Statewide Rollout of the Direct Project

A case study approach to understand five states' respective rollout plans and unique uses of the Direct Project

Table of Contents

Purpose

The Direct Project standards and specifications were developed by a group of private and public stakeholders who understood the need for a simple, secure, and economical mechanism to share health information using the Internet. Now that Direct Project specifications have been defined, reference implementation guides have been developed, and real-world pilots have been successfully completed — states, Health Information Exchanges (HIEs), and Regional Extension Centers (RECs) are working together to build and drive wide-scale adoption of Direct standards.

Providers need an easy to use, secure mechanism to electronically communicate health information in lieu of commonly used communication methods, such as the fax machine and/or courier mail. The purpose of these case studies is to showcase the rollout plans of five states — Florida, Nebraska, Rhode Island, California, and Wisconsin — around the following two main components:

1. Incorporating the Direct Project into their HIE strategy
2. Building awareness and driving adoption via the REC[1]

The shared goal of these states is to deliver Direct-related services to interested providers seeking to use Direct in support of Stage 1 Meaningful Use (MU) or to communicate sensitive health information in a simple, secure way with trusted colleagues. Selecting an implementation approach is at the core of developing a statewide rollout plan; a state can adopt a market-based approach and/or contractual approach:

1. **Market-based approach:** Create a marketplace of Health Information Service Providers (HISPs) that have been verified to adhere to HISP requirements, but let providers choose their own HISP and contract with them directly.
2. **Contractual approach:** Contract with one or more HISPs, become a HISP, or provide core services to HISPs.

The following table provides an overview of each state's implementation approach, as well as a high-level description of the state's HIE and REC role in rolling out Direct.

State	Implementation Approach	HIE strategy	REC strategy[2]
Wisconsin	• Market-based Approach • Contractual Approach	• Enable point-to-point health information exchange • Handle enrollment of	• Outreach and adoption support to doctors • Coordinate with state HIE program

---

[1] At the moment, some states are using their REC(s) to solely reach out to providers through marketing and education done for EHR adoption purposes.

[2] RECs can also play an important role in encouraging adoption of Direct by Electronic Health Record (EHR) vendors. RECs can include Direct-specific requirements as part of their interoperability requirements for REC vendor members.

State	Implementation Approach	HIE strategy	REC strategy[2]
		providers	
Rhode Island	• Market-based Approach	• Enable point-to-point health information exchange • Enable HIE interoperability solution	• Handle enrollment of providers via program • Outreach and adoption support to doctors • Coordinate with state HIE program
Nebraska	• Contractual Approach	• Enable point-to-point health information exchange • Handle enrollment of providers	• Outreach and adoption support to doctors • Coordinate with state HIE program
Florida	• Contractual Approach	• Enable point-to-point health information exchange • Handle enrollment of providers	• Outreach and adoption support to doctors • Coordinate with state HIE program

Wisconsin: Building the operational backbone to rollout Direct

How the Wisconsin Statewide Health Information Network (WISHIN) has developed robust operational processes to support the statewide rollout of Direct

Introduction

Wisconsin is currently working on phase one of their Health Information Exchange (HIE) strategy. Wisconsin's state-designated entity, WISHIN, is well positioned to develop a successful state-level HIE backbone because of two main reasons:

1. EHR adoption is widespread in the state as two of the major EHR players – GE Healthcare and Epic Systems Corporations – are based in Wisconsin, and
2. Numerous existing HIE entities in the state are eager to cooperate with the statewide HIE's strategic plan.

Wisconsin understands that moving away from a paper record system is challenging and that building statewide availability of HIE takes time. Therefore, WISHIN hopes that a phased approach will gradually help providers acclimate to the electronic exchange of health information. WISHIN recently launched "WISHIN Direct", a new service offering to help providers adopt Direct secure clinical messaging to jumpstart the electronic exchange of health information in the state.

To efficiently rollout Direct, WISHIN established the necessary operational processes to launch WISHIN Direct. WISHIN is also constantly collaborating with Wisconsin's Health Information Technology Center (WHITEC) to build awareness and educate providers about the benefits of using WISHIN Direct. As part of phase one, WISHIN is using the Direct Project to enable simple, cost-effective, immediate exchange of health information among health care providers in the state.

