



Challenge

Get all appropriate departments in healthcare organizations to use UCD data to improve efficiency and eliminate redundancies.

Best Practice Solution

Arm credentialing professionals with the resources they need to become UCD data ambassadors so they can educate other departments in their organizations about the UCD tools and data and opportunities for their use.

Key Findings: Other Uses for UCD Information

Lewin found several areas where non-credentialing departments were especially enthusiastic about how UCD data could save money and time:

- ▶ Provider relations: Daily updates to roster makes for accurate contact information.
- ▶ Accepting new patients: Organizations were “starved” for this information, which UCD collects.
- ▶ Data integrity: 120-day attestation cycle could erase need for outside “data cleansers.”
- ▶ Risk management: SanctionsTrack allows them to look at picture beyond current geographic boundaries.
- ▶ Network analysis and recruitment: Demographic information helps in examining diversity, adequate coverage of communities.
- ▶ Compliance reporting: UCD captures many data fields needed for federal and state reports.

Beyond Credentialing: Spreading the Value of UCD Data

“When people outside of credentialing learned the capabilities of UCD and SanctionsTrack, they realized they were sitting on a gold mine.”

— Aaron McKethan,
Senior Associate, The Lewin Group

Summary

CAQH contracted with The Lewin Group, a healthcare research and management consulting company, to examine how UCD data is currently being used and how it could be used by healthcare organizations. Lewin’s research revealed that UCD information is almost exclusively used for credentialing and re-credentialing purposes. Other departments, according to the survey, are unaware of the value and depth of the UCD tools and data. In some cases, this lack of awareness meant that organizations are contracting with outside vendors to get the same information and services they could get from their credentialing department.

The survey results pinpointed several strategies credentialing departments could employ to break through the “siloes and fragmented” healthcare organizational structure. The survey also detailed possible uses for the UCD tools and data by non-credentialing departments.

Key Takeaways

- ▶ Credentialing departments must take the lead in overcoming barriers
 - Expand department accountability to include reaching out to other departments.
 - Direct resources toward encouraging use of data across departments.
 - Conduct meetings with other departments on reducing duplication.
 - Invite CAQH to participate in training opportunities.
 - Ultimately, other departments may be willing to share costs of UCD or SanctionsTrack.
- ▶ Other departments need education for UCD’s value to spread
 - They’re concerned about integrity and depth of data—ensure they know about features such as attestation requirements and provider e-mail lists.
 - They’re wedded to current systems, not realizing staying with these systems may be costlier than changing methods.
 - Use model currently in development to demonstrate advantages of using CAQH data.
- ▶ Senior-level pain points must be anticipated and addressed for broader UCD uptake. These include:
 - Data security—Emphasize security of CAQH data.
 - Ease and speed of retrieval—Shared systems ease accessibility for state and federal products.
 - Flexibility—Demonstrate versatility in producing reports.
 - Automation and integration—Point out how CAQH data reduces need for human intervention.