Best Practices to Support a Trusted Environment for Exchange
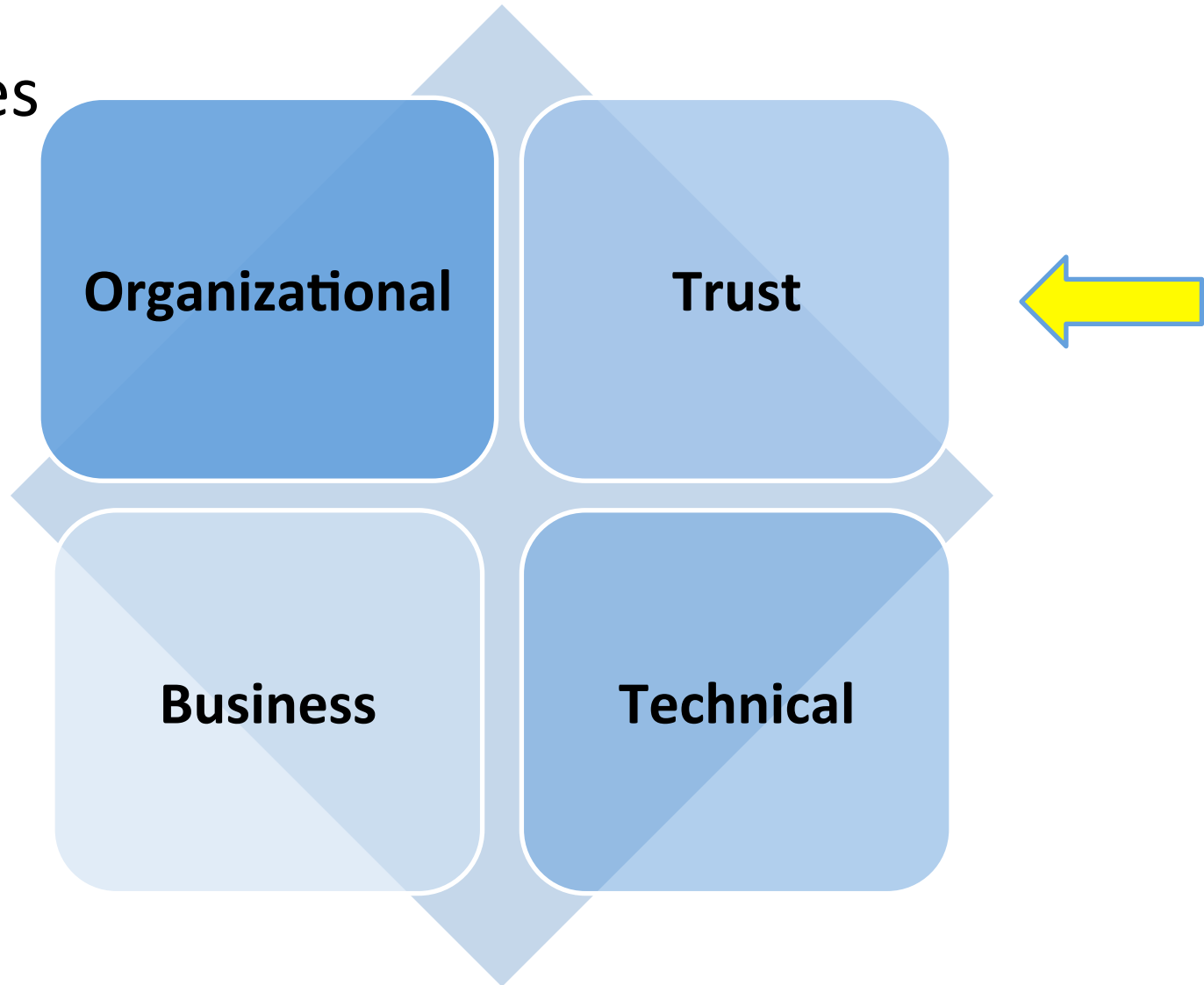
- **Moderator**
  - Jodi G. Daniel, Director, Office of Policy and Planning, Office of the National Coordinator for Health Information Technology
- **Speaker**
  - David Kibbe, MD, MBA, President and CEO, DirectTrust.org, Inc.
  - John Mattison, M.D., Chief Medical Information Officer, Kaiser Permanente, Southern California
  - Aaron Seib, Chief Executive Officer, National Association for Trusted Exchange
  - Cheryl Stephens, PhD, President and CEO, Community Health Information Collaborative