Direct Project and the HIE

The Direct Project in Wisconsin enables the exchange of health information — for example, clinical care summaries and laboratory results — among entities, especially those in rural areas that might still not use an EHR or are not affiliated with any of the existing exchange networks in the state.

To rollout Direct statewide, a state can:

- Encourage a marketplace of Health Information Service Providers (HISPs)
- Offer a complete set of services as the HISP, and/or
- Provide HISP services to rural, underserved communities

WISHIN opted for both the "marketplace" approach and the "complete set of services approach."

WISHIN Direct: The Direct Project in Wisconsin went live August 2011 as WISHIN Direct. Wisconsin contracted with Ability to act as the HISP and assume the role of Registration and Certificate Authority.

WISHIN Bridge: In addition to contracting with Ability, WISHIN is building a marketplace of pre-qualified HISPs as part of their WISHIN Bridge offering. The purpose of this service is to ensure that providers adopting Direct select a HISP that abides to HISP Best Practices. WISHIN Bridge also helps to ensure that there are no "walled gardens" and that HISPs operating in the state are able to exchange with each other and share directory information. HISPs that are part of WISHIN Bridge will be able to brand themselves as WISHIN Bridge HISPs as they solidify their presence in the Wisconsin market.

Demonstration Projects

WISHIN Direct demonstration projects seek to showcase how Direct can be used to support a variety of information exchange use cases in Wisconsin. Providers who participate in these demonstration projects will benefit from a free one-year subscription to WISHIN Direct. WISHIN and WHITEC are working collaboratively to recruit participants for WISHIN Direct demonstration projects. Some demonstration projects may focus on the use of WISHIN Direct in "communities", and others may focus on specific use cases, such as lab result delivery or referrals. The goal of the demonstration projects is to validate the ability of Direct to help providers securely share health information in a way that is meaningful to the participants.

Establishing the right processes to rollout Direct

Rolling out Direct as a statewide service requires comprehensive operational processes in place. In order to facilitate the identity verification process, Ability built a WISHIN-branded enrollment site that providers can access to enroll in WISHIN Direct. Interested providers need to:

1. Complete the Enrollment Form on the WISHIN Direct website (this will populate the Participation Agreement which includes an Identity Verification Form and an Order form)
2. Sign the Participation Agreement
3. Complete and notarize the Identity Verification Form
4. Mail all forms and payment to WISHIN through the USPS

Once the WISHIN team receives the completed forms, Ability creates the Direct address(es) and mails the password(s) to the address provided in the Enrollment Form. It takes approximately seven days from when a provider completes the application process to being able to send a Direct message.

Direct Project and the REC

Wisconsin Health Information Technology Extension Center (WHITEC) and WISHIN are closely collaborating to build awareness in Wisconsin about the benefits of the Direct Project. WHITEC is committed to assisting its customers with HIE efforts and continuously sharing information about WISHIN Direct through the Advisory Council, website links, and monthly newsletters. WHITEC, through its field work, is actively recruiting and encouraging practices to participate and register for WISHIN Direct. WHITEC specialists work directly with the WISHIN team to facilitate the WISHIN Direct enrollment process and assist the provider with the use of WISHIN Direct.

At the Quality Symposium, hosted by WHITEC, WISHIN will have the opportunity to present on WISHIN Direct. Any feedback received from the practices, will be shared with the WISHIN team. Currently, WHITEC is working on creating an educational tool to help practices understand all HIE options available to them, including WISHIN Direct. HIE and WISHIN Direct are constantly included in any discussion that WHITEC has statewide. Even though WHITEC does not have any specific outreach goals related to Direct, both WISHIN and WHITEC meet monthly to identify ways in which they can support each other and align activities.

