October 21, 2021

Comments submitted at: rce@sequoiaproject.org

To Whom It May Concern:

The American Medical Informatics Association (AMIA) appreciates the opportunity to provide input on select Elements of the Common Agreement.

AMIA is the professional home for more than 5,500 informatics professionals, representing frontline clinicians, researchers and public health experts who bring meaning to data, manage information and generate new knowledge across the health and healthcare enterprise. As the voice of the nation's biomedical and health informatics professionals, AMIA plays a leading role in advancing health and wellness by moving basic research findings from bench to bedside, and evaluating interventions, innovations and public policy across settings and patient populations.

AMIA supports the original stated goal of the Trusted Exchange Framework and Common Agreement (TEFCA) "to provide policies, procedures, and technical standards that build from existing [Health Information Networks] HIN capabilities and enables them to work together to provide that single 'on-ramp' to Electronic Health Information regardless of what health IT developer they use, health information exchange or network they contract with, or how far across the country the patients' records are located." AMIA further supports the virtual nature of the TEFCA "on-ramp." However, we caution ONC to avoid a rigid on-boarding process that could be both exceedingly expensive, as well as duplicate costs and processes used by existing HINs and provider organizations.

TEFCA must augment existing exchange work. As we understand it, certain Qualified Health Information Network (QHIN) Common Agreement terms and conditions will flow down to all participants and individuals who choose to associate with any particular QHIN. We are concerned that participants and individuals participating in the Trusted Exchange Framework who may also participate in another HIN (e.g. Carequality, CommonWell, Epic Care Everywhere) may have their existing relationships and exchange activity disrupted in both seen and unforeseen ways. While participation in TEFCA is not mandatory, the Centers for Medicare and Medicaid Services (CMS) has already explored incorporating participation into its Promoting Interoperability Program; we can foresee both CMS and other governing entities looking to further leverage TEFCA participation in the near future. Therefore, participants and subparticipants must be confident that their participation will be a net benefit to their exchange activities. As such, ONC must detail explicitly how the QHIN and other HIN will functionally coexist in an exchange ecosphere for participant net benefit.

Definitions, Exchange Purposes, and Participants and Subparticipants

AMIA appreciates the Recognized Coordinating Entity (RCE) and ONC's continued refinement of its definitions and further clarification of the roles of participants and sub participants. Specifically, we appreciate how similar organizations and entities (e.g. health systems) will be designated as different stakeholder types, depending on their relationship to the QHIN. We anticipate that confusion will remain high among some stakeholder groups, and we encourage ONC to develop additional examples and education materials. Similar to the exchange scenarios outlined in the QHIN Technical Framework,[1] we strongly recommend that ONC and the RCE outline similar scenarios to clarify how TEFCA will facilitate the exchange purposes and how the participants and subparticipants will fit in. We believe that illustrating them will help participants and subparticipants greatly in both understanding their place in the network of networks and meeting the goals of nationwide trusted exchange.

TEFCA Information and Required Information

We further note that the TEFCA will rely heavily on the 21st Century Cures Act definition of Electronic Health Information (EHI), but this term, as well as any reference to information blocking, are conspicuously absent from the Elements of the Common Agreement document. The TEFCA will only succeed with a definition of EHI that is widely understood and consistently implemented across actors. Actors requesting EHI through the TEFCA will likely obtain vastly different payloads based on three factors: (1) the health IT developers' native configuration; (2) the implementation decisions and customizations at each implementation; and (3) the institution's interpretation of what constitutes EHI. As we outlined in a recent joint report with the American Health Information Management Association (AHIMA) and EHR Association, standardizing clinician and developer expectations around the definition of EHI will be critically important to successful operationalization of the Cures Act Final Rule.[2] These challenges are only compounded when additional actors, e.g. HINs and QHINs, are introduced into the data query supply chain. It is critical that this key definition and its relationship to TEFCA be examined closely.

We hope our comments are helpful as you continue this important work. Should you have any questions or require additional information, please contact Scott Weinberg at scott@amia.org or 240-479-2134. We thank the RCE and ONC for the opportunity to comment and look forward to continued dialogue upon release of the Trusted Exchange Framework and Common Agreement Version 1.

[1] https://rce.sequoiaproject.org/wp-content/uploads/2021/07/QTF-V1-Draft.pdf
[2] https://brand.amia.org/m/35b004ac7edf2230/original/EHI-Task-Force-Report_FINAL.pdf

Sincerely,

AMIA President and Chair, AMIA Board of Directors
Program Director Research
Center for Patient Safety, Research, and Practice
Brigham and Women's Hospital