Is TEFCA a panacea?
What TEFCA solves, what it doesn't solve, and how you can use it

BY PHIG IMPLEMENTATION CENTER PARTNERS

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Agenda

A. Health Data Problems

B. What is TEFCA?

C. How is it being implemented and the Implementation Centers Program

D. The Role of Health Information Exchanges

E. What to Look for Next

The Modern Health Data Problem

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A day in the life of your health data…

This is Larry
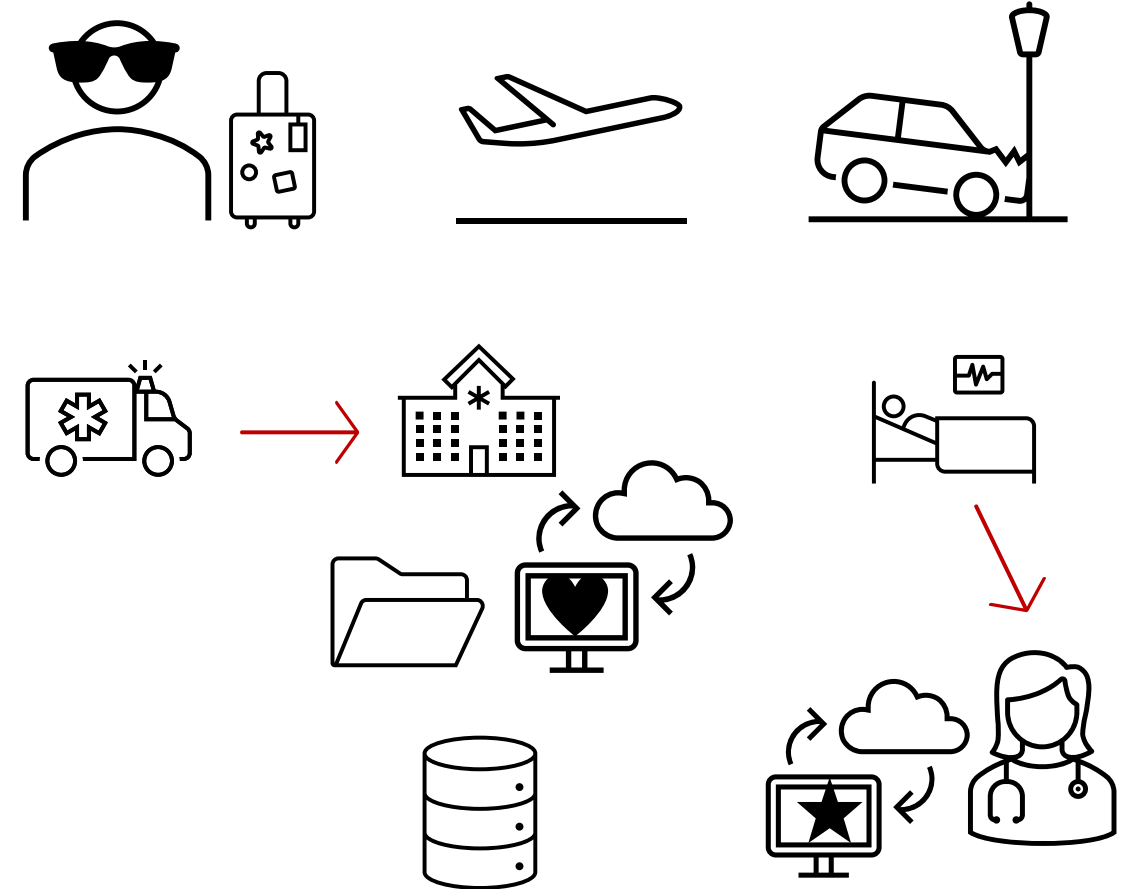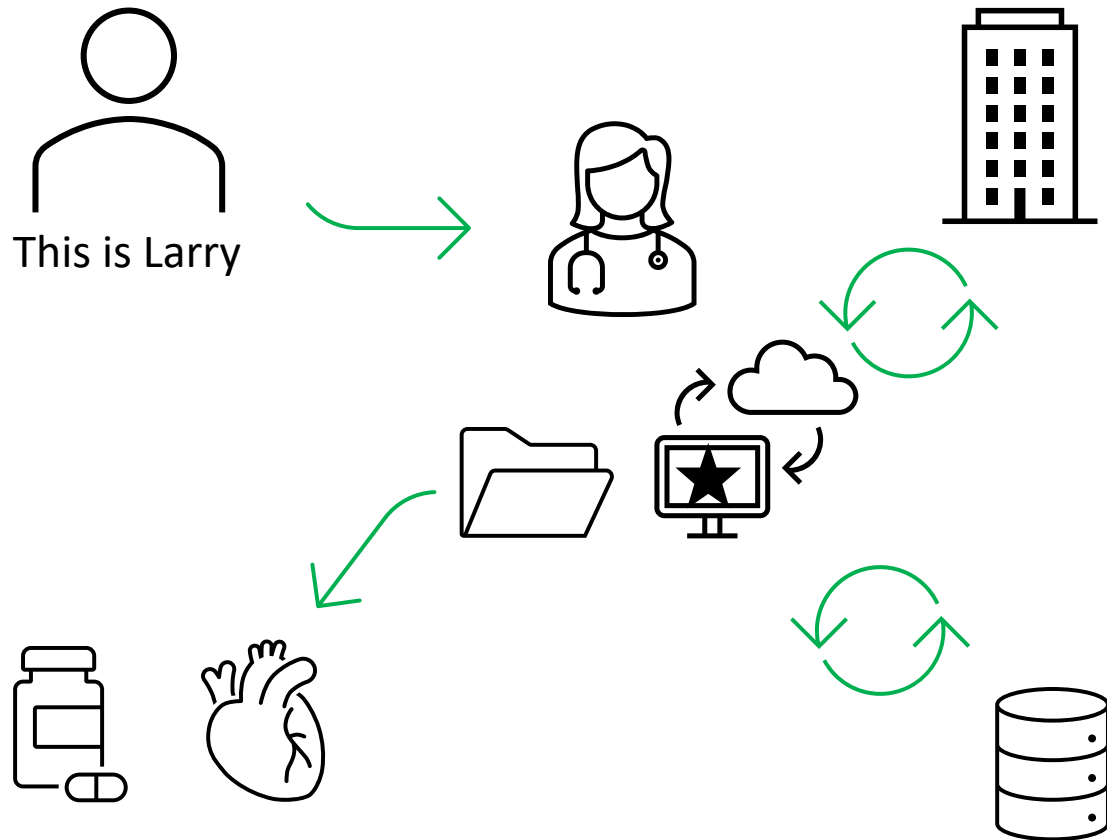
# If this feels inefficient, bordering on insane…

