



# Provider Directory Subject Matter Expert Workgroup

Meeting #1  
February 19, 2014



# Welcome, Introductions, Agenda Review



Susan Otter

# Agenda

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- ▶ Agenda review, welcome and introductions
- ▶ Provider Directory background and Phase 1.5
- ▶ Discuss charter and role of SME Workgroup
- ▶ Break
- ▶ Provider Directory orientation and group discussion
- ▶ Break
- ▶ Provider Directory standards
- ▶ Common Credentialing orientation
- ▶ Wrap up and next steps



# Background and Phase 1.5

Susan Otter

# Office of Health Information Technology

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## **What we do**

- ▶ Statewide HIT efforts led by the Oregon Health Authority working in partnership with Oregon's providers, plans and patient advocates

## **Our goals**

- ▶ Connect patients, plans and providers to each other via electronic network to ensure the best care at the lowest cost.
- ▶ Wrap around existing systems to provide a basic level of connection across the state.
- ▶ Ensure that patient information and health history is available at the point of care when it is needed.



# “HIT-optimized” health care system

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The vision for the State is a transformed health system where statewide HIT/HIE efforts ensures that all Oregonians have access to “HIT-optimized” health care.

# Vision of an “HIT-optimized” health care system

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- ▶ Individuals have meaningful and timely access to their personal health information and are encouraged and empowered to engage in achieving positive health outcomes.
- ▶ Providers coordinate and deliver “whole person” care informed by meaningful, reliable, actionable patient information.
- ▶ Systems (health systems, health plans, CCOs) use comprehensive aggregated data to inform the management, quality, and effectiveness of health care.
- ▶ Policymakers leverage and utilize aggregated data to inform policy development and operations.
- ▶ All realize the Triple-Aim of better health outcomes, better quality care, and lower costs.

## Goals for State HIT/HIE Efforts

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- ▶ Ensure all providers can access meaningful, reliable, actionable patient information to deliver “whole person” care
  - ▶ across organizations and differing technologies through community, organizational and/or statewide health information exchange
- ▶ Support health plans, CCOs, health systems and providers in using aggregated data
  - ▶ for quality improvement, population management, and incentivize value and health outcomes.
- ▶ Facilitate person and family or caregiver engagement through access to, and interaction with, their health information.

# Approaches

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## Support Community and Organizational HIT/HIE Efforts:

- ▶ Promoting EHR adoption and Meaningful Use
- ▶ Leveraging national standards and federal EHR incentives
- ▶ Promoting statewide Direct secure messaging
- ▶ Providing guidance, information, and technical assistance
- ▶ Assessing changing environments and informing stakeholders

## Standardize and Align to Ensure Interoperability, Privacy and Security, and Efficiencies:

- ▶ Adopt standards for safety, privacy, security, and interoperability
- ▶ Establish a Compatibility Program for statewide enabling infrastructure
- ▶ Align metrics and reporting

## Provide State-level Services

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## STATE SUPPORT OF COMMUNITY & ORGANIZATIONAL HIT/HIE EFFORTS

### SUPPORT

The state will support community & organizational efforts by:

- Promoting EHR adoption & meaningful use
- Leveraging national standards & federal EHR incentives
  - Promoting statewide Direct secure messaging
- Providing guidance, information & technical assistance
- Assessing changing environments & information stakeholders

### STANDARDIZE & ALIGN

The state will work with stakeholders to:

- Adopt standards for safety, privacy, security & interoperability
- Establish a Compatibility Program for statewide enabling infrastructure
  - Align metrics & reporting

### PROVIDE

The state will provide:

- Statewide enabling infrastructure
- CareAccord to ensure access to HIT/HIE
- Clinical metrics data for Medicaid

### COMMUNITY & ORGANIZATIONAL HIT/HIE EFFORTS:

#### Community HIEs

- Jefferson HIE
- Central Oregon HIE
- Gorge Health Connect
- Bay Area Community Informatics Agency

