

Questions for Plans

(8) Keeping provider information current/validation source (rank 1): 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 validation).

Preconditions (assumptions):

1. Business Rules* are defined and followed in advance of data integration
2. and the source characteristics.<delete>
3. % of data contributing organizations provides enough providers to warrant PD as a viable source of data

* Business Rules are applied to the data that define:

- ~ Factors and calculations needed to produce a quality ranking score assessed to a source of data
- ~ Matching algorithms for a unique provider with multiple data sources and exception handling processes for data that do not match
- ~ Ranking of data sources based on the quality ranking score that assign precedence when there are multiple data sources for a unique provider (e.g., common credentialing data has a high degree of accuracy and is considered more authoritative than other sources)
- ~ Relationships that provide the ability to query the integrated data
- ~ Which data elements are verified by the provider directory program operations team
- ~ Which data sources and their associated elements contribute to the data set (data sources must meet data governance policies in order to be part of the provider directory)

Expected results

- Integrated database and views of the data elements that also includes source, date of data, and quality ranking score
- Data displayed are only the most authoritative and accurate data for a given provider
- Ability to pull data is seamless to the user no matter where the data is sourced.
- 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
- Ability to export data sets in specified formats. It may also have the ability to view data in a web portal

Question area	Feedback	Action items
Assumptions	Are we assuming a minimum number of contributors?	Discuss – generally what does the group think a minimum number of contributors would be? What types of data? Are data from Common Credentialing and HPD provider directories enough?
Expected results	Clarify 4 th bullet	Discuss – how can we represent the users can select which data sources to pull from the PD? Do we need this function? If so, Is there a better way to state this?

(15) Contact information – local query with extract option (rank 2)- 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.

Expected Results

- Integrated database and views of the data elements that also includes source, date of data, and quality ranking score
- Ability to pull data is seamless to the user no matter where the data is sourced.

- Data conflict reports to show where different sources provide different information for the same provider
- 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
- Ability to export data sets

Question area	Feedback	Action items
Expected results	<p>Clarify - in some places we say that only Validated/true data will be exposed. This one sounds like all data will be exposed, but some notation of discrepancies?</p> <p>Don't fully understand 3rd bullet. This places responsibility back on the user, which we want to avoid. (common comment across all uses for plans)</p>	<p>Discuss – should certain extracts be more static or concrete so that the user does not make any selections but knows the data only contains a predetermined set of fields based on being the most authoritative data? Does the use wording need to be tightened? Would you ever see the need for a data conflict report?</p>

(21) System of record for TBD defined elements (user interface) (rank 3): (Placeholder for functionality to add/delete/edit provider information). Provide a single entry point for certain defined data elements not present in common credentialing or HPD data models (or other sources). It could be used when a health care entity needs to author/enter their own information in the provider directory for data elements of which there is no external (other) source and have the ability to add, update, or delete the data. A user interface and updates to the data model and database are needed to allow the addition and management of these data.

Preconditions:

1. Coordination and alignment of data entered will not be duplicative of data entered in other OHA systems - namely MAP provider enrollment and Common Credentialing.
2. Business Rules* are defined and followed in advance of data integration
3. Bulk upload capacity may be warranted
4. Role based access for data entry and authorization are established for the user
5. User interface to enter information

Question area	Feedback	Action items
Preconditions	Any assumptions about 'help' buttons or online chat or email to users?	Add to clarify features needed in use 22 (reporting data inaccuracies to the statewide provider directory)?

(20) Use as a data source to report on network adequacy (rank 4): The provider directory can be used by a health care entity to report on network adequacy and to meet regulatory provisions.

Assumptions:

1. Business Rules* are defined and followed in advance of data integration
2. Additional analysis on use is needed (analyze nature of the data, frequency of updates, structure of data, whether PD is best system to use for this use)

Question area	Feedback	Action items
Assumptions	Key assumption that we'll be able to communicate networks easily and providers will know the answer and be willing to respond.	Discuss: add to assumptions?

(14) 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.

Precursor use

Use 1 - Common Credentialing Data

Use 2 - HPD Provider Directories

Use 4 - HIE Flat File directories

Question area	Feedback	Action items
Precursor use	Probably need a dependency on Participating Network information	Discuss – is this something that plans will share? How often do the data change?

(16) Contact information (rank 6) – 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 searches the federation as well as the local directory and returns contact information about every provider satisfying the search criteria, including HIE addresses. Extracts may not be provided or are limited due to data-use agreements.

Expected results

- Integrated database and views of the data elements that also includes source, date of data, and quality ranking score
- Ability to pull data is seamless to the user no matter where the data is sourced.
- Data conflict reports to show where different sources provide different information for the same provider
- 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
- Ability to export data sets, view data in a web portal, or view data through an EHR or HIT solution that complies with the HPD standard and has been connected to the PD (depends on use)

Question area	Feedback	Action items
Use wording	Do not understand the intent of this use case. It seems federation already happens to create PD.	Discuss suggestions to reword
Expected results	Not sure about quality ranking score. Will we be providing that on local PD?	Discuss

Reference

Cross Ref	# assigned to the use
Use case (What)	Describes the use of the provider directory
Likely users (Who)	Generally, types of users
Assumptions	A type of precondition - estimates of an existence of a fact
Precursor uses	A type of precondition - relationship between uses where one cannot begin without the other. These are mandatory for the use to be able to work
Affiliated Uses	A type of precondition - relationship between uses where one use improves the other if implemented
Expected uses	Describes what the PD is expected to produce
Total score	Total count of responses, whether ranked or just indicated where the use was considered of value. Some inconsistencies between total # of selected uses so number should be taken as an estimate.

