
Provider Directory Advisory Group Meeting

October 21, 2015



Welcome!

- **Welcome and introductions**
- **Agenda review:**
 - Comments from CAHIE demo
 - PDAG schedule of events 2015-2017
 - Uses “transformation”, data elements discussion
 - Breakouts for discussions and uses wrap-up
 - Break
 - Use case “presentations” to the PDAG
 - Procurement update
 - Common Credentialing update

CAHIE Discussion

- Are there additional follow up items or questions regarding the CAHIE demo last month?
- Comments?

PDAG schedule of events 2015-2017

- Created schedule of where we've been and where we're headed
- Uses recap has been completed for your reference - includes the documentation that was created over the course of the past four meetings
- Areas we've missed? Questions?

PDAG 2016 meeting dates and locations

Date	Location
January 13, 2016	Portland – PSOB Room 1A
February 17, 2016	Wilsonville
March 16, 2016	Portland – PSOB Room 1E
April 13, 2016	Wilsonville
May 18, 2016	Portland – PSOB Room 1E
June 15, 2016	Wilsonville
July 13, 2016	Portland – PSOB Room 1E
August 17, 2016	Wilsonville
September 14, 2016	Portland – PSOB Room 1E
October 12, 2016	Wilsonville
November 16, 2016	Portland – PSOB Room 1E
December 14, 2016	Wilsonville

Uses Transformation Discussion



Uses transformation – “Original” list of 25 uses

List of uses			
1: Integrate CC data	8: PD Validation	14: Contact info/ Care Coordination	20: Network adequacy
2: Integrate HPD directories	9: Accepting new patients	15: Local query contact info	21: System of record (add/edit/delete)
3/4: Integrate State Data/ HIE flat files	10: Medicaid EHR audit	16: Federated contact info	22/23: Report inaccurate data
5: GIS	11: Source of payer info	17: In network search	24: Analytics extract
6: HIE address search	12: Privileging info	18: Practice location analytics	25: Integrate authoritative sources
7: HIE for MU	13: Outcomes and intervention	19: Performance analytics	

New categories of uses based on feedback

- **Class 1 uses** (4*) – Uses that have been prioritized by the PDAG
- **Enabling or core uses** (9) – Uses that are foundational to the provider directory
- **Class 2 uses** (5) – Uses that have been de-prioritized by the PDAG as class 1, but still necessary - some of these uses need more info and analysis
- **“Removed uses”**(6) - Uses that are being combined into other uses/are benefits of the PD/are PD activities that result from PD use cases

*Uses 15 and 16 were combined into one use

Priority Uses – (4)

Uses that have been prioritized by the PDAG

8: Validation data sets

- **Plans #1 use**
- Requires highest level of accuracy

6: Provider searches for DSM addresses

- **HIE #1 use**
- Smaller subset of data sources/elements than broader provider search

15/16: Provider Searches (generally)

