Provider Directory Advisory Committee (PDAC)
Meeting Summary – July 19, 2017

Advisory committee members in attendance	OHA staff and consultants
Jennifer Bradford Awa Amy Chaumeton Dale Clark Michelle Cooper Stick Crosby Mary Dallas (by phone) Liz Hubert Martin Martinez, chair Robert Power	Karen Hale Melissa Isavoran Ivan Kuletz Britteny Matero Jason Miranda Rachel Ostroy Dan Pasch Steven Ranzoni Stacey Weight
Advisory group members not in attendance	
Gina Bianco Stephanie Dreyfuss Missy Mitchel Hongcheng Zhao	

Rollcall & agenda/objectives review **(slides 1-3)**

Martin Martinez, PDAC chair, welcomed everyone to the meeting and reviewed the agenda.

Project Updates (Slide 4)

Karen gave a project update. The Provider Directory project received state approvals for "Stage Gate 3" and the MiHIN contract. The MiHIN contract was sent to CMS on July 5th. Martin asked what happens after CMS has finished their review. Rachel said that we sign a contract with Harris who then signs with MiHIN. Once the contracts have been signed, development will begin.

PDAC and PD-SME Updates (Slide 5)

Karen gave update on the June Provider Directory-Subject Matter Expert (PD-SME) meeting. She explained that PD-SME members were put into four different breakout groups: analytics, plans, delivery, and HIE. Each group analyzed a specific use case which included reviewing types of data and providers needed for the use case. One PDAC member added that the provider types listing needed to be clearer. Karen told the group that OHA is working on refining the list of provider types and will include definitions around which types of providers fit into the various provider type categories.

PD Roadmap Review (Slide 6)

Karen asked everyone to review the roadmap handout and state something that stood out to them. The most common response was *Data Quality and accuracy*. Other responses included *Ease of Access,*

Widespread Adoption, Financially Sustainable, and *Usable*. One member emphasized that next 5 years will be frightening; Health systems will be challenged to cut back and the state tax hit to providers will be stunning.

Members were also asked to share what seemed most challenging. Reponses included:

- Accepting new patients is tricky
- Time to ramp up to get enough data in the Provider Directory
- Might be expensive
- Will need to have duplicative processes initially to be sure the Provider Directory can be trusted
- Hard to know when the data can be trusted
- Overlap with Common Credentialing
- Limited capacity for new programs with there are so many other new programs and initiatives

User Adoption Discussion (Slide 7)

The group was oriented to the discussion by first understanding the question that would ultimately be answered by the end of the meeting:

What needs to be considered/included in our Provider Directory adoption and outreach plan to ensure widespread PD user adoption?

Karen reviewed highlights of the implementation plan by stating this is a phased approach to implementation, go-live is Summer 2018, MiHIN is the selected vendor, resources include OHA, Provider directory stakeholder groups, a small marketing budget is available, and the implementation timeline is about 30 months.

Ideal Future state ("Victory")

Karen asked PDAC members to envision the ideal future state for the Provider Directory when it is successfully implemented. They were asked to share what would be said or experienced about the implementation and Provider Directory:

- The Provider Directory was exactly what I expected and was promised to be
- Easy to use
- Data was maintained, accurate, and trustworthy
- Data was value added to the business
- When bad data was reported, it was fixed quickly
- Fields that could be changed were known
- Aligning mandates (e.g. CMS) to the Provider Directory; There was an established pathway for compliance and growth based on the stimulus of pending changes or new rules from the greater healthcare industry
- It was clear to provider where the source of truth resided and where to go to update
- Onboarding process was painless

- This saved me money (money, cost, downstream effects)
- "Go to the Provider Directory to get my info", says the provider to the payer
- Users can choose what data to consume – e.g. Filter
- Meets all identified use cases – Including philosophy of care, special interest area, and standards (languages spoken)
- Was secure and (security) was not a barrier to access
- The data was there and I didn't have to go to 17 different entities
- Clear who can report problems and input/update data for providers
- Clear definition of processes for the Provider Directory vs Common Credentialing
- Users promote use of Provider Directory to their organizations and others
- Providers knew how their data was used
- Updates and feeds can be done in multiple ways that are clear
- Industry standard tables are used (e.g. NUCC codes for specialty)
- Segmentation of data – role based access
- Published implementation guides
- Known minimum data set
- Concerns are responded to
- Established pathway on how to expand Provider Directory to meet emerging business needs
- Knew what was reported vs. verified
- The system's data model and relational data structure reuses existing data standards and it was easy to crosswalk my data
- Data was updated at the mouth of the river and reached each of the tributaries.
- I was able to update my information in one place
- Best 30 months of our lives!

