
The Oregon Provider Directory Journey – A Statewide Approach for Trusted Provider Data

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Objectives

Provide an update on the Oregon Provider Directory

Concept

Planning

Implementation

Are we there yet?

The year was 2013...

- Oregon Senate Bill 604 (July 2013) mandated the Oregon Health Authority (OHA) to develop a **common credentialing solution**
- Oregon's Medicaid Coordinated Care Organizations (CCOs) identified six foundational health IT solutions across the state – a **state level provider directory** was one of them
- Stage 2 meaningful use was just around the corner and required support for **exchanging clinical summaries electronically**

Approach and Plan

Establish a Flat-File
Directory of Direct
addresses

Implement a
statewide Provider
Directory

Leverage data from
the Common
Credentialing
Solution

Fully engage
internal and
external
stakeholders

Obtain Medicaid
funding

Contract for the
solution and
operations

Monitor national
standards and best
practices

Project Principles

- **Build incrementally** to ensure success, but must **have value right out of the gate**
- **Scalable solution** to allow for future enhancements and additional functionality
- Establish **clear expectations** regarding quality of provider information
- Work in collaboration with Common Credentialing database/program
- **Centralize where needed** but allow for federation of existing provider directories – **leverage existing data**

“No stops and starts”

“Data quality is key”

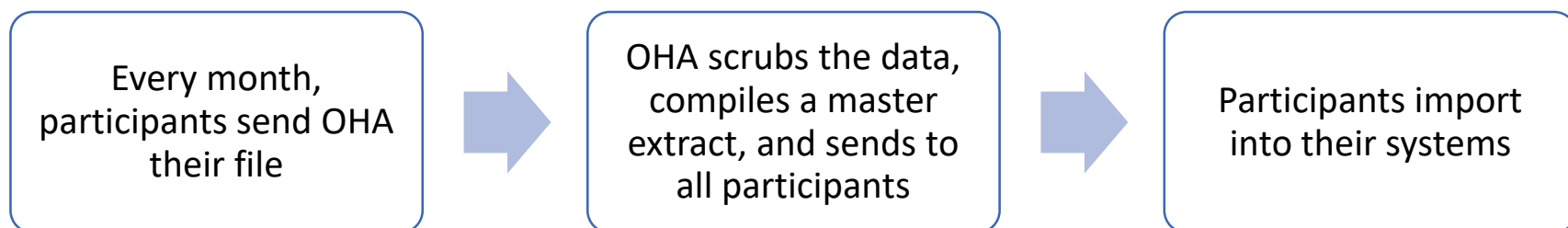
“Demonstrate the value”

“Don’t boil the ocean”

Flat-File Directory Implementation



- **Still in use today:** ~ 15k provider addresses for ~ 650 organizations
- **Participants must** use a fully accredited (EHNAC/DTAAP) DirectTrust HISP and sign participation agreements
- **Simple process:**



- **Over 30 fields available**
 - Required: Account ID, First Name, Last Name, Organization ID, Direct Address
 - Suggested: NPI, Address, Phone, Fax, Specialty, Gender, and Language
 - Optional fields: Race, Ethnicity, License, etc.
- Meant to be a stop-gap solution

Oregon Provider Directory Vendor Team



- Software solution to meet OHA's requirements – built on Salesforce
- Call Center/Help Desk Support/Data Stewardship Services
- Single Sign On, identity verification, and an enrollment solution
- Currently supports 13,273 Organizations and 64,480 subscribers in Oregon