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Principles

www.healthit.gov/HIEgovernance

DirectTrust: Establishing "Scalable" Trust for Direct Exchange

David C. Kibbe, MD MBA
President and CEO, DirectTrust
Senior Advisor, American Academy of Family Physicians
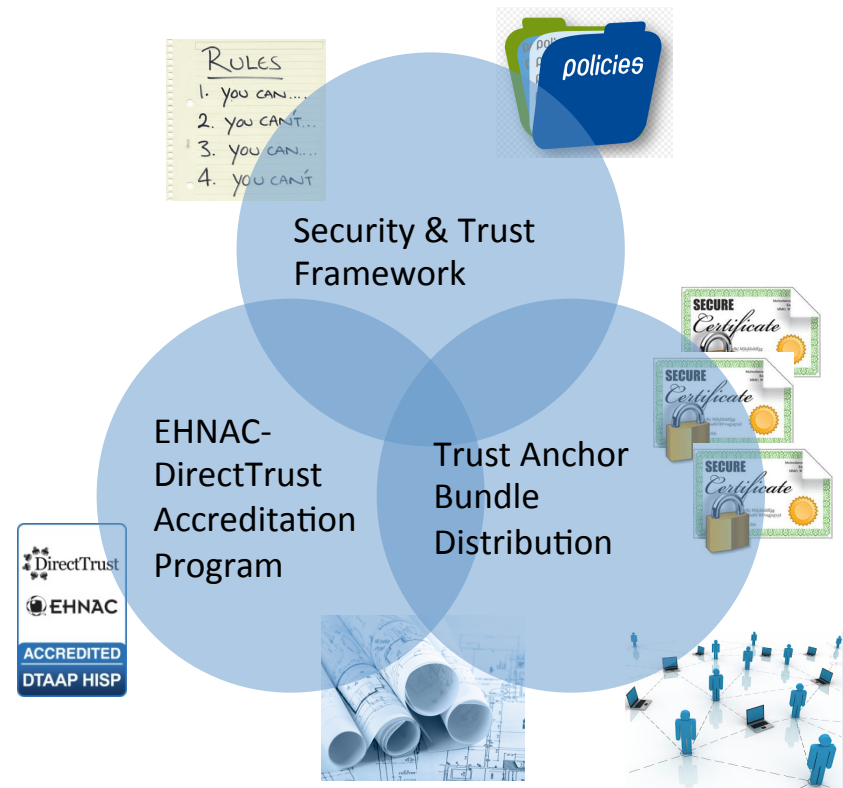
Prepared for eHI Data and Interoperability Summit
October 31, 2013

