DEPARTMENT OF VETERANS AFFAIRS

OFFICE OF INSPECTOR GENERAL

VETERANS HEALTH ADMINISTRATION

Improving VA and Select Community Care Health Information Exchanges

On November 10, 2020, this report was revised to make corrections on pages ii, 3, and 7 with explanatory footnotes. The corrections do not alter the findings or recommendations.

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Executive Summary

The VA Office of Inspector General (OIG) conducted a review to determine how VA facilities and community providers utilize health information exchanges (HIEs) in their respective communities to share information and coordinate care for patients enrolled at a VA facility, and to identify any barriers that may be preventing utilization.

The Virtual Lifetime Electronic Record, a pilot program that allowed the sharing of parts of veteran health records at 12 VA facilities with providers at the Department of Defense and private sector healthcare organizations, was initiated in December 2009 and completed in September 2012. In 2014, VA rebranded the Virtual Lifetime Electronic Record as the Veterans Health Information Exchange (VHIE) and expanded the program to include all VA facilities.

The VA Maintaining Internal Systems and Strengthening Integrated Outside Networks (MISSION) Act of 2018 included language to improve information sharing between VA and the community.[1] Electronic exchange of healthcare information improves patient safety by allowing a bidirectional communication of veteran's health conditions to develop a proactive comprehensive care plan. VA notified every enrolled veteran of the information sharing practice changes that would be taking place in 2020. In 2018, VA contracted with *Cerner*® Corporation (Cerner), a healthcare information technology corporation, for Electronic Health Records Modernization, under which Cerner was to provide project management and planning support.[2] Implementation has been delayed, but the VHIE software platform will be replaced with Cerner software once it takes place. The Electronic Health Records Modernization is projected to take 10 years to complete.

OIG Findings and Recommendations

By sharing a veteran's health information electronically, VA can coordinate and improve continuity of care for the veteran. Community partnerships support the flow of health information, promote accessibility, and allow for secure access to be easily shared with members

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[1] The VA MISSION Act of 2018, Pub. L. No. 115-182, § 132 (2018).

[2] Cerner is a corporation that promotes secure modern technology solutions to improve healthcare operations, creating solutions connecting and engaging healthcare communities. Cerner Federal Government. https://www.cerner.com/solutions/federal-government (The website was accessed February 24, 2020.)

of VA healthcare teams.[3] The VHIE program uses two methods, VA Exchange and VA Direct, to share information with the community.[4]

The OIG surveyed and interviewed the 48 lower complexity Level 2 and 3 Veterans Health Administration (VHA) facilities.[5] The OIG also interviewed staff from the VHIE Program Office, and met with the Office of Information Technology, Office of Community Care, Office of Rural Health, Cerner, and two state HIEs.

The VHIE Program Office Director reported that all 140 VA facilities have access to VA Exchange and VA Direct; however, only 28 of the 140 VA facilities have implemented VA Direct. Facilities not utilizing VA Direct reported that they were not trained to use VA Direct, did not have community partners using *DirectTrust*™ (DirectTrust), or were using other HIEs.[6] Expansion of VA Direct usage to all facilities would increase the instances of health information sharing and improve the timeliness of health information exchange while efforts continue with development of community partnerships through VA Exchange.[7]

Based on survey responses and follow-up interviews from 48 facilities, the OIG found 46 facilities reported using VA Exchange or VA Direct, or both, and two facilities reported not using either VA Exchange or VA Direct. Additionally, 22 of the 48 facilities reported exchanging health information by scanning, faxing, or mailing patient information. This included the two sites that did not use either VA Exchange or VA Direct. The OIG noted that facilities' challenges for sharing information included the need for additional training, an increase in community partners, and an understanding of how to use the program.

In addition, facilities reported technology challenges to viewing community health information through VA Exchange, including the dual sign-on requirement for VHA providers to first sign into the electronic health record and then sign into the Joint Legacy Viewer (JLV) to access community partner patient information.[8] The JLV data quality was not ideal, information naming

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[3] The Office of the National Coordinator for Health Information Technology. *2018 Report to Congress, Annual Update on the Adoption of a Nationwide System for the Electronic Use and Exchange of Health Information.*

[4] VA Exchange uses an internet exchange called eHealth Exchange to query and share health information with community partners. VA Direct is a secure email type exchange that allows the sending and receiving of select health information to and from community partners.

[5] The Facility Complexity Model classifies facilities into one of five groups from most complex to least complex. The complexity model is reviewed and updated with current data every three years. The fiscal year 2017 model, which was approved and signed by the Under Secretary for Health on September 21, 2017, and implemented on October 1, 2017, was used to select the facilities reviewed for this report. The model will be reviewed again during fiscal year 2020. http://opes.vssc.med.va.gov/Pages/Facility-Complexity-Model.aspx. (The website was accessed on December 31, 2019. This is an internal VA website not accessible to the public.)

[6] Following publication, this sentence was corrected on November 10, 2020, to clarify DirectTrust's role.

[7] DirectTrust is a secure exchange framework, like email, with the ability to connect with 1.8 million providers nationwide.

[8] JLV is graphical user interface that shows providers real-time views of health records in read only mode from community partners.

and access was not user friendly, and facilities reported a cumbersome process that resulted in delays in finding needed information.

VA has two contracts establishing community coordination for VHIE.[9] The OIG found VA has 56 VHIE community coordinator positions (coordinators) to support facilities and Veterans Integrated Service Networks through their responsibilities for the infrastructure, outreach, and training of general and rural health communities and users. The performance work statements for the contracts require coordinators to provide training, policy, and process assistance to VHA directors and staff.

The OIG found that the degree the coordinators were engaged ranged from a high level of participation to little or no participation. Additionally, during interviews, some staff identified a turnover of coordinators created a barrier for staff knowledge and ability to use the programs.

With the addition of more training, communication, and future planned technological changes, VHA could more effectively streamline the continuity of care received by veterans. Electronic Health Records Modernization should alleviate some of the technology challenges currently experienced with the use of VHIE. Cerner reported the implementation of *Millennium®/Power Chart®* would eliminate the need for dual sign-in to review community care documents and allow for exchange accesses between VHA, the Department of Defense, and community providers.

The OIG made four recommendations to the Under Secretary for Health related to the need for increased utilization of VA Direct, education for staff and veterans on VA Exchange and VA Direct, expansion of community partnerships, and use of contract VHIE community coordinators.

Comments

The Under Secretary for Health concurred with the OIG's findings and recommendations and provided acceptable action plans (see appendix A). The OIG will follow up on the planned actions until they are completed.

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[9] There is a contract for rural health facilities and one for all other facilities.

Contents

Abbreviations

CPRS	Computerized Patient Record System
EHR	electronic health record
EHRM	Electronic Health Records Modernization
HIE	Health Information Exchange
HITECH	Health Information Technology for Economic and Clinical Health Act
JLV	Joint Legacy Viewer
OIG	Office of Inspector General
RHIO	Regional Health Information Organization
VHA	Veterans Health Administration
VHIE	Veterans Health Information Exchange
VISN	Veterans Integrated Service Network

Introduction

The VA Office of Inspector General (OIG) conducted a review to determine how VA facilities and community providers utilize health information exchanges (HIEs) to share information and coordinate care for patients enrolled at VA facilities and to identify any barriers that hinder utilization.

Background

Exchanging health information electronically provides secure access for healthcare providers and patients to shared medical health information. The electronic exchange of health information benefits health professionals by improving patient safety, continuity of care, and cost reduction associated with readmissions and procedure duplications.[10] The American Recovery and Reinvestment Act of 2009 started the electronic health information sharing evolution.[11]

In December 2009, the VA implemented the Virtual Lifetime Electronic Record and engaged in an HIE pilot from December 2009 through September 30, 2012.[12] Twelve facilities piloted the Virtual Lifetime Electronic Record, sharing parts of veteran health records with providers at the Department of Defense and private sector healthcare organizations. The success of the pilot program led to VA-wide data sharing capabilities and expanded the use of HIEs. In July 2014, VA rebranded the Virtual Lifetime Electronic Record as the Veterans Health Information Exchange (VHIE).[13]

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[10] HealthIT.gov, *What is HIE?* https://www.healthit.gov/topic/health-it-and-health-information-exchange-basics/what-hie. (The website was accessed on December 19, 2019.)

[11] The HITECH Act was part of the American Recovery and Reinvestment Act of 2009, Pub. L. 111-5 § 13113(a) (2009) that created a statutory requirement for the adoption of a nationwide system for the exchange of health information. Dullabh P, et al. *The Evolution of the State Health Information Exchange Cooperative Agreement Program: State Plans to Enable Robust HIE*, August 2011. https://www.healthit.gov/sites/default/files/pdf/state-health-info-exchange-program-evolution.pdf. (The website was accessed on December 23, 2019.)

[12] During the pilot, VA was able to address veteran education, consent processes, provider training, and use of liaisons between VA and community partners.

[13] Byrne CM, et al. "The Department of Veterans Affairs' (VA) implementation of the Virtual Lifetime Electronic Record (VLER): Findings and lessons learned from Health Information Exchange at 12 sites." *International Journal of Medical Informatics*, 2014-08-01, Volume 83, Issue 8, Pages 537–47.

HIEs

The Office of the National Coordinator for Health Information Technology identifies three types of HIE: query-based exchange, directed exchange, and consumer mediated exchange.[14] Query-based exchange offers providers the ability to find or request health information or both for a specific patient through a portal.[15] Veterans Health Administration (VHA) uses VA Exchange via the eHealth Exchange for this type of information sharing with the community.[16] Directed exchange allows providers to send and receive secure information to other providers over the "internet via encrypted, secure, and reliable messaging."[17] This type of exchange is used by VHA and is referred to as VA Direct. Consumer mediated exchange gives patients the ability to control what health information is shared and when.[18] This third form of HIE is not used by VHA.

VHIE

VHIE allows VA and participating community care partners to share health information through tools known as VA Exchange and VA Direct.[19] The VHIE Program Office leaders reported they are charged with implementing bidirectional sharing of veteran's health information with community healthcare partners through a secure network. VA Exchange shares health information with community partners who are established members of eHealth Exchange.[20] VA

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[14] The Office of the National Coordinator for Health information, part of the Office of the Secretary for the U.S. Department of Health and Human Services, is the main federal organization responsible for the coordination and implementation of national use of health information technology and electronic exchange of health information. HealthIT.gov, *About ONC*. https://www.healthit.gov/topic/about-onc. (The website was accessed on March 18, 2020.)

[15] HealthIT.gov*, What is a Patient Portal*? A patient portal is a website that uses a secured, unique log-in that is always available for providers or patients to access health information through any internet connection. https://www.healthit.gov/faq/what-patient-portal. (The website was accessed on February 3, 2020.)

[16] Department of Veterans Affairs Veterans Health Information Exchange (VHIE), *About VHIE*. https://www.va.gov/VLER/about-vler-health.asp (The website was accessed on January 7, 2020.)

[17] Health IT.gov, *What are the different types of health information exchange?* https://www.healthit.gov/faq/what-are-different-types-health-information-exchange. (The website was accessed on January 7, 2020.)

