

The Office of the National Coordinator for  
Health Information Technology



Joint Public Health Forum & CDC Nationwide  
Webinar

May 22, 2019

Putting the **I** in Health **IT**   
[www.HealthIT.gov](http://www.HealthIT.gov)

<https://www.cdc.gov/ehrmeaningfuluse/joint-public-health-forum--cdc-nationwide.html>

Meaningful Use

Meaningful Use

Introduction

Calendar

Connect with Others -

CDC Meaningful Use ListServ

Meaningful Use Community -

Public Health – EHR Vendors Collaboration Initiative

**Joint Public Health Forum & CDC Nationwide**

Meaningful Use (MU) Public Health (PH) Reporting Requirements Task Force

Community of Practice (CoP)

ELR Task Force +

Jurisdiction Meaningful Use Websites

S & I Framework

Reportable Conditions Knowledge Management System

External Links

Meaningful Use

payment

incentive

eligible

EHR

hospitals

Medicaid

Medicare

states

hospital

Meaningful Use

CDC > Meaningful Use > Connect with Others > Meaningful Use Community

Joint Public Health Forum & CDC Nationwide

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Community Profile

The Office of the National Coordinator for Health IT (ONC) and the Centers for Disease Control & Prevention (CDC) jointly sponsor this initiative, which features monthly webinars to foster collaboration amongst the public health jurisdictions across the nation, in response to the widespread adoption of electronic health records (EHRs) for Meaningful Use.

The objectives for this initiative include:

- Identify common questions and concerns around meaningful use
- Provide updates on federal partner activities in preparing for meaningful use
- Allow public health jurisdictions to share useful practices and current progress
- Identify technical assistance needs and priorities

*Note: Webinar pre-registration is required and the instructions to register are provided in the Monthly Webinar Registration section below.*

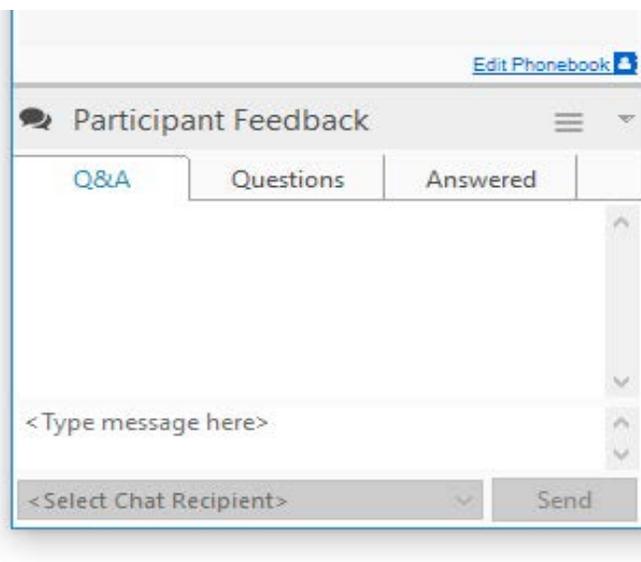
Please send in your feedback, questions, and/or suggestions for these Joint Public Health Forum & CDC Nationwide Webinars to the Meaningful Use Mailbox ([meaningfuluse@cdc.gov](mailto:meaningfuluse@cdc.gov)).

**Meeting Schedule and Webinar Information**

**Meeting Schedule:**

## ***Question and Answer Session***

### ***How to submit or ask questions in Ready Talk for the panel members?***



#### *Submit or Ask Questions*

Submit your text question and comments using the Question Panel

Please raise your hand to be unmuted for verbal questions.



# The Trusted Exchange Framework and Common Agreement Draft 2

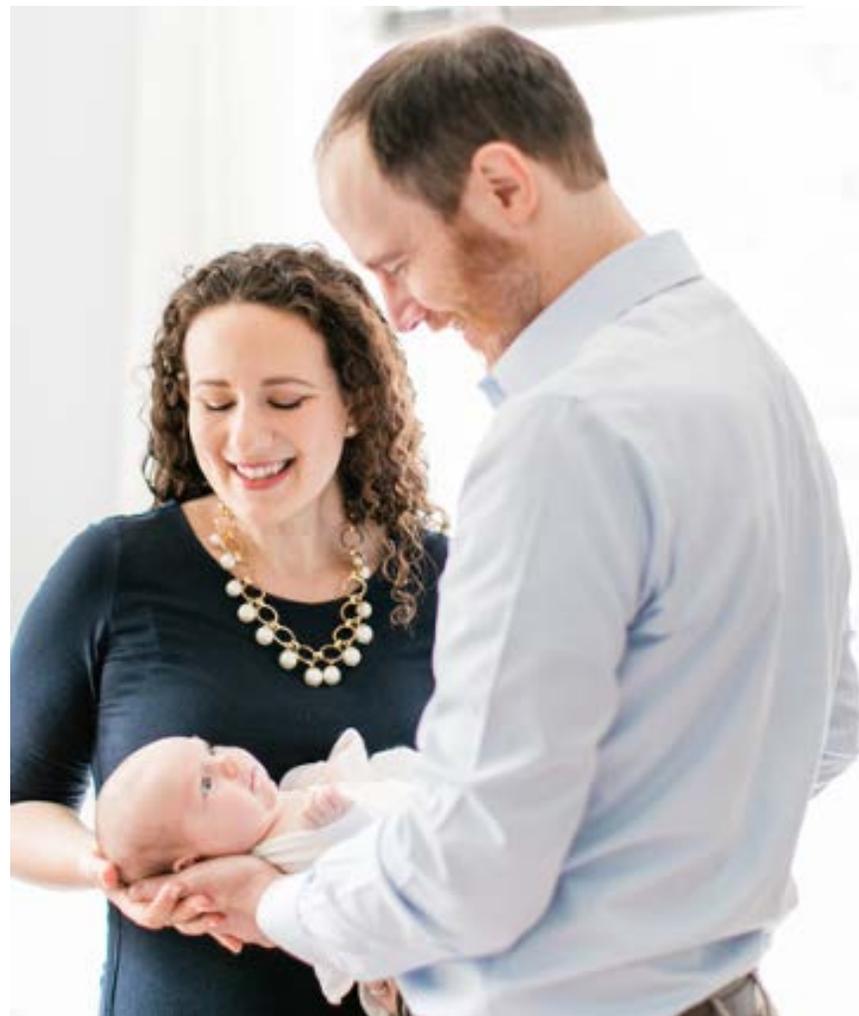
April 2019 | Release

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 .



Visit [www.healthIT.gov/TEFCA](http://www.healthIT.gov/TEFCA) to view the TEFCA Draft 2.

# My Why





Why do we need  
the Trusted Exchange  
Framework and the  
Common Agreement?

