Planning Discussion

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Provider Directory uses

Use Cases

- **Operations**:
  - Access trusted provider information to validate local directory information
  - Find contact information on providers and locations where they practice
  - Meet regulations (e.g., Medicare Advantage, Medicaid Managed Care)
- **Health Information Exchange:**
  - Access to Direct secure messaging (DSM) addresses and other related information to enable sending patient information electronically
  - Meet Meaningful Use/Advancing Care Information measures
- **Analytics**:
  - Access to current and historical provider information to support research, analysis of claims, and quality improvement efforts

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Provider Directory draft "Maturity" timeline

Go-live (Aug 2018)

- 4 data sources (CC, MMIS, NPPES, DSM Flat-file)
  - Minimal CC data
- New users/new program, Data quality may not be as high
- Developing lessons learned
- Establishing benchmarks and setting targets for data quality, completeness, and data stewardship

Mid 2019

- More data sources (DSN tables, EHR Incentive Program, PCPCH, Providers/ delegates)
- More CC data are available
- Improving data quality
- Program is stabilizing
- Working towards meeting targets for data quality, completeness, and data stewardship

Late 2019

- All data sources are included
- Data are complete
- Data quality and processes are mature
- Meeting targets for data quality, completeness, and data stewardship

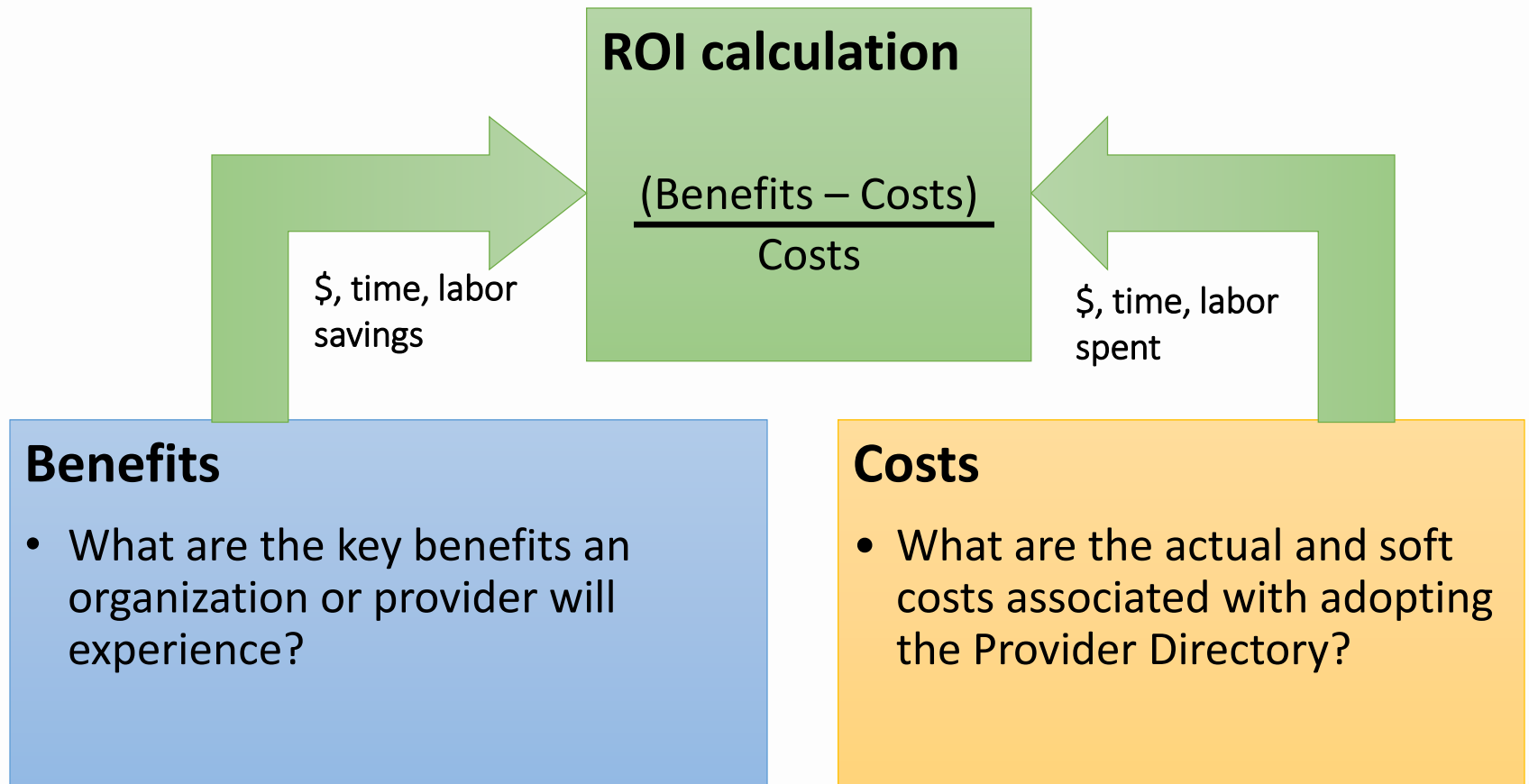# Go-Live (Aug 2018) data sources

Data Source	Description
Common Credentialing	- Data on 26 types of est. 55k practitioners - Contains data elements in the Oregon Practitioner Credentialing Application (OPCA) - Data are primary source verified - Practitioners affirm data is correct/make changes every 120 days - Early adoption Jul – Oct 2018; Go-live in November 2018
MMIS	- Data on 90 types of estimated 80K Medicaid enrolled providers - Primary source of who is an OR Medicaid provider (Medicaid ID)
HIEs/clinics	Direct Secure Messaging and contact information for ~15,000 providers (with and/or without NPIs) and organizations
NPPES	Practitioner name/NPI data on HIPAA covered health care providers or those that bill Medicare

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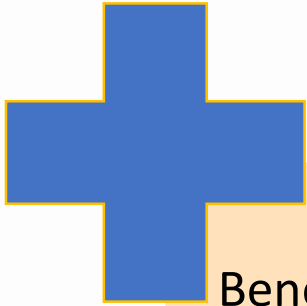# Subsequent data sources (under construction)

Data Source	Description
CCO network tables	• Affiliations of providers and clinics to 16 Coordinated Care Organizations (CCOs) • Also includes demographic information, whether the provider is accepting new patients, and languages
