The Sequoia Project TEFCA Update

Public Webinar 03/01/2018



How Do I Participate?



Your Participation

Open and close your control panel

Join audio:

- Choose "Mic & Speakers" to use VoIP
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Note: Today's presentation is being recorded and will be provided within 48 hrs

Problems or Questions? Contact Dawn Van Dyke dvandyke@sequoiaproject.org or 703.864.4062





Overview of ONC's Draft Trusted Exchange Framework (TEF)



What is the Draft Trusted Exchange Framework?

Part A—Principles for Trusted Exchange

General principles that provide guardrails to engender trust between Health Information Networks (HINs). Six (6) categories:

- » Principle 1 Standardization: Adhere to industry and federally recognized standards, policies, best practices, and procedures.
- » Principle 2 Transparency: Conduct all exchange openly and transparently.
- » Principle 3 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.
- » Principle 4 Security and Patient Safety: Exchange electronic health information securely and in a manner that promotes patient safety and ensures data integrity.
- » Principle 5 Access: Ensure that patients and their caregivers have easy access to their electronic health information.
- » Principle 6 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

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.

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What is a Health Information Network (HIN)?

Health Information Networks (HINs) are an Individual or Entity that:

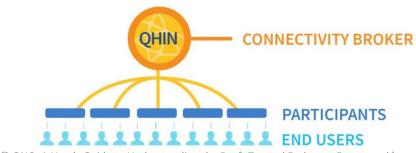


- 1. Determines, oversees, or administers policies or agreements that define business, operational, technical, or other conditions or requirements for enabling or facilitating access, exchange, or use of electronic health information between or among two or more unaffiliated individuals or entities;
- 2. Provides, manages, or controls any technology or service that enables or facilitates the exchange of electronic health information between or among two or more unaffiliated individuals or entities; or
- **3.** Exercises substantial influence or control with respect to the access, exchange, or use of electronic health information between or among two or more unaffiliated individuals or entities.

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What is a Qualified Health Information Network (QHIN)?



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Qualified HIN: a Health Information Network that meets the following criteria and has agreed to the Common Agreement

- (a) Ability to locate and transmit EHI between multiple persons and/or entities electronically
- (b) Controls and utilizes a Connectivity Broker service that provides these functions for all Permitted Purposes: MPI, RLS, all types of Queries, EHI return to requesting QHINs
- (c) Is Participant neutral
- (d) Has Participants actively exchanging EHI (i.e. USCDI) in a live clinical environment
- (e) Has mechanisms to impose and enforce Participant Obligations (e.g. audit compliance, remedial action for non-compliance)



What is a Recognized Coordinating Entity (RCE)?



Recognized Coordinating Entity

The RCE is the entity selected by ONC that will enter into agreements with HINs that qualify and elect to become Qualified HINs in order to impose, at a minimum, the requirements of the Common Agreement set forth herein on the Qualified HINs and administer such requirements on an ongoing basis as described herein.

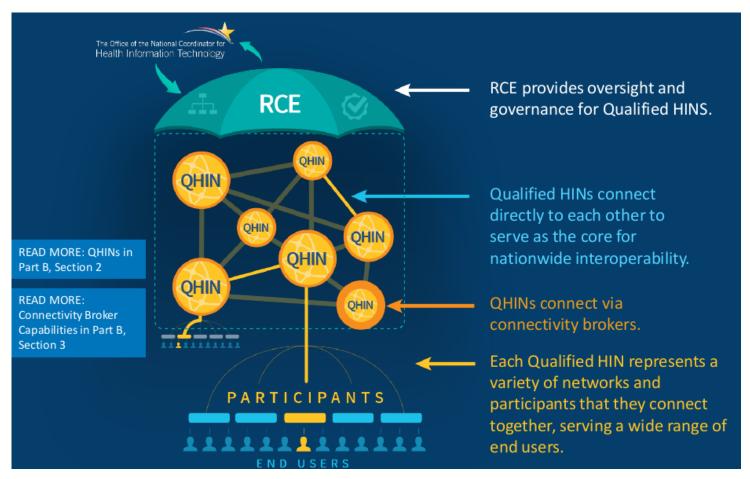
The RCE will act as a governance body that will operationalize the Trusted Exchange Framework by incorporating it into a single, all-encompassing Common Agreement to which Qualified HINs will agree to abide. In its capacity as a governance body, the RCE will be expected to monitor Qualified HINs compliance with the final TEFCA and take actions to remediate non-conformity and non-compliance by Qualified HINs, up to and including the removal of a Qualified HIN from the final TEFCA and subsequent reporting of its removal to ONC.

The RCE will also be expected to work collaboratively with stakeholders from across the industry to build and implement new use cases that can use the final TEFCA as their foundation, and appropriately update the TEFCA over time to account for new technologies, policies, and use cases.

