



Practitioner Duty to Report Study

Report of Findings

May 2024



535 Wellington Way – Suite 280

Lexington, KY 40503

Tel 859.971.7301 Fax 859.919.2242

www.elementmr.com

STUDY OVERVIEW

- Background**
- HRR I protects the public through regulatory research and collaborative exchange with strategic partners to promote evidence-based healthcare regulation.
 - The organization's Strategic Plan identified six Themes to address, one of which is Behavioral and Disciplinary Measures. To help address this Theme and its corresponding Goals, Outputs, and Outcomes, HRR I asked Element to conduct a research study of practitioners.

- Objectives**
- Gauge the extent to which practitioners believe they should be responsible for reporting substandard care and misconduct of fellow practitioners.
 - Identify what, if any, concerns and barriers to reporting practitioners have.
 - Gauge the frequency with which practitioners feel they have witnessed, experienced, or heard of substandard care and misconduct instances occurring among their peers and colleagues.
 - Determine how aware practitioners are of the ways and channels with which they would use to report offenses.
 - Gauge familiarity with and understanding of the roles of healthcare-affiliated and state licensing boards.
 - Determine the extent to which practitioners who have recently experienced substandard care and misconduct reported it.

- Methodology**
- Online survey consisted of 30 questions with a mix of closed and open-ended questions. To qualify respondents had to:
 - Be U.S. residents
 - Work in healthcare as their primary role in one of nine provider types.
 - 400 surveys completed between April 9 and 24, 2024:
 - Dentist (including a few hygienists) (n=46)
 - Nurse or Nurse practitioner (n=42)
 - Occupational therapist (n=23)
 - Pharmacist (n=42)
 - Psychologist (n=40)
 - Physical therapist (n=43)
 - Physician (n=78)
 - Physician Assistant (n=43)
 - Social worker (n=40)
 - Other (n=3)

HRR I PRACTITIONER DUTY TO REPORT STUDY

ELEMENT MARKET RESEARCH, INC.



KEY FINDINGS

As expected, the substandard care and misconduct issues asked about in the survey are prevalent among practitioners both in scope and frequency.

- Nearly 70% of practitioners say they witnessed, experienced, or heard about at least one of the 12 issues in the past year.
 - Unsafe practice or substandard care due to provider incompetency (35%) and improper medication prescribing, dispensing, or administering (30%) are named most often.
 - Experienced much less often are sexual violations or actions considered sexual misconduct (6%) and patients being seen by a provider with a recent unreported criminal conviction (5%).
 - Nurses/NPs/PAs and those who are newer to the healthcare field are more likely to indicate having experienced most of the issues. Black practitioners are more likely to have experienced an issue related to a patient's race or ethnicity and gender / sexual orientation.
- In general, issues reported by the largest numbers of practitioners are also experienced more often by them. On average, each issue was experienced just over 2.5 times in the past year among those who experienced them at all.

The nature of the issue does not tend to affect how practitioners approach reporting. Likewise, the reasons for not reporting in general vs. not using the State Licensing Board are also the same and are often related to anonymity concerns and uncertainties that it reporting will actually make a difference.

- Regardless of the type of issue, the largest numbers choose to speak with colleagues, followed by discussing with the peer involved in the issue, managers, administrators, and the patients/caregivers involved.
- About 12% say they reported the issue to the State Licensing Board; sexual violations or misconduct are most often reported to State Licensing Boards (33%) and issues of bias, discrimination, or an inappropriate comment or gesture are least likely (6%).



- Reasons for not reporting are varied with the top mentions focusing on wanting to remain anonymous, not knowing how to report, ambivalence due to not thinking it would change anything or not wanting to get involved, or fear of retaliation.
- Reasons for not reporting to a State Licensing Board are slightly lower except for the issue not being important enough and not wanting their peer to lose the ability to practice.
- Those with less experience in healthcare are more likely to indicate most of the reasons mentioned, particularly wanting to remain anonymous and not knowing how to report. Dentists are more likely to name each reason and OTs/PTs are more likely than average to not report for fear that peers would lose their ability to practice.

The few who did report an issue to State Licensing Board generally had a positive experience.

- The process of submitting the issue to the State Licensing Board was easy for just under 60% of respondents.
- About that same number (54%) are satisfied with the action the individual or entity took related to the issue they reported to the State Licensing Board.
- Nearly 60% also feel confident that the that the provider's service or behavior will change as a result of reporting to the State Licensing Board.

