

# Supporting Statement A

## Survey of Eligible Users of the National Practitioner Databank

OMB Control No. 0915-XXXX

### A. Justification

#### 1. Circumstances Making the Collection of Information Necessary

The U.S. Department of Health and Human Services, Division of Practitioner Data Banks (DPDB) of the Bureau of Health Professions/Health Resources and Services Administration (HRSA) plans to conduct the *Survey of Eligible Users of the National Practitioner Data Bank* (NPDB). This statement is a request for Office of Management and Budget (OMB) approval of a new data collection activity.

The population of eligible users is hospitals, managed care organizations, physician group practices, state licensing boards, medical malpractice payers, professional societies, other smaller groups of government entities at both the federal and state level, and those who self-query the NPDB. The purpose of this survey is to assess eligible users' overall satisfaction with NPDB reporting and querying systems, to evaluate the NPDB as a source of information, and to understand the user perception of the usefulness of the NPDB information in hiring, licensing and credentialing decisions.

The survey population consists of three distinct groups: NPDB users, NPDB non-users, and those that self-query the NPDB. For the purpose of this survey, NPDB users include entities that queried the NPDB, reported to the NPDB, or both queried and reported between January 1, 2010 and December 31, 2012. This group includes entities that have completed reporting or querying actions through an authorized agent. The survey will collect additional information from users that receive a matched response. A matched response occurs when an eligible user queries the NPDB; and in turn, receives a response that the subject of the query has a report in the NPDB. Collecting feedback regarding matched responses will allow the DPDB to gain a better understanding of how NPDB information is used

The survey will be administered to non-users that are eligible to use the NPDB. Eligible non-users of the NPDB are those that: (i) never registered in the NPDB; (ii) registered prior to 2010 and were not currently registered during the survey time frame and (iii) were registered but not using the NPDB directly or through an authorized agent. Previous survey response rates in 2001 were actually higher for the non-users than users (83% versus 70%, respectively); indicating that entities that were not utilizing the NPDB were willing to invest staff time to respond to the survey. The intent of this survey is to gain new feedback from non-users through an enhanced data collection instrument designed specifically for this group. Information from the non-users will assist NPDB in understanding why these entities do not use the NPDB.

The third group is health care practitioners that self-query the NPDB. Self-queriers were not included in previous NPDB surveys. The majority of self-queriers are health care practitioners using the system in their own interest or at the request of a potential employer, licensing or certification authority, or insurance provider. Entities such as practitioner organizations may also self-query to verify their own NPDB status. The NPDB has seen an increase in the number of self-queries in recent years and would like to better understand the characteristics of these queriers.

Administering this national survey will provide the NPDB with the information necessary to improve NPDB system usability and efficiency for all NPDB users. Comparisons of this survey's results with results of earlier surveys will inform the NPDB about changes in its user satisfaction over time.

Prior to May 6, 2013, "the Data Bank" referred to two separately operated Data Banks: the NPDB and the Healthcare Integrity and Protection Data Bank (HIPDB). To eliminate duplication, Congress passed Section 6403 of the *Affordable Care Act of 2010* (ACA), Public Law 111-148. As a result of this legislation, NPDB operations were consolidated with those of the former HIPDB. Information previously collected and disclosed by the HIPDB is now collected and disclosed by the NPDB. The significant laws that currently govern NPDB operations are summarized below. NPDB regulations implementing these laws are codified at 45 CFR Part 60.

## **Laws and Regulations**

### **Title IV of Public Law 99-660.**

Title IV of Public Law 99-660, the Health Care Quality Improvement Act of 1986 (HCQIA) created the NPDB. Issues that led to the HCQIA included:

- An increasing occurrence of medical malpractice and the need to improve the quality of medical care;
- The perceived need to restrict the ability of incompetent physicians to move from state to state without disclosure or discovery of the physician's previous damaging or incompetent performance;
- The need for effective professional peer review to protect the public;
- The threat of private monetary damage liability under Federal laws discouraging physicians from participating in effective professional peer review; and
- The perceived need to provide incentives and protection for physicians engaging in effective professional peer review.

The HCQIA authorizes the NPDB to collect reports of adverse licensure actions against physicians and dentists (including revocations, suspensions, reprimands, censures, probations, and surrenders); adverse clinical privileges actions against physicians and dentists; adverse professional society membership actions against physicians and dentists; Drug Enforcement Administration (DEA) certification actions; Medicare/Medicaid

exclusions; and medical malpractice payments made for the benefit of any health care practitioner. Entities that have access to the NPDB include hospitals, other health care entities that have formal peer review processes and provide health care services, state medical and dental boards, and other health care practitioner state boards. Health care practitioners and practitioner organizations may self-query the NPDB.

