**APERVITA Comments:**

# Trusted Exchange Framework and Common Agreement (v2)

**Contact:**
Blackford Middleton, MD, MPH, MSc, FACP, FACMI, FHIMSS
Chief Informatics and Innovation Officer, Apervita, Inc., Chicago, IL
Email: blackford.middleton@apervita.com    Tel: 617-335-7098

Apervita is a stakeholder in the TEFCA arena, falling into the category of a "Technology Developer" interested in participating in TEFCA development. We appreciate the leadership the ONC has taken in developing the TEFCA, and we appreciate the opportunity to comment.

Apervita delivers a state-of-the-art digital health platform (DHP) for knowledge-based, and data-driven, health applications and services. Apervita benefits from and applauds the development of HIT standards and rules by ONC. Our overarching mission is the democratization of healthcare data and analytics.  Our experience toward this end with our partners, end-users, and other vendors provides insights which may be particularly relevant to the ONC in this rule making to support the 21$^{st}$ Century Cures Act. We now have > 1000 hospitals connected to the Apervita service (>3000 contracted) each with a BAA and standard EULA in place. Our Cloud PaaS allows those hospitals potentially to share data as appropriate through data entitlements managed with digital contracts that arbitrate data sharing and digital rights management.

Apervita is a for-profit entity and therefore is not qualified for the RCE role the TEFCA NOFO offers. However, we do have comments that we hope will enhance ONC's approach to TEFCA. Apervita intends to become a Qualified Health Information Network (QHIN) when this certification is launched. Apervita supports the intention to provide flexibility by using Minimum Required Terms and Conditions (MRTCs) and Additional Required Terms and Conditions (ARTCs).

Apervita offers the following comments on the goals of TEFCA:

- **Provide a single on-ramp to nationwide connectivity**. The difficulty in achieving this goal has been data blocking, the absence of a unique patient identifier (UPI), agreed upon policy framework, and a coordinating entity. Data blocking was addressed in another NPRM. A recognized coordinating entity (RCE) can be a repository for UPIs that has no knowledge about identity other than the identifier per se and where it was issued and used. The latter allows a health information network (HIN) to query the repository and then the sources of data. TEFCA offers a set of coherent policies to promote appropriate (secure, confidential, private, and controlled) patient-level data sharing. The RCE would not know the identity demographics or PHI of the individual. This strategy is used in ASTM International/ANSI standards E 1714 and E 2553 and has been implemented by a non-profit, GPII (https://gpii.info/).
- **Enabling EHI to securely follow the patient when and where it is needed**. Apervita suggests that this requirement needs another element: how the data will be used. This goal has several basic elements, 1) knowing where the data is required and filtering it based on 2) privacy choices and 3)

the requirements of the task at hand. Not all data in a record is needed in each transaction. Transactions focusing on providing decision support may only require an abstract of the patient record. The routing to the proper place is addressed in the prior bulleted comment. The filtering for privacy choices can be based on data tagging; Apervita provides a technology framework that enables its customers doing so and does not have specific comments on this requirement. The filtering also depends on the task at hand. The Apervita PaaS provides knowledge-, and data-driven services and requires specific data to run applications and not an entire record. Apervita APIs specify the request and response data elements. Apervita supports the ONC efforts to develop standards enabling the discovery of such APIs and their instantiation by end users. However, these standards are still in development. Apervita has substantial experience in this arena and encourages ONC to provide opportunity for it to participate in standards development.

- **Support nationwide scalability**. Apervita is a national platform and strong supports this goal of TEFCA.   Accordingly, Apervita supports the six principles of the Trusted Exchange Framework (TEF). As the Common Agreement is developed, ONC might consider the agreements used by Apervita in its highly successful, scalable and easy to implement quality reporting application (the Direct Data Submission Project – DDSP) created for The Joint Commission (TJC).

Apervita is developing a full complement of the "exchange purposes" describe in the NOFO. ONC has backed off some of these items in response to comments of TEFCA v1. Apervita suggests setting a timeline for development of these critical capabilities and the specific requirements. Leading edge companies, such as Apervita, can then proceed with development. It is unwise to restrain innovation when the market and prospective developers are ready for it. The ONC recognizes this by is "phased approach" but it is too vague. Creating the timeline will set expectations and inform planning across the health IT industry landscape.


Thank you. We would be happy to discuss our comments with members of the ONC.