The Trusted Exchange Framework and Common Agreement Draft 2

April 25, 2019

This informational resource describes select proposals in the TEFCA but is not an official statement of any policy.
Please refer to the official version of the TEFCA .

Cures Act Language

"Not later than 6 months after the date of enactment of the 21st Century Cures Act, the National Coordinator shall convene appropriate public and private stakeholders to develop or support a trusted exchange framework for trust policies and practices and for a common agreement for exchange between health information networks. The common agreement may include—

"(I) a common method for authenticating trusted health information network participants;

"(II) a common set of rules for trusted exchange;

"(III) organizational and operational policies to enable the exchange of health information among networks, including minimum conditions for such exchange to occur; and

"(IV) a process for filing and adjudicating noncompliance with the terms of the common agreement."

21st Century Cures Act - Section 4003(c)

"Not later than 1 year after convening stakeholders...the National Coordinator shall publish on its public Internet website, and in the Federal register, the trusted exchange framework and common agreement developed or supported under paragraph B..."

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Goals

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
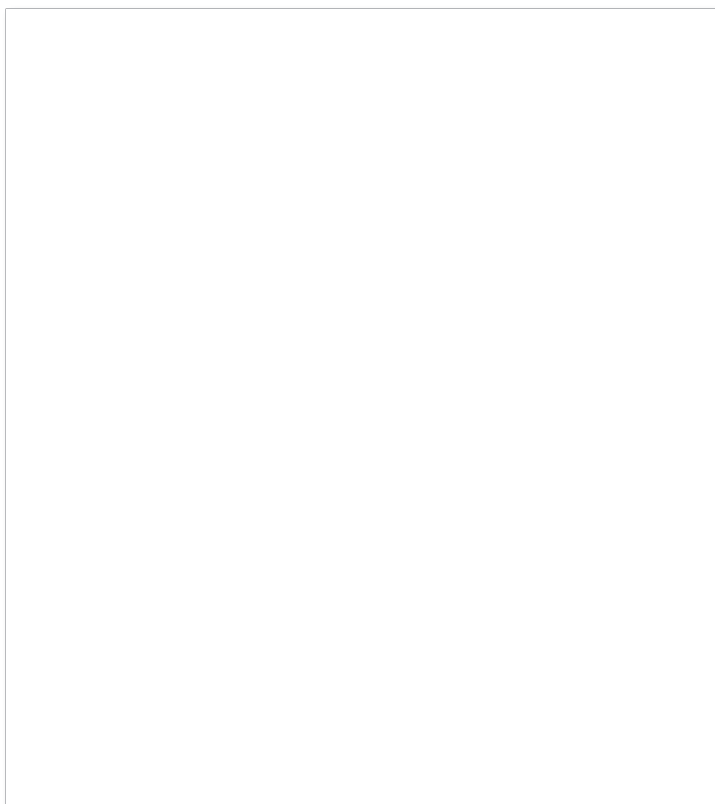
GOAL 3

Support nationwide scalability

What are the Trusted Exchange Framework and the Common Agreement?

What is the Trusted Exchange Framework?

The **Trusted Exchange Framework** is a set of common principles that are designed to facilitate trust among Health Information Networks (HINs).

Principle 1 – Standardization: Adhere to industry and federally recognized standards, policies, best practices, and procedures.

Principle 2 – Transparency: Conduct all exchange and operations openly and transparently.

