

The Office of the National Coordinator for Health Information Technology Health IT Advisory Committee

Trusted Exchange Framework and Common Agreement (TEFCA) Task Force

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Agenda

- Call to Order/Roll Call
- Overview of QHIN Technical Framework (QTF)
- Discussion of QTF, QHIN Exchange Purposes, exchange modalities, EHI reciprocity, and Permitted and Future Uses of EHI
- Public Comment
- Next Steps and Adjourn



Task Force Charge

- Overarching charge: The Trusted Exchange Framework and Common Agreement (TEFCA)
 Task Force will develop and advance recommendations on the TEFCA Draft 2 to inform development of the final Common Agreement.
- Detailed charge: Make specific recommendations on the Minimum Required Terms and Conditions and the Qualified Health Information Network (QHIN) Technical Framework (QTF) —
 - Definition, Structure, and Application Process for QHINs: Recommendations for further clarifying the eligibility requirements and application process for becoming a QHIN.
 - Exchange Purposes and Modalities: Recommendations on enhancing or clarifying the seven (7) exchange purposes and three (3) exchange modalities proposed in the MRTCs, as well as provisions regarding EHI reciprocity and permitted and future uses of EHI.
 - » Privacy: Recommendations on privacy requirements for participating entities, including Meaningful Choice, Written Privacy Summary, Summary of Disclosures, and Breach Notifications
 - Security: Recommendations on security requirements for participating entities, including minimum security requirements, identity proofing, authorization, and authentication.



QHIN Technical Framework

The QHIN Technical Framework (QTF) describes the technical and functional requirements for EHI exchange among QHINs



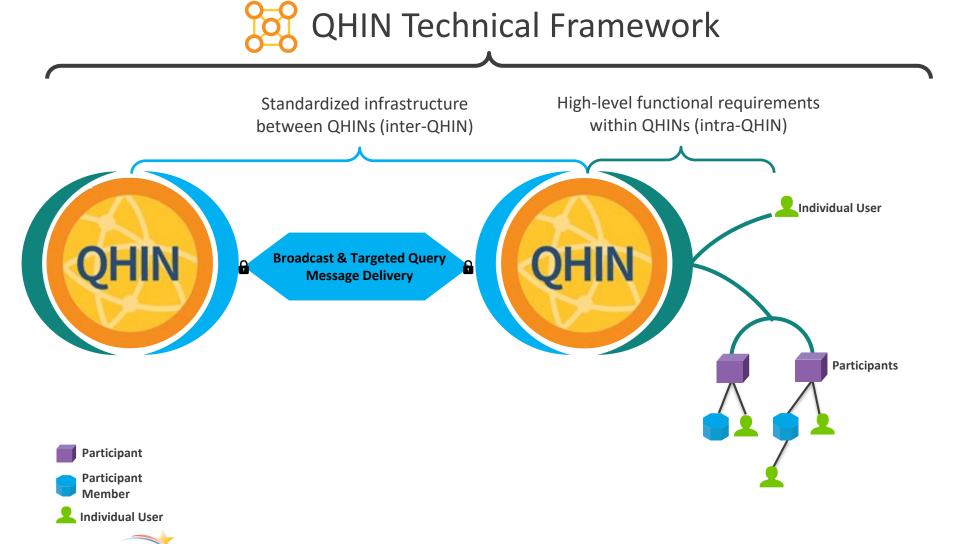
Functions included: Certificate Policy, Secure Channel, Mutual QHIN Server Authentication, User Authentication, Authorization & Exchange Purpose, Query, Message Delivery, Patient Identity Resolution, Record Location, Directory Service, Individual Privacy Preferences, Auditing, and Error Handling.

Technical detail: Focuses directly on information exchange between QHINs; for most interactions within a QHIN's network, the QHIN may determine how best to implement its responsibilities.

Functions enable: QHIN Broadcast Query, QHIN Targeted Query, and QHIN Message Delivery.

Scope of the QTF

The Office of the National Coordinator for Health Information Technology



Exchange Purposes Definitions



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.

Exchange Modalities



QHIN Broadcast Query

A QHIN's electronic request for an Individual's EHI in the context of the Common Agreement that requests EHI from all other QHINs to the extent permitted by the Common Agreement and Applicable Law.



QHIN Targeted Query

A QHIN's electronic request for an Individual's EHI (sometimes referred to as a "pull") from specific QHINs in the context of the Common Agreement to the extent permitted by the Common Agreement and Applicable Law. .



