

WEB

Application ID#:

URL: <https://gx.gallup.com/npdbreporting.gx>

FIELD FINAL - JULY 2, 2007

PROJECT REGISTRATION #148998

HRSA - NPDB/HIPDB

 N TRANSLATIONS

City Center: Government

National Practitioner

Data Bank Reporting

 X SURVEY DESIGN: Tara McGhee

Bogart/Steiger/Dean

Scott Cook, Programmer

March, 2007

n=

(PROGRAMMER NOTE: BANNER FOR THE TOP OF EACH SCREEN)

OMB No. 0915-XXXX

Expiration Date:

THE NATIONAL PRACTITIONER DATA BANK (NPDB)

AND

THE HEALTHCARE INTEGRITY AND PROTECTION DATA BANK (HIPDB)

USERS GROUP (REPORTING) SURVEY

(PROGRAMMER NOTE: At the bottom of each screen, display:)

If you need assistance completing this survey, please contact Gallup Client Support by sending an e-mail to galluppoll@gallup.com or by calling 1-888-297-8999 from 8:00 a.m. to 8:00 p.m. Eastern Time, Monday through Thursday, or 8:00 a.m. to 6:00 p.m. Eastern Time on Fridays.

Do not print, store, or copy this page.

Copyright © 2007 The Gallup Organization, Princeton, NJ. All rights reserved. Privacy Policy

New Screen

(PROGRAMMER NOTE: If completed survey found in database for this Access Code, display the following error message:)

A survey has already been completed with this Access Code. Thank you for your participation.

If you feel you have received this message in error, please contact Gallup Client Support at surveyhelp@gallup.com or call 1-800-788-9987 for assistance.

New Screen

Sa. STRATUM: **(Code from Sample File)**

- 1 Malpractice Payers
- 2 Licensing Boards
- 3 Hospitals
- 4 Managed Care Organizations
- 5 Other Health Care Entities

Sb. DATABANK REPORTED TO: **(Code from Sample File)**

- 1 NPDB
- 2 HIPDB
- 3 BOTH

New Screen

**NATIONAL PRACTITIONER DATA BANK (NPDB)
AND
THE HEALTHCARE INTEGRITY AND PROTECTION DATA BANK (HIPDB)
USERS GROUP (REPORTING) SURVEY**

**Conducted by:
The Gallup Organization**

Welcome to the NPDB-HIPDB Reporting Questionnaire.

Thank you for agreeing to participate in the NPDB-HIPDB Reporting Questionnaire. Your answers will help improve the NPDB and HIPDB so we can better respond to your querying and reporting needs.

This questionnaire is a pre-test of the proposed instrument that is to take place in the Fall of 2007. Many changes have been made to the NPDB since our last survey in 2000. The results from that survey helped us design and implement these improvements. We anticipate that the results from this pre-test will similarly help us improve the NPDB and HIPDB.

Because you are participating in the pre-testing of this important project, your feedback on this survey is vital. Please keep track of the number of minutes it takes you to complete the survey (at the end you will be asked to report the time it took). In addition, at certain points throughout the survey, you will have the opportunity to comment on the clarity and logic of specific questions in the survey. At the end of the survey, you will be asked to provide recommendations for how to improve the survey.

Your participation in this pre-test is greatly appreciated.

If you do not complete the survey in one sitting you can log on again and the survey will resume where you left off. You will not have to repeat any of the questions you have already answered.

Public reporting burden for the applicant for this collection of information is estimated to average .25 hour per response (15 minutes), including the time for reviewing the instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Health Resources and Services Administration Reports Clearance Officer, 5600 Fishers Lane, Room 14-33, Rockville, Maryland 20857.

To begin, please enter your unique Access Code that was printed in your e-mail invitation and click the "Begin Survey" button to continue.

Access Code: (Fill in response)

<Begin Survey>

(PROGRAMMER NOTE: If Invalid Access Code is entered, display the following error message:)

You must enter a valid Access Code to continue.