There's more!

All these different EHR systems have different ways of connecting to (or not connecting to) each of those outside entities like Health Departments and Health Information Exchanges.
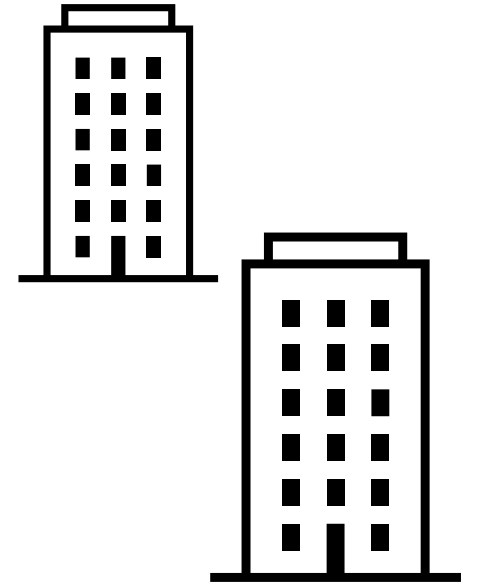
TEFCA

Enter TEFCA

- The Trusted Exchange Framework and Common Agreement
  - The <u>Trusted Exchange Framework</u> is the non-binding, foundational principles for policies and practices that facilitate data sharing among health information networks.
