

The background features a central white silhouette of a doctor with a stethoscope, surrounded by various medical icons in circular frames. These icons include a clipboard, test tubes, a first aid kit, pills, a hospital building, a virus, a syringe, a person with a cross, a no-smoking sign, a telephone with a cross, a stethoscope, a laboratory flask, and an ambulance. The entire graphic is set against a blurred background of hands and a network of light points.

# The DirectTrust Directory— Leverage for a National Asset

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President and CEO  
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# DirectTrust Quick Stats



**1.9  
million +**

DirectTrust  
Trusted Addresses



**167k +**

Organizations Served  
by DirectTrust HISPS



**164  
million +**

Transactions between  
trusted DirectTrust  
endpoints in Q1 2019



**265k +**

Patients enabled to  
exchange EHI through  
DirectTrust



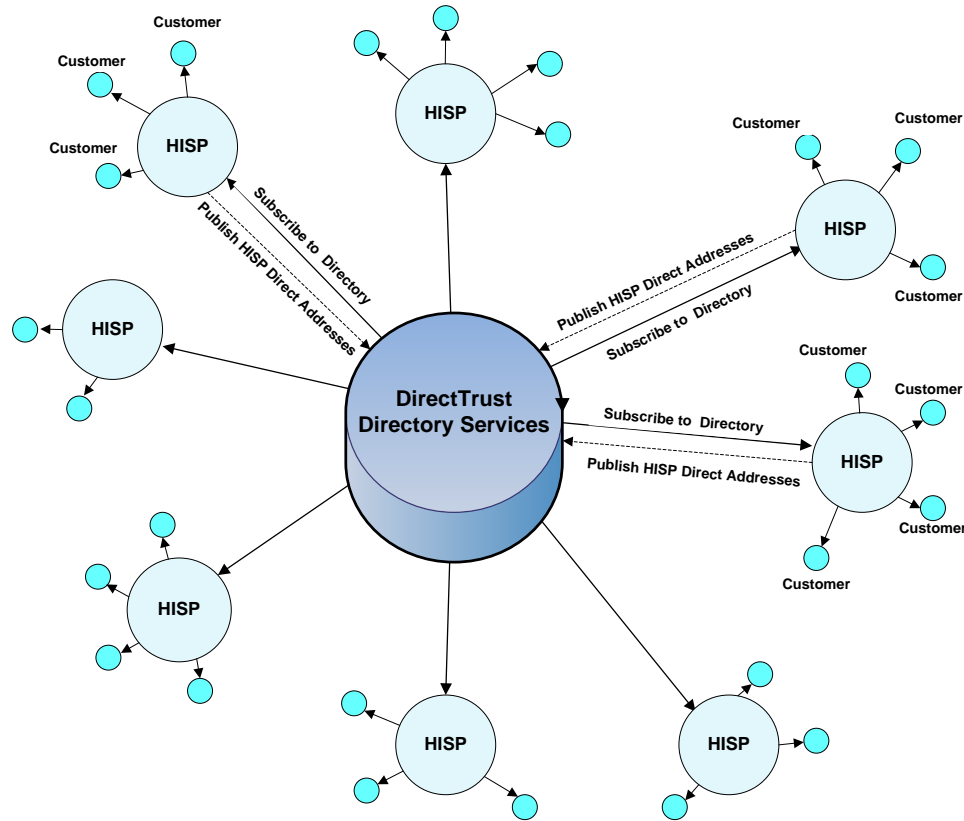
**37**

DirectTrust  
Accredited Trust  
Anchors

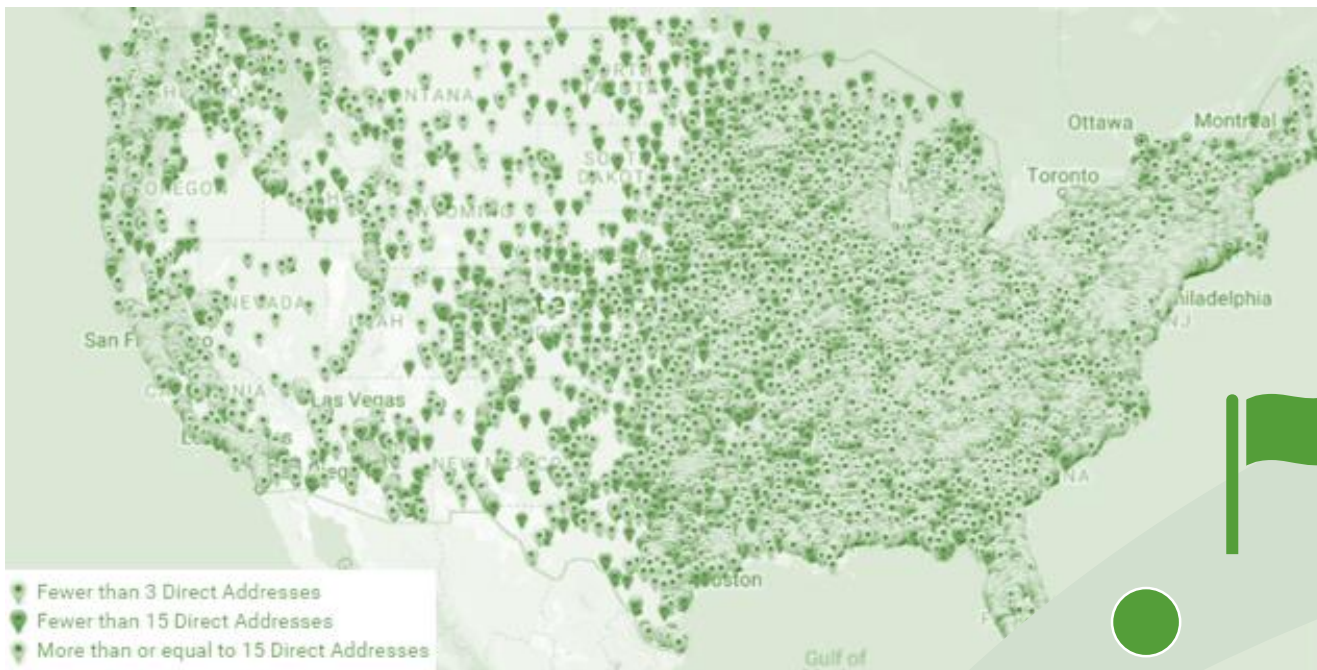
# DirectTrust Provider Directory Data Aggregation Service

*A robust, up-to-date, navigable directory is essential for push messaging to succeed*

DirectTrust Directory Services Architecture



- Voluntary Participation – “share to have access”
- One Data Sharing Agreement for all - no “one-offs”
- Daily refresh allows downloads to HISPs nightly many automate updates back to EHRs
- Policy and governance are defined by consensus process – currently prohibit distribution other than through HISP and in EHR
- DirectTrust Network services fees support the aggregation service processes and technologies



• Fewer than 3 Direct Addresses  
 • Fewer than 15 Direct Addresses  
 • More than or equal to 15 Direct Addresses

