Meeting Notes

Health Information Technology Advisory Committee
Trusted Exchange Framework Task Force
May 16, 2019, 12:00 p.m. – 1:30 p.m. ET
Virtual

The May 16, 2019, meeting of the Trusted Exchange Framework (TEF) Taskforce of the Health IT Advisory Committee (HITAC) was called to order at 12:00 p.m. ET by Lauren Richie, Designated Federal Officer, Office of the National Coordinator for Health IT (ONC).

Lauren Richie conducted roll.

Roll Call

Arien Malec, Co-Chair, Change Healthcare
John Kansky, Co-Chair, Indiana Health Information Exchange
Noam Arzt, HLN Consulting
Anil Jain, IBM Watson Health
David McCallie, Cerner
Carolyn Petersen, Individual
Mark Roche, CMS
Mark Savage, UCSF Center for Digital Health Innovation
Grace Terrell, Envision Genomics, Inc.
Andrew Truscott, Accenture
Sheryl Turney, Anthem Blue Cross Blue Shield

MEMBERS NOT IN ATTENDANCE

Cynthia A. Fisher, WaterRev, LLC
Aaron Miri, The University of Texas at Austin, Dell Medical School, and UT Health Austin
Steve L. Ready, Norton Healthcare
Sasha TerMaat, Epic
Denise Webb, Individual

ONC STAFF

Zoe Barber, Staff Lead
Michael Berry, SME
Cassandra Hadley, HITAC Back Up/Support
Alex Kontur, SME
Morris Landau, SME
Michael Lipinski, SME
Lauren Richie, Branch Chief, Coordination, Designated Federal Officer

Kim Tavernia, SME

Lauren Richie turned the meeting over to Arien Malec, co-chair.

Overview of Agenda

Arien Malec reviewed the agenda, noting that the discussion will start with the goals of the Trusted Exchange Framework and Common Agreement (TEFCA). This will provide an understanding of the policy goals that TEFCA will be framed against. He noted that the legislative mandate for TEFCA comes from 21st Century Cures Act (Cures).

Discussion

- **Mark Savage** noted that Congress defined interoperability broadly, which is what TEFCA does. Need to follow the specifics on TEFCA, but need to follow based on the other definitions.
- **David McCallie** commented that under the narrow definition, TEFCA is voluntary. He questioned what the incentive to become a QHIN. What is the incentive for providers to participate given they already have in place some substantial subset of what is in TEFCA? The broader interpretation and the costs of being an information blocker might be relevant to increase demand.
- **John Kansky** commented that this discussion will inform his thinking in terms of the recommendations that will be made. He questioned if there should be a safe harbor or at least be correlated to a safe harbor.
- **Arien Malec** commented that the intent of the TEFCA is and should be broadly determined towards the broader policy aims of the nation, seen broadly with interoperability and bundled with information blocking. He noted that he was hearing a good sense from the task force that it should be recommended that participation should at least be presumed to address some of the information blocking requirements. Presuming that the provider would be able to share data to the trust exchange framework; therefore, an information blocking claim would not make sense. ONC should include a value proposition for participation in TEFCA.
- **Mark Savage** commented that he would like to get into the details of information blocking. He noted that he isn't sure if there should be a safe harbor. He agreed, but would rather wait to have more discussion before making any type of recommendation.
- **David McCallie** commented that it should be recommended that ONC makes a clear connection between information blocking and TEFCA.
- **John Kansky** suggested that this should be listed as a probable recommendation, but there will be some nuance to this that will be discussed in future meetings.
- **David McCallie** suggested that there may be things that the task force hasn't been asked about that should possibly be weighed in on (e.g., record locator service (RLS).

Zoe Barber transitioned the discussion to a presentation by **Alex Kontur** on the QHIN Technical Framework.

