

eHealth Exchange

Annual Meeting

NOV 14 2023

SAN DIEGO | CALIFORNIA

TEFCASM Time

- Steve Gravely MHA, JD General Counsel, Gravely Group
- Jay Nakashima, Executive Director

eHealth ExchangeTM

Topics

1. What is TEFCA?
2. Responsibilities of eHealth Exchange QHINSM Participants
3. eHealth Exchange QHIN Implementation
4. TEFCA Evolution
5. Timelines
6. TEFCA Misconceptions

What is TEFCA?

Steve Gravely MHA, JD, General Counsel, Gravely Group

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TEFCA Statutory Authority & Elements

Section 4003(b) of the 21st Century Cures Act requires the Office of the National Coordinator to “develop or support a **trusted exchange framework** for **trust policies and practices** and for a **common agreement** for exchange between health information networks,” (emphasis added).

Elements:



Common
Agreement



Standard
Operating
Procedures



QHIN
Technical
Framework



QHIN
Onboarding

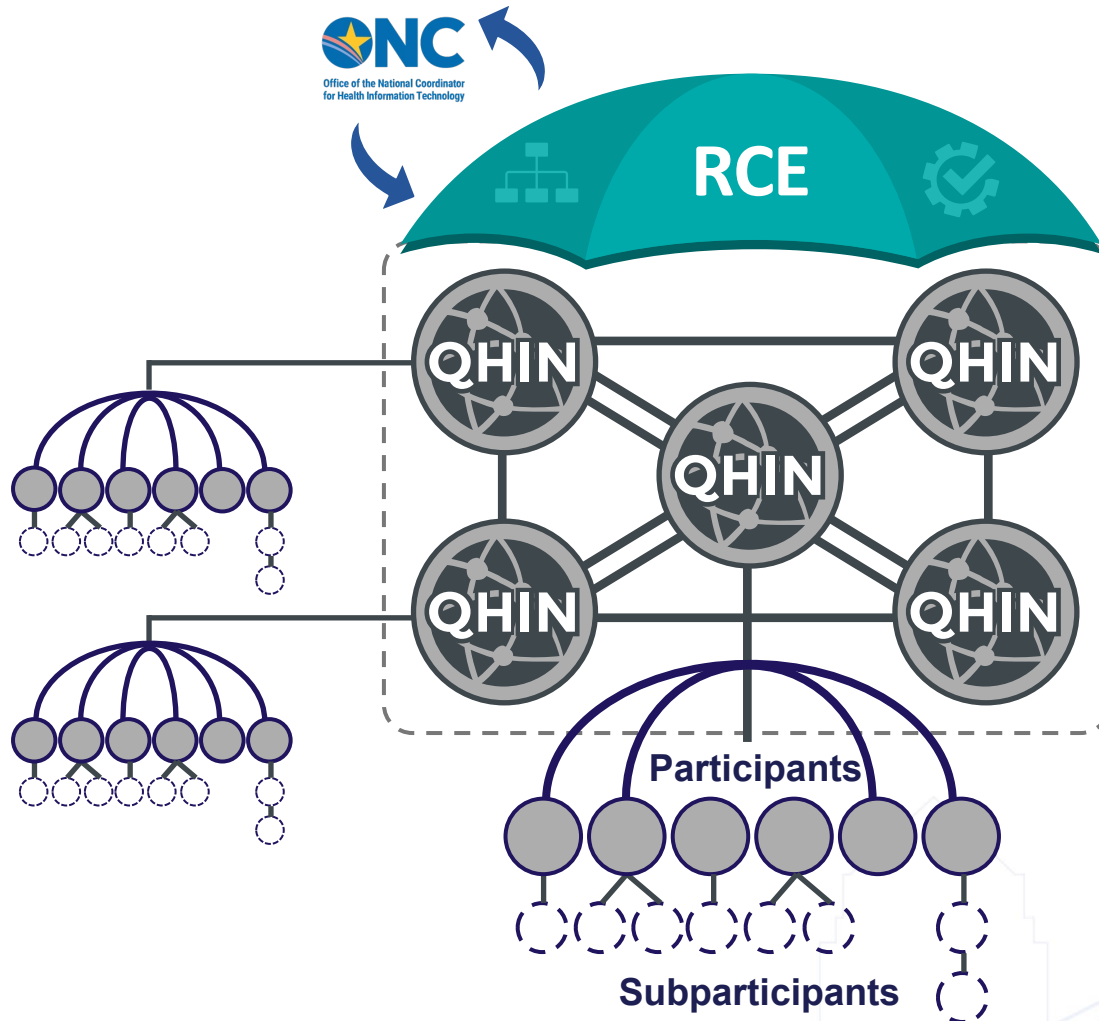


Metrics



Governing
Approach

How will TEFCA work?