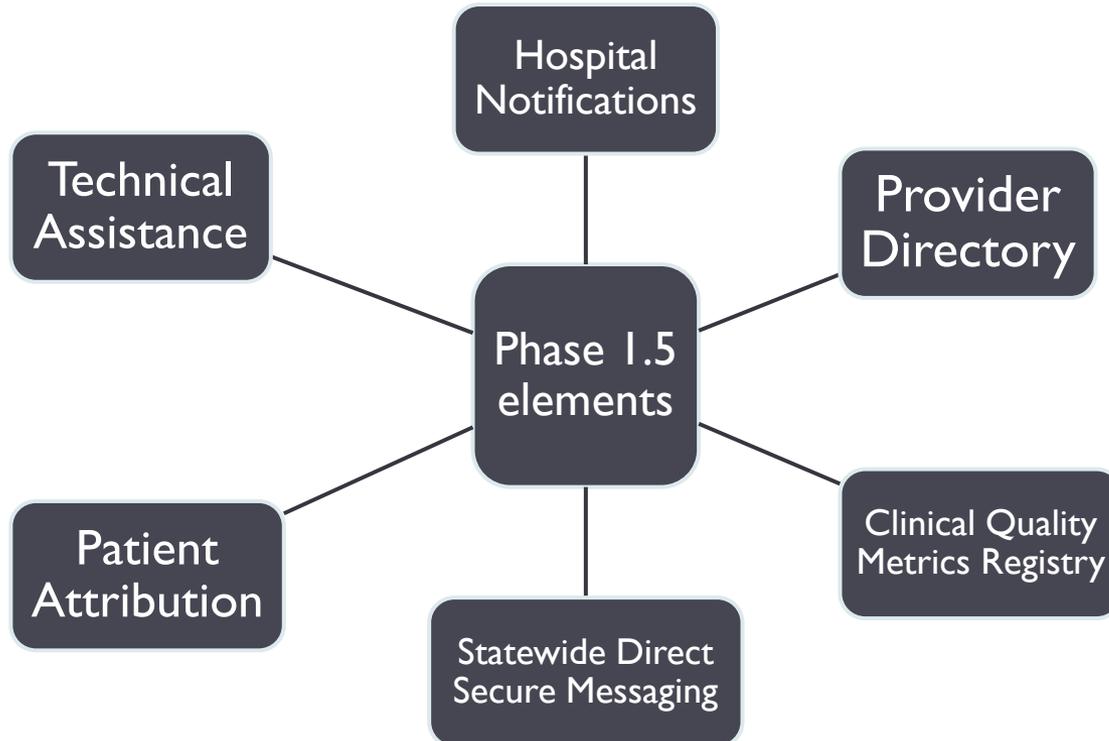
#### Organizational HIT/HIE efforts of

- CCOs
- Health Systems
- Health Plans
- Providers
- Hospitals
- Hosted EHRs
- Data Aggregators & Intermediaries

# Phase 1.5

2013 – 2015

Six HIT/HIE foundational and high-priority initial elements to support Oregon's health system transformation



# Phase 1.5 elements with descriptions

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- ▶ **Provider Directory Services**
  - ▶ Locate and communicate with other providers across all care settings
- ▶ **Patient/Provider Attribution**
  - ▶ Coordinate care with patient's other providers across all care settings
- ▶ **Direct Secure Messaging**
  - ▶ HIPAA-compliant way to encrypt and send any attachment of patient information electronically
- ▶ **Hospital Notifications**
  - ▶ Receive ADT notifications for patients, prepare treatment plans for high-utilizers
- ▶ **Clinical Quality Metrics Registry for Medicaid metrics**
  - ▶ Support quality reporting for meaningful use and CCO incentive metrics and quality improvement efforts, and enhance existing capabilities
- ▶ **Technical Assistance to Medicaid providers**
  - ▶ Help providers meet federal Meaningful Use requirements and ensure clinical metrics data are complete and credible



# Principles

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1. Leverage existing resources and national standards, while anticipating changes
2. Demonstrate incremental progress, cultivate support and establish credibility.
3. Create services with value.
4. Protect the health information of Oregonians

# Provider Directory Charter and Role of SME workgroup

Karen Hale

# Provider Directory description and context

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- ▶ Generally
  - ▶ A provider directory is a resource for provider information including demographics, addresses, affiliations to clinics, etc.
- ▶ More specifically, Oregon's Provider Directory will:
  - ▶ Support analytics used by OHA, health providers and systems, Coordinated Care Organizations (CCO), and health plans that rely on attributing providers to practice settings
  - ▶ Enable the exchange of patient health information across different organizations and technologies by providing HIE addresses
  - ▶ Provide efficiencies for operations, oversight, and quality reporting
  - ▶ Longer term, enhance care coordination across disparate providers and around transitions of care by providing easy access to provider information



# Provider Directory and role of SME Workgroup

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- ▶ The workgroup will be tasked with providing guidance on scope, functions and parameters of a state-level provider directory, which will inform the OHA's scope of work for a Request for Proposal (RFP)
- ▶ Provide regular reports to the CCO/OHA Health Information Technology Advisory Group (HITAG) about progress on the provider directory
- ▶ RFP drafts will be provided to the HITAG for review and comment before the RFPs are released for bid
- ▶ The Statewide Provider Directory needs to be developed and implemented by 2015



# Draft Principles

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- ▶ Build incrementally to ensure success, but must have value right out of the gate
- ▶ Establish clear expectations regarding quality of provider information
- ▶ Contract both for implementation and operations
- ▶ Work in collaboration with Common Credentialing database/program (under development)
- ▶ Centralize where needed but allow for federation of existing provider directories



# High-level timeline

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## **Oct 2013 - Feb 2014: Requirements and Analysis**

- OHA and HITAG: OHA establishes a CCO technical advisory workgroup for Phase I.5 implementation
- Assemble Provider Directory Subject Matter Expert workgroup
- Start development of major technology requirements for RFP and contracts

## **1<sup>st</sup> part of 2014: Procurement and funding**

- RFI, RFP, and procurement process
- Request/approval of federal 90/10 funding (June)

## **Mid 2014 –2015: Development and Implementation**

- System design/development
- Program operations design/development
- Integration, testing, and deployment

## **2015: Services Operational**

- Management of ongoing operations
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# Meeting dates

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Date and Location	Topic
<b>Wednesday, Feb 19th; 2:00-5:00 pm : Portland</b>	Orientation, Background, Brainstorming
<b>Wednesday March 19th 1:00-4:00 pm - Salem</b>	Straw model for phasing and relationship to other phase 1.5 efforts, common credentialing recap
<b>Wednesday April 2nd 1:00-4:00 pm - Portland</b>	Use cases, priority functions, and parameters Value proposition
<b>Wednesday April 23rd; 1:00-4:00 pm - Salem</b>	Users and data sources Policy and program implications
<b>Wednesday May 14th 1:00-4:00 pm - Portland</b>	Wrap-up