[18] Health IT.gov, *What are the different types of health information exchange?* https://www.healthit.gov/faq/what-are-different-types-health-information-exchange. (The website was accessed on January 7, 2020.)

[19] Department of Veterans Affairs. *Veterans Health Information Exchange (VHIE)*. https://www.va.gov/VLER/about-vler-health.asp. (The website was accessed on February 11, 2020.)

[20] eHealth Exchange, *About eHealth Exchange*, The eHealth Exchange, "is a group of federal agencies and non-federal organizations that came together under a common mission and purpose to improve patient care, streamline disability benefit claims, and improve public health reporting through secure, trusted, and interoperable heath information exchange (HIE)". https://ehealthexchange.org/what-we-do/. (The website was accessed on December 19, 2019.)

Direct is a point-to-point exchange of health information between VA and community providers caring for veterans through a unique secure email portal.[21]

VA Health Information Sharing

MISSON Act of 2018

The VA Maintaining Internal Systems and Strengthening Integrated Outside Networks (MISSION) Act of 2018 (MISSION Act) includes language to improve information sharing between VA and the community.[22] Electronic exchange of healthcare information improves patient safety by allowing a bidirectional communication of veteran's health conditions to develop a proactive comprehensive care plan. In September 2019, in accordance with the goals of the MISSON Act, VA sent notification of privacy practices to every enrolled veteran regarding the sharing of health information through community HIEs beginning in 2020 (see appendix B).

MISSION Act Implementation Update

Prior to the implementation of the MISSION Act, veterans were required to provide written authorization to release health information to outside providers, also known as opt-in.[23] After January 2020, VA would change from an opt-in model to an opt-out model of veteran electronic health information sharing. Based on the Implementation Update of the MISSION Act, Section 132, the opt-out model does not require veteran authorization for VA to participate in health information sharing with community providers.[24] The joint HIE with the Department of Defense was implemented on April 18, 2020.[25]

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[21] Following publication, a statement was removed from the report on November 10, 2020, to correct the assertion that one must be a DirectTrust member to share information.

[22] The VA MISSION Act of 2018, Pub. L. No. 115-182 § 132 (2018).

[23] The HIPPA Act of 1996, Pub. L. No. 104-191,Title II, § 264 (1996). The Health Insurance Portability and Accountability Act (HIPAA) of 1996 required that standards related to the privacy of individually identifiable health information be put in place including how the information will be used and the rights of individuals who are the subject of such information. The HITECH Act, Division A, Title XIII, Section 13001.b.6., Division B, Title IV of the *American Recovery and Reinvestment Act of 2009*, P.L. 111-5 (2009). The Health Information Technology for Economic and Clinical Health (HITECH) Act of 2009 allowed for the expansion of health information technology and information sharing requiring collaboration between private industry and government entities.

[24] VA Office of Public and Intergovernmental Affairs, News Release. "VA improves information sharing with community care providers." September 30, 2019.

[25] The Joint HIE allows VA and the Department of Defense to respond mutually to any requests from the community for veteran health information, and the community partner has one connection to exchange with VA and the Department of Defense. VA Office of Public Affairs, April 20, 2020, "VA, DoD implement new capability for bidirectional sharing of health records with community partners."

Policy and Guidelines

VHA Directive 6371, issued April 30, 2019, requires health information sharing for the provision of quality care and achievement of interoperability.[26] The directive established policy for support, education, and training of VHA staff on the use of HIEs, as well as the education of benefits of HIEs to veterans. The directive provides a VHIE Program Implementation Guide and a toolkit that includes information about the benefits for veterans of sharing health information and educational information for VA staff.

Scope and Methodology

The review was initiated on December 30, 2019; a survey was sent on January 9, 2020; and telephone interviews were conducted from January 13 through January 27, 2020, with the 48 VHA facilities with lower complexity levels of 2 or 3 (see appendix C).[27] These smaller facilities with fewer available clinical services were selected because of the higher expected use of community providers.

OIG inspectors interviewed staff at the VHIE Program Office, the VA Office of Community Care, the VA Office of Information Technology, VHIE subject matter experts, and VA Exchange and VA Direct users. Additional interviews were conducted with representatives of *Cerner*® Corporation (Cerner).[28] The interviews focused on the implementation of VA Exchange and VA Direct, its success and barriers, as well as Electronic Health Record Modernization (EHRM). The OIG reviewed documentation of state HIEs in North Carolina and Ohio and conducted interviews with their respective representatives.

A survey was sent to facility designated points of contact prior to OIG conducting the interviews (see appendix D). The OIG confirmed survey responses during the interviews.

OIG inspectors reviewed relevant VA policies and procedures, and community care guidelines related to VA and non-VA HIEs. In the absence of current VA or VHA policy, the OIG considered previous guidance to be in effect until superseded by an updated or recertified directive, handbook, or other policy document on the same or similar issue(s).

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[26] VHA Directive 6371, *Electronic Health Information Exchange for Treatment*, April 30, 2019. Interoperability is the ability of computer software or systems to exchange and make use of information.

[27] The Facility Complexity Model classifies facilities into one of five groups from most complex to least complex. The complexity model is reviewed and updated with current data every three years. The fiscal year 2017 model, which was approved and signed by the Under Secretary for Health on September 21, 2017, and implemented on October 1, 2017, was used to select the facilities reviewed for this report. The model will be reviewed again during fiscal year 2020. (The website was accessed on December 31, 2019. This is an internal VA website not accessible to the public.)

[28] For readability the OIG does not use the registered trademark symbol in the remainder of the report for Cerner. Cerner is a healthcare information technology corporation that promotes secure modern technology solutions to improve healthcare operations, creating solutions connecting, and engaging healthcare communities.

Oversight authority to review the programs and operations of VA medical facilities is authorized by the Inspector General Act of 1978, Pub. L. No. 95-452, §7, 92 Stat 1105, as amended (codified at 5 U.S.C. App. 3). The OIG reviews available evidence within a specified scope and methodology and makes recommendations to VA leaders, if warranted. Findings and recommendations do not define a standard of care or establish legal liability.

The OIG conducted the review in accordance with *Quality Standards for Inspection and Evaluation* published by the Council of the Inspectors General on Integrity and Efficiency.

Review Results

According to VA, the "instant exchange of information can dramatically improve patient safety, especially during emergency situations."[29] This exchange can be accomplished through various mechanisms. In this report, the OIG describes the HIE system of sharing information, two state models (North Carolina and Ohio), and VHIE systems.

1. Interview Analysis

HIEs

eHealth Exchange

The eHealth Exchange is a group of federal and non-federal partners securely sharing information via the internet. According to the VHIE Program Office, when a community provider or organization is a member of the eHealth Exchange, various information can be shared through VA Exchange:

- Medical documentation by type and date range
- Continuity of care documents, which could include single encounter summary, clinical notes, or both
- Documentation related to allergies, medications, immunizations, laboratory results, imaging reports, and other clinical notes

All 50 states have connectivity through eHealth Exchange, and four federal agencies including VA are connected. [30] As of January 2020, VHIE Program Office reported use of VA Exchange by 215 non-VA providers or hospitals (community partners); 37 of these were state health exchanges using VA Exchange (see appendix E). The community partners represented almost

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[29] U.S. Department of Veterans Affairs. *Veterans Health Information Exchange (VHIE)*. https://www.va.gov/VLER/. (The website was accessed on December 19, 2019.)

[30] Merriam-Webster, Connectivity is the communication between computers or computer systems. https://www.merriam-webster.com/dictionary/connectivity. (The website was accessed on February 24, 2020.)

32,000 clinics, over 8,000 pharmacies, more than 1,900 hospitals, and over 14,000 other types of providers nationwide.[31]

In order to become a member of the eHealth Exchange, eHealth Exchange processes an application package. Some HIEs, like eHealth Exchange, have membership costs. Fees to become a member include an annual network participation fee ranging from $5,000 to $27,000, depending on annual revenue of health systems.[32] Testing the system and use of the eHealth Exchange hub can lead to additional costs.[33]

Provider Membership

A community partner must apply to use a health exchange in order to share patient health information. The Rochester Regional Health Information Organization (RHIO), one of New York's community HIEs, has no costs to the provider for this application process. The following is the account of an OIG medical consultant application experience with RHIO:

> *"I applied for RHIO access for my work as a volunteer in a non-VA medical clinic. An application form required me to fill out the type of access I wanted such as general care, public health research, or radiologic image transfers. My National Provider Identifier number was required for the application. RHIO also required the clinic business manager to submit my name to the RHIO portal and sign my application to verify my identity as a provider at the clinic. The application was processed in one business day and I received a RHIO email to complete training. The training was offered as in-person or by computer. I elected computer training and completed the required modules in an hour. Full RHIO access was granted immediately after the training*."

DirectTrust

DirectTrust™ (DirectTrust) is an organization that promotes healthcare interoperability using a secured framework supporting provider to provider communication.[34] The VHIE Program Office

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[31] Other types of providers represented by the 215 community partners include labs, federally qualified health centers, nursing homes and other ancillary sites.

[32] eHealth Exchange fee schedule. https://ehealthexchange.org/wp-content/uploads/2019/09/eHx-fees.pdf. (The website was accessed on February 3, 2020.)

[33] Hub technology is a routing mechanism used by participants in five or more states.

[34] About Direct Trust. *Who is Direct Trust?* https://www.directtrust.org/who-we-are/. (The website was accessed on May 7, 2020.) For readability, the OIG does not use the trademark symbol in the remainder of the report for DirectTrust.

defines VA Direct, a member of DirectTrust, as a secure messaging system allowing VA providers to collaborate with community partners.[35]

