Office of Health Information Technology Flat File Directory for Direct Addresses and State-level Provider Directory

Presenters:

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Objectives:

1. Provide an overview of the Provider Directory efforts in Oregon
   - Flat File Directory for Direct addresses
   - State-level provider directory
2. Address the following:
   - Goals/Mission
   - Successes (what's working well)
   - Challenges
3. Answer your questions

Flat File Directory for Direct Addresses

Background

- CareAccord is the state of Oregon's HIE and Health Information Service Provider (HISP)
  - Began offering services in May 2012
  - First state HISP accredited through EHNAC/DTAAP
  - Offers web-portal Direct secure messaging services
    - Including a CareAccord Provider Directory for users
  - EHR integration Direct secure messaging services began in summer 2015
- OHIT began offering a no cost Flat File Directory service of Direct addresses in July 2014
  - Administered by the CareAccord program

Goals

1. Support Eligible Professional (EP) and Eligible Hospital (EH) electronic summary of care requirements for Meaningful Use

2. Expand the discovery of health professionals' Direct addresses for improved care coordination

3. Support Oregon statewide Direct secure messaging

General Overview

- Participation requirements:
  - Must use a fully accredited (EHNAC/DTAAP), DirectTrust participating HISP
  - Must sign a Participation Agreement
- Frequency: On monthly basis, participants export a flat file (Excel spreadsheet) of provider Direct addresses (typically from an EHR) into a provided template
- CareAccord scrubs the data, creates a master file, and sends the master back to participants for importing into EHR or HIE technology
- This is currently not a "public" or published directory
- This is an interim, inelegant solution meant to be a stop gap

Export Template

- Required Fields

  – Account ID

  – First Name

  – Last Name

  – Organization ID

  – Direct Address

- Optional Fields (more than 30)

Example:

ACCOUNT	STATUS	NPI	PRIMARY_	PRIMARY_	PRIMARY_NA	PRIMARY_NAME_TITLE	ORGANIZATION_ID	DIRECT_ADDRESS_1
lastf	Imported	1.23E+09	Name	Name	MSW/ CADC	Mental Health Counselor III	urgenthealth	akind@test.careaccord.org
lastf	Imported	2.35E+09	Name	Name	MA/MH Exan	Lead Mental Health Counselor	cidi	anderss@test.careaccord.org

Successes

- More than 4,000 Oregon Direct addresses (25% without NPIs)
- 13 participant organizations from throughout Oregon, representing hospitals, HIEs, regional healthcare services, HIT-enabling services, primary care clinics, and pediatricians
- More than 250 Oregon health care entities are supported by the 13 participants and included in the Directory
- 9 different HISPs utilized by participants: Cerner, Inpriva, MedAllies, Medicity, Mirth, Nitor, SES, SureScripts, Updox
- Participants share that the Directory has successfully:
  * Enabled better care coordination for patients
  * Been used to support MU attestations related to Summaries of Care
- Beginning April 2016, through a collaboration with *One*HealthPort, the Flat File will also include more than 2,000 Direct addresses from Washington providers to enhance care coordination and referrals across state borders

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Challenges

- Flat File Directory participation has been steady but slow
  - Competing IT projects
  - In process of choosing accredited HISP
  - Not understanding the value
  - EHRs assigning Direct addresses to NPI credentialed clinicians only
- Sending messages between providers when the provider's EHR systems use different standards
- Care Summary format not supported by all systems
- Direct Project fundamental concept of sharing information between *any* Direct user does not apply
- Facility level addresses
- Co-located providers with one Direct address (how to identify location for message delivery)

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What's next…

- Oregon needs a state level provider directory that includes Direct addresses
- Direct addresses must be known, made available or searchable
- There is a value-add when Direct addresses are included in a provider directory
  - Enhanced care coordination across organizational boundaries
  - Interoperability of information (exchange without interfaces)
  - Electronic exchange of structured clinical information
  - Support for Meaningful Use requirements
  - Promotion of statewide Direct secure messaging