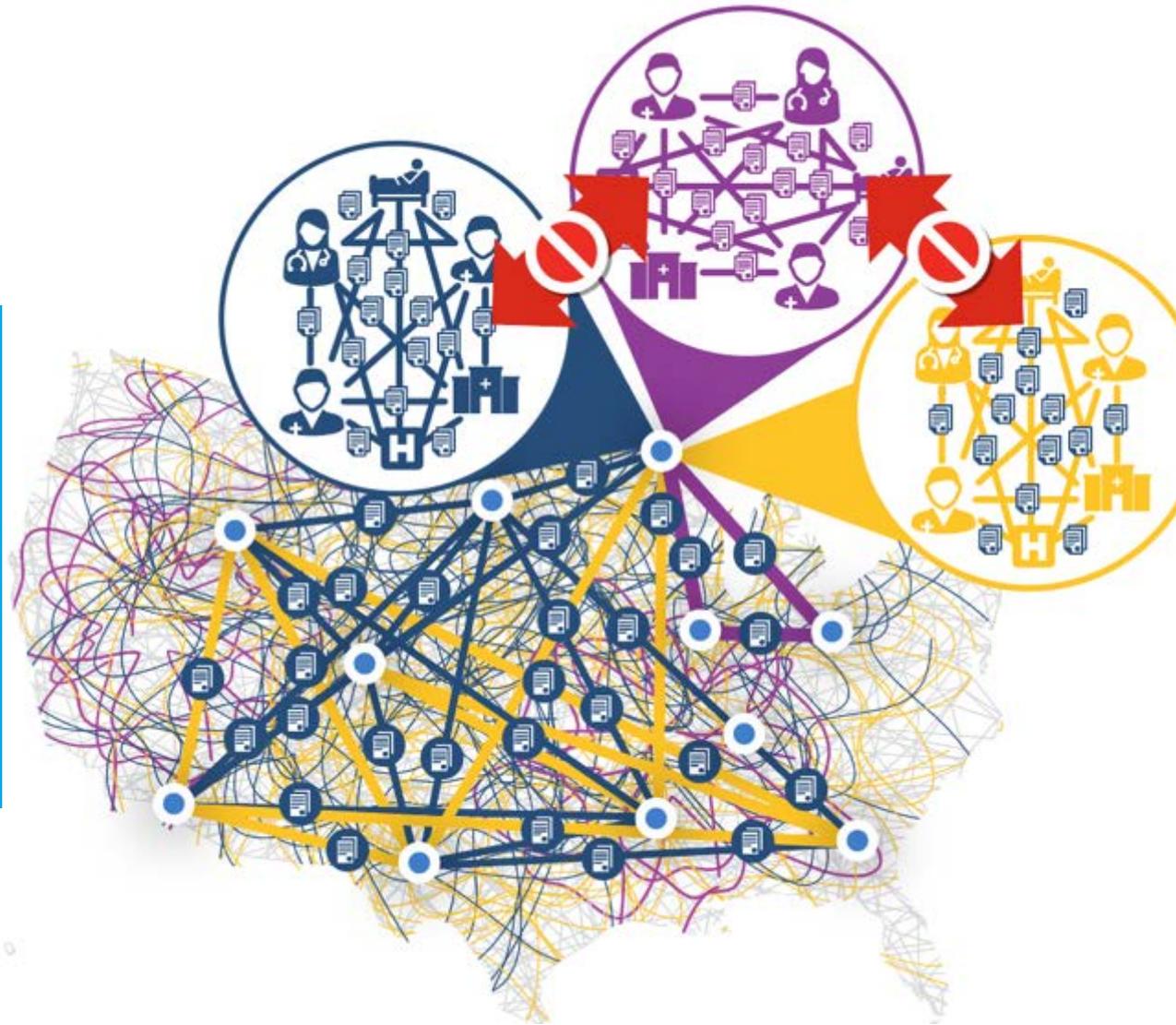


# Current Complexity

## CURRENT PROLIFERATION OF AGREEMENTS

Many organizations have to join multiple Health Information Networks (HINs), and most HINs do not share data with each other.

**Trusted exchange must be simplified in order to scale.**



# Current Costs

**Healthcare organizations are currently burdened with creating many costly, point-to-point interfaces between organizations.**

The Trusted Exchange Framework and the Common Agreement **would reduce the need for duplicative network connectivity interfaces**, which are costly, complex to create and maintain, and an inefficient use of provider and health IT developer resources.



## Proliferation of Interoperability Methods

*A nationally representative survey by the American Hospital Association found<sup>1</sup> that:*

**Few hospitals used only one interoperability method.**

- 78% of hospitals use more than one electronic method to send records
- 61% of hospitals use more than one electronic method to receive records
- About 40% used five or more methods to send records

# Cures Act Language

## 21<sup>st</sup> Century Cures Act - Section 4003(b)

*“[T]he 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.”*

# Goals



## GOAL 1

Provide a single  
“on-ramp” to  
nationwide  
connectivity



## GOAL 2

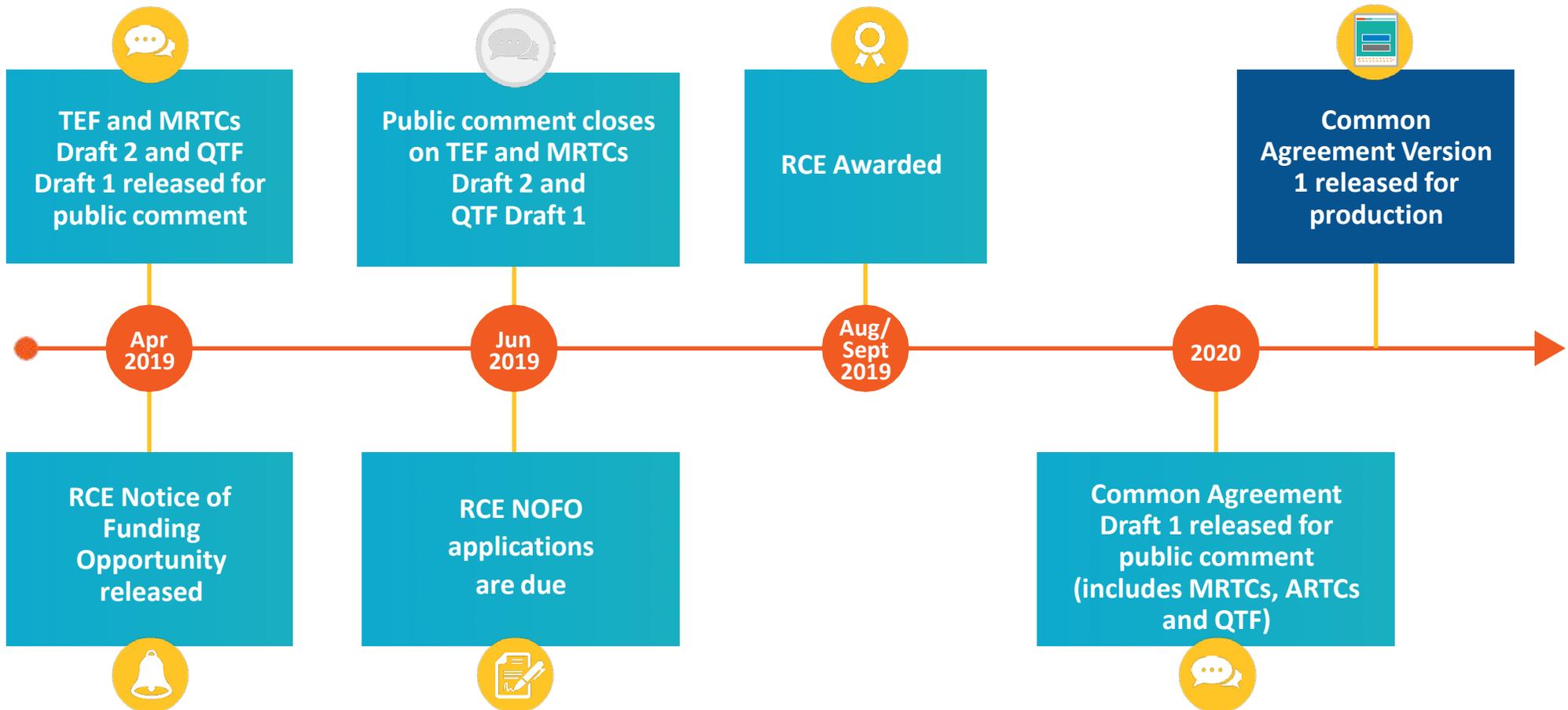
Electronic Health  
Information (EHI)  
securely follows  
you when and  
where it is needed



## GOAL 3

Support  
nationwide  
scalability

# Timeline





# 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 between Health Information Networks (HINs).



## The Trusted Exchange Framework (TEF)

**Principle 1 – Standardization**

**Principle 2 – Transparency**

**Principle 3 – Cooperation & Non-Discrimination**

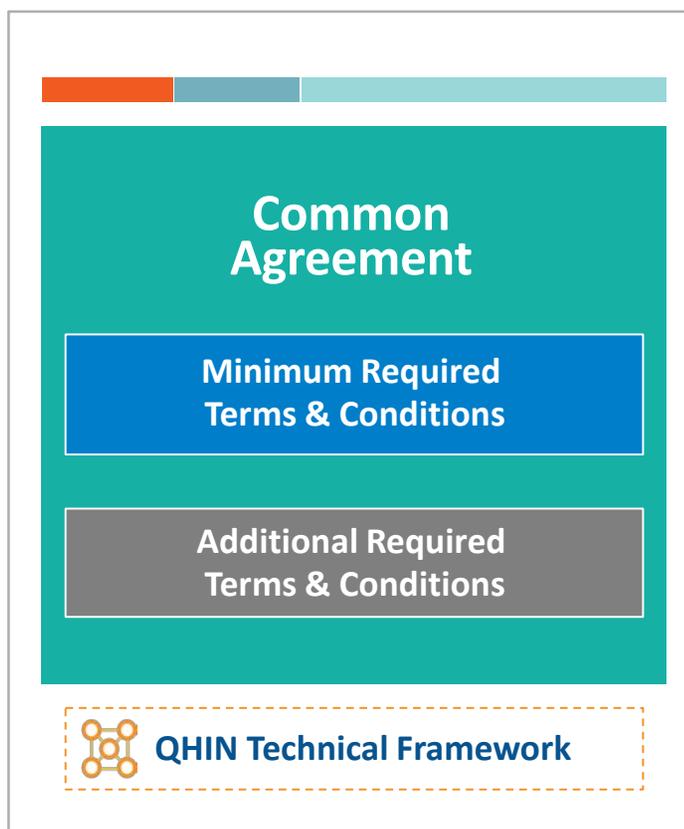
**Principle 4 – Privacy, Security, & Safety**