# Housekeeping

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- ▶ Attend in person whenever possible
- ▶ Staff will deliver materials the week prior to each meeting
- ▶ Members will review materials prior to the meeting
- ▶ Please let staff know if you have any questions or if we can be of any service





# Provider Directory orientation and group discussion



Karen Hale & Group

# Why tackle development of a statewide provider directory?

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## Create efficiencies for HIE, operations, analytics, oversight and quality reporting

- ✓ Support analytics that rely on attributing providers to clinics and patient outcomes to provider team; foundational for state-level clinical quality data registry and local/CCO/health plan analytics
  - ✓ Support development of new models of care and payment that rely on attributing patient outcomes to provider team
  - ✓ Be leveraged by providers for referrals, notifications and care management
  - ✓ Enable local or state-level Direct and query-based health information exchange
  - ✓ OHA's common credentialing efforts may leverage some of the statewide provider directory's technology infrastructure, and common credentialing efforts can provide an excellent data source for the provider directory
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# What is the problem now?

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- ▶ Currently, OHA and others in Oregon's healthcare landscape use a multitude of provider directories, spread across state and non-state systems. Provider directories are:
  - ▶ isolated from one another
  - ▶ limited in scope, data accuracy, and timely updates
  - ▶ Costly to maintain the same information across multiple directories
- ▶ Question for group:
  - ▶ What are other problems or issues?



# Why there is an opportunity now?

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- ▶ CCOs have told us it's needed for foundational, near-term needs
- ▶ Common Credentialing efforts in Oregon are underway
- ▶ Emerging federal provider directory standards (“HPD”) for both content and query are around the corner (spring 2014)



# Internal OHA Provider Directory Workgroup

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- ▶ Met from August through October to develop provider directory conceptual framework (agreed vision, concept, functions, principles, pitfalls, best practices, and areas to address).
- ▶ Identified provider directory needs and uses within each area:

Accountability and Quality Improvement - CCOs	Health Analytics
Addictions and Mental Health (AMH) COMPASS	Office of Information Services – Office of the CIO
Director’s Office – Medicaid Alignment	Oregon Health Policy and Research – (OHPR) Common Credentialing
Division of Medical Assistance Programs – (DMAP) Administration	OHPR- PCPCH
DMAP - Operations	Public Health – Interoperability





# Internal OHA Workgroup – Key Function Parameters

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- ▶ Use an architecture that relies upon a phased, modular, and flexible approach.
- ▶ Follow initial and future provider directory development best practices, standards, and key functions established in this framework model
- ▶ Support development that aligns with the OHA vision for a common provider directory and one that other projects may leverage
- ▶ Establish and follow a governance structure that provides oversight and direction for the provider directory.





# Internal OHA identified uses

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- ▶ Source to view information that is built upon complex data relationships
- ▶ Reporting (Outcome, program, contracts) –
  - ▶ evaluate program and/or improvement by individual provider, site, group, plan or other affiliated data
- ▶ Streamlined credentialing or verification point/ process /component
- ▶ Single entry point for providers and payers
- ▶ Source for contacts management
- ▶ Ability for data to be updated by authorized users and validated per program guidelines
- ▶ Enable health information exchange (HIE)



# Provider Directory Vision, Goal, and Scope (from OHA internal stakeholders)

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## Vision

- Serve as the integrated, accurate, and trusted source of Oregon provider and affiliated data