www.DirectTrust.org
1101 Connecticut Ave NW, Washington, DC 20036

Mission and Goals: DirectTrust

DirectTrust.org, Inc. (DirectTrust) is a voluntary, self-governing, non-profit trade alliance dedicated to the growth of Direct exchange at national scale, through the establishment of policies, interoperability requirements, and business practice requirements.
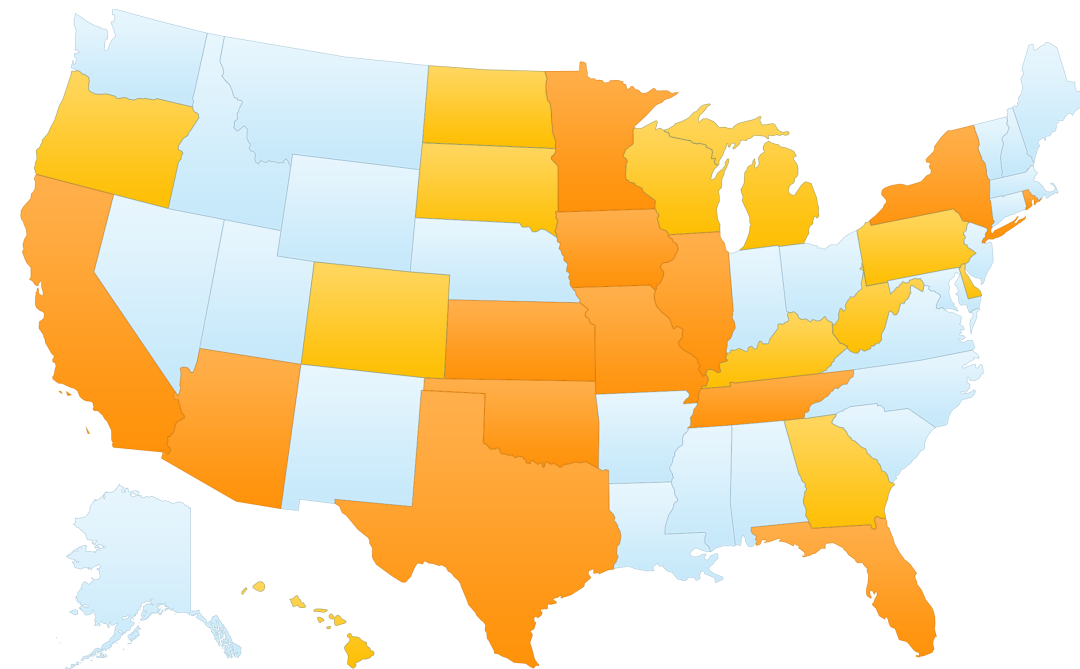
DirectTrust operates under a Cooperative Agreement with ONC to support its work of creating a national network of interoperable Direct exchange services providers.

Security & Trust Framework

EHNAC-DirectTrust Accreditation Program

Trust Anchor Bundle Distribution

DirectTrust Members

DirectTrust "scalable trust" network

- Orange states have inter-HISP Direct exchange for any subscribers of the accredited HISPs listed, by virtue of the DirectTrust Anchor Bundle Distribution Service, as of October 30, 2013.
- Yellow states will have inter-HISP Direct exchange in early 2014 as the number of accredited HISPs' trust anchors are added to the Bundle.
- Example: if you have a Direct Address from ICA in Missouri, you can Direct exchange with a person having a Direct Address from Cerner in Kansas, and with a person having a Direct Address from MaxMD in Rhode Island, *without any additional contracts between exchange partners*.

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How did we get to scalable national trust for Direct exchange?

- What are the conditions of trust that Direct exchange "relying parties" need to have met?

- Why was accreditation and audit chosen as the means of signaling trustworthiness and of establishing "scalable" trust relationship?

- How does the DirectTrust Anchor Bundle make the process of network build out more efficient?

The conditions of trust for Direct:
Privacy, Security, and Trust-in-Identity for Point-to-Point Transport of PHI

