CAQH-eHI
Provider Directory Survey Results

November 10, 2010
Table of Contents

• Survey Background
• Respondent Demographics
  – Name and type of HIE responding to survey
• Results are presented per the survey sequence:
  – Q1: Importance of HIE provider directory data elements
  – Q2: Additional data elements to meet the minimum requirements for HIE provider directories
  – Q3: Additional sources of provider data for HIE provider directories
  – Q4: Preference for HIE provider directory updates
  – Q5: Importance of direct provider involvement in their data update
  – Q6: Provider control over secondary use of data in a provider directory
  – Q7: Planned applications for provider directories
Survey Background

- Between October 22\textsuperscript{nd} and November 1\textsuperscript{st}, 2010, CAQH and eHI conducted a collaborative online survey among eHI member organizations to understand individual clinician data elements required for HIE provider directories.
- Seventy six (76) respondents completed the survey.
- CAQH and eHI will share the aggregated results of the survey with survey participants and with the ONC HIT Policy Committee, Information Exchange Workgroup, Provider Directory Task Force.
Key Findings

• More than 50% of respondents represented a collaborative or community HIO/RHIO.

• Respondents reported “granular” provider data is required or strongly desired for a provider directory; desired data elements are variable (i.e. practice name, location, telephone, email address etc.).

• Respondents ranked health plans as the most authoritative source of provider data for provider directories; individual providers were rated the least authoritative source.
  – What constitutes an “authoritative source”: an entity that aggregates provider data or the individual whose data is being collected?

• Frequent provider data updates are deemed necessary.
  – The frequency of updates appears to address the HIE ability to receive data; what is unclear is the need for a process to proactively solicit timely provider data updates.

• Respondents advocated direct provider involvement in their data updates.

• A majority of respondents reported that providers should control secondary use of their data in an HIE provider directory.

• Respondents reported the primary applications of HIE provider directories include meaningful use and interoperability.
Over 50% of Respondents Represent a Collaborative or Community HIO/RHIO; 15% denote an HIO & State-Designated Entity
Demographic Verbatims – “Other” Type of HIE

- Person-centric health record platform
- Statewide HIE designated as State Designated Integrator by the State of NE
- Regional Extension Center, support/partnering organization to state-designated entity; Regional Extension Center
- An IPA that is evolving into a virtual ACO
- State agency coordinating statewide HIE efforts
- County Health Department
- Cooperative agreement recipient
- Public-private collaborative
How important are the following data elements for HIE provider directories?
Q2: “Other” Suggested Data Elements for HIE Provider Directories

<table>
<thead>
<tr>
<th>Roles associated in an organization (e.g. medical/lab director etc.)</th>
<th>Plan types accepted; subspecialties</th>
<th>Whether taking new patients, types of insurance, office hours at various locations</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIE capability to receive/send information (CCD, HL7, NCPDP, document type: pdf, Word, etc.)</td>
<td>Service location data specific to encounter</td>
<td>Credentialing by facility</td>
</tr>
<tr>
<td>Provider birth date/gender</td>
<td>States registered and/or practicing alternative contact</td>
<td>Contact, contact /payer ID numbers</td>
</tr>
<tr>
<td>National Plan and Provider Enumeration System (NPPES) information with valid email, fax, EHR routing and connectivity details</td>
<td>OID assigned gateway; certificate authority registration</td>
<td>Individual entity provider ID (hospitals, health plans, home health etc.)</td>
</tr>
<tr>
<td>Office contact to handle HIE transaction problems</td>
<td>Tax, Medicare, Medicaid ID</td>
<td>Any unique identifiers (CAQH number, UPIN, DEA etc.)</td>
</tr>
<tr>
<td>Brand of EHR; whether required or not</td>
<td>Full provider names (first, middle, last, maiden, suffix) and additional ID to verify correct identity</td>
<td></td>
</tr>
<tr>
<td>Office of Inspector General/General Services Administration sanctions</td>
<td>Current license/pending lawsuits</td>
<td></td>
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Health Plans, followed by state Medicaid agencies, are considered authoritative sources of provider data for HIE provider directories.
Q3: “Other” Authoritative Resources of Provider Data

- State directories for medical malpractice insurance; state immunization registry provider directory
- Aggregators (e.g. CAQH, CMS NPPES – 2 mentions)
- State Board of Licensure (3 mentions)
- HIE (2 mentions)
- A federal CMS solution federated to State Medicaid Agencies allowing states to certify information but replicating to a Federal level
- Other Government

- Public Health Departments and CHCs poorly positioned
- Local Medical Society
- CAQH; Ingenix
- State Professional Organizations
- Local HIEs and RHIOs that already have confirmed credentials of participating providers
Preference for Provider Directory Data Updates is Weekly, Daily or Monthly
93.2% of Respondents Report that Provider Involvement in Their Data Update is Very or Somewhat Important
Q5: Comments – Provider Responsibility for Data Updates

- It is provider's responsibility to keep it current; to ensure timely follow-up of HIE transaction issues
- Should be a condition of licensure
- Only important what the authoritative credentialing organization states as the status of the provider
- Providers are already busy...HIE should have people watching for these changes, offices should have a POC for provider updates
- The initial registration should be controlled with updates to specific data allowed by providers (2 mentions)
- Timely data is critical to usefulness
- All data updates should be confirmed
- Providers are represented in every organization's system with which they work; those systems will not be replaced or subservient to any central provider directory

