Improving the Quality of Provider Profile Data

Shari Austin
Manager, Identity and Access Management

Allen Hsiao, MD
Chief Medical Information Officer
Yale New Haven Health System

- 2,130 Beds
- > 100,000 Inpatient DCs
- 1.4 Million Outpt Visits
- 289,000 ED Visits
Yale New Haven Health System

• 18,345 Employees
• 1200 Residents & Fellows
• ~7000 Medical Staff
• >40,000 Referring Physicians
Problem

- Large number of providers to account for
- Accurate provider information critical for patient care and ancillary/supporting applications

**Objective:** Create a verified database of YNHHS credentialed and referring provider information from the northeast and past referring providers from throughout the country that is continuously updated by our organization.

**Scope:** 7,000 EMR users + 40,000 referring physicians
Our Challenges

➢ Credentialed provider information was not up to date and lacking

➢ Call volume for provider updates was considerable

➢ Manual process to look up phone numbers and other contact information

➢ No tracking mechanism in our manual process to determine when updates were verified or locking ability to keep users from overwriting verified data

➢ Many misdirected faxes
  ➢ due to incorrect fax numbers caused a major privacy issue
Our Challenges (continued)

- Perception: EMR has all necessary and completely accurate, provider information

- Reality: Not all needed provider information is available in EMR
  - ex: home phone numbers, academic departments and areas of practice

- Some external departments (e.g. Radiology, Lab, Call Center) have own local and referring provider records and databases

- Previously sponsored projects to share and clean up the data unsuccessful
  - Information changed daily, lacking work-flow tools for departments to view, update or QA the data

- Profiles in credentialing, EMR and other core systems are locked down and don’t allow distributed departments to help curate data
Key Areas Collecting Provider Information

- Radiology (Veriphy)
- Lab (Soft)
- Credentialing (Morissey)
- Physician Liaison Services/Call Center (paper)
- HIM (Access DB)
- IT (EMR)
- Strategic Planning
- Reporting (SAP, Tableau)
At YNHH, We Look For Solutions

- Develop a centralized database?
- Interface systems?
- Look for external solutions?
We Opted for a Centralized Solution

Centralized Database

- Credentialing
- Epic
- Reporting
- Other Systems
We Partnered with a Cloud-based Solutions Provider

We partnered with Phynd, an Active Provider Data (APD) Platform that syncs with all hospital systems delivering a unified view of the critical operational fields from each of these systems into a single profile that is accessible to all end-users in a health system.

With three core goals:

- Owning Better Provider Data (with NPI, State, and DEA information that is updated regularly)
- Ability to have external departments update contact provider information via a simple to use web page
- Improve the synchronization of provider information
PHYND UPP Admin View

- Provider Info
- Verified Status
- Source Identification
- Contact Preferences and after hours strategy
- Custom Fields
- Custom Field View
- No limit of Addresses
- Affiliated Health Systems
PHYND Profile Management

Department Settings

Trusted Source Settings
Phynd at Yale New Haven Health

PHYND Platform

External Info: NPI, State, DEA

Self Service & Search tools for Providers - Web & Mobile

Provider Tools

Add-On: PHYND Verification Service

Data Mapper

Permissioned update, dashboard and QA work-flow tools for hospital departments

Departmental Tools

Local applications:
- Credentialing
- EMR
- Radiology
- Scheduling
- Billing
- Data Warehouse – Helix
- Amcom – Big Iron
- Messaging - Veriphy

Real-Time

External Info:
- NPI
- State
- DEA

Add-On:
- PHYND Verification Service
Solutions

- Selected the Phynd platform to build the provider profiles and create a “contact” directory.

- Mapped the data for all sources of information and created a set of rules that we wanted the data to follow. SER and Credentialing was our first priority.

- Implemented an interface between Phynd and EMR to run every 5 minutes to provide information near real time as well as a delta file extract daily from Credentialing.

- Began verifying referring physicians through the Phynd Verify Service.
Solutions (continued)

- Provided Phynd Manager access to our “trusted sources” from external departments to update and verify data.

- Developing report from Phynd to Credentialing office (Morissey) as well as feed from Phynd to phone system (Amcom) and phone system to Phynd to provide timely updates to both systems.

- Using Phynd platform to create configurable work queues:
  - Efficient curation of unverified profiles, profile changes, and priorities.
  - Privileges based on access permissions with audit trails: who made the change, when it was made, previous value, and comments.
Lessons Learned

- Initially SER was our centralized database, but it had inaccurate data. We learned our “trusted sources” such as Radiology and Labs had the accurate contact data so they became Phynd Managers and updated the data directly.

- Initially we interfaced Phynd into EMR Production which turned out to be a bad design - Changed interface to Epic POC

- We also manually created External IDs for all addresses created outside of Phynd, ie, provider on the fly. This was time consuming so was changed to a Cache routine that searched POC for blank external addresses and generated new, unique addresses once a day

- Direct address was a new concept we learned during the project. Our design was changed to work with SureScripts, our HISP, so verified referral addresses were not overwritten and direct addresses were added and maintained
Data Courier Processes for Phynd and Provider-on-the-Fly Data

- **SureScripts**
- **Epic Backfill**
- **Global Holding Tank**
- **PRD**
- **TST**
- **POC**

**Phynd** sends contact updates to **PRD** via IPG group in **Data Courier** via interface.

Cache routine to assign External IDs which are blank in **POC**.
Summary

Problem:
- Very large number (~47,000) of providers to account for
- Provider information accuracy critical but difficult and fragmented

Solution:
- Phynd platform to build the provider profiles and create a centralized provider database or “contact” directory
- Developed data interfaces/feeds, enabled trusted sources and verification services to update the provider profiles

**Having a centralized provider profile management tool has improved how we manage data for clinical communication, billing, ePrescribing, referrals & reporting.**
Questions?