



Provider Directory Subject Matter Expert Workgroup

Meeting #5
May 14, 2014



Welcome and Agenda Review



Karen Hale

Agenda

- ▶ System integrator approach and timelines
- ▶ Common credentialing update
- ▶ Vendor scan results and discussion
- ▶ Provider directory survey results and discussion
- ▶ Provider directory wrap up and next steps

Implementation Management

Terry Bequette

Implementation Management

- ▶ Goals of Implementation Management
- ▶ State of Oregon Procurement and Governance Model
- ▶ Procurement Strategy – Systems Integrator
- ▶ OHA/OHIT Project Portfolio Governance
- ▶ Timeline Considerations
- ▶ Conclusion; Discussion

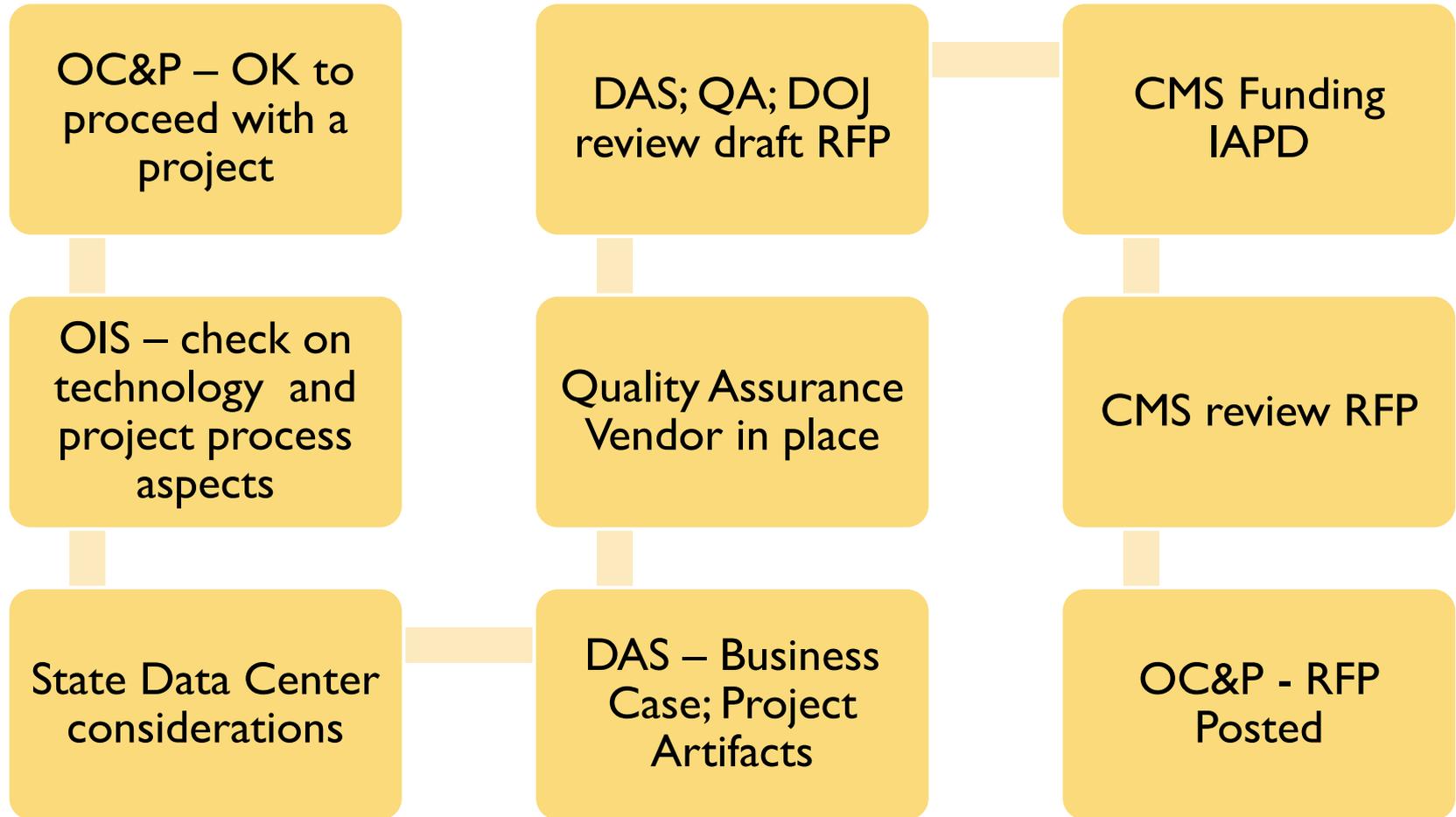
Goals of Implementation Management

- ▶ Follow State of Oregon best practices for procurement and project management
 - ▶ Project Stage gates; Change and Risk Management; Governance
- ▶ Leverage Systems Integrator for overall portfolio risk management
- ▶ Establish Portfolio Governance
 - ▶ Establish OHIT Project Portfolio Governance
 - ▶ Establish Implementation Team
 - ▶ Manage Scope, Schedule and Resources
- ▶ Achieve Phase 1.5 Project Implementations
 - ▶ Timelines under revision to reflect Systems Integrator Strategy
 - ▶ Critical dates:
 - ▶ January 1, 2016 Common Credentialing in operation – SB 604
 - ▶ May 1, 2015 CQMR implemented for three quality measures in support of CCO performance reimbursements

State of Oregon Procurement Guidance

- ▶ **Guidance and Reviews come from:**
 - ▶ State IT (Enterprise Technology Services)
 - ▶ DAS (Department of Administrative Services)
 - ▶ SDC (State Data Center)
 - ▶ OC&P (Office of Contracts & Procurement)
 - ▶ OIS (Office of Information Services)
 - ▶ DOJ (Department of Justice)
 - ▶ CMS also reviews proposed RFP and contract documents
 - ▶ QA (Quality Assurance)

