ONC/FHA Provider Directory Workshop

June 24th, 2016
Introductions and the Charge to the Provider Directory Workshop Team

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How we got here

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of the Secretary

45 CFR Part 170
RIN 0991–AB93

We proposed; you commented

- **We proposed** a new 2015 Edition “healthcare provider directory —query request” certification criterion and;
- “Many **commenters confirmed** the value of provider directories and the ability for EHRs to query a provider directory” and
- “Most **commenters stated** that the proposed IHE HPD standard was immature” and that there were “issues related to federated queries” and;
- “**Commenters also noted**, to ensure quality data, there needs to be: Centralized directories; a governance model for a centralized approach; and uniform directory sharing strategies among providers, organizations, and intermediaries” and;
- “**Some commenters stated a preference** for an approach that utilized a RESTful Architecture”
in addition

– We note[ed] that **HHS remains committed** to advancing policies related to provider directories as a means of **furthering health information exchange and interoperability**.

– We **believe that continued work in this space can inform the development and implementation of provider directory standards** for consideration in future rulemaking.
Purpose Statement:
• The purpose of the Provider Directory Workshop will be to convene public and private stakeholders to review past and current challenges, share success stories, and generate new ideas around provider directory standards and solutions.

Intended Audience:
• Health IT developers with an interest in provider directory standards and implementation.
• Organizations and vendors that are developing or implementing provider directory solutions.
Focus:
• The workshop will approach provider directory from the point of view of interoperability, data quality, existing and evolving standards, and other technical considerations. We recognize that technical solutions alone are insufficient for successful implementation, we will consider non-technical (governance, sustainability, etc.) considerations as appropriate.

Goal:
• The goal of this workshop is to assist stakeholders involved in directory work exchange ideas and potential solutions that can further interoperability in the health care sector. It also aims to facilitate a productive dialogue that will catalyze stakeholders to take action to help address directory related challenges.
An introduction to the Workshop and
an overview of presentations by state
HIE, Payers, and organizations.
Day 1

Concentrated on:

• A common understanding for where we have been and where we are
• Achievements, findings, and recommendations of initiatives and implementations
Day 1

- State implementations
- Health plans and insurers
- Federal agencies
- Exchange networks
- Standards development

http://confluence.oncprojectracking.org/display/PDW/Workshop+Documents
State Initiatives

- Emphasize support for health information sharing
  - Must add on that to increase value
- Need for governance
- Data quality is critical
  - Different approaches from scrubbing data to relying on data providers
- Solutions vary in architecture, standards support
State Initiatives

• Provider data is a tool
• Providers (and networks) are the target
• Some states treat directories as an HIE problem
• Some states have regulatory or legislative support
Health Plan Initiatives

- Emphasize consumer access to providers in plan
- Incentivized by the regulatory environment
  - Penalties for inaccurate information
  - The environment is complicated and confusing
- Coordinate across plans and insurers
Health Plan Initiatives

• Provider data is the product
• Consumers are the target
• Coordination and collaboration are key
Exchange Networks

- Emphasize support for health information sharing
- Depend upon information provided by network participants
  - Participants don’t want to pay for directories
Exchange Networks

- Provider data is a tool
- Network participants are the target
Commonalities / Differences

• Directories are critical to many stakeholders
  – Not all stakeholders value the same use cases
  – Not all stakeholders define provider directories the same way
• Data quality is important for critical attributes
  – Not all use cases consider the same data attributes critical
Questions

• How do we coordinate better?
• What standard do we use for interoperability?
• What role does NPPES play?
Workshop Day 2 –
Provider Directory conversations including HPD and FHIR
Day 2

Working session:
• Explored scope, use cases, data requirements
• Discussed issues and barriers
• Began to identify priorities
• Selected a standard
Priorities

- **Business Drivers** as the bases for use cases
- Include **Electronic Service Information**
- **Care Coordination** as highest clinical priority
- Plus **Providers, Organizations, Locations**
  - Define providers broadly
- **Consumer Access** is important
  - Always been consumer-facing for health plans
Priorities

• Need for **National Coordination**
  – Use NPPES, common standards, etc.
• Opportunity to identify **Care Teams**
• Need for **Unique Identifiers** to support federation
• Identify **Basis for Trust**
Priorities

Called 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.

