ONC TEFCA
Recognized Coordinating Entity
Monthly Informational Call
June 15, 2021
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 Onboarding
• RCE Metrics Development
• TEFCA Value Proposition
• Questions & Answers
Meet the RCE Team

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CEO
The Sequoia Project

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RTI International

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Executive Director,
Carequality

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Principal,
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RCE Update
TEFCA Elements

Common Agreement → Standard Operating Procedures → QHIN Technical Framework → QHIN Onboarding → Metrics → Governance
Status Update

• Prepare QHIN and RCE Metrics and facilitate Paperwork Reduction Act (PRA) clearance
• Prepare Common Agreement Draft Version 1
• Facilitate stakeholder feedback sessions
• Develop Standard Operating Procedures (SOPs)
• Define QHIN onboarding and designation process
• Prepare QHIN Technical Framework Draft Version 2
QHIN Onboarding
QHIN Onboarding Elements

- QHIN eligibility criteria
- QHIN application
- Demonstrate compliance
  - Common Agreement
  - QHIN Technical Framework
  - Ability to enforce flow-down obligations to QHIN participants

- NOTE: The method(s) of compliance verification have not yet been determined
RCE Metrics Development
Status Update

- **Finalizing draft application for OMB paperwork for metrics approval**
  - Strengthening understanding of variability in burden estimates for both start up and ongoing reporting of metrics
  - Finalizing approach with SOP team to ensure alignment between SOPs and PRA application

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### Proposed Year 1 Operational and Process Measures

<table>
<thead>
<tr>
<th>Measure</th>
<th>Description</th>
</tr>
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<tbody>
<tr>
<td>1</td>
<td>Onboarding status</td>
</tr>
<tr>
<td>2</td>
<td>Initial Compliance</td>
</tr>
<tr>
<td>3</td>
<td>Ongoing Compliance - Policy</td>
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<tr>
<td>4</td>
<td>Ongoing Compliance - Technical</td>
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<tr>
<td>5</td>
<td>Ongoing compliance – Network performance</td>
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<tr>
<td>6</td>
<td>Ongoing Compliance – Security</td>
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<tr>
<td>7</td>
<td>Ongoing Compliance – Flow Down Verification</td>
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<tr>
<td>8</td>
<td>Number of “member organizations” affiliated with QHIN</td>
</tr>
<tr>
<td>9</td>
<td>Report to RCE number of document deliveries/healthcare organization transaction volume - near term</td>
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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 – Coming soon
  - Payers – Coming soon

• Build from stakeholder views
• Discuss what stakeholders can do to prepare
Value Proposition for Health Plans and Providers

- Provide individuals with access to their information
  - Consolidated view of information
  - Support individual requests for payer-to-payer exchange
- Improve care coordination and case management
- Access information needed for quality reporting and to close care gaps
  - Information from providers
  - Reporting to HEDIS and other platforms
- Support value-based care and population health
  - Support ACOs and other new models
  - Analytics to identify population health needs and disparities
  - Sharing of information with community-based organizations
- Better integrate administrative and clinical data
- Facilitate bi-directional exchange of public health information
  - Immunization status
  - Other public health threats
Health Plan and Payer Considerations

- Ongoing focus on meeting the requirements of the CMS Interoperability and Patient Access Final Rule
- Lack of clarity on the interaction and timing of the TEFCA with CMS interoperability rule requirements and the emphasis on FHIR-based exchange
- The extent to which TEFCA will focus on exchange of clinical data (as opposed to claims and encounter data)
- Challenges with identity management, authentication, and accurate directories
- Concern that the TEFCA could add a layer on top of existing national exchange
- Uncertainty over how TEFCA may impact community HIEs that some health plans/payers have invested in over the years
- Need for a defined value proposition to support participation.
Questions & Answers