Key Use Cases

Vision: Be the trusted source for provider data*

Operations

- Use to compare data to an entity's own directory; resolve discrepancies

Care Coordination

- Enable a user to find core, accurate contact information for another provider

Analytics

- Identify where and when providers practice to support the analysis of data

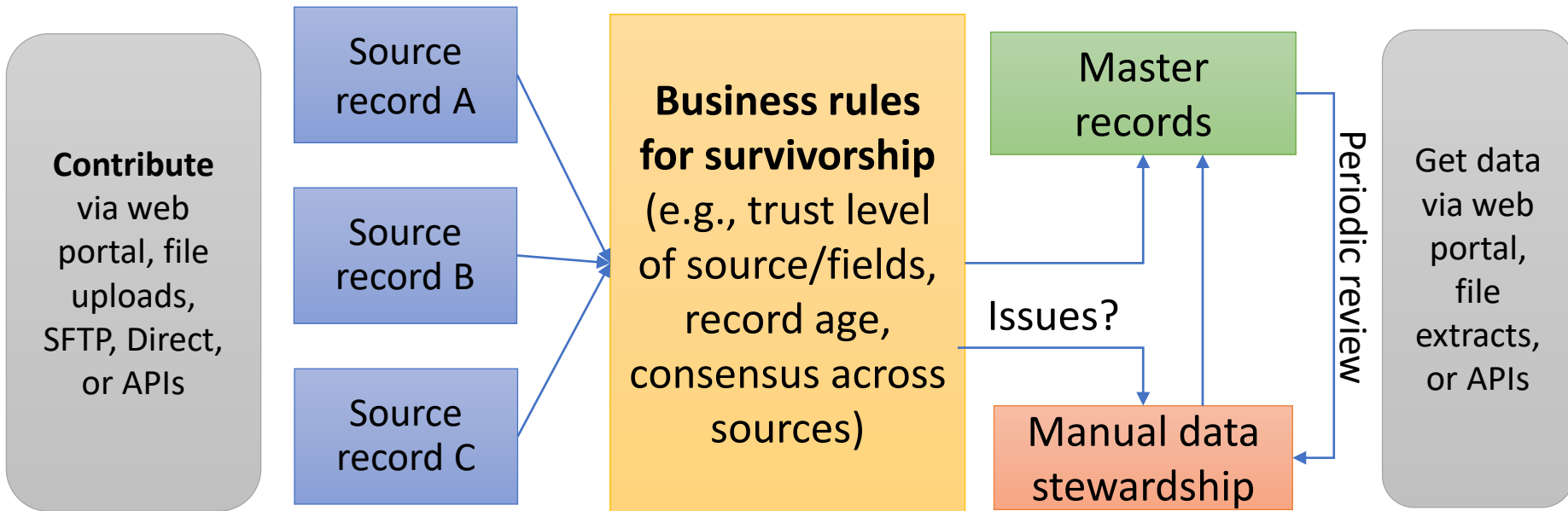
“Go to the Provider Directory”,
said the provider to the payer

*Not public-facing

Types of data

Data Category	Includes
Practitioner Demographics	Names, Identifiers, Race, Ethnicity, Gender, Languages, Specialty, Subject to 42 CFR Part 2, License
Provider Affiliations	Affiliations to Practices, Hospitals, Coordinated Care Organizations; Location, Accepting New Patients, Office Hours
Endpoints	HIE Endpoints
Organizations	Names, Identifiers, Locations, Licenses, Languages, Accessibility, Accepting New Patients, Clinic Hours
Organization Affiliations	Affiliations to other organizations
Program Affiliations	Affiliations to programs (e.g., Patient Centered Primary Care Homes, Prescription Drug Monitoring Program, etc.)

How it works



Anticipated Data Sources: Flat File Directory Sources, NPPES, PECOS, MMIS, Collective Platform, Public Health, Coordinated Care Orgs, Providers, Others

A change along the way

- The Oregon Common Credentialing Program was suspended in July 2018
- Oregon Provider Directory project had to fill the new gap



Data Source



Ensure Quality



Get adoption

- Approach
 - **Expand our thinking** on how to engage stakeholders in UAT
 - **Implement** to a smaller audience in a **soft launch** to prove the value then expand to more users

Current schedule



Spring 2019

- Configuration and testing



Summer 2019

- User Acceptance Testing (UAT)
- Test functionality of the system with stakeholders
- **Does it work?**



Fall 2019

- Soft Launch
- Limited deployment to targeted users/use cases
- **Does it provide value?**

User Acceptance Testing (UAT) with stakeholders



Feedback

Test scenarios that mirror actual tasks and inform enhancements



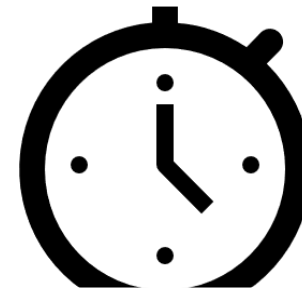
Testing

Make defect finding an outcome of feedback gathering. Not vice versa.



