

The Value of a Centralized Directory Service

A WEBINAR PRESENTED BY



Basic Directory Function



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
 - Transitions of Care and other message routing
 - Use cases and products that use Health Directory
 - What's new?
 - A shared direct address directory
- FHIR and compliance with new regulation
 - 21st Century Cures Act
- Deeper into Social Determinants of Health

What is the Health Directory?

Traditional Provider Directory Elements



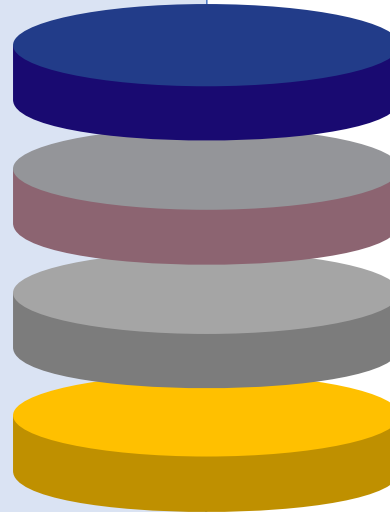
Demographics

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

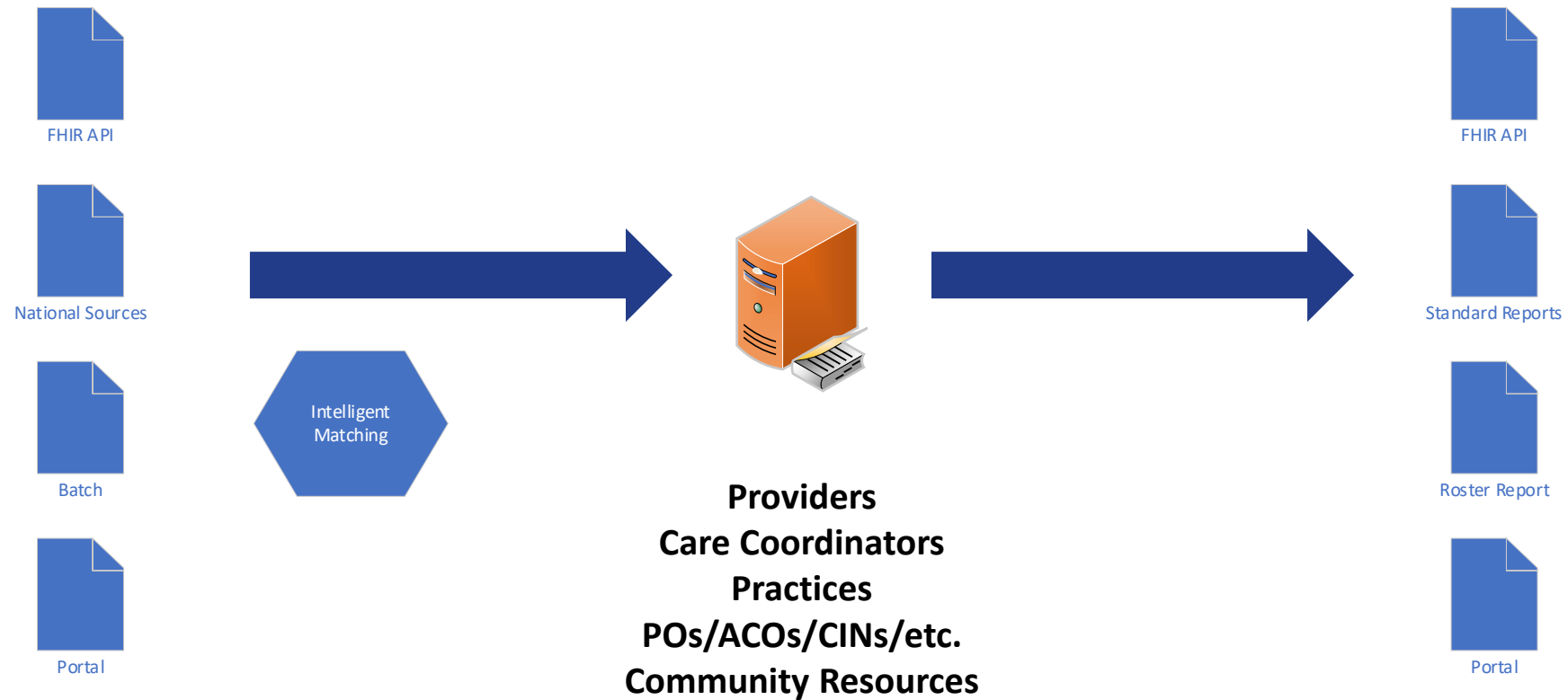
The Health Directory tracks which providers are participating in MiHIN use cases and where their information is being routed for each



