TEFCA Overview and Perspectives from the field

April 4, 2024

Agenda

4:00 pm ET	**Welcome and Opening** *Susan Bsharah, Guidehouse*	
4:05 pm ET	**Overview of TEFCA** *Alex Woodward, ASTHO*	
4:35 pm ET	**Panel Discussion** *Guest Speakers*	
5:25 pm ET	**Wrap-up** *Susan Bsharah, Guidehouse*	

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Meeting Objectives

- Provide attendees with an overview of TEFCA

- Provide attendees with TEFCA perspectives from a few jurisdictions

- Provide attendees with an understanding of the policy and legal considerations around TEFCA

Poll Question

Which of the following best describes your involvement with TEFCA so far?

A — I do not know what TEFCA is.

B — I am somewhat aware of TEFCA but still need to learn more about it.

C — I am aware of TEFCA but have not taken any further actions regarding participation.

D — I am aware of TEFCA and have been a part of conversations within my agency to prepare for participation.

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Overview of TEFCA

What is TEFCA?

A provision of the 21st Century Cures Act that outlines a common set of **principles**, **terms**, and **conditions** to support the development of a **Common Agreement** that would help enable nationwide exchange of electronic health information across disparate health information networks (HINs).

Goal #1
Establish a universal policy and technical floor for nationwide interoperability.

Goal #2
Simplify connectivity for organizations to securely exchange information to improve patient care, enhance the welfare of populations, and generate health care value.
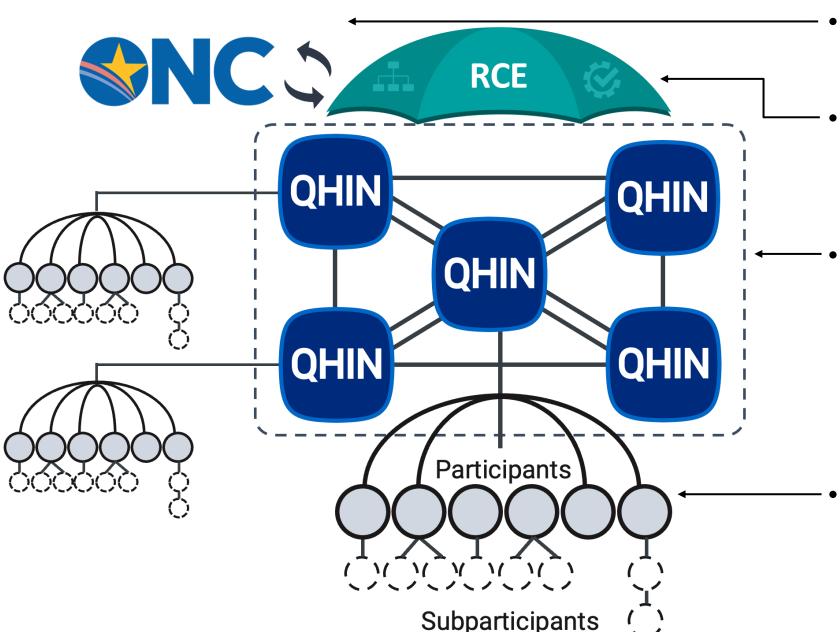
Goal #3
Enable individuals to gather their health care information.

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How will exchange work under TEFCA?