Figure 1 shows members where DirectTrust is available in the US as of February 2020. The colored map circles represent the number of members in the area but does not identify all areas where a member may be located (see appendix F). Yellow circles on the map in Alaska and Hawaii represent areas with fewer than 100 members, red circles less than 1,000 members, pink circles less than 10,000 members, and purple circles more than 10,000 members.[36]
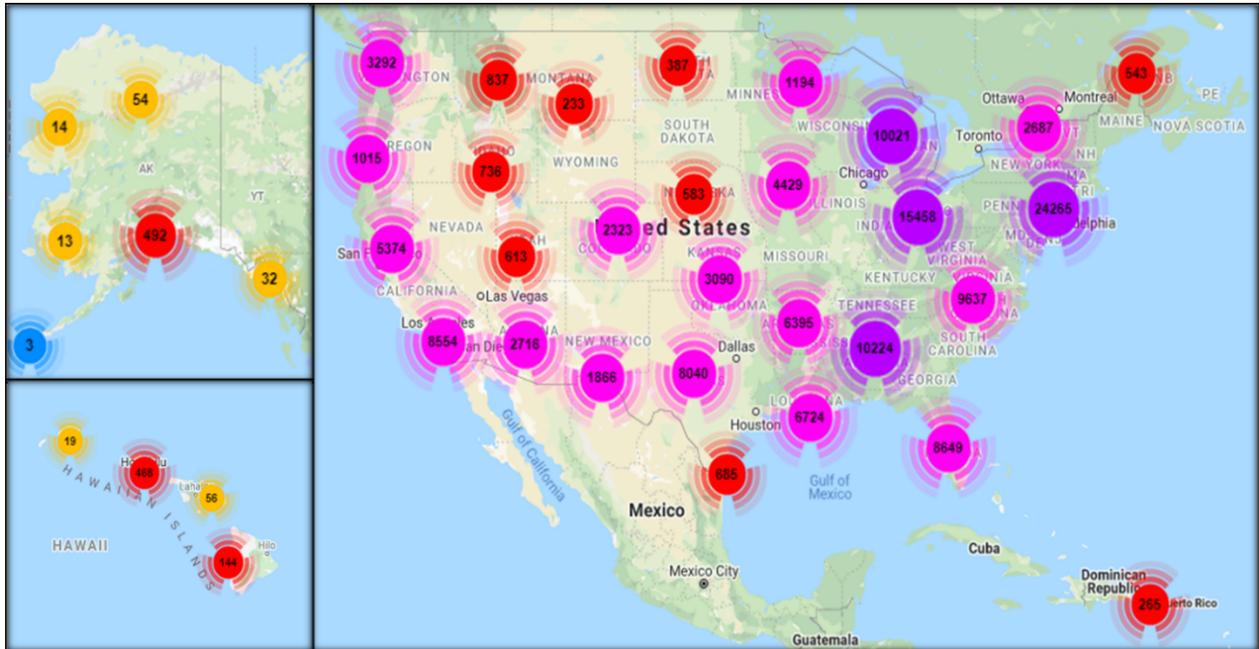
Figure 1. DirectTrust Directory Account Coverage.

Depending if the organization is a corporate, individual, healthcare practice, nonprofit, hospital or health system, or public agency, costs vary to join DirectTrust. VA reported that it has been a member of DirectTrust for the last five years.[37] VHIE Program Office leaders provided the following costs associated for VA with DirectTrust:

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[35] Following publication, a statement was removed from the report on November 10, 2020, to correct the assertion that one must be a DirectTrust member to share information.

[36] DirectTrust™ Coverage Map. https://www.directtrust.org/directory-coverage-map/. (The website was accessed on February 4, 2020.)

[37] Following publication, this sentence was edited on November 10, 2020, to clarify VA's DirectTrust membership status and, as a result, an associated footnote was deleted.

- Annual fees of $10,000–$11,850 per year

- Trust bundle fees of $3,500 per year

- Accreditation fees of $10,000–$13,000 per year[38]

State-Run HIEs

The development of state HIEs began after implementation of the Health Information Technology for Economic and Clinical Health Act (HITECH) Act.[39] In 2010, stimulus monies were distributed to state designated nonprofit Regional Extension Centers to assist with the adoption and implementation of electronic health records (EHRs). Both state HIEs interviewed discussed the need for more communication and utilization of their health exchange. Below are two examples of states that received federal funds for HIEs. For instance, North Carolina is a state HIE utilizing eHealth Exchange, and Ohio is a state HIE utilizing DirectTrust.

North Carolina

In 2015, North Carolina's Statewide HIE Act (Act) established the North Carolina HIE Authority.[40] The North Carolina HIE Authority manages North Carolina HealthConnex (HealthConnex), an electronic, statewide HIE network that exchanges health information among healthcare providers and other health industry stakeholders.[41] The Act also required HealthConnex to be part of the eHealth Exchange.[42]

North Carolina HIE's Roadmap 2021 states that HealthConnex has over 4,500 healthcare facilities and over 52 million documents for continuity of care; this includes over 6.9 million unique patients and over 41,000 providers sharing data. HealthConnex continues to grow and bring in additional facilities and service providers.[43]

North Carolina law states that any healthcare provider or organization receiving state funds must utilize HealthConnex to continue receipt of funding.[44] Providers or organizations that do not

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[38] Per the VHIE Program Office leaders, the annual fees were $10,000 and $11,850, respectively, and the accreditation fees increased in 2019 to $13,000 annually.

[39] HITECH Act was part of the American Recovery and Reinvestment Act.

[40] Statewide Health information Exchange Act (2015-241, s. 12A.5(d)), § 90-414.7 North Carolina Health Information Exchange Authority.

[41] HealthConnex is a standardized, secure network for sharing patient health information in the state. http://files.nc.gov/hiea/documents/files/NC-HIEA-User-Access-Policy-11-21-16.pdf.

[42] Statewide Health information Exchange Act (2015-241, s. 12A.5(d)), § 90-414.7 North Carolina Health Information Exchange Authority.

[43] North Carolina Health Information Authority, *Roadmap 2021. Improving Health Across North Carolina.*https://files.nc.gov/hiea/documents/files/Roadmap2021.pdf. (The website was accessed on January 2, 2020.)

[44] North Carolina DIT Health Information Exchange, *About the NC HIEA.* https://hiea.nc.gov/about-us/about-nc-hiea. (The website was accessed January 7, 2020.)

receive funding through the state are not required to connect but may participate. As of January 2020, there was no cost for connecting to the HealthConnex system; it is subsidized by the North Carolina General Assembly.

The state has an opt-out model of patient consent adopted in 2012. This means that all patients are opted in for health information sharing unless they complete and submit an opt-out form to the North Carolina HIE.

Ohio

"The Ohio Health Information Partnership (Partnership) was designated as Ohio's Regional Extension Center" to assist providers in sharing documentation electronically. The Partnership created CliniSync, an infrastructure for the Ohio statewide HIE; that created synchronized clinical information across the state.

CliniSync offers four main services: Direct Messaging and Provider Directory, Community Health Record, Referrals, and Clinical Results and Reports Delivery. Direct Messaging and Provider Directory allows for the sharing of information using the CliniSync DirectTrust membership. The Clinical Results and Reports Delivery Services allows transcription of laboratory and imaging results directly into the EHR and can deliver paper or PDF documents for those EHR systems that are unable to connect to CliniSync directly.

As of December 2015, Ohio moved to an opt-out model of sharing patient information. "Ohio law allows disclosure of patient health information to approved HIEs" after individual written notice has been provided to the patient.[45]

As of February 2020, Ohio had over 150 hospitals and more than 400 long-term and post-acute care facilities that are able to connect to the CliniSync HIE. However, at this time they are not a bidirectional exchange with all community partners. Direct Messaging is the modality being used to promote exchanging health information among providers.[46]

CliniSync serves "more than 92 percent of Ohio's 11.1 million residents and that number keeps growing. Today, we're a financially sustainable organization that continues to expand our services and outreach daily."[47] The cost to join CliniSync includes a one-time implementation

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[45] Clinovations Government + Health. "State HIE Consent Policies: Opt-In or Opt-Out." https://www.healthit.gov/sites/default/files/State%20HIE%20Opt-In%20vs%20Opt-Out%20Policy%20Research_09-30-16_Final.pdf. (The website was accessed on January 28, 2020.)

[46] CliniSync, *Direct Messaging*. http://www.clinisync.org/clinisync-services/connect/direct-messaging. (The website was accessed on January 28, 2020.)

[47] CliniSync, *About Us*. http://www.clinisync.org/about-us/our-history_copy. (The website was accessed on January 28, 2020.)

fee in addition to annual subscription fees determined by the number of fulltime equivalent physicians.[48]

VHIE

By sharing a veteran's health information electronically, VHIE informed OIG that they can coordinate and improve continuity of care for the veteran. Community partnerships support the flow of health information, promote accessibility, and allow for secure access to be easily shared with members of VA healthcare teams.[49]

VA Exchange and VA Direct

VHIE Program Office leaders stated that although the degree of utilization varies, every VA medical facility has used VA Exchange. There are no costs to share information via VA Exchange; however, there are costs associated with membership of eHealth Exchange.

According to VHIE Program Office leaders, all 140 VA facilities have the ability to utilize VA Direct. However, as of January 2020, VA reported that only 28 of the 140 VA facilities were using VA Direct (see appendix G). Similar to VA Exchange, there are no costs with sharing information via VA Direct; however, there are costs associated with DirectTrust membership.

Dual Consent

VA implemented a veteran opt-out consent policy in April 2020. A dual consent policy for patients is most often referred to as an opt-in or opt-out category. [50] Dual consent laws (requiring permission be granted by the patient to both VA and the community provider for sharing of information) currently exist in 30 of the 50 states and the District of Columbia.

Patient consent policy can be state agency specific, a regulation, or statute.[51] For example, per the State HIE Consent Policies: Opt-In or Opt-Out, Kentucky requires no further consent "because health care providers are allowed to share PHI [protected health information] without patient consent for the purpose of treatment under HIPAA [Health Insurance Portability and

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[48] CliniSync, *Participation Agreement*. http://clinisync.org/member-resources/CliniSync%20Participant%20Agreement%20(Physician)%20Addendum%20v5%202019.pdf. (The website was accessed on January 28, 2020.)

[49] The Office of the National Coordinator for Health Information Technology. *2018 Report to Congress, Annual Update on the Adoption of a Nationwide System for the Electronic Use and Exchange of Health Information*.

[50] Dual consent is the requirement that both VA and the community provider must have permission from the patient before information can be shared.

[51] Patient Consent Policy: Opt-in means patient consent is required to share health information, opt-out means a patient is automatically enrolled in health information sharing but can choose to not have their information stored or disclosed.

Accountability Act], no further consent is required for exchange of PHI."[52] Illinois has an opt-out statute and policy for everything other than specially protected health information that requires opt-in.[53]

With the opt-out consent policy in place at VHA, enrolled veterans who have not completed VA Form 10-10164 (see appendix H), will automatically be opted in to the VHIE program and their health information can be shared. Any veteran who had already opted out of sharing information prior to September 30, 2019, will not have to complete a new form. Veterans with specific restrictions on what could be shared will need to complete a new form. Multiple facilities noted that the opt-in process is a challenge; one facility stated it creates additional work to have consents go through the release of information office.

The facilities surveyed did not know specifically when the opt-out would be implemented, and some reported veterans were concerned about the change in consent policy. A member of the VHIE Program Office provided April 2020 as the date for implementation. After the OIG interviews, VHA implemented the joint HIE with the Department of Defense on April 18, 2020.[54]

2. Survey Analysis

As noted above, all VA facilities have used VA Exchange and all facilities have the capability to use VA Direct.

VHIE Utilization

Facilities with VA Exchange or VA Direct or Both

All 48 facilities interviewed returned the survey. Of the 48 facilities, 46 (96 percent) reported using a form of HIE. Of these 46 facilities, 34 (74 percent) used VA Exchange, one (2 percent) used only VA Direct, seven (15 percent) used both VA Exchange and VA Direct, and four (9 percent) used a different method to exchange health information (other HIE or manual process). Faxing or manual uploading of health information continued to be a method used at 22 of the 48 (46 percent) facilities.

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[52] Specially protected information can include alcohol or substance abuse treatment, child abuse, sexual assault, home records for veterans, or other health information that requires the patients' consent for disclosure under federal or state law. State HIE Consent Policies: Opt-In or Opt-Out, Milken Institute School of Public Health, George Washington University, September 2016.