The NPDB, established and implemented in 1990, serves as a repository to collect and release certain information related to the professional competence and conduct of physicians, dentists, and, in some cases, other health care practitioners. The NPDB is primarily an alert or flagging system intended to facilitate a comprehensive review of health care practitioners' professional credentials. The information contained in the NPDB is intended to direct discrete inquiry into, and scrutiny of, a practitioner's licensure, clinical privileges, professional society memberships, and medical malpractice payment history.

### **Section 1921 of the Social Security Act**

Initially, the NPDB only collected and released information under HCQIA. However, in 1987 Section 5(b) of the Medicare and Medicaid Patient and Program Protection Act of 1987 (Section 1921 of the Social Security Act), Public Law 100-93, was enacted and authorized the Federal government to collect information concerning sanctions taken by state licensing authorities against all health care practitioners and entities.

Section 1921 requires each State to adopt a system for reporting to the NPDB certain adverse licensure actions taken against health care practitioners and entities by any authority of the state responsible for the licensing and certification of such practitioners or entities. It also requires each state to report any negative action or finding that a state licensing authority, a peer review organization, or a private accreditation entity had taken against a health care practitioner or health care entity.

On March 1, 2010, Section 1921 of the Social Security Act was implemented, expanding the information the NPDB collects and disseminates. The intent of this expansion was to protect the public from any and all unfit health care practitioners and to improve the antifraud provisions of the Social Security Act's health care programs.

Groups with access to this information include all entities eligible to query the NPDB under the HCQIA (hospitals, other health care entities that have formal peer review and provide health care services, state medical or dental boards, and other health care practitioner state boards), other state licensing authorities, agencies administering federal health care programs (including private entities administering such programs under contract), state agencies administering or supervising the administration of state health care programs, state Medicaid fraud control units, certain law enforcement agencies, and utilization and quality control Quality Improvement Organizations (QIOs). Information under section 1921 is reported by state licensing and certification authorities, peer review organizations, and private accreditation entities.

### **Section 1128E of the Social Security Act Public Law 104-191.**

The Healthcare Integrity and Protection Data Bank (HIPDB) was established under Section 1128E of the Social Security Act as amended by Section 221(A) of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Enacted August 21, 1996, the Act authorized the Secretary of Health and Human Services (DHHS), acting through the Office of the Inspector General (OIG) of DHHS, and the Attorney General of the United States, to create the HIPDB. The HIPDB was intended to combat fraud and abuse in health insurance and health care delivery and to promote quality care.

The establishment of the HIPDB; Section 1128E of the Social Security Act, allows the data bank to receive and disclose certain final adverse actions against health care practitioners, providers, and suppliers. Section 1128E required federal and state government agencies and health plans to report to the HIPDB the following final adverse actions: licensing and certification actions; criminal convictions and civil judgments related to the delivery of health care services; exclusions from federal or state health care programs; and other adjudicated actions or decisions. Federal and state government agencies and health plans have access to this information. Individual practitioners, medical service providers, and medical suppliers may self-query the HIPDB.

### **Section 6403 of the Patient Protection and Affordable Care Act (PPACA)**

Under Section 6403 of the Patient Protection and Affordable Care Act (ACA), Public Law 111-148, which was signed into law on March 23, 2010, the NPDB and the HIPDB were merged into a single Data Bank, referred to as the NPDB. As of May 6, 2013, National Practitioner Data Bank (NPDB) and the Healthcare Integrity and Protection Data Bank (HIPDB) are now one Data Bank: the NPDB. All HIPDB data were transferred to the NPDB. The merged Data Bank continues to operate under HCQIA, Section 1921, and Section 1128E rules and regulations. Responsibility for the implementation and operation of the Data Bank continues to reside within DPDB.

## **Previous Data Collection Efforts**

The DPDB supports initiatives to monitor the NPDB to ensure it is meeting the intent of the laws and regulations and serving its customers in the best way possible. The DPDB has commissioned a series of surveys to examine the quantity and quality of information provided, user satisfaction with the information received, the process by which users interact with the NPDB, and how the information affects decision making.

These efforts were previously established with contracts between the NPDB and the Institute for Health Services Research and Policy Studies, Northwestern University and the Health Policy Center, Survey Research Laboratory, University of Illinois Chicago, and The Gallup Organization to complete the following surveys:

- NPDB-HIPDB User Survey in 2008
- NPDB User and Non-User Survey in 2001
- NPDB User Survey in 1994

## **2. Purpose and Use of Information Collection**

The NPDB Overview (see Appendix Table A) clarifies who reports, who queries, and what type of information is reported in order to develop a suitable survey of users and non-users (registered and non-registered). The NPDB lacks specific information that would allow the NPDB to quantify user satisfaction to determine what additional improvements in content, outreach, or policy, may be necessary.