## Goal

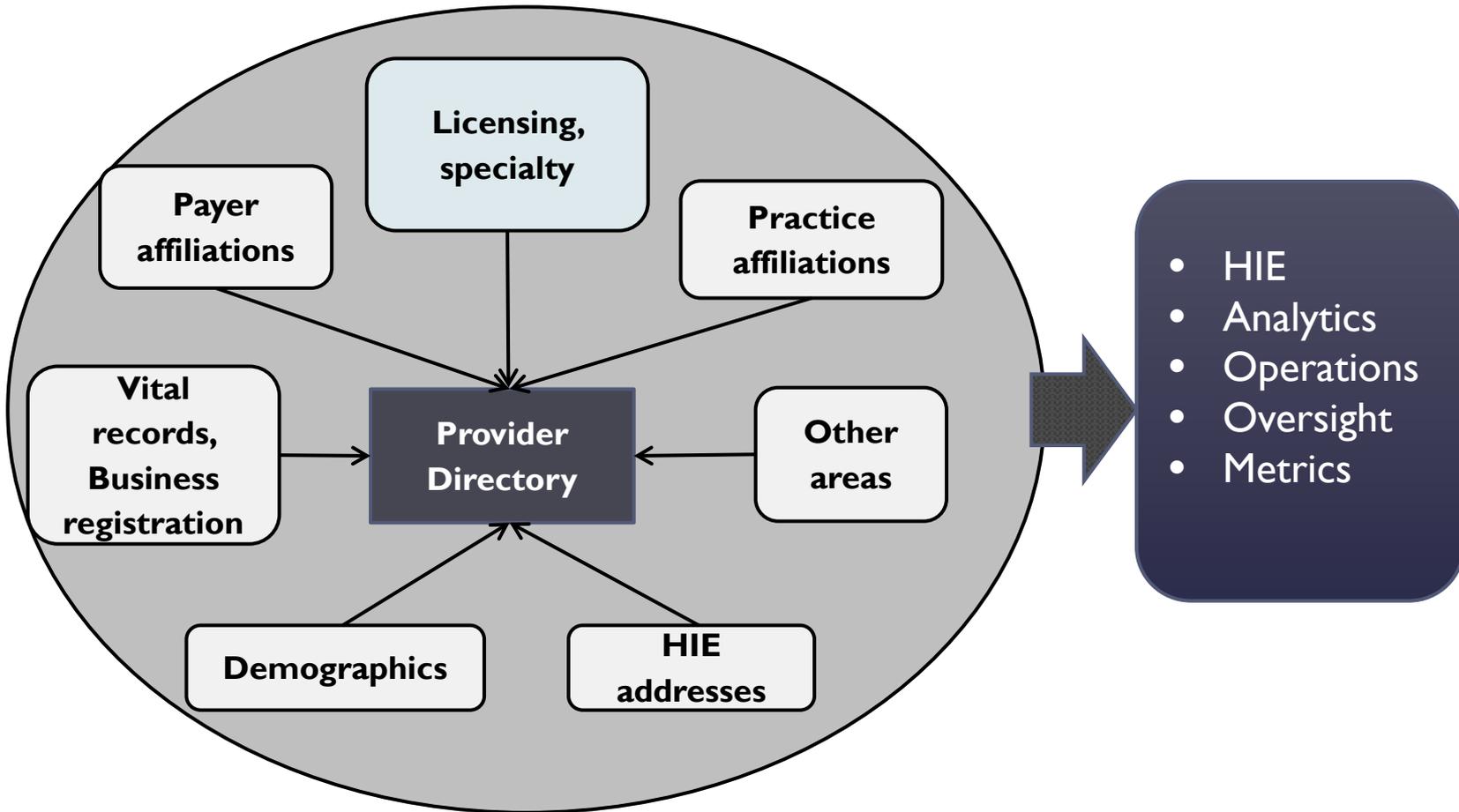
- Create a statewide expandable provider directory, initially targeting critical HIE, analytics, and operations needs in Spring 2015

## Scope under Consideration

- Be the primary source of provider's "static" data such as name, address, phone, NPI, specialty, etc.
  - Identify relationships between individual practitioners and their affiliated clinics, hospitals and health systems, health plans, etc.
  - Identify information needed to facilitate exchange (e.g., HIE "addresses")
  - Link to other important information such as vital records, business registration, licensing boards, common credentialing, etc.
  - Design with expansion in mind
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# Scope under consideration

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# Discussion Questions

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- ▶ How would you use a provider directory/what is the value?
- ▶ What does it have to have to be useful?
- ▶ How does it have to work to be useful?
- ▶ Challenges?
- ▶ What questions do you have?