Principle 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.
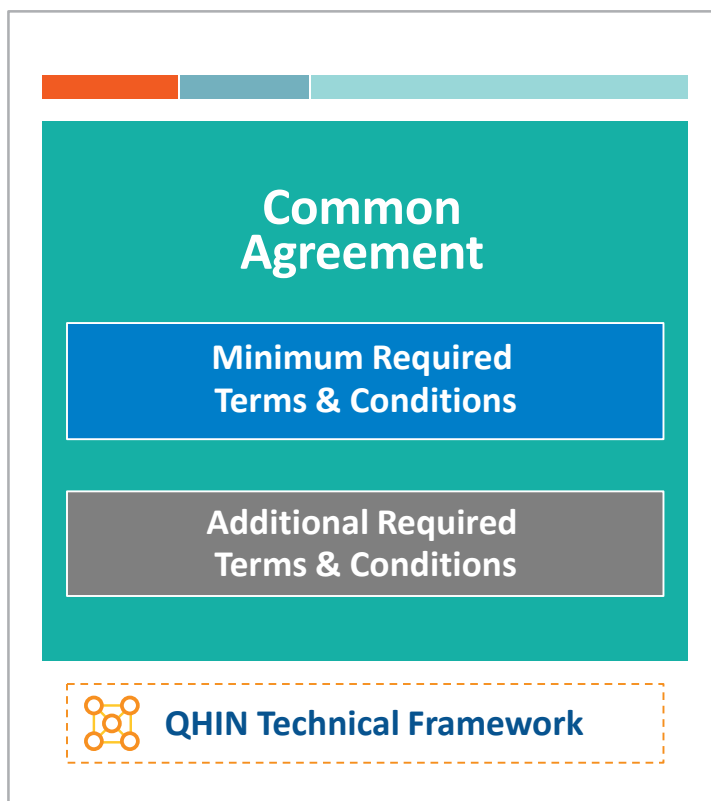
Principle 4 – Privacy, Security, and Safety: Exchange EHI securely and in a manner that promotes patient safety, ensures data integrity, and adheres to privacy policies.

Principle 5 – Access: Ensure that individuals and their authorized caregivers have easy access to their EHI.

Principle 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.

What is the Common Agreement?

The **Common Agreement** will provide the governance necessary to scale a functioning system of connected HINs that will grow over time to meet the demands of patients, clinicians, and payers.

Common Agreement

Minimum Required Terms & Conditions

Additional Required Terms & Conditions

QHIN Technical Framework

Minimum Required Terms & Conditions (MRTCs): ONC will develop mandatory minimum required terms and conditions that Qualified Health Information Networks (QHINs) who agree to the Common Agreement would abide by.

Additional Required Terms & Conditions (ARTCs): In addition to the MRTCs, the Common Agreement will include additional required terms and conditions that are necessary for the day-to-day operation of an effective data sharing agreement. The Recognized Coordinating Entity (RCE) will develop the ARTCs and ONC will have final approval.

QHIN Technical Framework (QTF): Signatories to the Common Agreement must abide by the QHIN Technical Framework, which specifies functional and technical requirements for exchange among QHINS. The RCE will work with ONC and stakeholders to modify and update the QTF.

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What is the QHIN Technical Framework?

The **QHIN Technical Framework (QTF)** describes the technical and functional requirements for EHI exchange among QHINs

QHIN Technical Framework

Functions included: Certificate Policy, Secure Channel, Mutual QHIN Server Authentication, User Authentication, Authorization & Exchange Purpose, Query, Message Delivery, Patient Identity Resolution, Record Location, Directory Service, Individual Privacy Preferences, Auditing, and Error Handling.

Technical detail: Focuses directly on information exchange between QHINs; for most interactions within a QHIN's network, the QHIN may determine how best to implement its responsibilities.

Functions enable: QHIN Broadcast Query, QHIN Targeted Query, and QHIN Message Delivery.

Major updates to Draft 2 of the TEF and MRTCs

Summary of Key Changes

Exchange Purposes

Exchange Purposes Updated

Adopted a subset of payment and health care operations purposes, as defined in HIPAA.

QHIN Message Delivery (Push) Added

Included sending a patient's electronic health information (EHI) to a specific Qualified Health Information Network (QHIN) for delivery.

QHIN Technical Framework Added

Addressed the technical requirements for exchange among QHINs through development of the QHIN Technical Framework – Draft 1.

