

Evaluating the Role of TEFCA in California's Data Exchange Framework

Prepared by: Robby Franceschini

The Office of the National Coordinator for Health IT (ONC) and its partner organizations are working to develop and operationalize a Trusted Exchange Framework and Common Agreement (TEFCA), with the goal of enabling a “network of networks” approach to data sharing starting in 2022. This factsheet provides background on TEFCA, highlights some of the implications of TEFCA for data sharing in California with the passage of A.B. 133 and summarizes concerns that have been raised with TEFCA.

Why is ONC creating TEFCA?

Under the 21st Century Cures Act of 2016, ONC was tasked with developing a “trusted exchange framework, including a common agreement among health information networks nationally,” with the “purpose of ensuring full network-to-network exchange of health information.”¹ “TEFCA” refers to the Trusted Exchange Framework and the Common Agreement that ONC is pursuing to comply with the Act.

ONC notes that while there are more than 100 regional health information exchanges and various national networks helping to advance interoperability across the U.S., it believes that variation in the contractual requirements and governance policies of these exchanges and networks may impede connectivity and data exchange between those exchanges and networks. This may limit the reach of any one exchange or network, making it difficult to access all an individual patient’s data. ONC believes that TEFCA can “enable[] existing and future networks to share [electronic health information] with each other without having to join multiple networks ...”²

What does TEFCA do?

With TEFCA, ONC looks to meet three goals:

1. “provide a single ‘on-ramp’ to nationwide connectivity,”
2. “enable Electronic Health Information to securely follow the patient when and where it is needed,” and
3. “scale interoperability nationwide.”³

With these goals in mind, TEFCA is intended to create an environment in which multiple health information networks securely share data with each other by using the same technical framework and legal framework.

The Technical Exchange Framework describes the minimum technical requirements that a HIE or network must employ to participate as a QHIN under the Common Agreement. This includes, for example, how the QHIN requests and answers requests for information. The Common Agreement is a contract that will include the Technical Exchange Framework by reference, and the terms and conditions of participation.

1. Pub. L. 114-225 (“21st Century Cures Act”).

2. HHS Office of the National Coordinator for Health Information Technology, Trusted Exchange Framework and Common Agreement (TEFCA) Draft 2 (April 19, 2019), <https://www.healthit.gov/sites/default/files/page/2019-04/FINALTEFCAQTF41719508version.pdf>.

3. Id.

The ONC has selected the Sequoia Project as the entity to launch and govern TEFCA, the “Recognized Coordinating Entity” (RCE). Through a competitive process, they will select a small number of qualified health information networks (QHINs) – to execute and implement all requirements of the Common Agreement and share data with other QHINs. ⁴ Additional entities—including HIEs, health information technology (HIT) developers and smaller networks—will contract with QHINs as “Participants”. They will need to comply with some of the TEFCA requirements. ⁵ TEFCA will establish a network-to-network query-based data sharing system and may establish a mechanism for “push” message (“QHIN Message Delivery”). ⁶

What were the major updates to the Technical Exchange Framework in 2019?

ONC released the first draft of the Trusted Exchange Framework in 2018 and solicited public feedback. In the second draft, released in 2019, ONC made several updates. Notably, ONC pared back the HIPAA use cases for exchange purposes required of QHINs. Rather than including the three key HIPAA use cases (Treatment, Payment, and Health Care Operations), ONC kept Treatment but only included specific Payment and Health Care Operations use cases in the second draft. ⁷

What is the timeline for TEFCA?

ONC plans to release the final Trusted Exchange Framework, Common Agreement, and Qualified Health Information Network Technical Framework v1 in early 2022. ⁸ The agency anticipates that entities will begin signing the Common Agreement in 2022, and then begin sharing data. ⁹

The Sequoia Project solicited feedback on the draft Technical Exchange Framework in September 2021, and ONC indicates it will release an overview of the Common Agreement soon. ¹⁰

How will TEFCA affect health information exchange? What are some concerns stakeholders have raised?

Potential duplication and disruption of existing data exchange efforts and contractual arrangements.

Stakeholders have noted in comments to ONC that the agency should make sure that TEFCA complements, rather than duplicates, existing interoperability frameworks. ¹¹ For instance, extensive network-to-network exchange—using the same query methodology currently included in TEFCA—is already occurring between Carequality, Commonwell and eHealth Exchange, all national networks.

To participate in TEFCA HIEs and other entities will need to change their policies and modify the contracts and business agreements they have with all participating providers and plans. The effort may outweigh the benefit, given that many HIEs are already exchanging patient data “across networks” by participating in eHealth Exchange or Carequality.

4. Id.

5. Id.

6. Id. ONC has outlined three modalities for data exchange in Draft 2: a “QHIN Targeted Query” or a request to “pull” information from a specific QHIN; a “QHIN Broadcast Query” or a request to “pull” information from all other QHINs; and a “QHIN Message Delivery” or a request for one or more QHINs to “push” information related to one or more Participants or Individuals.