QHIN Message Delivery (Push)

The electronic action of a QHIN to deliver an Individual's EHI to one or more QHINs without an obligation to further transmit it, or to send EHI to one or more QHINs for delivery to one or more Participants or Individuals (sometimes referred to as a "push"). Notwithstanding the foregoing, QHIN Message Delivery does not include responses to any QHIN Query.

Individual Access Services (IAS)

- Individual Access Services: with respect to the Exchange Purposes definition, the services provided to satisfy an Individual's right to access and to obtain a copy of the Individual's EHI and to direct that it be sent to a third party pursuant to:
 - » Applicable Law;
 - » Any of the Framework Agreements;
 - y 45 CFR §164.524(a) as if it applied to all EHI;
 - » 45 CFR §164.524(c)(2) as if it applied to all EHI; and
 - » 45 CFR §164.524(c)(3)(ii) if the Individual wants the EHI sent to a third party.
- Participating entities must respond to queries for IAS whether or not the request was prompted by a Covered Entity or Business Associate, provided the Individual has satisfied the requirements at 45 CFR 164.(c)(3)(ii) if it wants EHI send to a third party. (Section 2.2.4(ii), 7.4(ii), 8.4(ii)).
- Participating entities must respond to queries for all Exchange Purposes with the EHI they have available. However, if a Participant or Participant Member provides IAS only, they are only required to respond to requests for IAS (Sections 7.1(ii) and 8.1(ii)).
- Participating entities must respond to queries for IAS whether or not the request was prompted by the Individual User or by a QHIN, Participant, or Participant Member who is making the request on behalf of the Individual User (Sections 2.2.4 (iv), 7.4(iv), and 8.4 (iv)).
- Once EHI is received by a QHIN, Participant, or Participant Member for IAS, the QHIN, Participant, or PM may only exchange, retain, aggregate, Use, and Disclose that EHI for IAS (Sections 2.2.2, 7.2, and 8.2).
- QHINs may not charge another QHIN any amount to exchange EHI for Individual Access Services (5.2.2).



Permitted and Future Uses of EHI (2.2.2, 7.2, 8.2)

Permitted and Future Uses of EHI. Once EHI is received by a [QHIN, Participant, or Participant Member] the recipient [QHIN, Participant, or Participant Member] may exchange, retain, aggregate, Use, and Disclose such EHI only in accordance with Applicable Law and only for: (i) one or more of the Exchange Purposes in accordance with the Common Agreement (subject to the restriction below with respect to Individual Access Services); (ii) the proper management and administration of its business and to carry out its legal responsibilities pursuant to the Common Agreement and the BAA, if applicable; (iii) investigation of a Breach or to comply with the HIPAA Rules or other applicable legal privacy and security obligations; (iv) judicial and administrative proceedings and for law enforcement purposes as well any other applicable governmental authorities (e.g. Federal Trade Commission); (v) as otherwise permitted by Applicable Law; and (vi) any purpose explicitly approved by an Individual only after the Individual has received at least a written privacy summary and the Minimum Information for such purpose. Notwithstanding the foregoing, if the Exchange Purpose is Individual Access Services, then the QHIN shall be allowed to exchange, retain, aggregate, Use, and Disclose EHI only for purposes of Individual Access Services. All exchanges, retentions, aggregations, Uses and Disclosures of EHI by QHINs shall be subject to audit procedures as described in the ARTCs.



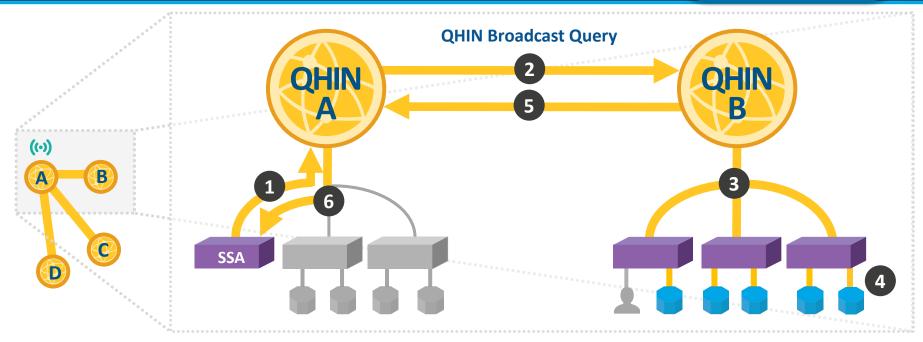
Minimum Information

Minimum Information: all of the following information in plain language and in a conspicuous format that must be received by an Individual before he or she grants the approval required under Section 2.2.2, Section 7.2 or Section 8.2 below:

- the person or entity that will be taking such action;
- the specific purpose(s) for which such action may be taken;
- how long such action may be taken;
- whether EHI may be Disclosed to any third party (and, if so, to whom and for what purpose);
- whether EHI may be Used by a third party (and, if so, identifying the third party and the Uses);
- whether the QHIN, Participant, Participant Member, and any third party to which any of them may Disclose the EHI (including any agents or subcontractors of any of them) are required to comply with the HIPAA Rules;
- whether EHI may be sold or licensed;
- any material benefits or risks of such action; and
- whether the privacy and security measures set forth in the MRTCs will apply to the EHI that is the subject of such action (including whether they will apply to any recipient of the EHI).

For purposes of this definition, information in all capital letters shall not be used to satisfy the requirement that the Minimum Information be conspicuous.

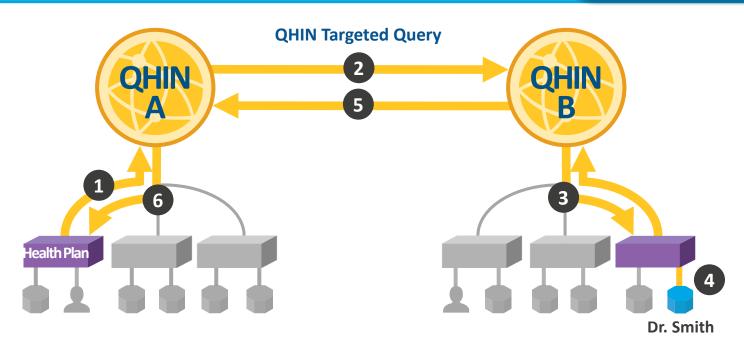




- Social Security Administration (SSA) (Participant) sends a request for medical records to QHIN A for the purpose of Benefits Determination
- QHIN A initiates QHIN Broadcast Query to all connected QHINs
- QHIN B, C, D execute their query methodology to request medical records from all appropriate Participants and their Participant Members

- Participant Members and Participants respond with medical records
- QHIN B, C, D send medical records to QHIN A
- 6 QHIN A sends medical records to SSA (Participant)

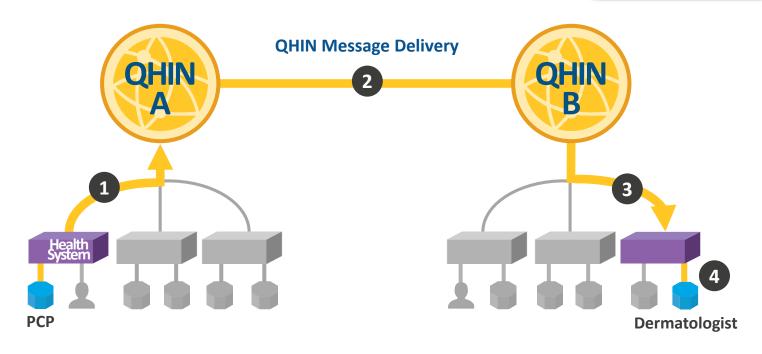




- Health Plan (Participant) sends a request for medical records from Dr. Smith to QHIN A for Quality Assessment & Improvement
- QHIN A initiates QHIN Targeted Query to appropriate QHIN B
- QHIN B executes its query methodology to request medical records from appropriate Participant, who requests from Dr. Smith(Participant Member)

- Dr. Smith (Participant Member) responds with medical records, Participant sends medical records to QHIN B
- QHIN B sends medical records to QHIN A
- 6 QHIN A sends medical records to Health Plan (Participant)





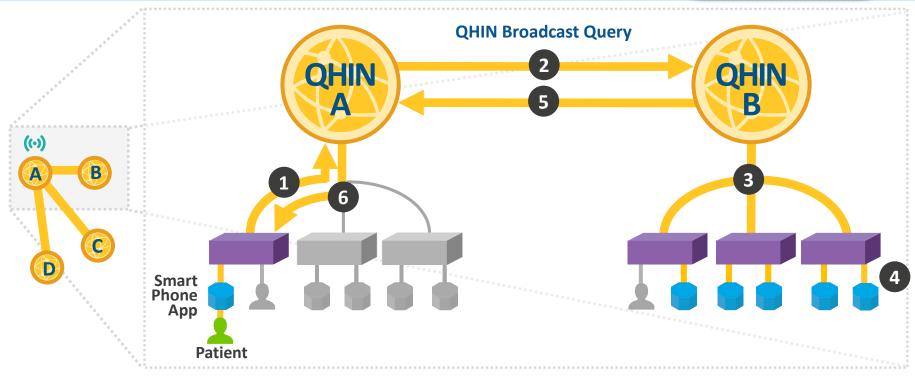
- Primary Care Provider (PCP) (Participant Member) refers patient to Dermatologist, and sends care summary to QHIN A for Treatment
- 2 QHIN A initiates QHIN Message Delivery to send care summary to the appropriate QHIN B
- 3 QHIN B sends care summary to the appropriate Participant
- 4 Participant delivers care summary to the Dermatologist (Participant Member)





