

A-1 Analytics Extract Use Case

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| A-1 Analytics extract |
| Description/Definition/Scope: <i>1-5 sentences to describe the what, who, and why for the use case</i> |
| The Provider Directory has a complete set of current and historical provider information that can be used to augment/improve an organization's provider data. This information is either not available today or available through many, different organizations and sources. Examples of data that need to be accessed from the Provider Directory include: current and historical affiliations from a provider to their practices (group(s), clinic(s), system, hospital), payers (CCOs, Medicaid, other payers), and programs; provider identifying data; and general characteristics about a provider. |
| Current State |
| There isn't a common data source and/or the data may not be available. Data are gathered from different sources and locations. It is chaotic. Data are then matched based on a common key if available, or on user-defined matching algorithms if a common key is not available. |
| Description of how this is envisioned to work after the implementation of the PD |
| Data are accessed in an extract from the Provider Directory. The data has a common key (NPIs, TINs, system generated primary key), easy data structure (considering historical permutations), required data elements with little missing data, data on individual providers as well as facilities, and scheduled updates to the data. Documentation defining all variables will be available to users as well as a user guide and comments/known issue document for analysts. Ideally, documentation that describes data issues or known problems with variables or combinations of variables is available. |
| The Provider Directory will have information that's not available today, including where providers practice and when they were there. It will provide a rich source of provider and practice level data to enable a variety of analytics needs. Types of data include: |
| <ul style="list-style-type: none">• provider identifying data• current and historical affiliations<ul style="list-style-type: none">○ practice (provider's group(s), clinic(s), system, hospital, and practice-specific specialty)○ payer (CCOs, Medicaid, other payers)○ program affiliations like PCPCH and other "high interest" programs with state or federal reporting requirements• complaints and licensure• general characteristics about a provider like years in practice, years licensed, race, gender, specialty, age, and physical location |
| The Provider Directory data can be used to report on |
| <ul style="list-style-type: none">• how care varies by practice locations, specific programs (e.g., PCPCH), or other affiliations (e.g., CCOs)• Performance measures (e.g., identify high-performing organizations/regions and their characteristics such as clinics with PCPCH status, and organizations/regions who could benefit from additional support or interventions)• EHRs in use• Claims at a practice or group level• Access and supply characteristics across Oregon• Practice patterns to help organizations better understand the continuity of health care among their members |
| In addition, the Provider Directory data can be used to identify clinics or groups within a CCO that either require intervention because they are not meeting benchmarks or highlight those that are performing well. |

H-1 Health Information Exchange (HIE) Use Case

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| H-1 Find a provider and their Electronic Servicing Info (ESI) for HIE |
| Description/Definition/Scope: <i>1-5 sentences to describe the what, who, and why for the use case</i> |
| The Provider Directory (PD) is used to find providers and their contact information, including electronic servicing information (ESI) using configurable criteria such as name, specialty, telemedicine, geographic indicators like zip code, city or state, language or gender. The PD returns results for every provider satisfying the search criteria including the physical and electronic address, and contact information. HIEs will also use the PD as a key source to validate onboarding information for a provider. HIEs may be data contributors which is not covered in this use case. |
| Current State |
| Description of how this use case is done today |
| Today, finding a provider and their associated contact information, including ESI is done in many ways and requires going to many different sources. There is no comprehensive address book or list for Providers and Direct secure messaging (DSM) addresses and data from other sources are often not trusted. If a provider needs to find another provider to coordinate care, they use a variety of sources and methods ranging using their own provider directories, managing lists of providers in other organizations, to using Google. It is also a struggle to determine whether the HISP is part of DirectTrust because the name of the HISP may be different than the name used when they registered with DirectTrust. The CareAccord Flat-File Directory (FFD) is a current workaround for this issue. The FFD is a free service and contains 15,000 addresses for Oregon (and other) providers whose organization subscribes to the free service. Subscribers submit their lists of providers and their key information monthly using an Excel template. Data are then compiled and returned to subscribers. The accuracy of the data is the responsibility of the subscribers who submit their data. |
| Future State |
| Description of how this is envisioned to work after the implementation of the PD |
| The PD is the source for HIE users to find providers and their associated contact and ESI. ESI information includes the Direct address and Direct trust bundle information for the HISP. HIEs are likely to be interested in integration options like an API but will use the portal initially. Regardless of how the information is accessed, HIE users see the value of the enhanced PD information. HIEs themselves also use the Provider Directory in administrative functions like onboarding and validating new providers into the HIE. |

O-1 Provider Data Validation Use Case

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| O-1 Pull PD data to validate provider information |
| Description/Definition/Scope: <i>1-5 sentences to describe the what, who, and why for the use case</i> |
| A healthcare entity needs to validate its local healthcare provider information to ensure that the data are current. The healthcare entity uses the Statewide Provider Directory to supplement or validate provider information for an individual provider or for a large set of providers. Validated data are then used for multiple purposes including coordination, referrals, and updating consumer facing directories. |
| Current State |
| Description of how this use case is done today |

Today, validating a provider and their associated contact information is done in many ways and requires going to many different sources including phone calls, mailings, faxes, claims, and Google, as well as 3rd party vendors.

Future State

The Provider Directory is the one place an organization can go to validate their data.

O-2 Provider Searches for Contact Information Use Case

O-2 Find contact information on a provider or person who is part of the care team

Description/Definition/Scope: 1-5 sentences to describe the what, who, and why for the use case

The Provider Directory is used to find core, accurate contact information for another provider or person who is part of the care team (direct care providers or those who interact with the patient). The term “provider” is broad; they can be an organization or an individual and it is not necessary for the provider to have an NPI. Information for a provider is sourced and aggregated from multiple sources. Information includes names, identifiers, addresses, contact information, and practice affiliations/locations.

Current State

Description of how this use case is done today

Today, finding a provider and their associated contact information is done in many ways and requires going to many different sources. If a provider needs to find another provider to coordinate care, they use a variety of sources and methods ranging using their own provider directories, managing lists of providers in other organizations, to using Google or government registries like DEA and NPPES. Inaccurate, ambiguous, and outdated data are common. Staff resources are limited to resolve data issues. Data definitions can be confusing and vague as definitions vary by organization.

Future State

The Provider Directory is the one place an organization can go find accurate, complete provider data.

| Use Cases | Health Plans | CCOs | HIEs | IPAs | Providers | DCOs | Behavioral Health | Hospitals and Health Systems | Long Term Social Supports | Healthcare research | First responders/ Fire Depts | Corrections | OHA |
|---|--------------|------|------|------|-----------|------|-------------------|------------------------------|---------------------------|---------------------|------------------------------|-------------|-----|
| Analytics extract | ◆ | ◆ | ◆ | | | ◆ | | | | ◆ | | | ◆ |
| Pull Data for Own PD Validation | ◆ | ◆ | ◆ | ◆ | | ◆ | | | | | | | ◆ |
| Provider searches for contact info | | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | | ◆ | ◆ | ◆ |
| Find a provider and their Electronic Servicing Info | | ? | ◆ | ◆ | ◆ | | ◆ | ◆ | ◆ | | ◆ | ◆ | |