- **ONC** defines overall policy and certain governance requirements.
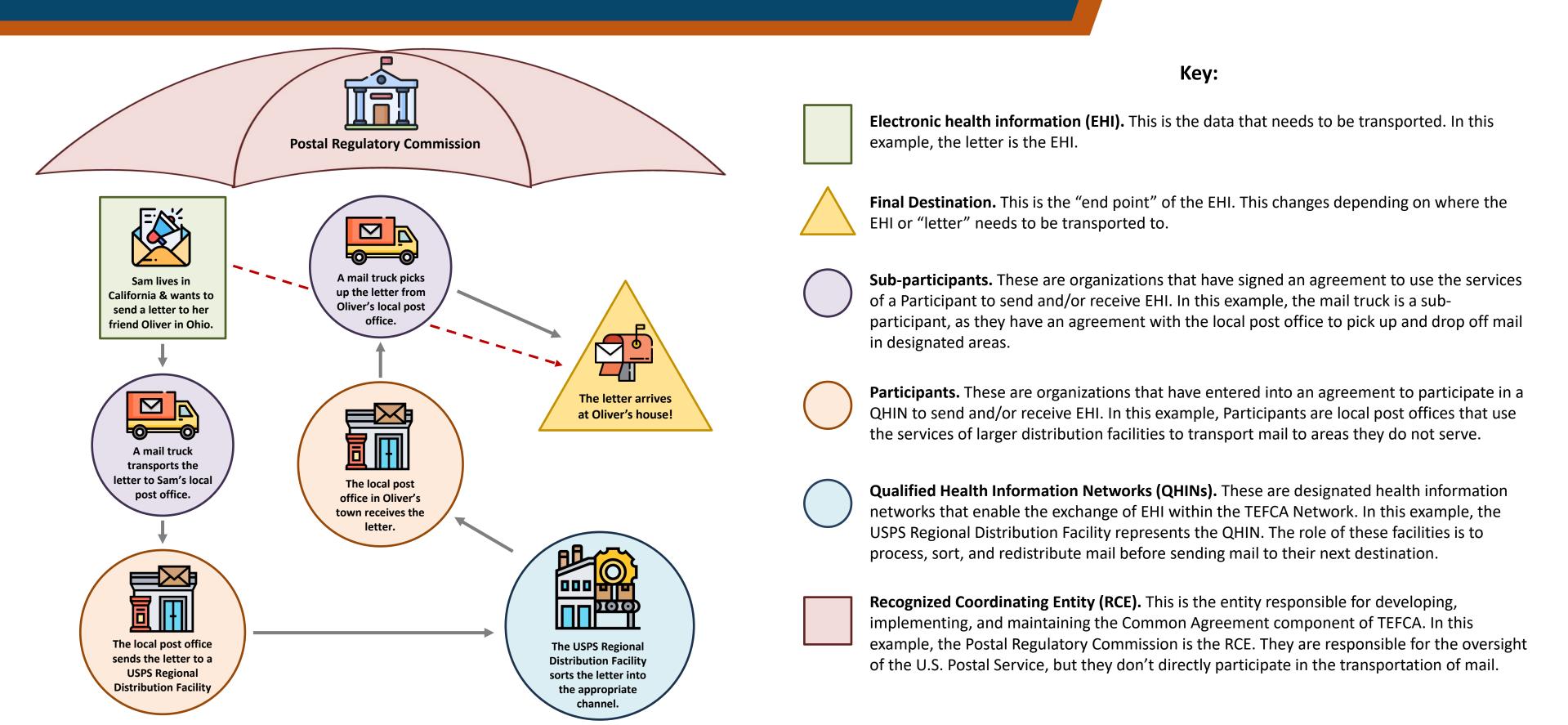
- The **Recognized Coordinating Entity (RCE)** defines overall policy and certain governance requirements. **The Sequoia Project** is currently serving as the RCE.

- **Qualified Health Information Networks (QHINs)** connect directly to each other to facilitate nationwide interoperability. As of April 2024, the following seven organizations were officially designated as QHINs: **eHealth Exchange, EpicNexus, Health Gorilla, KONZA, MedAllies, Kno2,** and **CommonWell Health Alliance**.
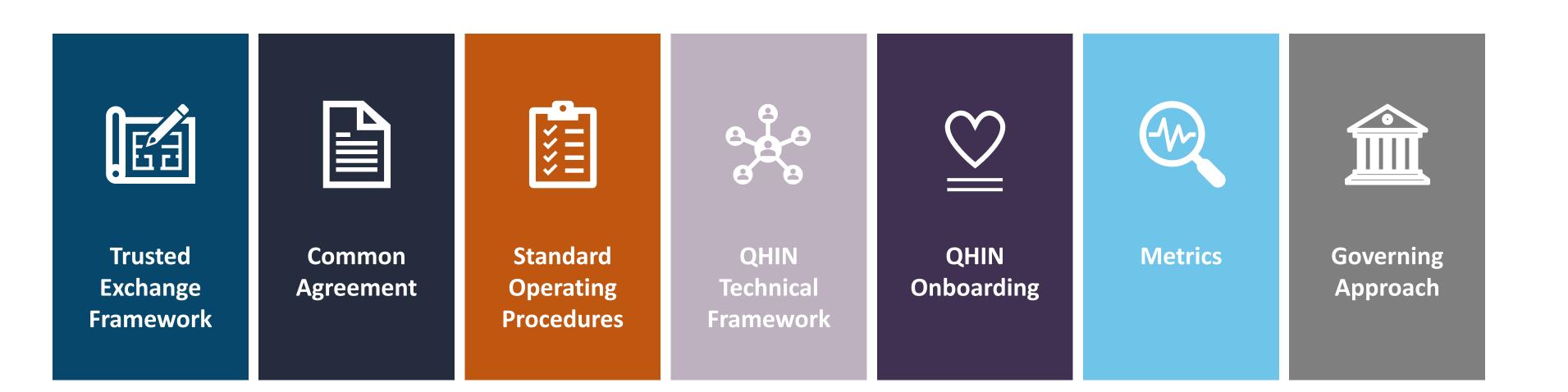
- Each QHIN connects **Participants**, which connect **Subparticipants. Public Health Agencies will likely connect as Participants or Sub-Participants (e.g., via an HIE).**

