

	WI	IHIE
<b>Operations</b>		
Who operates the directory?	Wisconsin Medical Association	IHIE operates the directory.
What incentives do providers have to participate? To maintain data currency?		IHIE results delivery service is based on information in the provider directory.
<b>Function</b>		
What use cases does the provider directory enable?	<ul style="list-style-type: none"> <li>• Health information Exchange</li> <li>• Workforce Planning</li> <li>• System and Community Capacity</li> <li>• Performance Measure Development and Application</li> <li>• Research to Build the Evidence Base</li> <li>• Quality Improvement</li> </ul>	<ul style="list-style-type: none"> <li>• Results delivery through DOCS4DOCS program.</li> <li>• Information is cross-referenced with information used for quality reporting program Quality Health First</li> </ul>
What functionalities does the provider directory have?		
Beyond supporting information exchanges, what other purposes does the directory support (i.e., credentialing?)		
<b>Participants</b>		
What participants are included in the directory?	Currently only physicians but planning to expand to all HIPAA providers.	Any provider who would need to get a result delivered.
Who registers participants?		<p>Before a facility goes live with DOCS4DOCS providers go through a registration process that includes adding them to the provider directory.</p> <p>A newly registering facility sends IHIE a facility file which includes information on the providers that is used to add them to the provider directory.</p> <p>Each facility is contacted during the enrollment process to gather as much information as possible (for instance doctor x practices at the facility only on Mondays). IHIE never setup a practice without calling them.</p> <p>Each facility has to designate a point-of-contact (POC) with IHIE. At enrollment the POC is faxed a verification list based on the information obtained from the facility file with all the providers being registered and their information. The POC reviews the list and makes any necessary changes.</p>
<b>Data Quality</b>		

<p>What level of data accuracy do you require? Does the required level vary by data element?</p>	<p>A provider directory must be more than 95 percent accurate.</p> <p>Each provider is checked against 13 discrete data elements to determine if there is a match to an existing entry or if this is indeed a new provider. If there are any questions, we talk to the provider or their delegate and verify the information. The result: our bottom-up approach has universal resolvability and has an accuracy rate of more than 98 percent with no over reporting. If they were to rely solely on outside data inputs to identify and verify providers for our health information quality initiatives, we would be using provider data with only 79 percent accuracy and over 350 percent over reporting, which would obscure and put into question the very conclusions of such quality initiatives.</p>	<p>IHIE has 95% data accuracy in its provider directory. Incorrect data is usually due to a provider having left a facility without IHIE being updated.</p>
<p>What is the frequency of updates to information?</p>	<p><i>DR</i></p>	<p>As part of their contract with IHIE, facilities are required to inform IHIE when information on providers changes.</p> <p>In addition to this IHIE uses a number of approaches to update information:</p> <p>Every facility sends IHIE updated provider files at regular intervals (some daily, weekly or other intervals). This information is dumped into the system and triggers alerts for the addition of providers or changes to information on existing providers. IHIE staff pull these files on a weekly or monthly basis. Reconciling information is done through a manual process including reviewing the updated facility file and calling the facility.</p> <p>Also IHIE watches for certain items. For instance on a weekly basis they run a report on results delivery. Any results older than 5 days that haven't been touched (for web clients) prompt a call to the facility. These calls often turn up that the particular provider has left the facility.</p>
<p>What is the process for individuals or their delegated authority to update</p>	<p><b>DRconnection</b> allows real-time updates made by the system administrator, providers and their authorized delegated</p>	<p>As discussed above updates are made through the facility file and phone calls with the facility. The process of updating</p>

