

# Oregon Common Credentialing Program Suspension

## OCCP Suspension

- OHA has decided to suspend the Oregon Common Credentialing Program (OCCP)
- There remains broad consensus that the concept of centralizing credentialing information has merit
- We encountered challenges prohibiting the implementation of a cost-effective program that benefits all Oregon practitioners.

# Why is OHA suspending the OCCP?

- We find ourselves at a financial crossroads for OCCP
- Stakeholder support for the OCCP has changed over time
- Evaluating OCCP and competing priorities

## Timing of decision

- OHA found varying levels of support from stakeholders
  - many of whom have expressed significant concerns about the complexities and effort needed to change business practices to work with a centralized system
- To mitigate these concerns OHA intended to slow down the rollout of this program
  - OHA planned to extend the Early Adoption/pilot phase as long as necessary to ensure the program would be successful, before requiring widespread participation
- However, this plan resulted in a budget shortfall
  - OHA had to weigh varying levels of stakeholder support coupled with a \$12 million financial request to the Legislature for OCCP against other Agency priorities

## Impacted parties

- Practitioners and credentialing organizations
- OHA's contractors for OCCP
- OCCP Stakeholder committees

## What the suspension means

- We will document and wrap up current work on all aspects of the program. Vendors will stop work, and we will repurpose staff for other priority work.
- After wrapping up current work, OHA will explore lessons learned with stakeholders and assess whether there are other opportunities to reduce practitioner burden related to credentialing.

## Impact on rules and legislation

- OHA updated the administrative rules earlier this summer to reflect a slow down in the rollout of the program
- In the coming weeks, OHA will revise or repeal the administrative rules to reflect the program suspension
- The legislation will remain in place - this allows us to return to the program at a later time.

## Status of OCCP IT development

- Suspending the program is a business decision, not a technology decision
- OHA's vendors delivered a functioning system that would be ready for users to begin testing
- OHA's suspension of the program means we will not initiate the User Acceptance Testing or Early Adoption/pilot phases.

## Investment in OCCP to date

- OCCP was established by the Legislature without an allocation of startup funding. OHA has been covering program costs until the system is live.
  - OHA anticipated about \$10 million to implement the program and about \$6.5 million/year for ongoing operations. This budget represents a mix of contractor and staff costs.
  - OHA has spent approximately \$7 million dollars on the program, about \$1.5 million of which has been absorbed by OHA for initial planning costs and staff costs using agency and grant funds.
  - Ending the program now means we avoid a \$12 million funding request this biennium, and will instead work through our budget rebalance process to request about \$5.5 million in obligated/spent costs that were intended to be repaid through fees.

## ACPCI

- OHA will continue to manage the Oregon Practitioner Credentialing (OPCA) and Recredentialing (OPRA) Applications
- The Advisory Committee on Physician Credentialing Information will continue to meet annually to evaluate whether changes to the OPCA and OPRA applications are needed

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# Provider Directory Impacts



## Provider Directory impact

- The Oregon Provider Directory expected a data feed from Common Credentialing as a reputable source of truth for a number of data elements.
  - Without OCCP data, the Provider Directory project will turn to alternate methods to collect and validate data, such as third-party data cleansing services and bolstering Provider Directory data stewardship through its contractor.
  - Because the Provider Directory budget included funding to OCCP for this data, that budget will now be directed to data cleansing and data stewardship services.

# The OCCP data feed

## Benefits

- Go-to place for ~55,000 Oregon practitioners to enter their credentialing data
  - 26 provider types
- Primary source verification on certain elements
- 120-day requirement to update data
- Many Provider Directory data elements

## Gaps

- Not all practitioners for a Provider Directory use case were included (e.g., facilities, care coordinators)
- Some Directory elements needed providers to update more often than 120 days
- Not all Directory elements were included in the OCCP attestation data
- No penalty for not participating
- Elongated roll-out to align with credentialing dates

# Provider Data Alignment

Data Category	PD	CC
Practitioner demographics	X	X
Practice information and locations	X	X
License and certification information	X	X
Education and training details	X	X
Hospital and facility affiliations	X	X
Work history	X	X
Malpractice insurance, claims history, and personal information		X
Peer references		X
Attestation questions		X
Direct secure messaging address info and other HIE endpoints	X	
Other practice information*: Accepting new patients, office hours	X	X

\*Optional data field in Common Credentialing

## Testing status



- System testing continues
- OHA conducted a “reverse demo” with MiHIN and Peraton in early July
- Reverse demo revealed that while functionality is present, additional configuration sessions with MiHIN are needed prior to the conclusion of system test/beginning of user acceptance test (UAT)
- In-person meetings are scheduled for the week of Aug 13th
- New UAT dates will be announced when design sessions and subsequent system testing are completed

## Next steps for OHA

- Research other verification data sources (e.g., Lexis Nexis)
- Analyze needs for additional data validation activities that would be run by the Oregon Provider Directory program
- Update communications messaging to remove OCCP as a key data source and meet with Brink to re-calibrate messaging
- Work with stakeholders to chart implementation path moving forward
  - Rollout for Health Information Exchange (HIE) use case
  - Prioritize next use cases to implement based on data readiness
    - CCO network use cases?
  - How to get an inclusive, complete, and updated set of data?