A TEFCA Analogy – United States Postal Service (USPS)

Postal Regulatory Commission

Sam lives in California & wants to send a letter to her friend Oliver in Ohio.

A mail truck transports the letter to Sam's local post office.

The local post office sends the letter to a USPS Regional Distribution Facility

The USPS Regional Distribution Facility sorts the letter into the appropriate channel.

The local post office in Oliver's town receives the letter.

A mail truck picks up the letter from Oliver's local post office.

The letter arrives at Oliver's house!

Key:

Electronic health information (EHI). This is the data that needs to be transported. In this example, the letter is the EHI.

Final Destination. This is the "end point" of the EHI. This changes depending on where the EHI or "letter" needs to be transported to.

Sub-participants. These are organizations that have signed an agreement to use the services of a Participant to send and/or receive EHI. In this example, the mail truck is a sub-participant, as they have an agreement with the local post office to pick up and drop off mail in designated areas.

Participants. These are organizations that have entered into an agreement to participate in a QHIN to send and/or receive EHI. In this example, Participants are local post offices that use the services of larger distribution facilities to transport mail to areas they do not serve.

Qualified Health Information Networks (QHINs). These are designated health information networks that enable the exchange of EHI within the TEFCA Network. In this example, the USPS Regional Distribution Facility represents the QHIN. The role of these facilities is to process, sort, and redistribute mail before sending mail to their next destination.

Recognized Coordinating Entity (RCE). This is the entity responsible for developing, implementing, and maintaining the Common Agreement component of TEFCA. In this example, the Postal Regulatory Commission is the RCE. They are responsible for the oversight of the U.S. Postal Service, but they don't directly participate in the transportation of mail.

TEFCA Components

Trusted Exchange Framework

Common Agreement

Standard Operating Procedures

QHIN Technical Framework

QHIN Onboarding

Metrics

Governing Approach

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TEFCA Components Continued

Trusted Exchange Framework:

A set of 7 non-binding, foundational principles for policies and practices to facilitate data sharing among health information networks.

| Standardization | Openness & Transparency | Cooperation & Non-Discrimination | Privacy, Security, Safety | Access | Equity | Public Health |

The Common Agreement

An agreement, signed by the Recognized Coordinating Entity (RCE) and the Qualified Health Information Network (QHIN) that defines the baseline legal and technical requirements for secure information sharing on a nationwide scale.

SOPs

The RCE has developed several SOPs to guide data exchange under TEFCA. A Public Health SOP has received feedback from the public health community and will likely be published in the spring of 2024.

QHIN Technical Framework

A framework that outlines the technical specifications and requirements for QHINs to exchange data. The RCE will work with ONC and stakeholders to modify and update the QHIN Technical Framework as needed.

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Potential Benefits to Public Health

	Current State Challenges	How TEFCA May Address Challenges
Network complexity	Multiple Health Information Networks that **do not share data with each other**.	**Simplified and scaled trusted exchange** via QHINs to reduce burden on data providers and public health agencies.
Cost	Many **costly, point-to-point interfaces** between organizations.	**Fewer duplicative connections** will reduce costs for TEFCA participants.
Access to Timely, Comprehensive Data	Public health often **does not receive complete and/or timely, comprehensive data.**	Improved timely **access to population health data from multiple sources and bidirectional exchange** between public health agencies and data providers.

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Who can participate in TEFCA?

HEALTH INFORMATION NETWORKS

FEDERAL AGENCIES
Federal, state, tribal, and local governments.

PUBLIC HEALTH
Public and private organizations and agencies working collectively to prevent, promote, and protect the health of communities by supporting efforts around essential public health services.

INDIVIDUALS
Patients, caregivers, authorized representatives, and family members serving in a non-professional role.

Partners

PAYERS
Private payers, employers, and public payers that pay for programs like Medicare, Medicaid, and TRICARE.

