Rhode Island Provider Directory Project



Creating a Centralized, Statewide Provider Directory



Provider Directory Meeting Agenda

- History and Context Setting
- Project Overview and Goals
- Data and Operations Details
- Value Proposition
- Timeline
- Questions and Next Steps



- 2004: RI's HIE, now known as CurrentCare, efforts initiated
- 2007/2008: State designated RIQI as the Regional Health Information Organization
- 2008: HIE Act of 208 passed and required opt in model
 - for sending data to HIE
 - to identify which providers can access data from HIE (at the organizational level);
- 2010/2011: RIQI designated as state entity for HIE:
 - started building provider directory to track relationships
- 2012/2013: Trailblazers Initiative:
 - help states better align their health IT activities with healthcare delivery system reform and value based purchasing



Trailblazers Initiative:

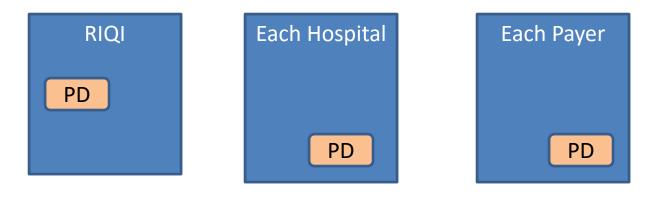
 Identified the need to clearly know and track providers and their organizational relationships to implement health care reform

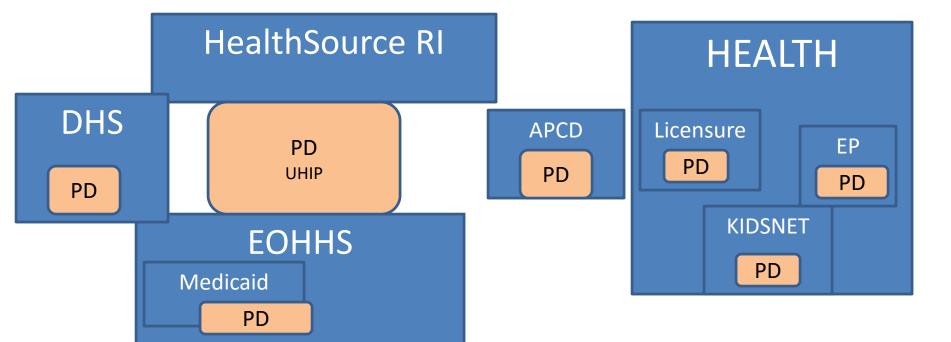
 Recognized many small provider directories existed throughout state government and other healthcare

Created state agency provider directory workgroup and identified use cases



Current State





Traiblazers Initiative:

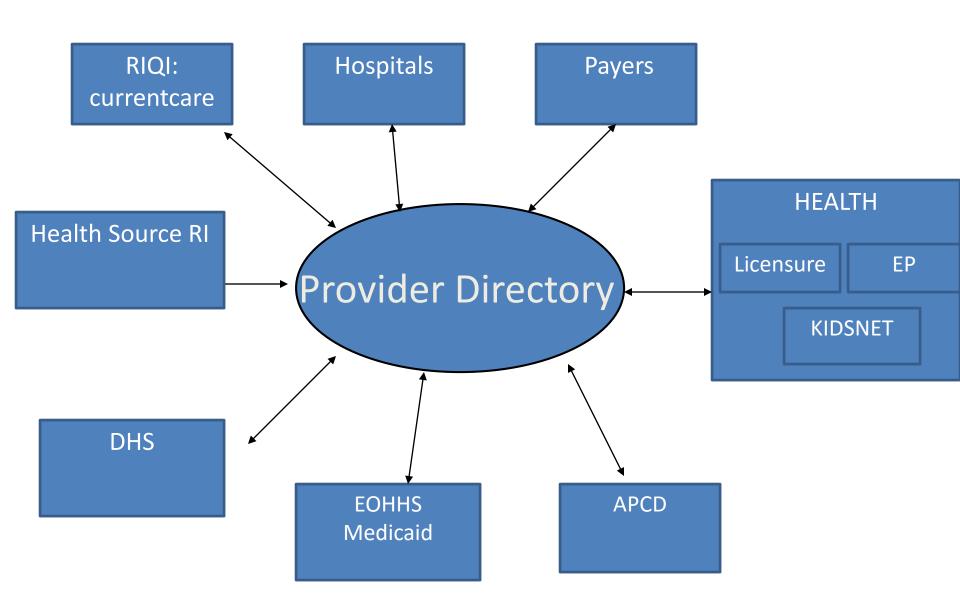
- Obtained TA from Audacious Inquiry (Ai):
 - Assessed current environment and needs;
 - Made recommendations for proceeding (architecture, what to leverage);
 - Implement a single <u>centralized</u> provider directory database to serve as "source of truth
 - Leverage RIQI's initial provider directory work; found to be furthest along (least expensive and most expedient)