# Nationwide Directory Standards

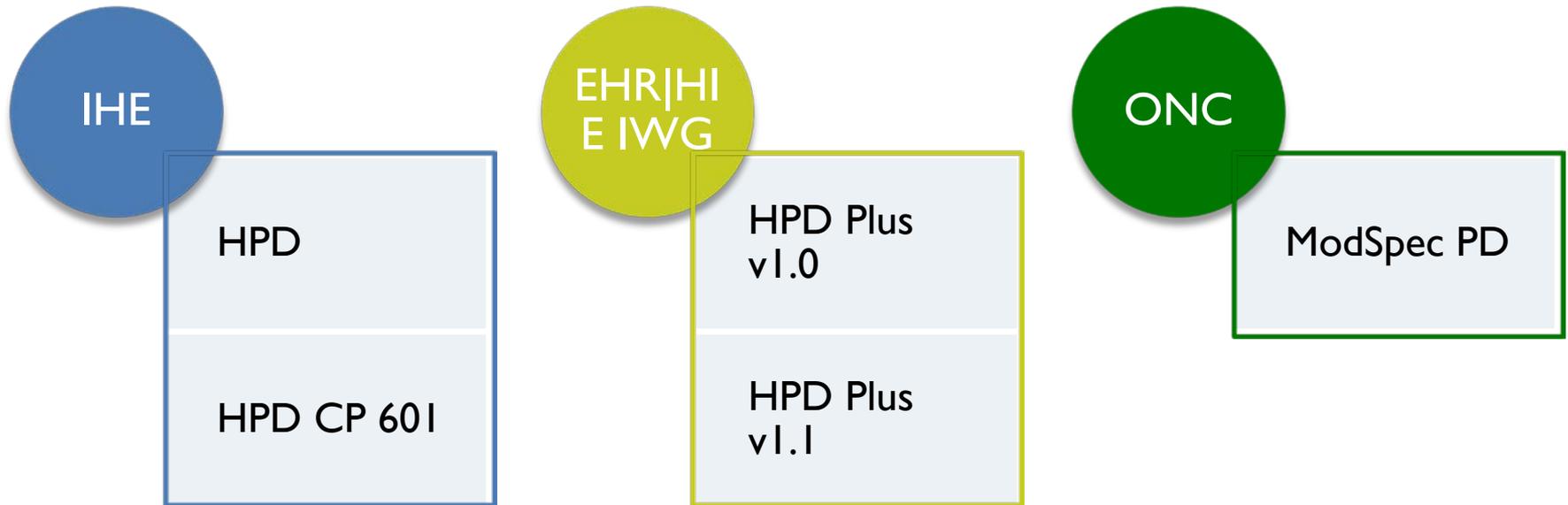


John Hall

# Nationwide Directory Standards Today

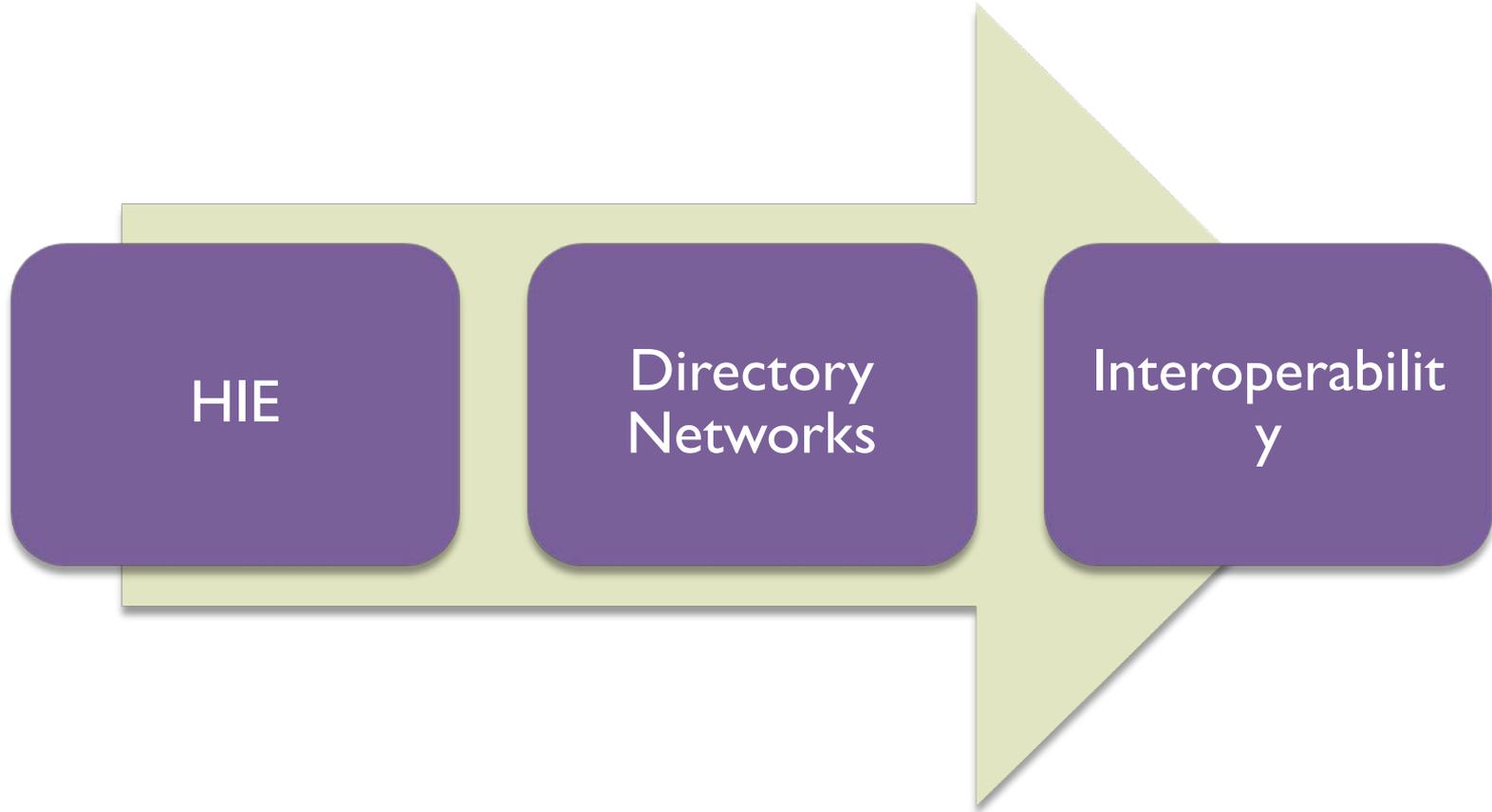
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Multiple standards from multiple sources have complicated the landscape...

