



Clinical Privileges

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Adam Stanzione, Dispute Resolution Manager

Paul Lotterer, Dispute Resolution Manager

Division of Practitioner Data Bank, Bureau of Health Workforce (BHW)

Vision: Healthy Communities, Healthy People



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Agenda

- 1 • General Overview
- 2 • Reporting Requirements for Adverse Clinical Privileges
- 3 • Reporting Scenario
- 4 • Popular Questions
- 5 • Open Q&A Forum

General Information



General Overview – NPDB Statistics

Aggregate Data

1.6+ million REPORTS



24 thousand ENTITIES



833 thousand PRACTITIONERS



2021 Data

66+ thousand REPORTS



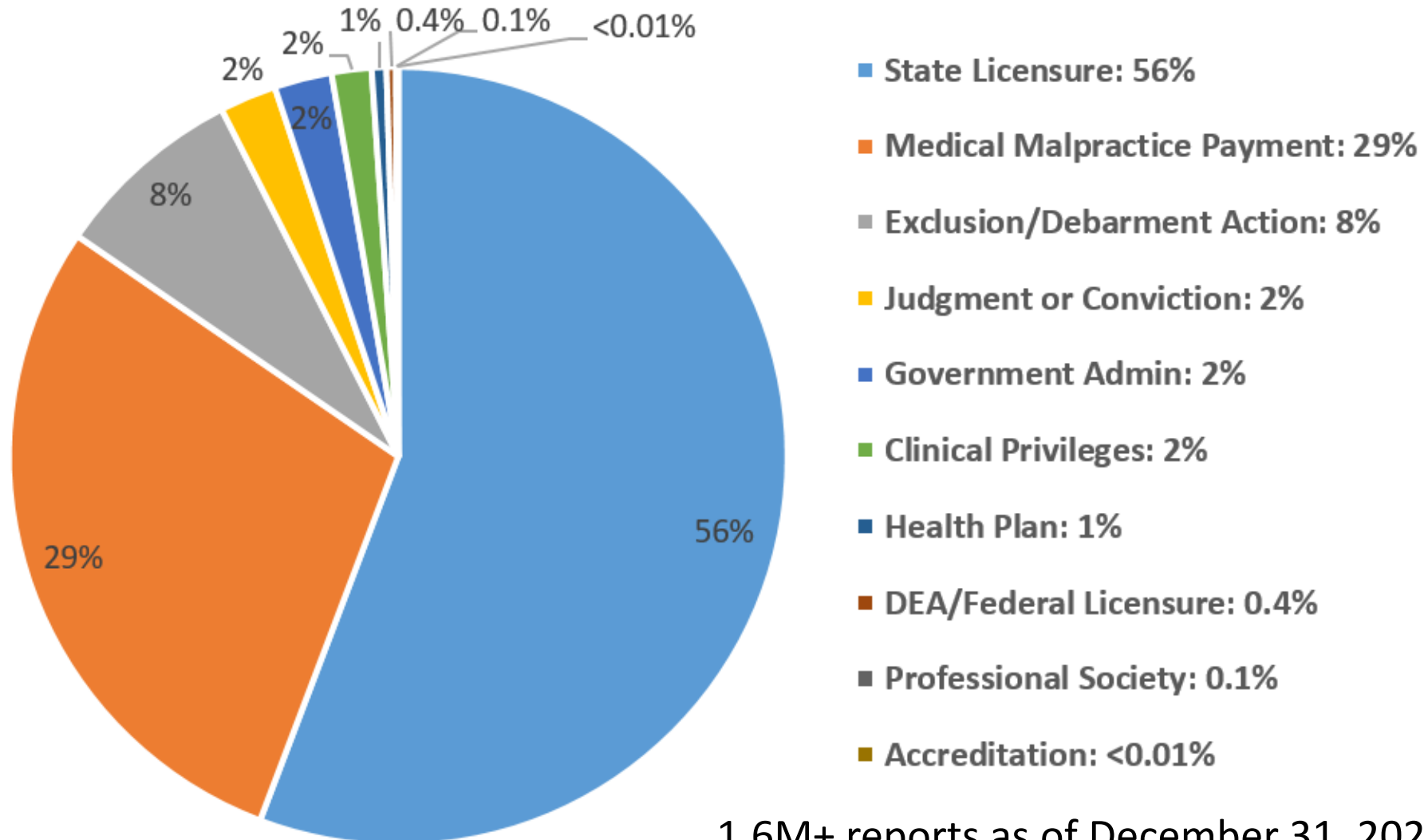
10.6+ million QUERIES



2 million DISCLOSURES



Reporting – NPDB Reports by Type



1.6M+ reports as of December 31, 2021

Basic Reporting Requirements for Adverse Clinical Privileges Actions



Basic Reporting Requirements

The Law

“Each entity which...

