
Provider Directory Advisory Group (PDAG)

May 13, 2015



Welcome, Introductions, Agenda Review



Agenda

- Agenda review, welcome, charter adjusting
- Direct Secure Messaging and CareAccord flat file
- Provider recap and value discussion
- Break
- HIE use case definition
- HIT Portfolio Procurement and Project Governance
- Wrap up and next steps

Charter Adjusting

- Affiliated advisory groups – Health IT Community of Practice (HCOP)
- Venue
 - Wilsonville (Chemeketa campus)
 - Salem (Oregon State Library)
 - Downtown Portland (Lincoln Building)
 - NE Portland (Portland State Office Building)
- Co-chairs

DIRECT SECURE MESSAGING

PRESENTED BY: BRITTENY MATERO, CAREACCORD DIRECTOR



DIRECT SECURE MESSAGING

“THE BEGINNING”

- The Direct Project was launched in March 2010 to create a simple, secure, scalable, standards-based way for participants to send authenticated, encrypted health information directly to known, trusted recipients over the Internet
- Two primary specifications were developed and published from the Direct collaboration (a group that included 200 participants from over 50 organizations):
 - Applicability Statement for Secure Health Transport
 - XDR and XDM from Direct Messaging
- From the guidance and specifications given through the Direct Project, Direct secure messaging was launched and an *ONC Implementation Guide for Direct Edge Protocols* was developed and published

DIRECT SECURE MESSAGING HIGHLIGHTS

- A simple, secure, scalable, standards-based way to send and receive authenticated, encrypted health information from an Electronic Health Record (EHR) or through a web portal by a PC or mobile device
- Means to exchange structured data that may be ingested directly into an EHR to become part of a patient's health record data
- Messages may only be exchanged between trusted, vetted Direct users
- Provides confirmations and read receipts to confirm that a message was sent and viewed
- HIPAA compliant
- Must be used by hospitals and providers seeking to attest to Meaningful Use Stage 2
 - Objective 15: Summaries of Care



	Regular Fax	Regular e-mail	Secure Fax	Secure Messaging	Direct Secure Messaging
Two Factor Authentication		✓	✓	✓	✓
HIPAA Compliant*			✓	✓	✓
HTTP"S" Security			✓	✓	✓
End-to-End Encryption			✓	✓	✓
Send any file format up to 50mb		✓		✓	✓
Trust Community					✓
Provider/Flat File Directory					✓
MDN + Read Receipts					✓

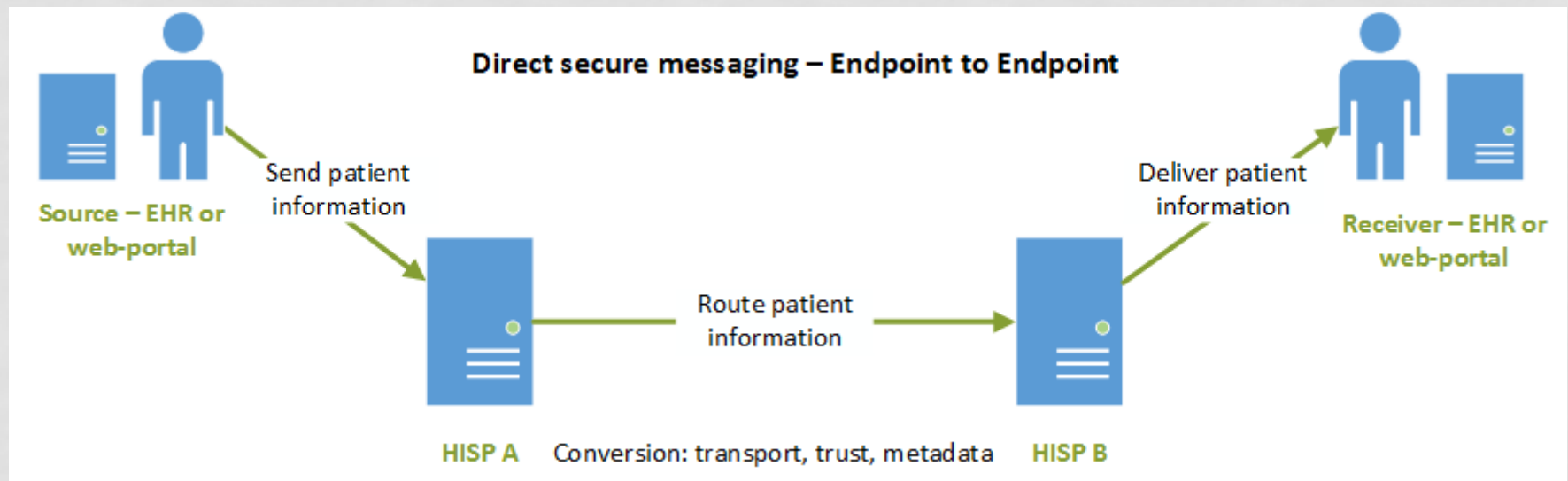
**Users must comply with HIPAA Privacy and Security Rule requirements.

PARTICIPATION IN DIRECT SECURE MESSAGING

- Organizations must have a 2014 certified Electronic Health Record (EHR) or a web-portal Direct secure messaging account
- Organizations must use a Health Information Service Provider (HISP) to enable and facilitate Direct secure messaging from 1) an EHR or 2) a web-portal account
- An organization's HISP must be a member of a "trust community" to connect with providers participating in a different HISP
- Provider Directories are sometimes provided by an EHR, a HISP or "trust community" but are not currently connected to each other

WHAT IS A HISP?

- A HISP provides specialized “behind-the-scenes” services that connect EHRs to other EHRs using the Direct standard.

