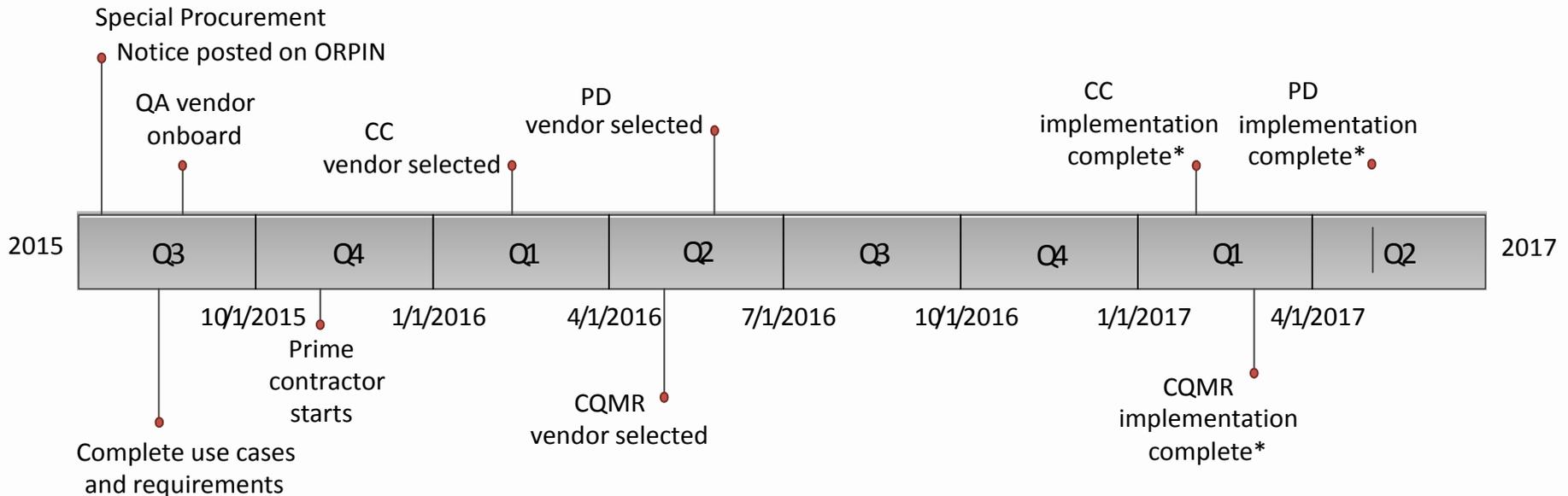

Provider Directory Advisory Group

September 23, 2015

Agenda

- Introductions – Welcome Tyler Lamberts!
- Agenda review
- Review procurement timeline
- Review homework results
- Smaller group discussions on use wording
- Break
- California HIE (CAHIE) demo
- Group discussion
- Close and next steps

HIT Portfolio Milestone Timeline



The provider directory (PD) is part of a package of Health IT (HIT) services procured under a contract amendment that extends prime services. Other HIT services include Common Credentialing (CC) and the Clinical Quality Metrics Registry (CQMR) *Tentative until a Prime Contractor has been brought onboard, implementation dates will be formalized as individual solutions are contracted for.

Homework review and results

- Received a total of 9 responses – 60% return rate

Group	Responses	%
Analytics	1/1	100%
Delivery	4/6	67%
HIE	2/3	67%
Plans	2/5	40%



Exercises

Exercise 1	Uses (“what use cases”) wording review
Exercise 2	Classification of data elements for: Inclusion in the provider directory Degree of accuracy Timing
Exercise 3	Ranking of state data sources
Exercise 4	Review Provider Directory standards and requirements matrix

Exercise 1: Uses wording review

Purpose: check our understanding of the uses

1. Does the use case wording make sense?
2. Is the depiction of the likely users associated with the use accurate?
3. Do the preconditions (assumptions, precursor uses, and affiliated uses) make sense?
4. Do the expected results make sense?
5. The total score is based on a scale from 0-4 and represents the calculated ranking across all PDAG groups. Your thoughts?

