Tier	Organization Type/Size
1	X-Small Ambulatory and behavioral health practice (1-2 providers)
2	Small ambulatory and behavioral health practice (3-9 providers; includes small FQHCs)
	Home health services
3	Medium ambulatory practices (10 – 49 licensed providers)
	Large FQHCs and behavioral health practices (≥10 providers)
	Small health plans and CCOs (definition TBD)
	Small hospitals (definition TBD)
	Small Long Term Care (LTC) (< 500 beds)
4	Large ambulatory practices (50 + providers)
	Medium health plans and CCOs (definition TBD)
	Medium hospitals (definition TBD)
	Large LTC (500 + beds)
	Research and analytics organizations
	Independent Physician Associations
	Government agencies (may also be tier 5)
	Ambulatory Surgical Centers
	HIEs (may also be tier 5)
5	Large hospitals/health systems/IDN (definition TBD)
	Large CCOs (definition TBD)
	Large health plans (definition TBD)
	Government agencies (may also be tier 4)
	Commercial imaging centers and labs (later phases)

Goal: To provide healthcare entities access to a trusted, accurate set of Oregon provider and practice setting information to support three key uses:

Efficiencies for Operations

- Access to a trusted, single, complete source of provider and practice information
- Validate data residing in a healthcare entity's own provider directory
- Support entities' need to meet requirements for updated/accurate provider directories

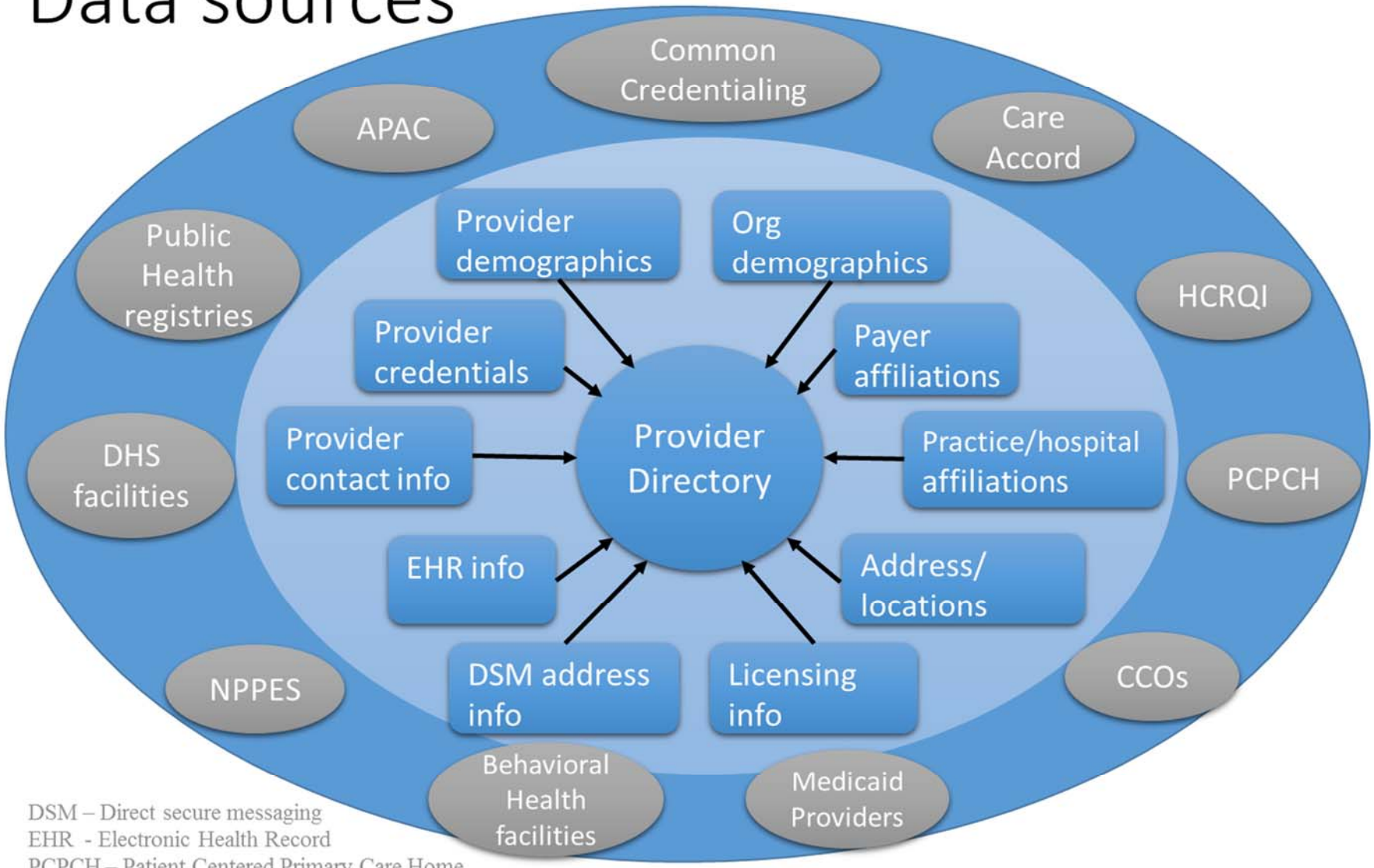
Facilitate care coordination and health information exchange (HIE)

- Find Direct secure messaging (DSM) addresses and other provider information allowing electronic clinical data to be sent to the correct recipient
- Find providers for referrals and care coordination

