

## Themes and Lessons from Direct Adoption Bright Spots

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### About this Document

The Bright Spots initiative is designed to help identify and disseminate successful implementation practices and approaches that are worth spreading. Check out more detailed implementation briefs at <http://statehieresources.org/bright-spots/>.

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### Why Direct?

Imagine your primary care physician refers you to a specialist. Before your scheduled visit, the specialist's office calls you to let you know the specialist needs to see the results of an additional test in order to complete an evaluation at the time of your appointment. The office proceeds to help you make an appointment for the test, ensuring the timing is early enough to get timely results to the specialist so everyone can make the most out of your visit. This scenario saves time and money by coordinating across the continuum of care to get it right the first time (rather than going to the specialist multiple times only to hear you need more tests).

The [Direct Project](#) – a public-private collaboration sponsored by ONC created to rapidly develop standards, services and policies that enable secure, point-to-point health information exchange over the Internet – is making scenarios like the one above possible every day. An affordable, scalable and payload-agnostic tool for moving information between two end points, Direct can and is being used to more effectively and efficiently address a number of communication needs across the broad care delivery system.

Direct allows providers, patients, and authorized data trading partners to share patient health information easily and electronically regardless of organizational affiliation, electronic health record (EHR) platform, or presence of a regional health information exchange entity. Providers and their staff can use Direct to meet the Centers for Medicare and Medicaid Services (CMS) meaningful use requirements while supporting a number of other beneficial information exchange transactions, including public health reporting, receiving hospital admission and discharge alerts, sharing care summaries during care transitions, receiving and integrating lab results directly into their EHR, and even sharing information with patients.



## Driving Adoption – Tried and True Approaches

Each day, millions of individuals and organizations adopt and use innovations like Direct to satisfy a vast array of wants and needs. Successful strategies to encourage adoption of these tools often incorporate one or more of the principles listed below, all of which also apply to the Direct context.

- **Focus on user needs.** Adoption of innovations, whether technology or otherwise, is often fueled by individual and organizational needs. Clearly connecting exchange solutions like Direct to latent or unmet needs within the care delivery system will not only encourage providers to adopt, but can also help them derive real value from the tool. Rather than assuming what these needs are, take opportunities to learn what providers and patients need through questionnaires, interviews, direct observations, or prototype demonstrations.
- **Start with who you know.** Encouraging adoption of new tools and solutions among an existing client or user base can be an effective strategy for quickly gaining critical mass. Where HIE entities, including Health Information Service Providers (HISPs) and other vendors have an existing relationship with clients or users, consider offering new tools like Direct as “add-ons” to what they already use. You can motivate providers to become early adopters by providing discounts to existing users who try out new offerings, bundling tools and/or services for discounts, identifying and responding to additional client needs, and offering promotions for a limited time to create a sense of urgency.
- **Harness the power of “network effects”.** Many innovations exhibit network effects, where the value and utility of the innovation depends on the number of users engaged in and using it. The more users there are, the more useful and valuable the innovation is (think about Facebook, fax machines, Twitter, etc.). Start by identifying critical nodes or points in the delivery system where people already communicate or need to communicate with each other. Then consider using strategies like viral marketing to help achieve network effects for Direct, allowing you to reach potential users through the communication networks of existing and new users.
- **Leverage partnerships.** Strategic partnerships are a reliable way to build and expand relationships and buy-in. Given compelling benefits for all parties and complementary (rather than competing) objectives, partners can co-market innovations like Direct through joint outreach campaigns, leverage existing communication channels to reach broad audiences, and even act as a reseller, distributor or wholesaler of Direct services.
- **Let the user experience the innovation.** Most people do not buy smart phones without holding and playing with one first. Whether in a store or at a friend’s house, the firsthand experience of the innovation helps them understand how it could be helpful in their own context. Successful outreach campaigns use both high and low-touch outreach strategies (e.g., a product demonstration versus sending out an e-mail blast) to encourage adoption; however, potential users are most likely to understand the benefits of Direct and how to use it if they can see and experience it firsthand.

