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Direct Project goes live with pilot data exchanges

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WASHINGTON – In early February, the Office of the National Coordinator for Health IT announced that providers and public health agencies in Minnesota and Rhode Island had begun securely exchanging health information online as part of the Direct Project.

The Direct Project establishes secure, scalable and standards-based specs to transfer medical data to trusted recipients over the Web. Envisioned as an easy-to-use, Internet-based complement to the Nationwide Health Information Network (NHIN), it enables the encrypted "push" of health information from a sender to a known receiver – replacing paper-based mail and fax transmissions.

The ONC called the Minnesota and Rhode Island pilots "a significant step" toward making health information exchange "accessible and practical for all the nation's clinicians" in support of Stage 1 Meaningful Use requirements.

National Coordinator David Blumenthal, MD, said that the "NHIN Direct Project is an essential element" in making the regular electronic exchange of patient data a reality nationwide. And importantly, he said, it does so "not just for big sophisticated healthcare systems" but for "the little guy" – solo practitioners, critical access hospitals or "basically anyone in the world who can use the Internet."

Upon that two-state roll-out, ONC also announced that Direct Project pilot programs would be launched soon in New York, Connecticut, Tennessee, Texas, Oklahoma and California to demonstrate the effectiveness of the streamlined approach, which supports information exchange for core elements of patient care and public health reporting.

Touted as part of President Obama's "open government" initiative to drive innovation, the Direct Project last year brought together some 200 participants from more than 60 companies and other organizations. The volunteers worked together to assemble consensus standards that support secure exchange of basic clinical information and public health data.

"This is a new approach to public sector leadership, and it works," said United States Chief Technology Officer Aneesh Chopra. "Instead of depending on a traditional top-down approach, stakeholders worked together to develop an open, standardized platform that dramatically lowers costs and barriers to secure health information exchange."

With pilot testing based on Direct Project specifications being carried out on schedule this year, officials aim toward formal adoption of the standards and wide availability for providers by 2012.

The first two programs to pilot Direct Project-based information exchange technology were Hennepin County Medical Center (HCMC) in Minneapolis and the Providence-based Rhode Island Quality Institute (RIQI).

Since mid-January, HCMC, Minnesota's premier Level 1 Adult and Pediatric Trauma Center, has been successfully sending immunization records to the Minnesota Department of Health. "This demonstrates the success that is possible through public-private collaborations," said James Golden, PhD, Minnesota's state HIT coordinator, calling the project "a key step toward the seamless electronic movement of information to improve care and public health."

RIQI's pilot project seeks to improve care when patients are referred to specialists by demonstrating direct provider-to-provider data exchange. In addition, RIQI is leveraging Direct Project messaging to securely feed clinical information, with patient consent, from practice-based EHRs to the state-wide HIE, currentcare – detecting gaps in treatment and ensuring the full record is available to all providers.



Laura Adams

"All too often, providers do not have the data they need to take the best care of patients they serve," said Laura Adams, president and CEO of RIQI. "Direct Project allows the Quality Institute to be on the cutting edge – providing health information exchange via currentcare, delivering the efficient rollout of technology through the regional extension center and enabling and measuring real patient outcome improvements in our Beacon Community."

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