Trusted Exchange Framework and Common Agreement Update for the Public Health Community

Presented by the ONC, CDC and RCE

January 12, 2023
Objectives for today

1. Describe TEFCA and the HHS vision for TEFCA

2. Discuss how TEFCA can support public health generally, and jurisdictions specifically

3. Engage willing jurisdictions to participate in tiger team to fully develop public health participation model and initial use cases
Welcome and Introductions

What is TEFCA and why is it important?
What is the HHS vision for TEFCA?
Why is TEFCA important to public health?
How do we ensure that TEFCA supports public health jurisdictions?
Questions & Answers
Welcome

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Welcome and Introductions

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Network interoperability 101: What are networks and why are they important?

Networks are essential mechanisms for scalability of data exchange

Every data sharing arrangement has to solve a common set of issues:
• What are the purposes of the proposed data sharing?
• What data are we sharing?
• Who is allowed to share data and how do we validate who is eligible?
• How are we going to share the data? What data, what format, how to transport it?
• What legal arrangement is needed to enable this data sharing?
• What security arrangement needs to enable this data sharing?
• How do we put all of this into production (testing, go-live, monitoring)?

Highly inefficient to repeat this process between every set of exchange partners

Networks provide governance, policy, legal, organizational, and technical infrastructure to standardize and share approaches to these issues
There are a variety of interoperability networks operating today
- Nationwide networks: Carequality, CommonWell Health Alliance, eHealth Exchange, Civitas, etc.
- State/local networks: CRISP, IHIE, CyncHealth, etc.
- Single-vendor networks: Various EHR vendor networks
- Single-purpose networks: PDMP, Various event notification networks, etc.

There has been great progress in nationwide network development and maturation
- Carequality connects clinical interoperability networks enabling ~50 million transactions per day
- Does not include transactions that happen within underlying networks

However, this progress has been largely limited to exchange for treatment purposes
While there has been growth in nationwide networks, there is much unfinished business

- Public health
- Less well-resourced providers, behavioral health, LTPAC
- Payers (government and commercial)
- Social services
- Research

Public-private partnership is now needed to advance nationwide interoperability to the next level
“[T]he National Coordinator shall convene appropriate public and private stakeholders to **develop or support a trusted exchange framework** for trust policies and practices and for a **common agreement** for exchange between health information networks.”

[emphasis added]
TEFCA will be a Nationwide Network of Networks

Recognized Coordinating Entity (RCE) provides oversight and governing approach for QHINs

Qualified Health Information Networks (QHINs) connect directly to each other to facilitate nationwide interoperability

Each QHIN connects Participants, which connect Subparticipants

ONC defines overall policy and certain governance requirements
QHINs will be the Pillars of TEFCA Governance, Policy, and Technical Infrastructure

QHIN minimally provides:
• Governance (Intra- and Inter-QHIN)
• TEFCA-compliant participation agreements and rules of the road
• Message handling infrastructure
• Certificate-based security infrastructure
• Electronic directory ("participant phonebook")
• Patient record search ("patient lookup")
• QHINs may provide other value-added services according to their business models

This shared infrastructure allows participants to:
• Push records to each other
• Query for records from each other
The Exchange Purpose identifies the reason for which information could be requested or shared through QHIN-to-QHIN exchange.

Only these six Exchange Purposes are currently authorized under the Common Agreement.

Additional Exchange Purposes may be added over time.

Permitted Exchange Purposes

- Treatment
- Payment
- Health Care Operations
- Public Health
- Government Benefits Determination
- Individual Access Services
Various organizations have public announced intent to become or participate in QHINs

CommonWell newest to pledge TEFCA participation

The interoperability alliance, whose EHR vendor members include Oracle Cerner, athenahealth, Greenway, Meditech and others, says it will sign on as a Qualified Health Information Network.