## What is Working for State HIE Grantees?

States with the highest Direct adoption rates to date have implemented several of the principles above. We detail their approaches in the sections below.

## Theme 1: Focusing on User Needs through High Value Use Cases

There are many broadly applicable use cases for Direct including care summary exchange, reporting to public health, lab results delivery, referrals, and patient-provider communication. Not surprisingly, providers are far more likely to adopt and use Direct if there is a clear and compelling need (i.e., a specific use case) that Direct can address.

- **Florida's** mandatory Newborn Hearing Screening Program (NBS) requires hospitals to screen all newborns for potential hearing impairment so that immediate interventions can be deployed to address the adverse effects of hearing loss on speech and language development, academic performance, and cognitive development. The NBS process, which was largely completed by fax previously, requires hospitals to submit screening results to the state, and the NBS to submit a compilation of results back to hospitals to ensure accuracy. Florida is now using Direct to complete NBS transmissions electronically and expects to not only reduce paper and ink costs for the NBS program, but to make the process of reviewing and completing reports more efficient for audiologists and other professionals performing hearing screenings. To expedite registration of these care providers, Florida worked with the NBS to register them by their national provider identifier (NPI) number, allowing for more than 100 professionals to be registered at one time.
- In **California**, Redwood MedNet and the St. Joseph Health System are also collaborating to use Direct to improve care coordination for newborns. Maternity wards will use Direct to send newborns' health information to their pediatricians and to patients' personal health record (HealthVault) accounts, where parents can access their babies' health information. Redwood MedNet is further leveraging Direct to give hospitals and long term care facilities a means to share clinical care summaries when patients are sent to or discharged from the hospital, demonstrating proposed stage 2 meaningful use requirements for the electronic transmission of care summaries during transitions of care.
- In **Ohio**, the Greater Cincinnati Beacon Community (GCBC) and a regional health information organization (HIO), HealthBridge, are collaborating on a Direct transition of care demonstration. Two participating area hospitals – Christ Hospital and Mercy Anderson Hospital – are testing the use of Direct to send providers discharge summaries when patients leave the hospital. Once testing is completed, the system will be deployed in up to five hospitals in 2012.
- **Guam** HIE is targeting several unique use cases with their Direct implementation for the Department of Veterans Affairs (VA) and the Department of Defense (DoD). Guam HIE and the VA are currently using Direct to refer VA patients to providers in Guam for mammography and are looking to expand the use of Direct in the future to all VA referrals, giving them an easy mechanism to ensure test and imaging results follow VA patients. Given the current military buildup in Guam, they are also looking to use Direct as a valuable platform for securely exchanging military patient information with the DoD.

### Promotional Offers

**Wisconsin** has also experienced positive results through promotional offers. The state's SDE, the Wisconsin Statewide Health Information Network (WISHIN), is currently running limited time offers for providers and other entities that sign up anytime in 2012, discounting prices by approximately 30 percent. WISHIN is also offering Direct accounts at discounted rates for the following participants:

- 50 percent discount to anyone working with the Wisconsin's REC
- Free WISHIN Direct addresses to anyone that agrees to participate in a Direct demonstration pilot

Starting with their launch in February 2012, **Alaska** has offered their first 350 accounts for free for the first year. To date, over 500 providers have already signed up.

### Theme 2: Starting with Who You Know – Marketing to Existing Providers

Promoting Direct to existing users or stakeholders can help states with quick adoption wins, particularly when paired with enticing promotions.

- **Delaware's** state designated entity (SDE), the Delaware Health Information Network (DHIN), used this strategy to good effect by promoting a limited time offer to existing DHIN members. With an existing user base that comprises over 80 percent of the state's providers, DHIN used their existing communications channels (such as their website and e-mail listservs) to send professionally-produced collateral to create awareness about the limited-time offer. Nearly 100 providers signed up for Direct in the first two weeks DHIN offered the service. Following this impressive result, DHIN extended the offer until January 15, 2012 and has increased their signups to 572 – the highest rate among grantees to date.

