



|| AIRA 2026 NATIONAL MEETING

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Let's Talk TEFCA – Exploring Immunization Use Cases through a TEFCA Lens

April 30, 2026

8:30-9:15am ET



Authors/Presenters

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Acknowledgements

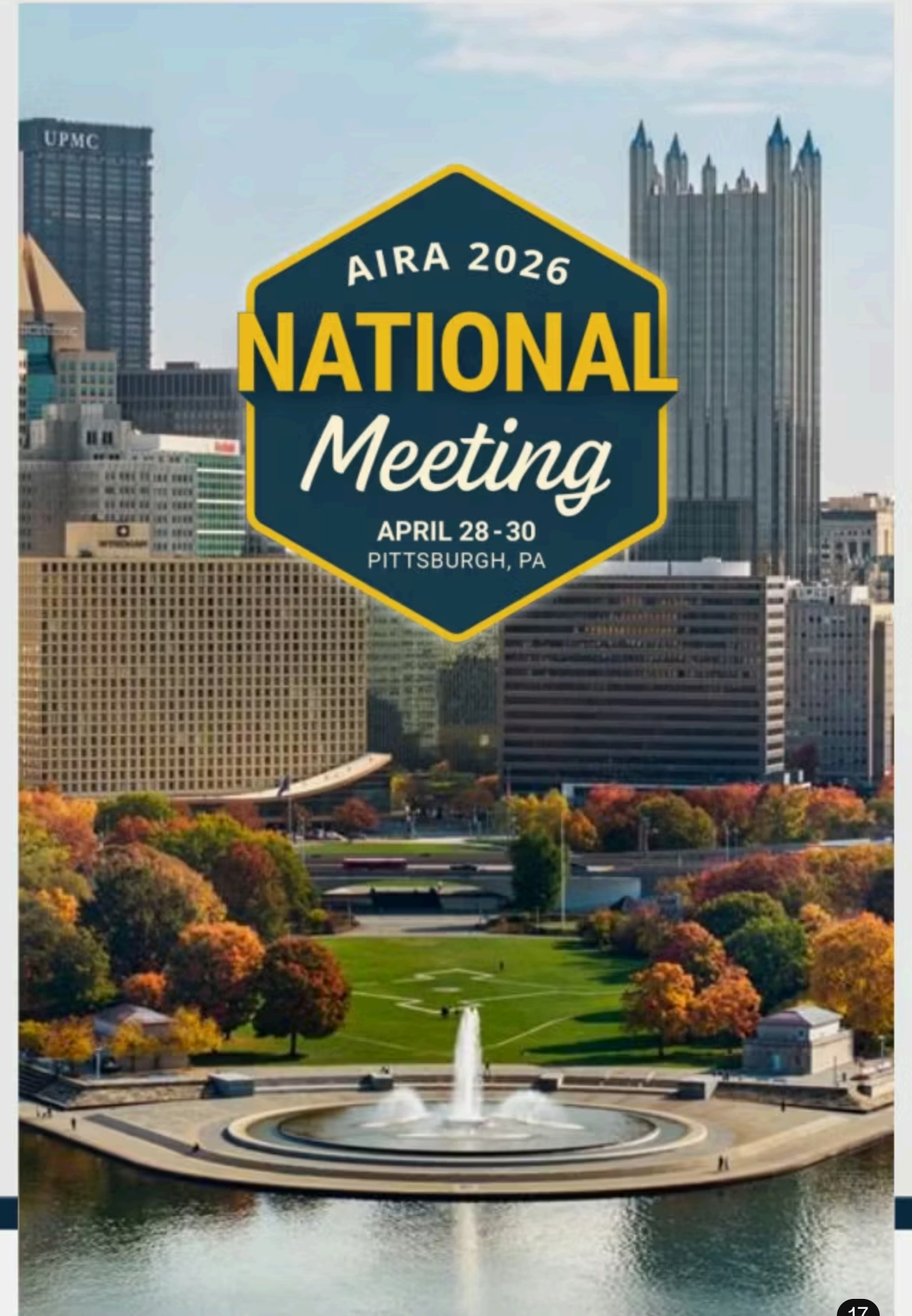
- This project was supported by the National Network of Public Health Institutes, Inc. (NNPHI) through NNPHI Contract # C3119_AG-1704 (PC811.7)
- Project partners:
 - National Network of Public Health Institutes (NNPHI)
 - Association of State and Territorial Health Officials (ASTHO)
 - Public Health Accreditation Board (PHAB)
 - Healthcare Information and Management Systems Society (HIMSS)
 - Network for Public Health Law (NPHL)

