Value Proposition: Provider Directory

A Provider Directory is a maintained electronic database of information about health care providers. The term provider directory can mean many different things to people, and varying levels of detail about providers and organizations can be included in a directory, including but not limited to: provider's full name, physical location of practice site(s), secure messaging information, credentials, offered services, hours of operation, languages, specialties, patient attribution to the provider, and provider attribution to a clinic, health system, health plan and payer. Provider Directories should manage the provider information at the organization level and individual provider level. Provider Directories are intended to gather provider information from authorized local, regional, state and national sources, as stewards of the most accurate and current data. Additional data sources in an integrated architecture could expand the scope to a multi-use Provider Directory supporting additional use cases. When planning for a basic provider directory architecture, future more complex needs for directory services should be considered, to ensure the architecture is extensible.

Stakeholder	Summary of Value Proposition or Potential Use
Health Care Policy and Financing (Medicaid, RCCOs)	• Enhances care coordination and HIE Network usage. • Improves the quality and completeness of data, collaboration, and reducing associated costs (e.g., connecting patient information between the HIEs, APCD, and Medicaid Enterprise Systems).
Department of Public Health and Environment	• Analyzes health workforce access, workforce shortage, planning, and analysis. • Population health measurement.
Other government agencies	• Can be expanded health professional data indexes, (e.g., health care, human services case workers) to identify care coordinator resources, case managers, and other public service professionals providing health-related services to an individual.
Health Information Exchanges	• Improves data quality and reliability of provider information to support care coordination across providers, organization and provider look up and accurate routing for event notification, transitions of care.
Providers	• Supports the appropriate routing of secure messaging, transitions of care, and notifications/alerts. • Increases a provider's ability to engage in care coordination activities. • Helps to streamline referral workflows, including the ability to refer to social service agencies or community-based organizations. • Increases accurate provider information that is visible to other providers, individuals and payers in a defined area, including the provider's attributions, credentials, and offered services.

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	• Supports quality reporting and new payment models. • Attribution enabling providers to declare active care memberships with patients and attributes a patient the active members of their care team.
Consumer	• Improves access to up-to-date provider information including whether provider is accepting new patients, languages spoken, specialties, etc. • Improves patient safety by ensuring that a provider can efficiently and effectively coordinate their care and issue referrals, as well as facilitating providers' use of notifications and alerts. • Increases the available pool of providers, facilities, and organizations to whom an individual can be referred efficiently.
Payers	• Support care coordination activities and quality measurement for reimbursement. • Improves efficiency in contracting and payment processes. • Supports member services with up-to-date provider information. • Increases information about providers serving a particular area for analysis of where shortages may be occurring. • Allows visibility into the attribution of providers for analysis, payment and management/oversight.
SIM Grant	• Ability to track progress toward quality based payments and outcomes. • Accurate cross-payer analysis. • Reliable patient attribution.
Policy/Research	• Allows for accuracy in cross-payer analysis, management and regulatory oversight. • Improves cross-agency coordination and accuracy, while reducing data reporting errors.