Multi-Stakeholder
Provider Directory
Lessons Learned and Opportunities
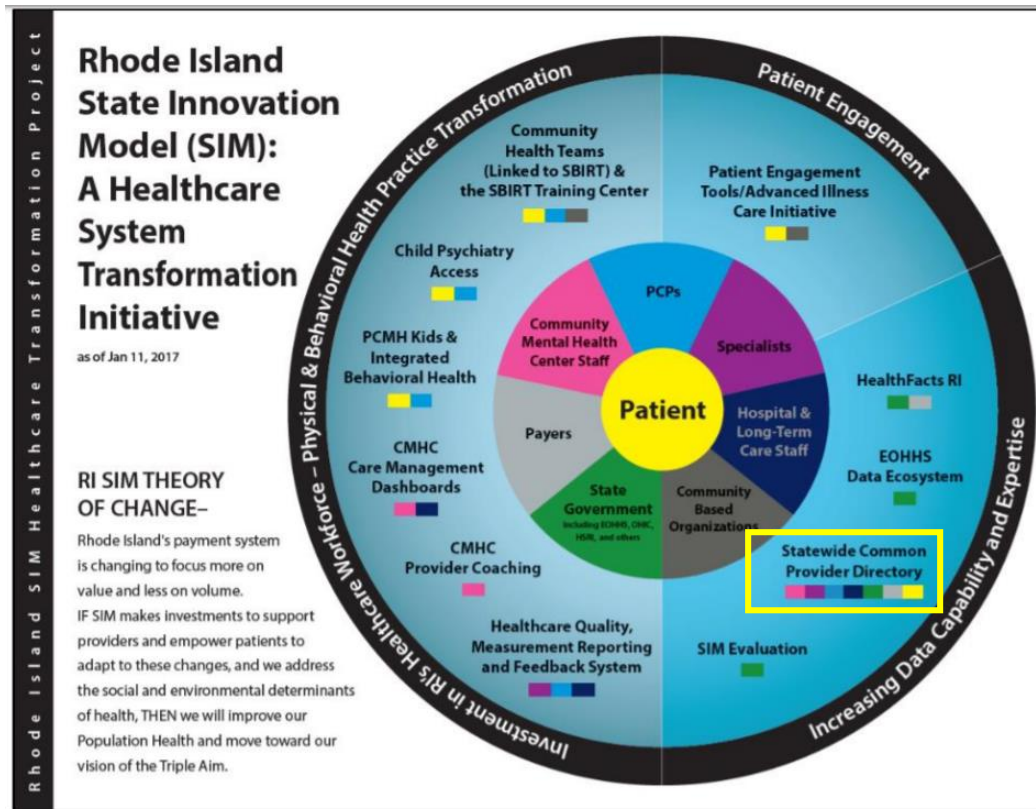
June 13, 2018

Kate Ricker-Kiefert

Director, Federal Policy and State Strategic Advisory Services

Topics

- Rhode Island Common Provider Overview

- Technical Assistance and Community Scan

- Gaps, Findings, and Opportunities

- Recommendations

- Tools

Rhode Island State Innovation Model
Overview

Rhode Island Provider Directory Project
Overview

Problem Statements:

- Facilitating specific providers' visibility on a participants' data requires an accurate provider directory be in place.

- There is no central location from which to quantify the number of providers within the state and to which organizations they are affiliated.

Objectives:

- To consolidate provider data from multiple sources into a single "source of truth" record;

- To increase the understanding of provider-to-organization relationships;

- To provide a public portal to search for and locate providers; and

- To provide mastered provider data extracts to integrate into state systems.

Provider Directory Services created as a shared, centralized service to collect, validate, and distribute up-to-date and accurate information about health services providers to the Rhode Island health community to manage complex and rapidly changing data about relationships between providers, organizations, and payers.

Functions: Import, Data Validation, Data Mastering, Data Export, Public Facing Website

