More Details Emerge on the Direct Project

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By Chris Dimick

Pilot projects testing the Direct Project health information exchange protocol remain on track, with project officials estimating wide industry use of Direct in 2012.

But more detail on how the average healthcare provider would use the exchange service was a highlight of a March 21 National eHealth Collaborative webinar, which featured an update on the project by Arien Malec, The Direct Project coordinator.

Direct is a set of standards and specifications that allows two healthcare entities the ability to directly exchange electronic information via secure e-mail. Meant to replace fax and snail mail, Direct meets exchange requirements called for in the federal meaningful use program, which offers financial incentives to providers who implement certified EHR systems. For example, using Direct a physician could electronically send a patient referral to a specialist over the Internet using secure e-mail.

No Software Needed

Using Direct will not require that providers implement software, Malec said. Instead, the process for sending information is similar to sending e-mail today.

First a physician would contract with a health information service provider (HISP), such as a local HIE that has decided to offer Direct as one of its exchange services. The HISP would assign the physician a Direct e-mail address.

To use Direct, the physician would log into his or her HISP Direct gateway via the Internet and use his or her Direct e-mail address to send information to another provider who also has a Direct e-mail address. Information can only be sent to other providers using the Direct service.

Large healthcare organizations could become HISPs themselves and facilitate Direct exchange both within their organizations and with Direct-enabled providers outside their network.

Several EHR vendors are developing products that come Direct ready, enabling providers to send structured health information directly from their EHR using Continuity of Care Document standards.

However, an EHR is not necessary to use Direct, said Gary Christensen, COO and CIO of Direct pilot site Rhode Island Quality Institute. As long as a provider has a computer and Internet connection, they have the ability to use Direct.

"You'd hire a HISP, you'd need an Internet connection, and you'd need a trust certificate that the HISP can provide—that's it," Christensen said. "You don't need to have anything put in your EHR, and it is not something complicated that you have to install."

Providers can locate HISPs through the Direct Project Web site.

While meant to be a low cost way to achieve simple "push" messaging, Direct is not capable of more complex exchanges. A physician could not use Direct to query area healthcare organizations in search of additional patient's information, for example. That type of "pull" exchange is more suited for a regional HIE organization.

HIEs, Vendors Lining Up

Several Direct pilots have begun live data exchange using the standards and specifications, and more core specifications have been finished by Direct developers, Malec announced.

A total of 65 healthcare and health IT organizations have announced they will implement Direct, including stakeholders like EHR and PHR vendors, healthcare organizations, and HIEs.

Major EHR vendors have begun to develop Direct compatible products, while several states have built Direct into their HIE plans. PHR vendor Microsoft HealthVault announced in February that all of its PHR accounts will be Direct compatible, allowing providers to electronically send health information to patients' PHRs.

While some of the 65 healthcare organizations have already begun using Direct, most will transition into use during this year and next, Malec said.

"This will provide an incredible step forward, a major upgrade in health IT exchange for the country," Malec said.

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