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December 1, 2020

The Honorable James M. Inhofe
Chairman
The Honorable Jack Reed
Ranking Member
Committee on Armed Services
United States Senate

The Honorable Adam Smith
Chairman
The Honorable Mac Thornberry
Ranking Member
Committee on Armed Services
House of Representatives

Military Health Care: Defense Health Agency Processes for Responding to Provider Quality and Safety Concerns

The Defense Health Agency (DHA) within the Department of Defense (DOD) supports the delivery of health care to servicemembers and their families at military treatment facilities (MTF), which include 51 military hospitals and hundreds of health and dental clinics. These health care services are delivered by physicians, dentists, and other providers and range from routine examinations to complex surgical procedures. DHA, through its clinical quality management program, is responsible for ensuring the quality and safety of health care delivered at MTFs by military and civilian health care providers, including contractors.

As in all health care delivery settings, concerns may arise about the quality and safety of care delivered by individual health care providers at MTFs. For example, patient safety events—incidents that could have resulted or did result in harm to a patient—may occur during the course of providing health care services.¹ Concerns about a provider’s care may also arise in other circumstances—for example, from routine performance monitoring or from patient complaints. Examples of concerns about a provider’s clinical care range from insufficient clinical documentation to practicing in a manner that is unsafe or inconsistent with industry standards of care.

The National Defense Authorization Act for Fiscal Year 2020 included a provision for GAO to review aspects of DOD’s clinical quality management program, including its processes for reviewing the quality and safety of providers’ care.² In this report, we describe DHA’s processes

¹According to DHA policy, the term “patient safety event” includes adverse events, no-harm events, near miss events, and unsafe conditions. Adverse events are events that resulted in harm to the patient, and may occur by either the omission or commission of medical care. DHA defines no-harm events as events that “reach” (or involve) the patient, but did not cause harm. Near miss events are events that did not reach the patient. Unsafe conditions are conditions or circumstances other than a patient’s own disease process or condition that increases the probability of an adverse event.

²Pub. L. No. 116-92, § 747, 133 Stat. 1198, 1473-1474 (2019).

for preventing and responding to quality and safety concerns about individual health care providers at MTFs. In future work, we will examine the implementation of these processes at MTFs.

To describe DHA's processes for preventing and responding to quality and safety concerns about individual health care providers at MTFs, we reviewed documentation that contains policy and guidance for these processes. Specifically, we reviewed DHA's August 2019 policy, which established standardized processes for managing clinical quality management in the Military Health System, as well as DHA's guidance and tools to aid staff.³ We also interviewed officials from DHA and each of the military services (Air Force, Army, and Navy) about what their processes are and how often certain processes were used during fiscal year 2020. Our review focused on processes for licensed independent providers, such as physicians and dentists, as they are the types of providers who may perform services independently and without supervision at MTFs.

We conducted this performance audit from May 2020 through December 2020 in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

Background

DOD is in the process of transitioning direct administration of its MTFs from the military services to DHA, as directed by law.⁴ As part of this transition, DHA has authority to issue policies for health care administration throughout the Military Health System. MTFs that have not yet transitioned to direct administration under DHA are to follow DHA policy, but continue to be administered by the military services' respective Surgeons General.⁵

Credentialing and Privileging and Risk Management Overview

DHA's clinical quality management program includes credentialing and privileging and risk management, among other quality management components.⁶ Together, credentialing and

³See Department of Defense, Defense Health Agency, *Defense Health Agency Procedures Manual 6025.13: Clinical Quality Management in the Military Health System*, Volumes 3: Healthcare Risk Management and 4: Credentialing and Privileging (Falls Church, Va.: Aug. 29, 2019). This policy went into effect October 1, 2019. Prior to this policy, clinical quality management processes were established by each of the services. For the purpose of this report, we refer to the Procedures Manual as DHA policy.

⁴By no later than September 30, 2021, the Director of DHA shall be responsible for the administration of each military medical treatment facility. 10 U.S.C. 1073c.

⁵DOD issued a plan in June 2018 for a phased transition to be completed no later than September 30, 2021. See GAO, *Defense Health Care: DOD Should Demonstrate How Its Plan to Transfer the Administration of Military Treatment Facilities Will Improve Efficiency*, [GAO-19-53](#) (Washington, D.C.: Oct. 30, 2018). Officials said that as of September 30, 2020, two MTFs report directly to DHA for clinical quality management procedures; the remaining MTFs continue to report to their respective services.