← ONC defines overall policy and certain governance requirements.

← RCESM provides oversight and governing approach for QHINs.

← Qualified Health Information Networks (QHINs) connect directly to each other to facilitate nationwide interoperability.

← Each QHIN connects Participants, which connect Subparticipants.

Framework Agreement Flow-Down Provisions

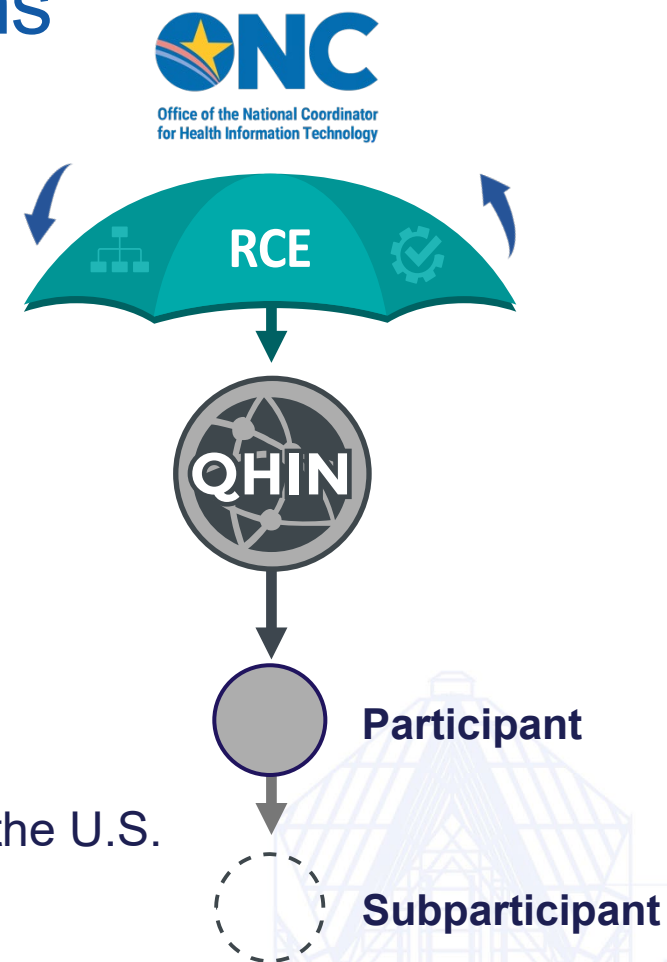
Common Agreement

Each QHIN shall voluntarily enter into a contractual agreement with the RCE by signing the Common Agreement, making all QHINs parties to the Common Agreement. The Common Agreement includes flow-down clauses for the QHIN's agreements with its Participants and each Participant's agreements with its Subparticipants.

Required Flow-Downs Will Address:

- Cooperation and Nondiscrimination
- Confidentiality
- Utilization of the RCE Directory Service
- Uses, Disclosures, and Responses
- Individual Access Services
- Privacy
- Security
- Special Legal Requirements
- TEFCA Information Outside the U.S.
- Other General Obligations

Entities may connect into exchange at any level, but must abide by the flow-down provisions, which create common “rules of the road.”



