

A Primer on Meaningful Use and HISPs

The content below has been adapted from John D. Halamka MD's blog [Life as a Healthcare CIO](#). The original "[A Primer on Meaningful Use and HISPs](#)" referenced in his blog was written by Micky Tripathi, founding President and CEO of the Massachusetts eHealth Collaborative. Micky's writing does an outstanding job of detailing the concepts and issues around HISP's. QHN has changed the original content for applicability to our region and for general editorial purposes under the [Creative Commons license](#).

1. What is a HISP?

A Health Information Services Provider (HISP) is an organization that manages security and transport for health information exchange among health care entities or individuals using the Direct standard for transport. There is no specific legal designation for a HISP, nor are HISPs specifically regulated by Meaningful Use certification rules. The term HISP was coined to describe specific message transport functions that need to be performed to support scaled deployment of the Direct standard in the market. HISP functions can be performed by existing organizations (such as EHR vendors or hospitals or HIE organizations) or by standalone organizations specializing in HISP services.

HISPs perform several key functions that support scalability of exchange using the Direct standard.

- Facilitate Direct messaging: Issue Direct addresses, support and maintain the infrastructure, understand where and how to send something (address books)
- Facilitate security and trust: Define policies for network participation, create and maintain agreements, issue security certificates

2. Do I need to use a certified HISP to attest for Meaningful Use Stage 2?

No, because there is no such thing as a certified HISP. Meaningful Use certification applies to technology, not to organizations. In order to attest for Meaningful Use Stage 2, you need perform certain activities using certified EHR technology (CEHRT). For most EHR users, their EHR is certified for all of the functions that they need. If it is not, you will need to incorporate specific additional certified technology solutions to fill the remaining gaps.

3. Doesn't [DirectTrust](#) certify HISPs?

DirectTrust is a private, non-profit organization that offers voluntarily accreditation of HISPs through its [EHNAC DTAAP](#) program. This private, voluntary accreditation program often gets confused with Federal Meaningful Use certification. DirectTrust is NOT a Federal certification entity, and its EHNAC DTAAP accreditation process is purely private and voluntary and has no relationship with Meaningful Use Stage 2 attestation or certification requirements.

4. What role does a HISP play in Meaningful Use Stage 2?

A HISP provides specialized network services that connect your EHR to other EHRs that are also using the Direct standard for communications. You don't need a HISP in order to create Direct compliant messages, but you do need to be connected to a HISP in order to send and receive Direct messages with other parties. Using an email analogy, you may have Microsoft Outlook installed on your computer, but if it isn't connected to an email network, your emails can't go anywhere and none can get to you. Similarly, your CEHRT can send and receive Direct-compliant messages, but those messages won't go anywhere unless you and those who you are communicating with have valid Direct addresses and are connected to a secure network that can get the messages safely and reliably from one endpoint to another. These are the message transport functions that HISPs perform.

There are two Meaningful Use Stage 2 attestation requirements that require Direct transport.

- Summary care record for transitions of care (TOC)
- Patient ability to view, download, transmit their medical record (VDT)

For the purposes of attestation, the Meaningful Use Stage 2 TOC requirement specifies that you must electronically send a standardized summary care document to another care setting, and that you must have reasonable assurance that the other care setting actually received the document. The HISP performs the message transport functions to provide you with the assurance that your messages have been delivered to their intended recipients.

In order to attest for the TOC requirement, you need to send CCDA care summaries containing at least problem lists, medications, and medication allergies. These summaries must be transmitted with your CEHRT using either the SMTP/SMIME or XDR/SOAP protocol. There is no Federal certification for HISPs, so you can send your message to its intended recipient using any HISP or any number of HISPs, as long as you have assurance that the message will get delivered. The only certified system that you need to use is the one that creates the Direct-compliant SMTP or XDR message – after that, your message may take any number of “hops” between your EHR and its final destination, and as long as you’re confident that the message will get delivered, you will have completely fulfilled your Meaningful Use Stage 2 attestation requirement.

