



Multi-State HIE Partnerships

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CRISP MD User Summit

CRISP Shared Services Affiliation Model

Organization & Governance Overview



CRISP DC Overview

- CRISP DC is organized as a non-profit Health Information Exchange for the District of Columbia
 - **Mission:** We will enable, support and promote whole person care in the District of Columbia and the region by appropriately and securely share data to facilitate efficient care and improve health outcomes
 - **Vision:** To advance health with a commitment to equity by deploying health information technology solutions adopted through cooperation and collaboration with District stakeholders
- Formation of CRISP DC was approved by the Maryland Board in late 2016 to meaningfully support HIE priorities in the District
 - Originally organized as CRISP DC, LLC, with CRISP Maryland as the sole member
 - **Approved as a non-profit stand-alone corporation in 2022**

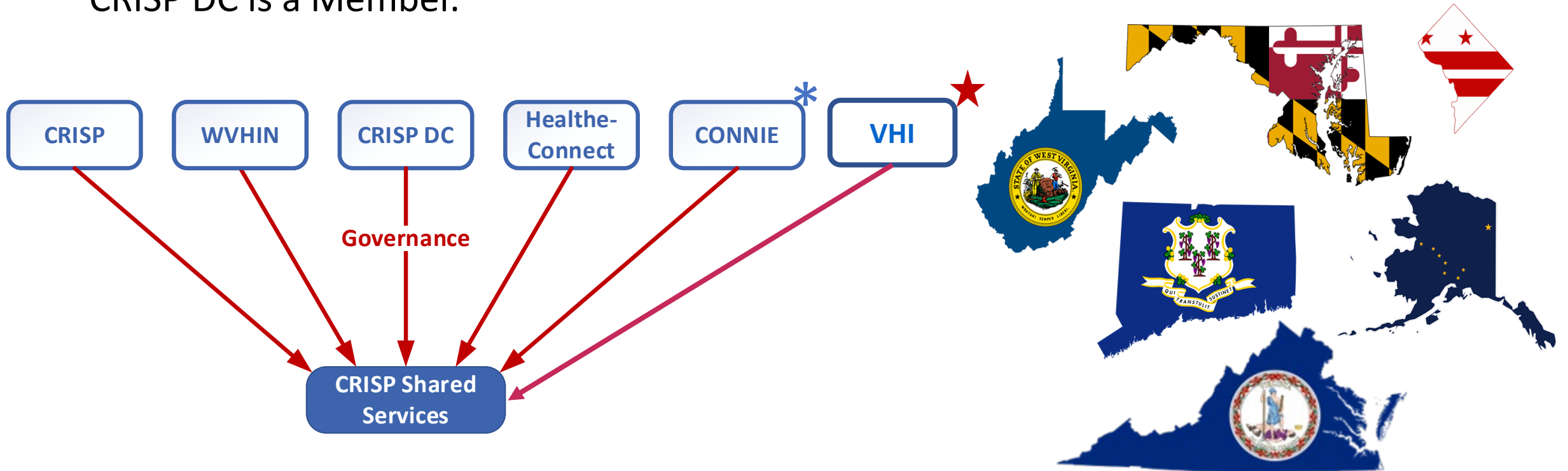


Benefits of CRISP Shared Services

Structure

The mission of CRISP's shared services is to: ***Assist member organizations in achieving economies of scale, pooling innovation efforts, and implementing best practices.***

CRISP DC is a Member.



CRISP Shared Services is a non-profit support organization, with each HIE participating in the governance.

**Connie is not yet a formal affiliate participating in governance, however they function as one through sharing HIE technology and other support services, including finance, HR, and Security.*