• Pilot in  
 May  
 2015

• Production  
 Period May  
 2016 to date

• V2  
 Available

• V2 Only  
 in 2020

# Directory History – V2

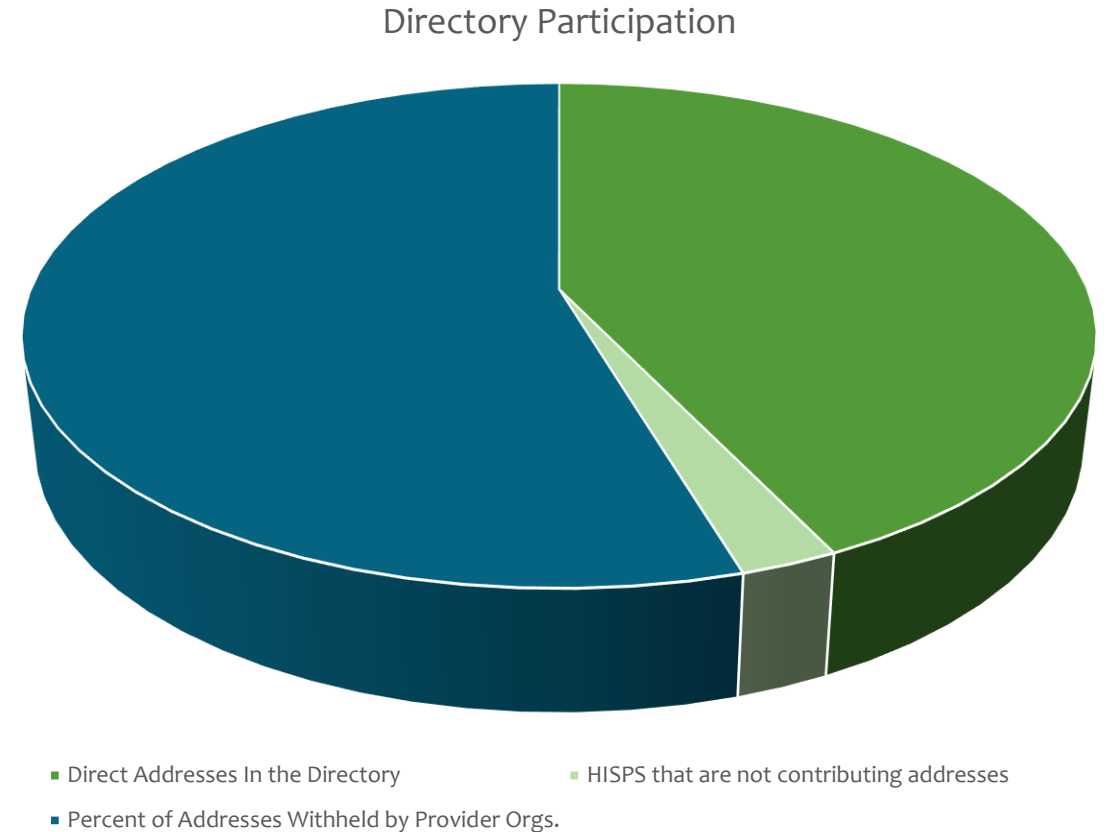
## July 2018

- New fields
  - FHIR Endpoint URL
  - “Publishability” Flag
- More Required Fields (NPIs and Addresses)
- Improved Edits
- More flexibility to add new fields
- Improved Error Handling

# DirectTrust Directory Statistics

Data as of Jun 2, 2019

- 861,951 ID proofed Addresses
- 19 HISPs participating, 46% of addresses overall
- Approximately 200 EHRs and HIEs contracted with these HISPs who are able to upload the information
- Each HISP is responsible for its own Curation
- Multiple acceptable approaches to how addresses are issued
  - One per individual provider
  - One for the entire organization with routing
  - Departmental/Functional Addresses
  - ***These choices have an impact on Navigability***



# Some lessons learned...

*Challenge: How do we improve access and quality, maintain currency and not increase costs?*

- Data Quality and Relevance
  - V2 Is a **Big Step forward**
  - Continued focus on **data governance** required – communicate **best practices** first, then tighten up **rules**
  - **New fields** may be needed to create ease of use for public health or payers or others
- Relevance
  - Directory is **dynamic** with needs to make it available for download anytime
  - Participation impacts relevance - **Complex organizations** remain concerned about making addresses available – relates to how they implemented
- Demand and Frustration
  - The Promoting Interoperability Measures have provider organizations **scrambling to find the addresses** of partners
  - **Growing demand for access** to the directory outside the system to facilitate measurement and maximize value
  - Tension and Trade-off between curating **completeness, access, reliability, currency**, of the data and its **allowed and prohibited uses**





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