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National Practitioner Data Bank PLO Assignment
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1. The purpose of the National Practitioner Data Bank (NPDB) is to protect the public from medical malpractice and incompetence. Medical incompetence can have many negative effects on patients from poor outcomes to higher costs of care due to liability coverage and defensive medicine. The NPDB was created to prevent or limit incompetent or malicious practitioners from continued practice in another state or jurisdiction by cataloging queries of information on healthcare practitioners that have been found to be involved in malpractice or criminal activity in accordance with the Health Care Quality Improvement Act of 1986. While the NPDB is one of the most comprehensive sources of information regarding adverse actions and malpractice information, it is intended only to be a tool to assist with identification of malpractice and incompetence and should be supplemented with further investigation (Oshel et al, 1995).

2. The NPDB contains information regarding malpractice and professional incompetence. Reports of disciplinary action due to professional incompetence or misconduct are required to be reported to the NPDB. Information can include reports on adverse actions toward granting licensure and clinical privileges, such as revocations, suspensions, or restrictions on a license. Also included are reports on medical malpractice or payment malpractice, exclusion from Medicare and Medicaid, and civil judgements or criminal convictions (Satiani, 2004).

3. Data is reported to the NPDB via entities such as hospitals and licensing boards, where entities are required to submit reports when evidence of a practitioner's malpractice or incompetence becomes evident. Beyond the entity itself submitting the report, the reported practitioner is permitted to provide a statement of his or her own perspective to accompany the report and be available to those querying the report (National Practitioner Data Bank, 2022). Malpractice insurers also provide much of the information in the NPDB, such as information about payments attributed to individual practitioners, which indicates those that require greater liability coverage (Oshel et al, 1995).

4. Often, the NPDB is queried when a practitioner is attempting to apply for a job at a healthcare organization, attempting to request clinical privileges at an institution, or attempting to obtain licensure from the licensing boards. Institutions such as medical offices, dental offices, hospitals, clinics, licensing boards, and insurance companies query the NPDB to obtain information about a particular healthcare professional (Satiani, 2004). The data in the NPDB can also be used for research purposes, such as comparing levels of malpractice between states or identifying professional development and counseling opportunities based on trends (Oshel et al, 1995).

5. The NPDB is considered confidential, since its information is only accessible by registered entities such as health care organizations, insurance organizations, and licensing boards. The public is not able to access reports in the NPDB and while practitioners can use the NPDB to self-query, they are not permitted to view the records of other practitioners (Satiani, 2004).

6. Hospitals are required to query the NPDB during the hiring process and at least once every two years. As a healthcare administrator, I would first use the NPDB during the hiring process, because it is important to be aware of any events that have had adverse effects on a medical professional's career before hiring. While reports may not immediately disqualify a candidate from proceeding to be hired, it would be beneficial to address the reports before they become issues. Beyond the hiring process, it would be integral to risk management reports to be aware of all adverse events, malpractice, and negligence taking place within an organization. To stay the most up-to-date on queries regarding medical professionals in my organization, I would arrange to check the NPDB once or twice a year. Ideally, there would be no negative reports, but if there are, it is important to address them. Addressing issues that appear in the NPDB can involve career counseling or professional development training to maintain quality of care. However, even though the NPDB is a great source of information regarding malpractice, it likely does not embody every occurrence of malpractice or criminal action, so observational vigilance is still important when hiring and managing in a healthcare organization.

7. I do see the value in the NPDB, because I believe it is important that everyone, and especially medical professionals, are held accountable for their actions. The NPDB allows organizations to ensure that events are well-documented not only for their own records, but to follow the practitioner. It prevents practitioners from dodging responsibility by simply moving to a different area. I support the sharing of information, as it helps to ensure that future occurrences of malpractice or negligence do not occur again by allowing organizations to be more vigilant.

References

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