The survey is designed to solicit responses that address, at a minimum, the research questions provided in the Appendix, Table B, to meet the following key goals that guide the direction of the survey methodology:

- To explore the level and areas of satisfaction among registered self-queriers,
- To examine the characteristics of registered non-users, those who do not report or query the NPDB,
- To examine the characteristics of non-users who have not registered, to the extent possible based on a proposal to develop a sampling frame of non-registered non-users,
- To determine how the results of queries impact decisions and increase confidence in the decision-making,
- To determine if the reporting systems, querying systems, and other services can be enhanced to improve accuracy and timeliness, and
- To interpret the study findings in relation to prior studies and in conjunction with administrative data to develop longitudinal analysis.

Since implementation of the previous survey of 2008, there have been numerous enhancements to the NPDB for which it has become necessary to measure user satisfaction. More than a decade ago, users who queried the system waited four to six weeks to receive responses. Enhancements were made to reduce the wait time to 2 weeks. A few years later, the duration was reduced to 3 days. Continued improvement in the query and response system allowed for

responses to now be received in less than an hour on average. The NPDB must consider this type of improvement along with the following list of enhancements in which to solicit feedback from its users to measure changes in their satisfaction.

#### **Integrated Query and Reporting System (IQRS) 2006**

The IQRS query workflow became streamlined in recent years. Enhancements to the query process reduced the response time to less than one hour on average. An improved registration renewal process allowed entities and agents to more easily update their registrations.

#### **Continuous Query, formerly known as Pro-Active Disclosure Service (PDS) in 2007**

Entities were allowed to renew their registration for an automatic and continuous querying of enrolled practitioners (a 97% renewal rate). Continuous Query is for querying on practitioners, not health care entities.

#### **Querying and Reporting XML Service (QRXS)**

The interface control document transfer program phased out for querying and reporting XML Service in 2009. The QRXS used an industry standard XML format that improved the exchange of data between the user and the data banks.

#### **Report forwarding**

State boards are able to receive medical malpractice, clinical privilege, and professional society actions that are forwarded electronically by participating reporting entities.

#### **Information Technology Initiatives 2012**

The NPDB implemented several IT initiatives to enhance the timeliness and quality of the information provided to reduce duplication, to provide work queues, and to improve service delivery.

#### **HIPDB Merger with the NPDB**

In May 2013, the two databanks merged reducing the redundancy of the data bank contents. The merge may effect cost, utilization, and change perceptions of eligible users.

### **3. Use of Improved Information Technology and Burden Reduction**

Compared to previous surveys of the NPDB, the current survey design will be least burdensome for the respondents, taking advantage of technological advancements that have occurred since the fielding of the 2008 survey. Users access the NPDB by internet through IQRS; therefore, the primary data collection for the survey will utilize web technology. The DPDB will release an online newsletter that will include an article highlighting the purpose of the survey to encourage sampled respondents to provide valuable feedback, see Statement B exhibit 7.

Communication with the respondents about the survey will be through email for the introductory letter, including a web link for implementation of a web based survey and all follow up contacts. Additional details are provided in Statement B, exhibits 2 and 3, displaying interactive web tools that support the NPDB, including alerts regarding emails from the NPDB or reports waiting to be reviewed. Utilizing this established internal email notification system is a new method designed to enhance response rates and to avoid survey emails from being classified erroneously as spam.

Utilizing web technology easily allows for skip patterns and enables respondents to complete relevant survey content at any time as the secure web site hosting the survey is accessible 24 hours a day. Additionally, respondents may stop the survey if necessary and return to the secure web site when convenient without having to start the survey over. The majority of surveys are expected to be completed via the web with an option to complete surveys over the telephone by request.

#### **4. Efforts to Identify Duplication and Use of Similar Information**

This survey seeks to obtain information unavailable through existing sources. The results of the 2001 and 2008 survey will be used to the extent possible for comparison with current results.

#### **5. Impact on Small Businesses or Other Small Entities**

The NPDB will minimize the burden by sampling, asking for readily available information, and using easy-to-complete information collection instruments.

We expect eligible users of small entities may have different suggestions than large entities; reflecting differing priorities and perspectives. Feedback of all entities, and in particular the inclusion of small entities, is of equal value and importance. In order to determine the differences, the same survey instrument will be used for all users.

The following key factors have been implemented to reduce the burden for all users, especially small entities.

- **Forms design**

The questionnaires contain skip patterns throughout so that respondents will only answer those questions pertaining to their specific entity and activity type.

- **Use of existing administrative data**

To further reduce respondent burden, rather than collect all information directly, the NPDB administrative records will provide summary statistics and characteristics.