Oregon Procurement Landscape



Oregon Procurement Landscape



Systems Integrator Approach

▶ **Benefits**

- ▶ Risk Management
- ▶ Reduced Scale of procurement, contract, and vendor management
- ▶ Focused quality assurance
- ▶ Higher probability of desired outcomes

▶ **Drawbacks**

- ▶ Complicated procurement
- ▶ Expands timeframe (but maybe not in reality)
- ▶ Adds to cost (but again, maybe not in reality)
- ▶ Potential reduced vendor participation

Systems Integrator (con't)

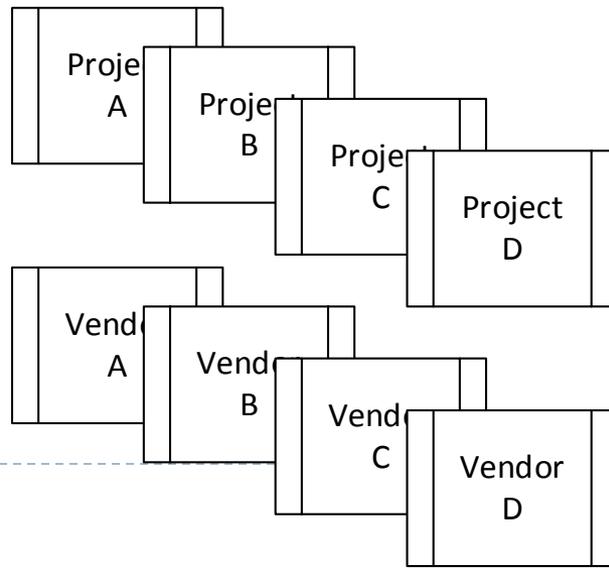
▶ Scope of SI consideration

- ▶ Common Credentialing will proceed on its own procurement path – driven by the legislative startup date
 - ▶ SI could potentially be involved at a later stage – e.g., implementation
- ▶ Technical Assistance is unique and does not involve systems implementation, so it has its own path
- ▶ Provider Directory, Clinical Quality Metrics Registry, and Patient-Provider Attribution are within the scope of a SI procurement
 - ▶ P-PA may not be a project but we will cover it in a SI procurement so that it can be added without an additional RFP process

System Integrator (con't)

- ▶ **Special Procurement option**
 - ▶ Issue an RFI describing the work we are trying to achieve through a procurement;
 - ▶ Use the RFI to engage the vendor community to respond with their ideas and approaches;
 - ▶ Anticipate the process would include questions/responses and probably a meeting or presentation;
 - ▶ Use the responses to craft an RFP solicitation that would be limited to the vendors who responded to the RFI

Portfolio Governance - Context



Project Layer

Vendor Layer



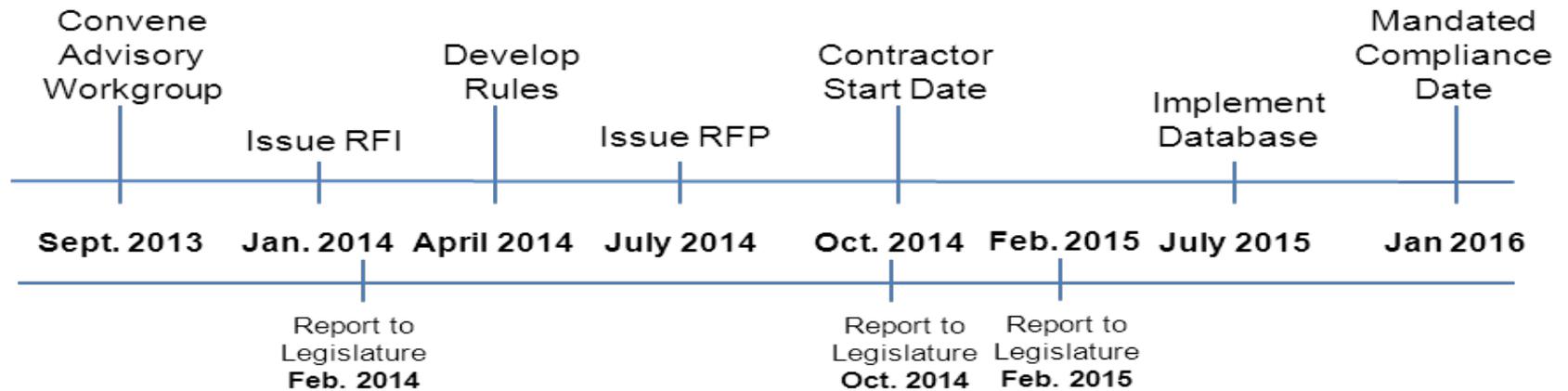
Conclusion

- ▶ Complicated Procurements
- ▶ Challenging timeline
- ▶ Risk Mitigation; especially Systems Integrator
- ▶ Provider Directory bundled with Systems Integrator procurement
- ▶ Timelines are being updated to reflect the SI strategy
- ▶ Questions / Comments

Common Credentialing Update

Melissa Isavoran

Implementation Timeline



Common Credentialing Progress

- Common Credentialing Advisory Group established
- Subject Matter Experts engaged
- Credentialing organizations/health care practitioners defined
- Accrediting entity requirements identified
- Solution functionality identified
- Fee structure principles developed
- RFI released and responses analyzed

Expected Health Care Practitioners

“Health care practitioner” means an individual authorized to practice a profession related to the provision of health care services in Oregon for which the individual must be credentialed. This includes, but is not limited to the following:

- Doctor of Medicine
- Doctor of Osteopathy
- Doctor of Podiatric Medicine
- Physician Assistants
- Oral and Maxillofacial Surgeons
- Dentists
- Acupuncturists
- Audiologists
- Licensed Dietitians
- Licensed Marriage & Family Therapists
- Licensed Professional Counselor
- Psychologist Associate
- Speech Therapists
- Physical Therapists
- Occupational Therapists
- Registered Nurse First Assistant
- Advanced Practice Registered Nurses
- Psychologists
- Licensed Clinical Social Worker
- Optometrist
- Chiropractor
- Naturopathic Physician
- Licensed Massage Therapists

