Department of Defense

DIRECTIVE

AD-A272 714

November 1, 1990
NUMBER 6025.14

SUBJECT: Department of Defense Participation in the National Practitioner Data Bank (NPDB)

(b) Memorandum of Understanding (MOU) between the Department of Health and Human Services (DHHS) and the Department of Defense, September 21, 1987
(c) DoD Directive 6025.6, "Licensure of DoD Health Care Providers," June 6, 1988

A. PURPOSE

This Directive:

1. Establishes DoD policy, assigns responsibilities, and prescribes procedure for implementing reference (a) and the objectives of reference (b), which outlines the DoD's participation in the NPDB.

2. Specifies the content of confidential reports to the NPDB established under Part B of reference (a), and reporting responsibilities.

B. APPLICABILITY AND SCOPE

This Directive applies to:

1. The Office of the Secretary of Defense (OSD) and the Military Departments (including their National Guard and Reserve components). The term, "Military Departments," as used herein, refers to the Army, the Navy, and the Air Force.

2. Healthcare personnel who are in professions required to possess a license under reference (c) and/or who are granted individual clinical privileges.

C. DEFINITIONS

1. Healthcare Entity. A hospital, ambulatory health clinic, or dental clinic with an independent healthcare practitioner staff that carries out professional staff review and provides healthcare to medical or dental patients; and applicable professional staff components of each Service, as designated by the respective Surgeon General, which also perform peer review as part of the quality assurance program.
2. **Licensed Healthcare Practitioner.** Any healthcare practitioner of one of the professions required to possess a professional license, as prescribed in DoD Directive 6025.6 (reference (c)).

3. **The National Practitioner Data Bank (NPDB).** The organization developed according to P.L. 99-660 (reference (a)) to receive and provide data on professional competence and conduct of physicians, dentists, and other licensed healthcare providers. In reference (a), it is referred to as the "National Data Bank." That name was changed after the MOU (reference (b)) was signed.

D. **POLICY**

It is DoD policy that:

1. Professional review shall occur in every case of alleged malpractice.

2. When a malpractice claim results in a monetary payment for the benefit of a physician, dentist, or other healthcare practitioner required to be licensed by reference (c), it shall be reported to the NPDB.

3. Practitioners shall have benefit of due process procedures for professional review activities under requirements of reference (a), Military Department regulations, and healthcare entity professional staff by-laws.

4. Information on adverse privileging actions and other professional review actions shall be reported to the appropriate State agencies and the NPDB.

   a. The Department of Defense shall continue to provide State(s) of known licensure the information required by DoD Directive 6025.11 (reference (d)).

   b. Physicians and dentists shall be reported for both malpractice payment and privileging actions. All other personnel required to be licensed by reference (c) shall also be reported for malpractice payments.

   c. Other healthcare personnel shall be reported for privileging actions only after the Assistant Secretary of Defense (Health Affairs) (ASD(HA)) notifies the Military Departments to begin submitting reports on a specified category of personnel.

5. The NPDB shall be queried during the accessioning process of a healthcare practitioner, and at least every 24 months, thereafter, as a part of the Military medical departments' recredentialing and reprivileging procedures. Inquiries on healthcare practitioners, on board at the time this Directive is implemented, should be performed at the time of their next recredentialing and reprivileging. If the granting of initial clinical privileges occurs more than 1 year after the query for accessioning, querying the data bank shall be required as a part of the initial privileging.
E. RESPONSIBILITIES

1. The Assistant Secretary of Defense (Health Affairs) (ASD(HA)) shall:
   a. Monitor implementation of this Directive and issue such DoD Instructions as may be necessary.
   b. Authorize exceptions to requirements of this Directive, if deemed necessary.

2. The General Counsel of the Department of Defense (GC, DoD) shall provide legal advice on the interpretation and implementation of this Directive and any subsequent DoD Instructions.

3. The Secretaries of the Military Departments shall implement the requirements of this Directive and the DoD Instructions issued under subsection E.1., above.

F. PROCEDURES

1. The ASD(HA) shall issue Instructions, in accordance with subsection E.1., above.

2. The Military Departments shall:
   a. Develop policy and procedures that comply with requirements of this Directive and any subsequent DoD Instructions.
   b. Ensure that their Office of the Surgeon General (OTSG) sends the appropriate information, in accordance with section G. below, to the NPDB and the Office of the Deputy Assistant Secretary of Defense (Professional Affairs and Quality Assurance) (ODASD(PA&QA)).
   c. Ensure that the NPDB is queried appropriately, in accordance with section G. below.

G. INFORMATION REQUIREMENTS

1. The method of reporting information to, and querying information from, the NPDB shall be by use of the Health Resources and Services Administration (HRSA) forms or, when possible, electronically.

2. Reports to the ODASD(PA&QA) shall be submitted through electronic means, when available. Until then, DD Form 2499, "Health Care Provider Clinical Privileges Action Report," and DD Form 2526, "Case Abstract For Malpractice Claims," shall be used, as appropriate.

3. The reporting requirements in this section have been assigned Report Control Symbols DD-HA(AR)1611 and DD-HA(AR)1782.
H. EFFECTIVE DATE

This Directive is effective immediately.

D. J. Atwood
Deputy Secretary of Defense