Barriers to practitioners reporting issues are not related to perceived lack of responsibility or not being trained adequately on what constitutes an issue or how to report. While not a majority, feel of retaliation is a concern that would have to be overcome for many respondents.

- Nearly all agree that practitioners are responsible for reporting unsafe practice, substandard care, and misconduct of their peers, with 62% agreeing strongly.
- Nearly eight in ten say they are familiar with the ways and channels with which to report issues or offenses, though just 28% are "very familiar."
- The largest numbers of practitioners feel adequately trained to identify and report misconduct and violations of a patient's confidentiality, consent, or information disclosures. Many still believe that training should be conducted more often than it is now and nearly a fifth say they do not agree that they have been adequately trained on where they should be reporting.



- Fully a fifth of practitioners cite fear of retaliation / retribution as concern they have or barrier to reporting issues.

State Licensing Boards are seen as valuable and are believed to help protect patients and caregivers from substandard care or misconduct.

- A majority of respondents feel that State Licensing Boards play a major role in protecting patients from all seven of the issues about which were asked.
- After reading a description of State Licensing Boards, nearly all believe they are valuable (88%) and fully 43% say “very valuable.”
- Nearly all also feel boards contribute positively to protecting the public from substandard care and misconduct (88%), though only a quarter say they have a “very positive influence” (24%).
- Importantly, physicians are less likely than other healthcare professionals to see value in State Licensing Boards, while occupational and physical therapists place more value on them.



RESPONDENT PROFILE

The characteristics of the practitioners surveyed are shown below.

| Focus of Professional Time | | Roles / Titles (multiple responses permitted) | | Years in Healthcare | | Age | | Gender | | Race / Ethnicity | | Region | |
|--|-----|--|-----|---------------------|-----|-------------|-----|---------------------------|------|---|-----|-----------|-----|
| Private outpatient office or group practice | 39% | Clinical Practice | 91% | 5 years or less | 16% | 18 to 34 | 29% | Male | 43% | White | 79% | Northeast | 26% |
| Health system or hospital-based outpatient facility / clinic | 28% | Administrator | 11% | 6 to 15 years | 52% | 35 to 54 | 57% | Female | 57% | Asian / Asian American | 15% | South | 29% |
| Acute Care Hospital / Inpatient Rehab Facility | 11% | Faculty / Educator | 11% | 16 to 25 years | 17% | 55 or older | 14% | Other gender / non-binary | 0.3% | Black / African American | 5% | Midwest | 24% |
| Academic institution | 10% | Facility owner | 7% | More than 25 years | 15% | | | | | Other | 2% | West | 21% |
| Telehealth | 3% | Researcher | 4% | | | | | | | Hispanic, Latino/a, or Spanish origin* (asked separately) | 5% | | |
| School system | 3% | Other | 2% | | | | | | | | | | |
| Other | 6% | | | | | | | | | | | | |



RECENT EXPERIENCE WITH ISSUES

Issues Experienced Among Healthcare Colleagues / Peers

Nearly 70% of practitioners experienced at least one of the issues in the past year with unsafe practice or substandard care and improper medication issues being named most often.

