TEFCA is Finally Here: What This Might Mean for Public Health and IIS

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Background

- ❑ Two separate but related things
  - ❑ TEF: [Trusted Exchange Framework](#)
  - ❑ CA: [Common Agreement](#)
- ❑ Outgrowth of [HITECH Act](#) and [21st Century Cures Act](#)
- ❑ Developed and launched by [ONC](#); managed by Recognized Coordinating Entity ([RCE](#)), The Sequoia Project (Sept 2019)
- ❑ Released for comment in January 2018 (see [post](#)) and again in April 2019 (see [post](#))
- ❑ "Version 1" release in January 2022

"Network of Networks"

❏ Interconnection between local, regional, and national networks (HIEs)

❏ Limited number of nodes, or Qualified Health Information Networks (QHINs)

❏ Technical architecture centers around existing Integrating the Healthcare Enterprise (IHE) adopted standards and profiles

❏ Widely deployed by existing national networks (eHealth Exchange, Carequality, and the Commonwell Health Alliance)

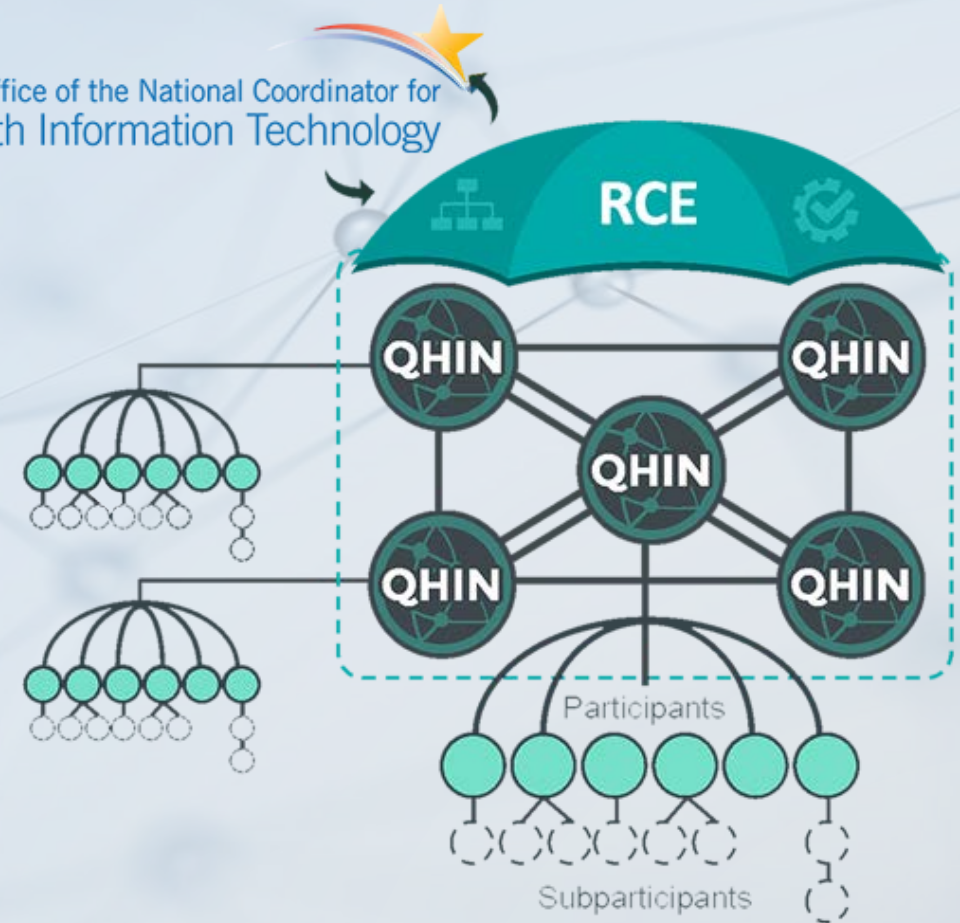❏ Plan for integrating HL7 Fast Health Information Resources (FHIR) for later implementation

Diagram c/o The Sequoia Project

Exchange Purposes

❑ Reasons for information sharing

❑ Only Treatment and Individual Access Services required initially

❑ Both data query *and* message delivery supported

❑ Standard Operating Procedure (SOP) and Implementation Guide documents will follow

❑ Common Agreement clauses "flow down" to their participants

Treatment

Payment

Health Care Operations

Public Health

Government Benefits Determination

Individual Access Services

Diagram c/o The Sequoia Project

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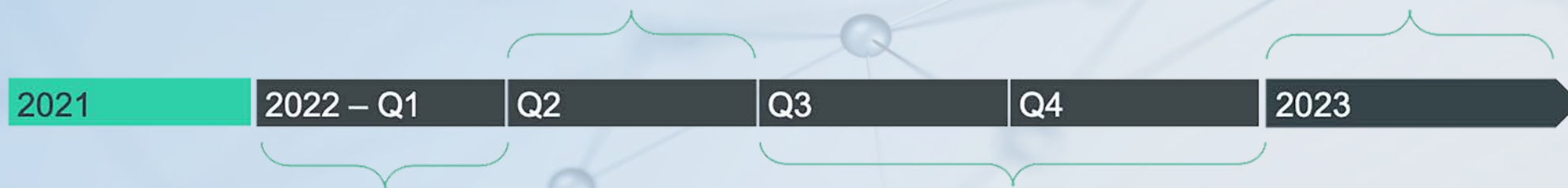Consulting

Timeline to Operationalize TEFCA

2021
- Public engagement
- Common Agreement Work Group sessions
- RCE and ONC use feedback to finalize TEFCA