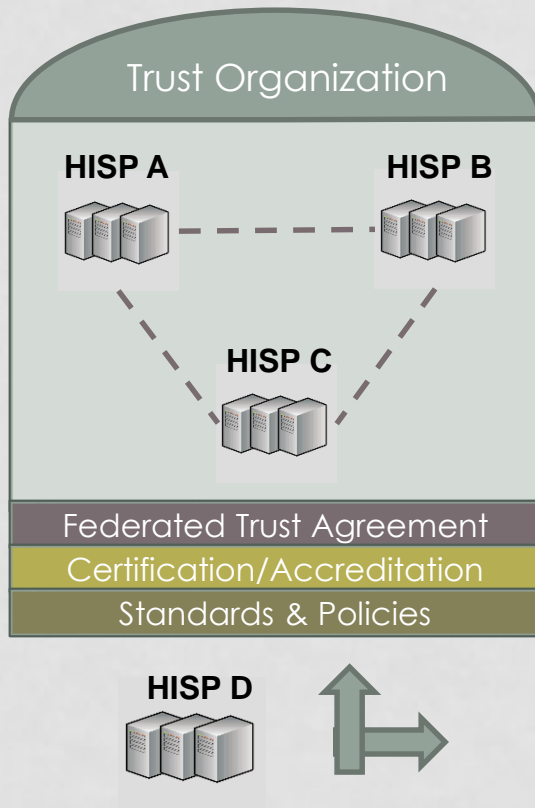


HISP SERVICES

- Manage Direct addresses
- Provide digital certificates
- Provide encryption
- Route messages
- Provide message delivery notification
- Provide a Provider Directory
- Web-Portal – Provides secure real-time chat feature
- Connectivity to a trust community that is a DTAAP certified network

WHAT IS A TRUST COMMUNITY?

- A **trust community** is a group of HISPs electing to follow a common set of standards and policies related to information exchange



a **Trust Organization** provides oversight, and sets the policies & procedures to allow organizations within disparate HISPs to exchange without using interfaces

a **HISP** joins a "trust community" to allow their participating organizations to exchange beyond the HISP with the knowledge that everyone is held to the same standards & policies, and covered by the same federated trust agreement

Trust Community

Prospective members

must be vetted :

1. All HISPs sign a federated participation agreement in lieu of each of their participating organizations
2. Adhere to standards and policies set by the HISP

EXAMPLE OF A TRUST COMMUNITY

DirectTrust Accredited Bundle of HISPs

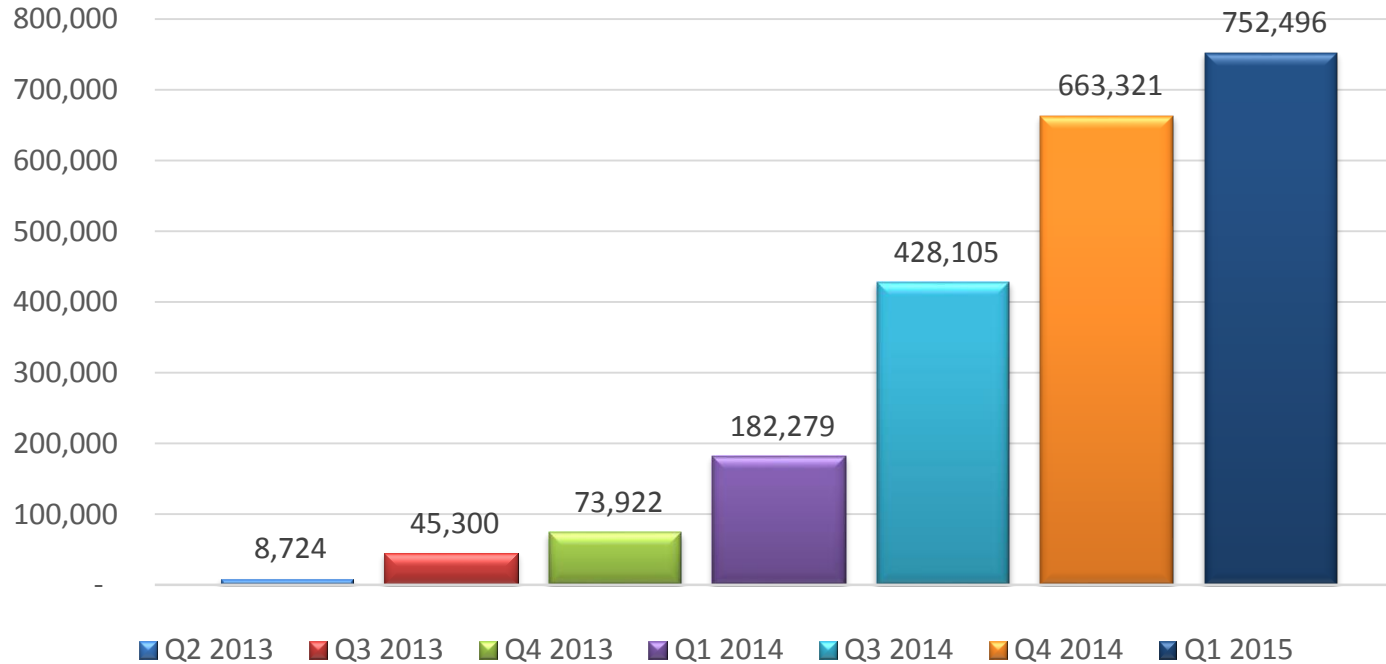
- 36 HISPs
 - Serving more than 39,000 organizations
 - Providing more than 750,000 Direct addresses
 - Exchanged more than 27,300,000 Direct messages in Q1 2015