Rhode Island: A Factory of Health Information Innovation

How the Rhode Island Quality Institute is leveraging their Regional Extension Center
and Health Information Exchange to rollout Direct statewide

Introduction

The Rhode Island Quality Institute (RIQI) is the only not-for-profit organization in the United States to receive three of the main American Recovery and Reinvestment Act (ARRA) awards for health information technology (HIT) – the Health Information Exchange (HIE), Beacon Community, and Regional Extension Center (REC). The mission of the Rhode Island's statewide HIE, currentcare, is to allow authorized providers to have anywhere, anytime access to a patient's longitudinal continuity of care record. currentcare and the Direct Project are the two core pillars of the Health Information Exchange strategy in Rhode Island:

Statewide HIE, currentcare

- Centralized, publicly funded service-oriented architecture that allows authorized providers to access their patients' continuity of care record

Direct Project

- Directed, standards-based point-to-point exchange of health information between providers, health systems, and the Department of Public Health

RIQI is also using the Direct Project protocol as an immediate transport solution for point-to-point health information exchange in the state. In the first quarter of 2011, the RI REC became the first of the 62 RECs to create a program to help providers adopt the Direct Project. To rollout Direct statewide, the RI REC defined and implemented a series of services as part of the newly coined Direct Program.

Both the RI HIE and RI REC are working together to rollout Direct statewide, the HIE by leveraging the Direct Project protocol to connect practice-level EHRs to the HIE, and the REC by helping providers learn and adopt Direct Messaging.

HISP Vendor Marketplace / Training Material / Website Content / Rhode Island Trust Community / Edcational Collateral / RI REC's Direct Program

Direct Project and the HIE

The Direct Project — a secure, scalable, standards-based way of communicating health information electronically — is not only a stand-alone solution for directed exchange of health information, but also an interoperability solution for those providers who want to contribute data to currentcare (but for whom a custom connection is not a financially practical option).

User Interfaces and Deployment Model

There are three user interface options in Rhode Island: webmail, mail client, and Electronic Health Records (EHRs). RIQI selected an 'Encryption-at-HISP' deployment model that offloads the management of certificates and private keys to the Health Information Service Provider (HISP). This way, the HISP minimizes the burden on the client implementation, which would otherwise have to be configured to encrypt and store certificates.

User Stories supporting HIE

Point-to-point: Enables provider-to-provider communication that supports Stage 1 MU requirements for health information exchange.

Providers in Rhode Island are able to access and review HISP vendors part of the RI REC Marketplace. Ability Network, Inpriva, MaxMD, and Secure Exchange Solutions are the HISPs currently participating in the marketplace. These vendors offer both webmail and mail client access to Direct Messaging accounts. In February 2011, a Cranston PCP was the first to use Direct Messaging to send information about a patient to a gastroenterologist in Providence.

Direct Messaging will also be used to send clinical information about a patient to an Emergency Department (ED) doctor when a patient is admitted to a hospital's ED. Currently, Aquidneck Medical Associates is using Direct Messaging to:

- Send clinical information to the hospital when a patient is admitted to the ED, and
- Receive clinical information from the hospital when a patient is discharged from the ED

System-to-system: Allows providers to automatically feed PHI from their practice-level EHRs to currentcare, the statewide HIE.

The use of Direct to feed PHI into the statewide HIE was an "Aha!" moment for RIQI, as it solved the problem of connecting heterogeneous EHRs to currentcare. RIQI is currently working with several of the most prevalent EHR vendors in Rhode Island — including EpiChart, NextGen and Amazing Charts — to incorporate the Direct Project protocols into their products. The EHRs automatically generate a Continuity of Care Document (CCD) once a key clinical update is made to a record, attach it to a Direct message, and send it over to currentcare without having providers change their workflow.

Triggering interventions: Ensures that primary care providers are notified once a patient is admitted, transferred, or discharged from a hospital or ER.

currentcare will use Direct to transmit consented patient records with Admit Discharge Transfer (ADT) information to authorized providers participating in currentcare. Plans currently include Kent Hospital, Women & Infants and South County Hospital.