Standard Operating Procedures (SOPs)

Final:

1. Advisory Groups SOP
2. Conflicts of Interest SOP
3. Dispute Resolution Process SOP
4. Exchange Purposes SOP
5. IAS Exchange Purpose Implementation SOP
6. Means To Demonstrate U.S. Ownership/Control of a QHIN SOP
7. QHIN Cybersecurity Coverage SOP
8. QHIN Onboarding & Designation SOP
9. QHIN Security Requirements for the Protection of TEFCA Information (Rev.1) SOP
10. TEFCA Governing Council SOP
11. Transitional Council SOP
12. Types of Entities That Can Be a Participant or Subparticipant in TEFCA SOP

Coming Soon:

14. SOP: Individual Access Service (IAS) Provider Privacy and Security Notice
15. SOP: Other Security Incidents and Reportable Events
16. SOP: Payment and Health Care Operations Exchange Purpose Implementation
17. SOP: Public Health Exchange Purpose Implementation
18. SOP: Government Benefits Determination Exchange Purpose Implementation
19. SOP: Suspensions Process
20. SOP: Successor RCE & Transition

TEFCA Governance Approach

TEFCA Level:

- **Transitional Council (1st Year)**
 - First 10 Designated QHINs have a rep
 - Each QHIN may select 1 rep from among its Participants
 - RCE has a representative
- **Governance Council (month 13)**
 - QHIN Caucus selects up to 10 reps from among the Designated QHINs
 - Participant/Subparticipant Caucus selects up to 10 reps from all Participants or Sub-Participants
 - RCE has a representative

TEFCA Governance Approach

eHealth Exchange Level:

- **QHIN Governing Council (QGC)**
 - Sub-committee of the Coordinating Committee with final decision authority over TEFCA matters
- **Composition (between 5-11 members)**
 - 1 member of the Coordinating Committee
 - 1 member of the Healtheway, Inc. Board
 - First 4 Participants select 1 rep from their organization and 1 rep from their Subparticipants
 - 1 eHealth Exchange staff (ex officio)

Responsibilities of eHealth Exchange QHIN Participation

Steve Gravely MHA, JD, General Counsel, Gravely Group

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eHealth Exchange TEFCA Terms & Conditions

- The TEFCA Common Agreement requires that QHINs flow-down specific requirements to their Participants and Sub-participants
- The required flow-downs are the same for every QHIN
- eHealth Exchange developed the TEFCA Terms & Conditions to meet this requirement
- <https://ehealthexchange.org/wp-content/uploads/2023/08/eHealth-Exchange-TEFCA-Terms-and-Conditions.pdf>

eHealth Exchange TEFCA Terms and Conditions provide an approach to comply with the required flow-downs to Participants that do not opt-out of an eHealth Exchange QHIN.

eHealth Exchange TEFCA Protocols

1. eHealth Exchange Change Management Protocol
2. eHealth Exchange Dispute Resolution Protocol
3. eHealth Exchange Enforcement Protocol
4. eHealth Exchange Governance Protocol
5. eHealth Exchange Operations and Reporting Protocol
6. eHealth Exchange Security Incident Protocol

To avoid spending significant effort and money trying to unpack the Common Agreement and SOPs, eHealth Exchange TEFCA Protocols provide Participants that do not opt-out of an eHealth Exchange QHIN:

- Additional required flow-down details &
- Compliance guidance.

QHIN Required Responses

QHIN Participants and Sub-Participants must:

1. Respond to Treatment queries
2. Respond to Individuals' requests
3. Respond to Government Benefits Determination queries (effective date tbd)
4. Respond to limited Healthcare Operations (HCO) queries (effective date tbd)
5. Respond to Payment queries (effective date tbd)
6. Respond to Public Health queries (effective date tbd)
7. Adhere to eHealth Exchange QHIN's technical requirements [Jay will highlight]

eHealth Exchange QHIN Implementation

Jay Nakashima, Executive Director

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eHealth Exchange Candidate QHIN Basics

1. Participants may opt-out of TEFCA exchange via the eHealth Exchange Candidate QHIN.
2. No additional fees for TEFCA exchange.
3. Nothing additional to sign.

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Inaugural QHIN Candidate

Leveraging the power of the federal government to expand & mature interoperability

Intent to Participate from 11 HIEs Operating in 15 States Serving up to 126 Million Patients

 CRISP
SHARED SERVICES

 Indiana Health
Information Exchange

 SCHIO
Serving Communities Health
Information Organization
Community Interoperability
Since 1996

 GEORGIA
HEALTH
INFORMATION
NETWORK

 contextureSM
Creating connections. Improving lives.

