

Today we will discuss the National Practitioner Data Bank.

The National Practitioner Data Bank (NPDB) is a confidential, web-based repository operated by the U.S. Department of Health and Human Services (HHS). It collects and discloses reports on medical malpractice payments and certain adverse actions (such as licensure disciplinary actions, clinical privilege restrictions, professional society actions, and exclusions from federal programs) involving health care practitioners, providers, and suppliers.

Established by Congress under the Health Care Quality Improvement Act of 1986 (with later expansions, including the merger of the Healthcare Integrity and Protection Data Bank in 2013), the NPDB aims to improve health care quality, protect the public, and reduce fraud and abuse by serving as a flagging system for professional competence and conduct issues.

Information in the NPDB is not publicly available and can only be accessed by authorized entities (e.g., hospitals, state licensing boards, and certain health care organizations) for credentialing and review purposes. Practitioners can self-query their own records. Once a negative entry is entered into the NPDB it is difficult to remove but it can be updated.

What Information Does the National Practitioner data bank Contain?

The NPDB does not contain "good" news or general credentials; it specifically tracks adverse actions and medical malpractice history, including:

One - Medical Malpractice Payments: Details on any exchange of money resulting from a written claim or judgment against a practitioner.

Two - Adverse Actions: Revocations, suspensions, or reprimands of a professional license by state boards.

Three - Clinical Privilege Actions: When a hospital or healthcare entity limits, suspends, or revokes a doctor's privileges for more than 30 days due to professional competence or conduct.

Four - and many people are not aware of this but the data bank keeps track of Professional Society Actions such as Reductions in membership status based on peer review of a practitioner's conduct.

Five - Criminal Convictions and certain Civil Judgments. The data bank logs Healthcare-related legal actions or exclusions from federal programs like Medicare and Medicaid.

Doctors often ask, Who Can Access the Data? Well fortunately the data bank is not available to the general public. Because it contains sensitive and sometimes unproven allegations access is strictly regulated:

However the entries have tremendous impact within the medical community. Access is available

to Hospitals, state licensing boards, health plans, and other professional peer-review bodies.

Individual practitioners can request a Self-Query to see what information, if any, is stored about them.

When our attorneys are asked whether an entry can be removed or corrected the answer is "yes" in theory but most always "no" unless the error was in good faith (rare -most entries are retaliatory), or a judicial decision found no basis for the false entry.

The NPDB itself does not have the legal authority to change or remove a report on its own; only the reporting entity such as a hospital, insurance company, or state board or the U.S. Department of Health and Human Services can do so.

Here is the breakdown of how the process of correction works.

One, The Direct Approach: Correction or Voiding.

The fastest way to resolve an error is to work directly with the organization that submitted the report. If the report has minor factual errors like a wrong date or misspelled name, the entity can submit a Correction Report, which replaces the old one. This doesn't do much for the doctor but it is an option that exists. Perhaps a correct where a very old malpractice judgment or old discipline is mistakenly listed as recent, a date correction may be useful.

Two a Void Report.

If the report should never have been filed such as when an action was overturned on appeal or it didn't meet reporting requirements, the entity can "void" it. A voided report is removed from your disclosable record entirely. This rarely happens but it is always the best outcome.

There is a limited Dispute Process.

If the reporting entity refuses to fix the error, you can initiate a formal dispute through the data bank. You can actually sign into your report and place it in "Dispute Status."

This adds a notification to the report so that anyone who queries it sees that the accuracy is being challenged.

You can add a statement up to 4,000 characters to the report at any time. This allows you to explain your side of the story to future employers or credentialing boards while the dispute is pending.

If you cannot reach an agreement with the reporting entity after 60 days, you can request that the Secretary of HHS review the case. However HHS will only review very limited factors. They will see if the report is factually accurate based on the reporting entity's written record and if it was legally reportable. The reporting entity usually has decent backup for what they reported

and the HHS review does not dive into the validity of the accusations. Put differently, they will not review the "merits" of the case. They will not decide whether the hospital's underlying decision to discipline you was fair.

So even though the rules allow for correction, removal or updating it is a rigged contest between the individual doctor and a well funded hospital or medical group.

In addition, the fact that you are at the NPDB level in your dispute shows that there more problems down the line.

If you are involved with the NPDB you need professional legal representation. This is not a self help situation. Our medical lawyers are expert in data bank and peer review matters. You can call Daniel Horowitz and his medical attorneys at nine two five, two eight three, eighteen sixty three. Again, nine two five, two eight three, one, eight, six, three.