Provider Directory & Identity Management Learning Event

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

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Presenters

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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.
Introduction: 
Shared Services

• 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
Introduction: Shared Services

Shared Services from a stakeholder perspective
Identity Management
• Why is a state-wide Identity Management strategy important?
  – Aggregation of data from an ever increasing number of disparate Health IT systems is necessary for delivery system reform
  – Alternative payment models rely on this data for analytics, care management and quality measurement
  – Additionally, it is a health IT safety issue
  – Consistency across stakeholders is achievable
Patients in MyHealth Access network by home zip code

Facts:
- Patients from 60% of US zip codes
- Patients from 100% of OK zip codes
- ~1.7M clinical data elements per day
• Shared Services Model to identity management
• Organizational vs. State-Wide Master Patient Index and necessary elements
• Identity data quality and data dictionaries including an identity management maturity model
• Best practices for data governance and sustainability
• Health IT solution RFP discussion and examples
1. Single state-wide Shared Service Hub
   - Single eMPI for identity management
   - One multi-organizational data-use policy

2. Multiple sub-state Shared Services Hub
   2a. Geographically distinct
   2b. Substantially overlapping markets

3. No Shared Services
   - One or more Health System HIE’s
   - No multi-organizational trust agreements
Identity Management: Architecture Concept

- statewide strategy for identity management and reconciliation
- identity management
- master patient index
- patient match
Identity Management: Future possible topics for a comprehensive roadmap

• Identity Management Fundamentals
  – Maturity Model
  – Overview of one-page assessment template

• Business Architecture
  – Public/private? Within the state? Health care or broader?
  – Integration with other systems?

• Governance / Policy
  – Funding Source? Where will information live? Future of state HIE? Key Partners?

• Technical Build
  – Shared Services? Alignment with Provider Directory?

• Procurement/ Contracting best practices
  – Features and functions, RFP examples, Cost models for EMPI, Agile Development
  – Pitfalls / Risks - Reusing an MRN number, Not using already purchased software

• Sustainability

• Case study presentation and discussion
Interest in **webinar, state-specific TA or state exchange**

- Identity Management Fundamentals
- Business Architecture
- Integration with other systems
- Governance / Policy
- Technical build
- Procurement/contracting best practices
- Sustainability
- Case study/best practices
- Other (please specify)
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 Information Source to Provider Information Feed to Provider Information Directory to Provider Information Query to Provider Information Consumer
Directory networks forming today are often *federated*, arranged hierarchically with queries distributed to data holders.
Provider Directory: Use Cases

• 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

**Actors**
- Care Coordination Team
  - Members – Different Locations
- Referral Care Provider
- Primary Care Provider

**Transactions**
1. Get Provider; Care Coordinator info.
2. Query Response
3. Get Consent to Share Information
4. Consent Query Response
5. Send ADT; Summary of Care
6. Relay ADT; Summary via HIE
7. Relay ADT; Summary via DIRECT

**Resources**
- HIE
- Shared Services Architecture
  - Consent Registry
  - Master Patient Index
  - Provider Directory

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• 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

<table>
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<tr>
<th>Type</th>
<th>Description</th>
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| 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 |

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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)
Provider Directory: Funding and Procurement Considerations

• 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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