



Clinical Direct Messaging

Replace calls and faxes with fast, secure collaboration

Clinical Direct Messaging is a simple, secure, standards-based way for health plans and pharmacy benefit managers (PBMs) to efficiently deliver critical payer insights electronically. It enables health plans and pharmacy benefit managers (PBMs) to quickly message a group of providers or communicate with them one-on-one.

Health plan and PBM communications shouldn't be at the mercy of the phone or fax machine

Health plans and PBMs often rely on antiquated technology to communicate with healthcare professionals. And in many cases, they lack an efficient way to share things like coverage changes and formulary updates with a large number of providers. It doesn't have to be this way.

Clinical Direct Messaging electronically connects the healthcare ecosystem through the exchange of secure, HIPAA-compliant protected health information across multiple scenarios.

Used by **892,271** healthcare professionals and organizations — and counting, with a **16% increase** in users in 2021¹

143.9 million Clinical Direct Messaging transactions processed in 2021 (an 81% increase from 2020)¹

Ultimately, Clinical Direct Messaging helps boost patient care and satisfaction by streamlining communications and giving health plans and PBMs a safe and easy way to exchange valuable member information with providers.

How it works

Clinical Direct Messaging lets health plans and PBMs connect with patient care teams easily and electronically.

Targeted messages

Step 1

The health plan or PBM determines which patients have insights, coverage changes, etc., that need to be shared with their provider.

Step 2

The health plan or PBM sends Surescripts the message information they want to share via a flat file.

Step 3

Surescripts uses proven best practices to format the message to ensure it is routed to the provider workflow.

Step 4

The health plan or PBM receives confirmation of delivery.

Step 5

The message is securely received by the provider, regardless of which electronic health record or other platform they are using.

Two-way messages

Step 1

After directory implementation, the health plan or PBM selects the message's end destination.

Step 2

The Direct message is sent to Surescripts.

Step 3

Surescripts verifies the destination and then routes the message to the correct recipient.

Step 4

The health plan or PBM receives confirmation of delivery.

Step 5

The message is securely received, regardless of which electronic health record or other platform the participant is using.

References

1. "2021 National Progress Report," March 2022, p. 11.

Interested in exploring a more efficient, effective way to communicate with providers?

Contact your Surescripts Account Manager to discuss how Clinical Direct Messaging can support your goals.

Learn more about how we're arming health plans and PBMs with patient intelligence at surescripts.com/inform-care-decisions.