Focus initially on core use cases and common data elements that deliver value to the broadest group of stakeholders.
Standards

- **UDDI** (Universal Discovery and Description Interface)
- **HPD** (Healthcare Provider Directory)
- **CSD** (Clinical Services Discovery)
- **FHIR** (Fast Healthcare Interoperability Resources)
Standards

HPD

• Supports individuals, organizations, complex relationships, electronic services
• Cumbersome API based on yesterday’s technology
• Vendor support decreasing
Standards

FHIR

- Supports individuals, organizations
  - May not support complex relationships
  - Does not support electronic services
- Simple, modern API
- Future of healthcare
Standards

Clear preference for FHIR

Members committed to an implementation guide for provider directories based on the FHIR framework in the near term.
FHA Partner Requirements & Priorities

ROBERT DIETERLE
EO, ENABLECARE, LLC
Architectural Models and Assessment

- Architectural / Deployment Models for HcDir for FHA
  - Centralized
  - Federated
  - Hybrid

- Assessment and evaluation criteria for agency requirements and deployment models
  - Governance
  - Management / Operations
  - Resourcing, Level of Effort (LOE) and time to production
  - Financing and financial implications
  - Technical considerations
HcDir Centralized Option

All agencies use a centralized directory
HcDir Federated Option

Each agency has its own directories
Agencies have their own directories and share a centralized directory with information common to all
HcDir Architecture Recommendations

- **Initial: Federation**
  - minimizes the governance and management / operations issues that may inhibit the initial adoption of HcDir

- **Mid-term: Hybrid Approach**
  - Provides for common approach to shared HcDir information and services
  - Each agency manages their own unique information requirements and workflow integration

- **Long-term: Hybrid Alternative Approach**
  - Add specific agency unique information and integration support to shared services
## Agency Specific Requirements

<table>
<thead>
<tr>
<th>Agency*</th>
<th>Agency Specific Observations</th>
<th>Recommended Approach</th>
</tr>
</thead>
</table>
| CDC     | Interest in Industry wide directory of electronic endpoints for licensed providers and emergency health services | Short Term: Federated or Hybrid (access to shared data on all providers)  
Mid-Term: Alternative Hybrid  
Long-Term: Alternative Hybrid |
| CMS     | Statutory directories – NPPES / PECOS / Medicare EDI – interest in electronic endpoints for all NPI holders along with some additional agency specific information | Short Term: Federated or Hybrid (access to shared data on all providers)  
Mid-Term: Hybrid  
Long-Term: Alternative Hybrid |
| SSA     | Need for all electronic endpoints for all providers along with significant additional internal information (multiple current directories) | Short Term: Federated or Hybrid (access to shared data on all providers)  
Mid-Term: Hybrid  
Long-Term: Alternative Hybrid |
| VA      | Immediate need for HcDir supporting internal Direct addresses (all validated data) Mid-Long term interest in access to an industry wide directory | Short Term: Federated  
Mid-Long Term: Hybrid |

*DoD and Indian Health Services information not captured w/in work group
## Summary of Requirements Survey

<table>
<thead>
<tr>
<th></th>
<th>CDC</th>
<th>CMS</th>
<th>SSA</th>
<th>VA (Direct)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Actions Against</strong></td>
<td>None</td>
<td>C/S/M/L</td>
<td>S/M/L</td>
<td>None</td>
</tr>
<tr>
<td><strong>Credentials</strong></td>
<td>C/S/M/L</td>
<td>C/S/M/L</td>
<td>C/S/M/L</td>
<td>Limited</td>
</tr>
<tr>
<td><strong>Demographics</strong></td>
<td>M/L</td>
<td>C/S/M/L Specific</td>
<td>C/S/M/L Specific</td>
<td>C/S/M/L Specific</td>
</tr>
<tr>
<td><strong>ESI</strong></td>
<td>M/L</td>
<td>C/S/M/L</td>
<td>C/S/M/L</td>
<td>C/S/M/L Direct</td>
</tr>
<tr>
<td><strong>Extensions</strong></td>
<td>M/L</td>
<td>C/S/M/L</td>
<td>C/S/M/L</td>
<td>None</td>
</tr>
<tr>
<td><strong>Scope</strong></td>
<td>M/L All</td>
<td>C/S/M/L excl Fed</td>
<td>C/S/M/L Most</td>
<td>C/S/M/L Federal People/Org</td>
</tr>
<tr>
<td><strong>Patient Access</strong></td>
<td>M/L Specific</td>
<td>None</td>
<td>C/S/M/L Specific</td>
<td>Limited</td>
</tr>
<tr>
<td><strong>Performance</strong></td>
<td>None</td>
<td>M/L</td>
<td>M/L</td>
<td>None</td>
</tr>
<tr>
<td><strong>Relationships</strong></td>
<td>M/L Specific</td>
<td>C/S/M/L Specific</td>
<td>C/S/M/L Specific</td>
<td>C/S/M/L Specific</td>
</tr>
<tr>
<td><strong>Trust</strong></td>
<td>None</td>
<td>C/S/M/L</td>
<td>C/S/M/L</td>
<td>C/S/M/L</td>
</tr>
</tbody>
</table>
# Existing Federal Directories