Questions for Delivery

(8) Keeping provider information current/validation source (rank 1a): 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 validation).

Assumptions:

1. Business Rules* are defined and followed in advance of data integration
2. and the source characteristics.<delete>
3. % of data contributing organizations provides enough providers to warrant PD as a viable source of data

*** Business Rules are applied to the data that define:**

- ~ Factors and calculations needed to produce a quality ranking score assessed to a source of data
- ~ Matching algorithms for a unique provider with multiple data sources and exception handling processes for data that do not match
- ~ Ranking of data sources based on the quality ranking score that assign precedence when there are multiple data sources for a unique provider (e.g., common credentialing data has a high degree of accuracy and is considered more authoritative than other sources)
- ~ Relationships that provide the ability to query the integrated data
- ~ Which data elements are verified by the provider directory program operations team
- ~ Which data sources and their associated elements contribute to the data set (data sources must meet data governance policies in order to be part of the provider directory)

Expected results

- Integrated database and views of the data elements that also includes source, date of data, and quality ranking score
- Data displayed are only the most authoritative and accurate data for a given provider
- Ability to pull data is seamless to the user no matter where the data is sourced.
- 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
- Ability to export data sets in specified formats. It may also have the ability to view data in a web portal

Question area	Feedback	Action items
Use wording	<ul style="list-style-type: none"> • Should the one-off validation and full-directory validation be mentioned as separate use cases? • Since there are multiple sources, there should be a generic statement about maintaining accuracy and not specific to a health care entity. • The phrase "database dif" may be overly technical 	<ul style="list-style-type: none"> • Discuss: should we split this use case? • How should we address comment 2? • Better wording for "database dif" (Compare data between statewide PD and own PD)
Users	National quality groups such as NRHI would be interested	Add? – do we know how to find these groups/how many exist?
Assumptions	<ul style="list-style-type: none"> • What are "source characteristics" and why do the business rules need to be defined in advance of them? (The data integration piece of this sentence makes sense.) • Language on #2? 	<ul style="list-style-type: none"> • Sorry about the typo – #2 should be covered in the note on business rules. Is it clear there? • Discuss source characteristics

Expected results	<ul style="list-style-type: none"> • These are not expected results of validated source. These are uses 	Discuss – we are trying to represent what the user is looking to get out of the provider directory. Is there a better way we should be capturing?
(14) Find providers to initiate referrals and provide care coordination (rank 1b): 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.		
Likely Users <ul style="list-style-type: none"> • Health Plans • CCOs • Clinics • Hospitals • Providers (including members of the care team) • State • HIE 	Affiliated Uses <ul style="list-style-type: none"> Use 3 - Integrated state sources of data Use 9 - Accepting new patients Use 21 - System of Record for TBD elements Use 25 - Integrate other authoritative flat file directories 	Assumptions <ol style="list-style-type: none"> 1. Business Rules* are defined and followed in advance of data integration 2. Number or percent of providers that have data in the PD is enough to warrant PD as a viable source of data
Expected results <ul style="list-style-type: none"> • Integrated database and views of the data elements that also includes source, date of data, and quality ranking score • Ability to pull data is seamless to the user no matter where the data is sourced. • Data conflict reports to show where different sources provide different information for the same provider • 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 • Ability to export data sets, view data in a web portal, or view data through an EHR or HIT solution that complies with the HPD standard and has been connected to the PD (depends on use) 		
Question area	Feedback	Action items
Use wording	Should clarify that what makes this different from uses 15,16 (provider's electronic address)	Discuss – how can we make this more clear so that uses 14, 15, 16 are distinct from each other Discuss – this use anticipates the federated option (reaches out to connected HPD directories as well as what is stored locally). Use wording is not clear as is – how can it be worded more accurately?
Users	The state and HIE do referrals?	Quick discussion – this is a reference to CareAccord
Affiliated Uses	Accepting new patients is a data elements on a use	Discuss
Assumptions	Wording suggestion - 2. Adoption of PD as primary data source is high enough that quality is assured	Update wording?
Results	<ul style="list-style-type: none"> • Should anything be added about the ability to initiate communication via a provider's electronic address? • Only 2nd and 4th bullet make sense • "Seamless" might be a bit too strong of a word, and might give the impression that we want data sources 	Discuss

	to be completely invisible to the user. In fact, I think we want the source of data to be apparent, but the experience of retrieving it to be seamless. Not sure how to get that across though.	
--	---	--

(15) Contact information – local query with extract option (rank 1c) - 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.

