

Maintenance of Clinician / Provider Directory Policy for Direct Secure Messaging (DSM) Addresses

Starting with an understanding of the terminology is key to executing the Policy.

Terminology:

- 1) **Clinician / Provider Directory** is the internal and / or external location where your organization stores Direct Secure Addresses for unique individuals and / or departments, typically within your electronic health record (EHR).
- 2) **Direct Secure Messaging Addresses** are issued by your organization or EHR vendor. Direct Addresses can be assigned to an individual, role, organization or department. Role-based is recommended rather than individual to compensate for staff turnover and improve workflow.
- 3) **HISP (Health Information Service Provider)** is a technology vendor, such as your EHR that owns and assigns the Direct Secure Address and is responsible for the transmission of data sent via Direct. A HISP is like a regional US Post Office but for digital mail.
- 4) **DirectTrust Bundle** is a directory of Participating HISPs sharing Direct Addresses providing the means to send digital mail nationally including individuals outside of your EHR and HISP network. Check with organization and EHR vendors on your participation and how to access additional Direct Addresses. DirectTrust, a national standards setting body for Direct Secure Messaging, supports aggregation services, a process that collects updates from EHRs and HISPs to produce a single file for contributors to download.
- 5) **NPPES (National Plan and Provider Enumeration System)** – Maintains the NPI (National Provider Identifier) Registry enabling you to search for clinicians and providers and locate NPI #.
- 6) **NUCC (National Uniform Claim Committee)** – Maintains a unique ten-character alphanumeric code set that identifies clinician / provider specialty.

The directory should contain up-to-date Direct Secure Messaging addresses. ***It is up to each organization to maintain.*** The directory serves as an organization's distribution center for Direct Secure Messaging addresses generated internally to external sources, such as your referral network. The directory may also hold Direct Secure Messaging addresses imported from external sources, for example healthcare clinicians, providers, payers and community-based organizations.

Policy:

Clinical information should be provided automatically to clinicians in a timely and efficient manner. Many methods exist for clinicians to access information across platforms. This policy addresses safe sending and receiving data via Direct Secure Messaging. Direct Secure Messaging is an encrypted communication technology that is available to healthcare organizations large and small.

Background Information:

Data integrity within the Clinician / Provider Directory supports this policy by including and maintaining the Direct Secure Messaging address(es). Clinicians and healthcare organizations may have multiple

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addresses where clinical care is provided and utilize a Direct Secure Message. All addresses should be included in the directory and users should be able to discern the correct address based on the physical address of the location where the care is delivered.

EHR vendors may maintain the directory for their clients. Typically, a point person within the organization supports this relationship and is responsible for the processes and timelines and may update and distribute information to the users.

General Guidance:

The following guidance is provided to support data integrity regardless of the EHR or HISP vendor.

- Organizations should develop processes to update the directory immediately upon changes such as on-boarding or leaving. This will help to eliminate Direct Secure Messages being sent to the wrong location, allow clinical communication to occur in a timely manner and support optimal care delivery.
- Organizations should share their directory with their HISP at least monthly if there are any changes.
- The directory should be updated with an upload from external sources such as other organizations or supporting HISPs at least monthly.

Clinician / Provider Directory Data Elements:

Data should be complete, accurate, timely and include the following at minimum:

- Clinician legal name as documented on medical license or Provider legal name
- Physical Address – US Postal Service format (Project US@)
- National Provider Identifier (NPI)
- Phone #
- Fax #
- Direct Secure Messaging address(es) if known
- Specialty using National Uniform Claim Committee (NUCC) Taxonomy Code that matches their specialty
- There may be multiple Direct Secure Messaging addresses associated with a clinician / provider, but the physical address and unique identifier should be tied to the Direct Secure Messaging address to distinguish.

To ensure the clinician / provider information appears correctly in the record and to be a good neighbor in the community, make sure to format information in your records consistently.

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Clinician / Provider Directory Formatting Recommendations:

While it takes some work to do this formatting or to clean up existing formatting, you'll see that time back in reduced efforts to remove duplicate records and save time in searching for clinicians and / or providers.