### Theme 3: Harnessing the Power of Network Effects

One way to begin creating network effects is to identify and tap into critical nodes where groups of providers already have a need to communicate with each other.

- **Arkansas'** Office of Health Information Technology's (OHIT) strategic approach to Direct provider adoption began by identifying "targets of opportunity" based upon care communities, both organizationally and geographically. With the goal of identifying networks that already communicate on a regular basis, OHIT reached out to various health markets and referral networks about Direct. A critical node emerged around the state's Federally Qualified Health Centers (FQHCs) because of their need for an inexpensive way to communicate within their network to allow for better care coordination. Taking this approach, Arkansas has been able to get 500 providers signed up for Direct in a matter of months.
- **Alaska** targeted one of the state's highest utilized health care facilities, the Alaska Heart Institute, as a critical node. Performing over 90 percent of the cardiac procedures in the state, the Institute is in constant communication with many other health care stakeholders. Their participation in Direct has been successful in attracting additional hospitals and providers to sign up.
- Similar to "going viral," **Delaware** is looking to reach out to their users' networks through a "member-get-member" campaign, where providers are rewarded for inviting five other providers they know or need to communicate with to use Direct (potential incentive is three free months of Direct).

### Theme 4: Leveraging Successful Partnerships & Letting Users Experience the Innovation

Numerous states note that outreach about health information exchange is most effective when delivered through trusted sources and that Direct is no different. We've found that these partnerships can be particularly effective when coupled with "boots on the ground" efforts that allow users firsthand experience and help with Direct.

- **Alaska** is partnering with provider champions to better understand provider needs and to identify high impact networks to which they then target their Direct outreach.

### Working with Regional Extension Centers

- **Ohio** engaged Regional Extension Center (REC) consultants from seven regional REC partners and HIE staff to do provider installations of the CliniSync Direct Suite. This was a mutually beneficial arrangement because it allowed the HIE entity to do more installations more efficiently and provided the REC consultants with additional provider face time. In addition, a workgroup within Ohio’s SDE – composed of representatives of the HIE and REC programs as well as REC partners – create Direct communication strategies that are then channeled out through their respective organizations.
- **Wisconsin** partners with the state REC, the Wisconsin Health Information Technology Extension Center (WHITEC), to meet with REC customers and introduce Direct as a tool providers can use to achieve meaningful use. WISHIN provides training to WHITEC’s HIT Specialist staff members who support providers in the field on using Direct for care summary exchange.
- **Nebraska’s** SDE, the Nebraska Health Information Initiative (NeHII), partnered with the state’s REC, Wide River Technology Extension Center, to build awareness about the benefits of Direct, especially for providers in rural areas. Together they are developing and delivering a webinar to demonstrate Direct-related services to REC clients.

### Collaboration with Beacon Communities

The **Hawaii** Health Information Exchange (HHIE) and the state’s Beacon Community, Hawaii Island Beacon Community, are working closely together to increase Direct adoption. Early on, HHIE recognized challenges with high-touch modes of outreach due to resource constraints and travel difficulties based on the island geography. These limitations were preventing HHIE from reaching Hawaii’s full provider population, especially on the Big Island. In a mutually beneficial partnership, Hawaii’s Beacon Community recently signed a memorandum of understanding with HHIE that states the Beacon will assist with Direct orientation and materials dissemination to providers located on the Big Island. Having established relationships with island providers, the Beacon Community has a significant head start on outreach efforts.

Other states are engaging RECs in more formal partnerships, enabling them to endorse and/or sell Direct on behalf of the HIE entity:

- **West Virginia’s** SDE, the West Virginia Health Information Network (WVHIN), engaged the state’s REC, the West Virginia Regional Health Information Technology Extension Center (WV RHITEC), through a formal contract that allows the REC to promote WVHIN’s Direct services. Armed with training and marketing approaches developed by WVHIN, WV RHITEC endorses the use of Direct services to their REC clients across the state in this mutually beneficial relationship.
- **Arizona’s** state agency responsible for implementing statewide exchange, the Arizona Strategic Enterprise Technology (ASET), forged a contractual relationship with the state’s REC, Arizona Health-e Connection (AzHeC), to establish and manage an Arizona HIE Marketplace, currently focused on Direct. Naturally positioned to connect providers with Direct services, AzHeC is providing “boots on the ground” support to help providers understand their exchange options and adopt Direct in manner that fits their workflow and helps them achieve meaningful use. AzHeC deploys technical consultants who work directly with providers to help them make decisions about purchasing Direct services and integrating Direct into their workflow. Through this arrangement, ASET plays an oversight role to AzHeC’s efforts.

