Hospitals Now Privy to Data Bank Reports on MDs

BY JOYCE FRIEDEN
Senior Editor

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., which 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," she explained, adding that the new program is "an alternative to, not a replacement for, the current querying service." Ms. Jones spoke at the annual meeting of the American Health Lawyers Association.

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," she said. "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 (QIOs) 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 QIOs. "First, the critical mission of the QIO 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 QIO 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 QIOs to carry out their statutory and contractual obligations."

The agency also expressed concern that requiring QIOs to report recommended sanctions to the data bank "may create misconceptions about the meaning of QIO sanction recommendations," since they are only recommendations and may not always be acted upon. ■

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Rate of Opioid Prescribing Varies by State

SEATTLE — The rate of opioid use varies considerably from state to state, federal prescription claims data show.

That variation is inexplicable medically, suggesting that opioids are being used too liberally in some states, or not enough in others, or both, Dr. Judy T. Zerzan said in a poster presentation at the annual research meeting of Academy Health.

Medicare and Medicaid prescribing figures from the start of 1996 to the end of 2002 show that opioid prescribing nationally increased a mean of 24% per year, noted Dr. Zerzan of the division of general internal medicine at the University of Washington, Seattle.

The 10 states with the highest rates were Alaska, Indiana, Louisiana, Maine, Maryland, Missouri, Mississippi, Montana, North Carolina, and West Virginia. The eight states with the lowest rates were California, Minnesota, New Jersey, New Mexico, New York, Pennsylvania, Tennessee, and Vermont. States may differ in terms of prescription benefit policies, marketing of the drugs, and physician attitudes toward opioids, Dr. Zerzan said.

—Timothy F. Kirn