October 13, 2022

TEFCA Update for HITAC

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Zoe Barber, Policy Director, The Sequoia Project
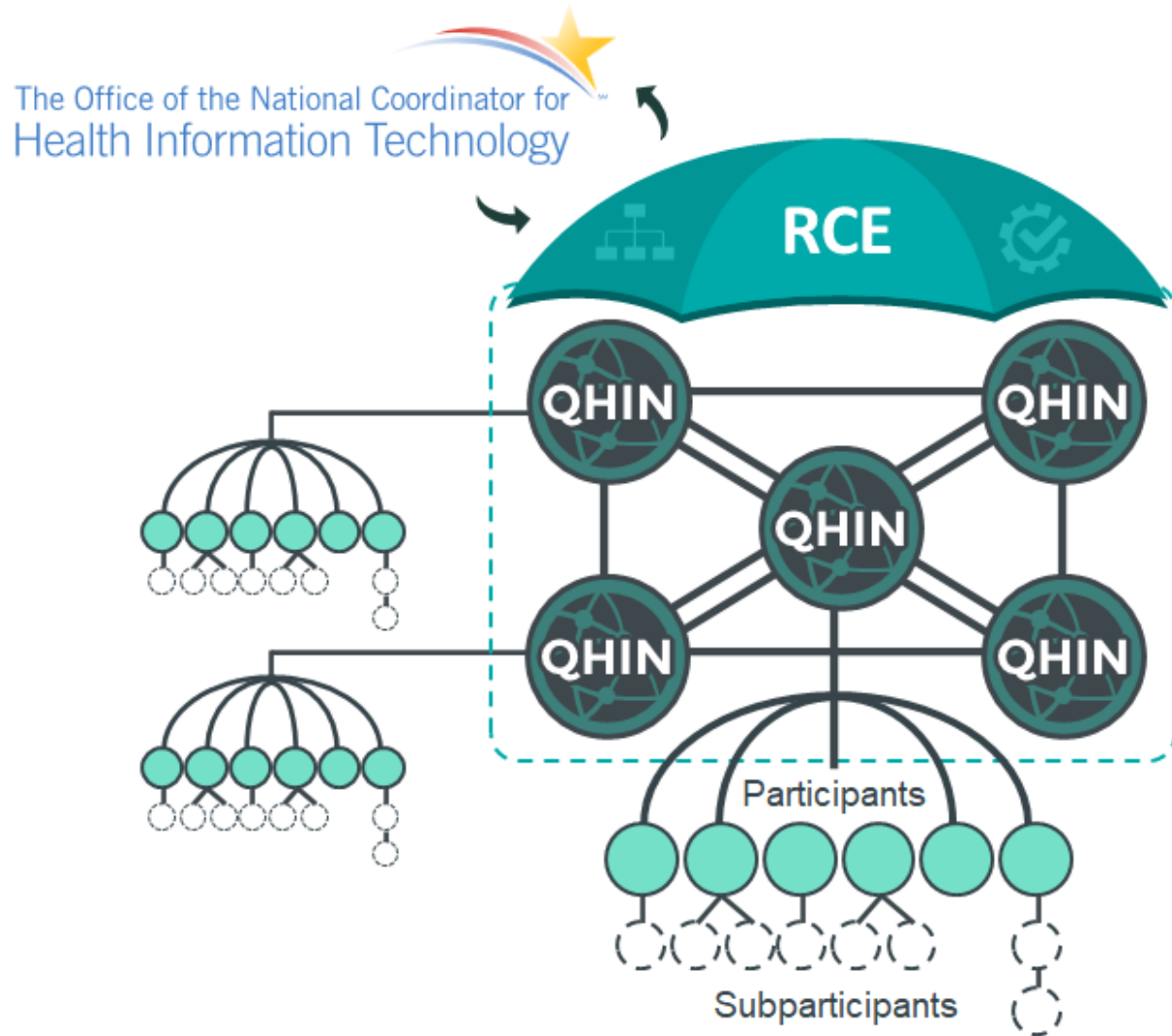Dave Pyke, Audacious Inquiry

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TEFCA
RECOGNIZED
COORDINATING
ENTITY

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Agenda

- How will Exchange Work under TEFCA
- Timeline to Operationalize TEFCA
- SOP Status & Release Schedule
- Recently Released SOPs and Resources
- TEFCA Facilitated FHIR Implementation Guide and Pilot
- Future Use Cases
  - » Payment and Health Care Operations
  - » Public Health
- Questions & Answers

How will exchange work under TEFCA?

ONC defines overall policy and certain governance requirements.

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.