Request for Information Analysis

The RFI was released in January 2014 and closed February 18, 2014. It included assumptions and functionality requirements based on stakeholder input. Responses were received from 12 vendors. Highlights are as follows:

- 11 vendors have well-established, web-based solutions
- Many were either CVOs or partnering with a CVO
- Many of the vendors already have Oregon practitioner data
- All systems were indicated as being completely configurable
- All vendors noted standard and ad hoc reporting capabilities
- All vendors described data quality, security, account management
- All vendors noted capability to perform PSV as required
- Costs and fees were highly variable

Rulemaking Process

Rules have been drafted and will be effective June 30, 2014. Public hearing will be conducted in mid-June. Rules include the following components:

- ▶ Definitions to clarify participants and concepts
- ▶ Practitioner requirements (includes 120 day attestations)
- ▶ HCRB requirements to provide data with waiver option
- ▶ CO requirements to use data (specific waiver language)
- ▶ CCAG governance details (membership, responsibilities)
- ▶ Practitioner information uses
- ▶ Intention to impose fees (will be adjusted later)

Request for Proposal

The RFP is scheduled to be released by July 18, 2014 and should include the following:

- ▶ All functionality requirements based on past efforts, stakeholder input, and legislative directives
- ▶ Ability to meet accrediting entity requirements
- ▶ Administration of the collection of fees as directed by OHA
- ▶ Flexibility and expandability requirements
- ▶ Requirement to work with quality assurance vendor

Stakeholder Outreach

The OHA is currently working on stakeholder outreach:

- ▶ Outreach to health care practitioners can be coordinated through professional associations and HCRBs.
- ▶ Credentialing organizations can be best engaged by identifying robust group forums, such as CCO Medical Director Meetings or forums led by the Oregon Association of Hospitals and Health Systems.
- ▶ Stakeholder outreach will continue through implementation with periodic updates on progress

Implementation

Implementation will include the following:

- ▶ Quality assurance contractor engagement
- ▶ Contract negotiations
- ▶ Quality assurance planning
- ▶ Build out of the solution
- ▶ System testing
- ▶ Policy development and marketing strategies
- ▶ Population by select HCRBs and hopefully practitioners
- ▶ Quality assurance reviews
- ▶ Go live on January 1, 2016

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

www.oregon.gov/OHA/OHPR/CCAG/index.shtml

Vendor Scan Results

Mindy Montgomery, KrySORA LLC

Vendor Scan Scope and Methodology

- ▶ Vendors identified and contacts gathered
 - ▶ Staff, consultants and stakeholders provided input and feedback on who to contact
- ▶ Initial contact made via email and phone
- ▶ Met with responsive vendors at HIMSS and via telephone for 1:1 conversations
 - ▶ All HIE vendors with a major presence in Oregon were contacted
- ▶ Follow-up questionnaire sent to all vendors, received responses from about 75%

Vendor Scan Findings – Provider Directory

- ▶ Some vendors offer a provider directory as we've discussed/envisioned it, however all do not
 - ▶ Federated HPD (F-HPD) is not widely available
 - ▶ Most vendors awaiting the results of the upcoming balloting of the standard before putting it on their roadmaps
 - ▶ Many offer a central provider directory for their solution with the capability to import or export information
 - ▶ Thus far, none of the “traditional” HIE vendors offer any sort of credentialing solution aka the Common Credentialing Solution needed for Oregon
- ▶ **Complexity and capabilities of vendors vary widely**
 - ▶ Address books within their solution, which are not exposable/available to external sources
 - ▶ Directories that pull in “n” data sources, combine, normalize and apply confidence levels to data within a provider's record

Provider Directory Scan – Meeting Your Needs

▶ HIE

- ▶ All can store Direct addresses and other electronic endpoints
- ▶ Stand-alone provider directories would need to be connected via interface or federation

▶ Operations

- ▶ Broad availability of import/export of provider data
- ▶ Matching or merging records is a common feature/function

▶ Analytics

- ▶ Many vendors have true master person indexes (patient and provider information as well as attribution), typically in a more centralized offering
 - ▶ Vendors focused on analytics view the above as a core component, not as a “value add”
-



Vendors Contributing to the Environmental Scan

- ▶ Alere (formerly Wellogic)
- ▶ Cognosante
- ▶ Collective Medical Technologies
- ▶ Covisint/AT&T/Milliman
- ▶ Harris
- ▶ ICA
- ▶ Intersystems
- ▶ Medicity
- ▶ Optum
- ▶ Orion Health
- ▶ RelayHealth
- ▶ Surescripts
- ▶ SAS
- ▶ Truven Health Analytics

Break

“Survey said...”

Karen Hale

Survey discussion

- ▶ **Purpose:**

- ▶ collect workgroup member feedback on the value of the uses for the provider directory
- ▶ assess a handful of high level data governance questions
- ▶ log the importance of certain individual data elements it may contain.

