

ONC TEFCA

Recognized Coordinating Entity

Monthly Informational Call

October 20, 2020



ONC
TEFCA
RECOGNIZED
COORDINATING
ENTITY

This project is supported by the Office of the National Coordinator for Health Information Technology (ONC) of the U.S. Department of Health and Human Services (HHS) under 90AX0026/01-00 Trusted Exchange Framework and Common Agreement (TEFCA) Recognized Coordinating Entity (RCE) Cooperative Agreement. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by ONC, HHS or the U.S. Government.

Agenda

- Welcome
- RCE Status Update
- Common Agreement: ARTCs – QHIN to QHIN Fees
- QHIN Metrics Development
- TEFCA Value Proposition
- Questions & Answers

Meet the RCE Team



Mariann Yeager
CEO
The Sequoia Project



Dave Cassel
Executive Director,
Carequality



Stephanie Rizk
Manager, Health IT Policy
RTI International



Chantal Worzala
Principal,
Alazro Consulting

RCE Update

ONC TEFCA RCE Year 1 Report (8/29/2019 – 8/28/2020)

Common Agreement

- Completed ONC-RCE contract language review sessions
- Completed research for approximately 6-7 MRTC policy topics
- Drafted and reviewed ARTCs with ONC
- Facilitated Common Agreement Work Group (CAWG)
- Compiled MRTCs + ARTCs into a working draft CA
- Submitted draft to ONC for review

Stakeholder Engagement

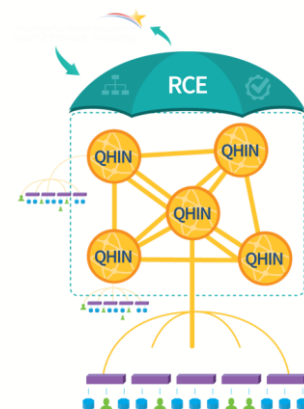
- Facilitated 30+ stakeholder feedback meetings.
- Hosting monthly informational calls with strong stakeholder interaction.
- Building understanding and value proposition for TEFCA.
- Seeking input on Metrics and Operational Reporting.
- Developing next phase of stakeholder outreach plans.

QHIN Technical Framework

- Public input informed the QTF
- Defined scope (document-based queries and message delivery, with FHIR v4 as roadmap).
- Draft QTF v2 submitted to ONC on 6/30.
- Reviewed Draft QTF and made revisions.
- Resubmitted revised QTF v2 to ONC for review.

Year 2 (8/29/2020 – 8/28/2021)

- Milestone 1 (continuation from Year 1): Work with ONC to prepare Common Agreement Draft Version 1 for public comment
- Milestone 2: Facilitate stakeholder feedback sessions
- Milestone 3: Support onboarding and designation of QHINs
- Milestone 4: Monitor for QHIN compliance
- Milestone 5: Update the Common Agreement based on public comments
- Milestone 6: Modify the QHIN Technical Framework based on public comments



Additional Required Terms & Conditions (ARTCs): QHIN to QHIN (Q2Q) Fees

- Overarching Assumption
 - QHINs must support all Exchange Purposes and exchange with all other QHINs for those purposes.
- Varying perspectives and assumptions
 - **Permit fees for all Exchange Purposes, *except for Treatment*:**
 - There may not be parity among QHINs in terms of connectivity, transaction volumes or quality of data exchanged for treatment purposes.
 - Treatment-based exchange is pervasive; the value is difficult to quantify.
 - Concern that costs will likely be passed to providers, impacting utilization.
 - **Permit fees for *all* Exchange Purposes:**
 - There will *not* be parity among QHINs in terms of connectivity.
 - QHINs should be treated as utilities, with fees tied to volume versus purpose.
 - Permitting fees for some but not all purposes may promote “gaming the system.”
 - ***Do not permit fees for any* Exchange Purposes:**
 - There will be parity among QHINs in terms of connectivity, so fees balance out.
 - QHIN fees to Participants cover all Exchange Purpose costs

QHIN to QHIN Fees: Other Considerations

- Broader concern regarding network parity where QHINs with limited connectivity/data could derive significant value from its participation while contributing little in return.
- Concerns that larger QHINs could gain market advantage and price others out of the market in the absence of clear, objective criteria for Q2Q fees.

