



Interoperability Matters Leadership Council

5/31/2019

Leadership Council Members

Organization	Council Member*	Alternate*
The Badger Group	Michael Matthews – Co-chair	
American Medical Association	Michael Hodgkins – Co-chair	Matt Reid
athenahealth	Jared Esposito	Greg Carey
Azuba	Bart Carlson	
Cerner	Hans Buitendijk	
Community Care HIE (MedWare)	Victor Vaysman	
CRISP	David Horrocks	Ryan Bramble
Dignity Health	Sean Turner	Ryan Stewart
eClinicalWorks	Navi Gadhiok	Tushar Malhotra
Ellkay LLC	Ajay Kapare	
Epic	Rob Klootwyk	Matt Becker
First Genesis	Joe Chirco	Tom Deloney
Glenwood Systems	Samuel Raj	
Greenway Health	Danny Shipman	
Health Gorilla	Steve Yaskin	
HealthCatalyst (formerly Medicity)	Ryan Barry	Jay Starr
HealthLX	Will Tesch	
HIMSS	Mari Greenberger	Amit Travedi

Leadership Council Members, cont.

Organization	Council Member*	Alternate*
Inovalon	Eric Sullivan	
Intermountain Healthcare	Stan Huff	Sid Thornton
Jackson Community Medical Record	Julie Lowry	
Kaiser Permanente	Jamie Ferguson	Keven Isbell
Kno2	Alan Swenson	Theresa Bell
lifeIMAGE	Matthew Michela	Richie Pfeiffer
MatrixCare	Doc DeVore	
Medent (Community Computer Services)	Kara Musso	
MedVirigina / Clareto	Steven Leighty	Stephen Hrinda
MiHIN	Drew Murray	Shreya Patel
MRO	David Borden	Rita Bowen
NetSmart	AJ Peterson	
NYeC	Valerie Grey	Alison Birzon
OneRecord	Jennifer Blumenthal	
Optum	Brian Lumadue	
Orion Health	Kave Henney	
PCC Pediatric EHR	Jennifer Marsala	

Leadership Council Members, cont.

Organization	Council Member*	Alternate*
QSI(NextGen/Mirth)	Dan Werlin	Muhammed Chebli
Safe Group	Ken Mayer	
SafetyNet Connect	Keith Matsutsuyu	
San Diego Health Connect	Nicholas Hess	Daniel Chavez
Santa Cruz HIE	Bill Beighe	
Social Security Administration	Stephen Bounds	Jude Soundararajan
Surescripts	Tara Dragert	Kathy Lewis
TASCET	Kari Douglas	
Updox	Michael Witting	
Virence Health (non-GE)	Kadar Ganta	
Walgreens	Renee Smith	Bindu Joseph
WOMBA	Eli Rowe	Moti Mitteldorf
Zen Healthcare IT	Marliee Benson	John Henry Downing
Zoll	Greg Mears	

The Sequoia Project Team

Lindsay Austin, Troutman Sanders Strategies

Steve Gravely, Gravely Group

Shawna Hembree, Program Manager

Mark Segal, Digital Health Policy Advisors

Dawn VanDyke, Director, Marketing Communications

Mariann Yeager, CEO

Agenda

- Review Agenda
- Status Update [INFORM]
 - Comment letters for CMS and ONC Interoperability draft rules
 - Information Blocking Workgroup Report
 - Recognized Coordinating Entity
- Information Blocking Workgroup – Phase II [APPROVE]
- Draft TEF v2 Feedback [ADVISE]
- Next Steps

Status Update

Status Update

- Public comment letters submitted
 - CMS Interoperability NPRM
 - ONC Cures NPRM
- Information Blocking Workgroup Findings and Recommendations
 - Accepted by Sequoia board
 - Included with public comment letters
- Work in process
 - Public comments to TEF 2.0 and QTF draft in process
 - Recognized Coordinating Entity

RCE Application Update

- The Sequoia Project will apply with essential contributors, Carequality and RTI, leveraging respective strengths
 - Sequoia – public-private convener, coordinated governance with ONC
 - Carequality – proven experience and expertise with existing operational model comparable to TEFCA
 - RTI – develop outcome / process measures for QHIN reports and support public listening session