Exercise 1 stats:

103 total action items – 4 areas

Explanation reword (63)

Affiliated Uses	5
Assumptions	13
Expected results	17
Likely users (Who)	5
Precursor uses	5
Use case (What)	18

Possible Ranking Change (21)

Total score	7
Total score/ Class	14

Review Required (15)

Affiliated Uses	1
Assumptions	1
Expected results	2
Likely users (Who)	1
Total score/ Class	4
Use case (What)	6

Update users (4)

Likely users (Who)	4
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Analytics - 16 Action items

Explanation / Reword (10)	
Affiliated Uses	1
Assumptions	1
Expected results	3
Likely users (Who)	1
Precursor uses	2
Use case (What)	2
Possible Ranking Change (3)	
Total score/ Class	3
Review Required (3)	
Total score/ Class	1
Use case (What)	2

Delivery: 56 Action items

Explanation / Reword (34)	
Affiliated Uses	4
Assumptions	7
Expected results	5
Likely users (Who)	4
Precursor uses	2
Use case (What)	12
Possible Ranking Change (11)	
Total score/ Class	11
Review Required (8)	
Affiliated Uses	1
Assumptions	1
Expected results	1
Likely users (Who)	1
Total score/ Class	1
Use case (What)	3
Update Users (3)	
Likely users (Who)	3

Health Plans: 18 Action Items

Explanation / Reword (13)	
Assumptions	3
Expected results	8
Precursor uses	1
Use case (What)	1
Possible Ranking Change (5)	
Total score/ Class	5

HIE: 13 Action Items

Explanation / Reword (6)	
Assumptions	2
Expected results	1
Use case (What)	3
Possible Ranking Change (2)	
Total score/ Class	2
Review Required (4)	
Expected results	1
Total score/ Class	2
Use Case (What)	1
Update Users (3)	
Likely users (Who)	1

Common types of comments across groups

- Use wording, combining/separating uses, or issues with use itself–
 - specially around uses 14 (referrals), 15 (contact info – local query), and 16 (contact info – federation)
 - Need to define what we mean by “federation”
- Precursor uses questions
- Assumptions – “number of percent or providers that have data in the PD is enough to warrant the PD as a viable source of data”
- Results - Ability to select data elements from certain data sources and filter data based on certain criteria if viewing in web portal or setting up export of data”

Exercise 1 next steps

- Today, groups will discuss explanations/reword and review required categories
- OHA will reword/rework uses as well
- If necessary, draft requirements will also be updated

Exercise 2: Data Elements Classification

- Purpose: understand which data elements are essential to be in the provider directory, the degree of accuracy for those elements, and the timing for those elements
- Data elements on this sheet were taken primarily from the [IHE-HPD Provider Directory standard](#) (26) and fields from the Oregon Common Credentialing application (24)
- Elements that come from Common Credentialing, those that are primary source verified, and HPD provider directories are marked with an “x” in the table (6)
- Data elements that are not in either source are also listed
- Answers to the following is needed (based on your perspective and uses of the provider directory):
 - Which elements need to be included in the provider directory (rank as must have, nice to have, not needed)?
 - What is the level of accuracy needed for the data element (rank as high, medium, and low)?
 - When is the data element needed (out of the gate, next iteration, later)

Exercise 2 – Data elements to include

(must, nice, not)

responses

	HIE	Analytics	Delivery	Plans	Total
Totals	2	1	4	2	9

Count of elements ranked as must have (avg 1.5 or lower(out of 44 total))

	HIE	Analytics	Delivery	Plans	Total
Totals	17	16	15	19	18

% of elements ranked as must have (average 1.5 or lower(out of 44 total))

	HIE	Analytics	Delivery	Plans	Total
Totals	39%	36%	34%	43%	41%

Note: if we change the “must have” definition to an average rate of 1.9, 36 elements or 82% of the elements will have a “must have” rank

Exercise 2 – Elements to include

- For elements that meet the “must have” definition by the group, here are the ones that align with the three sources:

	Average ≤ 1.5	Average ≤ 1.9
HPD (26)	17 (65%)	26 (100%)
Common Credentialing (24)	16 (67%)	21 (88%)
PSV (6)	5 (83%)	6 (100%)
None*	0	7*

*** Elements that do not align with one of the data sources in the table:**

- Provider – hours of operation (1.67)
- Organization hours of operation (1.78)
- Provider – night and weekends flag (1.78)
- Organization – Accepting new patients (1.89)
- Organization language (1.89)
- Provider accepting new patients (1.89)
- Provider – EHR name and version (1.94)

Exercise 2 – Accuracy (high, med, low)

responses

	HIE	Analytics	Delivery	Plans	Total
Totals	2	1	4	2	9

Count of elements ranked as high (avg 1.5 or lower(out of 44 total)

	HIE	Analytics	Delivery	Plans	Total
Totals	33	20	28	36	24

% of elements ranked as high (average 1.5 or lower (out of 44 total)

	HIE	Analytics	Delivery	Plans	Total
Totals	75%	45%	64%	82%	55%

Note: if we change the “high” definition to an average rate of 1.9, 40 elements or 91% of the elements will have a “high” accuracy rank

Exercise 2 – Accuracy

- For elements that meet the “high accuracy” definition by the group, here are the ones that align with the three sources:

	Average ≤ 1.5	Average ≤ 1.9
HPD (26)	21 (81%)	25 (96%)
Common Credentialing (24)	18 (67%)	22 (92%)
PSV (6)	6 (100%)	6 (100%)
None	2	8