Resource for health care analysis

- Source of data on where and when providers practice to support analysis of claims and other data
- Support generation of metrics and data analysis for quality improvement and related payment efforts
- Support research and inform policy

Data sources



DSM – Direct secure messaging
EHR - Electronic Health Record
PCPCH – Patient Centered Primary Care Home
APAC – All payer all claims database
HCRQI – Health Care Regulation and Quality Improvement

Key Messages supporting documentation

Problems	PD Solution	Impacts
1. High costs and inefficiencies related to data chasing and updating: • Provider data changes frequently, providers move, contact information changes, and it is difficult to chase down accurate, current data. • Those who need to access provider data do so currently as part of a very manual and resource intensive process that requires people to gather and validate provider data from multiple sources • There is substantial duplication, time, and costs to keeping the same information up to date in multiple directories • Health plans are required to keep provider data up to date to be in compliance with Medicare Advantage, the marketplace, and Oregon network adequacy provider directory standards	**The provider directory is a one-stop shop for authoritative, current provider data:** • Access to an authoritative, current compilation of provider data consisting of provider identifiers, addresses, contact information, specialty, and clinic, medical groups, hospitals, and payer (including CCOs) affiliations • Provider data is leveraged from other existing authoritative sources such as common credentialing, health information exchange directories, and Medicaid, with more sources in future iterations • Data are available via web portal, data extracts, or through integration via an Application Programming Interface (API) or web services • This will allow for a comparison of an entities own directory to an authoritative source, and identify where updates are needed	✓ Improved overall quality of data in an health care entities own directory ✓ Patients have accurate sources of provider data that they rely on for finding providers ✓ Improved ability to meet regulations related to provider directory accuracy ✓ Reduced burden on providers to provide their current information and remove the duplicate and repetitious requests for their information ✓ Improved administrative efficiencies with a reduction of staff time spent on data maintenance activities for the provider directory
2. Inaccurate, disparate, or incomplete data sources make it difficult to find other providers for coordinating care (e.g., referrals and discharge planning) • Members of the care team need to access provider contact data inside and outside their clinic, system, network, but they may not have a reliable or complete data source • It is essential to have the correct contact information so that Protected Health Information (PHI) is sent to the correct place • The existing sources may not have all of the information needed to coordinate care in a single directory such as the contact phone number for a provider, making it an administratively burdensome and inefficient process	**The provider directory is the place to go to find accurate, current provider information needed to coordinate care:** • Access to an authoritative, current compilation of provider data consisting of provider identifiers, addresses, contact information, specialty, and clinic, medical groups, hospitals, and payer (including CCOs) affiliations • Data sources include the CareAccord flat file directory, HIE directories that are connected using the HPD protocols for query/response, as well as common credentialing and Medicaid providers, with more sources listed as we identify them • Data are available via web portal, data extracts, or through integration via an Application Programming Interface (API) or web services	✓ Better care coordination for patients ✓ Improved administrative efficiencies as the search for current accurate data is simplified ✓ Improves security and privacy of patient data ✓ Reduced overall healthcare costs in the ability to share data and records with members of the care team

Key Messages supporting documentation

3. There is no statewide or national Direct Secure messaging (DSM) address directory to find providers • The lack of a directory means providers cannot easily find electronic servicing information needed to send electronic patient health records to coordinate care • The CareAccord flat file directory for DSM addresses is a monthly, manual process in which subscribers send Excel spreadsheets to the CareAccord program. The data are de-duplicated and sent back to subscribers. Data are only as current as the date produced by each subscriber	**The provider directory is the place to go to find accurate, current provider information needed to coordinate care:** • Access to a directory of Direct secure messaging (DSM) addresses, trust accredited HISP status, and other pertinent provider information within and outside a clinic, CCO, or designated system that are currently in closed systems or are not widely known • Application Programming Interfaces (APIs) and web services allow for real-time queries to connected, interoperable provider directories • Data sources include the CareAccord flat file directory, HIE directories that are connected using the HPD protocols for query/response, as well as common credentialing and Medicaid providers, with more sources listed as we identify them • Searches for data can be through a native system where users do not need to leave their current workflow or through the web portal	✓ Better care coordination for patients ✓ Increased use of DSM; reduced use of fax/paper ✓ Enable eligible providers and clinicians to meet meaningful use/advancing care information requirements surrounding the care coordination objectives ✓ Improves security and privacy of patient data
4. Data needed to report and monitor on quality, outcomes, access to care, and costs are fragmented and/or unavailable • Historical as well as current provider data are needed to calculate metrics that support health quality, access, outcomes, and cost • It is difficult to drill down to report at a variety of levels of care, such as at a health plan, hospital, practice location or program affiliation because the data to support those affiliations is unavailable or inaccurate • Data are not accessible to identify providers, clinics, or groups that are performing well and the ability to isolate what works for improving quality or reducing cost	**The provider directory is the complete one-stop shop for identifying where and when providers practice to support the analysis of claims and other data** • Provider data is leveraged from other existing authoritative sources such as common credentialing, health information exchange directories, and Medicaid, with more sources in future iterations • Historical and current data are available via data extracts, data mart, or through integration via an Application Programming Interface (API) or web services	✓ Reduction of staff time spent on finding accurate provider information ✓ Ability to calculate quality metrics based detailed provider and practice data ✓ Improved quality scores overall because best practices for those performing well are shared and intervention can occur in time for practices that are not on track to make corrections