7. The specific Payment and Health Care Operations use cases that were included are Quality Assessment and Improvement, Business Planning and Development, and Utilization Review

8. HHS Office of the National Coordinator for Health Information Technology, Trusted Exchange Framework and Common Agreement (July 13, 2021), <https://www.healthit.gov/topic/interoperability/trusted-exchange-framework-and-common-agreement>.

9. Id.

10. The Sequoia Project, QHIN Technical Framework: Perspectives, Assumptions, and Considerations (2021), <https://rce.sequoiaproject.org/qhin-technical-framework-feedback/>. Note that the opportunity to provide feedback closed on September 21, 2021.

11. HITAC TEFCA Task Force, Letter to Donald Rucker, National Coordinator for Health IT (July 16, 2019), https://www.healthit.gov/sites/default/files/page/2019-07/2019-07-11-TEFCA_Final%20Transmittal%20Letter%20to%20HITAC_signed_508.pdf; American Medical Association, AMA Draft 2 TEFCA Comments (June 18, 2019), https://www.healthit.gov/sites/default/files/webform/tefca_comment_form/ama_comments_draft_2_tefca.pdf.

Voluntary participation in TEFCA may limit its impact.

Participation in TEFCA is voluntary. Neither ONC nor CMS are incenting or requiring providers, plans, HIEs or HIT developers to join TEFCA. While several ideas have been floated to incentivize participation, such as making TEFCA participation a condition of certification for EHR vendors or a condition of participation for Medicare and/or Medicaid providers, these policies are not moving forward at this time. Given the voluntary nature of TEFCA, the apparent duplication with existing data exchange efforts, and the steps needed to comply with the Common Agreement and Technical Framework, participation may be limited which will also limit the value proposition of joining the effort.

Current use cases aren't expansive enough to meet many stakeholders' needs.

As noted earlier, TEFCA in its current form will only support data exchange for some, but not all, HIPAA operations and payment use cases. Notably, care coordination by health plans is not included as a permitted purpose. This means that health plan participants will not be able to issue queries for member care coordination, substantially limiting the utility for health plans and the value for patients. Stakeholders have argued that ONC should widen permissible exchange to include all HIPAA use cases for payment and operations, not just a subset, to ensure more widespread and robust interoperability.¹²

What are some key considerations and recommendations as the CHHS Stakeholder Advisory Group considers the relevance of TEFCA to the CHHS Data Exchange Framework?

The CHHS Stakeholder Advisory Group should develop solutions to:

Leverage the existing data sharing capabilities of the national networks over TEFCA's technical and contractual elements.

National networks are already supporting query-based data exchange across scores of providers and HIEs in California. It is not yet clear that TEFCA is the way to do that.

Assist all providers and plans to get onto the data sharing networks.

Some but not all providers and electronic health record (EHR) vendors currently participate in the national networks. Larger organizations and vendors are much more likely to join, and the same is likely to be true for TEFCA. Work remains to be done to connect providers and plans to the national networks and/or the health information exchanges that connect to them.

12. American Hospital Association, Letter To Donald Rucker, National Coordinator for Health IT (June 17, 2019), <https://www.aha.org/system/files/media/file/2019/06/onc-trusted-exchange-framework-and-common-agreement-draft2-6-17-2019.pdf>.

Enable data sharing for the health care and social services and use cases that will likely be left out of TEFCA.

CHHS has indicated that it intends to consider a broad range of providers and their needs through the Stakeholder Advisory Group process, including small provider practices, behavioral health, social services agencies, nursing homes, and other community providers. None of these entities is likely to directly participate in either national networks or in TEFCA, primarily because they do not use a Certified Electronic Health Record Technology (CEHRT) that connects to a national network. AB 133 envisions data sharing among entities for treatment, payment and health care operations purposes, while TEFCA only includes a subset. These limited TEFCA use cases will not be sufficient to meet California's data sharing needs, especially for the care coordination that will be essential to the success of CalAIM.

Fulfill the promise of “real-time” data sharing, which will not be realized through TEFCA

AB 133 requires the “real-time” sharing of data by most enumerated entities by 2023, which will require entities to proactively share their data with other entities. TEFCA primarily supports query-based exchange—not proactive data sharing.

Adjust stakeholder expectations to recognize that California's stakeholder process and TEFCA are on different timelines.

AB 133 requires CHHS to establish a Data Exchange Framework by July 1, 2022. However, ONC has indicated that it does not intend to finalize TEFCA until the first quarter of 2022. This may inhibit TEFCA's use as authoritative federal guidance, given that ONC may not finalize this work until the stakeholder advisory group and work on the Data Exchange Framework are well underway.