**Principle 5 – Access**

**Principle 6 – Population-Level Data**

# What is the Common Agreement?

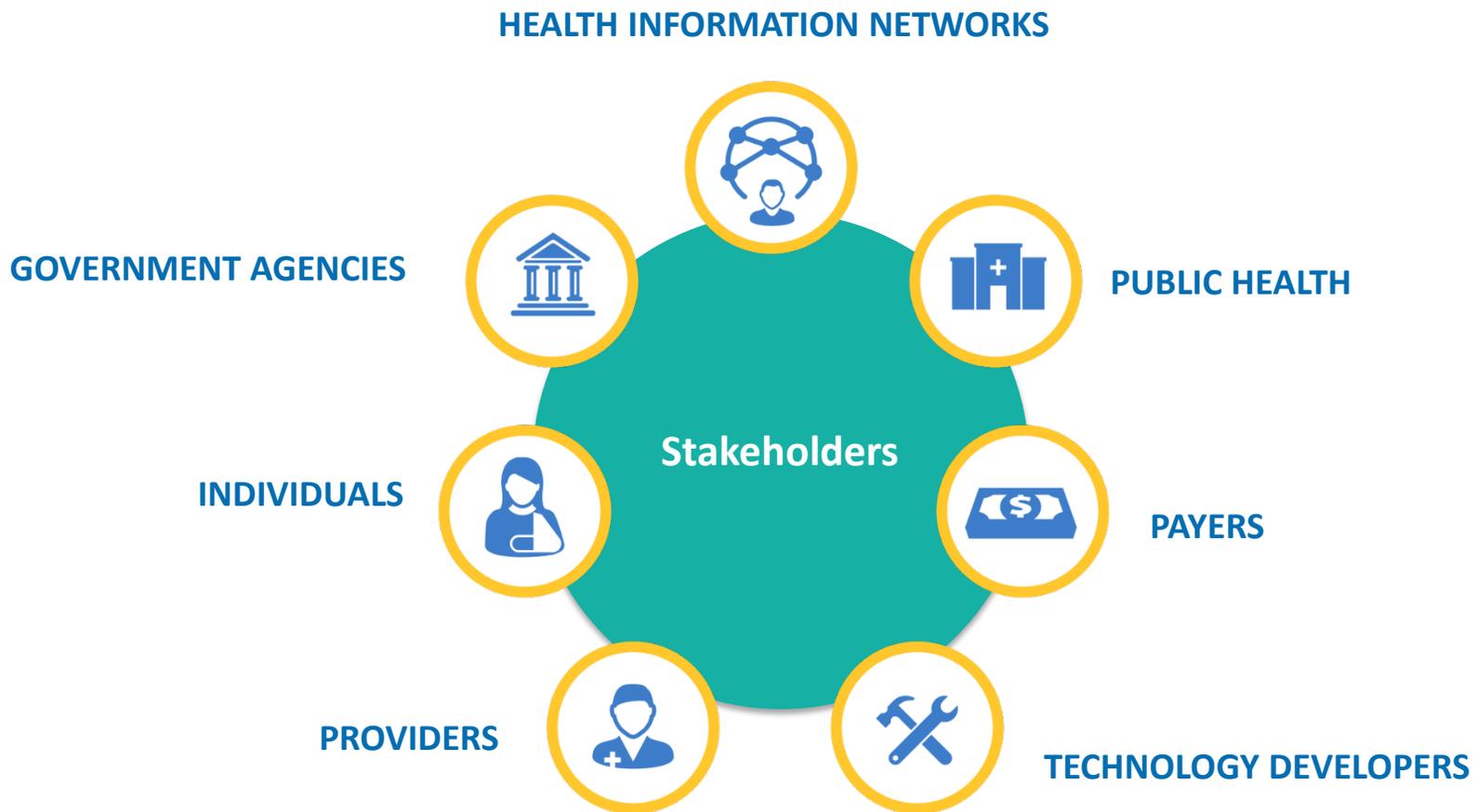
The **Common Agreement** will provide the governance necessary to scale a functioning system of connected HINs that will grow over time to meet the demands of individuals, clinicians, and payers.





# What is the structure of the Common Agreement?

# Stakeholders



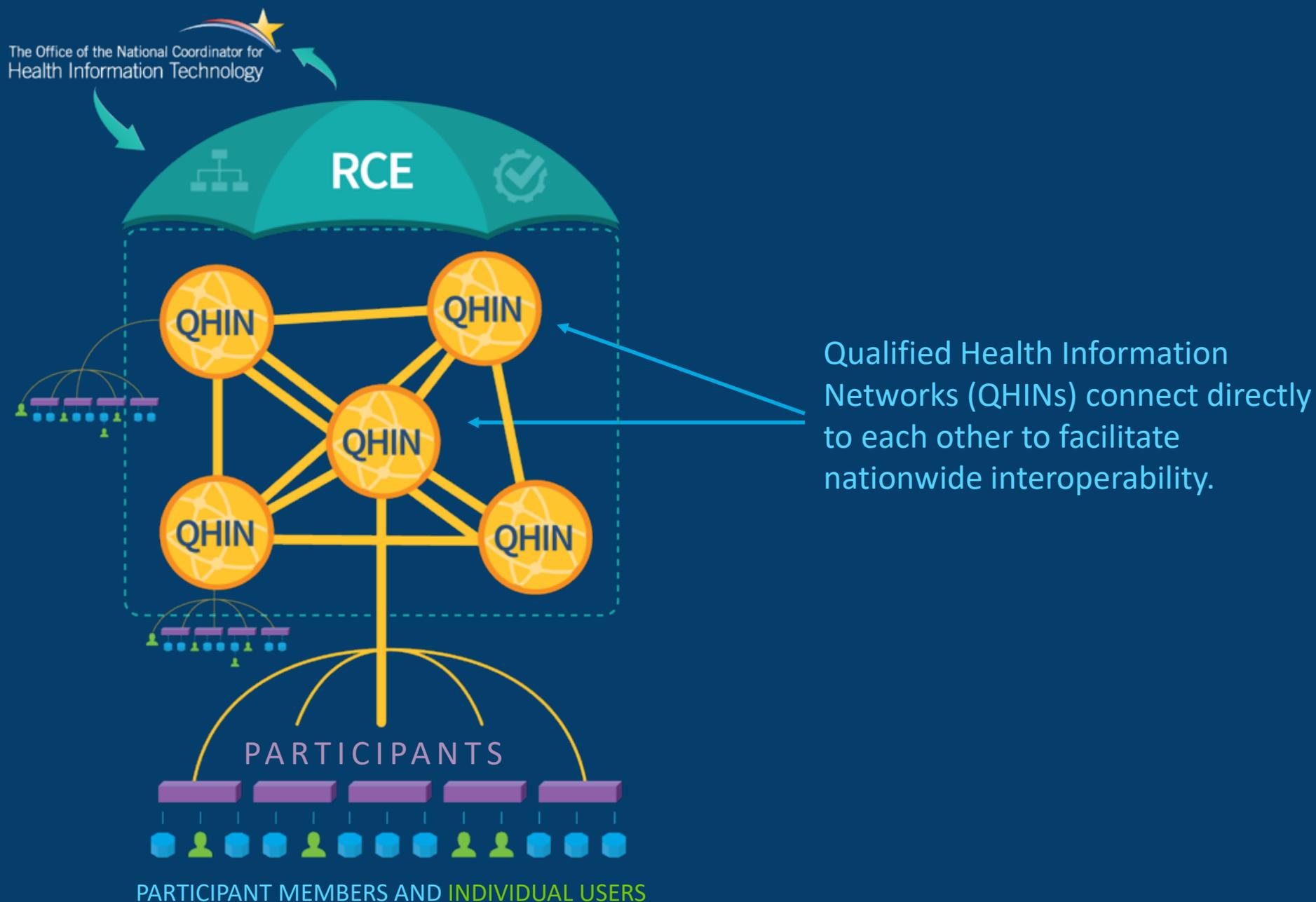
# Health Information Network (HIN)



Health Information Network (HIN):  
an individual or an entity that satisfies  
one or both of the following-

