Operationalizing DIRECT Secure Messaging

Lunch and Learn
February 2, 2017

Moderator:

Jodi Tarpinian, Enterprise Solution Architect - Interoperability, Emory Healthcare
 And GA HIMSS Programs Co-Chair

Panel Team:

Alex Olewicz, Clinical Applications Manager, Emory Healthcare

Sue Gordon, IS Manager Government Programs, Piedmont Healthcare

Melynda Brown, IT Interoperability Manager, WellStar Health System

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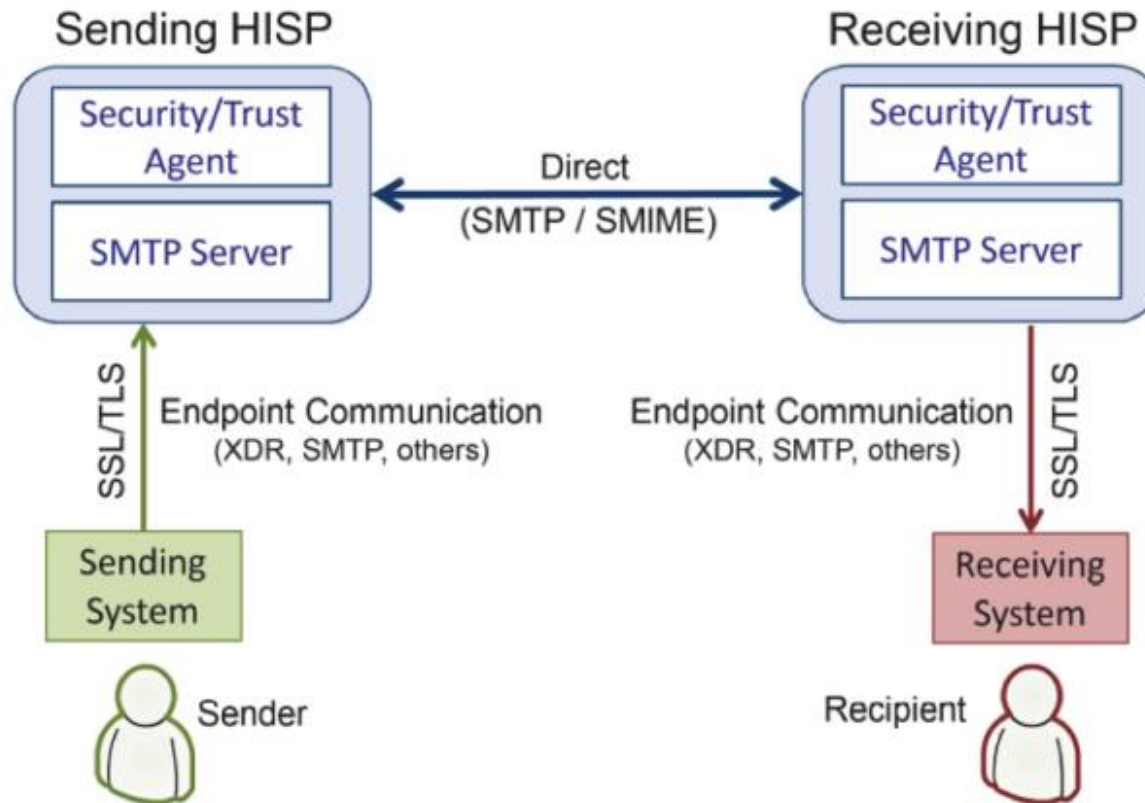
Emory Healthcare
Alex Olewicz

Why Direct at Emory Healthcare

- Help meet MU2
  - 10% of ToC Summaries to be sent electronically
- Connectivity with Minute Clinic
- Connectivity with external providers & facilities
- Improve efficiency & reduce costs

- **Better coordination of care for the patient**

Direct Setup[1]

[1] http://www.directtrust.org/directtrust-101-part-3/

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Direct Successes & Challenges

Successes

- First Implementation with Existing Partner
  - Minute Clinic
- Implement Use Cases Managed by One Group
  - Inbound Clinic Referrals
  - Inbound Inpatient Transfers

Challenges

- Operational Processes & Standards
- Finding External Providers Utilizing Direct
- EMR Vendors Have Various Requirements

WellStar Health System
Melynda Brown

History behind our Direct Addresses

- WellStar selected GaHIN as our external HISP in June 2016.

- As a participant of GaHIN they allow for a free domain with GaDirect, however WellStar chose to use our client owned domain and share it with GaHIN/Medicity.

- Update and share our provider directory with current trading partners

Making the Connections

- Get a list of your organizations trading/referring partners

- Upload the provider directory from GaHIN

- Formalize a plan for handling outside request to connect

- Cold call other organizations

- Share the knowledge with other trading partners

- Confirmation of trusted certificate domain:

https://www.directmdemail.com/direct/Certificate

Educating Providers, Clinicians and End Users

- May or may not have the same workflow for sending messages within your organization or EHR system.

