The Office of the National Coordinator for
Health Information Technology

Utah HIT Governance Consortium
Direct Project Overview

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What is the Direct Project?

The Direct Project has **developed specifications** for a **secure**, **scalable**, **standards-based** way to establish universal health addressing and **transport** for participants (including providers, laboratories, hospitals, pharmacies and patients) to send **encrypted health information** directly to **known, trusted** recipients over the **Internet**.

Using the Direct Project

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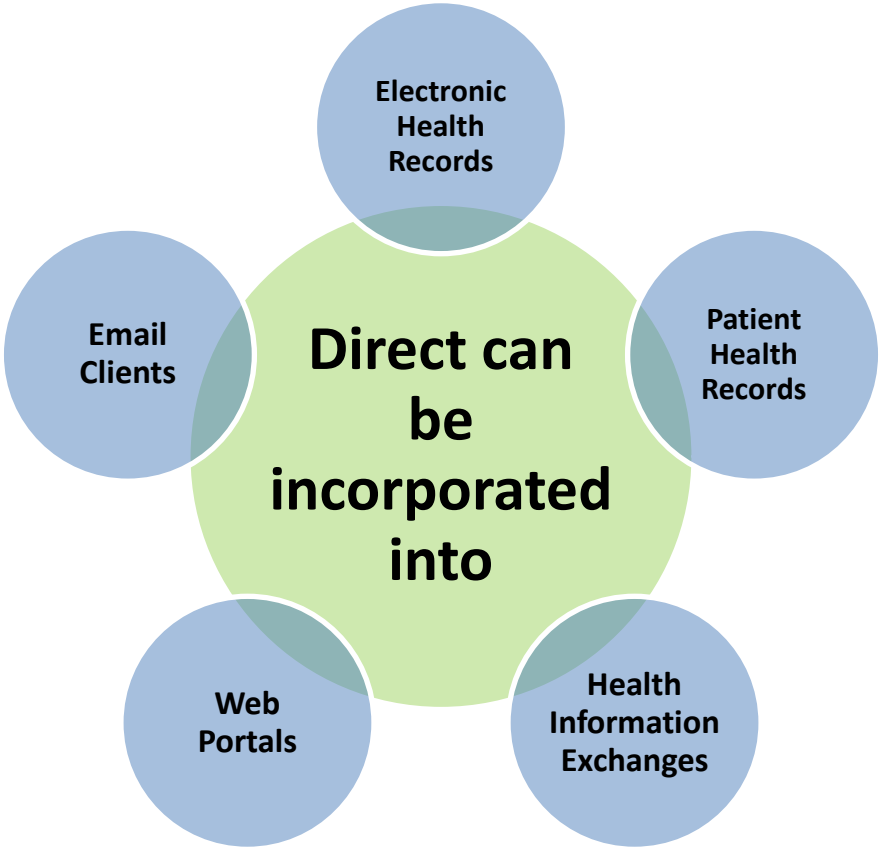


Direct Addresses

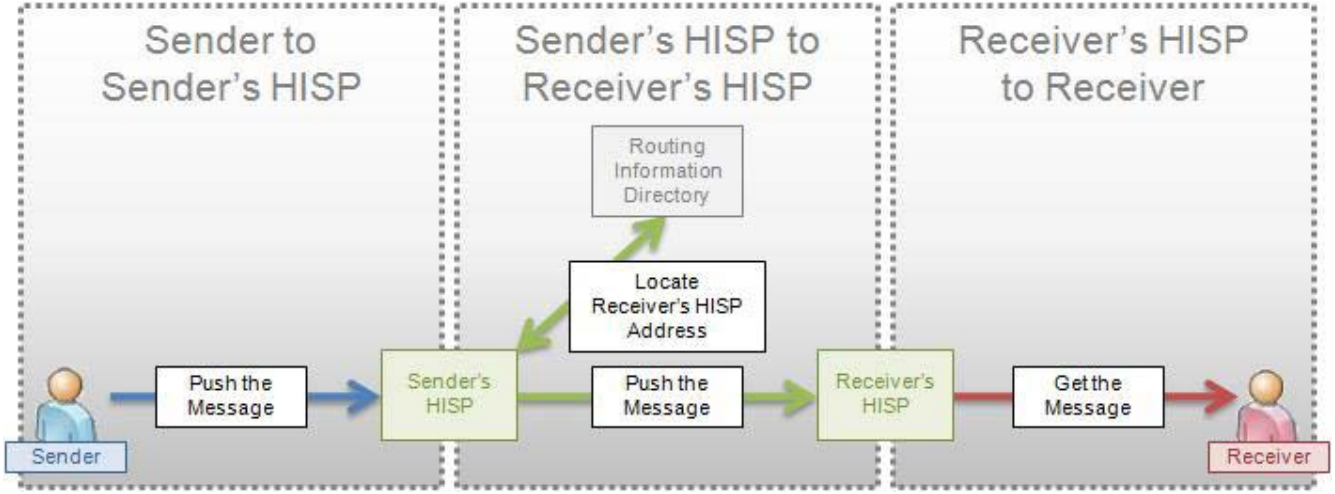
- Direct Addresses are used to route information
- Look like email addresses
- Used only for health information exchange