QHIN Metrics Development

QHIN Metrics Development: Feedback

- Adjustments to proposed metrics based on feedback gathered in July/August 2020.
- Additional extended period of stakeholder feedback on updated metrics available now, October 20th through Friday November 20th, 2020.
- Comments can be submitted through ThinkTank or submitted in writing to the ONC RCE at rce@sequoiaproject.org
- ThinkTank information:
 - <https://engage.thinktank.net/sessionJoin/-MJDBvVRVf1Oa1MxFV2j>
 - Password: RCE20

QHIN Metrics Development: Adjustments to Proposed Metrics

- Measure #1 – Onboarding status
 - Feedback indicated support for a third party accreditation process for QHINS. The RCE is supportive and plans to pursue this approach.
 - While onboarding will be assessed on a “pass/fail” basis, the application process is expected to be collaborative, with opportunities to correct and update requirements as appropriate.
 - Definition of “full live participation” updated in specification 1.6 as Production end user go-live by at least one Participant.
- Measure #2 – Initial Compliance
 - Details about what constitutes a “pass” or “fail” and specific details regarding testing will be provided in a Standard Operating Procedures (SOP) document, which will be developed based on the requirements of the final Common Agreement.
- Measure #7 – Flow Down Verification
 - Clinical content added to specification 7.2

QHIN Metrics Development: Adjustments to Proposed Metrics (cont.)

- Measure #8 – Number of “member organizations”
 - Added “start date” and “remove date”
 - Definition of Participant to be set by final Common Agreement
 - Organization-level identifier desired, feedback desired on use of Tax Identification Number or other alternative
- Measure #9 – Transaction volume
 - Priority to focus on inter-HIN transactions in the near term
 - Include reporting on “failed” vs. “successful” transactions
 - Definitions to be included in SOP document
- Measure #11 – Message Delivery to Public Health Agencies
 - Revised to remove focus on syndromic surveillance and eCase reporting; number of transactions only.

Stakeholder Engagement / TEFCA Value Proposition

Stakeholder Engagement



Phase 1. Initial Outreach ✓

Phase 2. Socialize Concepts ✓
and Enlist Support

Phase 3. Targeted Outreach and Focus on Value Proposition

- Health information networks
- Consumer and patients
- State government and public health
- Healthcare providers across the continuum
- Payers and purchasers

