# 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 optimally. MedAllies was a founding member of the original Direct Project workgroup.

**Q:** **What is MedAllies Direct Solutions?**

**A:** MedAllies operates the leading national Direct network. Developed to support the medical neighborhood while offering access to a broad national network, MedAllies Direct Solutions advances primary care models by supporting care coordination, improved care transitions and patient-centered care. This latest offering builds on MedAllies Direct Solutions' already extensive reach. MedAllies Direct Solutions connects to all EHNAC/DTAAP[1]-accredited HISPs and more than 4,000 health care organizations and 100,000 Direct users.

**Q:** **How will this benefit physicians?**

**A:** Physicians will be able to send pertinent critical clinical information they need, where they need it and when they need it—and in a way that is consistent with their workflows, 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 between different EHR systems.

In fact, clinician involvement is at the core of MedAllies. We are doctors as well as health IT experts, and we understand how to work with physicians, physician organizations and health systems. Our roots are in supporting practice transformation through the patient-centered medical home and medical neighborhood. This expertise allows us to support better transitions of care, and in doing so, accelerate the path to Meaningful Use compliance.

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[1] Electronic Healthcare Network Accreditation Commission/Direct Trusted Agent Accreditation Program (www.ehnac.org/direct-trusted-agent/)

**Q:** How does a hospital, practice or doctor join the MedAllies Direct HISP?

**A:** First, it's important to note that reach is identical for all EHNAC/DTAAP[2]-accredited networks. Any provider organization can communicate with any *other* provider organization if both have certified EHR technology and are using an accredited network.

Here's what to do if you want to work directly with MedAllies:

- If your EHR vendor is Epic, Meditech or Siemens, contact us directly. You can call Gisele M. White at 845-896-0191 x3076 or send us a request through our website, www.medallies.com/ContactMedAlliesDirectSolutions_1.html.

- If your vendor is NextGen, contact NextGen about joining the MedAllies Direct HISP.

- If your vendor is Allscripts, you are automatically part of the MedAllies Direct HISP.

- If your vendor is GE and you are using Qvera, contact Qvera to be activated on the MedAllies HISP.

In addition, the MedAllies National Direct Network is connected to all accredited HISPs, which means when you are on the MedAllies National Network you are connected to any provider on any EHR that uses an accredited HISP.

**Q:** Does one accredited HISP reach more endpoints than another?

**A:** No. Again: *Reach is identical* for all EHNAC/DTAAP[3]-accredited networks. This accreditation assures physicians their Direct-enabled system complies with MU2 requirements. Any provider organization can communicate with any other provider organization if both have certified EHR technology and are using an accredited network.

**Q:** What is EHNAC/DTAAP accreditation?

**A:** The Direct Trusted Agent Accreditation Program (DTAAP) validates and supports compliance with Direct. MedAllies' DTAAP accreditation assures that MedAllies meets the highest standards in data privacy and security. The Electronic Healthcare Network Accreditation Commission (EHNAC), a non-profit standards development organization and accrediting body, partnered with DirectTrust to create a national accreditation program for health information "trusted agent" service providers, including health information service providers (HISPs), certificate authorities (CAs) and registration authorities (RAs). EHNAC/DTAAP HISP, CA or RA Accreditation validates technical, security, trust and business practices, and ensures HISP-to-HISP interoperability among trusted agents.

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[2] Electronic Healthcare Network Accreditation Commission/Direct Trusted Agent Accreditation Program (www.ehnac.org/direct-trusted-agent/)

[3] Ibid

**Q:** **Which EHNAC-accredited HISPs does my EHR vendor partner with? Or is my EHR vendor an accredited HISP?**

**A:** That information is regularly updated at www.ehnac.org and www.directtrust.org.

**Q:** **How do I know if my EHR is ready for MU2 or Direct?**

**A:** To meet Meaningful Use 2, eligible providers and hospitals must adopt technology that has been approved by the Office of the National Coordinator for Health IT. This is called certified EHR technology (CEHRT). To be certified, EHRs must, among other things, be compliant with the Direct standard. The ONC has a Certified Health IT Product List. *Bottom line: To obtain your MU dollars, your EHR must be certified. If it's certified, it's ready to connect to a Direct network.*

**Q:** **Is Direct just email?**

**A:** No. Direct uses an email paradigm as part of its structure, but it also leverages several other technologies to run the network securely. A Direct address is not an email address: The Direct connection to a provider organization's EHR is specific to that EHR. A digital certificate binds that address to that organization and its EHR. One provider will likely have multiple addresses (e.g., at each hospital where he or she has privileges and in his or her own practice).

**Q:** **How do physicians not using an EHR connect to the MedAllies network to send and/or receive Direct messages for their patients?**

**A:** We also offer medical mail. A feature of MedAllies Direct Solutions, MedAllies Mail™ v. 1.0 provides a secure method for providers to communicate with health care organizations that are paper-based or using EHR systems that are not 2014 Meaningful Use certified. This Direct medical mail can be bundled with MedAllies Direct Solutions™ offerings or provided as a standalone option. Like the broader MedAllies Direct Solutions™ suite of services, MedAllies Mail™ supports multiple Direct service addresses for any given health care provider, and relationships with any number of organizations and endpoints. Through MedAllies Mail, customers can achieve comprehensive reach to the entire community or medical neighborhood, allowing for streamlined transitions of care even with organizations that are paper-based. By doing so, MedAllies Mail accelerates the path to Stage 2 Meaningful Use compliance for provider organizations in need of additional clinicians to meet transitions of care requirements.

**Q:** **Does my organization need to purchase a minimum number of MedAllies Mail accounts?**

**A:** No. There is no minimum purchase requirement.

**Q:** **Is MedAllies Mail secure?**

**A:** Yes. As part of MedAllies Direct Solutions, it follows the same security protocols as all our other offerings.

**Q:** **What's involved in the onboarding process?**

**A:** In some respects, that depends on the organization, because the specifics are customized: Each community is unique. MedAllies' approach fits any community model.

More broadly, MedAllies has developed a three-phase, three-track process that takes a provider organization from contracting to onboarding and into ongoing support in just four weeks. A project manager is assigned to each account, ensuring a primary point of contact throughout the process. Subject matter experts lead each of the three tracks.

As part of this process, MedAllies Direct Solutions helps organizations identify clinical trading partners with whom they regularly need to exchange patient information. This aspect is particularly important: A health care organization won't meet the MU2 requirement for transitions of care, and it won't provide any service to its patients without clinical partners to exchange with. In other words, a health care organization can't dance alone. We help them assess their partners' needs and engage their partners in the project.

In doing so, MedAllies Direct Solutions supports Stage 2 Meaningful Use requirements for communication across provider organizations. We provide community-based support to advance the patient-centered medical neighborhood, enhance transitions of care, foster care coordination and improve patient outcomes.

**Q:** **What is the typical timeline for this process?**

**A:** Thirty days.

**Q:** **What is the pricing model (annual, transactional-based, etc.)?**

**A:** The subscription-based pricing model encourages maximum use. It is assessed annually, with a flat per-provider fee.

### Do you want to learn more?

Call us at (845) 896-0191 x3076 or send us a request through our website, *www.medallies.com/ContactMedAllies DirectSolutions_1.html.*

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