



Office of the National Coordinator  
for Health Information Technology

# National Committee on Vital and Health Statistics Committee Meeting

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## 21<sup>st</sup> Century Cures Act - Section 4003(b)

*“[T]he National Coordinator shall convene appropriate public and private stakeholders to **develop or support a trusted exchange framework** for trust policies and practices and for a **common agreement** for exchange between health information networks.”*


*[emphasis added]*




# TEFCA Goals

**GOAL 1** 

Establish a universal policy and technical floor for nationwide interoperability

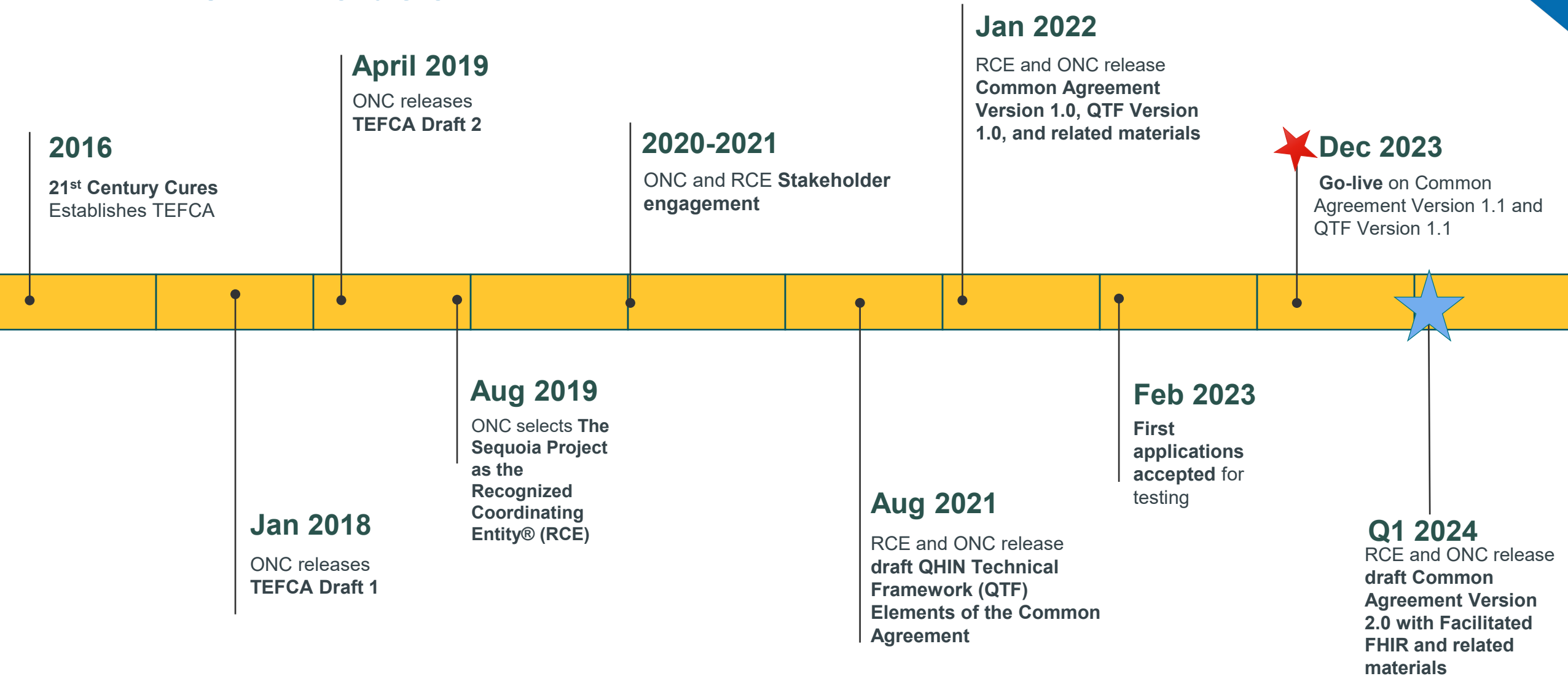
**GOAL 2** 

Simplify connectivity for organizations to securely exchange information to improve patient care, enhance the welfare of populations, and generate health care value

**GOAL 3** 

Enable individuals to gather their health care information

# TEFCA Evolution



# Report to Congress Executive Summary

This report focuses on the significant progress made connecting health information networks (HINs) and health information exchanges (HIEs) nationwide.

