

Supporting Statement A

Survey of Eligible Users of the National Practitioner Databank

OMB Control No. 0915-0366

Reinstatement with Changes

A. Justification

1. Circumstances Making the Collection of Information Necessary

This is a request for Office and Management and Budget approval of a reinstatement of the 0915-0366 information collection request.

The Health Resources and Services Administration (HRSA) plans to survey the users National Practitioner Data Bank (NPDB). The purpose of this survey is to assess the overall satisfaction of the eligible users of the NPDB. This survey will evaluate the effectiveness of the NPDB as a flagging system, source of information, and its use in decision making. Furthermore, this survey will collect information from organizations and individuals who query the NPDB to understand and improve their user experience. This statement is a request for Office of Management and Budget (OMB) approval of Reinstatement with Change to the 2012 survey of the NPDB.

The population of eligible users is Hospitals, Hospital Systems, Health Plan and Other Health Care Entities (e.g., Group Practice, Clinic, Community Health Center, Urgent Care Facility or Ambulatory Health Care), Professional Societies, State Licensing Board, State Certification Authority and Federal Licensing Agency, Federal or State Prosecutor (including Attorney General), Medical Malpractice Payer, Authorized Agents for NPDB Registered Health Care Entities, 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, 2018 and December 31, 2020. 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 Division of Practitioners Databank (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. The NPDB non-users are defined as entities that were eligible to query or report to the NPDB and did not do so during the defined time frame (between January 1, 2018 and December 31, 2020). The non-user group includes previously registered users who were not re-registered to utilize the NPDB, eligible users who never registered to utilize the NPDB, and registered users who did not submit a query or report during the specified time period. Thus, if an entity was a registered user during the timeframe and did not query, report, or utilize an authorized agent to query or report on their behalf, the entity is a non-user. 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, providers, and suppliers that self-query the NPDB. 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. The survey will collect information regarding the participants' experiences of querying and reporting to the NPDB, perceptions of health care practitioners with reports, impact of NPDB reports on organizations' decision-making, and satisfaction with various NPDB products and services. Comparisons of this survey's results with results of earlier surveys will inform the NPDB about changes in its user satisfaction over time.

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, Cherry Tree in previous Eligible User surveys.

2. Purpose and Use of Information Collection

The NPDB Overview (see Table A in Attachment 1) 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 survey will provide 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 Attachment 2, 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 the NPDB administrative data to develop longitudinal analysis.

Since implementation of the previous surveys of 2008 and 2012, 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 instantaneously in most cases. 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.

- **IQRS Query and Report Workflow Streamlined in recent years:** Enhancements to the query and report process were streamlined with a response time less than a minute on average.
- **An Improved Registration and Registration Renewal Process:** Improved registration process for all entities have reduced the time it takes to register with the NPDB. This enhancement also allows entities and agents to update their registrations efficiently.
- **Recent Update to Continuous Query Workflow:** Automatic and continuous querying of enrolled practitioners; now entities are allowed to renew their continuous registration automatically (a 97% renewal rate). Continuous Query is only for querying on practitioners, not health care organizations.
- **Interface Control Document Transfer Program Phased Out for Querying and Reporting XML Service:** The QRXS used an industry standard XML format that improved the exchange of data between the user and the NPDB.
- **Section 1921 of the Social Security Act 2010:** The formation of the Compliance and Disputes Branch completed a rigorous review of state licensing board and agency reporting and began providing state boards with technical assistance to ensure compliance.

- **Report Forwarding:** State boards are able to receive medical malpractice, clinical privilege, and professional society actions, forwarded electronically by participating reporting entities.
- **Changes in Health Care Practitioners Self-Query:** Presently NPDB provides option for self-queriers to answer Experian Questions in place of a notarized document.
- **New Attestation Initiative:** Attestation is a national NPDB education and outreach effort to ensure that all eligible entities are meeting their reporting requirements as mandated by federal law. During attestation, Data Bank administrators and other entity officials confirm that their organization has submitted all reportable adverse actions and medical malpractice payments. Complete and accurate reporting provides queriers with the information they need for credentialing, privileging, and employment decisions that affect patient safety.
- **HIPDB Merger with the NPDB:** 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 and 2012 surveys. Users access the NPDB by internet through IQRS; therefore, the primary data collection for the survey will utilize web technology. The NPDB will release an online newsletter that will include an article highlighting the purpose of the survey to encourage sampled respondents to provide valuable feedback (Attachment 3).

