

New York State Department of Health

## Physician Profile

Report to the New York State Legislature and Governor

# Table of Contents

---

## Executive Summary

Introduction .....	1
The Current Profile .....	2
Incorporating Network Plan Information.....	4
Functionality.....	6
Improving Reporting.....	7
Physician Workforce Research and Planning Data.....	9
Planning for the Future.....	11
Summary .....	13

## Appendix

Appendix A: Public Health Law §2995-a

Appendix B: Education Law §6524

Appendix C: New York State Physician Profile Survey

Appendix D: Stakeholders Consulted in Drafting of Report

Appendix E: SED Registration Renewal Application Insert

Appendix F: SED Physician Registration Renewal Document

Appendix G: Additional Physician Profile Questions for Health Workforce Planning Purposes

Appendix H: Physician Profile Feedback

Appendix I: Physician Profile Online Survey

Appendix J: In-person Survey

Appendix K: Proposed Modifications for Physician Profile Data Elements

# Executive Summary

---

Established in 2000 by The New York Patient Health Information and Quality Improvement Act (Public Health Law §2995 et seq.), the New York State Physician Profile (Profile, NYPP) is a publicly available, online resource, providing information about individual New York State licensed physicians. The Physician Profile is one of the Department of Health's (DOH) most popular sites, averaging more than 100,000 unique Internet Protocol (IP) address visits per month. It is a valuable one-stop source of information for consumers, patients, providers, payers and others.

Physicians are required to create a Profile upon licensure in New York State. Physicians who are registered to practice in New York are required to update their Profile information within the six months prior to the end of each biennial registration period.

Since the creation of the Profile, consumers' desire for information about health care has significantly grown. With more individuals becoming insured and the growth of managed care, consumers are increasingly seeking online information about physicians, especially information about the health plans in which physicians participate.

Information about health plan network participation is part of the Physician Profile. However, because a physician can choose to not include this information on his or her individual Profile, and because an individual physician may participate in multiple health plans, ensuring that this information is available, accurate and current is challenging.

DOH collects this information from managed care plans themselves for purposes other than inclusion in the Physician Profile. Because of the growing importance of health plan network participation information, Chapter 57 of the Laws of 2015 amended Public Health Law (PHL) §2995-a to require that DOH study the feasibility of incorporating health plan reporting requirements regarding health plan network participation to the Profile, without imposing extra burden on physicians, to ensure that the information is available, accurate, up-to-date and accessible to consumers.

This report presents the results of the Department's review. Consumers identified physician health plan network affiliation as one of the most important pieces of information to them. Discussions with stakeholders suggest that reporting all of the health plan networks in which an individual physician participates is challenging and time-consuming for the physician. In addition, a physician may currently choose to exclude this information from his/her profile.

DOH could integrate information currently reported by health plans through the Provider Network Data System (PNDS), into the Profile. The PNDS contains information on all physicians who participate in each reporting health plan's network. Therefore, using PNDS as a data source would relieve physicians of the responsibility of reporting the information, while, similar to existing practice, giving them the opportunity to review and confirm the accuracy of the information prior to publication on the Profile.

In order to make this information regarding all physicians available on the Profile, DOH recommends changes to Public Health Law §2995-a to require health plan network affiliation information on the Profile.

In addition, DOH acquired input from a broad spectrum of stakeholders on the Profile's strengths and areas in which it could be improved, to ensure that it remains a valuable source of information for the

public and others, without creating additional reporting burden on physicians. DOH received feedback from consumers, consumer and patient advocate groups, physicians, health care providers, payers, medical malpractice insurers, health workforce researchers, the State Education Department (which licenses physicians in New York) and various programs within DOH that collect physician-related information.

All stakeholders strongly support the Profile as a valuable, useful and trusted source of unbiased information on all licensed and registered physicians in New York State. It is important in assisting individuals and their families when seeking care. It is used by health care provider organizations and insurers to collect information about physicians being considered for networks or employment. It can be used by researchers to study and make recommendations on the State's physician workforce.