Assumptions

1. HPD standards are adopted by participating provider directory HIT solutions
2. Data Use agreements and other authorizations are established and in place
3. Trust community membership is transparent and/or participation is limited to trust community members only
4. Integration is available to permit searches outside of the Oregon PD
5. Ability to support search criteria is available to the user to limit search results
6. Number or percent of providers that have data in the PD is enough to warrant PD as a viable source of data

Question area	Feedback	Action items
Use wording	Should clarify that what makes this different from uses 14,16 (provider's electronic address)	Discuss – this use does not anticipate the federated option (does not reach out to connected HPD directories, only returns what’s stored locally). Use wording is not clear as is – how can it be worded more accurately?
Assumptions	<ul style="list-style-type: none"> • HPD standards of data is not a precondition of a search or the results. It is how the data is handled which would be a different use case • Proper login authorization and identity verification are in place • Integration of other searches does not apply to this use case of a UI search through the PD • <i>accepting new patients is a data element system of record is not an affiliated use (addressed in separate use)</i> 	Discuss use of “HPD directories” and how we can make clearer that we are assuming there are connected HPD directories (adopted the standard, can be connected to the PD network) Add bullet #2 to all uses? Discuss bullet 3

(16) Contact information – federated web search (rank 1d) - 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 searches the federation as well as the local directory and returns contact information about every provider satisfying the search criteria, including HIE addresses. Extracts may not be provided or are limited due to data-use agreements.

<p>Precursor uses Use 2 - HPD real-time searches Use 4 - HIE Flat File Directories</p>	<p>Affiliated uses Use 1 - Common Credentialing Data Use 3 - Integrated state sources of data Use 4 - HIE Flat File Directories Use 9 - Accepting new patients Use 21 - System of Record for TBD elements Use 25 - Integrate other authoritative flat file directories</p>	<p>Assumptions 1. Business Rules* are defined and followed in advance of data integration 2. Number or percent of providers that have data in the PD is enough to warrant PD as a viable source of data</p>
<p>Question area</p>	<p>Feedback</p>	<p>Action items</p>
<p>Use wording</p>	<ul style="list-style-type: none"> • Can a definition for "federation" be provided as part of the UC language? • Why is there a different search for local vs federated? The data is the data and the search could hit multiple sources • This section needs to include a little more regarding the way that federated search results are returned. There was lots of discussion about whether this should return only the "best" contact information, or all results in a nested list. The use case should reflect one choice or the other. • Some wording needs correction. Specifically last sentence. 	<ul style="list-style-type: none"> • Discuss – federation means that the search reaches out to connected HPD directories. How can we better word this one? • How can we address return results from a search? • Last sentence is intended to address that some searches into the federation network will not respond to wild card searches or the “give me everything where...”, how can we better state this one?
<p>Assumptions and precursor uses</p>	<p>Either "real-time" needs to be defined, or it should be replaced with something more loose like "recent-time". I'm familiar with Federated HPD architecture, and how quickly it can access new data from the federation, but I wouldn't think it's instantaneous.</p> <ul style="list-style-type: none"> • <i>HPD standards of data is not a precondition of a search or the results. It is how the data is handled which would be a different use case</i> • <i>Proper login authorization and identity verification are in place</i> • <i>Integration of other searches does not apply to this use case of a UI search through the PD</i> • <i>accepting new patients is a data element system of record is not an affiliated use (addressed in separate use)</i> 	<p>Wording change to “recent time”?</p> <p><i>Greyed out bullets should be addressed from use 15</i></p>
<p>(17) In network search (rank 1e): A health care entity can Identify if provider in the directory is “in network” as part of a CCO/health plan</p>		

<p>Assumptions:</p> <ol style="list-style-type: none"> 1. Coordination and alignment of data entered will not be duplicative of data entered in other OHA systems - namely Medicaid provider enrollment and Common Credentialing. 2. Business Rules* are defined and followed in advance of data integration 3. Bulk upload capacity may be warranted 4. Role based access for data entry and authorization are established for the user 5. User interface to enter information 	<p>Affiliated uses:</p> <ul style="list-style-type: none"> Use 2 - HPD Provider Directories Use 3 - Integrated state sources of data Use 4 - HIE Flat File Directories Use 9 - Accepting new patients Use 21 - System of Record for TBD elements Use 25 - Integrate other authoritative flat file directories 	
Question area	Feedback	Action items
Use wording	This should be a criteria of a search not its own use case	Discuss
Assumptions	<ul style="list-style-type: none"> • HPD standards of data is not a precondition of a search or the results. It is how the data is handled which would be a different use case • Proper login authorization and identity verification are in place • Integration of other searches does not apply to this use case of a UI search through the PD • accepting new patients is a data element system of record is not an affiliated use 	<i>Covered in prior uses</i>
<p>(21) System of record for TBD defined elements (user interface) (rank 1f): (Placeholder for functionality to add/delete/edit provider information). Provide a single entry point for certain defined data elements not present in common credentialing or HPD data models (or other sources). It could be used when a health care entity needs to author/enter their own information in the provider directory for data elements of which there is no external (other) source and have the ability to add, update, or delete the data. A user interface and updates to the data model and database are needed to allow the addition and management of the data.</p>		
<p>Likely Users</p> <ul style="list-style-type: none"> • Health Plans • CCOs • Clinics • Hospitals • Providers • HIE 	<p>Expected results</p> <ul style="list-style-type: none"> • Data are added as part of the integrated database • Integrated database and views of the data elements that also includes source, date of data, and quality ranking score • Ability to pull data is seamless to the user no matter where the data is sourced. • Data conflict reports to show where different sources provide different information for the same provider • 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 • Ability to export data sets, view data in a web portal, or view data through an EHR or HIT solution that complies with the HPD standard and has been connected to the PD (depends on use) 	
Question area	Feedback	Action items
Use wording	<ul style="list-style-type: none"> • Too many uses in one use case • What does it mean to be the system of record for Provider information? • UI that will allow a user to enter information that is not present in source data, along with user permissions • Not sure that I support users 	Discuss

