

The Office of the National Coordinator for
Health Information Technology



Provider Directory & Identity Management Learning Event

Health IT Resource Center
State Innovation Model Initiative (SIM)
CMS Innovation Center (CMMI)

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Putting the **I** in Health **IT**
www.HealthIT.gov

Office of the National Coordinator for
Health Information Technology

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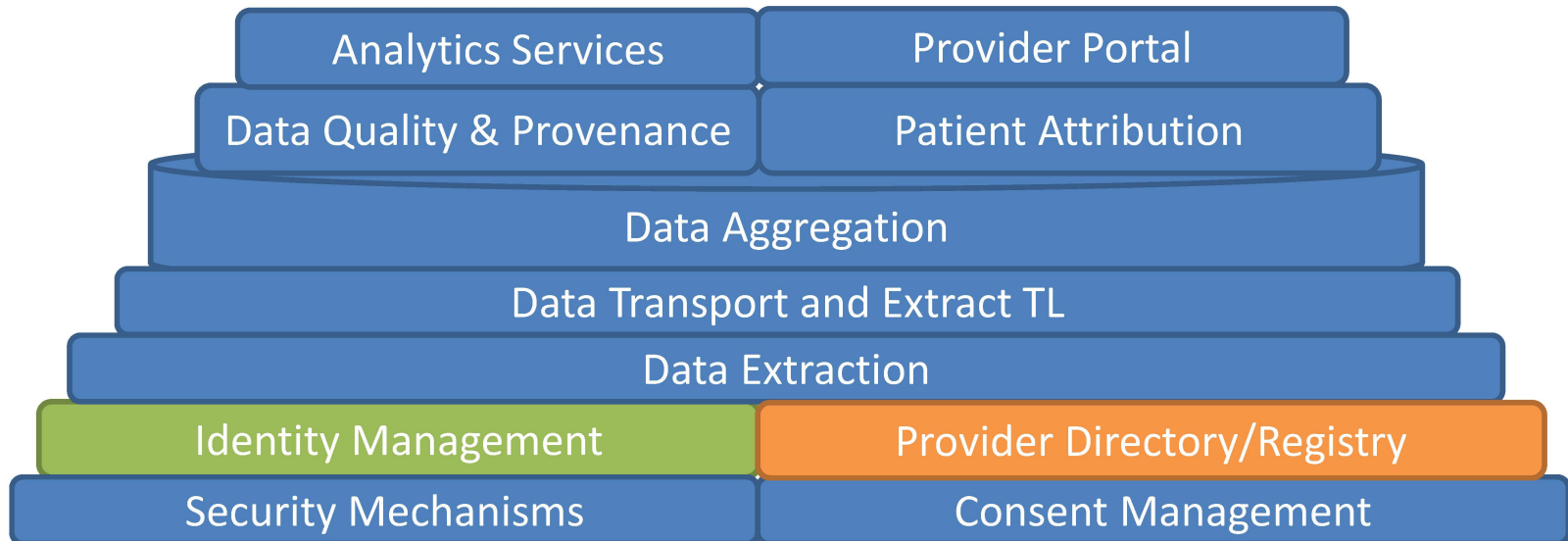
- Disclosure Statements

- Context
- Introduction
- Identity Management - Overview of Learning Opportunities
- Provider Directory - Overview of Learning Opportunities

- This learning event is an introduction to ongoing future technical assistance and collaborative peer sharing.
- Areas of focus today:
 - Identity Management (including patient match)
 - Provider Directories
- In the future, additional topics to come.

