



HEALTH AFFAIRS

THE ASSISTANT SECRETARY OF DEFENSE

1200 DEFENSE PENTAGON
WASHINGTON, DC 20301-1200

JAN 16 2009

MEMORANDUM FOR ASSISTANT SECRETARY OF THE ARMY (M&RA)
ASSISTANT SECRETARY OF THE NAVY (M&RA)
ASSISTANT SECRETARY OF THE AIR FORCE (M&RA)

SUBJECT: Improved Medical Quality Assurance Program Procedures for National Practitioner Data Bank Reporting Under DoD Directive 6025.13

REFERENCES: (a) DoD Directive 6025.18, "Medical Quality Assurance (MQA) in the Military Health System (MHS)," May 4, 2004
(b) DoD Inspector General Report No. D-2007-054, "Quality Assurance in the DoD Health Care System," February 20, 2007
(c) DoD 6025.13-R, "Military Health System (MHS) Clinical Quality Assurance (CQA) Program Regulation," June 11, 2004

Reference (a) requires (in paragraph 5.2.9.1.) reports to the National Practitioner Data Bank (NPDB) in every case in which a malpractice payment was made "unless, within 180 days after the Surgeon General concerned receives notice of such payment, the Surgeon General has made a final, non-delegable determination, following external peer review, that the malpractice payment was not caused by the failure of such practitioner to meet the standard of care." Further, if "such determination has not been made within the 180-day time period, a report shall immediately be made to the NPDB." The Directive also commands (paragraph 5.2.9.2) that all NPDB reports shall also be made to the Defense Practitioner Data Bank (DPDB) and that "DPDB reports shall also include instances in which a practitioner's failure to meet the standard of care causes or contributes to the death or disability separation of a member of the Uniformed Services." This memorandum adopts the following improved procedures to implement these Directive requirements, including procedures recommended by Reference (b).

(a) In every case in which a Medical Evaluation Board (MEB) makes a referral to a Physical Evaluation Board (PEB), the MEB approving official shall identify and report to the facility Risk Manager every instance in which the condition that is the subject of the referral may have been incurred or aggravated as a result of medical care provided by a military treatment facility.

(b) The facility Risk Manager shall, in consultation with the PEB Liaison Officer (PEBLO), monitor PEB disability decisions, and shall report to the Surgeon General concerned (or to the official designated by the Surgeon General to receive such reports) every case identified in paragraph (a) that results in a determination by the PEB to separate or retire the member due to physical disability.

(c) Every case reported under paragraph (b) shall be the subject of a standard of care review consistent with DoD 6025.13-R (Reference (c)), Chapter 10, with the mandatory 180 day period beginning on the date of the report.

(d) Resulting reports to the Defense Practitioner Data Bank under DoD 6025.13-R, Chapter 10 shall also be made to the National Practitioner Data Bank (which has now agreed to accept such reports).

(e) In cases covered by paragraph 5.2.9.1. of Reference (a), the 180-day period shall begin on the day the Military Department concerned first receives a report through the Department of Legal Medicine that the Department of Treasury has notified DoD of a paid claim.

These procedures are effective immediately.



S. Ward Casscells, MD

cc: Surgeon General of the Army
Surgeon General of the Navy
Surgeon General of the Air Force
Deputy Assistant Secretary of Defense (Clinical and Program Policy)
Director, Armed Forces Institute of Pathology