



Wisconsin Medical Society

Your Doctor. Your Health.

TO: Office of the National Coordinator for Health Information
FROM: Linda Syth, COO, Wisconsin Medical Society
DATE: September 24, 2010
RE: Provider Directory

On behalf of nearly 12,500 members, the Wisconsin Medical Society thanks you for this opportunity to share our expertise on the best way to design, develop and implement a national provider directory system that will be most universally useful and meet the needs of the Health Information Exchange network.

Wisconsin Medical Society's Experience

The Wisconsin Medical Society (Society) has a wealth of knowledge regarding what a truly nimble and flexible provider directory needs to be. We spent several years honing our provider directory toward the scalability and interoperability needed in today's complicated healthcare environments. We designed our **DRconnection** system with the forward thinking needed to ensure it can serve as a key asset for the Health Information Technology quality initiative efforts. We designed an interface that is useable for both providers and the public. **DRconnection Find** – the product's search engine—contains more than 130 unique physician-related information fields, including all practice locations and organizations with which the physician may be associated. For states like Wisconsin where the group practice is the predominant practice type, there is substantial complexity in how the health care organizations are connected. We understand these complex relationships.

DRconnection Streamline, our secure provider repository for practices, contains more than 900 fields of physician-physician practice information and is used to improve business processes among our members and medical groups with which we work closely. This work includes, for example our insurance agency's processes. **DRconnection** allows real-time updates made by the system administrator, providers and their authorized delegated staff. We believe our structure provides a key balance: the public can easily find useful information while the physician can easily update a huge variety of information.

No Single Solution

While we have refined a bona fide expertise in provider directory design and development, the Society knows there is no single solution to building a provider directory, but that the best solution must be based on the provider as the initial building block in order to preserve a critical one-to-many ratio. In addition, it is critical to adopt the universal data standards that enable information sharing across any environment logistically achievable.

Information Must Be Accurate

What we know with absolute certainty: The critical component of any system is that it must provide accurate and up-to-date information. While we all seek nationwide adoption of health information exchanges as soon as possible, if we want the public and provider communities to trust the information, we must first ensure data accuracy. Eventually that data will be used for a myriad of health care reform solutions; we must be certain the data are reliable.

These questions then follow: How do we create a system that will lead to the highest level of accuracy, and what are ways in which we can ensure the relevancy of the information being used? We must provide solutions to potential barriers standing in the way of absolute accuracy and relevance.

Keeping Data Consistent

One of the major challenges of a provider directory system is keeping the data up-to-date so that the information always enables higher quality and more efficient patient care. As the exchange of patient information is ever more critical to patient care decision-making, directories based on merely periodic updates are not timely enough. The Wisconsin Department of Regulation and Licensing (WDRL), for example, requires providers to update their information between licensing periods. Where providers would let WDRL know when they are retiring or leaving the state, they do not communicate zip code changes initiated by the postal service, for example, and thus this is not updated in WDRL records. We know mandates do not ensure accuracy.

Another challenge is the lack of data uniformity that impacts data accuracy, such as when a name is entered differently into different systems (e.g., John C Smith, John Charles Smith). This is also true for general demographics, and even more so for specialties and credentials. National standards here could be quite helpful. The Society spent enormous time searching for the most recognized standard for some of these fields with no one standard accepted by all. This variation leads to a need to verify information, which can be costly and time consuming.

As a membership organization, the Wisconsin Medical Society has great interest in keeping physician information current—this is core to our business purpose. We also have a structure in place to ensure that the laborious work of keeping our central repository data relevant is accomplished. The framework by which we do this makes the data accessible and reportable, while making data entry easier for providers to maintain. Data can be entered manually by our administrators, by a reviewed electronic feed, and by the providers and/or their staff delegate. Because of our relationships with health care stakeholders and leaders, our effort enjoys a high participation rate.

Bottom-Up Approach

We have accomplished this in Wisconsin by designing our *DRconnection* system in a “bottom-up” approach that can be integrated into quality initiatives and workforce planning efforts. The crux of the bottom-up approach is that one provider can be only one provider. Each provider is checked against 13 discrete data elements to determine if there is a match to an existing entry or if this is indeed a new provider. If there are any questions, we talk to the provider or their delegate and verify the information. The result: our bottom-up approach has universal resolvability and has an accuracy rate of more than 98 percent with no over reporting. This is the envy of other provider and quality database initiatives and enhances their usefulness and credibility when using our provider directory as a base. If, in Wisconsin, we were to rely solely on outside data inputs to identify and verify providers for our health information quality initiatives, we would be using provider data with only 79 percent accuracy and over 350 percent over reporting, which would obscure and put into question the very conclusions of such quality initiatives (See Attachment 1).

The system is configurable and easily integrate-able into other systems such as the WHIO (Wisconsin Health Information Organization), a statewide claims repository; the WCHQ (Wisconsin Collaborative for Healthcare Quality), a statewide clinical repository dedicated to publically reporting quality measures; and the WCMEW (Wisconsin Council on Medical Education and Workforce), a statewide effort to ensure an adequate medical workforce. Our high degree of accuracy, one-to-many relationship structure and open architecture allows for maximum flexibility.

Standards

While any directory must be flexible, the Wisconsin Medical Society believes there are additional make-or-break attributes (Attachment 2) all directories should possess:

1. Directory must be likeable
2. Tool of high utility and works well and efficiently
3. Must be attainable so that providers will participate in the uptake
4. Must provide the ability for users to easily share data
5. Consistent terminology
6. Real time
7. Secure

National Coordinator for Health Information's Role

There is certainly no one way to do this, but what we do know is that whatever provider directory architecture the Office of the National Coordinator for Health Information recommends, it must allow for maximum flexibility. The Wisconsin Medical Society does not support a single authoritative source of "truth" that is maintained at the national level as health care is delivered so differently across the United States. There are many successful grassroots efforts across the country regarding provider directories and quality data efforts, and the network that is created must allow for that creativity. Finally, we believe it is the role of the Information Exchange Work Group to develop universal technical standards for provider directories.

Conclusion

There are a wide variety of directory approaches. However, a provider directory must be more than 95 percent accurate and accurately reflect how they practice to be credible in providers' minds. The often-heard comment is: "if there is more than one version of me in this data, how can I trust anything else it gives me?" We believe the best source of "yellow pages" provider data is one that has been developed at the regional or state level where the organizations accountable have a core business function for maintaining the data and proven business processes that can dependably and consistently deliver the expected accuracy. A record locator service can then reliably deliver messages and data on which to build the health information exchange.