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The Nationwide Network Based on the Common Agreement

Benefits for Health Care Providers Across the Continuum

Together with the Office of the National Coordinator for Health Information Technology (ONC), we are developing the Trusted Exchange Framework and Common Agreement (TEFCA) as required by the 21st Century Cures Act. Once operational, the network-of-networks based on the Common Agreement 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. Together with ONC, [we announced in July 2021](#) that we plan to publish the Common Agreement V1 in Q1 of 2022.









The network based on the Common Agreement will offer a nationwide approach for the exchange of health information to support a range of exchange purposes, enabling a multitude of use cases.

The Common Agreement's single set of rules will simplify connectivity to a health information network (HIN) for the benefit of patients and health plans. Consistent policies and technical approaches will increase the overall exchange of health information.

The overall goal of TEFCA is to establish a floor of universal interoperability across the country. This will enhance provider, payer and consumer access to health information that supports better clinical decision-making, improved outcomes, and lower costs.

The Benefits of the Network Based on the Common Agreement for Health Care Providers Across the Continuum

The nationwide network based on the Common Agreement will provide an efficient vehicle to send, receive, and query for standardized electronic health information from a broad array of participants across a national scope. Specifically, this can help providers:

-  **Improve care.** Providers will have access to a fuller array of information for clinical decision-making because they will be able to access a patient's electronic health information from more providers. This is especially beneficial for providers that serve patients that see multiple specialists for multiple conditions. Further, accessing test results and diagnostics performed by other care providers can limit the need for repeat and redundant services, saving costs and enhancing convenience for patients.
-  **Provide individuals with access to their information.** Today, patients' access to their electronic health information relies on the use of different portals tied to each of their health care providers. The network based on the Common Agreement will facilitate individuals' access to their health information from every connected place they've received care—in one stop—without having to remember multiple passwords.
-  **Improve care coordination.** With fewer barriers to connection and greater access to information, a broader range of provider types and health care organizations may be interested in sharing health information through the network based on the Common Agreement. This includes ambulatory providers, federally qualified health centers, behavioral health professionals, long-term or post-acute care facilities, and other care settings. The network based on the Common Agreement will support sharing of data during transitions of care, such as from a hospital to a post-acute setting, or from a nursing home to the emergency department. This will also provide a mechanism for primary care providers to know about care their patients receive in other settings.
-  **Access information needed to support value-based care, care management, and population health.** As providers take on more responsibility to manage the care of populations, they need information from outside their own organizations to have a more complete picture of the care a patient has received to help close care gaps (such as missing immunizations or diagnostic tests), gather information for quality metrics, and develop analytics regarding trends in chronic disease and other factors.
-  **Reduce the need to participate in multiple health information exchange initiatives.** The network based on the Common Agreement will connect networks to one another, allowing providers to access and exchange information from varied sources through a single or limited set of connections. The scope of directory services available through this network will also facilitate exchange, both locally and nationally so that information follows the individual.
-  **Ease the burden of public health reporting.** The COVID-19 pandemic has put a spotlight on the challenge facing our nation to automate and harmonize public health reporting. Providers report to many different public health entities, often with unique reporting requirements and ways of connecting. For many providers, particularly those operating across state lines, the burden can be significant. As public health agencies connect into the network based on the Common Agreement, providers will be able to engage in bi-directional communication with public health agencies, easing the process of reporting to multiple jurisdictions and facilitating communication.
-  **Facilitate emergency preparedness and response.** The network based on the Common Agreement would be helpful in providing access to health information for individuals receiving care in emergency settings and away from their usual sources of care. This network could be used to—in real time—gather and share information regarding public health or emergency response efforts.
-  **Increase confidence in data received from others.** By establishing common rules about technical standards, data access, and privacy and security requirements, the network based on the Common Agreement will create the trust needed for electronic health information to flow and be used routinely across settings of care. This objective will require continued attention to data quality and tools to support clinicians in finding relevant, timely, and normalized information when it is needed.

The Basics of the Nationwide Network Based on the Common Agreement

ONC has awarded a cooperative agreement to The Sequoia Project as the TEFCA Recognized Coordinating Entity (RCE) responsible for developing, updating, implementing, and maintaining the Common Agreement. The RCE will also play a central role in operational activities for the network based on the Common Agreement, including ensuring ongoing performance and creating a participatory and trustworthy governance process.

The Common Agreement will provide a single set of rules that address permitted data uses, privacy and security policies that must be followed, breach notification requirements, and other policies that must be in place before data can flow. It is important to note that the Common Agreement will not supersede or override state or local laws, such as those governing privacy or public health reporting. The Common Agreement policies will not be inconsistent with existing federal laws and rules, such as HIPAA, and other existing laws at the state and local levels.

The technical standards underlying this network-of-networks approach will connect Qualified Health Information Networks (QHINs) to serve as the high-capacity infrastructure to share electronic health information across the entire nation—with the needed privacy and security protections. QHINs will be the central connection points within the network based on the Common Agreement, responsible for routing queries, responses, and messages among participating entities and individuals. Members of participating HINs will be able to request and receive electronic health information from QHINs in the network based on the Common Agreement, starting with query and message delivery.

The Common Agreement will be signed by the RCE and each QHIN. Some provisions of the Common Agreement will flow down to other entities, such as QHIN Participants and providers. The QHIN Technical Framework (QTF) describes the technical and functional requirements for electronic health information exchange between QHINs and will be incorporated into the Common Agreement. The QTF requirements include, among others, privacy and security steps, approaches for identifying and authenticating exchange participants, how to conduct patient discovery and identity resolution, as well as support for required exchange protocols. The QTF will include a standards-based approach to directory services—an aspect of exchange that has been challenging to date. Exchange within a given QHIN will generally be covered by the QHIN's participant agreements and technical requirements. Implementation timelines will take into account the need to modify existing agreements.

Considerations for Providers Across the Continuum

As providers across the continuum prepare for the future network based on the Common Agreement, they will need to take a number of factors into consideration. They will want to take stock of their current approach to information exchange and evaluate how greater access to simplified health information exchange could support care and care coordination. Similarly, they will want to review existing and planned efforts to engage in value-based care with an eye toward needed information exchange to best manage populations.

To prepare, providers are encouraged to:

- Provide feedback on the Elements of the [Common Agreement](#) and [QTF Draft 2](#).
- Consider use cases that could be supported through the network based on the Common Agreement.
- Evaluate their existing HIN partnerships and ask the HINs they currently participate in whether they are planning to participate in network based on the Common Agreement.
- Evaluate how their existing electronic health record supports connections to information exchange and ask how their vendors are preparing for the network based on the Common Agreement.
- Consider the attributes of a HIN or QHIN that would support their information exchange goals in the future.

On the Radar

As we continue to develop the network based on the Common Agreement, the RCE is committed to [informing](#) the community about key developments through informational calls and updates. Activities underway include:

- ✓ Development of a participatory governance structure to ensure a transparent and fair process that includes representation of stakeholders.
- ✓ Development of transparent and efficient application and onboarding processes for QHINs.
- ✓ Development of the Common Agreement and QTF, that will outline the technical requirements for exchange. The [Elements of the Common Agreement](#) and [QTF Draft 2](#) are now available for review and stakeholder input.

The RCE is committed to taking a practical approach to implementation that will seek to minimize burden and build on what is working today. This includes establishing timelines that are sensitive to the scope of any necessary changes that QHINs and Participants need to undertake. We encourage providers across the continuum of care and other stakeholders to engage with us as the community works together to realize nationwide health information exchange.

Connect with us and learn more at: <https://rce.sequoiaproject.org/participate/>.

