

HIT Policy Committee
Information Exchange Workgroup
Panel 4 – Technical Requirements

September 30, 2010

Presentation by Surescripts, LLC

Presented by JP Little

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My name is JP Little, and I am the Executive Vice President of Products and Services at Surescripts. Surescripts operates the Nation's E-Prescription Network, which connects prescribers, through their choice of e-Prescribing software, to the nation's payers, chain pharmacies, and independent pharmacies in all 50 states and the District of Columbia. Through our work in standards, certification, education, industry-wide quality programs, and collaboration at the national, state, and regional levels, we have established a national digital healthcare infrastructure for the exchange of prescription and related healthcare information. Trust and interoperability are at the core of our mission, focus, and success. This infrastructure supports and enhances meaningful use of electronic health records. Surescripts' stakeholders that connect to the network include technology vendors, prescribers, health systems, payers, and pharmacies ("Participants").

I want to thank the HIT Policy Committee – Information Exchange Workgroup for the opportunity to comment on our experience governing a network that connects approximately 200,000 prescribers, over 52,000 community pharmacies, 6 mail order pharmacies, and over 25 of the nation's largest PBMs for the purpose of exchanging prescription and clinical related information. Surescripts has extensive experience in creating, distributing and utilizing provider directories, for the purpose of exchanging that information, and we appreciate the opportunity to share some of our experience.

We understand that directories are critical to Meaningful Use, and that directories need to be sufficiently standardized and interoperable so that we don't end up with localized directories that are not discoverable to anyone outside a closed system.

Our experience is that a number of national directories already exist, including Surescripts directory. We interoperate with many of the directories, and route messages across each others' networks. We believe that many of the issues around creating and managing directories have been worked out, and that patterns from the private sector could be usable by Health

Information Exchange organizations and others. Further, we believe that it is critical that local directories be interoperable with national directories, much as existing national directories interoperate today.

It is our hope that this workgroup will focus on standards and approaches that leverage current experience and practice, rather than inventing new standards. We also believe that there are strong roles that the government should take (like creation of National Provider Identifier (NPI) numbers) and that there are other tasks that should be left to private and non-profit organizations to work out as Meaningful Use evolves (like the extension of NPI to handle practice location).

Surescripts currently operates under a model where the Surescripts directory data is distributed to all participants connected to the Surescripts network today. Pharmacies receive a listing of all available physicians on the network, and physician vendors receive a listing of all pharmacies available on the network. For e-Prescribing, the current directory is utilized as a “yellow pages” for our physician vendors determine which pharmacies are able to receive electronic prescriptions; and by the mail service and retail pharmacies to look up which physicians are able to receive medication renewal requests. In addition, the physician provider directory is utilized by some of our participants to locate participating physicians for routing clinical summaries. Surescripts utilizes the directory internally to route messages between participants.

The Surescripts model and directory is also utilized by other intermediaries that are connected to Surescripts to route messages to the correct physician vendor and pharmacy.

In the past, Surescripts has depended on our physician vendor and pharmacy partners to supply the critical demographic data necessary to maintain our provider directory. This has led to sometimes outdated and non-standard information in the directory. As we evolve our directory service we continue to implement additional data validation services. Sources of provider information such as the National Plan/Provider Enumeration System (NPDES), the Drug Enforcement Agency (DEA), National Council of Prescription Drug Programs (NCPDP) dataQ and the United States Postal Service (USPS) are utilized to validate the provider information. Data standardization techniques are being implemented to provide better data matching abilities, which reduce the incidence of duplicate and redundant provider information. In addition, Surescripts has implemented additional practices to monitor the latency and accuracy of the data, which continues to be one of the biggest challenges for directory data maintenance.

Surescripts' directory structure had evolved as the needs of the industry have changed. Where simple demographic data was once enough, such as physician name and address, more complex data requirements exist today due to new flexibility requirements of electronic healthcare products. Today, physician clinic, location, specific vendor and messaging service data elements are now critical to selecting the right physician location for message routing, as well as understanding what messages a physician can receive at each particular location. For example, if a Dr. Mary Smith uses e-Prescribing vendor A, at Healthcare Clinic X, which is located at 123 Main Street to prescribe a medication for patient John Doe; and Dr. Mary Smith also uses e-Prescribing Vendor B, at Healthcare Clinic Y, located at 456 Any Street where John

Doe is not seen, the renewal from the pharmacy needs to be routed to Dr. Mary Smith's Vendor A application in order for her to be able to approve the renewal request from the application that contains the information for patient John Doe. The directory routing service AND the yellow pages service need to be able to accommodate this scenario. Surescripts directory service accommodates this scenario, as well as other complex industry scenarios.