- Software architecture built to leverage “design once, use multiple times” principle
 - Cost savings
 - Better efficiency through standardization
 - Shared governance
- Multiple state healthcare stakeholders will all need similar functionality
 - The primary care doctor needs a provider directory to refer; a payer needs a provider directory to align payment.
- Efficiency and savings achievable through shared services as part of a state-wide Health IT plan

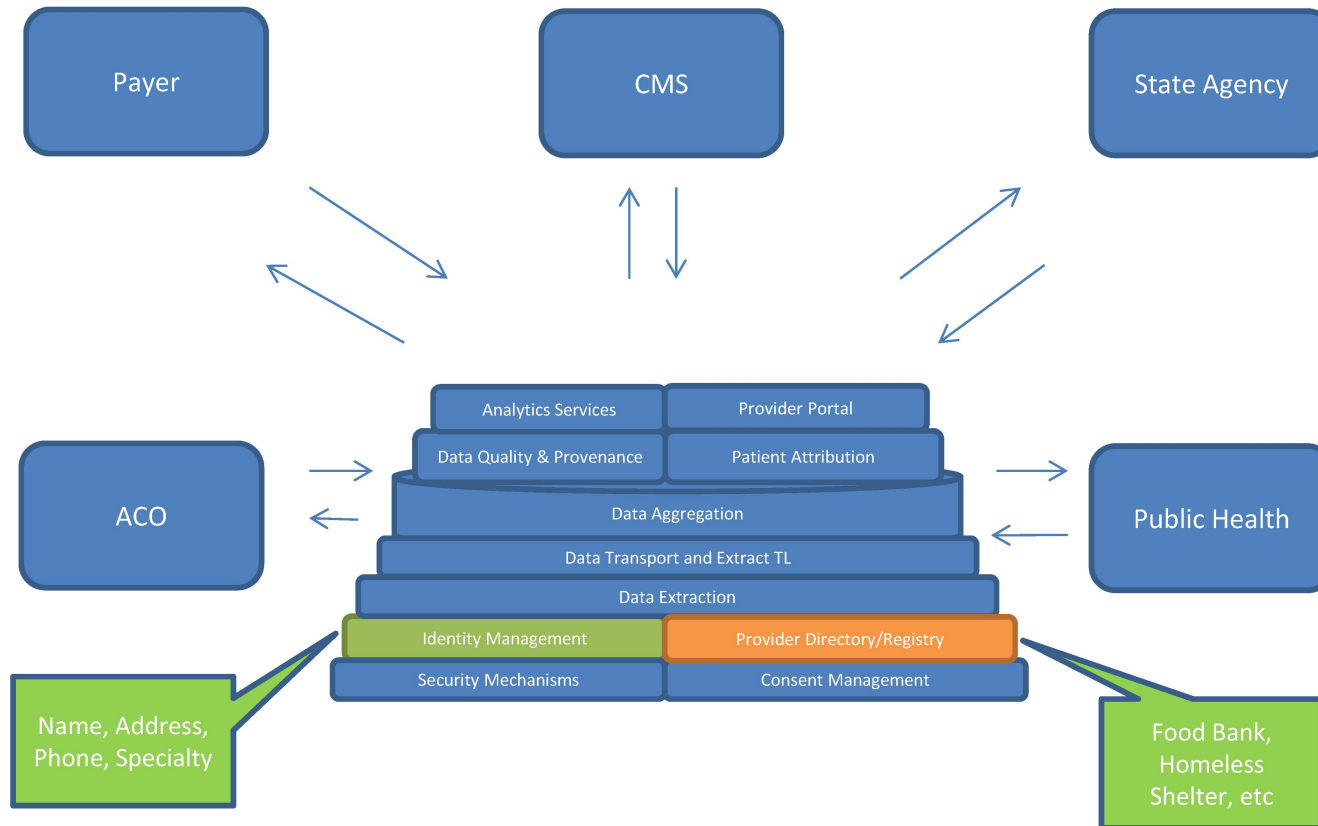
Key Elements of the HIT Stack for Value-based payment models and the Learning Health System



