

The National Practitioner Data Bank: An Annual Update

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ABSTRACT

The purpose of this article is to provide the reader with an update on the National Practitioner Data Bank over the past year. The previous 5 years (2008–2012) will be compared with the current 6 years (2008–2013) relative to the number of cases that have been settled against nurse practitioners (NPs). Additionally, the manuscript will provide the reader with a comparison of the malpractice settlements among NPs, physician assistants, and allopathic physicians. These data provide insights into the most common causes of malpractice litigation and offer some strategies for avoiding malpractice.

Keywords: allopathic physicians, closed claims, Health Care Integrity and Protection Data Bank, malpractice allegations, National Practitioner Data Bank (NPDB), nurse practitioners, payout, physician assistants

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When the National Practitioner Data Bank (NPDB) was established by Congress in 1986 and implemented in 1990, it was divided into 2 separate databases: the NPDB and the Health Care Integrity and Protection Databank (HIPDB).¹ The function of these databases was 2-fold:

1. The NPDB was designed to encourage health care entities to "...identify and discipline those who engage in unprofessional behavior; and to restrict the ability of incompetent physicians, dentists and other healthcare practitioners to move from state to state without disclosure and discovery of previous medical malpractice payment and adverse action history."²
2. The HIPDB, on the other hand, has as its purpose "...to combat fraud and abuse in health insurance and healthcare delivery and to promote quality care."³

In essence both were designed to protect the public from poor health care and insurance fraud. A third and implied purpose of the Public Use Databank was to provide researchers a mechanism for trending malpractice claims and identifying areas of weakness that could then be targeted for correction and improving patient outcomes.

Initially these 2 databanks were separate entities; however, as of May 6, 2013, they were merged into

a single databank entitled: the NPDB. Having the data in 1 place will conserve resources by allowing the searching party to simultaneously explore both malpractice and fraud claims.

The purpose of this manuscript is 2-fold: first, it will compare the incidences of allegations among NPs, physician assistants (PAs), and allopathic physicians (APs, physicians who hold the MD degree). And second, it will compare the changes in malpractice judgments against NPs that have occurred between 2008–2012 and 2008–2013.

MALPRACTICE CLAIMS

Miller⁴ noted that malpractice claims against NPs were slowly rising. The rise continues at a relatively slow pace, primarily because scope-of-practice changes for various state NP constituencies leave the NP as the sole culpable party, simply because there are no other parties with whom to share the responsibility. As a result judgments also show a higher average payout in these cases.

Table 1 identifies the number of malpractice claims that were closed between 2008–2013 for NPs, PAs, and APs. While the numbers look daunting, especially for our physician colleagues, they must be viewed within the context of the overall numbers of health care providers with active licenses. Table 2 shows the number of licensed providers by profession.

Table 1. Malpractice Claims Closed by Profession Between 2008-2013*

Nurse Practitioners	Physician Assistants	Allopathic Physicians
N = 190	N = 237	N = 10,240

*Adapted from the National Practitioner Data Bank Public Use Data File, SPSS Version. <http://www.npdb-hipdb.hrsa.gov/resources/publicData.jsp>. Updated April 2013.

The ratio of malpractice claims per profession is 1:948 for NPs, 1:365 for PAs, and 1:82 for APs. The more providers a profession has, the more opportunities there are for potential claims. This explains why the ratios for the NPs and PAs appear to be high, while that of the APs seems low.

Combining the data in Tables 1 and 2 provides the reader with the percentage claim rate for each of the professions. For example, the NPs had a claims rate of 0.11% (190/180,233). The PAs had a claim rate of 0.23% (237/86,500), and the APs a rate of 1.23% (10,240/834,769). The rates themselves appear low, given the number of patients and procedures that these health care providers see and treat.

Table 3 delineates the actual payout for closed claims for the 6-year period extending from 2008-2013. The mean value must be viewed with some skepticism, as a single million-dollar judgment could bias the reader into thinking that other payouts were actually larger than they were.⁵ It is not surprising that the APs had the largest claims; many attorneys view them as having “deep pockets” because of the higher salaries that they make and hence are more likely to be able to satisfy the judgment.

Table 4, which lists the top 3 malpractice allegation groups by profession, provides an interesting

Table 2. Number of Licensed Providers by Profession

Nurse Practitioners	Physician Assistants	Allopathic Physicians
N = 180,233 ^a	N = 86,500 ^b	N = 834,769 ^c

^aThe Henry J. Kaiser Family Foundation. State Health Facts: Total Nurse Practitioners. <http://www.statehealthfacts.org/profileind.jsp?ind=773&cat=8&rgn=1>. Accessed August 13, 2013.

^bAmerican Academy of Physician Assistants. PA Fact Sheet Vital Statistics. http://www.aapa.org/uploadedFiles/content/News_and_Publications/For_the_Media/VitalStats_Factsheet.pdf. Published January 2013. Accessed August 13, 2013.

^cThe Henry J. Kaiser Family Foundation. State Health Facts: Providers & Service Use. <http://www.statehealthfacts.org/profileind.jsp?cat=8&sub=100&rgn=1>. Accessed August 13, 2013.

Table 3. Comparison of Closed Claim Malpractice Payment Amount by Profession Between 2008-2013*

Payment Category	Nurse Practitioners	Physician Assistants	Allopathic Physicians
Mean	\$150,590	\$171,161	\$257,738
Median	\$72,500	\$87,500	\$145,000
Mode	\$97,500	\$72,500	\$245,000

*Adapted from the National Practitioner Data Bank Public Use Data File, SPSS Version. <http://www.npdb-hipdb.hrsa.gov/resources/publicData.jsp>. Updated April 2013.

comparison. (It must be noted that the numbers in each column will not add up to the total “N” as noted in the title because there were other allegation groups that account for the discrepancy.) The irony is that all 3 professions were cited for diagnosis- and treatment-related claims. Since the treatment can’t be initiated until a diagnosis is made and confirmed, it logically follows that these 2 claims would appear closely correlated.

The issues surrounding diagnosis were addressed by Graber⁶ when he identified 3 knowledge deficits that often accompany diagnostic errors. While he specifically identified these as “errors in medicine,”⁶ they are applicable to all health care providers who provide diagnostic services. The first error is **context**, in which the provider (a word that I have substituted for “physician”) “...inappropriately limits consideration to only 1 set of diagnostic possibilities.”⁶ The second is **availability**, in which the provider (again,

Table 4. Comparison of Malpractice Allegation Group by Profession Between 2008-2013*

Nurse Practitioners (N = 190)	Physician Assistants (N = 237)	Allopathic Physicians (N = 10,240)
1. Treatment Related (n = 81)	1. Diagnosis Related (n = 86)	1. Surgery Related (n = 3,213)
2. Diagnosis Related (n = 57)	2. Treatment Related (n = 24)	2. Diagnosis Related (n = 2,617)
3. Medication Related (n = 21)	3. Medication Related (n = 19)	3. Treatment Related (n = 2,061)

*Adapted from the National Practitioner Data Bank Public Use Data File, SPSS Version. <http://www.npdb-hipdb.hrsa.gov/resources/publicData.jsp>. Updated April 2013.

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