

October 18, 2021

To Whom It May Concern:

We appreciate the opportunity to comment on TEFCA's proposed guidelines for the TEFCA common agreement. We agree with and completely support the end goal of transparent sharing of universal and interoperable patient data, along with the objective of simplified national connectivity.

However, we have some questions and concerns regarding the proposed common agreement:

- Will the rules and regulations surrounding Individual Access Services be the same as the requirements for all other participants?
 - We believe that IAS providers should be required to share information in the spirit of interoperability, and because patients and providers will expect it
 - Patients should be able to opt out of sharing information with specific providers/organizations
- Will participation in the common agreement be mandatory?
 - Until the practical aspects of TEFCA are constructed, the TEFCA should be entirely optional
 - We respectfully request a sufficient amount of time to allow organizations to onboard (5-7 years?)
- How does the TEFCA framework interact with EMR developers that already support the sharing of patient data (such as Epic's CareEverywhere)?
 - Care Everywhere has shown that requiring central hubs isn't necessary to make interoperability work, and it would be redundant and possibly disruptive if TEFCA mandated a specific mode to replace effective exchange
 - If forced to join a QHIN, we propose a slow, limited approach, with a gradual increase in use cases
 - We propose that TEFCA precisely identify the use purposes for information exchange, including exact data elements to be shared between/across QHINs for each use case (perhaps USCDI elements)
- How will the TEFCA network structure protect patient privacy as data is channeled through the QHINs?
 - The proposed infrastructure for QHINs involves an unlimited number of actors with access to all data
 - TEFCA should adopt security and privacy requirements to align with HIPAA
 - If there is a HIPAA breach during the exchange/transmission of data, TEFCA should hold the QHINs responsible
 - There must be implementation guidelines for the handling of HIPAA minimum for use cases outside of treatment
- What cost will be involved for participation?
 - The burden for development will include costly new licenses, in addition to maintenance fees
 - The very broad scope of exchange purposes will be a significant burden for organizations, including hardware/infrastructure investments not in existence today
 - Many EMRs interoperate with healthcare organizations today at no additional cost for treatment use
 - We propose that organizations should be able to choose their approach to interoperability

Thank you for considering our concerns as we move forward.



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