



# Practical Considerations for the Common Agreement and Qualified Health Information Network Technical Framework

ONC Annual Meeting 1/27/2020

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The Office of the National Coordinator for  
Health Information Technology



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## Discussion Topics

- Recognized Coordinating Entity (RCE) Update
- Common Agreement Elements
- Stakeholder Feedback
  - Additional Required Terms and Conditions (ARTCs)
  - QHIN Technical Framework (QTF)

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# RCE Update

## Meet the RCE team



**Mariann Yeager**  
CEO  
The Sequoia Project



**Dave Cassel**  
Executive Director  
Carequality Inc.



**Steve Gravely**  
Founder & CEO  
Gravely Group



**Stephanie Rizk**  
Manager, Health IT Policy  
RTI International

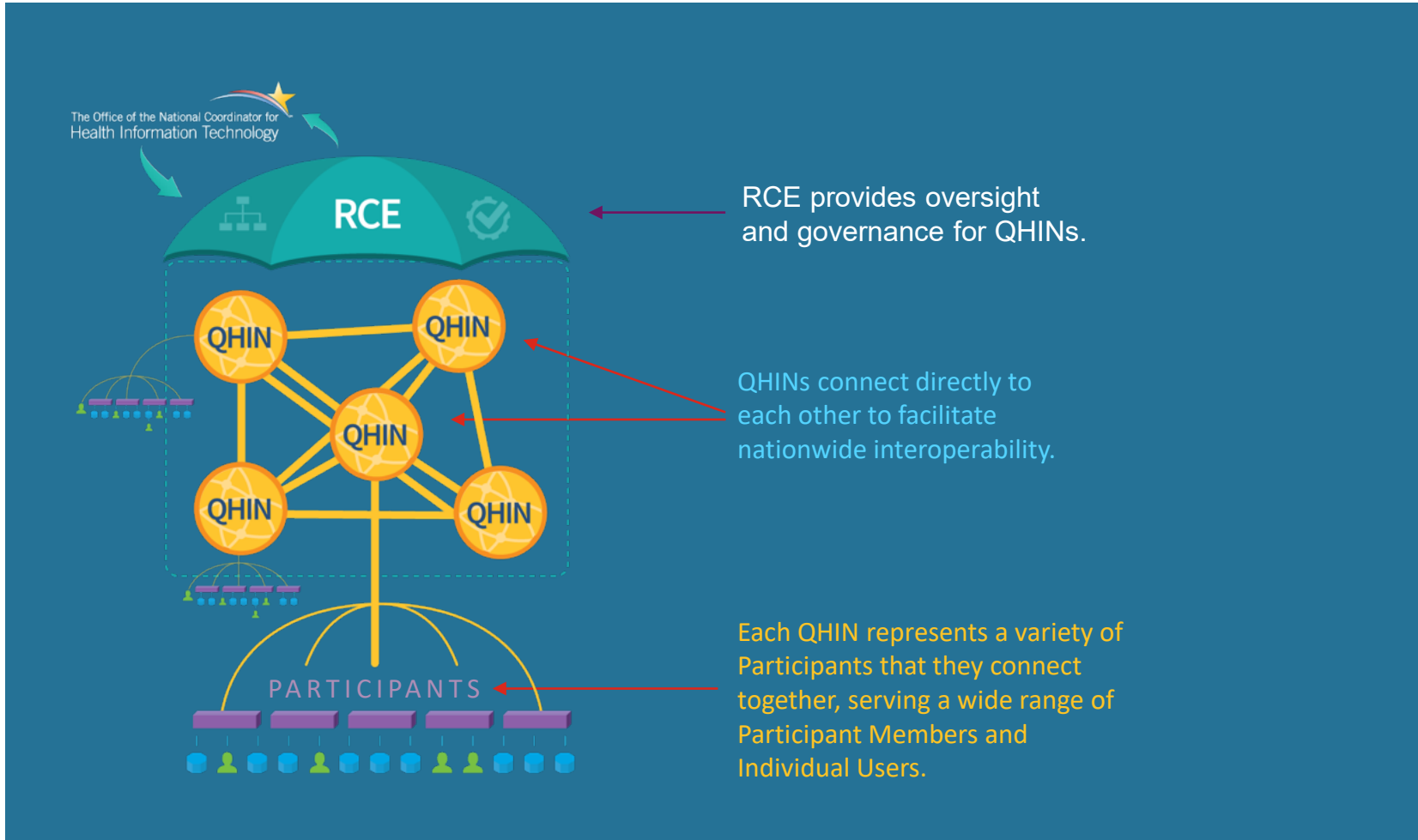


**Mark Segal**  
Principal, Digital  
Health Policy  
Advisors



**Chantal Worzala**  
Principal, Alazro  
Consulting

# How Will the Common Agreement Work?



# Status Update

## • Work Completed

- Grant awarded 8/29/19 and kicked off in Sept '19