**6. Consequences of Collecting the Information Less Frequently**

If the proposed survey is not conducted, NPDB will be compelled to rely on 2001 and 2008 data for budget purposes for which important types of users , non-users, and self-queriers have been excluded in the past surveys. This survey collects data only once in order for NPDB to compare and evaluate current levels of satisfaction longitudinally with those found in the 2001 and 2008 surveys. This proposed survey includes a census of the most recent registered user for each entity and a sample of self-queriers and non-users. Surveying eligible non-users is an opportunity to offer new feedback which can impact future policy and suggest enhancements to improve the quality and usability of the NPDB. Without this type of feedback, the NPDB will not have timely information to adjust its services to meet customer needs.

**7. Special Circumstances Relating to the Guidelines of 5 CFR 1320.5**

There are no special circumstances relevant to this project.

**8. Comments in Response to the Federal Register Notice/Outside Consultation**

The 60 day notice required by 5 CFR 1320.8(d) was published in the *Federal Register* on 12/21/2011 (Vol. 77, No. 247). There were no comments received in response to this notice.

The attached questionnaire was developed by Cherry Tree Business and Statistical Consulting in collaboration with, and reviewed by, the NPDB staff. Consultant feedback, with previous federal survey experience, has been incorporated. Additionally, outside consultation was obtained with SRA, a current contractor for NPDB with several years of experience managing the NPDB, to determine their views on the format and content of the questionnaire, the clarity of the questions, the availability of the data, and the data elements to be collected.

**Table 1. Participants in the Review of the Survey:**

<b>Division of Practitioner Data Banks</b>	
Harnam Singh, Ph.D., Research Branch Chief	Molly Wirick, ACSW, Public Health Analyst
Anne Stahl, Ph.D., Contract Officer Representative	David Kirby, J.D. Editor, Office of the Director
Elizabeth Rezaizadeh, M.P.H., J.D. , Policy & Regulatory Analyst	Jason McGhee, J.D., Management Analyst
<b>Outside Consultants</b>	

George P. McCabe, Ph.D., Directed the Statistical Consulting Service in the Department of Statistics, Purdue University	
Ted Perez SRA International, Inc.	

**9. Explanation of any Payment/Gift to Respondents**

Survey respondents will not be paid for their participation. The contractor will, however, inform the respondent of the following:

“One dollar for every completed survey will be donated to the Children's Inn, a non-profit providing a home-like environment for children receiving medical treatment at NIH (up to a maximum of \$5,000 for all completed surveys).”

The response rate is anticipated to be relatively high as the respondents will likely consider the Children’s Inn as a worthy cause.

**10. Assurance of Confidentiality Provided to Respondents**

The questionnaire will not collect any personally identifiable information from entities. Participation is fully voluntary. Responses will be anonymous and the data will be treated in a confidential manner, unless otherwise compelled by law. Respondents will be assured that neither their decision to participate nor any responses to items will have any effect on their current or future participation in HRSA programs.

**11. Justification for Sensitive Questions**

The proposed questionnaire does not contain questions of a personally sensitive nature except for the self-query survey component. Less than 15% of the sampled self-queriers will have questions that may be perceived as personally sensitive if the individual has a report in the NPDB. For the majority of self-queriers, this is not the case; therefore, the survey will logically bypass the sensitive questions for most individuals.

**12. Estimates of Annualized Hour and Cost Burden**

Burden in this context means the time expended by persons to generate, maintain, retain, disclose or provide the information requested. This includes the time needed for reviewing instructions, developing, acquiring, installing and utilizing technology and systems for the purpose of

collecting, validating and verifying information, processing and maintaining information, and disclosing and providing information, training personnel responding to collection of information, searching data sources, completing and reviewing the information collection, and transmitting or otherwise disclosing information. The total annual burden hours estimated for this Information Collection Request are summarized in the table below.

The total respondent burden for the *Survey of Eligible Users of the NPDB* is estimated to be approximately 4,951 hours. We anticipate a response rate of 80% based on enhancements that allow NPDB to take advantage of technological improvements that occurred after previous surveys and the addition of the incentive not used in previous surveys.

**Table 2. Annual Hours Estimate of Burden**

Respondents Type	Respondents Description	Initial Sample Size	Estimated Responses (80%)	Hours per Response	Total Burden (Hours)
NPDB Users	Reporters Queriers (Non-Matched Responses)	14,790	11,832	.333 (20 min)	3,940
	Queriers (Matched Responses)	2,210	1,768	.383 (23 min)	677
Non-Users	Ever Registered	1,500	1,200	.133 (8 min)	160
	Never Registered	500	400	.10 (6 min)	40
NPDB Self-Queriers	Non-Matched Responses	1,350	1,080	.10 (6 min)	108
	Matched Responses	150	120	.216 (13 min)	26
Total		20,500	16,400	-----	4,951

**Table 3. Annual Cost Estimate of Burden**

Form	Number of Respondents	Total Burden Hours**	Wage Rate 2010*	Total Cost
Survey of Eligible Users of the NPDB	16,400	4,951	\$40.52 per hour; \$84,270 a year	\$200,615

\*Wage rate calculation based on Bureau of Labor Statistics, U.S. Department of Labor, *Occupational Outlook Handbook, 2012-13 Edition*, Medical and Health Services Managers, on the Internet at <http://www.bls.gov/ooh/management/medical-and-health-services-managers.htm> (visited February 03, 2013).