<p>information?</p>	<p>staff.. Data can be entered manually by our administrators, by a reviewed electronic feed, and by the providers and/or their staff delegate.</p>	<p>information in the directory is done manually. Automatic mapping can lead to errors because of inaccurate data.</p> <p>The majority of calls to update information come from the practice manager or head nurse. Some very involved providers do the updating themselves.</p> <p>When IHIE gets a phone call that a provider has changed locations they then follow up with the old facility to update the providers information there.</p>
<p><b>Data Sources/content</b></p>		
<p>What data sources are used to populate the directory?</p>	<p>Currently data comes from a number of sources including the American Medical Association, Department of Regulation &amp; Licensing, Commissioner of Insurance, national change of address, certificates, clinics, hospitals and other informational websites. Source data must come from an entity where business model is dependent on accuracy.</p> <p>In expanding they will be using IDNs, which cover 70% of providers, to get information for all HIPAA providers (currently only receive physician information). For white space they will work with Wisconsin Rural Health Cooperative and will look at associations that have data sets on other HIPAA providers (for instance American Dental Association). Focusing on entities that also have the need to keep information to the level of accuracy required for the directory.</p>	<p>Providers are the source of information.</p>
<p>What are the data elements captured/ maintained by the directory?</p>	<p><b><i>DRconnection Find</i></b> – the product’s search engine contains more than 130 unique physician-related information fields, including all practice locations and organizations with which the physician may be associated. Thirty core fields.</p> <p><b><i>DRconnection Streamline</i></b>, our secure provider repository for practices, contains more than 900 fields of physician-physician practice information and is used to improve business processes among our members and medical groups with which</p>	

	we work closely. This work includes, for example our insurance agency's processes.	
<b>Interoperability</b>		
<p>What standards does the directory use for</p> <ul style="list-style-type: none"> <li>○ Storing Content</li> <li>○ Delivering content</li> <li>○ Directory structure</li> <li>○ Query/ response messages / transactions</li> </ul>	<p>Two key areas that lacked standardization in data content were:</p> <ul style="list-style-type: none"> <li>● Medical schools list looks different in many places. They selected the World Health Organization approach as their standard.</li> <li>● Specialty different any place you go. Use American Medical Association approach as their standard.</li> </ul>	
How do you see the directory interoperate with other directories across regions and states		IHIE doesn't currently electronically share its provider directory information with other entities. It is considering how this might be done but hasn't enabled the functionality.
What requirements might be needed from EHRs to interoperate with the Directory?		
<b>Cost</b>		
What did it cost to build the directory?	It cost over 3 million to build. It costs around \$700,000 for yearly operation.	
What does it cost to maintain the directory? What staffing resources are allocated to the directory (maintenance etc)?	Have 1.5 FTE dedicated to maintaining data accuracy.	Populating and maintaining the directory is resource intensive. Currently have 10 staff that work full time at the IHIE help desk. IHIE estimates 50% of these staff members time is spent on the provider directory.
<p>What is the sources of funding for the directory:</p> <ul style="list-style-type: none"> <li>○ Subscription fees</li> <li>○ Transaction fee</li> <li>○ Grants</li> <li>○ Public</li> </ul>	Currently relies on funding from WMA membership fees. Moving forward the funding mechanism is still to-be-determined. If business uses truly save money there is an opportunity to have them subscribe to the services.	
<b>Access</b>		
What users have access to the directory?		DOCS4DOCS program has an online registration process for users to gain access. Users have to register on the IHIE portal. After an individual registers on the portal IHIE calls the facility POC and confirms the individual should be given access. No one gains access unless the POC has agreed to them accessing the system.
How do users access the directory? What is the		The online registration requires provider to enter the following information:

<p>process used for authentication of users/participants?</p>		<p>First, Middle and Last Name  Title  Credentials  Direct phone #  Address of facility  Security questions</p> <p>The provider must establish a password with at least 8 characters, one number and it cannot be a word in the dictionary.</p>
<p><b>Security</b></p>		
<p>What security is used to control access by users?</p>		<p>DOCS4DOCS program has an online registration process for users to gain access. Users have to register on the IHIE portal. After an individual registers on the portal IHIE calls the facility POC and confirms the individual should be given access. No one gains access unless the POC has agreed to them accessing the system.</p>
<p>What audit controls are used by the Directory?</p>	<p>Time and data stamps what field was changed and by whom</p>	<p>Time and data stamps what field was changed and by whom</p>

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