QHIN Definition Broadened

Application process added that allows a broader set of HINs to apply to be a QHIN.
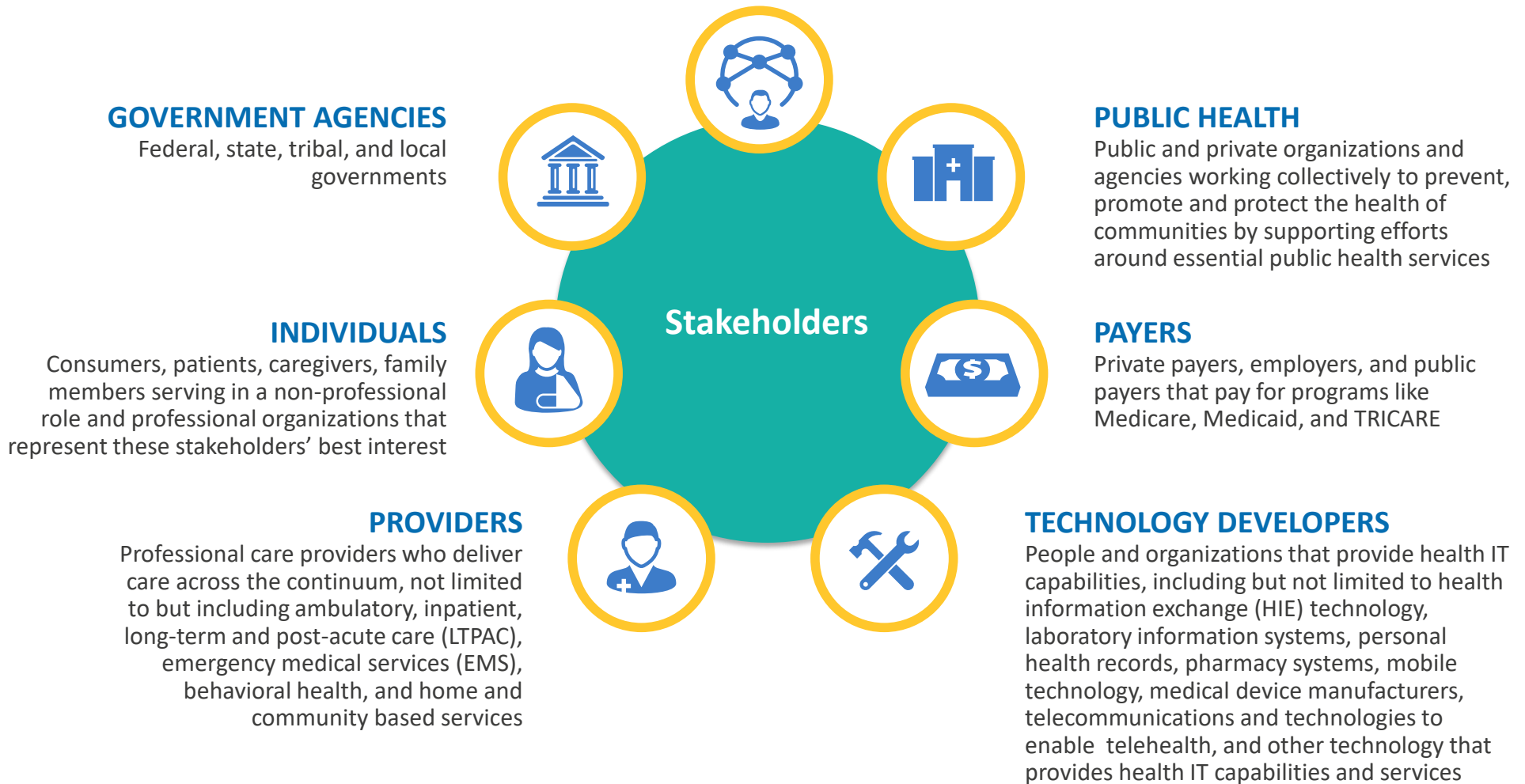
Timelines Extended