- Public Kickoff call 10/7/2019
- QTF Scoping Discussion with ONC 10/31/19
- Minimum Required Terms and Conditions (MRTC) review calls with ONC Oct-Nov
- Facilitate stakeholder feedback sessions Nov-Jan 2020
- Additional Required Terms and Conditions (ARTCs) drafted and initial review with ONC – Nov-Jan
- Call for applications for Common Agreement Work Group – Jan

## • Work in Process

- Facilitate targeted stakeholder feedback sessions
- Prepare launch of Common Agreement Work Group
- Revise ARTCs based on ONC comments
- Working sessions with ONC to review revised MRTC contract language
- Draft QHIN Technical Framework

## • Next Steps

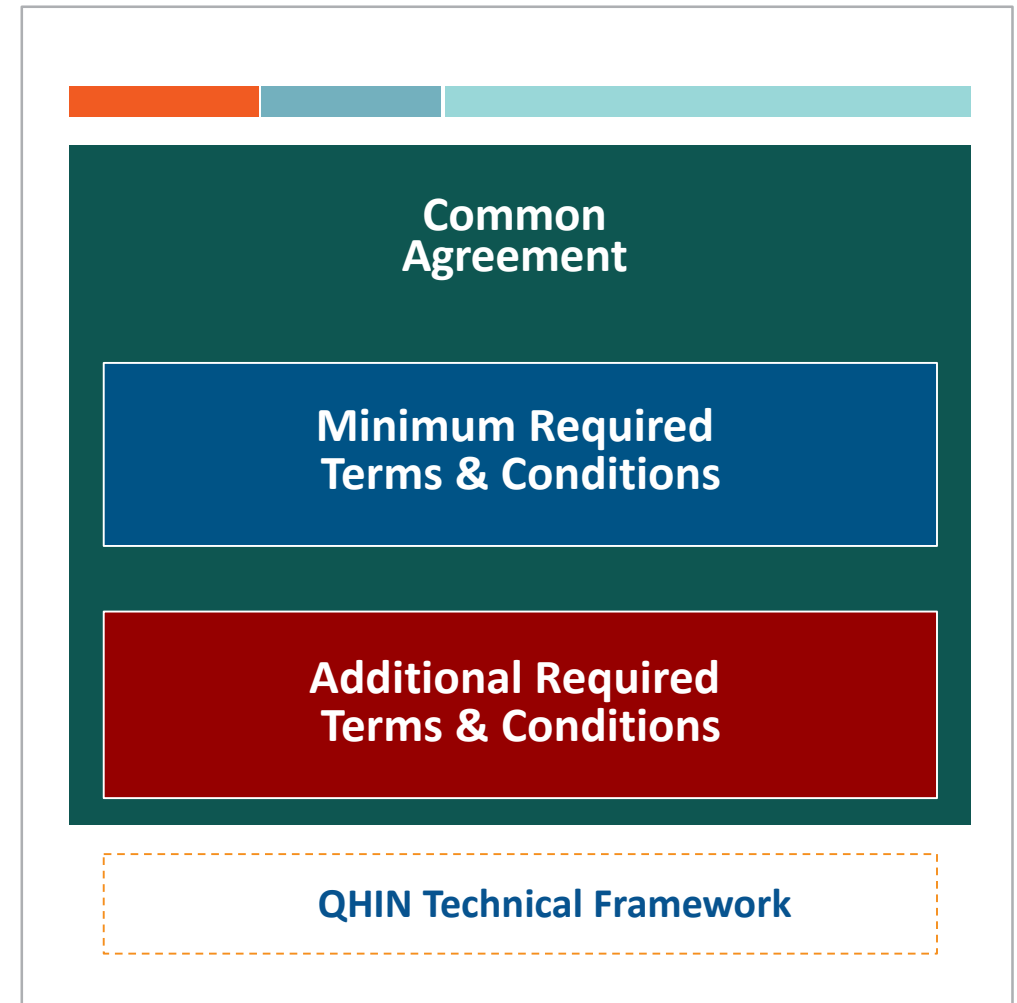
- Facilitate Common Agreement Work Group
- Facilitate targeted stakeholder feedback sessions
- RCE governance planning

# What is the Common Agreement?

The **Common Agreement** will provide the governance necessary to scale a functioning system of connected HINs that will grow over time to meet the demands of individuals, clinicians, and payers.