Session Objectives

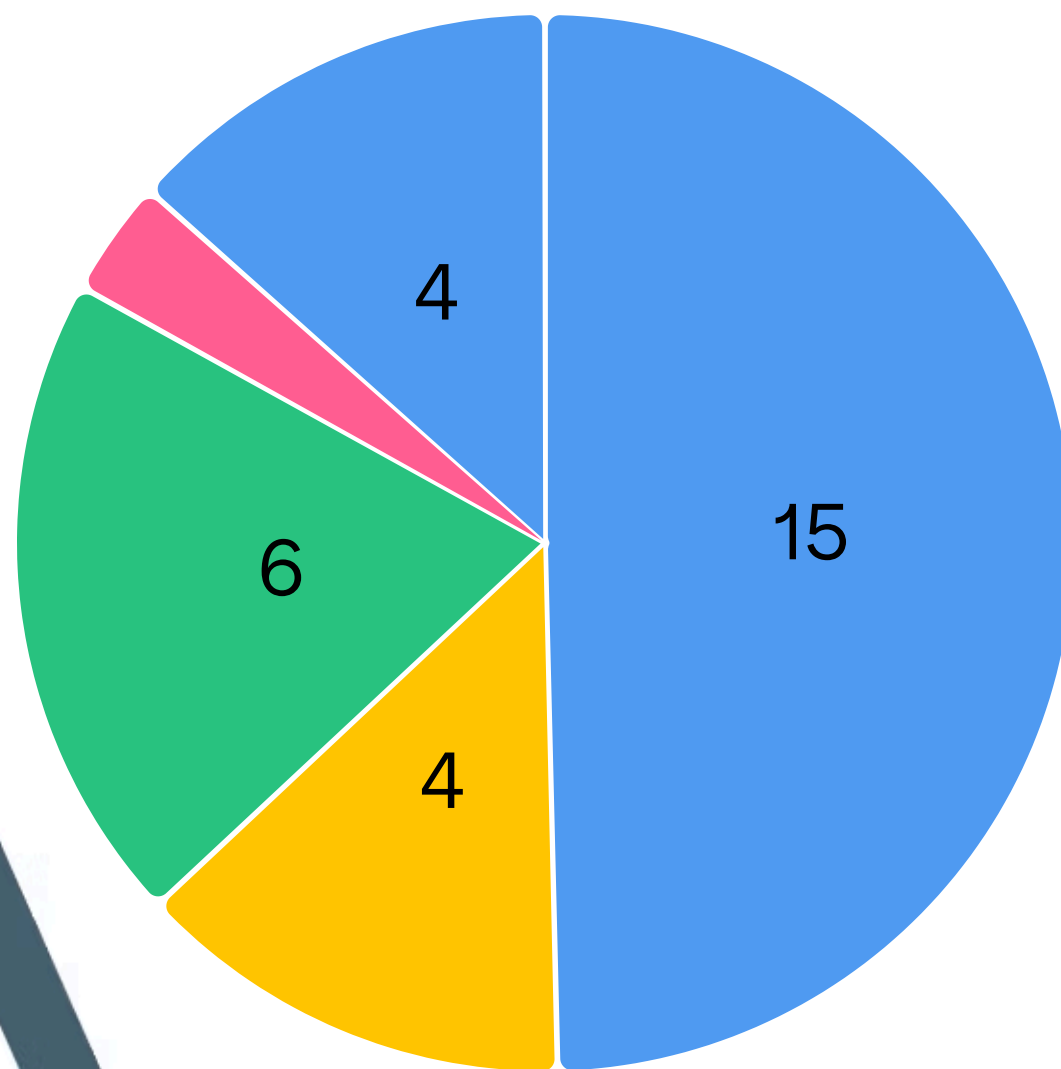
- Discuss and validate immunization use cases and prioritization criteria
- Collect participant input to capture the strengths and challenges of the use cases
- Inform which use cases would add value and align with IIS and immunization community priorities
- Discuss additional considerations for immunization data exchange as TEFCA expands

For Menti Questions & Discussion

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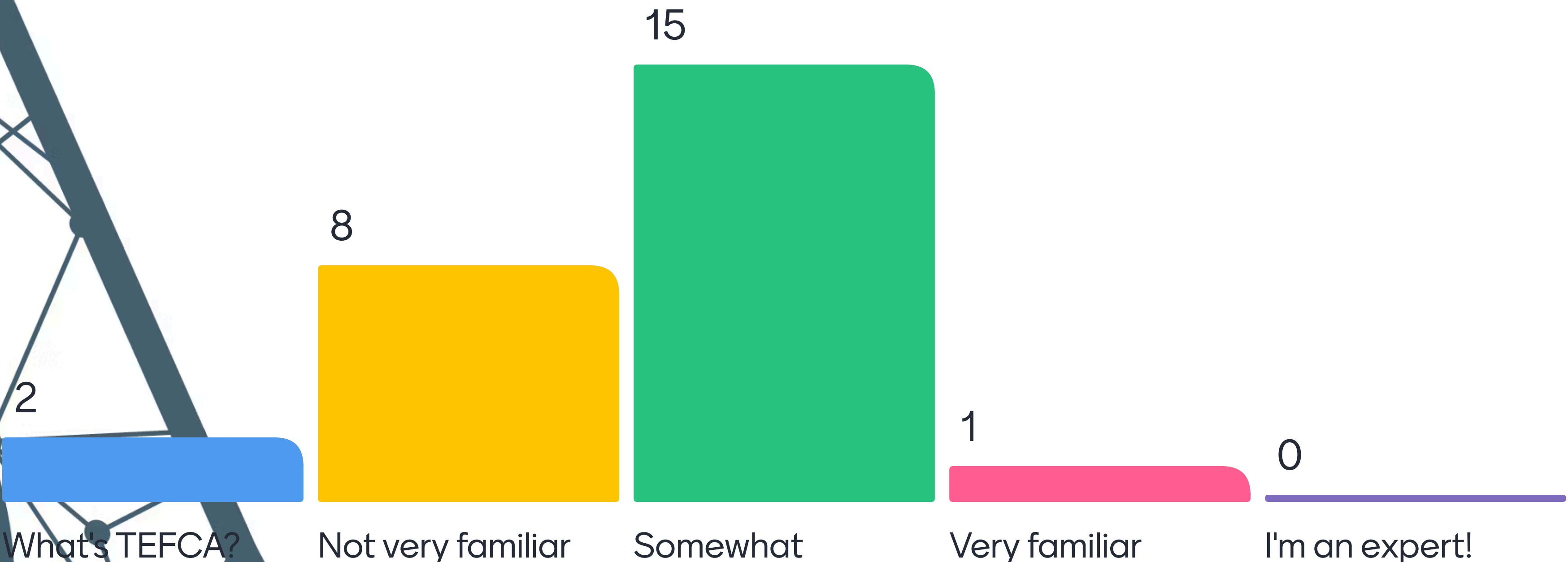


