




The Office of the National Coordinator for
Health Information Technology

Measuring Interoperability in a Federated Network



*Empirical transactions data,
consistently self-reported
quarterly since 2014*

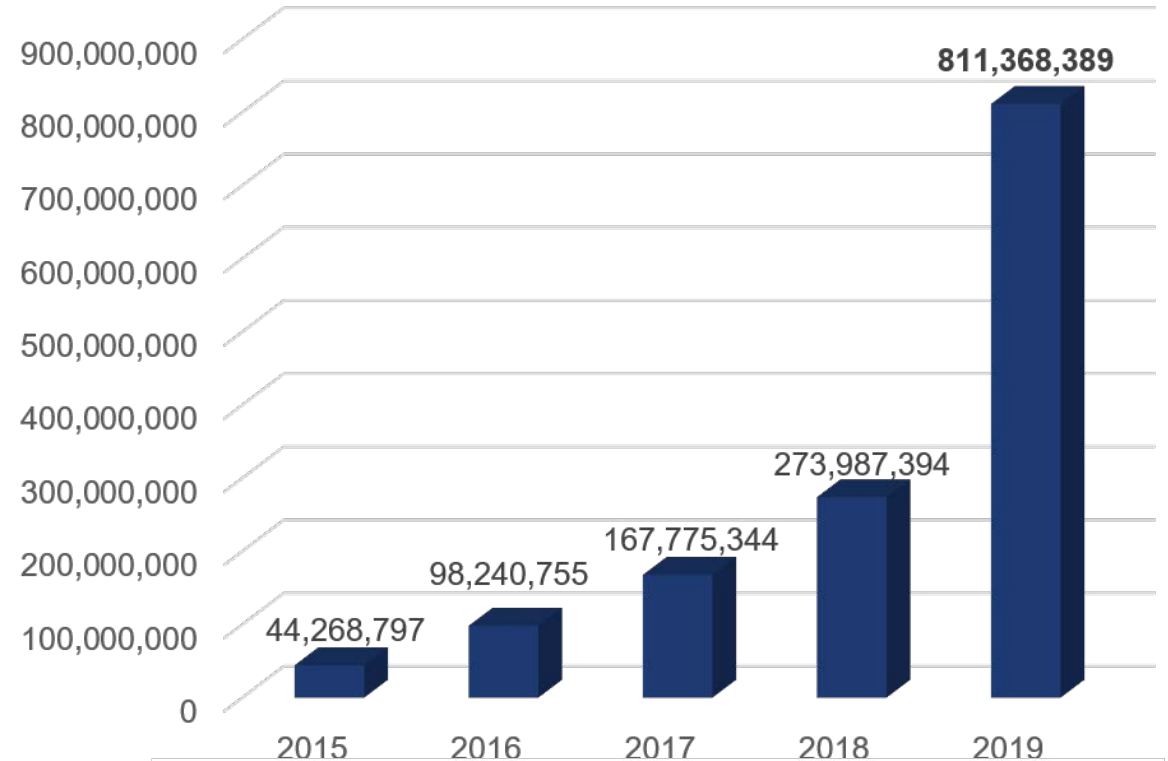


Scott Stuewe
President and CEO, DirectTrust

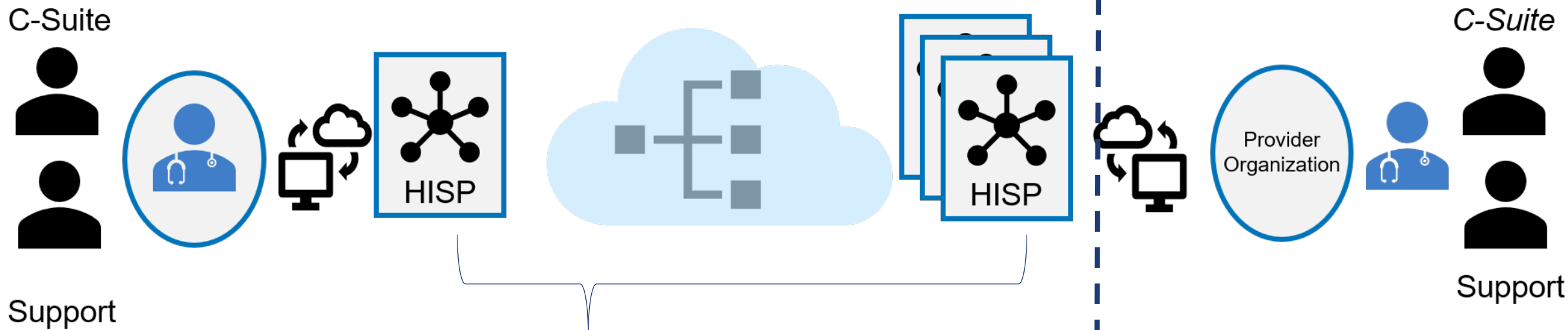


Measurement Goals

- Accurate
 - Ideally empirical data
- Meaningful
 - Maps to multiple value propositions
- Timely
 - Capture data that reflects recent changes
- Complete
 - Inpatient, Ambulatory, LTPAC, Other
- Consistent
 - Collect the same data over time



67+ million
Direct Transactions between Trusted Endpoints a month



Facts about us:
HISPs report only what they can see

What we know:
 Number of Addresses
 Number of Consumer/Patients
 Number of Organizations Connected
 Number of Provider Users
 Number of Messages

What we WANT to know:
 What Payloads?
 What Workflows?
 What Purposes or Use Cases?
 Where is the Traffic?
 Percentage "Response"?

Anecdote from the CDC:

NHSN CDA Submission Growth	2018 Totals	2018%	2019 Totals	2019%	YOY Change	% Change
CDA files submitted manually (via the UI)	1,242,988	62.89%	1,119,550	56.17%	-123,438	-9.93%
CDA files submitted via Direct	733,557	37.11%	873,437	43.80%	139,880	19.07%
Total number of CDA files submitted to NHSN	1,976,545	100%	1,992,987	100%	16,442	0.83%

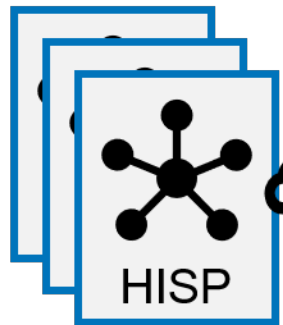
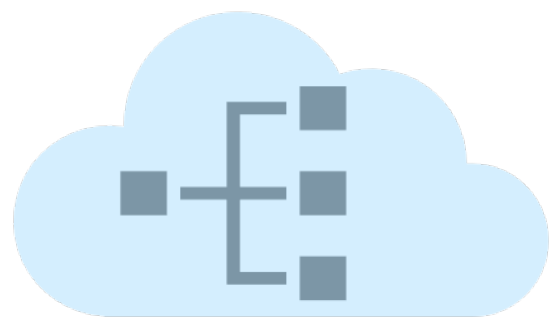
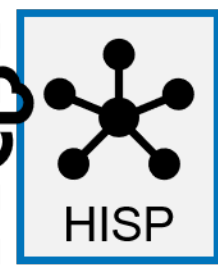
In 2019 7,058 healthcare facilities using the services of 71 vendors submitted 873,437 files over the DirectTrust network.



C-Suite