As a result of stakeholder feedback, the Department will take steps to strengthen the Profile, including:

- **Increasing consumer awareness of the Profile, and improving ease of use of the Profile website for all users** by conducting ongoing consumer education and re-designing the website to make it easier to access from mobile technologies, improving navigation of the website, and improving search capabilities; and
- **Improving reporting to the Profile** by linking the Physician Profile and the licensure/registration process, developing a more effective notification process to physicians of Profile reporting requirements, and continuing to educate physicians about reporting requirements.

The stakeholder dialogue presented other opportunities for consideration, subject to legislative change to PHL § 2995-a:

- Requiring information that is important to consumers on the Profile. Physicians currently have the option of including some of this information in their profiles (e.g., location of primary practice setting), while some information is not included in the current Profile (e.g., availability of telehealth services); and some require modification of existing Profile information (e.g., availability of assistive technologies);
- Requiring the inclusion of information important to physician workforce research and planning on the Profile. By adding a few mandatory items currently collected through the voluntary Center for Health Workforce Studies Physician Survey (CHWS PS), the CHWS PS could be eliminated, thereby improving the completeness, quality, and utility of information for physician workforce research and planning, and removing duplicative data collection; and
- Allowing physicians to authorize designees to input data into their profile on his or her behalf.

The Department will continue its dialogue with all relevant stakeholders to develop a long-term strategy to streamline the reporting, collections, storage, and use of physician-related information. The Physician Profile is but one of several purposes for which physician-related information is collected. DOH will build on its discussions regarding the Profile to review other existing and potential uses of physician-related information, and make recommendations to reduce the time and cost of reporting, storing, and making information available for use by interested individuals and organizations. The Department of Health is committed to making information available to assist health care consumers make informed choices about their health care. Maintaining a Physician Profile that meets stakeholder needs is key to that commitment.

# Introduction

---

The New York Patient Health Information and Quality Improvement Act (Public Health Law (PHL) §2995 et seq.) established the Physician Profile in October 2000 to provide all New Yorkers with information about physicians. The Physician Profile (Profile) is publicly available and published online, providing information about individual physicians who are licensed and registered to practice in New York State. Pursuant to subdivision 4 of PHL §2995-a (see Appendix A), physicians must report information in the Physician Profile and, as a condition of registration renewal, update their Profile within six months prior to the expiration of the physician's current registration period.

Certain information is required to be available for all physicians including:

- The physician's medical education
- Translation services available at the physician's office
- Legal actions taken against the physician

Physicians also have the opportunity to provide optional information about their practice. Each doctor may add information regarding:

- The name, address, and phone number of all offices
- The names of other physicians in a practice group
- A listing of articles or research papers the physician has published
- A list of professional and community service activities or awards
- A list of health plans the physician works with
- A personal statement about any information in the physician's Profile

More New Yorkers are now insured as a result of the Affordable Care Act (ACA) and the expansion of Medicaid. The State's health care system is undergoing historical transformation. For these reasons, the demand for data on health care providers, practitioners, and practice characteristics is becoming increasingly vital for consumers, providers, researchers, and others. Of particular importance to consumers and patients is information about which health plan networks individual physicians participate in.

Chapter 57 of the Laws of 2015 amended paragraph (a) of subdivision 13 of section 2995-a of PHL to require DOH to study the feasibility of incorporating health plan network participation information in the Profile, without imposing extra burdens on physicians, and to ensure that information on the Profile is available, accurate, up-to-date, and accessible to consumers. This report discusses the results of that analysis.

In addition, the Department sought input from a broad spectrum of stakeholders, representing reporters to, and users of, the Profile (see Appendix D), to get their insights on the Profile's strengths and opportunities for improvement, so it can continue to serve as a valuable, comprehensive source of information to consumers, patients, and others. The stakeholders included consumers, consumer and patient advocate groups, physicians, health care providers, payers, medical malpractice insurers, health workforce researchers, the State Education Department (SED), which licenses physicians in New York, and

various programs within DOH that collect physician-related information. DOH used multiple approaches for stakeholder feedback, including survey tools, focus groups, outreach, and meetings.