- An individual may have multiple Direct Addresses

What is a HISP?

A Health Information Service Provider (HISP) is in charge of performing a number of services required for the exchange of health information as defined by the Direct Project. These services may be handled by a third party or by the sender/ receiver.

- Provide Direct Addresses (looks like an email address)
- Publish/manage digital certificates
- Encrypt and route Direct messages
- Depending on implementation model (e.g., web portal), possibly store Direct messages



Direct Ecosystem

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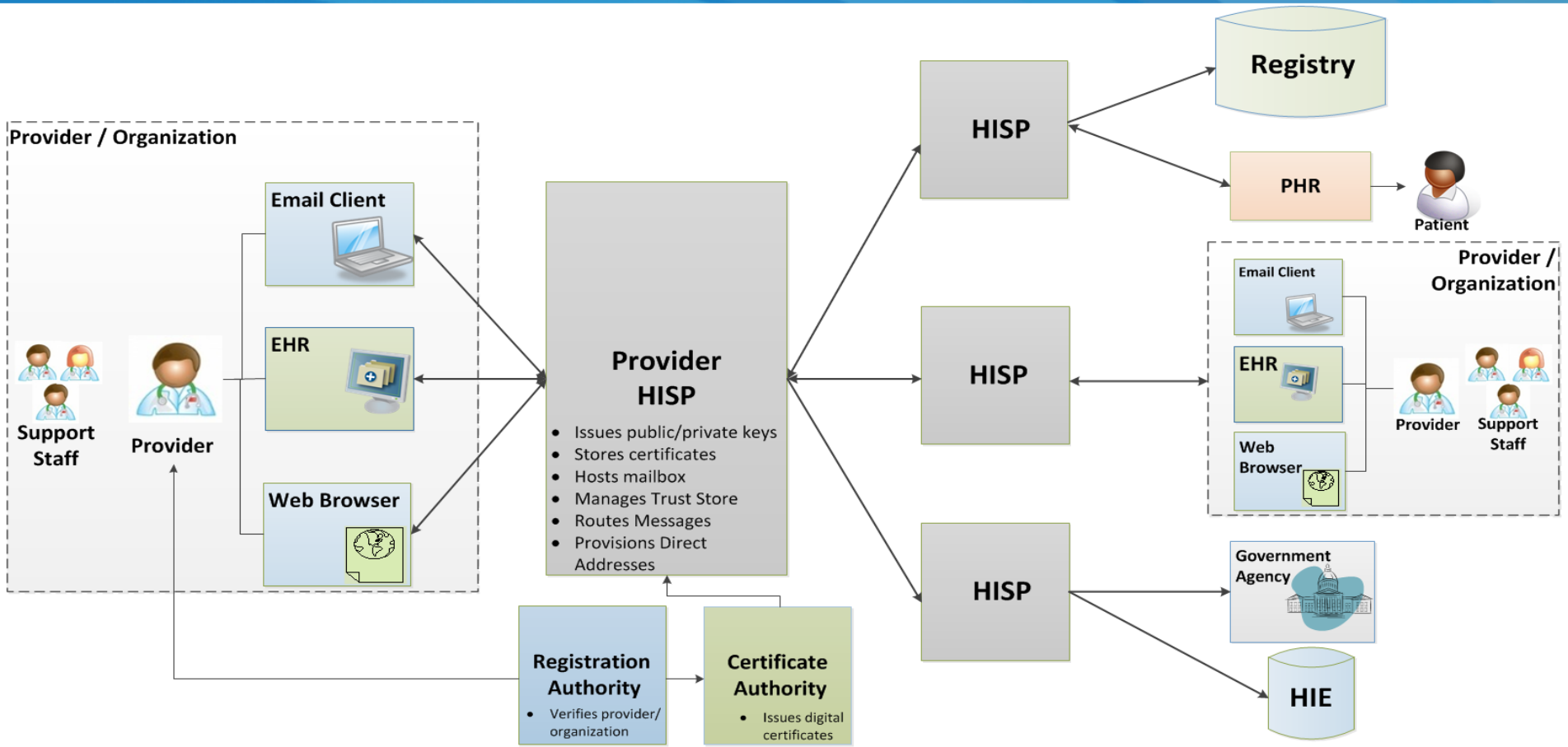

