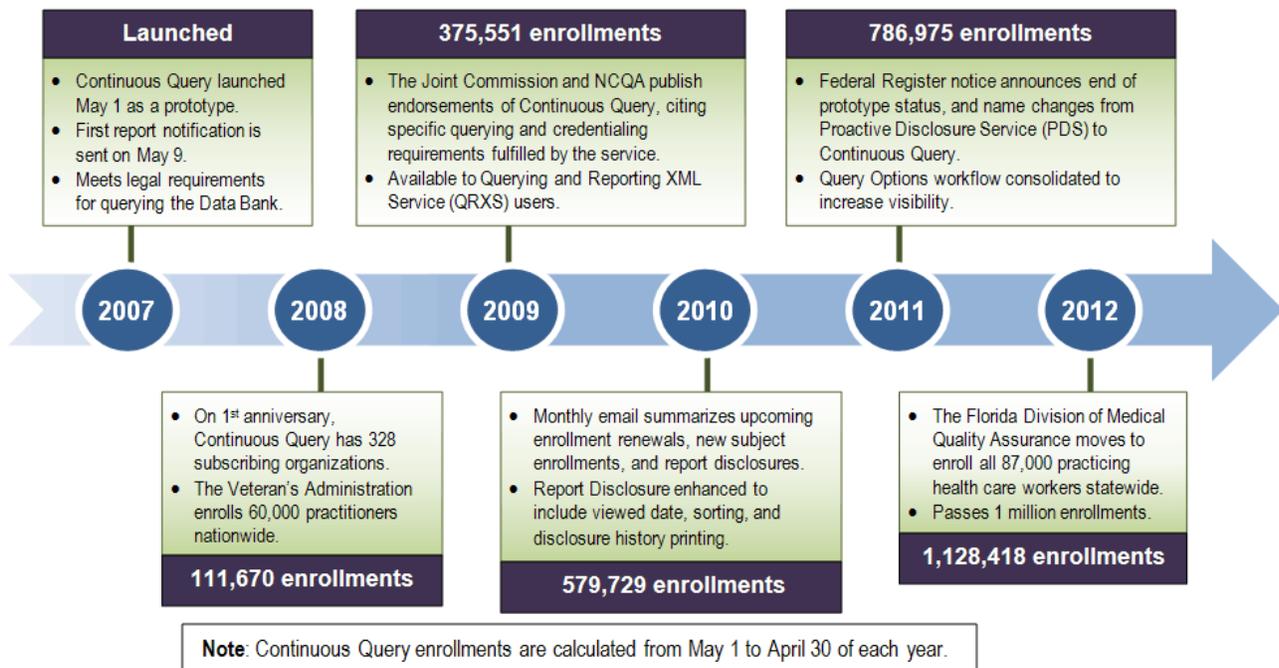




Continuous Query—A Success Story

The Data Bank introduced Continuous Query in May 2007, in response to growing interest from the health care community in ongoing monitoring of practitioners. Organizations that enroll their practitioners in Continuous Query receive an initial query response, followed by continuous, around-the-clock monitoring on those practitioners for 1 year. Continuous Query is popular with users because of its prompt and automatic report disclosures, its ease of use, and the time it saves by effectively automating querying. As a result, Continuous Query usage among all types of organizations, big and small, has grown substantially since 2007. As we cross the important 5-year milestone, we hope organizations that have not yet subscribed will do so and receive the benefits of Continuous Query.

