Beth Israel Deaconess
CARE ORGANIZATION

Affiliated with
Beth Israel Deaconess
Medical Center

HARVARD MEDICAL SCHOOL
TEACHING HOSPITAL

June 17, 2019

Dr. Don Rucker
National Coordinator
Office of the National Coordinator for Health Information Technology
Department of Health and Human Services
Mary E. Switzer Building
Mail Stop: 7033A, 330 C Street, S.W.
Washington, DC 20201

Submitted electronically

RE: Trusted Exchange Framework and Common Agreement Draft 2

Dear Dr. Rucker:

I am submitting this comment letter on behalf of Beth Israel Deaconess Care Organization (BIDCO) in response to the Trusted Exchange Framework and Common Agreement (TEFCA) Draft 2.

BIDCO is a value-based physician and hospital network and an Accountable Care Organization (ACO) made up of more than 2,700 physicians and eight hospitals in Eastern Massachusetts. BIDCO's mission is to move health care forward by engaging providers in their communities to achieve success in a value-based delivery system. We are committed to creating innovative, industry-leading best practices in the clinical, administrative, and financial aspects of health care.

BIDCO appreciates the opportunity to engage with the Office of the National Coordinator for Health Information Technology (ONC) and offers the following TEFCA Draft 2 comments.

Exchange Modalities

BIDCO supports the requirement that Qualified Health Information Networks (QHINs) must perform QHIN Targeted Queries. As an ACO managing diverse populations across multiple value-based contracts, the capability to perform a QHIN Targeted Query enhances BIDCO's ability to improve care coordination efforts. For example, in order to avoid duplicate services thus reducing health care costs and improving patient care, BIDCO providers could perform QHIN Targeted Queries to determine if a patient received care outside the BIDCO network.

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Appendix 1: The Trusted Exchange Framework (TEF)

BIDCO strongly supports Population Level Data exchange as it is an important principle of interoperability. The ability to request and receive multiple patient records at one time will support many functions that are crucial for ACOs to succeed in value-based contracts. For example, BIDCO could leverage population level exchange queries to retrieve cancer screening information from a specific population for which it does not have any current data. BIDCO could analyze the information it received from the query to determine which patients have open care gaps (e.g., require mammogram screenings) and develop appropriate interventions. This level of exchange will augment BIDCO's population-based activities by providing timely access to external data sources.

Appendix 2: Minimum Required Terms & Conditions (MRTCs)

BIDCO recommends ONC consider *some* exceptions to allow the use and disclosure of electronic health information (EHI) outside of the United States. While BIDCO supports the concept that no EHI should be used or disclosed outside of the United States (unless authorized by an Individual User) there are *limited* circumstances that may require a provider to have this level of access. BIDCO implemented a similar prohibition in the past and providers convinced BIDCO there are certain exemptions needed in order to care for patients, particularly when a provider who is responsible for a patient's care is traveling out of the country. In light of this experience, BIDCO created a process whereby providers could access EHI and provide patient care outside of the United States. BIDCO encourages ONC to consider a similar policy for these special and limited circumstances and to permit exceptions so as not to disrupt patient care.

Appendix 3: Qualified Health Information Network Technical Framework (QTF)

ONC Request for Comment #7: The IHE XCPD profile only requires a minimal set of demographic information (i.e., name and birth date/time). Should QHINs use a broader set of specified patient demographic elements to resolve patient identity? What elements should comprise such a set?

Response: BIDCO recommends that QHINs adopt the patient matching requirements outlined in the transitions of care criterion as those demographic elements should be sufficient to resolve patient identity. The elements included in the criterion are first name, last name, previous name, middle name, suffix, date of birth, address, phone number, and sex.

ONC Request for Comment #8: There are many possible approaches to Patient Identity Resolution, each with its own benefits and risks. For example, a centralized index of patient identity information may be more efficient for resolving patient identities across disparate communities, but also poses a greater risk to privacy if the system is compromised. Federated approaches may be less susceptible to external threats like cyberattacks, but harder to scale across many communities. Recognizing that new technologies and business entities with robust

identity matching solutions may disrupt traditional approaches, should the QTF specify a single standardized approach to Patient Identity Resolution across QHINs?

Response: BIDCO recommends that QHINs use a singular patient matching software solution to resolve patient identity. A singular patient matching software solution creates a uniform standard that would apply to all QHINs and yield predictable results. BIDCO provided similar comments regarding the benefits of a singular patient matching software solution in its comments to CMS's proposed rule on interoperability (CMS-9115-P) submitted on June 3, 2019.

ONC Request for Comment #9: Different communities tolerate different degrees of risk with respect to accurately matching patient identities. Should QHINs meet a minimum performance standard (e.g., a minimum acceptable matching accuracy rate) over a specified time period? Likewise, different algorithmic techniques for matching patient identities use different approaches and must be tuned to the applicable patient population and continuously refined over time. Should QHINs measure and report on the performance of the algorithm(s) they rely on (e.g., by calculating precision, recall, etc.)?

Response: Absent a singular patient matching software solution, BIDCO supports measuring and reporting the performance of different algorithmic techniques. Furthermore, QHINs using different patient algorithmic techniques should be expected to meet minimum performance standards to ensure patients are being accurately matched. Having a requirement for QHINs to report the performance of their patient matching algorithms along with setting minimum standards will create trust among Participants and Participant Members and will ensure that patients are being matched appropriately.

ONC Request for Comment #10: Recognizing there are different ways to implement Record Location services, should the QTF specify a single standardized approach across QHINs?

Response: BIDCO supports a single Record Location service approach to ensure QHINs are leveraging a consistent standard. A single standardized approach could also help minimize record location discrepancies across QHINs. However, BIDCO recognizes the complexities to implementing a single standardized approach and wishes to emphasize that the manner in which the ONC implements Record Location services will require considerable input from all parties affected by the practice.

ONC Request for Comment #11: Should the QTF require QHINs to implement Directory Services? Recognizing there are many possible approaches for implementing Directory Services, should the QTF specify a single standardized approach? If QHINs implement Directory Services, which entities should be included in directories? Should directories be made publicly accessible?

Response: BIDCO recommends QHINs use a single, standardized approach to implement Directory Services in order to reduce providers' administrative burden of updating and maintaining multiple directories. Furthermore, QHINs should consider leveraging the National Plan & Provider Enumeration System (NPPES) given its recent updates to capture digital

information such as Direct address and electronic endpoint information. All health care providers (both individuals and facilities) are required to register and update their information in NPPES thus reducing the need to create additional directories. Lastly, BIDCO recommends all participating entities be included in the directory and their information be made public.

BIDCO thanks you for the opportunity to provide comments to the TEFCA and looks forward to working with the ONC to improve interoperability.

Sincerely,

Bill Gillis
Chief Information Officer