Information Blocking Workgroup Phase 2

Information Blocking Workgroup

Associations and Orgs - health IT community

- Tom Leary / Mari Greenberger, HIMSS
- Matt Reid, AMA
- Lauren Riplinger, AHIMA
- Scott Stuewe, DirectTrust

Consumers

- Ryan Howells, CARIN Alliance
- Deven McGraw, Ciitizen

Federal Government

- Steve Bounds, SSA
- Margaret Donahue, VA

Health Information Networks and Service Providers

- Angie Bass, Missouri Health Connect
- Dave Cassel, Carequality
- Laura Danielson, Indiana Health Information Exchange
- Paul Uhrig, Surescripts, Co-Chair

Healthcare Provider

- David Camitta, Dignity, Co-Chair
- Eric Liederman, Kaiser Permanente

Legal, Technology, Standards, Policy Subject Matter Experts

- Jodi Daniel, Crowell & Moring, LLP
- Josh Mandel, Microsoft
- Micky Tripathi, MaEHC

Payers

- Nancy Beavin, Humana
- Danielle Lloyd, AHIP
- Matthew Schuller, BCBSA

Public Health

- John Loonsk, Association of Public Health Labs

Vendors

- Brian Ahier, Mitre
- Aashima Gupta, Google
- Cherie Holmes-Henry, EHRA / NEXTGEN
- Rob Klootwyk, Epic
- Josh Mast, Cerner

Informatics

- Doug Fridsma, AMIA

Safety net providers / service provider

- Jennifer Stoll, OCHIN

Release of Information Company

- Rita Bowen, MROCorp

Information Blocking Workgroup: Agenda for Future Meetings: Phase 2

Overall approach: Focus on implementation and compliance implications of ONC proposed rule elements and likely outcomes. Not relitigating comments.

- Meeting 1 (6/20) Review comments submitted and proposed workplan
- Meeting 2 (late July) HIE/HIN Definitions
- Meeting 3 (September) Information Blocking Practices
- Meeting 4 (October) Recovering Costs/RAND Licensing
- Meeting 5 (November) Compliance Plans (or review Final Rule Out)
- Meeting 6 (December) Review Final Rule or TBD

Initial Impressions of TEFCA Draft 2

ONC's Goals for the TEFCA

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GOAL 1

Provide a single
“on-ramp” to
nationwide
connectivity



GOAL 2

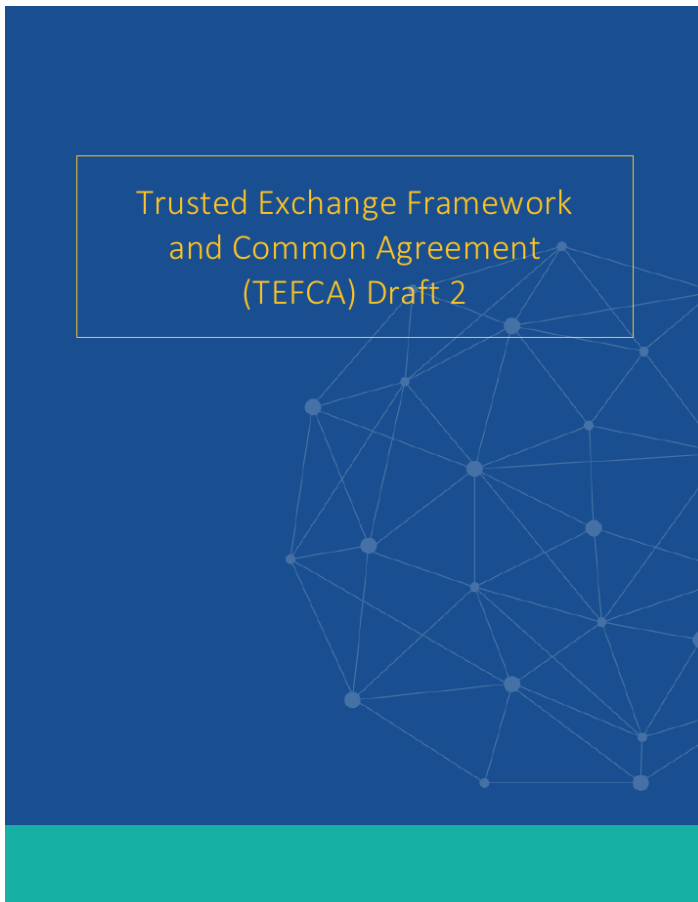
Electronic Health
Information (EHI)
securely follows
you when and
where it is needed