Current state

After the group talked about the ideal future state, they were then asked to identify the current reality of the strengths, weaknesses, dangers if successful, and benefits if successful. After the list was created, PDAC members selected which ones were the most important areas to consider (indicated below with an *)..

Strengths	Weaknesses
Know what's not working	New/bleeding edge
Know why we have the issues	Run risk of market issues and competition
PDAC & PD SMEs!!!	Risk of obsolescence –e.g. Sequoia/Care Equality, other emerging PD efforts
Can collaborate with other states doing the same thing	* Changing standards and regulations (What we develop here may or may not be what is adopted at the federal levels or Electronic Medical Records.)

* Doing through Public/Private collaboration and we have a lot this information available to us out of the gate	Big net to cast on non-CC providers
	Don't know about data quality (nothing to baseline)
	Data validation processes are nasty
	Unknowns – jeopardizes adoption the longer it takes to get cost

Dangers If Successful	Benefits If Successful
*High value target for illicit use -3rd party selling of data	Can communicate with each other electronically
Not sustainable/not enough resources (can't scale)	Oregon ideas get more spotlight, influence, and input
* People are dependent on it and what if funding is cut/source goes away (This could cripple folks who were then dependent on that source)	* Workflow efficiencies/ save money
Competition for market share	* Improved care coordination
Responsibility to update data may be forgotten (need notification to keep data updated) or providers say their data are good but aren't	* Centers for Medicare and Medicaid Services (CMS) is happy and audits are passed
Will need to manage updates between Common Credentialing and Provider Directory	Meaningful use Stage 3 / Transitions of care

Action planning

Each member was asked to review the Victory statements and current state ideas and share which one would guide our planning efforts. The group provided the following statements:

- Data Was Value Added
- This Saves Me Money
- Data Was Maintained, Accurate, and Trustworthy

Brainstorm tasks

The group was then asked to write down the tasks that needed to be included in the plan. Members prioritized and shared their top 7-8 ideas. During the discussion, members also categorized the tasks that had a similar focus:

Metrics and Quality	Data Governance	Marketing and Communications	Marketing Analysis	Program Sustainability	Usability

Establish a mechanism of determining what truth is that stakeholders understand	Define data -Definitions -Standards -Governance -Use cases – work flow	Use consistent, defined data metric in all communication	Identify the processes eliminated or streamlined by the Provider Directory	Continue changing so we never lose value	Ability to access through EHR
Develop data quality measurement	Figure out tricky data elements	Customer engagement	Develop value models		
Establish credible quality metrics	Define exit strategy	Identify "appropriate" target audience/ member (who will care)	Determine the benefits that sell		
Metrics and service level agreements	Field for data source	Be able to show that data is accurate	Mechanism to assess return on investment (ROI)		
Develop audit accuracy and update processes	Validate against existing data (NPPES, MMIS)	Toolkit subsets for each audience & same master message	Identify and engage high level ambassador to communicate to broader audiences		
Regular Data Source Audits	Direct Provider Updates	Market the practical benefits			
Metrics designed around audit checks (phone calls?)	Develop comprehensive implementation guides - including testing, validation, & assistance available	Provide demonstrations to prospective users			
Sustainability plan for data stewards services	Licensing board data submitter engagement				
Measure and enforce adoption (early)					

Publish QBRs for program performance					

Designate launch activity, resources, and outcome to categories

In their final exercise, small groups decided on a launch activity that would signify when the set of tasks would begin, an outcome statement that defined when the tasks would be successfully completed and resources that were needed to complete the tasks.

Category	Launch	Resource	Outcome
Marketing Resources	Take metric and turn into outreach message, Validate initial assumptions presented in concepts	Focus Groups	Revisit initial plan to determine timing of contingencies
Program Sustainability	OHA program plan meeting	OHA staff & PD groups	Written plan and input by PDAC & SME
Marketing Analysis	Define market parameters (who, what)	Survey tools, stakeholder engagements	Clear value/benefits
Data Governance	Identify charter or group with subject matter expertise to discover and govern the data that are in play	OHA, involvement from vendor, tools like database schemas, data flow, etc.	Having a well-defined data model and set of standards for data stewards and data governance team

Public Comments and Closing (slide 8)

There were no public comments. Martin closed the meeting by asking what went well. The PDAC liked the discussion during the meeting but also agreed that there was a lot of noise in the adjoining rooms.

Parking Lot

Parking lot items were documented in the meeting and will be discussed at a later date or addressed by the PD-SME group.

- Feeds back from Provider Directory to board of Medical Providers
- How to certify/verify/etc. certain data; For example, how to certify a provider actually is proficient with language they said they were
- Prompting update of data in Provider Directory that does not come from Common Credentialing