Rhode Island Provider Directory Project
Timeline

SIM SC Supported Investment

SIM Scope Began

Software Bugs Emerge

Software Bugs Resolved

Project Put on Hold

Today

RIQI Working on Internal Provider Directory

Provider Directory Development

Reassessment

2015

2016

2017

2018
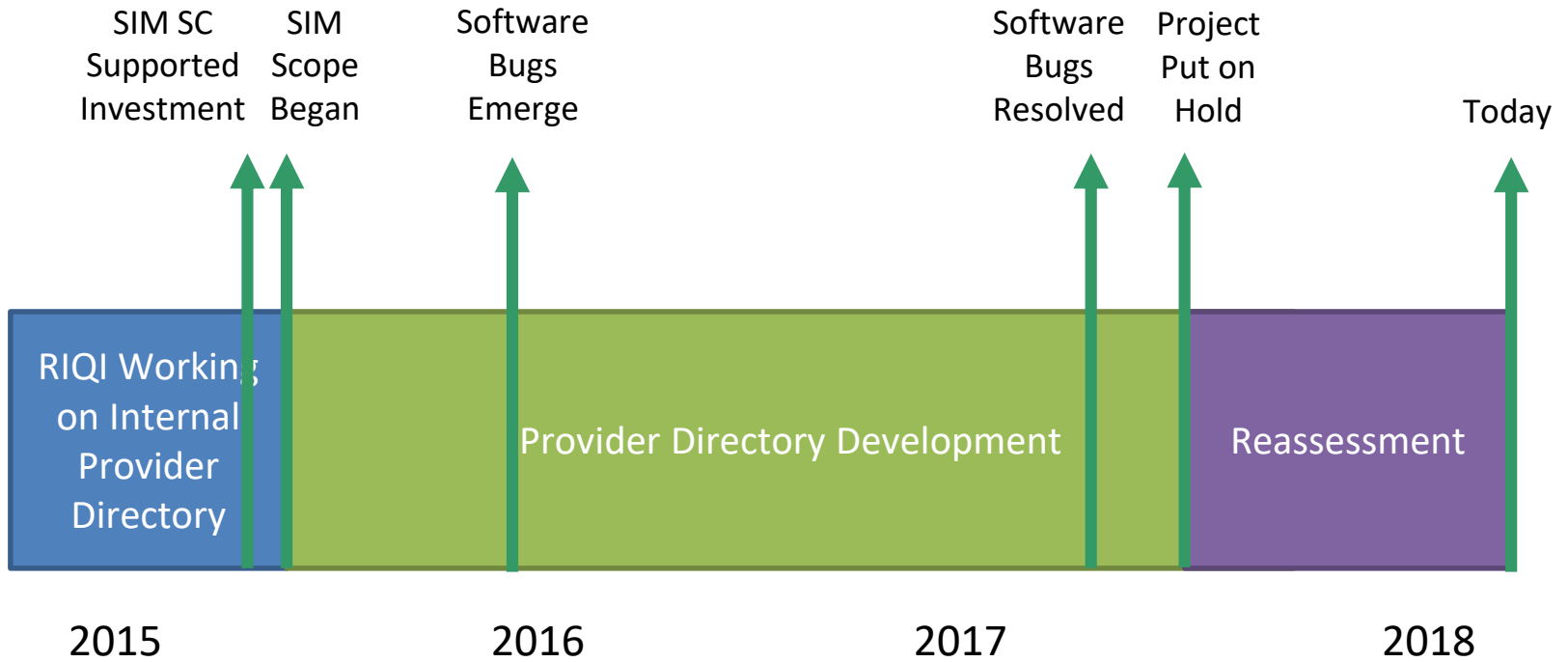
Rhode Island Provider Directory Project
Reassessment - Technical Assistance

- Conducted community scan and key stakeholder interviews
  - 12 non-state organizations
  - 6 state bodies
- Conducted national scan of provider data management landscape and technical approaches
- Facilitated stakeholder meetings
  - Reviewed national scan of provider data management landscape and technical approaches
  - Reviewed community scan and interview results, communicating findings and options for stakeholders
  - Reviewed and validated priority use cases with stakeholders
  - Identified action steps for RIQI, SIM, and state leadership for decision making
  - Identified proposed recommendation for RIQI, SIM, and state leadership

Rhode Island Provider Directory Project
Stakeholder Priority Use Cases

- Three major use cases emerged from the interviews and a community meeting:
  - Common credentialing
  - eReferrals/Care Coordination
  - Analytics