⁶Other clinical quality management programs include patient safety, accreditation and compliance, clinical measurement, and clinical quality improvement.

privileging and risk management are intended to ensure the quality and safety of individual providers' care.

- **Credentialing and privileging.** Credentialing is the process of verifying that a provider's professional credentials—such as medical licensure, professional training, and malpractice history—are valid and appropriate for their position and requested clinical privileges. Privileging is the process of granting permission and responsibility to a health care provider to perform specified health care services independently at a medical facility.
- **Risk management.** Risk management includes processes for taking adverse privileging actions against a provider that either limits the care the provider is allowed to deliver at the facility or prevents the provider from delivering care altogether.⁷ Risk management also includes processes for reviewing potentially compensable events (PCE), which are patient safety events that reach a patient (i.e., adverse events and no-harm events) and are determined to represent a possible financial loss to the federal government.⁸ Additionally, risk management includes processes for reporting providers to the National Practitioner Data Bank (NPDB) for 1) adverse privileging actions and 2) death, disability, and malpractice payments.⁹ Risk management further includes processes for reporting adverse privileging actions to states of licensure and other certifying or regulatory agencies.¹⁰

Key Roles in the Credentialing and Privileging and Risk Management Processes

Staff at the MTF and headquarters levels play key roles in the credentialing and privileging and risk management processes.

- **Credentials committee.** The credentials committee is a group of MTF staff that is responsible for making recommendations to the privileging authority on matters related to credentialing and privileging.
- **Privileging authority.** The privileging authority is a designated MTF official who grants permission to individuals to provide specific care, treatment, or services within well-

⁷Adverse privileging actions are the denial, restriction, reduction, or revocation of clinical privileges as a result of a professional review action, based upon evidence of misconduct, impairment, incompetence, or any conduct that adversely affects, or could adversely affect, the health or welfare of a patient.

⁸Active-duty servicemembers who become retired or separated from service for physical disability may receive a disability payment as compensation. Similarly, a beneficiary of an active-duty servicemember who dies may receive a death benefit payment as compensation.

⁹The NPDB is an electronic repository administered by the U.S. Department of Health and Human Services that collects and releases information on providers who have been disciplined by a state licensing board, professional society, or health care entity, such as a hospital, or have been named in a medical malpractice settlement or judgment, among other things. The NPDB also includes providers who have been named in an active-duty death or disability payment. Industry standards call for health care entities to query the NPDB to determine if a provider has a history of substandard care and misconduct before appointing a provider to the entity's medical staff and when renewing clinical privileges.

¹⁰State medical licensing boards and other certifying agencies may choose to conduct their own investigation of adverse actions and determine whether to take action against the provider's medical license or certification.

defined limits. The privileging authority also makes determinations on adverse privileging actions to be taken against providers.¹¹

- **Report authority.** The report authority is the designated headquarters official with responsibility to report providers to the NPDB, states of licensure, and other certifying or regulatory agencies.¹²

DHA Processes for Preventing and Responding to Provider Quality and Safety Concerns at MTFs

Through policy and guidance, DHA established processes for preventing and responding to quality and safety concerns about providers at MTFs. These processes include 1) initial and ongoing monitoring of providers, 2) taking adverse privileging actions, and 3) reviewing PCEs. While each of these are separate processes, information identified through one process can result in the initiation of another, and processes can generally be conducted concurrently.

DHA Processes for Monitoring Individual Provider Quality and Identifying Safety Concerns

As part of its credentialing and privileging processes, DHA policy requires initial and ongoing monitoring of a provider to ensure they deliver safe, high quality care. Specifically, DHA policy requires MTFs to query the NPDB before granting the provider privileges, including when a provider is first hired, when a provider is transferring to an MTF, when a provider's privileges are up for bi-annual renewal, and when the provider requests additional privileges. The presence of information in the NPDB, such as a history of malpractice payments or licensure actions, does not necessarily prevent an MTF from hiring a provider and granting a provider privileges; however, under DHA policy this information must be considered as part of the credentialing and privileging decision. DHA policy specifies that the credentials committee reviews the results of the NPDB query before deciding whether to recommend approval of clinical privileges. The privileging authority decides whether to grant the privileges as requested, grant modified privileges, or deny privileges.