- ▶ **|| total responses**

Provider Directory Uses

Operations

- Use as a single source of truth for provider information, such as licensing, address, and affiliations data

Exchange of Health Information

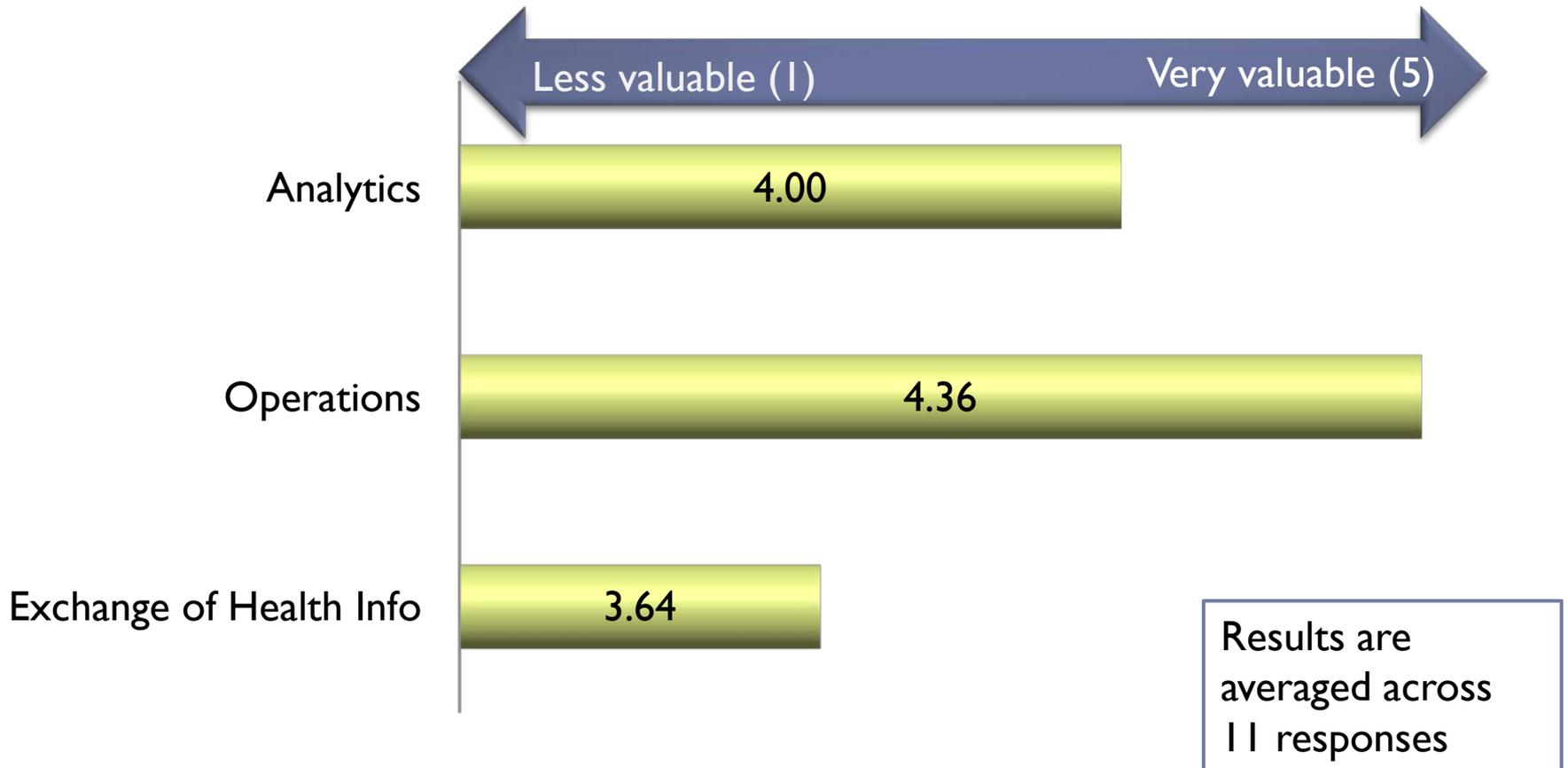
- Locate HIE addresses and provider information outside a system allowing clinical data to be sent to the correct recipient (e.g., referrals)

Analytics

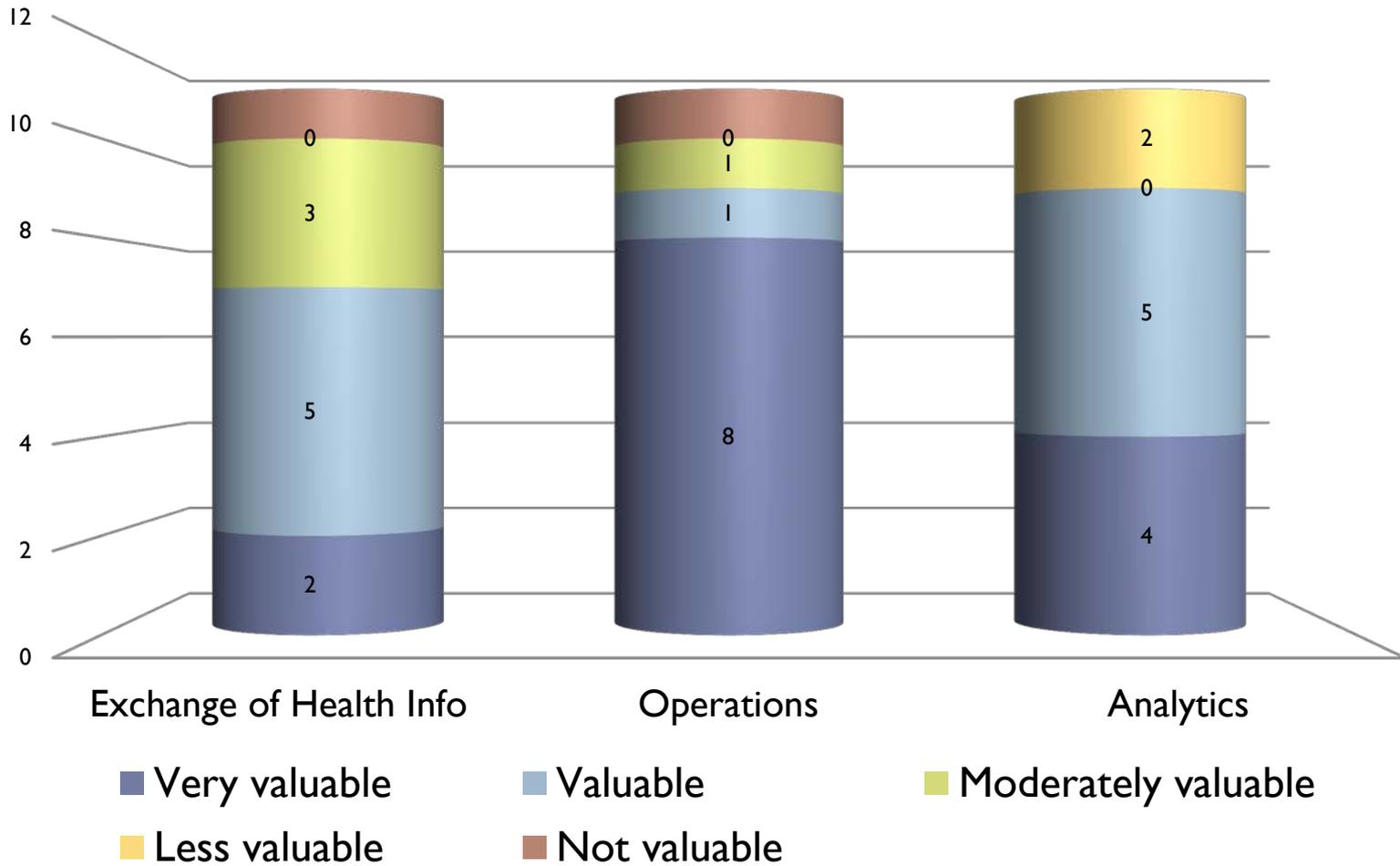
- Access to historical affiliations and other authoritative data for generating outcome data, metrics, and research

