NPDB-HIPDB DATA BANK NEWS

U.S. Department of Health and Human Services

HRSA Health Resources and Services Administration

National Practitioner Data Bank—Healthcare Integrity and Protection Data Bank

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Continuous Query as a Risk Mitigation Strategy

R isk Management is an ongoing concern for health care organizations as they seek to promote patient safety and reduce their vulnerability to litigation. Continuous Query, formerly known as Proactive Disclosure Service (PDS), can be an important component of an organization's risk mitigation strategy.

Continuous Query is a querying mechanism that achieves a key objective of the National Practitioner Data Bank (NPDB): to facilitate a comprehensive review of health care practitioners' credentials as a means to encourage professional review activities, for the ultimate goal of furthering quality health care. By law, hospitals query on privileged staff practitioners every two years, and in connection with professional review for credentialing and privileging decisions. Continuous Query exceeds these requirements.

Health care entities that use Continuous Query exercise a high degree of oversight by monitoring their practitioners continuously, 365 days per year. Moreover, the implementation of Section 1921 of the *Social Security Act* enhanced Continuous Query's value by expanding the types of practitioners in the NPDB to all licensed and certified health care practitioners including, but not limited to, physician assistants, nurse practitioners, chiropractors, and social workers. Continuous Query keeps organizations informed about actions taken against these practitioners so that concerns may be addressed immediately. Additionally, hospital human resource departments can use Continuous Query to support their employment decisions. All health care organizations can benefit from the time savings and the risk mitigation potential that Continuous Query offers over One-Time Query.

In short, Continuous Query represents a significantly enhanced level of due diligence with minimal effort, and is an important tool in every health care organization's risk management plan. Organizations can activate Continuous Query on the *Administrator Options* page of the Data Bank Web site. ❖

System Improvements Respond to User Needs

D ata Bank users have suggested many ideas for system improvements over the years. The June 2011 system enhancements permit users to download their Data Bank query and report summary information into their own spreadsheets and databases for greater flexibility and easier reconciliations.

System Improvements Respond to User Needs....continued from page 1

Improvements available starting August 22, 2011 will include:

- PDS name change to Continuous Query throughout the system.

- Consolidation of the Continuous Query and One-Time Query within the *Query Options* page of the Data Bank.

- A new *Query Type* page that identifies three Continuous Query options in addition to the One-Time Query. Users can select the appropriate Continuous Query type: full-time staff member, applicant under review, or temporary/locum tenens practitioner.

The *Query Responses* page allows users to easily distinguish Continuous Query from One-Time Query enrollments.

Other Data Bank system improvements coming in August 2011 include the addition of:

- A spell-check capability when completing report narratives and for practitioners adding subject statements to their reports.

- A new State Licensure Adverse Action Classification Code (1150) - *Interim Action - Voluntary Agreement to Refrain from Practice or to Suspend License Pending Completion of an Investigation (NPDB Only)*. This code will be used for interim non-final actions where a practitioner voluntarily agrees either to refrain from practice or to have their license suspended while the Board completes an investigation.

Thanks to our users for their continued submission of valuable ideas. The Data Bank is pleased to incorporate these excellent suggestions into the list of system improvements for August 22, 2011. ❖

QUERY TYPE   He

Entity: GENERAL HOSPITAL (NEW YORK, NY)

Please select a type of query:

Continuous Query

You will receive an initial query response, plus up to one year of monitoring for a
on the subject. You will be notified via email within 24 hours of a new report. Fee

Note: Continuous Query meets legal and accreditation requirements for queryin
from The Joint Commission, NCQA, URAC, and CARF. Additionally, Continuou
of meeting the requirements for ongoing monitoring of practitioners.

○ **Continuous Query** - Practitioner will be monitored for one year and may be

○ **Continuous Query For An Applicant** - You may specify the date the appli
activate the subject if they are approved.

○ **Continuous Query For A Temporary/Locum Tenens Practitioner** - You
should be canceled.

○ **One-Time Query** - You will receive a response containing active reports at t
notified of any new reports submitted after the query. This option satisfi

QUERY RESPONSES

Entity: GENERAL HOSPITAL (NEW YORK, NY)

Click the DCN link to view a printable copy of the query response.

To view the subject(s) details associated with the response, click the Subje
view the corresponding billing receipt.

You may sort the results by clicking on the column heading links. To view sp
and click **Filter Results**.

DCN	Type of Response	Date	Subjects	Status	Vie
7910000065099374	Enrollment	09/15/2011	1	Completed	
7910000065088653	One-Time	09/14/2011	5	Completed	09/1
7910000065077321	Enrollment	09/12/2011	10	Completed	09/1

Tips for Finding Required Report Information

How can I complete a report if I do not have all of the mandatory information?