[53] This statement is derived from various sources including the Mental Health and Developmental Disabilities Confidentiality Act, 740 ILCS 110/1, Illinois Health Information Exchange and Technology Act 20 ILCS 3860 (2022), and State HIE Consent Policies: Opt-In or Opt-Out, University Milken Institute School of Public Health, George Washington, September 2016.

[54] VA Office of Public Affairs Media Relations, April 20, 2020. "VA, DoD implement new capability for bidirectional sharing of health records with community partners."

Training deficits were noted by 28 of the 48 (58 percent) facilities. The OIG found during interviews and the review of survey responses that facilities either without coordinators or with new coordinators were relying on a single Talent Management System online training course.[55] Without knowledge of how to use the HIE, health information sharing was available however, it was not being utilized. An example of this was relayed to the OIG during the interview with the Ohio HIE. Ohio HIE representatives stated that they could see that VA was querying health information but did not pull the information and that additional VA education was needed on the retrieval process.

Several facility points of contact stated that they would be able to do more if they had more training and knowledge of how to utilize the programs. The VHIE Program Office subject matter experts believed that the facilities would understand the terminology "VA Exchange" and "VA Direct" but would be confused by the term "VHIE." However, the OIG found during interviews and survey responses that facilities were more familiar with VHIE or HIE and did not fully understand the terms or purposes of VA Exchange or VA Direct, yet they described using some form of HIE or secured messaging in their responses.

Based on survey responses, the OIG identified the type of VA staff using HIE to be 45 (94 percent) clinical or clinical and administrative, two (4 percent) only administrative (Office of Community Care and Health Information Management), and one (2 percent) did not identify type of staff.

The OIG determined that all but one facility stated continuity of care was the main purpose of an HIE being used by administrative staff or providers to share patient information. Examples of the use of VA Exchange or VA Direct included the following reasons:

> *"To retrieve Veteran medical records from Community Providers for outpatient consults along with ER/inpatient stays in the Community."*

> *"To improve care coordination with participating community partners."*

> *"Review progress notes, diagnostic tests when referred to community if services are unavailable through VA clinic site."*

> *"Access Veteran Patient Health information and Exchange electronically with community providers whom are a part of VHIE. To improve patient care and eliminate/reduce faxing of patient records to community providers."*

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[55] VA Directive 0004. *Education and Learning Delivery System.* April 20, 2012. The Talent Management System is the VA central software system used for online training and job aids for supervisors and employees.

VHIE Contract Coordinators

VA awarded two contracts for the implementation and support of community health data through VHIE projects for VA Exchange and VA Direct.[56] The contracts require that coordinators be provided whose responsibilities include infrastructure, community outreach, and training.[57]

The performance work statements require coordinators to provide HIE policy and process assistance to VA facility directors and staff with community partners. Assistance and project management includes the following categories:

- Project planning for exchange and direct communities[58]

- Developing and maintaining internal and external stakeholder point of contact lists for communities[59]

- Educating veteran and providers on the benefits of VHIE

- Enrollment training for veterans

- Training on Joint Legacy Viewer (JLV)[60]

- Deploying and implementing teams

- Using health data exchange applications

The performance work statements specify duties related to training: assessment of training needs, software application, and VA workflows. Both performance work statements have coordinator milestones, reports, performance metrics, standards, deliverables, and other guidance related to the implementation and maintenance of VA Exchange and VA Direct.

VHIE Program Office leaders informed the OIG that VA has 56 coordinator positions located at facilities throughout the country. Eighteen of the coordinators were remote and supported the VISNs.

At some facilities, coordinators were available to participate in the interviews conducted by the OIG.[61] However, the OIG noted that during other interviews, the coordinators were not present, were new, unable to provide knowledge of the products, or the position was vacant. The point of

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[56] The two contracts include one for rural health facilities and one for all other VHA facilities.

[57] Infrastructure in this context refers to the outreach and coordination of the VHIE system.

[58] This deliverable is not in the rural health contract.

[59] Stakeholder communities can include health informatics staff, VA medical centers, military treatment facilities, and private health care organizations.

[60] "JLV is graphical user interface" that shows providers real-time views of health records in read only mode from community partners. Department of Veterans Affairs, Office of Information and Technology. Joint Legacy Viewer (JLV) 2.5.1 User Guide. Revised December 7, 2016.

[61] Not all points of contact interviewed identified themselves as coordinators, some were VA employees who identified as the VHIE coordinator but were not contract employees.

contact at one rural site stated, "There is a significant time lag from the time a Rural Health Community Coordinator is hired and when they are placed on-station." Another facility had not heard from the coordinator in the last six to eight months and was dependent on the Talent Management System online training course for training.

HIE Barriers

Costs Associated with HIEs and DirectTrust

HIE costs can include software, training, and implementation and ongoing network fees; these may vary widely based on business model or the availability of supplemental funding.[62]

The OIG noted four business models for HIE: not-for-profit, public utility, physician and payor collaborative, and for-profit. The funding source is the main difference for these HIEs.[63] Funding to assist implementation, use, and interoperability of HIEs may be available to providers and hospitals through federal, state, or private sources. For-profit HIEs are driven by return on investment targets, while not-for-profits are driven to help patients and the community. Not all HIEs publicly publish associated costs; rather, they provide this information through direct contact of organizations when joining the HIE. Some of the smaller facilities in rural locations reported costs prevented community partners from joining an HIE or DirectTrust.

During the survey follow-up interviews, the OIG found a notable challenge to be the need for more community partners. Some facilities wanted to use VA Exchange or VA Direct but had no community partners with whom information could be shared.

Technology

The OIG noted during interviews and review of survey responses that provider challenges included: technology (for example, the need for a dual sign-in to view community health information via Computerized Patient Record System (CPRS) and JLV), training, and the need for more community partners. A VHIE leader told the OIG that VA is currently connected to

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[62] Start-up fees can include the purchase and installation of the software and IT Support. Annual fees can be based on participant attributes such as the type of organization, annual revenue, average daily census, and number of providers. HealthIT.gov. *How much is this going to cost me?* https://www.healthit.gov/faq/how-much-going-cost-me. (The website was accessed on February 3, 2020.) HIE costs ranged from $8,000 to $11,000 for testing, additional costs for implementation, and annual costs from $600 to $48,000. OneHealthPort Website. *Learn more about the HIE Subscription Fees*. www.onehealthport.com/hie/contracting. (The website was accessed on February 5, 2020.)

[63] Not-for-profits can provide tax credits or incentives, public utilities are driven by federal and/or state funding, physician and payor collaboratives are beneficially collaborative for participating physicians and payors and can be not-for-profit or for-profit, and for-profit that are created by private funding have monetary benefits. Deloitte. *Health Information Exchange (HIE) Business Models*. http://www.providersedge.com/ehdocs/ehr_articles/Health_Info_Exchange_Business_Models.pdf. (The website was accessed on February 5, 2020.

only eHealth Exchange. The VHIE Program Office staff indicated plans to expand to other HIE networks. The facility challenges were similar to the provider challenges (technology, training, and need for community partners).

The OIG found common concerns shared by the facilities—knowing when community documentation was available and the time it took to locate documentation. VHIE program leaders explained that JLV is the software used by VA providers to view community care records for patients. When community health information is in JLV, there is no formal alert notifying providers. Some facility staff reported that their alert processes involved administrative staff notifying clinicians that data were available. Others use the JLV Remote Data button (see figure 2), which is supposed to indicate when new community records are available in the EHR. More than half the facilities reported the lack of alerts. The facilities using VA Direct, however, stated that an email notification was received when community providers shared health information.

A JLV user demonstrated to the OIG that a provider must be logged into the VA CPRS and in a patient record to see the JLV Remote Data button.[64] If community care data are available, the JLV letters will change from gray to blue as seen in figure 2 below. Once the JLV option is selected, the provider will be prompted to sign-on to JLV.

Figure 2. Created by OIG from screenshot in VHA's CPRS

Once in JLV, providers reported challenges with locating documentation (scanned date range was different, different naming conventions, data quality and locations) and stated that it took additional time and made it difficult to quickly review the information.

The Office of the National Coordinator for Health Information Technology, in its 2018 Annual Update to Congress on the Adoption of a Nationwide System for the Electronic Use and Exchange of Health Information, stated that "the costs of developing, implementing, and optimizing health IT [information technology]" is a barrier.[65] According to the VHIE Program Office, this could create an inability for a community provider to share information through an HIE. Other barriers reported to Congress included limited interoperability and legal and business incentives.

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[64] CPRS is the integrated software platform that allows VA providers the ability to view patient records.

[65] The Office of the National Coordinator for Health Information Technology. *2018 Report to Congress, Annual Update on the Adoption of a Nationwide System for the Electronic Use and Exchange of Health Information*.

HIE Success

One facility indicated that if a community partner used VA Exchange, a successful exchange of health information occurred; another facility stated that once documents are completed by the community partner, the information is available in JLV almost immediately.

The VHIE Program Office stated Walgreens Pharmacy, one of the larger organizations that is a "trusted [community] partner," provides VA information for patients who have received flu shots. "With the click of a button, VA providers will be able to see the entire medication and immunization history of VA-enrolled patients who receive their prescription and immunization needs at Walgreens."[66]

VHIE Goals

The OIG found four (8 percent) of the 48 facilities surveyed felt that VHIE was not meeting its established goals of improving care coordination and continuity of care, creating immediate provider access to health information electronically, and creating access by non-physician team of providers for care coordination. These four facilities voiced concerns that HIE has not been utilized to the extent possible.

The OIG found examples of VHIE meeting the above established goals from surveyed facilities. One facility reported that prior to VHIE, community partners could not access VA patient information 24 hours a day, and this was a concern especially for care provided in the community after hours. This facility point of contact stated when a patient uses community care for emergencies outside of regular hours, the community hospitals now have a way to obtain VA patient information.

3. EHRM Implementation

In 2018, VA contracted with Cerner for a new interoperative EHRM system and established an agreement to provide project management and planning support. The EHRM is projected to take 10 years to complete.[67]

Cerner representatives stated that the VHIE software platform will be replaced with Cerner software once implementation takes place. Cerner Millennium/PowerChart is the EHR platform that supports patient data and alerts providers of patients requiring care.[68]

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[66] VA Office of Public and Intergovernmental Affairs, News Release, August 17, 2018. VA, "Walgreens collaborate to improve care coordination for Veterans."

[67] The Cerner contract was awarded for replacement of the EHR over a 10-year period. Contract No. 36C10B18D5000.

[68] Millennium/PowerChart uses "predictive algorithms to fire rules and alerts" regarding patient care. Cerner. Benefits of our Electronic Health Record. https://www.cerner.com/solutions/health-systems. (The website was accessed on March 12, 2020.)

Cerner informed the OIG that once the transition to the VA's new EHR is accomplished, capabilities of the new system will be available, and access to community health information by VA providers will have better workflow. Cerner said this will allow a single sign-on to the Cerner Millennium/Power Chart, instead of the current dual sign-on required with the current software to access community records in JLV. Additionally, Cerner reported that the new system will allow for alerts when community health information is available in JLV.

