

**Written Testimony of Abby Sears,  
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to the  
**HIT Policy Committee  
Information Exchange Workgroup  
Provider Directory Task Force**  
of the  
**Office of the National Coordinator for Health Information Technology**

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**Introduction**

OCHIN is a 501(c)(3) nonprofit HCCN headquartered in Portland, Oregon with 39 current member organizations operating more than 200 departments in seven states: California (9), Oregon (22), Washington (1), Ohio (3), Wisconsin (1), North Carolina (2), and Alaska (1). OCHIN members are community health centers (CHCs) including Federally Qualified Health Centers (FQHCs), FQHC look-alikes, rural and school-based health centers. OCHIN provides its members with economies of scale that, in addition to other efficiencies, allow each clinic to acquire and operate high quality HIT products and services that are otherwise out of reach for the individual health center. HRSA's Office of Health Information Technology recognizes that OCHIN's HCCN model provides the stability and structure required to support advanced Practice Management and EHR systems as well as decision support tools, and leverages these to create an environment where CHCs can share information, develop best practices, and optimize the systems and procedures required to improve patient care and reduce costs.

In partnership with Epic© Systems Corporation, OCHIN has thoroughly customized Epic's award-winning Practice Management and EHR modules for its members. These extensive optimizations include system configuration, revenue cycle management, grant and regulatory agency reporting, interoperability and interface development, hardware systems management, and integrated ancillary product services that are all designed to support FQHCs (as designated under Section 330(e)(1)(C) of the Public Health Service Act) as well as other CHCs. OCHIN's unique product is the combination of the many customizations it has added to the Epic enterprise model. OCHIN's basket of services include its full complement of the assessment, training, implementation, support, clinical oversight, Quality Improvement (QI), and meaningful use efforts that safety net clinic members need to be successful and to contribute to the transformation of primary care service delivery—and to achieve a “medical home” model.

OCHIN leveraged HRSA grants to create this centrally hosted suite of Epic products that integrates the electronic records for all member clinics and continues to expand the capacity of

its central database, communications, and reporting servers to manage those servers on behalf of OCHIN's fast-growing network of CHCs. In recognition of our success installing and supporting CHC use of this system in a collaborative learning environment, OCHIN was recently designated a Regional Extension Center by the Office of the National Coordinator for Health IT responsible for increasing adoption and meaningful use of EHRs for primary care providers throughout the State of Oregon.

OCHIN has a unique, extensive combination of technical and clinical support offerings: (1) its highly customized instance of the Epic EHR, which includes the Enterprise-wide Master Patient Index architecture, facilitates input and use of patient information at the point of care; (2) numerous interfaces that enable OCHIN to supplement the medical record with external information (*e.g.*, labs, images, and discrete fields); and (3) decision support tools and business intelligence interface that facilitate the use of aggregated data for panel and public health management (*e.g.*, Solutions).

#### HIE and Interoperability

OCHIN currently supports over 50 real-time interfaces averaging 47+ million annual transactions across multiple laboratories, hospitals, and community exchanges. The information exchanged includes lab orders and results, financial, claims and billing, demographics, admission, discharge and transfer, dental data, etc.

In August 2010, OCHIN completed the installation of Epic's Care Everywhere module with the Oregon Health and Sciences University, Oregon's only public academic health center. Care Everywhere enables active, bi-directional exchange and sharing of advanced CDA and CCD records with any Epic organization nationwide. All Epic users follow and adhere to a clear set of "rules of the road" (akin to an internal Epic DURSA agreement) that outlines all data sharing rules and requirements. The purpose of Care Everywhere is to make sure that wherever the patient goes, whether between health care systems in the same town or across state borders, the clinicians caring for them have the information they need at the point of care. The clinical summary contains patient level information including allergies, medications, problems (active and resolved), immunizations, recent encounters, medical history, surgical history, family history, alcohol and tobacco use, OB and pediatric history. The encounter detail contains information specific to a particular visit or hospitalization, including reason for visit/referral, vital signs, diagnosis (admitting, discharge, and or visit), notes, administered medications, ordered and discontinued medications, prescriptions at discharge, orders and results, discharge disposition and surgery details.

OCHIN recently licensed and is starting installation of Epic's Care Elsewhere module, which will enable the sharing of the standard CCD record between OCHIN (Epic) and any non-Epic EHR system nationwide. The standard CCD document contains the following: current medications, allergies, problems, insurance information and existence of advanced directives.