Other Information

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

Our Approach



Intelligent Routing Example

1

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

2

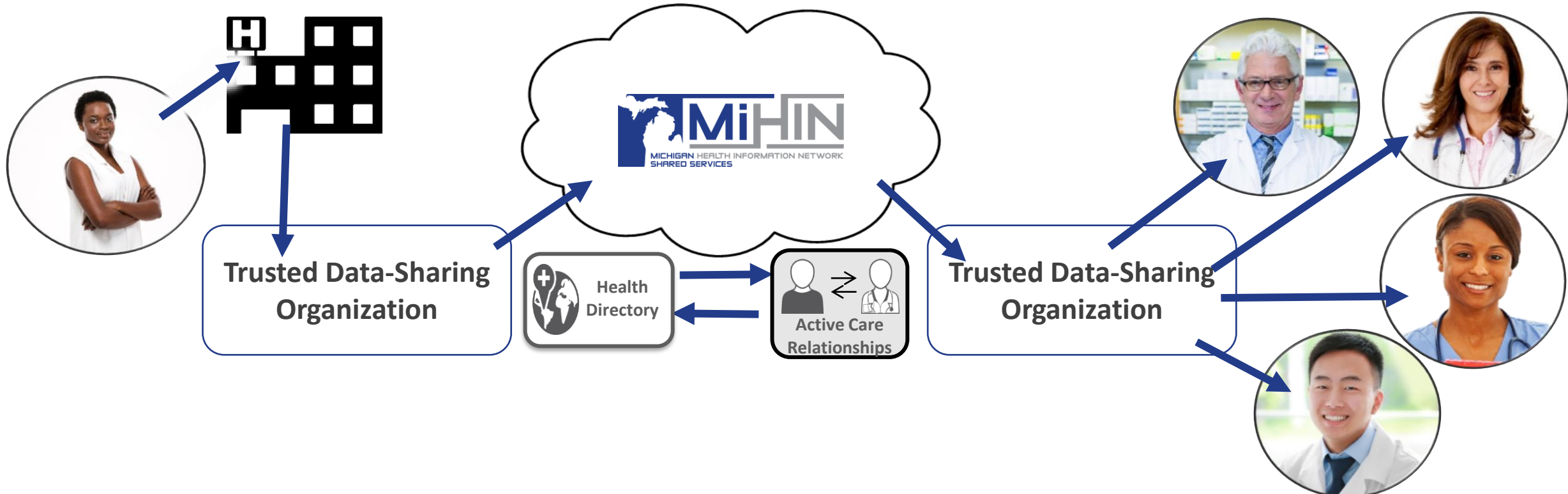
MiHIN checks ACRS and identifies Jessica's care team

3

MiHIN retrieves contact and delivery preferences for Jessica's care team from the Health Directory