While RECs and Beacon Communities may be the most obvious partners for state HIE grantees' Direct adoption efforts, there are several other stakeholders in which states are forming strategic relationships. **Delaware, Florida, Rhode Island** and **Wisconsin** have worked with various professional associations (e.g., medical societies or hospital associations) and state government entities (i.e., state Medicaid) to utilize their communication channels to distribute materials, host joint events, and conduct outreach campaigns.

## Communicating Direct

States are using a variety of strategies to communicate to their stakeholders about their Direct services. While low-touch outreach strategies (e.g., e-mail blasts, posts on websites, etc.) appear to have mixed success, we have compiled several grantee communication and outreach examples in **Appendix B**.

As grantees continue to promote Direct, there are several promising practices to keep in mind:

- Identify potential users other than physicians (e.g., office staff, care managers), understand their workflows, and focus on their needs.
- Closely tie your talking points to each audience's or user's decision points (i.e., when are they most likely to sign up).
- Consider the return on investment for communication efforts and appropriately adjust your marketing and outreach budget and effort based on the relative size of the opportunity.
- Repeat, repeat, repeat the message to your intended audience.
- Monitor and measure the effectiveness of your outreach campaigns to know what works and what doesn't.

## The Future of Direct

Our research highlights how Direct is gaining momentum across state, regional and local levels. While we celebrate many successes to date, we know there is more work to be done, with many opportunities for achievement on the horizon.

Future efforts will continue to focus on the integration of Direct into EHR and personal health record (PHR) products making it even easier and more convenient for providers to communicate with their colleagues and patients. Beyond simply replacing the fax, Direct will increasingly be incorporated into workflows in automated ways that aid in the continuity of patient care through alerts, triggers, and uses we haven't even thought of yet.

## Appendix A. National Adoption Numbers – Live Direct Implementations

The table below shows states with live Direct implementations, including information on approach type, number of signups, and types of users with Direct accounts. This information is based on state self-reported data (as of May 2012) and generally only includes those Direct activities happening within the context of each state's HIE program.

