The Value of a Centralized Directory Service
Basic Directory Function

"Stuff" → Store "Stuff" → "Stuff"
That’s Great, What’s the Big Deal About Provider Directories?
The Big Deal

- Many sources for the same data need reconciliation
- No single source is authoritative about everything
- Different perspectives result in different data
- Quarterly attestation by providers required by many systems
- ‘Notify the provider’ can mean different things
Agenda

• Health Directory overview
  o Transitions of Care and other message routing
  o Use cases and products that use Health Directory
  o What’s new?
  o A shared direct address directory

• FHIR and compliance with new regulation
  o 21st Century Cures Act

• Deeper into Social Determinants of Health
What is the Health Directory?

Traditional Provider Directory Elements

Demographics
Capturing basic information about providers and organizations like phone, fax, email, addresses, etc.

Relationships
A provider has locations at which they practice as well as other organizational relationships like physician organizations, HIEs, hospitals, etc.

Health Information Network Elements

End Points
The Health Directory tracks which providers are participating in MiHIN use cases and where their information is being routed for each

Other Information
There are many non-contact information related details collected like which insurance products are accepted.
Our Approach

Providers
Care Coordinators
Practices
POs/ACOs/CINs/etc.
Community Resources
Intelligent Routing Example

1. When Jessica goes to the hospital a registration message is sent to a TDSO and then to MiHIN.

2. MiHIN checks ACRS and identifies Jessica’s care team.

3. MiHIN retrieves contact and delivery preferences for Jessica’s care team from the Health Directory.

4. ADT Notifications are sent to the care team based on electronic addresses and preferences.
Organizing Organizations

*Identifying Unique Entities*

- No readily available identifier is reliably unique (e.g. NPI, TIN, etc.)
- Many list organization data as provider attributes
Organizing Organizations (continued)

Identifying Unique Entities

- MiHIN’s journey with OIDs
- Unique identifier per ‘organization’ per location
Real World Example of Relationship Complexity

State

Statewide HIE

Health First PCMH

Family Care PCMH

West Side Health Network Community PCMH

Strong Source Community Solutions PCMH

Superior Health & Services

Practice 1

Practice 2

Practice 3

Practice 4

Practice 5

Practice 6

Practice 7

Practice 8

Practice 9

Practice 10

Good Health Services

Bruce Jackson MD

NPPES, Medical Board, Other Sources

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Use Cases & Products That Use (or Will Use) Health Directory

- ADTs
- Med Rec
- Labs
- Interop Station
- Telehealth Registry
- Referrals Plus

- Coordinating Care Coordinators
- eConsent
- SDOH
- Diretto
What’s New?

- Intelligent Organization Matching
- Amazon Web Services
  - More secure
  - Cost effective
  - Increased speed
  - Data model aligned with FHIR
- Brand new streamlined user interface
- Revamped FHIR API compliant with Validated Healthcare Directory (VHDir) specifications
- Teleregistry
- Social Determinants of Health
A Shared Direct Address Directory
FHIR and compliance with new regulation

Provider Directory

Under the CMS Interoperability and Patient Access final rule and the CMS Interoperability and Prior Authorization final rule, Medicaid FFS programs, CHIP FFS programs, Medicaid managed care plans, and CHIP managed care entities are required to make provider directory information available via the Provider Directory API. The CMS Interoperability and Patient Access final rule includes MA organizations. This API must be accessible via a public-facing digital endpoint on the payer’s website. This IG is used for the Provider Directory:

HL7 FHIR Da Vinci PDex Plan Net IG: Version STU 1.0.0.


1.1 PDEX Payer Network Implementation Guide

1.1.1 Introduction

This implementation guide defines a FHIR interface to a health insurer’s insurance plans, their associated networks, and the organizations and providers that participate in these networks. Publication of this data through a standard FHIR-based API will enable third parties to develop applications through which consumers and providers can query the participants in a payer’s network that may provide services that address their health care needs. Although there are multiple types and sources of providers’ directories, including provider organizations (i.e., a hospital listing all its physicians), government (i.e., listing of providers in Medicare), payers (i.e., a health plan’s provider network), and third-party entities (such as vendors that maintain provider directories), the focus of this implementation guide is on Payer Provider Directories.

The PDEX Payer Network (or Plan-Net) Implementation Guide is based conceptually on the [Validated Healthcare Directory Implementation Guide (VHDir IG)](http://www.hl7.org/fhir/us/vhdir/), an international standard. The VHDir IG is based on [FHIR Version 4.0](http://www.hl7.org/fhir/us/vhdir/). It was developed in cooperation with the Office of the National Coordinator for Health Information Technology (ONC) and Federal Health Architecture (FHA) with guidance from HL7 International, the Patient Administration Workgroup, and the HL7 US Realm Steering Committee.
The Health Neighborhood

MiHIN’s Health Directory vs Provider Directory
The Health Neighborhood
MiHIN’s Health Directory vs Provider Directory

Licensed Medical Practitioners
The Health Neighborhood
MiHIN’s Health Directory vs Provider Directory

Care Coordinators Project
The Health Neighborhood
MiHIN’s Health Directory vs Provider Directory

Addressing Social Determinants of Health Requires Integrating Community Based Organizations too!
Expanding the Model for SDOH
Thank you!
### Key Features

#### Business Features
- Comprehensive Provider Directory: yes
- Community Resource Directory: planned for June release
- Intelligent Data Ingestion: yes
- Internal Data Mastering and Survivorship: yes
- Interoperable Output: yes

#### Enabling Features
- FHIR API: yes
- Portal: Streamlined
- Scaleable, Extensible Platform: yes
- Search functionality: yes
- Teleregistry support: yes
- Care Coordinator ID Assignment: yes
- eConsent Facility Lookup Support: yes
- Reliability Score Recalculation for Decay: yes
- Data Attestation: yes, guided workflow on roadmap