September 17, 2021

Mariann Yeager
8300 Boone Blvd.
Suite 500
Vienna, Virginia 22182

Re: QHIN Technical Framework Draft v1

Dear Ms. Yeager,

On behalf of Medical Information Technology, Inc., I am pleased to comment on the *QHIN Technical Framework (QTF)*.

We feel that the concept of TEFCA is vital for moving the industry forward, and we are excited for the project to be mainstream. However, we would like to strongly echo CommonWell's comments with four overall concerns and recommendations for the program.

1. Requirement for a QHIN to have an RLS and eMPI
2. Patient matching standards
3. Transforming documents to C-CDA v2.1
4. Message Delivery - XCDR for QHIN-to QHIN push

Requirement for a QHIN to have an RLS and eMPI

Each QHIN has either a Record Locator Service (RLS) OR Enterprise Master Patient Index (eMPI) OR the ability to query all of its Participants for a patient lookup within the timeout limitation as specified in the QHIN Service Level Requirements Policy - From pg 11

We strongly believe that the QTF framework should require each QHIN to adopt an RLS or eMPI (or equivalent) as part of their architecture. Our experience has shown that end-users will not tolerate latency increases without the ability to match, locate, and serve up records quickly. The response to a query needs to be within 2-3 seconds; otherwise, clinicians will not have the information they need to make potentially life-saving decisions and therefore lose trust in the reliability of TEFCA interoperability. This is the direct opposite of the goals of this initiative.

The lack of an RLS/eMPI may also require more expensive hardware configurations to deal with the chattiness of the network. If QHINs are allowed to query every participant and sub-participant within the organization directory every time a call is made, it will completely slow down the network. The RLS/eMPI will provide the quick responses end users need.

We also believe it is critical to have a well-developed and enforced Service-Level Agreement (SLA) for XCPD performance. If a QHIN cannot fulfill the request, they should be removed from QHIN status, as they impact the whole of TEFCA. To echo CommonWell, we believe this SLA will need to include flow-down guidance to participants behind the QHIN, so they understand their performance obligations to make TEFCA fully operational. Without flow

down, there will likely be a concern that some QHINs may miss potential participants' responses. Again causing a trust issue with patients and end-users.

Patient Matching Standards

Health information exchange workflows typically begin with a search for matching patients. - From pg 25

We would like to sincerely encourage the RCE to reconsider its stance on patient matching standards. The QTF is the perfect place to move the industry forward by putting a maximum and minimum standard for patient matching. Having this standard in place will build trust in TEFCA, and honestly, without it, how will TEFCA succeed?

With ONC's work on Project US@, we know it will be possible to have normalized addresses to match. We also believed that first name, last name, date of birth, and gender, along with a normalized address, would provide a standard for QHINs to use to match patients effectively. We caution that giving QHINs the ability to match more data points than those mentioned above would make matching harder and less efficient. But, again, we think it is essential to set a standard of data points so that the industry is consistent and set up for success from the beginning. ONC does have the authority to set a standard, and we encourage them to do so in the context of TEFCA today.

Transforming Documents to C-CDA v2.1

QTF-039 If a Document Retrieve response is not in C-CDA 2.1 format, QHINs MUST convert the response to C-CDA 2.1 format except where consistent with QTF-043 and QTF-040. - From pg 28

Asking for documents to be converted goes against maintaining the integrity of the data presented by the originating provider and could inadvertently misrepresent that data. We believe this is a patient safety issue and will cause confusion and possible harm. It is the job of a QHIN to conduct the exchange but not manipulate the data. Most QHINs do not have permission to open documents as they pass through their system, thus making this task infeasible. We suggest removing transformation from the QTF.

We support a format standard and have two suggestions for consideration. First, a date could be set so that any new documents created after, say Jan 1, 2022, must be in the C-CDA 2.1 format, but anything before that date would be exchanged in its original format. This would safeguard older documents but also put in place a standard exchange form. We want to acknowledge that the C-CDA format will be a standard of the past very soon as more FHIR exchanges become available and mainstream. Another idea is that the statement (above) is changed to a MAY statement. If a QHIN chooses to transform a document before providing it to their participant/end-user, they can, but it is not a requirement for all.

Message Delivery - XCDR for QHIN-to-QHIN Push

Should the QTF include QHIN Message Delivery?
Option 1: Require; or Option 2: Defer; or Option 3: Include

We, along with CommonWell Health Alliance, elects option _2: Defer_ "QHIN Message Delivery" from QTF until a FHIR-based solution is readily available.

The industry has not widely adopted the standard of XCDR. It has not been worked through in connectathons and would take significant effort by QHINs, QHIN participants, and sub-participants to move forward when other push methods are more widely deployed. There is also no need to push with a TEFCA system that is working correctly. For example, if a patient goes into the ED, the ED sends a notification to the patient's PCP, who can pull the information then or wait until they see the patient and pull the data then. If there is a need to push data, we already have the mechanism in the industry with Direct.

For now, we do not believe XCDR is the right solution and would like to see more collaborative work on what the right push solution within TEFCA would be. We recommend deferring push message delivery without a specific implementation target. We would encourage the RCE and ONC to work closely with FAST (as the model is being driven now) and related workgroups to determine how to proceed with push in the future.

Final Comments

We appreciate that starting a new program is challenging, and we want to acknowledge the work that has gone into creating the QTF. We are committed to interoperability and look forward to what the future holds with TEFCA.

Thank you for your time and consideration. We look forward to your responses and the final document.