# Healthcare Provider Directory User Stories

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## Topline Story

There is an emerging need to consolidate Provider information across CRISP’s area of coverage. The challenge we anticipate is managing the same piece of information arriving from separate sources, which has the potential to introduce formatting discrepancies or data entry errors. Adding to the complexity, the various data feeds oftentimes do not send the same bits of identifying information. The sum of these permutations makes it difficult to associate multiple Provider records from varying sources without some systematic or manual intervention.

CRISP currently provides a [Provider Search](https://providersearch.crisphealth.org/) service for the Maryland Health Benefits Exchange (MHBE). Optum’s Provider360 Data Extract service supplies the data for this service, but does not go far as to create a golden record. The Healthcare Provider Directory will consume the Provider Search data as an input, and will replace Provider360 as the Provider Search data aggregation. We may discontinue the front-end interface to access this data.

The core purposes of CRISP’s Healthcare Provider Directory are to:

1. **First** – Assist Clinicians and Care Managers who are attempting to coordinate care for a particular patient.
2. **Second** – Facilitate internal CRISP processes to promote and support our services to the provider community.

## User Stories

Our first increment of the Healthcare Provider Directory necessitates creating a repository of all healthcare providers in CRISP’s covered network. Value of this directory will be realized when we can integrate with existing CRISP services and extend the system to accomplish the user stories listed below, in order of priority. Please note: Actors and data flow are listed as they are known today. This landscape is rapidly evolving and may require revision throughout the implementation.

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| **A** | **Identifying the Provider w/ Contact Information** |
| A.1 | I am a **Clinician** in the hospital emergency department. When deciding how to treat my patient, I sometimes want to contact her Primary Care Provider (PCP), her care manager, or a specialist who recently treated her. |
|  | * My patient may not be certain about her PCP’s name or contact information. * Contact information will both help me confirm that we have the right provider, and it will help me contact the office. * Secure text information, or other “private” contact information is sometimes a big help, as compared to the general office number. |
|  | To find that information I **(*Clinician*)** will use the Clinical Query Portal to lookup the patient, opening the Patient Care Overview tab.  The Clinical Query Portal, in concert with the ENS platform, shall determine the attributed PCP(s), Care Manager(s) and specialists for this patient.  Once the core data is obtained, the Clinical Query Portal shall contact the Healthcare Provider Directory to obtain additional demographic information about the provider. |
| A.2 | I am a **Population Health Manager** in a care management program. I identify patients who could potentially benefit from care management, and I would like to identify their PCP(s) so we can coordinate care. I may also try to enroll the PCP into my care redesign program. |
|  | * Contact information will help me confirm that the listed provider is the same as I assume. * Sometimes I contact the practice or the individual provider for my enrolled patient. * Sometimes I also contact an ambulatory specialist who is caring for my patient. |
|  | To find that information I **(*Population Health Manager*)** will use a Care Management System, Clinical Query Portal, or Tableau to lookup the patient.  The system, in concert with the ENS platform, shall determine the attributed PCP(s), Care Manager(s) and specialists.  Once the core data is obtained, the system shall contact the Healthcare Provider Directory to obtain additional demographic information about the provider. |

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| **B** | **Provider Information in CRS** |
| B.1 | I am a **Population Health Manager** in a care management program. I identify patients who could potentially benefit from care management and then enroll their PCPs into my care redesign program. I would like to determine which PCPs have most of my patients. |
|  | * To run reports that aggregate provider information, I must match provider names associated with each patient. The data I receive today does not make matching easy to do. * Sometimes I am able to obtain this information from Medicare claims data. |
|  | The Extract, transform, load (ETL) procedures that pull data from various sources to generate reports (via Tableau or CRISP Static Reports) will access the Healthcare Provider Directory through API’s or direct database calls. The Healthcare Provider Directory will provide the unique CRISP ID and demographics for any provider. |