GOAL 3

Support
nationwide
scalability

TEFCA Draft 2: Update from Draft 1 (January 2018)



- *Introduction to the Trusted Exchange Framework and Common Agreement (TEFCA)*
- *Appendix 1: The Trusted Exchange Framework (TEF)*
- *Appendix 2: Minimum Required Terms & Conditions (MRTCs)*
- *Appendix 3: Qualified Health Information Network (QHIN) Technical Framework*

Comments due June 17

www.healthit.gov/TEFCA

TEFCA and 21st Century Cures

- SEC. 4003. INTEROPERABILITY, (b) SUPPORT FOR INTEROPERABLE NETWORK EXCHANGE state:
- “(iii) EXISTING FRAMEWORKS AND AGREEMENTS. The trusted exchange framework and common agreement published under subparagraph (C) shall take into account ***existing trusted exchange frameworks and agreements used by health information networks to avoid the disruption of existing exchanges*** between participants of health information networks; and
- (v) CONSIDERATION OF ONGOING WORK. In carrying out this paragraph, the Secretary shall ensure the consideration of activities carried out by public and private organizations related to exchange between health information exchanges to ***avoid duplication of efforts.***”

As ONC considers comments, it should minimize or eliminate duplication and disruption, especially in the need to revise legal agreements that have, in many cases, taken years to be developed and ratified.

Trusted Exchange Framework

Principles to facilitate trust among Health Information Networks

1. **Standardization:** Adhere to industry and federally recognized standards, policies, best practices, and procedures.
2. **Transparency:** Conduct all exchange and operations openly and transparently.
3. **Cooperation and Non-Discrimination:** Collaborate with stakeholders across the continuum of care to exchange EHI, even when a stakeholder may be a business competitor
4. **Privacy, Security, and Safety:** Exchange EHI securely and in a manner that promotes patient safety, ensures data integrity, and adheres to privacy policies
5. **Access:** Ensure that individuals and their authorized caregivers have easy access to their EHI
6. **Population-Level Data:** Exchange multiple records for a cohort of individuals at one time in accordance with applicable law to enable identification and trending of data to lower the cost of care and improve the health of the population

Generally reasonable but unclear about extent to which principles are to guide actions of exchange participants, as distinct from MRTCs, ARTCs, QTF

Common Agreement (CA)

- Finalizing the CA is a principal initial responsibility of the RCE
 - Positive
- Each QHIN must enter into the CA with the RCE
 - CA terms flow-down to Participants and Participant Members
- The CA includes
 - Minimum Required Terms and Conditions (MRTCs): ONC has included, for comment in TECCA Draft 2
 - Would be helpful if RCE can work with ONC to finalize
 - Additional Required Terms and Conditions (ARTCs): RCE and ONC may develop jointly
 - Good
 - QHIN Technical Framework (QTF): ONC has developed v1 for comment in TECCA Draft 2 and finalization by the RCE
 - Good – per Sequoia Draft 1 comments, removed from legal agreement
- Exchange also subject to HIPAA and state law

CA more prescriptive than Carequality or e-Health Exchange, including concepts they do not address (e.g., global “meaningful choice” opt-out)

