

## Maintenance of Provider Database Dictionary (Provider Directory) Policy

The Provider Database Dictionary contains up-to-date Direct Secure Messaging addresses. The term Provider Database Dictionary is all encompassing and includes the provider directory. The provider directory serves as an organization's distribution center for Direct Secure Messaging addresses generated internally to external audiences. The provider directory may also hold Direct Secure Messaging addresses imported from external sources.

DirectTrust, a national standards setting body for Direct Secure Messaging supports aggregation services, a process that collects updates from EHRs and HISPs to produce a single file for contributors to download.

### **Policy:**

Clinical information should be provided to clinical care providers in a timely and efficient manner without requiring human intervention (i.e. manual) whenever possible. There are many methods for clinicians to access information across platforms, this policy addresses sending data via Direct Secure Messaging. Direct Secure Messaging allows for sending and receiving data electronically safely and securely across EHR and other technology platforms. Direct Secure Messaging is an encrypted communication technology that is available to the broadest healthcare delivery audience and is available to organizations large and small.

### **Background Information:**

Data integrity within the provider database dictionary supports this policy by including the provider's Direct Secure Messaging address(es) and effective maintenance and knowledge management of the provider database dictionary.

Providers may have multiple addresses where they provide clinical care and utilize Direct Secure Messaging. All addresses should be included in the provider database dictionary. Users should be able to discern the correct address based on physical address of the location where the providers deliver services.

There are EHR vendors who maintain the provider database dictionary for their provider organizations. Typically, there is a point person within the information technology department that supports this relationship. Validation with this individual or your vendor partner services provided, processes and timelines for updating and distributing information allow sites to effectively manage their internal processes.

### **General Guidance:**

The following guidance is provided to support data integrity regardless of the EHR or HISP vendor.

- Organizations should develop processes to update the provider database dictionary immediately upon changes in provider relationship such as on-boarding or leaving. This will help to eliminate Direct Secure Messages being sent to the wrong location, allow clinical communication to occur in a timely manner and support optimal care delivery.

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- Organizations should share their provider database dictionary at least monthly if there are any changes with their provider population.
- The provider database dictionary should be updated with an upload from external sources such as other organizations or supporting HISPs at least monthly.

### Provider Database Dictionary Data Elements:

Data should be complete, accurate, timely and include the following at minimum:

- Providers legal name as documented on medical license
- Physical Address – US Postal Service format (Project US@)
- NPI #
- Phone #
- Direct Secure Messaging address(es) if known
- There may be multiple Direct Secure Messaging addresses associated with a provider but the physical address and unique identifier should be tied to the Direct Secure Messaging address to distinguish.

An additional data element that provides value is:

- Providers specialty with identification using NUCC Taxonomy Code that matches their specialty

***To ensure the provider's information appears correctly in the record and to be a good neighbor in the community, make sure to format provider information in your records consistently.***

### Provider Database Dictionary Formatting Recommendations:

While it takes some work to do this formatting or to clean up existing formatting, you'll see that time back in reduced efforts to remove duplicate records and saved time in searching for providers.

When entering provider information in the provider database dictionary, consider these guidelines:

- Use discrete fields for information rather than entering multiple pieces of information in a single field (e.g. first name, middle name, last name instead of name)
- Use guidelines from Project US@ - United States Postal Service (for organizations in the United States).

The following table describes the recommended formatting for various items in provider database dictionary. The items are crucial to aide in duplicate matching for providers and addresses so that they're synchronized and maintained appropriately. The recommended items are beneficial for provider identification and aesthetic reasons.

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Item	Guidance	Explanation / Examples
Name – Include the name documented on the medical license. This will allow you to compare against NPPES, national provider database.	<p>Maintaining the highest quality and integrity begins with collection of the complete legal name.</p> <p>Avoid extra punctuation or spaces.</p>	<p>Harvey Davis Garcia-Rodriguez</p> <p>Charles Wayne Miller</p> <p>Elizabeth Susan Whitley</p> <p>For example: Jr. should be Jr</p> <p>K. G. should be K G (first name / middle name) – include a space instead of period.</p> <p>Don't: K G as a single name</p>
Middle name or initial	Include middle name or Initial	This extra information provides the additional data to increase probability of matching.
Credentials	Do not put the provider's degree with the name if at all possible, use discrete fields instead. This is both for display purposes, prevent creation of duplicate records because of name mismatches and to facilitate synchronizing with external provider database dictionaries.	<p>MD</p> <p>DO</p> <p>RN</p> <p>DDS</p> <p>FNP-C</p>
NPI	Enter NPI for each provider record. NPI can be found on NPPES Registry. This is a 10-digit number.	<p>Allows unique identification of the provider.</p> <p>9999999999</p>
Address	Follow Project US@, US Postal Service Format. Use abbreviations as	<p>123 MAIN ST</p> <p>Anywhere, IL 11111</p>

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	<p>recommended by the US Postal Service; such as AVE, ST or STE instead of Avenue, Street or Suite.</p> <p>Avoid extra punctuation, for example the period in STE. or ST.</p>	
Multiple Addresses	<p>Follow Project US@, US Postal Service format. Don't create duplicate provider records for multiple addresses. Associate the multiple addresses with the provider.</p>	<b>One provider, One Record with multiple addresses.</b>
Clinic Name	<p>Enter the Clinic Name in a discrete field. Do not put on the first line of the address.</p>	ABC Internal Medicine
Telephone number	<p>Follow the North American Numbering Plan format. Area code in parentheses followed by a nonbreaking space, and then hyphenate the three-digit exchange code with the four-digit number.</p>	<p>Contact phone number for the provider</p> <p>(800) 555-0100</p>
Specialty	<p>Don't put the provider's specialty in the address information. Record this information separately.</p>	Family Medicine
Specialty taxonomy code	<p>Follow National Uniform Claim Committee, Healthcare Provider Taxonomy Code Set</p>	207Q00000X

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### Process for External Provider Database Dictionary load:

1. Check new dates since last load within your EHR.
2. Download directories with newer dates since your last load from EHR or HISP depending on your EHR functionality.
3. Consider sequencing of downloading of directories to allow your organization to achieve positive results earlier for example: start with organizations in your region, expand to statewide, then bordering states and finally nationally.
4. Compare the new provider database dictionary files downloaded against current provider data. Ask a trusted department to review the updates; i.e. new address, additional address information, or format for a provider or entirely new provider. The Health Information Management department or Physician Relations are examples of departments that would have the expertise to provide this service.
5. The trusted department compares current provider database dictionary and makes recommendations on which Direct Secure Messaging addresses or providers to include in the provider database dictionary.
6. Upload the changes into the data base.

**As a good partner, if you find errors – you should reach out to the source and supply the correct information.**

### Resources:

Sourced from the THSA, Increased Adoption of Direct Messaging Addresses Work Group – Draft policy shared and received feedback from the following: Cerner, DirectTrust, Epic, Office Practicum, SureScripts, & Secure Exchange.

AHIMA Patient Naming Policy

[326\\_21\\_namingpolicywhitepaper\\_final.pdf \(ahima.org\)](#)

Project US@ ONC Technical Specifications and AHIMA Companion Guide Project US@

[Project US@ - ONC Tech Lab Standards Coordination - Confluence \(healthit.gov\)](#)

[NANPA : North American Numbering Plan Administrator \(nationalnanpa.com\)](#)

[NPPES NPI Registry \(hhs.gov\)](#)

[Home » DirectTrust](#)

[National Uniform Claim Committee - CSV \(nucc.org\)](#)