Once a provider is initially granted privileges at a facility, DHA policy requires that the provider be monitored for a specific period of time, referred to as a focused professional practice evaluation (FPPE). During the FPPE, the provider's professional performance is evaluated to ensure the requested privileges are being competently performed. After this initial period of monitoring is complete, the provider is to continue to be periodically monitored thereafter on a routine basis to ensure that their patients are achieving safe, high quality clinical outcomes. This routine monitoring is referred to as an ongoing professional practice evaluation (OPPE). If at any point concerns arise about the quality and safety of a provider's care, such as unsatisfactory performance during an OPPE, the provider may be placed back under an FPPE

¹¹Privileging authority is designated to the Director or Commander of the MTF by the DHA Director or military service (Air Force, Army, Navy) Surgeon General, respectively, depending on whether the MTF is under the direct administration of DHA or a military service.

¹²The responsible report authority depends on whether the MTF has transitioned to direct administration under DHA. For providers whose privileges are granted by a privileging authority under the responsibility of DHA, the report authority is the Director of DHA. For providers whose privileges are granted by a privileging authority under the responsibility of one of the services (Air Force, Army, or Navy), the report authority is the Surgeon General of that service.

for a period of increased monitoring. According to DHA policy, FPPEs are not adverse in nature; rather, they are an opportunity for the provider to improve performance.

DHA Processes for Taking Action against Individual Providers' Privileges

DHA policy established processes for taking adverse privileging actions against a provider, if warranted. If significant concerns about a provider's care arise through monitoring or other means, the adverse privileging action process may be initiated. Adverse privileging actions either limit the care a provider is allowed to deliver at the facility or prevent the provider from delivering care altogether. For example, a provider's surgical privileges could be revoked following the adverse privileging action process. The adverse privileging action process includes several potential steps: summary suspension; quality assurance investigation; the privileging authority's proposed decision; peer review hearing panel; the privileging authority's final decision; provider appeal; and reporting adverse actions. See enclosure I for an illustration of the process.¹³

Summary Suspension

According to DHA policy, the adverse privileging action process begins with placing a provider's privileges in summary suspension.¹⁴ Summary suspension of some or all of the provider's privileges is required if an investigation is initiated in response to concerns over the provider's care during a period of monitoring or if the concern could adversely affect the health or welfare of a patient or staff member. Summary suspensions continue until the adverse privileging action process is complete.

In February 2020, DHA implemented a policy requirement that summary suspensions that exceed 30 calendar days must be reported to the NPDB, the states of licensure, and other applicable certifying or regulatory agencies.¹⁵ Prior to this, DOD did not report summary suspensions until a final adverse action was completed, in accordance with a memorandum of understanding with the Department of Health and Human Services. Per DHA's guidance, this change was made as an effort to strengthen accountability, standardization, and transparency, and to more closely comply with the NPDB regulations. According to DHA, Air Force, Army, and Navy officials, 27 DOD providers were reported to the NPDB for a summary suspension lasting greater than 30 days between February 1, 2020—when this requirement was implemented—and September 30, 2020.

Quality Assurance Investigation

Under DHA policy, during the summary suspension of a provider's privileges, an appropriate clinical peer is responsible for investigating concerns about the provider; the investigation is

¹³According to DHA policy, the provider's employment may not be severed to avoid an adverse privileging action. Any voluntary surrender of clinical privileges or failure to renew clinical privileges while under investigation is reportable to the NPDB.

¹⁴Summary suspension is the temporary removal of all or a portion of a health care provider's privileges, taken prior to the completion of the adverse privileging action process.

¹⁵This requirement was specified in the August 2019 policy, but did not get implemented until February 2020. Prior to the implementation of the DHA policy, MTFs could place providers' privileges in abeyance—which is not a reportable adverse privileging action—instead of summary suspension; however, abeyance is no longer an action in the due process procedures.

known as a quality assurance investigation.¹⁶ DHA policy states that with the assistance of MTF staff, the investigating clinician must collect relevant facts; review and preserve documentation and other evidence; make findings as to whether the concerns are substantiated; and make a recommendation on limiting, removing, or reinstating the provider's privileges, with or without additional monitoring. According to DHA policy, the MTF's credentials committee is to review the resulting report and make a recommendation to the privileging authority regarding whether to take an adverse privileging action, and if so, what action should be taken.

