



NPDB-HIPDB DATA BANK NEWS



National Practitioner Data Bank—Healthcare Integrity and Protection Data Bank

OCTOBER 2011

User Participation Improves Data Bank Systems

A usability study is underway to evaluate how Data Bank queriers, reporters, and administrators interact with the system. The evaluation, which began in February 2011, consists of one-on-one discussions with Data Bank users and seeks to identify areas for future enhancements. The review covers most major system functions as well as overall navigation. We will use the recommendations and observations from the study to strengthen the layout and visual design of Data Bank systems and applications.

The evaluation has focused initially on reporting tasks, giving the Data Bank a better understanding of how reporters approach their work with the Data Bank. The first changes attributed to our dialogues with Data Bank reporters will be implemented on November 7, 2011. Read the article entitled *System Enhancements Improve Reporting Ease* on page 6 for details about these enhancements.

The usability study will be ongoing and ultimately will involve discussions with about 6 percent of all Data Bank users who query, report, or serve as Data Bank Administrators. As our evaluation evolves and we learn more, we will continue to update you in these pages. ❖

Inside this issue:

User Participation Improves Data Bank Systems.....	1
Compliance Initiative Garners Results.....	1
Effective Communication with Your Agent.....	3
My Continuous Query Story....	4
Data Bank Outreach Activities	5
Report On Seattle Spring Forum.....	5
System Enhancements Improve Reporting Ease.....	6
Dear Data Bank.....	7
Helpful Hints from the Data Bank.....	7
Combined Annual Report Available.....	7
On the Horizon.....	8
Go Paperless—Opt Out of Print Newsletter.....	8

Compliance Initiative Garners Results

The Data Bank is focusing on collaboration and information dissemination strategies to ensure that health care organizations understand their querying and reporting requirements and to assist organizations in meeting those obligations. By improving the completeness and accuracy of data stored in the Data Bank and by helping organizations reconcile gaps in reporting, the Data Bank serves its mission to protect the public and promote quality health care. Beginning in February 2010, the Data Bank initiated two primary compliance activities that looked at (1) State Boards and licensing agencies that had never reported on certain health professions (the [Never Reported Professions](#) project), and (2) adverse licensure actions among frequently-queried professions (the [Adverse Licensure Action Comparison](#) project). These ongoing efforts have so far resulted in significant increases in the number of reports submitted to the Data Bank by these State entities and in the number of State agencies and professions achieving compliance.

Compliance Initiative Garners Results...continued on page 2

Compliance Initiative Garners Results...continued from page 1

The Never Reported Professions project identified State agencies that have never submitted reports on certain licensed professions. An early step in this process was to assemble a list of State agencies that were responsible for licensing various types of practitioners. The Data Bank worked closely with those entities to understand the various reasons for the lack of reports in the Healthcare Integrity and Protection Data Bank (HIPDB), learning that many boards have not taken actions that are required to be reported. Where they had taken actions, the Data Bank assisted them in meeting the reporting requirements. This effort has resulted in the submission of 14,165 new reports on fields of licensure that had no reports prior to April 2010. Figure 1 shows the improvement in compliance status.

Compliance Results for State Entities With Never Reported Professions (July 2010 - July 2011)					
	Compliant	Working Toward Compliance	Under Review	Non-Compliant	Not Reviewed
July 2010	251 (43%)	144 (25%)	108 (19%)	76 (13%)	1 (0.1%)
October 2010	404 (70%)	79 (13.5%)	4 (0.5%)	92 (16%)	1 (0.1%)
April 2011	484 (84%)	48 (8%)	0 (0%)	48 (8%)	0 (0%)
July 2011	492 (85%)	52 (9%)	0 (0%)	35 (6%)	1 (0.1%)

Figure 1. Rates of compliance for the Never Reported Professions project show improvement, while rates of noncompliance have dropped. As the compliance effort advances, fewer licensing entities fall into the Under Review category.

The Adverse Licensure Action

Comparison project focused on

frequently-queried professions that included physicians, dentists, podiatrists, psychologists, social workers, nurses, pharmacists and physician assistants. This project compared publicly available data about these professions with reports in the HIPDB to identify “gaps” in reporting. When reporting gaps were identified, the Data Bank provided technical assistance to the Licensing Boards to assist them in achieving compliance. A total of 4,426 actions were reviewed. Figure 2 shows an increase in compliance as a result of this effort.