	entering/changing data for the directory - depends on what it is	
Likely users	HIE would enter through the same place as a user?	Discuss – is “likely users” the right term for this category?
Results	Are all of these necessary if the object of this UC is the ability to edit provider data in the db?	Discuss
(6) Provider search or lookup for HIE addresses (rank 2): 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).		
Question area	Feedback	Action items
Use wording	<ul style="list-style-type: none"> How does this differ from Use 14 (1b) Status of HISP? Vs. accuracy of the data? 	Discuss
(11) Source for payer information for a provider (rank 3): The provider directory is used to identify and validate the relationship of payers to specific providers.		
Likely users: <ul style="list-style-type: none"> Health Plans CCOs Clinics Hospitals Providers (including members of the care team) State HIE Research/ analytics 	Precursor uses: <ul style="list-style-type: none"> Use 2 - HPD real-time searches Use 3 - Integrated state sources of data Use 4 - HIE Flat File Directories Use 21 - System of Record for TBD elements Use 25 - Integrated other authoritative flat file provider directories 	Expected results: <ul style="list-style-type: none"> Integrated database and views of the data elements that also includes source, date of data, and quality ranking score Ability to pull data is seamless to the user no matter where the data is sourced. Data conflict reports to show where different sources provide different information for the same provider 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 Ability to export data sets, view data in a web portal, or view data through an EHR or HIT solution that complies with the HPD standard and has been connected to the PD (depends on use)
Question area	Feedback	Action items
Use wording	How does this differ from the in-network search, UC #1E?	Discuss – one is payers (plans) this one is specific to networks. Plans did not list as a prioritized use. Should it be different?
Likely users	Why providers, state, HIE?	Discuss - State and HIE would refer mainly to CareAccord
Affiliated uses	Not sure how payer information use would assist with the affiliated uses	Discuss

Expected results	Expected result of the payer information would be??	Discuss - What would be the expectation of having payer info in the provider directory? Analytics wants it for research purposes/ outcomes based on payer affiliation, what would delivery group want it for?
Reference		
Cross Ref	# assigned to the use	
Use case (What)	Describes the use of the provider directory	
Likely users (Who)	Generally, types of users	
Assumptions	A type of precondition - estimates of an existence of a fact	
Precursor uses	A type of precondition - relationship between uses where one cannot begin without the other. These are mandatory for the use to be able to work	
Affiliated Uses	A type of precondition - relationship between uses where one use improves the other if implemented	
Expected uses	Describes what the PD is expected to produce	
Total score	Total count of responses, whether ranked or just indicated where the use was considered of value. Some inconsistencies between total # of selected uses so number should be taken as an estimate.	

Questions for Analytics

(24) Analytics extracts (rank #1): 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.

- Preconditions:**
1. Business Rules* are defined and followed in advance of data integration
 2. Number or percent of providers that have data in the PD is enough to warrant PD as a viable source of data
 3. Historical data are also included in the record set

*** Business Rules are applied to the data that define:**

- ~ Factors and calculations needed to produce a quality ranking score assessed to a source of data
- ~ Matching algorithms for a unique provider with multiple data sources and exception handling processes for data that do not match
- ~ Ranking of data sources based on the quality ranking score that assign precedence when there are multiple data sources for a unique provider (e.g., common credentialing data has a high degree of accuracy and is considered more authoritative than other sources)
- ~ Relationships that provide the ability to query the integrated data
- ~ Which data elements are verified by the provider directory program operations team
- ~ Which data sources and their associated elements contribute to the data set (data sources must meet data governance policies in order to be part of the provider directory)

Expected results

- Integrated database and views of the data elements that also includes source, date of data, and quality ranking score
- Ability to pull data is seamless to the user no matter where the data is sourced.
- Data conflict reports to show where different sources provide different information for the same provider

Question area	Feedback	Action items
Use wording	It doesn't make clear that the extract will also include information about the clinic/other settings. Tweak this to read: "The provider directory makes an extract of the flat file data (current and historical) available to analytics extract subscribers. The extract will contain information about providers (e.g. Name, Degree, NPI, Specialty, etc.), clinics (e.g. Name, Street Address, PCPCH Tier, Tax ID, etc.), medical groups, hospitals, and payers (including CCOs) - as well as affiliations between these entities (e.g. providers that belong to a clinic(s), clinics that belong to a medical group, etc.)"	Tweak language on Use 24
Preconditions	Not clear on the meaning of Assuming #2. (?)	Discuss and clarify wording
Expected results	These results are more comprehensive than what, for example, analytics intended uses would be. Not interested in resolving conflicts - but want to pull the state's "best record" of the information. Assume this would be done based on Assumption #1 ("Business Rules defined and followed in advance of data integration.")	Discuss and clarify do we need to be more explicit about single best record set?

