Health Information Technology Advisory Committee

Trusted Exchange Framework Task Force

Summary, March 12, 2018

VIRTUAL

The March 12, 2018, meeting of the Trusted Exchange Framework Task Force (TEF) of the Health IT Advisory Committee (HITAC) was called to order at 2:00 pm EST by Lauren Richie, Designated Federal Officer, Office of the National Coordinator for Health IT (ONC).

ROLL CALL
TEF Task Force Members participating in the call:
(Member, Representing)
Arien Malec, Change Healthcare, Co-Chair
Denise Webb, Marshfield Clinic Health System, Co-Chair
Anil Jain, IBM Watson Health
John Kansky, Indiana Health Information Exchange
David McCallie, Cerner
Aaron Miri, Imprivata
Carolyn Petersen, Mayo Clinic
Mark Savage, UC San Francisco
Sasha TerMaat, Epic
Sheryl Turney, Anthem BCBS

Members not participating in the call:
Noam Arzt, HLN Consulting
Cynthia A. Fisher, WaterRev, LLC
Kate Goodrich, CMS
Steve L. Ready, Norton Healthcare
Grace Terrell, Envision Genomics, Inc.
Andrew Truscott, Accenture

Federal Representatives
Zoe Barber, Task Force ONC Staff Lead
Genevieve Morris, Principal Deputy National Coordinator, ONC
Lauren Richie, Designated Federal Officer, ONC

GENERAL RECOMMENDATIONS
The Task Force developed several recommendations that do not necessarily follow the overarching charge, but generally recommend clarity on several policy goals of the Trusted Exchange Format and Common Agreement (TEFCA).

--ONC should clearly define the overall policy goals. The existing TEFCA often has a detailed description of "how" a goal would be enabled without first describing "what" the goal is.

Comment:
At times the TEFCA does the opposite. A Co-chair noted that in those cases, it is important to ensure that the Task Force frame up any obstacles to achieve clarity in the document.

--In some cases, the TEFCA describes detailed recommendations where otherwise appropriate guidance already exists. For example, there may be guidance in National Institute of Standards and Technology (NIST) documentation that also is detailed in the TEFCA. ONC would be better served by pointing to the NIST documentation that details current policy.

--Division of responsibility. ONC would be better served by defining overall policy goals and deferring many of the operational details to the Recognized Coordinating Entity (RCE) in conjunction with the Qualified Health Information Network (QHIN) standards development organizations.

--"ONC should define policy outcomes and functional requirements." This recommends that if there are areas where ONC has concerns about the evolution of the market, it should develop milestones to use for evaluation, course correction and to provide interventions if necessary.

Comments:
This is a recommendation not just establishing outcomes but also metrics over the first three years.

An example of a milestone assessing participation by small providers would be helpful.

--In some cases ONC has a key role to play in streamlining areas of policy. The Task Force is suggesting that ONC actively engage in those areas where it can make critical guidance on federal policy or for federal actors in areas that help the RCE engage or solve particular problems.

Comment:
In other words, there is a set of activities that the RCE cannot do. The recommendation asks ONC to provide guidance in matters of federal policy and HIPAA (Health Insurance Portability and Accountability Act) as well as for federal actors.

This could apply to state policies as well. The Task Force could reference work done by previous Task Forces, such as the 2016 Application Programming Interface (API) Task Force. In that, ONC brought up a sheet about developing a deal with an Electronic Protected Health Information (EPHI) provider.

Also, the Office for Civil Rights (OCR) made a helpful guidance on form and format for APIs.

Genevieve Morris, ONC, noted that ONC may not have authority over some of these items, especially when it comes to State law variations.

DEFINING "SINGLE ON-RAMP"

(Summarizing) In general, the language in the TEF regarding a "Single On-Ramp" is ambitious and far-reaching. It defines a goal for the QHINs to work together to provide the single on-ramp to electronic health information (EHI) and the specific exchange models for QHINs (e.g. point-to-point or targeted query, brokered or broadcast query, and population-level query.

If the QHIN mandate is overly broad, in the short-term it could cause significant disruption of interoperability needs currently well-served through existing QHINs.

