

**Provider Directory Advisory Group  
Meeting Summary – December 16, 2015**

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

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

Karen Hale, Lead Policy Analyst for the Provider Directory (PD) project welcomed everyone to the meeting. She then introduced Patricia Biggs of HealthTech Solutions (Health IT consulting group to the Office of Health IT) who attended the meeting by phone.

**Updates (slide 3-7)**

*Standards Matrix*

Tyler Lamberts, Business Analyst for the Provider Directory (PD) Project shared the Provider Directory Standards Matrix document with the group. She reminded them that much of the information came from exercise four from the August homework the group completed. She explained that over the last few months, analysis had been done of the agencies/organizations in the matrix to better understand the data being collected and the frequency of updates. Tyler pointed out to the group that the sources were listed at the bottom of the document, and that this was a living document with changes expected as information becomes available. Next, she highlighted that the goal of this work was to understand any gaps between the data feeds and to be aware of any other important pieces that should be considered with the Provider Directory project. She invited the group to make comments and ask questions about the information and encouraged them to let the Provider Directory team know if any other agencies/organizations should be evaluated and included in the standards matrix.

*HIT Procurement*

Rachel Ostroy, Implementation Director, announced that the contract with Harris (the systems integrator for the Health IT portfolio) was executed today. She explained that Harris will begin preliminary planning over the next few weeks. She also shared that they will be onsite with the Office of Health IT the first or second week of January to start scheduling the tasks that were included in scope of work as per the contract amendment. She highlighted that one early task for Harris will be to conduct a market analysis specific to each of the three projects within the Health IT portfolio. Rachel then explained that their work plan has the Provider Directory Request for Proposal

(RFP) slated to be released in month four of their work (April 2016). Lastly she noted that Harris will attend the January PDAG meeting either in person or over the phone. Karen then told the group that she would send them a 2-pager with a list of items from the Statement of Work for Harris.

### *Common Credentialing*

Melissa Isavoran, Lead Policy Analyst for the Common Credentialing project, shared an update about the project. She explained that there are discussions taking place about whether delegation agreements and the credentialing decision should be tracked within the Common Credentialing solution. Next, she shared that she is having deeper dive conversations with practitioners about the value and complexity of this topic. She also noted that fee structure development work was continuing regarding the logistics for tiered set-up fees. Lastly, Melissa reminded the group that the Common Credentialing Advisory Group (CCAG) is collecting applications for three additional members and that the nominations will be collected until Friday, December 18<sup>th</sup>.

### **Fees Discussion (slides 8-35)**

Karen then shared information about the fee structure development for both the Provider Directory and the Common Credentialing projects. She talked about the inconsistency in costs that resulted from the 2014 Request for Information (RFI) for the Provider Directory project and the 2013 RFI for the Common Credentialing project. Next, she shared the fee definitions as well as the access level definitions that were developed with assistance from KrySORA, former HIT/HIE consultants to the Office of Health IT.

Karen then described the work ahead for the group related to fees, including the current state of provider directory fees and costs, the development of fee principles that incorporate best practices, the continuation of fee structure development, and the development of fee structure options and considerations. She explained that within this body of work the group will be identifying the benefits, challenges, and considerations for the different fee structure options.

For further details related to the fees discussion please reference the “PDAG State of PD Costs Notes” for additional details related to the fees discussion. After the fees discussion the group confirmed that when thinking about what costs will change with the use of the statewide Provider Directory for the top identified use cases, it will be dependent upon what changes result from the implementation of the Common Credentialing solution.

Next Melissa reviewed the Common Credentialing Fee Structure Principles with the group. Questions were raised by the group about how the Common Credentialing solution plans to charge tiered fees and transactional fees. In response to these questions Melissa described the methodology the CCAG group used for establishing their fee structure model.

Next Karen moved into discussion the fee structure principles for the Provider Directory (refer to the ‘Fee Structure Principle’ document). Group members provided feedback and suggestions about the fee structure principles, and Karen noted that she would make the needed updates and bring the fee principles back to the group at the next meeting.

### **PreManage Presentation (slides 36-45)**

Justin Keller, Lead Policy Analyst for EDIE/PreManage, started by giving a high-level overview of the rationale for the Emergency Department Information Exchange (EDIE) as well as background about the real-time alerts to hospitals for high utilizers of emergency department (ED) services. He highlighted that all 59 hospitals in Oregon are connected with EDIE and that the hospitals in Washington are also included in this network. He also shared that the vendor plans to expand services to California as well as other states in the future. Justin then explained the workflow for EDIE and the pre-defined criteria for notifications.

Next, he talked with the group about PreManage – a complimentary product to EDIE for health plans, Coordinated Care Organizations (CCOs), clinics, care managers, etc. Justin explained how the goal is to provide these additional groups access to EDIE data to better manage patients and that this is a subscription-based product where users define their own member/patient population. He also shared highlights about PreManage, including the fact that 75% of CCOs have engaged with CMT (the PreManage Vendor) noting that seven CCOs are live, two are in process, and two are in discussions. He explained that more clinics and key practices are getting online with PreManage, sharing that the expansion of this tool is growing quickly. He also touched on the Assertive Community Treatment (ACT) Pilots as well as the OHA Statewide Medicaid Subscription.

Justin then spoke about the impact of EDIE/PreManage and the very positive response that has been received from ED physicians and hospital staff. He commented about the real-time interventions that are resulting from these tools and how this is making a significant impact on the lives of high-risk patients. He also talked about how care guidelines are ramping up and that coordination between hospitals and primary care clinics is improving.

Lastly Justin discussed the data limitations of EDIE/PreManage and the fact that Admit, Discharge, Transfer (ADT) messages are inconsistent in how they are filled out by hospitals. He also noted that concerns have been raised about the accuracy and timeliness of provider information contained in EDIE/PreManage. Justin also explained that the data is “broad but narrow” in that it contains high level demographics and utilization information only.

### **Wrap Up and Next Steps (slide 46)**

Karen noted that internal meetings had been taking place with a number of DHS/OHA staff about data feeds/sources for the Provider Directory. She explained that meetings started this week and that they will continue into January and that she plans to bring the learnings from these conversations back to the group at the next PDAG meeting.

Next Karen asked for public comment; there was none in the room or on the phone.

The next meeting will take place on January 13<sup>th</sup> in Portland.