

Provider Directory Advisory Group

Meeting Summary

April 2015

Committee Members in Attendance

Gina Bianco

Christopher Boyd (phone)

MaryKay Brady

Monica Clark

Mary Dallas, MD

Liz Hubert

Martin Martinez

Laura McKeane

Maggie Mellon

Kelly Keith

Jessica Perak

Robert Power

Stephanie Renfro

Nikki Vlandis (phone)

Hongcheng Zhao

Committee Members Not in Attendance

OHA Staff

Susan Otter

Karen Hale

Melissa Isavoran

Nick Kramer

Rachel Ostroy

Jason Miranda

Welcome and Agenda review

Karen Hale, Lead Policy Analyst for the Provider Directory (PD) project welcomed everyone to the meeting. Each PDAG member provided a brief introduction and spoke about their interest and perspective for the Oregon's statewide PD effort.

Discuss PDAG charter and role

PDAG received a high-level presentation on the group charter and role. Members discussed the previous work of the Oregon Health Authority's (OHA) PD Subject Matter Expert (SME) Workgroup which was convened in 2014 and the areas that need to be addressed by the PDAG (e.g., detailed use cases). PDAG received a draft copy of the group charter to provide comments on the group were also provided with information about the PD SME Workgroup Summary document that is available on the Office of Health Information Technology Website: <https://healthit.oregon.gov/Initiatives/Documents/Provider%20Directory%20Subject%20Matter%20Expert%20Workgroup%20Summary%20Final%202014-06-17.pdf>

HIT background and legislation

Susan Otter, Directory of Health Information Technology and a sponsor of the PD project provided the group with background on OHA's Health Information Technology (HIT) efforts. PDAG was also provided with information about OHA's 2015 HIT legislation. The group discussed the impact this legislation (HB 2294) would have on the PD project.

Provider Directory orientation and group discussion

Karen presented PD orientation materials to the PDAG in preparation for a group discussion. The group provided information and feedback on the 6 questions listed below:

1. How many Provider Directories (PD) does your organization maintain?

- 2 in PDs in use (Cactus and Paragon)
- 10-12 sources (Cactus and MSOW)
- 7 sources, these are not only directories but do not include third party health plan data, EPIC for billing referrals, MSOW for Common Credentialing (CC), Facets for health plan contracts and claims, Human Resources (HR), New Innovations for resident privileges, content management solution for web content/PD including provider hours and availability
- 2 sources – APAC and Medicaid (research)
- 1 fully integrated solution – Master data is in Facets and shared with Cactus
- 9 sources for PD data
- 50 or 60 different sources across many regions/states
- Credentialing is not the source for PD data, the systems for PD and CC are separate

2. What are the primary or mandatory uses of your PDs today?

- Evaluating policies (Research)
- Meet CMS rule for PD data to be validated every 30 or 90 days
- Network adequacy
- NCQA requirements
- Marketing
- NOTE: see question 1 for additional uses

3. What are the pain points with your current state?

- Difficult for independent providers - would like something available for everyone
- Very expensive to maintain - desire to update once and have information cascade to many
- Complicated to merge many different sources of directory information
- Data accuracy and data entry mistakes/responsibility - Who is responsible for the accuracy of the information in the system – the person keying in the information or the provider?
- Providers have to enter the same information multiple times, in multiple directories
- Stage 2 Meaningful Use and availability of direct addresses – even providers don't know their direct address
- Internal systems do not talk to each other – data management in provider directories is up to each department - for non-credentialed providers, need to keep NPIs, contact info and provider type - EHR and credentialing don't connect
 - Hospital reference lab: patients are sent to get tests, NPIs are needed but are not always legible/available
- Have to collect data manually today, including need to make phone calls to ensure data are accurate

- Desire to update once and have information cascade to many, large systems with claims don't meet regulatory requirements
- Systems not talking to each other - sending out data that doesn't match
- Collecting data and keeping it current
- Outreach to maintain is costly (PSV is valuable)
 - Regional data bases that don't integrate with credentialing

4. What would change once you have an accurate statewide directory (staffing, workflows, processes)?

NA

5. Regarding value out of the gate, what would you consider minimum level of functionality to get value?

- Ability to identify errors in the data and provide the ability to correct the data
- Tie into information from the licensing boards
- Human intervention is needed verify the information in the provider directory - Process for validation of data in a federated model (data curating)
- Need NPI, practice info such as physical location and tax ID (research)
- Require documentation (e.g., privileging , peer reviews) - PSV is not enough
- 100% accurate
- Ability of the providers to access, update and use the information
- Needs to be available beyond Medicaid
- Must have information that is not currently available in the Common Credentialing and HPD data models such as PCPCH affiliation and office hours
- NOTE: concern noted for potential issues with implementing a provider directory that fails to gain traction because of problems/glitches experienced during an initial roll-out
- NOTE: concern noted that the provider directory will not bring value for providers if they still have to go to multiple places to update information

6. What will drive the adoption of PD, what would it take for your organization to use the PD as a primary verification source?

- Inclusion of upstream and downstream providers
- Must fulfill needs of current solution 100% - Medicaid only would not be a complete source
- Need all of the information to be available from one source - If PDS does not satisfy all needs then will continue need to use multiple sources
- Need to be able to update information through the PDS

Common credentialing orientation

Melissa Isavoran, Credentialing Project Director provided a brief overview of the implementation of the Oregon Common Credentialing Program.

Procurement orientation

The presentation for this section will be rescheduled for the May PDAG meeting date due to time limitations.

Wrap up and next steps

PDAG discussed the length and frequency of meetings. The group agreed that it would be beneficial to meet for three hours instead of two for the next four to six months. Webinars, group messages, direct individual meetings, and small working group meetings were discussed as options for the group. An updated time and possibly date for the May PDAG will be sent out in the next week or two. PDAG members requested that the meeting location be changed to allow for easier access. The group is currently scheduled to meet on May 13, from 10-12 pm at the Oregon State Library building in Salem.