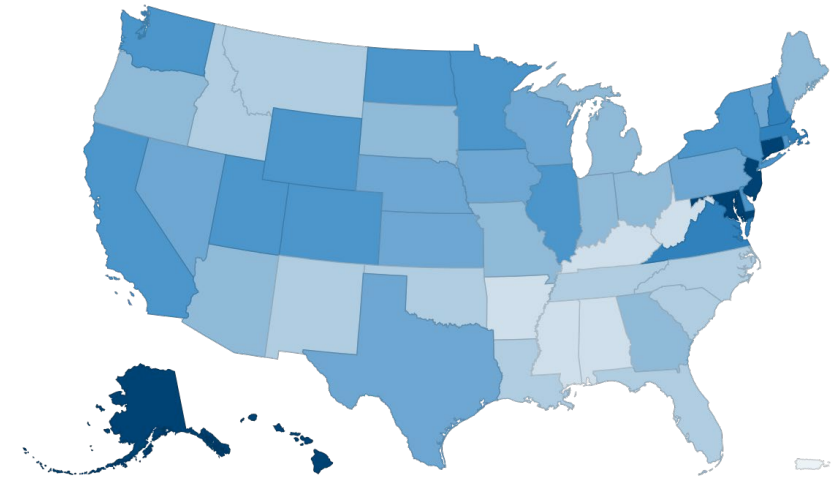
Affiliation Principles

1. **Preserve the independence of the HIEs in each jurisdiction**, such that all regions can prioritize and fund their own initiatives, leveraging the shared infrastructure.
2. **Improve HIE technologies** available to serve all patients, providers, public health officials, and other stakeholders.
3. Take advantage of the favorable economics of sharing HIE infrastructure technologies, to **reduce costs for all regions**

There is another ... collective advocacy

Belong to the Local Jurisdiction

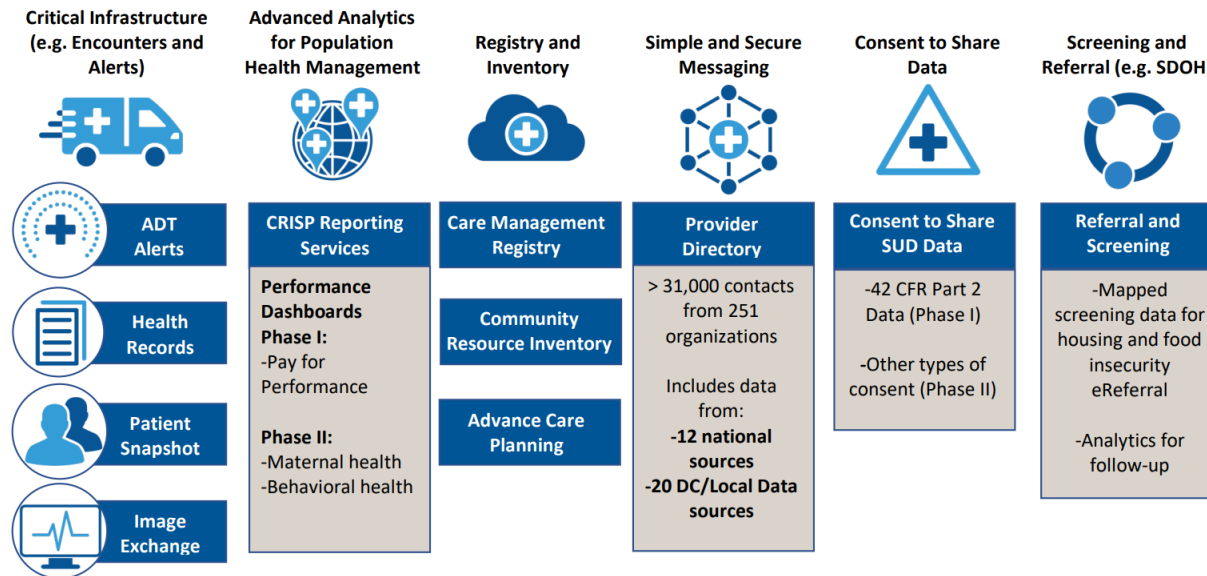
- The primary motivation of CRISP Shared Services is to enable and support the local jurisdiction's Healthcare community so that it can improve health outcomes for its patients. We've done this in Maryland, D.C., and West Virginia through affiliation. Connecticut, Alaska, and Virginia have recently joined for the same purpose. We've also deployed select components of our stack to other jurisdictions.
- CRISP Shared Services works with local HIE leadership to implement solutions which best serve the needs of the community even if those solutions are deployed or built by external vendors.



Cross State Care Coordination

- Multiple health systems and health care organizations span DC and MD
- HIE data is shared across state borders for the coordination of care
- CRISP DC offers the same core services as CRISP MD with some specific products and enhancements for DC specific use cases