For the VDT requirement, most HISPs do not presently connect directly with patients. A discussion between your CEHRT vendor, and potentially your HISP, will likely be required to determine options to meet this requirement.

5. How do I get assurance that my messages are delivered?

Meaningful use attestation requirements do NOT specify how you get assurance of delivery; they specify only that you have taken reasonable steps to be confident of delivery. The most robust way for you to be assured of message delivery is for your system to receive message disposition notifications (MDNs) for each message sent by your EHR to the intended recipient. However, not all receiving systems or HISPs can generate MDNs, and not all EHR systems can consume MDNs even if they are returned.

Fortunately, you are not required to receive MDNs in order to be assured of delivery. Other acceptable methods of assurance are through HISP guarantees of delivery after successful setup testing and/or notification of failure of delivery (like emails) and/or HISP central maintenance of delivery logs that can be made available as needed.

QHN provides you with assurance of delivery through rigorous setup testing, and maintenance of a central log of delivery successes and failures. This log is made available to participants as necessary in the event of an audit. QHN can also return any MDNs or application-specific responses or acknowledgments generated by receiving endpoints. QHN cannot guarantee that any receiving endpoint outside of the QHN HISP will generate notifications, acknowledgments, or responses.

6. Is QHN a HISP?

Yes. QHN is a trust community that issues security certificates and Direct addresses to eligible participants and provides Direct-compliant message transport services for its participants.

7. Is QHN certified as an EHR module for Meaningful Use Stage 2?

No, QHN is not certified as an EHR module for Meaningful Use Stage 2. Most providers will not require QHN to be certified in order to use it to help fulfill their Meaningful Use Stage 2 attestation requirements. (See discussion above on HISP roles.) As long as your CEHRT delivers a Direct-compliant SMTP or XDR message to QHN you do not need QHN to be certified.

If your CEHRT does not send a Direct-compliant SMTP or XDR message to QHN, then you will need to change your interface to send Direct-compliant SMTP or XDR to QHN in order to count any of these transactions for Meaningful Use Stage 2 TOC requirements.

Even though you do not need QHN to be certified for Meaningful Stage 2 in most cases, you will still need to have assurance of delivery of messages sent over QHN to meet your Stage 2 TOC attestation requirements. QHN can provide this assurance of delivery through setup and testing, via MDNs for supporting CEHRTs, or via reporting.

8. The Meaningful Use Stage 2 rules refer to the [eHealth Exchange](#) – what is this?

The eHealth Exchange is a health information exchange network comprising federal agencies and other non-federal organizations such as HIEs, and others. QHN is a participant in the eHealth Exchange network. Providers can utilize eHealth Exchange participants to send TOC and do not necessarily have to use the Direct protocols for transmission of the TOC in these instances.

9. Who are the other HISPs in the area, and can I join any HISP that I want?

If your vendor allows you to choose which HISP to connect to, you can connect directly to QHN's HISP, which many times makes sense in integrated communities such as ours. There are a wide variety of HISPs in the marketplace. Whether you join any particular HISP depends on a number of factors. The biggest factor is which HISPs your EHR vendor allows you to join. Some vendors require that you use a specific HISP (either their own or the one they are integrated with), while other vendors allow the provider to choose which HISP they would like to connect to. CMS and ONC do not require that you use any particular HISP for meaningful use, but in practice, your EHR vendor will dictate which HISP options are available to you.

If your vendor requires that you use their designated HISP, you can still connect to QHN Direct users through a HISP to HISP connection. This requires configuration, testing, validation the necessary agreements to facilitate this exchange.

10. Is QHN part of [DirectTrust](#)?

Yes, QHN is a member of DirectTrust. DirectTrust is a voluntary private non-profit collaborative that is helping HISPs to connect with each other. QHN may at some point become DirectTrust accredited. Providers, EHRs, or HISPs do NOT need to be members or accredited by DirectTrust to meet their Meaningful Use Stage 2 certification and attestation requirements.

Please feel free to contact QHN with any questions you may have about HISP, QHN Direct, or your connection options. We are always happy to answer your questions. Please contact your Account Manager or email us at: support@qualityhealthnetwork.org.