- **Provider vs. Provider Organization:** Certificates either associated to the hostname part of an address (organizational certificates) @direct.practice.com or to a specific user bob@direct.practice.com
- **Registration Authority**: Collects information for the purpose of verifying the identity of an individual or organization (i.e., identity proofing)
- **Certificate Authority:** Digitally signs certificate requests from the Registration Authority and issues digital certificate that ties a public key to the gathered attributes
- **Digital Certificates:** Electronic document that certifies that the subject (person or entity) has been issued a pair of encryption keys that are related in such a way that if one key is used to encrypt something (e.g., file, message, data stream), it can be decrypted only by someone holding the other key

Who is using (or planning to use) it?

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EHRs

- Amazing Charts
- ApeniMED
- Allscripts
- Quest Diagnostics Care 360
- Cerner Corporation
- eClinicalWorks
- e-MDs
- Epic
- GE Healthcare
- Greenway
- NextGen
- Polaris
- Siemens
- SOAPware

States

- Alabama
- Alaska
- American Samoa
- Arizona
- Arkansas
- California
- Colorado, Connecticut
- Delaware
- District of Columbia
- Florida
- Georgia
- Guam
- Hawaii
- Idaho
- Kansas
- Kentucky
- Louisiana
- Maine
- Massachusetts
- Minnesota
- Mississippi
- Missouri
- Montana
- Nebraska
- Nevada
- New Hampshire
- New Jersey
- New Mexico
- New York
- North Carolina
- North Dakota
- Ohio
- Oklahoma
- Oregon
- Pennsylvania
- Puerto Rico
- Rhode Island
- South Carolina
- South Dakota
- Tennessee
- Texas
- Utah
- Vermont
- Virgin Islands
- Virginia
- West Virginia
- Wisconsin
- Wyoming

HIEs / HISPs

- Ability
- Axolotl
- Harris
- Health-ISP
- Inpriva
- Kryptiq Corporation
- Max.MD
- Medicity
- Mirth
- Secure Exchange Solutions
- Surescripts

PHRs

- Microsoft
- Nomoreclipboard.com
- SmartPHR

The above are examples of vendors (EHRs, PHRs, HIEs/HIPSs) and states that have incorporated or are planning on incorporating the Direct Project protocol into their products/ strategies. Plans may have changed in the interim as of 10/2011.