When a new version of the Common Agreement is published, entities that have signed a Framework Agreement would have 18 months to implement updates instead of 12.
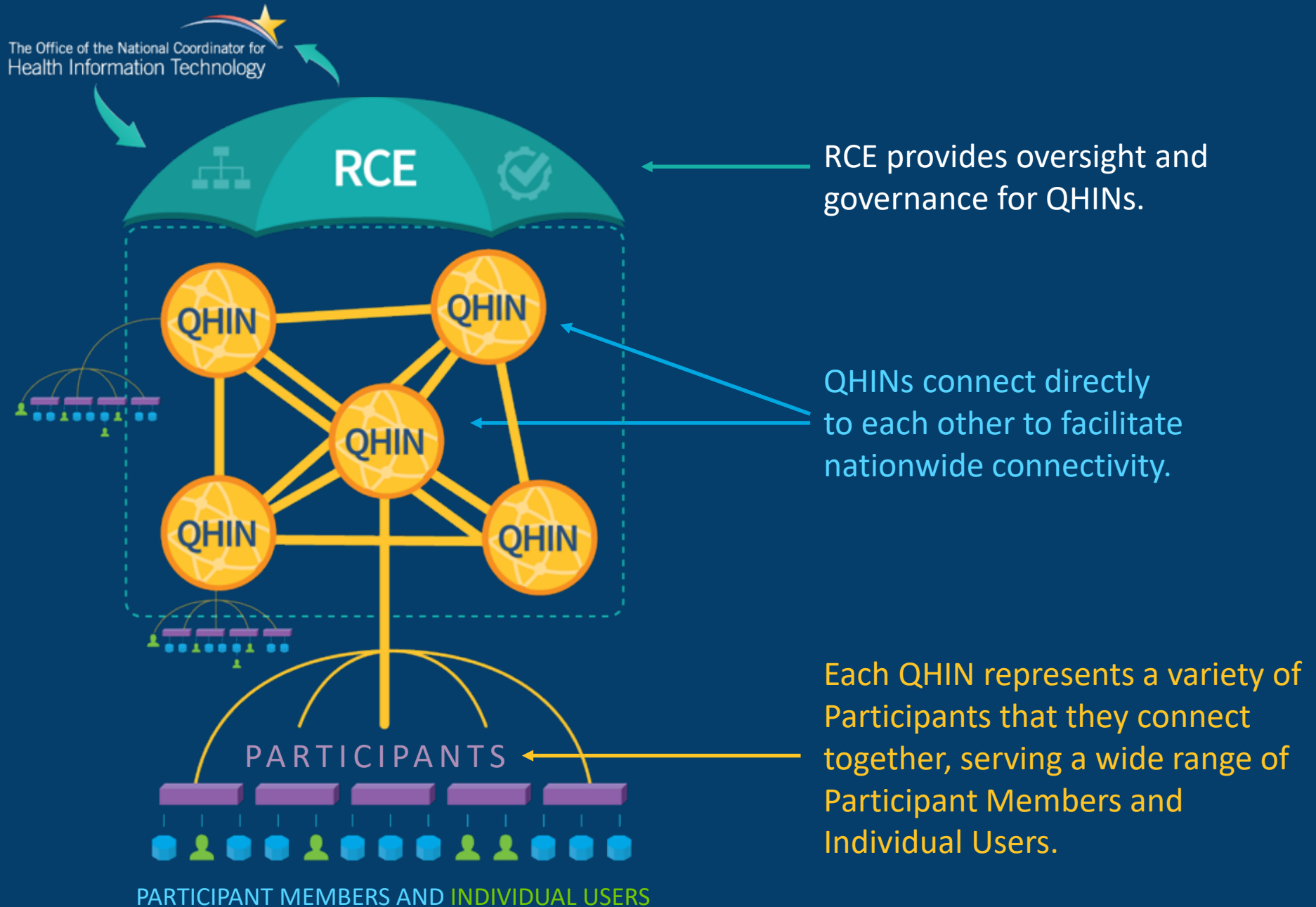
What is the structure of the Common Agreement?

# Stakeholders

HEALTH INFORMATION NETWORKS

GOVERNMENT 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
Consumers, patients, caregivers, family members serving in a non-professional role and professional organizations that represent these stakeholders' best interest

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
People and organizations that provide health IT capabilities, including but not limited to health information exchange (HIE) technology, laboratory information systems, personal health records, pharmacy systems, mobile technology, medical device manufacturers, telecommunications and technologies to enable telehealth, and other technology that provides health IT capabilities and services

Stakeholders

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How Will the Common Agreement Work?

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RCE

RCE provides oversight and governance for QHINs.

QHINs connect directly to each other to facilitate nationwide connectivity.

PARTICIPANTS

Each QHIN represents a variety of Participants that they connect together, serving a wide range of Participant Members and Individual Users.

PARTICIPANT MEMBERS AND INDIVIDUAL USERS

Recognized Coordinating Entity (RCE)

- Develop, update, implement, and maintain the Common Agreement.

- Identify, designate, and monitor QHINs.

- Modify and update the QHIN Technical Framework.

- Virtually convene public listening sessions.

- Develop and maintain a process for adjudicating QHIN noncompliance.

- Propose strategies to sustain the Common Agreement at a national level after the initial cooperative agreement period.

