Department of Veterans Affairs
Veterans Health Administration
Washington, DC 20420

VHA DIRECTIVE 6371
Transmittal Sheet
April 30, 2019

ELECTRONIC HEALTH INFORMATION EXCHANGE FOR TREATMENT

1. REASON FOR ISSUE: This Veterans Health Administration (VHA) directive establishes VHA policy for the Department of Veterans Affairs' (VA's) Veterans Integrated Service Networks (VISNs) and VA medical facilities to support and use standardized electronic Health Information Exchange (eHIE) for care coordination and treatment.

2. SUMMARY OF CONTENT: This VHA directive establishes policy regarding the implementation and ongoing support for the VHIE Program within the VHA:

   a. Support and use of eHIE by implementing the technology of Veterans Health Information Exchange (VHIE) Program (formerly known as the Virtual Electronic Health Record (VLER) Health Program);

   b. Educate and train VHA staff on the use of eHIE; and

   c. Educate Veterans on the benefits of eHIE.

3. RELATED ISSUES: None

4. RESPONSIBLE OFFICE: The Assistant Deputy Under Secretary for Health for Health Informatics (10A7) is responsible for the content of this VHA directive. Questions may be referred to the Program Director of the Veterans Health Information Exchange Program at vaexchangeinfo@va.gov or vadirectinfo@va.gov.

5. RESCISSIONS: None

6. RECERTIFICATION: This VHA directive is scheduled for recertification on or before the last working day of April 2024. This VHA directive will continue to serve as national VHA policy until it is recertified or rescinded.

 BY DIRECTION OF THE OFFICE OF THE UNDER SECRETARY FOR HEALTH:

/s/ Steven Lieberman, MD, MBA, FACHE
Acting Principal Deputy Under Secretary for Health

DISTRIBUTION: Emailed to the VHA Publications Distribution List on May 1, 2019.

NOTE: *All references herein to VA and VHA documents incorporate by reference subsequent VA and VHA documents on the same or similar subject matter.*

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1. PURPOSE

   This Veterans Health Administration (VHA) directive establishes that VISNs and VA medical facilities must implement the Veterans Health Information Exchange (VHIE) Program (formerly known as the Virtual Lifetime Electronic Record (VLER) Health), which provides the capability of electronic health information exchange (eHIE) with the Department of Veterans Affairs (VA) Community Care Providers over a trusted, secure network to advance the delivery of Veteran-centered clinical care. **AUTHORITY:** Executive Order 13335 Sec 2, 3, 4, Executive Order 13410 Sec 2 (b)(c) Sec 3(a) (1)(2), and PL 111-5, Title XIII, Title XXX, Executive Order 13335, Privacy Act of 1974 and Health Insurance Portability and Accountability Act (HIPAA).

2. BACKGROUND

   a. VHIE was established from the 2009 presidential directive to enhance Veterans' access to care and allows the electronic exchange of Veterans' health information between VA, other federal agencies, health information exchanges (HIEs), and Community Care Providers. Through the VHIE Program's two main technologies, VA Direct Messaging and VA Exchange, VA shares and exchanges Veteran medical information nationwide.

   b. The use of eHIE is essential to ensure the best care for Veterans and achieving VA's goal of interoperability. eHIE improves patient safety, the quality of clinical care, continuity of care, care coordination, and transitions of care; engages Veterans in their health care; reduces health care costs; and promotes population health by assisting in providing a complete picture of a Veteran's health.

   c. The VHIE Program's Implementation Guide and Toolkit includes more information about the VHIE Program and benefits. VHIE Training and Education is located at the Employee Education System (EES) Community of Practice (COP) site: http://vhie.lrn.va.gov.

3. DEFINITIONS

   a. **Community Care Providers.** Community Care Providers are non-VA healthcare organizations (i.e., Hospitals, Health Systems) and professionals who provide health care for covered Veterans and non-Veteran beneficiaries.

   b. **Joint Legacy Viewer.** Joint Legacy Viewer (JLV) is an intranet application jointly created by the VA and Department of Defense (DoD), which is used as a view-only portal to review health information on shared Veteran patients from sources including other VA medical facilities, DoD, and VA Exchange Community Care Providers.

   c. **VA Direct Messaging.** VA Direct Messaging allows VA users to send and receive specific information to and from Community Care Providers through a secure

email-like messaging platform. VA Direct Messaging users can include VA clinical staff as well as VA administrative staff who support Veteran health care in the community.

d. **VA Exchange.** VA Exchange is a national, secure network of trusted partners that allows VA or participating Community Care Providers to electronically request and receive medical information about a specific Veteran under their care (from system to system). The VA Exchange is rapidly expanding and now exchanges health data with hundreds of health care organizations that includes thousands of Community Care Providers across the nation through eHealth Exchange. VA clinicians can access VA Exchange data through the Joint Legacy Viewer (JLV) and VistAWeb.

e. **Veteran Opt-Out.** Veteran Opt-Out refers to when a Veteran no longer wishes to share their health information for clinical treatment with trusted VA Community Care Providers participating in the eHealth Exchange, VA Direct Messaging, and other Health Information Exchanges with whom VA has an agreement.

f. **VistAWeb.** Veterans Health Information Systems and Technology Architecture (VistA) VistAWeb (VW) is an intranet web application used to review remote patient information found in VistA, the Bi-Directional Health Information Exchange (BHIE) system, the Health Data Repository II (HDR II) databases, and VA Community Care Providers. VA is planning the decommissioning of VW which will be replaced by JLV.