*** Elements that do not align with one of the data sources in the table:**

- Organization – Accepting new patients (1.38)
- Provider – CCO affiliation (1.38)
- Organization – PCPCH designation and tier (1.56)
- Provider accepting new patients (1.67)
- Provider – EHR name and version (1.75)
- Organization – FQHC/Community health center flag (1.78)
- Provider – hours of operations (1.78)
- Organization – nights and weekends flag (1.89)
- Organization hours of operation (1.89)
- Provider – nights and weekends flag (1.89)

Exercise 2 – Timing (now, next, later)

responses

	HIE	Analytics	Delivery	Plans	Total
Totals	2	1	3	2	8

Count of elements ranked as high (avg 1.5 or lower(out of 44 total)

	HIE	Analytics	Delivery	Plans	Total
Totals	21	19	13	22	16

% of elements ranked as high (average 1.5 or lower (out of 44 total)

	HIE	Analytics	Delivery	Plans	Total
Totals	48%	43%	30%	50%	36%

Note: if we change the “now” definition to an average rate of 1.9, 24 elements or 55% of the elements will have a “now” timing rank

Exercise 2 –Timing

- For elements that meet the “now” definition by the group, here are the ones that align with the three sources:

	Average ≤ 1.5	Average ≤ 1.9
HPD (26)	15 (58%)	20 (77%)
Common Credentialing (24)	13 (54%)	18 (75%)
PSV (6)	4 (67%)	5 (83%)
None	0	0

Exercise 3: State Source Ranking

- Purpose: understand the use of state data and prioritization of the data sources
- State sources are ones that have been identified by stakeholders
- The following is needed for each of the 10 sources:
 - What data do you expect/need to get from this source
 - What is it going to be used for?
 - Rank each source – from 1-10

Exercise 3 – State sources

# responses					
	HIE	Analytics	Delivery	Plans	Total
Totals	1	1	4	2	8

OHA Sources

- Patient Centered Primary Care Home (PCPCH)
- Medicaid - Provider Enrollment
- Medicaid EHR Incentive Program
- Additions and Mental Health (AMH) residential drug and alcohol treatment facilities
- CCO provider network tables

DHS Sources

- Adult Foster Care
- People with developmental disabilities
- Nursing facilities
- Assisted Living and Residential Care Facilities
- Children's Care

CMS Source

- Medicare EHR Incentive Program

Exercise 3 – scores based on average rank

Rank	State Source	Score
1	Additions and Mental Health (AMH)	3.6
2	CCO provider network tables	3.9
3	Medicaid - Provider Enrollment	4.2
4	Medicaid EHR Incentive Program	6.0
5	Patient Centered Primary Care Home (PCPCH)	6.1
6	Nursing facilities	6.1
7	Children's Care	6.3
8	Assisted Living and Residential Care Facilities	6.4
9	People with developmental disabilities	6.7
10	Medicare EHR Incentive Program	6.8
11	Adult Foster Care	6.8

Exercise 4: Provider directory regulations (plans and delivery)

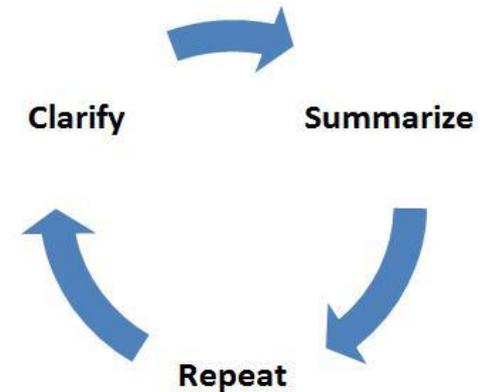
- Purpose: obtain PDAG's identification of various provider directory regulations and standards that we (OHA) will research and analyze.
- We are trying to understand the various standards that the provider directory will need to meet in order for the provider directory to be a trusted source of information.
- This list was developed from common credentialing regulatory and accrediting bodies, with a few additions for provider directory.
- The following is needed:
 - Review regulatory and accrediting bodies that are listed. Do any need to be added? Do any need to be removed? Are any questionable?
 - Review Provider directory processes/data. Do these make sense? Are there any that need to be added?
 - Any other comments

Exercise 4 – comments for OHA

- Add America's Health Insurance Plans (AHIP)
- Reword - "OR" column refers to network adequacy rules
- Some of the regulatory bodies do not have processes listed, should they?
- Research areas
 - EHNAC accredits HIEs and HISPs, anything for provider directories?
 - Security audits of the vendor

Group discussions on exercise 1

- Compiled homework answers for each group
- Key questions for each group have been identified
- Your facilitator/scribe will work through those key questions with you
- If your group finishes early, feel free to join another group
- If your group does not finish today, we will ask for volunteers who can help answer the remaining questions



Break



CTEN Directory Services

Robert M. Cothren, PhD

Executive Director

California Association of Health Information Exchanges



What is CAHIE?

