

	Wisconsin Medical Society	Indiana Health Information Exchange	Health Bridge
<b>Operations</b>			
What incentives do providers have to participate? To maintain data currency?	Data used to attribute physicians to efficiency and quality data. Accurate representation of physician/practice to patient/others. Receipt of information from Society to physician/practice in manner that is customized to their practice demographics	IHIE results delivery service is based on information in the provider directory.	HealthBridge results delivery service is based on information in the provider directory.
<b>Function</b>			
What use cases does the provider directory enable?	<p><u>Could play a future role in</u></p> <ul style="list-style-type: none"> <li>• Health Information Exchange</li> <li>• System and Community Capacity Research</li> </ul> <p><u>Currently plays role in</u></p> <ul style="list-style-type: none"> <li>• Quality Improvement</li> <li>• Workforce Planning</li> <li>• Performance Measurement</li> <li>• Appropriate Use</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> <li>• Can provide a complete copy of the IHIE provider directory to participants by exporting that data from DOCS4DOCS and providing it to those facilities via Excel spreadsheet so they can use IHIE's compiled data from many sources to make the facility systems data more robust.</li> </ul>	<ul style="list-style-type: none"> <li>• Results delivery</li> <li>• Routing of billing information</li> </ul>

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What functionalities does the provider directory have?	<p><u>Will have</u></p> <ul style="list-style-type: none"> <li>Public web user interface where people can search for Labs, Pharmacies and other HIPAA providers</li> <li>Search capabilities from machine to machine through web services</li> <li>Audit &amp; security on all the calls made into Provider directory</li> </ul> <p><u>Currently have</u></p> <ul style="list-style-type: none"> <li>Public web user interface where people can search for Physicians and Clinics</li> <li>Audit &amp; security on the data updates made to the Provider directory</li> <li>Reports on audit-log and usage statistics</li> <li>Administrative web user interface to keep the provider directory current and control access to the provider directory</li> </ul>		<p>Routing information cannot be seen by participants while more marketing oriented information (for instance hours, specialty, phone etc) are visible to other HealthBridge participants through a portal. Can search the directory by practice, provider name or NPI. A provider affiliated with multiple entities will have a separate listing for each of the entities. Can look up if a provider has an EHR and information how the provider wishes to receive results (fax, phone, direct to EHR).</p>
Beyond supporting information exchanges, what other purposes does the directory support (i.e., credentialing?)	<p>Any business process dependent on physician or other provider demographic data can be improved by integrating <i>DRconnection's</i> robust data elements could be used to improve the licensing, insurance, credentialing and continuing education.</p>		

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<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.	Include participants at both the individual and entity level <ul style="list-style-type: none"><li>• Physicians</li><li>• Nurse practitioners</li><li>• Nursing homes (including floor level information rather than just individuals)</li></ul> If a provider practices at multiple entities they will have a separate listing for each of the entities and a corresponding unique ID at each entity.

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Who registers participants?	<p><b>DRconnection</b> has self registration capabilities for the physicians and/or their delegates to identify themselves and get access to their record.</p> <p>Looking forward the Health Information Service Provider will coordinate the security certificates and direct addresses which will then be housed in fields within the provider directory</p>	<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>	<p>HealthBridge registers participants. Each entity designates an authorized point of contact (POC) with HealthBridge.</p> <p>For entities already participating in HealthBridge adding a new provider requires the POC to call and say they have a new provider in the group. HealthBridge will do due diligence such as getting the providers license number to prove they exist. Once they have validation HealthBridge staff add the provider to the directory.</p> <p>When a new entity joins they must:</p> <ul style="list-style-type: none"> <li>• Sign all required legal agreements</li> <li>• An implementation representative will visit the practice. As part of this trip the representative will get the names of all physicians being signed up and all the other information necessary to populate the directory. Customer service representative will then add the providers to the directory.</li> </ul>

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<b>Data Quality</b>			
What level of data accuracy do you require? Does the required level vary by data element?	<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 an accuracy rate of more than 98 percent with no over reporting.</p> <p>Going forward the real challenge will be understanding the data quality of other sources and if there are different accuracy expectations.</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>The required level of accuracy varies between information needed for routing versus marketing oriented information. The level of data accuracy required for particular data elements also varies by how a provider receives information (i.e. fax, phone, directly to EHR). If a provider receives results via fax or phone correct physical address information is more important then if the provider receives results directly into an EHR.</p> <p>100% verification is done for information needed to route results. For providers who receive results directly into their EHR HealthBridge does its best to get information on physical address and other data elements but routing information is the real concern. A practice could move locations and providers would still get results electronically so physical address information may not be the most accurate.</p>

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<p>What is the frequency of updates to information?</p>	<p><b>DRconnection</b> allows real-time updates to Provider directory.</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>No specific interval for updates is required. A number of avenues lead to HealthBridge being informed of changes:</p> <ul style="list-style-type: none"> <li>• When a provider leaves a practice they will inform HealthBridge</li> <li>• When a new provider is signed up at a practice HealthBridge will double check their current affiliations.</li> <li>• HealthBridge get an inactivity report when a provider hasn't opened a result in three days. This results in a flag for customer services representatives to reach out to the POC at the entity.</li> <li>• Monthly reports on the providers listed in the directory for the entity are sent to entity POC for validation.</li> </ul>