 CyncHealth

 Manifest
MEDEX

 C³HIE

 Connect Virginia
Advancing Virginia's Health Care

 One Health Record
Alabama One Health Record

 BIG SKY
CARE CONNECT

AL, AK, AZ, CA, CO, CT, DC, GA, IA, IN, MD, NE, TX, VA, and WV

Learn more: BeMyQHIN.org

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eHealth Exchange QHIN Governance Committee (QGC)



Nichole Sweeney

Organization:
CRISP

Representing:
QHIN Participant



Sheena Patel, MD

Organization:
CRISP – MD

Representing:
QHIN Subparticipant



Gary Parker

Organization:
Alabama One Health Record

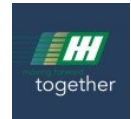
Representing:
QHIN Participant



Allen Daniels

Organization:
Huntsville Hospital HS

Representing:
QHIN Subparticipant



Pam Matthews, RN.

Organization:
East Tennessee Health
Information Network

Representing:
Healthway Inc. Board



John Kansky

Organization:
Indiana Health
Information Network

Representing:
Coordinating Committee



Phil Beckett

Organization:
C3HIE

Representing:
QHIN Participant



**Pat Russell, RN,
(Non-Voting)**

Organization:
eHealth Exchange

Representing:
eHealth Exchange Staff



Major TEFCA Technical Uplift eHealth Exchange QHIN Participants Must Support

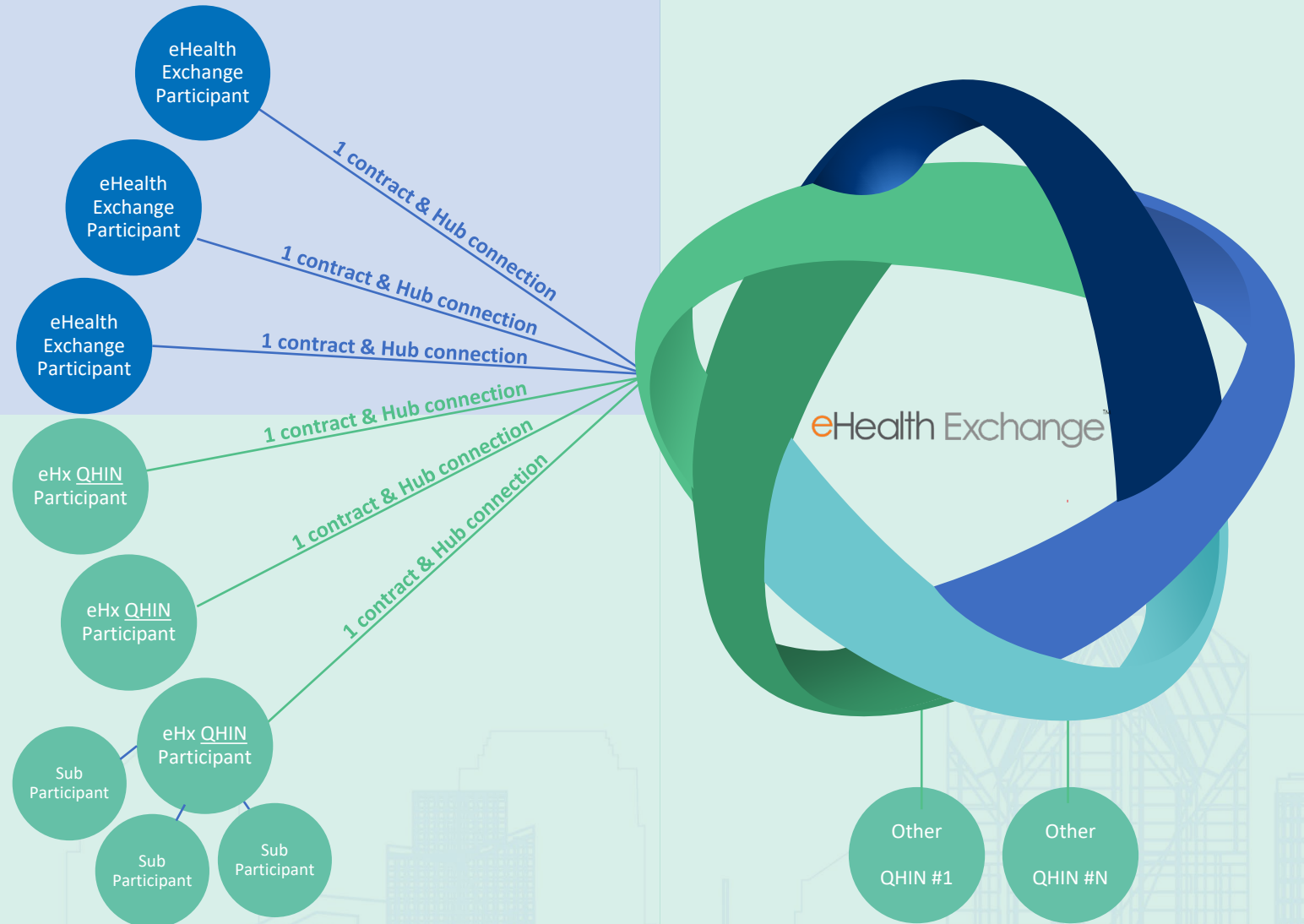
1. Adopt USDCI v1 data classes and elements
2. Adopt IHE ITI Technical Framework Revisions 17.0 (versus Revision 8.0)
3. Adhere to the Concise Consolidated CDA 1.1 Specification
4. Adhere to Postal Address Standards
5. Accept aggregated XCPD responses
6. Various requirements such Purpose Of Use values, different consent attribute structure, sub-participant directory entries and detailed reporting, onboarding log submissions, specific test patients, and quarterly reporting.
7. Adhere to the TEFCA FHIR Roadmap (under development)