California Association of Health Information Exchanges

1. Collection of stakeholders promoting statewide information sharing
2. Community that responds to and participates in state and national activities
3. Voluntary self-governance for statewide HIE in California

Find out more about CAHIE at
<http://www.ca-hie.org/>



What is CAHIE?

Voluntary self-governance for statewide HIE

A "Trust Network"

- Single, multiparty data sharing agreement to govern exchange across organizational boundaries
California Data Use and Reciprocal Services Agreement, or CalDURSA
- Technical services to ensure trust among organizations and facilitate secure data sharing
California Trusted Exchange Network, or CTEN

Find out more about the CalDURSA and CTEN at <http://www.ca-hie.org/projects/cten>



How do I establish trust?

1. Know your conversation is not overheard
2. Know the information can be trusted
3. Know who you are talking about
4. Know who you are talking to
5. Know how the information will be used
6. Know you have permission for the conversation



What are “Directory Services”?

1. Know your conversation is not overheard
2. Know the information can be trusted
3. Know who you are talking about
4. Know who you are talking to
5. Know how the information will be used
6. Know you have permission for the conversation



What are we trying to achieve?

No longer reasonable to know everything about your trading partners

- Purpose of CTEN Directory Services:

Discover individuals, organizations, and the means by which to exchange information with them

NOT provider directories and NOT Direct addresses

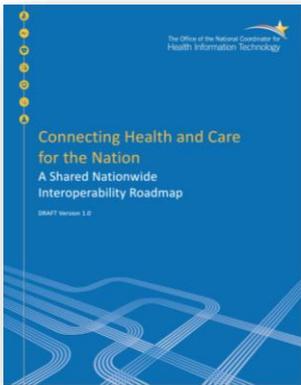


What are we trying to achieve?

From the Interoperability Roadmap...

- N. **Reliable resource location**: The ability to rapidly locate resources, including providers, individuals, APIs, networks, etc. by their current or historical names and descriptions will be necessary for a learning health system to operate efficiently.

See <http://www.healthit.gov/sites/default/files/nationwide-interoperability-roadmap-draft-version-1.0.pdf>





What are we trying to achieve?

Discover individuals, organizations, and the means by which to exchange information with them

- Must be more than a directory of Direct addresses
 - Direct is an important (near-term) use case
 - Must contain all means to exchange: Direct addresses, Exchange endpoints, FHIR resources
 - Must link methods to individuals and organizations



What are we trying to achieve?

Discover individuals, organizations, and the means by which to exchange information with them

- Must be more than a directory of Direct addresses
- Must include context
 - Providers practice at more than one location, in more than one context, each of which may have different means of exchange



What are we trying to achieve?

Discover individuals, organizations, and the means by which to exchange information with them

- Must be more than a directory of Direct addresses
- Must include context
- Information must be up-to-date
 - Information changes
 - We are exchanging PHI based on this information



What are we trying to achieve?

Discover individuals, organizations, and the means by which to exchange information with them

- Must be more than a directory of Direct addresses
- Must include context
- Information must be up-to-date
- Must prepare for more than just providers
 - Focus today is to individual providers and provider organizations, but the list of stakeholders is larger



How are we doing it?

- Management is distributed
 - The best way to keep the data accurate is to manage it at the authoritative organization
- Architecture is federated
 - One means to achieve distributed management
 - Distributes the workload
- Use is governed by policy
 - Need to establish how everyone behaves



How are we doing it?

IHE's Healthcare Provider Directory (HPD) Profile

Supports storage and access of healthcare provider information in a directory structure, including:

- Individual Providers – Person providing healthcare services (e.g., physician, nurse, pharmacist)
- Organizational Providers – Organizations providing or supporting healthcare services (e.g., hospitals, drug or alcohol counseling organizations, HIEs, managed care organizations, IDNs)

See http://www.ihe.net/uploadedFiles/Documents/ITI/IHE_ITI_Suppl_HPDPDF.pdf





What can it do?

Importantly, HPD supports...