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| **C** | **CRISP User Registration** |
| C.1 | As the **CRISP Operations Staff**, I would like to lookup a Provider during registration, so that I can verify his or her credentials. |
|  | * During the registration process, I must ensure applicants have valid licensure and other credentials, as appropriate * I would like to access this information in a single, location |
|  | When a Provider applies for CRISP access, Salesforce will search the Healthcare Provider Directory for the registering Provider. The directory will return the Provider’s name and credentials. |

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| **D** | **CRISP User Support** |
| D.1 | As the **CRISP Operations Staff**, I would like to lookup a Provider’s contact information and contact preferences, so I have the best chance of getting in touch. |
|  | * During the registration process, or as questions arise, I need to contact the Provider * I would like to access up-to-date contact information, so that I do not waste time reaching out to invalid phone numbers or email addresses * I would like to access the Provider’s contact preferences, so that I have the best chance of reaching, and not interrupting, the provider |
|  | When I (***CRISP Operations Staff member***) contact a Provider, I will look up his or her record in Salesforce. Salesforce will search the Healthcare Provider Directory for the Provider and return contact information and preferences. |

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| **E** | **Contact According to Preference** |
| E.1 | I am a **Clinician** in an ambulatory practice. When one of my patients goes to the hospital, I am willing to be contacted by peer clinicians outside of office hours/procedures, but only in situations where I can be of immediate help to my patients. |
|  | * I am especially willing to be contacted on behalf of patients for whom I have assumed a care management responsibility, through an Accountable Care Organization (ACO) or similar program. * For some patients, I am willing to provide the hospital staff with my mobile phone information, but I do not want to receive routine requests for every patient. |
|  | I **(*Clinician*)** have preferences stored in the Healthcare Provider Directory. Preferences include information such as normal working hours, contact information, and contact by patient type (for example, permitting contact via Pager for “High Needs” patients). Providers will see this information on the Patient Care Overview tab of the Clinical Query Portal for relevant patients. |
| E.2 | I am a **Specialist** who performs surgical procedures. When one of my patients goes to the hospital after I have provided services, I would like to be contacted immediately by peer clinicians, in situations where I can be of immediate help to my patients. |
|  | * I do not want to be contacted regarding patients I have not seen recently. * I do not want my private contact information being broadly distributed. |
|  | I **(*Clinician*)** have preferences stored in the Healthcare Provider Directory. Preferences include information such as normal working hours and contact information. Router would be responsible for filtering the information to only include patients I have seen recently. Providers will see this information on the Patient Care Overview tab of the Clinical Query Portal for relevant patients. |

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| **F** | **Update Information (Demographics, Contact Info, and Contact Preferences)** |
| F.1 | As a **Provider**, I would like to update demographics in a way that is reflected in CRISP systems, so that I can be properly contacted based upon my personal preferences. |
|  | * I am the most accurate source of my own information |
|  | To maintain accurate demographic and contact information, I ***(Provider)*** will log into the Healthcare Provider Directory. This updated information will be available in CRISP systems leveraging the provider directory, such as the Clinical Query Portal. |
| F.2 | As a **Provider**, I would like to update demographics in a way that is reflected in state systems (e.g. licensure boards), so that I do not need to repeatedly provide the same information.  *This use case will be addressed in a future version.* |
|  | State licensure boards can leverage the Healthcare Provider Directory when renewing or establishing licensure |
|  | To maintain accurate demographic information, I ***(Provider)*** will log into the Healthcare Provider Directory. This updated information will be available to state systems that have integrated with the directory. |

## Reporting/Instrumentation

Certain metrics and information regarding the Healthcare Provider Directory must be collected to better understand the performance of the system and the business processes it supports. The most important of these include:

1. The number of times the Healthcare Provider Directory information is referenced, by setting/user
2. The number of providers listed
3. Statistics about how fresh or stale is the information in the Healthcare Provider Directory
4. Latency of delivering data through the Healthcare Provider Directory
5. Statistics about how accurate or reliable is the information in the Healthcare Provider Directory
   1. False Positives (matched when should not have)
   2. False Negatives (did not match when should have)
   3. Assumed Matches
   4. Successful merges between 2 sources
   5. Field data quality, by source, excluding generic values
   6. Singletons (records not linked to any other record)