

ONC TEFCA

Recognized Coordinating Entity

Monthly Informational Call

January 19, 2021



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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
- QHIN Metrics Feedback
- QHIN to QHIN Fee ARTCs
- TEFCA Value Proposition: Provider 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



Mark Segal
Principal, Digital Health
Policy Advisors

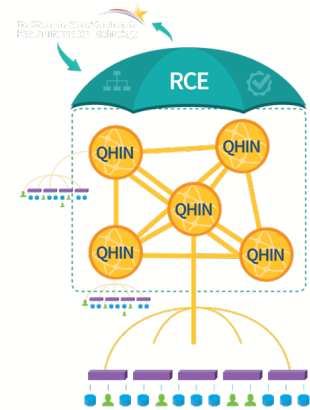


Chantal Worzala
Principal,
Alazro Consulting

RCE Update

Status Update

- Prepare Common Agreement Draft Version 1 for public comment
- Facilitate stakeholder feedback sessions
- Develop Standard Operating Procedures (SOPs)
- Define QHIN onboarding and designation process
- Update the Common Agreement based on public comments
- Modify the QHIN Technical Framework based on public comments



QHIN Metrics Feedback

QHIN Metrics Development: Feedback

- Additional feedback received in late November 2020; reviewed and additional edits made to recommended measures in December 2020.
- Full set of revised measures to be reviewed with ONC in January 2021.
- Measures #1 through #9 expected for submission and review in mid 2021 for approval to collect in application process and in year 1 of operation:
 - Recommended Measure #1: Onboarding status
 - Recommended Measure #2: Initial Compliance
 - Recommended Measure #3: Ongoing Compliance - Policy
 - Recommended Measure #4: Ongoing Compliance - Technical
 - Recommended Measure #5: Ongoing compliance – Network performance
 - Recommended Measure #6: Ongoing Compliance – Security
 - Recommended Measure #7: Ongoing Compliance – Flow Down Verification
 - Recommended Measure #8: Number of “member organizations” affiliated with QHIN
 - Recommended Measure #9: Report to RCE number of document deliveries/healthcare organization transaction volume - *near term*
- Additional measures (#10-#15) will be assessed for implementation after first year of operation.

Additional Required Terms and Conditions (ARTCs) QHIN to QHIN (Q2Q) Fees

Q2Q Fees: Overarching Assumption

QHINs must support all Exchange Purposes and exchange with all other QHINs for those purposes

Q2Q Fees: Stakeholder Feedback

The RCE had an additional stakeholder feedback period on the updated draft QHIN to QHIN Fee ARTCs: 11/17-12/17 2020. Few comments were received.

Options and responses:

1. *Permit fees for all Exchange Purposes, except Treatment*—**Support at least this limit**
as such fees would be a barrier to exchange & increase administrative burden
 - **Concern with “gaming”**—If fees allowed for only some exchange purposes.
 - **Extend Prohibition to Patient Access**
 - **Oppose Any Fees**—Especially transaction or volume fees
2. *Permit fees for all Exchange Purposes*—**No support**
3. *Do not permit fees for any Exchange Purposes*—**Implied and explicit support**
 - QHINs should bring value to broad exchange—a primary goal of RCE and QHINs
 - **QHINs could charge “nominal” annual fees**—to their members to enhance their viability

Option 1: Permit fees for all Exchange Purposes, except for Treatment (+ Individual Access, and Public Health)

- Treatment-based exchange is pervasive; value is difficult to quantify
- Lack of parity among QHINs and data requestors in terms of connectivity, transaction volumes or quality of data exchanged for treatment purposes
- Costs for Treatment-based exchange likely passed on to providers / QHIN Participants, potentially impacting utilization
- Potential for “gaming” if fees are permitted for some but not all exchange purposes
- Permitting fees for patient access (IAS) likely inconsistent with the intent
- Fees for Public Health is undesirable; need for public health edge cases for viability

Option 2: Permit Q2Q Fees for all Exchange Purposes

- There will not be parity among QHINs, data holders and requesters; QHINs should be able to charge other QHINs fees
- Permitting fees for only some purposes may promote “gaming”
- QHINs should be treated as utilities, with RCE-regulated fees tied to volume or other factors rather than exchange purpose
- Concerns regarding desirability or feasibility of RCE regulation or management of inter-QHIN fees
- Impact to timeliness if QHINs use RCE-defined inter-QHIN template agreement

Option 3: Do not permit Q2Q Fees for Any Exchange Purpose

- Parity likely among QHINs with fees balancing out
- Parity is possible if QHIN eligibility designed to assure such
- QHIN fees to Participants cover all Exchange Purpose costs, including QHIN to QHIN exchange
- Undesirable for the RCE to regulate / manage inter-QHIN fees
- Extend analysis beyond queries to push use cases

General Considerations

- Primary value is for QHIN Participants who access the data as the ultimate or intermediate source of exchanged data
- Fees should cover QHIN fixed and variable costs for its TEFCA operations, not Participant costs
- Concern regarding lack of network parity
- Concern larger QHINs could gain market advantage and price others out of the market in the absence of clear, objective criteria for Q2Q fees
- Banking example as possible model Q2Q fee agreement
- Address scenarios where one QHIN might function as a service provider to another QHIN or its participants

TEFCA Value Proposition

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 – **Coming soon!**
 - Providers – **In discovery**
 - Payers
- **Build from stakeholder views**
- **Discuss what stakeholders can do to prepare**



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 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.

Health Care Providers are Diverse

- Multiple settings
- Varied reasons for exchange
- Varied technology infrastructure

Continuum of Providers

Primary care

Specialists

Behavioral
Health

Emergency
Medical
Services

Safety Net
Providers

Acute Care

Post-acute
Care

Long-term
Care



Value Proposition for Providers

Improve care and care coordination

- Access to information from a broader set of providers across the continuum of care
- Access to information from a larger geography
- Support individuals' access to information from across providers
- Easier access to information needed to support value-based care, care management, and population health
 - Managed populations, care management and quality metrics
 - Sharing of information with community institutions to address social influencers of health
 - Access to information to support analytics
- Network-of-networks approach supports more efficient connection across HINs
 - Standardized approach to directory services
 - Standardized approach to patient identification
- Ease burden of public health reporting
 - Less need for one-off connections
 - Bidirectional exchange
 - Message and query
- Infrastructure to support care providers during emergencies



Provider Considerations

- Limited bandwidth focused on patient care
- Useability within workflow
- Data quality and usefulness
- Individual access to records across care team
- Interaction with other federal, state and local rules





Questions & Answers