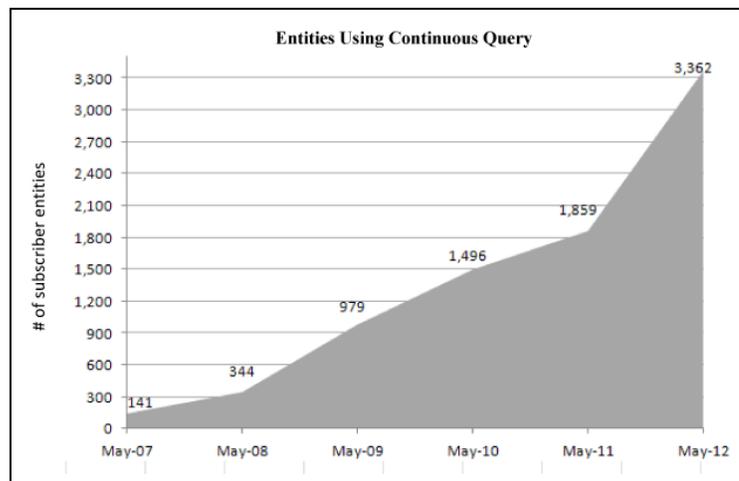
A History of Continuous Query



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

- The **timeliness** of report disclosures enables organizations to respond proactively to adverse actions as they occur, instead of waiting until recredentialing time.

- **No need to submit a One-time Query** on enrolled practitioners. Organizations are automatically notified of new or changed reports within 1 business day of the Data Bank's receipt.
- **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.
- **Cost-effective savings in staff time** spent on querying while keeping organizations systematically informed about reportable incidents on their enrolled practitioners—including adverse licensure and privileging actions, Medicare/Medicaid exclusions, civil and criminal convictions, and medical malpractice payments.
- Continuous Query can **enhance the hiring practices** of health care organizations and fulfill certain [legal and accreditation requirements](#).



Between 2007 and 2012, the number of Continuous Query subscribers climbed dramatically, testifying to user approval of the product. Renewal rates have averaged around 90 percent.

These features help to explain Continuous Query's climb in enrollments since its 2007 introduction. Above all, Continuous Query promotes best practices in health care. Enroll your practitioners today and benefit from the peace of mind that Continuous Query offers.

Latest Compliance Posting Focuses on Behavioral Health Professions



As part of the Data Bank's compliance effort to assist State Boards and other organizations with their reporting requirements, the Data Bank posts compliance status by state and profession on a regular basis. On July 1, 2012, the Data Bank posted each state's reporting compliance status for behavioral health professions. This is the 12th profession to be examined for report completeness and accuracy. Behavioral health includes marriage and family therapists, professional counselors, addiction counselors, and several other mental

health and addiction recovery licensed professions. The July posting also updated the compliance status of 11 previously audited professions. For these 11 professions, 575 out of 587 State Boards are fully compliant (98 percent). July's update assigns a status of "compliant," "working toward compliance," or "non-compliant" for behavioral health professionals, as well as updates the status all of the previously reviewed professions. A definition for each status is provided on our [website](#). For a complete list of examined professions, visit the Data Bank's [Reporting Compliance Status](#) page.

Like the previous compliance postings, July's update is a result of our continuing, nationwide effort to educate and bring state licensing organizations into compliance with their legal reporting responsibilities. The Data Bank provides each state with a compliance coordinator to act as a helpful point of contact for any questions the State Boards may have, especially since the definition, licensing, and regulation of many health professions (such as behavioral health) vary from state to state. We also hold educational forums and [webinars](#) to resolve questions or issues from the states, and we encourage feedback on how we can help make reporting easier. We welcome any feedback you may have about the Data Bank or our compliance postings at help@npdb-hipdb.hrsa.gov.

Dear Data Bank

This column responds to questions about Data Bank policies and procedures. If you have a question, please email "[Dear Data Bank](#)." We look forward to hearing from you!

What is the difference between a Revision-to-Action Report and a Correction Report?

A Correction Report replaces a previously submitted report. It corrects inaccurate information in the original report. When a Correction Report is submitted, the original report is no longer available to queriers. A Revision-to-Action Report should be submitted when a report was filed correctly but later the action in the report is revised. For example, a license suspension would later require a Revision-to-Action Report to reinstate the license. In this case, both the original report and the Revision-to-Action Report will be made available to queriers.

Is the reporting organization required to respond to a practitioner who files a statement to a report?

Reporting organizations are not required to respond to practitioners who submit only a subject statement. If the practitioner initiates a dispute, however, and subsequently contacts the reporting organization, then the reporting organization should respond to the practitioner and try to resolve the dispute. If the practitioner is not satisfied with the reporting organization's response, after 30 days the practitioner may elevate the report to the Dispute Resolution Report process with the Division of Practitioner Data Banks. Please see our website for more information on the [Dispute Resolution Report process](#).