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Structure of a Qualified Health Information Network

A **QHIN** is an entity with the technical capabilities to connect health information networks on a nationwide scale.
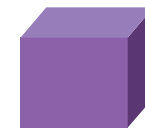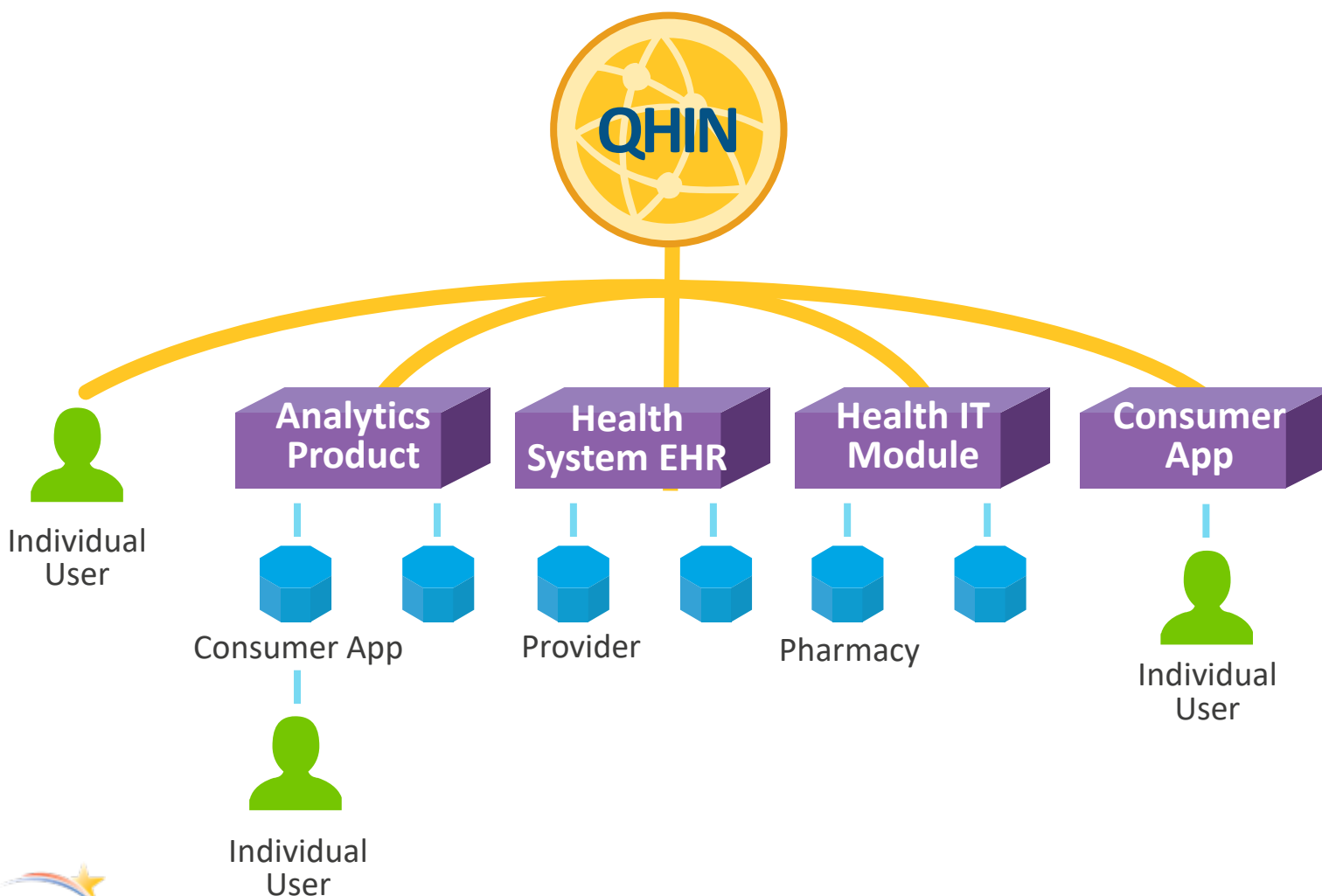