The Department’s review focused on four areas:

- **Feasibility of incorporating health plan reporting requirements regarding health plan network participation, without imposing an additional burden on physicians, into the Profile:** DOH collects information about provider networks directly from health plans, to ensure adequate network coverage for managed care organizations and New York State of Health. DOH reviewed this reporting, and discussed the benefits and potential disadvantages of including these data into the Profile with health plans, physicians, and others.
- **Usefulness of the Profile information:** this includes how aware the stakeholder is of the Profile, its purpose, the information it contains, and how to access it; whether the information included in the Profile was valuable to the stakeholder; what gaps might exist in the information that should be addressed; and whether additional or different information would be helpful.
- **Functionality of the Profile website:** this includes a review of the website format, the ease with which users can navigate the website to acquire desired information, and how the website might be revised to make it easier for users.
- **Reporting burden on the physician:** physicians were asked about challenges in complying with current reporting requirements, and how those challenges might be addressed.

Stakeholders confirmed that the Profile is a valuable, trusted source of unbiased information that assists individuals, and their families, seeking health care services. Some of this information is available through various online sources, including WebMD, the American Medical Association DoctorFinder, HealthGrades, and others. However, because the information in each site is different, consumers stated that it was often necessary to search multiple websites to find the information they were seeking.

The New York State Physician Profile is a trusted source of information on every physician who is licensed and registered to practice medicine in New York State. As such, it is a particularly valuable source to all New Yorkers. However, stakeholders also identified opportunities to strengthen the Profile.

## The Current Profile

---

The Physician Profile is one of the Department’s most popular sites. Its use has grown, averaging over 100,000 unique IP address visits per month since January 2015.

**Table 1: Average page views and visitors per month for the Physician Profile**

Year	Average Page Views per month	Average Visitors per month
2014	4,423,611	54,519
2015	7,247,987	101,327

**Page views:** hits on specific pages; **Visitors:** unique visits, where each IP address is included once in the total number

## **Reporting Requirements**

### ***Completion of Initial Profile***

Within 30 days of being licensed by SED, physicians receive a letter detailing the requirements of the Profile and instructions on how to complete their Profile. A reminder letter is sent 45 days later to those who have not successfully submitted their Profile. As of March 2016, the Physician Profile database contains approximately 93,500 licensed and registered physicians.

### ***Biennial Update***

Public Health Law §2995-a requires each physician to update his or her Profile information within the six months prior to the expiration date of the physician's biennial registration period as a condition of registration renewal. See Appendices E and F for SED Registration Renewal Application Insert and Renewal Document. Under Education Law §6524 (see Appendix B), physicians are required to update their Profile within the six months prior to submission of registration.

## **Profile Information**

The Physician Profile contains 81 data elements in four primary categories: education, practice information, legal actions, and professional activities. The physician can also add a statement, at his or her discretion. Approximately 80% of data items are related to mandatory information – meaning that the information must be included on the Profile. The physician has the option of having his or her Profile omit other information. Physicians directly report about two-thirds of all data elements and about half of the mandatory items. Information for the remaining data elements are collected from other sources and verified by the physician. Physicians attest to the accuracy of the information on the Profile. See Appendix C for the current Physician Profile Survey.

Optional information is not generally provided by physicians. Information about publications (14%) and personal statements (16%) is supplied less frequently by the physician than information about professional memberships (34%) and practice location (57%). Approximately half of physicians include health plan affiliation information on their Profile.

