

# Provider Directory Scope and Use Cases

Day 1 and Day 2 included a group exercise that culminated in a discussion on Day 2 of what should be included in the scope of provider directories, the use cases that should be supported or prioritized, and the data and feature requirements.

Workshop participants remarked on the complexity of the topic of provider directories, and the difficulty of defining use cases. There was a general desire to be inclusive of all use cases and stakeholders, but at the same time identify small, core use cases and minimal, core data elements that would support those core use cases.

Participants further remarked on the difficulty in defining required versus “nice to have” features, especially with regard to required and optional data elements. It was noted that optionality promotes participation (i.e., participation is easier and data accuracy perhaps easier to maintain) but at the same time potentially degrades usability (i.e., there is not sufficient information for some key use cases).

Finally, there was a great deal of discussion regarding data quality, and how to incentivize providers (or others) to maintain the accuracy of their information. It was remarked that providers or directory operators attempting to address data quality issues would respond differently depending upon the perceived use of the information, reinforcing the importance of well-defined use cases.

These issues, and many of the other discussions on Day 2, pointed to the need for an incremental approach to developing and deploying widespread interoperable provider directories that started simple, based on common core needs, and increased in functionality and complexity over time.

The following is a brief summary of the highest priority items identified by Workshop participants and discussed on Day 2, in a rough order of priority:

- **Business Drivers:** There was a strong feeling that the functionality for provider directories should be based on business drivers tied to use cases.
  - While the Workshop provided an initial discussion of use cases, participants identified a need for a continuing, all-inclusive discussion that would define and describe use cases and their business drivers more completely and in more detail than could be accomplished in this Provider Directory Workshop.
- **Electronic Service Information:** The highest priority use case identified by participants was to identify the electronic services that could be used to exchange health information with providers.
- **Care Coordination:** The highest priority clinical use case for provider directories was to enable care coordination.
  - The priorities placed on the discovery of electronic service information and support for care coordination might be a result of the strong majority of participants from health information exchange initiatives and vendors or networks supporting interoperability of clinical information.
- **Providers, Organizations, Locations:** In addition to electronic service information, participants prioritized inclusion of individual providers, provider organizations (i.e., not just individual providers), the relationships between individuals and organizations, and the location at which individuals and organizations provide healthcare services and can send or receive electronic health information.
  - Participants identified the need to define “individual providers” very broadly (e.g., inclusive of nurse practitioners, nurses, pharmacists, etc.) and to develop a robust means to categorize different types of providers.
- **National Service:** There was some support for a national provider directory service. Discussion returned to the potential for NPPES as a foundation or baseline for all provider directories, and the potential for expanding NPPES or the current NPPES Modernization initiative to make it a centralized authority for provider information.
  - There was also a call to add Direct addresses to NPPES to address in part the need for electronic service information and care coordinate. Participants did not appear to support adding more complete electronic service information to NPPES, and most agreed that including Direct addresses was an incomplete solution for either use case.
  - There was even stronger support for a coordinated, nationwide strategy for provider directories, based on common priority use cases, inclusion of a broad range of stakeholders, and widespread adoption of common technical standards.
  - Despite the continued desire for broad scope, a broad range of stakeholders, a broad range of use cases, and a common national strategy, participants reiterated a need for small, incremental steps that focused on the broadest possible benefits to all stakeholders.
- **Consumer Access:** Despite participant focus on health information exchange, there was a strong priority placed on consumer access to provider information through consumer-facing applications, web sites, and services. Of special importance with the capability for a consumer to identify health plan participation of providers, the ability of providers to accept new patients, and the ability to list or search for providers by specialty.
  - Discussions of consumer access led to discussions of access controls in general, and the need to identify the identity, type, or role of a user accessing provider information so that some information might be hidden. It was noted that some providers consider some of the information contained in provider directories to be sensitive or private, and reluctant to participate unless that information is protected. However, there were in general differing opinions about the need to protect information in provider directories, and participants noted that most if not all of the information currently identified as common data attributes is publicly available information.
  - It was also noted that provider directories for health plans have always been consumer-facing, and are generally published with no access restrictions.
- **Care Teams:** Some participants identified a need for provider directories to support sending alerts to care teams. Michigan, for example, has enabled this capability. However, opinions were divided concerning whether provider directories was the most appropriate place to define care teams, or if that information should be managed in EHRs, health information exchanges, or some other more provider-centric application or service.
- **Unique Identifiers:** There was significant discussion of a need for unique provider identifiers, particularly to support federated solutions for provider directories. It was noted that the use of NPIs is insufficient (e.g., many organizations have multiple NPIs and many providers, when broadly defined, have no NPI). Several potential solutions were postulated and discussed (e.g., tax ID, email or Direct address, an authoritative service issuing object identifiers (OIDs) or universally unique identifiers (UUIDs), etc.), but there was no consensus that any of them were workable solutions.
- **Level of Trust:** Although not prioritized on Day 2, there was significant discussion throughout the Workshop on the need to include some attribute to indicate the level of trust for exchanging health information with a provider or provider organization. Discussion followed two paths: the level of identity assurance of individual providers and the methodology used, and the trust community or network in which an organization participates and the policies associated with information sharing.

In general, Workshop participants saw a need for continued, detailed development of a broad collection of use cases that support and allow access by providers, health plans, and consumers, as required by key business drivers. They supported an initial focus on core use cases and common data elements that deliver value to the broadest group of stakeholders.

See Appendix F, [Provider Directory Workshop Materials](#), for more detail on the Workshop discussions, including a recording and draft transcript of the use case discussion on Day 2.

## Navigation

- Up to [Summary of Provider Directory Workshop Findings](#)
- Back to [Federal Agency Role](#)
- Next to [Technical Standards](#)