Not all eHealth Exchange participants will exchange with TEFCA

These participants chose to only exchange with other eHealth Exchange Participants.

These participants will exchange with all eHealth Exchange Participants & with:

1. Carequality and/or
2. TEFCA QHINs.



How will TEFCA Evolve

Jay Nakashima, Executive Director

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Timeline - eHealth Exchange Candidate QHIN

QHIN Application ✓

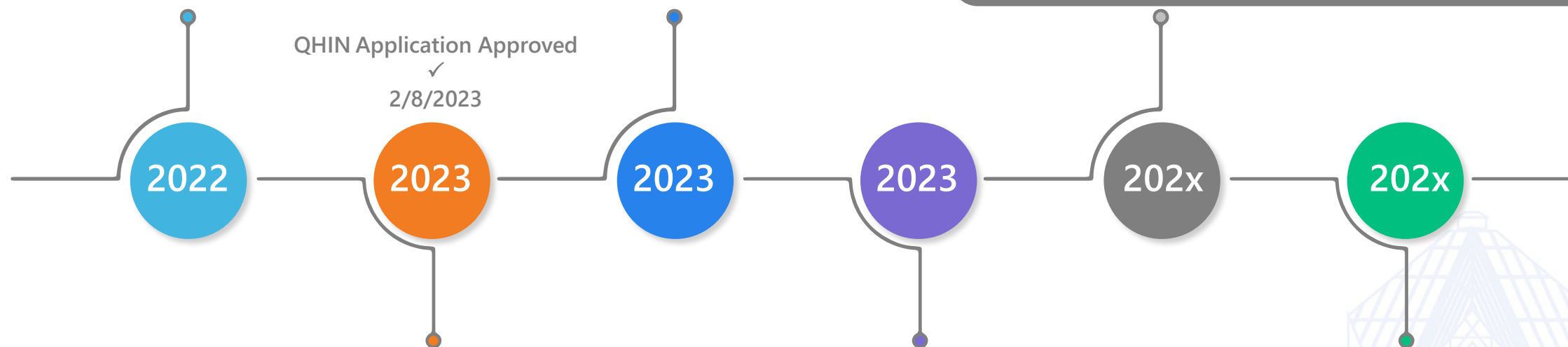
1. Published 8/31/2022
2. Submitted 11/8/2022

Candidate QHIN Development ✓

1. Finalized & published policy artifacts
2. Enhanced Hub, Directory, & Dashboard

QHINs Are Real (date tbd)