DirectTrust
Collaborating to Build
the Security and Trust Framework
for Directed Exchange
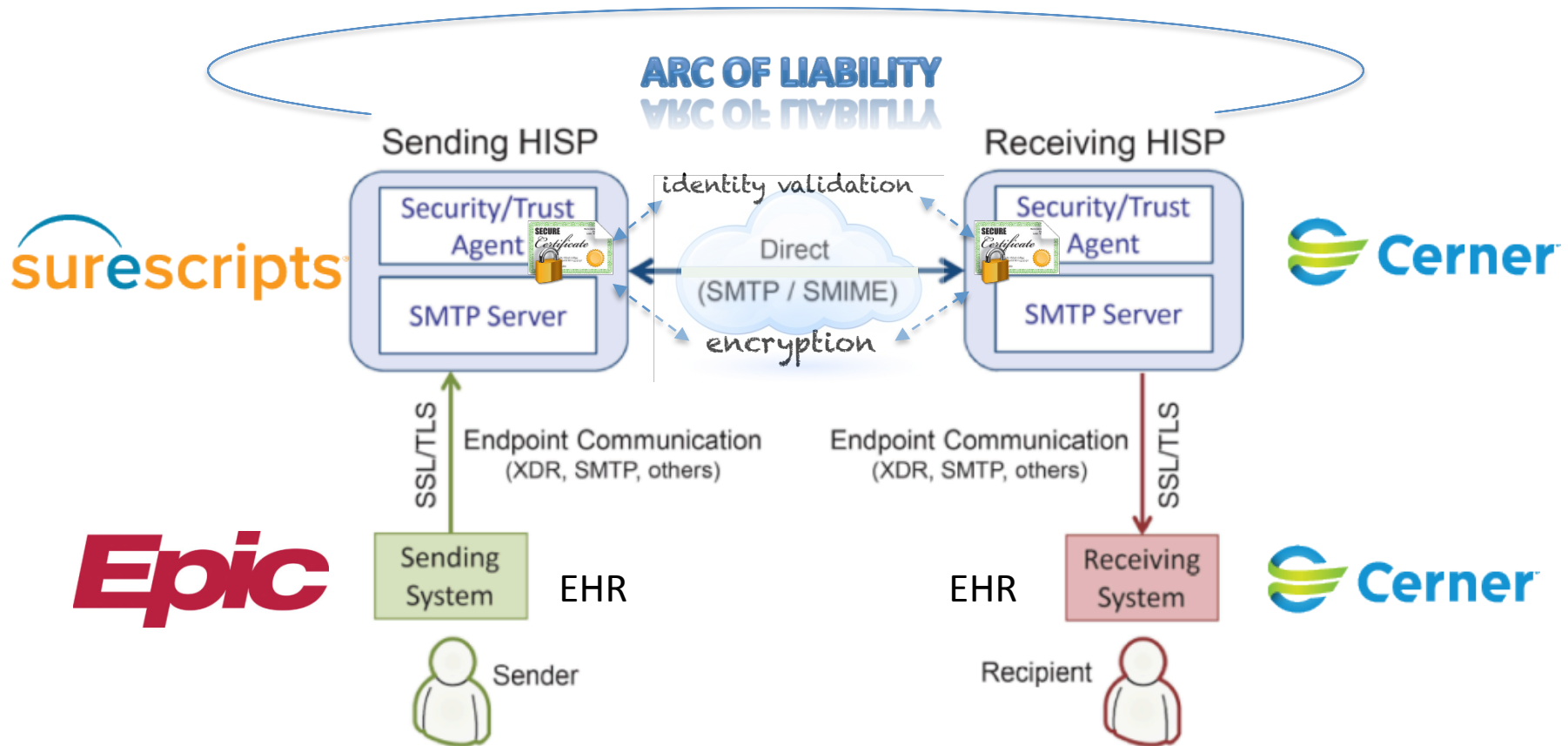
DrBob@direct.familypractice.com
(has been identity vetted, has X.509
Digital certificate bound to address.)

DrSusan@direct.cardiology.com
(has been identity vetted, has X.509
Digital certificate bound to address.)

