# 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





YALE-NEW HAVEN
HOSPITAL
York Street Campus

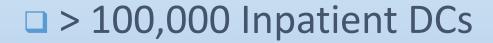






MEDICAL GROUP





YALE NEW HAVEN HEALTH

- 1.4 Million Outpt Visits
- 289,000 ED Visits







Yale school of medicine





### 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)



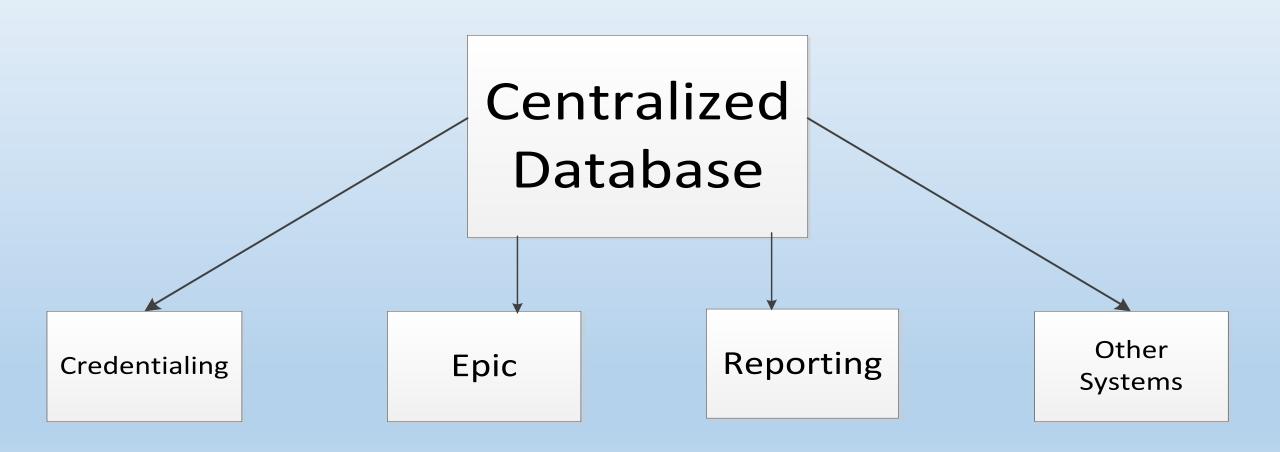
### At YNHH, We Look For Solutions

➤ Develop a centralized database?

- ➤Interface systems?
- >Look for external solutions?



### We Opted for a Centralized Solution





### We Partnered with a Cloud-based Solutions Provider

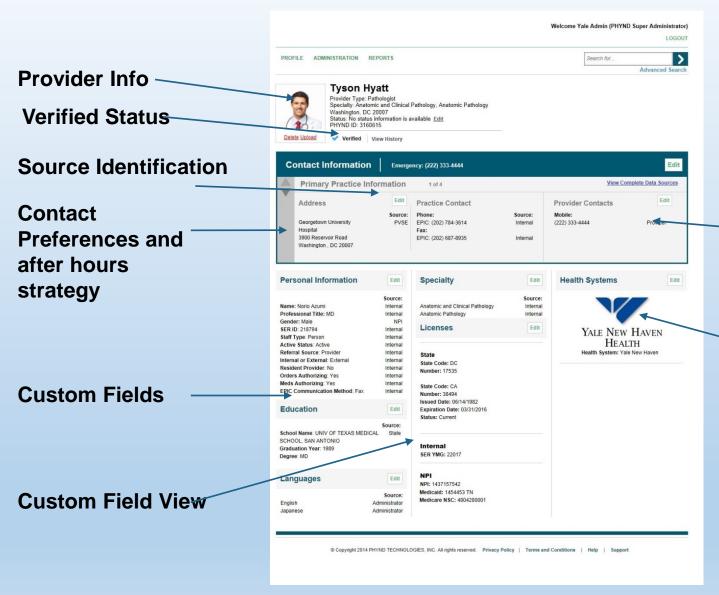
We partnered with Phynd, an Active Provider Data (APD) Platform that syncs with all hospital systems delivering a unified view of the critical operational fields from each of these systems into a single profile that is accessible to all end-users in a health system.