Compliance Results for Adverse Licensure Action Comparison Project (July 2010 - July 2011)					
	Compliant	Working Toward Compliance	Under Review	Non-Compliant	Not Reviewed
July 2010	15 (4%)	11 (3%)	146 (37%)	1 (.05%)	225 (57%)
October 2010	183 (46%)	63 (16%)	30 (8%)	9 (2%)	113 (28%)
April 2011	347 (87%)	39 (10%)	2 (.5%)	10 (2.5%)	0 (0%)
July 2011	376 (94%)	16 (4%)	2 (.5%)	4 (1.5%)	0 (0%)

Figure 2. The Adverse Licensure Action Comparison project saw compliance rates achieve a 28 percent increase between October 2010 and July 2011 for the actions reviewed. These results were accompanied by corresponding decreases in rates of noncompliance or working toward compliance.

or difficulties with reporting. At a grassroots level, the Data Bank speaks to its reporters on the topic of compliance at regional policy and education forums.

The Data Bank recently added optometrists, physical therapists, and chiropractors to its Adverse Licensure Action Comparison project. Relevant State Boards were invited to a teleconference on June 14, 2011 to become acquainted with the Data Bank’s methods and the criteria for each of its four compliance categories: Compliant, Working Toward Compliance, Under Review, and Noncompliant. The Data Bank further followed up with entities that previously achieved a compliant status to assure they remain compliant and to resolve any current difficulties. These results were part of the July 1, 2011 posting of compliance statuses. Later this year, the Data Bank plans to expand its compliance work again, to encompass hospitals and health plans. The next compliance status posting takes place on October 1, 2011. View all compliance statistics from July 2010 to the present on the Data Bank Web site at <http://www.npdb-hipdb.hrsa.gov/ReportingCompliance>. ❖

Ongoing Outreach

An important part of the Data Bank’s compliance initiative is the outreach it provides to State agencies and boards to assist them in becoming compliant. Its well-attended technical assistance sessions target specific groups of reporters to educate them about the compliance effort and resolve issues they encounter. In addition, the Data Bank provides ongoing one-on-one outreach to any agency experiencing special circumstances

Effective Communication with Your Agent

An Authorized Agent is often an indispensable help to health care organizations and government agencies, but a weak agent-organization relationship can introduce the potential for an organization to lose sight of its reporting responsibilities. It is important for health care organizations to realize that the ultimate responsibility for reporting compliance remains with them. Organizations can benefit by maintaining strong lines of communication with their agent. If an agent has difficulty submitting a report because of insufficient information, or fails to submit a report due to confusion about requirements, it is the responsibility of the organization to follow-up and amend the situation. A “hands-on” approach to communication with your agent can improve querying and reporting efficiency and help you adhere to Data Bank compliance guidelines.

To assist Data Bank users that employ an Authorized Agent, we have compiled 10 tips for strengthening your relationship with your agent:

1. Be knowledgeable about which activities your agent can perform for you. An agent is authorized only to query and report on your behalf. Clearly state the scope of responsibilities you expect your agent to carry out for you so that there is no room for misunderstanding.
2. Clarify specific agent-organization responsibilities related to querying, reporting, and billing. Develop task-based procedures such as forwarding Report Verification Documents to State Licensing Boards, keeping the subject database current, and submitting report corrections to prevent such tasks from falling through the cracks.
3. Establish a routine for conveying up-to-date practitioner information to your Authorized Agent, so that the agent is able to submit reports and queries accurately.
4. Provide due dates for reports that your agent is expected to submit for you. Incorporate a simple follow-up process into your daily workflow to ensure that reports are submitted within the required 30-day period, and intervene promptly in case of delays.
5. Keep your organization’s registration up-to-date. It is easy for an organization’s registration to lapse when an agent performs most of the routine Data Bank activities for the organization. Make a habit of signing in periodically to check for Data Bank updates and renewal notices. Agents cannot submit reports or queries for organizations whose registration is not active.
6. Ensure that there is more than one person at your organization who is knowledgeable and able to respond to agent issues, and give your agent their contact information.
7. Ask your agent to name a point of contact who will specialize in Data Bank activity for your organization, and whom you can deal with directly if needed.
8. Establish notification and tracking procedures for querying and reporting activity your agent performs on your behalf.
9. Make it a practice to periodically review Historical Reports. This listing of reports submitted for your organization should be compared against the work list sent to your agent, and can also be used in the reconciliation of agent invoices for reporting.
10. Set up Response Routing to go to both you and your agent, so that you can effortlessly verify agent activity on your behalf.