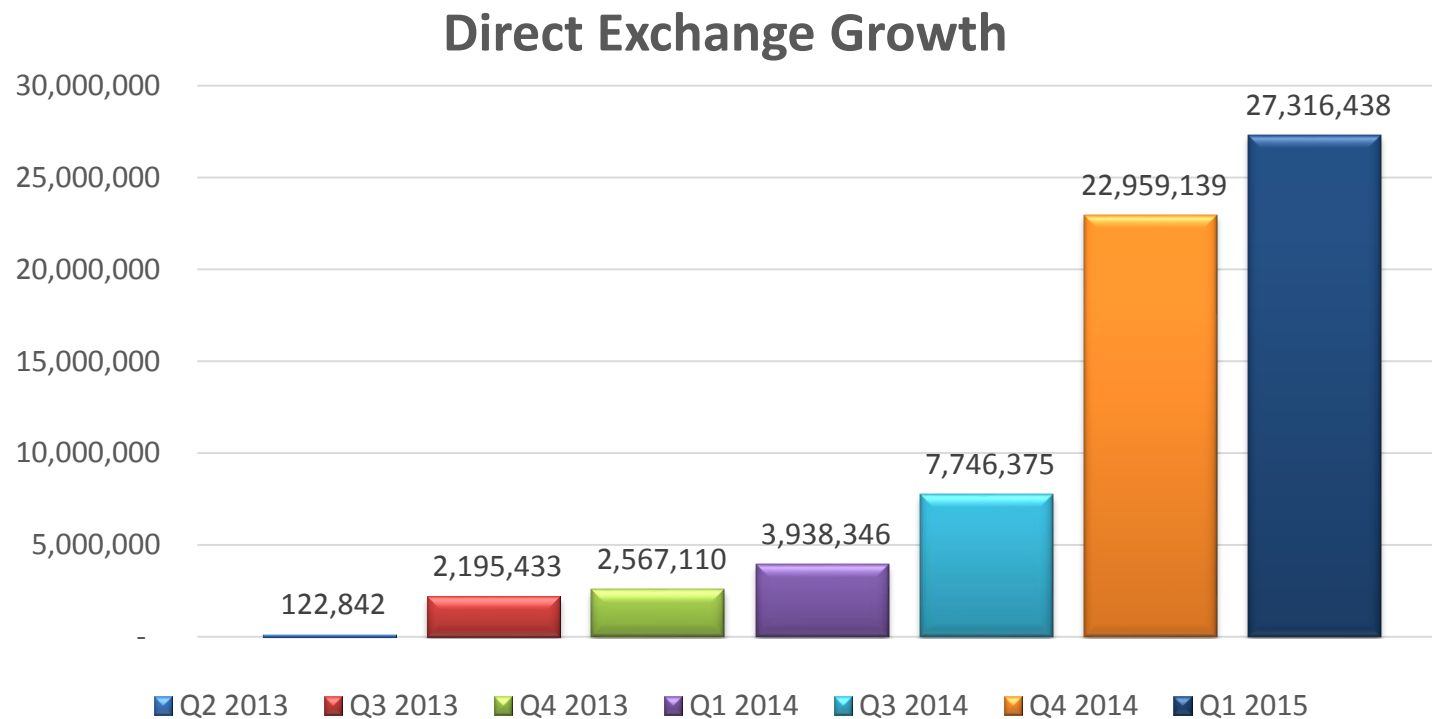
 <p>COZEVA Connect. Communicate. Collaborate. Applied Research Works Inc. updated 3/5/15</p>	 <p>athenahealth with connect plan® Athenahealth Inc. updated 10/9/14</p>	 <p>axesson Connect. Collaborate. Care. Axesson updated 10/1/14</p>	 <p>careaccord™ Oregon's Health Information Exchange™ CareAccord updated 10/24/13</p>
 <p>Cerner Cerner Corporation updated 5/10/13</p>	 <p>covisint Connect. Engage. Collaborate. Covisint updated 2/14/14</p>	 <p>Data Motion Data Motion Inc. updated 1/8/14</p>	 <p>digicert® DigiCert, Inc. updated 9/16/13</p>
 <p>eClinicalDirect "Improving Healthcare Together" eClinical Direct updated 4/13/15</p>	 <p>EMR Direct EMR Direct updated 2/13/14</p>	 <p>Health Companion® Health Companion, Inc. updated 9/14/14</p>	 <p>HealthUnity® HealthUnity Corporation updated 3/5/15</p>
 <p>Hixny™ Healthcare Information Exchange of New York Inc. updated 10/2/14</p>	 <p>iCARE INTEGRATED CARE COLLABORATION Integrated Care Collaboration updated 10/10/14</p>	 <p>ICA Informatics Corporation of America updated 5/10/13</p>	 <p>Inpriva Inpriva, Inc. updated 7/11/13</p>
 <p>IOD IOD Incorporated updated 2/4/14</p>	 <p>iShare MEDICAL iShare Medical updated 2/15</p>	 <p>MaxMD MaxMD updated 5/10/13</p>	 <p>MEDICITY Medicity updated 10/1/14</p>
 <p>MedAllies MedAllies updated 12/15/13</p>	 <p>mhin Michiana Health Information Network updated 10/14/14</p>	 <p>MRO Business Management & HR Solutions MRO Corporation updated 2/4/14</p>	 <p>NEXTGEN® HEALTHCARE powered by mirth NextGen/Mirth updated 8/6/14</p>
 <p>NitorGroup TRUST, ILLUMINATION, LEADERSHIP Nitor Group updated 2/23/15</p>	 <p>NYeC NEW YORK eHEALTH COLLABORATIVE New York eHealth Collaborative updated 6/4/14</p>	 <p>OPTUM™ Optum updated 10/17/14</p>	 <p>ORION HEALTH™ Orion Health updated 1/14/15</p>
 <p>Pulse. Electronic Healthcare Management Pulse Systems, Inc. updated 4/21/15</p>	 <p>Quest Diagnostics® Quest Diagnostics updated 1/6/15</p>	 <p>RelayHealth Relay Health updated 8/24/14</p>	 <p>ROCHESTER RHIO Regional Health Information Organization Rochester RHIO updated 10/1/14</p>
 <p>Secure Exchange Solutions Secure Exchange Solutions, Inc. updated 6/4/14</p>	 <p>surescripts® Surescripts updated 5/10/13</p>	 <p>TRUVEN HEALTH ANALYTICS Truven Health Analytics updated 7/25/14</p>	 <p>updox Updox updated 6/24/14</p>

Number of Direct Addresses



Number of Direct Addresses





OREGON HEALTH AUTHORITY'S (OHA) OFFICE OF HEALTH INFORMATION TECHNOLOGY (OHIT)

- CareAccord is the state of Oregon's HIE and EHNAC/DTAAP accredited HISP
 - Began offering services in May 2012
 - Offers web-portal Direct secure messaging services
 - Including a CareAccord Provider Directory for users
 - Pilot EHR integration Direct secure messaging services to begin summer 2015
- OHIT began offering a no cost Flat File Directory service of Direct addresses in July 2014
 - Administered by the CareAccord program

FLAT FILE DIRECTORY

Goals:

1. Support MU2 attestation around summaries of care
2. Expand the discovery of health professionals' Direct Addresses for improved care coordination
3. Support Statewide Direct secure messaging

HOW DOES IT WORK?

