



Logistics:	Call in: 1-888-808-6929 Host and Member Code: 514237	Webinar access: https://attendee.gotoweinar.com/register/3107654534169549313
-------------------	---	--

PDAG Members		
Name	Title	Organization
Gina Bianco	Acting Director	Jefferson HIE
Christopher Boyd	Data Analyst Supervisor	Women’s Healthcare Associates
MaryKay Brady	Consultant	Oregon Medical Association
Monica Clark	Business Systems Analyst	Kaiser Permanente
Mary Dallas, MD	Chief Medical Information Officer	St. Charles Health System
Liz Hubert*	Asst. Director Provider Systems & Strategy	Regence Blue Cross Blue Shield
Martin Martinez	Vice President IT	PacificSource
Laura McKeane	Oral Health Integration Coordinator	AllCare
Maggie Mellon	Senior Digital Product Manager	Providence Health & Services
Kelly Keith	IT Admin	Greater Oregon Behavioral Health
Jessica Perak	Manager, Provider Analytics, Underwriting & Actuarial	Moda
Robert Power*	VP-Chief Information Officer	Samaritan Health Services
Stephanie Renfro	Research Associate	OHSU Center for Health Systems Effectiveness
Nikki Vlandis	Provider Data Mgmt. and Credentialing	FamilyCare
Hongcheng Zhao	CIO	Portland IPA
*Co-chair		

OHA Staff and Contractors		
Wendy Demers	Nick Kramer	Laureen O’Brien
Karen Hale	Sharon Wentz	Rachel Ostroy
Melissa Isavoran	Jason Miranda	Susan Otter

AGENDA ITEMS

#	Agenda Item	Item Presenter	Time
1	Welcome, agenda review, uses recap	Karen Hale	20 min
2	Group breakout sessions	Groups	60 min
3	Break		10 min
6	Group breakout sessions – part two	Groups	55 min
7	Group discussion (full)	Groups	30 min
8	Wrap up and next steps	Karen Hale	5 min

MEETING MATERIALS

1	Agenda
2	PDAG use case definition exercise

Contents

Instructions for group breakouts	1
Justification matrix exercise.....	2
State source ranking – health plans and analytics.....	12
Provider directory regulations/standards.....	13

Instructions for group breakouts

Subgroups will spend 1 hour to work through completing task 1 (and it's subcomponents)

Each subgroup will have an assigned facilitator and scribe

Subgroups need to select a speaker who will present the group's discussion points to the broader PDAG

After the break, groups will reconvene and tackle task 2

Task 1 – All subgroups complete Justification exercise from last meeting (Analytics and Plans see additional tasks) 40 minutes

- Complete a justification exercise for each of the ranked use cases. Start with ones with highest priority. A draft data element comparison sheet "DataElements" is available for you to consider data elements that are available. Areas to address include:
 - 1) What is the current (as-is) state? (e.g., how is this being done today, problems, issues, federal or state policies that apply, who (types of staff are involved)
 - 2) What is the future (to be) state? (e.g., how will this change how this is being done today, how will it be accessed)
 - 3) What are the potential challenges?
 - 4) What are the potential benefits? (e.g., cost savings, other benefits)
- Pick a spokesperson - Subgroups will present their top ranked use to the broader PDAG

Additional task – Health Plans only – identify provider directory standards and regulations to research and map

Additional task - Health plans and analytics groups - review state data sources; prioritize

Group discussion – each group will present their top ranked use to the broader PDAG - 20 minutes

Task 2 – Use Cases - 55 minutes

Groups will combine to form 2 groups (HIE and Delivery/Analytics and Plans). They will discuss the revised wording of the use cases for the top uses that were identified which is identified with an "x" in the applicable column.

Questions to answer:

- 1) Use Case column: Is the wording accurate? Does wording need to be added? Is it clear?
- 2) Likely users: are the likely users correct?
- 3) Preconditions column: What are the preconditions that must be in place in order for the use case to begin (e.g., must have validated data, must have an extract functionality enabled, etc.)?
- 4) Post conditions column: What do you expect to get after the use case is complete?
- 5) Questions for PDAG: Are there questions that the group can answer for us?