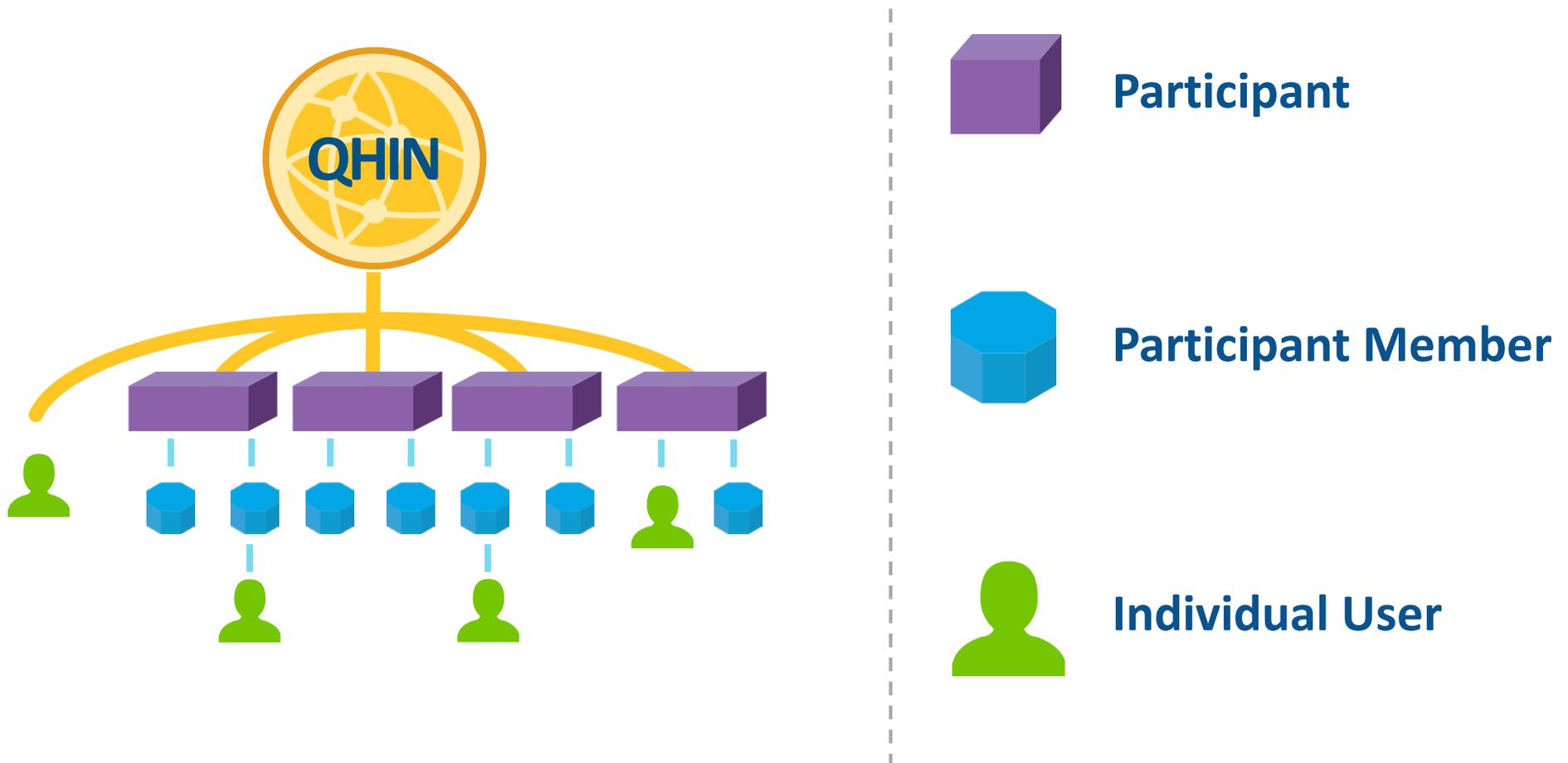
- 1) Determines, oversees, administers, controls, or substantially influences policies or agreements that define business, operational, technical, or other conditions or requirements for enabling or facilitating access, exchange, or use of electronic health information between or among two or more unaffiliated individuals or entities; or
- 2) Provides, manages, controls, or substantially influences any technology or service that enables or facilitates the access, exchange, or use of electronic health information between or among two or more unaffiliated individuals or entities.

# How Will the Common Agreement Work?

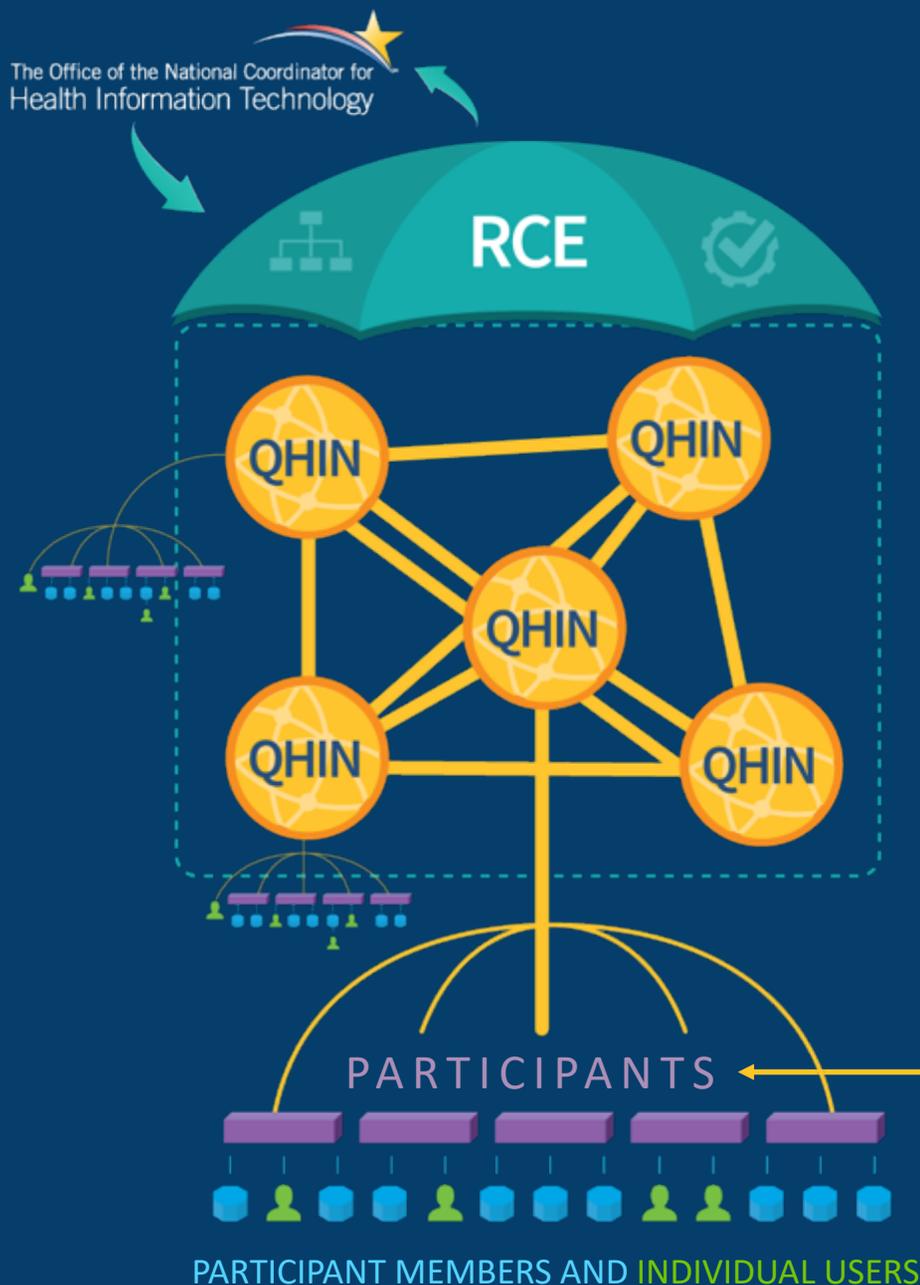


# Structure of a Qualified Health Information Network

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



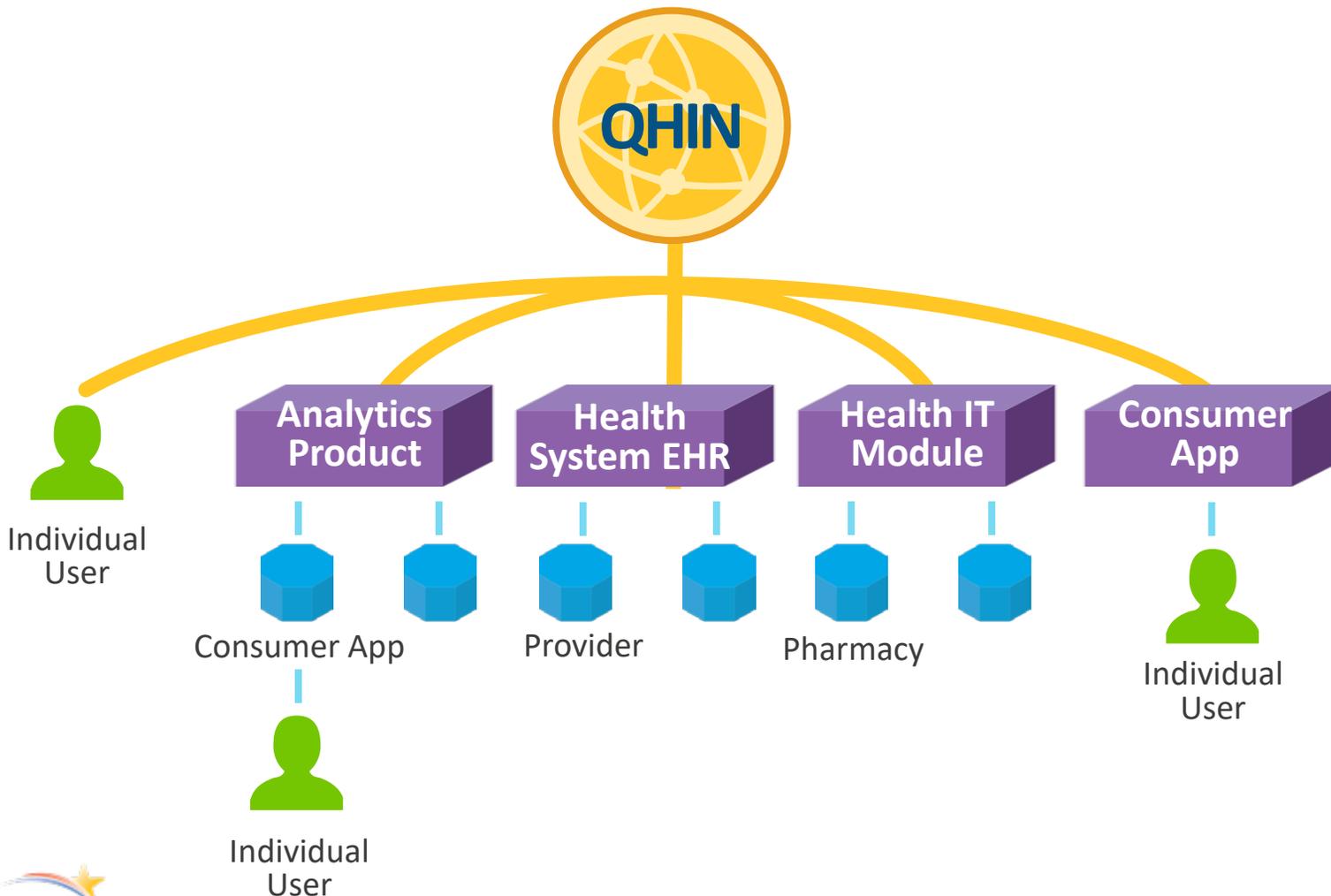
# How Will the Common Agreement Work?