The Data Bank will hold an in-person meeting for agents of State licensing authorities in St. Louis later this month, where it will address agent relationships as well as other areas of interest to agents. If you have specific ideas to share related to working with an Authorized Agent, we invite you to send us an email at help@npdb-hipdb.hrsa.gov. The Data Bank is always interested in hearing from our readers and Data Bank system users. ❖

Case Study

My Continuous Query Story

*“Would I recommend Continuous Query to other organizations?
Absolutely, Absolutely, Absolutely!”*

~Ruth
May 2011

Ruth, who serves as the Director, Medical Staff Services, for two mid-Atlantic hospitals, talks to the Data Bank about her experiences using Continuous Query.

Our hospital group never questioned the decision to enroll privileged practitioners into Continuous Query. As soon as we heard about it, we knew it was something we wanted to do. We began using the service in August 2007 and find it very user friendly. It was just the right thing to do for the safety of our patients. We felt that it was the best way to learn more about our practitioners.

One notable story I'd like to share is about a day when we received a report disclosure on a practitioner for a State licensure action. The practitioner had not told us of this action, and we received the Data Bank report by utilizing Continuous Query. The action was a serious licensure action, and by having the practitioner enrolled

Background

- Using Continuous Query service since August 2007
- Two hospitals: General Acute Care hospitals using two separate Data Bank identification numbers
- Number of enrollments: 1,800 per hospital - 3,600 total enrollments

in Continuous Query, we were able to take the appropriate action immediately. We were alerted 2-3 weeks earlier than we would have been if not for Continuous Query. It was at that point that it really hit home for me: this service works and it works well. I would recommend Continuous Query to everyone. It is not hard to use, just take the first step and enroll your practitioners today in Continuous Query.

We initially enrolled approximately 1,200 physicians and then, the next month, we enrolled the rest of our health practitioners such as nurse practitioners. Today, we have approximately 1,800 practitioners enrolled in each of our two hospitals. When we receive a report disclosure, we have a process in place. We review the disclosure, share it with the appropriate staff, do further investigation, if necessary, and print it for the practitioner's file. We are required by the Joint Commission to query practitioners every two years. If you are not using Continuous Query, you

may not know about a report for two years. It is refreshing to know that because we use Continuous Query we will receive a report within one day after it is filed with the Data Bank. Continuous Query works!

Auditors want us to have a notation within the file that shows that the practitioner file has been reviewed within 180 days of reappointment. To satisfy this requirement, we review the report and disclosure history, and then we run a subject enrollment list.

We are very happy with how easy Continuous Query is to use. We have a good process in place to handle reports that we receive. We feel very comfortable that we will receive report information in a timely manner from the Data Bank. Usually we know more about a physician's Medical Malpractice Payment Report earlier than the physician knows about it. We especially like the monthly Continuous Query email summary that alerts us to expiring enrollments that need renewing. We also added a process, within our organization, to remove practitioners from Continuous Query on the day that they are no longer on the medical staff of the hospital. We find that this process works well for us.❖

Continuous Query - "It's just the right thing to do."

Continuous Query, formerly known as Proactive Disclosure Service (PDS), is a Data Bank service that monitors enrolled practitioners for adverse actions and medical malpractice payment history 24 hours a day/365 days per year for a one-time yearly fee. Organizations with enrolled practitioners receive reports within one day of receipt by the Data Bank. Continuous Query can be used by all organizations registered to query and meets the mandatory hospital querying requirement of the Health Care Quality Improvement Act (HCQIA) of 1986, as amended for as long as the practitioner remains enrolled. Continuous Query is accepted by the Centers for Medicare & Medicaid Services (CMS), the Joint Commission, the National Committee for Quality Assurance (NCQA), the Commission on Accreditation of Rehabilitation Facilities (CARF) and URAC.