| State / Territory        | Direct Approach (Contractual <sup>1</sup> , Hybrid <sup>2</sup> , Marketplace <sup>3</sup> ) | Go live date <sup>4</sup> | Sign-ups <sup>5</sup> | Types of users signing up for Direct |             |               |      |                   |                |                             |                 |
|--------------------------|--|---------------------------|-----------------------|--------------------------------------|-------------|---------------|------|-------------------|----------------|-----------------------------|-----------------|
|                          |  |                           |                       | PCP                                  | Specialists | Public health | Labs | Behavioral health | Long term care | Care managers/ coordinators | Other           |
| Delaware                 | Contractual  | 12/2011                   | 572                   | X                                    | X           | X             |      |                   |                | X                           |                 |
| Wisconsin                | Hybrid   | 08/2011                   | 532                   | X                                    | X           |               | X    | X                 | X              | X                           | X <sup>6</sup>  |
| Arkansas                 | Contractual  | 01/2012                   | 500                   | X                                    | X           |               | X    | X                 |                |                             | X <sup>7</sup>  |
| Alaska                   | Contractual  | 02/2012                   | 482 <sup>8</sup>      | X                                    | X           | X             | X    | X                 | X              | X                           | X <sup>9</sup>  |
| Alabama                  | Contractual  | 02/2012                   | 409                   | X                                    | X           |               |      |                   |                |                             |                 |
| Illinois                 | Contractual  | 12/2011                   | 409                   | X                                    | X           | X             |      | X                 | X              | X                           | X <sup>10</sup> |
| West Virginia            | Contractual  | 02/2012                   | 384                   | X                                    | X           | X             | X    | X                 | X              |                             | X               |
| California <sup>11</sup> | Marketplace  | *                         | 355                   | X                                    | X           |               | X    |                   | X              | X                           |                 |
| Florida                  | Contractual  | 06/2011                   | 324                   | X                                    | X           | X             | X    | X                 | X              | X                           | X               |
| Guam                     | Contractual  | 12/2011                   | 262                   | X                                    | X           |               | X    |                   |                | X                           |                 |
| South Dakota             | Hybrid   | 05/2012                   | 197                   | X                                    | X           | X             | X    | X                 | X              | X                           |                 |
| Rhode Island             | Marketplace  | 09/2011                   | 173                   | X                                    |             |               |      | X                 |                | X                           |                 |
| Ohio                     | Contractual  | 12/2011                   | 113                   | X                                    | X           |               |      | X                 |                | X                           | X               |
| Pennsylvania             | Marketplace  | 05/2012                   | 100                   | X                                    | X           |               |      |                   |                |                             |                 |
| North Dakota             | Contractual  | 03/2012                   | 76                    | X                                    | X           | X             | X    |                   | X              | X                           | X <sup>12</sup> |
| Hawaii                   | Contractual  | 04/4/2012                 | 72                    | X                                    | X           | X             | X    |                   |                |                             | X               |
| Mississippi              | Contractual  | 12/2011                   | 45                    | X                                    | X           |               |      |                   |                |                             |                 |
| New Mexico               | Contractual  | 04/2012                   | 40                    | X                                    |             |               |      |                   |                |                             |                 |

**Types of users signing up for Direct**

| State / Territory | Direct Approach (Contractual <sup>1</sup> , Hybrid <sup>2</sup> , Marketplace <sup>3</sup> ) | Go live date <sup>4</sup> | Sign-ups <sup>5</sup> | PCP | Specialists | Public health | Labs | Behavioral health | Long term care | Care managers/ coordinators | Other           |
|-------------------|--|---------------------------|-----------------------|-----|-------------|---------------|------|-------------------|----------------|-----------------------------|-----------------|
| Louisiana         | Contractual  | 03/2012                   | 31                    | X   | X           |               |      |                   |                |                             | X               |
| Arizona           | Marketplace  | 04/2012                   | 24 <sup>13</sup>      | X   |             |               | X    |                   |                | X                           |                 |
| Virginia          | Contractual  | 02/2012                   | 14                    | X   |             |               |      |                   |                |                             |                 |
| Minnesota         | Marketplace  | 05/2011                   | 6 <sup>14</sup>       | X   |             |               |      |                   |                |                             |                 |
| Oregon            | Contractual  | 05/14/2012                | 5                     | X   |             |               |      |                   |                |                             | X               |
| Nebraska          | Contractual  | 12/2011                   | 2 <sup>15</sup>       | X   | X           |               |      | X                 |                |                             |                 |
| Wyoming           | Contractual  | 01/2012                   | 2 <sup>16</sup>       | X   |             |               |      |                   |                |                             | X <sup>17</sup> |
| North Carolina    | Contractual  | 05/2012                   | 0                     |     |             |               |      |                   |                |                             |                 |
| Utah              | Contractual  | 01/27/2012                | *                     |     |             |               |      |                   |                |                             |                 |
| Texas             | Marketplace  | 01/2012                   | *                     |     |             |               |      |                   |                |                             |                 |

\* Information is unknown or was not provided by the state

<sup>1</sup> Contractual approach – State has contracted directly with a vendor to provide Direct services.

<sup>2</sup> Hybrid approach – State has contracted directly with a vendor to provide Direct services and has set up a marketplace for other HISPs to participate in.

<sup>3</sup> Marketplace approach – State has set up a marketplace for HISPs to participate in.

<sup>4</sup> Go-live date represents the date Direct services were made broadly available to providers.