  - The <u>Common Agreement</u> establishes the infrastructure model and governing approach for different health information networks to securely share clinical information with each other.
- Came out of the 21st Century Cures Act instructing ONC (now ASTP) to develop a national framework
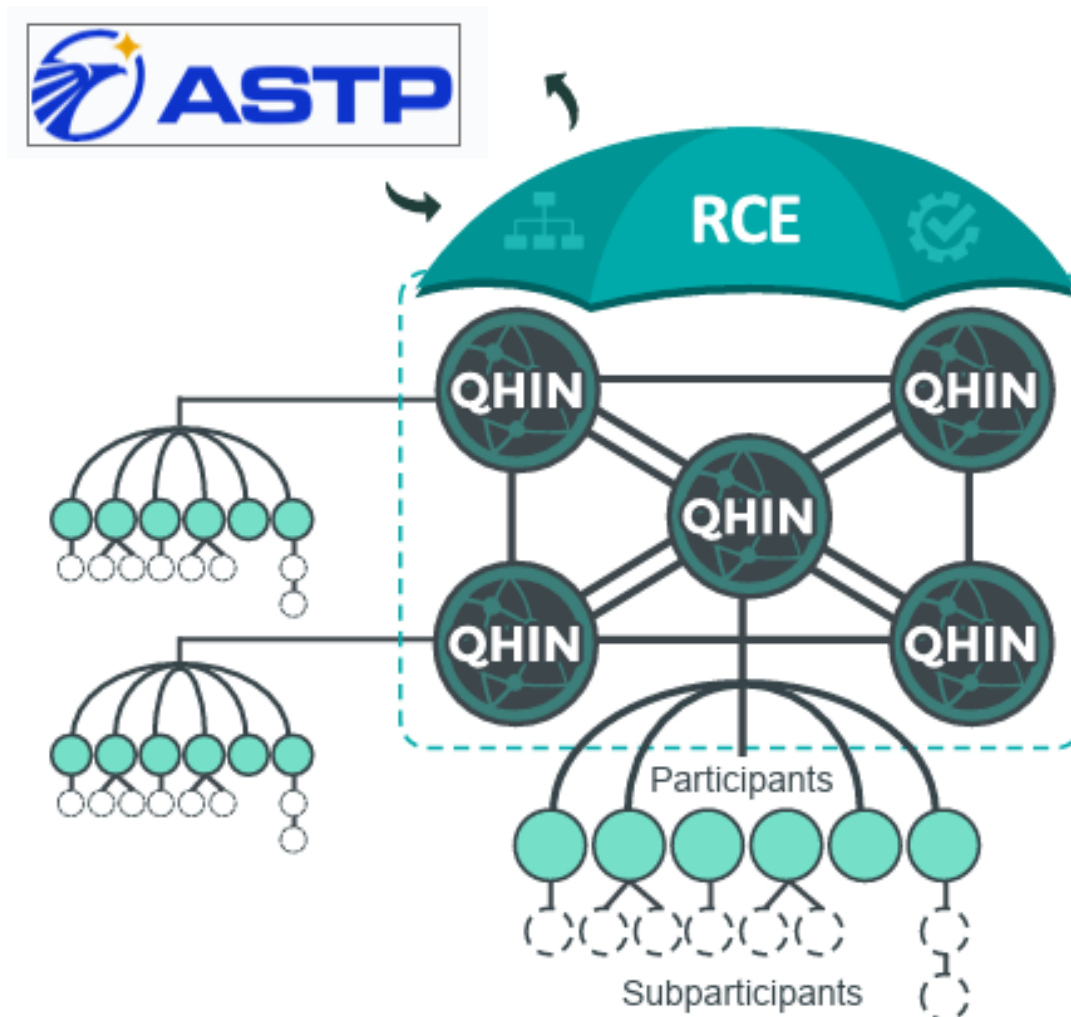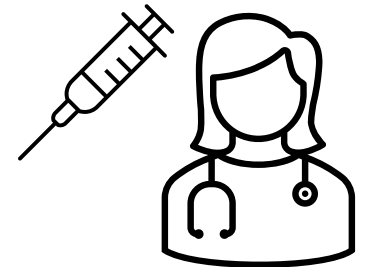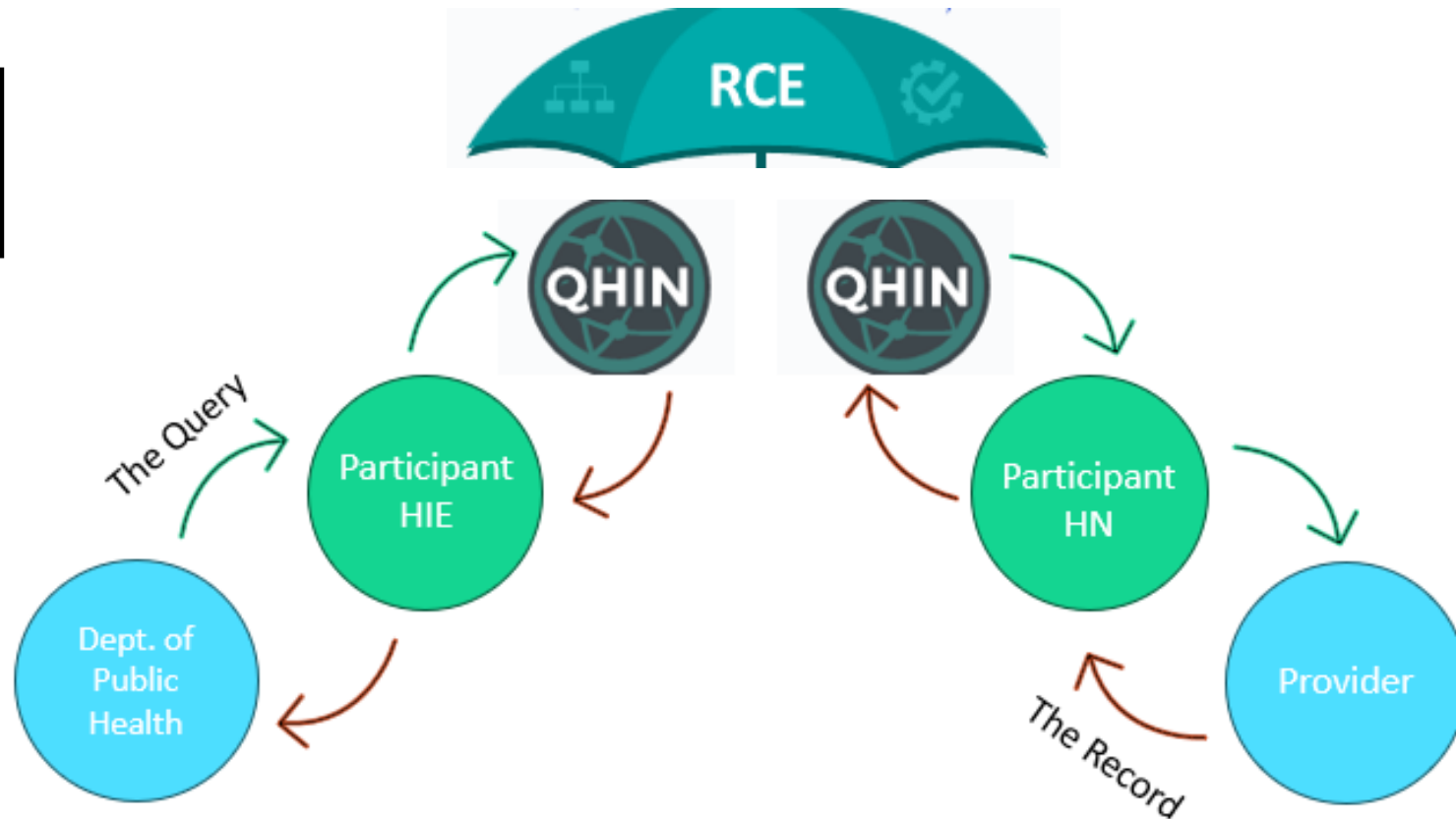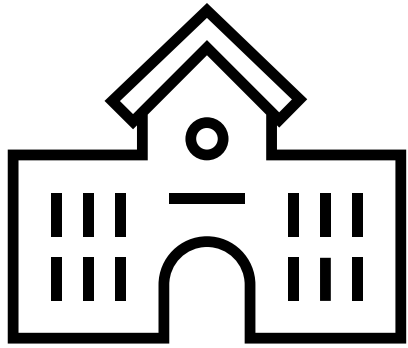
RCE = Recognized Coordinating Entity

