A THOUGHT LEADERSHIP ROUNDTABLE

Moving Toward Provider Identity Intelligence As The Foundation For Improved Operations and Experiences

CHIME DIGITAL HEALTH LEADERS

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At ViVE 2026, moderator Calli Dretke, EVP & Chief Digital and Marketing Officer at CHIME and representatives from Verato — VP of Provider Markets Joe Hickey and Sr. Product Manager Dylan Sullivan — hosted a panel of C-suite experts who discussed the deeply embedded challenges of provider data management.

The panelists included:

Stuart James
COO & Deputy CIO
CHRISTUS Health

Inderpal Kohli
CTO
Healthix

Terri Ripley
CIO
OrthoVirginia

Tressa Springmann
CIO
Lifebridge

Dan Howard
CIO
San Ysidro Health

Deb Muro
CIO
El Camino Health

Rachini Moosavi
Chief Analytics Officer
UNC Health

Saad Chaudhry
CIO
SSM Health

Geoff Blanding
Associate COO
Medical University of SC (MUSC)

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SUMMARY

Provider identity management is one of the biggest hidden challenges in health systems. Clinicians are constantly changing when, where, and what they practice, leaving administrative staff to juggle thousands of continually shifting data points across dozens of internal and external systems: a task that is simply too large and complex to manage manually.

Unfortunately, the fundamentally fragmented nature of the healthcare ecosystem has left organizations struggling to implement the most effective strategies and technologies to assist with the process. The result is suboptimal experiences for patients seeking care, frustration for providers and administrators, and the risk of lost revenue opportunities for organizations as a whole.

The solution lies in a holistic shift from basic identity management to comprehensive identity intelligence, which involves stronger overarching governance, increased investment in automation, and a rethink of legacy workflows to simplify and streamline processes.

“Provider data is one of those pieces that often gets overlooked,” Dretke said. “It lives in your credentialing systems, your EHR, your marketing platforms, and your CRM systems — yet we rarely see all of those data sources telling the same story.”

Together, the experts emphasized the importance of understanding how provider data flows through their systems and shared their solutions for transitioning to a more intentional and intelligent way to address their needs.

UNDERLYING FRAGMENTATION OF DATA SYSTEMS IS AT THE ROOT OF THE PROBLEM

“Provider data” contains many different elements that each have their unique functions for operationalizing care delivery. The overarching category includes basic provider identity details, such as their NPI, credentials, and specialties, but it also includes key elements such as hospital, practice and health plan affiliations, as well as scheduling data like clinic locations and available appointment slots.

“There are so many different data sources involved in building a provider record. Some of it is publicly available, some of it comes from purchased datasets, and then there’s everything the health system maintains internally: credentialing systems, referral management, provider directories, enterprise data warehouses for analytics and more,” explained Dylan Sullivan, Senior Product Manager at Verato, who hosted the session. “Where the challenge really begins is stitching all of those sources together so that the health system doesn’t have to carry the operational burden of reconciling them. And when organizations can’t confidently connect data back to a single, trusted provider identity, all the workflows break.”

UNDERLYING FRAGMENTATION OF DATA SYSTEMS IS AT THE ROOT OF THE PROBLEM CONTINUED

It's the multiple layers and cross-functionality of data within these layers that makes it so challenging to wrangle the information, said the panelists.

"When asked where provider data lives in our organization, I started counting in my head and I was already over ten systems before I stopped," said Dan Howard, CIO at San Ysidro Health in San Diego County.

"Ten years ago, we were a relatively small FQHC [Federally Qualified Health Center], but through a decade of acquisitions we've grown dramatically,' he continued. "Every acquisition brought in another set of systems; another provider database; another way of managing credentialing or scheduling. Now we're trying to reconcile all of that."

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> **Dylan Sullivan**
> Senior Product Manager
> Verato

Each of these systems may have a slightly different way of handling data elements, even if they represent the same core piece of information. Those differences, combined with the unavoidable errors that come from human data entry, can make for a very messy environment, agreed Inderpal Kohli, CTO of health information exchange Healthix.

"Data is constantly changing across different organizations and systems," he said. "Providers move, affiliations change, credentials change. Unless there's a process and some level of automation that accounts for that dynamic change, the data quickly becomes inconsistent again, even after you've cleaned it up. It's a never-ending task to stay on top of it, and most organizations just don't have the resources to consistently stay ahead of it."

His bottom line: "Identity drift is not a database problem. It's a workflow multiplier. Every inconsistency propagates downstream."

THE REAL COST OF PROVIDER DATA ISSUES IS OPERATIONAL FRICTION AND POOR EXPERIENCES

The impact of unmanageable provider data can be felt far and wide, creating significant operational challenges and risks of poor patient experiences.

Yet many organizations have not yet centralized responsibility for addressing the problem, pointed out Terri Ripley, CIO at OrthoVirginia.

"Nobody sees the whole picture of the pain," she explained. "Every group experiences their own version of it. Credentialing has pain; IT has pain; operations has pain; and access teams have pain. But because the problem is distributed across all those different areas, nobody really owns the entire issue."

Rachini Moosavi, Chief Analytics Officer at UNC Health, has seen similar situations. "When it's everyone's responsibility, it often becomes no one's responsibility," she confirmed. "We see this constantly — unclear ownership leads to confusion about who's in charge, and sometimes the wrong approach is taken to leading the effort. Without clear accountability, coordination becomes extremely difficult."

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And when any of these departments fall out of step with one another, the pain spreads further, added Geoff Blanding, Associate COO at the Medical University of SC (MUSC). "When everything lines up perfectly, the system works well," he said. "But if anything gets out of sync — credentialing data, location information, marketing data — it quickly becomes a problem."

