# 2016 Provider Data Summit
## A Time to Act

## EXECUTIVE SUMMARY

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**O**n September 29, 2016, CAQH convened healthcare industry leaders in Washington, D.C., to discuss pressing provider data challenges in the era of healthcare reform. Discussion at the Provider Data Summit was informed by a CAQH white paper that described the challenges of collecting and maintaining high-quality data on healthcare providers. Provider data forms the foundation of many of our healthcare system's essential business processes, such as directories, payment, referrals and credentialing, and poor quality data can undermine those processes. Costs are rising, the industry is consolidating, the regulatory landscape is increasingly complex, information systems are vulnerable, and the future of major policies with a changing administration are unknown. **Now is the time to act.** During the Summit, stakeholders collaboratively identified provider data challenges and responsive actions, concluding *"getting it right is not optional,"* and we must act together to realize meaningful progress.

## The Healthcare Industry Faces Common Provider Data Challenges

Patients, providers, health plans, state and federal government agencies, marketplaces and others depend on it to drive everyday business processes and make critical decisions. These stakeholders face many of the same challenges in their production and use of provider data, creating a motivating force for unprecedented collaboration.

At the Summit, participants agreed there is significant opportunity for the industry to work together in addressing the major challenges:

1.  *There are few authoritative provider data "sources," leading to waste in the healthcare system.*

Because there is no authoritative source (or sources) of truth for provider data, nearly every healthcare organization has developed internal processes to collect, cleanse and maintain data. For many stakeholders this need is great—the commercial healthcare industry alone invests more than $2.1 billion annually to collect, verify, reconcile, publish and maintain provider data. However, these efforts are rarely coordinated or harmonized, leaving stakeholders to fend for themselves without the opportunity to learn from each other or to leverage collective interests to advance change. The resulting discrepancies among provider data sources are great; sources struggle to align data definitions and specifications and, without uniformity, the entire provider data ecosystem remains fragmented. To date, stakeholders have looked internally to address disparate requirements, but the challenge has become too great to continue to act in silos.

## 2. *Provider data requirements and "standards" vary widely.*

Business requirements for provider data—whether established by a provider organization, health plan, state or federal regulator, health information organization or sought by consumer advocates—vary widely. Entities, including both users and producers of provider data, as well as policymakers, develop approaches to managing provider data that most effectively meet their own objectives. The combination of varied objectives and approaches, lack of industry wide standards and minimal coordination and collaboration across and within stakeholder groups results in complex administrative burden on producers and users of provider data.

## 3. *Provider data changes frequently.*

Provider data elements require frequent updates, whether it be a name change due to marriage, a provider's death, a change in address or panel status, updates to licensure and board information or other circumstances. With every such event, providers must notify multiple entities, increasing the burden on providers and the potential for error. This is amplified as the healthcare system is actively expanding the definition of "provider" to include members of interprofessional care teams (e.g., nurse practitioners, social workers, care managers, community health workers, home care agencies and others) for whom the industry is not accustomed to collecting data. These stress points could be minimized for provider data users by streamlining the input of data. A streamlined input has the potential to both reduce the burden on providers and their staff—especially small and rural providers who are so often constrained by resources—as well as reduce errors.

## 4. *Providers are not sufficiently engaged in the provider data dialogue.*

Providers are an important data producer. They are also exhausted by the many channels through which they are required to prepare and submit provider data today, and by the required frequency of updates. To realize tangible progress, the industry must tackle provider engagement and bring providers to the table as equal partners. Their concerns must be heard and solutions developed to decrease the burden, not only on providers, but for all producers and users of provider data.

# We Must Act Together to Improve Provider Data Quality

As Summit participants coalesced around the provider data challenges most critical to the healthcare system, they recommended actions that, if pursued collaboratively, will significantly address the industry's provider data challenges. These recommendations are outlined below in Figure 1.

