

# Provider Directory Workshop Final Report

## Executive Summary

Provider directories form a critical capability that helps enable efficient sharing of health information and widespread interoperability. The [Shared Nationwide Interoperability Roadmap](#) includes a call to action to advance the nation's provider directory efforts.

On April 5th and 6th, 2016, the Office of the National Coordinator for Health Information Technology and the Federal Health Architecture jointly hosted a Provider Directory Workshop to help stakeholders address that call to action. The purpose of the Workshop was to convene public and private stakeholders to review challenges, share successes, and generate new ideas around provider directory standards and solutions. The goal was to assist stakeholders in exchanging ideas and potential solutions that can further interoperability in the health care sector, and to catalyze action.

The Workshop was attended in person by nearly one hundred individuals representing health information exchanges, state and federal government agencies, health plans and insurers, and vendors. An additional one hundred participants participated remotely on both days.

The first day of the Workshop concentrated on developing a common understanding for where we have been and where we are now, and review the achievements, findings, and recommendations of initiatives and implementations across the nation. It included presentations from state implementations, health plans and insurers, federal agencies, exchange networks, and standards development organizations. Presenters agreed that provider directories are critical to many stakeholders. However, not all stakeholders value the same use cases equally, and not all stakeholders define provider directories the same way. Different stakeholders provide different data to serve different constituents using different architectures and different business processes. Presenters also agreed that data quality is important, especially for critical data attributes. However, not all stakeholders and use cases consider the same data attributes critical. Despite these differences, there exists great opportunities to reduce effort and increase efficiency and quality by coordinating initiatives.

Questions remain to be addressed. How do stakeholders coordinate efforts better, share more ideas, and share data? What common technical standard(s) do we use for interoperability of provider directories? What role does NPPES play?

The second day of the Workshop was a working session that explored the scope of provider directories, priority use cases, and data requirements to meet those use cases. Participants also discussed issues and barriers and how they might be addressed. Participants voiced the need to base use cases on important business drivers, and identified care coordination and patient access to provider information as the highest priority use cases. Provider directories must include electronic service information in addition to information on individual providers, provider organizations, organizational affiliations, practice locations, plan participation, and provider access capabilities. "Provider" needs to be defined broadly to include a broad sector of the healthcare industry. While some stakeholders identified a reluctance among providers to share some information with consumers, consumer access was emphasized and health plans noted their directories have always been consumer-facing. Participants voiced a need for nationwide coordination, to explore the use of NPPES as a baseline for shared, core information, and the use of common standards.

Participants called for development of a broad collection of detailed use cases that support and allow access by providers, health plans, government agencies, and consumers as required by key business drivers. Initial efforts should focus on core use cases and common data elements that deliver value to the broadest group of stakeholders.

Participants also discussed issues with current technical standards for provider directories. Implementers have learned much from using the Healthcare Provider Directory (HPD) specification and its extensive data model, and promoted continued use of that data model. However, HPD's cumbersome API based on yesterday's technology has been a barrier to industry adoption. Fast Healthcare Interoperability Resources (FHIR) is seen by many as the future of healthcare interoperability, but may not support the complex relationships between individuals and organizations and does not support electronic service information. Despite these gaps, participants committed to an implementation guide for a provider directory API based on the FHIR framework in the near term and voiced support for FHIR as a common interoperability standard.

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