Direct Project and the REC

The core mission of the REC program is to help providers adopt EHRs through a marketplace model and meet MU as they transition away from paper-based records. The RI REC offers numerous services to simplify the process of adopting and using an EHR — some of these services are:

- **Vendor Marketplace**: A list of pre-vetted EHR vendors and technical consultants
- **Relationship Managers:** Individual assistance to eligible providers
- **Subsidies:** Payments based on MU achievement milestones
- **Educational Material:** Website and educational collateral/events to assist providers through the adoption process

Through the EHR Adoption Program, the RI REC has established a strong presence in the provider community in Rhode Island. The RI REC is leveraging their visibility in Rhode Island to build awareness amongst providers who would benefit from new HIT initiatives, such as the Direct Project. Thus becoming the "go-to" place for providers to learn about initiatives that can improve the care they deliver to their patients. There are several approaches that a state can adopt to help providers start using Direct. For example, a state can:

- Encourage a marketplace of HISPs
- Offer a complete set of services as the HISP, and/or
- Provide HISP services to rural, underserved communities

The RI REC opted for a market-based implementation approach to rollout the Direct Project in the state. The RI REC is based on a "regulated" marketplace model. As a marketplace, the RI REC performs its due-diligence of EHR vendors (and other vendors, such as Technical Consultants) to ensure that vendors in the RI REC Marketplace are offering quality products and services. Given the success of this model, the RI REC is leveraging the marketplace model to rollout Direct.

HISP Vendor Marketplace

Analogous to the process carried out to launch the RI REC Vendor Marketplace of EHR vendors and Technical Consultants, the RI REC released an "Application-to-Participate" for HISP vendors. The purpose of the "Application-to-Participate" is to ensure that HISP vendors are abiding to industry's best practices.

The application examined financial stability, contribution to the Direct Project, minimum HISP specifications, and technology system specifications, among other criteria. To be accepted in the RI REC Vendor Marketplace, the HISPs had to meet a number of minimum requirements and meet or exceed section thresholds.

Website Content

RI REC's website, www.docEHRtalk.org, is frequented by providers who want to learn about Health IT initiatives in Rhode Island. To make the most out of the visibility of the RI REC's website, the RI REC created a section dedicated to the Direct Program. The section includes general information about the Direct Project (e.g., benefits, how it works), best practices, available services, and frequently asked questions.

Edcational Collateral

The RI REC seeks to help providers fully understand what the Direct Project is and why it is important to adopt. For this reason, the RI REC created an assortment of educational collateral, including educational presentations, a webcast, and a marketing video.

Rhode Island Trust Community

The Rhode Island Quality Institute opted for a Certificate Authority (CA)/ Registration Authority (RA) strategy in which RIQI acts as the RA in charge of verifying the identity of those providers looking to adopt the Direct Project. RIQI went through an RFP process to select a vendor partner to become the CA for the RITC. As the CA, the vendor is in charge of issuing "RIQI-signed" digital certificates.

The mission of the RITC is to ensure to providers that members of the RITC are who they say they are and that their organizations (practices) are in good standing with the state of RI. In addition to this, members of the RITC will only be in charge of the renewal costs associated to a digital certificate.

Training Material

To further facilitate the process of adopting the Direct Project, the RI REC created a Best Practices guide and a Set-up Checklist that shepherds providers through all of the steps necessary to adopt the Direct Project in Rhode Island.

California: Innovative Applications of the Direct Project

How regional HIEs in California are using the Direct Project in new ways to improve the quality of care delivered in the state

Introduction

Cal eConnect is a non-profit organization assigned as the state designated entity in charge of the development of a statewide Health Information Exchange (HIE) in California. Given California's unique landscape and advancement in local and regional HIEs, the state-designated entity is working to create a "network-of-networks" HIE that leverages the Health IT infrastructure available in California. Cal eConnect is thus working to bridge the networks that already exist and connect organizations that might lack the IT infrastructure required for health information exchange.

RedWood MedNet and St. Joseph Health System are two of the major health information exchange players in California. RedWood MedNet is a regional HIE operating in Northern California – offering services to Mendocino, Lake, and Sonoma counties. St. Joseph Health System is a not-for-profit regional health system serving Sonoma County and a member of the Orange County Partnership Regional Health Information Organization (OCPRHIO). St. Joseph Health System is a network of diverse facilities, such as outpatient laboratory services, state-of-the-art hospitals, and urgent care centers, among others. These two health organizations are demonstrating innovative applications of the Direct Project to improve the quality of care delivered to their patients.