Who do you represent?



15	IIS/Imms program
4	IIS Vendor
6	EHR/HIE/Tech Vendor
1	Federal Partner
0	Pharmaceutical Company
4	Other

How familiar are you with TEFCA?



Background and Context

Definitions and Acronyms:

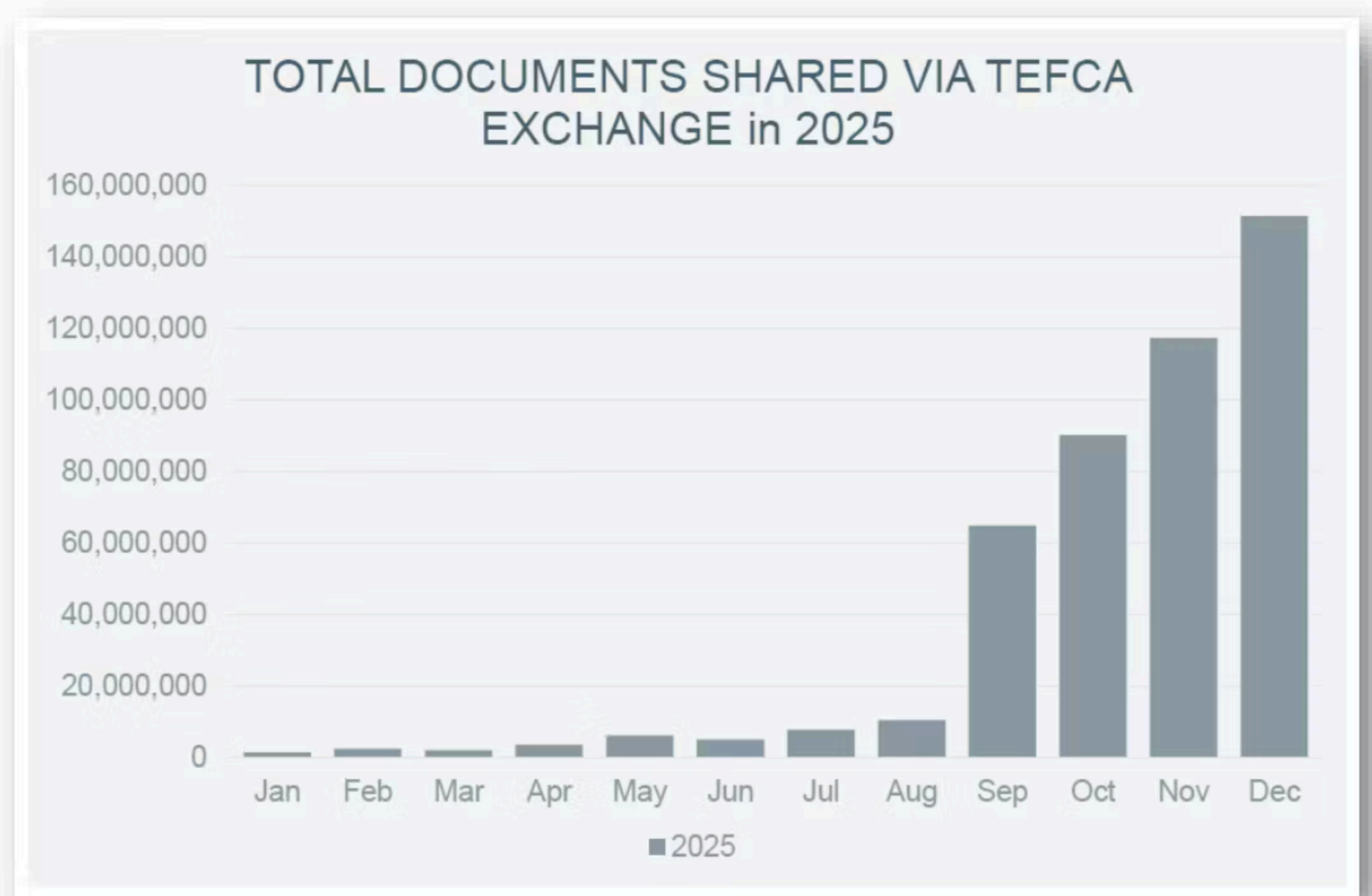
- TEFCA: Trusted Exchange Framework and Common Agreement
- QHIN: Qualified Health Information Network
- RCE: Recognized Coordinating Entity
- SOP: Standard Operating Procedures
- XP: Exchange Purpose