Privileging Authority's Proposed Decision

DHA policy specifies that after receiving the credentials committee recommendations, the privileging authority is responsible for deciding whether to reinstate the provider's privileges or to limit or remove privileges. If the proposed decision is to reinstate clinical privileges, then the decision is final and no further due process is required. If the privileging authority decides to take adverse privileging action against the provider—that is, deny, restrict, reduce, or revoke the provider's clinical privileges—the provider may request a peer review hearing. If the provider does not request a peer review hearing, the privileging authority's decision regarding the adverse privileging action becomes final.

Peer Review Hearing Panel and Privileging Authority's Final Decision

DHA policy states that at the provider's request, a peer review hearing panel must be convened to review evidence, make findings on each allegation, and make a recommendation to the privileging authority, which may uphold or change its proposed decision.¹⁷ Once the privileging authority makes a decision regarding a potential adverse privileging action, it becomes effective immediately. If the privileging authority's decision is to take an adverse privileging action against a provider, the provider may appeal the decision. The privileging authority's decision for an adverse privileging action remains in effect unless it is overturned during the appeals process.

Appeals Process

Under the DHA policy, the appeals process comprises multiple possible steps. First, the privileging authority considers the appeal. If the privileging authority upholds the appeal—in other words, overturning the original decision—then, the provider's privileges are reinstated and no further action is required. Second, if the privileging authority does not uphold the appeal, a headquarters-level panel of senior clinician executives is convened to review the full record and recommend to the report authority—the designated headquarters official with responsibility to report providers—whether to take adverse privileging action or uphold the provider's appeal.¹⁸ Finally, the report authority will review the full record, including the panel's recommendation,

¹⁶The clinical peer conducting the review must have no personal or professional conflict of interest related to the investigation. If no such individual is on staff at the MTF, an appropriate reviewer may be requested from another MTF, a Reserve Component, or a DOD federal service employee.

¹⁷DHA policy specifies that a majority of the members on the panel will be a peer of the healthcare provider under review, with similar awarded privileges, clinical specialty and practice, and level of training and experience. The DHA policy specifies additional conditions for the panel's membership to ensure a fair and impartial hearing panel.

¹⁸The responsible headquarters-level panel depends on whether the MTF has transitioned to direct administration under DHA. For providers whose privileges are granted by a privileging authority under the responsibility of DHA, the panel is conducted by DHA. For providers whose privileges are granted by a privileging authority under the responsibility of one of the services (Air Force, Army, or Navy), the panel is conducted by the service-level headquarters.

and will uphold, modify, or overturn the privileging authority's proposed decision. DHA policy states that the report authority's decision is final.¹⁹

Reporting Adverse Actions

The report authority is responsible for reporting final adverse privileging actions to the NPDB, as well as any states where the provider holds a medical license and any other applicable certifying or regulatory agencies. This reporting enables other health care entities—including other MTFs—to become aware of concerns about the quality and safety of the provider's care that resulted in adverse privileging action. According to DHA, Air Force, Army, and Navy officials, no DOD providers were reported to the NPDB for final adverse privileging action under the new DHA policy in fiscal year 2020.

DHA Processes for Reviewing Individual Providers Involved in Patient Safety Events

DHA policy established processes for reviewing providers involved in patient safety events. Specifically, under DHA's policy, a potentially compensable event (PCE) review must be conducted for every patient safety event that reaches a patient—regardless of whether the patient was harmed—for which a risk assessment determines that an active-duty death or disability payment or malpractice claim is likely to be filed or has already been filed against the government.²⁰

A PCE review involves, among other things, identifying providers who were “significantly involved” in the event and conducting a standard of care review for each of those providers.²¹ According to DHA policy, information from the PCE review may be used to inform reporting a significantly involved provider to the NPDB in the event that DOD makes a payment on behalf of the provider, as well as consideration of an adverse privileging action against a significantly involved provider.²² The PCE review process includes several potential steps: peer review; external peer review; senior clinician executive panel review and report authority decision;

¹⁹The report authority may decide on a more severe action than proposed by the privileging authority, in which case the report authority will return the case to the privileging authority with guidance for further due process.