\*\*Total Burden hours are produced in Table 2.

### Wage Rate 2010

According to Bureau of Labor Statistics, U.S. Department of Labor, *Occupational Outlook Handbook, 2012-13 Edition*, the medical and health services managers, also called healthcare executives or healthcare administrators, plan, direct, and coordinate medical and health services. Some may manage an entire facility, while others specialize in managing a specific clinical area or department, or a medical practice for a group of physicians. The 2010 Median Pay is estimated to be \$40.52 per hour for a total median annual salary of \$84,270 requiring an entry-level education of a Bachelor's degree. Per this definition and in consideration of what will comprise the majority of survey respondents, the hourly cost applied to this survey is \$40.52 per hour.

**13. Estimates of other Total Annual Cost Burden to Respondents or Record Keepers/Capital Costs**

There are no capital or start-up costs or operation and maintenance costs associated with this data collection for respondents.

**14. Annualized Cost to Federal Government**

The NPDB has contracted with Cherry Tree Business and Statistical Consulting for development of the evaluation design and development of instruments, data collection, analysis, and reporting. The cost for two years of contract services will be approximately \$270,000 annually and the estimated annualized cost of federal personnel during the year of the contract for contract oversight and deliverable reviews (two .20 FTEs @ \$130,000 = \$52,000). The estimated annualized cost to the Federal Government is estimated at \$322,000 per year for two years.

**15. Explanation for Program Changes or Adjustments**

This is a new data collection. Although, the survey is a follow up to the 2001 and 2008 survey, this request is submitted as a new data collection with new questionnaires.

**16. Plans for Tabulation, Publication, and Project Time Schedule**

**Publication of Results**

The DPDB will publish the Findings Report of the final survey results. The NPDB staff will use the data from the *Survey of Eligible Users of the NPDB* in ongoing activities of analyzing and responding to issues concerning the NPDB. The NPDB will make the Findings Report available to the public via the HRSA website.

**Survey Schedule**

The survey will be implemented according to the schedule presented in Table 4. A team of trained executive telephone interviewers will contact respondents identified as eligible non-users. During the brief telephone call, interviewers will inform respondents of confidentiality and attempt to solicit email addresses for the initial introductory letter, instructions, and survey. The non-user survey will follow a multi-call design running concurrently with the user survey schedule (see Table 4).

**Table 4. Timetable for Key Activities**

<b>Activity</b>	<b>Expected Date</b>
Web survey invitation emailed to sampled respondents	Following OMB approval
Email reminder #1	10 business days after each respective original email survey invitation sent
Email reminder #2	20 business days after original email survey sent
Email reminder #3	40 business days after original email survey sent
Email reminder #4	60 business days after original email survey sent
Implement follow-up calls	80 business days after original email survey sent
Submit a draft final report	June 2014
Submit revised final report	July 2014
Final Briefing	August 2014

### **Data Analysis Plan**

See Supporting Statement B for a detailed description of the statistical methods, including:

- respondent universe and sampling methods
- data collection procedures
- methodology to maximize response rates and deal with non-response
- individual statistical consultants
- data collection and analysis

The primary purposes of the data analysis are:

- To assess the overall satisfaction of NPDB users with the reporting and querying processes, methods for improving these processes, and user perception of the usefulness of the information for licensing, monitoring, and credentialing decisions.
- To determine why eligible entities are non-users of the NPDB. For those who were previously registered users, the intent of the survey of this population may inform the

NPDB how processes could be improved to encourage the entity to utilize the NPDB in the future.

Overall, the analysis will center on the goal of determining how the NPDB could be more useful, effective, and influential on decisions made by hospitals, managed care organizations and other types of users.

## Tabulations

The analysis of the data will include preparing descriptive statistics (e.g. means, medians, frequency distributions, and cross-tabulations) to describe the characteristics of, overall satisfaction with, and usage of the NPDB data. All of the closed-ended responses will be reported in tabular format to provide a quick view of the study results and comparisons across entity types. Three sets of tables, at a minimum, will be prepared including:

### 1. *User tables*

Tabular data regarding Users will provide entity level data (for both queriers and reporters from the NPDB ) on areas such as general satisfaction, specific areas of satisfaction, usefulness of NPDB information, and bench marking information such as time taken to query or produce reports. The analysis of the user tables will describe how the NPDB is currently meeting the needs of its users and assist in decisions regarding how it can best meet the future needs of its users.

For example, one of the user tables will inform the NPDB of the actions an entity takes against any practitioners for misconduct or incompetence.