(A) takes a professional review action that adversely affects the clinical privileges of a physician for a period longer than 30 days;

(B) accepts the surrender of clinical privileges of a physician...while the physician is under investigation by the entity relating to possible incompetence or improper professional conduct, or...in return for not conducting such an investigation or proceeding...”

-- Title IV of Public Law 99-660



Basic Reporting Requirements

The Law

The term “professional review action” means an action or recommendation of a professional review body which is taken or made in the conduct of professional review activity, which is based on the competence or professional conduct of an individual physician (which conduct affects or could affect adversely the health or welfare of a patient or patients), and which affects (or may affect) adversely the clinical privileges, or membership in a professional society, of the physician.

-- Title IV of Public Law 99-660



Basic Reporting Requirements

The Law

The term “adversely affecting” includes reducing, restricting, suspending, revoking, denying, or failing to renew clinical privileges or membership in a health care entity.

-- Title IV of Public Law 99-660



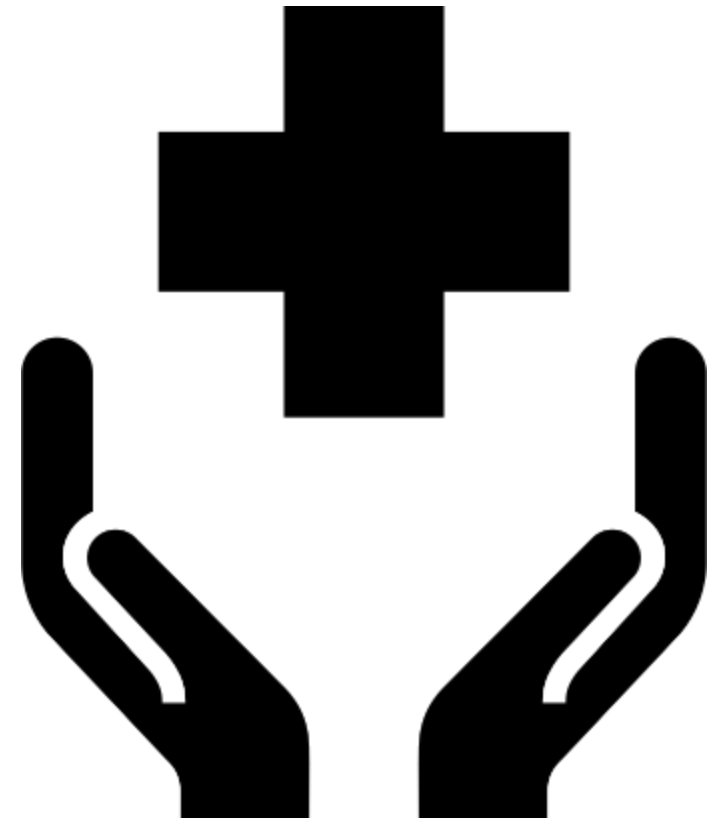
Basic Reporting Requirements

To Be Specific, Reportable Actions Include:

- Adverse clinical privileges actions >30 days related to professional competence or conduct
- Surrendering privileges while under investigation.

Must report on: Physicians and dentists

May report on: Other practitioners



Basic Reporting Requirements

Licensed Interns and Residents:

- Typically not reportable unless there are adverse clinical privileges actions based on events occurring outside the scope of a formal graduate program, e.g., moonlighting on the weekends.



Reporting Requirements: Adverse Actions While Under Investigation



Adverse Actions While Under Investigation

Investigations

- ***Investigations themselves are not reportable***
- Definition of investigation is not controlled by entity's bylaws
- Routine review of a practitioner is *not* an investigation
- Focus must be on a particular practitioner
- Precursor to professional review action
- Reportable regardless of whether practitioner knew of ongoing investigation
- Ongoing until decision-making authority takes final action



Adverse Actions While Under Investigation

Nonrenewals & Withdrawal of Applications:

- Are only reportable:
 - when the practitioner fails to renew privileges or applies for renewal of privileges and later voluntarily withdraws application; **and**
 - while under investigation for possible professional incompetence or conduct



Poll Question

1. An anesthesiologist is hired by the hospital's anesthesia group and receives temporary privileges while his application for clinical privileges is pending the formal review process. After the hospital receives several quality of care-related complaints about the anesthesiologist, the practitioner agrees to resign the temporary privileges and withdraw his application for full privileges in return for the hospital not investigating the complaints. Is this reportable?

