BRIEFING PAPER

Direct Messaging to Support Care Coordination

Listening Session

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INTRODUCTION

As President and CEO of DifrectTrust.org, Inc. (DirectTrust), a large, inclusive, and diverse health IT industry alliance non-profit established in 2012 with many healthcare provider organizations as its members, it is my pleasure to present this brief overview of our priority health IT issues to the Trump Transition Team.

DirectTrust is the governance and accreditation organization that support a national network of networks for secure, interoperable exchange of health information via the Direct standard for secure transport. This system of encrypted and identity-verified health data transport, known as Direct Messaging, is utilized by over 70,000 US healthcare organizations through their 350+ ONC-certified EHRs capable of sending and receiving Direct messages and attachments.

DirectTrust's Security and Trust Framework and Public Key Infrastructure, as well as our Accreditation Programs, are integral to the oversight of 40 Direct Messaging service providers, known as HISPs, who operate the networks of EHR-to-EHR exchange for nearly 1.4 million end-users, most of these being medical professionals, in practices and hospitals, engaged in care coordination and transitions of care management. For these clinicians and their patients Direct Messaging is an essential technical resource allowing "the data to follow the patient."

RECOMMENDATIONS FOR THE INCOMING ADMINISTRATION

We strongly recommend that HHS and its agencies take a practical approach to the review, analysis, and future planning of policy and regulation of the **security, transport, content, and workflow** associated with health information exchange. The new administration, in our opinion, should seek to "hold the gains" in both EHR adoption and the meaningful uses to which EHRs have been put over the past several years, chief among these the high rates of EHR implementation for both physician practices and hospitals, and the advances in interoperable exchange for care coordination. At the same time, it should be a priority of both ONC and CMS

to optimize and continuously improve those standards and practices that hold greatest promise for making EHRs and health IT in general capable of enabling value-based payment reforms to be successful.

As an observer and implementer of interoperable health information exchange over the past several years, I find that significant real progress has been made towards the goal of it being not just the norm, but the expected behavior, that health information will follow patients across providers in the healthcare systems -- both organizations and IT -- where they are seen and cared for, a necessary component of interoperability. Much of this is due to the EHR certification requirements for standards for secure transport and content that have accompanied the financial incentives for EHR adoption under the Meaningful Use programs, including but not limited to the Direct standard, IHE-XDR, the C-CDA, and FHIR.

But there are still significant challenges facing EHR users that must be tackled if they are to optimize their EHRs for care coordination and quality improvements consistent with value-based payment reforms and programs.

For information that is exchanged electronically to be actionable for referral and care coordination efforts, the payload or content of the exchanged data and information must be specific to the context and use case involved. As importantly, the end-user's successful experience will depend on there being sufficient features and functionality to assure detailed management of the information sent and received. In essence, once health IT enables interoperable exchange of information, workflow becomes the priority "on the ground" and in the community where care coordination takes place. Workflow requirements then feedback to the developers of the health IT to improve features and ease-of-use of the software. This is the virtuous cycle of continuous improvement that we believe is achievable during the next several years.

We recommend that the new ONC and CMS leadership pay significant new attention to the content and workflow requirements of care coordination efforts that are enabled and assisted by interoperable electronic exchanges of health information using available technologies in use today as well as those under development for use in the future.