Data Bank Outreach and Education Activities

We frequently update our outreach activities schedule so please also refer to our Web site, www.npdb-hipdb.hrsa.gov/OutreachEvents. ❖

RECENT OUTREACH ACTIVITIES

CONFERENCE	LOCATION	DATE
California Medical Staff Services (CAMSS) Desert Chapter Annual Conference	Redlands/ San Bernardino, CA	August 5, 2011
Utah Association Medical Staff Services (UAMSS) Annual Education Conference	Salt Lake City, UT	August 12, 2011
Medical Staff Professionals of Fort Worth/Dallas	Fort Worth, TX	August 13, 2011
Council on Licensure, Enforcement and Regulation (CLEAR) 2011 Annual Conference	Pittsburgh, PA	September 8, 2011
National Association Medical Staff Services (NAMSS) 35th Annual Conference and Exhibition	Dallas, TX	September 24-28, 2011

UPCOMING OUTREACH ACTIVITIES

CONFERENCE	LOCATION	DATE	ROLE
American Public Health Association 139th Annual Meeting and Exposition	Washington, DC	October 29 - November 2, 2011	Speaking
Data Bank Agent and Composite Board Education Forum	St. Louis, MO	October 20, 2011	Speaking
Medical Group Management Association (MGMA) 2011 Annual Conference	Las Vegas, NV	October 23 - 26, 2011	Exhibiting
NPDB Executive Committee Meeting	Arlington, VA	November 3, 2011	Speaking
Oklahoma Association Medical Staff Services (OKAMSS) Annual Meeting	Oklahoma City, OK	December 1, 2011	Speaking

Report on Seattle Spring Forum

Seattle, Washington was the site of the Data Bank's Spring Education Forum on June 6 and 7, 2011. In one of the most successful Data Bank user forums to date, the event attracted 90 Data Bank users from six Northwestern States. The forum featured formal presentations on compliance, security, the role of research in Data Bank planning and operations, and new projects and initiatives, among other topics. The agenda also included a number of special activities like the popular reporting scenarios group exercise, which generated a great deal of user participation and face-to-face interaction between Data Bank staff and forum participants. Data Bank users expressed interest in learning more about querying by Human Resource Departments, use of the Data Bank by freestanding outpatient clinics, and reporting requirements for a Health Plan that denies network participation to a practitioner. The *Data Bank News* plans to address some of these topics in future issues. ❖

System Enhancements Improve Reporting Ease

System enhancements taking effect in November will make it easier for reporters to navigate Data Bank systems and will also enhance the usability of report forms. These changes are the result of ongoing discussions with Data Bank users to identify ways to simplify use of the Data Bank. (See *User Participation Improves Data Bank Systems* on page 1.) Beginning November 7, 2011, upgrades will be implemented in three main areas: report search and navigation, the report submission form, and the report dispute process for practitioners.

Report Search and Navigation Enhancements

When reporters need to correct or revise a report, they can elect to search for reports they have previously submitted by report subject name, in addition to report Data Bank Control Number (DCN). Searching by subject name is particularly helpful since the DCN is a lengthy number and can be difficult to remember. November will also unveil a new *Practitioner Detail* page (Figure 1), which displays an incident-based view of reports submitted on a particular practitioner and highlights important information that the reporter has submitted on the practitioner in the past. Reporters can refer to this page to view summary information on practitioners and reports.

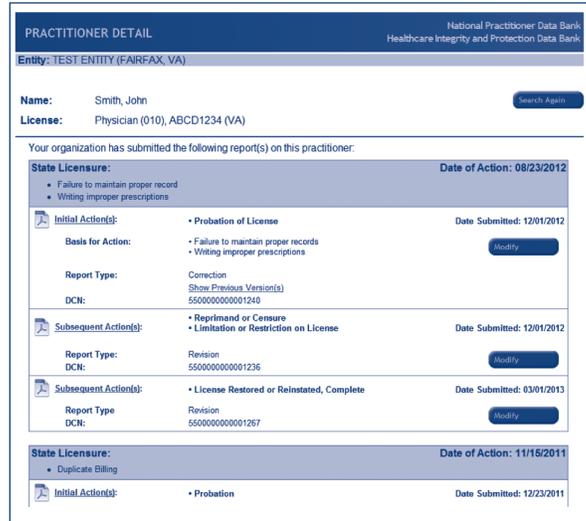


Figure 1. The Practitioner Detail page provides summary information for each reported incident and details about actions taken related to each incident.