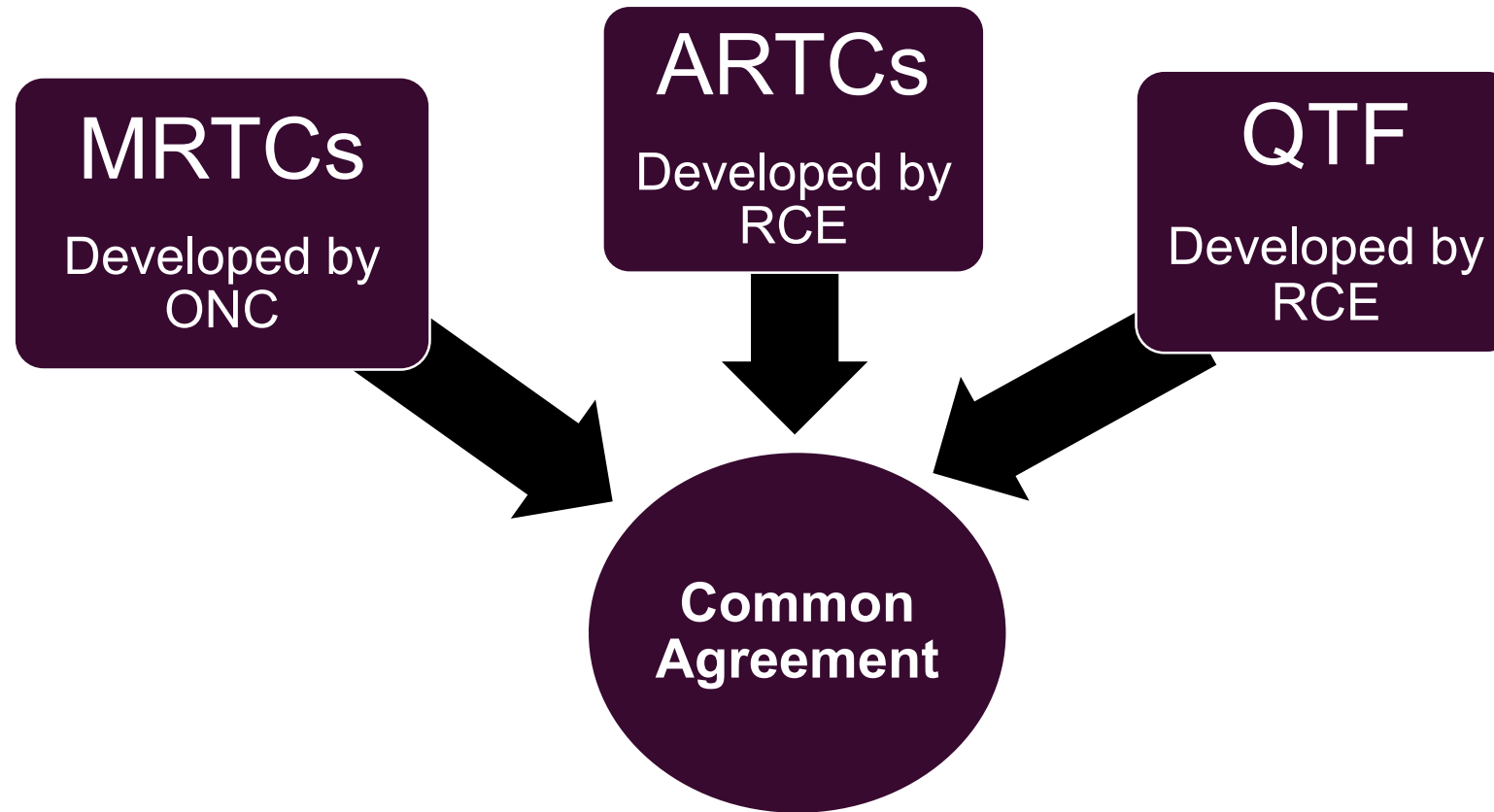
The Common Agreement will be a legal document that QHINs sign. Some provisions of the Common Agreement will flow down to other entities (including providers) via contracts.