While HINs and HIEs nationwide have made considerable progress, each has certain limitations that the Trusted Exchange Framework and Common Agreement<sup>SM</sup>, or TEFCA<sup>SM</sup>, is designed to address.

TEFCA simplifies network participation by providing a way for health care providers, health plans, patients, and others to make a single connection to access electronic health information on a nationwide scale.



## Report to Congress Executive Summary (Cont.)

On December 12, 2023, an initial group of Qualified Health Information Networks™ (QHINs™) were designated and started sharing electronic health information through TEFCA. On February 13, 2024, two additional QHINs were designated. In the coming months and years, ONC expects that TEFCA will rapidly build on this momentum and scale to include more organizations, creating a pathway for modern health information sharing. This includes:



Advancing common standards and use of modern health IT capabilities, such as the United States Core Data for Interoperability (USCDI) and Health Level Seven (HL7®) Fast Healthcare Interoperability Resources (FHIR®) application programming interfaces



Establishing expected business practices for sharing electronic health information

HHS recommends support for the implementation of the 21<sup>st</sup> Century Cures Act's (P.L. 114-255) health IT provisions, including TEFCA.

# Current State: Sharing Electronic Health Information through Networks

## Current State

- **85 percent** of U.S. hospitals reported electronically querying or finding patient health information through various methods (e.g., HINs) in 2022.

Source: ONC Quick Stat – Electronic Health Information Exchange by Hospitals

- About half of physicians reported electronically searching or querying for patient health information via their EHR when seeing a new patient in 2021.

Source: ONC Quick Stat – Electronic Health Information Exchange by Hospitals

- **64 percent** of U.S. hospitals reported using national networks that enable exchange across different health IT systems in 2021.

Source: ONC Data Brief #64

- HINS are one of the most common methods used by U.S. hospitals to electronically send and receive summary of care records.

Source: ONC Data Brief #64



# Current State: Sharing Electronic Health Information through Networks (Cont.)

## Barriers

- U.S. hospitals reported several key challenges to exchanging electronic patient health information to or from other care settings or organizations. In 2021, **72** percent of U.S. hospitals reported challenges exchanging data across different EHR vendor platforms and **54** percent reported challenges developing customized interfaces. Additionally, **57** percent of hospitals reported challenges matching or identifying the correct patient between systems.

Source: ONC Data Brief #64

- About three-quarters of U.S. hospitals reported experiencing at least one challenge to electronic public health reporting in 2022. Several challenges reported by hospitals include a cumbersome onboarding process for electronic reporting; costs related to interfaces, transmission, or submission; and hospitals feeling that public health agencies lack the capacity to electronically receive information.

Source: ONC Data Brief #66

## TEFCA Participation

- Most U.S. hospitals are aware of TEFCA and plan to participate.

Source: Quick Stat – Non-Federal Acute Care Hospitals' Awareness of and Plans to Participate in Trusted Exchange Framework and Common Agreement (TEFCA)



# TEFCA is Operational!

The following organizations have officially been designated as Qualified Health Information Networks™ (QHINs™) after completing the rigorous TEFCA onboarding process:



Once designated, these QHINs were able to immediately begin supporting the exchange of data under TEFCA's policies and technical requirements.

# Connected Health Information Networks Can Benefit Multiple Groups

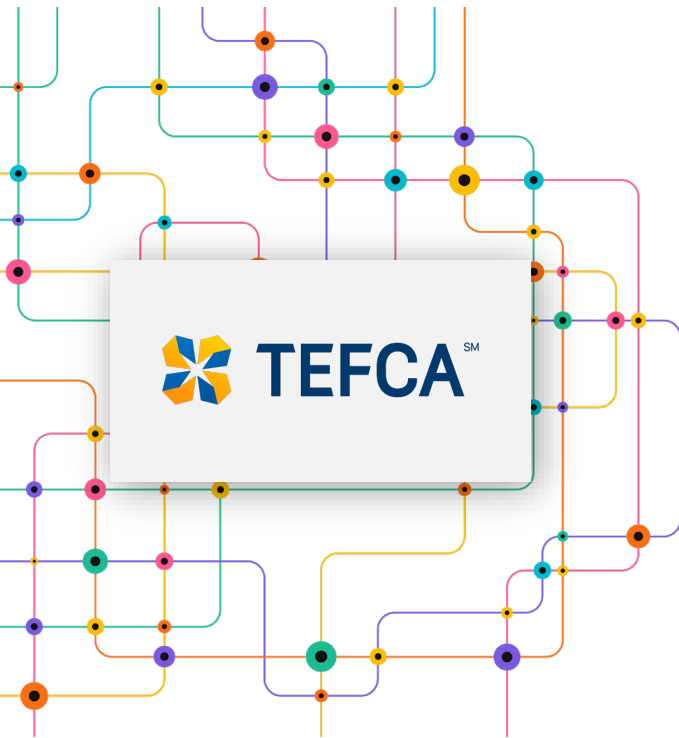
Multiple groups can experience benefits as sharing electronic health information under TEFCA scales in the coming months and years.