"Acquisitions complicate this even further," he continued, echoing sentiments from many other participants whose health systems have grown in recent years. "As we bring new practices into the organization, each one has its own way of managing provider information. Sometimes it works fine in isolation, but when you try to integrate it into a larger health system environment, you realize how inconsistent everything is."

Those inconsistencies can translate directly into barriers to access and poor patient experiences and frustrations, which could potentially result in treatment delays or abandonment.

"Patients show up at the wrong clinic location or schedule with the wrong provider because the information in the system wasn't accurate," explained Tressa Springmann, CIO at Maryland-based LifeBridge Health. "It happens more often than people realize, and every one of those situations creates frustration for patients."

"This is a huge dissatisfier for our providers and staff, as well," she continued. "We asked our practice management staff to estimate the time they spend trying to keep provider information synchronized. When they started mapping it out, it became clear that it's just not humanly possible to keep everything aligned manually. The amount of effort required is enormous, and the providers themselves often end up frustrated because the data still ends up wrong."

That's not going to cut it in an environment where patients are demanding higher quality experiences, and health systems are increasingly judged on patient satisfaction scores for both reimbursement opportunities and community status.

"As we expose more of this information directly to patients, it becomes a consumer experience issue," stressed Deb Muro, CIO at El Camino Health. "The provider directory, scheduling systems, and online access tools all depend on that information being accurate. If the provider record is wrong — whether that's the specialty, location, or availability — the patient experience breaks down immediately."

Synthesizing and standardizing provider data would help move toward a more seamless, consumer-like experience for patients, which is the goal for most of the participants, especially around scheduling.

THE REAL COST OF PROVIDER DATA ISSUES IS OPERATIONAL FRICTION AND POOR EXPERIENCES CONTINUED

"If I had a magic wand, I would commoditize appointment slots," said Saad Chaudhry, CIO at SSM Health, which serves patients in Illinois, Missouri, Oklahoma, and Wisconsin. "Imagine a world where those slots are standardized and openly accessible so patients could find them the same way they find a table on OpenTable or a location on Google Maps. If we could get the provider data and scheduling information right, access would immediately improve."

GOVERNANCE AND ACCOUNTABILITY ARE CRITICAL TO PROVIDER IDENTITY INTELLIGENCE

It will take a combination of more advanced technologies and stronger governance to get to that ideal state, Chaudhry continued.

"Unfortunately, it's a little bit of a chicken-and-egg problem right now," he observed. "Vendors see our messy data and say they have products to fix it, but those products won't really solve the problem if they're working on messy data."

"It's not primarily a technology issue; it's a governance issue," he added. "It's about the decisions organizations make about how provider data should be managed, who owns it, and what the exception process looks like when the standard workflow breaks down. Technology can help, but without governance and alignment across the organization, you're not going to solve the underlying problem."

Technology alone will never be the magic bullet, agreed Stuart James, COO and Deputy CIO at CHRISTUS Health. Governance must play an equal, if not bigger, part in the solution.

"If we think that we're going to fix the problem purely with technology while maintaining zero accountability and no process discipline, it's just not going to work," he stated. "The systems might help organize the data, but without governance behind it, the same issues will keep coming back. Organizations need a comprehensive, long-term strategy for managing provider data. It's not something you fix once — it's something you have to continuously manage, and that's what governance is for."

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KEY TAKEAWAYS TO TRANSITION TO IDENTITY INTELLIGENCE

The challenges of provider identity data management may be deeply rooted and widespread, but that doesn't mean they're insurmountable, the panelists concluded. With the right combination of technology and strategy, organizations can craft a provider data environment that is both manageable for administrative staff and supportive of better experiences for patients and providers. Their suggestions for moving forward include:

- **Recognizing and harmonizing multiple high-quality data inputs** – There may be more than one credible source for provider data, depending on the elements and entities involved. This is entirely acceptable. However, these inputs must be reconciled and aligned to establish a single authoritative, trusted provider identity source of truth that is interoperable and consistently informs the broader health system.

- **Treating provider data as an enterprise asset** – Organizational leaders need to prioritize the digital tools, governance processes, and person-power required to support the continuous attention and maintenance that provider data needs to stay clean. Considering provider data as a mission-critical enterprise asset, and allocating resources accordingly, can help staff appropriately manage all the layers of provider data.

- **Addressing the role of provider data quality in patient experiences and access** – With patient satisfaction only becoming more important for health systems, leaders must carefully examine how provider data quality impacts downstream experiences and commit to removing roadblocks that arise from provider data shortfalls. Carefully mapping the patient journey and identifying touchpoints that involve provider data is a good first step toward resolving data-driven friction in the experience.

- **Establishing cross-functional governance and accountability** – Comprehensive, shared governance frameworks are the linchpin for successful data management, especially when multiple sources and systems are involved. Health systems need to establish clear governance principles and accountability structures across the enterprise that ensure provider identity data remains consistent throughout the entire data lifecycle.

While the operational challenges are significant, the participants agreed that solving provider identity fragmentation ultimately serves a larger purpose. Accurate provider data is foundational not only to operational efficiency, but also to improving the patient experience across the healthcare ecosystem.

"When we talk about provider data, it ultimately connects back to the patient experience," said Joe Hickey, VP of Provider Markets at Verato. "Every data element is tied to a person — a provider, a patient, or a family member — and when those connections break down, it affects those critical moments of care."

By taking a coordinated approach to adjusting systems and strategies to the complex reality of provider identity management, health system leaders can better understand their own challenges around provider data and engage in a critical governance-led, technology-enabled transition to intelligent identity management for the future.

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