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How Will the Trusted Exchange Framework Operate?



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EXCHANGE-FRAMEWORK.PDF



The Sequoia Project's Perspectives on ONC's Draft Trusted Exchange Framework (TEF)



Grounded in Experience

Our comments are based on decades of experience including:

- Significant experience supporting large-scale, nationwide health data sharing initiatives
- History of serving as an experienced, transparent and neutral convener of public and private-sector stakeholders
- Capability to address and resolve practical challenges to real-world interoperability implementation
- Success and lessons learned in developing and implementing trust frameworks and common agreements

Our aim is to support ONC and the future Recognized Coordinating Entity (RCE) for long-term success in our shared goal to improve the health and health care of patients, consumers, and our nation.



We **support the overall intent**, high-level approach, and policy goals of the Draft TEF.



We are encouraged by the Draft TEF's focus on private-sector standards and organizations, including the central role of a Recognized Coordinating Entity (RCE) to achieve effective interoperability.



As ONC works with the RCE to finalize and implement the TEFC, we urge ONC to adjust its proposed approach to prioritize minimal disruption of existing exchange initiatives and networks that are on a trajectory consistent with both 21st Century Cures provisions and TEFCA goals, while eliminating barriers to their success.



We are pleased that ONC intends to work with a private-sector RCE to consider comments received and to collaboratively create and implement the final TEFCA.



We suggest that ONC focus on refining and articulating policy goals and principles, rather than on detailed agreement terms and technical requirements.



We urge ONC to allow a phased and modular implementation of the TEFCA.



We recommend that ONC, as it works with the RCE to finalize the TEF, revise and expand the definition of a QHIN to enable enough HINs to qualify and participate as QHINs so that a wide range of participants and end users are willing and able to connect to a QHIN.



We suggest that ONC work with the RCE, drawing on input from the industry, to determine where uniformity of architecture and approach is needed, and where policy goals can be achieved in a more varied environment.



As a general principle, it will be important to minimize/optimize the extent to which TEFCA parties (i.e., the RCE, QHINs, participants, and/or end users) are held responsible for actions and circumstances beyond their reasonable scope or control.



Some terms in the Draft TEF substantially differ from fundamental terms supporting large-scale exchange today and may result in unintended consequences.



Proposed RCE Eligibility and Operational Criteria Summary

Corporate Structure and General Capabilities

- Legal entity established and operated for public benefit as evidenced by 501(c)(3) tax-exempt status;
- Can operationalize TEFCA under current structure;
- Organizational ability to avoid conflicts of interest;
- Financially stable;
- Operational experience and demonstrated role as national convener of diverse stakeholders;
- Demonstrated track record with RCE tasks

Governance and Operations

- Governance structure with needed authority;
- Balanced stakeholder representation and engagement;
- Formal, open, and transparent governance and operational process;
- Publicized mechanisms for stakeholder and public input; and
- Mechanism for and experience with dispute resolution.

Ability to Act in a Fair and Neutral Manner

- Not invested in any specific technical architecture;
- Not under obligation to any vendor or type of system;
- Has taken specific and enforceable steps to address conflicts of interest; and
- Has formal code of conduct for governing body members, staff, and leaders.







TEFCA & You



How will TEFCA affect you?

- Information blocking
- Changes to data sharing agreements and policies
- New accountability





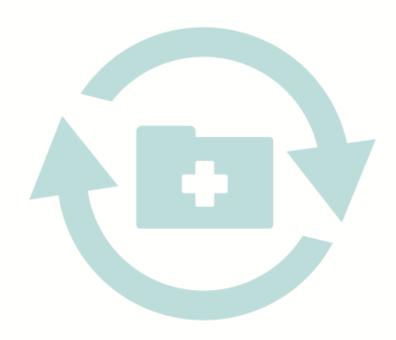
Information Blocking

- "Cures" makes information blocking unlawful
- OIG charged with enforcement
- OIG/ONC preparing regulations now
- Commonly accepted business activities may be prohibited



Data Sharing Agreements and Policies

- Two-party agreements criticized in draft guidance
- "Chain of custody" for data
- Accommodating patient APIs





New Accountability

- Congress has mandated interoperability
- ONC must deliver
- More emphasis than ever on barriers to data sharing
- "Patient centered" is no longer a jingle
- Things are changing, fast!



What's Next?

The Sequoia Project supports congressional intent and ONC's goals to leverage a TEFCA to enable interoperability among networks.

We stand ready to work with ONC and industry partners to refine and implement its Draft TEF.

Our years of experience and initiatives provide a unique vantage point and capabilities plus active public and private-sector stakeholders.



Questions? admin@sequoiaproject.org



Thank You