**Stakeholders will be able to comment on the draft Common Agreement.**





# How the Common Agreement is Developed?



## Common Agreement Work Group

- Purpose: Engage potential QHINs, Participants, and Participant Members to inform development of the Common Agreement
- Representation: Organizations that meet the requirements to engage in exchange activities under the Common Agreement
- Process to form Work Group
  - RCE developed evaluation criteria
  - Call for applications
  - Applicants must agree to MOU and Confidentiality Agreement
  - RCE will evaluate applicant qualifications
  - Work Group kickoff call
- Transparency and stakeholder feedback
  - Public informational calls regarding Work Group progress
  - Stakeholder feedback sessions regarding ARTCs
  - ONC Common Agreement published for public comments



# Common Agreement

# Draft MRTCs (Published April 2019 for Public Comment)

1. Definitions
2. Initial application, onboarding, designation and operation of QHINs
3. Data quality and minimum necessary
4. Transparency (e.g. agreements, fee schedules, disclosures)
5. Cooperation and non-discrimination
6. Privacy, security and patient safety
7. Participant minimum obligations
8. Participant member minimum obligations
9. Individual rights and obligations

# ARTC Framework

## Categories of important functions that are not addressed by the MRTCs.

1. Governance of the exchange activities under the Common Agreement
2. Operation of the exchange activities under the Common Agreement
3. Stability of the QHIN Network
4. Contract Administration

# Operation of Exchange Activities Under the Common Agreement

- Addressing certain detailed requirements in Standard Operating Procedures provides significant flexibility
- The Common Agreement will include terms that point to Standard Operating Procedures but leave the detail in the Standard Operating Procedures
- These terms may include, but may not be limited to, the following:
  - Compliance with Standard Operating Procedures
  - **Application Process and Onboarding**
  - **Accountability**
  - Cooperation
  - Confidentiality of information
  - Dispute Resolution
  - Fees

# ARTC Drill-Down: QHIN Application and Onboarding Process

- QHIN Application
- Timing of Review by RCE
- Requirements for Approval of a QHIN Application
- Obligation to Achieve QHIN Designation
- Requirements for QHIN Designation
- Standard Operating Procedure

# ARTC Drill Down: Accountability

- Allocation of Liability
  - Applicant Accountability
    - Applicants are responsible for its own acts and not the acts of any other QHIN
    - Applicants are responsible for willful or reckless actions that cause harm to another QHIN
- RCE Accountability
  - Applicants cannot hold the RCE or anyone working on its behalf liable for damages except under cases where the RCE breaches the Common Agreement





# Qualified Health Information Network Technical Framework (QTF)

## QTF Background

- The QTF outlines the specifications and other technical requirements necessary for QHINs to accomplish exchange under the paradigms laid out in the MRTCs
- The Common Agreement will require compliance with the QTF
- The RCE is responsible for working with ONC to develop the QTF
- ONC published an initial QTF draft in April, along with TEF Draft 2. This initial draft was intentionally incomplete, and we are working to flesh out a proposed QTF draft 2
- We've received feedback in previous sessions on a variety of topics, including the use of FHIR, standards for Message Delivery, and a number of more detailed technical points
- We're seeking feedback on a few additional areas in today's session

## Document Content

- We expect the first version of the QTF for production use to focus on document (e.g. C-CDA) exchange
- We anticipate that a wide array of document types will be permitted, as long as participating organizations are able to support a minimum bar of required document types
- We propose to rely on the **Joint CommonWell/Carequality Document Content Recommendations** document, key elements of which are:
  - Encounter summary documents must be supported where applicable, in addition to patient summary documents
  - These encounter summaries must adhere to the Progress Note or Discharge Summary C-CDA templates
  - Clinical notes must be included when available, for both types of encounter summaries
- We seek feedback on this approach

# Message Delivery Attachments

- The MRTCs envision both a QHIN Query, or “pull”, exchange paradigm, and a QHIN Message Delivery, or “push” paradigm
- For Message Delivery, we plan to propose the IHE XCDR (Cross Community Document Reliable Interchange) profile
  - We are not seeking feedback on this item today, but please feel free to send thoughts and opinions to [rce@sequoiaproject.org](mailto:rce@sequoiaproject.org)
- The “documents” sent through this profile need not be C-CDAs
- We plan to propose C-CDA, PDF, and plain text as valid formats
- We seek feedback on this approach, and suggestions with rationale for other potential formats

# Demographics Fields for Patient Matching

- Both Query and Message Delivery require the transaction to be matched to a patient record
- Both will rely on demographics-based matching algorithms
  - We are eager for other mechanisms to become available with wide adoption, but for now acknowledge this reality
- For QHIN Query, we propose that any supported (in XCPD) demographics field must be sent if it is populated/available
  - With the likely exception of SSN
- Recipients may ignore data not used by their matching algorithms
- We will propose a subset of required fields that must always be populated
  - Name, sex, DOB, address components (street, city, state, zip), phone number
- We seek feedback on this approach, including which fields should be required

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**Thank you!**