Comments on ONC Trusted Exchange Framework and Common Agreement

Friday, August 25, 2017

Office of the National Coordinator for Health Information Technology  
U.S. Department of Health and Human Services  
200 Independence Avenue SW, Suite 729-D  
Washington, DC 20201  
exchangeframework@hhs.gov

Dear Office of the National Coordinator,

The Association of Public Health Laboratories (APHL) is pleased to offer comments on ONC’s “Trusted Exchange Framework and Common Agreement” activity. This letter represents the only comments that APHL is submitting.

APHL plays a unique role in public health that both demonstrates the needs for a “Trusted Exchange Framework and Common Agreement” and presages what others will find as the nation’s electronic health infrastructure grows and interoperability and health information exchange progresses.

APHL represents state and local governmental health laboratories in the United States. Its members, known as “public health laboratories” monitor, detect, and respond to health threats. But APHL also plays a broader population health role built around the support and management of its Informatics Messaging Services platform (AIMS). AIMS has evolved into the pre-eminent public health information exchange platform with assistance from CDC, FDA, USDA, EPA, ONC and others. AIMS supports lab result exchange and, with the Council of State and Territorial Epidemiologists (CSTE), is becoming the central infrastructure for public health electronic case reporting between EHRs in healthcare and Public Health Agency (PHA) surveillance systems. Public health electronic case reporting, critical to national disease monitoring and preparedness, was included in Stage 3 of Meaningful Use and is in MACRA.

In this context, AIMS needs to connect to thousands of healthcare provider sites to support reporting and national preparedness for disease monitoring, to assist in outbreak management, and to help inform the response for existing and emerging public health threats. It also must connect hundreds of PHAs and play a critical role in supporting the delivery of information from the PHAs to healthcare providers – fostering bidirectional communication between clinical care and public health.

The “Trusted Exchange Framework and Common Agreement” effort is critical to AIMS success in supporting these missions and the nation’s health. Like many other organizations will eventually need to do, AIMS must now use health data networks to achieve the scale of this mission. And like other organizations will eventually encounter, AIMS now finds an inconsistent array of health network policies and practices that effectively block the sharing of critical information.
Health information networks offer the promise of supporting information sharing at scale by eliminating the needs for point-to-point legal agreements, singular technical solutions, and prohibitive costs, but without an effective “Trusted Exchange Framework and Common Agreement” these goals will not be achievable.

Despite HIPAA permitting the sharing of information for public health purposes, many clinical sites still require Business Associate Agreements or Data Use Agreements before they will share information with public health. In addition, many health information networks have policies like “opt-out” for the clinical exchange of data that do not support required reporting for public health purposes. These health information networks also use disparate standards and do not interconnect, so activities like AIMS need to join multiple networks to achieve the necessary scale. Finally, some networks are commercial and have higher costs than public health can afford. Even the not-for-profit health data networks are too expensive if public health organizations need to join many of them.

The “Trusted Exchange Framework and Common Agreement” can help address these important issues in several ways:

- Public health should be an expressed and obligatory “permitted purpose” for information sharing in the Trusted Exchange Framework and Common Agreement. This specific language is necessary to practically implement HIPAA and other relevant laws in a way that health data networks and healthcare provider organizations will comply. This expressed permitted purpose should eliminate perceived needs for additional, point-to-point DUAs or BAAs with public health.

- There should be “flow down” of the public health permitted purpose from the Trusted Exchange Framework and Common Agreement to connected health information networks, to involved Health Information Exchanges (HIEs) and Health Information Service Providers (HISPs), and to connected endpoint healthcare organizations. The flow down of permitted purpose should be structured to override conflicting clinical data exchange policies like “opt-out” for the limited use of exchanging information with public health.

- Public health agencies should only incur network connection charges necessary to support basic operations and should not be expected to support profits when trying to meet statutory data exchange needs. The Trusted Exchange Framework and Common Agreement should enable a singular connection, with singular health data network operational connection costs, that can be used to connect to all healthcare sources though the “network of networks” paradigm that the Trusted Exchange Framework and Common Agreement attempts to engender.

Thank you very much for your consideration,

Scott J. Becker
Executive Director
Association of Public Health Laboratories