Delivery

Key Benefits for organization or provider	
Benefits	**Ways to Quantify**
Crisis Services - easier to contact PCPs. Goes beyond crisis, ED, specialty care. Seconds matter.	Summary of care transfers would increase.
You get higher volume of clients from PD use. (Greater visibility)	You get higher volume of clients from PD use.
Reduction in manpower to upload referring providers.	Reduction or repurposing of FTE
Reaction in erroneous fax transmissions.	Reduction in erroneous info. Increased security when faxes go to correct fax #.
Optimize provider search	
Tracking member complaints	Reduction in FTE.

Associated Costs for an organization or provider	
Costs	**Ways to quantify**
How do we vet data. How do you know it loaded correctly	FTE required to manage new processes
Imbedding into software	May need updates or upgrades to software

What are other concerns or considerations to address?
Use of data for recruiting Use of data for Medicaid referrals Concerns with some data fields containing sensitive info (e.g. personal email, DOB, SSN, etc.) Providers won't have control over who sees data outside of their clinic or org.

What are other concerns or considerations to address?
Rule making process should include clear rules and expectations as well as penalties for misuse. Limit access based on Org need

Analytics

Key Benefits for organization or provider	
Benefits	**Ways to Quantify**
Have Data - OHA evaluates policy and would use this to answer question. Don't have this data.	
- More efficient provider/patient connections, which could improve outcomes.	How many times have you needed this data?
- Research request and study approval	- How many times have you had to turn away patients
- Doing annual studies. This would make this move efficient and accurate	- How long have patients had to wait?
- Fill gaps in existing data and data quality.	- Sent patient to location that was closed or not accepting?
- Mechanism to correct errors in data.	- Approval of studies - Affect policy

Associated Costs for an organization or provider	
Costs	**Ways to quantify**
- End user training - Subscription cost - Can't see a need for data integration Steven - who speaks for everyone! - Could see a need/use for integrating a real-time data feed.	Sort of read-only user. Not power user.

What are other concerns or considerations to address?
1. How well will it meet it's purpose? (e.g. determine service location for claims (facility or professional) 2. This isn't on providers' radars. How do we educate them on value/purpose? 3. Commitment & effort required. Ease of use. Training time access/use duration. 4. Is it worth it? Price is just too high (regardless of benefit) 5. Negative - more complex use cases are further down road (network mapping)

What are other concerns or considerations to address?
1. Beta use. Data dictionary. Beta testers need mechanism for feedback. 2. Marketing - outreach. 3. Data submission/correction ease of use - Demos, communication, training, END -USER FEEDBACK.

Plans

Key Benefits for organization or provider		Associated Costs for an organization or provider		What are other concerns or considerations to address?
Benefits	**Ways to Quantify**	**Costs**	**Ways to quantify**	- Working with CMS A - Change management for providers - Tight on time, even for good changes - Martin agrees, change management is huge.
M: Cost avoidance to maintenance and Data upkeep, and data quality.	- FTE Reallocate staff 2+ if maintenance/interface maybe another 1 or 2+	M: Want save money to begin. Will be duplicative if there are gaps being filled it's valuable.	Initially duplicative but eventually they can stop validating as quality improves. - Liz agrees.	
Verify 100% of providers not done today		L: Technology investment won't be cheap	Need interfaces/processes to analyze the data.	**What are other concerns or considerations to address?**
L: Collecting data from a trusted source	- Savings in Fewer calls to provider directory	L: If delegation agreements breakdown or change. Expense is for PD data downstream may be effected. If delegated group stop sending data the cost go way up.		Early communication understanding their situations Training workflow incorporation
A: Calls IT of Tuality, Keizer, etc. to get FF/interfaces	- Savings doing 1 source			
	Its either people cost or licensing cost			
	Overall it makes healthcare more effective or improves time spent on treating patients.	J: asked does the CC/Delegated offset? - Hard to say		
A: Analytics	Understanding the provider network cost of getting data is usually less direct and more bundled in to other overall negotiated costs.	A: Provider relations/communications: National effort to reach out/retrain on process for PD and collection and use of		
L: Frequent provider attested data is good benefit with audit trail - maybe pass through compliance with various state/federal mandates.				
M: They will use it as a tool in communications to providers as a positive influence on their work.				