Creating a National Database of Certified First Responders

...finding the right individual, with the right credential, at the right time...

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National Practitioner Data Bank Models

Practice Data

NPDB
Established by Law

Criminal Data

HIPDB

Credentialing Data

FCP
Voluntary

October 1, 2003

American National Standards Institute
Highlights

- Data Collection Systems for use in Licensing, Credentialing & Certification
- Established by law and need
- Querying and Reporting is Required by Law or National Accreditation Organizations
- No Public Access to Data Bank Data
Purpose: Improve Healthcare Quality and Safety

Provide practice data to hospitals, State licensing boards, professional societies, and other healthcare entities so they can appropriately identify, credential, employ, dispatch and, when necessary, discipline healthcare practitioners.
Major Sources of Reports & Data

NPDB:
- State licensing boards
- Professional Societies
- Hospitals, and
- Other Healthcare Entities

HIPDB:
- Healthcare Related Criminal Convictions
- Related Civil Judgments
- Federal and State Healthcare Program Exclusions

FCP:
- Credentialing Coordinators
What’s Reported

NPDB
- Adverse licensure, clinical privilege, and professional society actions taken against physicians and dentists
- Medical malpractice payments made for the benefit of all licensed health care practitioners
- Criminal Convictions

HIPDB
- Criminal Convictions

FCP
- Primary Source Verified Data reported by software solicited organizations
Who Queries

NPDB
- State Licensing Boards*
- Professional Societies*
- Health Plans*
- Hospitals (Public and Private)*
  *Must Engage in formal peer review activities

HIPDB
- Federal and State Government Agencies
- Health Plans
- Health Providers, suppliers and practitioners (self-query only)

FCP
- Credentialing Staff
- Self Queries*
When you May or Must Query

Hospitals: **must query** when a practitioner applies for privileges or membership on the medical staff and once every two years to maintain hospital accreditation.

Other Healthcare Entities and State Licensing Boards: **may query** for credentialing, peer review or licensing purposes. Practitioners: may query to obtain their own credentials and records.
Interesting Statistics as of 6/03

NPDB opened Fall, 1990
- 245,241 reports for 137,456 Physicians

HIPDB opened Spring, 2000
- 141,564 reports

FCP opened Spring, 2001
- Entire VA & others mandate use
- > 50,000 enrolled healthcare providers
NPDB Malpractice Payments
Percent of Payments by Reason for Payment

- Diagnosis Related: 50%
- Anesthesia: 17%
- Surgery: 14%
- Medication: 3%
- IV & Blood: 2%
- OB: 4%
- Treatment: 0%
- Monitoring: 3%
- Equip/Product: 0%
- Miscell: 2%

Provided by DHHS
October 1, 2003
Federal Credentialing Program

Improving the nation’s health care through standardized electronic credentialing

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FCP  

...Established to develop and provide:

- National Forum for Healthcare Credentialing Issues
- Software designed to standardize credentialing procedures
- Web-based Electronic Credentials Data Bank
FCP Provides:

A secure electronic database for the credentialing of healthcare providers, providing rapid verification of credentials in support of regular and multiple appointment(s), rapid deployment for emergency response and telemedicine.
Problems Before the FCP

- No Standard Credentialing Process
- Slow, Paper-Bound
- Redundant and Inconsistent
- Data not readily nor regionally accessible
- Did not support national disaster efforts and emergency response
- Costly
FCP Accomplishments:

- Standardized Definitions and Processes for credentialing
- Improved Integrity of Credentialing Data (Trust)
- Reduced Duplication
- Increased Efficiency
- Lowered Costs
- Improved Personnel Management
- Supports Medical Readiness, Emergency Response and Telehealth
Shared Databank Concepts

- Public/private enterprises
- Stakeholder participation
- Common Definitions developed through National Forums and Working Meetings
- Software-driven process promotes standardization
- Internet Accessible Data Depositaries
- Funding derived from user fees
The NPDB, HIPDB and FCP do not receive any taxpayer funds. The NPDB and HIPDB are required by law to recover all costs through fee collection. They are funded entirely by query fees. The FCP is funded by proportional contributions from participating agencies.

**NPDB:** (Example of Query Fees)
- Self-Query: $10 per Data Bank
- Practitioners: $20 automatically query both
- Entity: $4.25 per Data Bank

**FCP:** Funded entirely by the participating who cost share based on program use
Proposal: National Certification & Credentials Data Bank (NCCDB)

Data Bank Model provides a proven approach to the creation of a National Credentials and Certification Data Bank

NCCDB:
- stakeholder driven partnership to assure collaboration.
- software to drive standardization and quality - -
- Internet to provide ready access, and
NCCDB Program Advantages

- Done once
- Done right
- Stored electronically
- Instantly Available (Tactical)
- Consistent
- Transferable/Sharable
- Economical
NCCDB  Support Emergency Response Support

- Catalogue health care personnel to be used in emergency response
- Include demographic and personal information
- Identify scarce health care professionals
- Assure Individual is appropriately qualified, certified or licensed to perform required tasks
Reference Sites

Web Site

- www.npdb-hipdb.com
  - Interactive Training
  - Public Use File
  - Data on Reporting
  - Annual Report
  - Instructions for Reporting and Querying

- Help Line
  1-800-767-6732