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

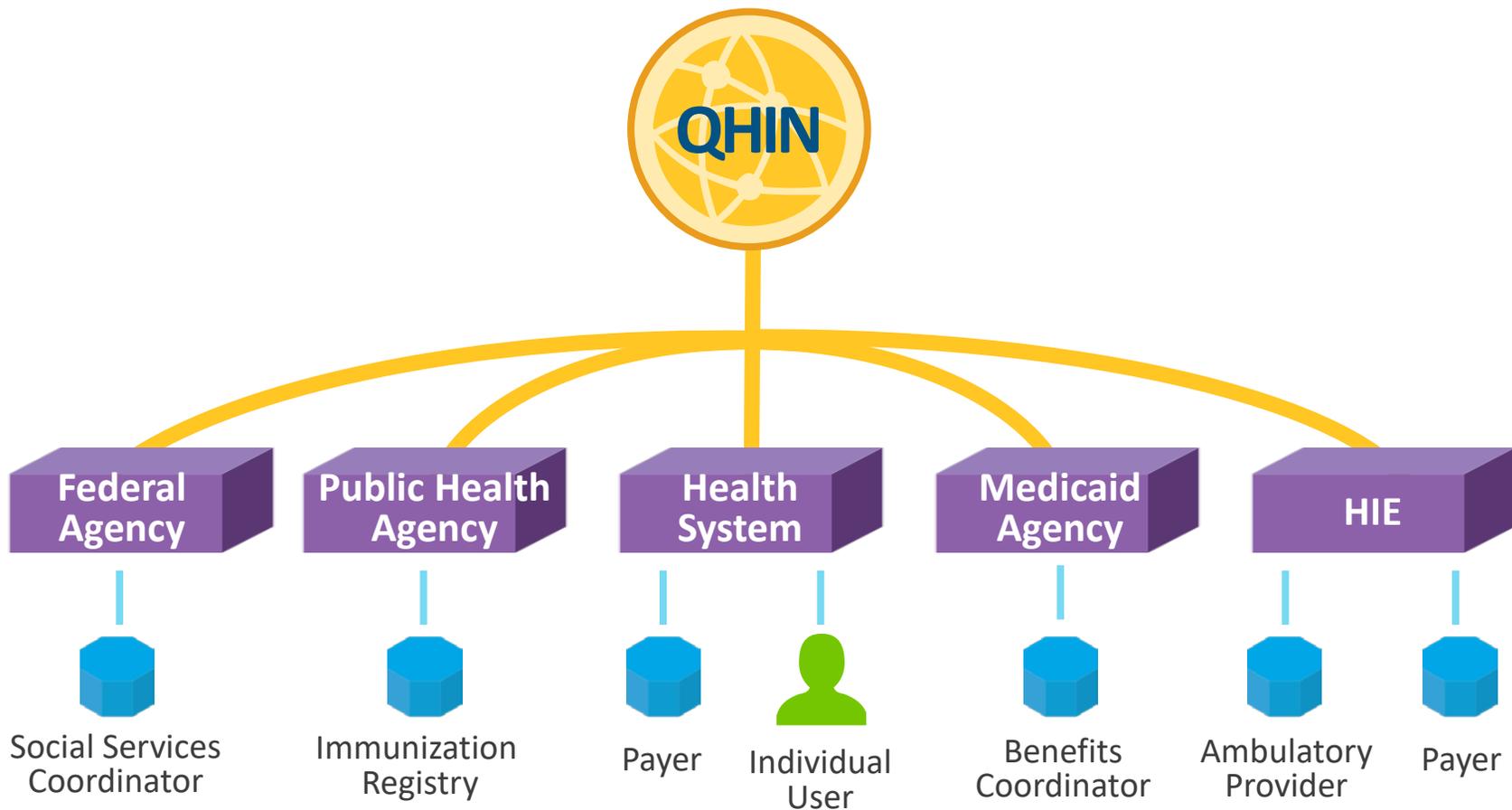
# QHIN Example: Network of Health IT Developers

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.

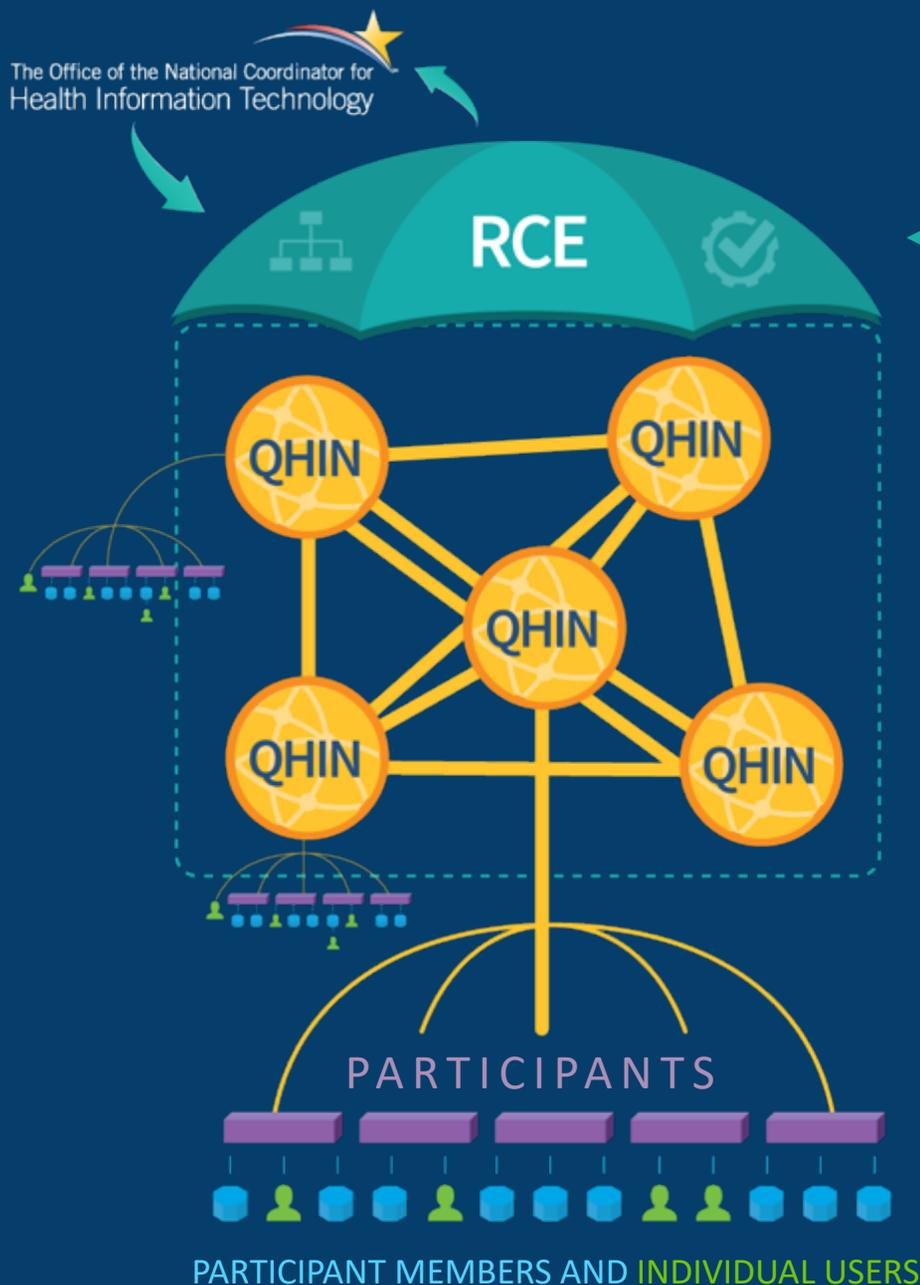


# QHIN Example: Various Participants

In this example, the QHIN directly supports federal agencies, state agencies, health systems, and HIEs as Participants. The members of the federal/state agencies, health systems, and HIEs are Participant Members and Individual Users.



# How Will the Common Agreement Work?



Recognized Coordinating Entity (RCE) provides oversight and governance for Qualified Health Information Networks (QHINs).

