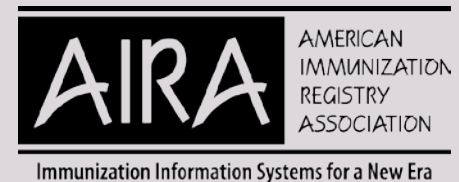


AIRA Community Meeting on TEFCA

DISCUSSION ON ONC'S DRAFT TRUSTED EXCHANGE FRAMEWORK AND COMMON AGREEMENT (TEFCA), AND DRAFT AIRA COMMENTS

FEBRUARY 8, 2018



Approach for Today's Meeting

- ✓ Provide Background and Summary on TEFCa
- ✓ Review Comments in Support
- ✓ Review Comments of Concern
- ✓ Discussion

Brief Background and Context

The Draft Trusted Exchange Framework was sent out by ONC for comment on January 5th.

Congress directed ONC to develop a Trusted Exchange Framework as part of the 21st Century Cures Act.

The Framework (also referred to as TEFCA, for the Trusted Exchange Framework and Common Agreement) outlines a common set of principles, along with minimum terms and conditions, for trusted exchange.

All materials can be found at <https://beta.healthit.gov/topic/interoperability/trusted-exchange-framework-and-common-agreement> (also shared by AIRA member email on January 8th and several times since)

Comments are due to ONC by February 20th, at 11:59pm ET.

Brief Summary of TEFCA - Format

Part A

- **Principles for Trusted Exchange**
 - Standardization
 - Transparency
 - Cooperation and Non-Discrimination
 - Security and Patient Safety
 - Access
 - Data-driven Accountability

Part B

- **Minimum Required Terms and Conditions for Trusted Exchange**
 - Common Authentication Processes
 - Common set of rules
 - Minimum core set of organizational and operational policies to enable exchange

Brief Summary of TEFCA - Goals

01

Goal 1: Build on and extend existing work done by the industry

02

Goal 2: Provide a single “on-ramp” to interoperability for all

03

Goal 3: Be scalable to support the entire nation

04

Goal 4: Build a competitive market allowing all to compete on data services

05

Goal 5: Achieve long-term sustainability

Brief Summary of TEFCA - Stakeholders

Health Information Networks

Federal Agencies

Individuals

Providers

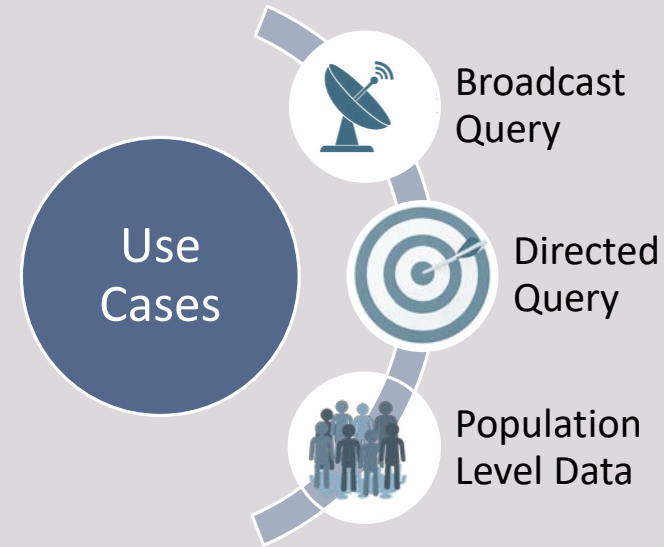
Technology Developers

Payers

Public Health

- Public and Private organizations and agencies working collectively to prevent, promote and protect the health of communities by supporting efforts around essential public health services

Brief Summary of TEFCA – Permitted Purposes and Use Cases



Participation in QHINs is entirely voluntary, but participating QHINs must provide functionality for all Use Cases below. However, the Framework provides a “floor, not a ceiling” for Use Cases; additional Use Cases (i.e., push or notification services) may be added by individual QHINs.