Phase 4. Updates on Development of Final Common Agreement and QTF

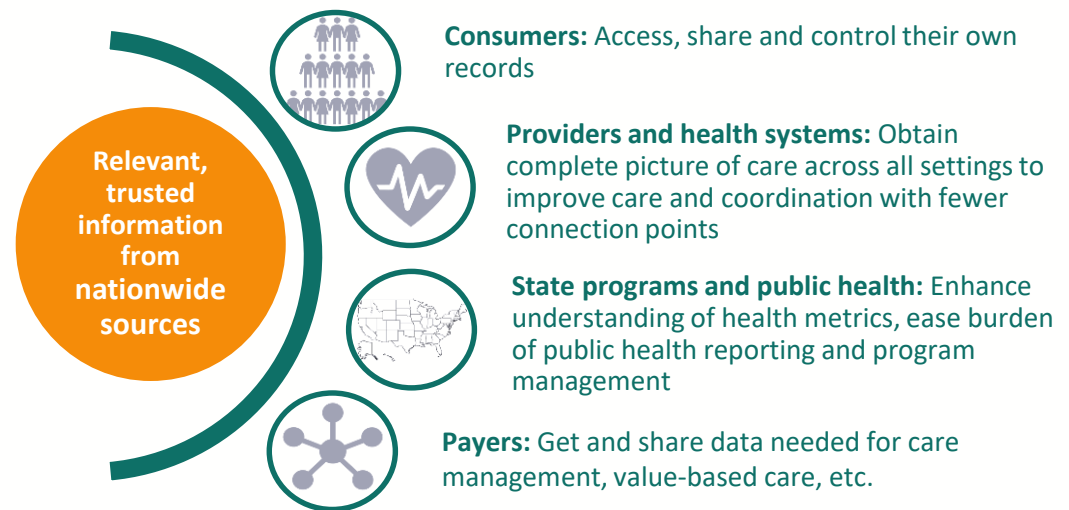
Continuum
of Providers



TEFCA Value Proposition

- **Overall value proposition**
 - Nationwide scale
 - Simplified connectivity
 - Standardized approaches to trust frameworks and technical standards
- **Implications unique to stakeholder groups**
 - Health information networks
 - Patients and consumers
 - State government and public health
 - Providers
 - Payers
- **Build from stakeholder views**
- **Discuss what stakeholders can do to prepare**

Benefits of TEFCA



Value Proposition for HINs



The Trusted Exchange Framework and Common Agreement –

Benefits for Health Information Networks (HINs)

Together with the Office of the National Coordinator for Health Information Technology (ONC), we are building the Trusted Exchange Framework and Common Agreement (TEFCA) established by the 21st Century Cures Act. Once operational, the TEFCA will facilitate exchange of health information on a nationwide scale, simplify connectivity among networks, and create efficiency by establishing a standardized approach to exchange policies and technical frameworks.

The TEFCA will offer a nationwide approach for the exchange of relevant health information to support a range of exchange purposes, such as treatment, payment, quality assessment, benefits determination, consumer access to health information, and public health.

The TEFCA will provide a common set of rules that are federally recognized, greatly reducing the burden health information networks (HINs) currently face when they try to establish connections with entities outside their networks. Consistent policies and technical approaches will increase the overall exchange of health information. The TEFCA will also provide a structure for engaged parties to work together on coordinated, uniform adoption of new technologies and use cases over time.

The ultimate goal of the TEFCA is to enhance provider and consumer access to health information that supports better clinical decision-making, improved outcomes, and lower costs. HINs participating in the TEFCA will play a pivotal role in reaching that goal and will benefit greatly from its achievement.

- More efficient access to health information from participants outside existing community.
- Connect with broader scope of actors outside own network.
- Broader range of provider types and health care organizations.
- Minimize one-off connections.
- Ability to focus more on value-add services and innovative business lines.

QHIN vs Participant HIN? Key Considerations

QHIN



- Scale of existing network compared to nationwide exchange requirements
- Current capabilities compared to proposed exchange purposes and technical specifications
- Capabilities of technology partners
- Alignment with mission, capabilities, business model
- Benefits for expanded scope of operations and other opportunities

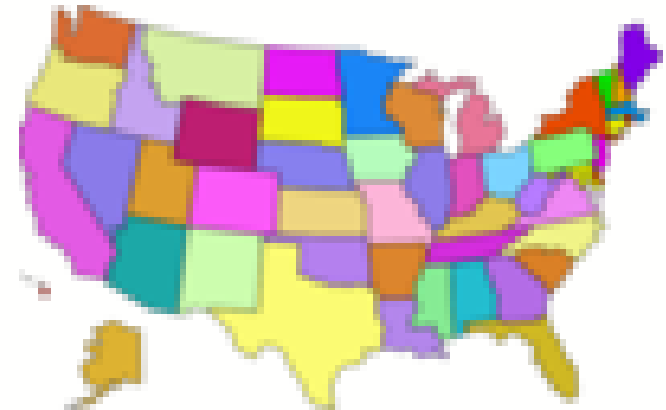
Participant HIN



- Compare terms and obligations in the draft TEFCA to current participant agreements
- Take stock of current technical capabilities and technology partners
- Business assessment with focus on new opportunities to expand participants and provide value
- Risk assessment
- Assessment of national networks that could become QHINs

Value Proposition for State Governments and Public Health

- Supporting healthier populations through easier access to relevant information.
- Possible funding through Medicaid and the Centers for Disease Control and Prevention.
- Simplified information exchange supports:
 - Medicaid and other state health programs
 - Public health reporting and bidirectional exchange
 - Emergency preparedness and response
- Augmenting state-level information exchange initiatives.





Questions & Answers