or

 Collocate the provider directory with the platform for the state's insurance exchange/integrated eligibility system



Potential Future State



- 2014/2015: RI becomes a SIM State
 - Formal decision to build statewide provider directory leveraging RIQI's provider directory foundation
 - Provider directory project supported by SIM Community Steering Committee :
 - Contributing \$1.5M SIM funds





Governance:

- RIQI Provider Directory Advisory Committee:
 - Includes EOHHS, Health Insurance Exchange, DOH, Office Of Health Insurance, APCD
 - Recognized need and begun to include practicing providers and payers
- RIQI now formalizing and expanding Provider Directory Advisory Committee:
 - Become a formal committee of RIQI with charter approved by their Board etc.
 - Will need to determine what data is hared through public portal



Project Overview and Goals

Background

All stakeholders in the healthcare system need access to timely, accurate information about healthcare providers.

Patients, doctors, hospitals, health plans and the State all require information about the location and affiliations of providers in their community, whether to select a local doctor, to make a referral to a provider in his/her patient's health plan network, to send discharge information to a PCP when his/her patient leaves the hospital, to attribute patients to doctors in a health network or to understand the availability of doctors across the state.

The Challenge

Providers see thousands of patients each year. They work in multiple offices. They have privileges at multiple hospitals – sometimes across organizational boundaries. They contract with multiple health plans, which have different rules for payment and incentives depending on where they are practicing. They participate in multiple initiatives that various parties wish to track. Managing all of these relationships is complex. But the biggest challenge is that none of these relationships is static. **Getting the data right once is not easy. Keeping it up-to-date is extremely difficult, especially for small organizations.**The added challenge is that all of the stakeholders in the system are maintaining their own version (sometimes multiple versions) of the data – none of which match.

The Solution

By creating and maintaining a single authoritative, state-wide provider directory, RIQI will meet its internal needs to accommodate patient control over who sees their data in CurrentCare. And, by making the data available to the other stakeholders in the state, RIQI is creating a product that supports its financial sustainability as well as reducing ineffective, duplicative efforts both within and across various parties in the healthcare system. The goal is to create a single source truth — which is accurate and up-to-date - and to deliver that benefit across the community.

The Process

RIQI will manage the provider directory much like the Health Information exchange, collecting and aggregating data across organizational boundaries to create a single longitudinal record for providers. RIQI will: identify and acquire data feeds for the provider directory; create and maintain consistent reference data and master data definitions; analyze data for quality and reconcile and data issues; and publish relevant data to appropriate users and monitor the published data sources for