According to Cerner, they are a member of DirectTrust but not eHealth Exchange. Therefore, if a community provider is not part of eHealth Exchange but is a DirectTrust partner, it will be able to share health information with the VA using VA Direct. A VA Direct subject matter expert told the OIG the EHRM implementation will change some of the costs with DirectTrust accreditation, and VA will not have to pay the bundle or accreditation fees.[69]

Cerner expressed to the OIG that they are currently involved with government (Department of Defense and VA) and non-government EHRM. The "joint HIE" with the Department of Defense and VA allows for a common policy for a seamless "joint HIE" allowing the sharing of patient health information. The Department of Defense and VA agreed to this policy that led to both entities referring to the system as "joint" and agreeing on the same workflows and data.[70] VHA implemented the joint HIE with the Department of Defense on April 18, 2020.[71]

Implementation of the new EHR was set to begin at the Seattle Mann-Grandstaff VA Medical Center on March 28, 2020.[72] Deployment of the EHRM was delayed from its initial pilot implementation due to the user training system not being fully configured.[73] The EHRM is intended to increase the usability of VHIE.

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[69] The OIG was informed that Cerner is a member of DirectTrust, so VA will no longer have to pay the accreditation fees because the Cerner software will be the designated software.

[70] VA Office of Public Affairs Media Relations News Release, October 10, 2018. "VA and DOD senior leaders commit to aligned electronic health records system rollout." https://www.va.gov/opa/pressrel/pressrelease.cfm?id=5124. (The website was accessed on February 25, 2020.)

[71] VA Office of Public Affairs Media Relations, April 20, 2020. "VA, DoD implement new capability for bidirectional sharing of health records with community partners."

[72] United States Government Accountability Office Report to the Committee on Veterans' Affairs, House of Representatives. *Electronic Health Records, VA Needs to Identify and Report System Costs*. GAO-19-125, July 2019.

[73] An email was sent from the VA Executive in Charge to all VHA stating the delay in EHRM implementation end user training at the Mann-Grandstaff VA Medical Center in Spokane, Washington, the pilot site, which impacted the deployment schedule for the planned system. The email stated a revised schedule would be forth coming.

Conclusion

VA's use of VA Exchange and VA Direct to electronically share health information with community partners, coordinates and could improve the continuity of care for veterans. Expansion of utilization of VA Direct by all facilities could possibly increase the timely exchange of health information while VA continues developing community partnerships through a common HIE.

The OIG found facilities would be able to expand use of HIEs with additional training, an increase in community partners, and an understanding of how to utilize the program. During interviews, some staff had difficulty determining the difference between the terms VHIE, VA Exchange, and VA Direct. Additional training and increased communication are needed to educate staff on proper terminology.

Under the MISSION Act, veterans may use more community care, effectively HIE could be an important resource for continuity of veteran care. Despite VA having the HIE platform to initiate information sharing, the OIG found that VA needs to enroll more community partners. The insufficient number of community partners enrolled is a limitation that could negate the efforts of VA providing a functional health exchange to deliver safe, efficient, and timely care to veterans.

Based on the majority of survey responses from the 48 facilities and the VHIE Program Office, VHIE goals are on target to ensure success for facilities actively utilizing an HIE. Training, communication, and future planned technological changes would continue to streamline the continuity of care received by veterans.

EHRM may assist with providing immediate access to community health information. The dual sign-on will be eliminated, and providers will be alerted when non-VA health records are available. A part of EHRM implemented in April 2020 created a joint HIE with the Department of Defense and VA allowing for similar workflows and data sharing.

With the expansion of community partners and the ability for bidirectional sharing, EHRM implementation could help create a seamless platform that should provide VA the ability to ensure secure access to all available veteran health information. According to the VA Executive in Charge, the deployment of the initial testing phase of the EHRM has been postponed from its scheduled implementation date.

Recommendations 1–4[74]

1. The Under Secretary for Health reviews the barriers related to the utilization of VA Direct and ensures the Veterans Health Information Exchange Program Office increases the number of facilities using VA Direct as a secure option to share health information.
2. The Under Secretary for Health ensures the Veterans Health Information Exchange Program Office evaluates the VA Exchange and VA Direct training and education programs and increases accessibility to Veterans Health Administration staff, community partners, and veterans.
3. The Under Secretary for Health ensures the Veterans Health Information Exchange Program Office increases the number of community partners, including more state exchanges and other Health Information Exchange stakeholders, to facilitate the expansion of bidirectional health information exchange.
4. The Under Secretary for Health confirms the Veterans Health Information Exchange Program Office evaluates the performance work statements of the Veterans Health Information Exchange community coordinators and ensures compliance with the scope of work.

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[74] Recommendations directed to the Under Secretary for Health were submitted to the Executive in Charge who has the authority to perform the functions and duties of the Under Secretary for Health.

Appendix A: Under Secretary for Health Memorandum

Department of Veterans Affairs Memorandum

Date: June 25, 2020

From: Executive in Charge, Office of the Under Secretary for Health (10)

Subj: Improving VA and Select Community Care Health Information Exchanges

To: Assistant Inspector General for Healthcare Inspections (54)
Director, GAO/OIG Accountability Liaison Office (VHA 10EG GOAL Action)

1. Thank you for the opportunity to review the Office of Inspector General draft report, Improving VA Patient and Select Community Care Health Information Exchanges. VHA concurs with the four recommendations written to the Under Secretary for Health and has begun work to improve utilization of health information exchanges to support improvements in the coordination of Veterans healthcare. VHA provides technical comments with suggested revisions to specific content for purposes of clarity, accuracy and correctness and action plans to address the four recommendations.

2. For comments regarding this memorandum, please contact Karen Rasmussen, M.D., Director, GAO-OIG Accountability Liaison at VHA10EGGOALAction@va.gov.

(*Original signed by*:)

Richard A. Stone, M.D.
Executive in Charge

Executive in Charge Response

Recommendation 1

The Under Secretary for Health reviews the barriers related to the utilization of VA Direct and ensures the Veterans Health Information Exchange Program Office increases the number of facilities using VA Direct as a secure option to share health information.

Concur.

Target date for completion: September 2021

Executive in Charge Comments

The Veterans Health Information Exchange (VHIE) program office will continue to identify barriers related to the utilization of VA Direct and seek to increase the number of facilities using it as a secure option to share health information. The VHIE program office has identified a lack of community provider access to Direct Messaging due to cost, and is working to remove cost barriers for smaller organizations by offering VA Direct Messaging accounts to these organizations through contractual agreements with Cerner. This will allow VHA staff to share health information with high-value community partners efficiently and safely, as needed. The VHIE program office also identified and is correcting significant workflow barriers. Currently, VA Direct Messaging operates as a secure web portal and is not integrated in the electronic medical record. This barrier will be improved following VA's transition to Cerner. With Cerner, Direct Messaging will be available within the users' workflow in Cerner PowerChart. This will improve the user experience by allowing a more seamless incorporation of received information into the patient record. The VHIE program office is working to simplify locating direct addresses. At this time, VA users must search the DirectTrust Directory outside the VA Direct Messaging web portal. The directory will be integrated with the VA Direct Messaging web portal for easy access by all VA Direct users. VHA has also identified training as a potential barrier related to utilization of Veteran Health Information Exchange (VHIE). As required by VHA Directive 6371, VHA Staff must complete the Veteran Health Information Exchange Training Overview. The VHIE program office will evaluate the current training content and identify potential improvements and additional training modalities to effectively reach target audiences.

Recommendation 2

The Under Secretary for Health ensures the Veterans Health Information Exchange Program Office evaluates the VA Exchange and VA Direct training and education programs and increases accessibility to VHA staff, community partners, and veterans.

Concur.

Target date for completion: June 2021

Executive in Charge Comments

The Veterans Health Information Exchange (VHIE) Program will evaluate current training and education programs with a focus on increasing accessibility of program information to VA staff, community partners and Veterans.

Recommendation 3

The Under Secretary for Health ensures the Veterans Health Information Exchange Program Office increases the number of community partners, including more state exchanges and other HIE stakeholders to facilitate the expansion of bidirectional health information exchange.

Concur.

Target date for completion: December 2021

Executive in Charge Comments

The Veterans Health Information Exchange program office agrees with increasing the number of community partners to expand the bidirectional query-based exchange. VHA will achieve this through participation in all three nationwide health information exchange networks/frameworks: eHealth Exchange, CommonWell, and Carequality. Connectivity with CommonWell will add approximately 14,000 facilities and Carequality will add 50,000 facilities to VHA's existing appenpartners.

- *eHealth Exchange*: VHA is a current participant of eHealth Exchange and is connected to 228 out of the 279 participants. The Veterans Health Information Exchange Partner Management team actively reaches out to community partners to initiate connection while also responding to incoming inquiries from community partners reaching out to connect to VA.

- *CommonWell:* DoD [Department of Defense], VA, and Cerner are currently working on the project plan for joining CommonWell with an estimated go live planned for late Fall 2020.

- *Carequality*: DoD and VA will connect to Carequality through eHealth Exchange. Currently, VA, DoD, and Social Security Administration General Counsels are working with Carequality to review and negotiate Carequality Connection Terms, which applies to all Carequality participants. VA will connect to Carequality after a revised version or addendum is agreed to and approved by all parties.

Recommendation 4

The Under Secretary for Health ensures the Veterans Health Information Exchange Program Office evaluates the performance work statements of the Veterans Health Information Exchange community coordinators and confirms compliance with the scope of work.

Concur.

Target date for completion: November 2020

Executive in Charge Comments

The Veterans Health Information Exchange (VHIE) Program Office is working to evaluate the performance work statements of the VHIE community coordinators to confirm compliance with the scope of work.

Appendix B: VA Issued Letter and Notice of Privacy Practices

DEPARTMENT OF VETERANS AFFAIRS
Veterans Health Administration (VHA)
810 Vermont Avenue, N.W.
Washington DC 20420

DATE

Dear Veteran:

The Veterans Health Administration (VHA) is providing an updated copy of the VHA Notice of Privacy Practices as required by the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule. You are receiving this Notice because you have been identified by VHA as a Veteran enrolled or eligible to enroll for VA health care benefits as of August 8, 2019 even if you have not received care from VA. You may have received this Notice even if you are ineligible for VA health care benefits.

This Notice explains your patient privacy rights, identifies uses and disclosures of your protected health information, and includes other important privacy-related information. VHA only uses and shares your health information as outlined in the Notice as allowed under Federal privacy laws and regulations.

There is a modification to the Notice VHA wishes to call to your attention. Specifically, in the Treatment section of the Notice it describes how VHA may now communicate without your authorization your health information through health information exchanges (HIE) with non-VHA providers for them to treat you. This would include any occupational health information as well, if you are a VHA employee. If you do not wish VHA to share your health information with non-VHA providers through HIEs for your treatment and care, you will need to submit the "Opt-Out of Sharing Protected Health Information Through Health Information Exchanges" form to opt out. Visit www.va.gov/vler or contact your Release of Information (ROI) Department at the VA facility where you receive care for more information on how to opt out of HIE sharing for your treatment by non-VHA providers.

