Talking Turkey About TEFCA

Exploring the ‘meaty’ areas moving forward

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TEFCA and QHINs for the Win!

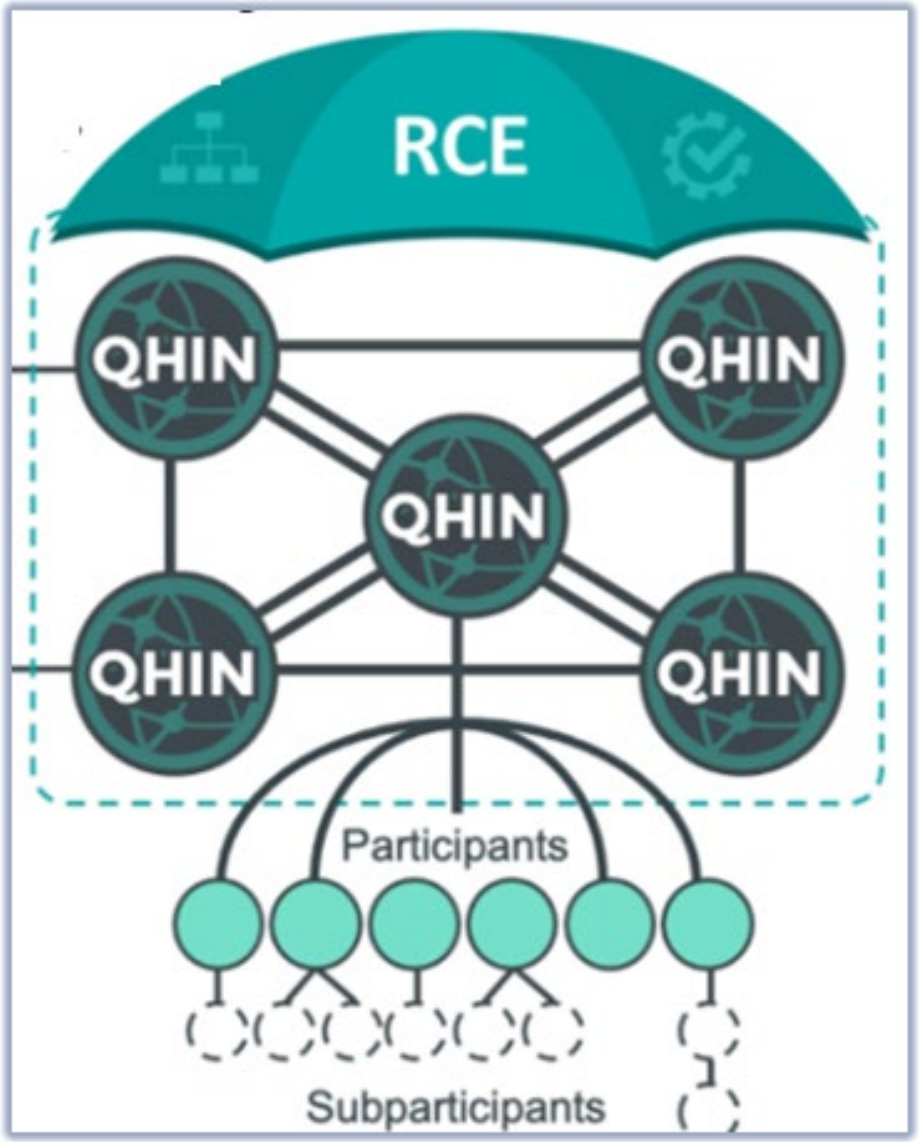
TEFCA establishes a standardized framework for nationwide secure health data interoperability, attempting to simplify health information exchange.

Authorized Exchange Purposes

TEFCA proposed to support six exchange purposes including: Treatment, IAS, Public Health (eCR), Operations, Payment, and Government Benefits Determination.