Bonus: after the review, new thoughts on which use case(s) should be implemented “right out of the gate”

Group discussion (30 minutes) : each group will present their findings to the broader PDAG for their top use; any other insights to share or other uses that competed for a top use may also be shared

Justification matrix exercise – complete for 5 uses



Facilitators will work with group by engaging the group and asking questions to complete the matrix

- 1) What is the current (as-is) state? (e.g., how is this being done today, problems, issues, federal or state policies that apply, who (types of staff are involved)
- 2) What is the future (to be) state? (e.g., how will this change how this is being done today, how will it be accessed)
- 3) What are the potential challenges?
- 4) What are the potential benefits? (e.g., cost savings, other benefits)

Use case (What)	Likely users (Who)	Preconditions/assumptions	Post-conditions	Questions for PDAG to consider	Analytics	Delivery	Plans	HIE
<p><u>Integrate Common Credentialing data:</u> A Statewide Provider Directory will serve as a provider data aggregator and will integrate Common Credentialing data into the provider directory. Data characteristics such as date of the data and source of the data will be displayed to the end-user. Data maintenance, data reconciliation, data validation and data integrity checks are performed by the operations staff of the Statewide Provider Directory.</p>	<ul style="list-style-type: none"> • Health Plans • CCOs • Clinics • Hospitals • Providers • HIEs • State • Research/ Analytics 	<ul style="list-style-type: none"> • Common credentialing data are authorized to be ingested into the provider directory • Not all providers who will be part of the provider directory are part of the common credentialing data sets • Business Rules are defined in advance of data integration. • Clear definition of what elements will be provided by Common Credentialing solution defined • Elements providing by Common Credentialing are 'locked' to prevent updates from any other data source/user input 	<ul style="list-style-type: none"> • Common credentialing data is in the PD data base in a structured format, correctly matched to the provider's data from other sources, data characteristics (date of data, source of data are displayed) and can be queried . • Relationships are defined to provide ability to query the integrated data. Any relationship not explicitly provided by common credentialing solution will have been built by the business rules. • Ability to pull data is seamless to the user no matter where the data is sourced. 		X	X	X	X
<p><u>HPD real-time searches:</u> A Statewide Provider Directory provides a service that can be used by end-users to look up providers without requiring direct access to other existing directories within the state, border states, or nationally. The Statewide Provider Directory will create a series of electronic service endpoints for the participants of the directory so they can be discovered by others for health information exchange. The Provider Directory will route requests to other electronically</p>	<ul style="list-style-type: none"> • Health Plans • CCOs • Clinics • Hospitals • Providers • HIEs • State 	<ul style="list-style-type: none"> • HPD standards are adopted by participating provider directory HIT solutions • Data Use agreements and other authorizations are established and in place • Trust community membership is transparent and/or 	<ul style="list-style-type: none"> • The statewide provider directory will allow a query and response from connected provider directories ("network"), including if there are no matching responses for the query. • Ability to download search results for end user • Data results provided in a 		X	X	X	X

Use case (What)	Likely users (Who)	Preconditions/assumptions	Post-conditions	Questions for PDAG to consider	Analytics	Delivery	Plans	HIE
connected directories and produce an aggregated response.		<p>participation is limited to trust community members only</p> <ul style="list-style-type: none"> Integration is available to permit searches outside of the Oregon PD Ability to support search criteria is available to the user to limit search results 	<p>format that will permit the user to browse, sort, and filter</p> <ul style="list-style-type: none"> Data results that do not meet 'trust' parameters is not shared/or marked with a disclaimer 					
<p>Integrate state sources of data: The Statewide Provider Directory will serve as a provider data aggregator and will integrate disparate state sources of data into a single provider directory. Data characteristics such as dates of the data and sources of the data will be displayed to the user. Data maintenance, data reconciliation, data validation and data integrity checks are performed by the operations staff of the Statewide Provider Directory. Data sources include:</p> <ul style="list-style-type: none"> PCPCH Medicaid EHR Incentive Program Public health Addictions and Mental Health residential alcohol and drug treatment Medicaid provider enrollment (Oregon Health Plan providers) CCO provider network tables DHS Office of Licensing and Regulatory Oversight <ul style="list-style-type: none"> People with developmental disabilities Nursing facilities 	<ul style="list-style-type: none"> Health Plans CCOs Clinics Hospitals Providers HIEs State Research/ Analytics 	<ul style="list-style-type: none"> Business Rules are defined in advance of data integration. Clear definition of what elements will be provided by Common Credentialing solution defined and cannot be overridden by any other source. Business Rules are defined in advance of data integration that define precedence to protect data integrity 	<ul style="list-style-type: none"> Integrated Database that includes source and audit information Data conflict reports to show where different sources provide different information for the same provider Ability to select data based on source for comparison 	NOTE: These will need to be further refined - after group has prioritized.	X	X	X	X

