

# Affinity Groups

Provider Directory and Identity Management

Policy and Governance Discussion Topics

October 19, 2015

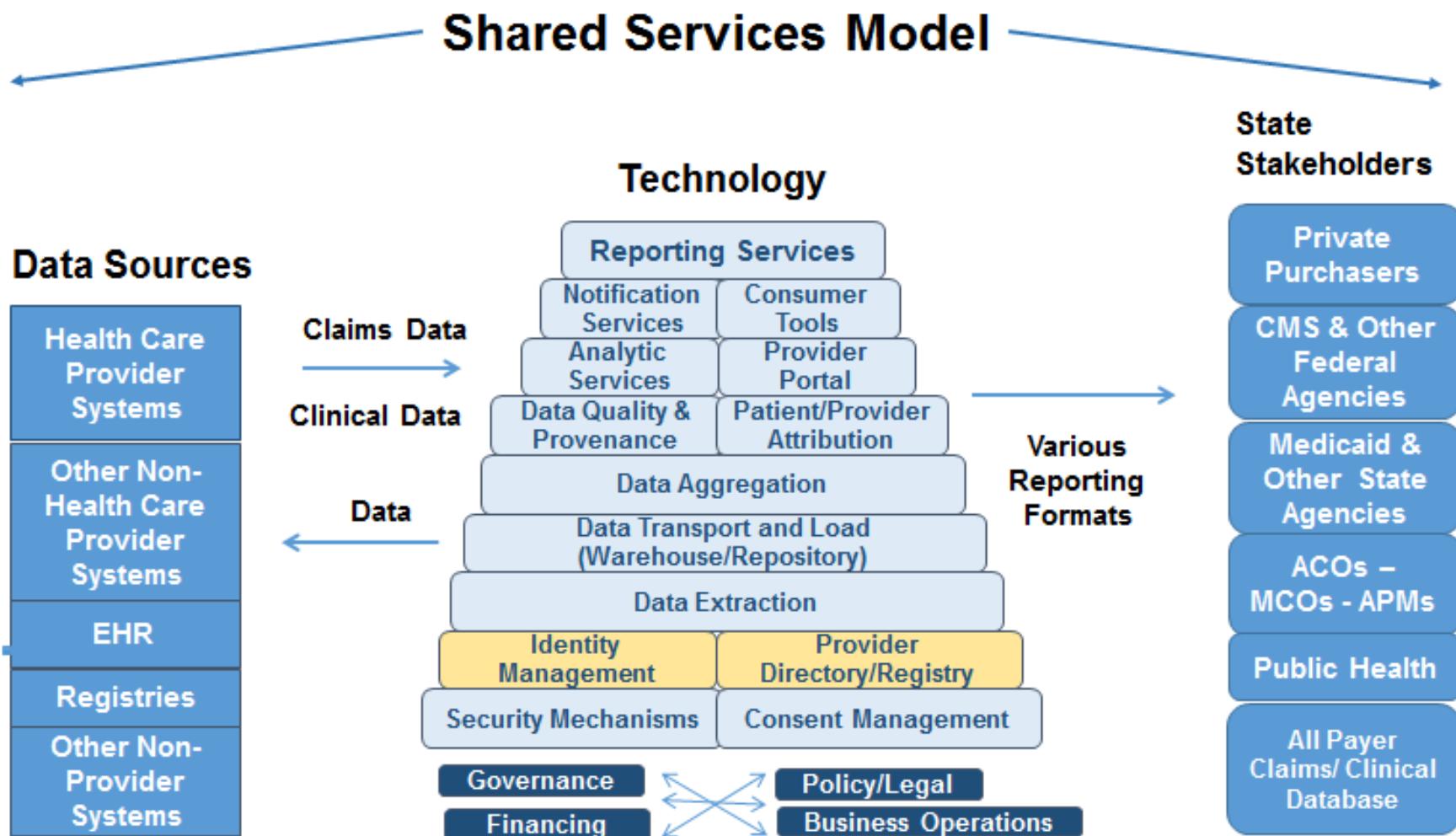
# Agenda

- Introductions and rollcall
- Setting the stage: Policy and Governance topic scope for this call
- Group discussion
  - Leadoff comments from Oklahoma, Oregon, and New York
  - Round table discussion – make sure each state has an opportunity to ask questions, identify issues, or make comments
  - Western States Consortium – lessons learned (John)
  - Policy considerations for federated directories (Terry)
- Closing comments for these affinity groups
- Reminders and survey request

# ONC Resource Center Reminder

- Affinity Group calls are starting points for introducing and exploring Health IT topics
- Individual state TA is always available to help with your individual state issues and concerns
  - Just open a TASC request to get things started
- A TA request can include having a deeper discussion with a group of stakeholders in your state