QHIN = Qualified Health Information Network

Participants and Subparticipants could be HIEs, providers, health departments, etc.

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"The New Five-Year-Old in Town"
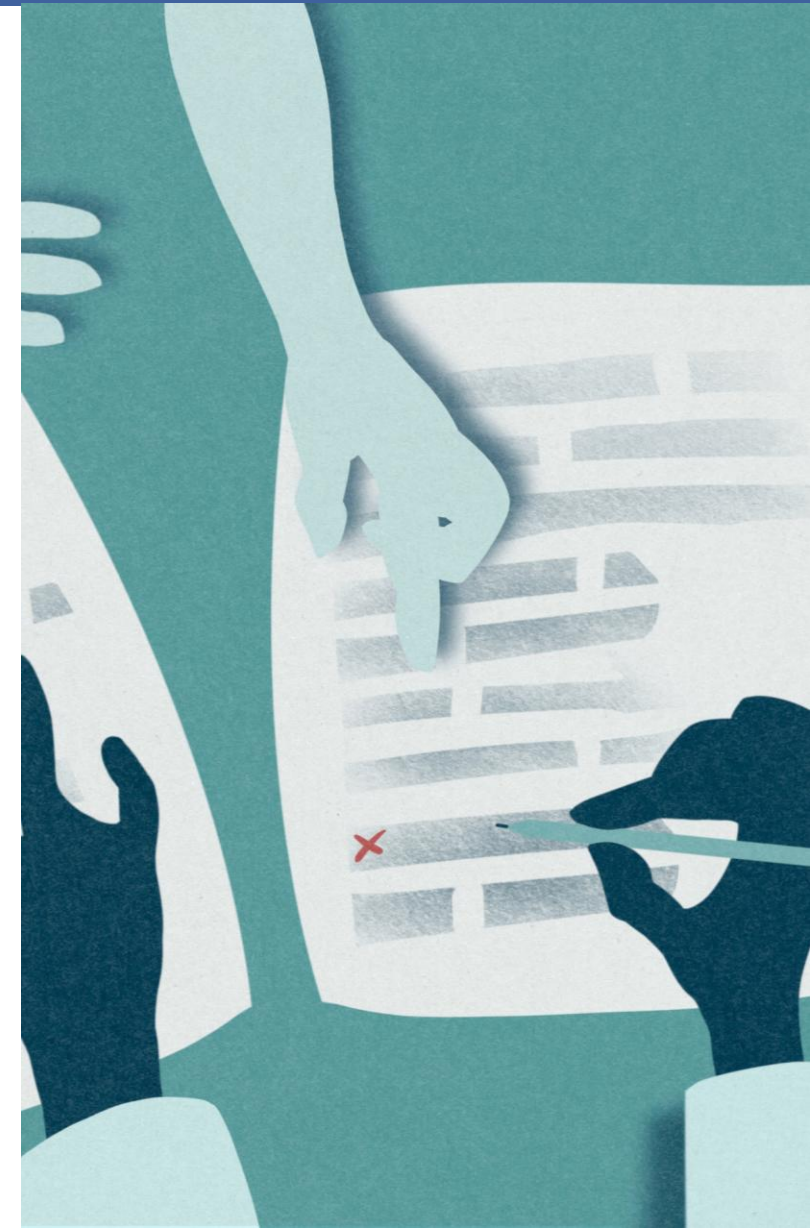
How is TEFCA Being Implemented So Far?