The benefits of accreditation and audit

- Feasibility of national scope
- Low cost compared to contracts
- Audit involves on site visit, additional assurance
- Enables network effect
- Avoids costs and variability inherent in multiple, one-off contract negotiations, and the rate-limiting effect these would have on adoption
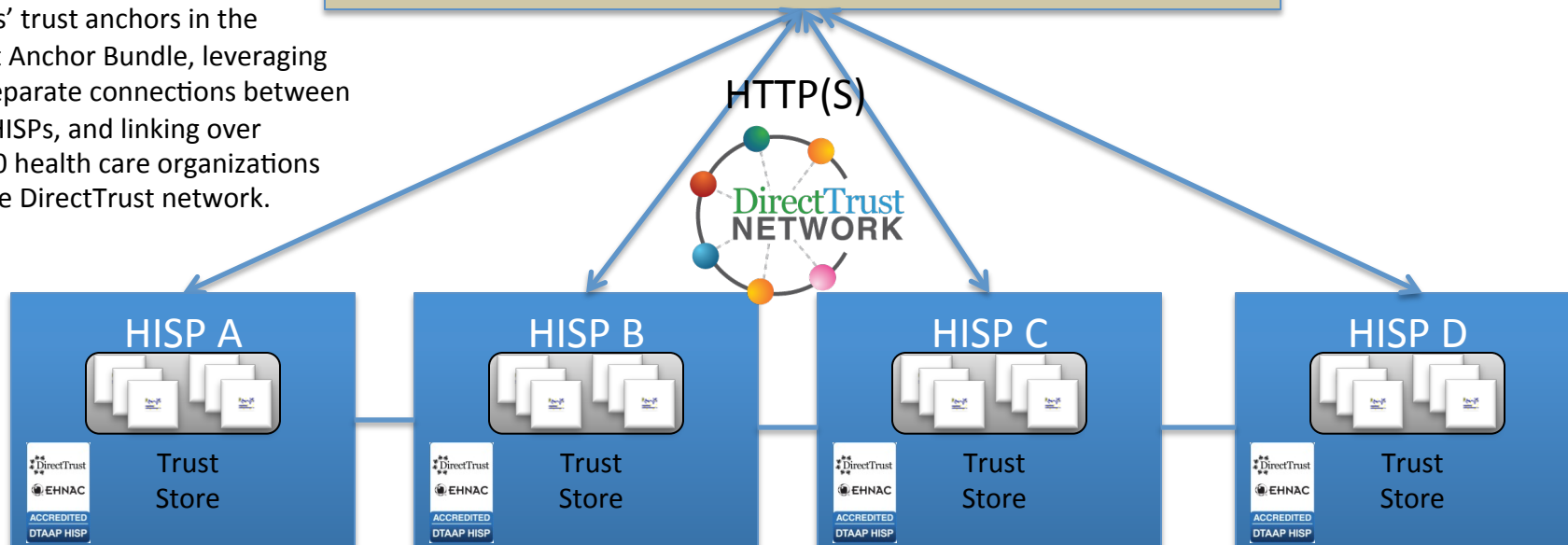
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DirectTrust Anchor Bundle for "scaling" of trust relationships