- Primary Care Provider (PCP) (Participant Member) provides an immunization to a patient and sends immunization record to QHIN A for Public Health
- 2 QHIN A initiates QHIN Message Delivery to send the immunization record to the appropriate QHIN B
- 3 QHIN B sends immunization record to the appropriate Participant
- Participant delivers immunization record to the appropriate State Immunization Information System (Participant Member)

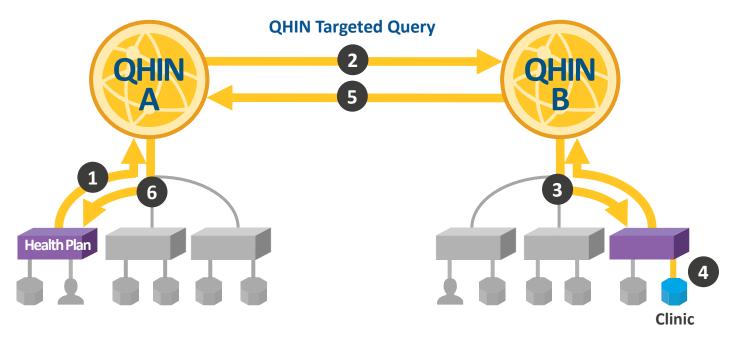




- Patient (Individual User) uses a smart phone app (Participant Member) to make a medical records request via the Participant to the QHIN for Individual Access Services
- QHIN A initiates QHIN Broadcast Query to all connected QHINs
- QHINs B, C, D execute their query methodology to request medical records from all appropriate Participants and their

- Participant Members and Participants respond with medical records
- 5 QHINs B, C, D send medical records to QHIN A
- QHIN A sends medical records to Participant, who sends to smart phone app (Participant Member), who sends to Patient (Individual User)

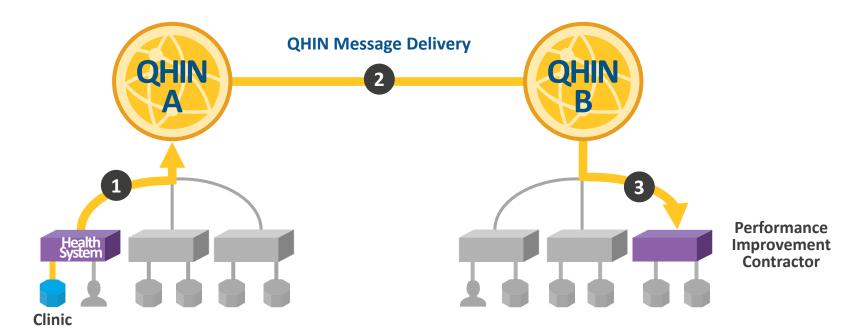




- Health Plan (Participant) sends a medical records request for a Clinic (Participant Member) to QHIN A for QHIN Targeted Query for Utilization Review
- QHIN A initiates QHIN Targeted Query to QHIN B
- QHIN B requests medical records from appropriate Participant, who requests from Clinic (Participant Member)

- Clinic (Participant Member) responds with medical records, Participant sends medical records to QHIN B
- QHIN B sends medical records to QHIN A
- 6 QHIN A sends medical records to Health Plan (Participant)





- Clinic (Participant Member) sends medical records to QHIN A for QHIN Message Delivery for the purpose of business planning and development
- QHIN A initiates QHIN Message Delivery to send medical records to QHIN B
- 3 QHIN B sends medical records to the Performance Improvement Contractor (Participant)

Public Comment

To make a comment please call:

Dial: 1-877-407-7192

(once connected, press "*1" to speak)

All public comments will be limited to three minutes.

You may enter a comment in the "Public Comment" field below this presentation.

Or, email your public comment to onc-hitac@accelsolutionsllc.com.

Written comments will not be read at this time, but they will be delivered to members of the Workgroup and made part of the Public Record.







Health IT Advisory Committee