Background and Context

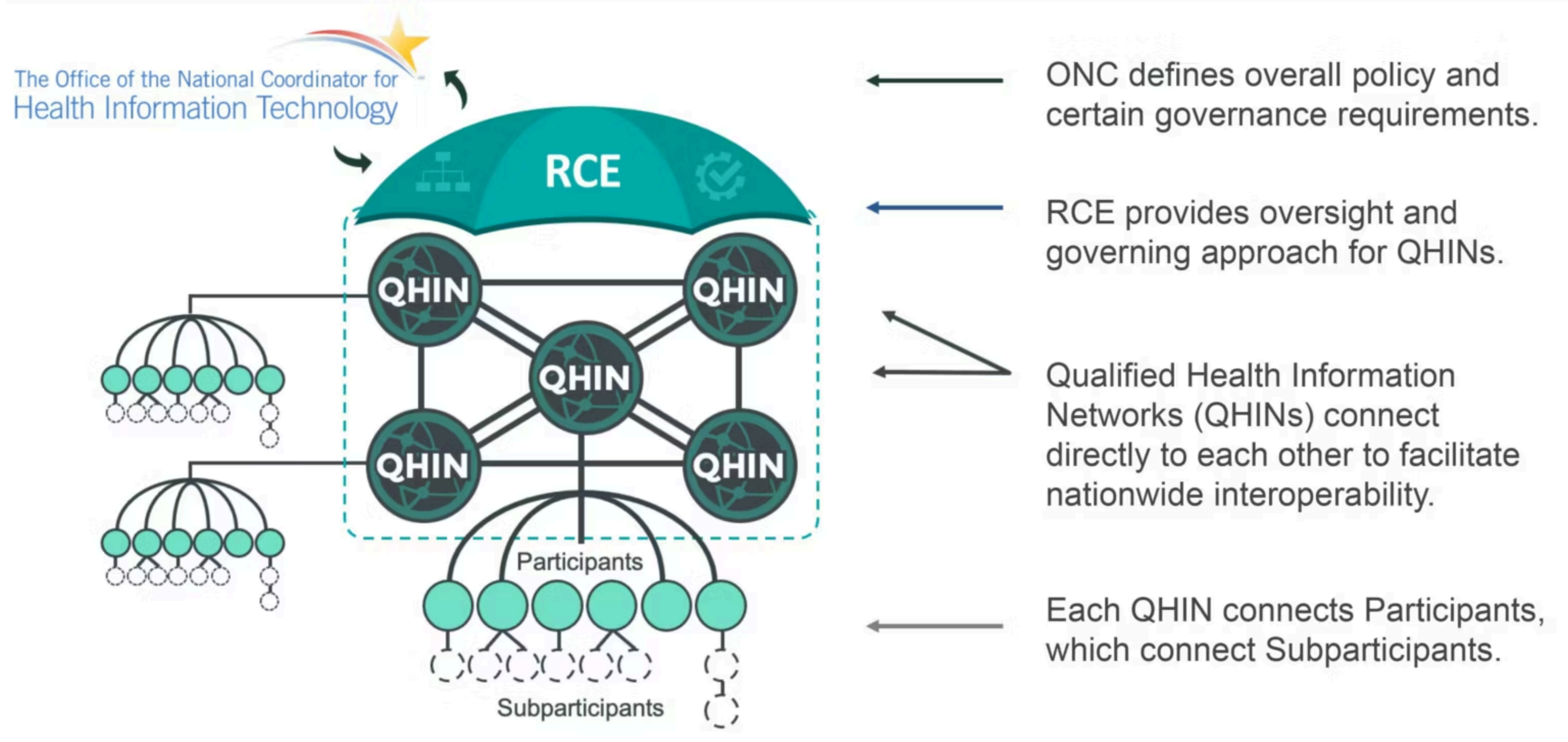
- AIRA participated in two TEFCA-focused projects over the last two years:
 1. A 2024-2025 CDC/IDAB-funded project evaluated the use of Admission/Discharge/Transfer (ADT) messages to improve IIS demographic capture through the TEFCA Network
 2. A 2025-2026 Implementation Center-funded project documented a number of use cases and evaluated the benefits and challenges of leveraging the TEFCA network
 - This work was unfinished and remains paused by the funders

But is TEFCA Still a Priority?