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<p>What is the process for individuals or their delegated authority to update information?</p>	<p><b>DRconnection</b> allows real-time updates made by the system administrator, providers and their authorized delegated 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>As discussed above updates are made through the facility file and phone calls with the facility. The process of updating 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>HealthBridge uses a shared responsibility model for updating information. Monthly they send the entity POC a list of all the providers HealthBridge has listed as practicing at the entity. If there are any changes to the list the POC reaches out to HealthBridge. HealthBridge also takes advantages of certain contact points such as in-person trainings at a facility to check with the provider list with the facility.</p> <p>Through a portal certain information can be directly updated by providers. The more marketing oriented information (hours, practice phone number) can be updated by providers through the portal. Information necessary for routing of clinical information can only be update by HealthBridge staff.</p>

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<b>Data Sources/content</b>			
<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 Wisconsin 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>Providers and content providers (labs, hospitals etc) are the source of information. Each instance of an individual provider in directory has a unique ID assigned by HealthBridge that corresponds to that particular practice location. HealthBridge then maps its unique ID for the provider to the unique IDs used by all of the other content providers.</p>

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What are the data elements captured/maintained by the directory?	<p><b>DRconnection Find</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>DRconnection Streamline</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 we work closely. This work includes, for example our insurance agency’s processes.</p>		
<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> <p>Medical schools list looks different in many places. They selected the World Health Organization approach as their standard.</p> <p>Specialties are referred to differently depending on application and level of granularity. Used American Medical Association approach as their standard.</p> <p>Important to develop table standards as interstate exchange occurs</p>		<p>HealthBridge established their own standard. Criterion were based on:</p> <ul style="list-style-type: none"> <li>● What elements were need to operate their software</li> <li>● What elements HealthBridge needed</li> <li>● What additional information providers wanted to have/share with referring providers.</li> </ul>

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<p>How do you see the directory interoperate with other directories across regions and states</p>	<p>The use of Web Services with a common XML Schema (for query/response messages) allows interoperability between provider directories without any technical issues.</p>	<p>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.</p>	<p>HealthBridge and IHIE currently share provider directory information to facilitate exchange between providers in their networks. They swap directories in excel format. HealthBridge goes through a similar process in adding a facility from IHIE as they do when signing up a new participant. For instance, if Internal Medicine Associates participates in IHIE but also works with providers who participate in HealthBridge IHIE would work with HealthBridge customer services department to tell them to send any results for Internal Medicine Associates to IHIE which then will take care of routing the rest of the way. The provider would be listed in HealthBridge's directory with a unique ID tag that connects them to IHIE. In a sense IHIE acts as another content provider to HealthBridge. Each HIO handles reconciling their own participants.</p>

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<b>Cost</b>			
What did it cost to build the directory?	It cost over 3 million to build.		
What does it cost to maintain the directory? What staffing resources are allocated to the directory (maintenance etc)?	It costs around \$700,000 for yearly operation. Have 1.5 FTE dedicated to maintaining data accuracy. Technical staff for design enhancement of application, server costs, security, insurance and "feet on the street" that also feed updates.	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.	HealthBridge requires approximately 1.25 FTE to maintain their directory for around 6,000 providers. The FTE amount can be broken out as follows <ul style="list-style-type: none"> <li>Updating routing related information and setting providers up in the clinical messaging system requires a full FTE.</li> <li>Updating non-routing related information about providers requires less than a quarter FTE.</li> </ul>
What is the sources of funding for the directory: <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 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.	Cost for the directory into fees.	Cost for the directory is bundled into the subscription fee to hospitals.
<b>Access</b>			
What users have access to the directory?	Limited access to the public users (thru web interface) Administrator controlled access to any registered and approved users	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.	All participants in HealthBridge can see the marketing oriented information. Only HealthBridge staff has access to the routing information.

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How do users access the directory? What is the process used for authentication of users/participants?	<p>Provider directory can be accessed in two ways</p> <ul style="list-style-type: none"> <li>• Public user interface with limited search capabilities and displays very minimal information as defined by the business</li> <li>• Serves search request over web-services upon proper authentication into the system. Registered &amp; approved users with valid login credentials can authenticate into the provider directory and initiate search requests using web-services.</li> </ul>	<p>The online registration requires provider to enter the following information:</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>To obtain access to clinical information hosted by HealthBridge the practice POC must vouch for the employee. HealthBridge will then grant the provider access. A used ID and password are required to access this information.</p> <p>To gain access to the portal where marketing oriented information on providers can be looked up requires the provide to be setup by the practice or through HealthBridge. A separate used ID and password are required to login to the portal.</p>
<b>Security</b>			
What security is used to control access by users?	Only authorized users with valid login credentials are allowed access to the provider 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.	
What audit controls are used by the Directory?	Time and data stamps what field was changed and by whom	Time and data stamps what field was changed and by whom	All changes to the physician directory are auditable and can be traced to the individual who made the change.