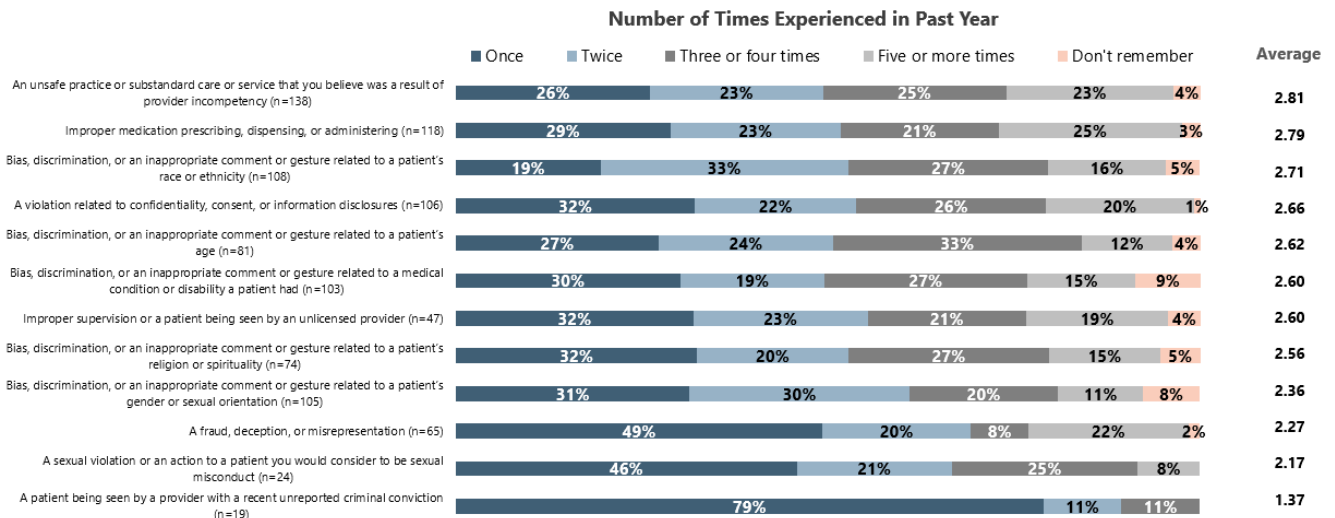
Experienced in Past Year



- o Groups that more likely to have experienced multiple issues include Nurses/NPs/Pas and those who are newer to the field. Black practitioners are more likely to have experienced an issue related to a patient's race or ethnicity and gender / sexual orientation.

Frequency of Experiencing Issues

In general, issues reported by the largest numbers of practitioners are also experienced more often by them. Issues related to a patient's race or ethnicity are experienced most frequently among those who experienced them at all.



EXPERIENCE WITH REPORTING ISSUES

How Practitioners Approach Reporting by Issue Experienced

Type of issue tends not to affect how practitioners approach reporting, with most choosing to speak with colleagues, managers, admins, and patients/caregivers.

| | Issue related to provider incompetency (n=138) | Violation related to confidentiality, consent, disclosures (n=106) | Fraud, deception, misrepresentation (n=65) | Improper supervision or unlicensed provider (n=47) | Improper medication issue (n=118) | Patient seen by provider with unreported criminal record (n=19) | Sexual violation or sexual misconduct (n=24) | Issue related to one or more of bias, discrimination, or an inappropriate comment or gesture related to a patient's race or ethnicity, gender or sexual orientation, age, religion or spirituality, or medical condition or disability (n=197) |
|---|--|--|--|--|-----------------------------------|---|--|--|
| Reported to State Licensing Board | 12% | 9% | 20% | 17% | 11% | 21% | 33% | 6% |
| Talked to colleagues / peers | 75% | 67% | 63% | 64% | 57% | 42% | 67% | 58% |
| Talked to peer who was involved | 55% | 59% | 37% | 34% | 53% | 32% | 42% | 47% |
| Reported to individual's manager / supervisor | 55% | 53% | 40% | 45% | 48% | 47% | 46% | 41% |
| Reported to facility / organization admin | 49% | 43% | 48% | 47% | 50% | 42% | 38% | 36% |
| Talked to patient(s) / caregiver(s) involved | 46% | 41% | 25% | 32% | 45% | 26% | 54% | 29% |
| Contacted BBB | 5% | 3% | 3% | 9% | 3% | 11% | 13% | 3% |
| Contacted police | 5% | 3% | 8% | 9% | 4% | 11% | 29% | 3% |
| Contacted a lawyer | 4% | 3% | 3% | 4% | 3% | 5% | 17% | 2% |

Reasons for not reporting are varied with the top mentions focusing on wanting to remain anonymous or fear of retaliation, not knowing how to report, or ambivalence due to not thinking it would change anything or not wanting to get involved.

- Reasons for not reporting to a State Licensing Board are slightly lower except for the issue not being important enough and not wanting their peer to lose the ability to practice.