TEFCA Components

Trusted Exchange Framework

Common Agreement

Standard Operating Procedures

QHIN Technical Framework

QHIN Onboarding

Metrics

Governing Approach

Timeline to Operationalize TEFCA

ONC TEFCA RECOGNIZED COORDINATING ENTITY

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

Summer/Fall 2022*
- Finalize initial SOPs
- QHINs begin signing Common Agreement and applying for Designation

2023
- Establish Governing Council
- Follow change management process to iterate Common Agreement, SOPs, and QTF, including to support FHIR-based exchange

| 2021 | 2022 – Q1 | Q2 | Q3 | Q4 | 2023 |
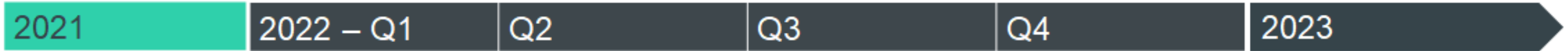
Q1 of 2022
- Publish Common Agreement Version 1
- Publish QHIN Technical Framework (QTF) Version 1 and FHIR Roadmap
- Initiate work to enable FHIR-based exchange
- Public education and engagement

Q3 and Q4 of 2022
- Onboarding of initial QHINs
- Additional QHIN applications processed
- RCE establishes Transitional Council
- RCE begins designating QHINs to share data
- Prepare for TEFCA FHIR exchange pilots

Applications Can Now be Submitted!

Welcome to your QHIN Application Web Forms!

Before you begin, please read the following instructions carefully.

General Overview Instructions

1. Before beginning either of the below forms, be sure that you have:

a. Thoroughly reviewed the QHIN Onboarding & Designation SOP;
b. Submitted your intent to apply and received a response from the RCE confirming receipt; AND
c. Met with an RCE representative, during which time the RCE has provided an overview of how to complete these forms.

Applications Can Now be Submitted

SOP Status & Release Schedule

TEFCA SOP Release Schedule

SOP Name	Expected Publication of Version 1 Final
QHIN Security Requirements for the Protection of TI (Update)	Version 1.1 released 5/16
Exchange Purposes	June 2022 (V1 released 6/21)
QHIN Fee Schedule (Schedule 1)	June 2022 (V1 released 6/21)
Types of Entities That Can Be a Participant or Subparticipant in TEFCA	July 2022 (V1 released 7/19)
QHIN Onboarding & Designation (and QHIN Application)	August 2022 (V1.1 released 9/30)
Means to Demonstrate U.S. Ownership and Control of a QHIN	August 2022 (V1 released 8/31)
Individual Access Services (IAS) Exchange Purpose Implementation	September 2022 (V1 released 9/16)
Individual Access Service (IAS) Provider Privacy and Security Notice and Practices	September 2022 (Draft released 6/21)
Participant and Subparticipant Security	October 2022
Other Security Incidents and Reportable Events	End of 2022
Payment and Health Care Operations Exchange Purpose Implementation	Early 2023
Public Health Exchange Purpose Implementation	Early 2023
Government Benefits Determination Exchange Purpose Implementation	Mid 2023
Suspensions Process	2023
Successor RCE & Transition	2023

TEFCA Facilitated FHIR Implementation Guide

TEFCA Facilitated FHIR Implementation Guide

Draft TEFCA Facilitated FHIR Implementation Guide

The RCE is seeking feedback on the **draft TEFCA Facilitated FHIR Implementation Guide** released October 7, 2022. Organizations and individuals may submit written feedback until **Monday, November 7, 2022**. Comments will be published below.

Draft TEFCA Facilitated FHIR Implementation Guide Feedback Form

https://rce.sequoiaproject.org/tefca-facilitated-fhir-implementation-guide-feedback/

- Due to the scale of the Network, automation of the authorization and authentication process is an absolute necessity

- Use of certificates chained to the RCE issued seed certificate

- The FHIR IG requires use of the UDAP protocol as specified in the HL7/UDAP Security for Scalable Registration, Authentication, and Authorization FHIR IG
  - » Allows for automation of client_id issuance and works well with SMART on FHIR as well as has its own authentication framework

- All data exchange MUST follow the USCore V4.0 FHIR IG requirements, this aligns with USCDI V2. In addition, the following FHIR Implementation Guides SHOULD be supported:
    - » Bulk Data Access IG v2.0.0
    - » Mobile access to Health Documents (MHD) v4.1.0
    - » Da Vinci Payer Data Exchange v2.0.0 (when released)

- All requesters using a valid TEFCA certificate and Purpose of Use must be given access according to the Common Agreement

- Where data is transformed from other formats, a Provenance resource must be included to show where and how the transformation is done.

- All Responding Actors must support the FHIR $match operation.
  - » Responding Actors should have the capability to return more than one potential patient match when a patient search yields more than one match
  - » When FHIR Query Initiators request only "certain" matches Responding Actors shall honor that request by returning only a unique match.
  - » Responding Actors shall not return more than 100 potential matches
  - » IAS responses shall only return a single certain unique match
  - » Addresses must conform to the Project US@ Technical Specification

- All Patient Discovery Queries must be sent to the parent QHIN, via Participants and Subparticipants as needed.