(19) Performance measure analytics (rank 3): 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

Question area	Feedback	Action items
Use wording	<p>Question on prioritizing this use case, but it sounds like its suggesting clinics/groups can self-report information like what EHRs they use, or performance metrics they've calculated in-house?</p> <p>This seems like a lower priority. Also do you really mean they would report "claims" (as in health insurance claims) to the provider directory? Doesn't sound right.</p>	Merge wording from use with Use 24?

(13) Outcomes and intervention (rank 3): 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 or groups that are performing well

Question area	Feedback	Action items
Use wording	<p>As we discussed during the 8/19/15 webinar, it feels a little funny listing this as a particular "use case" because it's not an actual function of the directory. By Use Case #1 (ability to extract data)</p> <p>An analogy would be for the Delivery group - a "use case" may be the ability to look up the secure email address of another provider; what that allows them to do is a whole host of things (share patient records, ask a question, etc) that would not be listed as separate use cases.</p>	Add Research/analytics as users to use 24?

(18) Practice location analytics (rank 3): 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.

Question area	Feedback	Action items
Use wording	<p>Same response as for Ex1_use3b - why is this listed as a separate use case of the directory. Also it seems very similar to Ex1_use3b; at the very least they could be combined?</p>	Merge with use 24?

(11) Source for payer information for a provider (rank 4): The provider directory is used to identify and validate the relationship of payers to specific providers.

(12) Source for privileging information for providers (rank 5): The provider directory is used to identify and validate the relationship of hospitals to specific providers (hospital admitting privileges)

Preconditions – Precursor use

At least one of the affiliated uses is functional

Question area	Feedback	Action items
Preconditions	<p>Clarification on "At least one of the affiliated uses is functional"</p>	<p>Discuss and clarify do we need to be more explicit about data sources coming in and what data are needed to make the PD provide value?</p>

Reference

Cross Ref	# assigned to the use
-----------	-----------------------

Use case (What)	Describes the use of the provider directory
Likely users (Who)	Generally, types of users
Assumptions	A type of precondition - estimates of an existence of a fact
Precursor uses	A type of precondition - relationship between uses where one cannot begin without the other. These are mandatory for the use to be able to work
Affiliated Uses	A type of precondition - relationship between uses where one use improves the other if implemented
Expected uses	Describes what the PD is expected to produce
Total score	Total count of responses, whether ranked or just indicated where the use was considered of value. Some inconsistencies between total # of selected uses so number should be taken as an estimate.

Questions for HIE

(6) Provider search or lookup for HIE addresses (rank 1): 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).

Assumptions

1. Data Use agreements and other authorizations are established and in place
2. Trust community membership is transparent and/or participation is limited to trust community members only
3. Ability to support search criteria is available to the user to limit search results
4. Business Rules* are defined and followed in advance of data integration
5. If federated search, HPD standards are adopted by participating provider directory HIT solutions
6. Number or percent of providers that have data in the PD is enough to warrant PD as a viable source of data

*** Business Rules are applied to the data that define:**

- Factors and calculations needed to produce a quality ranking score assessed to a source of data
- Matching algorithms for a unique provider with multiple data sources and exception handling processes for data that do not match
- Ranking of data sources based on the quality ranking score that assign precedence when there are multiple data sources for a unique provider (e.g., common credentialing data has a high degree of accuracy and is considered more authoritative than other sources)
- Relationships that provide the ability to query the integrated data
- Which data elements are verified by the provider directory program operations team
- Which data sources and their associated elements contribute to the data set (data sources must meet data governance policies in order to be part of the provider directory)

Expected results

- Integrated database and views of the data elements that also includes source, date of data, and quality ranking score
- Ability to pull data is seamless to the user no matter where the data is sourced.
- Data conflict reports to show where different sources provide different information for the same provider
- 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
- Ability to export data sets, view data in a web portal, or view data through an EHR or HIT solution that complies with the HPD standard and has been connected to the PD (depends on use)

Question area	Feedback	Action items
Use wording	It should read: Direct secure messaging address. With regard to trust community, how will that be identified and are we only interested in "Direct Trust"? Will they be flagged for trusted or not?	Change wording. Discuss trust community identification in the PD
Assumptions	Unclear on #2 (related back to first comment.)	Discuss
Expected results	Concerned about the quality ranking score and how that will be maintained.	Discuss

(14) Find providers to initiate referrals and provide care coordination (rank 2): 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.**

Question area	Feedback	Action items
Use wording	Red font assumes the PD system is tied to a user's direct address. Is this a requirement?	Discuss

(15) Contact information – local query with extract option (rank 3) - 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.