ONC Steps to Operationalize TEFCA

Complete a cooperative agreement for a Recognized Coordinating Entity (RCE) that will operationalize the Trusted Exchange Framework

The RCE will incorporate Part B requirements and additional necessary provisions into a single Common Agreement

The RCE will identify and manage Qualified Health Information Networks (QHINs) that meet the identified minimum requirements

QHINS will be HIPAA Business Associates who ensure that their participants also meet requirements as appropriate

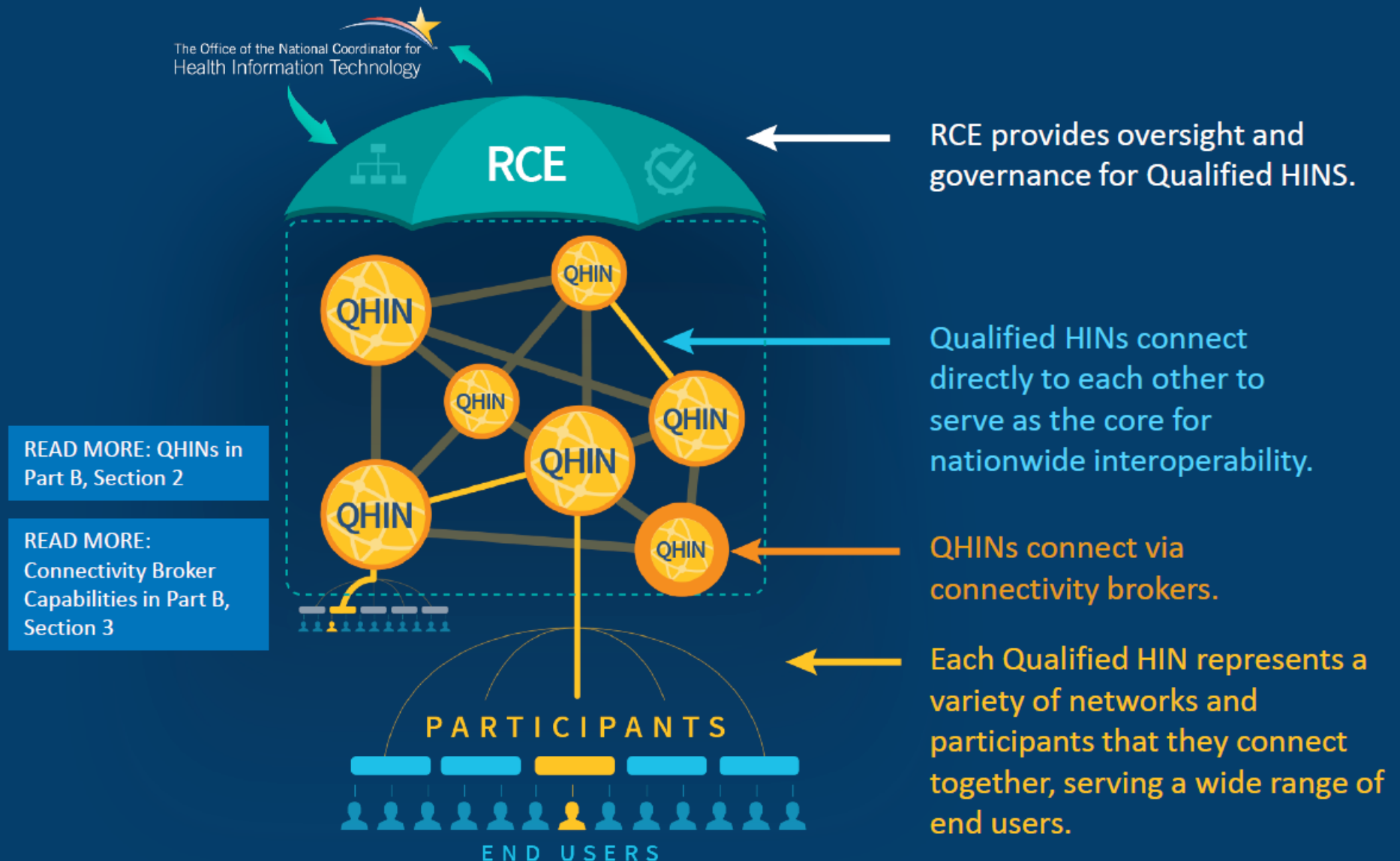
How Will the Trusted Exchange Framework Work?

BRIEF SUMMARY OF TEFCA

Slide presented by
ONC's Genevieve
Morris, Principal Deputy
National Coordinator, in
multiple venues

January 2018

Posted and available at:
<https://www.youtube.com/watch?v=9prpHpf3vAY> (accessed 2/7/18)



Goals of AIRA comments

To expand ONC's knowledge about Public Health in general, and IIS specifically

To reinforce those aspects of the TEFCA that we support

To comment on and/or make recommendations on those aspects of TEFCA where we have concerns

Areas of comment in support

We applaud the vision of an improved health system as articulated in the Framework:

A system where an individual's health information is not limited to what is stored in electronic health records (EHRs), but includes information from many different sources (including technologies that individuals use every day) and provides a longitudinal picture of their health.

