Penn Medicine
University of Pennsylvania Health System

October 21, 2021

To whom it may concern:

On behalf of the University of Pennsylvania Health System (Penn Medicine), we appreciate the opportunity to comment on the Trusted Exchange Framework and Common Agreement (TEFCA)

Penn Medicine is comprised of three academic medical centers, two community hospitals and one community health system that service the city and suburbs of Philadelphia, Central Pennsylvania and Central New Jersey. Our hospitals (the Hospital of the University of Pennsylvania, Penn Presbyterian Medical Center, Pennsylvania Hospital, Chester County Hospital, Medical Center of Princeton and Lancaster General Hospital) provide this region with a full spectrum of health care services – from Organ Transplantation to advanced Oncology services and treatments. Combined, we provide inpatient services to over 50,000 Medicare inpatients and over 1 million Medicare outpatients on an annual basis. In fiscal year 2020, Penn Medicine provided over $560 million to benefit our community.

Penn Medicine supports the aspirational goals of TEFCA. Having a single "on-ramp" and common agreement for information exchange would be advantageous for all. We do have several concerns that we feel should be considered before launching such an endeavor.

1. We do not feel the current framework addresses the HIPAA minimum necessary requirements adequately. Safeguards need to be established to assure that exchange within TEFCA, especially as it relates to non-covered entities, does not violate HIPAA guidelines.
2. We also feel that secondary reuse and selling of the data needs to be better defined, especially for non-covered entity participants. The secondary reuse of identified and de-identified data must be consistent with only the six use cases to ensure proper stewardship of these data assets.
3. There are no clear use case standards and we worry that this will lead to confusion and possible privacy violation risks. Acceptable content guidelines should be created for each of the six use cases.
4. For TEFCA to be a true single on-ramp for information exchange it needs to address all facets of exchange. These include: DIRECT message communication (with a national provider address directory service), encounter notification services (Medicare Condition of Participation requirement), and electronic results delivery (still primarily fax based). Without addressing all elements of exchange the need for multiple exchange methodologies and connections will continue to be necessary and add to the burden rather than reduce it. This would take time to implement fully but it should be a goal of TEFCA and listed on the roadmap.

5. Finally, any national information exchange framework needs to address a process for retraction and/or updating of the information that has been disseminated through it. Incorrect patient matching, erroneous results, and updated information/results must be addressed as this information flows to other entities and may be relied upon for clinical care.

We appreciate your consideration of our concerns and recommendations and welcome any questions you may have about them.

Sincerely,

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