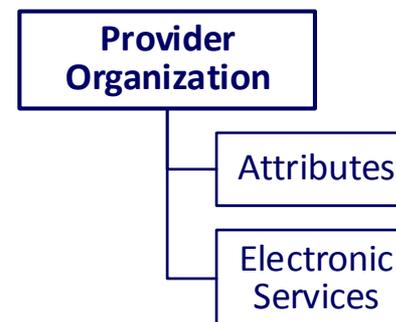
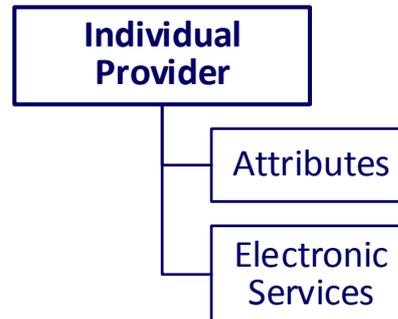
- Individuals and organizations
- Relationships between individuals and organizations, and among organizations
- Electronic services (beyond Direct addresses)
- Context for electronic services (for an individual, an organization, or a relationship)
- Federation





What can it do?

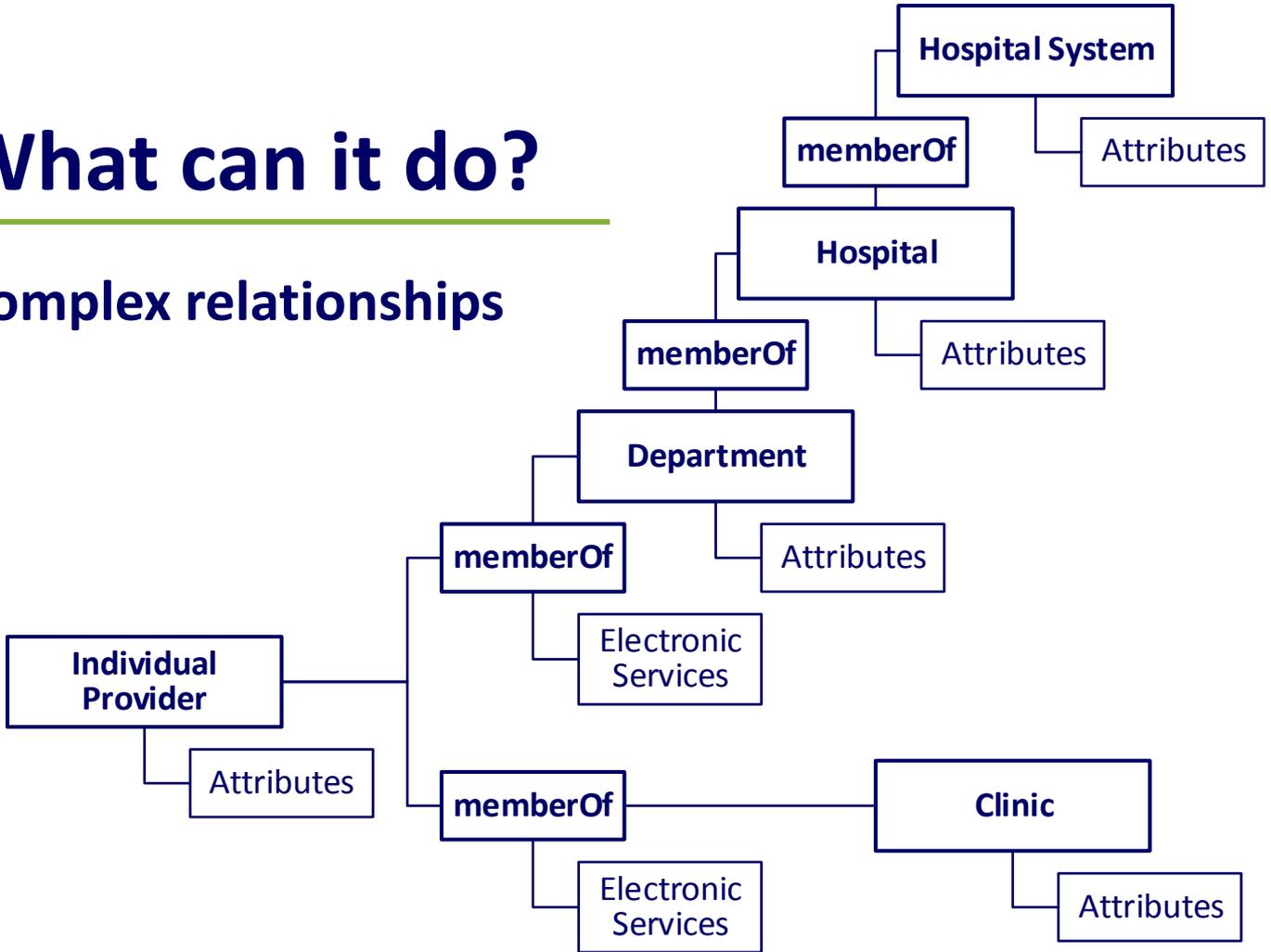
Simple directories





What can it do?

