Importance of Creating a Healthcare Provider Reference Database for Rural and Underserved Populations

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by Annie R. Baker, MPA

With the passage of the American Recovery and Reinvestment Act of 2009 (ARRA), the Health Information Technology for Economic and Clinical Health (HITECH) Act as part of the ARRA, and the Patient Protection and Affordable Care Act of 2010, as well as the definition of "meaningful use" of electronic health records as part of the ARRA, a significant amount of federal funds and attention has been given to the implementation of a Nationwide Health Information Network (NHIN).

The purpose of the NHIN is to connect providers and consumers for the timely and secure exchange of patient information. Despite this increased attention toward electronic access to health information, one area that legislation and public policy seems to have ignored is the creation of a healthcare provider reference database that would allow patients to locate providers in emergency situations or when seeking primary, specialty, and preventive care.

Recent natural disasters, such as Hurricanes Katrina and Rita and the Midwest flooding, highlight the need for a healthcare provider reference database that allows patients to access provider information when the patient's customary source of care is not readily available. Given that physician contact information is constantly changing, a national provider reference database to accompany the National Provider Identifier would ensure that this information is readily available and up-to-date. A link between the provider reference database and the National Provider Identifier will eliminate the duplicate records, misspellings, and missing addresses that often exist in current databases. The ability of the patient to access this information either online or through phone-enabled access portals will make it possible to match displaced individuals with available healthcare providers.

With the Patient Protection and Affordable Care Act and the health insurance exchange (HIE) that the act advocates, there will be a greater emphasis on prevention and timely access to care. The proposed provider reference database will make it possible for individuals who are not accustomed to accessing our nation's complicated healthcare system to identify appropriate settings to receive care. The provider reference database can interface with statewide HIEs to help providers gain additional information about newly acquired patients. This process may eliminate the need to repeat tests that have already been performed. In this proposed provider reference database, practices could indicate whether or not they have additional capacity for new patients, the type of patient mix they handle, and the type of reimbursement they would honor.

Given the health threats to our nation's population posed by natural disasters, biological agents, and pandemics, the need to amass as much information on the providers and patients in our healthcare system becomes increasingly important. The proposed database can make it possible not only to provide access to providers, but to survey the providers regarding early signs of significant threats to our safety. In the midst of a crisis, there is generally an influx of providers willing to offer assistance immediately. The database can be used to systematically notify providers so that efforts are coordinated as needed.

The importance of the health challenges we face as a nation suggest that we cannot allow ourselves to be overinvolved in political posturing. Such activities may slow or cease the progress we are making in developing a state-of-the-art HIE and promoting the widespread use of electronic health records that when coupled with a comprehensive provider reference database will go a long way toward meeting our nation's health information needs.

The Institute for Improvement of Minority Health and Health Disparities in the Delta Region, also known as the Delta Regional Institute (DRI), at the University of Mississippi Medical Center focuses on the elimination of health disparities for minority and underserved populations, a key component of the new healthcare act. The DRI has brought together a unique blend of partners representing academic health centers, institutions of higher learning, state and local health agencies, faith- and community-based organizations, and national associations to work collaboratively on projects that impact racial, ethnic, and rural communities within the Delta Region states of Alabama, Louisiana, and Mississippi.

Data show that a significant number of residents in these states live in rural areas. Rural populations tend to have more health challenges but have fewer physicians, hospitals, and other health services. Residents living in health professional shortage areas struggle to find providers in other areas, often as a result of trouble navigating the Internet or accessing other sources of information. At the DRI, we have begun to address this information gap by creating a health resource database.

Utilizing Internet sources, state medical licensure information, and state health department data, the DRI has collected provider information for physicians, dentists, pharmacists, hospitals, community and mental health centers, and ambulatory services. Designed to be a guide for patients and providers, the health resource database will be categorized by city, county, state, zip code, and category of service or specialty area. Database users will be able to enter specific information or click on a map to perform a query that will provide available services and providers in their area and eliminate the need to search multiple Web sites. The database will also be useful in identifying priority areas for future projects. Plans include upgrading the database to interface with smartphones and geospatial information systems to allow for increased communication with providers when emergencies occur. The database will be accessible from the DRI Web site at www.migmh.org.

While the health resource database created by the DRI is limited to a certain area, it provides a model for a national provider reference database. The successful implementation of a provider reference database, in conjunction with the HIEs, will allow researchers to more accurately measure the quality of care provided to and track outcomes for at-risk populations. Emerging technology has the potential to positively change the landscape of healthcare in our nation; however, it will take federal, state, and local collaboration and coordination of information to make this a reality.

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