- Medicaid has specific provider data requirements
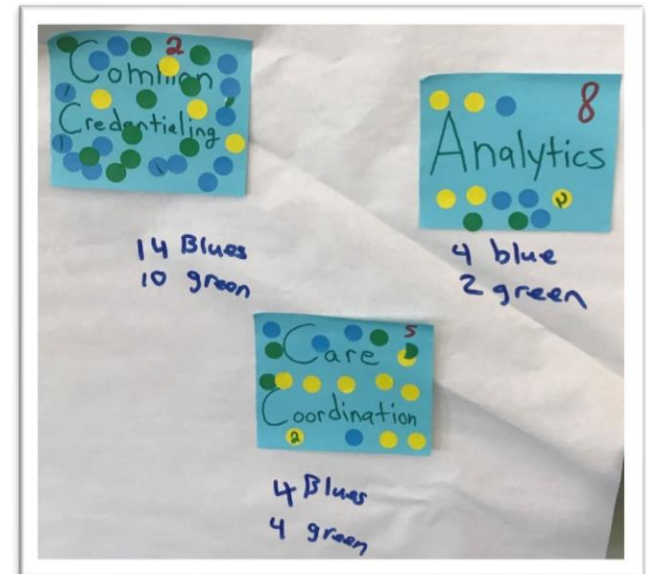
Rhode Island Provider Directory Project
Key Findings

Finding Value	Realizing User Readiness
• Difficult for customer to quantify the value of data files • Technology advancements during development changed the demand to real-time data	• Users needed lead time to be ready to change internal systems/ workflows to utilize the product
Confirming Data Quality	**Defining the Use Case**
• Organizations needed to trust the data • Organizations needed to have time to review the data themselves	• A system with specific use cases allows for a more compelling case for sustainability

Rhode Island Provider Directory Project
Looking Forward

- Future investment should be applied to a specific use case

- The state will have to do some provider data management work:

  - Medicaid will have very specific requirements to meet over the next decade

- There will also be specific provider data requirements related to the 21st Century Cures Act.

- Many potential users indicated they need real-time data, preferably through an API

Rhode Island Provider Directory Project
Observations

Business Case and Use Cases
- Provider directory objectives were too broad and intended to do everything for everyone
- Multiple use cases were identified as valuable and "critical" to payers and providers

Strategy and Alignment
- Provider data **shared** services varied in support by stakeholder groups
- Contributing data to/using the provider data
- Financing provider data shared services

Data
- Provider data processes and needs are complex
- Varying levels of maturity with provider data processes
- Integrated shared provider data requires business process and workflow redesign

Technology
- Organizations invested in internal technical solutions to improve provider data

Rhode Island Provider Directory Project
Observations

Implementation

- Underestimated of the lead time required to implement a provider directory solution
- Intense need for ongoing data assurance processes for data reliability

Stakeholder Engagement

- Continued stakeholder engagement and communication is key
- It was unclear what community adoption, implementation and financing will be

Sustainability & Use

- Consider financing sustainability throughout the project planning and implementation
- State has a very specific needs for a provider directory to meet Medicaid requirements

Rhode Island Provider Directory Project
Challenges

- <u>Trust</u> - Entrusting responsibility and trusting a third party for data quality, validation, management, and aggregation

- <u>Quality Assurance</u> - New provider business processes are needed to check accuracy and workflows to use new data sources (quality control and use)

- <u>Governance</u> - Internal processes as well as community data governance processes are needed

- <u>Roles & Responsibilities</u> - Many stakeholders are dedicating in-house resources and committing internal funding

- <u>Data Availability</u> - Need for more timely provider data through APIs

Provider Directory
Lessons Learned & Recommendations

1. Confirm the Business Case
   - o What is the problem you are trying to solve?
   - o What data do you need? *Is it available?*
   - o What technology do you need? *Is it available?*
   - o Who is going to use it?
   - o For what purposes?
2. Align among strategic priorities and regulatory requirements
3. Build to priority use cases (scaling)
4. Leverage standards and best practices minimizing data and implementation challenges
5. Assess stakeholder readiness and willingness to contribute (data and financing)
6. Training and operational workflow assistance needed for integration and use of the PD data
7. Communication, communication, communication
8. Plan for sustainability along the way

Contact Information

Amy Zimmerman, MPH
State HIT Coordinator
Executive Office of Health and
   Human Services
(401) 462-1730
amy.zimmerman@ohhs.ri.gov

Scott Young
Senior Director, Strategy & Growth
Rhode Island Quality Institute
(401) 276- 9141 ext 247
SYoung@riqi.org

Melissa Lauer, MPA
HIT Specialist
Executive Office of Health and
   Human Services
(401) 462-6485
Melissa.Lauer@ohhs.ri.gov