Q1 - Value assessment of key uses

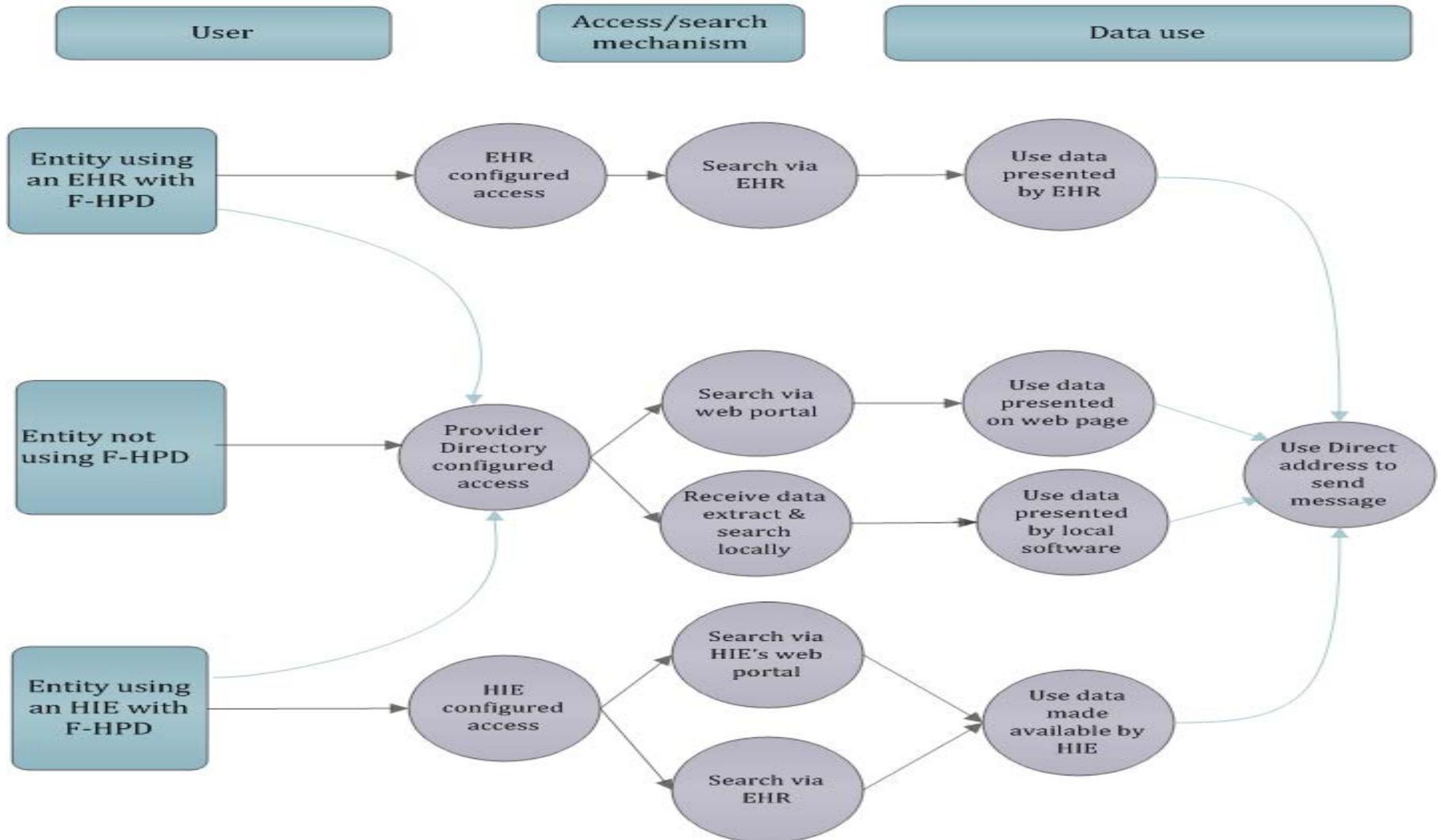
- ▶ Of the three key uses for the provider directory, rank the value to your organization for each use:



Q1 - Value assessment of key uses

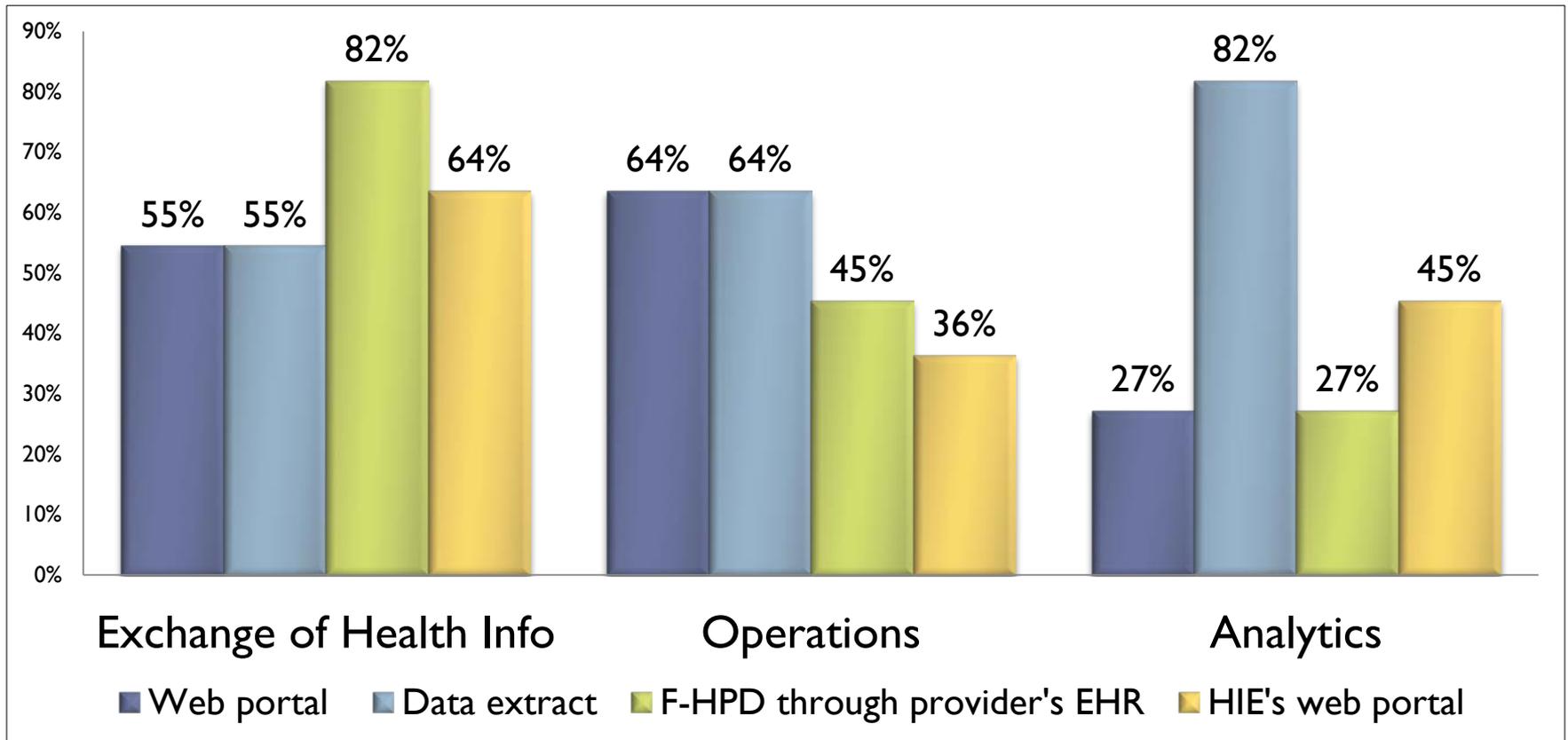


Q2 -Access to Provider Directory Services



Q2 - Access to Provider Directory Services

Of the three key uses for the provider directory, how do you expect you or your organization to access the data?