EHR Incentive Programs	• Data from the Medicaid and Medicare EHR Incentive Programs including stage of meaningful use (MU), participation dates, and EHR vendor information (note: unclear what data from the Quality Payment Program will be available) • Will also contain address information and some demographic information
Patient Centered Primary Care Home	• Data listing which providers are in which PCPCH • Over 600 PCPCH clinics
Public Health	• Data on hospital and facility licensing from Health Care Regulation and Quality Improvement (HCRQI) • Other potential sources such as registries under review
PECOS, All Payer All Claims, and Premanage	• TBD: Will be reviewed for inclusion
Providers and their delegates	• TBD • May also include endpoints needed for health information exchange

Value analysis and return on investment (ROI)

Informs adoption planning and communications strategy

ROI calculation

$$\frac{(\text{Benefits} - \text{Costs})}{\text{Costs}}$$

$, time, labor savings

$, time, labor spent

Benefits

- What are the key benefits an organization or provider will experience?

Costs

- What are the actual and soft costs associated with adopting the Provider Directory?

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Benefits and costs examples

Benefits

- Data of the highest quality
- One place to get information
- Reduces provider burden
- Improved ability to meet provider directory regulations
- Reduces administrative inefficiencies and duplicative efforts

Costs

- Costs to integrate into a local solution or workflow
- Administrative staff costs
- Fees
- IT and executive buy-in
- Change management

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Non-quantifiable factors and considerations

Other positive benefits

- Get access to data not previously available
- Providers are able to spend more time treating patients and less time on administrative processes

Concerns/Roadblocks

- Change management
- Other competing priorities and programs
- Not a mandate

Timing/Maturity of Provider Directory

- Provider Directory may not have all providers/data elements in the directory needed to support a given use case out of the gate

Small groups breakout session

What are the key benefits for using the Provider Directory?		What costs are associated with adopting the Provider Directory?	
Benefits	**Ways to quantify**	**Costs**	**Ways to quantify**
What are other considerations/concerns to address?		If applicable, what are ways to resolve concerns?	
Put a ∗ by the most important benefits, costs, and considerations			
Where do you see your organization in the adoption timeline			

Aug 2018 — Go live — Mid 2019 — More data — Late 2019 — Fully implemented