The DC HIE is a Health Data Utility with Six Core Capabilities for Providers





Kyle Russell - VHI

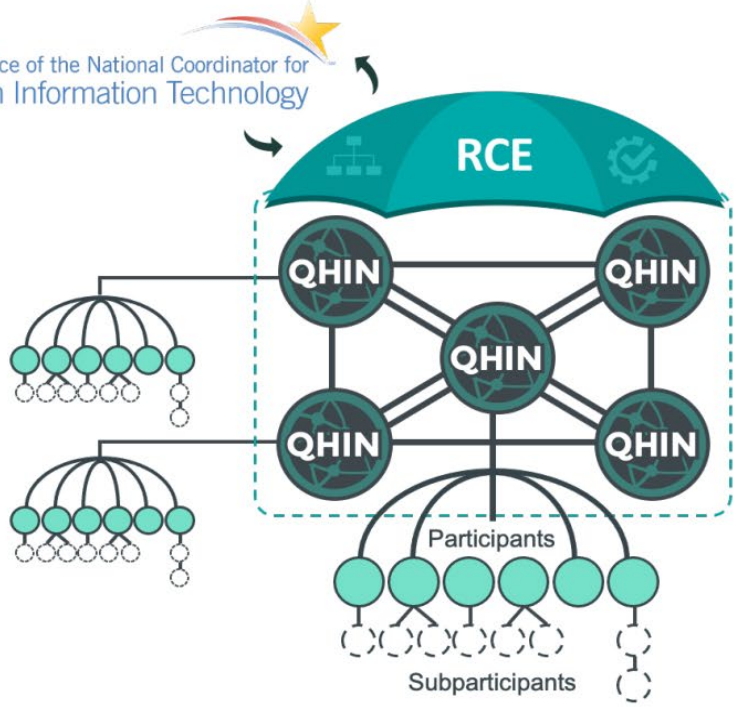


Nicole Sweeney - CRISP

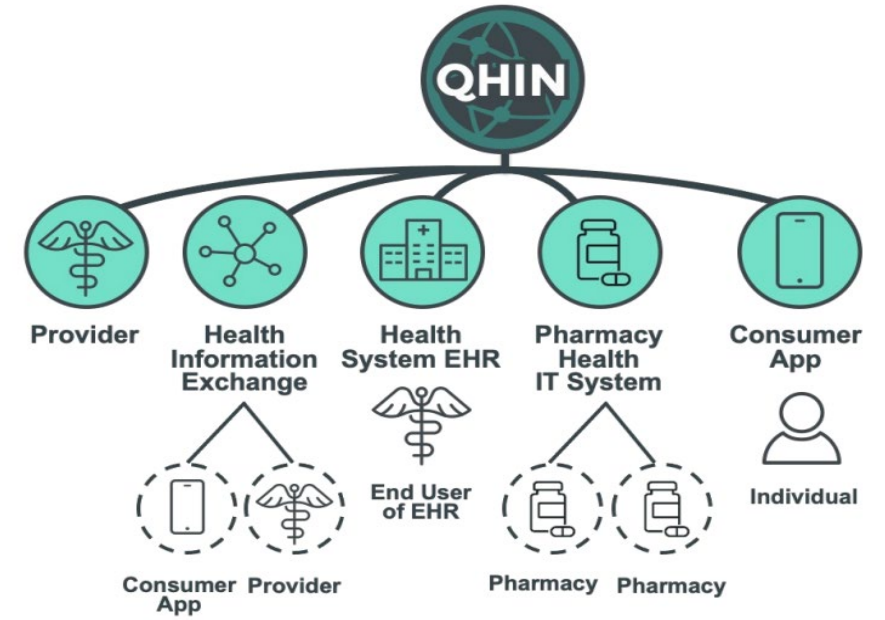


What are all these acronyms?

- **TEFCA** is a government-endorsed approach for a nation-wide “**network of networks**” to enable interstate data sharing of health information for specific Exchange Purposes
- The **Trusted Exchange Framework** (the “TEF”) is a non-binding policy document developed by the Office of the National Coordinator for Health Information Technology (“ONC”) that articulates foundational principles for trusted data exchange
- The **Common Agreement** (the “CA”) is a binding legal agreement to ensure the legal provenance, privacy, and security of the data for all organizations participating in TEFCA
- The **Recognized Coordinating Entity** (“RCE”) is the body charged with operationalizing, implementing, and administering TEFCA and monitoring QHINs. Currently, ONC is contracted with The Sequoia Project to serve as the RCE
- A **Qualified Health Information Network** (“QHIN”) connect directly to and govern their Participants’ data sharing within the CA framework
 - Participants may have Subparticipants
 - Subparticipants may have Downstream Subparticipants
 - The QHINs are connected to their Participants, who are connected to their Subparticipants, and so on down the line
 - QHINs are also connected to other QHINs
- The **Standard Operating Procedures** (“SOPs”), published by the RCE, provide further detail on the implementation of TEFCA



- ← ONC defines overall policy and certain governance requirements.
- ← RCE provides oversight and governing approach for QHINs.
- ← Qualified Health Information Networks (QHINs) connect directly to each other to facilitate nationwide interoperability.
- ← Each QHIN connects Participants, which connect Subparticipants.