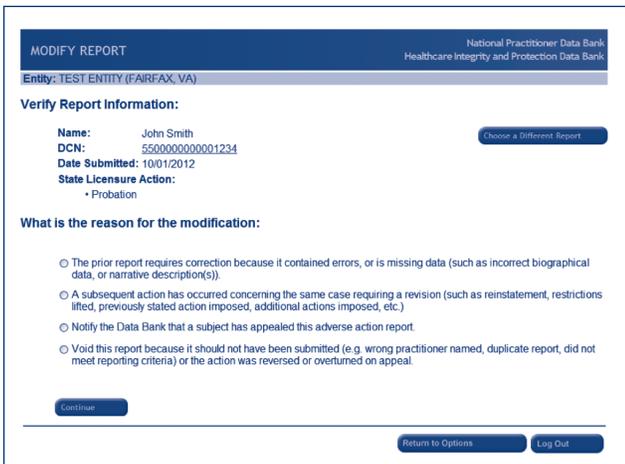


Figure 2. The Modify Report page assists the reporter with modifying an existing report and the on-screen guidance varies based on the type of report being modified.

From the Practitioner Detail page, the reporter can click **Modify** to access the new *Modify Report* page (Figure 2), where they can make changes to an existing report. Helpful information will guide reporters in determining which type of report modification to submit: correction, revision-to-action, notice of appeal, or void. The options on the *Modify Report* page will vary depending upon the type of report selected.

Report Submission Form Enhancements

In November, users will also notice a more user-friendly *Report Input* form. The *Report Input* form currently displays several input fields that may not be applicable for every practitioner (e.g., "Other Names Used"), as well as multiple input fields for identifying unique numbers (e.g., State Licensure Number or Drug Enforcement Number). On the improved *Report Input* form, the additional fields will be hidden until the reporter indicates that the field is needed, making the *Report Input* form more concise. In addition, the new *Report Input* form will allow for more user flexibility in data entry for certain fields (e.g., date fields can be entered as MMDDYYYY or MM/DD/YYYY). Changes will also occur with data validation on the *Report Input* form. Currently, when a reporter enters data that will cause a validation error, the error message doesn't appear until the reporter attempts to submit the report, making it difficult to locate the error. With the new enhancement, specific links will take the user directly to the field requiring attention. Users will find that the field value in question is highlighted, with a visual reminder nearby regarding the nature of the error. These changes are expected to simplify error correction and facilitate submission of the form.

Enhancements for Disputed Reports

Currently, practitioners requesting dispute resolution of Data Bank reports communicate with the Data Bank by mail, phone, or fax. In November, practitioners may also submit supporting documentation for their dispute resolution cases electronically through the Report Response Service (RRS). The Data Bank will collect practitioners' email addresses to communicate via secure online messaging whenever possible. Electronic documents will replace mailed ones, providing a simple and secure document exchange method for practitioners and streamlining the dispute resolution process. Practitioners will also be able to sign in to the RRS to view the status of their dispute. ❖

Dear Data Bank...

This column answers questions about Data Bank policies and procedures. If you have a question, please email your question to "Dear Data Bank" at help@npdb-hipdb.hrsa.gov. We look forward to hearing from you!

Question: Can my registered health care organization obtain the user name and password of someone who has already left my organization, to query and report to the Data Bank?

Answer: No. You may not use someone else's identity or misrepresent yourself by using someone else's account. You must query and report to the Data Bank using your own unique user name and password, which is obtained from your Data Bank Administrator.

Question: Does Continuous Query meet National Committee for Quality Assurance (NCQA) accreditation requirements?

Answer: Yes. Continuous Query meets NCQA requirements.

Additionally, as long as a practitioner is enrolled in Continuous Query, it meets the mandatory hospital querying requirement of the Health Care Quality Improvement Act (HCQIA) of 1986, as amended. Continuous Query is accepted by the Centers for Medicare & Medicaid Services (CMS), the Joint Commission, NCQA, the Commission on Accreditation of Rehabilitation Facilities (CARF) and URAC. Continuous Query is also recognized by the above organizations for meeting the requirements for ongoing monitoring of practitioners.

