

**Provider Directory Advisory Group (PDAG)
Meeting Summary – March 16, 2016**

Advisory group members in attendance	Advisory group members not in attendance
Jen Bradford Awa Gina Bianco MaryKaye Brady Monica Clark Mary Dallas, MD (on the phone) Liz Hubert, Co-chair (on the phone) Kelly Keith (on the phone) Martin Martinez Laura McKeane (on the phone) Maggie Mellon Missy Mitchell (on the phone) Jessica Perak (on the phone) Bob Power, Co-chair (on the phone) Hongcheng Zhao	<div style="background-color: white; padding: 2px;">OHA staff and consultants</div> Wendy Demers Karen Hale Melissa Isavoran Brittney Matero Tyler Lamberts Jason Miranda Rachel Ostroy Frank Stanton Elizabeth Linville, HealthTech Solutions (by phone) Kim Norby, HealthTech Solutions (by phone) Dr. Gary Ozanich, HealthTech Solutions (by phone) Jason Webster, HealthTech Solutions (by phone)

Welcome, introductions, and agenda review (slides 1-2)

Karen Hale, Lead Policy Analyst for the Provider Directory (PD) project, welcomed everyone to the meeting. She then reviewed the agenda for the meeting.

HIMSS Debrief (slides 3-5)

Rachel Ostroy, Implementation Director, talked with the group about the Interoperability Pledge as shared by the ONC at HIMSS a few weeks ago. She highlighted that most of the Electronic Health Record (EHR) vendors in use by hospitals across the nation signed the pledge which supports the aspects of consumer access, no data blocking/increased transparency, and the use of standards. Rachel noted that the complete list of pledge participants can be sent to the group as a follow up. One PDAG member noted that the pledge puts pressure on the major players to abide by the pledge and sets the expectation that others do the same.

Rachel also gave an overview of the Office of the National Coordinator for Health IT (ONC) Tech Lab which will be the next chapter for standards and technology. She pointed out a webpage called the Interoperability Proving Ground that has information about pilots being done for interoperability. She encouraged the group to check out the page and participate, explaining that it is a great method for knowledge sharing and learning opportunities.

Jason Miranda, Implementation Analyst, also talked about how the team connected with a group from Rhode Island that is working on similar Provider Directory and Clinical Quality Metrics Registry (CQMR) projects, noting that they will be a great resources for the OHA moving forward.

Presentation: Provider Directory Scan (slides 6-31):

Dr. Gary Ozanich, Senior Consultant for HealthTech Solutions was introduced by Karen. Karen explained that he is a professor in the College of Informatics at Northern Kentucky University who has conducted extensive research

and consulting projects on health information exchange structure and interoperability. He began his presentation by giving an overview of the types of questions that were asked during his research as well as the methodology that was used. He also shared the areas of research, inclusive of governance/product mix, value propositions, funding models, experience with current system, data and data management, and operations. Dr. Ozanich then shared the list of interviews conducted: California, the State of Washington, Colorado, Kansas, Michigan, Rhode Island, and DirectTrust, noting that a conversation with the Sequoia Project will take place soon as well.

Next Dr. Ozanich talked about the initial observations across the interviews including the variety of operating entities, the affiliations with HIEs, and the evolving approaches to sustainability. He then shared learnings from the individual interviews as well as the vendor information for each solution, the implementation approach used, and how operating costs have compared to what was forecasted (as listed within the meeting slides). A handful of interviewees indicated usage was lower than originally anticipated. The group discussed each of the interviews and Dr. Ozanich provided additional information as needed. He also highlighted that a demo with Michigan Health Information Network (MiHIN) will take place on March 30th. Karen will supply additional details for any members that are interested in participating.

In his conclusion, Dr. Ozanich highlighted the many value propositions associated with the provider directories researched. He also talked with the group about his observation that provider directory solutions appear most effective when they are bundled with additional services including health information exchange and/or an active directory solution. He also noted that provider directory solutions seem to be scalable to the available resources and that FTE requirements vary based on the range of the services offered and the role of the vendor. Lastly, Dr. Ozanich shared that all groups interviewed were in agreement that a subscription model is preferable to a usage-based model.

One PDAG member asked how the discrepancy of low use but high value proposition was being addressed. Dr. Ozanich will be following up with those states and providing a response.

Fees Discussion (slides 32-42):

Karen reviewed the fee structure development activities, including what has been completed and what the group is still working through. She also went over the definitions for the provider directory services to be offered, which the group agreed were representative of previous discussions. She then reviewed the three sample provider directory structures to be used for discussion purposes. Karen also reminded the group that these fee structures should be used as a starting point for further refinement, disagreement, and/or validation.

Next she went over the questions to be answered for each fee structure (slide 39):

Benefits	Challenges	Considerations
What are the benefits to this particular fee structure? Does it benefit one type of organization over another?	What are the challenges to the fee structure?	What are other considerations for this fee structure <ul style="list-style-type: none"> • How well does the fee structure support the fee principles? • What would make the fee structure better?

- | | | |
|--|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | <ul style="list-style-type: none">• What changes would you make to this fee structure?• If you had to pick a fee structure, which one is your favorite? Least favorite? |
|--|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Karen also reviewed other questions for the group to answer for each fee structure:

1. What are your thoughts around fee discounts?
 - a) Early adopter – What would constitute an early adopter? What are the parameters? Would early adopters receive a discount every year?
 - b) Data contributor – what is a good discount rate? Renewed annually if they are still contributing?
2. Thoughts around whether fees for initial participation which will include onboarding should be higher or lower compared to ongoing fees.

The attendees then broke into four smaller groups to discuss the free structure options.

Updates (slides 43-50):

HIT Procurement

Rachel Ostroy, Implementation Director, announced that the Centers for Medicare and Medicaid Services (CMS) approval was received for the second contract amendment with Harris. She explained that the new scope for the amendment is for the existing Oregon Health Information Exchange (HIE) solution contract to include the planning and design phase for the Provider Directory, Clinical Quality Metrics Registry (CQMR) and the system integrator (SI) requirements, as stated in the health IT portfolio scope of work (SOW). She also reviewed the tasks included in the SOW and explained that the contract is a Firm Fixed Price (FFP)/completion based and that the completion of milestones are the deliverables. Rachel then reviewed the draft Health IT project summary timeline as well as the vendor product selection process.

Common Credentialing

Melissa Isavoran, Comment Credentialing Project Director, announced that by the end of March a Request for Proposal (RFP) will be released by Harris for the solution. She explained that an announcement has been sent to vendors who have previously expressed interest in this project and that they have been given instructions to send their contact information to Harris. She also highlighted to the group that the vendor selection is expected in July 2016.

Next Melissa told the group that the fee structure work is continuing. She also spoke about upcoming work for the project, including outreach and marketing planning as well as rule revisions via a rulemaking advisory committee made up of subject matter experts (SMEs).

Wrap Up and Next Steps (slide 51)

Karen asked for public comment, but no comments were made. She then told the group that she would be sending out the FAQ and PD talking points document for their review. She also announced that there would not be a meeting in April and that the next meeting will take place on May 18th in Portland.