Direct and Meaningful Use

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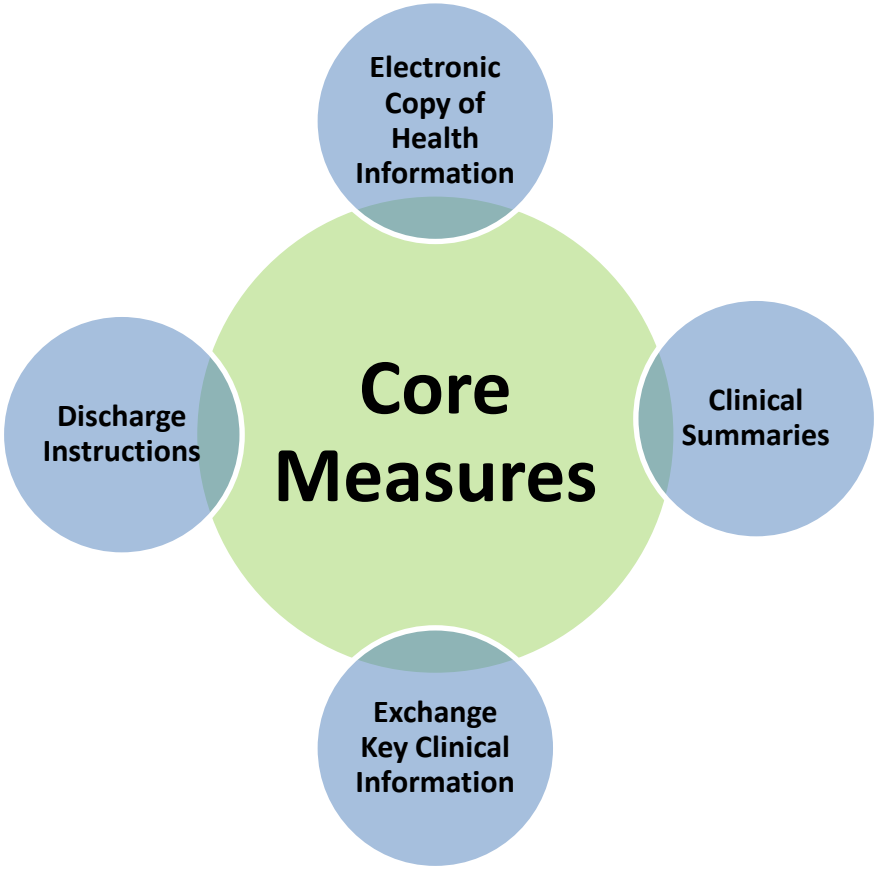
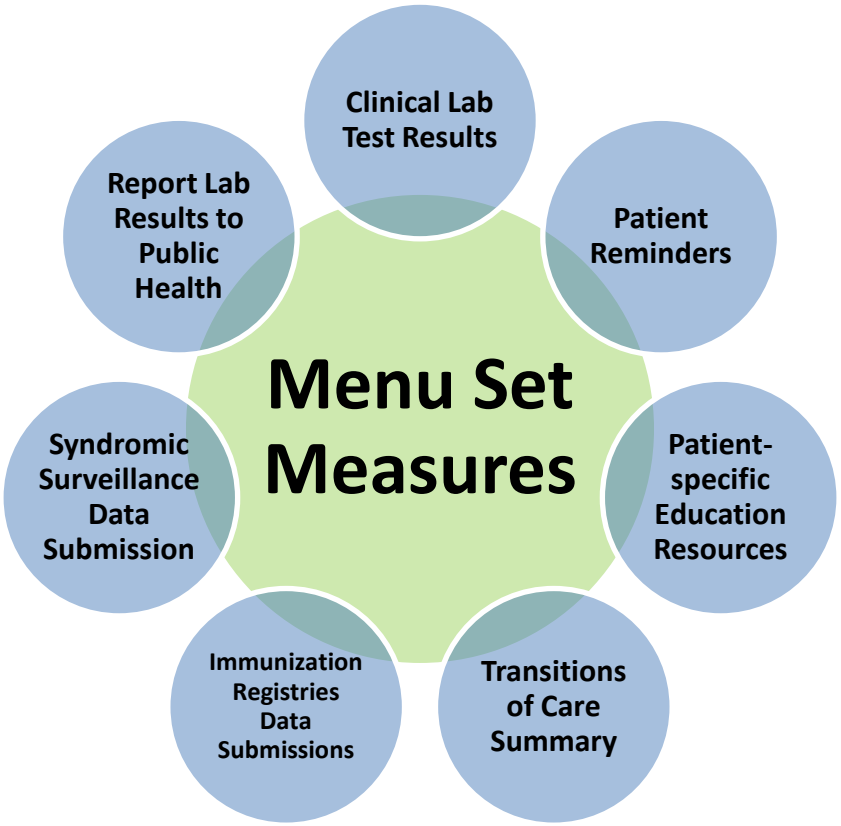
The following Meaningful Use core and menu set measures may be met using an implementation of the Direct Project:





What Does Direct Cost?

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Costs depend on your implementation model, whether you "build" or "buy" services and the vendors you choose to partner with:

	Option 1: Be a HISP	Option 2: Private-label HISP Services	Option 3: Contract with HISP(s)
Overview	Use Direct Project reference implementations to stand up your own HISP infrastructure and services	Exclusive relationship with a HISP to offer services on behalf of your organization under your brand	Facilitate the services of one or more HISPs for BHS core infrastructure and providers directly
Startup Costs	High • Technical development • Policy development • Operations design	Medium • Vendor selection • Policy development • Operations development	Low • Vendor selection • Policy development
Ongoing Costs	• Low for subscription • High for technical maintenance and operations	• High for subscription • Low for technical maintenance and operations	• Medium for subscription • Low for technical maintenance and operations
Benefits	• Full control over technology, policies, customizations, and interfaces • Ability to maximize revenue	• Similar to Option 1 from outside, but without the up front cost/risk • Ability to "brand" an existing robust HISP	• Leverage the innovation of an emerging marketplace
Risks	• Privacy and security liability • Requires technology support and development capabilities • Competition with marketplace	• Some privacy and security liability • Less control over system, potential limitations on integration	• Minimal control over systems, extra cost for non-standard integration

Individual HISP services are generally $0-$100 per provider setup costs plus $5-15 per provider per month. Volume, degree of customization and bundling impact these rates.

Questions?

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