TABLE 2. REQUIRED RESPONSE AND PERMITTED FEES

Authorized XP	XP Code	Required Response (Yes/No)	Permitted Fees (Yes/No)
Treatment	T-TREAT	No	No
TEFCA Required Treatment	T-TRTMNT	Yes	No
Payment	T-PYMNT	No	Yes
Health Care Operations	T-HCO	No	Yes
Public Health	T-PH	No	Yes
Electronic Case Reporting	T-PH-ECR	No	Yes
Electronic Lab Reporting	T-PH-ELR	No	Yes
Individual Access Services	T-IAS	Yes	No
Government Benefits Determination	T-GOVDTRM	No	Yes

Standard Operating Procedure (SOP): Exchange Purposes (XPs)

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RCE-Info-Call-August-19-_Final-v2.pdf

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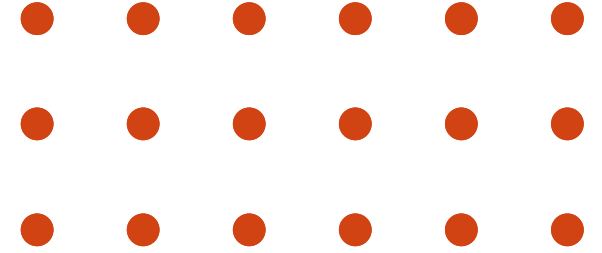
IC Program Overview

What is the Implementation Center Program?

The **Public Health Data Modernization Implementation Center Program** (IC Program) is a multi-year program to help public health agencies (PHAs) accelerate their data modernization activities.

The IC Program establishes **4 Implementation Centers** (ICs) to provide **direct implementation, financial, and sustainability planning support** to public health agencies at the state, tribal, local, territorial, and freely associated state level.
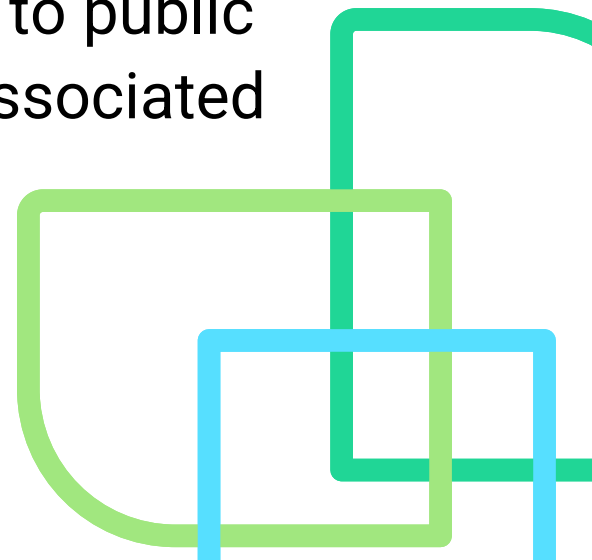
National Partners & Implementation Centers

PHIG PARTNERS

Centers for Disease Control & Prevention (CDC)

Provides funding for the initiative through the Public Health Infrastructure Grant (PHIG).

National Partners (NP)

Oversee governance, provide strategic direction for the IC program, and lead coordination across the Implementation Centers.

astho™   PHAB   NNPHI™

Implementation Centers (IC)

Support day-to-day execution of IC program activities including engaging with PHAs and providing technical assistance.

CRISP Shared Services   Guidehouse   Mathematica® Progress Together   Chickasaw Health Consulting, LLC

IC Program Wave 1

EOI Eligibility:

All PHAs at the state, local, territorial, and freely associated state level were eligible to apply by submitting an expression of interest (EOI).