RedWood MedNet and the Direct Project

RedWood MedNet seeks to adhere strictly to the current clinical user workflows when implementing Direct as part of their HIE strategy. The RedWood MedNet team understands that these clinical workflows need to resonate among members of the care team in order to be adopted and used efficiently. Therefore, RedWood MedNet plans to carefully incorporate Direct into existing clinical workflows as an alternative to faxing and mailing clinical information that will not significantly alter current workflows. RedWood MedNet received one of the three Direct Messaging grants from Cal eConnect to implement two uses of Direct in the region. The project initiated in May 2011 and seeks to use Direct to enable exchange across transitions of care and as an administrative facilitation transport service for immunization results.

Use Case: Transitions of Care Messaging Service

The first demonstration seeks to use the Direct Project to securely transport care summaries as part of the following two case scenarios:

- Transfer of a patient from an Acute Care Hospital to a Long Term Care Facility
- Transfer of a patient from a Long Term Care Facility to an Acute Care Hospital

- Mendocino Coast District Hospital
- Healdsburg District Hospital

- Sherwood Oaks Health Center
- Healdsburg Senior Living

RedWood MedNet plans to use Direct as an alternative to faxing and mailing clinical information exchanged during care handoffs. Direct will adhere strictly to the following use case/workflow:

1- A Case Manager from the Acute Care Hospital contacts a Nursing Supervisor from the Long term Care Facility; once the patient is accepted as a transfer,
2- The Nursing Supervisor responds to the Case Manager, and the Case Manager proceeds to send the relevant clinical information to the Long Term Care Facility.

This demonstration seeks to demonstrate that the Direct protocols can serve as a messaging transport for key clinical information during transitions of care. This use case demonstrates the ability of Direct to meet the Meaningful Use (MU) menu set measure about Transition of Care Summary. Currently, fax machines and voice phone calls are the primary mechanisms to send or receive clinical documents. Other transport candidates are:

- LLP over VPN for pushed content
- TLS over a secure web session (HTTPS)
- SMTP with payload (almost always PDF and not structured data)

Use Case: Immunization Registry Response File

RedWood MedNet is using the Direct Project as an administrative facilitation transport service for immunization response files. RedWood MedNet is working with eight practices to transport HL7 immunization reports out of the practices in real-time. Immunization reports that result in ambiguous matches will need to be repackaged by the practice and sent again to the California Immunization Registry.
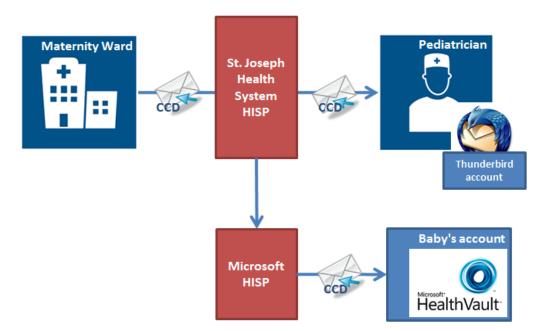
RedWood MedNet will use Direct to send the practice a report, or result message, of the immunization reports that resulted in ambiguous matches. The medical record person (e.g., nurse, medical assistant) will handle the report and will ensure that the immunization records are re-submitted to the Immunization Registry via HL7 submissions.

St. Joseph Health System and the Direct Project

St. Joseph Health System contacted the RedWood MedNet HISP and purchased a "HISP-in-a-box" to enable health information exchange within the System, the 10th largest health system in the United States. The St. Joseph Health System is using Direct to enable a very unique use case to improve the quality of care received by newborns.

Use Case: Maternity Ward health information exchange

In order to ensure that pediatricians have access to the health information of newly born children, maternity wards of the St. Joseph Health System will use the Direct Project to send newborns' health information to their pediatrician. Mothers will also have access to their babies' health records via Microsoft HealthVault. Because the Microsoft HealthVault accounts will be created for the babies, this use case sets forth a movement to ensure that new generations are comfortable playing a more active role in the management of their healthcare information.