For clinical messaging, the yellow pages and routing information can become even more complex as messages now can be routed to and from different organizations and establishments as well as individuals. Surescripts renovated directory structure is able to accommodate associations between individuals, vendors and organizations to maintain the industry flexibility needed. In addition, Surescripts is able to connect to other applications that may not have this specific flexibility built into their directory services, but are still able to utilize the Surescripts directory as their "yellow pages" to look up individuals and organizations, and route to those entities through the Surescripts routing network. This model allows other entities to utilize their own routing services and directory along with more complex Surescripts directory services to meet the total clinical product needs.

Surescripts currently assigns a Surescripts identifier, Surescripts Provider Identifier (SPI) to the provider record which is specific to a provider at a location with a vendor. The National Provider Identifier (NPI) was considered as a replacement for the SPI at one time, but that identifier is not sufficient as it does not represent all locations that a provider can practice. Currently, all customers using the Surescripts directory are using the Surescripts SPI to route e-Prescribing messages. However, Surescripts is developing the capability to route a message without the use of an SPI, which will require a complex matching algorithm, and will be specific to routing on the Surescripts network.

Surescripts continues to enhance the directory to support the critical data necessary to both locate a physician and route clinical information. The critical data elements required today for physicians are full name (including former names); all practicing locations including clinic name, address, city, state, and zip code; physician specialty; NPI number; and clinic phone and PHI protected fax numbers. For pharmacies critical data elements are pharmacy name, address, city, state, zip code, NCPDP provider ID, and pharmacy type. Other data elements may be required depending on what healthcare service is being provided.

With respect to the Nation Health Information Network (NHIN), an industry defined integrated directory system would provide a solid base for enabling, directing and facilitating end to end communication. A well established implementation would provide functional answers to the following questions: How do I find who I am to going to send the message to?; Who am I messaging with?; Is trust established and maintainable along the route?; Where do I send the message to (e.g. How do I route the message)?; and What payload structures can be used to transfer the message?

Properly architected, a uniform directory platform could be utilized by any number of frameworks, providing standardized accessibility points to the information contained within. Leveraging the use of proven industry protocols and repository mechanisms, extensibility can be bolstered, ensuring that the targeted goal of true end to end communication can be achieved

in a fully interoperable manner. With the existence of national directories extended to meet the emerging federal initiatives, regional and local directories may provide local yellow page capabilities that streamline clinician search for specific purposes and workflows by healthcare providers or consumers. With emerging interoperability through NHIN Direct, look up of a clinician and access to their public key will secure communication from provider to provider and consumer to provider over Simple Mail Transfer Protocol (SMTP) Secure/Multipurpose Internet Mail Extensions (S/MIME) (secure email).

There are opportunities to enable small physician group access to a national network such as Surescripts by registering their Health Information Service Provider (HISP) with the national network. For example, a small provider office with an NHIN Direct HISP may distribute an NHIN direct provider address with public keys to enable receipt of clinical transactions from a national network such as Surescripts.

Today Surescripts uses a proprietary method to exchange directory content. NHIN Direct is exploring both Domain Name System (DNS) and Lightweight Directory Access Protocol (LDAP) to standardize exchange of public keys. At this point, it has not been determine what the standard exchange method will be, but the industry should collaborate to determine a common approach.

Surescripts has proven that the current model of connecting national, regional and local provider directory information works today, and believes that this model can continue to work and is sustainable in the industry by the private sector. We believe that there are other networks that operate similarly to Surescripts. For example, RelayHealth and Emdeon use the Surescripts SPI-based directory for e-Prescribing and pharmacies combine our directory with other commercial directories. Surescripts recommends the following:

- 1) Leverage private sector solutions and data – the industry is moving very quickly
- 2) Support NHIN direct
- 3) Continue to use NPI as the master provider identifier

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I thank you for the opportunity to share our experiences with provider directory requirements and interoperability with this Workgroup today. I welcome any questions.