PROVIDERS
Professional care providers who deliver care across the continuum, not limited to but including ambulatory, inpatient, long-term and post-acute care (LTPAC), emergency medical services (EMS), behavioral health, and home and community-based services.

TECHNOLOGY DEVELOPERS
Organizations that provide health IT capabilities, including but not limited to electronic health records, health information exchange (HIE) technology, analytics products, laboratory information systems, personal health records, Qualified Clinical Data Registries (QCDRs), registries, pharmacy systems, mobile technology, and other technology that provides health IT capabilities and services.

TEFCA Exchange Purposes

TREATMENT*

HEALTH CARE OPERATIONS

INDIVIDUAL ACCESS SERVICES*

PAYMENT

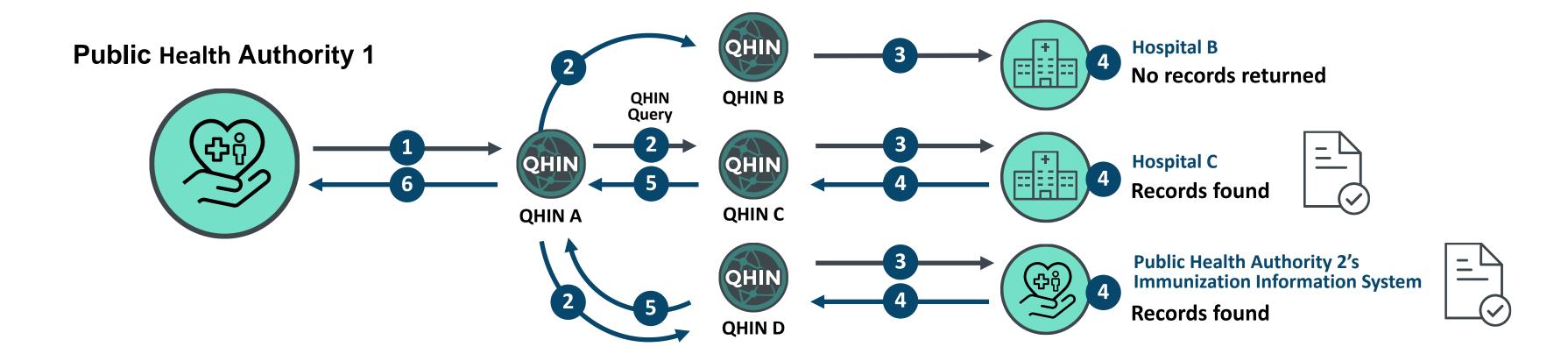BENEFITS DETERMINATION

PUBLIC HEALTH

TEFCA Exchange Purposes

Public Health TEFCA Use Cases

- **Use case** = a unique instance of sharing a specific type of information regarding patients and their health. Each use case has a specific purpose, type of data exchanged, and rules for interactions between people and systems.*

Initial Public Health Use Cases	Future Public Health Use Cases
✓ Electronic Case Reporting	✓ Vital records (birth and death records)
✓ Electronic Laboratory Reporting	✓ Immunization registries
✓ Case investigations (querying for individual data)	✓ Syndromic surveillance
	✓ Cancer registries
	✓ Other (e.g., chronic disease)

Public Health Use of TEFCA: Query

1 A Public Health Authority 1 (Participant) is performing a case investigation. It has a public health need and the appropriate authority to understand all previous care provided to a particular patient. It sends a request for medical records to QHIN A for the Exchange Purpose of Public Health.

2 QHIN A initiates QHIN Query to all QHINs.

3 QHIN B, C, D execute their query methodology to request medical records from their Participants.

4 Hospital B finds no records. Hospital C and Public Health Authority 2's Immunization Information System (both Participants) respond to their respective QHINs with medical records.

5 QHIN C, D send medical records to QHIN A.

6 QHIN A sends medical records to the Public Health Authority.

Public Health Use of TEFCA: Message Delivery

1 An Oncologist is an end user of an EHR. The oncologist sends a cancer report to the public health cancer registry utilizing TEFCA network—the Oncologist is a participant of QHIN A.