- Participation requirements:
 - Must use a fully accredited Direct Trust/EHNAC HISP
 - Must sign a Participation Agreement
- Frequency: On monthly basis the participants export a flat file (Excel spreadsheet) of provider Direct addresses from EHR into a provided template
- CareAccord creates master file and sends back to participants for importing into EHR or HIE technology
- This is currently not a “public” or published directory
- This is an interim, inelegant solution meant to be a stop gap

FLAT FILE EXPORT TEMPLATE

- Required Fields
 - Account ID
 - First Name
 - Last Name
 - Organization ID
 - Direct Address
- More than 30 optional fields

Example:

ACCOUNT	STATUS	NPI	PRIMARY_	PRIMARY_	PRIMARY_NA	PRIMARY_NAME_TITLE	ORGANIZATION_ID	DIRECT_ADDRESS_1
lastf	Imported	1.23E+09	Name	Name	MSW/ CADC	Mental Health Counselor III	urgenthealth	akind@test.careaccord.org
lastf	Imported	2.35E+09	Name	Name	MA/MH Exan	Lead Mental Health Counselor	cidi	anderss@test.careaccord.org

FLAT FILE PARTICIPATION – MORE THAN 3,400 DIRECT ADDRESSES

- Children's Health Associates of Salem (CHAOS)
- Jefferson HIE
- Oregon Health and Science University (OHSU)
- Lake District Hospital
- St CHARLES Health Systems - Bend
- Legacy Health Systems
 - Emanuel
 - Good Samaritan
 - Meridian Park
 - Mt. Hood
- Tuality Community Healthcare
- Tuality Forest Grove
- CareAccord

CHALLENGES

- FFD Participation
 - Competing IT projects
 - In process of choosing accredited HISP
 - Not understanding value of FFD
- EHRs assigning Direct addresses to NPI credentialed clinicians only
- Sending messages between providers when the provider's EHR systems use different standards
- Care Summary format not supported by all systems
- Direct Project fundamental concept of sharing information between *any* Direct user no longer applies

CONCLUSION

- Oregon needs a state level provider directory that includes Direct addresses
- Direct addresses must be known, made available or searchable
- There is a value-add when Direct addresses are included in a provider directory
 - Enhanced care coordination across organizational boundaries
 - Interoperability of information (exchange without interfaces)
 - Electronic exchange of structured clinical information
 - Support for Stage 2 Meaningful Use requirements
 - Promotion of statewide Direct secure messaging

QUESTIONS

CONTACT INFORMATION

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CareAccord Director

Oregon Health Authority Office of Health IT

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Cell: 503-602-6421

Provider Directory meeting recap and value discussion

Karen Hale & Group



Themes from last meeting

Value

- Data quality and accuracy for operations uses needs to be 100%
- What constitutes “value out of the gate”?

User Experience

- Provider’s perspective needs to be considered – does the provider directory ease the burden on providers or do they still have to go to multiple places to update the same information?
- Tolerance for issues at implementation are low – providers are likely not to return to a system they perceive as error prone/faulty

Federation

- Data curation (data cleansing) and data quality processes. How do you know that the latest data are the most accurate?
- Federation assumptions need to be checked

Provider Directory uses

Operations

- Use as an accurate single source of provider information, such as licensing, address, and affiliations data

Exchange of Health Information

- Locate HIE addresses and provider information outside a system allowing clinical data to be sent to the correct recipient (e.g., referrals)

Analytics

- Access to historical affiliations and other authoritative data for generating outcome data, metrics, and research

Uses defined by SME Workgroup

Summary

HIE

- Lookup/find a direct address for a provider to exchange health information (identify who is in the trust community) - meet “Transitions of Care” objective for meaningful use

Operations

- Find providers and related information (specialty, status, accepting new patients, language, in network/part of CCO, office hours) for referrals
- Validate provider information in existing provider directories using an authoritative source
- Verify information on providers (such as providers associated to clinics) for audit or program eligibility/verification purposes