For privacy complaints or privacy concerns regarding your health information, please contact your VA treatment facility's Privacy Officer or the VHA Privacy Office as indicated in the attached Notice.

If you have any general questions about the VHA Notice of Privacy Practices, please contact the Health Eligibility Center (HEC), Enrollment Case Management at 1-800-983-0936, Monday-Friday, 8am – 8pm ET, or your VA treatment facility's Privacy Officer.

VHA thanks you for your service and looks forward to continuing to serve your health care needs.

Sincerely,

Stephania H. Griffin, J.D., RHIA
National VHA Privacy Officer

**Department of Veterans
Affairs Veterans Health
Administration NOTICE OF
PRIVACY PRACTICES
Effective Date September 30, 2019**

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED
OR DISCLOSED AND HOW YOU CAN GET ACCESS TO YOUR INFORMATION.
*PLEASE REVIEW IT CAREFULLY***

The Department of Veterans Affairs (VA), Veterans Health Administration (VHA) is required by law to maintain the privacy of your protected health information and to provide you with notice of its legal duties and privacy practices. VHA may use or disclose your health information without your permission for treatment, payment and health care operations, and when otherwise required or permitted by law. This Notice outlines the ways in which VHA may use and disclose your health information without your permission as required or permitted by law. For VHA to use or disclose your information for any other purposes, we are required to get your permission in the form of a signed, written authorization. VHA is required to maintain the privacy of your health information as outlined in this Notice and its privacy policies. Please read through this Notice carefully to understand your privacy rights and VHA's obligations.

YOUR PRIVACY RIGHTS

Right to Review and Obtain a Copy of Health Information. You have the right to review and obtain a copy of your health information in our records. You must submit a written request to the facility Privacy Officer at the VHA health care facility that provided or paid for your care. The VHA Privacy Office at Central Office in Washington, D.C. does not maintain VHA health records, nor past military service health records. For a copy of your military service health records, please contact the National Personnel Records Center at (314) 801-0800. The Web site is https://www.archives.gov/veterans/military-service-records/medical-records.html.

Right to Request Amendment of Health Information. You have the right to request an amendment (correction) to your health information in our records if you believe it is incomplete, inaccurate, untimely, or unrelated to your care. You must submit your request in writing, specify the information that you want corrected, and provide a reason to support your request for amendment. All amendment requests should be submitted to the facility Privacy Officer at the VHA health care facility that maintains your information or health records.

If your request for amendment is denied, you will be notified of this decision in writing and given information about your right to appeal the decision. In response, you may do any of the following:
- File an appeal.
- File a "Statement of Disagreement" which will be included in your health record
- Ask that your initial request for amendment accompany all future disclosures of the disputed health information.

Right to Request Receipt of Communications in a Confidential Manner. You have the right to request that we provide your health information to you by alternative means or at an alternative location. We will accommodate reasonable requests, as determined by VA/VHA policy, from you to receive communications containing your health information:

- At a mailing address (e.g., confidential communications address) other than your permanent address.
- In person, under certain circumstances.

Right to Request Restriction. You may request that we not use or disclose all or part of your health information to carry out treatment, payment or health care operations, or that we not use or disclose all or part of your health information with individuals such as your relatives or friends involved in your care, including use or disclosure for a particular purpose or to a particular person.

Please be aware, that because VHA, and other health care organizations are "covered entities" under the law, VHA is not required to agree to such restriction, except in the case of a disclosure restricted under 45 CFR § 164.522(a)(1)(vi). This provision applies only if the disclosure of your health information is to a health plan for the purpose of payment or health care operations and your health information pertains solely to a health care service or visit which you paid out of pocket in full. However, VHA is not legally able to accept an out of pocket payment from a Veteran for the full cost of a health care service or visit. We are only able to accept payment from a Veteran for co-payments. Therefore, this provision does not apply to VHA and VHA is not required or able to agree to a restriction on the disclosure of your health information to a health plan for the purpose of receiving payment for health care services VA provided to you.

To request a restriction, you must submit a written request that identifies the information you want restricted, when you want it to be restricted, and the extent of the restrictions. All requests to restrict use or disclosure should be submitted to the facility Privacy Officer at the VHA health care facility that provided or paid for your care. If we agree to your request, we will honor the restriction until you revoke it unless the information covered by the restriction is needed to provide you with emergency treatment or the restriction is terminated by VHA upon notification to you.

NOTE: We are not able to honor requests to remove all or part of your health information from the electronic database of health information that is shared between VHA and DoD, or to restrict access to your health information by DoD providers with whom you have a treatment relationship.

Right to Receive an Accounting of Disclosures. You have the right to know and request a copy of what disclosures of your health information have been made to you and to other individuals outside of VHA. To exercise this right, you must submit a written request to the facility Privacy Officer at the VHA health care facility that provides your care.

Right to a Printed Copy of the Privacy Notice. You have the right to obtain an additional paper copy of this Notice from your VHA health care facility. You can obtain this Notice from the facility Privacy Officer at your local VHA health care facility. You may also obtain a copy of this Notice at the following website: http://www.va.gov/vhapublications.

Notification of a Breach of your Health Information. If a breach of any of your protected health information occurs, we will notify you and provide instruction for further actions you may take, if any.

Complaints. If you are concerned that your privacy rights have been violated, you may file a complaint with:

- The Privacy Officer at your local VHA health care facility. Visit this Web site for VHA facilities and telephone numbers http://www.va.gov/directory/guide/home.asp?isflash=1
- VA via the Internet through "Contact the VA" at http://www.va.gov or by dialing 1-800-983-0936 or by writing the VHA Privacy Office (10A7) at 810 Vermont Avenue NW, Washington, DC 20420.

2 of 8

- The U.S. Department of Health and Human Services, Office for Civil Rights at http://www.hhs.gov/ocr/privacy/hipaa/complaints/index.html
- The Office of the Inspector General. https://www.va.gov/oig/hotline/

- Complaints do not have to be in writing, though it is recommended. An individual filing a complaint will not face retaliation by any VA/VHA organization or VA/VHA employee.

When We May Use or Disclose Your Health Information without Your Authorization

Treatment. We may use and disclose your health information without your authorization for treatment or to provide health care services. This includes using and disclosing your information for:

- Emergency and routine health care or services, including but not limited to labs and x-rays; clinic visits; inpatient admissions
- Contacting you to provide appointment reminders or information about treatment alternatives
- Seeking placement in community living centers or skilled nursing homes
- Providing or obtaining home-based services or hospice services

- Filling and submitting prescriptions for medications, supplies, and equipment
- Coordination of care, including care from non-VHA providers
- Communicating with non-VHA providers regarding your care through health information exchanges
- Coordination of care with DoD, including electronic information exchange

NOTE: If you are an active duty service member, Reservist or National Guard member, your health information is available to DoD providers with whom you have a treatment relationship. Your protected health information is on an electronic database that is shared between VHA and DoD. VHA does not have the ability to restrict DoD's access to your information in this database, even if you ask us to do so.

Examples:
1) A Veteran sees a VHA doctor who prescribes medication based on the Veteran's health information. The VHA pharmacy uses this information to fill the prescription.
2) A Veteran is taken to a community hospital emergency room. Upon request from the emergency room, VHA discloses health information to the non-VHA hospital staff that needs the information to treat this Veteran.
3) A National Guard member seeks mental health care from VHA. VHA discloses this information to DoD by entering the information into a database that may be accessed by DoD providers at some future date.
4) A Veteran is seen by his community health care provider, who wants to review the Veteran's last blood work results from his VHA Primary Care visit for comparison. The community health care provider uses a local health information exchange to request and receive the results from VHA to better care for the Veteran.

Payment. We may use and disclose your health information without your authorization for payment purposes or to receive reimbursement for care provided. This includes using and disclosing your information for:

- Determining eligibility for health care services
- Paying for non-VHA care and services, including but not limited to, CHAMPVA, Choice and fee basis
- Coordinating benefits with other insurance payers
- Finding or verifying coverage under a health insurance plan or policy

- Pre-certifying insurance benefits
- Billing and collecting for health care services provided by VHA
- Reporting to consumer reporting agencies regarding delinquent debt owed to VHA.

Examples:
1) A Veteran is seeking care at a VHA health care facility. VA uses the Veteran's health information to determine eligibility for health care services.
2) The VHA health care facility discloses a Veteran's health information to a private health insurance company to seek and receive payment for the care and services provided to the Veteran.
3) A Veteran owes VA $5000 in copayments for Non-Service Connected care over two years. The Veteran has not responded to reasonable administrative efforts to collect the debt. VA releases information concerning the debt, including the Veteran's name and address, to a consumer reporting agency for the purpose of making the information

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available for third-party decisions regarding such things as the Veteran's credit, insurance, housing, banking services, utilities.

Health Care Operations. We may use or disclose your health information without your authorization to support the activities related to health care. This includes using and disclosing your information for:

- Improving quality of care or services
- Conducting Veteran and beneficiary satisfaction surveys
- Reviewing competence or qualifications of health care professionals
- Providing information about treatment alternatives or other health-related benefits and services

- Conducting health care training programs
- Managing, budgeting and planning activities and reports
- Improving health care processes, reducing health care costs and assessing organizational performance
- Developing, maintaining and supporting computer systems
- Addressing patient complaints

- Legal services
- Conducting accreditation activities
- Certifying, licensing, or credentialing of health care professionals
- Conducting audits and compliance programs, including fraud, waste and abuse investigations
- Performing process reviews and root cause analyses

Examples:
1) Medical Service, within a VHA health care facility, uses the health information of diabetic Veterans as part of a quality of care review process to determine if the care was provided in accordance with the established clinical practices.
2) A VHA health care facility discloses a Veteran's health information to the Department of Justice (DOJ) attorneys assigned to VA for defense of VHA in litigation.
3) The VHA health care facility Utilization Review Committee reviews care data, patient demographics, and diagnosis to determine that the appropriate length of stay is provided per Utilization Review Standards.

Eligibility and Enrollment for Federal Benefits. We may use or disclose your health information without your authorization to other programs within VA or other Federal agencies, such as the Veterans Benefits Administration, Internal Revenue Service, or Social Security Administration, to determine your eligibility for Federal benefits.

Abuse Reporting. We may use or disclose your health information without your authorization to report suspected child abuse, including child pornography; elder abuse or neglect; or domestic violence to appropriate Federal, State, local, or tribal authorities. This reporting is for the health and safety of the suspected victim.

Serious and Imminent Threat to Health and Safety. We may use or disclose your health information without your authorization when necessary to prevent or lessen a serious and imminent threat to the health and safety of the public, yourself, or another person. Any disclosure would only be to someone able to help prevent or lessen the harm, such as a law enforcement agency or the person threatened. You will be notified in writing if any such disclosure has been made by a VHA health care facility.