The Task Force, however, does believe that eventually it may be possible to evolve to a single on-ramp, particularly for newer services based on new exchange models.

The overarching recommendation of the Task Force follows:
"**Recommendation:** ONC should clearly define the role of the QHIN relative to existing forms of exchange and more clearly define the objectives and scope of "a single on-ramp" with respect to the types and capabilities of exchange anticipated to be provided through that single on-ramp.

With respect to what that definition should be, the TF was split. There were at least three fairly strongly held views, particularly with respect to the role of the QHIN over the next three-year period. Generally, the split followed a passionately held prioritization of two different policy goals:

- Improving interoperability is sufficiently complicated that ONC, the RCE and QHINs should maximize success by concentrating on a narrow area of focus and should be non-disruptive to existing successful exchange models.

- The benefit of providing a true single on-ramp to providers and patients for a variety of exchange models and types is sufficiently high that the mandate for QHINs should be broad and expansive."

Process for today's discussion and vote:
First, the Task Force members will discuss the recommendation. Those participating in the call will then vote on one of the three options below. Post-vote, the Co-chairs will assign a "majority/minority" or "plurality/minority" label to the recommendation options. Based on the vote and further discussion, the Co-chairs will determine if one option may be eliminated.

Options:
#1--Recommendation: ONC should clearly define the "on-ramp" provided by QHINs to be

for query-based exchange and access to EHI. ONC should clearly document that only a subset of the needs of the defined permitted purposes will be served by the QHINs, with other needs satisfied by other HINs.

#2--Recommendation: ONC should clearly define the "on-ramp" provided by QHINs to serve under-served high priority EHI exchange needs regardless of exchange modality. In particular, QHINs should serve needs for public health and coordinated referrals, as well as query-based exchange, even when those needs require a unidirectional or bidirectional push exchange.

#3--Recommendation: ONC should clearly define the "on-ramp" provided by QHINs to be for all forms of EHI exchange, including but not limited to query-based exchange and push-based exchange models, including push to public health, electronic orders and results, electronic prescribing and administrative transactions. Note that for some forms of exchange, this may be an "on-ramp" only, and for other forms of exchange it may be a complete exchange solution.

Discussion:
Co-chair's note: The three options are recommendations for the first three-year period of operation of the RCE and QHINs.

The Task Force should set a minimum but not specify what else should be included. "We certainly don't want to limit the QHINs' ability to do more. At the end of the day, we are trying to spur innovation."

Co-chair: To sum up, we want to note that we are not precluding a QHIN from taking on other activities. But that these recommendations are really around what the minimums are for a QHIN.

Does the Task Force want to single out "high priority underserved"? It is hard to define.

An alternate way to frame this would be to prioritize the permitted purposes in use cases.

Co-chair: We do make recommendations later in the draft about prioritizing permitted purposes. The problem is that it doesn't address the question of exchange modality.

How do these options tie in to what we discussed on an earlier call about sustainability? For some stakeholders in the TEF, one of the return on investment goals they could have would be to eliminate other streams of interoperability that currently exist in favor of prioritizing this investment in their technology and in their exchange systems. Perhaps we could write in a placeholder for further discussion. We would want to feel that the recommendations we put forward would lead to a sustainable model.

Co-chair: That is a good call. We need to make clear in the language that we are limiting these recommendations to the first three years of operation and including a floor. However, we should put in some framing language that acknowledges EHR developers and QHINs may well be able to serve broader market needs by establishing a single on-ramp.

I see bidirectional push in the second option, but not in the first or third. Can you clarify?

Co-chair: The definition of bidirectional in that case is bidirectional push. That was specific to the notion of a coordinated referral where you might push one direction and get a "want to push back." We recommend the role of the patients and individuals as well as the role of an individual as a source of data, and the patient as a query initiator. That notion of bidirectional is not limited here. I will focus on query and push in the notion that you might want to focus on orchestrated push or bidirectional push.

Does it address the notion of Patient-Generated Health Data (PGHD) in one direction?

It does, without using the word PGHD. We do have language relating to patients as a source of data. When we get to that section, let's make sure that we get the comment in that we need to clearly indicate with a sense of the Task Force that it would be a great query resource.