²⁰A medical malpractice claim may be filed if, during the course of treatment, a provider deviates from accepted norms of practice and causes or contributes to an injury or death to the patient. Although any beneficiary could file a medical malpractice claim, prior to enactment of the National Defense Authorization Act of Fiscal Year 2020, DOD could only settle and pay such claims filed by or on behalf of non-active-duty servicemember patients, such as family members. The law was changed to allow DOD to settle and pay such claims filed by or on behalf of active-duty servicemembers. Pub. L. No. 116-92, § 731, 133 Stat. 1198, 1457 (2019). As of October 2020, DOD was in the process of drafting regulations required for the processing and administration of such claims. Officials explained that a PCE review must be conducted prior to any payment being made, even if a death, disability, or malpractice claim has already been filed.

²¹The DHA policy defines a significantly involved provider as one who actively delivered care (based on clinical record entries) in either primary or consultative roles during the episodes of care that gave rise to the allegation, regardless of the standard of care determination. Additional defining characteristics include providers that have the authority to start, stop, or alter a course of treatment; have the authority to recommend to start, stop, or alter a course of treatment; or have the responsibility to implement a plan of evaluation or treatment. The term is not meant to include providers who had only peripheral interaction with the patient, nor those providers whose interaction was not reasonably related to the specific indications or allegations of substandard care and injury.

Standard of care determinations are based on the established standards of health care delivery at the time of the event, and may be based on professional literature, professional organization or society publications, MTF policies and processes, and applicable health care laws.

²²Information from PCE reviews is also used to inform process improvements.

reporting the provider; additional procedures for death and disability payments; and adverse privileging action. See enclosure II for an illustration of the process.

Peer Review

Under DHA policy, during the PCE review, a provider peer is responsible for reviewing each significantly involved provider's care to determine whether the provider met the standard of care during the patient safety event.²³ This responsibility includes reviewing medical records and any other applicable documentation to determine what happened and when; comparing the provider's performance against generally accepted standards of care applicable to the provider's area of expertise; determining whether the standard of care was "met" or "not met;" and drafting a narrative explaining the basis for that determination. If a payment has not been made, the case generally does not go forward for additional PCE review at this time.

External Peer Review

According to DHA policy, if the provider peer finds that any of the significantly involved providers met the standard of care during the patient safety event and a payment has already been made, a second opinion is solicited through an external peer review conducted by a contractor.²⁴ If the external peer reviewer agrees that the standard of care was met, the matter will be closed.

Senior Clinician Executive Panel Review and Report Authority Decision

DHA policy specifies that if either the PCE review or the external peer review finds that the standard of care was not met and a payment has already been made, a headquarters-level panel of senior clinician executives is convened to review the PCE case file, including both standard of care determinations. The panel makes a recommendation to the report authority on whether the provider met the standard of care and on attributing the payment made on behalf of the provider via a report to the NPDB, states of licensure, and other applicable certifying or regulatory agencies.

Reporting the Provider

DHA policy also establishes the process for reporting providers to the NPDB. Specifically, following the recommendation from the panel, the report authority makes a decision and, if appropriate, reports the provider to the NPDB. According to DHA, Air Force, Army, and Navy officials, 13 DOD providers were reported to the NPDB for a malpractice, death, or disability payment under the new DHA policy in fiscal year 2020.

Additional Procedures for Death and Disability Payments

As of October 2019, the DHA policy allows for providers to be reported to the NPDB in cases involving an active-duty patient where a death or disability payment has not yet been made. Specifically, under DHA policy, if the initial PCE peer review finds that a provider did not meet the standard of care and, as a result, the patient was harmed but a death or disability payment

²³The peer reviewer must be a peer equivalent to the provider under review based on their practice, training, or board certification in their field. According to DHA officials, the PCE peer review differs from the quality assurance investigation for adverse privileging action in that the peer review is focused on the care provided during a specific event while the quality assurance investigation looks at the provider's performance more broadly.

²⁴Once a payment is made, the review becomes an active-duty death or disability review, or a medical malpractice claim review.

will be delayed, the privileging authority may recommend that the case be processed for potential reporting to the NPDB prior to the payment being made. In such a case, the provider would be allowed an opportunity to submit an appeal and the case would be reviewed by the senior clinician executive panel. The panel's recommendation would be whether to report the provider to the NPDB for an "other adjudicated action or decision," to be updated with the payment amount once a death or disability payment is eventually made. This process is intended to avoid delays in reporting providers until such payments have been made. According to DHA, Air Force, Army, and Navy officials, no DOD providers were reported for an "other adjudicated action or decision" in fiscal year 2020.