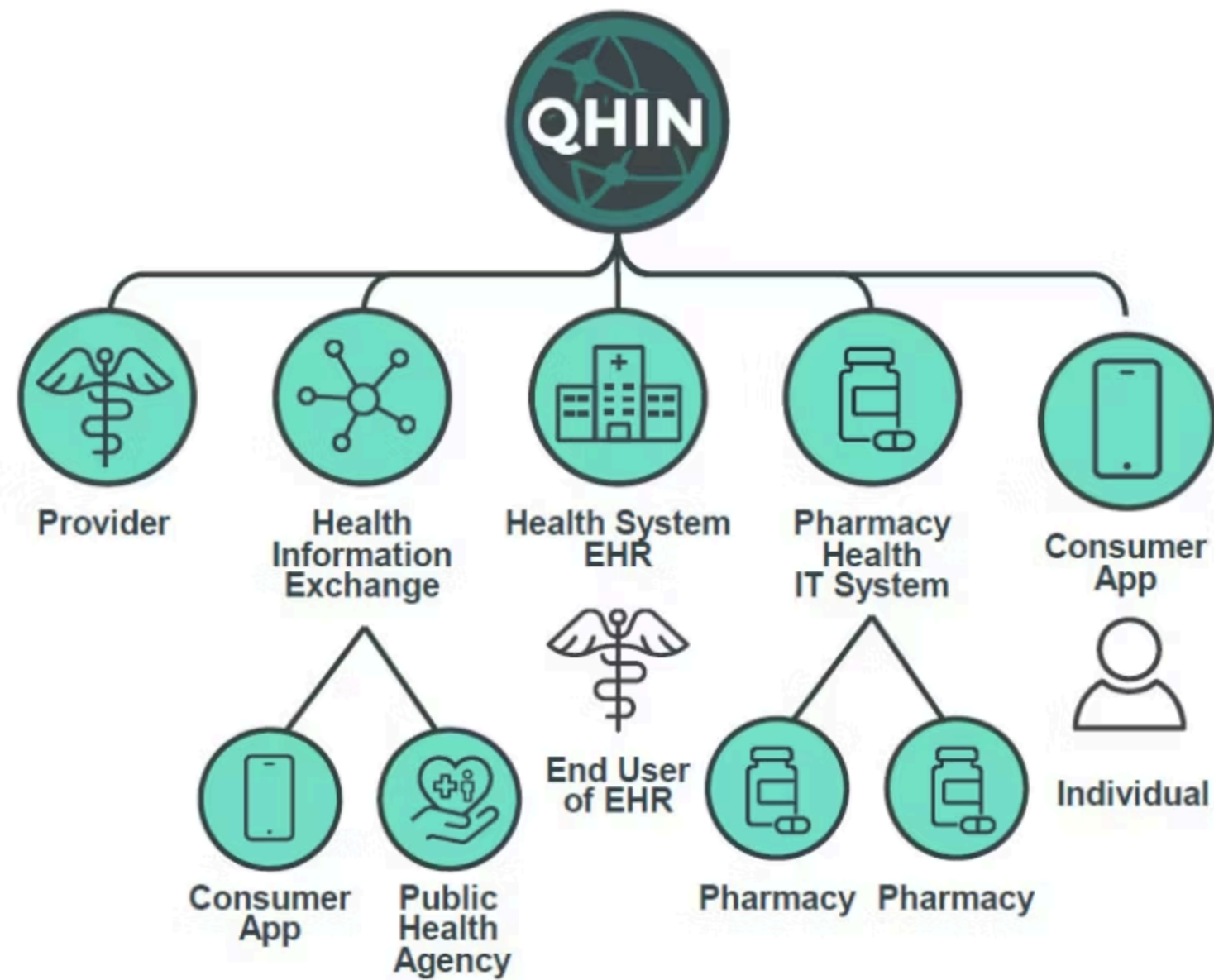
- There are **14,214** organizations live on TEFCA, representing **75,000+** unique connections
- TEFCA documents exchanged in 2025: **464 million**
- TEFCA documents exchanged Jan-Feb 2026: **259 million**



High Level TEFCA Overview



High Level TEFCA Overview



In this example, the QHIN supports a broad range of different Participants, including a provider, a health information exchange (HIE), an electronic health record (EHR) system, a pharmacy health information technology (IT) system, and a consumer application that is an Individual Access Services (IAS) Provider.

The members of the HIE and the pharmacy health IT system are Subparticipants, including the **Public Health Agency**.