Question: Is a health plan required to report the non-approval of a practitioner for initial network participation?

Answer: No. A simple Administrative decision that a practitioner does not meet the requirements of the health plan is not reportable. However, if the non-approval is the result of a professional review or board decision, it must be reported.

Question: What is the deadline for submitting a Medical Malpractice Payment Report (MMPR)?

Answer: Medical malpractice payers, including self-insured organizations, are required to report a payment within 30 days from the date the payment was made. You are required to submit the report even if the 30-day deadline has passed; missing the deadline does not excuse the reporter from filing a required report. The penalty for not reporting a medical malpractice payment is up to \$11,000 per occurrence. The reporting organization must also send a copy of the final report to the State Licensure Board.

If you would prefer to discuss a specific issue in person, please call the Customer Service Center at 1-800-767-6732. Information Specialists are available to speak with you weekdays from 8:30 a.m. to 6:00 p.m. (5:30 p.m. on Fridays) Eastern Time. The Customer Service Center is closed on all Federal holidays. ❖

Helpful Hints from the Data Bank

New Continuous Query Type Page—As of August, a new Query Type page consolidates the three Continuous Query options in addition to the One-Time Query. Users can now easily select the appropriate Continuous Query type: full-time staff member, applicant under review, or temporary/locum tenens practitioner.

A Note about Medical Residents—A medical resident is included within the definition of a physician (and therefore may be named in a report) if the resident is licensed or otherwise legally authorized by the State to practice medicine or surgery. The NPDB Guidebook (<http://www.npdb-hipdb.hrsa.gov/Guidebooks>) has more information on residents. Refer to page D-3 of the Queries chapter and page E-11 of the Reports chapter.

Missing a Report? If you receive a query response that you believe is missing a report on the subject, notify the Data Bank by signing in to the Data Bank and accessing the *Subjects Queried* page (or the *Multiple-Name Query Responses* page for bundled responses). Click the Reporting Compliance link, and provide the information regarding the missing action.

Factually Sufficient Narrative Descriptions—Statutory reporting requirements dictate that all Adverse Action Reports contain a factually sufficient narrative description. While the description does not have to be lengthy, it must clearly describe the act(s), omission(s), reason(s), and circumstance(s) of the action being reported. Also, it should be easily understood by a knowledgeable reader. ❖

Combined Annual Report Available

The combined annual report for 2007 - 2009 is available on the Data Bank Web site at <http://www.npdb-hipdb.hrsa.gov/AnnualReport>. The report identifies research activity and policy initiatives, and reviews trends and statistics that summarize 3 years of NPDB reporting. ❖

On the Horizon

Coming Soon: Online Training Videos

We have been listening to your requests! In an effort to improve Data Bank services and offer cutting-edge technology to our users, we are developing a series of online training videos that focus on clarifying a variety of Data Bank processes and offer step-by-step assistance with querying and reporting. Watch for these videos to be posted on the Data Bank Web site in the coming months. If you have a topic idea for an educational video that you would like to see on our Web site, we would like to hear from you. Please send us an email at help@npdb-hipdb.hrsa.gov with the subject line "Educational Video," or call 1-800-767-6732.

HIPDB to Merge with NPDB

The Division of Practitioner Data Banks (DPDB) is anticipating the merge of the Healthcare Integrity and Protection Data Bank (HIPDB) into the National Practitioner Data Bank (NPDB). The merger is planned for 2012. Stay tuned for updates in future newsletters. In the upcoming January 2012 issue of *Data Bank News*, we will explore what the merge will mean to your organization. ❖

Go Paperless—Opt Out of Print Newsletter

Help us conserve resources by opting out of the print newsletter. You can stop your paper copy by updating your user account preferences in the Data Bank system. Administrators should access Notification Preferences to stop the organization's paper copy. You will be notified by email when the electronic version is available online. Enjoy the convenience of reading the *Data Bank News* online. Use any browser to read selected articles, or download the complete newsletter to your computer for easy offline access (<http://www.npdb-hipdb.hrsa.gov/newsletter>). ❖

U.S. DEPARTMENT OF HEALTH AND
HUMAN SERVICES

Health Resources and Services Administration
Bureau of Health Professions
Division of Practitioner Data Banks
Parklawn Building, Room 8-103
5600 Fishers Lane
Rockville, MD 20857