

Transmission and Delivery of eReferral Messages

November 10, 2015

We'll get started at 12:00 pm ET (9:00 am PT)

To mute your line: *6

To unmute your line: *6

For operator assistance: 00

DO NOT PUT YOUR LINE ON HOLD!

Acknowledgement of support

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Evan Frankel has disclosed that he receives salary support from an educational grant from Pfizer Independent Grants for Learning & Change for this project.

Learning objectives

After participating in this webinar attendees will be able to describe:

- What is encompassed in this topic of “transmission and delivery of eReferral messages”?
- What is a HISP?
- How can my quitline connect to a health system without a direct interface?
- What are other allowable methods for securely transmitting health information that support eReferral processes?

Background material for this webinar is NAQC’s *new* eReferral Guide, which can be accessed at: <http://c.ymcdn.com/sites/www.naquitline.org/resource/resmgr/eRef/eReferraltechnicalguide2015f.pdf>

Agenda

1. Health Information Service Provider (HISP)
 1. The technology
 2. The goal
 3. The implementation
2. NHIN
3. Why can't I just email?!?!

What's Up, Doc? Updox?

Not an endorsement of any technology, I just like their name.

Some of the HISPs that have been certified by DirectTrust

Cozeva	DataMotion	MobileMD	Medicity
Covisint	eClinicalDirect	Greenway	Wellogic
MRO	Kryptiq	Orion Health	RelayHealth
Mirth	Health Companion	Siemens	SureScripts

What is DirectTrust?

www.directtrust.org

- Accreditation and Certification of data exchange
- 150+ Health IT and provider members
- Security Standard
- Based on Direct exchange Standards

NHIN Direct

2010 (man that makes me feel old, this started 5+ years ago) --- National Health Information Network started the Direct project

- Goal:
 - Authenticated
 - Encrypted
 - Point to point --- Directly to recipients

The Direct BackStory

In the past, we sent information in a secure way by trusting the inherent accuracy of a fax (listed phone number) or the ‘snail’ mail (formal physical address). With the advent of Electronic Medical Records, we no longer could adequately identify individuals and send data to them.

- We covered this in previous sessions, but there was no common method, no common language, no explicit or implicit agreements
- Because of this, we were left taking the digitally created content and ruining it by printing and faxing or mailing --- all the effort of capture is spoiled as soon as it is on paper.
 - Per Neil Young, “Love is a Rose, but you better not pick it, it only grows when its on the vine...” Data is a Rose and once it is on paper, it dies quickly.

Let's get nerdy!

- XDR and XDM for Direct Messaging:
 - Leverages SMTP and RFC 5322 to transport and encode the content
 - XDR = Web services transport
 - XDM = SMTP (among others)
 - There is a Minimal Metadata Definition that permits transference from XDR to XDM
 - It also removes 'fluff'

Wait, WHAT?!?!

- In short, even if one system is using one format (XDR) and another system is using the other format (XDM), the systems can talk to each other
- Believe it or not, Exchange (outlook) and Gmail use different mail types --- but I can easily send and receive from one to another --- imagine if I couldn't? The ability to 'cross-over' is HUGE

Back to Direct

- So we have this methodology for transporting the data that we created last month (CCD-based C-CDA documents)
- We also have a way of identifying an address book (this is a complex and evolving directory), which can provide the technological equivalent of a physical address or fax #
 - But now we are trying to be more specific!

More specifics?!?

- A fax number can be shared.
- A physical address can be shared space.
- A provider can move around a bit (multiple locations, multiple systems, etc.)
- Now, we can find the specific person, identify them where the need to be informed, and pass information --- this is the same for Quitlines!

But, Quitlines don't move

- Correct! But now they can --- they can work together, they can cover for one another --- patients can be sent to a specific quitline if need be (change in QL vendor, border states, insurance demands, etc.)
- The targeting of the dissemination is more critical for other implementations of Direct...

How does it work?

- HISP / Direct Message transport is different for each EMR, each HISP provider, and may possibly be for each Quitline.
- But the intent remains the same
- In your 'system' (EMR, CMS), you select the patient, select the message type, select the destination --- and send an Email.

Who uses it?

- The growth of Direct Messaging is impressive.
- Part of Federal Initiatives for providers
- A requirement for vendors

Where can I send data?

- Once connected to a HISP/Direct account, you can send to any location of need with correct consent.
- Anything can be sent through Direct, though for Quitlines, it will be CCD-based documents (C-CDA / Progress Notes)

What else can it do?

- It is a connection, without an interface, to theoretically endless HealthCare System partners
- Think of it as a highway, you've become an exit/on-ramp --- you can take part in the movement of data throughout the care continuum.

Other transport options

- Point-to-Point Interface using any flat or HL7 based format.
- Faxing
- Mail
- API / Web Services connection to cloud-based systems
- Soon to be other approved methodology

Putting it all together

- HISP / Direct is crucial overall
- It is the transport mechanism that can solve many interoperability issues
- Quitlines will be at the forefront of connecting to the States in which they serve

Additional resources

Link to NAQC's eReferral Guide:

<http://c.ymcdn.com/sites/www.naquitline.org/resource/resmgr/eRef/eReferraltechnicalguide2015f.pdf>

The Guide has an extensive glossary, fyi!

Federal EHR Incentive Program 2015 and Beyond:

<https://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2015-Fact-sheets-items/2015-10-06-2.html>

NAQC's eReferral webpage

<https://naquitline.site-ym.com/default.asp?page=EQR>

eReferral Webinar Series Schedule

- September 22: Meaningful Use and the Technical Approach to eReferral
- October 13: Structure of eReferrals
- November 10: Transmission and Delivery of eReferral Messages
- December 8: Experiences from the Field: A Case Study of Existing eReferral Implementation
- June 7: Refining Your eReferral System

Webinars are held Noon – 1:30 p.m. ET

Questions and discussion



Contact us!

If you have any questions regarding the information that was presented during the webinar or have feedback on how to improve future trainings, please contact **Linda Bailey** at lbailey@naquitline.org.

Thank you for your participation!