

Collaborative Approaches to Achieving Patient-Centric Care**

Health Information Exchange and the Direct Project

A Rochester RHIO Executive Brief

Introduction

Healthcare providers and clinicians universally agree that exchanging health information across care settings and among all providers is essential for improving healthcare delivery and patient care. The question is how to best conduct health information exchange in a secure, electronic manner that will give providers access to the most comprehensive record of a patient in their care.

Providers have already begun moving into the electronic age of sharing health information. Many use Electronic Health Records (EHRs) in their practices. Some participate in a Health Information Exchange (HIE) operated by a Regional Health Information Organization such as the Rochester RHIO. Others are investigating the potential use of the Nationwide Health Information Network (NHIN)—the federal infrastructure designed to support health information exchange—and its most recent offshoot, the Direct Project.

The goal of any health information exchange should always be to promote patient-centric care; to implement rules, protocols, technologies, standards, care transition processes—and to make decisions—based on what is most beneficial to the patient.

As a goal, patient-centric care can be used to evaluate various ways to exchange health information. Keeping this goal in mind also can help providers gain clarity and make optimal technology decisions during a time when they are facing federal incentives/mandates for the use of electronic health records, have multiple vendors offering different options, and are operating within an unsettled and at times confusing marketplace.

One area of uncertainty centers around the difference between health information exchange available through the Direct Project and that offered by a RHIO that operates an HIE. This brief will explain why both the Direct Project and an HIE are essential for advancing the state of healthcare and how they are complementary to each other.

The Direct Project Overview

Announced in 2010 by the Office of the National Coordinator (ONC) for Health IT, the Direct Project is a form of peer-to-peer health information exchange. Its goal is to support a simple, standards-based way to send encrypted health information over the Internet to known, trusted recipients.

The ONC never intended the Direct Project to accommodate all types of health information exchange. Rather, it was primarily created to help providers meet Stage 1 requirements for meaningful use of EHRs by late 2011 and thereby become eligible for financial incentives offered by the federal government. In

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this regard, the Direct Project can be a valuable tool, especially in regions lacking a RHIO-operated HIE. The Direct Project is a viable stepping stone for getting providers and healthcare organizations to begin using health IT systems for information exchange.

Characteristics of Direct Project

- ❖ The Direct Project is provider-centric, supporting only “push” use cases. A document or set of information regarding a specific patient is sent—or pushed—to a recipient, typically one provider to another.
- ❖ In practical effect, the Direct Project can be considered a replacement for communications that might currently be handled by mail, fax, or e-mail.
- ❖ The Direct Project is particularly useful when providers are making referrals to other known providers. This is because a user making a request for information must know who to request the information from (another provider, laboratory, etc.).
- ❖ With the Direct Project, there is no ability to look up a patient. There is no ability to query a system that will compile data from multiple sources and provide access to all information available on a given patient.
- ❖ Some EHR vendors and RHIOs operating an HIE plan to build the Direct Project protocol into their offerings, giving providers a broader set of functionality and access to enhanced services.

Example uses of Direct Project

- ❖ A family physician referring a patient to a specialist could use the Direct Project to send a summary of the care record in their EHR software.
- ❖ A referring physician can receive visit notes from a specialist after a consultation.
- ❖ A practice can respond to requests from health plans for patient “charts”.

Patient-Centered Health Information Exchange Overview

One of the biggest differences between the Direct Project protocol and a patient-centered HIE covering a region is that an HIE can merge information from multiple sources into a single, comprehensive view of a patient. It is patient-centric, and provider-enabling; not provider-centric.

Most HIEs have a broad array of data contributors, and therefore offer a more comprehensive and community-based patient view because a RHIO is comprised of many entities in its region: hospitals, primary care providers, specialists, laboratories, imaging centers, nursing homes, home care agencies, pharmacies, health plans, and even patients themselves.

A patient-centered HIE can merge information from multiple sources into a single, comprehensive view of a patient.

An HIE vastly streamlines and improves what otherwise can be a complex, labor-intensive process with many points of risk for error.

During care transitions, the clinician’s ability to query an HIE for all relevant data on a patient represents a “pull” model of data access, as opposed to the Direct Project’s push model. For example, when patients

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present at an emergency room, a specialist, a new primary care provider, or other care transition point, it is imperative for the new clinician to gain a comprehensive view of a patient's history—including recent test results, diagnoses, summary of care documents, medications and other pertinent information—in order to make the most informed and best possible decision on behalf of their patient. This is the ultimate value of an HIE.

Characteristics of a Patient-Centered HIE

- ❖ An authorized HIE user does not need to request specific information from a specific provider, but rather can query the system to access all available information on a patient and present it in a single view.
- ❖ Data can be automatically fed into the HIE as it is generated by contributing data providers. This will occur outside the immediate event of a user requesting patient information, and the data will be compiled and presented when a request is made.
- ❖ HIEs often implement subscription, messaging, or alert services for the benefit of clinicians. For example, a primary care provider may choose to be automatically notified when his patient presents at the emergency room, or a provider can request to receive a discharge summary from a hospital. A provider may want patients' lab and radiology results sent to their EHR.
- ❖ HIEs often include an e-prescribing tool integrated into the system.
- ❖ An HIE can offer clinicians many value-added services including managing patient consent, data security and encryption, integration with EHRs, e-prescribing, and subscription and alert services, among others.

Example Uses of a Patient-Centered HIE

- ❖ The HIE can be used to look up patient information when the patient presents at the emergency room. There are many situations in the emergency room when the patient may be unable to provide information on their own. Even when able to provide information, patients often inadvertently leave out critical details that could negatively impact the care they receive.
- ❖ Hospitalists can use the HIE during transitions of care, making it easier department and safer to pick up where a previous physician left off.
- ❖ The HIE can be used as a more complete source of data to perform medication reconciliation at the point of care, helping to reduce prescribing and medication errors and improve patient care.
- ❖ The HIE can be an efficient and time-saving tool for typical referring scenarios for new or existing patients.

HIE and Direct Project Together

The secure network transport capabilities made available through the Direct Project are essential to electronic health information exchange. And the Direct Project can offer significant value to providers in the short term, helping them demonstrate meaningful use, gain federal incentives, and join the electronic age of healthcare IT. The Direct Project on its own will not advance healthcare to where it needs to be in the electronic age. That's where HIEs become essential—offering the capabilities and services required to deliver patient-centric care.

Providers in areas with an HIE should contact their RHIO to learn more about participating in the HIE to take advantage of both the Direct Project for secure transport as well as to gain access to enhanced services offered by a patient-centric HIE.

About Rochester RHIO

Rochester RHIO is a secure electronic health information exchange serving authorized medical providers and consenting patients in Monroe, Allegany, Chemung, Genesee, Livingston, Ontario, Orleans, Schuyler, Seneca, Steuben, Wayne, Wyoming and Yates counties in Upstate New York. It makes health information available wherever and whenever needed to provide patients the best care.

Physicians and patients can learn more about Rochester RHIO by visiting RochesterRHIO.org or by calling 877-865-RHIO (7446).