n=11

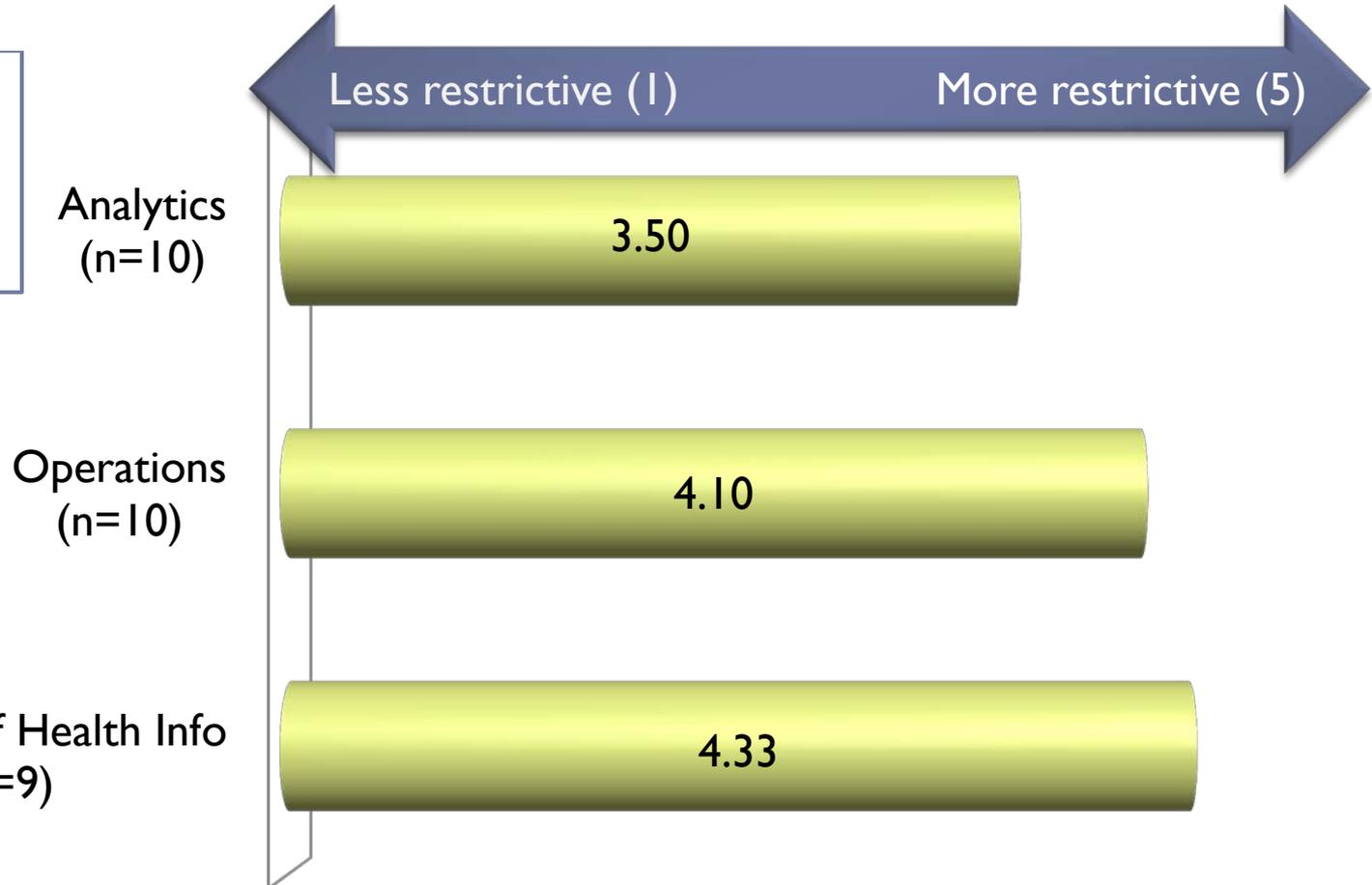
Q3-4 Data contributions

- ▶ Data "in" the provider directory services can come from multiple sources.
- ▶ We expect authoritative data to come from the common credentialing solution but other sources are possible
- ▶ Data and data source quality assessment can reveal whether data and it's source are reliable and trustworthy.
- ▶ The next survey questions apply when data are used from other sources.

Q3 - Tolerance for Data Quality

What would be a general level of tolerance for the quality of the data and data source?

Results are averaged across responses



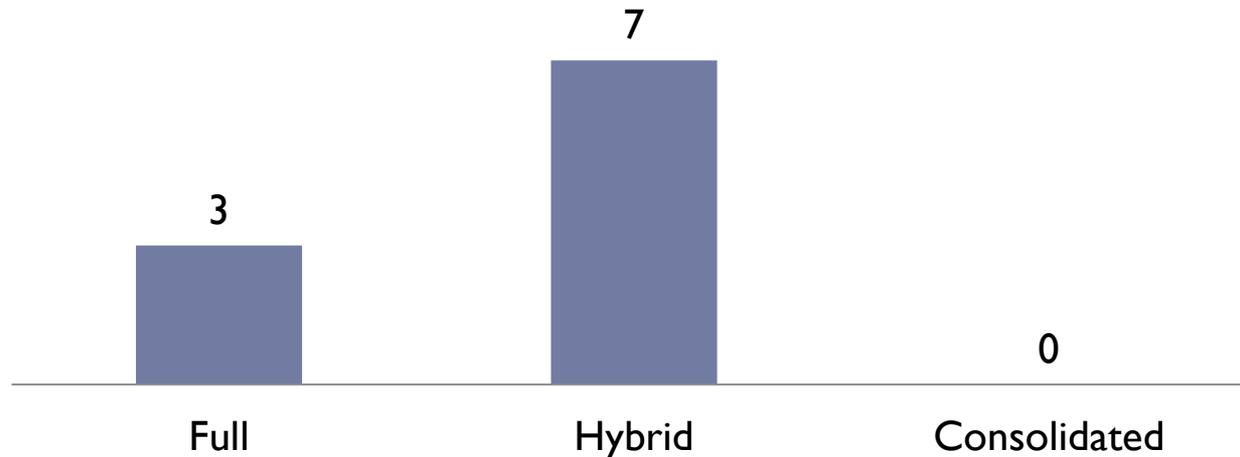
Q4 – Quality data ratings

- ▶ Would you find it helpful if the quality of the data and data source were rated and those ratings were presented to the user to discern?

	Very helpful	Helpful	Moderately helpful	Less helpful	Not helpful
Exchange of Health Info (n=9)	4	3	1	0	1
Operations (n=9)	4	2	1	0	2
Analytics (n=10)	4	3	2	0	1

Bonus Question –Results viewed via web portal

- ▶ What would be most useful to see when results from a search are displayed in the web portal. Options that have been discussed in prior meetings include the following:
 - ▶ Full listing of provider records that meet search criteria
 - ▶ Data are consolidated or normalized based on key identifying criteria that are established for a provider
 - ▶ Combination of both or other ideas (Hybrid)



Data elements

- ▶ Data elements contained in Federated Healthcare Provider Directory standards (F-HPD,) Oregon Practitioner Credentialing Application, (OPCA) and the NCQA standards were cross-walked
- ▶ Respondents were asked to rate the importance of those elements to each use

Based on the data element and use, rate the value or importance of each element:

- 1 - must have
- 2 - nice to have
- 3 - not needed

- ▶ Results are averaged across all responses
- ▶ Values that are less than 1.5 are categorized as “must have”