Why Did Not Report Issues Witnessed or Heard



Base: Those not reporting at least one issue: Non-State Licensing Board (n=278) and State Licensing Board (n=271)



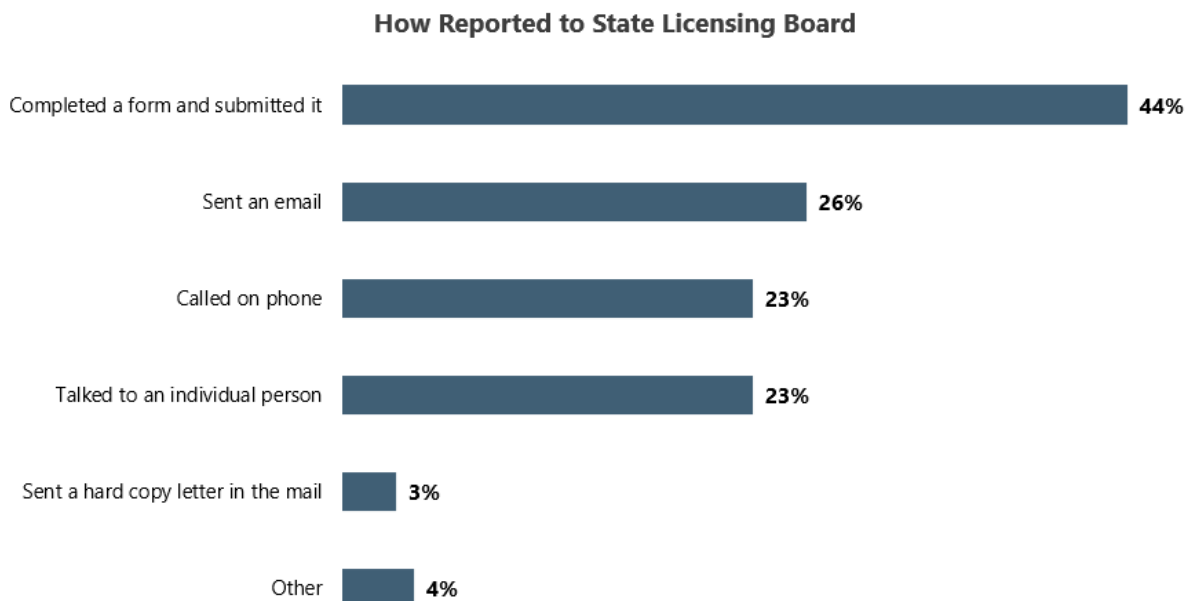
Key subgroup differences for not reporting include:

- Those with less experience in healthcare are more likely to indicate most of the reasons mentioned, particularly wanting to remain anonymous and not knowing how to report.
- Dentists are more likely to name each reason.
- Occupational and physical therapists are more likely than average to not report for fear that peers would lose their ability to practice.

EXPERIENCE REPORTING TO STATE LICENSING BOARDS

How Practitioners Reported to State Licensing Boards

Nearly half of those who reported an issue to the State Licensing Board say they completed a form and submitted it. About a quarter each sent an email, called, or talked to an individual.

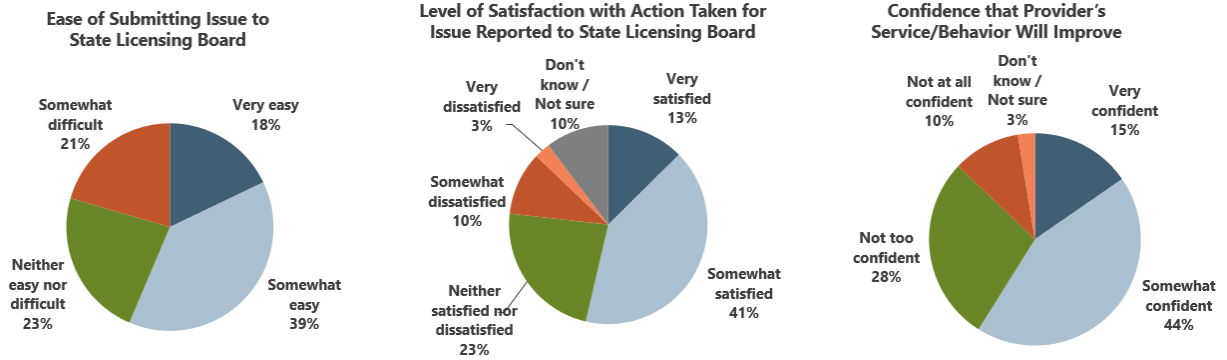


Base: Those reporting issue to State Licensing Board (n=39)



Satisfaction with Reporting to State Licensing Boards

The process of submitting the issue to the State Licensing Board was easy for 56% of respondents and about the same number are satisfied with the action taken by the board. Nearly 60% feel confident that the provider's service or behavior will change as a result of reporting to the State Licensing Board.