Use case (What)	Likely users (Who)	Preconditions/assumptions	Post-conditions	Questions for PDAG to consider	Analytics	Delivery	Plans	HIE
<ul style="list-style-type: none"> ○ Assisted Living and Residential Care Facilities ○ Children's Care ○ Adult Foster Care 								
<p><u>Integrate other HIE flat file directories:</u> The Statewide Provider Directory will serve as a provider data aggregator and will integrate certain HIE flat file directories (e.g., CareAccord, NPPES, DirectTrust) into the provider directory for those participants who are not able to communicate via HPD standards. Data characteristics such as dates of the data and sources of the data will be displayed to the user. Data maintenance, data reconciliation, data validation and data integrity checks are performed by the operations staff of the Statewide Provider Directory.</p>	<ul style="list-style-type: none"> ● Health Plans ● CCOs ● Clinics ● Hospitals ● Providers ● HIEs ● State ● Research/ Analytics 	<ul style="list-style-type: none"> ● Business Rules are defined in advance of data integration. ● Clear definition of what elements will be provided by Common Credentialing solution defined and cannot be overridden by any other source. ● Business Rules are defined in advance of data integration that define precedence to protect data integrity 	<ul style="list-style-type: none"> ● Integrated Database that includes source and audit information ● Data conflict reports to show where different sources provide different information for the same provider ● Ability to select data based on source for comparison 	Use that is TBD – authorized use of data, permissions to extract?	X	X	X	X
<p><u>*Reporting data inaccuracies to the statewide provider directory:</u> A health care entity finds information in the provider directory to be inaccurate. End-users are able to flag the information as such within the provider directory. A notification is sent from the provider directory services to the data's source to correct the information and further query of the information is flagged appropriately until resolved.</p>	All	<ul style="list-style-type: none"> ● Fully integrated database with source details available 	<ul style="list-style-type: none"> ● Ability to select data based on source for comparison 	Correct?	X	X	X	X
<p><u>*Reporting data inaccuracies to a health care entity:</u> The provider directory operations become aware of a discrepancy in the provider directories data. The effected data elements</p>	All	<ul style="list-style-type: none"> ● Fully integrated database with source details available 	<ul style="list-style-type: none"> ● Data conflict reports to show where different sources provide different information for the same 	Correct?	X	X	X	X

Use case (What)	Likely users (Who)	Preconditions/assumptions	Post-conditions	Questions for PDAG to consider	Analytics	Delivery	Plans	HIE
are flagged by the operations staff in provider directory for further queries until the issue is resolved.			provider					
Placeholder for functionality to add/delete/edit provider information: A health care entity needs to author/enter their own information in the provider directory for data elements of which there is no external source and have the ability to add, update, or delete the data. A user interface is needed to allow the addition and management of these data.	<ul style="list-style-type: none"> • Health Plans • CCOs • Clinics • Hospitals • Providers 			Likely requires 3rd party access or delegation of authority; what data should be here? System of record for TBD defined elements (user interface): Replaces - Provide a single entry point for certain defined data elements not present in common credentialing or HPD data models (or other sources)		X	X	
Contact information – local query with extract option: A health care entity can initiate a single search for a list of providers based on configurable criteria such as name, specialty, telemedicine, geographic indicators like zip code, city or state, etc.to the provider directory’s local database. The provider directory returns contact information for every provider satisfying the search criteria, including e-mail addresses, and provides an option for the results or specific providers information to be extracted.	<ul style="list-style-type: none"> • Health Plans • CCOs • Clinics • Hospitals • Providers • State • HIE • Research/ analytics 					X	X	X
Contact information – federated web search: A health care entity can initiate a single search for a list of providers based on configurable criteria such as name, specialty, geographic indicators like zip code, city or state, and other criteria. The provider directory returns contact information about every provider satisfying the	<ul style="list-style-type: none"> • Health Plans • CCOs • Clinics • Hospitals • Providers • State 					X	X	X

