



Frequently Asked Questions

Q. What is the Direct Project?

A. Launched in March 2010 as a part of the federal government's Nationwide Health Information Network, the Direct Project was created to specify a simple, secure, scalable, standards-based way for participants to send authenticated, encrypted health information directly to known, trusted recipients over the Internet. This supports the Affordable Care Act's Meaningful Use requirements -- a set of standards and best practices adopted by the ONC to ensure health care providers implement electronic health records appropriately.

Designed as part of President Obama's "open government" initiative to drive rapid innovation, the Direct Project last year brought together some 200 volunteer participants from more than 60 companies and organizations. They worked together to assemble consensus standards that support secure exchange of basic clinical information and public health data. Pilot testing of information exchange based on Direct Project specifications is being carried out this year, aimed toward formal adoption of those standards and making them widely available to providers by 2012.

Q. What role does MedAllies play?

A. MedAllies is a health information service provider—the superhighway that carries secure electronic health information between providers and linking their disparate electronic health records systems. MedAllies has launched a Direct Project pilot to demonstrate a prototype for the delivery of critical clinical information across these care settings. MedAllies will implement the full Direct Project infrastructure, including both the required technological backbone and support. MedAllies is working with many stakeholders, including EHR vendors Allscripts, eClinicalWorks, Epic, Greenway, NextGen and Siemens, and clinical providers in both ambulatory and hospital settings.

Q. What kind of information is being sent?

A. The transmitted data is critical clinical information, delivered securely, ubiquitously and inexpensively. It may include current medications, allergies, problem list, and recent results and procedures as well as additional information such as "reason for referral," "discharge instructions" and "consult notes."

Q. How will this benefit providers?

A. Providers will have access to the critical clinical information they need, where they need it and when they need it—and in a way that is consistent with their workflow, no matter what EHR they use. The Direct Project improves the transport of health information, making it faster, more secure, and less expensive. This represents a

groundbreaking technical breakthrough, as well as an operational breakthrough, reducing the “hassle factor” created by lack of interoperability of different electronic health record systems. It also leverages the government’s investment in EHR adoption and meaningful use while resolving the infrastructure needed to connect those systems. Providers that meet Meaningful Use requirements can receive up to \$64,000 per physician in bonuses over the next five years.

Q. Just how does this lead to better patient care?

A. At the simplest level, better, more coordinated care can be achieved when health care providers communicate with each other in efficient, secure and cost-efficient ways that are consistent with their existing clinical workflows.

Time and again, research shows that meaningful use of health IT can drive practice transformation, improve care coordination and quality, and reduce costs.^{1,2} Moreover, efforts to improve care coordination in primary care have demonstrated improved patient experience, improved staff experience, improved quality and reduced emergency department and hospital utilization.³

There is a tremendous body of evidence demonstrating that advanced primary care, enabled by technology and grounded in a patient-centered medical home model, can improve outcomes, enhance patient, clinician and staff satisfaction, and control costs.⁴

The approach to health IT articulated by the Direct Project and realized by MedAllies and its partners helps satisfy the Institute of Medicine’s charge to make health care safe, effective, patient-centered, efficient, equitable and timely. A 2001 IOM report called for a nationwide effort to build a technology-based information infrastructure that would lead to the elimination of most handwritten clinical data within the next 10 years. Without a national pledge to create and fund such a technological framework, progress to enhance quality of care will be painfully slow.⁵ The Direct Project addresses that recommendation and in doing so builds a bridge to safe, effective, patient-centered, efficient, equitable and timely care for all patients.

¹ Gilfillan RJ, *et al.* “Value and the medical home: effects of transformed primary care.” *Am J Manag Care.* 2010 Aug;16(8):607-14.

² Kaiser Permanente: Bridging the Quality Divide with Integrated Practice, Group Accountability, and Health Information Technology; Douglas McCarthy, Kimberly Mueller, and Jennifer Wrenn, Issues Research, Inc. Case Study: Organized Health Care Delivery System; The Commonwealth Fund, June 2009.

³ Reid, RJ, *et al.* “The Group Health Medical Home at Year Two: Cost Savings, Higher Patient Satisfaction, and Less Burnout for Providers.” *Health Affairs,* 2010; (29(5):835-843.

⁴ Grumbach, K. and Grundy, P. Outcomes of Implementing Patient Centered Medical Home Interventions: A Review of the Evidence from Prospective Evaluation Studies in the United States. Patient-Centered Primary Care Collaborative 2010. (<http://www.pcpcc.net/content/pcmh-outcome-evidence-quality>)

⁵ Crossing the Quality Chasm: A New Health System for the 21st Century (2001) http://www.nap.edu/catalog.php?record_id=10027