4

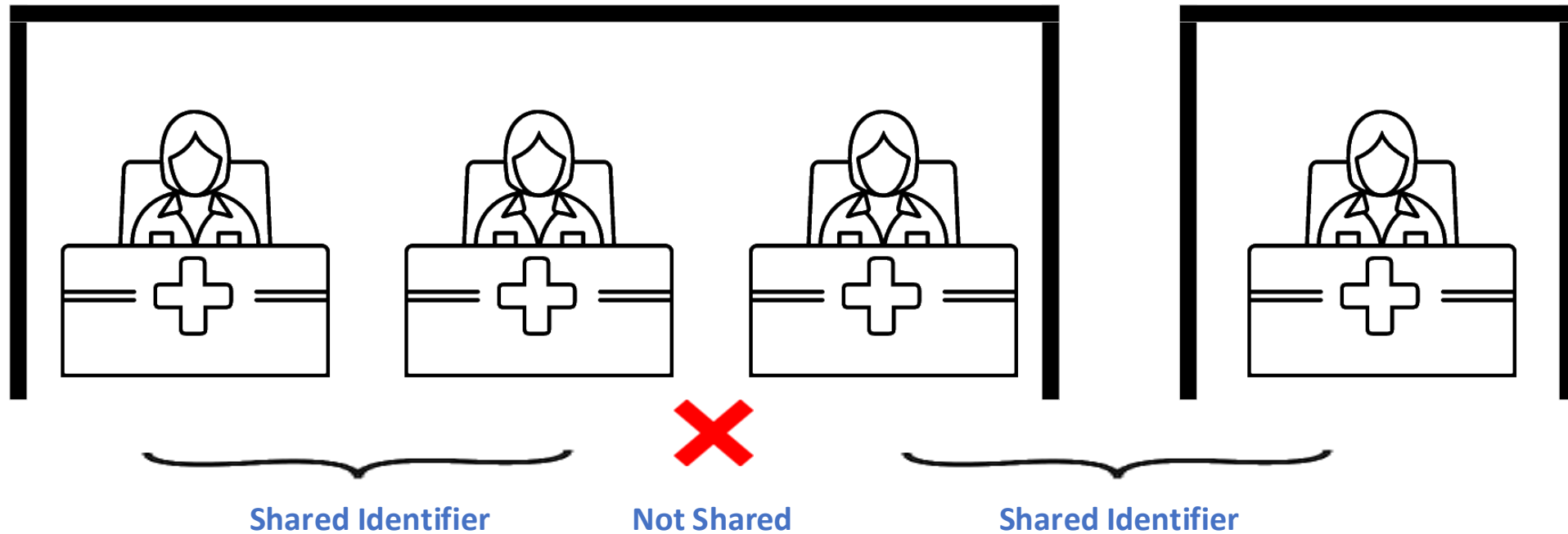
ADT Notifications are sent to the care team based on electronic addresses and preferences



Organizing Organizations

Identifying Unique Entities

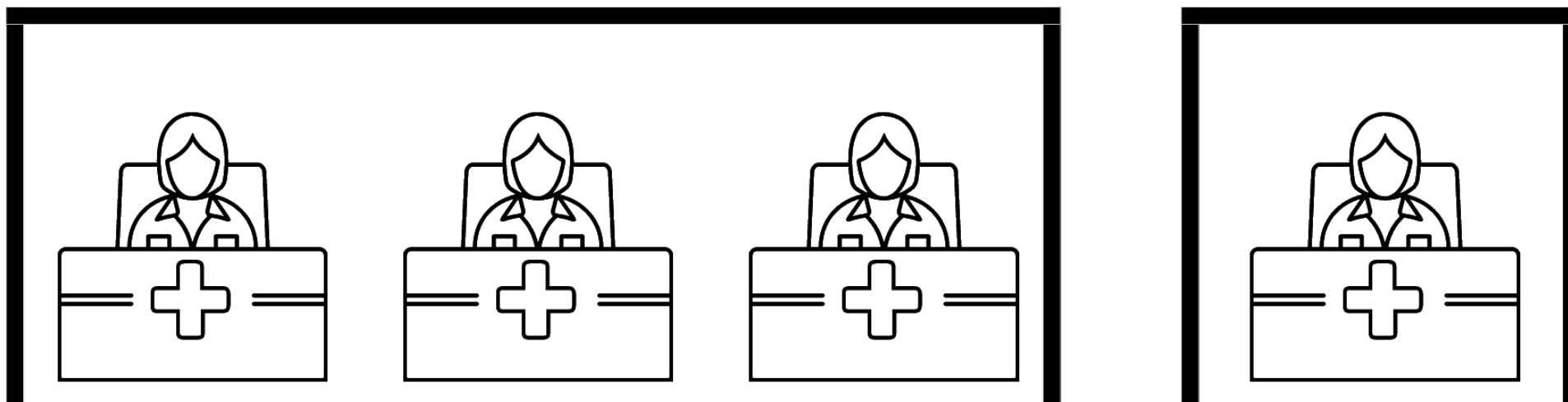
- No readily available identifier is reliably unique (e.g. NPI, TIN, etc.)
- Many list organization data as provider attributes