Use case (What)	Likely users (Who)	Preconditions/assumptions	Post-conditions	Questions for PDAG to consider	Analytics	Delivery	Plans	HIE
search criteria, including e-mail addresses. Extracts may not be provided or are limited due to data-use agreements.	<ul style="list-style-type: none"> • HIE • Research/ analytics 							
In network search: A health care entity can identify if provider in the directory is “in network” as part of a CCO/health plan.	<ul style="list-style-type: none"> • Health Plans • CCOs • Clinics • Hospitals • Providers • State • HIE • Research/ analytics 					X		
Practice location analytics: The provider directory can be used as a data source to report on how care varies by practice location or by specific programs such as PCPCH, CCOs, etc.	<ul style="list-style-type: none"> • State – Health Analytics • Research/ analytics 			Should this use be combined with Performance measure analytics and the outcomes measure? Is this just a function of the analytics extract?	X			
Performance measure analytics: The provider directory can be used as a data source to report on EHR’s in use by a provider, performance measures, and claims by groups.	<ul style="list-style-type: none"> • State – Health Analytics • Research/ analytics 			Is this just a function of the analytics extract?	X			X
Use as a data source to report on network adequacy: The provider directory can be used by a health care entity to report on network adequacy and to meet regulatory provisions.	<ul style="list-style-type: none"> • Health Plans • CCOs • Clinics • Hospitals • Providers • State • Research/ analytics 			What types of data or functions are essential to be able to pull these data?		X	X	

Use case (What)	Likely users (Who)	Preconditions/assumptions	Post-conditions	Questions for PDAG to consider	Analytics	Delivery	Plans	HIE
<p>Find providers to initiate referrals and provide care coordination: The provider directory is used by end-users to query provider information using configurable criteria such as specialty, telemedicine, geographic indicators like zip code, city or state, language or gender. The provider directory returns results for every provider satisfying the search criteria including the physical and electronic address, and contact information. An appropriate provider is selected from the results based on the attributes returned in the response and the electronic address is used to send patient records and documentation to selected provider.</p>	<ul style="list-style-type: none"> • Health Plans • CCOs • Clinics • Hospitals • Providers • State • HIEs 			Call shares?		X	X	X
<p>Source for payer information for a provider: The provider directory is used to identify and validate the relationship of payers to specific providers.</p>	<ul style="list-style-type: none"> • Health Plans • CCOs • Clinics • Hospitals • Providers • HIEs • State • Research/ analytics 			Source is common credentialing and won't contain network info. Is this something that is absorbed into the common credentialing use or is a separate use needed?	X	X		
<p>Source for privileging information for providers: The provider directory is used to identify and validate the relationship of hospitals to specific providers (hospital admitting privileges).</p>				Wording needed for the use: actor, noun, verb	X			
<p>Outcomes and intervention: Use the affiliations data to identify clinics or groups within a CCO that require intervention because they are not meeting benchmarks or thresholds for a program or to highlight clinics</p>	Health Analytics			Is this the analytics extract?	X			X

Use case (What)	Likely users (Who)	Preconditions/assumptions	Post-conditions	Questions for PDAG to consider	Analytics	Delivery	Plans	HIE
or groups that are performing well								
Provider search or lookup for HIE addresses: Use the provider directory to locate a specific provider and their associated direct address as well as the indication of trust community status of their Health Information Service Provider (HISP) (white pages).	<ul style="list-style-type: none"> • Health Plans • CCOs • Clinics • Hospitals • Providers • HIEs • State 			Does this differ in how this will be used when compared to the yellow pages search? Is this directed towards the abilities of the HIT or EHR solution providing the interface to the PD?		X		X
Meet HIE requirements for meaningful use: A provider needs to find providers that are part of the EHR Incentive Program are are/or likely to have adopted 2014 or 2015 Certified EHR technology needed to exchange patient summaries of care or receive patient summaries of care. The end-user or clinic used the provider directory to look up providers using a federated web search or request an extract of the local provider directory's data. Data must include users that are part of the HPD data service (see use case for HPD) and flat file (local) sources.	<ul style="list-style-type: none"> • Health Plans • CCOs • Clinics • Hospitals • Providers • HIEs • State 							X
Keeping provider information current/validation source: A health care entity needs to validate its local healthcare provider information and ensure it is current. The health care entity uses the provider directory to access the most current aggregated provider information on an individual basis (1 off validation) or an extract is downloaded to perform a database dif (entire directory	<ul style="list-style-type: none"> • Health Plans • CCOs • Clinics • Hospitals • Providers • HIEs • State 			Questions - multiple sources, different answers for same data point? Is the ability to select certain data needed? What is the best way to handle updates/new data?		X	X	