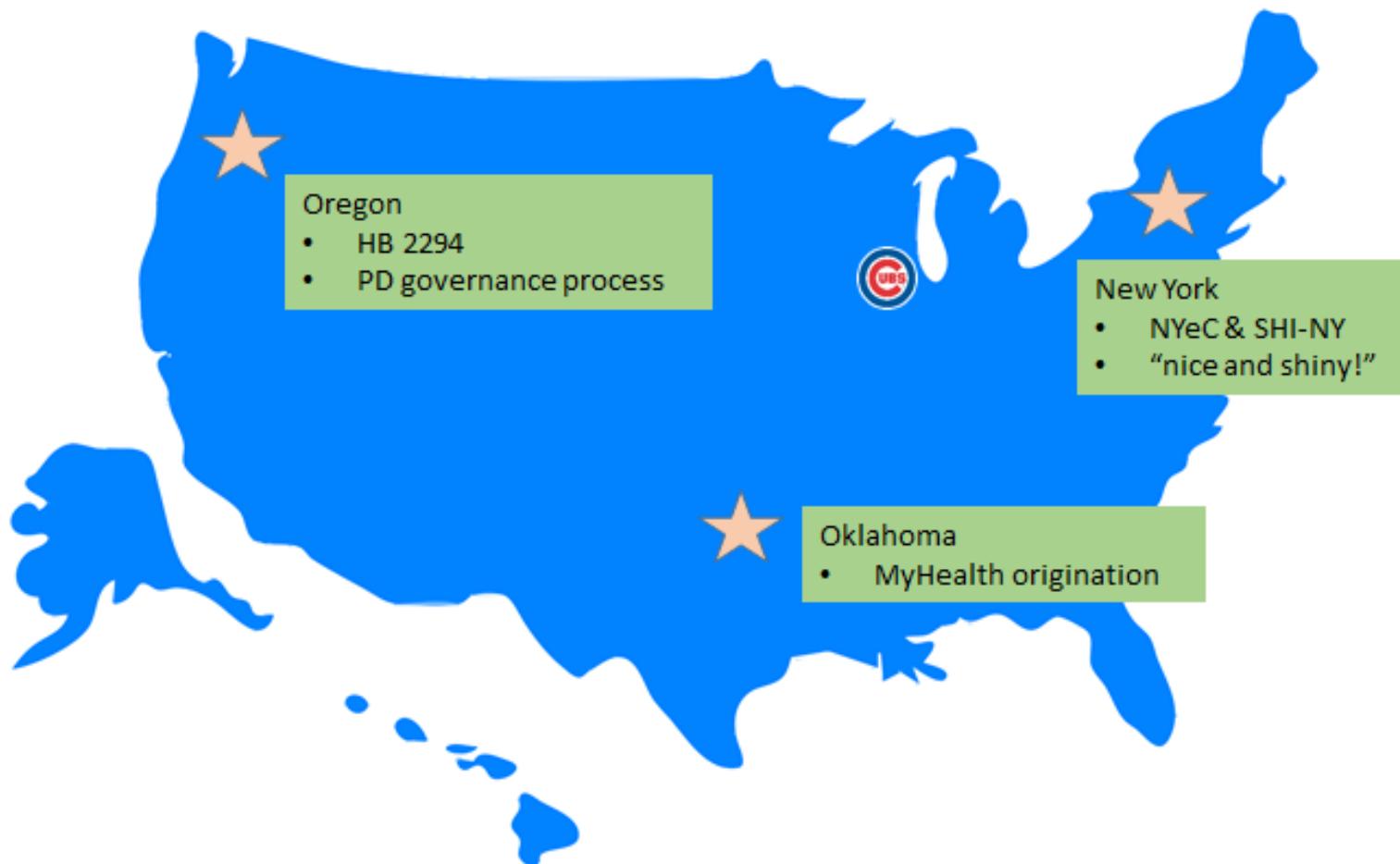
# The Shared Services Stack



# Policy and Governance

- Many levels of governance
  - Organizational; SIM grant; **initiative or project level**; information technology
  - Our context: Provider Directory and Identity Management initiatives
  - Decision making and project control – stakeholder participation and shaping the initiative
- Many levels of policy
  - Policy levers to establish authority or ensure outcomes
  - Policy for rules of engagement – participation, data management, operations, security.