- A. Yes, it is reportable.
- B. No, it is not reportable.
- C. It depends.



Poll Question – Response 2

1. An anesthesiologist is hired by the hospital's anesthesia group and receives temporary privileges while his application for clinical privileges is pending the formal review process. After the hospital receives several quality of care-related complaints about the anesthesiologist, the practitioner agrees to resign the temporary privileges and withdraw his application for full privileges in return for the hospital not investigating the complaints. Is this reportable?

A. Yes, it is reportable. The NPDB does not draw a distinction between adverse actions taken with respect to temporary or permanent privileges. Because the physician surrendered his temporary clinical privileges in return for the hospital not conducting an investigation into issues related to professional competence or conduct, the surrender must be reported.



Reporting Requirements: Adverse Actions Lasting Longer Than 30 days



Adverse Actions Lasting Longer Than 30 Days

Summary Suspension:

- In effect or imposed for more than 30 days.
- Based on professional competence or conduct that adversely affects or could adversely affect health or welfare of patient.
- Result of professional review action.



Adverse Actions Lasting Longer Than 30 Days

Denials and Restrictions:

- Denials of initial applications for privileges and restrictions that prevent practitioners from exercising independent judgment, e.g., proctoring, are reportable if:
 - Greater than 30 days; and
 - result of professional review action relating to professional competence or conduct.



Poll Question

2. A physician applying for renewal of her hospital clinical privileges falsified her application by omitting information about an ongoing licensure investigation. The hospital took a professional review action to deny her renewal application, which the Medical Executive Committee (MEC) considered to be related to the practitioner's professional conduct, even though there was no actual patient harm. Should this be reported to the NPDB?

- A. Yes, it is reportable.
- B. No, it is not reportable
- C. It depends.



Poll Question – Response 3

2. A physician applying for renewal of her hospital clinical privileges falsified her application by omitting information about an ongoing licensure investigation. The hospital took a professional review action to deny her renewal application, which the MEC considered to be related to the practitioner's professional conduct, even though there was no actual patient harm. Should this be reported to the NPDB?

C. It depends. If, in the opinion of the MEC, the practitioner's falsification of her application *could adversely* affect the health or welfare of a patient, and the action is the result of a professional review, the action must be reported to the NPDB.



Reporting Scenario



Reporting Scenario – Types of Reports

Types of Reports

- ▶ Initial
- ▶ Correction
- ▶ Void
- ▶ **Revision-to-Action:** A Revision-to-Action Report is a report of an action that modifies an adverse action previously reported to the NPDB.
 - ▶ When additional sanctions have been taken against the subject of a report based on a previously reported incident
 - ▶ When the length of action has been extended or reduced
 - ▶ When the original suspension or probationary period has ended



Reporting Scenario – Part 1

Dr. Y is a physician at Southwest Hospital. On or about May 15, 2021, he became the subject of a medical staff peer review based on allegations that he violated the standard of care by modifying electronic patient profiles without examining the patient or consulting with the appropriate treating provider and that he appeared to be intoxicated on several occasions after reporting to work. As part of the peer review, he had three random surgical cases reviewed by the Surgical Peer Review Committee (SPRC) of the Hospital and the SPRC found that there was substantial room for improvement in the three cases, which the SPRC found was a highly unusual, if not unique, finding within such a small sample size.



Reporting Scenario – Part 1

After review of the allegations raised concerning Dr. Y, along with a review of the SPRC findings, the Hospital Medical Executive Committee (MEC) recommended that Dr. Y's privileges be summarily suspended in order to protect patient safety. The MEC had the authority to issue a summary suspension, however, a final action concerning Dr. Y's privileges requires approval by the Hospital Board of Directors (Board). Dr. Y was placed on summary suspension on June 1, 2021.



Reporting Scenario – Part 1 Questions

- 1. If there was an investigation, should Southwest Hospital submit an NPDB report indicating Dr. Y was under investigation for potential improper professional competence or conduct?**
 - A. Yes, investigations for professional competence or professional conduct are reportable to the NPDB.
 - B. No, investigations should not be reported unless a physician or dentist surrenders or fails to renew clinical privileges, or if privileges are restricted while the practitioner is under investigation by a health care entity for possible incompetence or improper professional conduct, or in return for not conducting an investigation.