Use case (What)	Likely users (Who)	Preconditions/assumptions	Post-conditions	Questions for PDAG to consider	Analytics	Delivery	Plans	HIE
validation).								
*Analytics extracts: The provider directory makes an extract of the flat file sources of data (current and historical) available to analytics extract subscribers. The extract will contain provider identifying data as well as affiliations to a provider's group, clinic, location, system, hospital, payers. Knowing the date and the source of the data is important.	<ul style="list-style-type: none"> State Research/ Analytics 				X			X
GIS: The Provider Directory will make Geographic Information Systems (GIS) or geo-coding functions data available in provider query.	<ul style="list-style-type: none"> Health Plans CCOs Clinics Hospitals Providers HIEs State Research/ Analytics 			Wording needed for the use: actor, noun, verb				
Medicaid EHR Incentive program audit and oversight: The provider directory provides an extract of the flat file sources of data (current and historical) to the Medicaid EHR Incentive program on a weekly basis. The extract will need to contain provider identifying data as well as affiliations to a provider's group, clinic, location, system.	<ul style="list-style-type: none"> State - Medicaid EHR IP 							
Add/delete/edit provider information for accepting new patients: A healthcare entity needs to update information on a provider's status of accepting new patients. Information must be updated and kept current at least	<ul style="list-style-type: none"> Health Plans CCOs Clinics Hospitals Providers 			Does this vary by plan? This is a reworded version of - User interface for accepting new patients: Provide a single entry point for accepting new				

Use case (What)	Likely users (Who)	Preconditions/assumptions	Post-conditions	Questions for PDAG to consider	Analytics	Delivery	Plans	HIE
every 30 days to meet Medicare standards but changes as frequently as within the work day. A user interface as well as upload capability is needed to ingest these data.				patients				

*Denotes use case is new

Gray – denotes use case is fundamental to the provider directory

State source ranking – health plans and analytics

The purpose for this exercise is to understand the use of state data and prioritization of the data sources. Answer the questions as it pertains to the state data source and rank the importance of each data source on a scale of 1-11, with 1 being most important.

State data source	What data do you expect/need to get from this source	What is it going to be used for?	Rank
Patient Centered Primary Care Home (PCPCH)			
Medicaid - Provider Enrollment			
Medicaid EHR Incentive Program: providers that have received payments for meaningful use/adoption of certified EHR technology			
Medicare EHR Incentive Program: providers that have received payments for meaningful use			
Additions and Mental Health (AMH) residential drug and alcohol treatment facilities			
Department of Human Services (DHS) facilities licensing (OLRO): Developmental Disabilities, Aging and People with Disabilities, Child Welfare.			
<ul style="list-style-type: none"> • Adult Foster Care 			
<ul style="list-style-type: none"> • People with developmental disabilities 			
<ul style="list-style-type: none"> • Nursing facilities 			
<ul style="list-style-type: none"> • Assisted Living and Residential Care Facilities 			
<ul style="list-style-type: none"> • Children's Care 			
CCO provider network tables			

Provider directory regulations/standards

This list was developed from common credentialing regulatory and accrediting bodies, with a few additions for provider directory. We are trying to understand the various standards that the provider directory will need to meet in order for the provider directory to be a trusted source of information.

1. Review regulatory and accrediting bodies that are listed. Do any need to be added? Do any need to be removed? Are any questionable?
2. Review Provider directory processes/data. Do these make sense? Are there any that need to be added?
3. Any other comments?

Provider directory processes/data	Regulatory and accrediting bodies								
	TJC	NCQA	DNV	URAC	AAAHC	CMS - Medicare Advantage	CMS - Medicaid Managed Care	CMS - Healthcare.gov insurers	OR
Credentialing and contracting processes are completed and a provider initially approved for network participation is 1) Displayed in online provider directories 2) Flagged for inclusion in subsequent hard copy versions of the provider directory				45 calendar days					
Determination is made that provider is not re-credentialed for any reason/no longer meets the credentialing requirements and is removed from the online directory				5 business days					
Determination that provider is no longer participating in the network and is removed from: 1) Electronic versions of the provider directory 2) Flagged for removal in subsequent hard copy versions of the provider directory				45 calendar days					
Accepting new patients/availability in network						Monthly	Quarterly		*
Provider's location and contact information						Monthly	Quarterly		
Specialty, medical group, and any institutional affiliations						Monthly			
Office hours or other changes that affect availability							Quarterly		
Standardized network information provided in electronic format for eventual inclusion in a nationwide provider database							CMS is considering - on or after CY 2017		

*DCBS Network Adequacy RAC rules for provider directories est. August 2015