<sup>5</sup> Signups represent the number of individuals who have signed up to use or are currently using Direct (regardless of the account structure (i.e. organizational, departmental, individual, etc.)).

<sup>6</sup> Large group administrator

<sup>7</sup> APNs, RNPs, hospitals, administrative staff

<sup>8</sup> Over 100 Direct mailboxes are “in the queue”

<sup>9</sup> Corrections facility

<sup>10</sup> Durable medical equipment suppliers, pharmacy, FQHCs, rural health centers, social service agencies, physician assistants, hospice, dentists, acute care, critical access, psychiatric hospitals, home health, speech-language pathologists

<sup>11</sup> This data reflects implementation information from one sub-state health information network.

<sup>12</sup> Hospitals

<sup>13</sup> 321 providers and the Northern Arizona Hospital have expressed interest in moving forward with Direct

<sup>14</sup> Information is based on entities and not individual signups.

<sup>15</sup> One payer (BCBS of NE) and a pathology services and physicians lab have expressed interest.

<sup>16</sup> Includes a clinic and a hospital with one Direct address each

<sup>17</sup> Hospital ER

## Appendix B. Communications and Outreach Methods and Examples

| Method  | Example  |
|---|--|
| <b>Email blasts</b>                                     | Delaware sent over 1,000 emails to DHIN enrolled members with a link to the Direct on-line landing page ( <a href="http://www.dhindirect.com">www.dhindirect.com</a> ).  |
| <b>Conference calls</b>                                 | Florida conducts conference calls with hospitals, practitioners, and office managers.  |
| <b>Webinars</b>   | <ul style="list-style-type: none"> <li>• Arkansas hosted a webinar on Phase I of its State Health Alliance for Records Exchange (SHARE) strategy – specifically focused on secure messaging.</li> <li>• The Rhode Island Quality Institute (RIQI) held a series of webinars entitled "An Introduction to Direct Messaging" aimed at all Rhode Island health care providers.</li> <li>• Florida provides free webinars to providers covering the Direct registration process, tips on how to make registration go more smoothly, and how Direct can be integrated into current workflow.</li> </ul>   |
| <b>Professionally-produced "leave behind" materials</b> | <ul style="list-style-type: none"> <li>• Delaware hired a professional marketing firm to create a <a href="#">brochure</a> used by field personnel to promote Direct during regular practice visits.</li> <li>• Wisconsin created a Direct sales flyer aimed at clinicians and any other participants in the health care delivery system who might benefit from Direct. They also developed a two-page <a href="#">document</a> outlining three steps to achieving meaningful use through the use of WISHIN services including Direct.</li> <li>• Alaska created a two-page <a href="#">brochure</a> explaining their Direct Secure Messaging product and the benefits for providers.</li> </ul> |
| <b>One-on-one practice visits</b>                       | <ul style="list-style-type: none"> <li>• Rhode Island conducts one-on-one practice visits that are coordinated through their REC and Beacon programs.</li> <li>• Alaska found that face-to-face visits with hospitals and provider practices were effective at gaining adoption.</li> </ul>  |
| <b>Websites</b>   | <ul style="list-style-type: none"> <li>• Through the RI REC, Rhode Island created a <a href="#">website</a> space dedicated to the Direct Project. It serves as a one-stop-shop for signup, education, and vendor participation.</li> <li>• West Virginia launched a <a href="#">website</a> space with a specific focus on Direct (areas for use cases, best practices, FAQs, technical standards and registration information).</li> </ul>   |
| <b>Letters to stakeholders</b>                          | Wisconsin sent letters to CLIA accredited and compliance labs to introduce their lab survey and recruit participants for their Direct lab pilot.   |
| <b>Newsletters</b>                                      | Wisconsin's SDE created its own newsletter, <i>WISHIN Connections</i> . This publication is shared with 2,120 contacts associated with the Wisconsin health care industry.   |
| <b>Fact sheets/FAQs</b>                                 | Texas produced a fact sheet and FAQ <a href="#">document</a> to explain their Direct white space strategy.   |