As part of this use case:

1. Maternity ward hands out Thunderbird accounts to affiliated pediatricians
2. During prenatal planning, the care manager works with the mother of the child to open up a HealthVault account for the baby
3. At birth, the care manager pushes a CCD message payload to the baby's HealthVault account and to the pediatrician

Nebraska: Health information exchange coverage within the state and across state lines

How the Nebraska HIE, Nebraska Health Information Innovation (NeHII), is using the Direct Project to enable numerous use cases in Nebraska

Introduction

The Nebraska Health Information Innovation (NeHII) is a non-profit organization acting as the statewide HIE and integrator for all HIE efforts, both regional and specialty, in the state of Nebraska. There are more than six-hundred physicians, thirty-four hospitals, six pharmacies, and one payer contributing data to the statewide HIE. The goal of NeHII is to allow authorized providers to locate their patients' health information electronically at any point of care, thus providing timelier, better informed care for all patients.

Nebraska is leading the nation with one of the most robust statewide HIEs. NeHII seeks to implement the Direct Project as a complementary service of the statewide HIE. Direct will also serve to target the "white space", where gaps in exchange provide specific use cases that the Direct Project can target as a solution for simple, immediate, cost effective health information exchange.

HIE Model

NeHII plans to implement Direct Project messaging capabilities by year end 2011 as a service of the statewide HIE. Thus, offering providers an alternative method to communicate protected health information (PHI) over the Internet, especially for rural referrals to urban health centers. NeHII contracted with its current HIE vendor to assume the role of the Health Information Service Provider (HISP) for the state.

Statewide HIE, NeHII

- Privately-publicly funded, hybrid- federated health information exchange that allows authorized providers to share and access clinical and administrative information about their patients

Direct Project

- Secure, standards-based tool to facilitate electronic exchange of health information, send a CCD document across state lines to KS, CO, SD and support the exchange of 42 CFR part 2 specially protected data to eBHIN.

Direct Project and the HIE

The Direct Project will be used both as a **tool** for organizations and providers seeking a simple, secure way to communicate PHI electronically and as a **solution** to enable health information exchange

between NeHII and Electronic Behavioral Health Information Network (eBHIN). Other applications of Direct are being currently considered, such as using Direct to communicate with patients, either directly or through PHRs, to communicate with the VHR, and to send a CCD document across state lines to Kansas, Colorado, and South Dakota.

User Interfaces and Deployment Model

There are several approaches that a state can adopt to help providers use Direct. For example, a state can:

- Encourage a marketplace of Health Information Service Providers (HISPs)
- Offer a complete set of services as the HISP, and/or
- Provide HISP services to rural, underserved communities

NeHII, through a contract with Axolotl, is acting as the HISP, Registration Authority, and Certificate Authority for the state. NeHII will also utilize its provider directory to facilitate the exchange of PHI via Direct. As the HISP, NeHII adopted a fee-for-service business model, charging fifteen dollars per Direct address to NeHII participants, non-NeHII participants, and other states, as interested.

Deployment Model: "Encryption at HISP" model (i.e., HISP provides all necessary services to enable Direct, such as encryption/decryption; management of certificates and private keys; and routing of information)
User Interface: Webmail or Email Client

User Stories supporting HIE

Exchange of information between NeHII and eBHIN
Once eBHIN goes live with their implementation, hopefully Q1 of 2012, the Direct Project will be used to exchange health information between NeHII and eBHIN. Interested providers will obtain a secure Direct address from NeHII's HISP. Providers will use their Direct address to login to the HISP, access an address book, compose a message, and send all relevant information to another provider with a Direct address. This will allow:
- NeHII providers to receive PHI about eBHIN patients
- Nebraska providers (not participating in NeHII) to receive PHI about eBHIN patients, and
- eBHIN provider to receive PHI about NeHII patients

Electronic exchange of health information
NeHII is also reaching out to smaller, remote entities — such as critical access hospitals —to encourage the use of Direct to exchange clinical information when needed. NeHII is currently working with Pathology Services in North Platte, Nebraska to contact organization that might benefit from using

Direct to communicate with Pathology Services.   NeHII is also planning to work with Pathology Services to exchange laboratory results with the VA.