Kate Ricker-Kiefert
Director, Federal Policy and State
Strategic Advising Services
Audacious Inquiry, LLC
(303) 521-1995
kkiefert@ainq.com
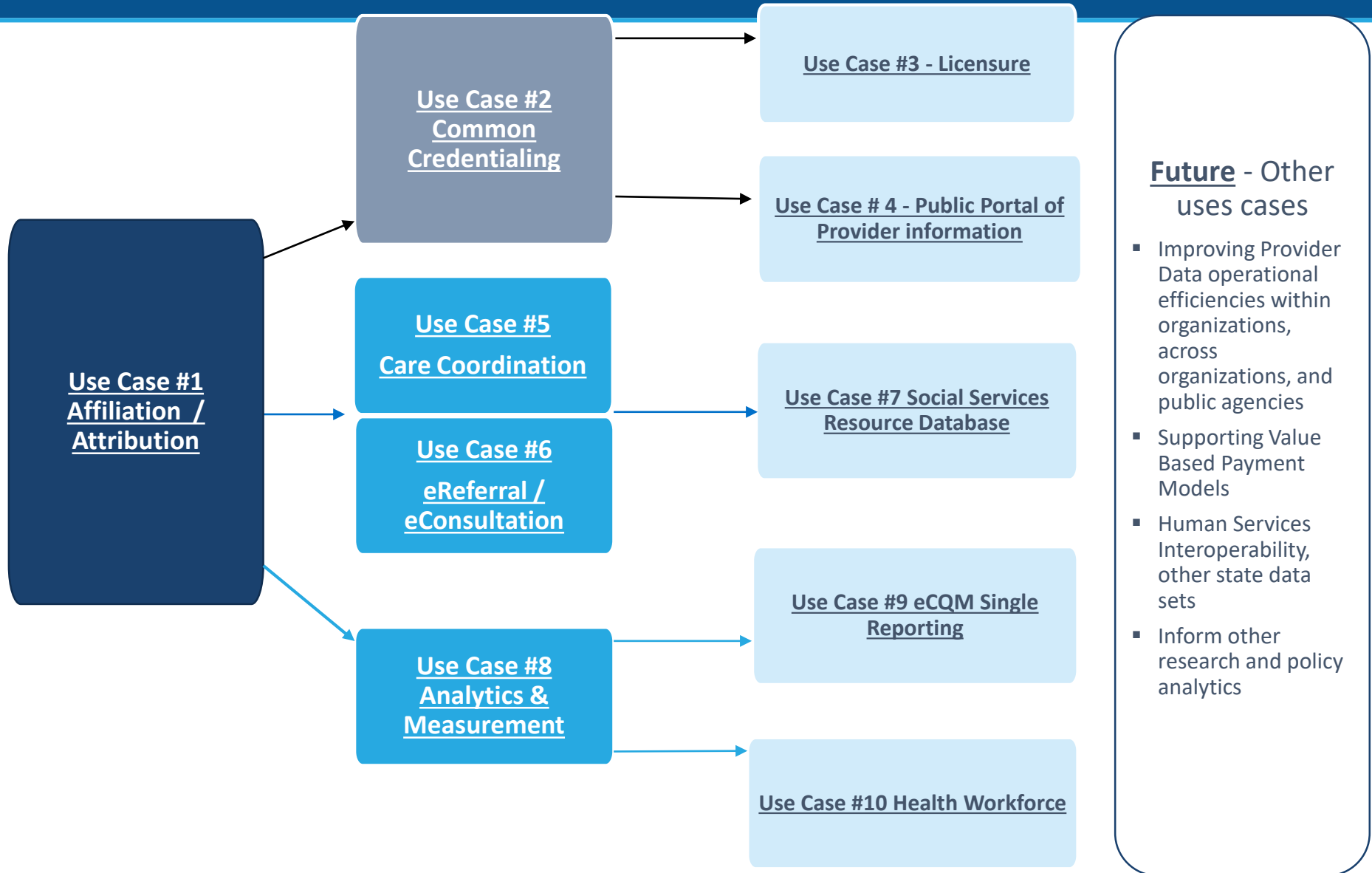
Appendix - Provider Data Business Cases

An optimized provider data management strategy can meet multiple business objectives. States and stakeholder may have different business objectives and problems trying to be solved. Aligning around common business cases and value adds can help ensure proper architecture and prioritized uses of a shared provider data management solution.