# Governance and Policy Tales from Three States



# Governance and Policy

- Oklahoma: Dr. David Kendrick, CEO of MyHealth Access Network, tells the story of the formation of MyHealth and some of the governance issues that had to be resolved. MyHealth manages identities and has provider information;
- Oregon: (Rachel Ostroy and Karen Hale) discuss policy implications of HB2294, and current stakeholder and governance work on a Provider Directory project;
- New York: Christie Allen and Jim Kirkwood describe the formation of SHI-NY

# Round Table Discussion

- Governance and Policy issues or concerns
- Questions
- Comments and discussion
- Western States Consortium – Lessons Learned
- Policy Considerations for federated directories

# Western States Consortium

- Governance establishes a reliable mechanism so that two parties wishing to exchange data can trust that their exchange partner has satisfied a certain set of obligations. When the exchange is between two independent entities operating in similar environments (for example, where both are required to comply with the same set of regulations) governance is generally simplified. Many such relationships exist today and are typically satisfied by mutual trust between the two parties, which may be codified in a contract. For cases where it is desirable for multiple parties to be able to exchange with one another, the conditions for trusted exchange may be facilitated by multi-party agreements, or adherence to a commonly agreed upon reference authority (such as an accrediting body or industry association) or some combination of both.
- Unfortunately, most ... uses of Direct exchange have not easily extended across state boundaries in part due to variance in state law, regulation and practice, but also because HISP to HISP agreements have not been seen as scalable. The WSC was established by a group of states that sought to determine if a system of policies and procedures under a governance framework could be organized to help overcome the barriers to ubiquitous exchange.
- The framework for a governance structure began to take form with the creation of a WSC Governance Body and the development of a set of WSC Policies and Procedures linked to a memorandum of understanding (MOU), initially signed between California and Oregon.

# Western States Consortium – Governance Issues

- The WSC project also focused on the technical requirements for the federation of provider directories, as the core states strongly believed that Direct exchange between unaffiliated providers will not scale without this functionality. Standards development organizations such as IHE (Integrating the Healthcare Enterprise), state cooperatives such as the EHR | HIE Interoperability Workgroup, and the Standards and Interoperability (S&I) Framework have defined a number of the building blocks for provider directories, but no nationally recognized standard exists for querying a directory.
- A scalable federation of regional and state-level provider directories could support the automated discoverability of provider attributes and ensure that a specific Direct exchange address belongs to the intended receiver of a Direct message across HISPs
- Early discussions within the WSC contemplated the potential financial value of provider directories within a HISP, and questions were raised about the potential for HISPs to miss an opportunity to increase sustainability with the value-add service of a proprietary provider directory.
- While some of the RHIOs who are beginning to offer HISP services already have robust provider directories available to their members, newly created HISPs may build those directories as users are added by participating organizations within the HISP. Ultimately, the financial value (or avoided cost value) of access to information within the provider directory of another HISP or of multiple HISPs could not be effectively determined by participating states in the WSC in the rapidly-evolving landscape of Direct exchange. Thus the question of proprietary vs. federated provider directories was settled in favor of demonstrating federation between HISPs for the purposes of the pilot scenarios.

# Western States Consortium - Policies

To illustrate the complexity related to a distributed network of provider directories, a list of potential policies is provided below:

- Policy on Purpose of Use
- Policy on Centralized Provider Directory v. Distributed Provider Directories
- Policy on Query v. Push Model for Directory records
- Authorization Policy
- Policy on Caching
- Policy on Data Elements
- Policy on Multiple v. Single Matching Result
- Policy on Auditing
- Policy on On-boarding HISPs for Directory Services into the WSC Trust Community

# ONC: Key Considerations Related to Policies for Interoperable, Federated Provider Directories

- Forming networks of directories requires alignment of policies and scalable ways to extend those networks
- Overarching considerations:
  - Terminology (e.g., “provider directory”, “federation”)
  - Incremental Policy-Making

# Considerations for specific provider directory areas

- Electronic Service Information (ESI) Discovery
  - Collection and maintenance policies
  - Minimum dataset policies
  - Data return Policies
- Quality of Data
  - Emphasize demographics and affiliations
  - Focus on high priority and important use cases first
  - Quality agreements with data submitters
  - Minimize the presence of non-existing entities
- Permitted Purposes
  - Who can access the data and how the data can be used

# Considerations specific to Directory Networks

- Scalability (“n-squared” problem)
  - Common multi-party agreement
  - Common onboarding criteria and procedures
- Federated Relationships
  - Flow down requirements to delegates
- Directory Intermediaries
  - Policy framework should also apply to intermediaries
- Security
  - Traceability
  - Authentication

# Next Steps

- This is our last affinity group call on the topics of Provider Directory and Identity Management
  - Individual state guidance and help is available through the TASC, including arranging state-state conversations and meeting with an expanded in-state group of stakeholders
  - We will send a link to an evaluation survey
- A new Learning Event kicks off on Tuesday October 27
  - Topic is eCQMs
  - Look for the announcement and invitation
- Send additional comments and questions on Governance and Policy to:
  - John Rancourt [john.rancourt@hhs.gov](mailto:john.rancourt@hhs.gov)
  - Justin Cross [Justin.cross@hhs.gov](mailto:Justin.cross@hhs.gov)
  - Terry Bequette [terry.bequette@hhs.gov](mailto:terry.bequette@hhs.gov)