State-Level Provider Directory

State-level Provider Directory Goals

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

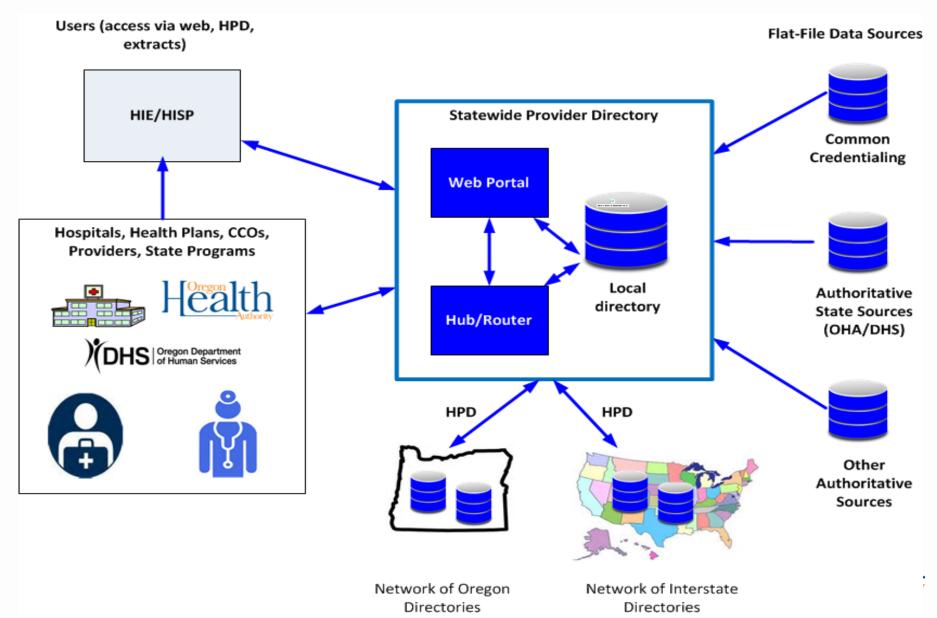| Efficiencies for Operations	Facilitate care coordination and health information exchange (HIE)	Resource for health care analysis
• Access to a trusted, single, complete source of provider and practice information • Validate data residing in a healthcare entity's own provider directory • Support entities' need to meet requirements for updated/accurate provider directories	• 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	• 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

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Why are we doing this work now?

- Stakeholders are asking for it
  - Oregon stakeholders, including Medicaid Coordinated Care Organizations (CCOs) expressed the need for foundational health IT services that support health transformation
  - CareAccord flat-file directory serves a specific need but is a manual process
  - Meaningful use requires the ability to find providers to coordinate care
  - Knowing where and when providers practice in certain clinics and locations is essential for quality reporting
  - Health plans can face penalties for inaccurate provider directories
- Reliable data sources to leverage
  - OR Senate Bill 604 established the Common Credentialing Program
    - Requires providers to re-attest to the accuracy of the information every 120 days
  - Adoption of HPD standards to connect to other directories?
- Authority to charge fees
  - OR House Bill 2294 (2015) allows us to expand Health IT services beyond the Medicaid program and charge fees

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Provider directory concept

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 (under development)
- Centralize where needed but allow for federation of existing provider directories – leverage existing data

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Procurement and funding

- The state-level provider directory (PD) is part of our Health IT (HIT) portfolio
  - Other HIT services include Common Credentialing (CC) and the Clinical Quality Metrics Registry (CQMR)
  - Harris Corporation (system integrator) - responsible for procuring and overseeing the implementations

- The procurement is for:
  - Technical solution (design, development, implementation, and maintenance)
  - Data validation and management
  - Program operations and ongoing management

- Medicaid funding has been secured for the design, development, and implementation, and OHA will request funding for the Medicaid share of the ongoing operations and maintenance. Ongoing costs for the non-Medicaid share will be supported by fees.

Current activities

1. Engaging stakeholders

- **Provider Directory Advisory Group (PDAG)** – 15 members: technical, policy, and program areas
  - Developed high level use cases, as-is/to-be, fee structure options
- **PD SME workgroup (2014)** – 12 members
  - Scope, functions, and parameters that informed our funding request to CMS and Request for Information (2014)
- **Internal groups** – 16 (and more): needs and data sources
- **HITOC** - sets goals, provides oversight and monitors HIT for the state
- **HITAG** – advise OHA on the implementation of certain HIT services, including the provider directory

2. Procurement

- Business requirements

3. Drafting business plan

- Vision, mission, description, value proposition, goal, product details, financial plan, staffing plan, implementation plan, governance

Challenges/next steps

- HPD questions
  - Oregon uses go beyond what is anticipated in the HPD standard
    - Analytics requires historical data
  - Widespread adoption of HPD?
  - Other standards that are applicable – FHIR and CSD?
- Fee structures
  - Knowing who will pay and how much?
- Establishing the phasing approach
  - First phase, second phase, third phase, etc.
- Scope
  - Plans want the provider directory to have the capability to track "accepting new patients"
- Lengthy State IT approval processes - "Stage Gate"
- Competing other provider directory initiatives
- Establishing governance model and structure

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Questions

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Resources

2015 ONC Interoperability Standards Advisory :
https://www.healthit.gov/sites/default/files/2015interoperabilitystandardsadvisory0123201
5final_for_public_comment.pdf

Healthcare Provider Directory (HPD) standard:
http://www.ihe.net/uploadedFiles/Documents/ITI/IHE_ITI_Suppl_HPD.pdf

Common Credentialing: http://www.oregon.gov/oha/OHPR/occp/pages/index.aspx

Provider Directory Advisory Group: http://www.oregon.gov/oha/OHIT/Pages/Provider-Directory-Advisory.aspx

Coordinated Care Organizations: http://www.oregon.gov/oha/OHPB/pages/health-reform/ccos.aspx

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