Healthcare Directory Technology Learning Community

TLC Meeting – March 10, 2017
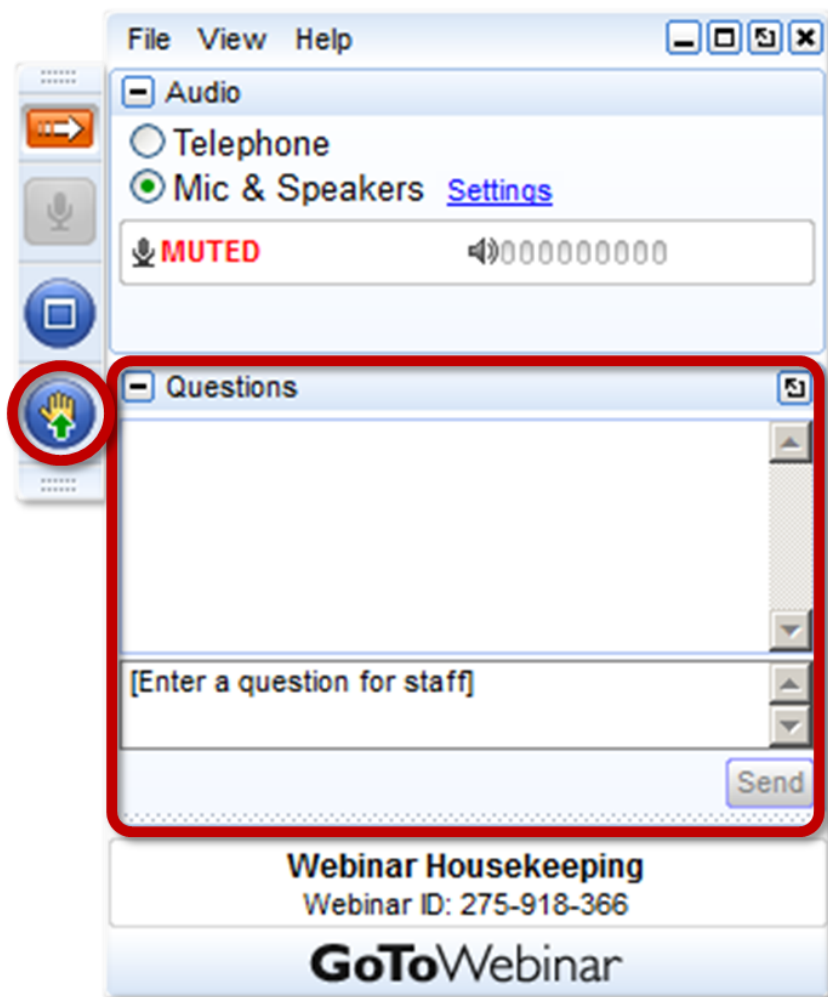
Daniel Chaput, ONC – Rim Cothren, A Cunning Plan - Bob Dieterle - EnableCare, LLC

- Welcome and Housekeeping

- Tiger Team Updates

- Dialogue

How to ask questions or request to speak

Submit or Ask Questions

- **Submit your text questions and comments using the Questions Panel**
- **Please raise your hand to be unmuted for verbal questions.**
- **To be unmuted from a phone you must dial in using your PIN. Don't have it? Just ask and we can send it.**
- **Echoes or crazy sound issues? Most are cured by muting your computer speaker.**

Use Cases Tiger Team - Charter

- Goals:
  - » Define a key set of use cases for healthcare directories
  - » Prioritize those uses cases in suggested order of implementation

- Healthcare directories should be considered as broadly as possible, encompassing all potential stakeholders, users, and actors

- "Use cases" should define the functionality of healthcare directories as observed by users; they should describe business processes as opposed to detailed technical requirements

- No technical architecture, technical standard, or geographic scope should be assumed; the discussion should be generalized to any scope, architecture, or implementation

- It is not the purpose of this Tiger Team to define an architecture; however, use cases will inform requirements for an architecture for the Architecture Tiger Team