Participant
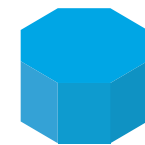
Participant Member

Individual User

QHIN Example: Network of Health IT Developers

In this example, the QHIN supports a broad range of different health IT developer Participants. The users of the health IT developers' products are Participant Members. Individual Users connect directly to the QHIN, Participants, and Participant Members.
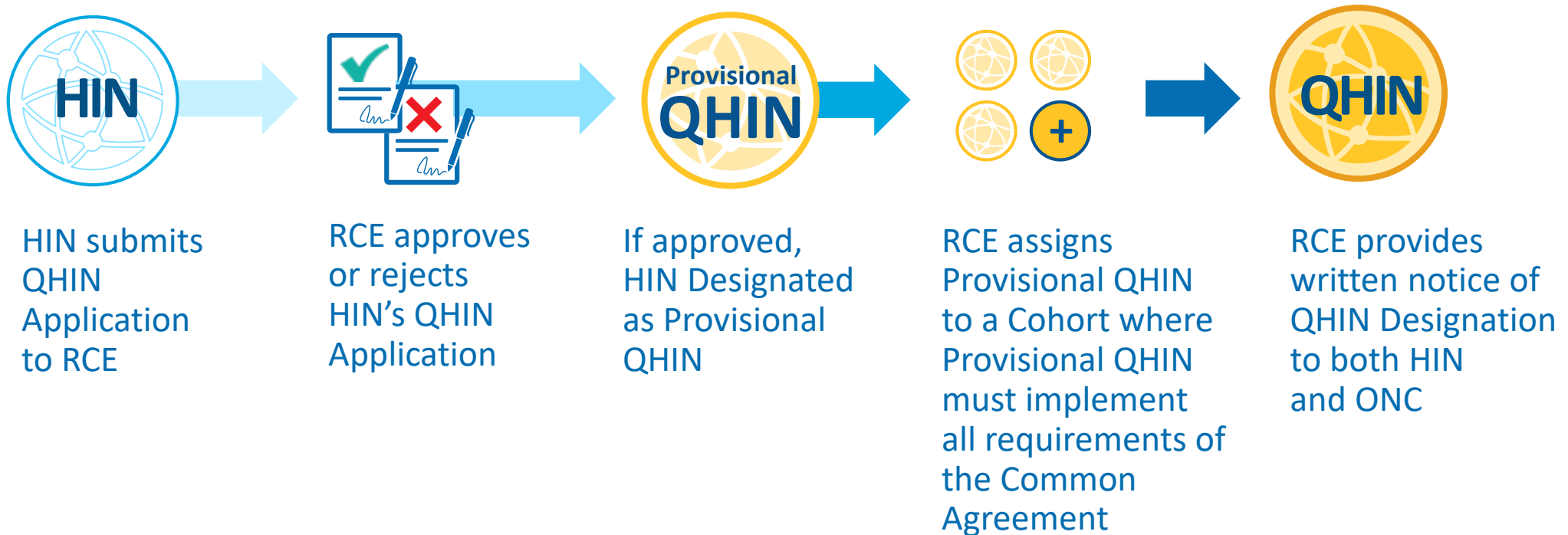
How do you become a QHIN?

QHIN Applicant Checklist

A HIN applying
to be a QHIN must:

- ☑ Operate an existing network with participants exchanging data in a live clinical environment

- ☑ Meet applicable federal/state law

- ☑ Submit a plan to meet all QHIN requirements

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QHIN Application Process

HIN submits QHIN Application to RCE

RCE approves or rejects HIN's QHIN Application

If approved, HIN Designated as Provisional QHIN

RCE assigns Provisional QHIN to a Cohort where Provisional QHIN must implement all requirements of the Common Agreement

RCE provides written notice of QHIN Designation to both HIN and ONC

What can the Common Agreement be used for?