Required information on the Physician Profile includes, but is not limited to, the following:

- Date of original NYS licensure
- Board-Certified Specialty
- Medical school
- Current hospital privileges
- Loss, restriction, or denial of hospital privileges within the last 10 years
- Participation in Government Health Insurance Programs, such as Medicare or Medicaid
- Information about medical malpractice outcomes within the last 10 years
- Actions taken against license by a state medical board within the last 10 years
- Current limitations on the physician's license
- Criminal Convictions

A physician can choose whether to have the following information on his/her Profile:

- Location of practice setting(s)
- Wheelchair access for persons with disabilities
- Names of other physicians who share a group practice
- Publications in peer-reviewed medical literature within the last 10 years
- Health plan participation

## Incorporating Network Plan Information

---

Consumers expressed a strong desire for a listing of health plan networks in which physicians participate to be included in the Profile. Determining which physicians accept their health insurance product is a critical factor in considering a physician to be their care provider.

Although health plan network participation information is included in the Physician Profile, relying on the Profile as the source of this information has, in the past, been challenging for the following reasons:

- A physician may choose to exclude that information from his or her profile.
- Many physicians participate in multiple health plan networks, so it has sometimes been challenging for a physician to accurately report to the Profile every network in which he or she is a member.
- Network participation information is optional, and when a physician enters or separates from a health plan network, reporting that new information to the Profile is not required until six months prior to the end of the re-registration period.

As a result, only 51% of physicians include health plan network participation information on their current profiles, and the information that is included may be incomplete or outdated. This situation exacerbates the challenge that consumers and patients experience in securing this important information.

However, ensuring that information related to health plan network participation is accurate and current is easier today than it has been, for two reasons:

- The Surprise Bill Law, which went into effect March 31, 2015, requires health care professionals, including physicians, to disclose to patients and prospective patients, in writing or through their website, their plan and hospital affiliations prior to the provision of non-emergency services, in addition to verbally at the time the appointment is scheduled.
- The Department currently collects various information directly from health plans, including which physicians participate in their networks, for purposes not related to the Physician Profile. The information is collected through DOH's Provider Network Data System (PNDS).

The primary purpose of PNDS is to evaluate provider networks for these plans to assure comprehensive health services are available as required under PHL §4403. For physicians, PNDS data are matched against information on professional licensing, Office of Professional Medical Conduct sanctions, and Medicaid and Medicare provider eligibility, to assure that only qualified providers are delivering health care to plan members. Data collection for PNDS is authorized under PHL §4403(5)(a) and regulated by 10 NYCRR 98-



1.16(j) and Medicaid Managed Care Contract §18.5 (a)(viii). The Department is currently in the process of re-designing PNDS in order to satisfy current and future needs.

Managed Care Organizations with a commercial product line are required to submit their provider network data annually. Provider network participation information is required to be submitted quarterly for the following public health insurance plans:

- Medicaid
- Child Health Plus
- Federally Integrated Duals Advantage (FIDA)
- HIV Special Need Plans (SNP)
- Managed Long Term Care Plans
- Health and Recovery Plans (HARP)
- New York State of Health (NYSOH) Qualified Health Plans
- The Essential Plan

Health plans report other physician-related information through the PNDS as well, including some data that are included in the Profile. The data reported through the PNDS includes:

- Provider Site Address (PNDS includes the address of all practice sites)
- Wheelchair Accessibility
- Primary and Secondary Specialty
- Board Status
- Gender

Health plans attest to the accuracy of the PNDS data and are subject to citation and enforcement if inaccurate information is submitted. Past audits of PNDS have demonstrated a data accuracy rate of over 90%. The PNDS data dictionary can be found here:

[http://www.health.ny.gov/health\\_care/managed\\_care/docs/dictionary.pdf](http://www.health.ny.gov/health_care/managed_care/docs/dictionary.pdf).

Using the PNDS as the data source for health plan network participation information would make this important information available without placing an additional reporting burden on physicians. Incorporating this PNDS information into the Profile is very feasible. However, in order to ensure that it is available on the Profile for all physicians, PHL §2995-a should be modified to make health plan network affiliation a mandatory part of the Profile.

