

Trusted Exchange Framework and Common Agreement (TEFCA) 101

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HIPAA's Role

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- The primary purpose of the HIPAA rules is to protect health care coverage for individuals who lose or change their jobs.
- HIPAA also includes Title II, better known as the *Administrative Simplification Act*.
- Title II requires the health care industry to become more efficient by encouraging the use of electronic media for transmission of certain patient administrative data.
- To make the public feel more secure with electronic transmission of data, the government developed privacy and security rules to complement the transaction rules.

HIPAA's Role

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- HIPAA rules on electronic transactions, code sets, privacy, security and eventually national identifiers.
- So not only do we wish to reap the benefits of standardizing data for the coordination of insurance benefits and payments, but also for the seamless continuum of patient care - eventually!
- HIPAA has paved the way for TEFCA's arrival!

21st Century Cures Act

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- The 21st Century Cures Act contains a number of requirements aimed at improving *interoperability* in health care and information exchange.
- The creation of a Trusted Exchange Framework is one of the requirements often overlooked.
- The government is building that out through the Trusted Exchange Framework and Common Agreement (TEFCA).
- TEFCA is taking an expansive look at interoperability and improving data exchange by health information networks (HINs).

Interoperability!

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- TEFCA is considered “a network of networks” to connect authorized participants or end users.
- Participants or end users would include:
 - Payers
 - Vendor networks
 - Government agencies
 - Individuals
 - Health Information Exchanges (HIEs)
 - Of which there are approximately 100
 - Some paying to belong to several individual HIEs

Interoperability!

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- HIEs are organizations that build point-to-point connections between healthcare providers and facilitate the transaction of patient data between them.
- HINs are health data sharing organizations with a broader scope of what health data may be exchanged, when, how and by whom.
 - May operate locally, regionally or nationally.
 - HINs just may not exchange health information with each other.
 - Variations in participation agreements
 - Competitive interests

Interoperability!

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- TEFCA is looking to have the HINs share data with one another.
- A more robust “HIN to HIN” network!
- The Office of the National Coordinator (ONC) has oversight.
- The ONC issued draft implementation guidance in January 2018.
 - <https://www.healthit.gov/topic/interoperability/trusted-exchange-framework-and-common-agreement>
- Final version of TEFCA will be published in the *Federal Register* later this year.

Interoperability!

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- The draft TEFCA guidance contains:
 - Policies
 - Procedures
 - Technical standards
- Considered an “on-ramp” to interoperability.
 - Basically the information sharing super highway!
- TEFCA is expected to bridge the gap between providers’ and patients’ information systems and enable interoperability across disparate HINs.

The ONC's Timeline for TEFCA ...

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- January 5, 2018- Release Draft Trusted Exchange Framework
- January 18, 2018- First official meeting of HITAC
- February 20, 2018- Public Comments Due
- March 19, 2018- Present Trusted Exchange Framework Taskforce Comments
- April 18, 2018- Present USCDI Taskforce Comments
- December 2018- HITAC Final Report
- December 2018- Release Final TEFCA

Prospective Structure

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- Recognized Coordinating Entity (RCE):

- Oversight
- Enforcement
- Governance
- Conduct the actual data exchange

For Qualified HINs (QHINs)

- Qualified HINs (QHINs):

- Connect directly to one another
- Function by means of “connectivity brokers”
- A vehicle to help facilitate a standardized methodology for HIE inter-connectivity

Prospective Structure

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- Connectivity Broker:
 - Service provided *by* the QHIN.
 - Provides such functions as:
 - Master Patient Index
 - Federated
 - Centralized
 - Record Locator Service
 - Broadcast and Directed Queries
 - Return of health data to a requesting authorized QHIN
- All of this enables disparate HINs to connect and share data!

Detailed Responsibilities of the RCEs

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- Developing the requirements of the Common Agreement.
- Entering into agreements with the HINs.
- Administering the requirements of Common Agreements:
 - Monitoring compliance of QHINs with the final TEFCA statute.
- Remediate non-compliance.
 - Including removal of a QHIN.
- Any needed updates to TEFCA.

Regulations

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- The qualifications for becoming a QHIN listed in the proposed implementation draft are quite detailed and not what might be expected:
 - A single regional HIE is *not* likely to qualify!
 - A single EHR vendor network is *not* likely to qualify!
 - Groups of payers *may* qualify!
 - Groups of EHR vendors *may* qualify!
 - Groups of data analytics vendors *may* qualify!
- Commenters had much to say on this!

Still to be determined ...