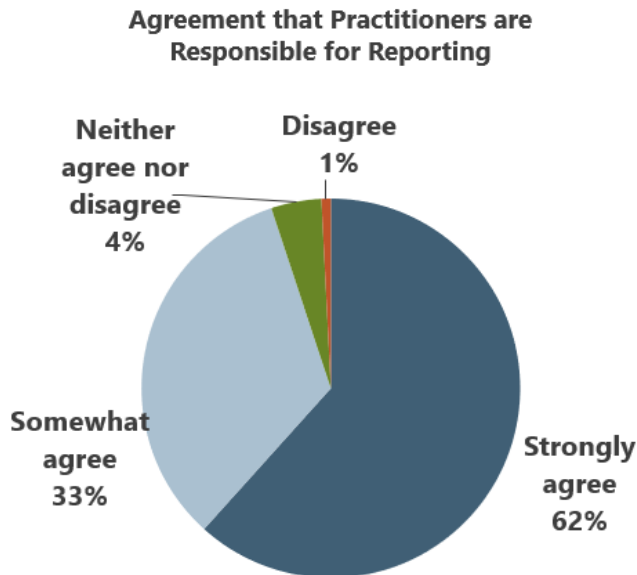
Base: Those reporting issue to State Licensing Board (n=39)



PRACTITIONERS' RESPONSIBILITY TO REPORT

Agreement with Whether Practitioners are Responsible for Reporting

Nearly all agree that practitioners are responsible for reporting unsafe practice, substandard care, and misconduct of their peers, with 62% agreeing strongly.



Subgroup Differences

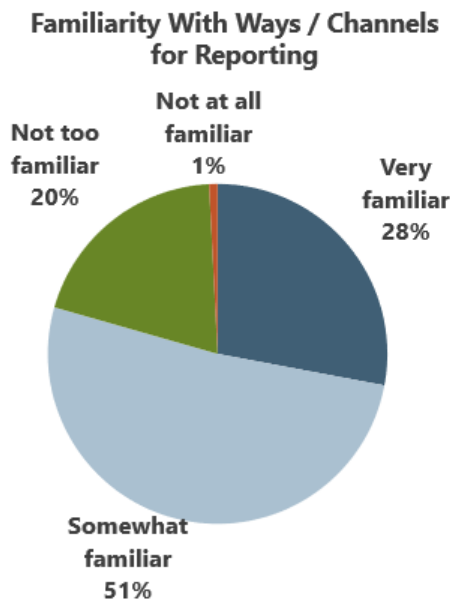
- Physicians are less likely to feel that practitioners are responsible for reporting.

The following are more likely to agree that practitioners are responsible for reporting:

- Those working in health systems
- Those who have not experienced or reported an issue
- Older respondents

Familiarity with How to Report

Nearly eight in ten say they are familiar with the ways and channels with which to report issues or offenses, though just 28% are “very familiar.”



Subgroup Differences

Those who are more familiar, on average, include:

- Older respondents
- Those working in Health Systems
- Those who did not experience issues

While dentists are less familiar.



Concerns or Barriers to Reporting

Among a host of concerns or barriers to reporting issues, practitioners are most likely to cite fear of retaliation / retribution or that nothing will be done about it anyway.

**Concerns or Barriers that Exist to Reporting Issues
(unaided mentions coded) ^**



Sample Concerns or Barriers Verbatims

"Worry that there could be negative repercussions on the person who reports (i.e., If reporting your boss)."

"Worry about retaliation from the provider or more importantly from your healthcare system."

"We need to wait to guarantee that it will be anonymous and that our peer will not know who reported them. We also need a way to know that it will be escalated further automatically without needing further work from us after we reported it."

"Trainees (especially residents and fellows) may feel hesitant to report senior attendings for fear of retaliation."

"There is not enough education for providers on how to go about reporting and ensuring that it's anonymous and confidential."

"There is a shortage of providers where I am. Unless absolutely egregious or dangerous situations were present, I would not report out of fear of losing even a single provider. Even if some care offered is less than perfect, it is better than the no care people would receive if the provider was forced out."

"The only concern I have is how it would be handled after I notify the proper people. I would hope that there would be follow through."

"Not having a secure and confidential method to report issues."