**FIGURE 1.** Collaboration Will Lead to High-Quality Provider Data

## Develop an Industry Roadmap

- Establish a long-term vision
- Outline a practical, collaborative, and cross-sector approach
- Identify priority use cases and define the minimum data set for each use case

### Standardize Definitions & Requirements

- Create industry-accepted data definitions
- Identify authoritative and reliable data sources
- Foster regulatory alignment

### Define & Maintain High-Quality Data

- Define quality measures and bencharks
- Create accountability mechanisms
- Identify and implement incentives

### Centralize Data Resources

- Streamline provider data inputs and outputs
- Sacrifice individual needs to meet the needs of most
- Create data verification processes

## High-Quality Provider Data

- Requires public and private sector collaboration
- Increases health access and outcomes
- Reduces costs
- Improves consumer decision-making
- Enables value-based care

*1.   A roadmap will facilitate coordinated and collaborative action.*

The industry needs a strong roadmap—a vision and articulation of a pragmatic approach to addressing provider data challenges and realizing progress toward high-quality provider data. Critical components of such a roadmap include a mechanism to convene industry stakeholders and the identification of common use cases, as well as the minimum data set to facilitate those use cases. Summit attendees identified three priority use cases that can serve as a starting point for the development of such a roadmap: provider directories and network management, credentialing and value-based payments.

*2.   Common provider data definitions are essential.*

After identifying a minimum data set that serves priority use cases across stakeholders, the industry must adopt standard definitions for each data element. A definition should reflect the common understanding of exactly what information is captured in each data element and, where possible, the identification of authoritative sources. Today, something that is seemingly simple on the surface, such as a provider's name, may be requested and documented in seemingly countless ways, resulting in multiple and disparate records for a single provider within an institution, licensing agency and in health plan and marketplace provider directories. This is not an insignificant challenge—healthcare organizations ultimately must come together and accept definitions to realize industry change. State and federal regulators are important partners in this transition; if regulators and industry can align, it will reduce the provider data burden nationwide.

*3.   The industry must be accountable for provider data quality.*

As the industry arrives at common provider data definitions, it must also turn to provider data quality and answer questions, such as "What comprises provider data quality?" and "How is quality benchmarked?" Many organizations today have intensive quality assurance processes and frameworks in their provider data enterprises. Public and private stakeholders together should identify best practices among these and define industry metrics for high-quality provider data. Additionally, establishing mechanisms to ensure accountability for provider data quality among its producers and users is essential to realize enhanced data integrity.

*4.   The industry needs to harmonize authoritative sources of truth.*

Summit participants concluded a resource that aggregates provider data and validates and maintains high-quality data would represent a significant milestone for the industry. Such a resource would be a complex undertaking, requiring transparent governance and support of a large and diverse group of stakeholders. It could be designed to take in available data sources, verify and reconcile data to produce the minimum provider data set, and generate common data outputs to enable stakeholder access to support their respective business processes. This resource must be capable of integrating

provider, payer, consumer, licensing agency and regulatory data sources. The resource must adopt the industry defined data quality standards and demonstrate that it meets those standards through transparent processes and an open data governance model. A first step toward such a resource could be a proof of concept using available public and private data sources to support a high priority use case.

The promise of high-quality provider data—improved healthcare access, outcomes, reduced costs, informed decision-making and value-based care delivery—is too great for the industry not to come together. The Summit is a clear demonstration of how the provider data dilemma will be solved— convening of all key stakeholders to prioritize challenges, develop solutions and recommend actions for a path forward. Public and private partners must commit to collaboratively addressing provider data challenges and invest together to reduce collective burden and avoid wasting billions of dollars across the healthcare system.

# CAQH Commitment

CAQH, a non-profit alliance, is the leader in creating shared initiatives to streamline the business of healthcare, and remains committed to tackling tough industry-wide challenges, like provider data, through collaboration, innovation and shared value across stakeholders. As such, CAQH is committing to convene stakeholders to establish and begin implementing a roadmap toward actionable, accurate and high-quality provider data.

Full industry collaboration, including public and private partners, is required to effectively achieve this goal. In the next few months, CAQH will be organizing and convening stakeholders from across public and private entities to begin developing the roadmap. The first tasks, to be completed by summer 2017 with multi-stakeholder consensus, include:

- Specifying an industry vision for provider data and outlining the roadmap.
- Identifying the highest priority use cases and the necessary data elements to support those use cases.

These efforts will require support and input from a broad range of industry stakeholders. If you or your organization would like more information, please complete the form on the CAQH website: **www.caqh.org/about/provider-data-interest-form**.

**CAQH.**

## ABOUT CAQH

CAQH, a non-profit alliance, is the leader in creating shared initiatives to streamline the business of healthcare. Through collaboration and innovation, CAQH accelerates the transformation of business processes, delivering value to providers, patients and health plans.

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