Medical malpractice payers and health care organizations (including licensing boards) may encounter this concern when reporting to the Data Bank; however, an organization's lack of mandatory information does not relieve the organization of the reporting requirements.

The Value of Accurate and Complete Report Data

Complete, accurate, and comprehensive reporting assures data quality in the Data Bank and supports health care quality and safety. Reporters are required to provide all mandatory information and ensure that the data is correct. Accurate information is crucial for queriers. Failure to provide mandatory comprehensive report data may result in inaccurate responses when organizations query the Data Bank. Report information also is used for Data Bank research purposes. By providing reliable data, reporters assist the health care community in making informed decisions that affect professional activities and patient health care.

Storing and Maintaining Information

Health care organizations should make every effort to collect practitioner and organization information before there is a need to file a report, e.g., State Boards can gather practitioner information during the application process. Important data fields, including mandatory data fields, on *Report Input* forms are: name, gender, date of birth, social security number, practitioner or organization address, field of licensure, State license number and State of licensure, professional school attended, year of graduation, and Federal Employer Identification Number (FEIN). When more information is provided on the *Report Input* form, the result is better matches to queries. Health care organizations can store and maintain the data fields in the Data Bank subject database. If a report is required, then the pertinent information will pre-populate on the *Report Input* form. Incomplete reports will not be accepted by the Data Bank.

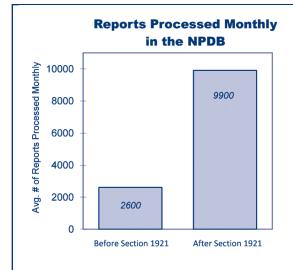**Resources for Obtaining Missing Information**

There are various resources that health care organizations can use to collect missing information:

- One resource is to contact the subject practitioner or organization and request the required information.

- Health care organizations can research the vast amount of information available through public records maintained by Federal and local governments, such as property records, vital records, political records, and corporate filings. The availability of public records varies by State; official State Web sites can be used to search which records are accessible and how to request information.

- State agencies may have access to State Department of Motor Vehicles records.

- The FEIN for public companies can be located on the U.S. Securities and Exchange Commission's documents in their online database.

- Private companies may provide their FEIN on the company Web site; the FEIN can also be searched through online proprietary databases.

- In certain situations, health care organizations may be able to obtain the mandatory information from court records, such as when a Federal or State court imposes a Cease and Desist order against a practitioner.

The accuracy and completeness of reported information is essential to the Data Bank's mission of promoting quality health care and protecting the public. All required fields on the *Report Input* form must be complete before a report can be submitted successfully. You are encouraged to call the Customer Service Center at 1-800-767-6732 if you require additional assistance. ❖
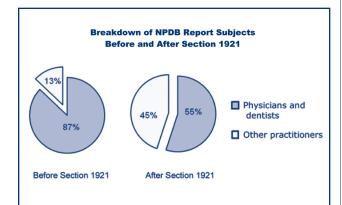
How Section 1921 Affects the NPDB

The number of reports in the National Practitioner Data Bank (NPDB) increased by nearly 400,000 in March 2010, largely as a result of the implementation of Section 1921 of the *Social Security Act*. The purpose of Section 1921, which expanded the information collected and disclosed by the NPDB, is to protect *Social Security Act* program beneficiaries from unfit health care practitioners and to strengthen the anti-fraud provisions of those programs. With Section 1921, certain types of Data Bank reports were made available in the NPDB that were previously maintained only in the Healthcare Integrity and Protection Data Bank (HIPDB). As a result, these reports, which include State licensure actions taken against nurses and other health care professionals, became accessible for the first time to health care organizations that were eligible to query only the NPDB, such as private sector hospitals and nursing homes.

dentists. In addition, Section 1921 requires the reporting of all adverse State licensure actions, not just those based on competence or conduct. Before Section 1921 implementation, physicians and dentists were the subjects of 87 percent of NPDB reports as compared with 55 percent since implementation.

Breakdown of NPDB Report Subjects Before and After Section 1921

13% — 87% — Before Section 1921

45% — 55% — After Section 1921

☐ Physicians and dentists
☐ Other practitioners

Following the implementation of Section 1921, the number of NPDB reports on subjects other than physicians and dentists more than tripled.

Reports Processed Monthly in the NPDB

Avg. # of Reports Processed Monthly

9900
2600

Before Section 1921   After Section 1921

Following the initial surge in NPDB reports, the average number of reports processed by the NPDB monthly is almost 4 times higher than the number it processed before Section 1921.