Support



C-Suite



Support



**Millions of Users
(2.28 Million Addresses)**

38 HISPs

**Over 300
Systems**

**238k+
Organizations**

AHA Survey 6,146 Hospitals (63% is 3,871)

Improving Measurement in Federated Approaches

Mechanism	Examples/Analogies	Benefits	Challenges
Surveys of Knowledgeable Resources	AHA Survey/ONC Data Brief	Consistent questions Good response rate Good measure of participation	Depends on participant knowing Hard to extrapolate volumes Hard to assess value
Empirical data from Gateways (Self-reported)	DirectTrust HISP Metrics Carequality Implementer Volume	Consistent questions Good measure of volume Good measure of participation	Self-reported data variable Limited to volume, participation
<i>Build surveillance into Standard or Profile</i>	IHE/XDS ATNA Audit Log	Assumed element of deployment Standardizes data capture	No mechanism for aggregation
<i>Build surveillance into EHR (Certification requirement)</i>	Meaningful Use, Quality Reporting	Accurate, timely Complete (for Certified systems) Capture use-cases, payload, value	New work for EHR companies Possibly new work for HCOs
<i>Mandatory Reporting of Measures from Health Care Organizations</i>	Reporting Requirements	Could be complete, timely, capture use-cases payload and value	Likely seen as Burdensome
<i>Statistically Significant Sampling of Care Organizations</i>	None in our market	Benefits of mandatory reporting without burden	Costly to execute



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healthit-feedback-form](https://www.healthit.gov/form/healthit-feedback-form)



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