- It is not the purpose of this Tiger Team to define details of the data elements required to address identified use cases; however, high-level data requirements should be defined to inform the Data Elements Tiger Team

Use Cases

- ## Basic Information Exchange

  - » A1. Enable electronic exchange (e.g. discovery of electronic end points such as IHE/EHR endpoints, FHIR server URLs, Direct addresses)

  - » A2. Find an individual and/or organization (even if no electronic end point is available)

- ## Patient/Payer focused

  - » B1. Find provider accessibility information (specialty, office hours, languages spoken, taking patients)

  - » B2. Relationship between provider and insurance plan (insurance accepted) or plan and provider (network)

  - » B3. Plan selection and enrollment

  - » B4. Claims management (adjudication, prior authorization, payment)

Use Cases (Cont.)

- **Care Delivery / Value Based Care**

  » C1. Provider relationship with a patient (e.g. for alerts)

  » C2. Provider relationship with other providers in context of a patient (e.g. care team communications)

- **Other**

  » D1. Provider credentialing

  » D2. Quality or regulatory reporting (e.g. aggregate data, plan networks)

  » D3. Detection of fraud; inappropriate approval of services and/or payment for services

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Status of Use Case Development

- A-1: **Completed**

- A-2: **Completed**

- B-1: **Drafted**

- B-2: **Advanced draft**

- B-3: **Not started – scheduled 3-14**

- B-4: **Not started – scheduled 3-28**

- C-1: **95% Completed**

- C-2: **Advanced draft**

- D-1: **Not started – scheduled 2-28**

- D-2: **Not started – scheduled 3-7**

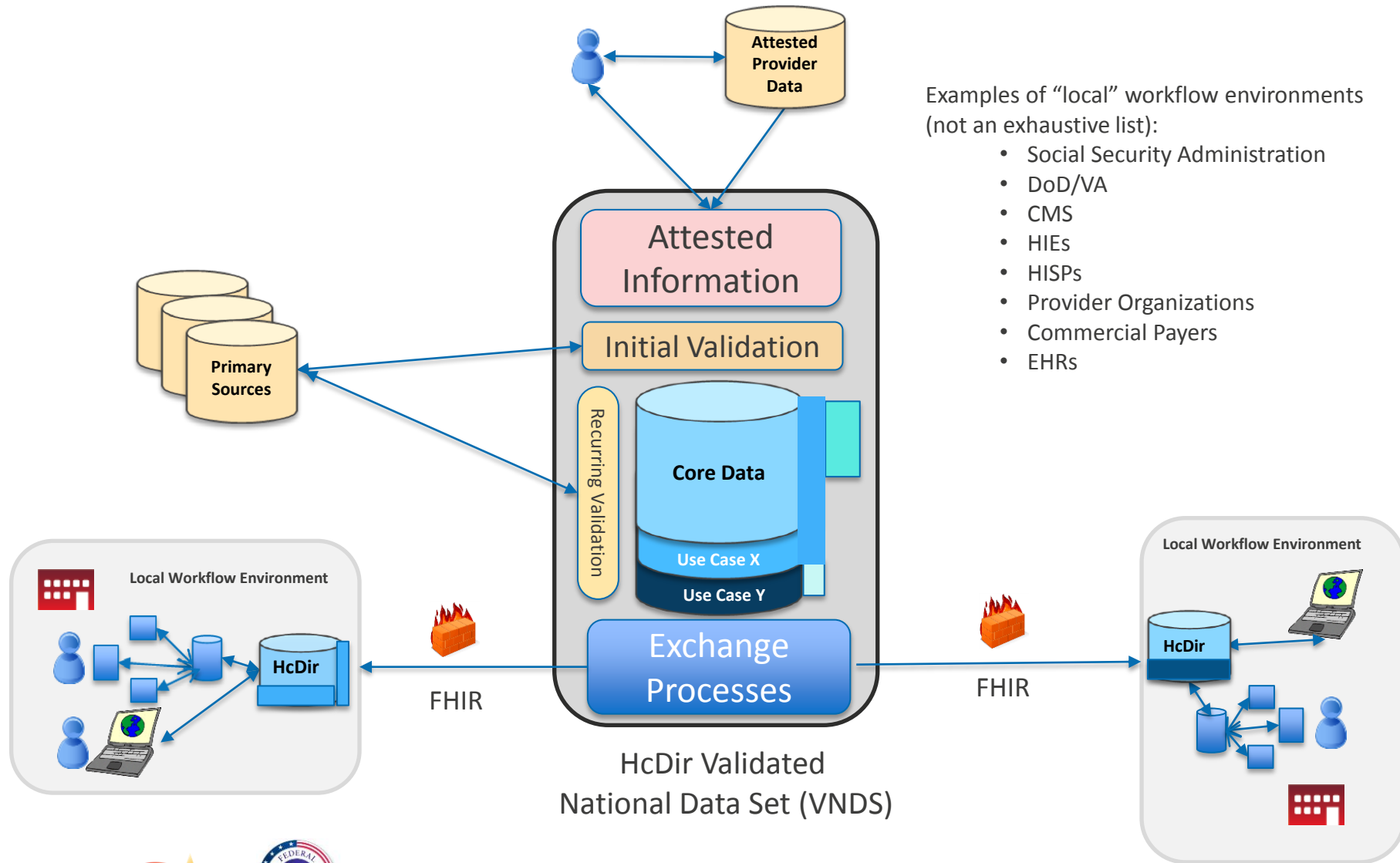- D-3: **Not started – scheduled 3-21**

Validation Considerations:

- » Type

- » Status

- » Primary source(s)

- » Secondary sources

- » Frequency

- » Last completed

- » Process (recommended and alternative)

- » Alert to changes

- » Reporting process (if validation fails)

- » Failure (fatal, warning, other)

- » Audit Trail

- » Effective

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Data Elements Tiger Team

- Logical Groupings:

  » Demographics (e.g. name, gender, DOB, type)

  » Contact information (e.g. phone, email, fax, purpose of each)

  » Location (e.g. addresses, hours, contact info, purpose)