Organizing Organizations (continued)

Identifying Unique Entities

- MiHIN's journey with OIDs
- Unique identifier per 'organization' per location



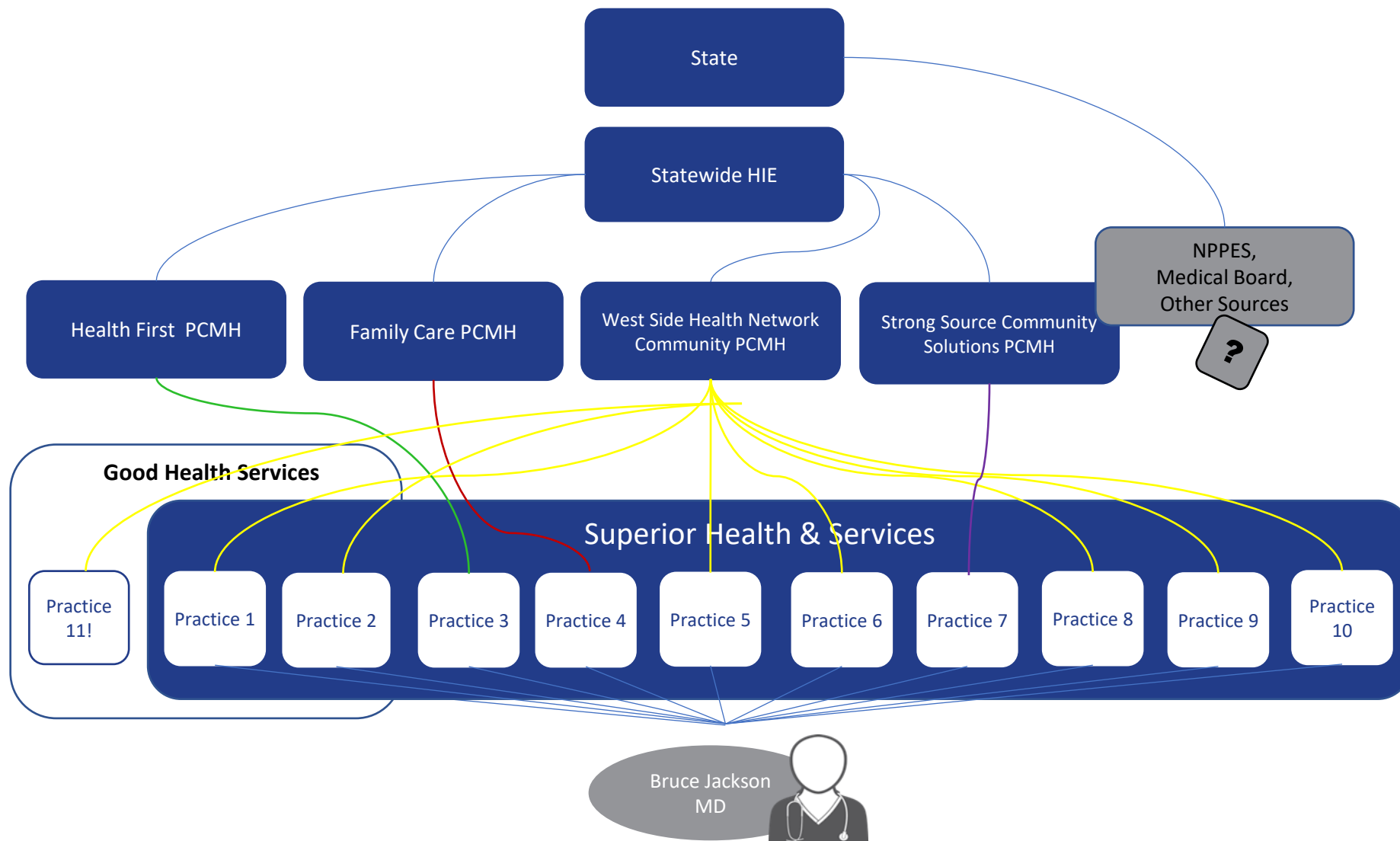
Unique Identifier

Unique Identifier

Unique Identifier

Unique Identifier

Real World Example of Relationship Complexity



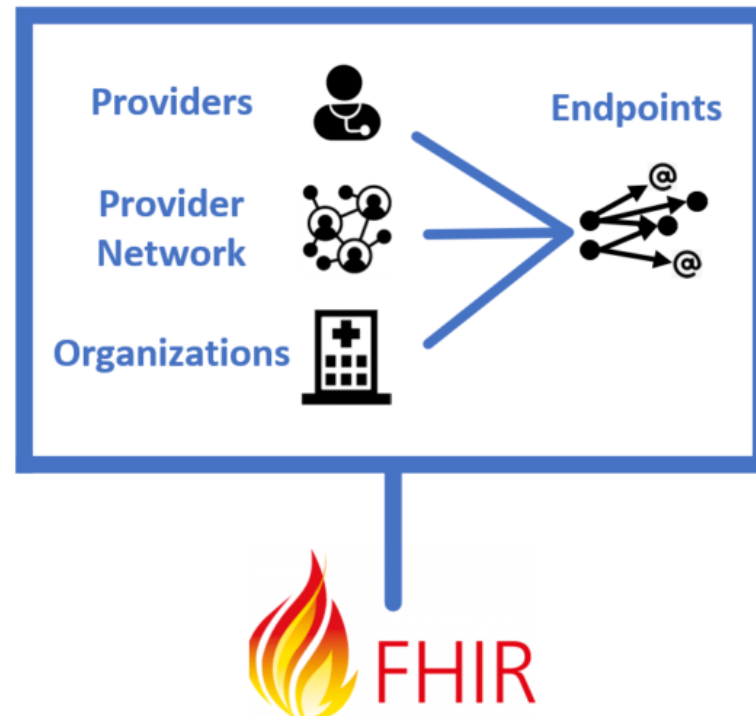
Use Cases & Products That Use (or Will Use) Health Directory

- 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.

- <http://hl7.org/fhir/us/davinci-pdex-plan-net/STU1>

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 \(VHDir IG\)](#), an international standard. The VHDir IG is based on [FHIR Version 4.0](#). 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

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MiHIN's Health Directory vs Provider Directory

A large white circle containing several black icons. The icons include: a person at a computer monitor displaying a flowchart; a doctor with a stethoscope; two nurses wearing masks and caps; a person in a hospital bed with an IV drip; a gurney; a car; a family (two adults and a child) standing under a house with rain falling from the roof; a telephone handset with the number '24' inside a clock face; and a classical building facade with columns. At the bottom left, outside the circle, is a small icon of a smartphone.