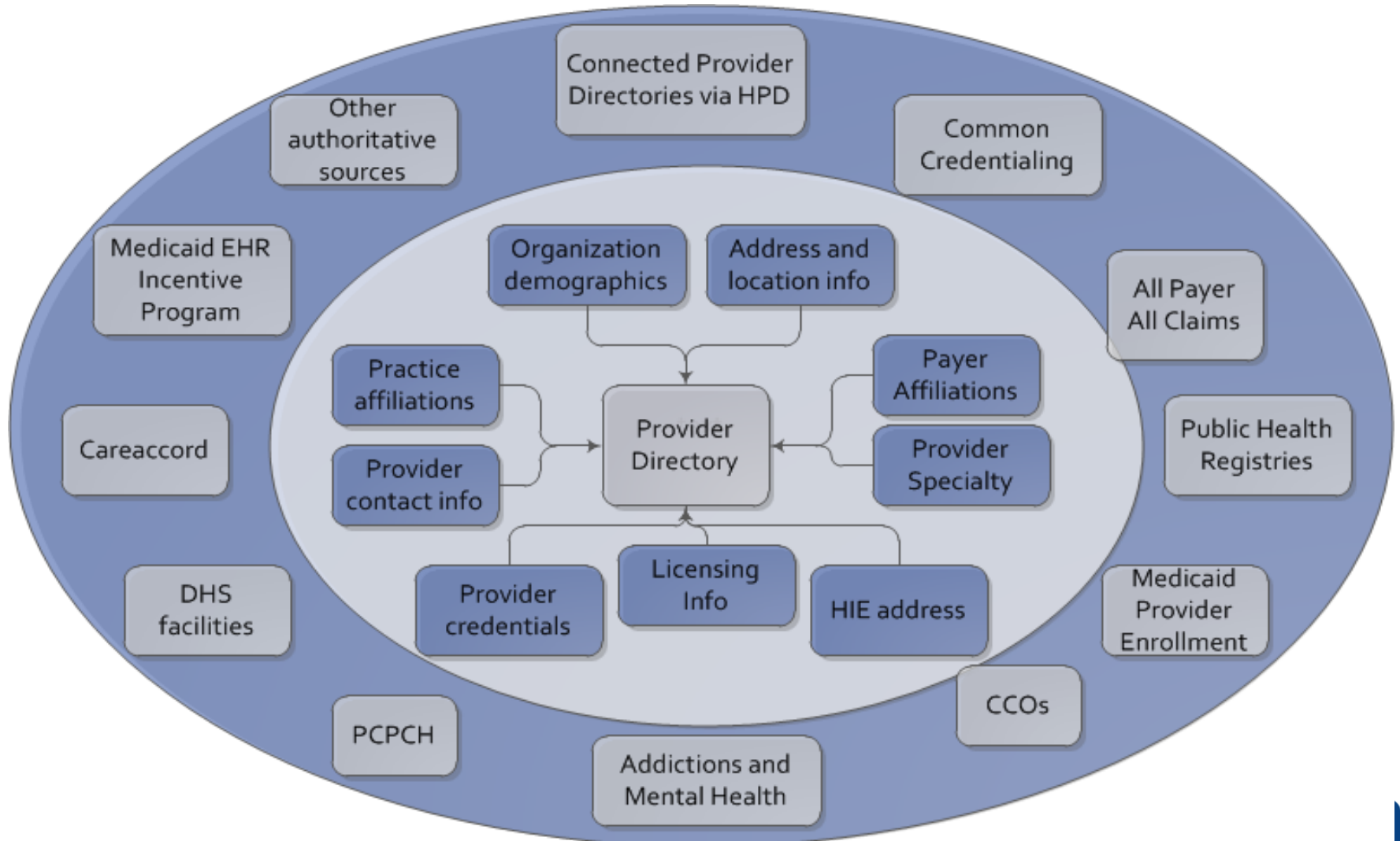
Analytics

- Use wide-ranging affiliations information (links to clinics, systems, CCOs, PCPCHs, etc.) for research and analysis

Establishing value proposition for uses

- Evaluate each use (HIE, Operations, and Analytics)
- Refine use definitions
 - Analyze functions, data sources, data elements
- Refine specific use cases (outside PDAG meeting)
- Rank and prioritize
 - Requires measuring the value proposition
 - # impacted
 - Level of effort
 - More to be defined later by the PDAG

Provider Directory Data/Authoritative Data Sources



Content by data source

Provider identifiers (NPI)
Provider contact
Practice location
Affiliations to clinics
Clinic info
Plan affiliation
Education
Certifications
Work history

Common Credentialing

Provider identifiers (NPI)
Provider contact info
Practice location information
Affiliations to clinics
Clinic information

HPD Directories

Provider identifiers (NPI)
Provider contact info
Practice location info
Practice/Plan affiliation

State sources

Accepting new patients

Not identified

HIE Clarifications needed

- HPD considerations
 - Federated HPD is listed by the ONC in the 2015 Interoperability Standards Advisory
 - It is also in the 2015 Edition HIT Certification Criteria from ONC for an HIT module
 - Do your provider directories currently conform to HPD or a version of HPD?

Understanding the necessary basic components:

Functions – what features are required?

Data sources – what data sources are available?

Data elements – which data elements are essential?

HIE use case definitions

- Direct address search
- Broader provider search (don't know provider)
 - referrals
- Other use cases? Call share group?

HIE based on SME workgroup uses:

- **Necessary functions and features:**
 - **Mechanism to access the information**
 - Web interface for web searches or
 - EHR/HIT capability to view data from the provider directory – limited to the configuration of the EHR/HIT solution
 - **Identification of the source of information and whether provider is part of a trust community**
- **Authoritative data sources**
 - Connected HPD directories
 - Common Credentialing
 - State sources (CCO affiliations, PCPCH)
- **Specified data elements (next page)**

Data Elements for HIE

Data Elements	
Provider Name	Provider Status (active? dates?)
Practice Address	Credentials (licensing? and education?)
Organization name	Contact info: phone, fax, email, twitter
Organization address	Languages spoken
Provider/Organization Affiliation	Office hours
Direct Address: provider & organization	Health plan network (commercial plan)?
Provider Demographics (Race? Ethnicity?)	Medicaid/CCO? Medicare?
Provider Specialty (philosophy of care?)	Org. Identifying information (IDs)?
	Accepting New Patients

Questions:

- Which elements are mandatory as search/results criteria?
 - Direct address search
 - Broader provider search
- Are there any missing elements?

HIE Users

Hospitals	Health plans	CCOs	Clinics/ Providers	State staff
Discharge clinician	Care manager	Care manager	Receiving provider Referral staff	EHR incentive program staff

Question: Who else should be added to the list?
Rank (must have, nice to have, don't really see the need?)

HIE Work Session

- Complete a walkthrough exercise to understand data and functions for each of the three HIE uses:
 - Direct address search
 - Broader provider search (don't know provider)
 - referrals
 - Other use cases?
- Answer based on your role and affiliation
- Work alone or with your neighbor
- If use does not apply to you at all, please indicate on your form

Next steps – Use cases - Volunteers needed

Preconditions	• What needs to happen before the use case can begin?
Post conditions	• What is the state of the system after the use case is complete?
Normal course	• What are the steps in the process
Exceptions	• Is there anything that would prevent any steps in the process from successfully occurring?
Priority	• High – Must have out of the gate • Medium – Not necessary to have out of the gate • Low – Nice to have
Frequency of use	• Daily, weekly, monthly, quarterly, annually, etc
Business Rules	• What are the regulations, constraints, policies, and practices that govern the way this process is performed?
Functional requirements	• Confirm requirements as drafted meet functional requirements for this specific use case
Notes and issues	• What else do we need to know?

Resources

ONC 2015 Standards Advisory:

- http://www.healthit.gov/sites/default/files/2015interoperabilitystandardsadvisory01232015final_for_public_comment.pdf

IHE HPD standard:

- http://www.ihe.net/uploadedFiles/Documents/ITI/IHE_ITI_Suppl_HP_D.pdf

ONC 2015 Edition Notice of Proposed Rulemaking:

- http://www.regulations.gov/#!documentDetail;D=HHS_FRDOC_0001-0572

Break

The logo for the Oregon Health Authority is centered within a light blue, curved rectangular background. The word "Oregon" is written in a smaller, orange, serif font and is positioned above the "Health" portion of the word "Health". The word "Health" is written in a large, dark blue, serif font. A thin dark blue horizontal line is positioned below the "Health" text, and the word "Authority" is written in an orange, serif font below this line.