Objective:

- To demonstrate readiness of FHIR exchange for operational deployment at scale

Approach

- Publish draft guide for stakeholder input
- Engage pilot participants
- Define use cases and work flows to test, end to end
  - » Treatment (e.g. maternal child health, cancer)
  - » Individual access services
  - » Payment / Healthcare Operations
- Facilitate connectathon style testing event(s), involving test systems and dummy patient data
- Refine guide based upon pilot feedback
- Publish proposed final guide based upon pilots

Future Use Cases: Payment and Health Care Operations

Charge
- Collect stakeholder input to inform the first version of the Trusted Exchange Framework and Common Agreement Payment & Health Care Operations Exchange Purpose Implementation SOP.

Deliverable
- Draft Payment & Health Care Operations Exchange Purpose Implementation SOP, version 1

Approach
- Targeted stakeholder input meetings
- Begin by defining an initial sub use-case

Priorities for Use Case Selection
- High benefit to participants
- Strong likelihood of voluntary adoption
- Increase patient access and interoperability
- Reduce provider/payer burden

- Improve **transparency** of why the data is being requested
- Enable **reciprocity** between participant types- shared value
- Provide the **right information** and nothing more
- Provide **consistent** information
- Be **transport agnostic**
- Support **integration into existing workflows**
- Account for both **EHR and non-EHR technologies**
- Get to **win-win-wins** (patient, provider, payer)
  - » Patient at the center
  - » Reducing payer and provider burden
  - » Value proposition- define beyond cost/efficiency.
- **Contain costs**

Balance point

- Need for exchange of the whole medical record for the full scope of payment and healthcare operations in order to best support whole-patient care
- Need to limit the exchange to specific sub-use cases and specific data elements due to patient privacy, compliance, and liability concerns

> - *Disclose risk-based information to support health plans with the cost associated with their members*
> - *Disclose health information to appropriate parties to use to identify risk*

Risk Management may include activities related to both payment and healthcare operations, as defined by the Common Agreement. Such activities include, but are not limited to:

- Adequately compensating health plans for the costs associated with members with higher-than-average needs

- Making equitable quality and cost comparisons among health plans and providers

- Set and update spending benchmarks in value-based payment arrangements

- Identifying and targeting future high-cost or high-utilizing individuals

- Directing high-risk individuals towards appropriate treatment options, allocating resources for that treatment, and evaluating outcomes

SOP Outline

- Use Case Definition
- Query Request
  - Guidelines around specifying sub purpose of use?
  - What are the parameters for the date range/timeframe of the request?
  - What identifying information about the requestor and patient should be included?
- Query Response
  - What formats do payers/providers need in a response?
  - What types of information (content) do providers/payers need?
  - Whose responsibility is it to determine what data should be sent?
  - Optionality

Future Use Cases: Public Health

Public Health Exchange Modalities and Actors

Push:
- » Data Source to STLT
  - – Electronic Case Reporting (eCR)
  - – Electronic Test Ordering and Results (ETOR)
  - – Vital Records
  - – Cancer Registry
- » Data Source to CDC:
  - – National Health Care Surveys (NHCS) (tentative)
- » STLT to CDC:
  - – Vital Records

Query:
- • STLT to STLT
  - • Case Reporting (TBD more info from CDC needed)
- • Provider to STLT
- • STLT to Provider:
  - • Case Investigation (future)
  - • Vital Records

Approach

- ONC-RCE narrow down priority sub-use case(s)

- Socialize priority use cases with stakeholders to foster buy in and inform draft SOP
    - Monthly public informational and feedback calls
    - Dedicated public stakeholder feedback session
    - Multistakeholder engagement to share information and collect feedback

- RCE publishes draft implementation SOP for stakeholder feedback

- RCE works with ONC to disposition feedback and finalize implementation SOP

- RCE publishes public health implementation SOP v1 for adoption in TEFCA

Resources

- Common Agreement v. 1
- QHIN Technical Framework
- FHIR® Roadmap for TEFCA
- Standard Operating Procedures
- QHIN Application
- Communication Protocols
- User's Guide
- Benefits of TEFCA by Stakeholder Factsheets
- FAQs

https://rce.sequoiaproject.org/tefca-and-rce-resources/

Additional Resources:
https://www.healthit.gov/tefca

All Events and Recordings: https://rce.sequoiaproject.org/community-engagement/

Upcoming Monthly Informational Call
Tuesday, October 18 | 12:00 – 1:00 p.m. ET

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Questions & Answers

For more information:
rce.sequoiaproject.org