Assumptions

1. HPD standards are adopted by participating provider directory HIT solutions
2. Data Use agreements and other authorizations are established and in place
3. Trust community membership is transparent and/or participation is limited to trust community members only
4. Integration is available to permit searches outside of the Oregon PD
5. Ability to support search criteria is available to the user to limit search results
6. Number or percent of providers that have data in the PD is enough to warrant PD as a viable source of data

Results

- Integrated database and views of the data elements that also includes source, date of data, and quality ranking score
- Ability to pull data is seamless to the user no matter where the data is sourced.
- Data conflict reports to show where different sources provide different information for the same provider
- 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
- Ability to export data sets

Question area	Feedback	Action items
Assumptions	<p>#2. wouldn't data use agreements apply to all use cases? Every user should have to "agree" to a user license/data use agreement at first log-in and at intervals after that (annually, semi-annually, etc...)</p> <p>#3. Are we assuming that only Trust community participants will have access to the PD or just this type of search?</p> <p>#4. Unclear of the purpose and sources for this</p> <p>#5. Is this saying a user can limit the number of search results returned? Wording is unclear.</p>	Discuss

Expected results	Last bullet, do you want to give export formats required (PDF, CSV, etc...). This probably should apply to all UCs that have an extract	Add – confirm formats that we should have
-------------------------	---	---

(16) Contact information – federated web search (rank 4) - 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 searches the federation as well as the local directory and returns contact information about every provider satisfying the search criteria, including HIE addresses. **Extracts may not be provided or are limited due to data-use agreements.**

Expected results

- Integrated database and views of the data elements that also includes source, date of data, and quality ranking score
- Ability to pull data is seamless to the user no matter where the data is sourced.
- Data conflict reports to show where different sources provide different information for the same provider
- 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
- Ability to export data sets, view data in a web portal, or view data through an EHR or HIT solution that complies with the HPD standard and has been connected to the PD (depends on use)

Question area	Feedback	Action items
Use wording	Here we say HIE addresses, in # 1 we specify Direct addresses and in # 3 we state email addresses. Are all of these referring to the same thing? Last sentence is unclear.	Discuss
Expected results	Are the results of this use case the same as UC 2. It appears that the same process will serve both use cases and the only difference is the extract requirements.	Discuss

(7) Meet HIE requirements for meaningful use (rank 4): 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 uses 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.

Question area	Feedback	Action items
Use wording	how is it different from #1?	Discuss – are there different data sources that could differentiate this use from #1.

Reference	
Cross Ref	# assigned to the use
Use case (What)	Describes the use of the provider directory
Likely users (Who)	Generally, types of users
Assumptions	A type of precondition - estimates of an existence of a fact
Precursor uses	A type of precondition - relationship between uses where one cannot begin without the other. These are mandatory for the use to be able to work
Affiliated Uses	A type of precondition - relationship between uses where one use improves the other if implemented

Expected uses	Describes what the PD is expected to produce
Total score	Total count of responses, whether ranked or just indicated where the use was considered of value. Some inconsistencies between total # of selected uses so number should be taken as an estimate.

Exercise 3 – State Data Sources

State data source	What data do you expect/need to get from this source	What is it going to be used for?
Patient Centered Primary Care Home (PCPCH) (Rank 5)	<ul style="list-style-type: none"> • Identification of PCPCH clinics • PCPCH tiers and when tiers were achieved • How tier was achieved (note: cannot be a binary field)	Evaluating/adjusting for impact of PCPCH status Referrals and coordination of care Network adequacy
Medicaid - Provider Enrollment (Rank 3)	<ul style="list-style-type: none"> • Specialty, accepting patients, location • Identification of providers serving Medicaid • Medicaid ID 	Referrals and coordination of care Health plan validation
Medicaid EHR Incentive Program: providers that have received payments for meaningful use/adoption of certified EHR technology (Rank 4)	<ul style="list-style-type: none"> • Flag providers that have received payments • stage of meaningful use • vendor and version • applicable dates • Identification of Medicaid providers 	Evaluating/adjusting for impact of EHR technology Planning EHR integration - When we can integrate several practices that use the same vendor is saves money on both sides.
Medicare EHR Incentive Program: providers that have received payments for meaningful use (Rank 10)	<ul style="list-style-type: none"> • Flag providers that have received payments, stage of MU, vendor, and dates • Identification of Medicare providers 	
Additions and Mental Health (AMH) residential drug and alcohol treatment facilities (Rank 1)	<ul style="list-style-type: none"> • Treatment modalities • Contracted payers • facility demographics (including location) • accepting patients • licensing 	Referring patients for mental health services, coordination of care Identify non-credentialed providers for mental health and chemical dependency care Rolling out services to these orgs is easier when we can work with the parent org

Exercise 3 – State Data Sources

<p>CCO provider network tables (Rank 2)</p>	<ul style="list-style-type: none"> • Identify which providers are affiliated with which CCOs. • Provider contact information, accepting patients, locations, hours, specialties 	<p>Determine network adequacy, look at patterns when people travel out of network for care, etc. Referrals with CCO networks (when applicable) Network adequacy Helps with enrollment and outreach and also ensure we are getting CCDs from network members to support CCO reporting</p>
<p>Adult Foster Care (Rank 11)</p>		<p>Coordination/transfer of care</p>
<p>People with developmental disabilities (Rank 9)</p>		<p>Coordination/transfer of care</p>
<p>Nursing facilities (Rank 6)</p>	<ul style="list-style-type: none"> • facility demographics • licensing 	<p>Coordination/transfer of care Rolling out services to these orgs is easier when we can work with the parent org</p>
<p>Assisted Living and Residential Care Facilities (Rank 8)</p>	<ul style="list-style-type: none"> • facility demographics • list of services provided by the organizations • population they serve • licensing 	<p>Possible use for palliative care consulting; Coordination/transfer of care Rolling out services to these orgs is easier when we can work with the parent org</p>
<p>Children's Care (Rank 7)</p>		<p>Coordination/transfer of care</p>

