Some states use physicians’ histories of medical malpractice payments to try to reduce the incidence of medical malpractice (i.e., negligent medical care that causes injury). At least two types of policies fall into this category: using payment histories to decide which physicians will be investigated, and possibly sanctioned, by the state medical board; and making information about individual physicians and their payment histories available to the public. This study was the first to offer quantitative analysis of the potential effects of these policies. It found that neither policy would substantially reduce the incidence of malpractice. This is because the medical malpractice system does not accurately identify and extract compensation from physicians who injure their patients through negligence.

**Highlights**

- Over four years, doctors who make no malpractice payments cause almost three-quarters of negligent injuries; this greatly limits the potential of policies focused on physicians making payments.

- There is only about a 37-percent chance that a medical episode leading to a payment actually involved medical malpractice.

- Neither of the policy options assessed would be effective in reducing negligent injury.
  - At best, targeting those who make payments would reduce the incidence of medical malpractice by less than 0.25 percent.
  - Providing consumer information about physicians’ medical malpractice payments would have a trivial effect on reducing negligent injuries.

**Nonpaying Physicians Cause 72% of Negligent Injuries**

![Nonpaying Physicians Cause 72% of Negligent Injuries](image)

**Outcomes of Medical Interactions**

![Outcomes of Medical Interactions](image)

NOTE: Other outcomes include good medical outcomes, bad outcomes that are not attributable to medical care, and injuries that are so minor that filing a claim is not economical.
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