Changes Ahead for National Practitioner Data Bank

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PHILADELPHIA — A new service being offered by the National Practitioner Data Bank will make it easier for hospitals and other institutions to find out when a physician with privileges at their institution has had a data bank report filed on him or her by another entity.

The new program, called the Proactive Disclosure Service, is expected to start next spring, according to Shirley Jones, senior policy analyst at the Health Resources and Services Administration, Rockville, Md., the agency that runs the data bank.

The service allows the entity—a hospital or other facility—to register all practitioners who could potentially be subjects of data bank reports.

"Then, if the data bank gets a report on that practitioner, the data bank will automatically send the report to that entity," Ms. Jones explained at the annual meeting of the American Health Lawyers Association.

Peer review organizations would have to report negative actions against practitioners, but quality improvement organizations would be exempt.

She added that the new program is "an alternative to, not a replacement for, the current querying service."

There will be a small charge to the facility for each person it registers, probably around $3 per practitioner, she said. Different entities can register the same practitioner.

Another change is a proposed regulation known as Section 1921, which will expand the data bank's reach, Ms. Jones continued.

"Section 1921 will expand the data that's in the data bank," Ms. Jones explained. "State licensing authorities must [now] report all adverse licensing actions about all practitioners," not just physicians and dentists.

That means that hospitals and other organizations can query the data bank on other health professionals such as nurses, respiratory therapists, and massage therapists, she said.

Another part of Section 1921 would require peer review organizations to report negative actions taken against individual practitioners.

However, she noted, quality improvement organizations would be exempt from that requirement under the proposed rule.

When it published the proposed rule earlier this year in the Federal Register, the Health Resources and Services Administration explained why it is exempting quality improvement organizations.

"First, the critical mission of the [quality improvement organization] program is its focus on maintaining collaborative relationships with providers and practitioners to improve the quality of health care services delivered to Medicare beneficiaries," the agency noted.

"The reporting of [quality improvement organization] sanction recommendations to the National Practitioner Data Bank will significantly interfere with the progress that has been made toward this goal and will substantially reduce the ability of quality improvement organizations to carry out their statutory and contractual obligations," according to the Health Resources and Services Administration.

The agency also expressed concern that requiring quality improvement organizations to report recommended sanctions to the data bank "may create misconceptions about the meaning of quality improvement organizations sanction recommendations," since they are only recommendations and may not always be acted on. The agency is still reviewing comments it has received on the proposed rule.

In addition to the new regulations that it is proposing, the data bank also has developed a compliance program to make sure that it is getting all the reports it should.

For example, data bank officials compare actions that have been documented on state licensing board Web sites with information that is in the data bank.

In addition, data bank staff look at newspapers, magazines, and public media "to see if we're missing something," Ms. Jones said. ■