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The Honorable Tom Barrett
Chair, House Committee on Veterans' Affairs Subcommittee on Technology Modernization
U.S. House of Representatives
Washington, DC 20515

Subject: Statement for the Record – House Committee on Veterans' Affairs Technology Modernization Subcommittee Hearing, *"Closing the Data Gap: Improving Interoperability Between VA and Community Providers."*

Enhancing VA Interoperability Through Direct Exchange

Dear Chairman Barrett, Ranking Member Budzinski, and Members of the Committee,

I appreciate the opportunity to submit this statement for the record regarding the House Committee on Veterans' Affairs Hearing held on March 24. My name is Scott Stuewe, and I serve as President and CEO of DirectTrust. I am submitting this information to emphasize DirectTrust's role and partnership with the Department of Veterans' Affairs (VA) in supporting interoperability efforts mandated by the Elizabeth Dole Veterans Benefits Act (H.R.8371/S.141).

As a nationally recognized leader in secure, standards-based health information exchange, DirectTrust plays a pivotal role in ensuring trusted communication across the healthcare ecosystem. DirectTrust was created in 2012 as a result of the 2009 public-private partnership "The Direct Project," facilitated by the Office of the National Coordinator to create a secure and simple mechanism for the communication of sensitive health information. Since the founding of our non-profit in 2012 to continue the work of the Direct Project, DirectTrust's Direct Secure Messaging (often called Direct exchange) framework has facilitated billions of secure messages exchanged among hospitals, providers, and federal agencies—demonstrating its ability to support the VA's interoperability initiatives. Of importance to note, DirectTrust is a non-profit, vendor-neutral framework and network, rather than a commercial platform.

Background and Push and Pull

Personally, I have over 30 years of experience in health information technology and in clinical interoperability in particular. I have first hand knowledge of most of the interoperability standards in use in healthcare today and intimate understanding of the applicability of each standard and the adoption levels and data quality challenges each standard suffers.

Healthcare Information Exchange in the US is enabled by multiple national and regional networks, as well as many mechanisms or modalities of exchange and many different standards. A broad categorization of such mechanisms could separate these into "pull" and "push" modalities. Pull mechanisms, such as searching for information during unplanned care, are supported by TEFCA and their predecessor frameworks Carequality and CommonWell. The dominant push mechanism today is Direct Secure Messaging, through the Direct Standard® and the DirectTrust Network.

The best use cases for pull are where the patient presents for the first time at a new organization. Querying for the available records allows providers to collect data from all the prior encounters a patient may have. The vision of TEFCA and the other national networks is that this would be possible regardless where those prior encounters may have occurred. While TEFCA was imagined as a "single on-ramp" for information exchange for all modalities and use cases, there is already such a secure, ubiquitous, vendor neutral option for push messaging that is mandated under the EHR Certification Rule in Direct Secure Messaging.

Every certified EHR technology is required to support Direct Secure Messaging both inbound and outbound. As a consequence, far more small and rural hospitals and practices have access to Direct than have access to a query network. Over 230,000 locations have Direct addresses. There are over 2.7 million Direct addresses that exchange over 400 million messages a quarter. While many EHRs incorporate Direct Secure Messaging directly into their product at no or little cost, other technology vendors offer web-based platforms to access Direct. While DirectTrust neither monitors nor sets pricing in this competitive market, it is well known that small practices can get access to Direct for a few hundred dollars annually. This means that it is easier for the entire care continuum to access and use Direct. Furthermore, because the technology supporting Direct is already ubiquitous, it means there isn't necessarily new technology to implement, rather it becomes an education campaign for community care providers to understand the tools they have at their disposal to more readily coordinate care with VA providers.

The most common push use case is clinical referrals for care coordination. This involves a provider sending a curated communication to another provider that includes what the sending provider wants the receiving provider to know about their patient; for instance, a primary care provider referring to a cardiologist would use Direct to "push" information about the patient to the cardiologist. Direct Secure Messaging is the only currently available standard that supports clinical referrals at all and in a great many EHR systems a Direct message is the natural and automatic outcome of referral workflow. While referrals is what Direct is most known for, there are a large variety of use cases that Direct Secure Messaging supports.

The Evolution of Direct and Push Use Cases

The Direct Standard® has continued to evolve as well. The Direct Standard® itself is "payload agnostic" meaning it can carry any electronic format whether standardized or not. At its inception, Direct supported a few use cases specifically, but users of the network almost immediately expanded the scope of messages communicated and to improve the workflow of existing use cases.

For referrals and care coordination, workflow improvement took the form of a standard Integrating the Healthcare Enterprise (IHE) profile that was a collaboration between industry and the Office of the National Coordinator called 360x, which uses Direct Secure Messaging as the transport mechanism for these messages. 360x does more than just stipulate what messages are sent back and forth, it also requires specific workflow functions in order to make referrals into "closed loop" referrals. Referrals are naturally conversations that might begin with "can you take this patient" that require a response and when a referral is accepted, and the patient ultimately presents for a visit, a consult is returned to the sending provider for his or her records. Essential metadata about the message including a referral identifier that can be exchanged on all messages enables not only the conversation, but appropriate workflow of the systems involved in the transactions. Demonstrations of this profile can be seen on the DirectTrust website here. 360x Closed Loop Referrals is now live in a few sites and multiple vendors have either implemented it or are committed to doing so. The list of those vendors can be found on our website as well.

When the CMS Patient Access Rule was finalized, many HIEs that had the ability to send Direct messages communicated the mandated Admit, Transfer, and Discharge Event Notifications using the base standard. As with referrals, the community of DirectTrust members worked together to establish a standard profile for these messages so that receiving sites could route the message to the right person or workflow.

During the COVID-19 Pandemic, public health authorities needed to receive initial Electronic Case Report messages in order to understand how the disease was spreading. A grassroots effort to create a mechanism to generate the report and send it directly from the EHRs to public health enabled millions of these transactions to flow before the end of 2020 and millions a month to this day. Direct Secure Messaging delivers roughly half of this traffic to the Association of Public Health Laboratories who then forwards these on to the appropriate state and federal jurisdictions.

Other messaging use cases which are already flowing through our network require some standardization in order to allow for more streamlined acceptance of these messages. Prime examples include payers sending care gap messages, pharmacies sending medication interchanges (where a patient's prescribed medication is no longer on formulary or is contraindicated and will need to be changed), and order messages for durable medical equipment. DirectTrust is convening a new standards effort to generalize the metadata requirements for any general use case so that provider burden can be minimized and workflow can be optimized.

Conclusion

As the Committee considers legislative and policy actions to enhance VA interoperability, I urge the inclusion of DirectTrust as a trusted partner in the creation of a plan for implementing the secure, efficient, and standards-based data exchange needed to fulfill the goals of the Elizabeth Dole Veterans Benefits Act.

Thank you for considering this submission for the record. We are available to provide additional details or answer any questions as needed.

Sincerely,

Scott Stuewe
President and CEO
DirectTrust