SOP: Current Exchange Purposes (XPs)

Authorized XP	XP Code
Treatment	T-TREAT
TEFCA Required Treatment	T-TRTMNT
Payment	T-PYMNT
Health Care Operations	T-HCO
Care Coordination/Case Management	T-HCO-CC
HEDIS Reporting	T-HCO-HED
Quality Assessment and Improvement	T-HCO-QAI
Population-Based Activities	T-HCO-POP
Patient Safety	T-HCO-PTSAFETY
Performance Review	T-HCO-PERF
Public Health	T-PH
Electronic Case Reporting	T-PH-ECR
Electronic Lab Reporting	T-PH-ELR
Individual Access Services	T-IAS
Government Benefits Determination	T-GOVDTRM
Social Security Determination	T-GOVDTRM-SSD
Access Consent Policy	T-GOVDTRM-ACP

- The exchange purposes (XPs) SOP defines the authorized XPs and the associated XP codes
- Every transaction that occurs via TEFCA Exchange **MUST** include the XP Code that represents the reason for why the transaction is being initiated
- Each of the authorized XPs **may** also have specific sub-use cases that are identified with their own XP Code
 - In other words, immunization data **CAN** be exchanged through TEFCA, despite the lack of a specific sub-use case

Legal Framework for Public Health

- Due to the complexities and variations in laws concerning exchange for public health purposes, PHAs are not required to respond to any queries from requesters, although they are encouraged to do so as appropriate under applicable law
- TEFCA operates within existing law, including HIPAA and any federal, State, territorial, local and tribal laws specific to the sharing of health information
- In the event of any inconsistencies, any laws or regulations applicable to PHAs will take precedence over the terms in the Framework Agreements or the appropriate SOP

Immunization Use Cases

Use Case	Exchange Direction	Primary Actors	TEFCA XP	Value/Outcome
1. IIS Receives Data from Provider Organization	Push (Provider → IIS)	Providers, Pharmacies, EHRs, IIS	Public Health Reporting	Standardizes provider-to-IIS submissions; improves timeliness and data quality
2. IIS Responds to Provider Organization Query	Pull (Provider ← IIS)	Providers, EHRs, IIS	Treatment	Supplies complete immunization histories for clinical decision making; reduces missed/duplicate vaccinations
3. IIS Queries Provider Organization for Data	Pull (IIS ← Provider)	IIS, Providers, EHRs	Public Health Reporting	IIS fills data gaps, reconciles conflicts, improves record completeness
4. IIS Queries IIS for Data / Responds to IIS Query	Pull (IIS ↔ IIS)	IIS (multi-jurisdiction)	Public Health Reporting	Enables cross-jurisdictional continuity of patient records
5. IIS Sends Data to Another IIS	Push (IIS → IIS)	IIS (multi-jurisdiction)	Public Health Reporting	Automates cross-border pushes; improves timeliness and outbreak response
6. IIS Responds to Non-IIS Public Health Query	Pull (Public Health System ← IIS)	IIS, Other Public Health Programs	Public Health Reporting	Gives communicable disease, MCH programs access for surveillance, compliance

Immunization Use Cases

Use Case	Exchange Direction	Primary Actors	TEFCA XP	Value/Outcome
7. IIS Sends Data to CDC	Push (IIS → CDC)	IIS, CDC	Public Health Reporting	Modernizes CDC reporting under TEFCA; improves scalability and timeliness
8. IIS Sends Data to Provider Organization	Push (IIS → Provider)	IIS, Providers, Pharmacies	Treatment	Supports proactive updates (outbreaks, corrections, alerts); improves care readiness
9. IIS Responds to Health Plan Query	Pull (Health Plan ← IIS)	IIS, Health Plans	Health Care Operations	Provides direct IIS access for HEDIS, Stars, and care gap closure
10. IIS Responds to Consumer Access Query	Pull (Consumer App ← IIS)	IIS, Patients, Consumer Apps	Individual Access Services	Empowers patients with direct, standardized access to their records
11. IIS Receives Data from Consumer	Push (Consumer → IIS)	Patients, Consumer Apps, IIS	Individual Access Services	Allows consumer-submitted updates; supports engagement and record accuracy

Prioritization Criteria - Benefits

- Addresses a gap in current connectivity
- Supports IIS in data modernization efforts, work on emerging standards
- Supports increased technical efficiency in connectivity
- Supports increased operational efficiency in connectivity
- Supports improvements in IIS data quality
- Supports improved external partner data access
- Supports improved immunization clinical practice
- Supports IIS sustainability