4. POLICY

It is VHA policy that all VISNs and VA medical facilities will implement, use, and sustain the VHIE Program to support the use of eHIE for care coordination.

5. RESPONSIBILITIES

a. **Under Secretary for Health.** The Under Secretary for Health is responsible for ensuring overall VHA compliance with this directive.

b. **Deputy Under Secretary for Health for Operations and Management.** The Deputy Under Secretary for Health for Operations and Management is responsible for ensuring compliance with this directive at all VISNs and VA medical facilities.

c. **Assistant Deputy Under Secretary for Health for Patient Care Services.** The Assistant Deputy Under Secretary for Health for Patient Care Services is responsible for providing direction and VHA-wide communication supporting implementation of this directive.

d. **Director, VHIE Program.** The Director of the VHIE Program is responsible for providing program continuing guidance and direction through:

(1) Developing and providing directions and processes to implement VHIE technologies at a VA medical facility, such as the VHIE Program's Implementation Guide and Toolkit.

(2) Developing and providing training and education for VA staff on accessing the VHIE Program's information, which is included in the VHIE Program's Implementation Guide and Toolkit. A VHIE TMS module will be available to provide an overview of the VHIE Program and discuss how to view community partner data using the applicable viewer. Information on the course is located on the Veteran Health Information Exchange (VHIE) Training and Education site located on the Employee Education System (EES) Community of Practice (COP) at http://vhie.lrn.va.gov. Additionally, the VHIE Program Office will provide assistance to each VISN and VA medical facility to develop a training strategy.

(3) Identifying, prioritizing, onboarding, and supporting Community Care Providers in the use of and inclusion in the eHIE.

e. **Director, Veterans Integrated Service Network (VISN).** The VISN Director is responsible for monitoring quarterly performance metrics provided by the National VHIE Program Office to ensure sufficient resources to fully implement this directive.

f. **VA Medical Facility Director.** The VA medical facility Director is responsible for:

(1) Serving as the VHIE program sponsor for the VA medical facility.

(2) Identifying a VHIE Facility Lead who is responsible for supporting, coordinating and championing the implementation of the VHIE Program at the VA medical facility within 30 days of this directive being published to report to the VHIE Program Office.

(3) Ensuring initiation of all duties associated with eHIE support and use within 120 days of the directive publication and ongoing by following existing VA statutes, regulations, and policies.

(4) Ensuring the implementation of the VHIE Program in accordance with the VHIE Implementation Guide and Toolkit.

(5) Determining how the facility will monitor that VHIE training has been completed by staff.

g. **Chief of Staff.** The VA medical facility Chief of Staff is responsible for:

(1) Identifying Clinical Champion(s) to serve as advocates for clinical adoption of VHIE at the VA medical facility.

(2) Encouraging the use of the VHIE Program with VA clinicians as provided in the VHIE Implementation Guide and Toolkit.

(3) Forwarding user suggestions for enhancement to the national VHIE Program Office team.

h. **Chief, Health Information Management (HIM).** The VA medical facility Chief, HIM is responsible for ensuring release of information processes related to the VHIE

Program are consistent with and carried out in accordance with existing VHA policies and procedures (i.e., VHA Directive 1605.01, Privacy and Release of Information, dated August 31, 2016, VHA Handbook 1907.01, Health Information Management and Health Records, dated March 19, 2015, and VHA Handbook 1907.06, Management of Release of Information, dated January 18, 2013.)

   i. **VA Medical Facility VHIE Facility Lead.** The VA medical facility VHIE Facility Lead is responsible for:

   (1) Functioning as the VA medical facility point of contact for the VHIE National Team, VA staff and all local Community Care Providers.

   (2) Ensuring the training of VHA staff and providing Veteran awareness using the VHIE Implementation Guide, Toolkit and related training materials.

   (3) Initiating implementation of the VHIE Program in accordance with the VHIE Implementation Guide and Toolkit within 30 days of this directive being published.

   j. **VA Medical Facility VHIE Clinical Champion(s).** The VA medical facility VHIE Clinical Champion(s) are responsible for:

   (1) Assisting to identify super-users and training initiatives.

   (2) Providing feedback to and from VA providers regarding usability, data quality and desired enhancements.

   (3) Promoting the use of VHIE Program with VA clinicians as provided in the VHIE Program's Implementation Guide and Toolkit.

   (4) Serving as advocates for clinical adoption of VHIE at the VA medical facility.

6. TRAINING

   a. VA medical facilities are to initiate training within 120 days of the publication of this directive and one-time requirement. The following training is required for VHA staff that provide care coordination services and health care treatment for Veteran patients:

   b. VHIE training can be located on the Veteran Health Information Exchange (VHIE) Training and Education site located on the Employee Education System (EES) Community of Practice (COP) site located at http://vhie.lrn.va.gov.

7. RECORDS MANAGEMENT

   All records regardless of format (paper, electronic, electronic systems) created by this directive shall be managed per the National Archives and Records Administration (NARA) approved records schedules found in VHA Records Control Schedule 10-1, https://www.va.gov/vhapublications/rcs10/rcs10-1.pdf. If you have any questions

regarding any aspect of records management, you should contact your facility Records Manager or your Records Liaison.

8. REFERENCES

a. VHA Directive 1605.01, Privacy and Release of Information, dated August 31, 2016.

b. VHA Handbook 1907.01, Health Information Management and Health Records, dated March 19, 2015.

c. VHA Handbook 1907.06, Management of Release of Information, dated January 18, 2013.