#### 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**



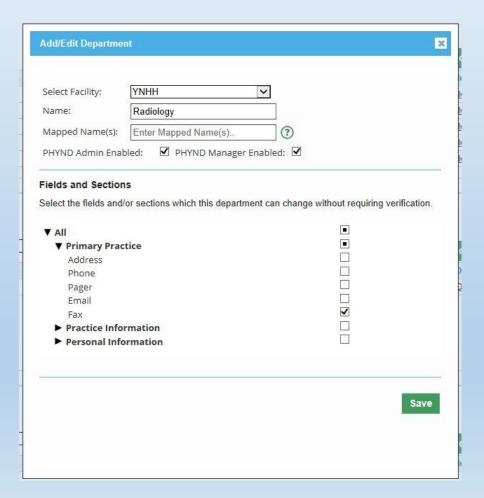
No limit of Addresses

Affiliated Health Systems



### PHYND Profile Management

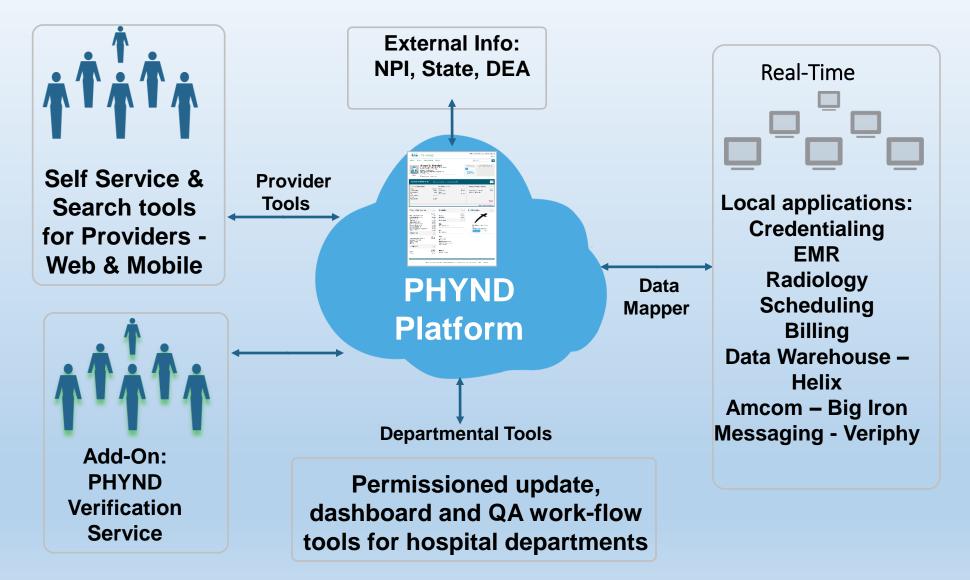
#### **Department Settings**

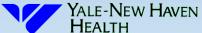


#### **Trusted Source Settings**

**************************************					
A PA and PM role ca	n edit a profile if the followin		et		
Affiliation Status:	1 selected	Ť			
Profile Status:	1 selected	•			
Editable Profile Fiel	ds				
Select the fields which	h this role can view and/or e	edit.			
Fields and Section	s		View	Edit	
▼ All			<b>V</b>		
Contact Preferences			<b>V</b>	H	
► Primary Practice			<b>&gt;</b>	H	
▶ Practice Information			20700		
► Provider Con			<b>V</b>	H	
► Personal Info	rmation		<b>~</b>	H	
Education			~	H	
Languages			<b>V</b>	Н	
Specialty  Licenses			~	Ħ	
Health System	m.c		~		
			~		
Contract Date	a		<b>✓</b>		
					Save
				18	

### Phynd at Yale New Haven Health





### 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



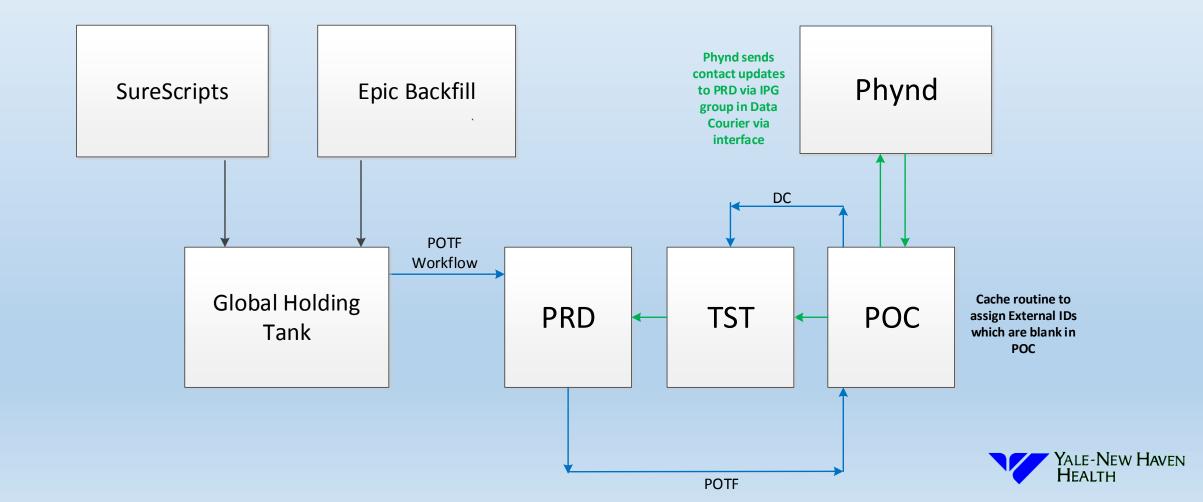
### **Lessons Learned**

- 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



### Final Design

## Data Courier Processes for Phynd and Provider-on-the-Fly Data



### 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?