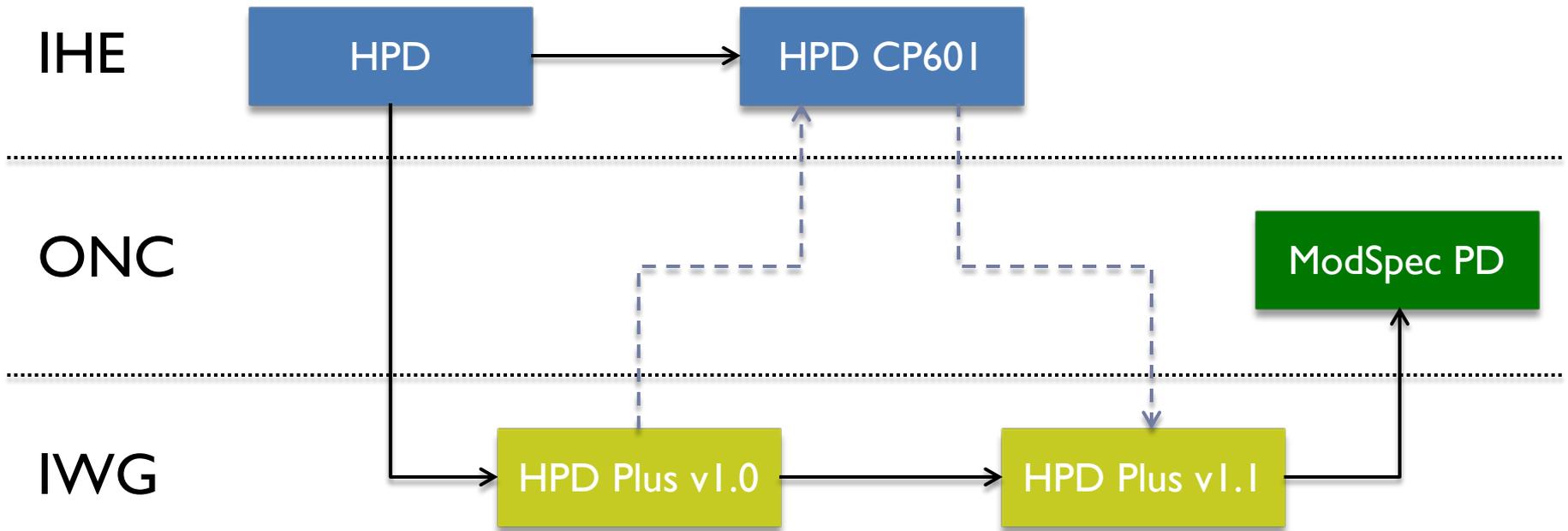


# Factors Driving Multiple Standards

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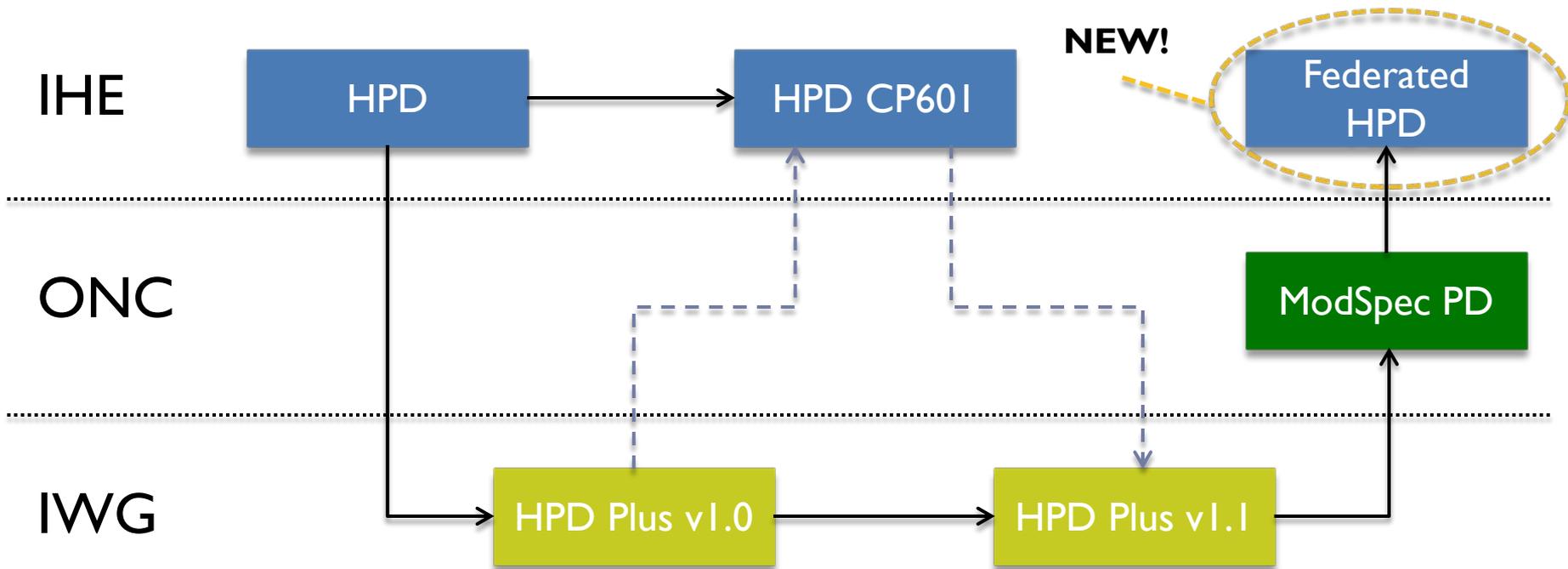


# Evolution of Nationwide Standards



- ▶ IHE HPD is the foundation of these standards
- ▶ HPD Plus v1.0, HPD Plus v1.1, and HPD CP60I mostly compatible – same interfaces, some differences in data models
- ▶ ModSpec PD uses the same data model as HPD Plus v1.1 but uses a different interface – not backward compatible

# Nationwide Directory Standards, Unite!



- ▶ Strong industry desire for a single directory standard that supports directory networks.
- ▶ ONC presented ModSpec PD to IHE, and IHE has agreed to advance it as Federated HPD.
- ▶ Anticipated 2014 publication of Federated HPD standard.