Q2 of 2022
- QHINs begin signing Common Agreement and applying for designation

2023
- Establish Governing Council
- Follow change management process to iterate Common Agreement, SOPs, and QTF, including to support FHIR-based exchange

2021	2022 – Q1	Q2	Q3	Q4	2023

Q1 of 2022
- Publish Common Agreement Version 1
- Publish QHIN Technical Framework (QTF) Version 1 and FHIR Roadmap
- Initiate work to enable FHIR-based exchange
- Public education and engagement

Q3 and Q4 of 2022
- Onboarding of initial QHINs
- Additional QHIN applications processed
- RCE establishes Transitional Council
- RCE begins designating QHINs to share data
- Prepare for TEFCA FHIR exchange pilots

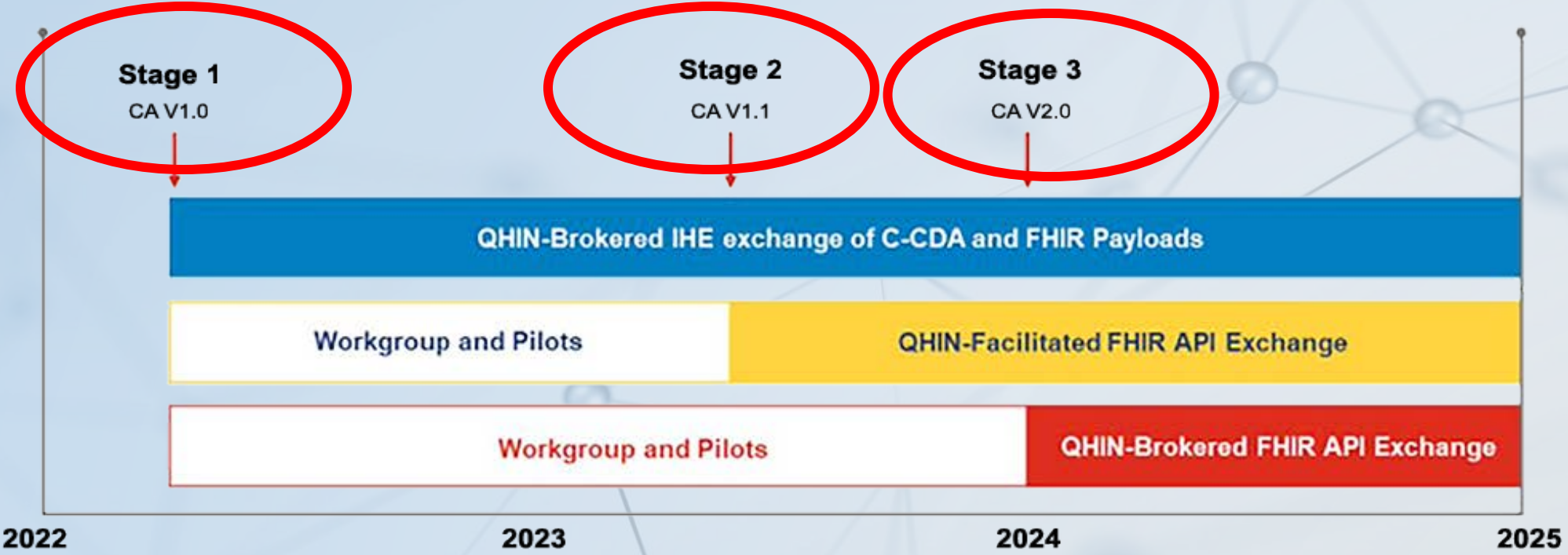*Timeline c/o The Sequoia Project*

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FHIR Roadmap

Diagram c/o The Sequoia Project

Public Health Perspective

❑ Most public health transactions do not rely on IHE profiles and standards, *especially* IIS transactions

❑ FHIR is coming... to TEFCA and likely to IIS, but on different timetables

❑ Since it will take several years for the TEFCA network to be deployed, public health should focus its energies on the *future* and FHIR implementation rather than try to accommodate current IHE standards

❑ The XCDR profile for messaging can carry *any* type of message, so leveraging this type of transaction for public health purposes may be useful in the near term if it becomes more widely deployed by QHINs (perhaps less so for IIS)

❑ Remember: TEFCA only applies to QHIN-to-QHIN connectivity

❑ Public health agencies are free to participate in TEFCA but cannot be *compelled* to respond to a TEFCA-initiated query.

Example: Message Delivery

Diagram c/o The Sequoia Project

❑ Primary care provider (PCP) is an end user of Health System A's EHR (Health System A is a Participant). PCP creates and sends a referral to a dermatologist for Treatment. Health System A sends care summary to its QHIN A

❑ QHIN A initiates QHIN Message Delivery to send the care summary to QHIN B.

❑ QHIN B sends care summary to the appropriate Participant, in this case Health System B.

❑ Dermatologist (end user of Health System B's EHR) can access the referral within Health System B's EHR.

Areas to Monitor Closely

❏ Patient identity/matching is largely "delegated to the participants" (public health has a lot to *offer* here)

❏ There is a directory service yet to be designed and developed (public health may have a lot to *gain* from this)

❏ The speed with which Federal agencies jump on board will have profound implications to TEFCA's likely success

  o CMS as a driver of clinical care

  o Federal partners like VHA, DoD, IHS

HLN Posts About TEFCA

- [ONC Finally Releases TEFCA: What it Might Mean to Public Health](#)

- [HLN Attends Sequoia Project Annual Meeting On TEFCA](#)

- [ONC Gets It Mostly Right with TEFCA 2.0](#)

- [ONC Selects Noam Arzt to serve on the Trusted Exchange Framework Task Force](#)

- [TEFCA: A Public Health Perspective](#)

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