

**Provider Directory Advisory Group  
Meeting Summary – November 18, 2015**

Advisory group members in attendance	Advisory group members not in attendance
Gina Bianco Christopher Boyd MaryKaye Brady Monica Clark Peter Graven (filling in for Stephanie Renfro) Liz Hubert, Co-chair Martin Martinez Maggie Mellon Jessica Perak Bob Power, Co-chair	Mary Dallas, MD Laura McKeane Kelly Keith Hongcheng Zhao
	OHA staff and consultants
	Wendy Demers Karen Hale Melissa Isavoran Tyler Lamberts Jason Miranda Crystal Nielson

**Welcome, introductions, and agenda review (slide 1-2)**

Karen Hale, Lead Policy Analyst for the Provider Director (PD) project welcomed everyone to the meeting. She then introduced Peter Graven, Health Economist from the OHSU Center for Health Systems Effectiveness, who will be filling in for Stephanie Renfro over the next few months.

**Group Presentations (slide 6)**

Each breakout group presented their use case to the rest of the meeting attendees. Details of each use case can be found in the materials. The four use cases discussed were:

- Use Case 6 – Provider searches for Direct secure messaging (DSM) addresses
  - Presented by Monica Clark
- Use Case 8 – Validation data sets
  - Presented by Liz Hubert
- Use Case 15 – Provider search
  - Presented by Maggie Mellon
- Use Case 24 – Provider data sets for analytics
  - Presented by Peter Graven

The presenters highlighted needs specific to their use case as well as similarities to other use cases. They also discussed recent changes/updates made to the use case and answered questions from the rest of the group.

### Clinical Quality Metrics Registry presentation (slides 7-22)

Crystal Nielson, Lead Policy Analyst for the Clinical Quality Metrics Registry (CQMR) project began her presentation by giving an overview and background about how the Coordinated Care Organization (CCO) Metrics Set was identified by the Metrics and Scoring Committee. She then talked to the group about how there are three measures included in the initial CCO Metric Set that are based on clinical data. She explained that the EHR incentive measures currently being collective are:

- NQF 0418 Screening for Clinical Depression and Follow-up Plan
- NQF 0059 Diabetes Poor Control
- NQF 0018 Controlling Hypertension

Next Crystal spoke with the group about the reporting requirements for collecting electronic clinical quality measures (eQMs). She also described how incentive payments were made to the CCOs for Year One (inclusive of data for 2012) and Year Two (inclusive data for 2013) of the program upon the approval of pre-submission documents. She highlighted the fact that Year Three (inclusive of data for 2014) is the first year that there will not be a pay-for-reporting component, and that all payments will be performance based. Crystal then showed the group the *CCO EHR-Based Measures: Reporting Parameters by Program* visual (found on slide 15) and described the incremental approach of the program. She walked through the parameters of population threshold, format, data aggregations, and frequency of submissions for program years one through five. The current submission process was also discussed.

Crystal then moved into an overview of the CQMR and spoke about what the technology will include, the emphasis on functionality, and the aim of aligning with the standards utilized by ONC certified Health IT for the reporting of CQM data. She described who will be submitting data to the CQMR, what programs will be supported by it, and the future vision of enabling a 'report once' strategy that could streamline reporting efforts while reducing reporting burden and duplicative submissions.

Lastly Crystal explained how it is anticipated that the CQMR will be a data source for the Provider Directory – and possibly vice versa. She also noted that a number of the data fields that will be collected within the CQMR relate to provider demographics. However, she also pointed out that the timeliness of the data could be a barrier for use with the Provider Directory since submissions will take place annually, or perhaps quarterly in the future.

### Procurement Updates (slide 24-25)

Rachel Ostroy, Implementation Director, reviewed the Health IT portfolio upcoming milestones and timeline with the group for the time period of fall 2015 to summer 2016. She noted that the project is currently awaiting approvals from the Department of Justice and the Department of Administrative Services Chief Information Officer in order for the contract amendment with Harris (the systems integrator for Health IT portfolio) to be signed. Rachel also explained that when Harris has been on boarded that they will begin their work by reviewing the request of proposal requirements for the Provider Directory, the Common Credentialing Solution, and the CQMR. Another early task for Harris will be conducting a market analysis specific to each of the three projects within the Health IT portfolio.

### **Common Credentialing Updates (slides 26-28)**

Melissa Isavoran, Lead Policy Analyst for the Common Credentialing project, shared an update about the current progress with the project. She noted that the Advisory Committee on Physician Credentialing Information is bringing forward non-substantive changes to the Common Credentialing Advisory Group (CCAG) at their meeting on November 20<sup>th</sup>, and that no negative feedback is expected from the group. She also talked with the group about how legislation surrounding delegation agreements could impact program viability, the continued work surrounding fee structure development, as well as the discussions happening about provider data alignment. Lastly Melissa presented the program timeline to the group for the time period of September 2013 through spring 2017, when the solution is projected to go live.

### **Fees Orientation (slides 29-44)**

Melissa then began an overview of the fee authority of the Oregon Common Credentialing Program (OCCP). She gave details about the current fee structure as well as the fee structure development process, principles, and the fee structure options that have been explored by the project team and the Common Credentialing Advisory Group. She continued by talking about the next steps for fee structure development, including the development of credentialing organization fee structure tiers, going through the rulemaking advisory committee, and gaining approval from the legislature in 2017.

Karen shifted topics by explaining the difference with establishing a fee structure for the Provider Directory, sharing with the group that the two projects have different funding sources. She also highlighted the fact that the Request for Information (RFI) responses were quite varied when it came to the projected cost for implementing and maintaining the Provider Directory. She let the group know that the project team will be working to develop high level fee structure principles so that PDAG can begin discussing and exploring the fee structure development process.

*The rest of the fees orientation and discussion was postponed until the next meeting because of time constraints.*

### **Wrap Up and Next Steps (slides 45-48)**

Karen explained that the next meeting will focus on an in depth fee structure conversation. All group members were encouraged to 'bring a friend' – someone in their organization who is familiar with the topic area. Additionally, she let the group know that Nikki Vlandis had to step down from PDAG because she will be moving to a new position with a different organization. Karen noted that a joint call for nominations email will go out soon, as PDAG current has one vacancy and CCAG currently has three vacancies.

The next meeting will take place on December 16<sup>th</sup> in Wilsonville.