Role of QHINs

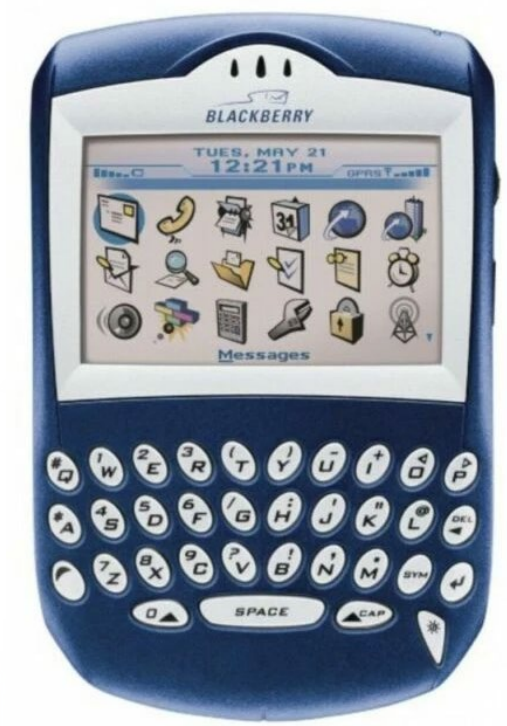
Qualified Health Information Networks (QHINs) act as hubs onboarding and connecting participants while enabling secure data exchange for the approved PoU.



Interoperability Evolution

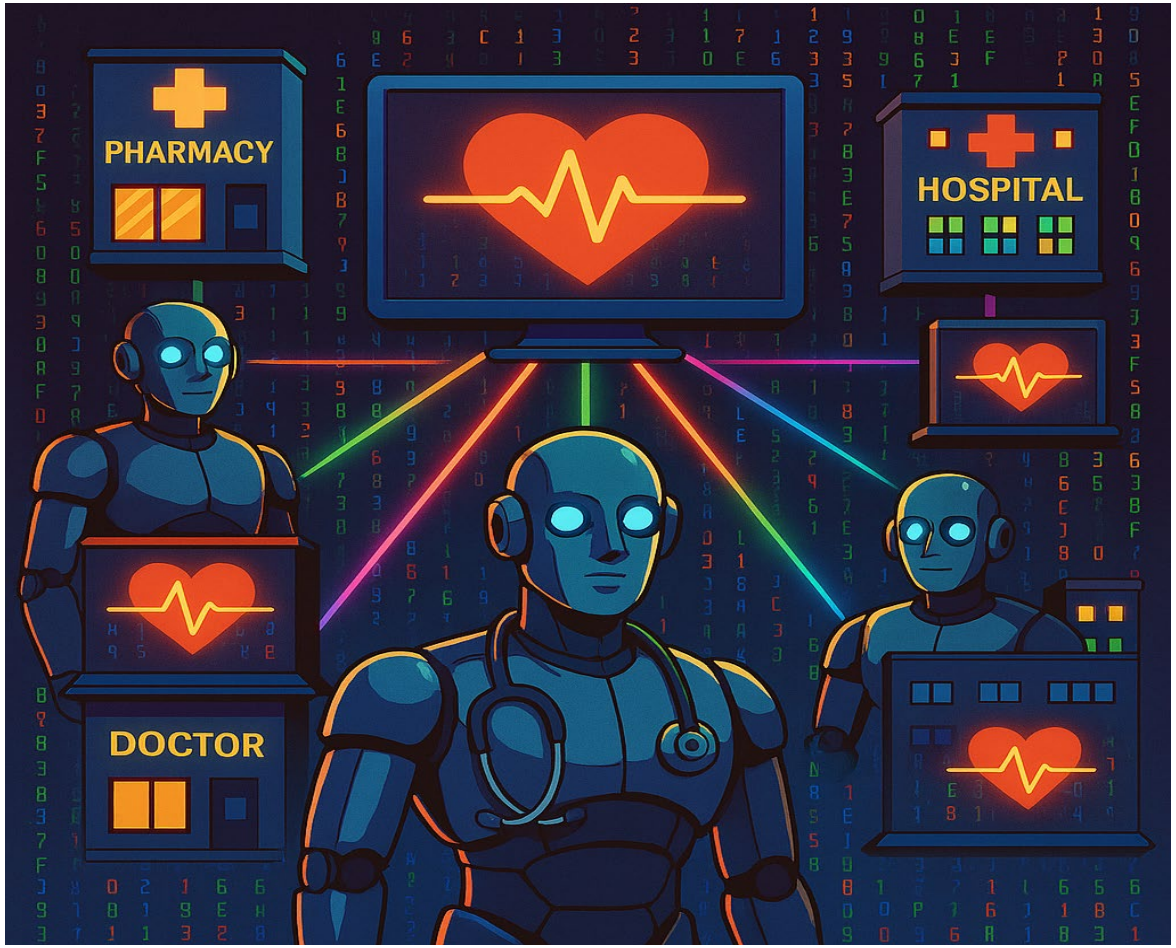
Private / Closed / Clearinghouse

Existing National Networks



TEFCA

Challenging questions that impact the future!?!



