct adverse finding
- Number of practitioners with an adverse finding not reported by EPLS or NPDB

## Results

### Deceased/Retired Practitioners

Query results found that 80 practitioners for whom a license number was provided at time of initial credentialing were either deceased ( $n=31$ ) or retired ( $n=49$ .) These practitioners, at the time of license verification, were listed in one or more health plan provider directories as a participating provider.

### Total Number of Practitioners with One or More Adverse Findings

18.7% (5,577 of 29,845) of practitioners reviewed had one or more adverse findings. Cohort groupings found that podiatrists had the highest number of adverse findings at 26.8% (157 of 585), followed by physicians at 20.4% (4,130 of 20,253) and dentists at 13.5% (28 of 208) (Table 2.)

**Table 2. Total Number of Practitioners with One or More Adverse Findings by Practitioner Type**

Practitioner Type	Cohort Total	Total with Adverse Finding	% with Adverse Finding
MD/DO	20253	4130	20.4%
DDS/DMD	208	28	13.5%
DPM	585	157	26.8%
DC	1057	68	6.4%
PA	646	73	11.3%
NP	1621	146	9.0%
Allied Health	5475	475	8.7%
<b>TOTAL</b>	<b>29845</b>	<b>5577</b>	<b>18.7%</b>

### Total Number of Practitioners with One or More Adverse Actions by Credential and Practitioner Type

The most common adverse finding across all practitioners was evidence of an NPDB report at 8.9% (2,655 of 29,845) followed by license action at 4.6% (n=1,380.) This pattern was consistent across the podiatrist, physician, and dentist cohorts (Table 3.)

**Table 3. Total Number of Practitioners with One or More Adverse Findings by Credential and Practitioner Type**

Credential	MD/DO	DDS/DMD	DPM	DC	PA	NP	Allied	Total	% of Total Practitioners with Adverse Finding
Education	3	0	0	1	0	1	6	11	<0.1%
Training	215	1	3	N/A	N/A	N/A	1	220	0.7%
ECFMG	1	N/A	N/A	N/A	N/A	N/A	N/A	1	<0.1%
NPDB	2495	16	86	24	4	2	28	2655	8.9%
EPLS	11	0	0	1	0	0	0	12	<0.1%
CDS Registration	66	0	5	N/A	3	1	2	77	0.3%
DEA Registration	805	5	23	N/A	30	55	41	959	3.2%
License	960	7	28	32	32	51	270	1380	4.6%
Professional Liability Coverage	298	0	24	11	2	9	83	427	1.4%
Professional Liability Claims History	303	2	5	1	3	12	18	344	1.2%
Healthcare Facility Affiliations	143	1	4	N/A	6	14	24	192	0.6%
Peer References	145	1	5	2	2	3	11	169	0.6%
Employment	39	0	0	0	2	4	26	71	0.2%
<b>Total</b>	5484	33	183	72	84	152	510	6518	

### Adverse NPDB Findings by Report Type

94.9% (2,520 of 2,655) of practitioners with an adverse NPDB finding had one or more malpractice payment reports. 9% (n=240) of practitioners with one or more NPDB reports did not disclose on their credentials application the adverse finding(s) reported by NPDB (Table 4.)

**Table 4. Adverse NPDB Findings by Report Type**

NPDB Report Type	Total Practitioners	% of Practitioners By Report Type
AAR - Clinical Privileges	94	3.5%
AAR - Exclusion or Debarment	15	0.6%
AAR - Health Plan	4	0.2%
AAR - License Action	66	2.5%
AAR - Professional Society	3	0.1%
AAR - State Licensure Action	82	3.1%
Not Disclosed by Practitioner	240	9.0%
MMPR - Medical Malpractice Payment Report	2520	94.9%
Not Specified	26	1.0%

**Adverse License Findings by License Status and Practitioner Type**

4.6% of practitioners reviewed had one or more adverse findings related to their license to practice. Of these practitioners, 554 practitioners were found to have a license status in their state of practice that rendered them unable to practice. Twenty practitioners professed to hold a license in their state of practice, but were never licensed according to the state licensing board. Overall, a total of 1.9%, of all practitioners, was found to be practicing without a valid license (Table 5.)

**Table 5. Total Number of Practitioners with License Status of Expired, Cancelled, Delinquent, Inactive, Lapsed, Non Renewed, Not Registered, Null and Void, Revocation, Suspended, Surrender, Terminated, or Voluntary Surrender**

Practitioner Type	Total Number of Practitioners With Invalid License Status	Total Number of Practitioner With No License Found	% of Practitioners Practicing without a Valid License
MD/DO	310	15	1.6%
DDS/DMD	3	0	1.4%
DPM	10	2	2.0%
DC	7	1	0.7%
PA	33	0	5.1%
NP	41	0	2.8%

Allied	150	2	2.7%
All Practitioners	554	20	1.9%

**Multiple Adverse Findings and Findings Not Reported by EPLS or NPDB**

When excluding for multiple findings of the same action, 0.4% (131 of 29,845) of practitioners in the cohort were found to have multiple adverse findings and 5.2% (n=1,564) of practitioners had adverse findings not reported by EPLS or NPDB.

**Discussion**

In February 2008, Medversant released a study of 9,600 practitioners, which demonstrated that 11.3% of practitioners undergoing credentials review were practicing with one or more of 52 questionable findings. In September 2009, a review of 29,845 practitioners found that 80 practitioners, presumed to be participating Practitioners of various health plans, were either deceased or retired. 18.7% of practitioners were found to be practicing with one or more of 110 questionable findings, with 8.9% of practitioners having one or more NPDB reports. The study also found that 4.6% of practitioners had one or more license actions requiring review according to accreditation and regulatory standards, with 1.9% of practitioners dispensing medical care without a valid license.

Continuous monitoring of credentials can be shown to identify higher risk practitioners who might not otherwise be flagged as quickly through a traditional biennial or triennial credentialing process. Immediate notification of findings allows healthcare organizations to promptly review information and take action as necessary, thereby mitigating associated risk. Since NPDB found that practitioners with more than one malpractice payment report are responsible for more than half of malpractice payments made, and are one third more likely to have other adverse findings than practitioners with a single malpractice payment report, arguably, a reduction in preventable medical injuries and a subsequent decrease in malpractice payments may be achieved by identifying such practitioners in a more timely fashion.

## References:

<sup>1</sup><https://www.epls.gov/>

<sup>2</sup><http://www.npdb-hipdb.hrsa.gov/>

<sup>3</sup>[http://www.npdb-hipdb.hrsa.gov/pubs/stats/2006\\_NPDB\\_Annual\\_Report.pdf](http://www.npdb-hipdb.hrsa.gov/pubs/stats/2006_NPDB_Annual_Report.pdf)

<sup>4</sup>Waters, Teresa M et al. "The Role of the National Practitioner Data Bank in the Credentialing Process," American Journal of Medical Quality, Vol. 21, No. 1, 30-39 (2006.)

<sup>5</sup>Levine, Alan and Wolfe, Sydney. "Hospitals Drop the Ball on Physician Oversight," Public Citizen's report on failure of hospitals to discipline and report physicians. [www.citizen.org/hrq](http://www.citizen.org/hrq)