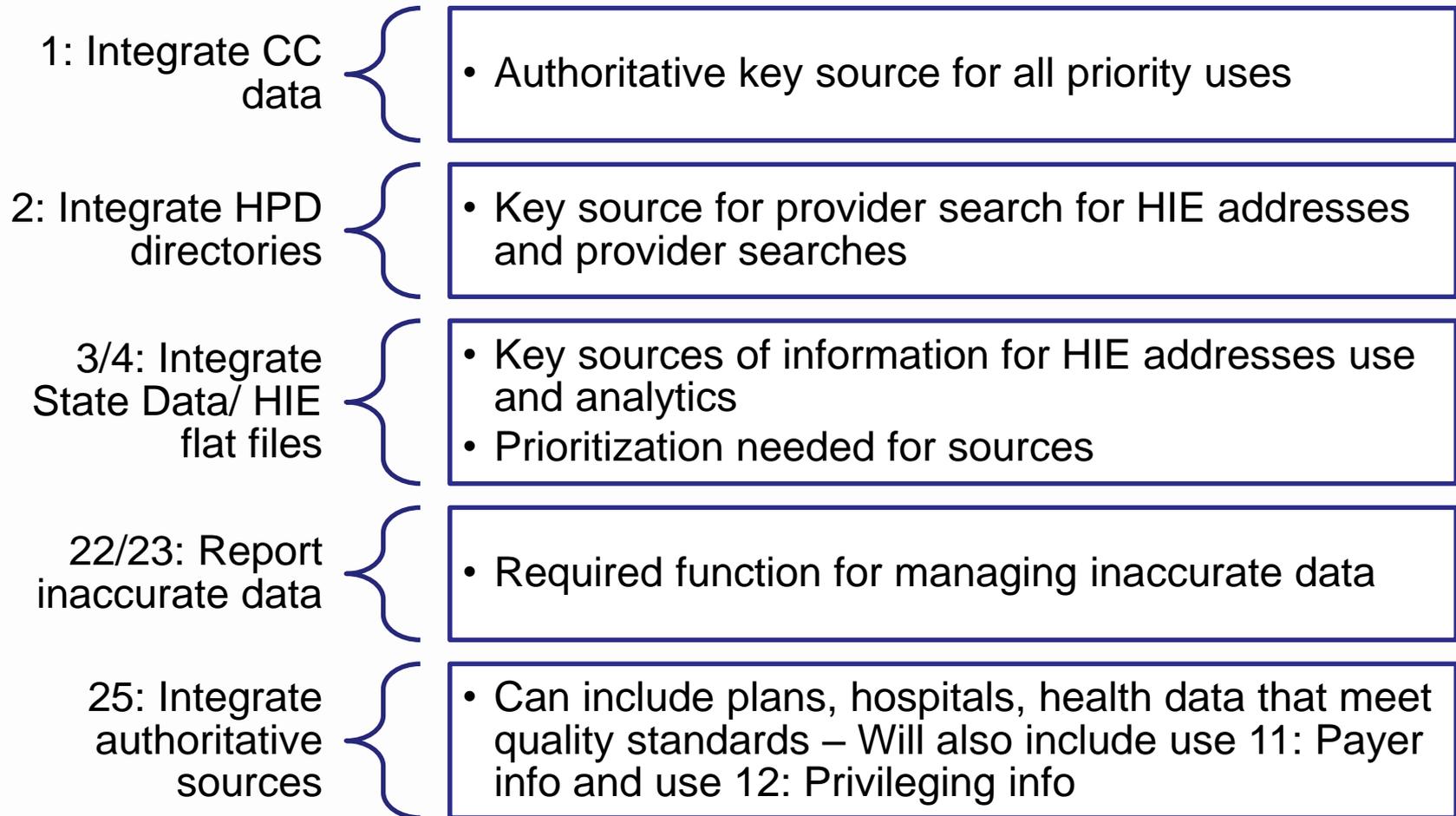
- **Delivery #1 use**
- Can include use 6, represents broader sets of data and users than use 6

24 - Provider data sets for analytics

- **Analytics #1 use**
- Requires historical affiliations data, data validity needs are not as high as use 8

Updated use cases have been completed for PDAG review

Enabling/Core uses – (9)



Updated use cases have been started and will be completed by December 2015.

Removed/integrated uses based on feedback (6)

Uses that were actually “resulting activities”, benefits of having PD data, or very closely linked to another use:

7: HIE for MU	• Part of a provider search and an enabled activity
10: Medicaid EHR audit	• Part of the analytics extract and provider search
13: Outcomes and intervention	• Enabled activity
18: Practice location analytics	• Enabled activity
19: Performance analytics	• Enabled activity
14: Contact info/ Care Coordination	• Enabled activity

These have been incorporated into the existing use cases

Phase 2 uses (5)

Uses that have been de-prioritized by the PDAG as class 1, but still necessary

5: GIS	<ul style="list-style-type: none">• Not prioritized in ranking
9: Accepting new patients	<ul style="list-style-type: none">• Important but difficult
17: In network search	<ul style="list-style-type: none">• Feasible for the provider directory?
20: Network adequacy	<ul style="list-style-type: none">• More of an enabled activity – but more analysis is needed
21: System of record (add/edit/delete)	<ul style="list-style-type: none">• Needs more analysis and agreement

Updated use cases will need to be completed but may need to be done outside regular PDAG meetings

Refining uses exercises – new structure

Old use structure

- Use case
- Likely users
- Assumptions
- Precursor uses
- Affiliated uses
- Expected results

New use structure

- Updated Use case wording
- Updated likely users
- Common assumptions
- Assumptions specific to the use
- **Data elements**
- Data sources
- Context diagram
- Updated results

Parking lot was also created

Data elements to include – ‘Must Have’ (ranking <2) from August homework exercises

Source common credentialing		
Addresses (o)(p)	Email (p)	Phone (p)
Affiliations (p)	Gender (p)	Status (o)(p) ✓
Affiliations – start and end dates	Identifiers (o)(p)	PCP designation (p)
Contact info (o)	Specialty (p)	Type (o) ✓
Credentials (o)(p)✓	Name (o)(p)	Type (p) ✓
Source – HPD or other known		
Secure messaging info (p)	Secure messaging info (o)	Specialty (o)
Languages (o)/(p)	EHR (p) – vendor and version	
Source – not known		
Accepting new patients (o)/(p)	Hours of Operation (o)/(p)	Nights/weekends flag (p)
Practice info (p)	Philosophy of care (p)	