Potential for Adverse Privileging Action

DHA policy identifies two potential points during the PCE review process when the privileging authority considers adverse privileging action against the provider. At the outset of the PCE review process, the privileging authority may determine that the known facts of the event warrant placing the provider's privileges in summary suspension and conducting adverse privileging action processes. Additionally, DHA policy requires the credentials committee to review all PCEs following the standard of care determination to determine whether recommending adverse privileging action, or other remedial action, to the privileging authority is warranted. The adverse privileging action process is conducted as described previously and may proceed concurrent with the PCE review.²⁵

Agency comments

We provided a draft of this report to DOD for review and comment. DOD concurred with our report and provided technical comments, which we incorporated as appropriate.

We are sending copies of this report to the appropriate congressional committees and the Secretary of Defense. In addition, the report is available at no charge on the GAO website at <http://www.gao.gov>.

If you or your staff have any questions about this report, please contact me at (202) 512-7114 or silass@gao.gov. Contact points for our Offices of Congressional Relations and Public Affairs may be found on the last page of this report. GAO staff who made key contributions to this report are listed in enclosure III.



Sharon Silas
Director, Health Care

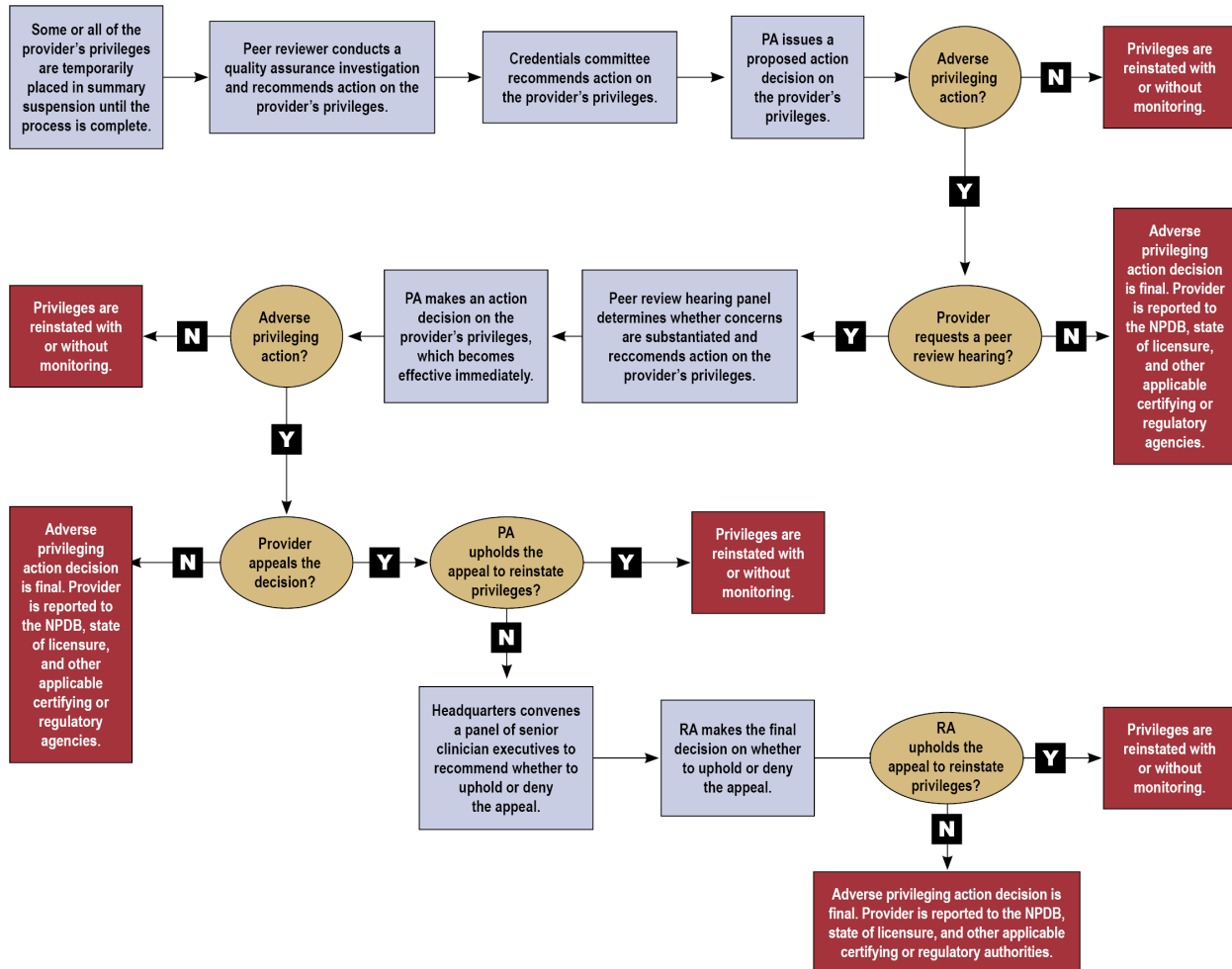
Enclosures - 3

²⁵Officials noted that in addition to the adverse privileging action process being conducted based on the PCE review, the PCE review can be initiated based on findings in the adverse privileging action process. For example, the quality assurance investigation conducted during the adverse privileging action process could discover a PCE that was not previously identified, which would result in the initiation of a PCE review.