# 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.

# How the RCE is Selected



- ONC is releasing an open, competitive Notice of Funding Opportunity to award a single four-year cooperative agreement to a private sector organization to become the RCE.
- A successful applicant would be a non-profit entity based in the United States. If awarded, the RCE may not be affiliated with a QHIN.
- The Notice of Funding Opportunity is posted to Grants.gov.



# What can the Common Agreement be used for?

# Exchange Purposes



# Exchange Modalities



## **QHIN Broadcast Query**

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



## **QHIN Targeted Query**

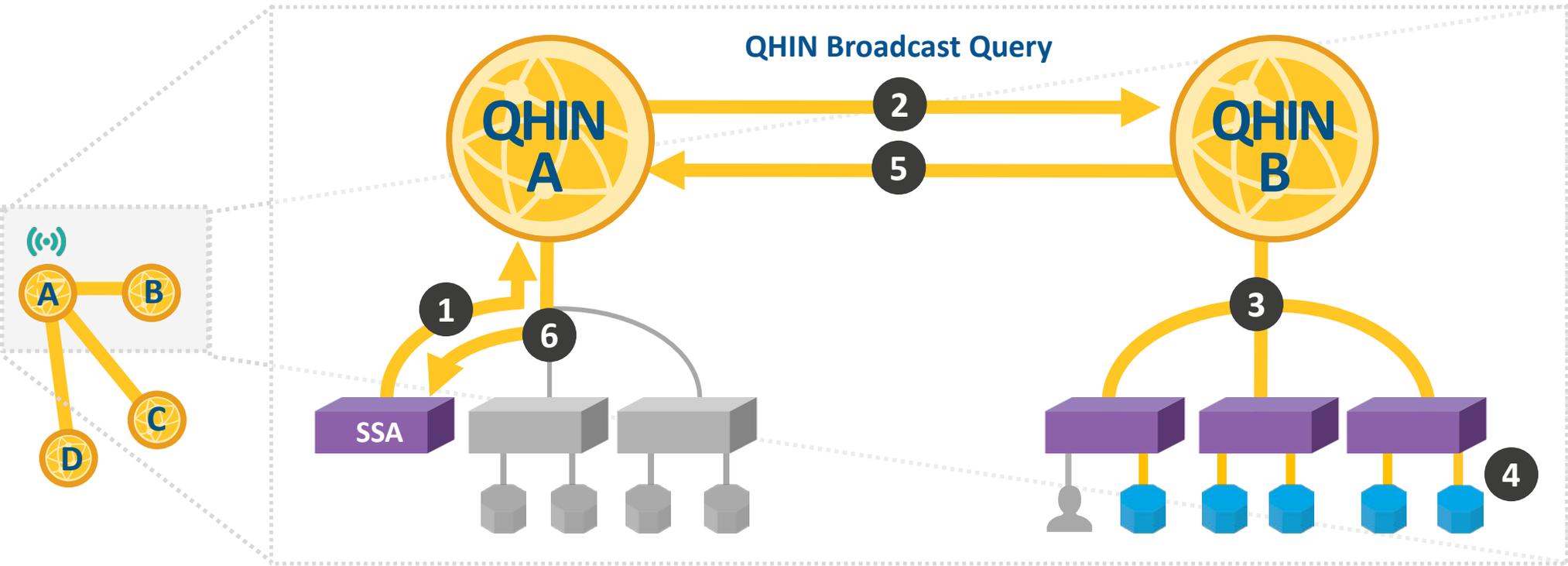
A QHIN's electronic request for a patient's EHI from specific QHINs.