# Summary

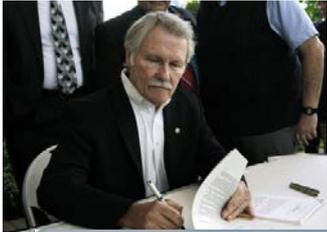
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- ▶ The presence of multiple directory standards has challenged interoperability.
- ▶ Despite this, degrees of compatibility have enabled progress and even implementation of directory networks.
- ▶ Federated HPD has the promise of uniting the standards landscape, serving as the go-forward directory standard.

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# Common Credentialing

Implementation of Senate Bill 604



Melissa Isavoran  
Credentialing Project Director  
Oregon Health Authority  
Office for Oregon Health Policy and Research

[Melissa.isavoran@state.or.us](mailto:Melissa.isavoran@state.or.us)

Oregon  
Health  
Authority

# Background

- Credentialing is done independently by health care delivery systems and insurance carriers resulting in a duplication of efforts.
- In a survey conducted by the Oregon Health Leadership Council (OHLIC), medical practices reported that it takes 48 hours to credential a new health care practitioner and over 14 hours to re-credential.
- One estimate shows that the process of credentialing in Oregon costs over \$150 million each year.

# Oregon's Efforts

- Oregon created a common credentialing form for use by all health plans and hospitals established by the Advisory Committee on Physician Credentialing Information (ACPCI)
- The Oregon Health Leadership Council (OHLC) Executive Committee on Administrative Simplification began the process for assessing and building support for a common credentialing solution
- SB 604 was signed into law in July 2013 mandating the Oregon Health Authority (OHA) to develop a common credentialing solution

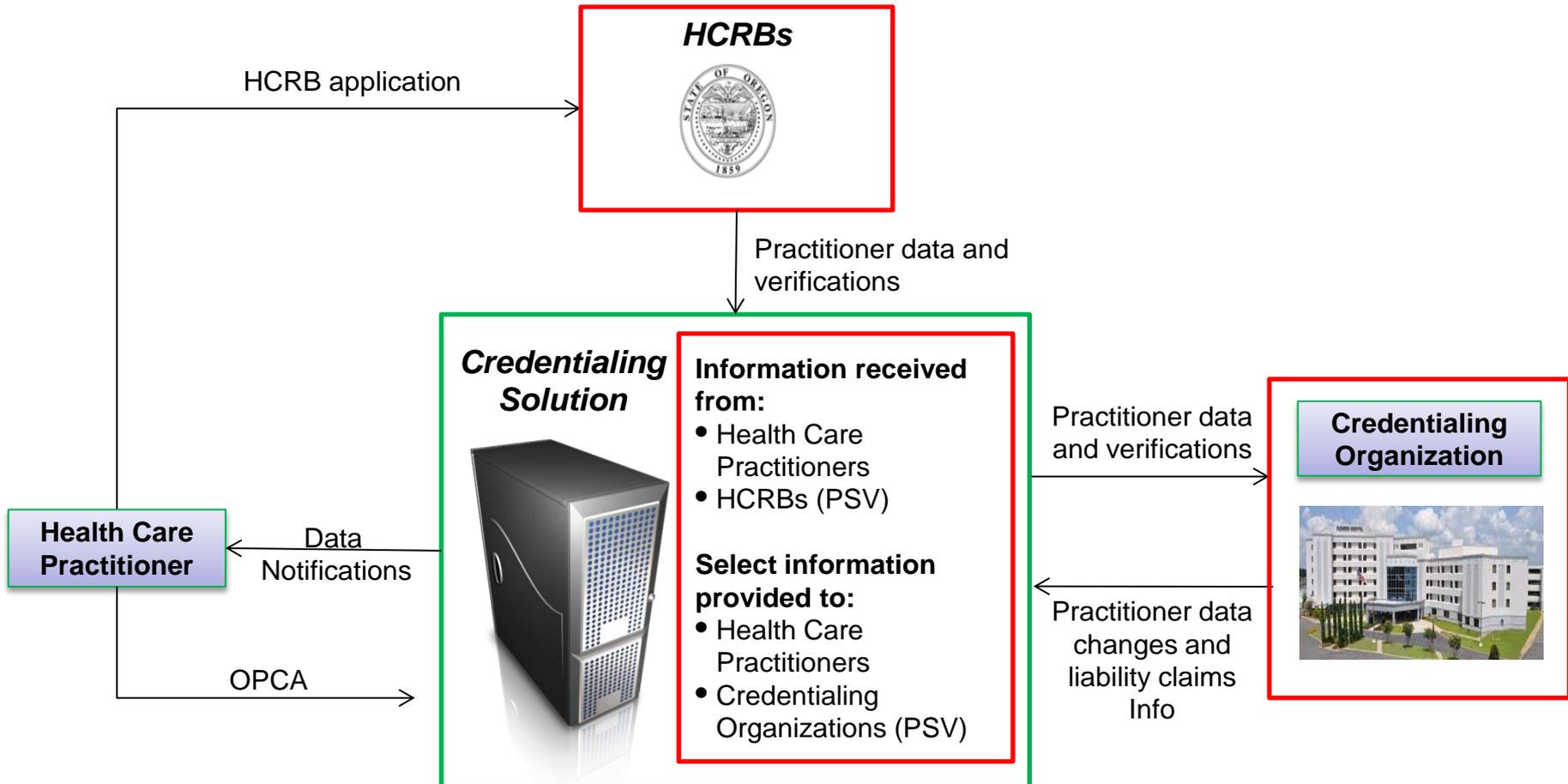
# Main tasks of SB 604

- Establish a credentialing program and database for all health care practitioners
- Convene an advisory group to review and advise the authority on the implementation
- Develop rules on application and submittal requirements, the process of verification, and associated fees
- Issue an RFI and then an RFP no more than 150 days later