Must have data elements - HIE

Data Element	Score	Data Element	Score
Provider Name*	1.0	Accepting New Patients*	1.3
Provider Specializations*	1.0	Org. Identifying information (Federal Tax ID, SSN)	1.3
Organizational Name	1.0	Organization Direct Address	1.3
Principle Clinical Specialty, Additional Clinical Practice Specialties	1.1	Credentials name*	1.3
Organization Practice Address*	1.1	Provider phone/fax/email	1.4
Provider Direct Address	1.2	Provider Status	1.4
Provider Practice Address*	1.3	Organization Specializations	1.4
Provider/Organizational Affiliation*	1.3	Credentials status	1.4
Affiliation Status	1.3		

Results (n= 7):	
17 with a value <1.5	2 HPD only elements
7 out of 10 NCQA* elements	1 CC only element
No additional elements noted	

Must have data elements - Operations

Element	Score	Element	Score	Element	Score
Provider Name*	1.0	Provider/Org Affiliation*	1.1	Credentials issue date	1.3
Provider Practice Address*	1.0	Org. specializations	1.1	Org billing contact	1.4
Provider Specializations*	1.0	Provider Board Certification specialty type	1.1	Provider other names	1.4
Org. Name	1.0	Org. ID info	1.1	Provider gender	1.4
Org. Practice Address*	1.0	Org. phone/fax	1.1	Provider alt billing address	1.4
Credentials name*	1.0	Org specializations	1.2	PCP designation	1.4
Credentials status	1.0	Credentials ID	1.2	Org email	1.4
Affiliations status	1.0	Credentials Expiration date	1.2	Org languages	1.4
Provider phone/fax/email	1.1	Provider State/Fed ID	1.3	Credentialing status	1.4
Principle Clinical Specialty	1.1	Provider Languages*	1.3	Accepting new patients*	1.4
Provider status	1.1	Org alt. address	1.3		

Data elements - Operations

Results (n= 9):	
32 with a value <1.5	5 HPD only elements
8 out of 10 NCQA* elements	2 CC only elements
No additional elements noted	

- ▶ With the exception of the provider and organization Direct addresses, all other elements listed that were important to the HIE use case
 - ▶ Provider Direct address had an average value of 1.5 in the operations results

Must have data elements - Analytics

Data Element	Score	Data Element	Score
Provider Specializations*	1.0	Provider status	1.2
Organizational Name	1.0	Credentials name*	1.3
Practice Address*	1.0	Provider Identifying information (Federal Tax ID, SSN)	1.4
Provider/Organizational Affiliation*	1.0	Organization Specializations	1.4
Affiliation Status	1.0	PCPCH designation and tier	1.4
Provider Name*	1.1	Credentials status	1.4
Practice address*	1.1	Affiliation dates – start	1.4
Provider principle clinical specialty	1.1	Affiliation dates – end	1.4
Organization identifying information (federal tax ID)	1.1	Historic affiliations	1.4

Results	
n=8	1 HPD only element
18 with a value <1.5	3 CC only elements
6 out of 10 NCQA* elements	1 element not in either



Comments in survey

- ▶ NPI is critical (other unique identifiers are also helpful)
- ▶ Affiliations are very important, including medical group, IPA membership, hospital referral rights, etc.
 - ▶ Practice address is important for establishing clinic affiliations
- ▶ Standardize information coming in from the common credentialing application.
- ▶ Provider specializations should reference a Taxonomy code.
- ▶ Variety of suggestions for how to organize/display the data in a search result

Survey surprises

- ▶ EHR version, DOB, and office hours were not listed as must have elements
 - ▶ Survey wording?
- ▶ On HIE, Organization NPI (identifying information) listed as a “must have” but not Provider NPI.
 - ▶ Survey formatting?

Data elements synthesis

- ▶ This is a start and not a finished requirements product
 - ▶ Data dictionary will be needed with specific use cases, beyond high level uses
- ▶ Across all uses, the high value elements identify who a provider is, where they practice, their credentials, and their specialty.
- ▶ There are gaps - Not all high value elements are included in both HPD and OPCA (or not at all) under each high level use – e.g.:
 - ▶ Direct addresses for HIE are only in F-HPD
 - ▶ Analytics needs historical affiliations and are only in OPCA



Provider Directory Workgroup Review and Next Steps



Karen Hale

Workgroup role and deliverable

Role

- The provider directory workgroup is 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).
- Participate in five, three hour meetings between February and May 2014

Deliverable

- The workgroup was asked to provide feedback on the key uses of a provider directory including:
 - Value, functions and features
 - Users
 - Data elements and sources
 - Parameters and assumptions
 - Challenges
 - Other considerations

Workgroup Summary Document

- ▶ Your feedback is wanted!
- ▶ Components in summary:
 - ▶ Provider directory background and concept
 - ▶ Provider directory workgroup purpose, members, meeting info, and deliverables
 - ▶ Survey
- ▶ What's missing?

Next steps for the provider directory workgroup

- ▶ **Draft summary documents are ready for your review**
 - ▶ Feedback to Karen by May 23rd
 - ▶ We will let you know when the final document is ready
- ▶ **We will add you to our listserv to receive updates**
 - ▶ Please let us know if you'd like to opt-out
- ▶ **Reserve right to pull you back together as we work through some of the upcoming work 😊**

This is where we're headed...

Spring 2014

- Federal funding request – I-APD
- Business Case for DAS
- Conclude Provider Directory SME Workgroup meetings

Summer 2014

- System Integrator RFI/RFP

Fall 2014

- Begin development of governance model/criteria and policies

Winter 2014-2015

- Finalize contract for system integrator
- Legislative ask authority to provide services outside of Medicaid and charge fees

January 2016

- Common credentialing database and provider directory services are operational



Wrap -up

- ▶ **Feedback on the process**
 - ▶ What worked well?
 - ▶ What could be improved?
 - ▶ What could we do better?

- ▶ **Thank you for your time, sharing your expertise, your engagement in the process**

- ▶ **Feel free to reach out to us if you have any questions or comments**
- ▶ Karen.hale@state.or.us
- ▶ Nicholas.h.kramer@state.or.us
- ▶ Susan.Otter@state.or.us