Rhode Island Provider Directory Project

One Provider, Many Relationships

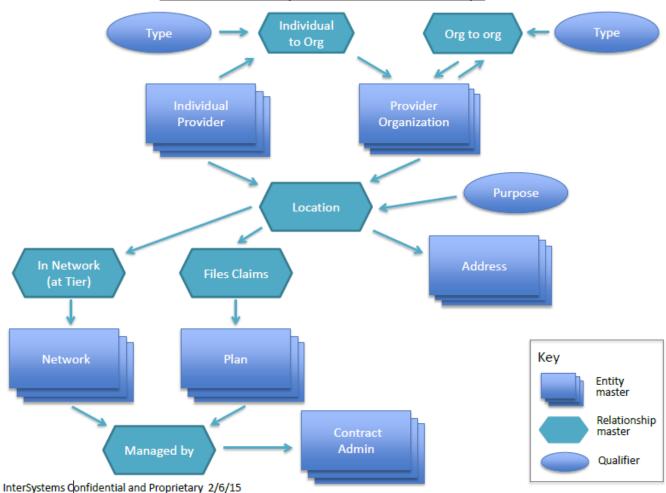




The Provider Directory Project Data Model

One Provider, Many Relationships

<u>Provider Directory – Entities & Relationships</u>





A Single Definitive Source, Many Users

Many Sources of Data, One Trusted Comprehensive Record

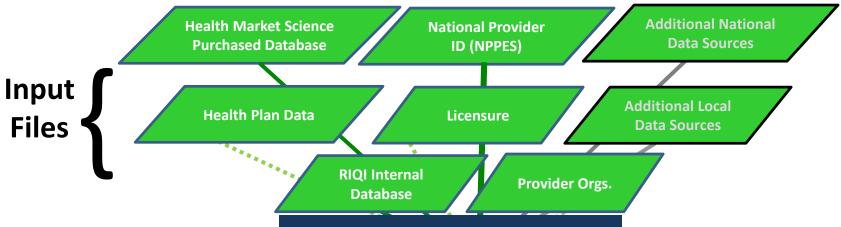
Data Type	RIQI SalesForce	National Provider ID Database	Department of Health Licensure	Payers	Providers
Individual Provider Demographics					
NPI Information					
License Information					
Location Information					
Credentialing					
Program Participation					
Provider Organization Information					
Individual to Organization Relationships					
Organizational Heirarchies					
Insurance Carrier Information					
Insurance Plan/Network Information					

The best source is kept for each data element (Survivorship)



Cleaned, Validated, Normalized, Comprehensive Record,
Better than any single source

Data Sources, Stakeholders and RIQI Responsibilities



Manage Data

RIQI Operations Manages:

- Validating
- Linking
- Compositing



Govern Data

Provider Directory Advisory Committee Oversees:

- Survivorship Rules
- Public Display of Data

Reliable Data Available to Providers, Patients, Plans, State

Output
Data and
Files



Operations Source Viewer

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			RESOLVED	RESOLVED	RESOLVED	RESOLVED	
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RIQI Provider Directory Value Proposition

Uses

- Master Provider Record for HIT Systems (e.g, Epic)
 - File based or Application Interface
- Web-based Lookup Service
 - Provider-To-Provider
 - Patient-To-Provider
- Analytics Support
 - Ensuring Provider Attributes Reflect Relationships During a Measurement Period

Users

- Hospitals and Physicians
- Health Plans
- Patients
- State Agencies: Health Source RI, APCD, Department of Health, Medicaid



RIQI Provider Directory Development Timeline

Data Import:

NPPES, HMS, Salesforce, Lifespan: 2Q 2016

Dept. of Licensure: 3Q 2016

Behavioral Health/BHDDH: 3Q 2016

HSRI/Carrier Files: 4Q 2016

Data Export: Ready by end of 2Q

Data Mastering:

MD's, DO's, PA's, NP's: 2Q 2016

Behavioral Health/BHDDH: 4Q 2016

PCMH/ACO relationships: 2017

Option 3 Consent Model

Design: 4Q 2016

Implement: 2017

Public Lookup/Portal

• Design: 2016

Implement: 4Q 2016

Provider Self Service:

Design: 2017

Implement: 2018



RIQI Provider Directory – What's Next for RIQI?

- Governance
- **≻**Operationalization
 - **≻** Resources
- Sustainability
- > Technical Improvements



RIQI Provider Directory – What's Next for the State

- ➤ Align with Legislative Efforts related to Health Insurer's Provider Directories
- Explore expanded Medicaid 90/10 funding; sustainability
- Facilitate and streamline data flows (APCD provider files etc)
- ➤ Identify output files needed for operations, evaluation, and creative uses to support health needs
- ➤ Long term: Consider how links to Community directory resources
- ➤Other?



Questions and Contact Information

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