



Supporting Document, Testimony of Aaron Seib, Governance Subgroup, August 22, 2014

The [National Association for Trusted Exchange](#) (NATE) brings the expertise of state programs together to find common solutions that optimize the appropriate exchange of health information for greater gains in adoption and outcomes. The group was originally formed as the Western States Consortium (WSC) with support from the State Health Policy Consortium (SHPC) project funded by the Office of the National Coordinator for Health IT (ONC) and ARRA-funded State HIE initiatives. The group's initial project focused on setting up the governance framework and policy requirements needed to allow providers to exchange information across state lines for treatment purposes using Direct secure messaging. By the end of the ONC-supported period of the WSC project, California and Oregon had officially signed a Memorandum of Understanding (MoU), and all eight participating states had approved a set of common policies for trusted exchange via Direct. This work was seminal to the formation of both the Provider to Provider for Treatment Purposes (P2P4Tx) Trust Bundle and the subsequent Personal Health Record (PHR) Ignite project that leveraged it as a component of enabling patients to be in control of their data. Since the completion of the initial WSC project in 2012, eleven states have signed the MoU and additional states are indicating interest. Numerous other types of entities (including vendors, federal agencies and independent HIE operators) have approached NATE about participating in the association and in response NATE has established a New Member Type workgroup made up of external entities to inform how best to expand the organization in that direction as well.

NATE was officially established as a not-for-profit organization incorporated in Washington, D.C. on May 1, 2013. Consistent with NATE's mission to address the legal, policy, and technical barriers that inhibit health information exchange between entities within a state and across states, NATE sought to expand its framework and begin testing its ability to support other forms of exchange. For example, given the importance of consumer-mediated exchange to many of the NATE members' long-term strategies around engaging patients in health reform, the NATE PHR Ignite pilot aimed to reuse the provider-to-provider trust framework and test the ability to establish trusted relationships with personally controlled untethered PHRs. This pilot was a vehicle for patients to send and receive data bidirectionally with providers in the trust framework via Direct. NATE developed consumer-mediated exchange use cases as part of the PHR Ignite pilot project to inform privacy, security, and operational policies for patient access and exchange using PHRs and to guide deploying a trusted mechanism to enable exchange. Phase 1 of the NATE PHR Ignite pilot leveraged the work of the Blue Button Plus community, which supports the sending of messages from providers to patients. NATE is now the authorized administrator of the Blue Button Plus Consumer Trust Bundles and recently kicked off Phase 2 of its PHR Ignite project. Phase 2 participants will review NATE's PHR Ignite Phase 1 pilot work and existing trust bundles (P2P4Tx, P2PHR, PHR2P and BB+), evaluate the current landscape and make a recommendation on next steps. The end goal of the project is to establish a practical trust community that has vetted a trust bundle that relying parties will adopt, and PHR vendors will participate in, that satisfies applicable law while minimizing the burden of being determined eligible.