#### **Example Table: Users response to practitioner’s misconduct or incompetence**

Percentage	Actions taken against health care practitioners
	Employment or Contract Termination
	Restrict Clinical Privileges
	Probation
	Legal Actions
	Document Incident Suspension for Further Review
	Counseling
	No Action
	Unknown
	Not Applicable
	Other (Please Explain)

### 2. *Non-user tables*

Tabular data regarding non-users will be constructed to provide non-user organizational size and location (urban or rural), and reasons for not utilizing the NPDB, including current methods for licensing and credentialing. The main purpose of the analysis of non-user information is to determine the reasons for non-use; to determine other sources of information that are utilized for credentialing; and to receive feedback on how the NPDB can be improved if they were registered before 2010 and chose not to register again.

For example, one of the non-user tables will inform the NPDB of additional sources entities utilize other than the NPDB.

**Example Table. Non-users of the NDPB utilize the following sources for hiring or granting privileges to a practitioner.**

<b>Rank Utilization</b>	<b>Sources of Information</b>
	National Practitioner Data Bank
	American Board of Medical Specialties
	American Medical Association
	Center for Medicare & Medicaid Services
	Employment History
	Employment References
	Federation of State Medical Boards
	Healthcare Integrity and Protection Data Bank
	Hospitals
	Law Enforcement (includes criminal background checks)
	Medical malpractice insurance
	Practitioners affiliated Health Plans
	Medical Schools
	Self-Queries
	State Licensing Boards
	Other (Please Explain)

**3. Self-Query tables**

Tabular data regarding reports from the NPDB will provide entity level data on areas such as (i) actions taken in response to reports and (ii) completeness and usefulness of information in the reports from the NPDB. The goal of the response analysis is to describe the impact of the NPDB reports on decision making. Special attention will be given to the impact of information relative to the type contained in the report. This analysis is critical to assessing the impact of the NPDB report content in the decision making process.

For example, one of the self-query tables will inform the NPDB of the level of impact certain types of reports have on a health care practitioner that has a report in the NPDB.

**Example Table: Self-Queriers rate the effect reports have on their ability to find employment or obtain privileges**

Rating	Type of Report
X	Malpractice Payment Report
X	State Licensure Action Report
X	Clinical Privilege or Staff Membership Action Report
X	Professional Society Membership Action Report
X	DEA Action Report
X	Medicare/Medicaid Exclusion Report

The tabulations will require proper weighting of the data to produce estimates that accurately reflect non-users’ feedback. Estimates of the populations of users, non-users and self-queriers will be provided, such as the percentage of users that were satisfied with the querying or reporting processes, or the percentage of non-users who were aware of the NPDB. The percentage of responses with matched reports that yield useful information will be presented. Data analysis will be performed to account for the sample design process and any response bias and standard errors.

**Comparisons**

Comparisons will be made across user types, size, location, and time. Specifically:

- ***Inter-Organizational Comparisons***  
 Responses will be compared for both reporters and queriers across the different user types comprised of medical malpractice payers, State licensing boards, hospitals, managed care organizations, and other health care entities. Univariate comparison methods will be used to make comparisons, including differences of means tests (t-tests), chi-square tests, and Wilcoxon Rank Sum tests (non-parametric) as needed.
- ***Longitudinal Comparisons***  
 The general satisfaction, specific areas of satisfaction, general usefulness of types of reports affecting decision making, and bench marking information will be analyzed against three sets of data including:
  - Baseline data collected in 2008 databank user surveys.
  - Data collected in the 2001 databank customer satisfaction survey, which was the first to examine satisfaction of users with the former HIPDB, and

- o Data collected in the 1994 databank Survey conducted by Walcoff and Associates.
- **User/non-user Comparisons**  
Two sets of analyses will be used to compare users to non-users including:
  - a) **A comparison of survey responses**  
There are a limited set of questions that are common to both the user and the non-user surveys including the sources of information used in the credentialing process, contracting with an outside agency, and the importance of information in licensing or credentialing process. The responses to these questions will be compared.
  - b) **A comparison of organizational/market characteristics**  
Various demographic characteristics such as age of entity, size of population served, geographic region, and urbanity will be drawn from external databases to compare users and non-users. Due to the heterogeneity of the measures across user types, these comparisons will be stratified by user group.

## **Contents of the Final Report**

The contractor will develop a final report based upon the requirements of the contract. The report will contain a background section and scope, design, and methodology. The main body of the report will describe and interpret the key findings, which will include final analytical tables. The final section of the report will have a conclusion and report recommendations based on the survey outcomes.