✓	Primary Source Verified
Bold	< 1.5 ranking
o	organization
p	provider



Data elements to (not) include or are nice to have

Nice (≥ 2 and < 2.5)

- Nights and weekends flag (o)
- CCO affiliation (p)
- Historic relationships (p)
- Date of birth
- PCPCH designation and tier
- FQHC flag

Not needed (> 2.5)

- SSN
- Home address

Group discussion question:
PDAG reactions to the list?

High level of accuracy ≤ 1.5 for “must have” data

Must be accurate, not Primary Source Verified

- Accepting new patients - Org
- Address – Org and provider
- Identifiers – Org and provider
- Name - Org and provider
- Org contact info
- Provider email address
- Provider phone
- Provider relationships (including CCO affiliation)
- PCP designation
- Specialty - Org and provider
- Secure messaging info - Org and provider

Group discussion questions:

Which ones **MUST** have a high accuracy rate?

What type of verification would be acceptable?

Proposed “Phase 1” – Class 1 uses and functions

Phase 2- TBD

Next phases?

System Capabilities	Web portal, F-HPD capability Hub to connect HPD directories, flat-file interfacing (importing data and exporting data files)	User interface for practitioner to enter their “own” data?	TBD
Data source Integrations and connections	Common credentialing F-HPD provider directories OHA sources – highest ranked	Updated, modified data model to accommodate	TBD
Uses	Class 1 uses: A. Provider data sets for analytics (24) B. Provider searches (15/16) C. Provider searches for DSM addresses (6) D. Validation data sets (8)	Class 2 uses: A. GIS (5) B. Accepting new patients (9) C. In-network search (17) D. Network adequacy (20) E. System of record (add/edit/delete) (21)	TBD
Users	Depends on use	Depends on use	TBD
Program activities	Onboarding users and data contributors Data reconciliation/validation User support Outreach and training	More of the same, potentially more data sources	TBD

Next steps for phasing

- Complete refining of use cases – today
- Continue to document questions in “parking lot”
- Consult with Healthtech in coming months
- Review with Harris, system integrator
- Demo provider directory products and solutions
- Work with vendor and Harris to establish phasing approaches and content

Group discussions

- Write your name on your assigned use case and worksheet:
 - Plans - Validation data sets (8)
 - HIE - Provider searches for DSM addresses (6)
 - Analytics - Provider data sets for analytics (24)
 - Delivery - Provider searches (15/16)
- Groups will have 30 minutes to review the use case sections and work through the questions
- Select a presenter from your group - after the break, each group will walk through/present their priority use to the broader PDAG

Break

The logo for the Oregon Health Authority is centered within a light blue, curved banner. The word "Oregon" is written in a smaller, orange, serif font above the "Health" portion of the logo. The word "Health" is written in a large, dark blue, serif font. Below "Health", the word "Authority" is written in a smaller, orange, serif font. A thin horizontal line is positioned below the "Health" text, extending from the left edge of the banner to the right edge of the "Authority" text.

Oregon
Health
Authority

Group presentations and uses discussion

The logo for the Oregon Health Authority is centered within a light blue, curved banner. It features the word "Oregon" in a smaller, orange, serif font positioned above the "Health" part of the word "Health Authority". The word "Health" is in a large, dark blue, serif font, and "Authority" is in a smaller, orange, serif font positioned below it. A thin blue horizontal line is located just above the "Authority" text.

Oregon
Health
Authority

Procurement Updates

Rachel Ostroy
Implementation Director



Upcoming Milestones

23

October

- Complete Harris contract negotiations
- Portfolio Stage Gate 3 submission
 - System integrator requirements
 - Statement of work
 - Project Management Plan
- Contract execution
- CSG Contract amendment for additional scope