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 Attachments 4 and 5, displaying interactive web tools that support the NPDB, including alerts regarding emails from the NPDB. 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 surveys would be completed via the web.

4. Efforts to Identify Duplication and Use of Similar Information

This survey seeks to obtain information unavailable through existing sources (including the NPDB administrative data). The results of the 2001, 2008 and 2012 surveys 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.
- **Skip logic implementation to prevent duplication:** Utilizing web survey would allow us to use skip patterns throughout so that respondents will only answer those questions pertaining to their specific entity and activity type (e.g., hospital that have submitted reports will get different questions vs. hospitals that have never reported). The skip logic will essentially disaggregate user types to prevent duplication, thus reducing participant burden (which will help with the OMB clearance) and promoting better response rate.

6. Consequences of Collecting the Information Less Frequently

If the proposed survey is not conducted, NPDB will be compelled to rely on 2001, 2008 and 2012 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 previous 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. This survey will provide HRSA with the information necessary for research purposes and for improving the usability and effectiveness of the NPDB.

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 October 16, 2020, Volume 85, Number 201, pp. 65833-34. There were no comments.

The attached questionnaire was developed by a contractor. in collaboration with, and reviewed by, the DPDB staff. Consultant feedback, with previous federal survey experience, has been incorporated. Additionally, outside consultation was obtained with relevant experts 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:

Division of Practitioner Data Banks
<ul style="list-style-type: none">• David Loewenstein – Director• Melissa Moore – Deputy Director• Harnam Singh – Research• Jiaying Hua – Contract Officer Representative• Derek Wilkinson – Research• Denise Nguyen – Compliance Branch Chief• Carolyn Nganga-Good – Policy and Dispute Branch Chief• Donald Illich – Policy analyst

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:

“In recognition of your valuable time and critical feedback, Biktek Inc. will donate \$2 for each completed survey to the Children’s Inn, a non-profit providing a home-like environment for children receiving medical treatment at the National Institutes of Health (NIH). A maximum of \$5,000 will be donated.”

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.

Table 2. Annual Hours Estimate of Burden

Form Name	Number of Respondents	Number of Responses per Respondent	Total Responses	Average Burden per Response (in hours)	Total Burden Hours
NPDB Users Entities Respondents	15,000	1	15,000	0.25	3,750
NPDB Self-Query Respondents	2,000	1	2,000	0.10	200
Total	17,000	----	17,000	----	3,950

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	17,000	3,950	\$48.55 per hour; \$100,980 a year	\$191,773

*Wage rate calculation based on Bureau of Labor Statistics, U.S. Department of Labor, *Occupational Outlook Handbook*, (bls.gov/ooh, last updated September 1, 2020).

**Total Burden hours are produced in Table 2.

The total respondent burden for the *Survey of Eligible Users of the NPDB* is estimated to be approximately 3,950 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.

Wage Rate 2020

According to Bureau of Labor Statistics, U.S. Department of Labor, *Occupational Outlook Handbook* (bls.gov/ooh, last updated September 1, 2020) 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 2019 Median Pay is estimated to be \$48.55 per hour for a total median annual salary of \$100,980 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 \$48.55 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 a contractor 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 \$310,000 annually and the estimated annualized cost of federal personnel during the year of the contract for contract oversight and deliverable reviews (two .20 FTEs @ \$150,000 = \$60,000). The estimated annualized cost to the Federal Government is estimated at \$370,000 per year for two years.

15. Explanation for Program Changes or Adjustments

This request is submitted as a Reinstatement with Change. The previous information collection under 0915-0366 was discontinued.

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

Publication of 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 DPDB will publish the Findings Report of the final survey results (subject to clearance from HRSA Office of Communication).

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

Activity	Expected Date
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 2021
Submit revised final report	July 2021
Final Briefing	August 2021

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.
- To collect information from organizations and individuals who self-query the NPDB to understand and improve their user experience.

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.

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 2018 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.

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. 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.

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:

- Data collected in 2012 databank user surveys.
- Data collected in 2008 databank user surveys.

- o 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. Self-Querier Users: Summary of findings
 - a. Satisfaction with self-query process
 - b. Matched responses
 - c. Experiences with the dispute process
- VIII. Longitudinal comparisons of satisfaction among all user types
- IX. Summary and recommendations for improvements
- X. 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.