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- How will these newly formed QHINs relate to already established data sharing initiatives:
 - eHealth Exchange
 - Commonwealth Health Alliance
- Awaiting clarification in the final guidance!

Functionality

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- A participant can be a person or an entity within that QHIN.
- Participants connect to one another through their QHIN.
- These participants can then access organizations not in their own QHIN through “QHIN-to-QHIN” connectivity.
- The participants might be:
 - HINs
 - EHR vendors
 - Other types of organizations
- The QHIN makes it possible for them to connect to each other and to other types of end users, such as individuals and their caregivers.

The ONC's Representation ...

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Common Agreement

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- A key component of TEFCA will be the Common Agreement.
- Every QHIN and their participants must voluntarily agree to adopt.
- This agreement contains two parts:
 - Part A: Principles for Trusted Exchange
 - Provides general principles as safeguards.
 - Builds and promotes trust.
 - Based on existing and trusted frameworks.
 - Part B: Minimum Required Terms and Conditions for Trusted Exchange
 - Specifics on how HINs become a QHIN and maintain that status.

Part A: Principles for Trusted Exchange

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➤ Standardization:

- Adhere to industry and federally recognized standards, policies, best practices, and procedures.
 - Remains an industry wide weakness and a focus for many stakeholders
 - AHIMA plans to focus more on Clinical Terminologies

➤ Transparency:

- Conduct all exchange openly and transparently.

➤ Cooperation and Non-Discrimination:

- Collaborate with stakeholders across the continuum of care to exchange electronic health information, even when a stakeholder may be a business competitor.

Part A: Principles for Trusted Exchange

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➤ Security and Patient Safety:

- Exchange electronic health information securely and in a manner that promotes patient safety and ensures data integrity.

➤ Access:

- Ensure that patients and their caregivers have easy access to their electronic health information.

➤ Data-driven Accountability:

- Exchange multiple records at one time to enable identification and trending of data to lower the cost of care and improve the health of the population.

Part B: Minimum Required Terms and Conditions for Trusted Exchange

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- A minimum set of terms and conditions for the purpose of ensuring that common practices are in place and required of all participants who participate in the Trusted Exchange Framework, including:
 - Common authentication processes of trusted health information network participants.
 - A common set of rules for trusted exchange.
 - A minimum core set of organizational and operational policies to enable the exchange of electronic health information among networks.

- “There currently are no common national standards for data access, patient matching, data normalization, or a revenue model that all states, health systems, and providers can either agree on and/or meet.”
- Off to a bad start! ☹️

Stakeholders Beware!

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- Not expected to capture much immediate attention!
- TEFCA compliance will be completely voluntary.
- No definite date as of yet for implementation.
- Not everyone is currently in a HIN!
- “Do not be lulled into a false sense of security!”
- “TEFCA will impinge on just about every aspect of the technologies and specifications for health data exchange.”
- But remember, interoperability is now the ultimate goal of MU!

Impact to Stakeholders

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- “TEFCA will affect business relationships and how providers, payers and others will share data for improving the quality of care, transitioning to value-based care and facilitating data analytics.”
- HIEs and others will need to modify their contractual relationships with participating organizations and QHINs.

The ONC's Summary ...

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- “TEFCA will affect everyone in the country. This will make TEFCA adoption, well, a must for entities developing and using technology for health information exchange.”
- Of particular interest will be how other 21st Century Cures provisions will be implemented and integrated with TEFCA --
 - Increased use of application programming interfaces
 - Prohibitions on “information blocking”

Why is health information exchange important?

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- Vital to improving:
 - Health Care Quality
 - Patient safety
 - Patient outcomes
- Allows doctors, nurses, pharmacists, other health care providers, and patients to access and securely share a patient's vital medical information electronically.
 - Improving the speed, quality, safety, coordination, and cost of patient care.
- One of the core objectives of meaningful use!

From the ONC's website ...

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- **Improve Health Care Quality:** Improve health care quality and patient outcomes by reducing medication and medical errors
- **Make Care More Efficient:** Reduce unnecessary tests and services and improve the efficiency of care by ensuring everyone involved in a patient's care has access to the same information
- **Streamline Administrative Tasks:** Reduce administrative costs by making many administrative tasks simpler and more efficient
- **Engage Patients:** Increase patient involvement in their own health care and reduce the amount of time patients spend filling out paperwork and briefing providers on their medical histories
- **Support Community Health:** Coordinate with and support public health officials to improve the health of your community

Goals of the Draft Trusted Exchange Framework

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