Kno2 To Apply for QHIN Designation Under TEFCA

Kno2, the company seeking the kind of healthcare communications, publicly announces its decision to apply to become a Qualified Health Information Network (QHIN) under the Trusted Exchange Framework and Common Agreement (TEFCA), demonstrating its continued commitment to advance health information exchange across the health continuum. From its inception, Kno2 has connected every meaningful network and endpoint involved in the exchange of patient information and, in turn, creates the broad connectivity available through a single, comprehensive API to patients and providers. This commitment and hard work have earned the trust of the most progressive and comprehensive conversations networks available in healthcare today, unifying and centralizing complete clinical exchange workflows into a single solution.

Health Gorilla’s Pursuit of a Qualified Health Information Network (QHIN) Designation Under TEFCA

Health Gorilla intends to apply to become one of the first designated QHINs in the U.S. under the Trusted Exchange Framework and Common Agreement (TEFCA).
Timeline to Operationalize TEFCA

2021
- Public engagement
- Common Agreement Work Group sessions
- RCE and ONC use feedback to finalize TEFCA

Q1/Q2 2022
- Finalize initial SOPs
- QHIN application review
- Prepare for TEFCAFHIR-based exchange pilot

Q3/Q4 2022
- Publish Common Agreement Version 1
- Publish QHIN Technical Framework (QTF) Version 1 and FHIR Roadmap
- Initiate work to enable FHIR-based exchange
- Public education and engagement

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Q3/Q4 2023
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- Continue onboarding of initial QHINs
- Refine Common Agreement, SOPs, and QTF, including to support FHIR-based exchange

Q1/Q2 of 2023
- Public announcement: First Approved QHIN Applicants
- Onboarding of initial QHINs
- Additional QHIN applications processed
- Launch TEFCAFHIR-based exchange pilot

Q3/Q4 2023
- Additional QHIN applications processed
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- Refine Common Agreement, SOPs, and QTF, including to support FHIR-based exchange
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TEFCA Vision

TEFCA Goals:
• Establish a universal governance, policy, and technical “floor” for nationwide interoperability
• Simplify connectivity for organizations to securely exchange information to improve patient care, enhance the welfare of populations, and generate health care value
• Enable individuals to gather their health care information

HHS cross-agency efforts already underway to support TEFCA adoption across the industry:
• ONC
  – Information Blocking rules encourage data sharing using standards-based approaches
  – Standard FHIR APIs to support FHIR exchange
  – Ongoing support for RCE and TEFCA governance
• CDC
  – STLT guidance
  – Technical assistance, NSA shared infrastructure
• CMS
  – TEFCA already included in CMS payment rules
  – RFI on TEFCA in CMS Interoperability Rule and National Directory of Healthcare Providers and Services RFI
  – TEFCA supports scalability of CMS-required patient APIs, provider APIs, and payer-to-payer APIs
• Research
  – Active discussions with federal partners on research use cases such as distributed clinical trials and cancer care navigation
CDC-ONC Joint Priorities

Shared Priorities to Help Advance Public Health

**USCDI & USCDI+**
Prioritize and harmonize data most crucial to the needs of public health and beyond

**North Star Architecture**
Help public health jurisdictions share and analyze data with each other and CDC

**TEFCA**
Develop common, pre-negotiated agreements to simplify data exchange nationwide

**FHIR Advancement and Strategy**
Adopt standards that can be more easily extended and reused as conditions change

**Certification of IT & Data Systems**
Ensure IT & data systems used by public health are sustainable and meet baseline requirements for security and functionality
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Potential Benefits for Public Health Authorities

• The nationwide network based on the Common Agreement will support participating Public Health Authorities efforts to promote population health.
  • Support public health reporting.
  • Facilitate bidirectional exchange with public health.
  • Facilitate emergency preparedness and response.
  • Augment state-level information exchange initiatives.
Potential TEFCA Support for Public Health

Illustrative

Potential data flows:
Data sources push records to PHAs
PHAs query data sources for records
Future: Data sources query PHAs for records

PH-focused governance, policies, and shared services such as patient-matching, de-duplication, de-identification, etc.