Shared Services Model



Shared Services from a stakeholder perspective



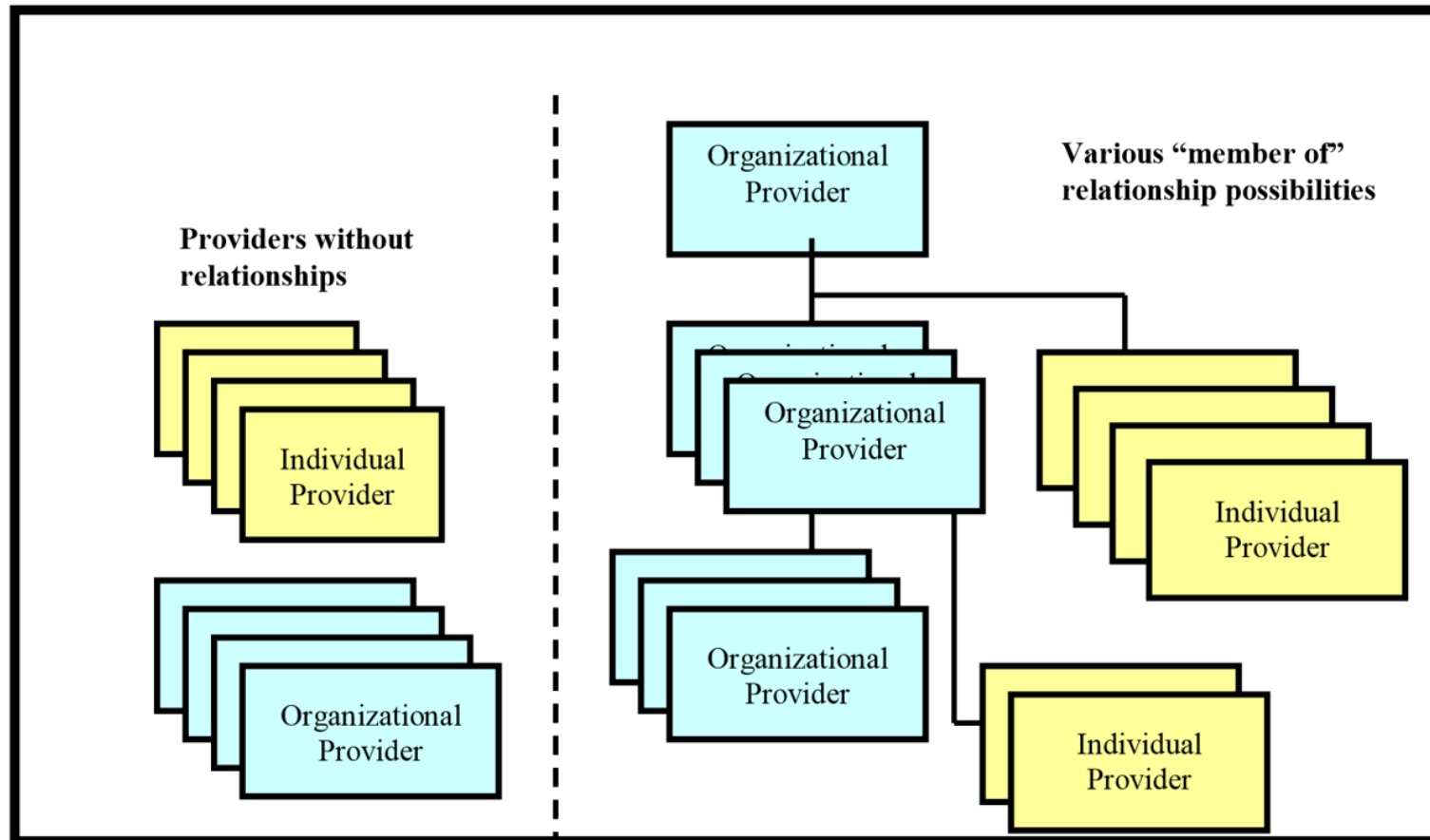
Identity Management

Provider Directory

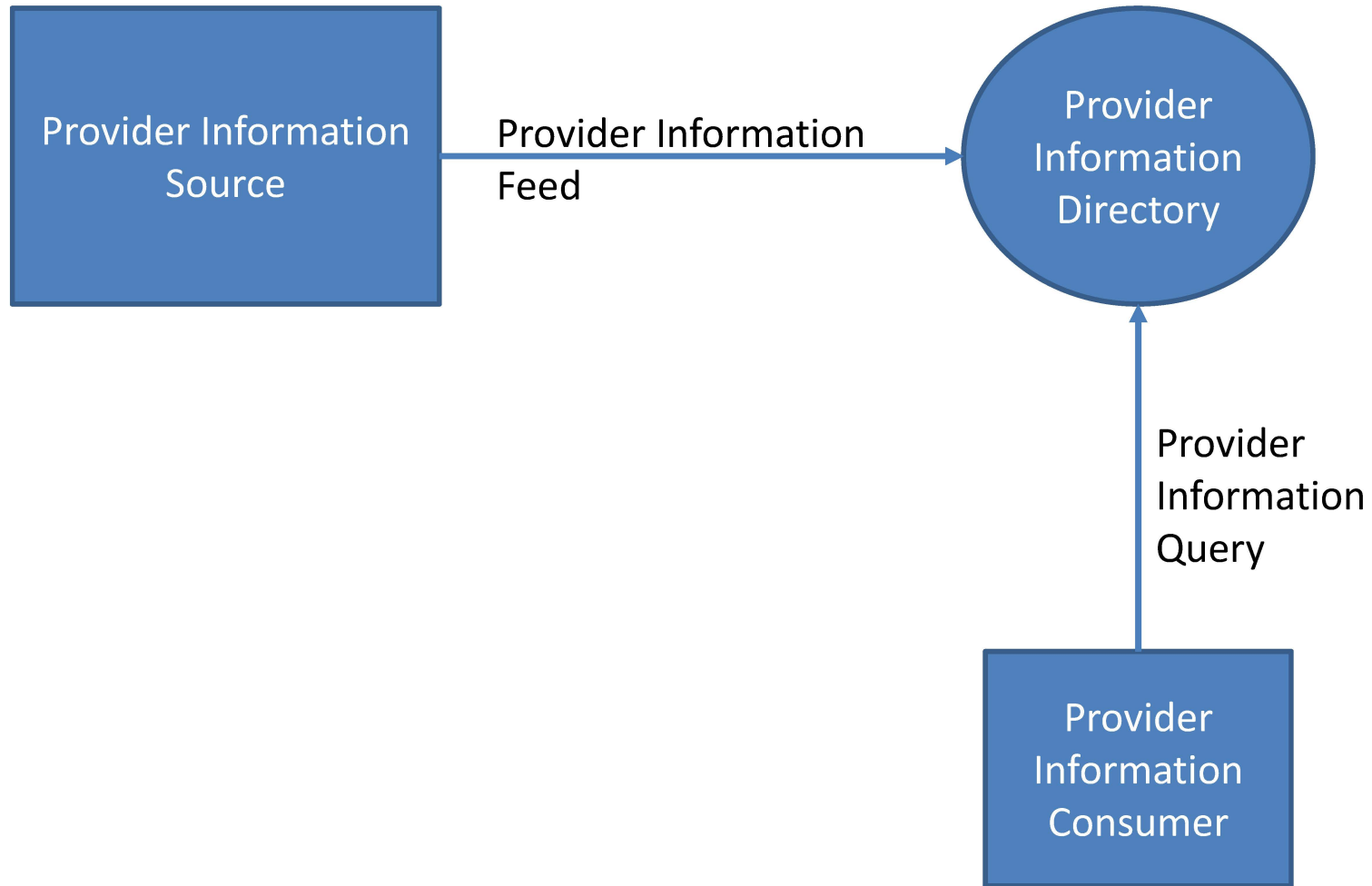
- Shared Services Model
- Fundamentals
 - Centralized vs federated architecture
- Use Cases and Value Proposition
- Standards
- Governance and Policy Considerations
- Funding and Procurement Considerations

