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June 4, 2019

Don Rucker, MD
National Coordinator for Health Information Technology
Office of the National Coordinator for Health Information Technology
Department of Health and Human Services
330 C St SW, Floor 7
Washington, DC 20201

Submitted Electronically

Re: Trusted Exchange Framework and Common Agreement Draft 2

Dear National Coordinator Rucker,

On behalf of our more than 100,000 member physical therapists, physical therapist assistants (PTAs), and students of physical therapy, the American Physical Therapy Association (APTA) is pleased to submit comments in response to the US Department of Health and Human Services Office of the National Coordinator for Health Information Technology's (ONC) Request for Information on the Trusted Exchange Framework and Comment Agreement Draft 2 (TEFCA). The mission of APTA is to further the profession's role in the prevention, diagnosis, and treatment of movement dysfunctions and the enhancement of the physical health and functional abilities of members of the public. Physical therapists are highly trained professionals who perform evaluations including a patient's history, a review of systems, and an administration of standardized tests and objective measures based on the patient's presentation and the findings in the review of systems.

Physical therapists work both independently and as members of multidisciplinary health care teams to enhance the health, well-being, and quality of life of their patients, who present with a wide range of conditions. In 2016, there were 239,800 physical therapists and 88,300 PTAs employed in the United States.¹ Physical therapists and PTAs work in a variety of settings, including physical therapist private practices, general medical and surgical hospitals, home health, physician offices and offices of other health care practitioners, rehabilitation agencies, schools, and skilled nursing facilities.

¹ Bureau of Labor Statistics Occupational Outlook Handbook (2016).

Qualified Health Information Network Operations

QHIN Query

As outlined in TEFCA Draft 2, the Minimum Required Terms and Conditions (MRTCs) state that a Qualified Health Information Network (QHIN) shall respond to a QHIN query in the following ways:

- a) When a QHIN receives a QHIN Query from another QHIN, the QHIN shall request electronic health information (EHI) from appropriate Participants and transmit the response(s) to the QHIN that initiated the QHIN Query.
- b) If the QHIN stores or maintains EHI, the QHIN shall also respond by providing all of the EHI in the then applicable USCDI to the extent that all of the following conditions are satisfied:
 1. the EHI is appropriate for and relevant to the applicable Exchange Purpose;
 2. the EHI is available;
 3. the Disclosure of EHI is permitted under and meets all required conditions of Applicable Law; and
 4. the Disclosure is in accordance with any applicable Minimum Necessary Requirements as noted in Section 3.3.

APTA requests that ONC clarify in the next version of the MRTCs the timeline by which the QHIN must respond to the query.

QHIN Message Delivery

APTA seeks clarification regarding the QHIN Message Delivery capabilities. Within TEFCA Draft 2, the MRTC states: “A QHIN that receives a QHIN Message Delivery and is not the final destination for the contents of the message shall send the message to the appropriate Participant(s) or Individual User(s). Upon receipt of automated message responses (e.g., confirmation of receipt) from a Participant or Individual User pursuant to QHIN Message Delivery, a QHIN shall transmit the response to the initiating QHIN only to the extent consistent with the request and permitted by Applicable Law and the Common Agreement. If a QHIN is the final destination for EHI pursuant to a QHIN Message Delivery, then the QHIN shall transmit a message response (e.g., confirmation of receipt) to the initiating QHIN only to the extent consistent with the request and permitted by Applicable Law and the Common Agreement.”

In the scenario describing message delivery, it appears that the primary care provider (PCP) is a Participant Member of the responding QHIN. It is unclear, however, whether the initiating QHIN could transmit the message (summary of the patient’s care) to the patient’s PCP if the PCP is not a member of a QHIN. Accordingly, APTA requests that ONC clarify the scope of a QHIN’s message delivery capabilities when the intended recipient of the information is not a member of a QHIN.

Patient Identity Resolution

ONC Request for Comment #7: *The IHE XCPD profile only requires a minimal set of demographic information. Should QHINs use a broader set of specified patient demographic elements to resolve patient identity?*

APTA recognizes that effective patient matching is necessary to achieve interoperability. Improving patient matching rates will require a multifaceted approach. Additional demographic elements include email address, mother's maiden name, insurance policy identification number, and/or requiring the adoption of a unique patient identifier. Further, we are aware that the US Government Accountability Office (GAO) published a report in January 2019 highlighting ideas offered by stakeholders to improve the ability to match patients' records. Examples discussed in the report include implementing common standards for demographic data; developing a data set to test the accuracy of matching methods; implementing a national unique patient identifier; and developing a public-private collaboration to improve patient record matching.² We encourage ONC to consider the recommendations included within the GAO's report, as it is critical that ONC pursue multiple mechanisms to improve patient record matching.

Conclusion

APTA thanks ONC for the opportunity to provide feedback on TEFCA Draft 2. Should you have any questions or need additional information, please contact Kara Gainer, director of regulatory affairs, at karagainer@apta.org or 703/706-8547.

Thank you for your consideration.

Sincerely,



Sharon L. Dunn, PT, PhD
Board-Certified Orthopaedic Clinical Specialist
President

SLD: krg

² GAO Report to Congressional Committees. Health Information Technology: Approaches and Challenges to Electronically Matching Patients' Records Across Providers. <https://www.gao.gov/assets/700/696426.pdf>. Accessed April 30, 2019.