November

- Harris begins planning phase

January

- Common Credentialing RFP

Common Credentialing Updates

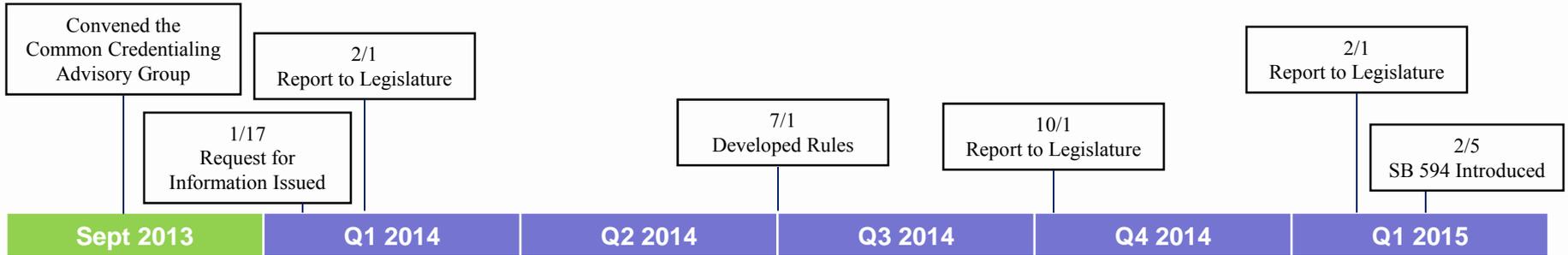
Melissa Isavoran
Credentialing Project Director



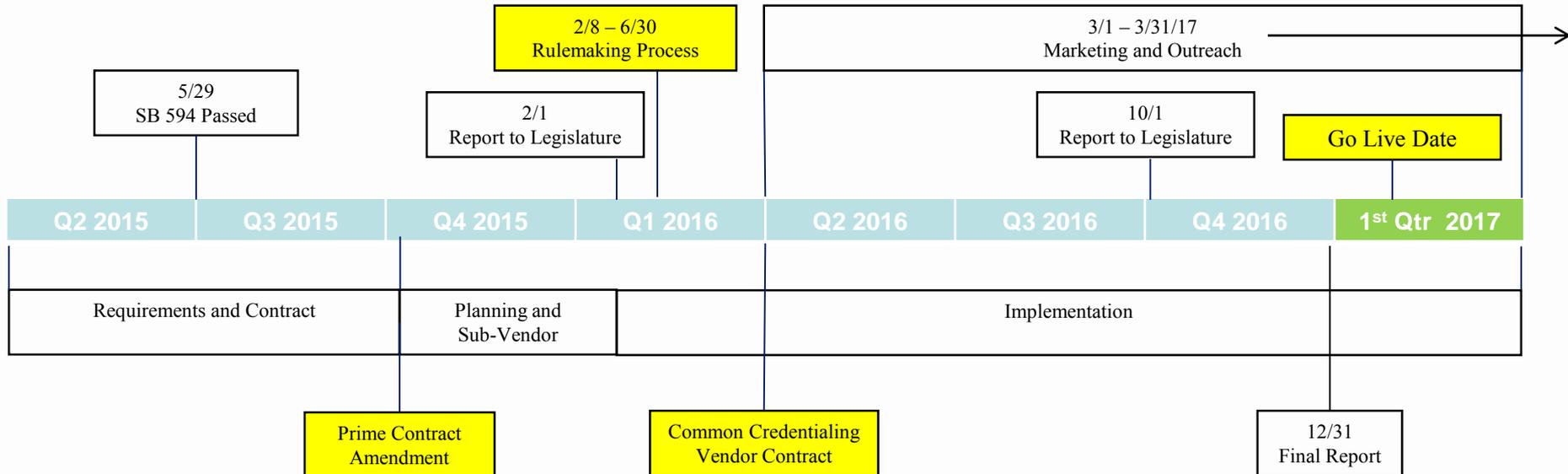
Current progress

- **Advisory Committee on Physician Credentialing Information**
 - Committee developed form recommendations that will be brought to the CCAG for review in November (form to be solution template)
- **Use Case Development**
 - High-level use cases finalized and shared with the CCAG
- **Fee structure development**
 - Utilizing fee structure principles; option and considerations
 - Identifying logistics for tiered set-up fees
- **Provider data alignment discussions**
 - Discussions with stakeholder on exploring the value of additional data collection through common credentialing.
 - Considerations should include value vs. complexity

Timeline for the Oregon Common Credentialing Program (OCCP)



Development & Implementation Plan



CCAG Implementation Involvement

- Communications Plan Discussion
- Credentialing Form Changes Review
- Prime Vendor Meet and Greet
- CC Vendor Demonstration Participation
- CC Vendor Meet and Greet
- Final Fee Structure Discussions
- Rule Changes Review
- Accrediting Entity Follow-Up
- Outreach & Marketing Strategy and Materials Review
- CC Vendor Progress Updates

Closing

Karen Hale