2 QHIN A initiates QHIN Message Delivery to send the cancer report to QHIN B.

3 QHIN B sends cancer report to the appropriate Participant, in this instance Cancer Registry A (in a PHA).
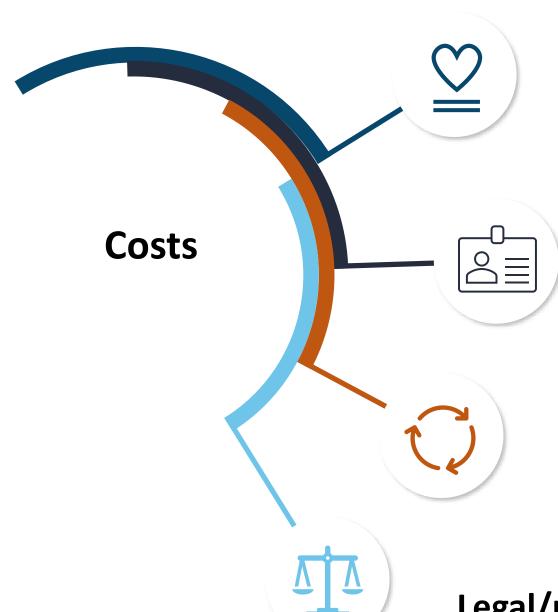
Policy and Legal Considerations of TEFCA

- **Any Public Health Authority** (PHA; includes the agency, a PHA's delegates, or Bonafide Agents) that can connect to a QHIN and signs a Framework Agreement **can be a Participant or Sub-Participant of a QHIN.**
  - Allows them to have their entity endpoint registered in the RCE Directory Service (akin to having a post office in the network).

- All data exchanged is subject to **"Applicable Law"** (state, tribal, local, territorial, and federal law). If there is conflict between applicable law and provisions of the Common Agreement (CA), the order of precedence is as follows:
  - Applicable Law
  - The CA including required **Flow Down** provisions*
  - The QHIN Technical Framework
  - The Dispute Resolution Process, as set forth in the CA and an SOP
  - All other SOPs
  - All other attachments, exhibits, and artifacts incorporated into the CA by reference
  - Other RCE plans and documents made available regarding activities conducted under the Framework Agreements.

*While only QHINs sign the CA, Participants and Sub-participants must agree to certain flow-down provisions. **These should be carefully reviewed by legal staff.**

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TEFCA Participation Costs

Costs

Onboarding to TEFCA
- Onboarding costs depend on the pathway:
  - PHAs joining as Participants: Fees paid to the QHIN
  - PHAs joining as a Sub-participant: Fees paid to the Participant (e.g., the HIE)

Internal development costs
- State IT resources
- Informatics and programmatic SMEs for use cases and requirements development to build connections

Ongoing operational costs
- IT, informatics, and SME staff support for addition of new use cases

Legal/policy costs
- For review and signing of flow-down provisions

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Current State of TEFCA

TEFCA "launch"

- TEFCA went live with data exchange at the ONC Annual Meeting (December 2023).
- 7 QHINs onboarded: eHealth Exchange, EpicNexus, Health Gorilla, KONZA, MedAllies, Kno2, and CommonWell Health Alliance (April 2024).

The RCE is continuing to develop guidance documents, such as:

- Public Health Educational Guidance.
- Public Health SOP (for electronic case and lab reporting, case investigation).
- Common Agreement V2 with facilitated FHIR.

Support from QHINs - eHealth Exchange Incentive Program:

- eHealth Exchange is offering a financial incentive for the first 5 HIEs or PHAs to commit to exchanging data for a use case with go-live production data exchange by 12/30/2024.

CDC/ONC plans for first public health TEFCA implementation:

- Initial focus on eCR.
- "Early demonstrations" being planned in several jurisdictions.
- Identify jurisdictional partners through the Implementation Center Program.
- ONC and CDC's TEFCA Community of Practice.

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How can Public Health Agencies prepare for TEFCA?

Compatibility of requirements
- Review the Common Agreement, the QTF, PH Educational Guidance document, and SOPs

Legal requirements
- Determine whether status as a "hybrid entity" under HIPAA will subject them to federal regulations such as Information Blocking rules.

Current data exchange environment
- Assess what health information is currently being exchanged and identify use cases for exchange through TEFCA.
- Consider role of HIEs in data exchange in TEFCA environment.

Funding
- Consider funding needs and potential new sources of funding to participate in TEFCA.

Interoperability standards
- Examine how the standards and technology the agency is using (or plans to adopt) may impact the agency's ability to participate in the network.

Partnerships with QHINs
- Consider partnerships with a potential QHIN.