Enclosure I: Flowchart Summary of Defense Health Agency's (DHA) Adverse Privileging Action Process

We reviewed DHA's August 2019 policy for responding to provider quality and safety concerns. Our review found that when significant concerns about a provider's care arise, DHA policy describes processes for taking an adverse privileging action against the provider. This action may limit the care the provider is allowed to deliver at the facility or prevent the provider from delivering care altogether. Figure 1 summarizes this process.

Figure 1: Summary of Defense Health Agency's (DHA) Adverse Privileging Action Process



Legend: NPDB=National Practitioner Data Bank; PA=privileging authority; RA=report authority.

□ Action item ○ Decision criteria ■ Final result

Source: GAO analysis of DHA documentation. | GAO-21-160R

Notes: The credentials committee is a group of military treatment facility (MTF) staff that is responsible for making recommendations on matters related to credentialing and privileging. The privileging authority is a designated MTF official with responsibility to make decisions about privileges, including adverse privileging actions. The report authority is a designated headquarters official with responsibility to report providers to the NPDB, states of licensure, and other certifying or regulatory agencies.

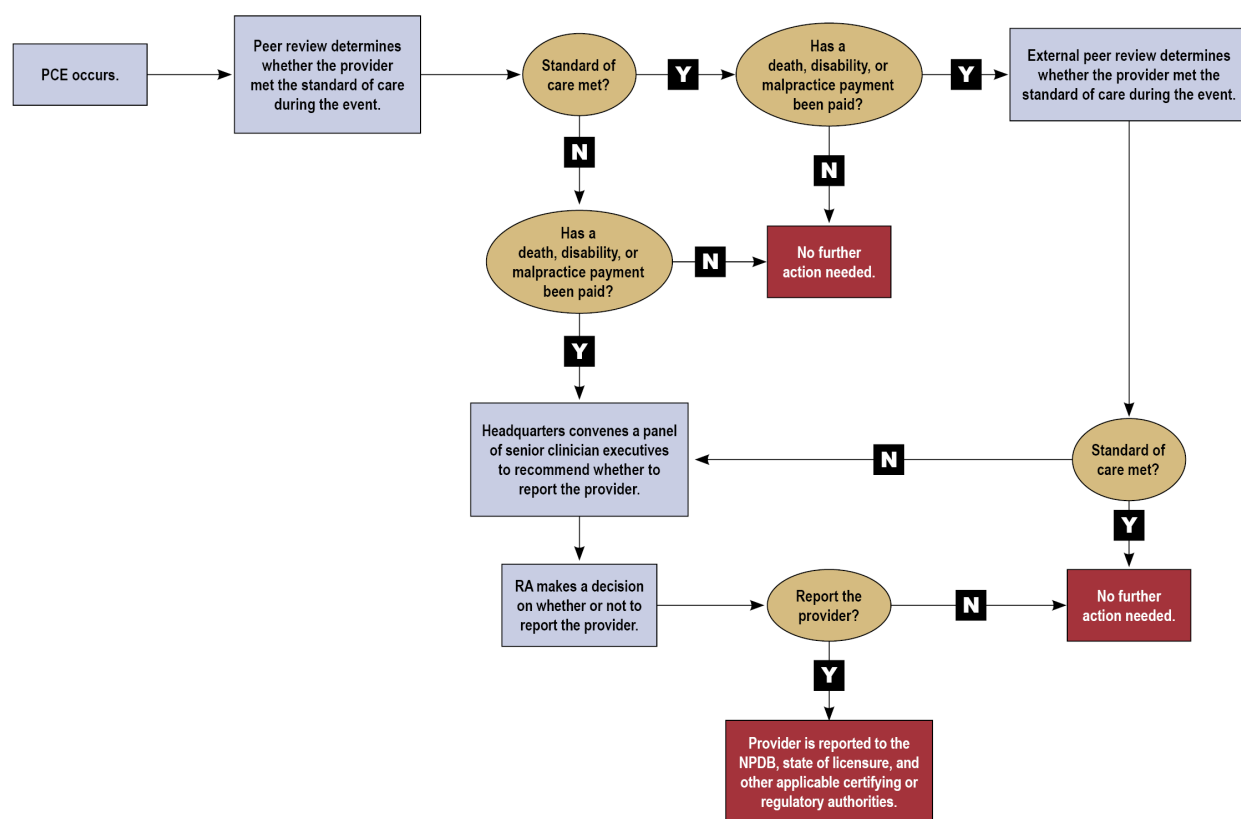
The NPDB is an electronic repository administered by the U.S. Department of Health and Human Services that collects and releases information on providers who have been disciplined by a state licensing board, professional society, or health care entity, such as a hospital, or have been named in a medical malpractice settlement or judgment, among other things. The NPDB also includes providers who have been named in an active-duty death or disability payment.