- 2. When does the summary suspension imposed by Southwest Hospital on June 1, 2021, become reportable?**
 - A. The summary suspension becomes reportable on July 2, 2021, because summary suspensions exceeding 30 days are reportable even if they are not final.
 - B. The Hospital is required to report the summary suspension immediately because a serious question has been raised and must be addressed quickly.
 - C. The Hospital is not required to report the summary suspension until the Board approves the action.



Reporting Scenario – Part 1 Responses

1. If there was an investigation, should Southwest Hospital submit an NPDB report indicating Dr. Y was under investigation for potential improper professional competence or conduct?
 - A. Yes, investigations for professional competence or professional conduct are reportable to the NPDB. **(Incorrect)**
 - B. No, investigations should not be reported unless a physician or dentist surrenders or fails to renew clinical privileges, or if privileges are restricted while the practitioner is under investigation by a health care entity for possible incompetence or improper professional conduct, or in return for not conducting an investigation. **(Correct – Investigations by themselves are not reportable)**



Reporting Scenario – Part 1 Responses

2. When does the summary suspension imposed by Southwest Hospital on June 1, 2021, become reportable?

- A. The summary suspension becomes reportable on July 2, 2021, because summary suspensions exceeding 30 days are reportable even if they are not final. **(Correct – Although the NPDB encourages entities to report the summary suspension immediately because summary suspensions are serious actions taken by the entity, an entity is not required to report a summary suspension until it has been in place for more than 30 days)**
- B. The Hospital is required to report the summary suspension immediately because a serious question has been raised and must be addressed quickly. **(Incorrect)**
- C. The Hospital is not required to report the summary suspension until the Board approves the action. **(Incorrect – Regardless of whether the Board approves the summary suspension, once a summary suspension has been in place for more than 30 days, the entity needs to report it to the NPDB)**



Reporting Scenario – Part 2

The SPRC reviewed an additional 40 cases involving treatment by Dr. Y, which resulted in numerous concerns about deficiencies in clinical judgment, technical skills, documentation concerns, and unclear indications for procedures. On July 2, 2021, the MEC recommended that Dr. Y be allowed to return to the Hospital with certain practice restrictions:

- A two-month restriction on his ability to perform any complex surgeries (Dr. Y was provided a list of restricted surgical procedures) with the option of designating a surgical proctor in the future.
- A permanent restriction of his ability to write an electronic patient profile without the approval of a supervising physician.
- A permanent restriction from deleting electronic patient profiles.

The Board approved all of the practice restrictions on July 3, 2021. Dr. Y returned to work on July 5, 2021.



Reporting Scenario – Part 2 Questions

1. Are the additional restrictions that the Board approved on July 3, 2021, on Dr. Y's practice, reportable to the NPDB?

- A. Yes, the July 3rd restrictions are the result of a professional review action based on Dr. Y's clinical competence or professional conduct that adversely affects, or could adversely affect, the health or welfare of a patient. These are modifications of the original summary suspensions and are reportable as a Revision-to-Action. They can be reported right away, the Hospital does not need to wait any specific time period.
- B. No, not all of the July 3rd restrictions are permanent, and those that are do not involve patient care, so they are not reportable to the NPDB.



Reporting Scenario – Part 2 Responses

1. Are the additional restrictions that the Board approved on July 3, 2021, on Dr. Y's practice, reportable to the NPDB?
 - A. Yes, the July 3rd restrictions are the result of a professional review action based on Dr. Y's clinical competence or professional conduct that adversely affects, or could adversely affect, the health or welfare of a patient. These are modifications of the original summary suspensions and are reportable as a Revision-to-Action. They can be reported right away, the Hospital does not need to wait any specific time period. **(Correct – These additional restrictions are a modification of the initial report, the summary suspension. Since they are a modification of the initial report, the hospital is required to report them within 30 days of the date the Board approved the restrictions)**
 - B. No, not all of the July 3rd restrictions are permanent, and those that are do not involve patient care, so they are not reportable to the NPDB. **(Incorrect)**



