Provider Directories

Special (EX) Committee on R&I Workstream #5
July 26, 2022
2:00 – 3:30 EST
Topics

• General overview of provider directories and the associated challenges
• Collaborative work around the collection, maintenance and use of race and ethnicity data
• Inclusion of race and ethnicity information in provider directories
Current state of provider directories

1. Despite regulation, significant effort, and spend, there has been minimal improvement to provider directory accuracy.
2. Patient expectations for provider directory information are expanding.
3. Provider directories are becoming increasingly important.
4. New legislation/regulations are introducing additional complexity that the industry is trying to understand and navigate.
Common challenges and issues

**Practice Perspective**
- Inundated with multiple directory requests from plans lacking consistency
- Health plans do not apply updates that are provided
- Siloed data and responsibilities
- Financial and claims-oriented mindset when interacting with health plans

**Health Plan Perspective**
- Compliance with disparate regulations
- Updates often conflict with another source of data and require investigation
- Siloed data and responsibilities
- No authoritative source, chasing multiple sources of directory data
White paper with CAQH

1. Find common ground and recognize that practices and health plans each have a role to play in keeping directories accurate in the service of patients
2. Identify root causes for issues and recommend options to address
3. Facilitate transparency between health plans and practices
4. Strive for and promote standardization to ease administrative burden
5. Create stakeholder awareness and cultivate a different approach
6. Start moving in the right direction to resolve this issue
Collaborative work around race and ethnicity

The AAMC, ACGME, and AMA are working together to establish best practices for data sharing and standards for sociodemographic data, including race and ethnicity, sexual orientation, gender identity, language proficiency, disability, and more. These efforts will enable meaningful, collaborative research to better understand the dynamics of the physician workforce continuum.
Beginning in 1906, our AMA’s American Medical Directory, which lists all U.S. physicians, officially marked African American doctors with the "col." notation for "colored."

The AMA discontinued its policy of listing Black physicians as "col." in its American Medical Directory in 1939, after years of protest from the National Medical Association.

Data as a two-edged sword

- One edge of the sword is "no data, no problem" -- where data suppression is done by those who want to keep problems invisible and to shirk accountability.

- The other side is "bad data, big problem" -- where data "gets used badly," often to entrench injustice.

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<th>Opportunities</th>
<th>Concerns</th>
<th>Suggestions</th>
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<td>• To ensure physician networks are appropriately diverse and align with patient population</td>
<td>• Historically, designation of a physician’s race has been used as a tool to discriminate and exclude physicians</td>
<td>• Standardize race and ethnicity categories</td>
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<td>• Establish a benchmark to measure improvement in diversity of physician networks</td>
<td>• Displaying this information in provider directories could expose minoritized physicians to discrimination from patients</td>
<td>• Evaluate benefits and unintended harms for both physicians and patients over time; share evaluation findings</td>
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<td>• Help regulators hold insurers accountable for creating diverse networks that meet the needs for their enrollees</td>
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<td>• Be ready to adjust the program in real-time if necessary</td>
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<td>• Support diversification and health equity in other ways</td>
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Questions to Consider

Questions around data collection:

• Does an insurer already have this information about the network physician, or would it be new data? If already collected, how has this information been used to date?

• What data categories/classification will an insurer use to capture race and ethnicity?

• How will an insurer measure potential benefits/harms of this initiative?

Questions around physicians:

• Is there support from the NMA, NHMA, and organizations representing Asian Americans, Pacific Islanders, and Native physicians?

• How will an insurer respond to harassment or other forms of discrimination racially minoritized physicians may experience from patients?

• How will insurers track / respond to cases where patients may choose to leave or not see racially minoritized physicians because of their race?

• Are racially minoritized physicians in an insurer’s network prepared to take on additional patients who may seek them out as a result of this initiative?
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