MRTCs: To be Developed by ONC

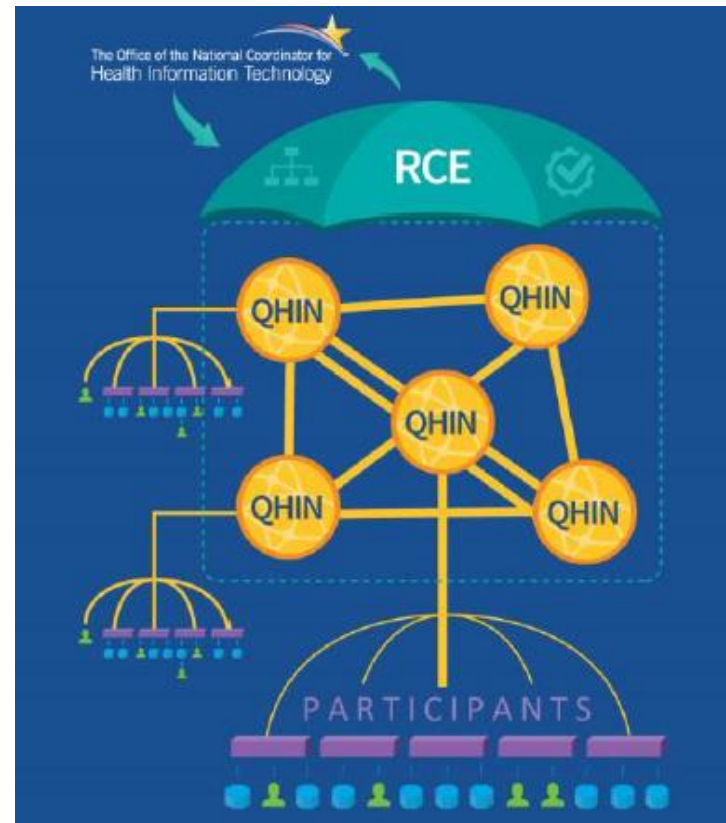
1. Definitions
2. Initial Application, Onboarding, Designation and Operation of QHINs
3. Data Quality and Minimum Necessary
4. Transparency
5. Cooperation and Non-Discrimination
6. Privacy, Security and Patient Safety
7. Participant Minimum Obligations
8. Participant Member Minimum Obligations
9. Individual Rights and Obligations

QTF Technical Standards

Technical Element	QTF Standard
Patient Discovery (QHIN Query)	IHE XCPD
Document Query (QHIN Query)	IHE XCA
Document Retrieve (QHIN Query)	IHE XCA
Secure Channel/Server Authentication	TLS w/mutual authentication
Auditing	IHE ATNA
SAML Tokens	IHE XUA
Message Delivery	IHE XCDR

Overall Model

- RCE governs *QHINs* under Common Agreement, with operational oversight from ONC
 - To be selected by ONC per a Notice of Funding Opportunity for a Cooperative Agreement
- QHINs, in turn, have *Participants* (e.g., HIEs but could be broader)
 - Agreements flow-down
- Participants have *Participant Members* (e.g., provider organizations but could be broader)
- QHIN, Participant, or Participant Member can also serve a patient (or “Individual User”) directly
 - Focus on individual right of access, “manually” invoked



QHIN Functions

- QHINs are expected to support three exchange *modalities*:
 - QHIN Targeted Query
 - Closest to typical Carequality transactions.
 - But, unlike a “targeted query” for Carequality, however, the TEF version *appears* to rule out targeting a specific non-QHIN entity.
 - One or more individual QHINs, representing their entire communities, are targeted
 - QHIN Broadcast Query
 - Query all QHINs
 - Only defined at QHIN to QHIN level
 - Participants and Participant Members appear able to target
 - QHIN Message Delivery
 - Added at request of public health community and others
 - Does not use Direct but does not expect that all/most messages will go through TECCA

QHINs have narrower range of architecture options than Carequality Implementers

Key Changes from TEFCA Draft1

Exchange Purposes Updated

- Adopted subset of HIPAA payment and health care operations purposes
- Concern that this change could limit current and future exchange

Exchange Modalities QHIN Message Delivery (Push) Added and Population-level Deleted

- Sending a patient's electronic health information to a specific QHIN
- Messaging: allow flexibility below QHIN level

QHIN Technical Framework Added

- Technical requirements for exchange among QHINs through QHIN Technical Framework
- Draft 1 uses widely adopted profiles and standards and does not govern exchange below QHIN-to-QHIN level: positive
- To be finalized by the RCE, which is very positive

QHIN Definition Broadened

- Application process allows a broader set of HINs (removed Connectivity Broker concept) to be QHINs, per Sequoia comments
- Broad definition of HIN, problematic for information blocking, is positive for TEFCA

Timelines Extended

- When Common Agreement updates, TEFCA signers have 18 months to implement updates instead of 12
- More time to implement positive but seek quicker agreement updates

Next Steps

- Leadership Council Approval of Information Blocking Workgroup – Phase 2 Scope
- Leadership Council Input regarding TECCA preliminary perspectives and role
- Proceed with Information Blocking Workgroup
 - June 20th kickoff of Phase 2
 - Monthly 60 minute calls through 2019