- **A Health Provider Directory supports management of healthcare provider information, both individual and organizational, in a directory structure.**
- **Typical provider information:**
 - Demographics, address, credential and specialty information, as well as electronic endpoint to facilitate trusted communications with a provider
 - Relationships:
 - Health Information Exchange (HIE) and members
 - Integrated Delivery Networks and care delivery members
 - Hospitals and their practitioners
 - Hospital sub organizations including departments, physician Practice Groups and their practitioners, practitioners and the hospitals they are associated with

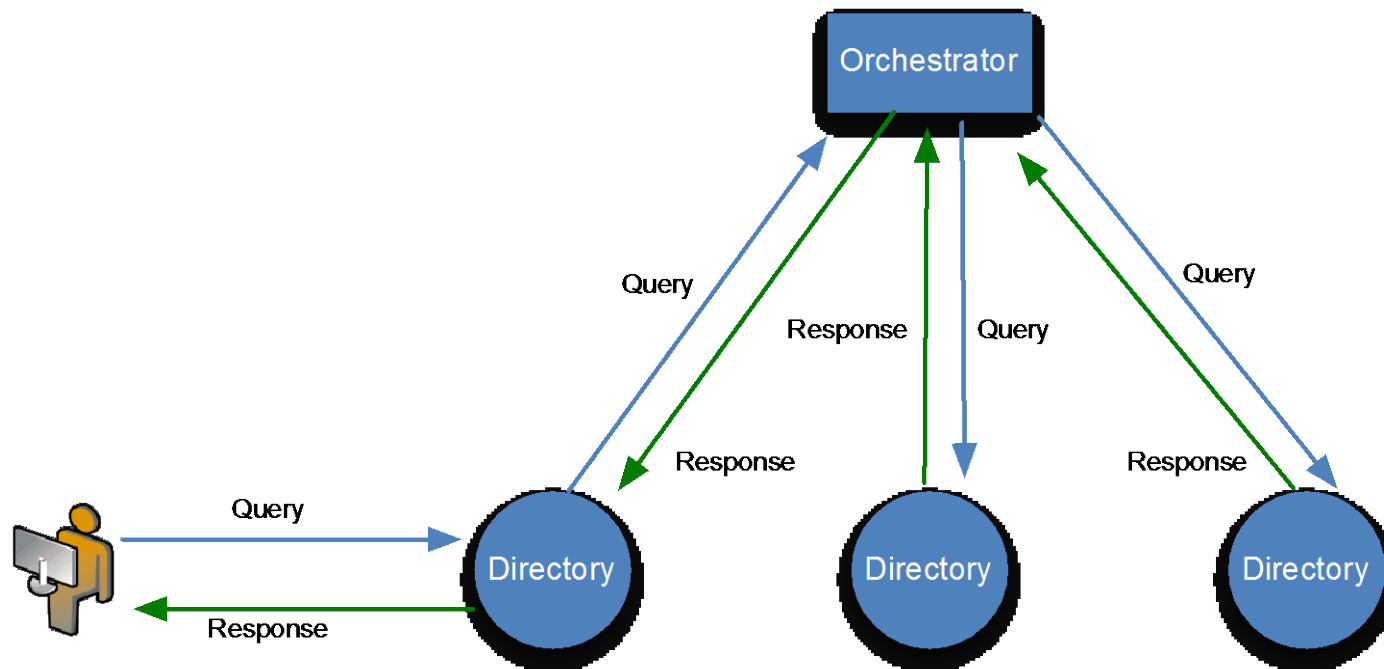
Examples of supporting provider entries with or without relationships in a Provider Information Directory (source: IHE IT Infrastructure Technical Framework Supplement: Healthcare Provider Directory (HPD))