When entering the clinician / provider information into the directory, consider these guidelines:

- Use discrete fields for information rather than entering multiple pieces of information in a single field (e.g. first name, middle name, last name instead of name)
- Use guidelines from Project US@ - United States Postal Service (for organizations in the United States).

The following table describes the recommended formatting for various items in the directory. The items are crucial to aide in identifying duplicate addresses for synchronization and aesthetic reasons.

Item	Guidance	Explanation / Examples
Name – Include the name documented on the medical license. This will allow you to compare against NPPES, national provider database.	Maintaining the highest quality and integrity begins with collection of the complete legal name. Avoid extra punctuation or spaces.	Harvey Davis Garcia-Rodriguez Charles Wayne Miller Elizabeth Susan Whitley For example: Jr. should be Jr K. G. should be K G (first name / middle name) – include a space instead of period. Don't: K G as a single name
Middle name or initial	Include middle name or Initial	This extra information provides additional data to increase the probability of matching.
Credentials	Do not put the clinician's degree with the name, if possible, use discrete fields instead. This is both for display purposes, prevent creation of duplicate records because of name mismatches and to facilitate synchronization with external or aggregate directories.	MD DO RN DDS FNP-C

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NPI	Enter NPI for each clinician / provider record. NPI can be found on NPPES Registry. This is a 10-digit number.	Allows unique identification of the clinician and / or provider. 9999999999
Address	Follow Project US@, US Postal Service Format. Use abbreviations as recommended by the US Postal Service, such as AVE, ST or STE instead of Avenue, Street or Suite. Avoid extra punctuation, for example the period in STE. or ST.	123 MAIN ST Anywhere, IL 11111
Multiple Addresses	Follow Project US@, US Postal Service format. Don't create duplicate records for multiple addresses. Associate the multiple addresses with the clinician and / or provider.	One Record with multiple addresses.
Clinic Name	Enter the Clinic Name in a discrete field. Do not put on the first line of the address.	ABC Internal Medicine
Telephone number	Follow the North American Numbering Plan format. Area code in parentheses followed by a nonbreaking space and then hyphenate the three-digit exchange code with the four-digit number.	Contact phone number for the clinician and / or provider (800) 555-0100
Specialty	Don't put the clinician / provider specialty in the address information. Record this information separately.	Family Medicine
Specialty taxonomy code	Follow National Uniform Claim Committee, Healthcare Provider Taxonomy Code Set.	207Q00000X

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Process for Aggregated Directory Use

Not all EHR vendors or HISPS enable full directory download / upload by customer, this guidance is for organizations that do so.

- 1) Check new dates since the last load within your EHR.
- 2) Download directories with newer dates since your last load from EHR or HISP depending on your EHR functionality.
- 3) Consider sequencing of downloading of directories to allow your organization to achieve positive results earlier, for example: start with organizations in your region, expand to statewide, then bordering states and finally nationally.
- 4) Compare the new provider directory files downloaded against current provider data. Ask a trusted department to review the updates, i.e. new address, additional address information, or format for a provider or entirely new provider. The Health Information Management department or Physician Relations are examples of departments that would have the expertise to provide this service.
- 5) The trusted department compares the current provider directory and makes recommendations on which Direct Secure Messaging addresses or providers to include in the provider directory.
- 6) As a good partner, if you find errors – you should reach out to the source, validate accuracy and supply the correct information.
- 7) Upload the changes into the directory.

Resources:

Sourced from the THSA, Increasing Adoption of Direct Messaging Work Group

- 1) AHIMA Patient Naming Policy Framework 2023: Essential Person Demographic Data Elements for Electronic Health Information - [Naming Policy | AHIMA](#)
- 2) Project US@ ONC Technical Specifications and AHIMA Companion Guide Project US@ - [Project US@ - ONC Tech Lab Standards Coordination - Confluence](#)
- 3) North American Numbering Plan Administrator - [Home | NANPA](#)
- 4) National Plan & Provider Enumeration System - [NPPES](#)
- 5) DirectTrust - [Home » DirectTrust](#)
- 6) National Uniform Claim Committee - [National Uniform Claim Committee - CSV](#)