- For provider ownership and responsibility
- Do not allow providers to update their data themselves; too difficult to hold them accountable and no independent verification
- They probably won't (update their data); a third party must update
- HIE responsibility to be sure data is accurate
- Either directly or through CAQH
- Providers are probably the only ones who know with 100% certainty effective dates of the changes
- It can be automated and scheduled, they need to be able to make changes any time
Nearly Seven in Ten Respondents Report that Providers Should Control Secondary Use of Data in a Provider Directory
**Q6: Comments – Secondary Use of Data**

- Depends on how secondary use is defined and allowed
- The data needs to stay with the originator
- Should only be used for HIE purposes
- Control limits appropriate sharing
- They should be informed as to the secondary use; to obtain their trust (3 mentions)

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<td>- Too hard to control anyhow, and the data is otherwise available</td>
<td>- The secondary use can activate functionality for State Licensing, Federal Credentialing, Public Health Alerts and many others; limiting secondary use will continue to fragment the ability to reduce costs</td>
<td>- Opt-out of secondary use for marketing purposes</td>
<td>- There should be some kind of policy; providers should have input; they need to consent</td>
</tr>
<tr>
<td>- We should be just as interested in respecting the provider’s personal information as we are in protecting the patient’s personal information</td>
<td>- The provider indexes should not be used for marketing purposes etc they should only be used for HIE operations etc. (2 mentions)</td>
<td>- Data should be protected and guidelines established for secondary use</td>
<td>- Most information can be found on the web anyway; the HIE is just a one stop shop, but the information is already out there</td>
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<td>- CMS incentives and transfer of protected health information for TPO are legitimate uses; everything else should require provider approval</td>
<td>- That data will be used based on patient input, not something we as providers would control</td>
<td>- As long as the data is kept confidential and only reported at an aggregate level</td>
<td>- Data in the database is publicly available through the department of regulatory agencies; some of the identifiers would only be used internally to match providers (e.g., Tax ID)</td>
</tr>
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<td>- That data should not be made available to vendors or sales people of any kind without the provider’s express permission</td>
<td>- Provide an option to allow secondary use</td>
<td>- Data should be protected and guidelines established for secondary use</td>
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Applications for Provider Directories Range from Meaningful Use and Interoperability to Collaboration and Infrastructure
### Q7: “Other” Provider Directory Applications

| - For public health, including health alerts and emergency preparedness communications | - EHR SaaS Model Access | - Need to tap into a regional/state/national directory to support secure document delivery anywhere in the U.S. |
| - Secure Messaging - delivery tools | - Common identifier that all organizations in the health care environment can use to share/exchange data | - Multi-stakeholder directory of providers and entity relationships, so HIE users can route clinical documents across unaffiliated entities and meets the MU requirement for sharing patient summary with unaffiliated providers |
| - Having an authoritative method to credential providers will help market adoption of HIE/HIT services | - Quality Improvement Initiatives | - NHINDirect email, when available |
| - Establishment of standards around minimum/required data elements and the format of that data; the chain of trust needs to be maintained and legal immunity should be established in case of breaches from the use of these data | - Provider database (of which one view is a “directory”) with a minimum number of fields and a large number of optional fields that are provider controlled is essential |
Respondents by Organization

- Alaska eHealth Network
- Apex Consulting
- Atrius Health
- Bay Area Community Informatics Agency
- BHIX
- Big Bend RHIO
- CalHIPSO
- Capital Area RHIO
- CareSpark
- CGHN
- CHA
- Commonwealth of PA
- Community Health Info Collaborative
- CORHIO
- CRISP
- Dossia Consortium
- Duval County Health Department (2)
- eHealthAlign
- GA Dept of Community Health
- Gorge Health Connect
- Government Office of eHealth Information
- Greater Ocala HIT
- Gulf Coast HIE
- HealthShare Montana
- HIESI
- Idaho Health Data Exchange
- IFMC
- IHIT
- IN HIE
- Integrated Care Collaboration
- IQH
- KY Hospital Association
- KS DOH & Environment
- Lakelands Rural Health Network
- LCF Research
- Lewis & Clark IE
- LIPIX
- MedVirginia
- Michiana HIN
- Michigan Health Connect
- Minnesota DOH
- Minnesota HIE
- ND ITD
- NEFRHO
- NEHEN
- NeHII, Inc.
- Northern IL University
- NV DOH
- NW Florida RHIO
- NW Physicians Network
- NYCLIX
- NY eHealth Collaborative
- OCHIN
- Quality Health Network
- Redwood Mednet
- Santa Cruz HIE
- SD Dept. of Health
- SEMHIE/Henry Ford Health System
- SMRTNET
- Southern Tier HealthLink
- St. Mary’s Hospital
- SunCoast RHIO, Inc.
- TriState Health Partners
- UHIN
- WA State HCA
- Wellport
- Wenatchee Valley Medical Center
- WHIE
- WY e-Health Partnership