EOI Process

The EOI asked each PHA to describe the project it was interested in pursuing and the IC Program outcome it sought to achieve:

Outcome 1	**Outcome 2**
Using the latest health IT standards to exchange data	*Participating in an exchange based on the Trusted Exchange Framework and Common Agreement (TEFCA)*
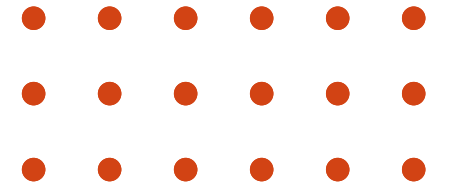
Wave 1: 69 PHAs Applied for the IC Program

PHA Type

- State (30)
- Local (34)
- Territorial & Freely Associated State (5)

Legend: State | Local | Territorial & Freely Associated State
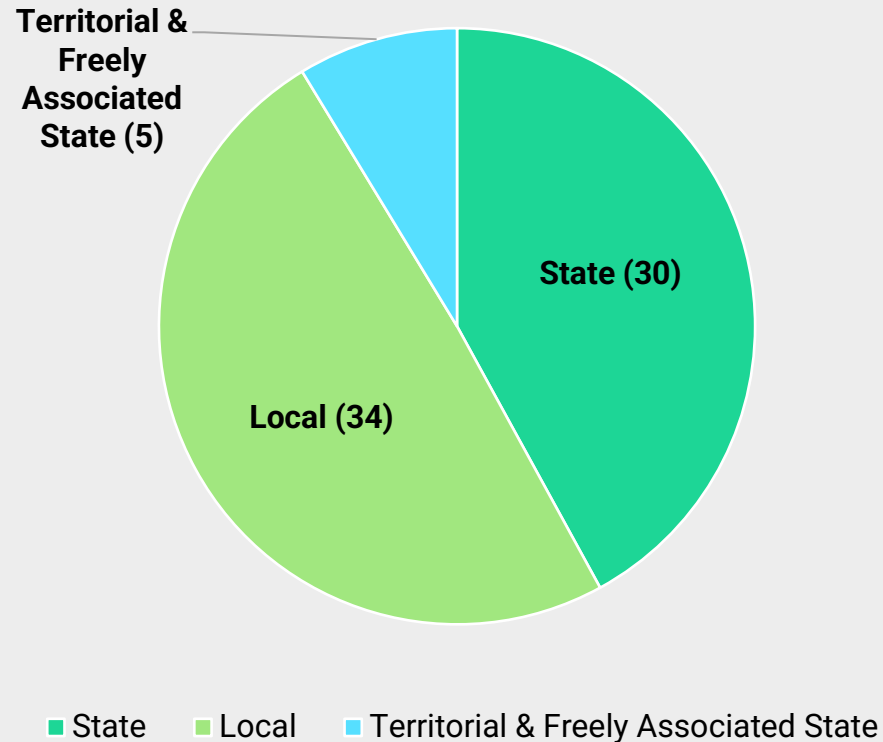
PHA Proposed Project Type

- Outcome 1 (32)
- Outcome 2 (6)
- Outcomes 1 & 2 (31)

