# Exchange Network Directory Initiatives

Prior to the Workshop, the Workshop team interviewed key members of a number of exchange networks to better understand current ongoing efforts, requirements, and planned initiatives. Some of these programs were featured in Day 1 presentations.

The findings are summarized very briefly below. Some of these initiatives were invited to present their work at the Provider Directory Workshop, and have additional material documented in Appendix F, *Provider Directory Workshop Materials*.

## Carequality (a project of The Sequoia Project)

Carequality does not currently have a provider directory, and directory services were not included in the initial roll-out for Carequality. However, a provider directory has been identified as the priority for 2016, with plans to implement an initial directory of Carequality Connections by June. The initial implementation will likely be limited to organizational entries to support the initial Carequality use cases.

Carequality surveyed is members for technology preferences. In that survey, 90% responded that the solution should not use IHE's HPD specification. Instead, respondents prefer to wait for a FHIR-based solution that met provider directory needs. When it became clear that The Argonaut Project had not yet prioritized provider directories, respondents stated they would exchange CSV files before using HPD. It appeared (qualitatively) that some of the preference for FHIR was driven by a feeling that “FHIR was better”, and some by concern over the HPD data model.

See http://sequoiaproject.org/carequality/ for more on Carequality.

See Appendix F, *Provider Directory Workshop Materials*, for more information on directory experience of the Sequoia Project presented at the Provider Directory Workshop.

## CommonWell Health Alliance

CommonWell does not have a directory today and has no plans to create one. The CommonWell use case is query-based and patient-centric. Therefore, there is no real need for a provider directory or a user-accessible directory of any kind.

CommonWell does maintain an internal list of systems, facilities, etc. - information about which is returned as part of a query response. That list is not accessible by network participants. Unlike eHealth Exchange, CommonWell queries are not directed at any specific facility, but the entire CommonWell network.

Future work (not yet scheduled) may create use cases that might increase interest in provider directories: for example, “pushing” health information rather than restricting interactions to queries, using Direct or some other protocol. This use case is fundamentally different than the current focus, and likely two to three years or more away.

Bridging the CommonWell network to other systems or networks, such as eHealth Exchange will probably still use a query-based model, but may require a list of facilities in the foreign network to support a requirement for targeted queries.

See http://www.commonwellalliance.org/ for more on the CommonWell Health Alliance.

## DirectTrust

DirectTrust operates an “aggregation service” in which participants submit data in a specific format. Submitted data is checked for conformance to the data model and aggregated into a single file that participants can download. The aggregation and download service is available to DirectTrust member HISPs only. There were 12 participants as of January 2016, 7 of which are live uploading and downloading data.

Currently, the service aggregates approximately 150,000 addresses.

The service is governed by a data sharing agreement and defined data model. DirectTrust does not curate the data submissions beyond a check for technical compliance with the data model. Instead, DirectTrust believes that it is in the self-interest of participating HISPs and their customers to make accurate submissions, and rely upon that. That said, “There is some variability”.

A member survey determined that about three-quarters of DirectTrust member HISPs are interested in provider directory services. Most members are not interested in a national directory, since most providers exchange information with other local providers served only a few HISPs. VA and DOD interest in Direct may increase interest in a nationwide directory, but even then interest is likely only in the local VA or DOD facilities.

See https://www.directtrust.org/ for more DirectTrust.

See Appendix F, *Provider Directory Workshop Materials*, for more information on DirectTrust aggregation service presented at the Provider Directory Workshop.

## eHealth Exchange (a project of The Sequoia Project)

eHealth Exchange uses UDDI as a service registry for all approved transaction patterns. The Service Registry holds organizations and service information for exchange profiles and content they support.

eHealth Exchange has prioritized finding a replacement for UDDI in 2016. They believe they need a solution that supports:

- records on individuals, not just organizations;
- individual-organization relationships;
- organization-organization relationships; and
- a federated architecture.

The federated architecture is intended to decentralize management of records, so that (for example) states might provide their own directory nodes for eHealth Exchange participants within their state.

See http://sequoiaproject.org/ehealth-exchange/ for more on the eHealth Exchange.

See Appendix F, *Provider Directory Workshop Materials*, for more information on directory experience of the Sequoia Project presented at the Provider Directory Workshop.

# Navigation


- Up to Provider Directory Workshop Final Report
- Back to State Provider Directory Initiatives
- Next to Provider Directory Resources