Prioritization Criteria - Costs

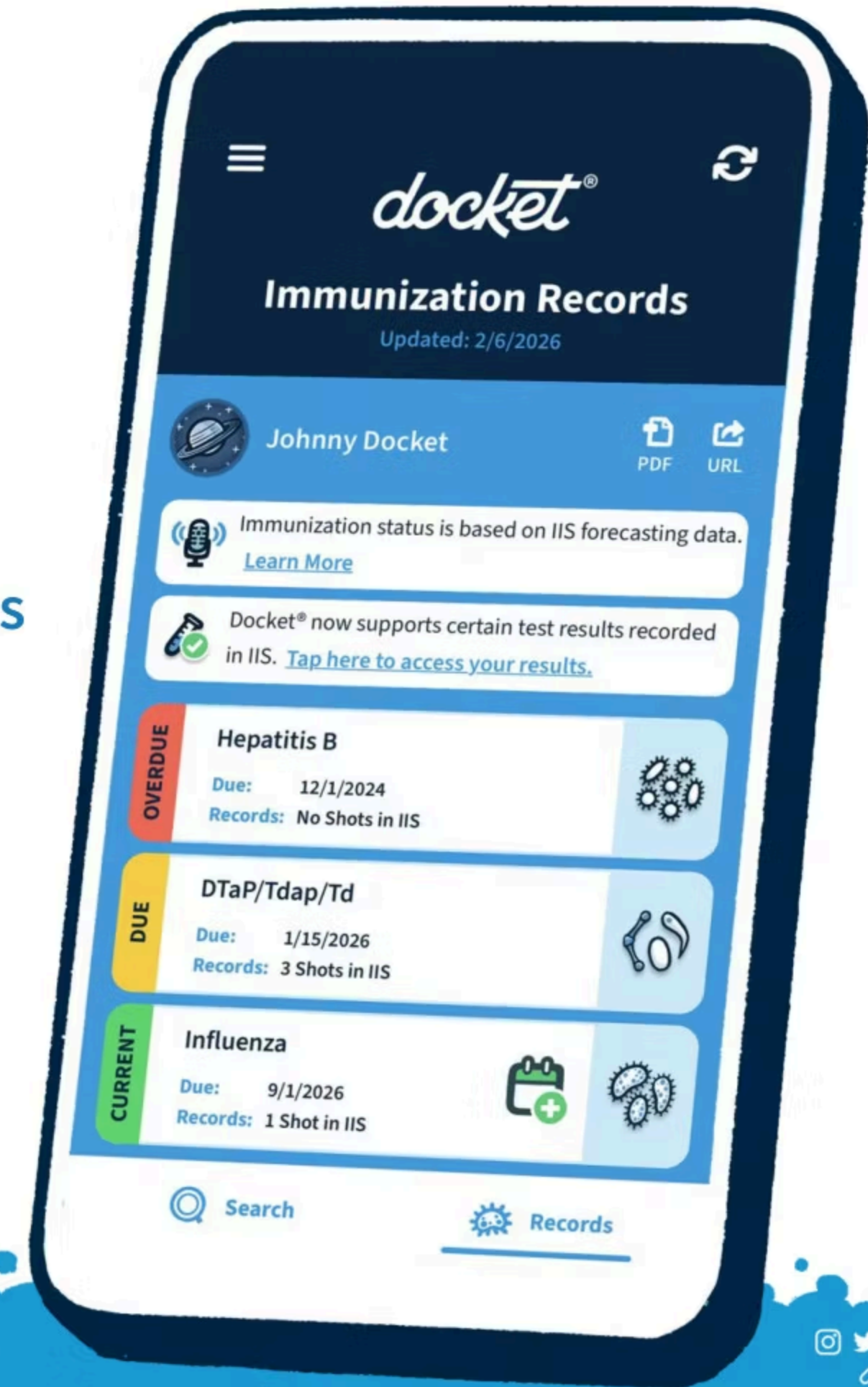
- Regulatory/policy level of effort to implement
- Operational level of effort to implement (e.g., onboarding, workflows/SOPs, credentialing, monitoring and evaluation)
- Technical level of effort to implement (e.g., standards, connectivity, TEFCA exchange modality, security/privacy)

Project Team Preliminary Prioritization

Use Case	Action	Benefits Score	Cost Score	Total Score
IIS responds to a provider organization query	Shares	2.52	2.22	4.74
IIS responds to a health plan query	Shares	2.77	1.94	4.72
IIS queries provider organization for data	Seeks	2.51	2.17	4.68
IIS sends data to a provider organization	Shares	2.73	1.89	4.62
IIS responds to a non-IIS public health query	Shares	2.58	2.00	4.58
IIS queries IIS for data / IIS responds to IIS query	Seeks/Shares	2.29	2.28	4.56
IIS responds to a consumer access query	Shares	2.50	2.06	4.56
IIS sends data to IIS / IIS receives data from IIS	Shares/Receives	2.18	2.28	4.46
IIS sends data to CDC	Shares	1.88	2.50	4.38
IIS receives data from a consumer	Receives	2.33	1.78	4.11
IIS receives data from a provider organization	Receives	2.10	2.00	4.10