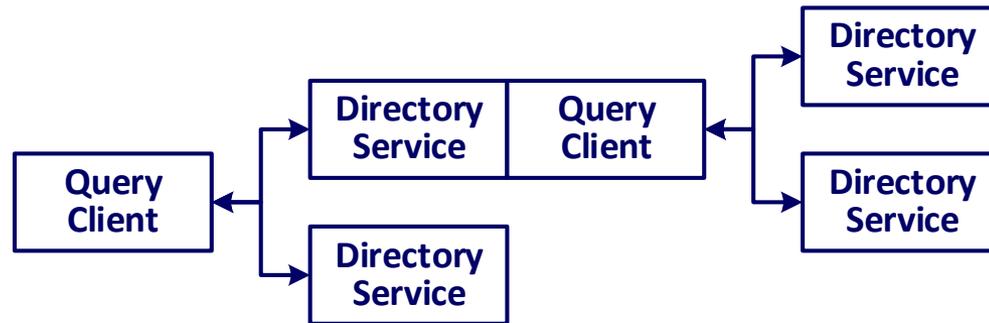
Complex relationships





What can it do?

Federated architectures





How are we doing it?

Participation in CTEN Directory Services is governed by policy

- For both information directories or query clients
- Establishing behaviors for data integrity, access, security, etc.
- Supporting local autonomy

See <http://www.ca-hie.org/site-content/2014/10/CTEN-Policy-EPP-6-for-Federated-Provider-Directory-Services-v1.0.pdf>



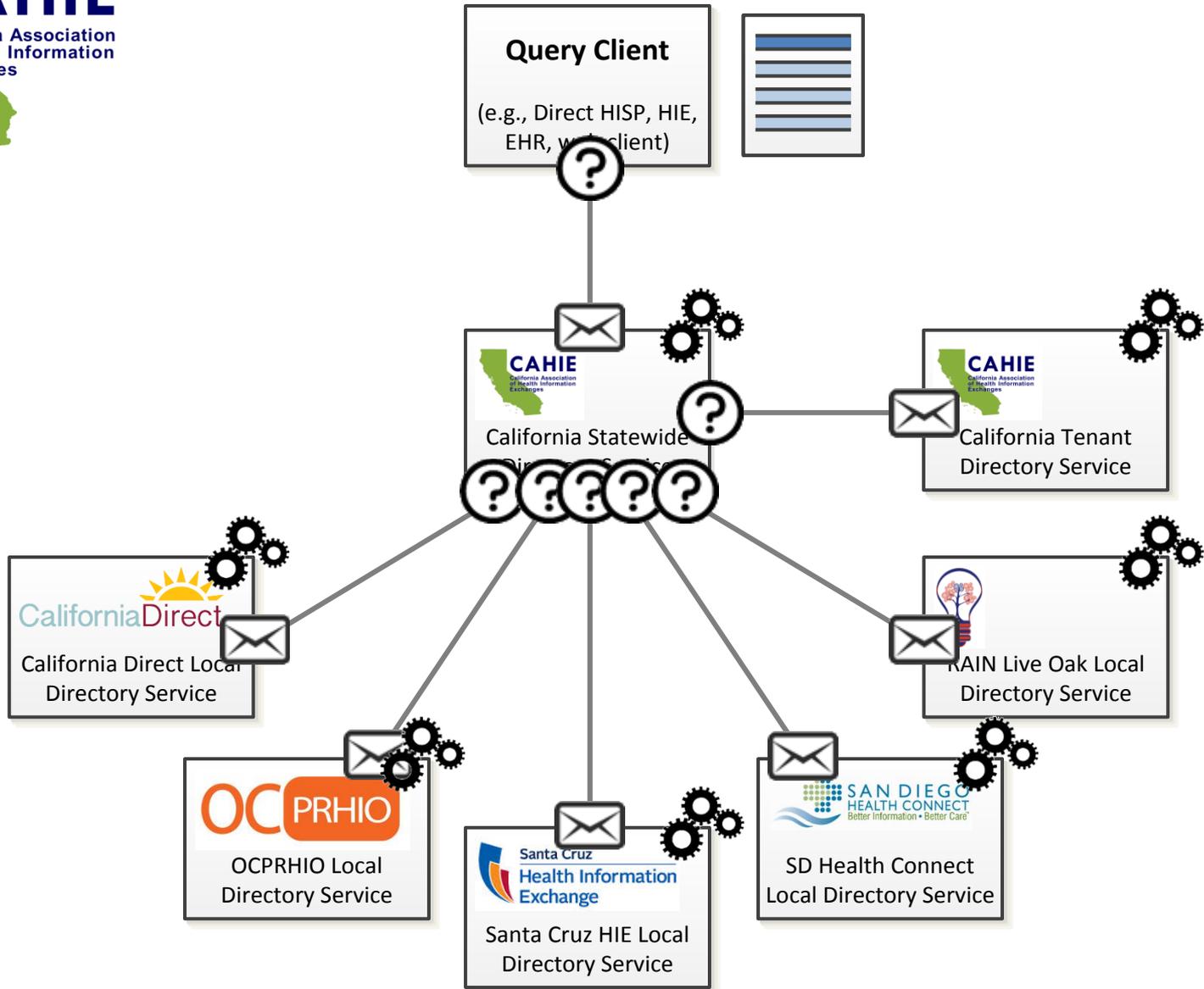
How are we doing it?

