

Consent Policy Design Group

	Overview of ONC Draft on the 21st Century Cures Act:
Trusted Exchange Framework	
What is it?	On January 5, 2018, the Office of the National Coordinator for Health IT issued a 48-page Draft Trusted Exchange Framework in response to statutory requirements in the 21 st Century Cures Act of 2016 to "develop or support a trusted exchange framework including a common agreement (commonly called TEFCA) among health information networks nationally." TEFCA would establish principles for trusted exchange to serve as guardrails to engender trust among health information networks (HINs). The draft framework received many comments, largely negative though not dismissive, and ONC decided to issue a revised draft rather than advance to a final rule. The initial plan was to complete the process by the end of 2018, but ONC has yet to issue a revised draft of the framework.
What are the highlights?	 New Acronym Alert: HIN – Health Information Network: Individual or entity that oversees exchange, including governance, operations, access, etc. QHIN – Qualified Health Information Network: A HIN that also serves as a neutral information broker, providing record locator services, auditing capabilities, and other functions. RCE – Recognized Coordinating Entity: ONC would select one entity to develop and administer the Common Agreement among QHINs, acting as a governance body for the national network. Many assume that Carequality – an offshoot of the Sequoia Project – would be that REC. What the Framework includes: A minimum floor in the areas where there is currently variation between HINs that causes a lack of interoperability. Obligation to respond to Broadcast or Directed Queries for all the Permitted Purposes outlined in the Trusted Exchange Framework. Qualified HINs must exchange all of the data specified in the USCDI to the extent such data is then available and has been requested. Base set of expectations for how Qualified Health Information Networks connect with each other. What the Framework does NOT include: No full end-to-end agreement that would be a net new agreement. No expectation that every HIN will serve same constituents or use cases. (i.e., no requirement that Qualified HINs initiate Broadcast or Directed Queries for all of the Permitted Purposes outlined in the Trusted Exchange Framework) Not dictating internal technology or infrastructure requirements. No limitation on additional agreements to support uses cases other than Broadcast Query and Directed Query for the Trusted Exchange Framework specified permitted purposes.
Where can I read more?	Draft Trusted Exchange Framework: https://www.healthit.gov/sites/default/files/draft-trusted-exchange-framework.pdf HealthIT.gov Information Page: https://www.healthit.gov/topic/interoperability/trusted-exchange-framework-and-commonagreement