(PROGRAMMER NOTE: If No Access Code is entered, display the following error message:)

You must enter an Access Code to continue.

New Screen

(If code 1 in Sa, display:)

REPORTING MALPRACTICE PAYMENTS TO THE NPDB

If you file both Malpractice Payment Reports and other types of reports to the NPDB, base your answers only on your experience filing Malpractice Payment Reports.

(If code 2-5 in Sa, display:)

REPORTING ADVERSE ACTIONS TO THE NPDB AND/OR HIPDB

If you file both Malpractice Payment Reports and Adverse Action Reports to the NPDB or HIPDB, consider only the Adverse Action reports when completing this form.

1. How long have your responsibilities here included reporting to the NPDB and/or HIPDB? *(Enter the number of years; if less than one year, enter the number of months.)*

Number of years: (Fill in response) **(Allow 2 digits)**

Number of months: (Fill in response) **(Allow 2 digits)**

(Error Message:)

Please enter numbers only.

2. How long does it usually take you to actually prepare a single report? Preparation includes gathering and editing information, drafting the narrative, and proofing the report before submitting it to NPDB/HIPDB, or providing the information to an agent that does the actual reporting. It excludes review time by other people. *(Enter the number of minutes; if more than one hour, enter the number of hours.)*

Number of minutes: (Fill in response) **(Allow 2 digits)**

Number of hours: (Fill in response) **(Allow 2 digits)**

(Error Message:)

Please enter numbers only.

3. Do you currently contract with an authorized agent to do some or all of your reporting to the NPDB and/or HIPDB?

- 1 Yes
- 2 No

(Error Message:)

A response is required to continue.

**(If code 2 in #3, Continue;
otherwise, Skip to #7)**

New Screen

4. At any time in the past, have you contracted with an agent to report the NPDB and/or HIPDB?

- 1 Yes
- 2 No

**(If code 1 in #4, Continue;
otherwise, Skip to #10)**

New Screen

5. When did you last use an authorized agent for reporting?

MONTH: ***(PROGRAMMER NOTE: Make this a drop-down box)***

- 01 January
- 02 February
- 03 March
- 04 April
- 05 May
- 06 June
- 07 July
- 08 August
- 09 September
- 10 October
- 11 November
- 12 December

YEAR: (Fill in response) **(Allow 4 digits)**

(Error Message:)

Please enter numbers only.

6. Why did you stop contracting with an agent to report?
(Fill in response) ***(Allow 200 characters)***

(All in #6, Skip to #10)

New Screen

7. Why do you contract with an authorized agent to help you report? (Fill in response) ***(Allow 200 characters)***

8. For how long have you been contracting with one or more authorized agents to report? (*Enter the number of years; if less than one year, enter the number of months.*)

Number of years: (Fill in response) (Allow 2 digits)

Number of months: (Fill in response) (Allow 2 digits)

(Error Message:)

Please enter numbers only.

9. Do you have an agent or agents perform some or all of the reporting for your entity?

- 1 Agent(s) does some of reporting
- 2 Agent(s) does all reporting

- 9a. Do you usually provide the specific content of a report (while relying on the agent to only file the report), or is the agent usually responsible for collecting the content AND filing the report?

- 1 We usually provide specific content
- 2 The agent usually handles the content

**(If code 1 in #9 OR code 1 in #9a, Continue;
Otherwise, Skip to #33)**

New Screen

10. When your entity reports to the NPDB and/or HIPDB, which of the following best describes how you make your reports? (*Click all that apply.*)

- 1 Use IQRS on the NPDB-HIPDB Web site
- 2 Use the ITP process to upload a data file created using the ICD-specified format
- 3 Use the ITP process to upload a data file created using the QRXS format

**(If code 1 in #10, Continue;
Otherwise, Skip to Note before #13)**

New Screen

11. What is your level of satisfaction with the **IQRS system** for reporting? (**PROGRAMMER NOTE: scales should appear horizontal.**)