Exchange Purposes

Business Planning and Development*

Quality Assessment & Improvement*

Utilization Review*

Benefits Determination

Exchange Purposes

Public Health*

Individual Access Services

Treatment*

*Only applies to HIPAA covered entities and business associates
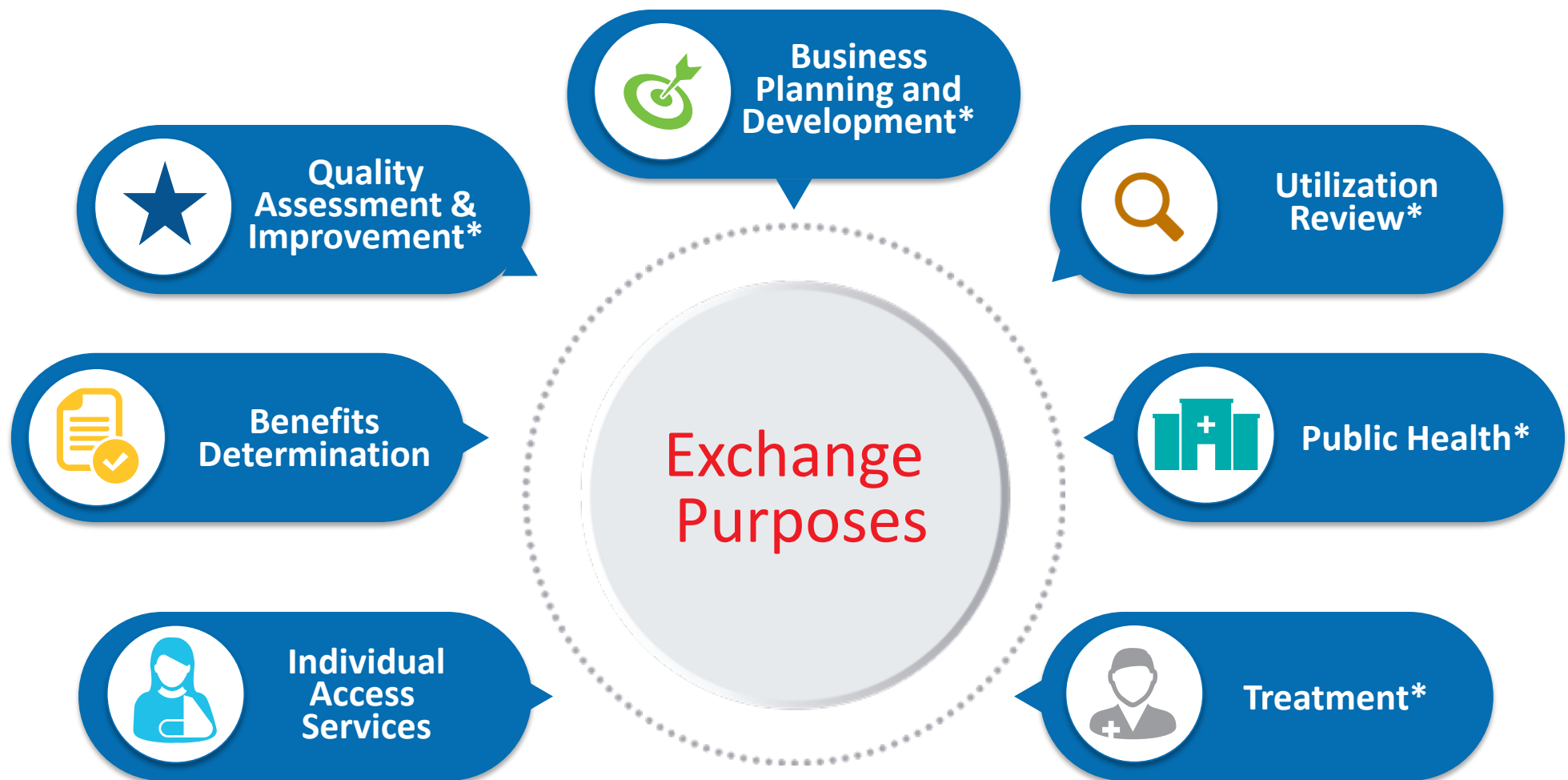
Exchange Modalities

QHIN Broadcast Query

A QHIN's electronic request for a patient's EHI from all QHINs.