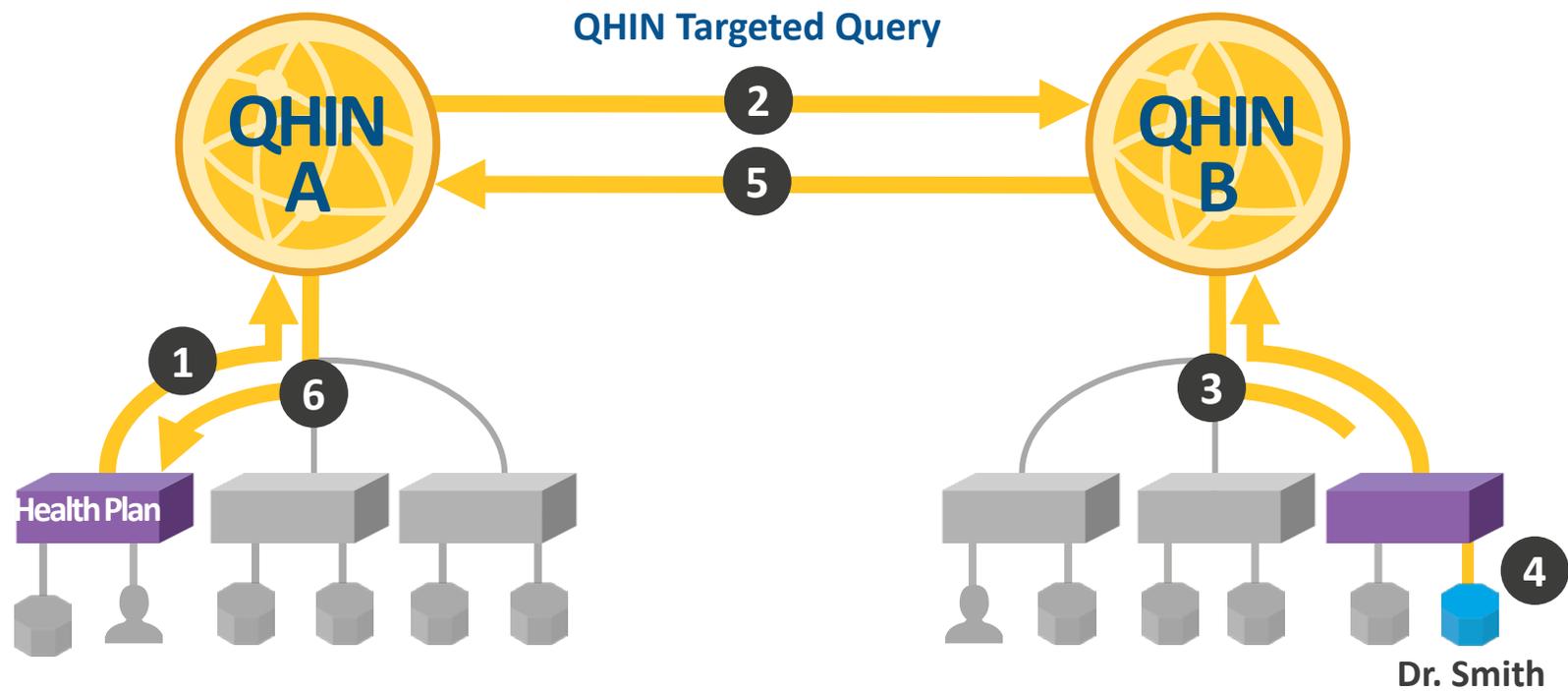
## **QHIN Message Delivery (Push)**

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

# Exchange Purpose Example

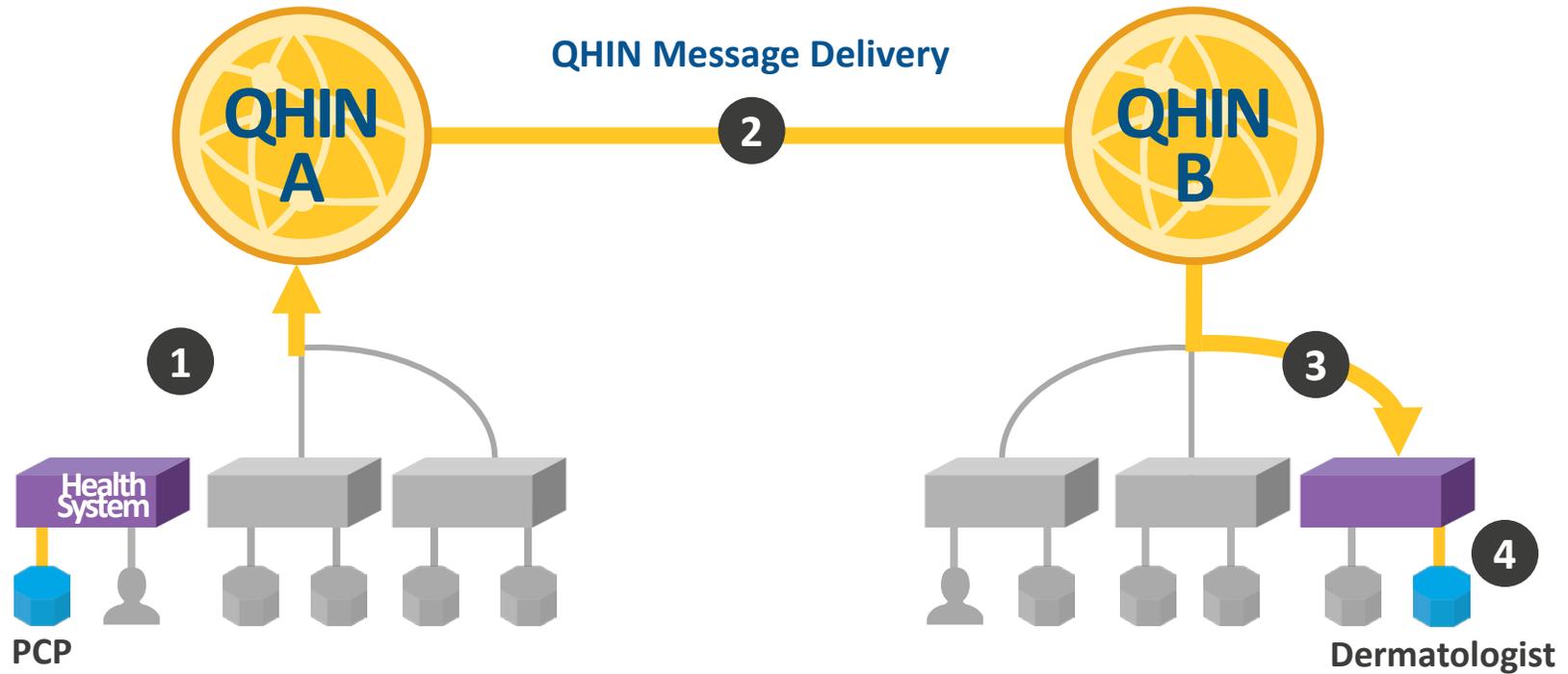


# Exchange Purpose Example



\*Only applies to HIPAA covered entities and business associates

# Exchange Purpose Example

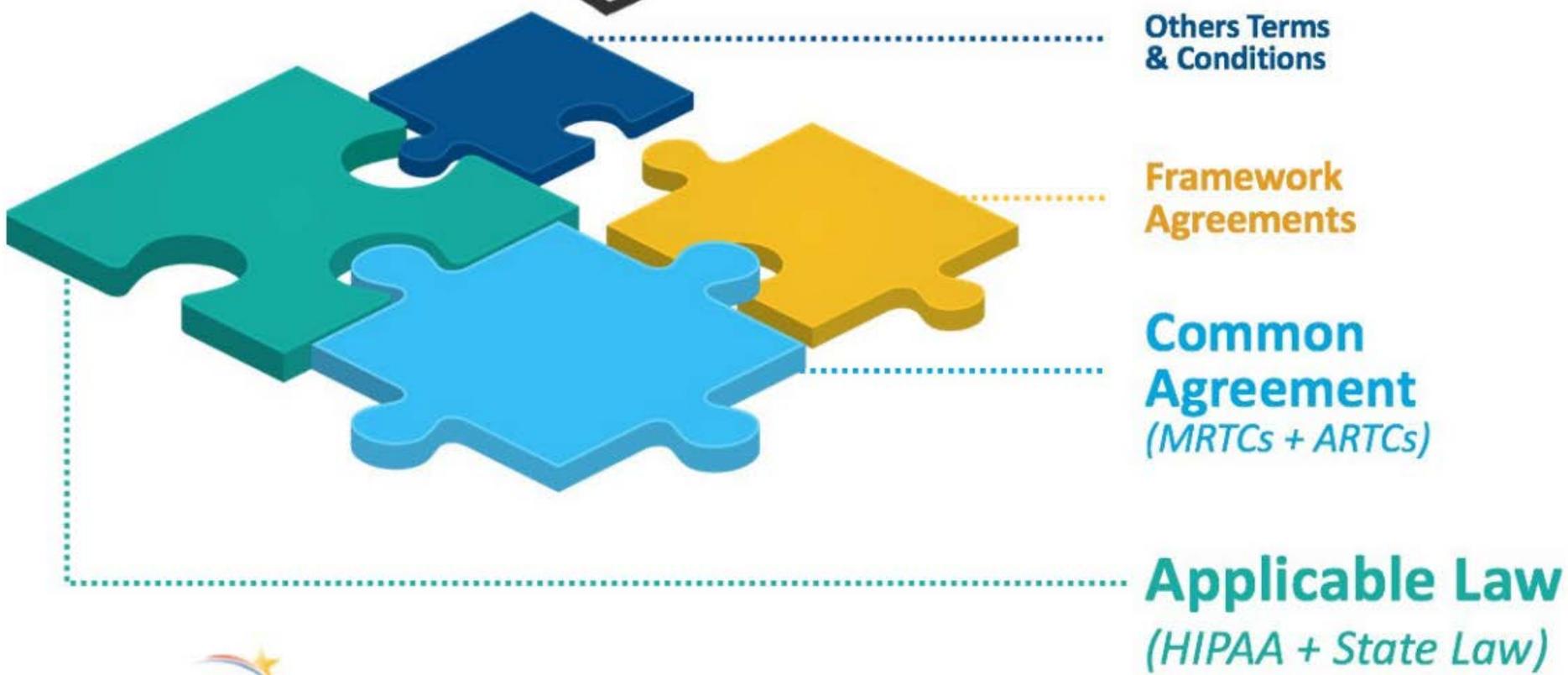




What privacy and security requirements are included in the Common Agreement?

# Trusted Exchange Breakdown

Trusted Exchange



# Minimum Privacy/Security Requirements - QHINs

QHINs must abide by the HIPAA Privacy and Security Rule as if it applies to EHI.



They must also evaluate their security programs on an annual basis in accordance with NIST Special Publication 800-171.

# Minimum Privacy/Security Requirements - Participants and Participant Members



Participants and Participant Members, regardless of whether or not they are a Covered Entity or Business Associate, must take reasonable steps to promote the confidentiality, integrity, and availability of EHI.

# Privacy/Security: Identity Proofing



- Identity proofing is the process of verifying a person is who they claim to be.
- The Common Agreement requires identity proofing (referred to as the Identity Assurance Level (IAL) in NIST SP 800-63A).
- TEFCA entities shall require proof of identity at a minimum of IAL2 prior to issuance of credentials.

# Privacy/Security: User Authentication



Digital authentication is the process of establishing confidence in a remote user identity communicating electronically to an information system. NIST draft SP 800-63B refers to the level of assurance in authentication as the Authenticator Assurance Level (AAL). Federation Assurance Level (FAL) refers to the strength of an assertion in a federated environment, used to communicate authentication and attribute information (if applicable) to a relying party (RP).

## QHIN

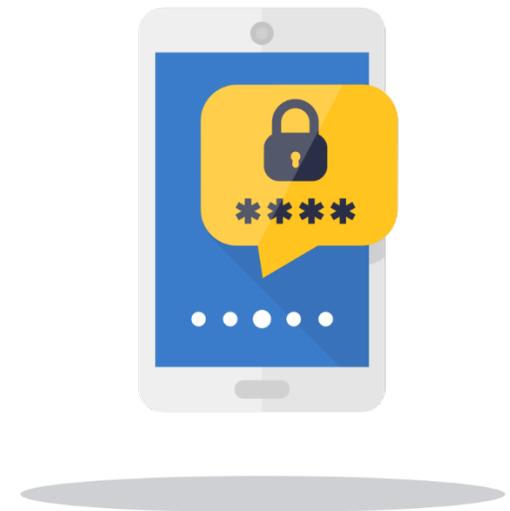
Each QHIN shall require Participants be authenticated at a minimum of AAL2 and provide support for at least FAL2 prior to the issuance of credential.

## Participants

Each Participant shall require Participant Members be authenticated at a minimum of AAL2 and provide support for at least FAL2 prior to the issuance of credential.

## Individual User

QHINS, Participants, and Participant Members shall require Individual Users be authenticated at a minimum of AAL2 prior to issuance of credentials.



# Other Privacy/Security Requirements



## Breach Notification Regulations

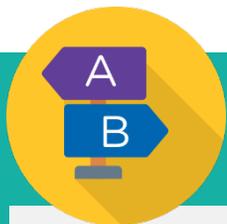
TEFCA entities shall comply with Breach notification requirements pursuant to 45 CFR 164.400-414 of the HIPAA Rules regardless of whether or not they are a covered entity or business associate.



## No EHI Used or Disclosed Outside the United States

QHINs prohibited from Using or Disclosing EHI outside the United States, except to the extent that an Individual User requires his or her EHI to be Used or Disclosed outside of the United States.

# Other Privacy/Security Requirements



## Meaningful Choice

TEFCA entities must provide Individuals with the opportunity to exercise Meaningful Choice, which is a request that their EHI not be used or disclosed via the Common Agreement.



## Written Privacy Summary

TEFCA entities must publish and make publically available a written notice describing their privacy practices regarding the access, exchange, Use, and Disclosure of EHI.



The Office of the National Coordinator for  
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## Major updates to Draft 2 of the TEF and MRTCs

# Summary of Key Changes



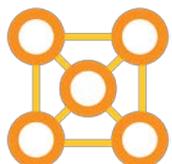
## Exchange Purposes Updated

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.



The Office of the National Coordinator for  
Health Information Technology



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Please submit comments and apply to the  
NOFO at [www.healthit.gov/TEFCA](http://www.healthit.gov/TEFCA)



@ONC\_HealthIT



@HHSOnc



# Appendices



How do you  
become a QHIN?