OCHIN also recently led and completed a California Healthcare Foundation sponsored project to use the ELINCS standard between the Epic EHR and Quest Diagnostics and LabCorps, two of the largest laboratories nationwide. Lab order procedures (*e.g.*, what physician what procedure what time), patient demographics (including coverage and guarantor information), patient

registration as well as some encounter information (mainly our visit/encounter number, attending physician, and billing provider).

OCHIN already participates in many data exchanges (RHIO's, State Health Systems, laboratories, etc.) and our experience and expertise in HIE allows us to readily engage work with federal agencies (e.g., Social Security Administration) seeking to leverage our EHR to facilitate their needs for data exchange. OCHIN recently contracted with the Social Security Administration to develop an HL7 standard interface compatible with the National Health Information Network (NHIN) architecture to support exchange of CCD documents between our network, other Epic users, and the federal government.

### PBRN

OCHIN also has solid support and a high degree of enthusiasm from the HCCN provider community whose members have joined together to form a Practice-Based Research Network (PBRN) currently called the “Safety Net West.” OCHIN’s Safety Net West regularly convenes clinicians and other staff from OCHIN member clinics to collaborate on generating ideas for possible research studies, engaging with researchers interested in safety net populations, and reviewing proposals for grant applications that include OCHIN data and/or member clinics.

Our recent designation as a Community Health Applied Research Network (CHARN) node will build upon OCHIN’s technological infrastructure to facilitate more reliable capture of EHR data.

OCHIN’s data comes from a package of health IT systems that support the activities of our members. These include: Practice Management systems that support billing and enrollment functions; the EHR, which supports the management of patient health information at the point of care; the various custom interfaces (*e.g.*, labs, radiology, etc.) that OCHIN has created to bring additional information into the EHR to create a more holistic picture of patient health; to the decision support and QI tools (*e.g.*, Solutions) that enable users to conduct panel management and public health review and reporting; to the business intelligence tools (*e.g.*, Pentaho) that ease the burden of use of the tools to facilitate data aggregation and use of information.

Improving the individual components of OCHIN’s combined health IT system requires concentration on improvements to the lab interfaces to ensure that information is automatically available to other components of the system. This is required not only to enhance the kind of data that is included in the EHR, but also to ensure that discrete data fields can be shared across the system automatically and in an electronic format such that the relevant data in the EHR can be “rolled up” into the decision support tools as required to facilitate user access to the relevant data – both at the provider and researcher levels.

Bolstering the technical capacity of OCHIN’s system to automatically share data bi-directionally (*i.e.*, getting discrete data to automatically flow up from the labs and EHR system into the data aggregation and business interface tools) is therefore an essential first step that must be accomplished in order to then build the capability of the clinicians and researchers to access and use the data to develop, generate, and implement CER research projects.

## Business requirements: Clinicians

### 1. Do you currently use external provider directories for health information exchange? What are they and how do you use them?

OCHIN does not use an external provider directory per se, that identifies a specific individual provider, but instead identifies a provider group, hospital, or IDN. This is similar to the directory services to identify gateways under the NHIN specifications.

The directory is used by a physician or provider within the EHR product that OCHIN uses to send a search query to a specific entity in the directory based on its name or alias.

OCHIN has identified that a centralized directory of provider organizations is critical to the association of workflow based on referral patterns in our community; this specifically is used in the workflow for primary care providers where an individual provider will refer a patient to a specialty practice or hospital and not a unique individual provider.

OCHIN also utilizes an external directory of pharmacies associated with SureScripts e-Prescribing solution. This directory allows prescriptions to be securely exchanged and delivered to pharmacies.

### 2. What specific uses would you have for these two types of provider directory services? Would you register with such a service and use them? If not, why not?

a. **Yellow pages:** An authoritative resource listing clinicians and entities that is used to “look up” providers and point to routing directories

- i. Yes, we would use this type of directory to locate and verify information about providers that are potential HIE trading partners.
- ii. Specific use for authoritative yellow pages has been identified by the state of Oregon as a critical component in the establishment of directed HIE.
- iii. There are numerous secondary uses for a directory that can be envisioned. These could include the positive identification and registration of health internet addresses that could be used as part of a secure certificate authority. This would be similar to the on-ramping and DURSA agreement process currently utilized by NHIN.

b. **Routing directory:** routing registrar to provide addressing hierarchy/service to enable machine-to-machine routing in the context of health information exchange activities

- i. This would be a requirement for a provider locator service that takes the positive registration information from the yellow pages and identifies the organization gateway to send and retrieve health care information.
- ii. The combination of the provider yellow pages and the routing directory would allow the implementation of a secure certificate authority for health

care entities. This reinforces the design of the registration of NHIN gateways.

