

DIRECT

ABILITY And The Direct Project

Secure Communication For Healthcare Providers Across The Country

Direct Defined

The Direct Project was launched in March 2010 as collaboration among a coalition of both public and private entities including providers, vendors and state and federal agencies. “The goal to leverage, the Nationwide Health Information Network (NwHIN) to enable secure health information exchange over the Internet,” according to the Office of the National Coordinator for Health Information Technology (ONC). The Direct Project was designed to help healthcare providers, departments of health, and payers communicate securely, with each other and with their patients, to deliver higher quality and more affordable care.

ABILITY and Direct

ABILITY has taken a leadership role early in the Direct Project by contributing significant resources and intelligence toward the Direct architecture, security and trust model, policy guidance, pilot formation and many other areas to support the Project’s mission in developing a Nationwide Health Information Network. ABILITY was the first in the country to enable Direct messaging on that network and continues to demonstrate leadership in creation of a roadmap for rolling out Direct addresses on DirectABILITY as well as promoting adoption.

Uses for Direct

Many providers and healthcare organizations actively exchange information today. Exchanges within an organization typically occur through the use of Electronic Health Record (EHR) systems. Other types of exchanges both within and outside an organization occur via mail, fax or courier. Anyone who is interested or involved in the exchange of health information is a potential user of Direct including HIEs, hospitals, payers, clinics, physicians, healthcare facilities other healthcare professionals as well as patients. Any workflows involving paper exchanges (e.g., printer, fax, and courier) can easily be replaced by optimizing both cost and benefit with a more immediate, more secure and faster digital exchange.

There are many different use cases that can be leveraged using Direct that fulfill CMS quality measures as well as stage 1 & 2 Meaningful Use. The ability to send information securely across the Internet may include:

- A family practice physician sends referral information to a specialist.
- A rural clinic transmits immunization data to a public health department.
- A multi-specialty group shares clinical disease surveillance data with the Centers for Disease Control.
- An academic medical center requests verification of eligibility information from a payer.
- A payer requests additional clinical information on a patient from a large hospital.

The Future for Direct

The potential is not so much that providers now can send secure e-mail, but that the uniform use of the protocol by the healthcare industry opens up countless ways to automate exchanges of information in the background of clinical routines without having to set up dedicated transfer networks using all manner of proprietary linking technology. It's as simple as hooking up one Direct address to another.

The Direct Project has a bright future, and in the years ahead, early findings from Direct pilots across the country will reshape the nature and quality of health information exchange. The Direct Project will:

- Improve the ease, security and affordability of clinical messaging for physicians and other providers.
- Contribute to the fulfillment of meaningful use requirements around issues such as care coordination, disease surveillance, patient engagement and population health management.
- Address medical home and accountable care guidelines and options.
- Offer health information management departments cost-effective alternatives to fax machines and paper for sending and responding to health information requests.
- Enhance communication and engagement with employed and affiliated physicians of hospitals, health systems and IDNs.
- Provide standards and services for the expansion and success of community, state and regional health information exchanges (HIEs).
- Offer standards and workflows for inclusion in electronic health record software, reducing the cost of integration.
- Allow patients to receive health information, summaries of recent visits and reminders about preventive or follow-up care from providers.
- Enable more extensive coordination and collaboration among providers, payers, government agencies, vendors and patients.
- Manage and resolve ongoing healthcare issues related to quality, safety, efficiency, cost, duplication and fragmentation.
- Deliver simple, secure interoperability on an open platform, allowing connections to expand from a hospital communicating with a single state entity to a hospital communicating with other providers and state and federal agencies.
- Make communication and data exchange easier and less expensive, much like the Internet did in the 1990s.



Butler Square
100 North 6th St.
Suite 900A
Minneapolis MN, 55403
P 612.277.3941 | F 612.460.4343
www.abilitynetwork.com

About ABILITY

ABILITY works to save lives by facilitating information exchange and knowledge sharing among every participant within the healthcare spectrum – hospitals, physician practices, home care providers, DMEs, and private and government payers. More than 3,000 hospitals across the country use ABILITY network to promote care coordination and collaboration, reduce record fragmentation, participate in new care models, streamline administrative workflow and access the Direct Project network and state and community-based Health Information Exchanges.