Logistics

Get 80% done in person during 3-day facilitated sessions



Efficiency

Less overall time needed for UAT – weeks not months

Soft Launch Scope

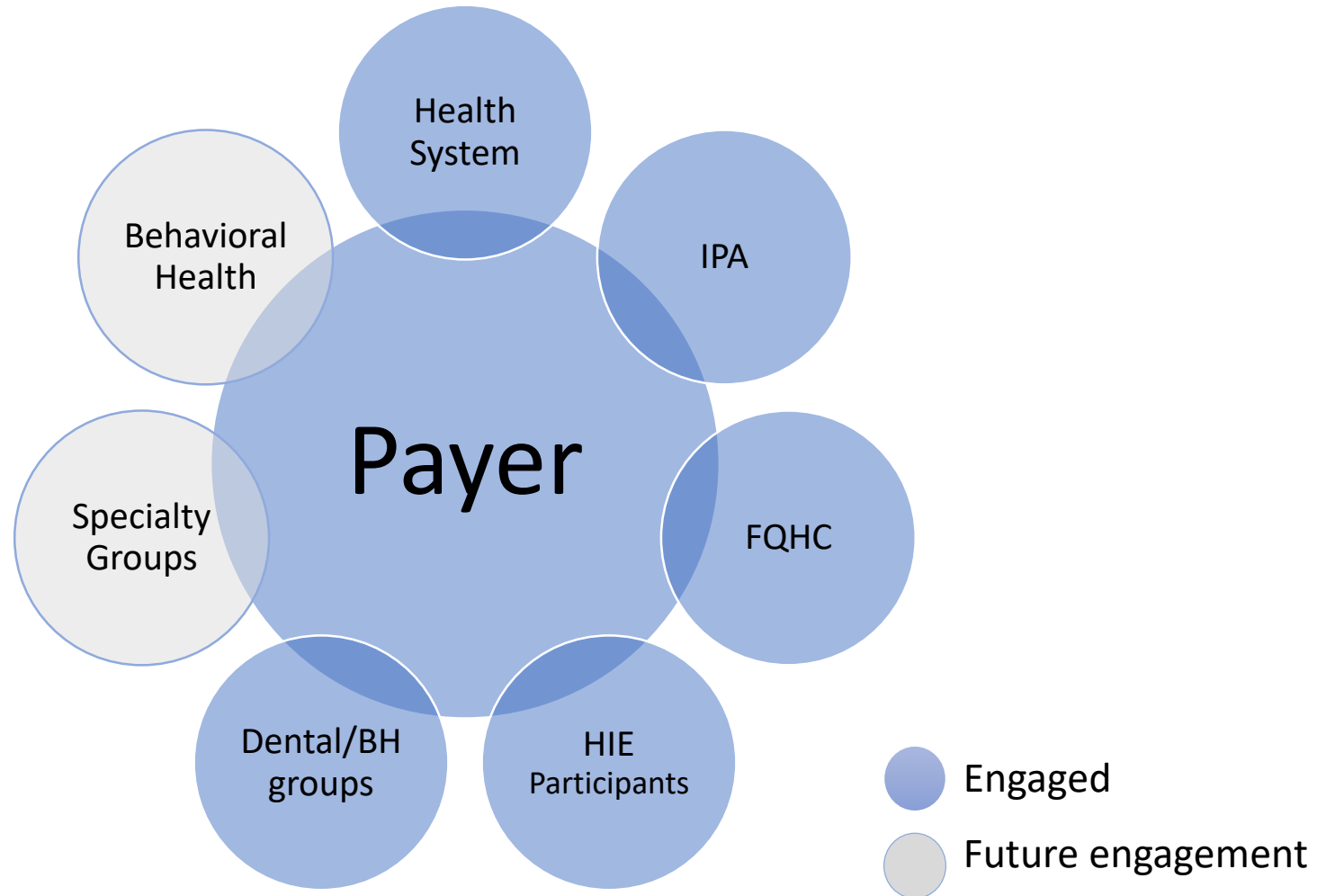
Proof of
Concept with
HIT Commons

Begin the
transition of
the HIE Flat File
Directory (FFD)

Soft Launch and HIT Commons

- HIT Commons is a public/private partnership, co-sponsored by the Oregon Health Leadership Council (OHLC) and the Oregon Health Authority (OHA)
- HIT Commons Board approved small proposal to facilitate adoption & spread of OPD during soft launch
- Start small (e.g., one payer) and build out incrementally in a particular region
- Current activities:
 - Demos
 - Solicit UAT testers
 - Refine use cases
 - Establish success metrics

Soft Launch and HIT Commons



The year is 2019...

Challenges

- No mandates to use the OPD but it is most useful when all lines of business are using it
- While “everyone” complains about their current processes, they are not willing to give them up readily
- Data matching from many data sources
 - E.g., Organizational identifiers

Opportunities

- Strong stakeholder engagement throughout the project – expect more shaping of the tool to happen in UAT and soft launch
- Everyone agrees that it’s a good idea
- Ability to partner with HIT Commons to get early adopters engaged
- Soft launch is this year

Are we there yet?

Questions



Learn more

For more about the Oregon Provider Directory:

OregonProviderDirectory.org

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