Overall, Section 1921 provides the health care community with more comprehensive data and a new incentive to query. Querying of the NPDB has increased since Section 1921 was implemented by about 10,000 queries per month. The information contained in the NPDB, augmented by Section 1921, will enhance the NPDB's role in improving the safety and quality of our health care system.

The Data Bank has compiled a number of useful resources that provide a more in-depth look at the changes discussed in this article. Visit our Section 1921 page at *http://www.npdb-hipdb.hrsa.gov/ Section1921.*❖

From a health care quality perspective, one of the most significant impacts of Section 1921 is the expansion in the scope of what is reportable. Section 1921 mandates reporting of adverse State licensing actions taken against all health care practitioners and entities, while the NPDB previously only collected State licensing actions taken against physicians and

Data Bank Outreach and Education Activities

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

RECENT OUTREACH ACTIVITIES			
CONFERENCE	**LOCATION**	**DATE**	**ACTIVITY**
New York State Association of Medical Staff Services (NYSAMSS) Annual Education Conference	Niagara Falls, NY	May 19, 2011	Speaker
Data Bank Education Forum	Seattle, WA	June 6, 2011	Speaker
Kansas Association of Medical Staff Services (KSAMSS) Educational Program	Wichita, KS	June 10, 2011	Speaker
UPCOMING OUTREACH ACTIVITIES			
CONFERENCE	**LOCATION**	**DATE**	**ACTIVITY**
2011 Board of Certification (BOC) Athletic Trainer Regulatory Conference	Omaha, NE	July 8-9, 2011	Speaker
Medical Staff Professionals of Fort Worth/Dallas	Fort Worth, TX	August 13, 2011	Speaker
National Association of Medical Staff Services (NAMSS) 35th Annual Conference and Exhibition	Dallas, TX	September 24-28, 2011	Exhibitor

Helpful Hints from the Data Bank

URLs in Reports: In an effort to increase security and help prevent malicious cyber attacks attributed to Uniform Resource Locators (URLs), the Data Bank will no longer accept URLs in report narratives. All reports submitted with URLs will be rejected, and the reporter will have to remove the reference and resubmit. Previously, the Data Bank accepted these reports but redacted the URLs.

Types of Reports: Four types of reports are accepted by the Data Bank:

1. **Initial Report**—An Initial Report is the first record of a medical malpractice payment, adverse action, or judgment or conviction submitted to and processed by the Data Bank. It stays in the Data Bank as the current report unless a correction, void, or revision-to-action is submitted. A copy is sent to the practitioner named in the report.

2. **Correction Report**—A Correction Report takes the place of the initial report. If a report contains an error, the reporting organization must submit a correction report immediately.

3. **Void Report**—A report is voided when the reporting organization wants to retract, in its entirety, a previously processed report that was submitted in error. The three reasons for which you may void a report are: the report contains incorrect information, specifically, it names the wrong practitioner; the action reported was not reportable under the law; or the action was overturned on appeal.

4. **Revision-to-Action Report**—A Revision-to-Action Report describes an action that relates to and/or modifies an adverse action previously reported. It is treated as a second and separate action but does not negate the action previously reported.❖

Security Hints: New Password Rules

New password rules, implemented on June 6, 2011, strengthen security and require users to follow these guidelines to maintain the security of Data Bank information. Passwords are an integral part of our daily life at work and at home, and are used to protect sensitive and private data. Having to frequently change a password is something most people do not enjoy doing, but it is important to adhere to all password security rules and requirements. The Data Bank follows the Health and Human Services (HHS) and Health Resources and Services Administration (HRSA) Information Technology (IT) rules and guidelines, as well as various other security regulations including Federal requirements established by the Office of Management and Budget (OMB) and the National Institute of Standards and Technology (NIST), to ensure that the information in the Data Bank is protected.

Please review these very important new password rules affecting the Data Bank:

- Passwords must contain a special character in addition to upper and lower case characters and numbers.
- Password characters may not be repeated in succession.
- Passwords must not contain any part of the user's account name.
- Passwords must not duplicate any of the user's last 24 passwords.