- **Technology Developers** can provide a scalable policy and technical foundation for innovation
- **State Governments and Public Health Authorities** can establish easier connections, get timelier public health data, reduce costs for sharing public health data, and support public health interoperability
- **Individuals** can more easily gather their health information from multiple health care providers and other organizations participating in TEFCA through different applications and services
- **Health Care Providers and Health Systems** can improve care coordination and population health by obtaining a more informed picture of care across settings through fewer connection points
- **Health Plans** can access and share data needed for care management, value-based care, payer-to-payer exchange, and other similar purposes

# Benefits of Connecting Health Information Networks Through TEFCA

As outlined in the Trusted Exchange Framework: Principles for Trusted Exchange, connecting HINs through TEFCA will:

- Increase secure access to electronic health information exchange capabilities nationwide
- Work towards ensuring that a core set of data will be available and standardized among networks connected through the Common Agreement for multiple exchange purposes
- Decrease costs and improve efficiency by reducing or eliminating the need to join multiple HINs, sign multiple legal agreements, or create one-off interfaces
- Provide HINs and health IT developers with a common set of privacy and security requirements to protect patient health information, including requirements for identity proofing and authentication



# TEFCA Establishes Policy and Technical Requirements for Sharing Electronic Health Information

The Common Agreement establishes clear policy and technical requirements for the exchange of information by organizations participating in TEFCA. It describes and defines such organizations as QHINs, Participants, and Subparticipants, among others.

This means that TEFCA QHINs, Participants, and Subparticipants know what business practices are expected of their organization and what to expect from all the other participating organizations.

## TEFCA, along with the QTF, provides:

- A shared governance structure for all QHINs
- A structured onboarding process to ensure QHINs can adhere to the Common Agreement requirements
- Common protocols for authenticating and authorizing users
- A shared directory service to support exchange of electronic health information
- Guidance on how QHINs respond to all data requests as may be required under the Common Agreement
- Guidance on how QHINs are prohibited from requiring broad exclusivity arrangements from other participating organizations and from imposing discriminatory limits on those organizations sharing electronic health information consistent with existing regulations
- Guidance on compliance with relevant privacy and security rules
- A security incident notification process

# TEFCA Provides Strong Privacy and Security Protections

Organizations participating in TEFCA will have strong privacy and security protections in place as described in the Common Agreement.

The Common Agreement requires each Non-HIPAA Entity to protect individually identifiable information that it reasonably believes is TEFCA Information in substantially the same manner as HIPAA Covered Entities protect Protected Health Information, including where appropriate, by complying with the standards required by most provisions of the HIPAA Privacy Rule.



Most participating organizations will be Health Insurance Portability and Accountability Act of 1996 (HIPAA) Covered Entities or Business Associates of Covered Entities, required to comply with HIPAA privacy and security requirements.



An important feature of TEFCA is the added protections it provides where QHINs, Participants, and Subparticipants facilitate patients using technologies (e.g., applications) that fall outside of HIPAA regulations.



# Initial Exchange Purposes Supported by TEFCA

QHINs under TEFCA will initially support secure electronic health information sharing for the following specific purposes:

- **Individual access services**
- **Treatment**
- Payment
- **Health care operations**
- Public health
- Government benefits determination

Individuals, health care providers, health plans, public health authorities, and government agencies routinely need to query HINs for these purposes.