Provider Directory: Basic Diagram



Provider Directory Model: Federated Directory Networks

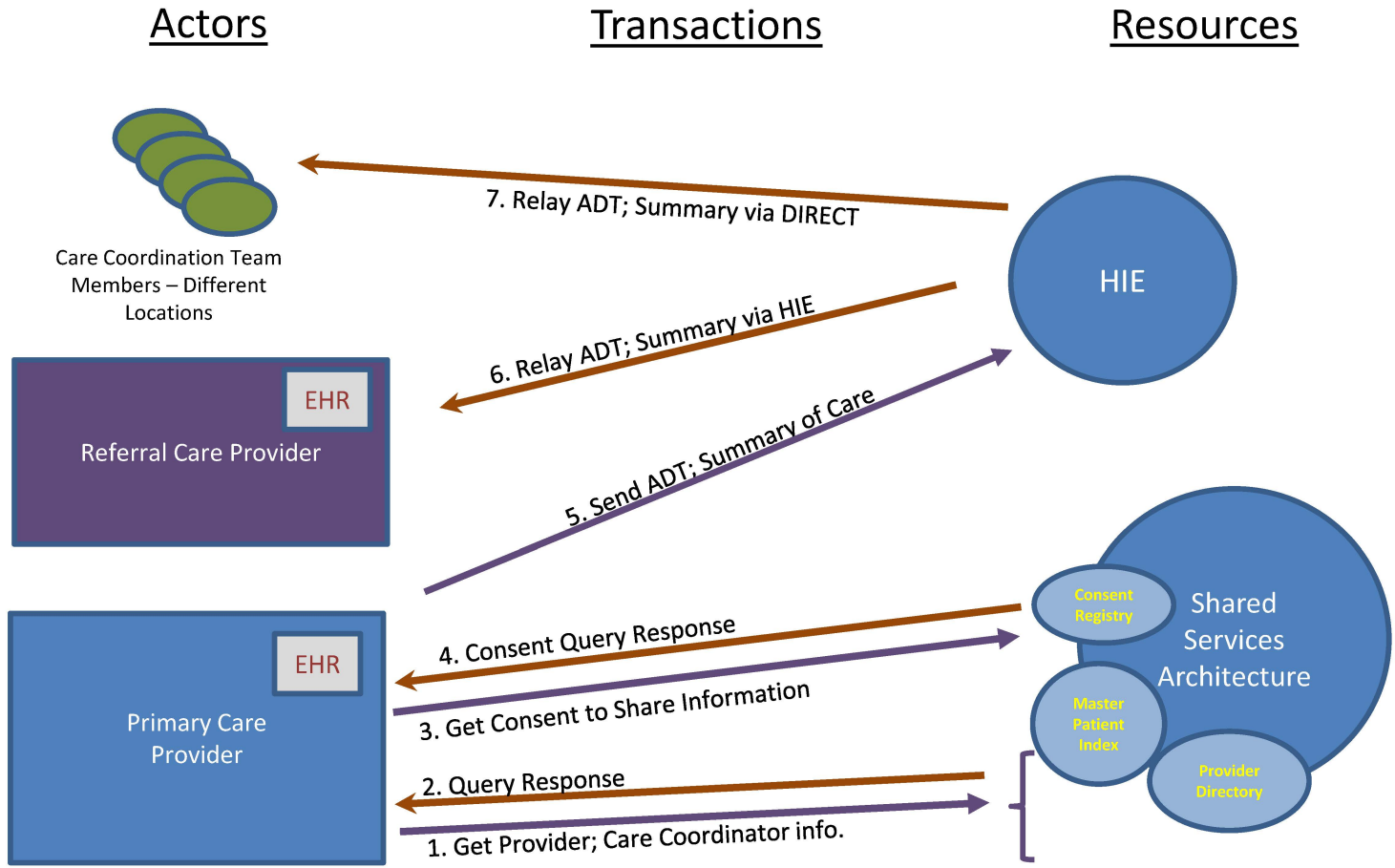


Directory networks forming today are often *federated*, arranged hierarchically with queries distributed to data holders.