Public Health Activities. We may disclose your health information without your authorization to public health and regulatory authorities, including the Food and Drug Administration (FDA) and Centers for Disease Control (CDC), for public health activities. This includes disclosing your information for:

- Controlling and preventing disease, injury, or disability
- Reporting vital events such as births and deaths

- Reporting communicable diseases such as hepatitis, tuberculosis, sexually transmitted diseases & HIV
- Tracking FDA-regulated products

- Reporting adverse events and product defects or problems
- Enabling product recalls, repairs or replacements

Judicial or Administrative Proceedings. We may disclose your health information without your authorization for judicial or administrative proceedings, such as when we receive an order of a court, such as a subpoena signed by a judge, or administrative tribunal, requiring the disclosure.

Law Enforcement. We may disclose your health information without your authorization to law enforcement agencies for law enforcement purposes when applicable legal requirements are met. This includes disclosing your information for:

- Identifying or apprehending an individual who has admitted to participating in a violent crime
- Reporting a death where there is a suspicion that death has occurred as a result of a crime
- Reporting Fugitive Felons
- Routine reporting to law enforcement agencies, such as gunshot wounds
- Providing certain information to identify or locate a suspect, fugitive, material witness, or missing person
- Investigating a specific criminal act.

Health Care Oversight. We may disclose your health information without your authorization to a governmental health care oversight agency (e.g., Inspector General; House Veterans Affairs Committee) for activities authorized by law, such as audits, investigations, and inspections. Health care oversight agencies include government agencies that oversee the health care system, government benefit programs, other government regulatory programs, and agencies that enforce civil rights laws.

Cadaveric Organ, Eye, or Tissue Donation. When you are an organ donor and death is imminent, we may use or disclose your relevant health information without your authorization to an Organ Procurement Organization (OPO), or other entity designated by the OPO, for determining suitability of your organs or tissues for organ donation. If you have not specified your donation preferences and can no longer do so, your family may make the determination regarding organ donation on your behalf.

Coroner or Funeral Services. Upon your death, we may disclose your health information to a funeral director for burial purposes, as authorized by law. We may also disclose your health information to a coroner or medical examiner for identification purposes, determining cause of death, or performing other duties authorized by law.

Services. We may provide your health information without your authorization to individuals, companies and others who need to see your information to perform a function or service for or on behalf of VHA. An appropriately executed contractual document, if applicable, and business associate agreement must be in place to ensure the contractor will appropriately secure and protect your information.

National Security Matters. We may use and disclose your health information without your authorization to authorized Federal officials for conducting national security and intelligence activities. These activities may include protective services for the President and others.

Workers' Compensation. We may use or disclose your health information without your authorization to comply with workers' compensation laws and other similar programs.

Correctional Facilities. We may disclose your health information without your authorization to a correctional facility if you are an inmate and disclosure is necessary to provide you with health care; to protect the health and safety of you or others; or for the safety of the correctional facility.

Required by Law. We may use or disclose your health information without your authorization for other purposes to the extent required or mandated by Federal law (e.g., to comply with the

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Americans with Disabilities Act; to comply with the Freedom of Information Act (FOIA); to comply with a Health Insurance Portability and Accountability Act (HIPAA) privacy or security rule complaint investigation or review by the Department of Health and Human Services).

Activities Related to Research. Before we may use health information for research, all research projects must go through a special VHA approval process. This process requires an Institutional Review Board (IRB) to evaluate the project and its use of health information based on, among other things, the level of risk to you and to your privacy. For many research projects, including any in which you are physically examined or provided care as part of the research, you will be asked to sign a consent form to participate in the project and a separate authorization form for use and possibly disclosure of your information. However, there are times when we may use your health information without an authorization, such as, when:

- A researcher is preparing a plan for a research project. For example, a researcher needs to examine patient medical records to identify patients with specific medical needs. The researcher must agree to use this information only to prepare a plan for a research study; the researcher may not use it to contact you or actually conduct the study. The researcher also must agree not to remove that information from the VHA health care facility. These activities are considered preparatory to research.
- The IRB approves a waiver of authorization to use or disclose health information for the research because privacy and confidentiality risks are minimal and other regulatory criteria are satisfied.
- A Limited Data Set containing only indirectly identifiable health information (such as dates, unique characteristics, unique numbers or zip codes) is used or disclosed, with a data use agreement (DUA) in place.

Military Activities. We may use or disclose your health information without your authorization if you are a member of the Armed Forces, for activities deemed necessary by appropriate military command authorities to assure the proper execution of the military mission, when applicable legal requirements are met. Members of the Armed Forces include Active Duty Service members and in some cases Reservist and National Guard members.

Example:
Your Base Commander requests your health information to determine your fitness for duty or deployment.

Academic Affiliates. We may use or disclose your health information without your authorization to support our education and training program for students and residents to enhance the quality of care provided to you.

State Prescription Drug Monitoring Program (SPDMP). We may use or disclose your health information without your authorization to a SPDMP in an effort to promote the sharing of prescription information to ensure safe medical care.

General Information Disclosures. We may disclose general information about you without your authorization to your family and friends. These disclosures will be made only as necessary and on a need-to-know basis consistent with good medical and ethical practices, unless otherwise directed by you or your personal representative. General information is limited to:

- Verification of identity
- Your condition described in general terms (e.g., critical, stable, good, prognosis poor)
- Your location in a VHA health care facility (e.g., building, floor, or room number)

Verbal Disclosures to Others While You Are Present. When you are present, or otherwise available, we may disclose your health information to your next-of-kin, family or to other individuals that you identify. Your doctor may talk to your spouse about your condition while at your bedside or

in the exam room. Before we make such a disclosure, we will ask you if you object or if it is acceptable for the person to remain in the room. We will not make the disclosure if you object.

Verbal Disclosures to Others When You Are Not Present. When you are not present, or are unavailable, VHA health care providers may discuss your health care or payment for your health care with your next-of-kin, family, or others with a significant relationship to you without your authorization. This will only be done if it is determined that it is in your best interests. We will limit the disclosure to information that is directly relevant to the other person's involvement with your health care or payment for your health care.

Examples of this type of disclosure may include questions or discussions concerning your in-patient medical care, home-based care, medical supplies such as a wheelchair, and filled prescriptions.

IMPORTANT NOTE: A copy of your medical records can be provided to family, next-of-kin, or other individuals involved in your care only if we have your signed, written authorization or if the individual is your authorized personal representative.

Other Uses and Disclosures with Your Authorization. We may use or disclose your health information for any purpose you specify in a signed, written authorization you provide us. Your signed, written authorization is always required to disclose your psychotherapy notes, if they exist. If we were to use or disclose your health information for marketing purposes, we would require your signed written authorization. In all other cases, we will not use or make a disclosure of your health information without your signed, written authorization, unless the use or disclosure falls under one of the exceptions described in this Notice. When we receive your signed, written authorization we will review the authorization to determine if it is valid, and then disclose your health information as requested by you in the authorization.

Revocation of Authorization. If you provide us a signed, written authorization to use or disclose your health information, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose your health information unless the use or disclosure falls under one of the exceptions described in this Notice or as otherwise permitted by other laws. Please understand that we are unable to take back any uses or disclosures we have already made based on your signed, written authorization.

When We Offer You the Opportunity to Decline the Use or Disclosure of Your Health Information

Patient Directories. Unless you opt-out of the VHA medical center patient directory when being admitted to a VHA health care facility, we may list your general condition, religious affiliation and the location where you are receiving care. This information may be disclosed to people who ask for you by name. Your religious affiliation will only be disclosed to members of the clergy who ask for you by name.

NOTE: If you do object to being listed in the Patient Directory, no information will be given out about you unless there is other legal authority. This means your family and friends will not be able to find what room you are in while you are in the hospital. It also means you will not be able to receive flowers or mail, including Federal benefits checks, while you are an inpatient in the hospital or nursing home. All flowers and mail will be returned to the sender.

When We Will Not Use or Disclose Your Health Information

Sale of Health Information. We will not sell your health information. Receipt by VA of a fee expressly permitted by law, such as Privacy Act copying fees or FOIA copying fees is not a "sale of health information."

Genetic Information. We will not use or disclose genetic information to determine your eligibility for or enrollment in VA health care benefits.

Changes to This Notice. We reserve the right to change this Notice. The revised privacy practices will pertain to all existing health information, as well as health information we receive in the future. Should there be any changes to this Notice we will make a copy of the revised Notice available to you within 60 days of any change. The Notice will contain the effective date on the first page.

Contact Information. You may contact the Privacy Officer at your local VHA health care facility if you have questions regarding the privacy of your health information or if you would like further explanation of this Notice. The VHA Privacy Office may be reached by mail at VHA Privacy Office, Office of Health Informatics (10A7), 810 Vermont Avenue NW, Washington, DC 20420 or by telephone at 1-877-461-5038 (toll free).

Appendix C: VHA Facilities—Complexity Levels 2 or 3

VHA Facility	Fiscal Year 2017 Complexity Level
(1V01) (405) White River Junction, VT	2
(1V01) (518) Bedford, MA	3
(1V01) (608) Manchester, NH	3
(1V01) (631) VA Central Western Massachusetts HCS	3
(1V02) (528) Bath, NY	2
(1V02) (528) Canandaigua, NY	3
(1V02) (620) VA Hudson Valley HCS, NY	3
(1V04) (460) Wilmington, DE	2
(1V04) (503) Altoona, PA	3
(1V04) (529) Butler, PA	3
(1V04) (542) Coatesville, PA	3
(1V04) (562) Erie, PA	3
(1V04) (595) Lebanon, PA	2
(1V04) (693) Wilkes-Barre, PA	2
(1V05) (517) Beckley, WV	2
(2V07) (557) Dublin, GA	2
(2V07) (679) Tuscaloosa, AL	3
(3V10) (515) Battle Creek, MI	3
(3V10) (610) Northern Indiana HCS, IN	2
(3V10) (655) Saginaw, MI	3
(3V10) (757) Columbus, OH	2
(3V12) (550) Danville, IL	3
(3V12) (585) Iron Mountain, MI	3
(3V12) (676) Tomah, WI	3
(3V15) (589) Wichita, KS	2
(3V15) (657) Marion, IL	2
(3V15) (657) Poplar Bluff, MO	3
(3V23) (437) Fargo, ND	2
(3V23) (438) Sioux Falls, SD	2
(3V23) (568) Black Hills HCS, SD	2

VHA Facility	Fiscal Year 2017 Complexity Level
(3V23) (656) St. Cloud, MN	3
(4V16) (502) Alexandria, LA	3
(4V17) (504) Amarillo, TX	2
(4V17) (519) Big Spring, TX	3
(4V17) (740) VA Texas Valley Coastal Bend HCS	3
(4V17) (756) El Paso, TX	2
(4V19) (436) Montana HCS	2
(4V19) (442) Cheyenne, WY	3
(4V19) (575) Grand Junction, CO	2
(4V19) (666) Sheridan, WY	3
(5V20) (463) Anchorage, AK	3
(5V20) (531) Boise, ID	2
(5V20) (653) Roseburg, OR	3
(5V20) (668) Spokane, WA	3
(5V20) (687) Walla Walla, WA	3
(5V20) (692) White City, OR	3
(5V21) (459) Honolulu, HI	2
(5V22) (649) Northern Arizona HCS	3

Source: OIG created using VA VSSC as of December 31, 2020

Appendix D: Facility Survey

Q. 1) Does the facility use specific VA Exchange or VA Direct? Yes ☐ No ☐ Both ☐ Neither ☐

Q. 1a) If yes:

Name of Health Exchange Information system(s) being used [if more than one, list all – VA Exchange, VA Direct and any other]	How long has it been in place [DATE(s)]	Is a dual consent required
		☐ Yes ☐ No ☐ N/A

Q. 2) Which specific staff (anyone with access to VA Exchange/VA Direct) use the VA Exchange/ VA Direct and for what purposes?