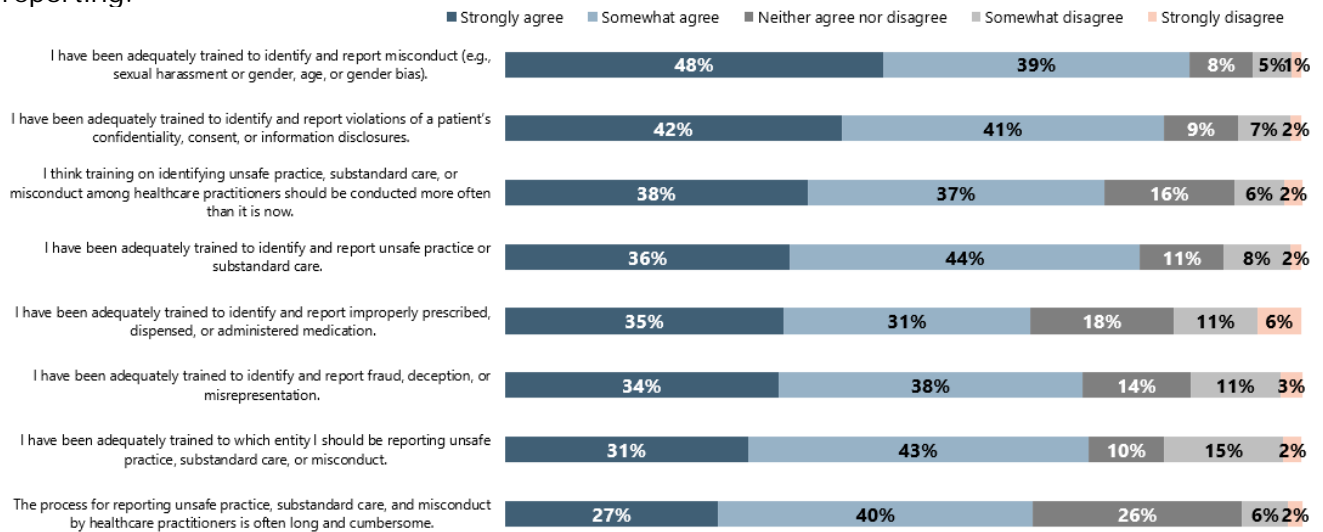
"Just knowing who to report it to and not wanting any negative repercussions to come back on the person reporting it."



Perceptions of Training on Reporting Issues

The largest numbers of practitioners feel adequately trained to identify and report misconduct and violations of a patient's confidentiality, consent, or information disclosures. Many do believe the process of reporting is long and cumbersome.

Many still believe that training should be conducted more often than it is now and nearly a fifth say they do not agree that they have been adequately trained on where they should be reporting.



Key subgroup differences for agreement with the extent to which they have been adequately trained include:

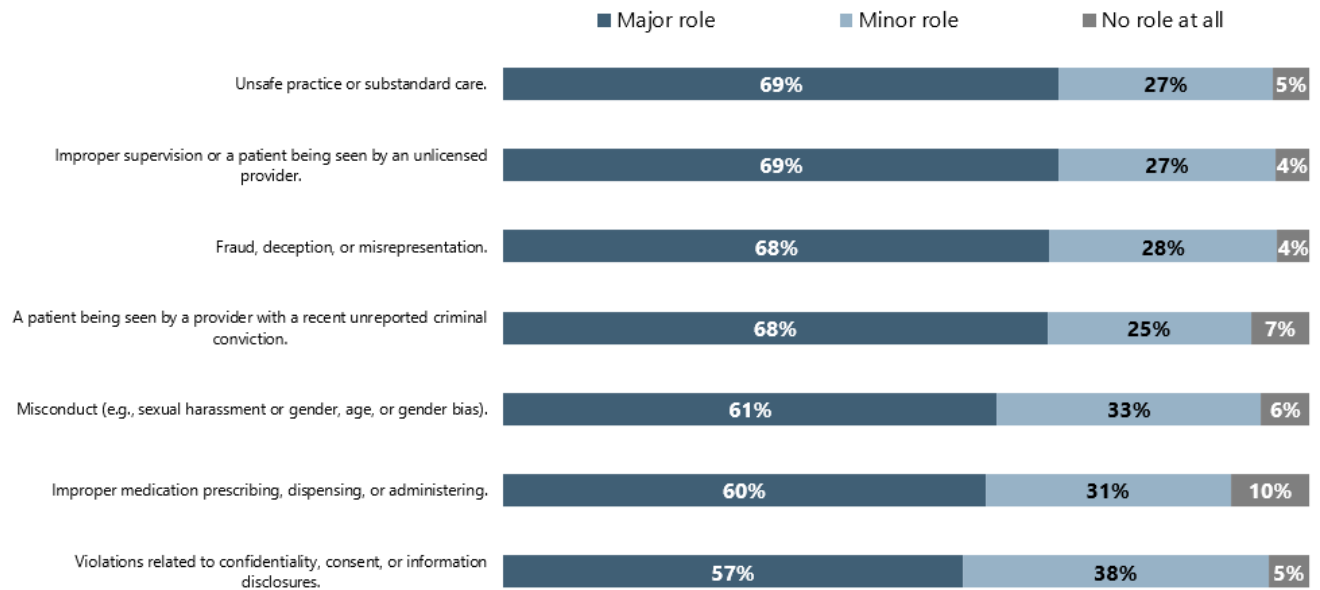
- Nurses/NPs/PAs and social workers more likely to agree with most attributes.
- Those who did not experience an issue are more likely to agree with most attributes.
- Those who are older are more likely to agree that they have been adequately trained.