  » Identification (e.g. unique ID/type)

  » Education/license (e.g. education, license information, tax ID)

  » Relationships (e.g. parent-child, individual-org, role)

  » ESI/electronic end point

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HcDir Conceptual Architecture -- Draft

Examples of "local" workflow environments (not an exhaustive list):

- Social Security Administration
- DoD/VA
- CMS
- HIEs
- HISPs
- Provider Organizations
- Commercial Payers
- EHRs

HcDir Validated National Data Set (VNDS)

Use of information in local workflow environments may be affected by local requirement and regulations

Architecture Tiger Team – Draft Architectural Components

- **Architecture Overview**

- **Exchange**

  » Define transport processes (e.g. REST, SFTP, SOAP)

  » Define exchange processes (e.g. pull, push)

  » Data aggregation (e.g. batch, real-time)

  » Bandwidth considerations

- **Restricted information**

  » Handling of core information

  » Handling of use case specific information

  » Define requirements for restricting information

Architecture Tiger Team – Draft Architectural Components

- **Restricted information (contd.)**

  » Labeling of restricted information

  » Handling of restricted information (e.g. access controls)

  » Flow down of restrictions

- **Populations**

  » Define population requirements

  » Define process to request population

  » Define preprocessing process

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# Architecture Tiger Team – Draft Architectural Components

- Security

  » Define security requirements

  » Define identity, authentication, and authorization processes

  » Signing and encryption

- Inputs

  » Define primary source exchange options

  » Define attested information submission options

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Interoperability Tiger Team

- Drafted HL7 FHIR Healthcare Directory Information Exchange Implementation Guide Project Scope Statement (PSS)

- Scope:

  » The development of a FHIR based implementation guide to enable the exchange of validated healthcare directory information between a reference source (e.g. national directory) and "local" workflow environments (e.g. local directories).

  » The exchange will include validation information to communicate the timing, source(s) and validation method for all of the significant elements of the healthcare directory.

