Credentialing Resource Center Journal

Profile: The 2018 CRC Symposium Case Study Competition winners

Creating a ‘golden record’ of provider data

Seattle-based Providence St. Joseph Health System leveraged provider master data management strategy to integrate medical staff and credentialing data for more than 50 hospitals and hundreds of ambulatory clinics across multiple states

*Editor’s note: This profile is part of the special 2018 CRC contest coverage, a collaboration between **Credentialing Resource Center Journal**, **Medical Staff Briefing**, and **Credentialing Resource Center Daily**. Check back in throughout Winners’ Week to learn more about this year’s CRC Achievement Awards and CRC Symposium Case Study Competition winners.*

case study winners.png



The third largest health system in the United States, Providence St. Joseph Health System struggled with an issue common among health systems: how to bring together disparate data and develop one source of truth for provider data.

“We found ourselves in a situation where we were trying to solve for various different data issues. The two big issues relevant to providers were how do we manage data for current providers and how do we manage data across the organization for all of the different providers that span the many medical staff offices, payer enrollment, payer credentialing, etc.,” explains **Brigitte R. Workman, BA,** senior consultant, master data management for Providence St. Joseph.

One common solution is for health systems to encourage all medical staff services and credentialing teams to switch to the same credentialing software. However, leaders from Providence St. Joseph realized that doing so would cost time and money, and it might not produce the breadth of results they wanted. According to Workman, having a source of truth that is based off of credentialing applications is short-sighted.

“It is short sighted in the sense that you are not able to capture all of the other data you might need to develop a true source of truth. You want to also include employment information, EHR data, and common reference values for providers. You also want to provide your organization with clear data about providers who participate in other types of programs such as additional networks, health plans, or providers who have certain roles that they participate in,” says Workman. “Those are things that are not commonly held in credentialing applications. They are things that if you ask a credentialing team to manage they will decline because it is more work on their plate.”

At the 2018 Credentialing Resource Center (CRC) Symposium, Workman and her colleague, **Suman Nooney, BE,** senior quality and performance engineer in the IS Quality and Testing Group at Providence St. Joseph in Renton, Washington, shared with the audience how the health system instead used master data management (MDM) to provide its source of truth.

Workman and Nooney, along with **Rachel Chen,** senior data architect at Providence St. Joseph in Seattle, won the 2018 CRC Symposium Case Study Competition because their work has been able to open doors to digital innovations, business partnerships, and marketable products otherwise not feasible.

Implementing MDM throughout the 7-state health system has connected the system’s 50-plus acute care hospitals

1,000-plus clinics, and 25,000-plus practitioners while eliminating the need for them to use the same credentialing software/applications, while providing clear data for other services like web directories, identity and access management services, and CRMs.

“It's alleviated the demands for reporting from the medical staff offices, payer enrollment teams, and more. Because the data is widely available to the organization via self-service platforms, systemwide projects can readily obtain values needed in a matter of seconds. Using Provider Master Data Artificial Intelligence can rapidly identify and serve up analytics previously inaccessible,” says Workman.

There are more than 200 data fields available to provide information about a practitioner. Some of the data fields include:

- Practice affiliations
- Languages spoken
- Ages seen
- Employment relationships
- Primary locations
- Participation in charity care
- For hospitalists: employed or contracted?
- For primary care physicians: employed or independent?

According to Workman and Chen, working with the appropriate stakeholders to implement this project was key.

“From a technical perspective, it was helpful to have subject matter experts deep in the data. When you are building a technical solution, you can go at it somewhat blind and develop a standard solution, but having the in-depth knowledge of the data makes it easier to hone in and pare down to the most important aspects and ultimately move faster,” says Chen.

“From a business perspective, we definitely needed the partnership with the right stakeholders, and certainly the subject matter experts needed to be identified. We could have implemented the solution as a technical solution and done it without the support of the business minds, but it has proved to be very beneficial to have the [expert involved] to make sure we are developing the right data,” says Workman.

The two also recommend having a dedicated MDM development team instead of trying to make MDM an add-on project for staffers in other roles. “Create even a small team—folks who can help you get a solution in place—and then from there, have a core group of folks who have the different roles to develop the data. They will be able to do it more quickly, their knowledge base will grow because it is a highly specialized skill set, and you can get the product out to market faster,” says Workman.

Building the proper architecture to support MDM also requires a time investment up front, says Chen. Providence St. Joseph chose to modify existing architecture, which Chen says slowed down the project. However, now that the organization has a framework in place, it is easy to open the MDM to facilities—including those already in the Providence St. Joseph network and those who are joining it.

“If you have a new affiliation or merger that takes place, having MDM in the organization allows you to integrate the data in a matter of weeks instead of taking months to years,” says Workman. “This is because you don’t need that credentialing consolidation work to take place first.”

Now that the organization has implemented MDM, it will turn its attention to data governance across the health system. According to Chen, the MDM project started as a data governance initiative that was attempting to implement governance of all systems and values in addition to master data.

“Providence at the time didn’t have either. It was biting off quite a lot at once. We shifted our focus to hone in on master data as it would benefit the organization more,” says Chen. “In my opinion, the first stepping stone toward data governance is to have a master data solution at the ready first.”

Workman says having the data out in the organization has prompted departments to think more about data governance. “It encourages them to participate in bringing the quality of the data up, and we can move the trend for the entire organization in a direction where the records are all being maintained with a similar key performance metric.”

Over the course of half a year, provider data quality from the credentialing systems, HR systems, and EMRs at Providence St. Joseph has increased from 70% to 97%.

“That is phenomenal when you think of the data you send to web directories or the data you use when you are

looking at opportunities for physician recruitment. Leaders can rely on data that is complete and readily available," says Workman.

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