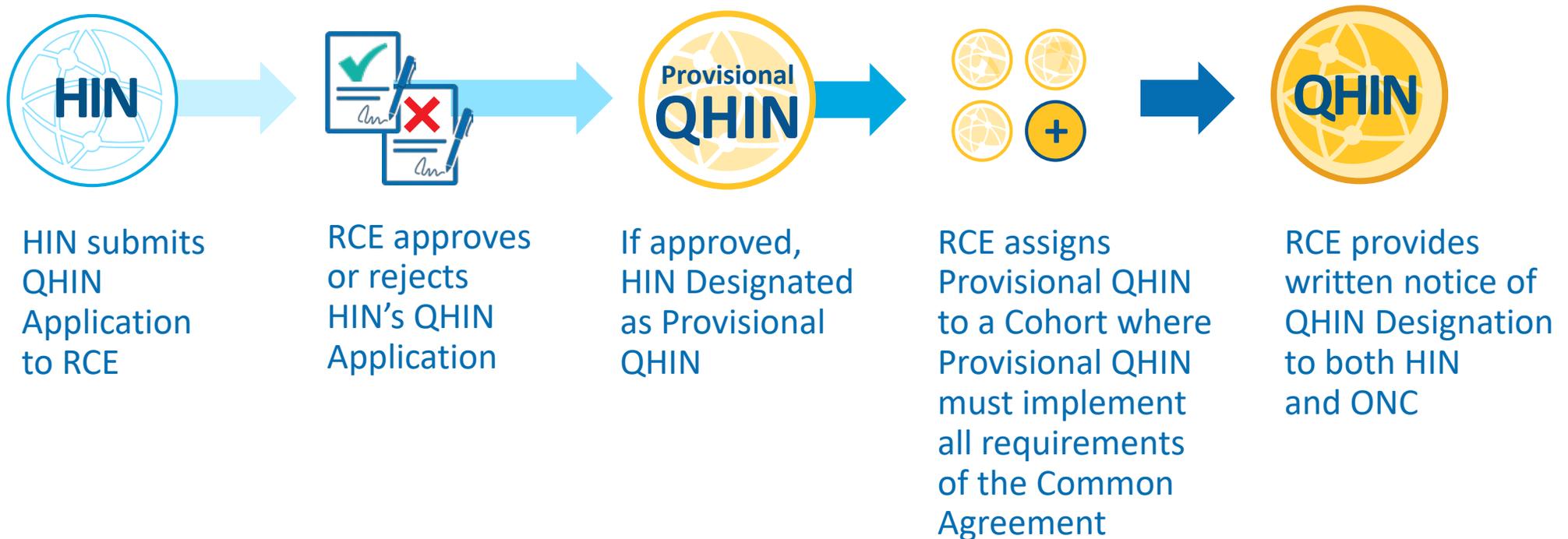
# QHIN Applicant Checklist

## 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



# QHIN Application Process



# Exchange Purposes Definitions

*\*Only applies to HIPAA covered entities and business associates*



## Treatment\*

Treatment means the provision, coordination, or management of health care and related services by one or more health care providers, including the coordination or management of health care by a health care provider with a third party; consultation between health care providers relating to a patient; or the referral of a patient for health care from one health care provider to another.



## Benefits Determination

A determination made by any federal or state agency as to whether an Individual qualifies for federal or state benefits for any purpose other than healthcare.



## Quality Assessment & Improvement\*

Conducting quality assessment and improvement activities, including outcomes evaluation and development of clinical guidelines, patient safety activities; population-based activities relating to improving health or reducing health care costs, protocol development, case management and care coordination, contacting of health care providers and patients with information about treatment alternatives; and related functions that do not include treatment.



## Business Planning and Development\*

Business planning and development, such as conducting cost-management and planning-related analyses related to managing and operating the entity, including formulary development and administration, development or improvement of methods of payment or coverage policies.



## Public Health\*

A Use or Disclosure permitted under the HIPAA Rules and any other Applicable Law for public health activities and purposes.



## Utilization Review\*

The conduct of utilization review activities by a 1) a health plan to obtain premiums or to determine or fulfill its responsibility for coverage under the health plan; or 2) health plan or provider to obtain or provide reimbursement for the provision of care. Utilization review activities include precertification and preauthorization of services, concurrent and retrospective review of services.



## Individual Access Services

The services provided to satisfy an Individual's right to access pursuant to Applicable Law or any of the Framework Agreements, including the right of an Individual to: 1) obtain a copy of their EHI, and 2) direct that a copy of their EHI be transmitted to another person or entity designated by the Individual.

# Privacy/Security: Security Labeling

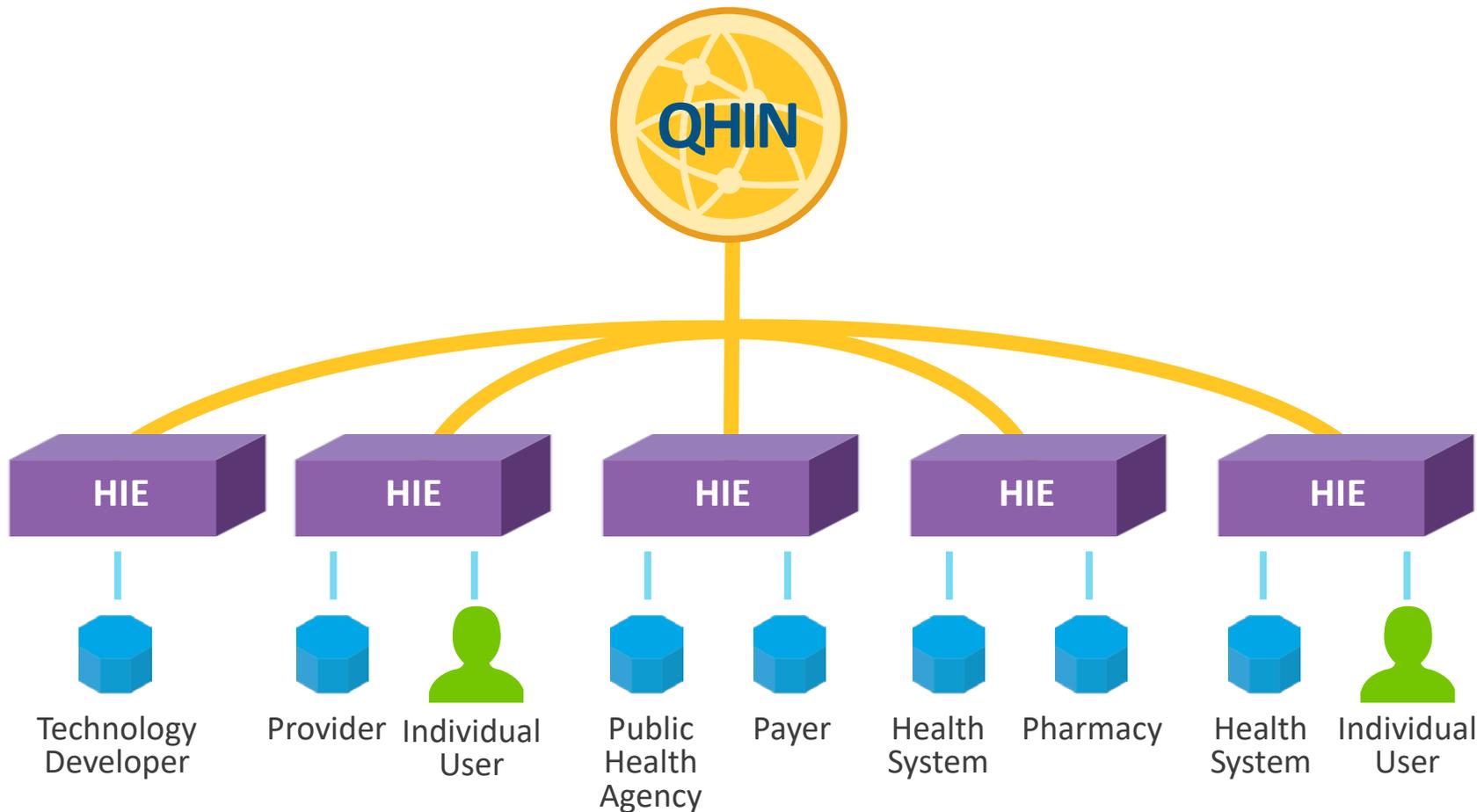


Currently, security labels can be placed on data to enable an entity to perform access control decisions on EHI such that only those appropriately authorized to access the EHI are able to access the EHI.

**ONC is considering the inclusion in TEFCA of a new requirement regarding security labeling.**

# QHIN Example: Network of HIEs

In this example, the QHIN directly supports HIEs as Participants.  
Members of the HIEs are Participant Members and Individual Users.



# Closing Notes

- I would also like to remind everyone that our next Joint public health webinars WILL be held on June 20, 2019 from 3:00-4:00pm Eastern Time.
- Please send, suggestions for future topics, your feedback, comments, and/or questions to the Meaningful Use Mailbox: that is [meaningfuluse@cdc.gov](mailto:meaningfuluse@cdc.gov)

Slides can be found at:

<https://www.cdc.gov/ehrmeaningfuluse/Joint-Public-Health-Forum--CDC-Nationwide.html>