The Final report, planned for publication on the NPDB website, will be prepared with emphasis on clear and policy-relevant results, and will use graphical presentation techniques as much as possible. Draft findings report will include the following key areas of interest:

- I. Abstract
- II. Executive summary of major findings
- III. Introduction/Background
- IV. Study overview of research including
- V. User Survey: Summary of findings
  - a. Querying Users: quality satisfaction scores, timeliness satisfaction scores, completeness satisfaction scores, usefulness score, time to review query results, and comparisons of queriers
  - b. Reporting Users: overall satisfaction scores, report preparation time, comparisons of reports
  - c. Users who Received a Matched Report: percent which yielded useful information, new information, information which was influential in decision making

- d. Users who utilize an authorized agent
- e. Comparisons between reporting and querying systems: difference in satisfaction
- VI. Non-User Survey: Summary of findings
  - a. Previously registered users, currently non-registered non-users
  - b. Currently registered non-users
  - c. Never registered non-users
  - d. Comparisons between user types
  - e. Comparisons between users and non-users: including importance of credentialing process, licensure process, sources of information used, use of outside agencies
- VII. Longitudinal comparisons of satisfaction among all user types
- VIII. Summary and recommendations for improvements
- IX. Recommended areas of future research

**17. Reason(s) Display of OMB Expiration Date is Inappropriate**

The expiration date will be displayed.

**18. Exceptions to Certification for Paperwork Reduction Act Submissions**

There are no exceptions to the certification.

## **Appendix**

Table A. Overview of the NPDB

Table B. Research Questions to be addressed by the National Survey of Eligible Users of the NPDB

<b>Table A. Overview of the NPDB</b>	
<b>NPDB</b>	<b>HIPDB (merged into the NPDB)</b>
<b>Reporters</b>	
<ul style="list-style-type: none"> <li>• Medical Malpractice Payers</li> <li>• Medical/Dental State Licensing Boards</li> <li>• Hospitals and Other Healthcare Entities</li> <li>• Professional Societies with formal peer review</li> <li>• DHHS Office of Inspector General</li> <li>• U.S. Drug Enforcement Administration</li> </ul>	<ul style="list-style-type: none"> <li>• Federal and State Government agencies</li> <li>• Health plans</li> </ul>
<b>Queriers</b>	
<ul style="list-style-type: none"> <li>• Hospitals</li> <li>• Professional Societies with formal peer review</li> <li>• Boards of Medical/Dental Examiners and other healthcare practitioner State Licensing Boards</li> <li>• Other healthcare entities with formal peer review</li> <li>• Plaintiffs’ attorneys or plaintiffs representing themselves (limited)</li> <li>• Healthcare practitioners and practitioner organizations (self-query)</li> <li>• Researchers (statistical data only)</li> </ul>	<ul style="list-style-type: none"> <li>• Federal and State Government agencies</li> <li>• Health plans</li> <li>• Healthcare practitioners/providers/suppliers (self-query)</li> <li>• Researchers (statistical data only)</li> </ul>
<b>Available Information</b>	
<ul style="list-style-type: none"> <li>• Medical malpractice payments (all healthcare practitioners)</li> <li>• Adverse actions - based on reasons relating to professional competency and conduct (primarily physicians/dentists) <ul style="list-style-type: none"> <li>○ Licensing actions: revocation, suspension, censure, reprimand, probation, surrender, denial of an application for renewal of license, and withdrawal of an application for renewal of license (reported as a voluntary surrender)</li> <li>○ Clinical privileges actions</li> <li>○ Professional society membership actions</li> </ul> </li> <li>• Medicare and Medicaid exclusions (all healthcare practitioners)</li> <li>• U.S. Drug Enforcement Administration actions (all healthcare practitioners)</li> </ul>	<ul style="list-style-type: none"> <li>• Licensing and certification actions <ul style="list-style-type: none"> <li>○ Revocation, suspension, censure, reprimand, probation</li> <li>○ Any other loss of license – or right to apply for or renew – a license of the provider, supplier, or practitioner, whether by voluntary surrender, non-renewal, or otherwise</li> <li>○ Any negative action or finding by a Federal or State licensing and certification agency that is publicly available information</li> </ul> </li> <li>• Civil judgments (healthcare-related)</li> <li>• Criminal convictions (healthcare-related)</li> <li>• Exclusions from Federal or State healthcare programs</li> <li>• Other adjudicated actions or decisions</li> </ul>

**Table B. Research Questions to Be Addressed by the National Survey of Eligible Users of the NPDB**

Project Objectives User:	Type of	Hospital	MCO	Group Practice/ Clinic/ Urgent Care	MMP/ Insurer	Profes sional Societ y	SLB/State Healthcare Practitioner Licensing & Certification Authorities	Other State & Federal Agencies	Other	Self-Query: Health Care Practitioners
<b>USER SATISFACTION</b>										
1. What types of users are satisfied with reporting, querying, matched responses, call center, etc.?		Yes	Yes	Yes	Report Only	Yes	Yes	Yes	Yes	Yes
2. What improvements are needed to make the process less burdensome and more satisfactory for querying, reporting, information disclosure?		Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
3. Why are there differences in user satisfaction among different types of users, those who utilize agents, comparison to prior surveys?		Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
4. For those who query the NPDB/, are the information perceived to be accurate, complete, or timely?		Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes
5. Based on user type, what factors, including competitive market forces, effect utilization?		Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
6. What NPDB products or services would enable entities to obtain information with greater efficiency to make decisions with greater confidence?		Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	No
7. What is the difference in user-satisfaction regarding Continuous Query for those who have not activated this feature?		Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	No