What is a CMS Aligned Network?

CMS Aligned Networks – Causing Confusion

- ## Overlap and Duplication with Existing Frameworks:

CMS Aligned Networks are seen as duplicating TEFCA, Carequality, and CommonWell, causing confusion on integration, potential fragmentation, and value over existing investments like Meaningful Use.

- ## Insufficient Technical Details:

Lack of public docs on workflows, standards (e.g., IHE/FHIR), restrictions, and timelines fuels skepticism, especially with Q1 2026 rollout targets versus established frameworks.

- ## Ambiguous Stakeholder Roles:

Voluntary participation and shared compliance blur responsibilities—networks handle connectivity, but payers/providers/vendors manage the rest, with optional TEFCA alignment complicating accountability.

- ## Adoption and Implementation Barriers:

Circular onboarding, unresolved fees/reciprocity/HIPAA issues, and low TEFCA uptake raise doubts on viability by 2027, risking resource diversion from current interoperable systems.

Insurance Companies don't provide treatment, therefore should not participate in TEFCA Treatment Exchange!


Patient Search
Patient Search
Admit Patient
Discharge Patient
Discharge Patient

U Can’t Touch This!

- ## Misalignment with Treatment Purpose:

Insurers don't treat patients, so including them in TEFCA's "treatment" exchange undermines its focus on provider-only care coordination, diluting clinical priorities.

- ## Conflicts of Interest and Misuse:

Payers' incentives for audits/denials foster adversarial use; e.g., UnitedHealth's AI-driven claim denials via data mining could enable "fishing" for rejections, eroding trust and delaying care

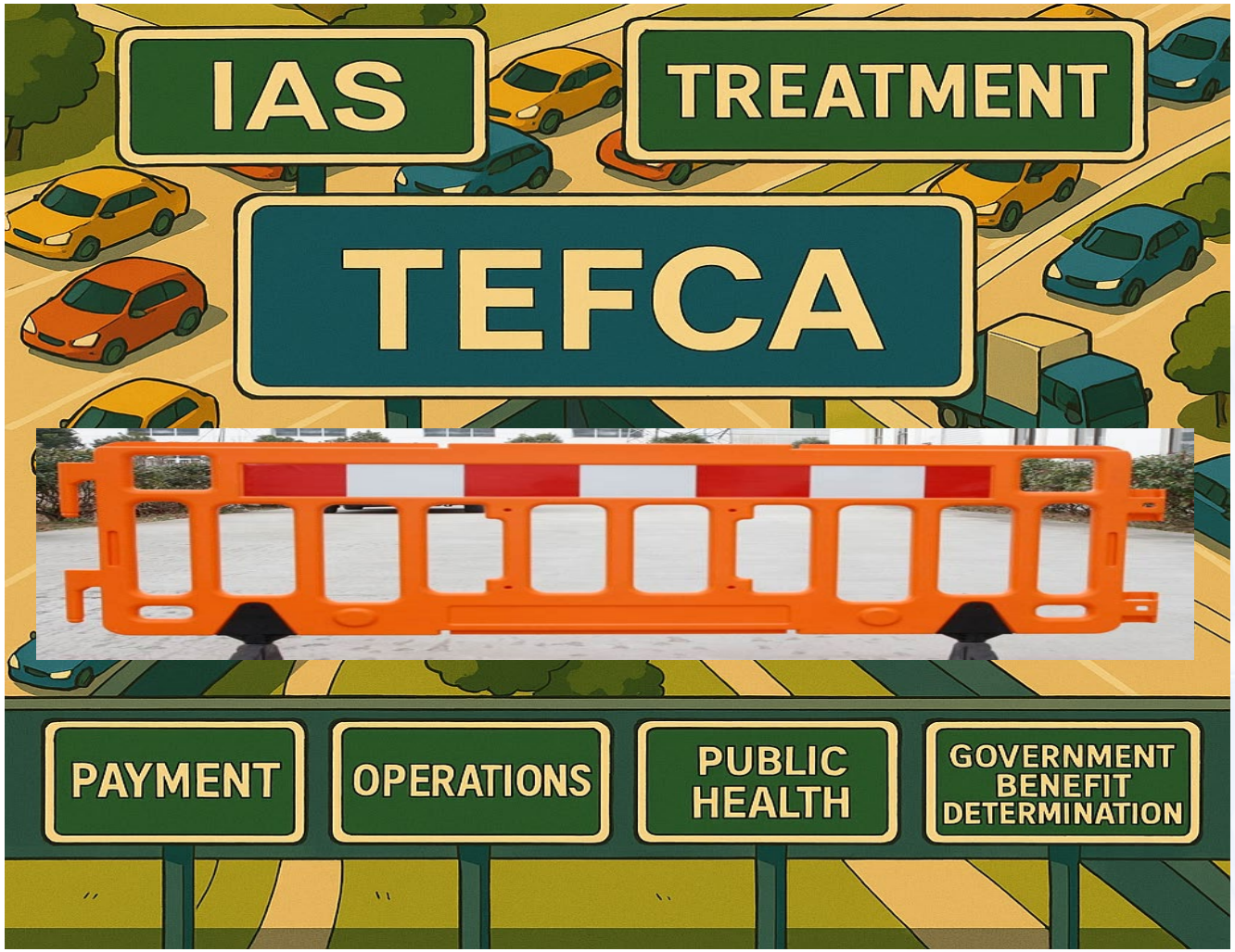
- ## Privacy and Security Risks:

Broad payer access heightens breach vulnerabilities in TEFCA's network, exposing PHI to threats without adequate patient controls

- ## Erosion of Safeguards and Consent:

TEFCA's lack of opt-outs allows payer overreach in non-treatment uses like underwriting, risking PHI over-sharing and skirting HIPAA's "minimum necessary" rule.

TEFCA would be considered a failure if PoU's beyond IAS / Treatment are not implemented?



It's a Failure!?!?

- ## Massive Opt-Out by Stakeholders:

Without payment/operations PoU, payers and some hospitals may not join—TEFCA becomes a ghost town, missing the 2027 nationwide mandate.

- ## Data Silos Stay Forever:

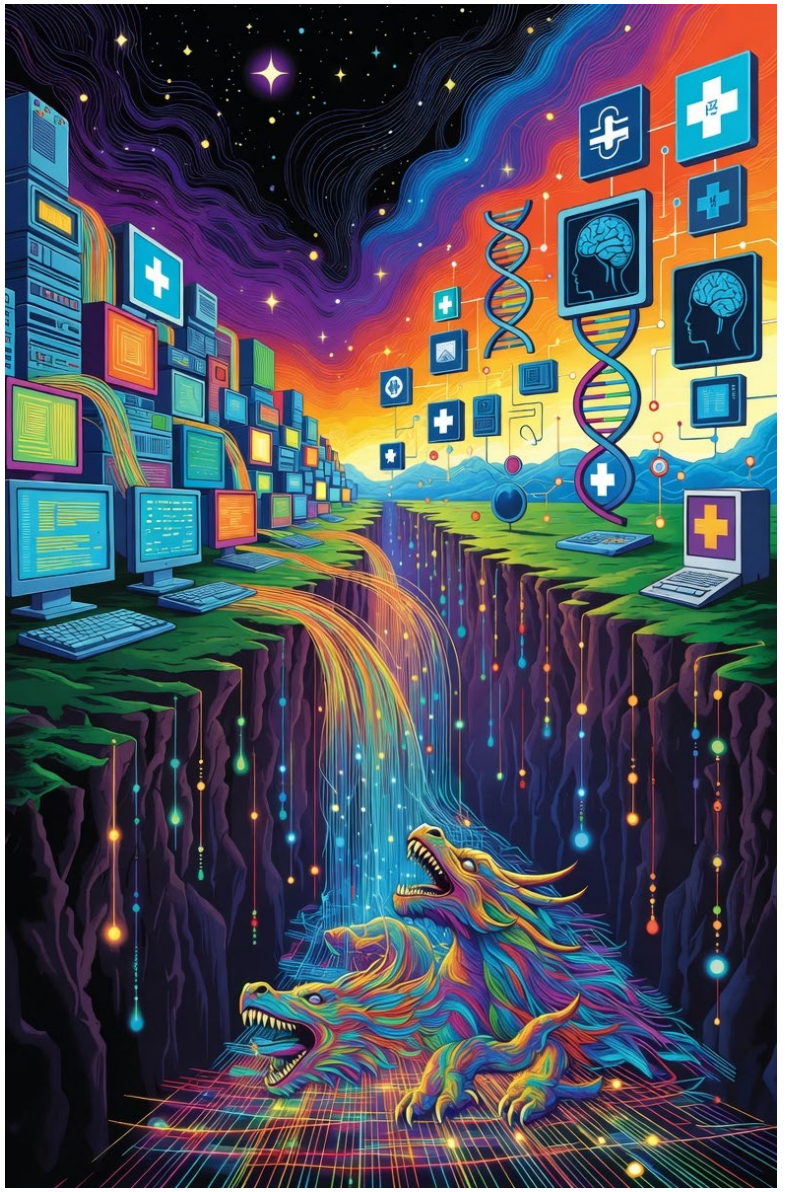
No public health, research, or billing flows = same old fragmentation, defeating the Cures Act and wasting $30B+ in prior interoperability spend

