

# GUNDERSEN HEALTH SYSTEM®

June 17, 2019

Office of the National Coordinator for Health Information Technology  
U.S. Department of Health and Human Services  
Attention: TEFCA Draft 2  
330 C St SW  
Floor 7  
Washington, DC 20201

## **Re: Comments on the Trusted Exchange Framework and Common Agreement Draft 2**

On behalf of Gundersen Health System, we appreciate the opportunity to comment on the changes outlined in the Office of the National Coordinator (ONC) second draft on the Trusted Exchange Framework and Common Agreement (TEFCA). We appreciate the administration's commitment to reducing regulatory barriers to providing patient and community care and are looking forward to sharing our comments and outlook on CMS's proposals.

Gundersen Health System is an integrated healthcare delivery system providing services throughout nineteen counties in western Wisconsin, southeastern Minnesota and northeastern Iowa. Our system includes a primary hospital in La Crosse, five critical access hospitals and over 50 clinics throughout the region. With over 8,000 employees, we are the largest employer in the region. We are committed to supporting public policy that helps to enrich every life through improved community health, outstanding experience of care, and decreased cost burden.

We will specifically be commenting on health information exchange (HIE) and care coordination, exchange of secure health information, and implementation. We are looking forward to any further proposals ONC introduces to promote efficiency and reduce administrative burden for healthcare providers.

### **Health Information Exchange**

TEFCA works to define standards for interoperability required by the 21<sup>st</sup> Century Cures Act (2016). The purpose of the proposed model is to create an analogous workflow for queries of EHR that would enable providers and other healthcare stakeholders to join health information networks (HIN) and automatically connect and participate in a national HIE. The establishment of "Qualified Health Information Network" (QHINs) would be used to facilitate HIE interconnectivity along with the Recognized Coordinated Entity (RCE). While recommended to be adopted by providers and healthcare stakeholders, participation in TEFCA is voluntary.

Through our information technology capabilities, Gundersen Health System is an active participant in health information exchange and care coordination utilizing electronic health records (EHR) in our facilities. So far in 2019, we have exchanged more than 2,250,732 patient medical records across all 50 states, and a cumulative 7,800,000 records electronically using Certified EHR Technology (CEHRT). Gundersen Health System utilizes the exchange methods provided by the CEHRT, Epic Systems. We have exchanged health information electronically with at least 618 other organizations including 273 organizations using different brands of CEHRT. Gundersen appreciates the efforts made to coordinate multiple rules with the intent of making exchange methods more cohesive.

### **Comments:**

#### **TEFCA Exchange Model**

We appreciate ONC's continued commitment to safeguarding information and furthering interoperability in healthcare. We are pleased the ONC is holding each participant of the HIN accountable for EHI created, received, maintained, and transmitted.

**However, we encourage ONC to focus on existing successful, industry led, efficient and inexpensive decentralized methods of exchange.** TEFCA in its current form has many opportunities for improvement. We suggest the following changes as detailed below:

- Allow queries to follow a decentralized model;
- Allow queries to take place using multiple transactions;
- Allow incremental results to return to the requestor before comprehensive results are aggregated to reduce errors in data transfer and prevent delays in exchanging patient records;
- Disallow QHINs to centrally maintain directory and record locator services.

#### **TEFCA Implementation**

ONC proposes that adoption for the new Common Agreement upgrades and changes to TEFCA will take place over an 18-month period, an increase from the previous proposal of 12 months. During this time, providers and stakeholders must implement the changes necessary to continue to participate.

While we understand the necessity of TEFCA, we caution ONC that the current proposed timeline of 18 months is overly ambitious for implementation. **We recommend that ONC align TEFCA implementation with a timeline that ensures stakeholders are able to meet the necessary upgrades. We suggest ONC develop a multi-year phased-in approach to phase in changes and adjust implementation as necessary.**

**We also suggest ONC implement more opportunities for stakeholder and industry feedback to improve future innovation.** Gundersen is currently participating in a successful, industry innovated network that has traded over 7 million records with at least 618 outside organizations including 273 that do not share the same brand of CEHRT. **As TEFCA is**

**undergoing implementation, Gundersen would like to see more opportunities to easily allow evaluation and future innovations that will improve the network.**

### **Advancing Interoperability Across the Care Continuum**

Earlier this year, ONC and the Centers for Medicaid and Medicare (CMS) released separate proposed rules regarding interoperability with health systems and EHR providers. In CMS's proposed rule, (RIN 0938-AT79) *Medicare and Medicaid Programs; Patient Protection and Affordable Care Act; Interoperability and Patient Access for Medicare Advantage Organization and Medicaid Managed Care Plans, State Medicaid Agencies, CHIP Agencies and CHIP Managed Care Entities, Issuers of Qualified Health Plans in the Federally-facilitated Exchanges and Health Care Providers*, one of the considered proposals was to mandate participation in TEFCA to be in compliance.

In our comments in this letter regarding the TEFCA draft, we have outlined our concerns with HIE and request that the ONC advocate for voluntary participation to TEFCA. TEFCA was designed to be a voluntary network to bridge the gap between provider and patient information systems, not a mandatory network of exchange. This is one of the key principles of the Common Agreement in TEFCA. For this reason, **we do not recommend that TEFCA participation be required and ask ONC to ensure that it remains as voluntary participation. We ask ONC to explicitly state that participation will remain voluntary.** We have also outlined these concerns in our comment letter to CMS as well. We reiterate that a more voluntary stakeholder model could drive innovation.

### **Conclusion**

On behalf of Gundersen Health System, we appreciate the opportunity to comment on provisions within the Trusted Exchange Framework and Common Agreement Draft 2. We strongly support interoperability and care coordination and hope our comments provide a bridge to improve and advance existing programs.

If you have any questions or need clarification, please feel free to contact us. We look forward to continuing working with the agency to better improve health policy for our patients and communities.

Sincerely,



Kathy Callan, MA, RHIA  
Executive Director, Information Systems  
Gundersen Health System  
[KMCalla1@gundersenhealth.org](mailto:KMCalla1@gundersenhealth.org)