Outcome 1: Using the Latest Health IT Standards to Exchange Data

Outcome 2: Participating in TEFCA-Based Exchange

Outcomes 1 & 2
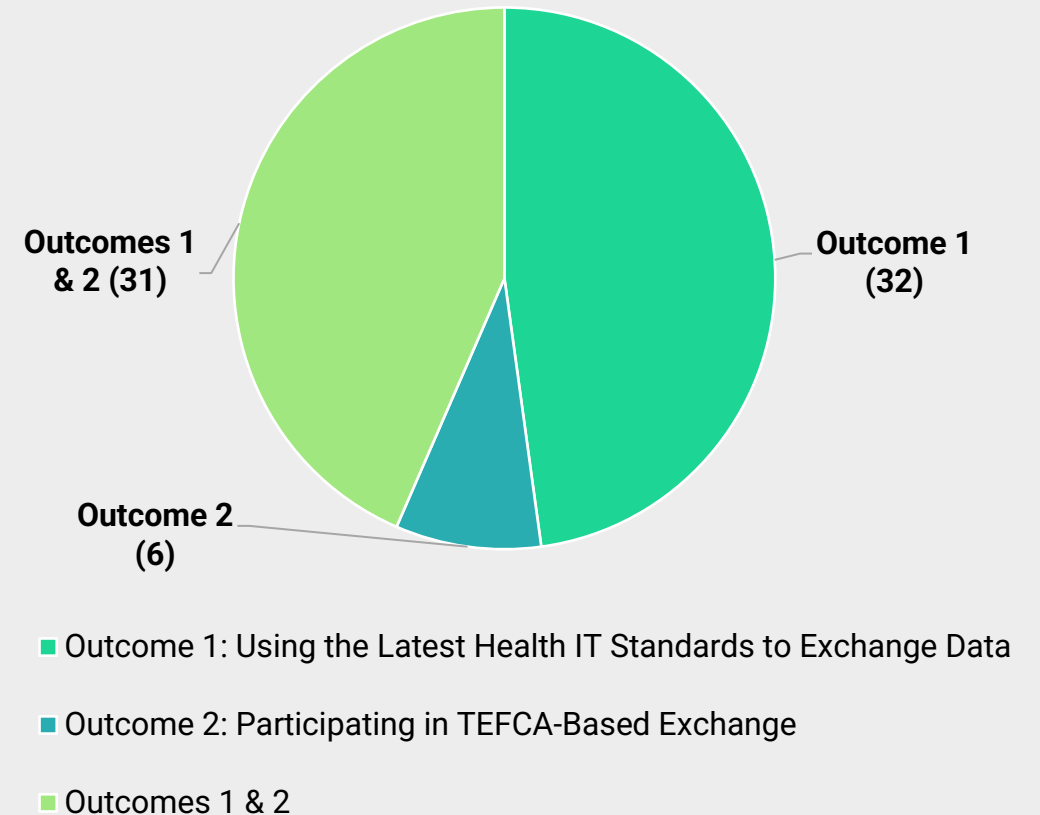
The Role of HIEs

Health Information Exchanges (HIEs)

- One-stop shop for patients and providers to provide full clinical view of patient

- Not-for-profit, non-governmental trusted third party, securing data and protecting privacy

- State-based, understanding the unique needs of stakeholders and privacy concerns of states

- Centralized touch points for federal and state government data needs

- Private, state-based hubs of innovation and data sharing

- A decade of investment and "laboratories of innovation" with clear models of success for expansion

Health Information Exchange

Specialty Physician EHR • Local Health Department EHR • Community Health Center EHR • Hospital EHR • HIE • Primary Care Physician EHR

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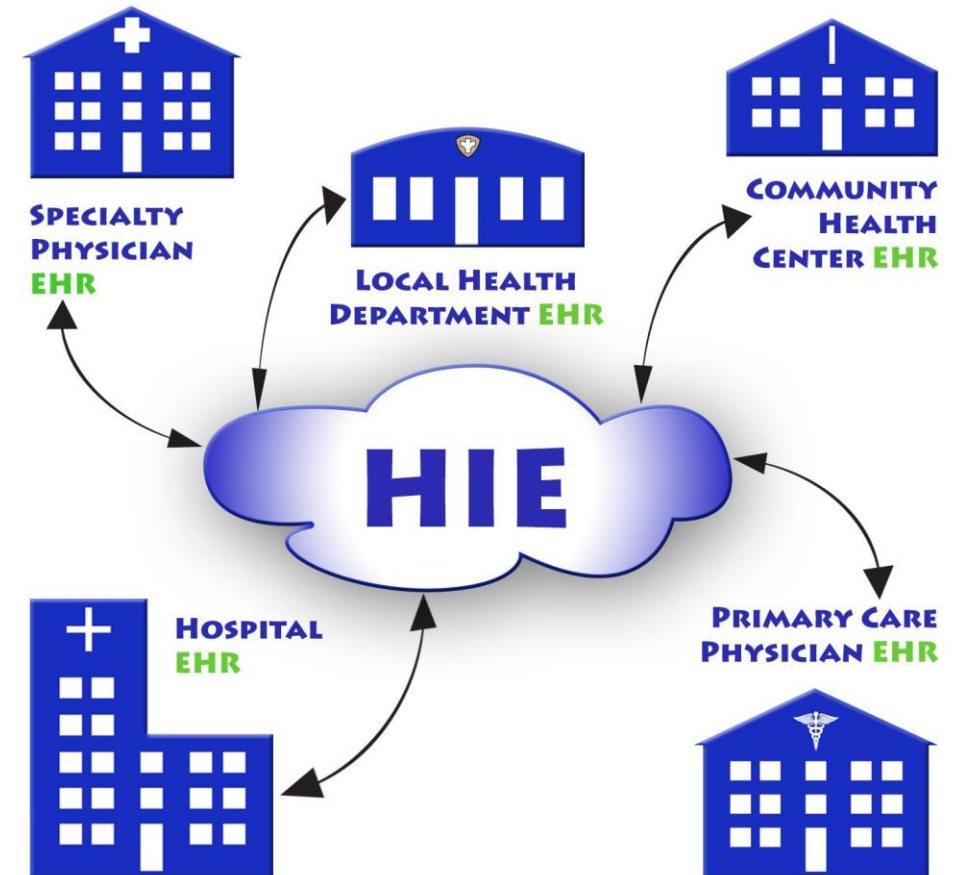
Gaps in TEFCA

Compliance with applicable laws, such as complex state and federal health information laws

Technical solutions, such as patient master index (MPI), identity verification, data de-duping, bulk data transfer

Audit and enforcement mechanisms (QHINs individually determine what this looks like)