It is relevant to note that most IIS provide that longitudinal view today, consolidating immunizations for individuals across their lifespan.

Conceptualizing TEFCA as a Framework to **augment, not replace**, current exchanges is extremely useful.

Areas of comment in support

We are encouraged to see public health called out as a permitted purpose in Part B, Section 1.

We applaud the prohibition on QHINs charging money for responding to queries/pulls for Public Health

Across the immunizing community, we can envision this Framework supporting a number of use cases, including facilitating interjurisdictional exchange of data, accelerating connectivity that supports query response of consolidated records and forecasts, and improving data completeness and accuracy through broadcast and directed queries.

The principles articulated in Part A of the Framework of Standardization, Transparency, Cooperation and Non-Discrimination, Privacy, Security and Safety, Access, and Data-driven Accountability are all very much in line with the values of Public Health.

Areas of comment in support

The introduction of a single “on-ramp” could bring significant efficiencies to Public Health, through:

- Eliminating the costs of connecting to multiple networks
- Eliminating costly point-to-point agreements
- Reducing individual system interfaces
- Allowing the use of provider identity-proofing and authentication provided by others

It is also encouraging that federal agencies could potentially require use of TEFCA as a method to advance implementation within and beyond Public Health.

Areas of Concern/Recommendations

Very few public health data exchange transactions are supported on the architecture described in these documents (the documents focus on C-CDA). **To improve consistent adoption, we would encourage HL7 V2 to be added to the “floor” of the Trusted Exchange Framework.**

Given that much of immunization data is messaged via “push” or notification messaging, **we would encourage a Use Case for “push” data submission or notifications be added to the Framework.**

Allowing the user of provider directories, albeit federated, may improve the efficiency of data exchange. However, more should be documented regarding provider directories to ensure that the hierarchies of providers, provider groups, QHINs and others (e.g., associations between providers, clinics, health systems, EHR hubs, Regional HIEs, etc.) are consistently organized to meet public health needs. **As part of the establishment of provider directories, we would encourage a thorough landscape analysis of current data exchange needs throughout public health to ensure established levels of exchange are not disrupted.**

Areas of Concern/Recommendations

The Framework does not address in depth the challenges of inconsistent state, local and tribal patient consent and data sharing laws that are often an obstacle to cross-jurisdiction interoperability. **We would welcome more clear and detailed explanations of how jurisdiction-specific consent and data sharing laws and rules will be addressed by the Framework to support interoperability.**

With respect to immunization data, perpetuating consent (to Master Patient Indexes, Record Locator Services, etc.) will likely be a significant issue. QHINs may need a way to identify the type of person/entity requesting the data and ensure that their use of the data is appropriate. **We would encourage ONC to expand on how this issue of data ownership and permitted uses will be addressed in the final Framework.**

Areas of Concern/Recommendations

We are concerned that the requirement that a Qualified Health Information Network (QHIN) implement APIs embedded in standards within twelve months of their publication may be unrealistic. **We would encourage ONC to consider extending the time period for implementation of new standards.**

It is not clear how an ever-expanding set of core data may be met moving forward, given the differences in exchange today. Some of the data in the USCDI is not relevant for IIS (e.g., vital signs, clinical notes). It is also unclear how the HIPAA notion of “minimum necessary” applies to the requirement for transmitting a pre-determined core set of data. **We ask that these issues be further explored and articulated in the final Framework.**

Areas of Concern/Recommendations

We also have some concerns regarding the Recognized Coordinating Entity, or RCE. Government has specific responsibilities for ensuring public health. In standing up the RCE with a cooperative agreement, ONC is delegating some governmental responsibilities to a private sector RCE. **Public health needs to be represented in developing the governance and in managing the RCE.**

Areas for Further Discussion

Timeline

January 5th – Draft TEFCA released

January 29th – Comments were due to AIRA

February 2nd – Consolidated draft of AIRA comments were sent out to IIS community

February 8th – Holding Town Hall for Community Discussion on Framework/Comments

By February 12th – send final AIRA comments out for the broader community to echo

By February 20th – Comments must be submitted to ONC by 11:59pm ET

Questions? Further Comments

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