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Project Objectives	Type of User:									
	Hospital	MCO	Group Practice/ Clinic/ Urgent Care	MMP/ Insurer	Professional Society	SLB/State Healthcare Practitioner Licensing & Certification Authorities	Other State & Federal Agencies	Other	Self-Query: Health Care Practitioners	
<b>SOURCES OF INFORMATION</b>										
8. What other sources of information do entities use and how has the availability of information from the NPDB affect their use of other information sources?	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	No	
9. To what extent do the NPDB serve as a source of new information or confirmation?	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	No	
10. How often does information from the NPDB lead to further investigation into additional sources of information?	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	No	
11. How often does information from the NPDB lead to further investigation into additional sources of information for the primary purpose of supporting a possible adverse action to be taken against a practitioner already licensed, with privileges, on staff, etc.?	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	No	

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Project Objectives	Type of User:		Group Practice/ Clinic/ Urgent Care	MMP/ Insurer	Professional Society	SLB/State Healthcare Practitioner Licensing & Certification Authorities	Other State & Federal Agencies	Other	Self-Query: Health Care Practitioners
	Hospital	MCO							
<b>PURPOSE AND RESULTING ACTION</b>									
12. What is the primary purpose to query the data bank?	Required	Required	Yes	No	Yes	Yes	Yes	Yes	Yes
13. If a variety of decisions are made by querying entities who utilize the NPDB, a. How useful is the information for each type of decision?	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes
b. Why are there differences among the types of decisions in usage rates for and usefulness of NPDB information?	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	No
14. How do query results impact decisions made by querying entities?	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	No
a. How often do these results change the decisions?	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	No
b. Do these results increase the level of confidence in the decision?	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	No
c. How often do results, which state a practitioner has a report in the NPDB, in and of itself, affect decisions regarding licensure or granting clinical privileges to a practitioner?	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	No
d. How often does information from the NPDB lead to a denial of a practitioner's initial application for licensure, privileges, etc.?	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	No
e. How often does information from the NPDB lead to the taking of an adverse action against a practitioner already licensed, with privileges, on staff.	Yes	Yes	Yes	No	No	No	No	No	Yes

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Project Objectives	Type of User:									Self-Query: Health Care Practitioners
	Hospital	MCO	Group Practice/ Clinic/ Urgent Care	MMP/ Insurer	Profess ional Society	SLB/State Healthcare Practitioner Licensing & Certification Authorities	Other State & Federal Agencies	Other		
15. Do NPDB reporting requirements affect whether or not actions are taken and the nature of actions which are taken?	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes
a. Reduce decision to suspend more than 30 days to a suspension of 30 days or less?	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Yes	No
b. Reduce decision to suspend to a reprimand or other non-suspension action?	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	No
16. What actions are taken by entities to address practitioner incompetence or misconduct?	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	No
a. How often is each of these processes used in a given period of time?	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	No
b. How effective is each perceived to be?	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	No
<b>CHARACTERISTICS OF USERS</b>										
17. How many patients are the entities responsible for?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
18. Is the organization accredited, certified, licensed or credentialed by and by whom?	Yes	Yes	Yes	No	No	No	No	No	No	No
19. What are the characteristics of users and non-users?	Yes	Yes	Yes	No	No	Yes	Yes	No	No	No
20. Characterize entities registered as "Other Health Care Entities" that use the NPDB (how do they differ from non-users).	No	No	No	No	No	No	No	No	No	No

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Project Objectives	Type of User:		Group Practice/ Clinic/ Urgent Care	MMP/ Insurer	Professi onal Society	SLB/State Healthcare Practitioner Licensing & Certification Authorities	Other State & Federal Agencies	Other	Self-Query: Health Care Practitioners
	Hospital	MCO							
<b>CREDENTIAL OR LICENSING</b>									
21. What is the nature of the credentialing process and individual roles of assigned staff?	Yes	Yes	Yes	No	No	No	No	No	No
a. How many staff members are responsible for the credentialing function?	Yes	Yes	Yes	No	Yes	Yes	Yes	No	No
b. How many practitioners do they credential or license?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
22. At what point in the credentialing process is NPDB information used and how is it used?	Yes	Yes	Yes	No	Yes	No	No	No	No