- 1 Not at all satisfied
- 2
- 3
- 4
- 5
- 6
- 7 Very satisfied

12. Do you have any recommendations for improving the IQRS system for reporting?

- 1 Yes (Fill in response) (Allow 200 characters)
- 2 No

(If code 2 in #10, Continue;
Otherwise, Skip to Note before #15)

New Screen

13. What is your level of satisfaction with the **ITP ICD data file upload system** for reporting? (**PROGRAMMER NOTE: scale should appear horizontal.**)

- 1 Not at all satisfied
- 2
- 3
- 4
- 5
- 6
- 7 Very satisfied

14. Do you have any recommendations for improving the ITP ICD data file upload system for reporting?

- 1 Yes (Fill in response) **(Allow 200 characters)**
- 2 No

**(If code 3 in #10, Continue;
Otherwise, Skip to #17)**

New Screen

15. What is your level of satisfaction with the **ITP QRXS data file upload system** for reporting? **(PROGRAMMER NOTE: scale should appear horizontal.)**

- 1 Not at all satisfied
- 2
- 3
- 4
- 5
- 6
- 7 Very satisfied

16. Do you have any recommendations for improving the ITP QRXS data file upload system for reporting?

- 1 Yes (Fill in response) **(Allow 200 characters)**
- 2 No

New Screen

17. Based on your experience reporting to the NPDB and/or HIPDB, what is your level of satisfaction with each of the following resources that are available to assist you with the reporting process? **(Display a-k, as appropriate)**

a. **(If code 1 in #10, display:)** The IQRS online instructions

- 1 Not at all satisfied
- 2
- 3
- 4
- 5
- 6
- 7 Very satisfied
- 8 No experience

b. **(If code 1 in #10, display:)** The IQRS online help

- 1 Not at all satisfied
- 2
- 3
- 4
- 5
- 6
- 7 Very satisfied
- 8 No experience

c. **(If code 2 in #10, display:)** The ICD Manuals and instructions for developing data files for ITP upload

- 1 Not at all satisfied
- 2
- 3
- 4
- 5
- 6
- 7 Very satisfied
- 8 No experience

17. (Continued:)

- d. **(If code 3 in #10, display:)** The QRXS Manuals and instructions for developing data files for ITP upload

1 Not at all satisfied
2
3
4
5
6
7 Very satisfied
8 No experience

- e. NPDB Guidebook

1 Not at all satisfied
2
3
4
5
6
7 Very satisfied
8 No experience

- f. **(If code 1 in Sa, display:)** HIPDB Guidebook

1 Not at all satisfied
2
3
4
5
6
7 Very satisfied
8 No experience

17. (Continued:)

g. The Customer Service Center Help Line (800-767-6732)

- 1 Not at all satisfied
- 2
- 3
- 4
- 5
- 6
- 7 Very satisfied
- 8 No experience

h. The FAQs on the www.npdb-hipdb.hrsa.gov Web site

- 1 Not at all satisfied
- 2
- 3
- 4
- 5
- 6
- 7 Very satisfied
- 8 No experience

i. NPDB and HIPDB Fact Sheets on the www.npdb-hipdb.hrsa.gov Web site

- 1 Not at all satisfied
- 2
- 3
- 4
- 5
- 6
- 7 Very satisfied
- 8 No experience

j. Other aspects of the NPDB/HIPDB Web site (www.npdb-hipdb.hrsa.gov)

- 1 Not at all satisfied
- 2
- 3
- 4
- 5
- 6
- 7 Very satisfied
- 8 No experience

17. (Continued:)

k. The U.S. Department of Health and Human Services
Practitioner Databanks Branch Web site
(<http://bhpr.hrsa.gov/dqa/>)

- 1 Not at all satisfied
- 2
- 3
- 4
- 5
- 6
- 7 Very satisfied
- 8 No experience

New Screen

18. What is your level of satisfaction with the overall reporting process to the NPDB and/or HIPDB?

- 1 Not at all satisfied
- 2
- 3
- 4
- 5
- 6
- 7 Very satisfied

New Screen

19. **(If code 1 in Sa, display:)** From the date a malpractice payment was made to the date a Malpractice Payment Report is filed, how much time usually elapses before you file a report?