Policies establish a minimum dataset

- Required data for each individual or organization
 - Limited to what is *really* required
 - Not all HPD requirements are “required”
- Every individual must have an organization
- Every service must have a context

See <http://www.ca-hie.org/site-content/2015/09/CTEN-Policy-EPP-6.1-Minimum-Data-Set-for-Directory-Services-v1.0.pdf>

See <http://www.ca-hie.org/site-content/2015/08/CTEN-Minimum-Data-Set-for-Directory-Services-v1.0.xlsx>





How does it work?

It's demo time!

<http://cten-staging.ca-hie.net/search.php>

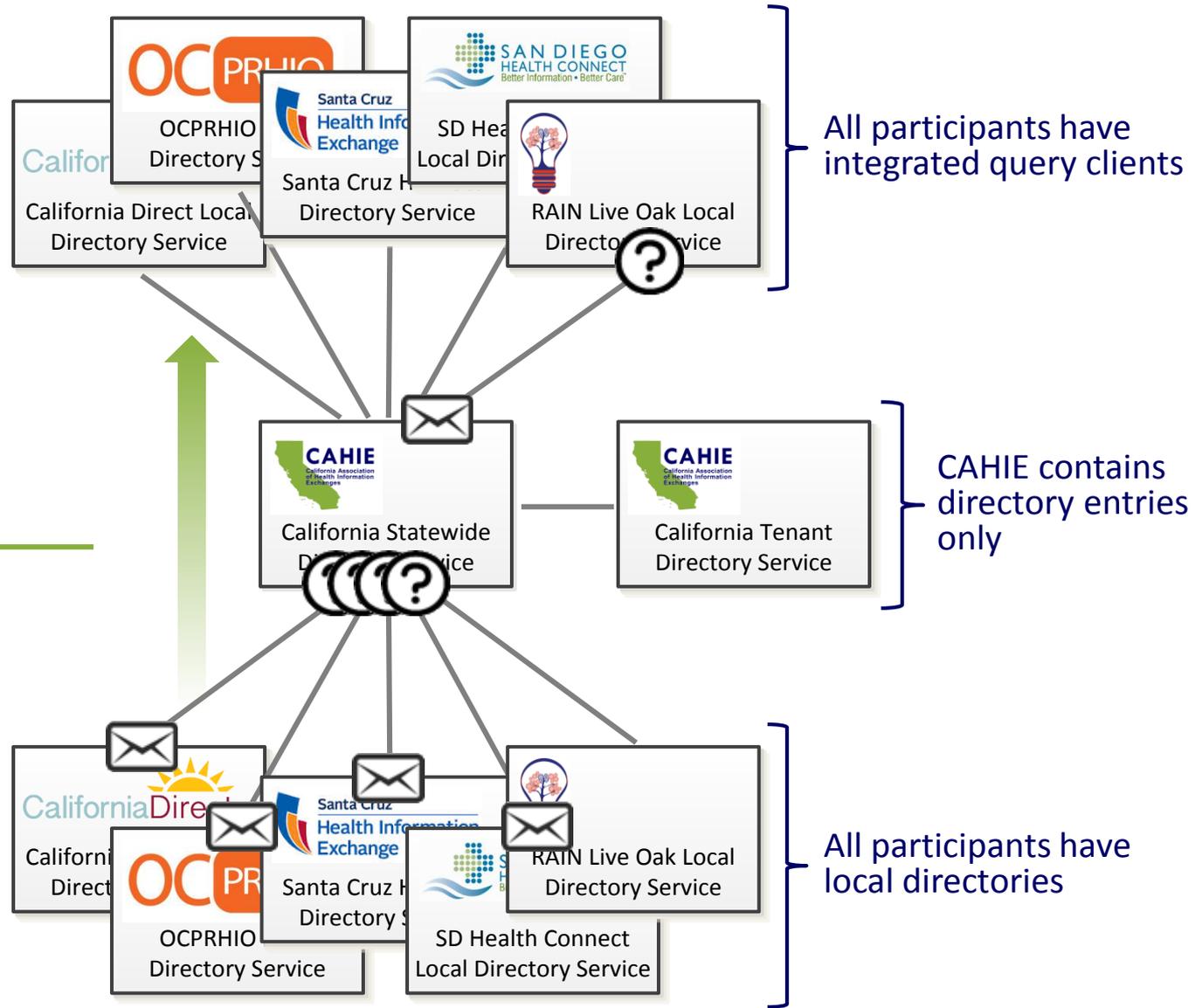


Where are we?