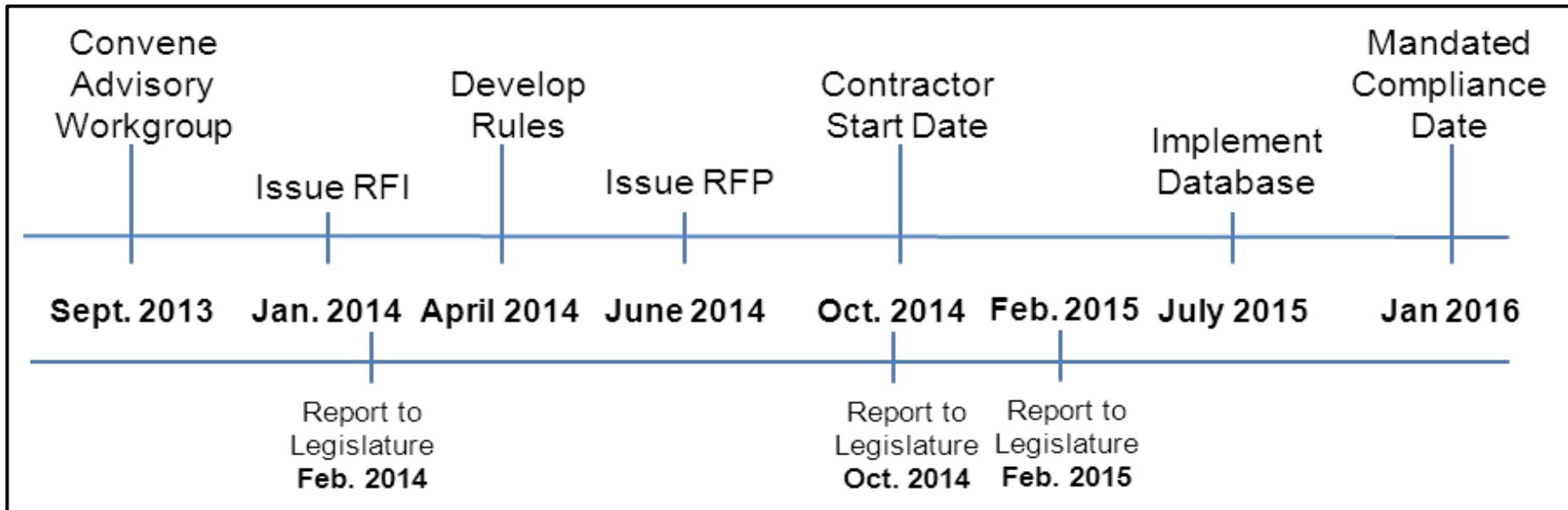
# Common Credentialing Solution

- An efficient common credentialing solution would capture and store credentialing information and documents, as well as perform primary source verifications as required
- The solution will use the Oregon Practitioner Credentialing Application (OPCA)
- Including Health Care Regulatory Boards (HCRB) in the process will create a further efficient solution due to HCRBs already collecting and verifying much of the practitioner information required for credentialing

# The Baseline Solution



# Implementation Timeline



# Goals of Common Credentialing

- Reduce the time practitioners spend on preparing credentialing applications and responding to requests for information.
- Reduce the amount of time carriers and other organizations spend on current redundant credentialing processes
- Leverage HCRB practitioner information

# Implementation Challenges

- Change Management for the many health plans and hospitals using the same system for years
- Risk and Liability concerns regarding external credentialing verifications
- Interfacing capabilities may be needed to allow for the use of HCRB data and for credentialing organization interoperability
- Collecting fees from both credentialing organizations and providers must be delicately balanced to avoid hardships for both parties

# Related Opportunities

- Related 2013 legislation includes the credentialing mental health organizations (HB 2020) and providers of telemedicine (SB 569)
- Interest in a centralized repository for other health care workers such as clinical students and traditional health care workers
- Health Information Exchange and real-time provider directories

# Progress

- Established the Common Credentialing Advisory Group in September 2013
- Developed a list of expected health care practitioners
- Identified accrediting entity requirements
- Developed and posted the Request for Information in January 2014
- Began coordination with the Office of Health Information Technology

# Moving Forward

- Analysis of RFI responses in March 2014
- Rules to be effective June 2014
- RFP to be issued by June 2014
- Award contract by October 2014

***The OHA will continue to collaborate with stakeholders on the implementation of common credentialing and will work with OHIT to leverage resources and align processes where beneficial***

**More information on common credentialing in  
Oregon can be found at...**

[www.oregon.gov/OHA/OHPR/CCAG/index.shtml](http://www.oregon.gov/OHA/OHPR/CCAG/index.shtml)