Public Health Intermediaries (e.g., APHL, HIE, North Star Architecture, etc)

Provider Health Information Network Payer Laboratory Consumer (app)

STLT/PHA STLT/PHA CDC

STLT-STLT exchange (push and query) STLT-CDC exchange (push and query)

Value-added shared services available to public health participants
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Making TEFCA real for public health

TEFCA provides a governance, policy, legal, and technical foundation for full development of the Public Health exchange purpose and use cases

Opportunity for public health community – with ONC and CDC assistance – to shape TEFCA participation to best support STLTs in fulfillment of the public health mission

Key feedback areas:

- Navigating options for STLT participation
- Identifying priority use cases for implementation
- Foundational public health policy and legal constructs
- Identifying STLTs to volunteer to help develop the TEFCA public health model
Potential Models for Public Health Participation in TEFCA

No coordination

- No coordination of STLT participation
- Most decentralized approach
- Gives maximum flexibility to STLTs
- Lowest opportunity for development of PH-specific governance, policies, infrastructure

QHIN Aligned

- Participation in a single QHIN
- Potentially work with QHIN to develop PH-specific capabilities
- Allows more direct collaboration among PH participants (STLTs, CDC, intermediaries)
- Requires each STLT to build integration technology
- Limited opportunity for PH-specific governance

Public Health Network

- Participation in a PH-focused, sub-QHIN network
- Joint governance and collaboration among PH participants
- Ability to deploy PH-specific shared services (e.g., EMPI, de-identification) and policies (e.g., STLT-STLT and STLT-CDC data-sharing rules)
- Allows STLTs to share integration infrastructure
Relationship between TEFCA agreements

Common Agreement
Agreement between QHIN and RCE defining terms and conditions of TEFCA participation

Standard Operating Procedures
Operational “rules of the road” to implement provisions of the Common Agreement

Implementation Guides
Defines data, format, transport, standards, and other elements to guide implementation of technology, policies, and workflows for a specific use case

QHIN Participation Agreement
Agreement between QHIN and its participants, includes “flow-down” provisions from Common Agreement
Standard Operating Procedures

- SOPs go through public feedback process and are approved by ONC
- Additional upcoming SOPs include Payment, Health Care Operations, and Public Health
- SOPs define requirements and required capabilities that QHINs and participants are required to support (as appropriate)
- Public Health Exchange Purpose not required to be supported until SOP is published

Published SOPs available on RCE website

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https://rce.sequoiaproject.org/tefca-and-rce-resources/
Need to Develop TEFCA Public Health SOP and Public Health Implementation Guides (IGs)

- The Public Health exchange purpose includes requests for Use and Disclosures of information by Public Health Authorities that are consistent with the HIPAA Privacy Rule and other applicable law

- Public Health authorities are permitted, but not required, to respond to requests

Public Health SOP

- Defines use of core TEFCA policy and technical infrastructure, and additional policy and technical requirements, to support the Public Health Exchange Purpose
- Framework to accommodate state-level regulatory and policy requirements such as privacy, consent, special data classes, minimum necessary data, data use, and other requirements

Public Health IGs

- Outlines technical and operational requirements to exchange information using existing standards, under the terms of the Common Agreement and associated standard operating procedures (SOPs)
- Requirements with IG would align with specific data exchange use cases (for example: immunization reporting, query for specific payload of data)
- IG development may involve updating existing IG to support TEFCA exchange
Call to Action

All STLTs should:

• Review the Common Agreement, the sample Participant-Sub Participant flow-down agreement, and the educational materials on the RCE’s website
• Identify potential changes to state and local programmatic requirements that will be necessary to participate in TEFCA
• Consider existing health information exchange infrastructure and technical capabilities
• Understand the capabilities QHINs and how public health might benefit from exchanging data through QHINs
• Participate in TEFCA information sessions and ask questions!

We are seeking deeper engagement with STLTs interested in helping to flesh out the TEFCA Public Health Exchange Purpose (participation model, SOP, IGs, first use cases). Aim for a potential:

• Engaged cohort of early adopters to develop proposals for input by broader PH community
  • Please contact Grace Mandel, gmandel@cdc.gov, if interested
• To participate in the Public Health Exchange SOP development, please contact Lisa Moon at lmoon@sequoiaproject.org or Debbie Condrey at dcondrey@sequoiaproject.org.
Contact Information

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Closing

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Use Case: Public Health Authority leverages TEFCA exchange for case investigation