Currently, PNDS data for commercial plans is submitted annually. DOH discussed increasing the frequency of data submission to quarterly with stakeholders. However, certain stakeholders also expressed concern over the burden created by a more frequent schedule, since physicians would have to review the data quarterly.

Regardless of frequency, since physicians must update any changes to mandatory elements of the Profile within 30 days of the effective date of the change, making health plan network participation information mandatory would ensure the currency and accuracy of the information.

By using PNDS as the source, physicians will be relieved of the burden of reporting the information, and will be given the opportunity to review the information and confirm its accuracy. Since the physician

already provides this information in compliance with the Surprise Bill Law, physicians will be able to easily review the pre-populated PNDS information on the Physician Profile.

## Functionality

---

Several stakeholders noted that the current Profile website could be made easier to navigate.

### ***Website Functionality***

Physician Profile users can provide feedback via a link to a survey on the Profile’s homepage. For the purposes of this study, DOH also sought feedback through in-person surveys and focus groups (see Appendices H, I, and J). Feedback from consumers, and consumer and patient advocate groups, indicated a lack of awareness about the Profile, its purpose, content, and availability. Despite the fact that the Profile is prominently displayed on the Department of Health’s website -- it is listed in the “Center for Consumer Health Care Information” section under “Individuals / Families” heading on the Department’s homepage -- there is a need for better consumer and patient education.

Stakeholders also noted that they have experienced difficulties in navigating the website, with too many pages to review and not enough explanation of the information included on the site. Based on DOH’s review and stakeholder feedback, DOH will redesign the website to make the following improvements:

- Make the Profile website mobile friendly, as more consumers use smart phones and tablets, while maintaining telephone access to the Profile to ensure access in geographic areas where internet access is challenging.
- Make the website more easily identified through search engines.
- Enhance consumer tips, facts, and links to other relevant information such as the CMS Hospital Compare and Nursing Home Compare websites.
- Create a FAQ document to address common issues, tailored for both consumers and physicians. In particular, better explanations of medical malpractice information is needed.
- Redesign the layout to be more visually appealing and easier to navigate, including improving accessibility for individuals with disabilities.
- At the physician’s discretion, provide a link to the physician’s website and social media accounts, or the Profile pages of physicians who work at the same practice location.
- Allow users to view physician profiles side by side.
- Ensure that website language is understandable, especially in the areas of licensure actions and medical malpractice information.
- Improve the search capability. Currently, a user can search by county or city, field of medicine, or hospital, if not searching for an individual physician. Stakeholders want the ability to also search by distance and health plan network, and want to search by a greater field of subspecialty.

Through redesign with the latest technology, the Profile will be easier to access and to navigate to review information about physicians. The Department has already begun working on improvements based on consumer feedback, almost doubling the medical subspecialties available for consumers to search for on the Profile.

# Improving Reporting

---

A study released in 2014 estimates that the average physician spends approximately 17% of his or her working hours on administration, not including patient documentation or any patient related office work. The study also found that doctors who spent more time on administration had lower career satisfaction.<sup>1</sup>

Maintaining accurate and up-to-date information is critical to the usefulness of the Profile. Over time, physician compliance with reporting requirements has been low. The average monthly compliance (January 2014 – February 2016) for updating Profiles has been approximately 11%. Physician representatives note that with the many administrative and reporting requirements physicians have to various organizations, complying with a biennial Profile requirement is easily overlooked. They also note that many physicians have cited being unaware of any action required on their part if there are no changes to their Profile information.

SED sends out a notice to a physician that the physician's current registration will expire, about five months prior to the registration's expiration date. The notice includes a reference to the requirement to update the Physician Profile and the Physician Profile Help Desk phone number. The Department of Health has sent out newsletters and letters to hospitals, explained in presentations, and included a general reminder on its Prescription Monitoring Program (PMP) Registry of the updating requirements for the Profile. Physicians must check the PMP database prior to writing a prescription for a controlled substance.