Direct Project and the REC

Nebraska's Regional Extension Center, Wide River Technology Extension Center, is working closely with NeHII to build awareness about the benefits of Direct Messaging, especially for providers in rural areas that need a simple health information exchange solution. The Wide River TEC is partnering with NeHII to develop and deliver a webinar on Direct-related services to REC clients. The webinar will be hosted by members of the NeHII team who will be there to answer any questions from providers. The webinar will provide an overview of the Direct Project, applications to Meaningful Use, and a description of the available Direct-related services for Nebraska providers. Therefore, NeHII is leveraging Wide River's ties to the provider community to rollout Direct Messaging to providers who are seeking to meet Stage 1 Meaningful Use.

Florida: Enabling HIE with Direct Secure Messaging

How the statewide HIE and South Florida REC are working together to enable simple, secure health information exchange in South Florida

Introduction

The Florida Agency for Health Care Administration (Agency) is the entity in charge of planning and developing a statewide Health Information Exchange (HIE) in Florida. The Florida HIE will be a "network of networks", publicly/privately funded HIE. Similar to California, many of the large players in Florida, such as hospital systems and Regional Health Information Organizations (RHIOs), either already have a local exchange in place or support an infrastructure that can be leveraged to connect to the statewide HIE.

The Agency contracted with Harris Corporation to stand up the core operational infrastructure needed for a fully functioning exchange. For rural organizations or organizations that do not have the capabilities to connect to the statewide HIE, the Agency will use Direct as an enabler of health information exchange in support of Meaningful Use (MU). Thus, Florida's strategy is composed of robust exchange, under the brand name Patient Look-Up (PLU), and Direct, under the brand name of Direct Secure Messaging.

Statewide HIE (called Patient Look-Up)

- Privately-publicly funded, network-of-networks health information exchange that will allow authorized providers to share and access clinical and administrative information about their patients

Direct Project

- Secure, standards-based tool to facilitate simple electronic sharing of health information among providers, including those in rural areas and/or not connected to the statewide HIE

The statewide HIE will allow providers that are connected to query the exchange and retrieve their patients' longitudinal care record, among other functions. Direct Secure Messaging allows providers to directly send and receive health information from other trusted providers connected via Direct.

Direct Project and the HIE

The Florida HIE is serving as the Health Information Service Provider (HISP) for the state. It offers a complete set of services to providers interested in Direct Secure Messaging. The state contracted with Harris Corporation to provide HISP services on behalf of the Florida HIE, as well as Registration Authority and Certificate Authority services.

User Stories supporting HIE

Direct Secure Messaging supports simple exchange of health information — such as Continuity of Care Documents (CCDs), referrals, and structured laboratory results — among providers that need an on-ramp solution in support of Meaningful Use.

Exchange of information between Community Health Centers and physicians

An interesting application of Direct Secure Messaging in Florida is the exchange of health information between Community Health Centers (CHCs) and physicians. The state HIE is reaching out to key health centers in the area and is identifying physicians that need to be signed up for Direct Secure Messaging based on referral patterns. Many of these CHCs are engaged in a Medical Home Project and thus need to demonstrate the capability to electronically exchange key clinical information with providers.

The state HIE is finalizing an implementation of Direct with the Jessie Trice Community Health Center and is simultaneously contacting physicians to sign them up for Direct Secure Messaging. Broward Health and Miami Jewish Home are two other health centers that have expressed interest in using Direct Secure Messaging. Additional health centers that can potentially sign up for Direct Secure Messaging are Boriquen Health Care, Camillus Health Concern, CHI, Helen Bentley, Institute for Child and Family, and Miami Beach.

The state is also having conversations with hospitals that are interested in adopting secure messaging to send discharge notes to providers. However, numerous hospitals are already using proprietary secure messaging systems.

Direct Project and the South Florida REC

The South Florida REC (SFREC) is one of the four regional extension centers in Florida. As an REC, the organization has a strong presence amongst the provider community in South Florida. Therefore, the SFREC is leveraging its outreach activities to build awareness about the benefits of Direct Secure Messaging and to ultimately sign providers up. Through their monthly newsletters, email blasts, and field representatives, the SFREC is playing an important role in building those trusted relationships that are necessary when introducing a new technology into the market.