Exercise 2: Ranking of data elements

Field and description		Data source			Inclusion: 1- Must have 2 -Nice to have 3- Not necessary	Accuracy 1- 95-100% (high) 2- 80-94% (med) 3- 0-79% (low)	Timing 1- out of the gate 2 - next iteration 3 - later iteration
Field	Description (taken from primarily from HPD standard)	PSV	HPD	Common Credentialing	Average Response n=9	Average Response n=9	Average Response n=8
Organization - Accepting new patients	Flag indicating whether the organization is accepting new patients				1.89	1.38	2.64
Organization - FQHC/Community health center flag	Flag indicating whether the organization is an FQHC or community health center				2.33	1.78	2.36
Organization - nights and weekends flag	Flag indicating whether the organization has after hours operations				2.00	1.89	2.64
Organization - PCPCH designation and tier	Patient centered primary care home designation and tier				2.22	1.56	2.21
Organization Address	Physical address information for an organization. Each type of address can be primary or secondary. Addresses that are no longer valid are marked as Inactive. Three types of addresses are supported: Billing Address (legal), Mailing Address, Practice Address		x	x	1.00	1.00	1.00
Organization Contact	Multiple individuals who can be contacted in reference to this organization, including a phone number and e-mail address and fax. An individual role can be included in the name, instead of an individual.		x	x	1.29	1.43	1.42
Organization Credentials	This includes certifications or licenses earned by an organization.	x	x	x	1.44	1.44	1.81
Organization hours of operation					1.78	1.89	2.07
Organization Identifier	National, Regional or local identifier that uniquely identifies an organization, that may be publicly shared. Some examples are: National Provider Identifier #, Tax ID #		x	x	1.22	1.00	1.25
Organization language	Language(s) that an Organization supports		x		1.89	2.00	2.00
Organization Name	This attribute contains multiple names for an organization including known names and legal name		x	x	1.22	1.11	1.13
Organization Specialty	Organization's specialization, a specific medical service, a specialization in treating a specific disease. Some specialties are: • Psychiatry • Radiology • Endocrinology		x		1.00	1.00	1.13

Exercise 2: Ranking of data elements

Field and description		Data source			Inclusion: 1- Must have 2 -Nice to have 3- Not necessary	Accuracy 1- 95-100% (high) 2- 80-94% (med) 3- 0-79% (low)	Timing 1- out of the gate 2 - next iteration 3 - later iteration
Field	Description (taken from primarily from HPD standard)	PSV	HPD	Common Credentialing	Average Response n=9	Average Response n=9	Average Response n=8
Organization Status	The status of this organization. Active – This organization is currently in existence. Inactive – This organization is no longer in existence	x	x	x	1.11	1.00	1.25
Organization Type	The type of organization represented. Some values are: Hospitals,HIEs, IDNs, Associations, Labs, Clinics, Departments, Pharmacies, Practice	x	x	x	1.56	1.39	1.38
Provider - EHR name and version					1.94	1.75	2.21
Provider - CCO affiliation					2.00	1.38	1.93
Provider - hours of operation	Times and days when the provider is available to see patients				1.67	1.78	1.93
Provider - nights and weekends flag	Flag indicating whether the provider has after hours operations				1.78	1.89	1.92
Provider Phone	Includes business phone, mobile, pager, fax		x	x	1.22	1.19	1.21
Provider - Primary Care Provider designation				x	1.44	1.11	1.56
Provider "Identifiers" - NPI, Tax ID	National, Regional or local identifier that uniquely identifies an individual that is okay to be publicly shared. Some examples are: National Provider Identifier #, Tax ID #, Hospital Issued Identifier		x	x	1.44	1.22	1.25
Provider accepting new patients	Flag indicating whether the provider is accepting new patients				1.89	1.67	2.44
Provider address	Physical address information for an individual. An address can be designated as primary or secondary. Addresses that are no longer valid are marked as Inactive. Three types of addresses are supported: Billing (or legal), Practice, Mailing.		x	x	1.00	1.00	1.00
Provider Credentials	Includes certification(s), license(s) and degree(s) earned by an individual provider. Information includes the Credential #, the name of credential, issuing authority, issue date, valid dates.	x	x	x	1.00	1.00	1.00
Provider date of birth					2.13	1.71	2.00
Provider e- mail address	Electronic mailing addresses to receive general purpose communication but not related to medical records		x	x	1.78	1.38	1.71
Provider Gender			x	x	1.78	1.56	1.75

