



Data Bank News

May 2013

From the National Practitioner Data Bank-Healthcare Integrity and Protection Data Bank

The NPDB and HIPDB are Merging



The National Practitioner Data Bank (NPDB) and the Healthcare Integrity and Protection Data Bank (HIPDB) will soon merge into one Data Bank: the NPDB. The Final Rule was published in the Federal Register on April 5, 2013. The merger will become effective on May 6, 2013.

After the merger, the Data Bank will notify all users via email that will include a link to the new website, which is <http://www.npdb.hrsa.gov>.

Users should save and bookmark the new address. Data Bank fact sheets, newsletter articles, and additional merger-related resources are available as well.

What Will the Data Bank Merger Mean for Users?

There will be no disruption in Data Bank service during normal business hours. However, the system will be unavailable from 7:00 p.m. on Friday, May 3, 2013 to 8:00 a.m. on Monday, May 6, 2013 (Eastern Time) for maintenance to complete the merger.

Essentially, there will be no change to the reporting workflow or requirements, but users' query results may include reports that were not previously available to them. The HIPDB information will be integrated into the NPDB, meaning that users who only queried the NPDB may receive expanded access to Data Bank information. If a user queries both the NPDB and HIPDB currently, their query results after the merger will not change. Below are the changes that each user group may experience:

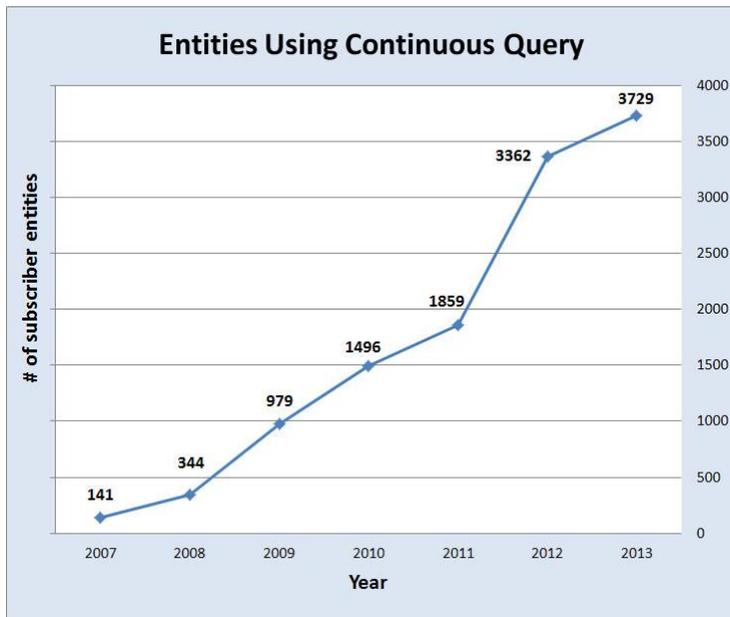
- **All Queriers:** Once the Data Bank merges, information previously collected and disclosed through the HIPDB will be collected and disclosed through the NPDB. Users may see Federal and health plan actions/decisions in their query results that they were not able to receive before because they were only available through querying the HIPDB.
- **Continuous Query Users:** Users may receive notifications for reports (specifically, Federal Government agency and health plan actions/decisions) that were previously unavailable to them.
- **ITP and QRXS Users:** There will be new codes for reporting government administrative actions, and the Data Bank has sent users more information about the new codes which go into effect on May 6th.
- **All Reporters:** Reporters will not experience any changes to reporting requirements as these requirements remain essentially the same. The three primary statutes ([Title IV of Public Law 99-660](#), the Healthcare Quality Improvement Act of 1986, as amended, which established the

NPDB; [Section 1921 of the Social Security Act](#), which expanded the NPDB; and [Section 1128E of the Social Security Act](#), added by Section 221(a) of the Health Insurance Portability and Accountability Act of 1996, which established the HIPDB) remain in effect, though modified, and the merger simply combines them into one system.

At this time, the cost of querying the Data Bank remains the same. Those who currently query both the NPDB and the HIPDB through One-Time Query will experience an immediate savings because there will be only one Data Bank to query. Continuous Query users will also see a reduction in costs when they re-enroll their practitioners. The Data Bank is currently evaluating the fees for One-Time Query (\$4.75) and Continuous Query (\$3.25 per year) to determine if changes are necessary. Any changes to the fees will be announced in the Federal Register and posted on the Data Bank website.

Please contact the NPDB Customer Service Center at 1-800-767-6732, or by [email](#), with any further questions.