VOTE

(Member, Representing)	Option #
Arien Malec, Change Healthcare, Co-Chair	1
Denise Webb, Marshfield Clinic Health System, Co-Chair	1
Noam Arzt, HLN Consulting (vote identified by Co-chairs)	3
John Kansky, Indiana Health Information Exchange	1
Anil Jain, IBM Watson Health	1
David McCallie, Cerner	1
Aaron Miri, Imprivata	1
Carolyn Petersen, Mayo Clinic	2
Steve L. Ready, Norton Healthcare	1
Mark Savage, UC San Francisco	3
Sasha TerMaat, Epic	1
Sheryl Turney, Anthem BCBS	3

Members who have not yet voted:
Cynthia A. Fisher, WaterRev, LLC
Steve Ready, Norton Healthcare
Grace Terrell, Envision Genomics, Inc.
Andrew Truscott, Accenture

Lauren Richie will contact Task Force members not in attendance to obtain their votes.

RCE (RECOGNIZED COORDINATING ENTITY) DISCUSSION

(Summarized) *The Task Force's first recommendation is to establish eligibility criteria for the RCE requiring a not-for-profit status, sustainable model, governance balancing responsibility between national interests and dues-paying members of the RCE. Governance should have a broad range of provider and patient perspectives. It should be transparent and balanced, and protect against board configurations or operating models that could lead to conflict.*

Task Force Discussion:
Could we compare and contrast some of the existing structures?

Co-chair: It's clearly not the Task Force's role to select the RCE. It is not our role to take out any of the actors and/or make any commentary on them.

The Task Force should comment on the integration between the RCE and ONC. It is worth mentioning that.

Could we reference any not-for-profits outside of healthcare that have a governance or constituent makeup similar to what we recommend? Perhaps that could serve as a model?

Co-chair: If there are good examples that people could submit, maybe we can take that up next time.

Some suggestions were: NTSB (National Transportation Safety Board), UL (Underwriter Laboratories)

(Summarized) *The second recommendation focuses on full public transparency as ONC and the RCE develop standards and implementation guidance. It also notes that the RCE should be judged primarily based on outcomes-based measures and real-world success of interoperability, in light of the 21st Century Cures Act policy goals. Patient and provider satisfaction scores would be secondary measures. Process-based measures are also recommended.*

Task Force Discussion:
The Task Force should recommend that ONC should be represented in the governance of the RCE.

PUBLIC COMMENT
George: The committee seems to be identifying a small subset of "push" uses. How can the purveyors of "Direct" lead a task force to not include it? Does DirectTrust obviate any DUA,

BA, or other needed trust agreement needs? Seems like you are talking about technical integration in a policy discussion.

(The above comment was made in the 'Chat' Feature)
A Task Force member replied in the Chat: I think because Direct has a pretty robust set of players already established? What's missing is better integration of Direct into EHRs and related HIT software. The TEFCA would not necessarily add anything to that conversation?

Additional public comments may be sent to onc-hitac@accelsolutionsllc.com

ACTION ITEMS
Lauren Richie will ask the members who were not on today's call and whose votes were not recorded to give her their vote on which recommendation option they favor, numbers 1, 2 or 3.

Task Force members are asked to submit editing comments via MS Word's "Tracking" changes. Members may provide substantive comments via email. Please do not wait for the next draft to provide comments.

Please read the documents ahead of the next meeting and come prepared with meta comments, including any items the Task Force went over today.

NEXT STEPS
The Task Force has scheduled virtual meetings for Wednesday March 14 and Friday March 16, both from 2:00 pm to 3:00 pm ET.

The Co-chairs are "cautiously optimistic" about making the deadlines set forth in the Work Plan. The March 16 deadline is for finalized draft recommendations that ONC can review so the Task Force can meet the March 19 deadline to present them to the full HITAC for review and discussion at the March 21 meeting.

It is extremely important to meet the deadlines to the HITAC because ONC requires time to incorporate the recommended changes to the next revision of the TEFCA.

The meeting was adjourned at 3:00 pm ET.