Oregon
Health
Authority

OHA HIT Project Governance Structure and Procurement Process

Rachel Ostroy
Implementation Director
OHA



What we intend to procure

- Project Management and Risk Management
- Solution Selection and Procurement
 - Provider Directory (PD)
 - Common Credentialing (CC)
 - Clinical Quality Metrics Registry (CQMR)
- Operational Services
 - Outreach/marketing
 - Technical operations
 - Program operations
- Systems Integrator Services, Interfaces and Common Access Mechanisms, Fiscal Services

Key considerations for procurement

1. Solution Quality “goodness of fit”
2. Creating the most advantageous balance of risk and time
 - Reduce the burden of administrative oversight
 - Move as quickly as possible
3. Cost

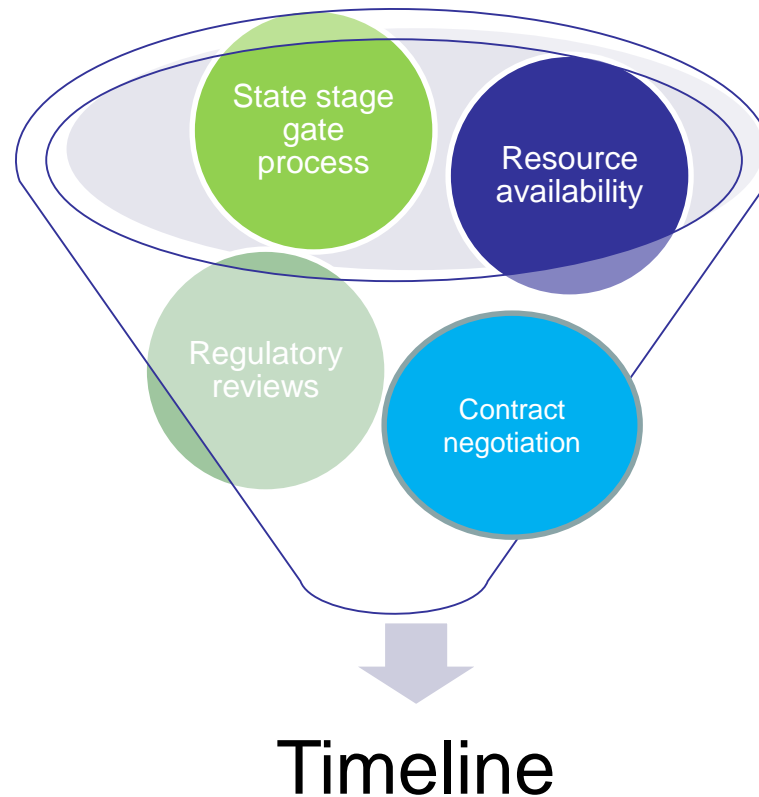


Prime procurement: “Leverage” approach

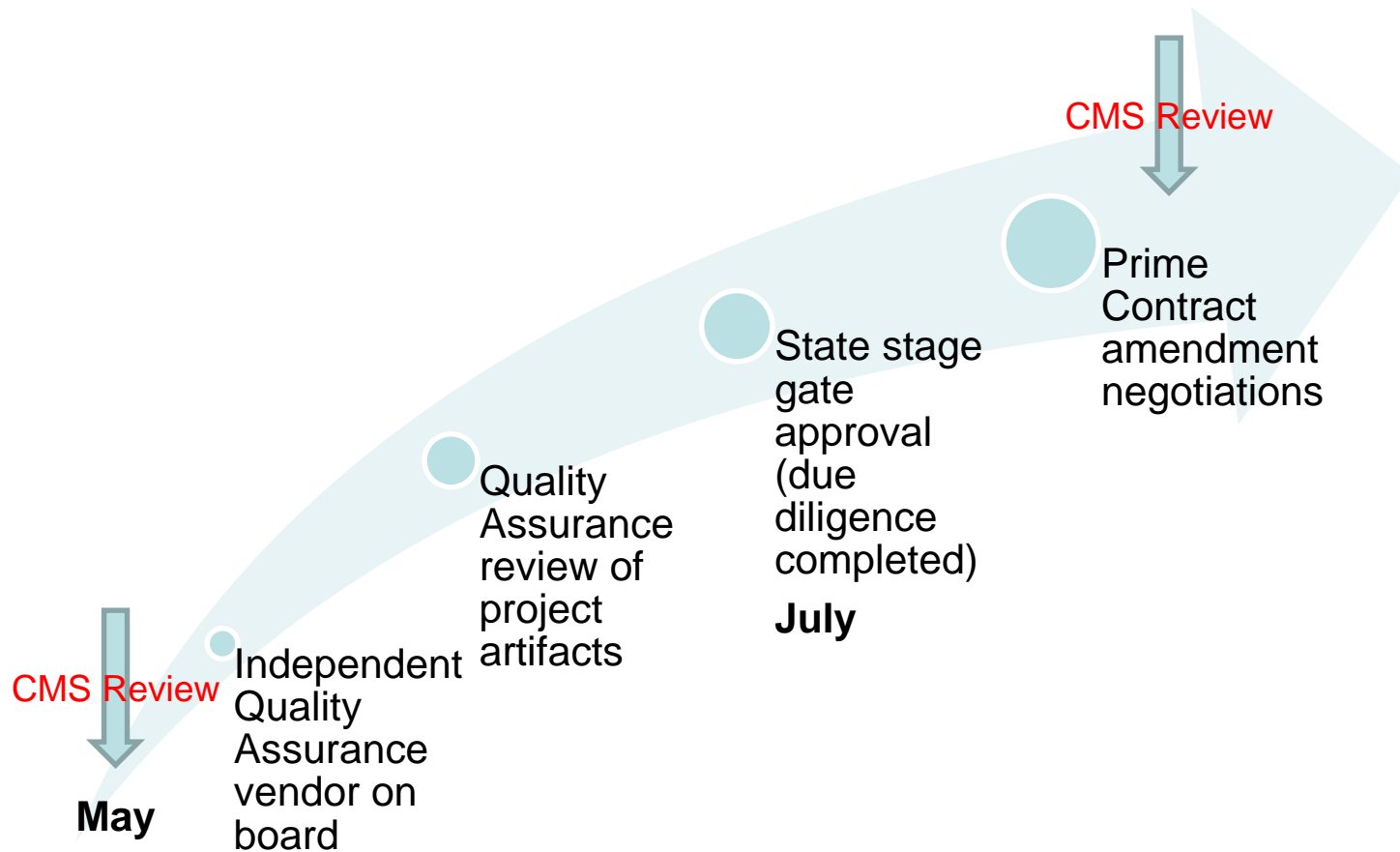
Use contract amendment to extend existing Prime services to other HIT initiatives, including PD, that were included in the Scope for the Oregon HIE Services RFP

1. Prime is a proven partner with high quality service
2. Accelerates timeline: Allows OHA to move to procurement of HIT Services
3. Maintains open procurement for HIT solutions that allows for stakeholder feedback and complies with state and federal requirements for selecting the sub-contractors
4. Consistency: Portfolio of services managed and operated by the same Prime