QHIN Targeted Query

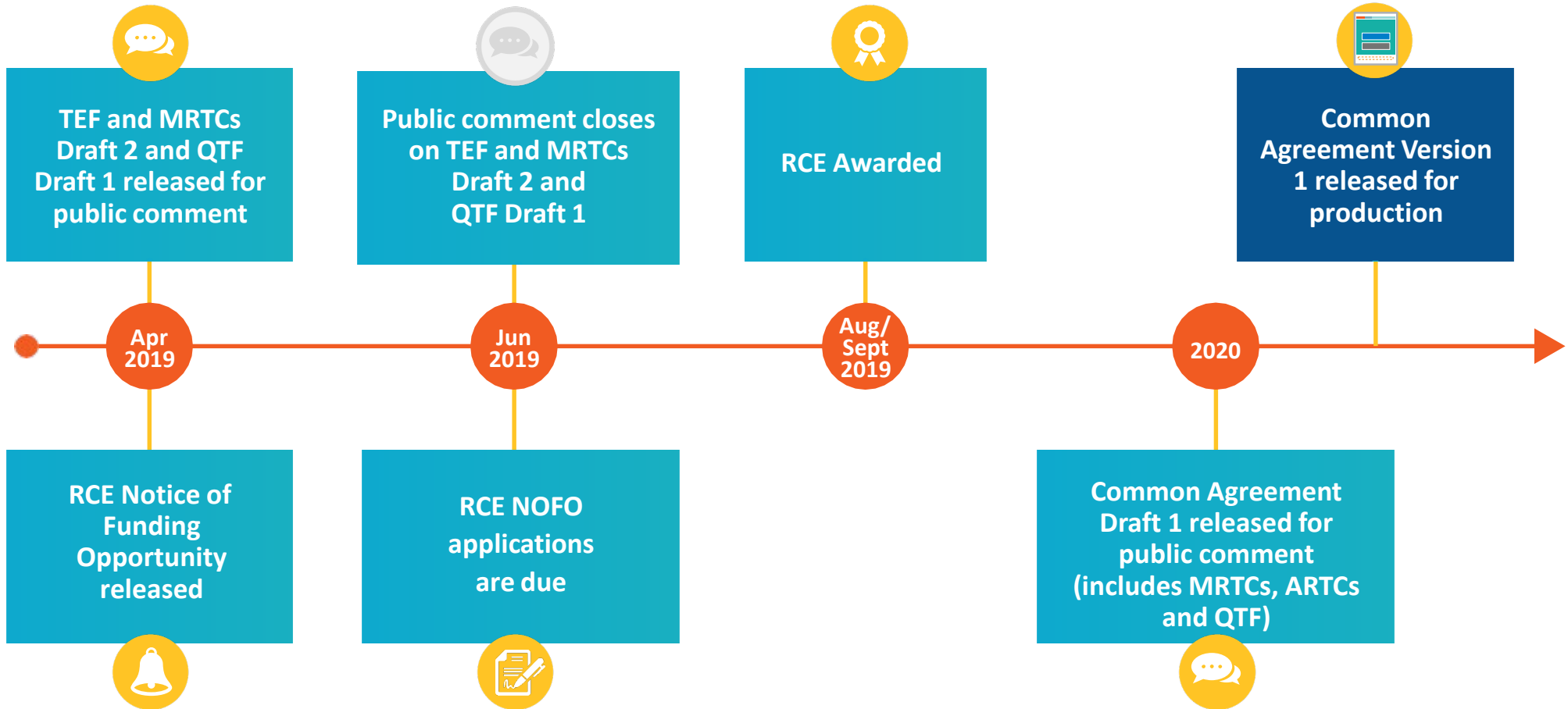A QHIN's electronic request for a patient's EHI from specific QHINs.

QHIN Message Delivery (Push)

The electronic action of a QHIN to deliver a patient's EHI to one or more specific QHINs.

What are
the next steps?

Timeline

TEF and MRTCs Draft 2 and QTF Draft 1 released for public comment

Public comment closes on TEF and MRTCs Draft 2 and QTF Draft 1

RCE Awarded

Common Agreement Version 1 released for production

Apr 2019

Jun 2019

Aug/ Sept 2019

2020

RCE Notice of Funding Opportunity released

RCE NOFO applications are due

Common Agreement Draft 1 released for public comment (includes MRTCs, ARTCs and QTF)

HITAC TEFCA Task Force Charge

- **Overarching charge:** The Trusted Exchange Framework and Common Agreement (TEFCA) Task Force will develop and advance recommendations on the TEFCA Draft 2 to inform development of the final Common Agreement.

- **Detailed charge:** Make specific recommendations on the Minimum Required Terms and Conditions and the Qualified Health Information Network (QHIN) Technical Framework (QTF) —

  » **Definition, Structure, and Application Process for Qualified HINs:** Recommendations for further clarifying the eligibility requirements and application process for becoming a QHIN.

  » **Exchange Purposes and Modalities:** Recommendations on enhancing or clarifying the seven (7) exchange purposes and three (3) exchange modalities proposed in the MRTCs.

  » **Privacy/ Security:** Recommendations on privacy and security requirements that ONC should consider including in the MRTCs, especially for non-HIPAA entities.

  » **QHIN Technical Framework (QTF):** Recommendations on the technical and functional specifications for exchange among QHINs.

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Questions?

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