

Understanding Reporting to the National Practitioner Databank for Communication and Resolution Programs

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Communication and Resolution Programs (CRPs) have developed as a patient- and clinician-centered approach to resolving adverse events in healthcare settings. Communication and Resolution Programs (CRPs) differ from traditional settlements or judgments in that they require the physician(s) involved to be honest and transparent about any adverse event that occurred; express empathy for the consequences of the event; and engage in improving systems of care in response to the root cause analysis following the event to prevent recurrence. The benefits of CRPs are numerous, including improved patient safety, more efficient resolution, and preservation or repair of the clinician-patient relationship.

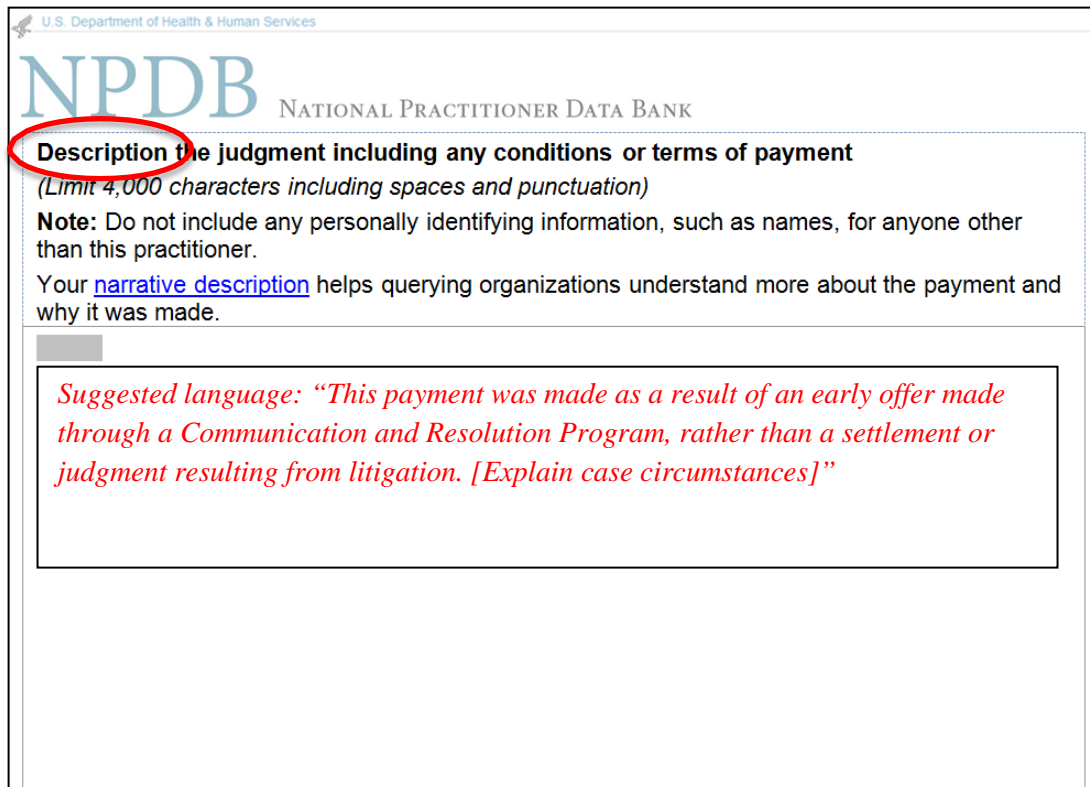
As credentialing services staff are well-aware, any payment made in response to a written claim on behalf of an individual physician must be reported to the National Practitioner Databank (NPDB). While CRP resolutions may meet these criteria for a report, the traditional reporting options do not adequately acknowledge the efforts clinicians who participate in CRPs have made to respectfully, quickly, and fairly resolve the event for the patient and family. For this reason, the Massachusetts Alliance for Communication and Resolution (MACRMI) and the Collaborative for Accountability and Improvement (CAI) have been working with the NPDB to add an option to their reporting form to help clarify that a payment made to a patient through a CRP is not a settlement or award resulting from litigation.

As of June 2020, the NPDB has made changes to their reporting form in light of the prevalence of CRPs. On page 6, the “Payment Result of:” section now has an “Other” option, instead of the “Settlement Judgement or Payment Prior to Settlement” options which existed previously. Now, **“Other” should be selected when a payment has been made on behalf of a physician through a CRP.**

Payments for This Practitioner	
Amount of This Payment (Format NNNNNNNNN.NN):	\$ []
Date of This Payment (MMDDYYYY):	[]
This Payment Represents:	<input type="checkbox"/> A Single Final Payment <input type="checkbox"/> One of Multiple Payments
Total Amount Paid (or to Be Paid) (Format NNNNNNNNN.NN):	\$ []
Payment Result of:	<input type="checkbox"/> Settlement <input type="checkbox"/> Judgment <input type="checkbox"/> Payment Prior to Settlement <input type="checkbox"/> Other
Date of Judgment or Settlement, if Any (MMDDYYYY):	[]
Adjudicative Body Name (60 characters):	[]
Case Number (20 characters):	[]
Court File Number (10 characters):	[]

In addition, on page 7 of the NPDB report form there is a new “Description” box to explain the conditions or terms of the payment. It is suggested that when describing a CRP payment in this box, language such as the following will help make the case resolution clear:

“This payment was made as a result of an early offer made through a Communication and Resolution Program, rather than a settlement or judgment resulting from litigation. [Explain case circumstances].”



The image shows a screenshot of the NPDB (National Practitioner Data Bank) form. At the top, it says "U.S. Department of Health & Human Services" and "NPDB NATIONAL PRACTITIONER DATA BANK". Below this is a section titled "Description of the judgment including any conditions or terms of payment" with a note that the limit is 4,000 characters. A red circle highlights the word "Description" in the title. Below the title is a "Note" stating not to include personally identifying information. Underneath is a link for "narrative description". A large text box contains the suggested language: "Suggested language: 'This payment was made as a result of an early offer made through a Communication and Resolution Program, rather than a settlement or judgment resulting from litigation. [Explain case circumstances]'"

Using this type of description and the “Other” option will help those using the NPDB when credentialing clinicians to better understand the nature of the payment and the proactive response of the clinician and healthcare facility to the adverse event. We encourage you to educate your medical staff services and risk management teams about these changes, as CRPs are becoming increasingly prevalent across the United States. Making use of these new options better acknowledges the patient-centered efforts of physicians who participate in CRPs after adverse events. In addition to ensuring that those involved in the physician hiring and credentialing processes have a more accurate and complete understanding of physicians’ malpractice records, this important development may also help CRP programs develop and spread, which may help drive improvements in the quality and safety of care.

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