Direct Basics: Q&A for Providers

Got questions about what Direct is and how to use it?

WHAT IS DIRECT?

Direct is a technical standard for exchanging health information between health care entities (e.g. primary care physicians, specialists, hospitals, clinical labs) in a trusted network. It is secure, easy-to-use, inexpensive, and approved for use by nationally-recognized experts and organizations. Direct functions like regular e-mail with additional security measures to ensure that messages are only accessible to the intended recipient, per the protection regulations of the Health Insurance Portability and Accountability Act (HIPAA). For Stage 2 Meaningful Use, electronic health record (EHR) vendors are required to either (a) certify their transitions-of-care modules or complete EHR product offerings to include Direct to meet certification requirements, or (b) work with a third party to provide Direct services. The tools your vendor gives you may or may not include the word “Direct,” so it’s important to have a conversation with your vendor to understand the tools available to you in your EHR product.

WHAT IS A DIRECT ADDRESS?

A Direct address is needed to exchange health information using Direct. Because Direct is based off of existing e-mail standards, a Direct address looks very similar to an e-mail address. Like e-mail addresses, Direct addresses can be issued to individuals or to organizations, departments, or specific devices. An example of a Direct address is b.wells@direct.aclinic.org. While this may look and function similar to an e-mail address, it is important to know that a traditional e-mail account (e.g. gmail, yahoo mail, or your company e-mail) are NOT Direct addresses. Messages sent to or from traditional e-mail accounts are not secure and will fail to send via Direct.

Just like distinct fax numbers you may have today for each of your office affiliations, you or your colleagues may have a distinct Direct address for each practice affiliation. Be sure to verify that you are sending to the correct address for the location where you intend to send patient information.

WHERE CAN I GET A DIRECT ADDRESS?

Direct addresses are available from a variety of sources, including EHR vendors, State Health Information Exchange entities, regional and local Health Information Exchange entities, as well as private service providers offering Direct exchange capabilities called Health Information Service Providers (HISPs).

As mentioned above, to become certified, EHRs are required to certify their Direct offering, manage HISP services themselves or partner with a third party HISP to provide Direct services for their providers.

Because Direct is a secure means of communication, when obtaining your Direct address, you may be asked to provide information confirming your identity to ensure sensitive patient health information is protected. Due to flexibility in how providers can meet the exchange measures for Stage 2 Meaningful Use, some EHR vendors require the use of their native HISP services, while others allow for other HISPs to be used, have preferred HISP partners that they work with, and some offer no HISP services at all. Check with your vendor to learn what options you may have.

For additional resources or support, check with your State Health Information Exchange (HIE) or ask a representative from your local Regional Extension Center.
HOW DO I KNOW THE DIRECT ADDRESS OF PROVIDERS I REFER TO/NEED TO SEND PATIENT INFORMATION TO?

Your EHR vendor or HISP may include a provider directory with Direct addresses for providers or facilities you need to send patient information to. If not, take the same approach that you take today to get their fax number – call and ask them for it!

WHAT IF THE PROVIDERS I NEED TO COMMUNICATE WITH DON’T HAVE DIRECT ADDRESSES?

Encourage them to sign up for Direct so you can communicate with them. Nearly every state has Direct services available – have your data trading partners reach out to the appropriate contact on this list. Some implementations of Direct will even allow you to send a message to their e-mail address that will encourage them to sign up for Direct services so you can begin sending patient information.

DO I HAVE TO USE DIRECT FOR SENDING TRANSITIONS OF CARE DOCUMENTS FOR MEANINGFUL USE STAGE 2?

Not Necessarily. You may send using any of the transport mechanisms certified for your EHR technology or via an eHealth Exchange participant. While all certified EHR technology must include Direct functionality, there are other options your vendor may have also certified that you can use to exchange with other providers, either point-to-point or through an HIE. It’s best to talk with your vendor about the Transitions of Care options available to you.

WILL I GET SPAMMED IF I SHARE MY DIRECT ADDRESS WITH OTHERS?

No. Unlike traditional e-mail, Direct has special security mechanisms that prevent you from receiving messages from people you don’t trust. This means that spam is very unlikely!

ONCE I HAVE A DIRECT ADDRESS, WILL I BE ABLE TO EXCHANGE WITH ANY OTHER PROVIDER WITH A DIRECT ADDRESS?

Because Direct uses strong security to protect your communications (just like your trusted internet interactions with financial institutions, online retailers, and other secured websites), certain steps may need to be taken to start exchanging information with another provider to ensure that they are a trusted connection. While much of the technical details of this will be handled by your EHR vendor, there are a few important points to note on establishing trust with other providers:

- Based on your system or the other provider’s system, you may be required to indicate your wish to send and/or receive information from the other provider.
- Depending on the EHR and/or HISP you and the receiving provider are using, you need assistance from your vendor to establish this trusted relationship.
- Some work between the two vendors may be required in order to communicate. If you have questions about communicating with another provider, check with your EHR vendor or Direct HISP as a first point of contact.