Exercise 2: Ranking of data elements

Field and description		Data source			Inclusion: 1- Must have 2 -Nice to have 3- Not necessary	Accuracy 1- 95-100% (high) 2- 80-94% (med) 3- 0-79% (low)	Timing 1- out of the gate 2 - next iteration 3 - later iteration
Field	Description (taken from primarily from HPD standard)	PSV	HPD	Common Credentialing	Average Response n=9	Average Response n=9	Average Response n=8
Provider Home address				x	3.00	2.50	3.00
Provider Language	Language(s) that the provider is fluent in.		x		1.78	1.78	2.29
Provider Name	Includes title, first name, middle name, last name, known names		x	x	1.00	1.00	1.00
Provider Philosophy of care	Individual's sub-specialty that further describes their practice (chiropractor - sports injuries, pediatrician - neonatologist)				1.67	2.00	2.31
Provider practice info	Telemedicine/full time part time			x	1.56	1.88	2.29
Provider Relationship (affiliations)	Business associations with an organization. There can be multiple types of relationship but this profile generically categorizes all relationship as "member-of".		x	x	1.44	1.22	1.69
Provider Relationship (affiliations) historic				x	2.00	2.00	2.36
Provider Relationship (affiliations) start and end dates	Start and end dates for an affiliation			x	1.67	1.67	2.19
Provider Specialty	Individual's specialization, a specific medical service, a specialization in treating a specific disease. Some types are: psychiatry, radiology		x	x	1.00	1.00	1.00
Provider SSN				x	2.63	1.67	2.50
Provider Status	The status of this individual. Active – currently practicing Inactive – currently not practicing, Retired, Deceased	x	x	x	1.00	1.00	2.69
Provider Type	Type of individual provider (e.g., physician)	x	x	x	1.00	1.00	1.13
Secure messaging - Certification	Various kind of certificate information (encryption, signing, attribute) for the individual		x		1.88	1.57	2.17
Secure Messaging - Electronic Service URI	Reference to an entry in a systems directory or to a services definition page where this organization has its electronic access points defined.		x		1.88	1.57	2.17
Secure messaging - Organization Certificate	Various kind of certificates (encryption, signing, attribute) information for the organization.		x		1.78	1.50	2.00
Secure messaging - Organization Medical Records Delivery Email Address	Electronic mailing address of an organization where medical or administrative records can be sent.		x		1.75	1.43	1.83
Secure messaging - Provider medical records deliver email	Electronic mailing address of an individual where medical or administrative records can be sent		x		1.33	1.25	1.29

Exercise 2: Ranking of data elements

address (direct secure messaging address)							
---	--	--	--	--	--	--	--

Exercise 3 – State Data Sources

State data source	What data do you expect/need to get from this source	What is it going to be used for?
Patient Centered Primary Care Home (PCPCH) (Rank 5)	<ul style="list-style-type: none"> • Identification of PCPCH clinics • PCPCH tiers and when tiers were achieved • How tier was achieved (note: cannot be a binary field)	Evaluating/adjusting for impact of PCPCH status Referrals and coordination of care Network adequacy
Medicaid - Provider Enrollment (Rank 3)	<ul style="list-style-type: none"> • Specialty, accepting patients, location • Identification of providers serving Medicaid • Medicaid ID 	Referrals and coordination of care Health plan validation
Medicaid EHR Incentive Program: providers that have received payments for meaningful use/adoption of certified EHR technology (Rank 4)	<ul style="list-style-type: none"> • Flag providers that have received payments • stage of meaningful use • vendor and version • applicable dates • Identification of Medicaid providers 	Evaluating/adjusting for impact of EHR technology Planning EHR integration - When we can integrate several practices that use the same vendor is saves money on both sides.
Medicare EHR Incentive Program: providers that have received payments for meaningful use (Rank 10)	<ul style="list-style-type: none"> • Flag providers that have received payments, stage of MU, vendor, and dates • Identification of Medicare providers 	
Additions and Mental Health (AMH) residential drug and alcohol treatment facilities (Rank 1)	<ul style="list-style-type: none"> • Treatment modalities • Contracted payers • facility demographics (including location) • accepting patients • licensing 	Referring patients for mental health services, coordination of care Identify non-credentialed providers for mental health and chemical dependency care Rolling out services to these orgs is easier when we can work with the parent org

Exercise 3 – State Data Sources

<p>CCO provider network tables (Rank 2)</p>	<ul style="list-style-type: none"> • Identify which providers are affiliated with which CCOs. • Provider contact information, accepting patients, locations, hours, specialties 	<p>Determine network adequacy, look at patterns when people travel out of network for care, etc. Referrals with CCO networks (when applicable) Network adequacy Helps with enrollment and outreach and also ensure we are getting CCDs from network members to support CCO reporting</p>
<p>Adult Foster Care (Rank 11)</p>		<p>Coordination/transfer of care</p>
<p>People with developmental disabilities (Rank 9)</p>		<p>Coordination/transfer of care</p>
<p>Nursing facilities (Rank 6)</p>	<ul style="list-style-type: none"> • facility demographics • licensing 	<p>Coordination/transfer of care Rolling out services to these orgs is easier when we can work with the parent org</p>
<p>Assisted Living and Residential Care Facilities (Rank 8)</p>	<ul style="list-style-type: none"> • facility demographics • list of services provided by the organizations • population they serve • licensing 	<p>Possible use for palliative care consulting; Coordination/transfer of care Rolling out services to these orgs is easier when we can work with the parent org</p>
<p>Children's Care (Rank 7)</p>		<p>Coordination/transfer of care</p>