These new password policies are implemented throughout the Data Bank and affect all passwords. If you have questions, please contact the Customer Service Center at 1-800-767-6732 (1-800-SOS-NPDB). ❖

Reporting Responsibilities of Self-Insured Organizations

Any entity that makes a medical malpractice payment for the benefit of a health care practitioner must report that payment to the National Practitioner Data Bank (NPDB). Increasing numbers of health care facilities are providing liability insurance for their employees, potentially altering their reporting relationship with the Data Bank. While these facilities already submit clinical privileges actions to the Data Bank, as self-funded (or partially self-funded) organizations, they may incur additional reporting obligations as "medical malpractice payers." Chapter E of the NPDB Guidebook specifically addresses this segment of the health care provider community with this question and answer: **What are the reporting requirements for self-insured employers who provide professional liability coverage for their employed practitioners?** *Employers who insure their employees must report medical malpractice payments they make for the benefit of their employees.*

Hospitals, along with other medical facilities such as clinics and private group practices, have turned to self-insurance in growing numbers over the past decade to counter increasing liability costs. As a result, these health care organizations are responsible for reporting any medical malpractice payments they make for the benefit of the practitioners whom they insure. It does not matter whether the payment is the result of a settlement or a judgment, nor does the amount of the payment alter their reporting responsibilities. Self-insured organizations are subject to the NPDB reporting mandate for medical malpractice payers and are, therefore, required to report malpractice payments made for the benefit of their employees.

In summary, self-insured organizations need to be aware of their Data Bank reporting responsibilities. They must report medical malpractice payments as well as clinical privileges actions. A facility that makes malpractice payments on behalf of its practitioners or employees should ensure those payments are reported to the Data Bank. ❖

Dear Data Bank...

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

Question: Are medical malpractice payments made for the benefit of unlicensed practitioners, such as students, reportable to the Data Bank?

Answer: No. Payments made for the benefit of unlicensed students, interns, and residents are not reportable to the Data Bank. Unlicensed practitioners provide health care services exclusively under the supervision of licensed health care professionals in a training environment. Students do not fall into the "other health care practitioner" category; "other health care practitioners" are licensed by a State and/or meet State registration or certification requirements.

Reports must be submitted to the Data Bank when medical malpractice payments are made for the benefit of licensed residents or interns. Medical malpractice payments made for the benefit of staff who are insured by their employers are also reportable to the Data Bank.

Question: A State Licensing Board imposes an administrative fine on a practitioner for failure to complete Continuing Medical Education (CME) units. Is this reportable to the Data Bank?

Answer: An administrative fine or citation is reportable to the National Practitioner Data Bank (NPDB) only if it is connected to the delivery of health care services *or* taken with another reportable action. An administrative fine or citation is reportable to the Healthcare Integrity and Protection Data Bank (HIPDB) if it is connected to health care delivery *and* taken with another reportable action.

Administrative fines differ from civil money penalties. If the sanction imposed by a State Licensing Board is a civil penalty, or if the State considers the monetary fine an adverse action, then it must be reported as an adverse action.

Question: A hospital revoked a practitioner's privileges because he was intoxicated at work, and directed him to enter a rehabilitation program. Since laws related to drug and alcohol treatment programs have confidentiality provisions, will a report concerning a practitioner in a treatment program violate these provisions?

Answer: No. The adverse action affecting clinical privileges (revocation) must be reported if the action lasts for more than 30 days. The fact that a practitioner entered a treatment or rehabilitation program should not be a part of the report.

However, a report should not be submitted to the NPDB if an impaired practitioner *voluntarily* enters into a rehabilitation program and a professional review action is not taken. If the practitioner takes a leave of absence but does not relinquish clinical privileges, then it is not reportable to the NPDB.

Question: While under investigation for improper professional conduct at a hospital, a physician withdraws her application for renewal of clinical privileges. Is the withdrawal of her application reportable?

Answer: Yes. The withdrawal of her application for renewal of clinical privileges, while under investigation for improper professional conduct, is reportable even if she is unaware of the investigation. In addition, if the withdrawal of the application for renewal is in return for not conducting an investigation, or for not taking a professional review action, it is also reportable.

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.❖

On the Horizon

Staying Connected!

As technology evolves and new Data Bank information and educational events unfold, it is important to remain current. You will soon be able to stay informed under the **Community and Education** tab of the Web site, *http://www.npdb-hipdb.gov/CommunityAndEducation*, which will provide timely access to training resources and news through a new **Information Spotlight**.

Another way to stay connected is to subscribe to our RSS (Really Simple Syndication) news feed. The Data Bank RSS feed delivers the latest Data Bank news and updates to your computer automatically. Look for the small orange RSS feed icon at the bottom of the Web page to subscribe. Feel free to call the Customer Service Center if you need further assistance to take advantage of this helpful feature. ❖

Data Bank Blog or Discussion Forum

Would you like to see a Data Bank blog or online discussion forum? Why or why not? We want to hear your opinion. Please email us at *help@npdb-hipdb.hrsa.gov* and include "Data Bank Blog" in your email's subject line. ❖

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