Rules of the Road for Data Sharing

- TEFCA is a **contractual and operational framework** for data sharing
- It's **NOT** a network or standards body
- It's **NOT** a technology, platform, or service
- It's **NOT** legally mandated



Examples of Similar Frameworks

Data Use and Reciprocal Support
Agreement (DURSA)

Source: <https://ehealthexchange.org/dursa/>

commonwell[®]
HEALTH ALLIANCE

Source: <https://www.commonwellalliance.org/>

carequality

Source: <https://carequality.org/>



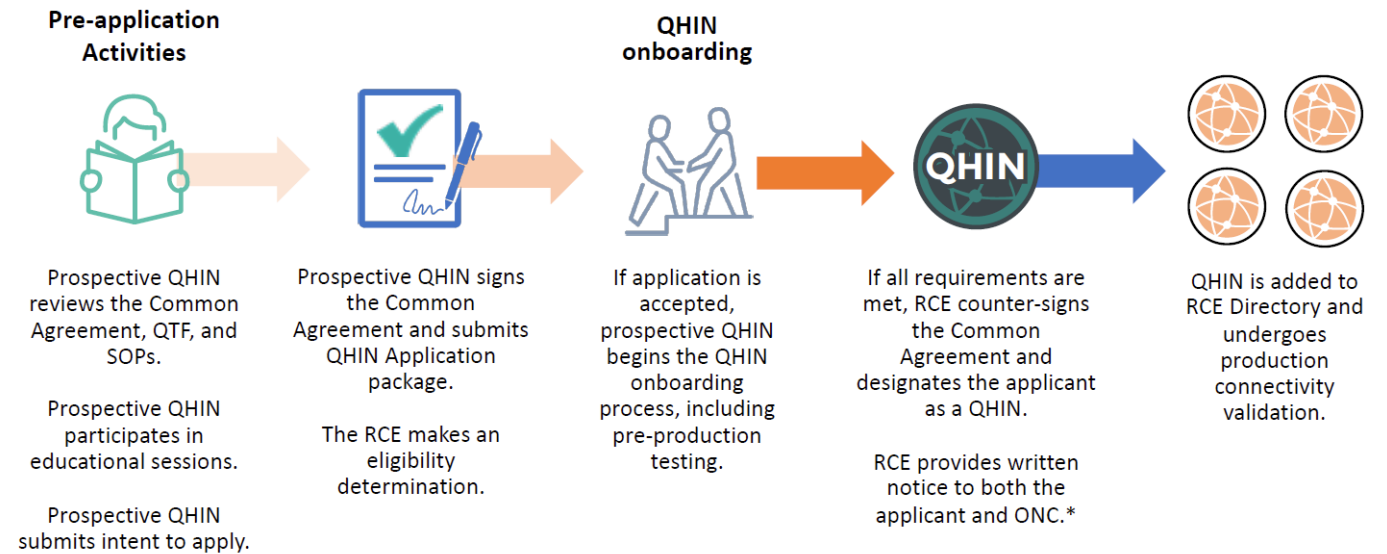
How is TEFCA different?

- **Government-endorsed** framework
- More **rigorous technical and governance requirements** for QHINs (when compared to other frameworks, like Carequality)
- **Mandatory bidirectional data exchange** for permitted purposes other than health care provider treatment activities
 - Special focus on individual access services (IAS)
- **Mandatory push capability** (in addition to standard query)
- CMS / ONC encouraging participation through regulatory incentives such as:
 - The **Promoting Interoperability Program**: Adds a new Enabling Exchange under TEFCA measure under the HIE Objective as a yes/no attestation, beginning with the EHR reporting period in CY 2023. This is as an optional alternative to the three existing measures under the HIE Objective
 - **Changes to ONC Certification Program and Information Blocking Rule**: Anticipated 2023 release of proposed rule that will include a process for networks to attest to TEFCA adoption



QHIN Application Process

- The QHIN application process first opened in October 2022 and is on-going
- Currently, there are no Designated QHINs
- As of February 2023, six organizations have had their applications accepted to move into the technical testing phase of the onboarding and Designation process



All relevant materials and resources will be available at www.RCE.SequoiaProject.org.

*The RCE will designate an initial set of QHINs together; additional QHINs will be designated on a rolling basis.



How does TEFCA work with HIEs?