<table>
<thead>
<tr>
<th>Owner</th>
<th>Directory</th>
<th>Scope</th>
<th>Benefits</th>
<th>Challenges</th>
</tr>
</thead>
<tbody>
<tr>
<td>CMS</td>
<td>NPPES</td>
<td>95+% all providers,</td>
<td>open access,</td>
<td>No provider-org information, no ESI (currently), limited validation of information, document format, limited query capability</td>
</tr>
<tr>
<td>CMS</td>
<td>PECOS</td>
<td>60-70% NPPES</td>
<td>information validated</td>
<td>Limited access, no ESI</td>
</tr>
<tr>
<td>SSA</td>
<td>Internal</td>
<td>Virtually all providers</td>
<td>broad information</td>
<td>Information frequently out of date, for Internal use, limited ESI</td>
</tr>
<tr>
<td>VA</td>
<td>Internal</td>
<td>VA internal only</td>
<td>Information validated, includes Direct ESI</td>
<td>Limited access</td>
</tr>
<tr>
<td>CDC</td>
<td>PHINDIR</td>
<td>Providers, emergency</td>
<td>Open and accessible and web-based</td>
<td>Completeness, validation</td>
</tr>
</tbody>
</table>

*DoD and Indian Health Services information not captured w/in work group*
The following Use Cases are based on a provider, organization or support staff using the directory to locate information

1. Discover ESI (individual or organization and may include other support services)
   • for anyone based on any relationship

2. Discover Provider (individual or organization and may include other support services)
   • regardless of ESI (may be qualified by any relationship

3. Discover Provider accessibility (office hours, languages, taking new patients, ….)
   • primarily for a consumer/patient

4. Discover Provider relationship to health plans, or health plan to provider
   • usually, but not always for consumer/patient -- may be complex based on intermediates – e.g. IPAs

5. Discover Provider relationship to patients, or patient to provider
   • used for alerts ….

6. Discover provider relationships to providers in context of patient
   • Care management

Each use case may required:
• identification of user and access authentication
• restriction on access to some of the data
• Integration with regional / local directories
• Strong interest in the federal government providing, at a minimum, a validated core data set for PD
  • expand the scope of NPPES or
  • create a central resource for all local directories to use / referce
• Many use case – all important for interoperability and care delivery
  • Need to prioritized and define data / validation / exchange requirements
• Focus is now on use of FHIR for PD interoperability (not on IHE HPD)
• Need for coordination of PD effort between Federal agencies (including ONC), state initiatives and commercial efforts to minimize/avoid duplication of effort
Potential FHA HcDir Effort

1) Survey all FHA members and document
   • current provider directories,
   • scope of information,
   • validation process,
   • technology,
   • ability to exchange information and
   • statutory/policy barriers

2) Participate in ONC effort to define and prioritize directory use cases
   • Design a core data set of HcDir information common to all use cases
   • Define extension to the core set based on specific use case requirements

3) Identify a national architecture for HcDir based on prior work

4) Work in coordination with ONC to define and promote a national standard for the exchange of HcDir information. Including creation, balloting and publication of an HL7 FHIR standard implementation guide
Post Workshop work and next steps

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Q&A / Dialogue

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Resources & Contact Information

Web site:
https://confluence.oncprojecttracking.org/display/PDW/Provider+Directory+Workshop

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