  » The implementation guide shall include constrained exchange content, conformance statements, and exchange methods
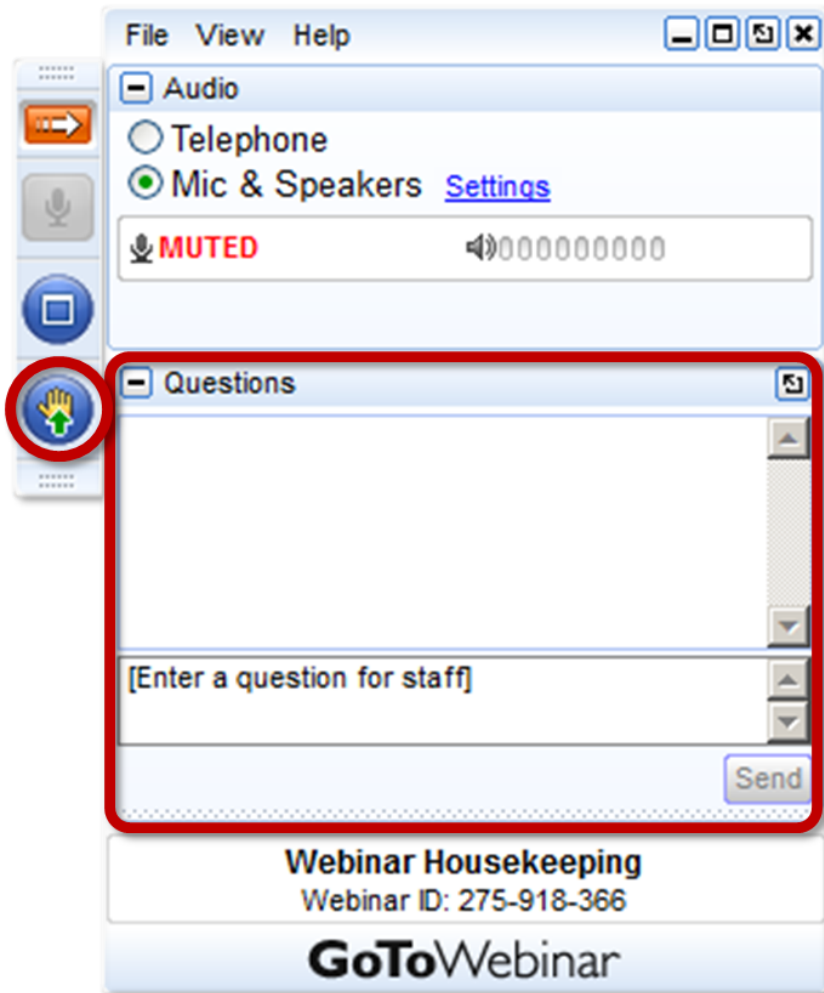
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FHA

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FHA

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- After providers and payers, what is the next set of individuals and organizations that should be included in this validated shared resource? (e.g. community health workers, non-clinician office staff, billing companies, records management, credentialing firms)

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- National Disaster Medical System (NDMS) Response Teams

  » Disaster Medical Assistance Team (DMAT)

  » Disaster Mortuary Operational Response Teams (DMORT)

  » International Medical Surgical Response Team (IMSURT)

  » National Veterinary Response Team (NVRT)

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FHA

- Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP)

  » The program, administered on the state level, verifies health professionals' identification and credentials so that they can respond more quickly when disaster strikes. By registering through ESAR-VHP, **volunteers' identities, licenses, credentials, accreditations, and hospital privileges are all verified in advance, saving valuable time in emergency situations**.

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- **Medical Reserve Corp (MRC)**

  » The Medical Reserve Corps (MRC) is a national network of volunteers, organized locally to improve the health and safety of their communities. The MRC network comprises 990 community-based units and almost 200,000 volunteers located throughout the United States and its territories.

  » MRC volunteers include medical and public health professionals, as well as other community members without healthcare backgrounds. MRC units engage these volunteers

    – to strengthen public health

    – improve emergency response capabilities and build community resiliency

    – they prepare for and respond to natural disasters, such as wildfires, hurricanes, tornados, blizzards, and floods, as well as other emergencies affecting public health, such as disease outbreaks.

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