1. **QHIN Designations?** Around ONC Annual Meeting Dec 14-15?
2. Receive & install QHIN digital security certificate (date tbd)
3. Synchronize eHx Directory, Hub, Dashboard with RCE Directory (date tbd)
4. TECCA Production Exchange (date tbd)



Candidate QHIN Design ✓

1. 8+ Policy artifacts
2. Technical design

Candidate QHIN Implementation ✓

1. eHx QHIN Governance Committee (QGC) 11/2/2023
2. Common Agreement v1.1 Revisions (November 2023)
3. Production environment configuration Nov 2023
4. eHx QHIN participant readiness collaboration Sept-Nov 2023

Moving Forward

1. Additional Exchange Purposes
2. Facilitated FHIR, Brokered FHIR
3. New requirements inevitable

Future of TEFCA

Additional Exchange Purposes (details tbd)

1. Government Benefits Determination
2. Healthcare Operations (HCO)
3. Payment
4. Public Health
5. Authorization-Based Exchange (non-government benefits)?

Additional Changes Likely

1. New Technical Requirements
 - QHIN Technical Framework revisions
 - FHIR Roadmap
 - FHIR Facilitated (peer to peer)
 - FHIR Brokered (eHealth Exchange)
 - etc
2. Common Agreement Revisions
3. New Standard Operating Procedures (SOP)

Don't underestimate the ability of ONC to accelerate the adoption of new use cases by leveraging the power of the federal government.

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TEFCA Misconceptions

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But, I heard that.....

- TEFCA will never happen
- We know who new QHIN participants will be
- TEFCA is the same as Carequality
- FHIR will be available on day one
- The DURSA must be amended to allow eHealth Exchange to be a QHIN

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THANK YOU FOR YOUR PARTICIPATION

BeMyQHIN.com

Appendix for Potential Questions

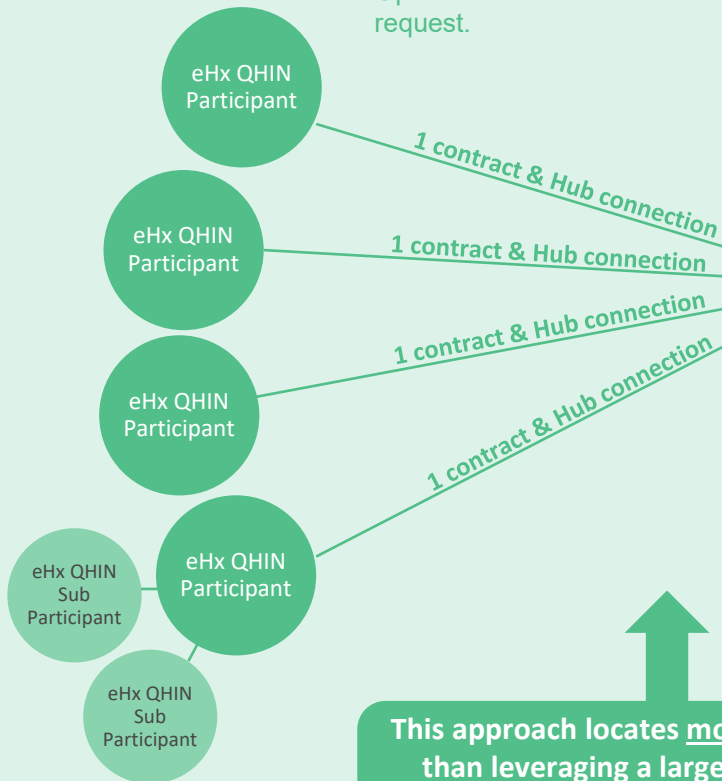
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How will Candidate QHINs find patient records? IHE CCDA Query/Retrieve

When other QHINs request data from an eHealth Exchange Candidate QHIN, the Hub RLS will route requests only to:

1. eHealth Participants who choose to exchange with TEFCA via an eHealth Exchange Candidate QHIN and
2. Operate a service area relevant to the initiating QHIN's request.



This approach locates more patient records than leveraging a large MPI because it generates fewer false positives that result in zero patient matches.

When eHealth Exchange Candidate QHIN Participants request data from other QHINs, other QHINs leverage their own varying methodologies to find patients.