- ## Security Chaos:

Half-in rules create a confusing patchwork—stricter than HIPAA in spots, weaker in others—driving breaches and lawsuits.

- ## Zero ROI, Total Collapse:

$300B annual savings vanish when admin workflows stay manual; participants abandon ship, regulators pull funding, TEFCA dies by 2028.



Treatment (Big T) should be limited to 1 Patient, 1 Encounter and 1 (or more) licensed clinicians?

Not My Patients Data!

TEFCA should narrow "treatment" to only licensed-provider clinical based exchanges.

- **Fraud Prevention:**

Broad scope invites bad actors to fake patient requests under HITECH, risking unauthorized data access. Narrowing mandates vetted providers and purpose codes for secure exchanges.

- **Interoperability Alignment:**

Wider definitions clash with FHIR standards (§ 170.215), hindering API adoption and innovation. Focus on patient-centric FHIR ensures standardized, equitable nationwide sharing.

- **Enhanced Security and Trust:**

Expansive access amplifies breach risks in high-volume networks. Limiting to verified clinical exchanges among QHINs builds mutual trust and voluntary participation.

- **Simplified Operations:**

Broad terms complicate enforcement and SOPs, causing care disruptions. Clinical focus provides clear guidelines for scalable implementation without industry overload.

Questions / Comments / Thoughts?

THANK YOU!!

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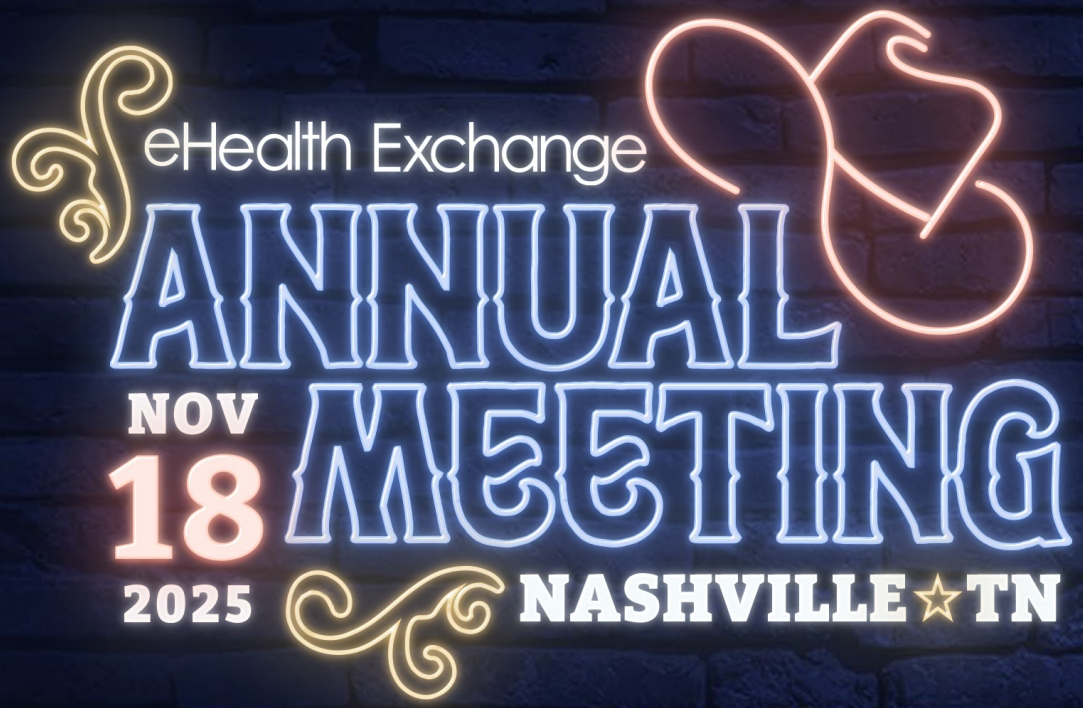

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Q&A

Thank you for your participation.