Types of Providers/Staff	Purposes of Use

Q. 3) How do you know when information from providers/staff is available? (For example, are you alerted when health information is available from VA Exchange/VA Direct?) – Please be specific to the type of notification.

Q. 4) Please describe the processes applicable to provider/staff use of the VA Exchange with the facility.

Q. 5) Please describe the processes applicable to provider/staff use of VA Direct with the facility.

Q. 6) What is the average timeframe to receive records from the HIE system(s) for VA Exchange and VA Direct?

Q. 7) According to VA, the goals of VA Exchange/ VA Direct include:

- Improving care coordination and continuity of care
- Creating immediate provider access to health information electronically
- Creating access by non-physician teams of healthcare providers for care coordination

Do you find that the use of a VA Exchange/ VA Direct meet these goals to:

Q. 7a) improving care coordination and continuity of care? Yes ☐ No ☐

Q. 7b) creating immediate provider access to health information electronically? Yes ☐ No ☐

Q. 7c) creating access by non-physician teams of providers for care coordination? Yes ☐ No ☐

Q. 8) If the facility has dual consent, what impacts VA Exchange or VA Direct?

Q. 9) Are there changes you would like to see that could possibly improve the current process(es) that you have shared. (Please be specific about the changes.)

Q. 9a) Are there challenges that you are aware of that make your current process difficult for staff/providers? Yes ☐ No ☐ (please be specific about the challenges.)

Q. 9b) Are there challenges that you are aware of that make your current process difficult for the facility? Yes ☐ No ☐ (please be specific)

Q. 10) Is there anything you would like for us to know about health information exchange practices or operations at the facility that we haven't covered in this survey?

Appendix E: State Health Exchanges Partnered with VA

VA Partner HIE	State
Alabama One Health Record	AL
Patient Bridge (Baptist First)	AL
HealthCurrent	AZ
Cottage Community HIE	CA
San Diego Health Connect	CA
Colorado RHIO	CO
Quality Health Network	CO
Georgia HIN	GA
Georgia Regional Academic HIE	GA
Hawaii HIE	HI
Indiana HIE	IN
Michiama HIN	IN
Maine HealthInfoNet	ME
Lewis And Clark Information Exchange	MO
Missouri Health Connection	MO
Tiger Instit Health Alliance HIE	MO
Atrium Health CareConnect	NC
NC HealthConnex	NC
Nebraska HIl	NE
HealtheConnections	NY
HealthIX	NY
HealthlinkNY	NY
Western New York HEALTHELINK	NY
CliniSync Ohio Health Information Partnership	OH
Coordinated Care Health Network (CCHN)	OK
InterCommunity Health Network CCO	OR
Reliance eHealth Collaborative	OR
ClinicalConnect HIE	PA
Keystone HIE	PA
Rhode Island HIE	RI
South Carolina HIE	SC

VA Partner HIE	State
PHIX	TX
Utah HIN	UT
MedVirginia	VA
Vermont Information Technology Leaders	VT
Bellin Healthcare Systems	WI
Wisconsin HIN	WI

Source: OIG created using data provided by VHA on January 8, 2020

Appendix F: DirectTrust Member Locations
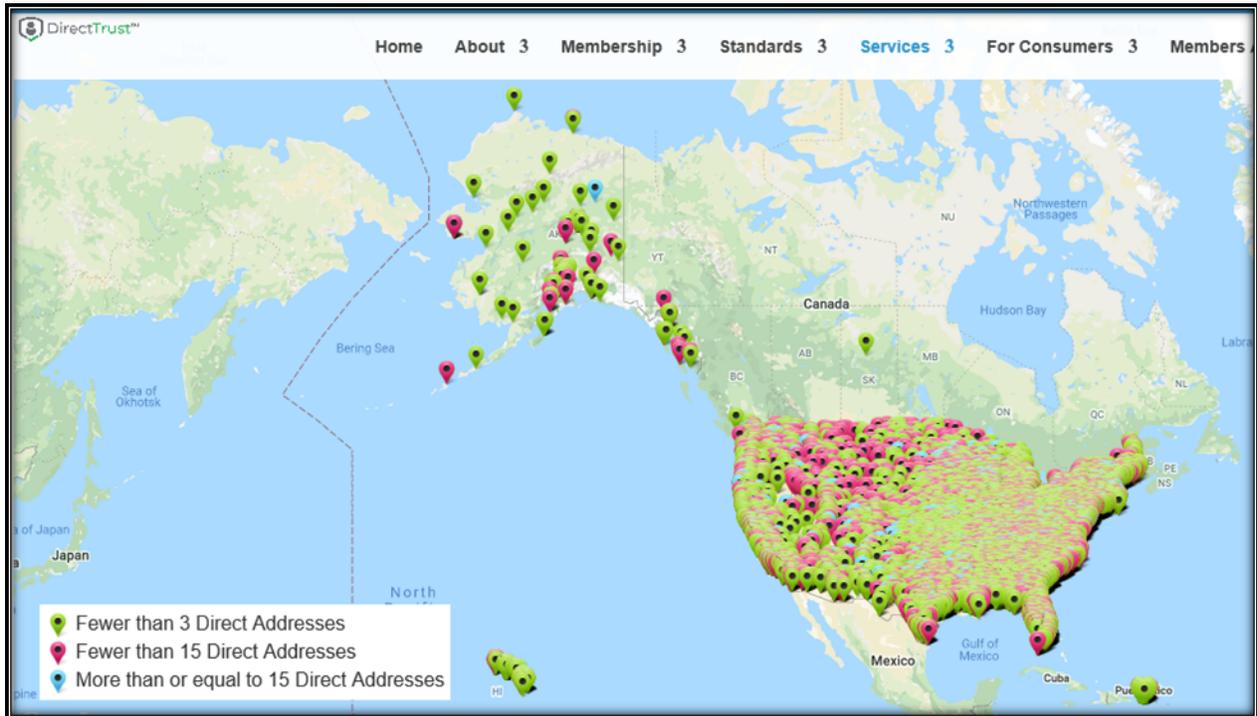
Source: Snapshot of map from https://www.directtrust.org/directory-coverage-map/ on February 9, 2020

Appendix G: VHA Facilities Using VA Direct

VA Facilities Using VA Direct
St. Cloud VA Health Care System (656)
Columbus VA Medical Center (757)
Chillicothe VA Medical Center (538)
Richmond VA Medical Center (652)
Cleveland VA Medical Center (541)
VA Pittsburgh Healthcare Center (646)
Indianapolis VA Medical Center (583)
Northern Arizona VA Health Care System (649)
Salem VA Medical Center (658)
Cincinnati VA Medical Center (539)
VA Roseburg Healthcare System (653)
Minneapolis VA Health Care System (618)
Mountain Home VA Medical Center (621)
Atlanta VA Medical Center (508)
Madison Veterans Hospital (607)
Chicago VA Medical Center (537)
VA Puget Sound Health Care System (663)
Manchester VA Medical Center (608)
VA San Diego Healthcare System (664)
VA Palo Alto Health Care System (640)
Bay Pines VA Medical Center (516)
Lexington VA Medical Center (596)
Spokane VA Medical Center (668)
VA New Jersey Health Care System (561)
Salisbury VA Medical Center (659)
VA Maine Healthcare System - Togus (402)
Wilmington VA Medical Center (460)
Alaska VA Healthcare System (463)

Source: OIG created using data from VHIE Program Office provided January 8, 2020

Appendix H: VA Form 10-10164

Department of Veterans Affairs	OPT-OUT OF SHARING PROTECTED HEALTH INFORMATION THROUGH HEALTH INFORMATION EXCHANGES

By completing this form, you are requesting to be opted out of health information exchanges (HIE) for treatment purposes. HIE allows health care professionals and patients to access and securely share a patient's protected health information electronically. HIE enables VA to share patient information with community providers and other HIE partners. Opt-out means that none of your health information can be shared through HIE for your treatment except in a life-threatening medical emergency. Opt-in means that all of your health information can be shared through HIE for your treatment. Your disclosure of the information requested on this form is voluntary. A decision to complete the form will not have any effect on any benefits to which you may otherwise be entitled, however, you will not be able to participate in HIE. Because VA uses the Social Security Number (SSN) to electronically locate patient records, you need to provide your complete and accurate SSN in order for us to carry out your request to opt-out.

PRIVACY STATEMENT: Your disclosure of the personal information requested on this form is voluntary. However, if the information containing the Social Security Number (SSN) (the SSN will be used to locate records) is not furnished completely and accurately, the Veterans Health Administration (VHA) will be unable to comply with your request. By completing this form, you will be opted out of the electronic exchange of health information for treatment purposes. Failure to furnish the personal information will not have any effect on any other benefits to which you may be entitled; however, you will not be opted out of information exchange. Consistent with the VA Notice of Privacy Practices, VA may also use the information on this form for purposes other than your treatment as authorized or required by law. The information collected on this form is part of a Privacy Act system of records, "Virtual Lifetime Electronic Record (VLER)-VA", 168VA10P2. The personal information requested on this form is solicited under Title 38, U.S.C. 501.

VETERAN'S FULL NAME:			
LAST *(Print)*	FIRST	MIDDLE	9-DIGIT SSN

OPT-OUT

By signing this form, I understand that I am directing VA to opt me out of electronic sharing of my health information with HIE partners. By signing this form, I am agreeing that my health information will no longer be shared electronically with partners through HIE for their treatment of me except in a life-threatening medical emergency. My health information will continue to be shared for my treatment on paper or through fax or other legally allowed means other than HIE. I certify that I am making this opt-out request freely, voluntarily, and without coercion. This opt-out decision will be in effect unless and until I cancel it by authorizing VA to opt me in to HIE in writing on VA Form 10-10163.

If you decide that you would like to be opted back in to the sharing of your health information, you will need to contact the Release of Information Office at the VA Medical Center where you receive treatment or call the Health Eligibility Center (HEC) Call Center at 1-877-771-VLER (8537).

SIGNATURE:

_____   _____

Signature of Patient   Date

_____   _____

Signature of Legal Representative *(if applicable)*   Date

To Sign for Patient *(Attach authority to sign: Health Care Power of Attorney or Legal Guardian)*

_____

Name of Legal Representative *(please print)*

VA FORM
OCT 2019   **10-10164**   Page 1 of 1

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