Reporting Scenario – Part 3

On July 8, 2021, Dr. Y reported to work and appeared to be intoxicated. He submitted to a blood alcohol test, which revealed an unacceptable amount of alcohol in his system pursuant to Hospital Bylaws. He was sent home for the day. The MEC reopened an investigation in Dr. Y's conduct and decided to meet the next day to determine if another summary suspension was appropriate. On July 9, 2021, the MEC notified Dr. Y of the reopened investigation and informed him the MEC would meet again to determine if another summary suspension of his privileges should be imposed. Dr. Y sent notice to the Hospital on July 10, 2021, that he would temporarily take a leave of absence to attend in-patient substance abuse treatment. Dr. Y also said that he would refrain from practice and from providing medical services at the Hospital while he was on his leave of absence. Due to Dr. Y's notice of a leave of absence the MEC decided to place the investigation on hold and determined that it was unnecessary to issue another summary suspension of Dr. Y's privileges, because he would not be exercising his clinical privileges while on his leave of absence.



Reporting Scenario – Part 3 continued

On October 4, 2021, Dr. Y wrote the Hospital noting that he had a successful treatment experience and rehabilitation. He asked to return to the Hospital. He stated that his clinical deficiencies and inappropriate conduct were all due to his issues with alcohol. The Hospital agreed to have Dr. Y resume his clinical privileges with the previously imposed practice limitations.



Reporting Scenario – Part 3 Questions

1. Is the leave of absence that Dr. Y took reportable to the NPDB?

- A. Yes, Dr. Y took a leave of absence while under or to avoid an investigation.
- B. No, only an involuntary leave of absence would be reportable.
- C. It depends on whether Dr. Y violates his commitment to refrain from practice and from providing medical services at the Hospital during his leave of absence.

2. If you decided that the leave of absence was reportable to the NPDB, what is the best answer as to what should be included in the narrative of the NPDB report?

- A. The Hospital should explain that the practitioner's privileges were suspended for reasons related to professional competence and conduct. The fact that the practitioner entered a rehabilitation program should not be reported.
- B. The Hospital should explain that the practitioner's privileges were suspended for reasons related to professional competence and conduct, as well as the fact that the practitioner entered a rehabilitation program.
- C. The leave of absence is not reportable because everything that occurred is confidential. No NPDB report should be filed in this case.



Reporting Scenario – Part 3 Responses

1. Is the leave of absence that Dr. Y took reportable to the NPDB?

A. Yes, Dr. Y took a leave of absence while under or to avoid an investigation. **(Correct)**

B. No, only an involuntary leave of absence would be reportable. **(Incorrect)**

C. It depends on whether Dr. Y violates his commitment to refrain from practice and from providing medical services at the Hospital during his leave of absence.
(Incorrect)



Reporting Scenario – Part 3 Responses

2. If you decided that the leave of absence was reportable to the NPDB, what is the best answer as to what should be included in the narrative of the NPDB report?

A. The Hospital should explain that the practitioner's privileges were suspended for reasons related to professional competence and conduct. The fact that the practitioner entered a rehabilitation program should not be reported. **(Correct – To the extent a leave of absence restricts a practitioner's ability to exercise privileges, it is considered a surrender that is reportable. If a practitioner can take a leave of absence without affecting his or her privileges, and his or her privileges remain intact during the leave of absence, the leave of absence is not reportable to the NPDB. The fact that the practitioner entered a rehabilitation program should not be reported.)**

B. The Hospital should explain that the practitioner's privileges were suspended for reasons related to professional competence and conduct, as well as the fact that the practitioner entered a rehabilitation program. **(Incorrect)**

C. The leave of absence is not reportable because everything that occurred is confidential. No NPDB report should be filed in this case. **(Incorrect)**



Resources

Help When You Need It

- Website: www.npdb.hrsa.gov
- [Infographics](#)
- [NPDB Guidebook](#)
- [Recorded webinars](#)
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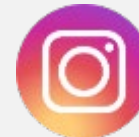
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Popular Questions and Open Q&A Forum



Popular Questions

- 1. Is a resignation under a focused professional practice evaluation (FPPE) reportable to the NPDB?**
- 2. If a practitioner has voluntarily refrained from exercising all or some of his or her privileges due to a personal health issue, is that reportable to the NPDB?**



Popular Questions

- 3. If a physician's initial application for clinical privileges is denied or the privileges granted are more limited than those requested, must this be reported to the NPDB?**
- 4. A hospital automatically revoked a physician's clinical privileges when the physician lost her license. Should this action be reported?**
- 5. A practitioner's privileges are summarily suspended on multiple occasions due to deficiencies in her medical record documentation, however, none of the suspensions have ever lasted longer than 30 days. Are the suspensions reportable to the NPDB?**