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Panel Discussion

Meet the Panelists

Dr. Steven J. Stack, MD, MBA
Commissioner, Department for
Public Health Commonwealth of
Kentucky and President of the
ASTHO Board of Directors

Kate Goodin, MS, MPH
Director of Surveillance Systems
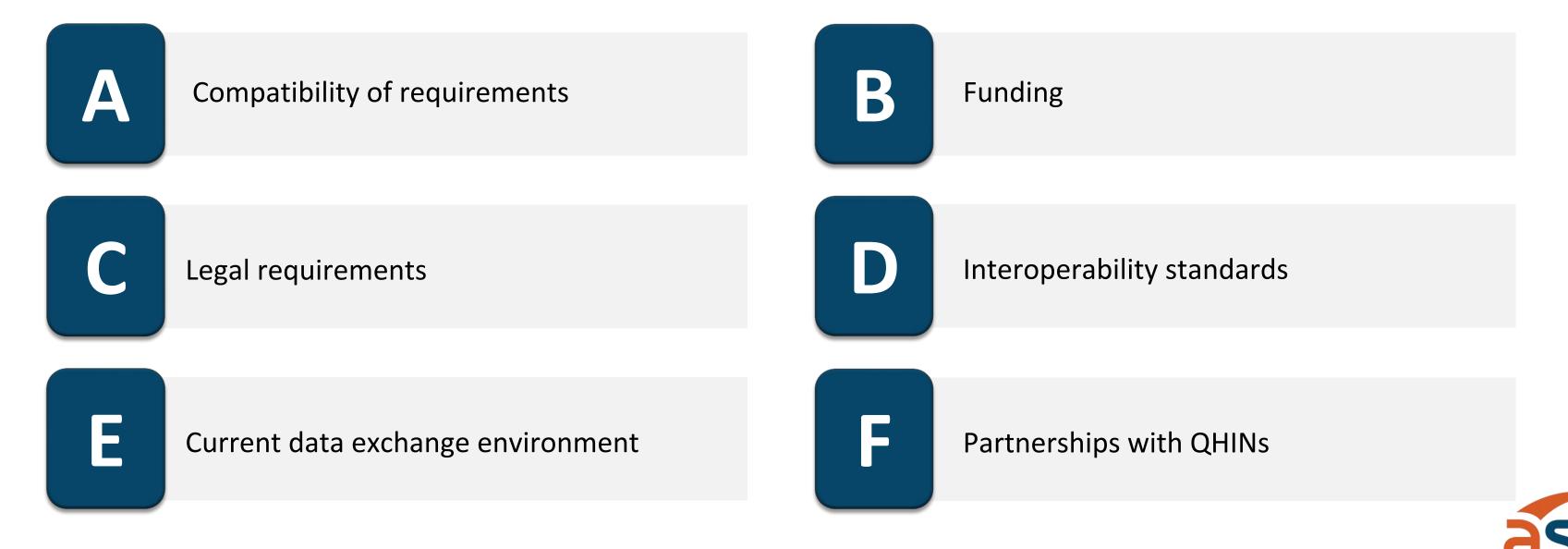and Informatics at Tennessee
Department of Health

Andy Baker-White, JD, MPH
Senior Director, State
Health Policy at ASTHO

Wrap-up

Poll Question

What additional aspects of TEFCA would you like to see discussed in future sessions? If you have topic ideas other than those listed below, feel free to respond in the chat.

A — Compatibility of requirements

B — Funding

C — Legal requirements

D — Interoperability standards

E — Current data exchange environment

F — Partnerships with QHINs

Upcoming TEFCA Educational Sessions

Facilitated discussion at the ASTHO Executive Leadership Forum June 25th - 27th, 2024

During this session, the ASTHO and Guidehouse team will facilitate discussions between health agency staff focused on preparation to participate in TEFCA and/or early experiences in participation (e.g., through ONC pilots or the IC program). The discussions will primarily focus on policy considerations and will include S/THOs, attorneys, and Informatics/DMI Directors, among others.

Additional Resources on TEFCA

RCE Resource Library: https://rce.sequoiaproject.org/rce-resources-new/
- Common Agreement for Nationwide Health Information Interoperability Version 1.1. (QHINs)
- QHIN Technical Framework (QTF)
- FHIR® Roadmap for TEFCA
- Standard Operating Procedures
- User's Guide
- Benefits of TEFCA by Stakeholder Factsheets
- FAQs

Information Blocking: https://www.healthit.gov/topic/information-blocking

Flow down Provisions: https://rce.sequoiaproject.org/summary-of-required-flow-down-provisions/

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

Events: https://rce.sequoiaproject.org/community-engagement/

Questions for ONC: https://inquiry.healthit.gov/

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Thank you!

**For questions, contact:
Alexandra Woodward
awoodward@astho.org**

Works Cited

Icons:

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