Business Cases	Objectives
❶ Create Operational Efficiencies	- Access to a trusted, single, complete, and current source of provider and practice information
	- Validate data residing in a healthcare entity's (i.e. IPAs, HIEs, ACOs and other payment organizations, networks, and plans) own Provider Directory
	- Support entities' need to meet requirements for updated/accurate provider information.
❷ Facilitate Care Coordination and Information Exchange	- Find Direct secure messaging (DSM) addresses and other electronic endpoints allowing electronic clinical data to be sent to the correct recipient
	- Find providers for referrals and care coordination
	- Address the increase in demand for actionable information resulting from health reform
	- Facilitate care coordination linkages with community-based organizations and other social service groups that are working to serve the same patient populations
❸ Establish a Resource for Health Care Analysis and Resource Planning	- Source of data on where and when providers practice to support analysis of claims and other data for the purpose of calculating incentive payments
	- Assist medical schools and residency programs in determining the need for expanded training and medical education
	- Support research and inform policy
	- Support monitoring of health care market trends like consolidation and mergers by better understanding affiliations and networks
	- Support analysis for long-term provider sufficiency planning based on provider demographics like age, location, training, and other information
	- Improve the ability of the State to conduct in-depth assessments of resource capacity and need and to integrate payers and providers
	- Support generation of metrics and data analysis for quality improvement and related payment efforts

Appendix - Use Cases and Stakeholder Value Propositions

Use Case ❶ Create Operational Efficiencies ❷ Facilitate Care Coordination and Information Exchange ❸ Establish a Resource for Health Care Analysis and Resource Planning	Health Plans	Hospitals	Providers	Community Orgs	State	Consumer
Use Case #1 Affiliations/Attribution	❶❷❸	❶❷❸	❶❷❸	❶❷❸	❶❷❸	
Use Case #2 Common Credentialing	❶❸	❶❷❸	❶❷❸	❶❷❸	❶❷❸	
Use Case #3 Licensure	❶❸	❶❷	❶❷	❶❷	❶❷❸	
Use Case #4 Public Portal of Provider Information					❶	❶
Use Case #5 Care/Service Coordination	❶	❶❷	❶❷	❶❷	❸	❷
Use Case #6 eReferral/Consultation	❶	❶❷	❶❷	❶❷		❷
Use Case #7 Social Services Database	❶	❶❷	❶❷	❶❷	❸	❷
Use Case #8 Analytics	❶❸	❶❸	❶❸	❶❸	❶❸	
Use Case #9 eCQM Single Reporting	❶❸	❶❸	❶❸	❶❸	❶❸	❶
Use Case #10 Workforce/Planning	❶❸	❶❸	❶❸	❶	❶❸	

Appendix - Rhode Island Provider Data Assessment Use Cases

Use Case #1 Affiliation / Attribution

Use Case #2 Common Credentialing

Use Case #3 - Licensure

Use Case # 4 - Public Portal of Provider information

Use Case #5 Care Coordination

Use Case #6 eReferral / eConsultation

Use Case #7 Social Services Resource Database

Use Case #8 Analytics & Measurement

Use Case #9 eCQM Single Reporting

Use Case #10 Health Workforce

Future - Other uses cases

- Improving Provider Data operational efficiencies within organizations, across organizations, and public agencies
- Supporting Value Based Payment Models
- Human Services Interoperability, other state data sets
- Inform other research and policy analytics

Appendix - Rhode Island Provider Data Assessment Use Cases

Use Case #1 Affiliation / Attribution

- Provider to Provider
- Provider to Organization/ Payer/ Network

Use Case #2 Common Credentialing

- Providing credentialing organizations access to information necessary to credential or re-credential all health care practitioners

Use Case #3 Licensure

- Link to source record for provider licensure oversight
- Confirm provider cross-state licensure, specialities, location, schooling, sanctions

Use Case #4 Public Portal of Provider information

- Consumer query of provider licensure status
- Transparency of provider data information licensure, affiliations, networks, quality metrics

Use Case #5 Care Coordination

- Query care team to know who is providing services to the person
- Direct secure messaging email address, understand organization/ location information

Use Case #6 eReferral/Consultation

- Strengthened care team referrals and communication services
- Ability to track status of referral, receipt, open, action taken, follow up action needed, additional services/support provided, and close out for management of referrals

Use Case #7 Social Services Resource Database

- Connect and monitor linking primary care clinical services to community organizations
- Query available community resources with available services, provider types, location information

Use Case #8 Analytics & Measurement

- Strengthened care team attribution for value based payment models
- Include care coordinators, comunity health
- Inform policy and VBP model readiness, oversight, and managment

Use Case #9 eCQM Single Reporting

- Link to eCQM reporting
- Link for practice/provider quality scorecards
- Single reporting function for mulitple programs
- Benchmarking quality metrics across communities/regions/state

Use Case #10 Health Workforce

- Assess health workforce shortage areas/provider types
- Analytics monitoring referral, follow up care, and access to specialists