- Live in production with five participating organizations
- Talking to other potential participants



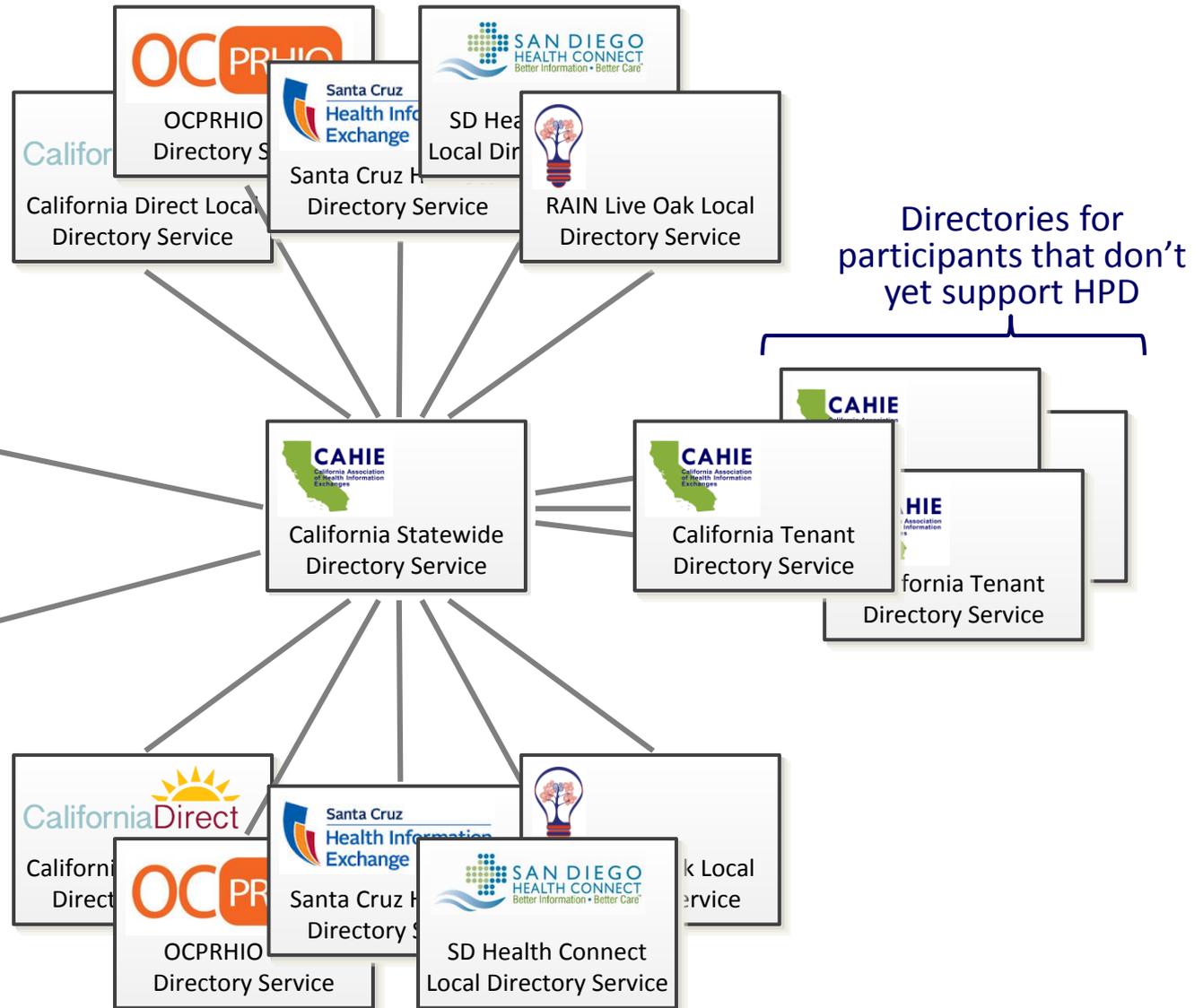
Today





Where are we going?

- Exploring query clients to allow those not yet supporting HPD to query for information
- Exploring extract services to allow those not yet supporting HPD to “access” for information
- Exploring tenant directory services to allow those not yet supporting HPD to share they directories



Tomorrow



What more can I tell you?





Contact Information

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CAHIE discussion

- How do you see the CA-HIE model working for Oregon? How would this solution work for your needs and organization?
 - Are there gaps?
 - What are the opportunities you noted about this model?
- Do you still have questions that we need to research and bring back to the group?
- Other thoughts?

Wrap up and next steps

Karen Hale