For example:

- Patients with multiple health care providers want to manage their own health information through consumer-facing applications without visiting each patient portal across all their health care providers
- Primary care physicians and specialists need to have their patient's health information available to coordinate care
- Public health authorities performing case investigations need to understand previous care provided to a particular patient

# Advancing Common Standards and Use of Modern Health IT Capabilities

The TEFCA infrastructure builds on tremendous progress already made in the health care and health IT ecosystem over the past decade to advance nationwide interoperability.

- Common standards, including the [USCDI](#), promote interoperability and consistency across networks
- The Health Data, Technology, and Interoperability: Certification Program Updates, Algorithm Transparency, and Information Sharing ([HTI-1](#)) [Final Rule](#) includes updates to enhance the accuracy and completeness of patient data that can be used to help promote health equity, reduce health disparities, and support public health data interoperability
- Hundreds of thousands of clinicians and most hospitals and health systems use health IT certified through the [ONC Health IT Certification Program](#) that support:



Data element capture using the USCDI standard



Standardized APIs for patient and population services



Electronic health information export for a single patient and for an entire patient population



Multi-factor authentication and encryption of authentication credentials.

- **4 in 5** non-federal acute care hospitals use APIs to enable health care provider applications to write data to and read data from certified health IT, and to grant patient access to data in those systems through patient-facing applications.  
Source: [ONC Data Brief #68](#)
- TEFCA will advance the use of standards such as USCDI and [FHIR](#).
  - The FHIR standard can move the health care industry from sharing information structured in documents and messages to exchanging individual data elements, like modern data sharing approaches experienced in other industries.





# TEFCA Will Soon Require Support for FHIR-based Transactions!

- On December 11, 2023, ONC and the TEFCA Recognized Coordinating Entity<sup>®</sup> (RCE<sup>™</sup>), The Sequoia Project, released the Fast Healthcare Interoperability Resources (FHIR<sup>®</sup>) Roadmap for TEFCA<sup>SM</sup> Exchange Version 2.
  - This version updates the previous roadmap and continues the momentum already established by providing more details and guidance for the future of FHIR in TEFCA.
- Common Agreement Version 2, which will include enhancements and updates to require support for Health Level Seven (HL7<sup>®</sup>) FHIR-based transactions, is actively under development.

## Beginning of the TEFCA Era

QHINs are now able to begin sharing electronic health information through TEFCA. The organizations that applied to be QHINs stepped up to meet the rigorous TEFCA eligibility requirements and terms and conditions for participation.

ONC and the RCE are working to onboard applicant QHIN organizations on a rolling basis and to expand TEFCA to reach its full potential.

ONC and the RCE are providing education on TEFCA to the public by developing TEFCA resources such as Standard Operating Procedures and holding public education sessions. The RCE has conducted nearly 170 public engagement events, reaching over 10,000 individuals.

ONC is actively engaged with federal agencies interested in participating in TEFCA, including those that provide health care services, and is exploring opportunities to incorporate TEFCA into federal programs.



# What's Next?

TEFCA marks a new era for network-to-network interoperability in the U.S., combining the richness of API-based exchange and the foundation of TEFCA's shared infrastructure and trust services. The following describe how TEFCA will reduce administrative burden while expanding the use of FHIR and advancing interoperability for public health and state and local HIEs.



## Administrative Burden

TEFCA will help to catalyze Centers for Medicare & Medicaid Services (CMS) initiatives to promote FHIR-based exchange such as Patient Access APIs and the Provider Access, Payer-Payer, and Prior Authorization APIs finalized in the recent [CMS Interoperability and Prior Authorization Final Rule](#). This will improve the customer/patient experience, enhance care management/coordination, reduce burden through payer-provider interoperability, and support the [National Directory of Healthcare Providers & Services](#) concept.



## Public Health

TEFCA will support the Centers for Disease Control and Prevention's [Public Health Data Strategy](#) and state/local Public Health Agencies (PHA) by advancing the use of FHIR in public health; reducing the burden of data collection; enabling secure, modern data exchange between PHAs; and facilitating bidirectional data exchange between clinical and public health communities.



## State/Local HIEs

TEFCA will create an information "super-highway" to support state/local interoperability initiatives and to enable them to securely connect with each other.



## FHIR

In 2024, QHINs are expected to adopt and support FHIR-based exchange for providers, payers, patients, and others through the finalized version of Common Agreement 2.0. This FHIR-based exchange is expected to leverage TEFCA trust services, such as endpoint directories, and enable authorized record location services.



Office of the National Coordinator  
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# THANK YOU!

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