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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

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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*—Impplied 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
Health Care Providers are Diverse

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