- Enable secure email (Direct) communications
 - Also support Query end point look up
- Support consumer queries (i.e., providers in plans, hours of operation, special areas of expertise, etc.)
- Support credentialing and verification
- Support Patient attribution to Providers and Organizations
- Support referrals to Specialists and Other Providers
- Provide information on relationships among providers (i.e., PCP's to care coordinators)

- Facilitate determination of accountability for payment.
 - PD might not determine who is accountable, but might support that effort.
 - Track organizational affiliations – this is often a complex many-to-many relationship
- Determine which provider/organization receives reporting and population-level analytics/decision support.
 - Track actual provider vocation: PCP vs. ER vs. UC vs. hospitals vs. inactive/retired
 - Facilitate “Provider Registry” services – used to establish historical attribution
- Facilitate attribution of quality performance.

Examples of Attribution / Health IT Interactions: Health IT-enabled Referral with Care Coordination



Provider Directory: Statewide Directory Value Proposition



- The value of most use cases is increased as more providers and organizations are added to the directory
- Operations and Maintenance – economies of scale
 - Fewer instances of directories to support
 - Efficiencies in data management and data verification
- Supports the transformation of healthcare delivery to coordinated value-based outcomes
 - Supports patient-provider attribution for quality reporting
 - Includes new provider types (behavioral health, mental health, substance abuse, human services providers, other care providers)
- Consumers/patients benefit from a statewide Provider Directory
 - Patients are better served, leading to better individual health outcomes
 - Consumers are better served, leading to better informed decisions about plans and providers

- **HPD (Health Provider Directory) is the current standard**
- **HPD Definition**
 - HPD supports queries against, and management of, healthcare provider information that may be publicly shared in a directory structure. HPD directory structure is a listing of the following two categories of healthcare providers that are classified by provider type, specialties, credentials, demographics and service locations:
 - **Individual Provider:** A person who provides healthcare services, such as a physician, nurse, or pharmacist.
 - **Organizational Provider:** Organization that provides or supports healthcare services, such as a hospital, Healthcare Information Exchange (HIE), Managed Care, Integrated Delivery Network (IDN), and Association
- **Federated HPD is listed by the ONC in the 2015 Interoperability Standards Advisory**

Provider Directory: Standards - HPD Data Model



Credentials

- Information about where a provider is credentialed (includes credentialed data and expiration)
- Can also represent professional qualifications (degrees; certificates)

Memberships

- Indicates affiliations between individuals and organizations
- Includes contact and Services information for the individual specific to the affiliation

Organizations

- Represents organizational entities
- Includes identifying information such as name, legal address, and contact, plus items such as languages supported and pointers to Services

Providers

- Represents individual healthcare professionals
- Includes identifying information such as name, profession, specialization, addresses (legal, billing, postal), and contact information, plus items such as status (e.g., inactive)

Services

- Contains health information exchange information for an individual or organization, including Direct address and query endpoint

- Technology is only part of the picture. Behind it lies a policy framework:
 - Governance
 - Establish trust; set policies; establish procedures; monitor compliance
 - Data Quality
 - Critical to Provider Directory as a source of information
 - Must be applied to all federated directories
 - Data Access and Permitted Use
 - Access: How data can be accessed, and who can access the data
 - Use: For what purposes the data can be accessed – TPO; Quality Reporting; Public Health
 - Security Provisions
 - Shared responsibility which should require traceability of transactions and authentication of all parties (users; federated directories; intermediaries)

- Develop a Business Case
 - Visualize the end state, including implementation and operations
 - Analyze savings associated with use cases
 - Apply savings from economies of scale
 - Consider savings from improved outcomes (subset of use cases)
 - Consider the dependency of new payment models on Provider Directory Services
- Develop a shared investment / shared savings model for stakeholders
- Medicaid funding should be available to support Medicaid's participation (Medicaid providers; Managed Care Organizations)
- RFI; Requirements; RFP; Implementation and Operations

Interest in **webinar, state-specific TA or state exchange**

- Policy and governance topics
- Standards, current and emerging
- Architecture with considerations for FHA and MITA
- Funding and sustainability
- The road to procurement
- Data sources
- Implementation & operations
- Use cases

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