

## **Draft XP Implementation SOP: IAS: Demographic Matched Feedback Form**

### Section 4.1: Credential Service Provider

In reviewing this draft SOP, Civitas notes that while it requires IAS providers to have an agreement with a credential service provider (CSP) “who has been approved by an RCE-selected CSP approval organization,” only one such organization is currently listed by the RCE. Civitas member health information exchanges (HIEs) and emerging health data utilities (HDUs) around the country have preexisting relationships with a number of CSP approval organizations. The RCE has written that its process of clearing more CSP approval organizations for IAS through QHIN exchange is ongoing, and stakeholders should expect additions to the list over the coming weeks and months; nonetheless, our members would be happy to provide recommendations based on their connections and experiences that have worked well in their service territories.

### Section 4.3: Identity Verification Requirement

Civitas applauds the RCE’s commitment to data security for TEFCA IAS services that the authentication and identity verification requirements described in this draft SOP represent. Our members are confident in their technical ability to adhere to the required AAL2 and IAL2 standards, and to handle the specified demographic matching data points; however, many of them are nonetheless apprehensive about providing IAS as QHIN participants because of the demands on technical and human resources. At this point, HIEs and HDUs around the country have extensive experience with IAS—on statewide or multi-state levels, and as part of the existing national networks such as eHealth Exchange and CommonWell—and in no case is this type of direct “identity proofing” cheap. Several Civitas members have reported sticker prices approaching seven figures to partner with the leading verification platforms (e.g. CLEAR, Proof) based on HIE transaction volume, which is likely to grow even higher with connections to QHINs.

With no additional federal funding to support these HIE activities on the immediate horizon, **Civitas members are interested in working with the RCE and ONC to explore the potential for changes to the proposed IAS demographic matching structure that would create more equitable cost-sharing arrangements between QHINs and participants.** Our reading of the draft Version 2.0 QHIN Technical Framework (QTF) seems to indicate that QHINs will be afforded this flexibility in the related context of “patient identity resolution,” since they “may use other innovative methods” beyond delegation to fulfill this function.

## **Draft XP Implementation SOP: PH SubXP-1 Feedback Form**

### Section 2: SOP Definitions

In reviewing this draft SOP for TEFCA’s public health exchange purpose (and the related draft Exchange Purposes SOP version 2.0), Civitas reiterates its support for the two transaction categories that currently comprise “public health”: “electronic disease reporting” (which is further divided into “electronic case reporting” and “electronic lab reporting”) and “electronic case investigation.” As a class of activities which are distinct from the clinical “treatment” and managerial-evaluative “healthcare operations” exchange purposes, “public health” is invaluable for prospective QHIN participants like HIEs and emerging HDUs who have pioneered specialized use cases for public health authorities in their service areas. PHAs have increasingly relied on HIEs to conduct effective syndromic surveillance and help manage associated tracking and resource allocation for providers on the front lines of care—work that was never more relevant or essential as during the acute phases of the COVID-19 pandemic. That the pandemic was a federally-declared public health emergency demanding extensive collaboration between PHAs and disaster-response agencies on the state and federal levels attests to the need for “emergency

response” as a third category under the “public health” definition, which Civitas members would be eager to implement.

In addition to preparations for future pandemics, HIEs have also taken an active role in operationalizing health data infrastructure in their service areas to respond to the effects of hurricanes, floods, and wildfires by improving first responders’ connectivity to the wider health system and enabling PHAs to better measure the acute and longer-term effects of these disasters in real time. A new “emergency response” category encompassing these activities would integrate the core QHIN query, message, and facilitated FHIR exchange scenarios into the TEFCA use case framework for these applications, thereby expanding the reach of the system.

## **Draft Participant/Subparticipant Terms of Participation Feedback Form**

### TEFCA Exchange Activities

Civitas members are very interested in the possibilities that the RCE has created with the new “delegation of authority” function introduced in Common Agreement Version 2, whereby QHINs, participants, subparticipants, public health authorities, and government entities (“principals”) can authorize other entities (“delegates”) to conduct TEFCA exchange activities on their behalf. HIEs and emerging HDUs have spent over a decade building diverse networks with official state sanction and federal dollars that have made them the primary health data aggregators for the providers, community-based organizations, and PHAs in their service areas. As such, they are already well-positioned to facilitate QHIN connectivity as delegates on behalf of a wide range of eligible “principal” entities for multiple use cases. The draft Public Health Exchange Purpose (XP) Education Guidance for Stakeholder Feedback notes that PHAs can make requests through QHINs by “using a delegate, such as a health information exchange (state, regional, or private) ...or a public health data utility that serves as a liaison between PHAs and health care providers.”

Given this guidance, it would be helpful for the RCE to alter the draft Participant/Subparticipant Terms of Participation (TOP) document to include similar references to PHA-HIE delegation arrangements—and other examples of delegation authority—in its “TEFCA Exchange Activities” section. The definitions of “delegate” and “principal” are provided in the “Definitions and Relevant Terminology” section of the TOP, and the document refers to delegation in the “RCE Directory” section as part of TEFCA’s nodal system architecture (“to the extent that You are a Delegate, You must ensure that each Principal for which You are providing services involving the use of TEFCA Exchange is also a Participant or Subparticipant that has at least one Responding Node”). However, these mentions are in our estimation too brief to provide stakeholders with a full understanding of how delegation authority can be used to further TEFCA exchange activity, and insufficient relative to the demand for delegation authority among potential HIE and HDU participants and their partners. The RCE should consider drafting a standalone section (or at least subsection) of this TOP document focused specifically on delegation to better address the issue and minimize confusion that has already developed.

## **Draft Governance Approach SOP Feedback Form**

### Section 4.2: Transitional Council

Civitas members appreciate the release of this additional SOP following the Transitional Council, Governing Council, and Advisory Group SOPs that were part of the previous tranche of official guidance attached to Common Agreement 1.0. The structure and function of these arrangements represents a welcome approach to institutionalizing stakeholder feedback on QHIN-mediated exchange as TEFCA’s “live” system continues to grow and evolve over the course of its implementation. However, Civitas feels that these documents and the overall governing

framework would be strengthened by the inclusion of specific, designated categories of TEFCA participants and subparticipants among the “Participant/Subparticipant Caucus” members who will comprise nearly half of the Governing Council. The RCE knows what the most common and critical types of QHIN-connected entities will be—it already formally identifies Health Information Networks (which explicitly includes HIEs), PHAs, Government Health Care Entities, Health Care Providers, and Health Plans in its draft TEFCA Glossary and other official materials—and ensuring that these partners have spots “reserved” on the Governing Council would increase confidence in the Council’s proceedings for key constituents. While the draft Governance Approach SOP does not mention Advisory Groups, the RCE could also accomplish the same goal by formally organizing these groups into the same participant and subparticipants categories.