Downstream data governance and usability

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HIE Capabilities

- Local Governance and Privacy Protections

- Granular Consent

- Advanced Patient Matching and Identity Resolution

- Public Health

- Equity and Rural Connections

- Research and Other Authorization-Based Disclosures

- Data and Analytics

- HIEs already interact and exchange data with National Networks very similar to the TEFCA model
- From a public health perspective, HIEs can and do act as a critical intermediary in data exchange from providers/payers to public health officials
- Currently, health data is exchanged through National Networks using the Consolidated Clinical Document Architecture standard; documents, *rather than data elements*, are exchanged
- In the future, TEFCA envisions the promise of querying for specific data elements, but that capability does not currently exist
  - For example, documents/data can be queried/returned based on a patient/use case, but we cannot yet query for a data element or aggregated data
  - In the long-term, FHIR should provide for querying for discrete data elements, but that future is *years* from happening
- To accomplish the above, an intermediary would need to translate, parse, and/or consolidate the data elements before they could be given to a Public Health Authority
- HIEs would be and are currently ideal candidates to accomplish this normalization and translation

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What's Next?

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SHARING HEALTH DATA ONLY GETS YOU INTO TROUBLE!

NOT SHARING HEALTH DATA ONLY GETS YOU INTO TROUBLE!

Info Blocking

Cures Act

TEFCA

Dobbs

HIPAA

1996

2023

HEEEELLLLLPPPPP!!!!!

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Information Blocking

1. **Am I an actor?**
   - Developer of Health Information Technology Developer
   - Health Information Network or Health Information Exchange
   - Health Care Provider

2. **Would this action constitute information blocking?**
   - Is the requested information electronic health information (EHI)?
   - Is the requestor authorized to receive the EHI under existing law?
   - Is the activity likely to interfere with, prevent, or materially discourage:
     - Access to EHI – The ability or means necessary to make EHI available for exchange, use, or both?
     - Exchange of EHI – The ability for EHI to be transmitted between and among different technologies, systems, platforms, or networks?
     - Use of EHI – The ability for EHI, once accessed or exchanged, to be understood and acted on?

3. **Is there an exception?**

Sean Sullivan, AHLA Webinar, *Information Sharing in 2023: The ONC HTI-1 Proposed Rule, Opportunities, and Observations*

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EXCEPTIONS THAT INVOLVE not fulfilling requests to access, exchange, or use EHI

PREVENTING HARM

PRIVACY

SECURITY

INFEASIBILITY

HEALTH IT PERFORMANCE

9 EXCEPTIONS TO THE **INFORMATION BLOCKING PROVISION**

LICENSING

FEES

CONTENT

EXCEPTIONS THAT INVOLVE procedures for fulfilling requests to access, exchange, or use EHI

TEFCA MANNER EXCEPTION

EXCEPTIONS THAT INVOLVE practices related to actors' participation in the Trusted Exchange Framework and Common Agreement

Information Blocking | HealthIT.gov

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2025 PUBLIC HEALTH LAW CONFERENCE

Connection. Collaboration. Community.

PREVENTING HARM

PRIVACY

SECURITY

EXCEPTIONS THAT INVOLVE not fulfilling requests to access, exchange, or use EHI

INFEASIBILITY

HEALTH IT PERFORMANCE

9 **EXCEPTIONS TO THE INFORMATION BLOCKING PROVISION**

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Information Blocking | HealthIT.gov

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Maryland: Health. Gen. § 4-302.5

- A **health information exchange or electronic health network** may not disclose . . . sensitive health services as determined by the Secretary without patient consent
- "Sensitive Health Services" are certain **code sets** the Secretary determines applicable
  - The Commission has authority to include **additional codes** related to services outside of abortion services
- Health information exchanges **include electronic health records**

California: AB 352

- (a) . . . **provider of health care, health care service plan, pharmaceutical company, contractor, or employe**r shall not *knowingly* disclose, transmit, transfer, share, or grant access to medical information in an electronic health records system or *through a health information exchange* that would identify an individual and that is related to an individual seeking, obtaining, providing, supporting, or aiding in the performance of an abortion that is lawful under the laws of this state to any individual or entity from another state, unless the disclosure, transmittal, transfer, sharing, or granting of access is authorized under any of the following conditions . . .

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RESOURCES

- [21st Century Cures Act](#)
- [Technical Exchange Framework: Principles for Trusted Exchange](#)
- [Recognized Coordinating Entity (RCE) - The Sequoia Project](#)
- [ASTHO Webinar: TEFCA Overview and Perspectives From the Field](#)
- [RCE Summary of Flow Down Provisions from Common Agreement](#)
- [RCE Common Agreement User Guide with Order of Precedent](#)
- [ASTHO Blog: TEFCA: A Better User Experience for Public Health Data](#)
- [RCE Resources Library](#)
- [CDC's data strategy](#)

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