These general education and notification efforts have not been as successful as intended. Therefore, DOH and SED are working together to help improve reporting. For example, SED has recently established a link to the DOH Health Commerce System in the re-registration reminder it sends to physicians. SED has also established a link on its registration website to the Physician Profile website, with a note that physicians must update their Profile prior to re-registration.

The Department has developed a targeted reminder that is sent to physicians six months prior to their current registration expiration, three months prior to their current registration expiration, and 30 days after they have re-registered with SED but have failed to update their Profile. In addition, the Department has modified the Physician Profile website to include instructions and contact information for physicians wishing to update their Profile.

These actions provide reminders to physicians at key points during their re-registration period and provide direct links to make it easier for physicians to access and update their profiles. DOH and SED are discussing potential additional actions with stakeholders, such as the possibility of requiring the completion of mandated Profile fields in order to complete the re-registration process.

In addition, stakeholders expressed support for statutory changes that could improve the rate of physician compliance with current reporting requirements:

- Allow the physician to designate an employee or other individual to submit the required information, accompanied by an attestation by the physician that the information is accurate

---

<sup>1</sup> Woolhandler S, Himmelstein DU. Administrative work consumes one-sixth of U.S. physicians' working hours and lowers their career satisfaction. *Int J Health Serv.* 2014;44(4): 635-42. <http://www.ncbi.nlm.nih.gov/pubmed/25626223>

and complete. This recommendation is similar to the approach used by the Department to allow a designee to perform the mandated inquiry of the PMP, and would decrease the administrative burden on the physician.

- Align Public Health Law and Education Law requirements for updating the Profile. Currently, PHL §2995-a requires each physician to update his or her Profile information within the six months prior to the *expiration* date of such physician’s registration period, while under Education Law §6524, physicians are required to update their Profile within the six months prior to *submission* of registration. This slight variation in the two statutes has caused confusion among physicians about when the Profile update is due. Stakeholders recommend that Public Health Law be modified to be consistent with the Education Law requirement.

The Department will continue its efforts to work with physicians to facilitate reporting to the Profile.

## Other Potential Improvement Actions

---

The majority of stakeholders found the website useful or very useful. Practice information and education, followed by legal actions, are the most visited pages on the Profile website. Feedback from consumers and consumer and patient advocacy groups supports this data, as survey results demonstrated that the most important information to consumers include office location, board certification, medical malpractice information, specialty, hospital affiliations, licensee actions, health plans accepted, criminal convictions, and medical school attended. All of these are included in the Profile; office location and health plans are the only items currently optional.

### Practice Information

Consumer and patient stakeholders support making information about the location of a physician’s practice mandatory on the Profile. They also support requiring information about whether or not a physician is accepting new patients.

### Workforce Research and Planning

Stakeholders expressed a desire for additional information. For example, there is strong stakeholder support for adding data elements that are critical for effective health care workforce research and planning.

The health care system is in a period of rapid change that will fundamentally restructure health care delivery to improve population health, increase quality, and integrate and coordinate care in a fiscally sustainable system. The Department, through the Delivery System Reform Incentive Payment (DSRIP) Program, the New York State Health Innovation Plan, and many other initiatives, is leading this transformation.

The restructuring of health care and behavioral health care delivery, and the growth of the insured population -- over 2.5 million have enrolled through New York State of Health Marketplace -- will place new demands on health care providers and practitioners.

All stakeholders are concerned about the availability of a trained health care workforce, including the physician workforce, to meet these demands. Identifying and planning for New York’s future health care workforce requires information about physician demographics and practice characteristics. Without such information, crafting policies, programs, and strategies to ensure adequate access to skilled physicians throughout New York State will be challenging.

For many years, the Center for Health Workforce Studies (CHWS), a not-for-profit research organization based at the University at Albany’s School of Public Health, has conducted valuable research and analysis that have informed policymakers, physician and health care provider organizations.

