# Provider Directory adoption risks, barriers, and gaps

1. When implementing the Provider Directory,

⚠️What are some of the risks that may impact success

⚠️What are some of the barriers?

⚠️What about gaps?

2. What are ways to mitigate risks, remove barriers, or bridge gaps?

Provider Directory Identification of Risks, Gaps, and Barriers

| Name | Description | Mitigation | Origin |
|---|---|---|---|
| **Internal process change considerations** | When an organization adopts, they will need to change internal processes which is hard because there are many people involved; time and planning is needed to support and execute the change. | Factor in value proposition and address in communications | May 2017 PDAC Mtg |
| **Too many things going on** | Organizations are already going through many changes so the case for using the Provider Directory must be clear and demonstrate using it is worth the investment | Factor in value proposition and address in communications | May 2017 PDAC Mtg |
| **Fees and other costs** | Administrative staff costs as well as actual costs must be considered. | Factor in value proposition, quantify staff costs, and address in communications | May 2017 PDAC Mtg |
| **Regulations and existing processes** | Regulatory obligations that make it difficult to change existing processes. | Monitor the regulatory environment, engage stakeholders who are affected by the regulations to understand where the pain points reside | May 2017 PDAC Mtg |
| **Bandwidth needed to evaluate adoption** | Bandwidth and capacity to evaluate use of the Provider Directory for an organization that already has processes established | Analyze costs to evaluate and use with stakeholders; be transparent to orgs in communications about these costs; have implementation guides available so that orgs can effectively evaluate what it will take to implement | May 2017 PDAC Mtg |
| **Poor data quality** | Data must be trusted and may require parallel testing for an organization to ultimately trust the data | Use skilled data stewards, test (and test, and test), ensure data quality meets established standards, use stakeholders in UAT and as early adopters | May 2017 PDAC Meeting |
| **Fees and other costs aren't known** | Costs of the provider directory are unknown (must be less than current costs to adopt) | Once MiHIN is onboard and CMS approves current funding proposal, work on the fee model can resume | July 2017 PDAC Meeting |
| **Time to get to a complete data set** | Time to ramp up to get enough data into the provider directory - Common Credentialing data will not be at capacity (90%) until October 2019 | Consider alternate source of authoritative data (e.g., Lexis Nexis) while CC data is being onboarded | July 2017 Meeting |

Provider Directory Identification of Risks, Gaps, and Barriers

| Name | Description | Mitigation | Origin |
|---|---|---|---|
| **Risk of obsolescence** | Risk of obsolescence/competing Provider Directory efforts | How do we stay current? | July 2017 meeting |
| **Emerging standards/changing regulations** | Standards for provider directories are still emerging (FHIR, namely); PD regulations for data elements that must be included and how often data must be updated also change; The PD will need to be adaptable and flexible | Continue to monitor national efforts, align to those efforts | July 2017 meeting |
| **Illicit use** | High value target for illicit use | Establish clear SLAs with vendor that reinforce robust security protocols | July 2017 meeting |
| **Not sustainable** | Users depend on the PD and if it is not sustainable or funding is cut, those users would face hardships to replace it | | July 2017 meeting |
| **Partial data sets** | Users will not experience the cost savings if the Provider Directory does not completely replace existing sources used to get this information | | Aug 2017 PD-SME Meeting |
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