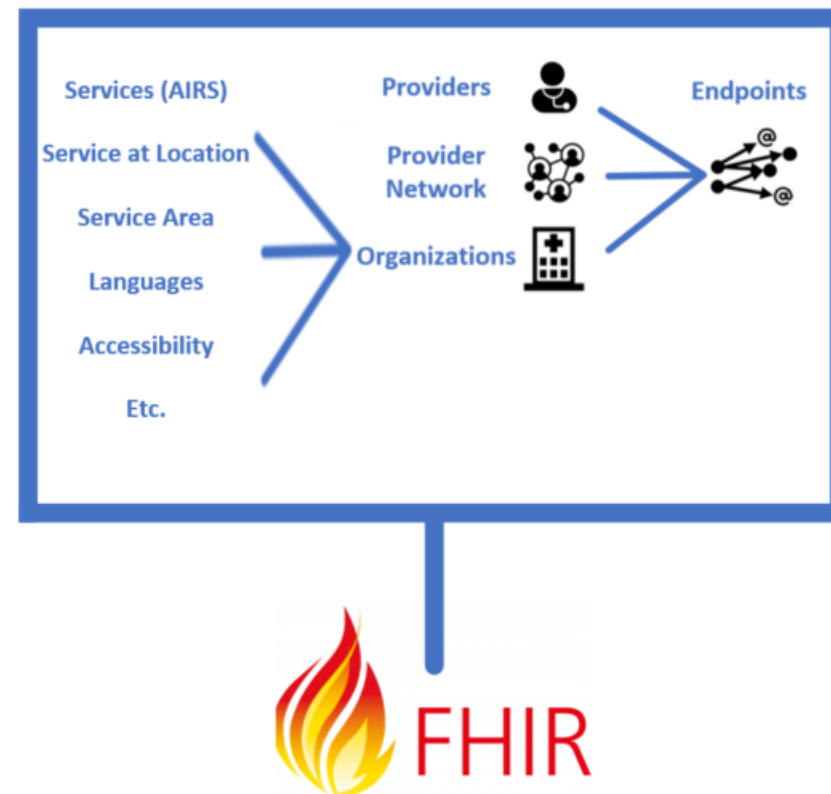
The Health Neighborhood

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!

Source 1

	Score
✓ First: John	.55
✓ Last: Smith	.55
Email: john.smith@example.com	.60
✓ Phone: 555-772-9840	.60
✓ NPI: 1234567890	.50
✓ Medicaid ID: 5566778899	.40
Medicare ID: -	.40

Source 2

	Score
First: John	.45
Last: Smith	.45
✓ Email: jsmith@example.com ↑	.55 +.10
Phone: -	.50
NPI: 1234567890	.40
Medicaid ID: -	.30
Medicare ID: -	.30

Source 3

	Score
First: J	.45
Last: Smith	.45
Email: -	.55
Phone: -	.50
NPI: 1234567890	.40
Medicaid ID: -	.30
✓ Medicare ID: 6677889900	.30

Source 4

	Score
First: John	.45
Last: Snith	.45
✓ Email: jsmith@example.com ↑	.55 +.10
Phone: -	.50
NPI: 1234567890	.40
Medicaid ID: -	.30
Medicare ID: -	.30

Source 1

Source 2

✓ First: John
✓ Last: Smith
Email: john.smith@example.com
✓ Phone: 555-772-9840
✓ NPI: 1234567890
✓ Medicaid ID: 5566778899
Medicare ID: 6677889900

Score

.45
.45
.55 +.10
.50
.40
.30
.30

John Smith (Master)

First: John
Last: Smith
Email: jsmith@example.com
Phone: 555-772-9840
NPI: 1234567890
Medicaid ID: 5566778899
Medicare ID: 6677889900

First: J
Last: Smith
Email: -
Phone: -
NPI: 1234567890
Medicaid ID: -
✓ Medicare ID: 6677889900

Score

.45
.45
.55 +.10
.50
.40
.30
.30

Key Features

Business Features	Health Directory
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	Health Directory
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