A data collection tool used by the CHWS is its Physician Survey (PS). The PS collects, on a voluntary basis, demographic and practice information from NYS physicians every two years, at the time of license re-registration. There is significant overlap between the data collected in the PS and the data reported to the Physician Profile. The response rate to the PS has declined sharply, down to the single digits, in recent years. As a result, the ability of DOH and others to monitor the physician workforce is challenged.

Physician workforce information is needed to determine primary care and mental health practitioner supply and identify areas with shortages. The information assists medical schools and residency programs plan for future needs. All stakeholders, including patient advocacy, physician and health care provider groups, recognize the value of the research performed by the CHWS.

Some of the questions collected on the PS are sensitive (e.g., a physician’s retirement plans) and, therefore, not appropriate for publication on the online Profile.

Stakeholders support a modification to Public Health Law §2995-a to require additional information to be reported by physicians for the sole purpose of workforce research and planning, and to allow those data to be excluded from the public Profile.

A statutory amendment could accomplish the following:

- Remove redundant reporting by physicians by eliminating the need for the CHWS Physician Survey.
- Reduce the cost of data collection.
- Improve the completeness, quality, and utility of the data, because all physicians would be required to report the data. This would improve the ability to monitor physician workforce trends and inform policymakers and others as they develop and implement initiatives to ensure that physician supply can meet demand.

Physician representatives expressed concern that, if information being reported solely for workforce research and planning was made mandatory, it would be subject to the updating requirement to report any changes within 30 days of the change. Stakeholders agreed that exempting this information would alleviate some of the burden on physicians without affecting the accuracy of the information on the Profile or workforce planning and research. See Appendix G for proposed additional questions for workforce planning purposes.

## Assistive Technology

Approximately 3.2 million or 21% of New York adults report having a disability.<sup>2</sup> Persons with disabilities may have limitations in hearing, vision, mobility, and/or cognition that may impede their ability to participate in activities of daily living and their access to health care. Patient advocate and consumer organizations expressed the need for information for the types of assistive technology available at each physician's office to help individuals with disabilities. This includes expanding the current Profile information concerning wheelchair accessibility to include whether diagnostic, consulting, and treatment rooms are wheelchair accessible. They also support adding information relating to the availability of assistive technology for individuals with cognitive and sensory disabilities.

Adding any of the above data elements as mandatory information to the Profile would require changes to Public Health Law §2995-a.

## Additional Elements for Study

Stakeholders suggested that the Department further study potential additional areas for the Profile:

- Infection control training status: in accordance with Public Health Law §239, physicians, among other health care professionals, are required to undergo training on infection control and barrier precautions every four years. The goal of the training is to ensure that health professionals understand the importance of using appropriate infection prevention and control standards to prevent transmission of blood borne pathogens. Professionals who have received equivalent training, such as infectious disease specialists, may apply for exemption from training with DOH. Exemptions are valid for a period of four years.

Physicians who are not affiliated with a DOH-regulated health care facility must provide evidence of course completion to the Department. Health care facilities regulated by DOH are required to verify completion of coursework prior to credentialing and, therefore, physicians who are affiliated with a DOH-regulated health care facility are not required to submit the certificate of completion to DOH. DOH is considering how best to incorporate this information into the Profile without duplicating current efforts.

- Telehealth: telehealth is the use of electronic information and communication technologies to deliver health care to patients at a distance. Widespread adoption of telehealth can increase patients' access to care, especially in geographically isolated and medically underserved communities, where patients might not otherwise seek services due to the time, stress, and cost of travel to see a practitioner in person. This growing area in medicine is critical to successful population health management.

Legislation signed into law in 2015 (Chapter 6) requires health insurers, including Medicaid, to pay for covered services delivered through telehealth. This new law removes some of the

---

<sup>2</sup> BRFSS Brief Number 1406. New York State Department of Health Website.  
[https://www.health.ny.gov/statistics/brfss/reports/docs/1406\\_brfss\\_disability.pdf](https://www.health.ny.gov/statistics/brfss/reports/docs/1406_brfss_disability.pdf)  
Published 2012. Accessed November 4, 2015.

existing reimbursement barriers that have hindered implementation of telehealth by providers in New York State.