Continuous Query Celebrates Six Years of Proactive Disclosures



Six years ago, the Data Bank introduced Continuous Query in response to growing interest from the health care community to perform ongoing monitoring of practitioners. Since then, Continuous Query has proven increasingly popular among Data Bank querier organizations both large and small. Organizations that enroll their practitioners in Continuous Query receive an initial query response, followed by ongoing monitoring of the organization's enrollees for one year.

As illustrated in the graph, the number of entities that subscribe to Continuous Query has climbed dramatically since its introduction in May 2007, when it began with 141 subscriber entities. This

increase in subscriptions, along with renewal rates averaging around 90 percent, are evidence of the Continuous Query's utility and popularity among users.

Below are some of the most often cited benefits of using Continuous Query:

- **No need to submit a One-Time Query** on enrolled practitioners. Organizations are automatically notified of new or changed reports within one business day of the Data Bank's receipt of such a report. As Carole (Chief Human Resources officer for a Midwest community health center and

Continuous Query user), shared: *"It allows us to keep up with what is going on with our health care practitioners."* Coreen (an authorized agent for a Credentialing Verification Office [CVO]) said of Continuous Query, *"We no longer have to stop and query the Data Bank on all these practitioners."*

- The **timeliness** of report disclosures enables organizations to respond proactively to adverse actions as they occur in real time, instead of waiting until recredentialing. As user Genni (a supervisor of CVO Operations) said: *"Just one report can make a big difference ... we are not waiting two years to know about reportable issues."* Jackie (an agent for a large hospital system) stated, *"To be able to see this as quickly as we do is paramount to what we do as far as credentialing."*
- **Flexible enrollment and renewal options** include automatic renewals, the ability to schedule enrollment termination dates, and a variety of sorting and filtering capabilities to simplify tracking of enrolled practitioners. Carole added: *"The efficiency of being able to update enrolled subjects as a group or as individuals is wonderful."*
- **Savings in staff time** spent on querying while keeping organizations informed about reportable incidents on their enrolled practitioners—including such events as adverse licensure and privileging actions, Medicare and Medicaid exclusions, civil judgments and criminal convictions, and medical malpractice payments. Coreen noted that *"the best thing about all of this has definitely been the amount of time we save."* Carole said: *"I am extremely cost-conscious, and I think it is the best \$3.25 that I spend when you consider the information that you are able to get for that very reasonable cost."*
- Continuous Query can **enhance the hiring practices** of health care organizations and fulfill certain [legal and accreditation requirements](#). As Genni noted, Continuous Query *"fits perfectly with the Joint Commission standards that encourage continuous monitoring: Ongoing Professional Practice Evaluations (OPPEs) and Focused Professional Practice Evaluations (FPPEs). By using Continuous Query, you have the information at your fingertips and you can print it immediately."*

In addition to time and cost savings (that, according to Jackie, *"really make the life of a medical staff professional easier"*), Continuous Query promotes best practices in health care. As Genni stated, *"I definitely recommend it to others. I also am willing to share the processes that we have in place, and I have done so at conferences with other organizations that are thinking about using Continuous Query. The bottom line is protecting the public. Patients will suffer if your organization doesn't know about reports."* Ruth (director of medical staff services for two hospitals) expressed a similar sentiment: *"It was just the right thing to do for the safety of our patients."*

Additional information about how to enroll practitioners in Continuous Query is available on the Data Bank [website](#).

Data Bank Offers Data Analysis Tool for Adverse Action Reports and Medical Malpractice Payment Reports

In addition to the Data Bank's [U.S. Map tool](#) discussed in the [April 2013 newsletter](#), the [Data Analysis Tool](#) is another resource the Data Bank developed to allow users to view statistical data at the state level.

The Data Analysis tool allows researchers to easily analyze and generate custom reports and data sets for Adverse Action Report and Medical Malpractice Payment Report data without the need for complex statistical software

packages. The user can choose either the [Adverse Action](#) or [Medical Malpractice](#) tab, and select criteria from the row and column drop-down boxes to begin creating customized tables.

Researchers can refine the selection criteria to create more specific results by using the [filters](#) provided for states, action years, practitioner types, and/or action types. Then select "Submit Query" to view the resulting table. The data table may be viewed as a numerical count, row percent, or column percent. Users can download their output to .XLS or .CSV formats (by clicking one of the buttons on the bottom right of the screen).

Select the **Methods** and **Definitions** tabs to learn more about the reporting requirements, and the legislation and regulations that define the Data Bank's collection efforts. The Data Analysis tool is just one research and statistical feature the Data Bank developed for public use and the Data Bank will continue to enhance this tool with additional variables over time.