- How to handle outside messages? Where are they located?

- Reconciling information into the patients chart.

- Create tip sheets or other training documents

- Training sessions with your service desk or physician liaisons
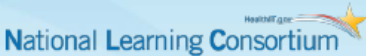
Piedmont Healthcare
Sue Gordon

Reaching out to obtain Direct Addresses

As part of meeting the Medicare measures for Meaningful Use, we are looking to minimize the faxing of Summaries of Care for Referrals and to send them directly from our electronic health record to yours.

To accomplish that securely and seamlessly, our providers and yours will need a Direct Address. Attached is a document that describes Direct Addresses. Your EHR vendor can provide you with Direct Addresses for your providers and load them into your system.

Reaching out to obtain Direct Addresses

www.healthit.gov/sites/default/files/directbasicsforprovidersqa_05092014.pdf

National Learning Consortium

Direct Basics: Q&A for Providers

Got questions about what Direct is and how to use it?

WHAT IS DIRECT?

Direct is a technical standard for exchanging health information between health care entities (e.g. primary care physicians, specialists, hospitals, clinical labs) in a trusted network. It is secure, easy-to-use, inexpensive, and approved for use by nationally-recognized experts and organizations. Direct functions like regular e-mail with additional security measures to ensure that messages are only accessible to the intended recipient, per the protection regulations of the Health Insurance Portability and Accountability Act (HIPAA). For Stage 2 Meaningful Use, electronic health record (EHR) vendors are required to either (a) certify their transitions-of-care modules or complete EHR product offerings to include Direct to meet certification requirements, or (b) work with a third party to provide Direct services. The tools your vendor gives you may or may not include the word "Direct," so it's important to have a conversation with your vendor to understand the tools available to you in your EHR product.

WHAT IS A DIRECT ADDRESS?

A Direct address is needed to exchange health information using Direct. Because Direct is based off of existing e-mail standards, a Direct address looks very similar to an e-mail address. Like e-mail addresses, Direct addresses can be issued to individuals or to organizations, departments, or specific devices. An example of a Direct address is b.wells@direct.aclinic.org. While this may look and function similar to an e-mail address, it is important to know that a traditional e-mail account (e.g. gmail, yahoo mail, or your company e-mail) are NOT Direct addresses. Messages sent to or from traditional e-mail accounts are not secure and will fail to send via Direct.
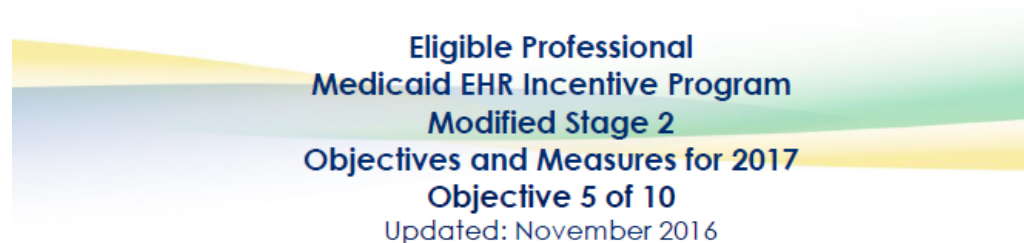
Just like distinct fax numbers you may have today for each of your office affiliations, you or your colleagues may have a distinct Direct address for each practice affiliation. Be sure to verify that you are sending to the correct address for the location where you intend to send patient information.

WHERE CAN I GET A DIRECT ADDRESS?

Direct addresses are available from a variety of sources, including EHR vendors, State Health Information

Reaching out to obtain Direct Addresses

https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/MedicaidEPStage2_Obj5.pdf

Eligible Professional
Medicaid EHR Incentive Program
Modified Stage 2
Objectives and Measures for 2017
Objective 5 of 10
Updated: November 2016

Health Information Exchange	
Objective	The EP who transitions their patient to another setting of care or provider of care or refers their patient to another provider of care provides a summary care record for each transition of care or referral.
Measures	The EP that transitions or refers their patient to another setting of care or provider of care must—(1) use CEHRT to create a summary of care record; and (2) electronically transmit such summary to a receiving provider for more than 10 percent of transitions of care and referrals.
Exclusion	Any EP who transfers a patient to another setting or refers a patient to another provider less than 100 times during the EHR reporting period.

Table of Contents
- Definition of Terms
- Attestation Requirements
- Additional Information
- Regulatory References
- Certification and Standards Criteria

Definition of Terms

Transition of Care – The movement of a patient from one setting of care (hospital, ambulatory primary care practice, ambulatory, specialty care practice, long-term care, home health, rehabilitation facility) to another. At a minimum this includes all transitions of care and referrals that are ordered by the EP.

Questions?

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