Knowing which physicians provide care through telehealth is key to maximizing its use and benefit. Some states have implemented provider registries that make available detailed information about practitioners who deliver services through telehealth. The Physician Profile can be a platform for making such information available to consumers, practitioners, and others.

DOH will work with stakeholders to finalize proposed telehealth reporting requirements in 2017.

## Planning for the Future

---

Stakeholders agreed that the discussions of the Physician Profile and the resulting recommendations included in this report will enhance the availability, accessibility, value, and use of physician-related information by consumers, patients, providers, researchers, and others. However, they also agree that long-term strategies are needed to streamline the collection, storage, security, and availability of physician-related information.

Many organizations collect the same or similar information from and about physicians, for various purposes including assessing workforce need and supply, regional health system planning, and physician credentialing.

Physician credentialing is an area ripe for improvement. Health care practitioners are required to go through a formal credentialing process each time they contract with a health plan, seek privileges at a hospital or other facility, or seek to become a Medicaid provider. The United States Department of Health and Human Services (DHHS) defines credentialing as “the process of assessing and confirming the qualifications of a licensed or certified health care practitioner.”<sup>3</sup>

Physicians are credentialed about every two to three years, by an average of 12 organizations, at an estimated cost of \$30 per organization.<sup>4</sup> Much of the information collected from the physician by each organization is duplicative. The process has become more complicated over time due to several factors, including increased organizational standards and the need for credentialing processes to meet accreditation guidelines for organizations seeking accreditation.

The Department of Health has held preliminary discussions with physicians, health plans, and hospitals about the potential value of a centralized physician credentialing system. Some states have already implemented actions in an effort to reduce duplication and waste. Arkansas requires all organizations that credential physicians within the state to use centralized verification services to obtain credentialing

---

<sup>3</sup> Credentialing and Privileging of Health Care Practitioners. HRSA website.

<http://bphc.hrsa.gov/programrequirements/pdf/pin200116.pdf>

Published July 17, 2001. Accessed November 3, 2015.

<sup>4</sup> The New York State Health Care Provider Database: A Framework for Action. NYS Health Foundation website.

<http://nyshealthfoundation.org/uploads/resources/new-york-state-health-care-provider-database-report-dec-2014.pdf>

Published December 2014. Accessed December 21, 2016.

information. Oregon requires a universal credentialing application to eliminate the need for providers to complete multiple unique applications for each organization with which they seek affiliation. Effective January 2016, Oregon implemented an electronic single credentialing system, mandated for hospitals, insurance companies, and others that credential health care practitioners.

All stakeholders agree that a centralized credentialing platform would save time and money, for physicians and for health care organizations that credential physicians. The notion of a centralized credentialing program was also one of the recommendations of a multi-stakeholder report “The New York State Health Care Provider Database: A Framework for Action” issued in December 2014.

Creating a single platform to collect, store, and make physician-related information available for various uses should be pursued. The Physician Profile can be one of many products created from that centralized data platform.

DOH will continue the discussion with stakeholders to develop a long-term approach to streamlining collection and use of physician-related information to meet the data needs of users and reduce the reporting burden on physicians.



## Summary

The New York State Physician Profile is an important source of information about physicians who are licensed and registered to practice in New York. It is valued by consumers, patients, families, and researchers.

The recommendations included in this report reflect the Department of Health's review of the existing Profile and the perspectives of patients, the public, physicians, health care organizations and other stakeholders in the State's health care system. They ensure that health plan network participation information is available and current and that information already collected by the Department is available to consumers and facilitates the completion of the Profile for physicians. They will make accessing that information easier for users of the Profile website, and make it easier for physicians to comply with reporting requirements. Collectively, the recommendations will improve the value of the Profile and the accessibility of accurate and current physician-related information.