Enclosure II: Flowchart Summary of Defense Health Agency’s (DHA) Process for Reviewing Potentially Compensable Events (PCE)

We reviewed DHA’s August 2019 policy for responding to provider quality and safety concerns. Our review found that DHA policy requires that when a patient safety event occurs, a PCE review must be conducted to determine whether providers that were significantly involved in the event should be reported to the National Practitioner Data Bank (NPDB) in the event that a payment is made on behalf of the provider. Figure 2 summarizes this process.

Figure 2: Summary of Defense Health Agency’s (DHA) Process for Reviewing Potentially Compensable Events (PCE)

Potentially compensable events are harm or no-harm events that reach the patient and are determined to represent a possible financial loss to the federal government.



Legend: NPDB=National Practitioner Data Bank; RA=report authority.

□ Action item ○ Decision criteria ■ Final result

Source: GAO analysis of DHA documentation. | GAO-21-160R

Notes: The report authority is a designated headquarters official with responsibility to report providers to the NPDB, states of licensure, and other certifying or regulatory agencies.

The NPDB is an electronic repository administered by the U.S. Department of Health and Human Services that collects and releases information on providers who have been disciplined by a state licensing board, professional society, or health care entity, such as a hospital, or have been named in a medical malpractice settlement or judgment, among other things. The NPDB also includes providers who have been named in an active-duty death or disability payment.

For cases involving active-duty servicemembers, additional processes are required if the initial peer review finds that a provider did not meet the standard of care and, as a result, the patient was harmed but a death or disability payment will be delayed. In those cases, DHA policy establishes additional procedures for reporting the provider before the payment is made.

DHA policy identifies two potential points during the PCE review process when the privileging authority considers adverse privileging action against the provider. At the outset of the PCE review process, the privileging authority may determine that the known facts of the event warrant placing the provider's privileges in summary suspension and conducting adverse privileging action processes. Additionally, DHA policy requires the MTF's credentials committee to review all PCEs following the standard of care determination to determine whether adverse privileging action, or other remedial action, is warranted. The adverse privileging action process may proceed concurrent with the PCE review.

Once a payment has been made, the review becomes an active-duty death or disability review, or a malpractice claim review, instead of a PCE review.

Enclosure III: GAO Contact and Staff Acknowledgments

GAO Contact

Sharon M. Silas, (202) 512-7114 or silass@gao.gov

Staff Acknowledgments

In addition to the contact named above, Ann Tynan (Assistant Director), Kaitlin M. McConnell (Analyst-in-Charge), Lily Besel, and Brandon Nakawaki made key contributions to this report. Also contributing were Cathy Hamann, Jacquelyn Hamilton, and Vikki Porter.

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