- 3. What set of clinicians and entities would need to be included to make this service valuable to you?**
  - a. Would you only need to know how to identify and send messages to the individual clinician, or is a listing of the legal organization (practice, clinic, hospital, etc.) sufficient?
    - i. As a start, you must have registration of authoritative entities: hospitals, clinics and other health care delivery organizations to allow messages to be directed to an organization.
    - ii. The creation of yellow pages with providers as individuals would augment the identification of legal organizations with the addition of specific individuals that are a part of that legal entity (i.e. a patient identifies and individual provider, but is unable to name the legal entity [or alias] the provider is practicing in, which may allow for patient records to be located more efficiently).
    - iii. A provider based locator could act as a basis of a national credentialing registry for providers.
  
- 4. What information about clinicians and entities needs to go into the provider directory in order to make it useful for you?**
  - a. For example, provider type, specialties, credentials, demographics and service locations.
    - i. Name, demographics, NPI, organization/affiliation, legal entity names, and aliases that the legal entity may be known by, specialty, credentials/credentialing authority, role/privilege set by affiliation.
    - ii. Also historical information about where a provider has worked in the past would be useful for both credentialing and for augmenting the location of patient information.
  
- 5. What data or information about your organization or your clinicians could be made available to establish directories?**
  - a. Issues to be resolved?
    - i. OCHIN can currently identify no impediment to providing organizational and provider information needed to establish directory entries.
  
- 6. What “trust framework” is needed for populating, maintaining and using provider directories?**
  - a. Are there specific issues (reliability, trust, privacy, uses of data, others) you would like to make sure are addressed with respect to provider directories
    - i. We feel a DURSA, or DURSA like agreement, would provide the fabric of trust needed to easily maintain and use organizational and provider directories.

- 7. In what areas could this workgroup provide useful recommendations?**
- a. A framework for a central directory for organizations and providers (specification standards).
  - b. Assess if the policy for directory services like this can be incorporated into the DURSA.

**Questions primarily targeting yellow pages**

- 8. What data and level of data accuracy is needed for your use of a yellow pages resource?**
- a. Is it important that it identify all practice locations for a clinician and all organizations the clinician may be associated with and practice at?
    - Yes, it is, as well as historical information about where the provider has practiced in the past.
  - b. How important is it that it be authoritative and complete, for instance containing all licensed physicians in a state?
    - It is important that the directory authoritative and complete allowing for both accurate provider and legal entity HIE gateway identification.
    - The ability to share across states will require a national directory that could be managed by state in a federated model.
  - c. What data elements are critical?
    - For location services:
      - Name, demographics, NPI, organization/affiliation, legal entity names, and aliases that the legal entity may be known by, gateway addresses.
    - For credentialing services:
      - Needs to be determined.
- 9. How do you currently maintain the accuracy of your information in third party directories, such as those maintained by medical boards, health plans, NPPES and commercial services (lab, pharmacy, etc)?**
- a. Through a centralized service managed by the EHR vendor.
  - b. We recommend a state designated entity be responsible for managing in a federated directory structure.
- 10. What's the best way to motivate providers to keep directory information up to date (e.g., link to licensing, plan participation, health information exchange activities)?**
- a. For legal entities or provider groups: HIE activities would be the best motivator.
  - b. For individual providers: linkage licensing and credentialing may provide a better motivation.
- 11. What data or information about your organization or clinicians could be made available to establish a directory?**
- a. Issues to be resolved?
    - i. OCHIN can currently identify no impediment to providing organizational and provider information needed to establish directory entries.

- b. If your organization maintains a provider directory, would you allow it to be accessed by outside parties in a federated structure? If so, what requirements would be necessary?
  - i. OCHIN would advocate for the establishment of an independent federal or state federated directory that is independent of any vendor specific directory.
  - ii. If OCHIN identifies a requirement for a separate directory, for specialty need within OCHIN, such as a vendor specific directory, this could be queried independently of a federal or state yellow pages.

**12. What do you expect from your EHR system related to provider directories? How do you expect your EHR system would interact with provider directories?**

- a. We would expect our EHR system to be able to query a provider directory thru web based services utilizing X.509 credentials.