Trust Community Anchor Distribution Site

Trust Bundle (PKCS7)
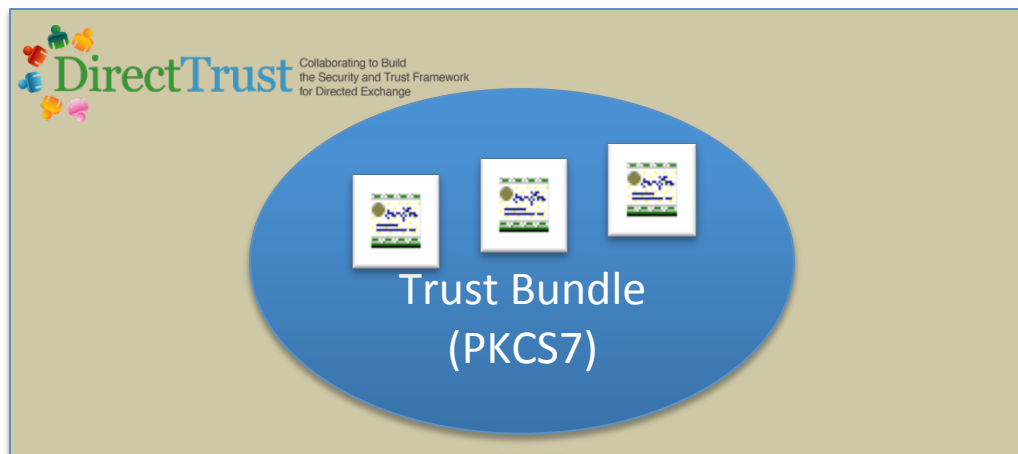
As of October, 2013, there are 10 accredited HISPs' trust anchors in the Trust Anchor Bundle, leveraging 90 separate connections between the HISPs, and linking over 1,000 health care organizations to the DirectTrust network.
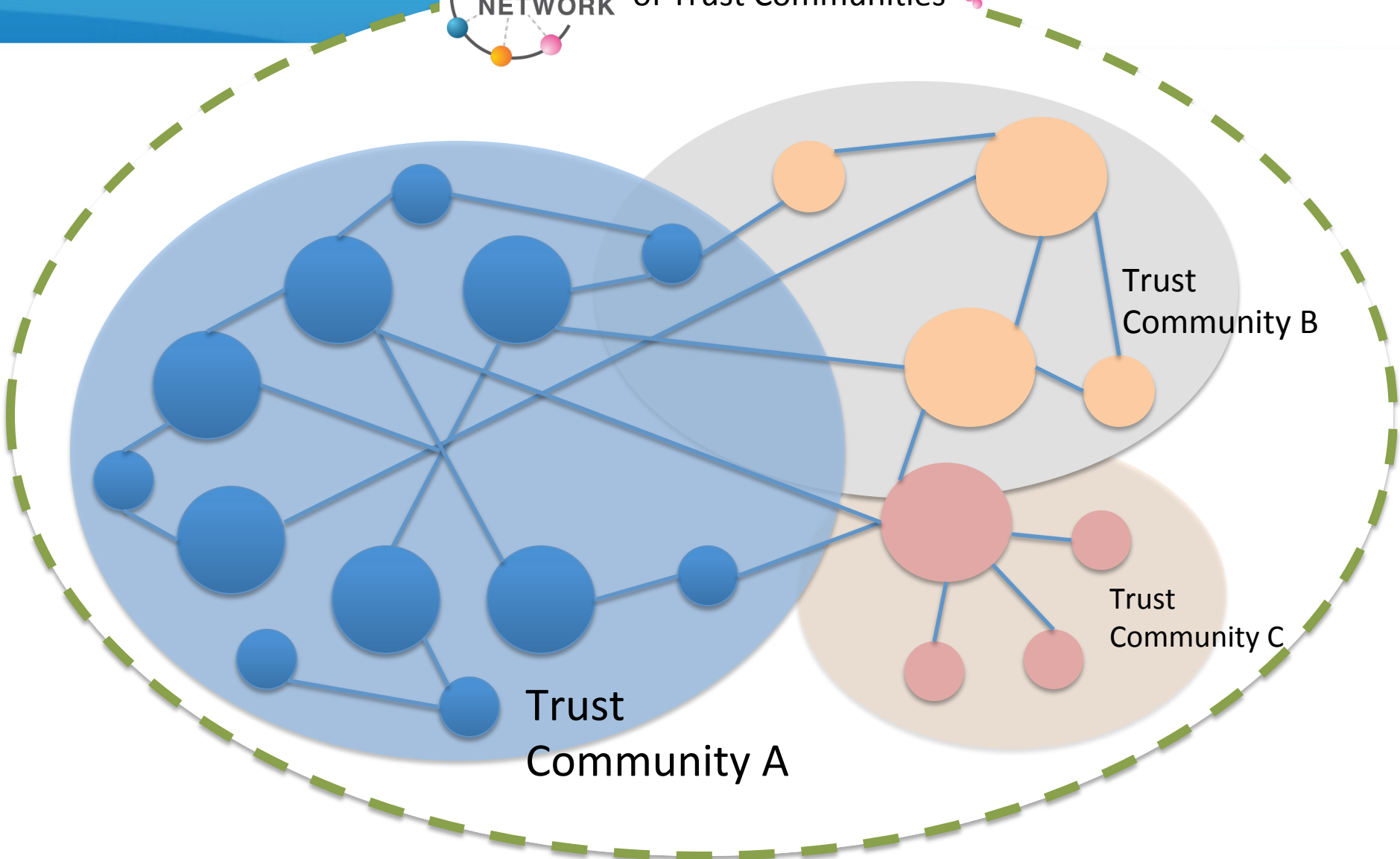
HTTP(S)

HISP A	HISP B	HISP C	HISP D
Trust Store	Trust Store	Trust Store	Trust Store

of Trust Communities

Trust Community B

Trust Community C

Trust Community A

Contact Information

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