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Kaiser Foundation Health Plan
Program Offices

November 7, 2022

RE: *draft TEFCA Facilitated FHIR Implementation Guide published October 7, 2022*

Submitted via email to: rce@sequoiaproject.org.

Kaiser Permanente (KP) appreciates the opportunity to offer feedback on the above-captioned request for comments (RFC).[1] We share the goal of a nationwide vendor agnostic and multi-use case exchange that the Trusted Exchange Framework and Common Agreement (TEFCA) aim to achieve and offer the following in response:

Volume of Certificates

We are concerned about operational complications and inefficiencies associated with managing the large volumes of certificates needed to operationalize Facilitated FHIR. Instead, we recommend a brokered approach through QHINs.

Feedback on specific draft TEFCA Facilitated FHIR IG sections

Overall Comments
Standards, including implementation guidance, should follow specific processes to ensure sufficient quality, stability, and trustworthiness for nationwide implementation. We are concerned that this new national standard implementation guide is being developed in a closed, non-transparent process by an organization without national accreditation for standards development and without adequate opportunities for public participation. We recommend that the Sequoia Project develop this implementation guide through an open, transparent, voluntary, and consensus-based process that follows all applicable rules and processes for voluntary consensus standards through a national standards development organization, such as HL7, consistent with requirements of the Administrative Procedures Act (APA), National Technology Transfer and Advancement Act (NTTAA) in accordance with OMB Circular A-119, World Trade Organization Technical Barriers to Trade (WTO TBT) rules, or the ANSI Essential Requirements for American National Standards.

The level of technical specifications included in this implementation guide are extremely complex and detailed, with significant FHIR resources inter-dependencies. We recommend providing at least a 60-day review period to ensure reviewers have sufficient time for meaningful analysis and input.

[1] https://rce.sequoiaproject.org/wp-content/uploads/2022/10/TEFCA-Facilitated-FHIR-Implementation-Guide-Draft-for-508.pdf

We are also concerned that the implementation guide does not address the ability of responding actors to limit access to specific FHIR resources based on the purpose of use indicated by the query initiator. This is very important to understand to ensure that patients have full control over what information is shared and for what purpose(s). We recommend that the implementation guide consider including a mechanism for the responder to negotiate with the initiator if the FHIR server lacks functionality or permission to support the request.

Role Requirements
No comments.

General Requirements
3.1 Provenance
We are unclear when the implementation guide applies provenance to data the entity generates or imports from other sources and at what level (e.g. document, sub-document, data element). Maintaining metadata can strain operating system resources and negatively impact functionality and timeliness. We recommend that this section clarify that provenance should be assigned at the detailed element level if data will be disaggregated subsequently, otherwise the provenance will be lost. We also recommend the provenance be limited to first-level creator of data.

3.2 Patient Matching
We recommend amending the requirement for responding actors to have the capability to return more than one potential match when a patient search yields more than one match from "should" to "may". This change aligns with the requirement in "onlyCertainMatches" on page 23 and allows organizations to execute best matching to guard against inappropriate disclosure of information under HIPAA.

3.4 Version Compatibility
We recommend amending the requirement for actors to continue supporting capabilities previously supported for TEFCA purposes under a particular FHIR release, until support for that FHIR release has been officially sunset by RCE from "shall" to "may". It is not feasible for participating organizations to continue to support multiple previous capabilities due to operational inefficiency and resource burden. We recommend limiting mandatory support to a maximum of two versions at any time.

3.5 Access Token Lifetime
We are concerned that 60 minutes of access token could be too long for some organizations or applications. We recommend 20 minutes or a shorter duration as determined by institutional policies. We also recommend a standard maximum refresh token time to promote uniformity with shorter maximum lifetimes permissible.

Use Cases/Workflows
4.1.1 Assumptions
We recommend that QHINs provide choices to their participants or sub-participants regarding participation and patient lookup. This could include an Enterprise Master Patient Index (eMPI), Record Location Services (RLS), or techniques to perform federated queries at the direction of their participants or sub-participants.

4.1.2 Nominal Flow
We are concerned that this workflow assumes implementation of the new FHIR Digital Identity profile. The FHIR Digital Identify profile is new and currently still being implemented, lacking

sufficient experience or maturity. We recommend additional time, perhaps an additional year, to test, train and implement it.

Infrastructure
5.23 Client Registration
Dynamic client registration is still in development and testing and this is a significant undertaking for organizations to implement. We recommend changing the requirement from "shall" to "may" for implementers to support dynamic client registration.

Appendix A
No comments

Appendix B
No comments

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Please feel free to contact Jamie Ferguson (jamie.ferguson@kp.org) or Megan Lane (megan.a.lane@kp.org with any questions or concerns.

Sincerely,

Jamie Ferguson
Vice President, Health IT Strategy and Policy
Kaiser Foundation Health Plan, Inc.