(If code 2-5 in Sa, display:) From the date an action was taken to the date a report is filed, how much time usually elapses before you file a report?

- 1 Less than 31 days
- 2 31 to 60 days
- 3 61 to 120 days
- 4 More than 120 days

**(If code 2-4 in #19, Continue;
Otherwise ,Skip to #21)**

New Screen

20. What are the main reasons why your reports are filed more than 30 days after the event? (Fill in response)
(Allow 300 characters)

New Screen

21. **(If code 1 in Sa, display:)** The NPDB malpractice payment report requires use of 1 of 11 responses for the **general nature of the allegations** that led to the malpractice payment. How difficult is it for you to assign 1 of these 11 responses below for your reports?

General Nature of Allegations

Diagnosis Related
Anesthesia Related
Surgery Related
Medication Related
IV and Blood Products Related
Obstetrics Related
Treatment Related
Monitoring Related
Equipment/Products Related
Behavioral Health Related
Other Miscellaneous

(If code 2-5 in Sa, display:) The NPDB/HIPDB Adverse Action Report form requires that you select at least one, and up to five, **Adverse Action Classification Responses** (e.g., "Revocation of License" or "Reduction of Clinical Privileges"). How difficult is it for you to assign the correct code from this list?

- 1 Not at all difficult
2
3
4
5
6
7 Very difficult

22. Should additional responses be added to the list?

- 1 Yes
2 No

**(If code 1 in #22, Continue;
Otherwise, Skip to #23)**

New Screen

22a. What should be added? (Fill in response) (Allow 200 characters)

New Screen

23. What changes would you suggest for the wording of the **current responses** in the list? (Fill in response) (Allow 200 characters)

(If code 1 in Sa, Continue;
Otherwise, Skip to #25)

New Screen

24. Would you prefer to be able to specify more than one general allegation in a report, or is one allegation sufficient?

- 1 Yes, prefer to specify more than one
- 2 No, one allegation sufficient

New Screen

25. **(If code 1 in Sa, display:)** The NPDB/HIPDB malpractice payment report requires use of at least one, and up to two, responses from a list of 91 **Specific Allegations** that led to the malpractice payment (e.g., "Failure to Use Aseptic Technique" or "Medication Administered by Wrong Route"). How difficult is it for you to assign these responses for your reports?

(If code 2-5 in Sa, display:) The NPDB/HIPDB Adverse Action Report form requires that you select at least one, and up to five, Basis for Action responses from a list (e.g., "Practicing without a License" or "Failure to Obtain Informed Consent"). How difficult is it for you to assign the correct response from this list?

- 1 Not at all difficult
- 2
- 3
- 4
- 5
- 6
- 7 Very difficult

26. Should additional responses be added to the list?

- 1 Yes
- 2 No

**(If code 1 in #26, Continue;
otherwise, Skip to #27)**

New Screen

26a. What should be added? (Fill in response) **(Allow 200 characters)**

New Screen

27. What changes would you suggest for the wording of the **current responses** in the list? (Fill in response)
(Allow 200 characters)

**(If code 1 in Sa, Continue;
Otherwise, Skip to #33)**

New Screen

28. Would you prefer to be able to specify more than two specific allegations in a report, or are two allegations sufficient?
- 1 Yes, prefer to specify more than two
 - 2 No, two allegations sufficient

New Screen

29. The NPDB/HIPDB malpractice payment report requires reporters to specify 1 of 10 outcome responses to describe the severity of the patients' injury resulting from the incident that led to the malpractice payment. How difficult is it for you to assign one of these responses below for your reports?