Overview of QHIN Technical Framework (QTF)

Alex Kontur reviewed that the QTF represents the technical and functional requirements among QHINs. The QTF was created to allow the technical standards and functions to evolve and change. Legal agreements won't need to be updated every time there is a standard change. The goal was to do some of the work up front to help people understand the complex legal language. The first draft is a best guess of what the QTF will look like when it is complete. There is a focus among QHINs on exchange, rather than exchange within QHINs (inter QHIN exchange rather than intra exchange). As a guiding principle QHINs are flexible to implement exchanges as they please to meet their business goals; however, wanted to standardize methods of exchange across QHINs. The recognized coordinating entity (RCE) is going to be responsible for the evolution of the documents. TEFCA and minimum required terms and conditions (MRTCs) will change in the future; therefore, the task force shouldn't get too bogged down in standards. ONC is looking for recommendations about principles for the QTF at large. Was it appropriate to split the QTF away from the MRTCs? Does the overall technical direction adequately reflect the obligations of the QHINs? Is the scope appropriate?

Discussion

- **Mark Savage** questioned if there will there be times when the intra QHIN exchange could have implications for the inter QHIN exchange? Should the task force be thinking about how these combine?
  - o **Arien Malec** commented that the QTF shouldn't get into the mechanisms of intra QHIN exchange, but should evaluate the QTF relative to the functional requirements.
- **David McCallie** noted that the QTF should be a set of policy requirements rather than a specific set of standards. The standards should be left to the RCEs and stakeholders.
  - o **Alex Kontur** stated that this is a starting point for the RCE to finalize.
- **Arien Malec** suggested framing in regards to the exchange modalities. Is it wise to separate the QTF from the MRTC? He suggested evaluating the QTF as a starting point with respect to understanding and agreeing to or amending the MRTCs assumed in the TEF. It is evaluating a standard for its utility for a purpose.
  - o **David McCallie** agreed that the separation is a good idea. The selection of these standards is poorly supported but widely deployed and used. Starting with them is not a bad idea, with a few exceptions. Rapid uptake will mean using these standards that may not always be ideal.

Discussion of QTF, QHIN Exchange Purposes, Exchange Modalities, EHI Reciprocity, Permitted and Future Uses of EHI

EXCHANGE PURPOSES

Zoe Barber reviewed that there are seven exchange purposes that are proposed. She noted that ONC modified the definition to narrow the payment.

- **Arien Malec** noted that the previous recommendations found the exchange purposes to be defined too broadly and recommended that operations and payment be more narrowly defined which has been done in TEFCAv2.
- **Mark Savage** commented that there is a discussion about what happens when a patient asks a provider to transmit data to a third-party application (app). What happens when noncovered entity apps are used?

- **Arien Malec** suggested punting that question. There were previous comments about the role of intermediaries in the process.
- **Sheryl Turney** noted that treatment is too narrow from a payer perspective. She suggested a need to look at the purposes and be sure that all that should be supported are in the list.
- **David McCallie** commented that he liked the narrowing from the first version of TEFCA. Population health queries were removed. Removal of a technical requirement, but not saying can't do population health. He also noted that research was excluded.
  - **Mark Savage** noted that the All of Us Research Program is a good use case.
- **Mark Savage** noted that individual access services seemed narrow. He suggested that this definition needs some work.
- **Arien Malec** summarized that the task force wants to discuss research and look at recommendations related to intermediaries/third parties operating on the patient's behalf.