TEFCA DOES NOT REPLACE EXISTING HEALTH INFORMATION EXCHANGES OR NETWORKS

TEFCA is another option for data exchange among a network of networks

It is designed to work with the entire health care community and technology landscape to create consensus and common rules of the road for data sharing



What gaps exist in TEFCA?



Compliance with applicable laws, such as complex state and federal health information laws



Technical solutions, such as patient master index (MPI), identity verification, data de-duping, bulk data transfer



Audit and enforcement mechanisms (QHINs will determine what this looks like)



Downstream data governance and usability



How can HIEs help fill these gaps?

- Local Governance and Privacy Protections
- Granular Consent
- Advanced Patient Matching and Identity Resolution
- Public Health
- Equity and Rural Connections
- Research and Other Authorization-Based Disclosures
- Data and Analytics



Public Health and TEFCA

HDUs already interact and exchange data with National Networks very similar to the TEFCA model

From a public health perspective, HDUs can and do act as a critical intermediary in data exchange from providers/payers to public health officials

- Currently, health data is exchanged through National Networks using the Consolidated Clinical Document Architecture standard; documents, *rather than data elements*, are exchanged

Continuity of Care Document

Continuity of Care Document (May 19, 2022, 04:38:27AM -0400)

Patient	Legal: VALIDATION SOARF SOARIAN	Date of Birth: January 1, 1984 (38yr)Gender: Male - Male
Encounter	ID: 6519125 (2.16.840.1.113883.3.5398.2000), Date/Time: May 18, 2022 11:37AM -0400 - 4:10:47PM -0400	Patient-ID: 902244 (2.16.840.1.113883.3.5398.4.1000)
Documentation Of	Care provision, Date/Time: May 18, 2022 11:37AM -0400 - 4:10:47PM -0400, Performer: Jose L.MENDEZ	
Author	Millennium Clinical Document Generator, Organization: Danbury Hospital, Authored On: May 19, 2022, 04:38:27AM -0400	

Encounter

FIN 6519125 Date(s): 5/18/22 - 5/18/22
Danbury Hospital 24 Hospital Avenue Danbury, CT 06810- US (203)739-7000
Encounter Diagnosis
Acute diastolic CHF (congestive heart failure) (Discharge Diagnosis) - 5/18/22
Chronic shortness of breath (Discharge Diagnosis) - 5/18/22
Aortic valve stenosis (Discharge Diagnosis) - 5/18/22
Continuous tobacco abuse (Discharge Diagnosis) - 5/18/22
Attending Physician: Mendez, Jose L, MD
Admitting Physician: Mendez, Jose L, MD
Referring Physician: Mendez, Jose L, MD

Allergies, Adverse Reactions, Alerts

Substance	Reaction	Severity	Status
morphine	Rash		Active
Cinnamon	Hives		Active
Grass	Sneezing		Active



Public Health and TEFCA (cont.)

- In the future, TEFCA envisions the promise of querying for specific data elements, but that capability does not currently exist
 - For example, documents/data can be queried/returned based on a patient/use case, but we cannot yet query for a data element or aggregated data
 - In the long-term, FHIR should provide for querying for discrete data elements, but that future is *years* from happening
- To accomplish the above, an intermediary would need to translate, parse, and/or consolidate the data elements before they could be given to a Public Health Authority
- HDUs would be ideal candidates to accomplish this normalization and translation



CRISP's TEFCA Involvement

- CRISP Shared Services and our affiliate HIEs were the first HIEs in the country to announce our intent to participate in TEFCA through our close partner and leader in nationwide interoperability, the eHealth Exchange
- CRISP will participate in TEFCA through CRISP Shared Services
 - Once TEFCA is operational, CRISP's participation in the eHealth Exchange QHIN will provide our participants with an “on ramp” that will allow them to fully participate in TEFCA
 - Our Participants may also use other “on ramps” to TEFCA while still participating in CRISP's HIE
- CRISP Shared Services will *not* be applying to be a QHIN
 - CRISP also does not believe in reinventing wheels
 - It is our belief that the best “on-ramps” to TEFCA are within the systems we use every day (e.g., EPIC, Commonwell, etc.)
 - For those that may not have that connectivity option – including public health authorities and small and/or rural healthcare providers – they can use CRISP as their connection to TEFCA



Resources

[CRISP Shared Services and TEFCA FAQ](#)

[CRISP's Role in TEFCA](#)

[Recognized Coordinating Entity \(“RCE”\) Resources](#)

[Trusted Exchange Framework: Principles for Trusted Exchange](#)

[Common Agreement for Nationwide Health Information Interoperability](#)