Outcome Responses

Emotional Injury Only

Insignificant Injury

Minor Temporary Injury

Major Temporary Injury

Minor Permanent Injury

Significant Permanent Injury

Major Permanent Injury

Grave Permanent Injury, such as quadriplegic or brain damage, requiring lifelong dependent care

Death

Cannot be determined from available records

1 Not at all difficult

2

3

4

5

6

7 Very difficult

30. Should additional responses be added to the list?

1 Yes

2 No

**(If code 1 in #30, Continue;
Otherwise, Skip to #31)**

New Screen

- 30a. What should be added? (Fill in response) **(Allow 200 characters)**

New Screen

31. What changes would you suggest for the wording of the **current responses** in the list? (Fill in response) **(Allow 200 characters)**

32. Do you have any other comments about the information reported to the NPDB and/or HIPDB for malpractice payments? (Fill in response) **(Allow 200 characters)**

No comments **(PROGRAMMER NOTE: Make this a check box)**

New Screen

33. NPDB/HIPDB reports contain one or more text fields for you to further describe the nature of the allegations. How often do each of the following occur with respect to the information you provide in these text fields? **(Display A-F) (PROGRAMMER NOTE: scales should appear vertical.)**

A. Content is drafted by legal counsel

- 1 Never
- 2 Rarely
- 3 Sometimes
- 4 Often
- 5 Always

B. Content is drafted or reviewed by entity officials or management

- 1 Never
- 2 Rarely
- 3 Sometimes
- 4 Often
- 5 Always

33. (Continued:)

C. Content is reviewed by legal counsel for legal sufficiency with Data Bank reporting requirement

- 1 Never
- 2 Rarely
- 3 Sometimes
- 4 Often
- 5 Always

D. Content is reviewed by legal counsel for other reasons

- 1 Never
- 2 Rarely
- 3 Sometimes
- 4 Often
- 5 Always

E. Content is reviewed by the subject of the report prior to filing

- 1 Never
- 2 Rarely
- 3 Sometimes
- 4 Often
- 5 Always

F. Content is negotiated with the subject of the report

- 1 Never
- 2 Rarely
- 3 Sometimes
- 4 Often
- 5 Always

**(If code 1 in #10, Continue;
otherwise, Skip to #37)**

New Screen

34. When you file a report using the IQRS, you receive a Temporary Record of Submission and later receive a

Report Verification Document (RVD) from the Data Banks. The RVD verifies that the report was successfully processed and includes a note informing the entity whether they met the mandatory reporting timeframe requirements. How useful are these documents to you? **(Display A-B) (PROGRAMMER NOTE: scales should appear horizontal.)**

A. Temporary Record of Submission

- 1 Not at all useful
- 2
- 3
- 4
- 5
- 6
- 7 Very useful

B. Report Verification Document

- 1 Not at all useful
- 2
- 3
- 4
- 5
- 6
- 7 Very useful

**(If code 1-4 in #34 A or B, Continue;
Otherwise, Skip to #36)**

New Screen

35. Please explain why these documents are not very useful to your entity. (Fill in response) **(Allow 200 characters)**

New Screen

36. How often do you review these documents to ensure that the information shown is correct? **(Display A-B)**
(PROGRAMMER NOTE: scales should appear vertical)

A. Temporary Record of Submission

- 1 Never
- 2 Rarely
- 3 Sometimes
- 4 Often
- 5 Always

36. (Continued:)

B. Report Verification Document

- 1 Never
- 2 Rarely
- 3 Sometimes
- 4 Often
- 5 Always

New Screen

37. Do you have any other comments about the process of reporting to the NPDB and/or HIPDB?

- 1 Yes (Fill in response) *(Allow 200 characters)*
- 2 No

New Screen

Thank you for completing this questionnaire. Because this was a pre-test of the questionnaire, please answer the additional questions below to tell us about your experiences completing it.

(PROGRAMMER NOTE: Right above the "Submit Survey" button, display:)

Thank you for participating in the NPDB-HIPDB Reporting Survey. Please submit your survey by clicking the "Submit Survey" button below. Once you click on this button, you will no longer have access to these survey responses.

<Submit Survey>

New Screen

You may now close your browser or go to another Web page.

j\w\Dept_of_Health_Human_Services\Questionnaires\WEB\2007\
HRSA Practitioner Reporting WEB 0703