INDIVIDUAL ACCESS SERVICES

Zoe Barber reviewed the individual access services (IAS).
- **Arien Malec** asked for clarity as to whether there is a need to have to satisfy all of the exchange modalities. There aren't other activities allowed, such as Directed exchange.
  - **Zoe Barber** noted that QHINs have to support all of the exchange services.
- **David McCallie** asked for clarity regarding a personal health record (PHR) that is offering services, does the PHR have an obligation to share information, or is it consume only and not share.
  - **Zoe Barber** commented that if the participation stores data and have it available and receive a request for individual access services, they have to share the data available. If only provide individual access services, would not have to respond for any of the other exchange purposes.
  - **David McCallie** clarified that they could respond to though.
- **Noam Arzt** mentioned that there was a question raised about public health registries who are participants who might be called upon to respond to queries for individual access or have an expectation that they should be able to. He noted that the last time, a public health registry would be expected to do that. He questioned that public health shouldn't be required to respond to an access service.
  - **Zoe Barber** noted that the references have been expanded to apply to non-electronic health information (EHI) or any entity in the TEFCA.
  - **Arien Malec** noted that the participating entity is not a covered entity.
  - **Noam Arzt** noted that a public health registry isn't either.
  - **David McCallie** suggested a chart or matrix with initiators and responders.
  - **Arien Malec** suggested making a recommendation around this and acknowledge that the definition does not support this requirement.
  - **Zoe Barber** directed the task force to section 7.14.2, regarding each participant who receives a request. This clarified that each participant will respond as if they were a covered entity.
  - **Mark Savage** noted that he still has a question regarding the as patient-generated health data (PGHD) use case and items not structured around a particular right of access.
  - **David McCallie** noted the distinction between an interactive connection and a batch style connection. Care planning data, however, accumulated is EHI and

sharable via the QHIN, but the QHIN is not the means by which the app is connected to the system around the care plan.

EXCHANGE MODALITIES

Discussion

- **Arien Malec** stated that in regards to broadcast query there wasn't an explanation of why RLS was removed from TEFCAv2. No obligation for a QHIN to respond to a broadcast query.
- **Alex Kontur** left it open-ended as a guiding principle.
- **David McCallie** commented that the message delivery push model is a mistake and is unnecessary. He feels strongly that this is a mistake because of Direct. The broadcast query is asking for a federated record. If that is the interpretation of broadcast, it makes sense as long as it is not detailed how to do it.
- **Arien Malec** asked in regards to the message delivery comment. Is push exchange not included at all? Is it appropriate for a QHIN to have all use cases addressed? Is the QTF the right standard with respect to the definitions?
- **David McCallie** noted that lots of resources have been dedicated to Direct, and it has been integrated into a large number of EHRs. The proposal is difficult to support and would set back the industry.
- **Arien Malec** commented that an RLS functional requirement is missing.
- **Noam Arzt** noted that some type of push transaction needs to be included.

PERMITTED AND FUTURE USES OF EHI

Discussion

- **David McCallie** questioned what is secondary use.
- **John Kansky** commented it is the QHIN that exchanges data, and there is nothing that prevents sharing that data for research, he questioned if that is prohibited.
- **David McCallie** noted that the law prohibits that.
- **Sheryl Turney** commented that if it is a covered entity, there are certain uses if the data is de-identified.

Lauren Richie opened the lines for public comment.

Public Comment

Comments in the Public Chat

Mark Savage: Should we ask questions as we go, or wait until end of presentation?

Zoe Barber: We'll pause for questions right when he's done

Noam Arzt (HLN): I had some comments but I will hold them for now because of time.

Grace Terrell: It may be useful to consider definition around public health versus population health exchange purposes in light of our current conversation around only being able to get information a patient at a time.

Mark Savage: Dialing back in.

Alex Kontur: (ii) Each Participant that receives a request for Individual Access Services from an Individual with whom it has a Direct Relationship shall provide such Individual with Individual Access Services with respect to his or her EHI regardless of whether the Participant is a Covered Entity or Business Associate; provided, however, that if the Individual wants the EHI to go to a third party, the Individual has satisfied the conditions at 45 CFR § 164.524(c)(3)(ii) as if it applies to EHI.

Alex Kontur: Direct Relationship: a relationship between (a) an Individual and (b) a QHIN, Participant, or Participant Member, that arises when the QHIN, Participant or Participant Member, as applicable, offers services to the Individual in connection with one or more of the Framework Agreements and the Individual agrees to receive such services.

Julie Maas (EMR Direct): As acting Direct Project coordinator, I would invite the public health community to engage to determine how to make Direct "relevant" to PH push transactions.-- Luis Maa

Sheryl Turney: I think we need to hold this to the next meeting

Next Steps and Adjourn

Arien Malec suggested finishing the review during the next call. **Lauren Richie** adjourned the meeting at 1:30 p.m. ET