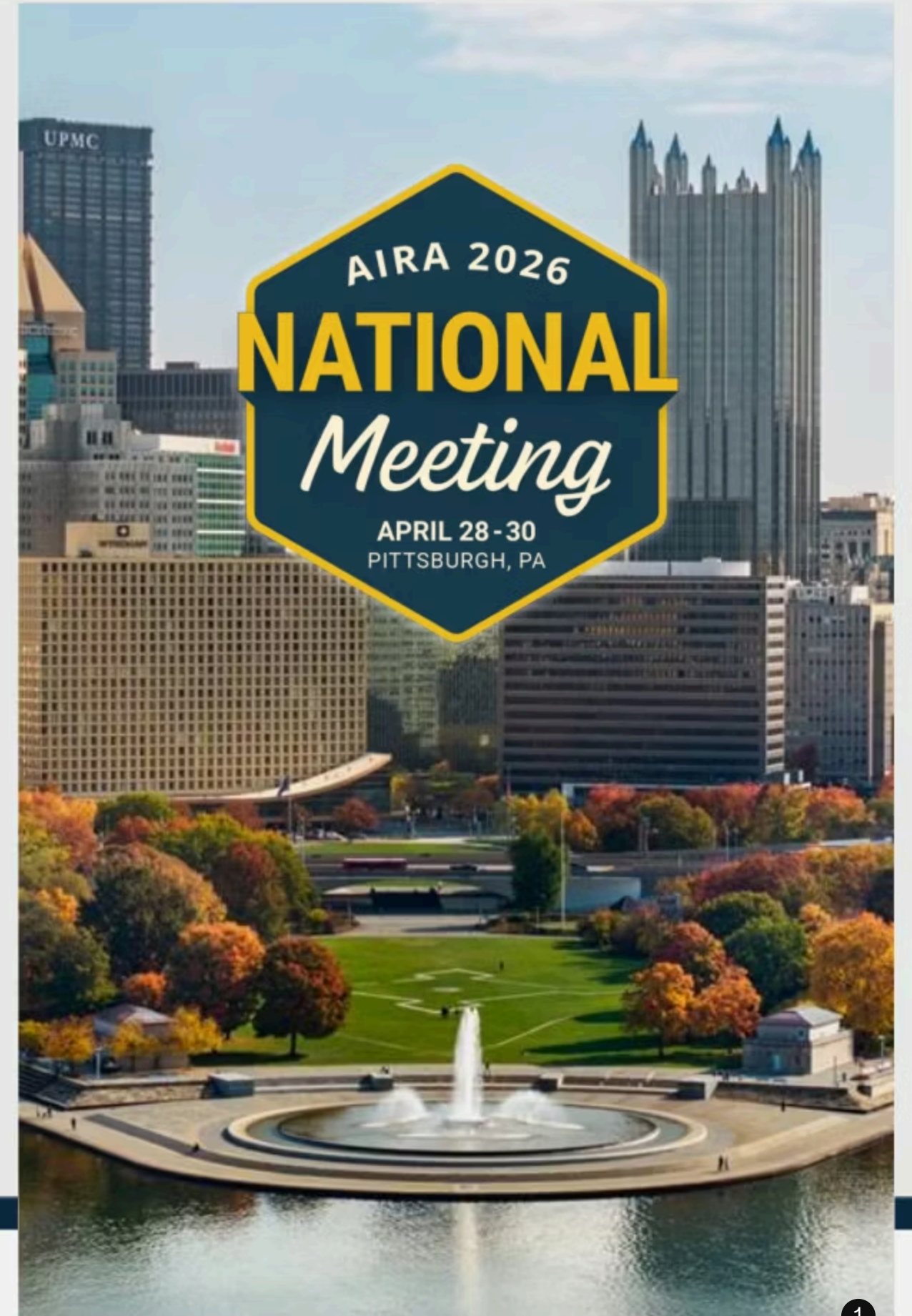
TEFCA Pilot Project

- **Goal:** pilot TEFCA IAS and report back key findings and recommendations to ONC
- *Hypothesized roadblocks:*
 - Extremely high barriers to entry for consumer apps
 - Providers disincentivized to participate in TEFCA
- Proposed **user journeys:**
 - Augmenting IIS data with doses “out of network”
 - Medication reminders and med rec using SHLs



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Is TEFCA participation part of your organization's modernization roadmap for ANY Public Health use case?



12 Yes



4 Not yet, but we are thinking about it



4 No



9 I'm not sure



5 N/A- Doesn't apply

If you are exploring TEFCA participation, what use cases are you considering?



Discussion - Use Case Validation

- Do the immunization use cases resonate with you?
- Which use cases feel most relevant and valuable to your program or organization?
- Do any use cases give you pause?



Discussion - Prioritization Criteria

- If your organization is evaluating TEFCA, what are your criteria?

Discussion – Value

- We realize that you represent different perspectives, but zooming out, and thinking about the entire Health IT Ecosystem, who/what parties gets the most value out of a network like TEFCA?

Discussion – Challenges & Conditions

- TEFCA participation must prove its value. In addition to resources, what are the most important conditions that would need to be in place for your program or organization to seriously consider TEFCA participation?

Discussion – Challenges & Conditions

- Are you aware of any early TEFCA adopters elsewhere in Public Health, and are there any success factors and conditions that might make TEFCA participation more feasible?



Next Steps

- We're hoping that funding will be "unpaused" and AIRA's project can continue, proceed with recommendations development
- The Joint Public Health Informatics Taskforce (JPHIT) is advocating for expanding public health use cases to potentially include:
 - Immunizations
 - Syndromic surveillance
 - Vital records
 - Cancer reporting



Call to Action

- Important for immunization to have a voice:
 - Participate in TEFCA learning opportunities and discussions
 - Learn from existing public health SOPs (ECR, ELR) and early adopters
 - Leverage partner resources (e.g., ASTHO, APHL, Sequoia Project)
 - Advocate for further development of the public health XP
 - Consider immunization use cases and associated challenges and opportunities



Thank You!

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