PERCEPTIONS OF STATE LICENSING BOARDS

Perceptions of the Role Played by State Licensing Boards

A majority of respondents feel that State Licensing Boards play a major role in protecting patients from all seven of the issues about which were asked.



Key subgroup differences for regarding the role State Licensing Boards play in protecting patients include:

- Social workers place more importance than other those with other roles on patients being seen by a provider with a recent unreported criminal conviction, misconduct, and violations related to confidentiality, consent, or information disclosures.
- Those who did not experience or report an issue place more importance on almost all of the attributes.



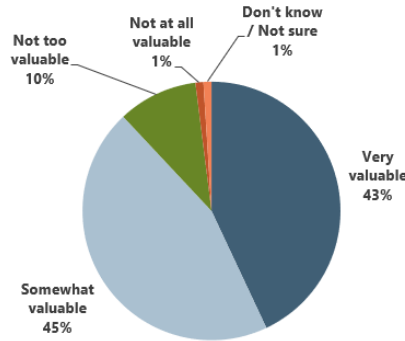
Perceived Value of State Licensing Boards

After reading the description to the left, nearly all believe State Licensing Boards are valuable (92%).

Description Provided to Respondents

State Licensing Boards in healthcare are designed to protect the public by providing service and leadership that promote safe and competent healthcare services. Most boards strive to do this by creating a strong foundation of laws and regulatory standards in various healthcare areas, effective tools and systems to assess entry-level and continuing competence among practitioners and provide public and professional awareness of resources for public protection. While it may vary slightly from one board to the next, most utilize at least some of the following as part of their services: examinations and certifications, membership, professional standards, and continuing education.

Perceived Value of State Licensing Boards

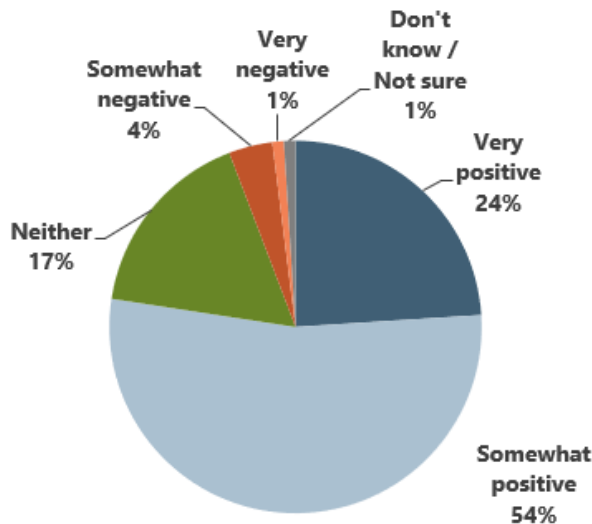


Subgroup Differences

- Physicians place lower on value on State Licensing Boards than do other types of healthcare professionals.
- OTs/PTs place higher value on them.

Nearly all also feel boards contribute positively to protecting the public from substandard care and misconduct (88%), though only a quarter say they have a “very positive influence.”

Perceived Influence of State Licensing Boards



Subgroup Differences

- Physicians are less likely to feel that State Licensing Boards contribute positively.
- OTs/PTs are more likely to think Boards protect patients and caregivers.
- Those who have experienced more issues are more likely than others to take a neutral position on the influence of State Licensing Boards.