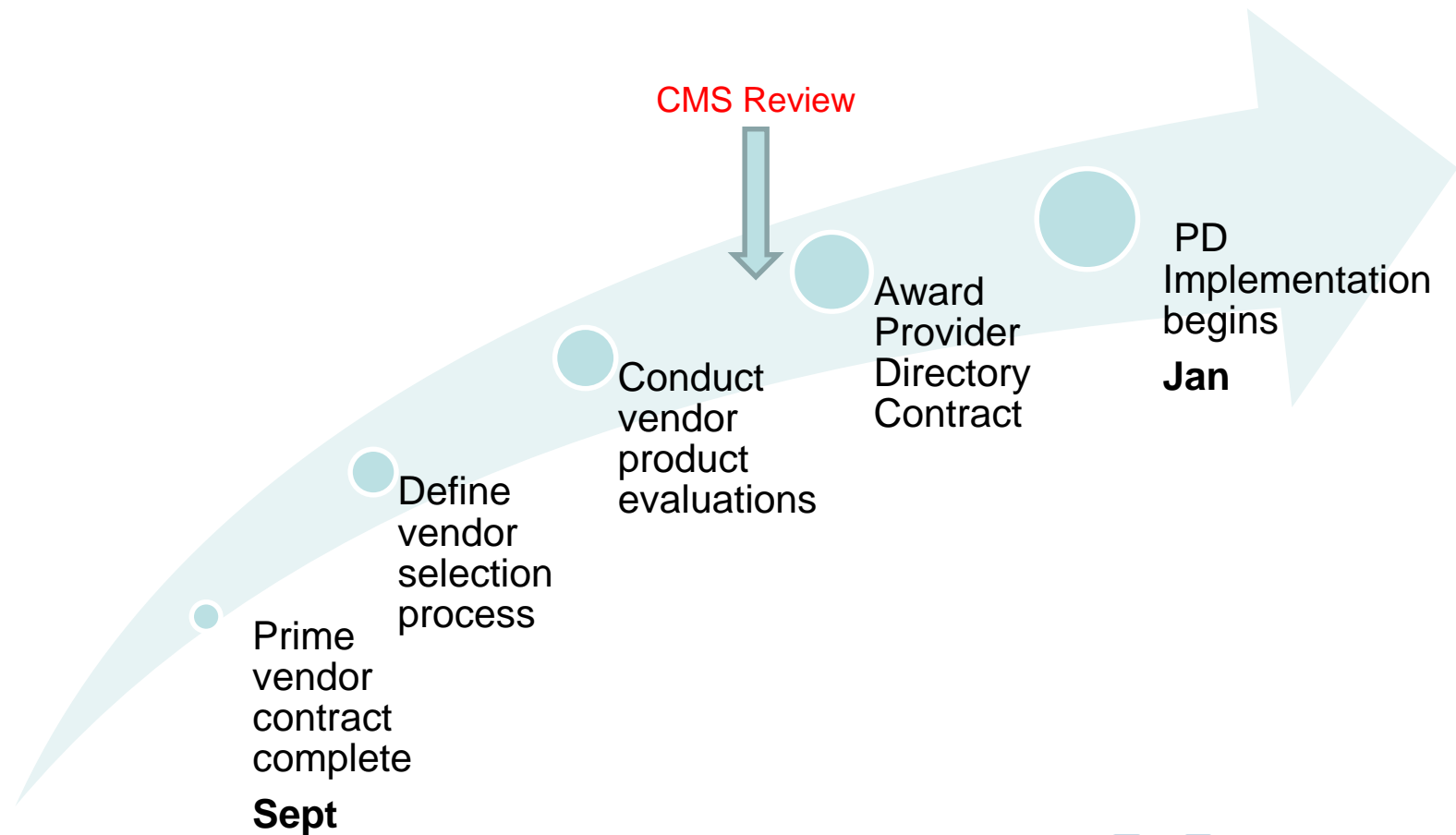
The makings of a timeline



The path to the Prime



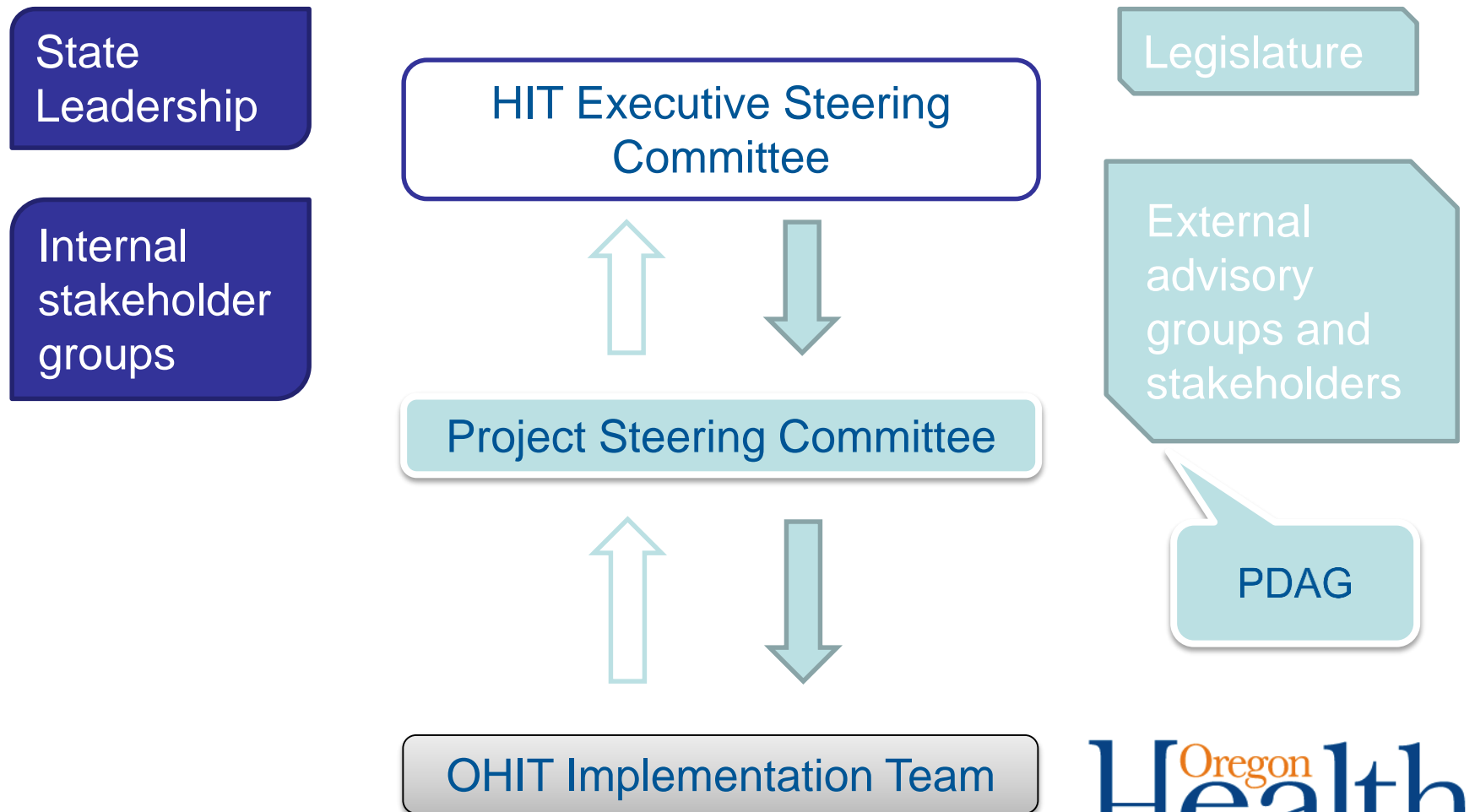
The path to Provider Directory



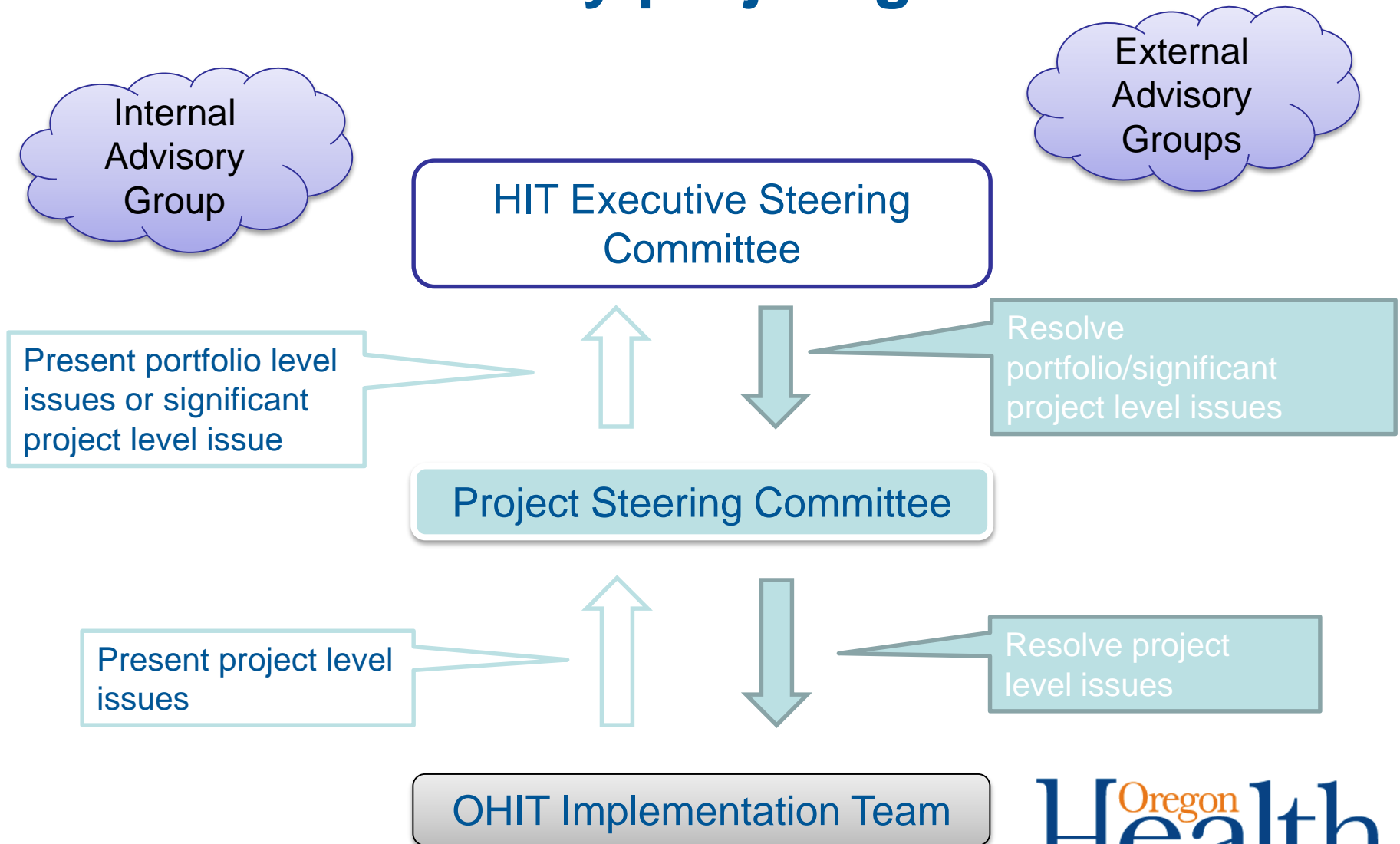
HIT Governance Structure

- HIT Executive Steering Committee (Global)
 - Ultimate decision makers
 - Resolve issues of scope, timeline or budget
- Project Level Steering Committees (Local)
 - Decision Making authority within specific parameters
 - Resolve issues of scope, timeline or budget specific to project and within variance thresholds
- Advisory Groups (Global and Local)
 - CCO HIT: Guides the development of HIT services
 - CC Advisory Group
 - PD Advisory Group

High level governance context



Provider Directory project governance



Wrap up and Next steps

Karen



Wrap up and next steps

Volunteers needed for:

- PD requirements review
- Use case review process

Feedback on process today

- What worked well?
- What could be improved?
- What could we do better?

Meeting frequency

- Preference for meeting location other thoughts?

June PDAG meeting

June 17th from 10-1pm, Clackamas Community College – Wilsonville Campus, 29353 Town Center Loop E

Other thoughts, questions, concerns?

- Karen Hale, Lead Policy Analyst, Office of Health Information Technology, OHA, karen.hale@state.or.us, 503-378-1767
- Nick Kramer, Policy Analyst, Office of Health Information Technology, OHA, nicholas.h.kramer@state.or.us, 503-373-0791

More information can be found at:
healthit.oregon.gov