Greater Houston Healthconnect
Connecting for a Healthier Community

June 17, 2019

Don Rucker, M.D.
National Coordinator for Health Information Technology
U.S. Department of Health and Human Services
200 Independence Avenue, SW
Washington, DC 20201
Via email: exchangeframework@hhs.gov

RE: **Draft Two of the Trusted Exchange Framework and Common Agreement (TEFCA)**

Dear Dr. Rucker:

Greater Houston Healthconnect (GHH) is pleased to have the opportunity to submit comments on the draft released by the Office of the National Coordinator (ONC) for public comment.

GHH is the Health Information Exchange (HIE) for Southeast and East Texas, operating in one of the largest cities in the U.S. with the largest medical center in the world. Our mission is to coordinate the care of all people by electronically connecting caregivers to better inform decisions made at the point of care, manage the health of populations, and enable innovation thru access to vast amounts of data.

As an organization dedicated to interoperability and knowing the difficulties we face every day, we appreciate the detailed work put into the TEFCA and are excited to extend our exchange nation-wide. While there are a tremendous number of details involved in this effort, we believe there are two (2) essential components - Alpha and Omega:

1. Job one is the proper identification of the patient. If a broadcast query were sufficient to uniquely identify and find a patient's encounters, we would use this methodology. As it is not, we heavily invest in the people, process and technology to operate a centralized MPI to uniquely ID patients across the tens of millions in our service area. An demographic feed is required from each source with a large number of patient attributes in the message, probabilistic matching algorithms and other MPI analytics, as well as manually working the probable match queue to ensure we have sufficiently matched all patients. We wish there were an easier way to perform this core function but statistically can prove there is not. Therefore, entities endorsed by the ONC as a solution to interoperability must have the staff and

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infrastructure to operate a real-time fed, centralized MPI. Investing in this approach also enables real-time alerts on the timing of all medical activity.

2. As a physician, you know the adoption of HCIT is paramount to the success of these initiatives. When a C-CDA is delivered to a caregiver, it must it be a consolidated C-CDA with data normalized and de-duplicated, representing patient encounter data from all sources. In our experience, delivering multiple C-CDAs to caregivers will not be viewed, and is nearly impossible to perform the clinical reconciliation of the C-CDAs discrete data into their EHR.

GHH appreciates the opportunity to comment on this body of work and looks forward to continuing to offer our experience with the many details of interoperability services, governance, and long-term sustainability.

Thank you for your consideration.

Sincerely,

Nick Bonvino | Chief Executive Officer | Greater Houston Healthconnect |
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