



# Trusted Exchange Framework and Common Agreement (TEFCA) Overview

**Jim Jirjis, MD, MBA, FACP**

**Division Director, Data Policy and Standards Division (DPSD)**

May 21, 2024

# The Pains of Public Health



# History of Health Data Interoperability Policy

2009

**HITECH Act.** Established Meaningful Use Program, moved Healthcare to a digital medium.

2016

**21st Century Cures Act.** Focused on interoperability for healthcare, patient access, usability and clinician burden reduction

2019

**Data Modernization Initiative.** Effort to modernize core data and surveillance infrastructure across the federal, tribal, and state public health landscape

2020

**The COVID-19 Pandemic.** All systems, processes and people were tested, and opportunities for public health were clarified

2023

**Policymaking.** Introduced a national framework (TEFCA), a CDC Data Office (OPHDST), a Public Health Data Strategy, and investments in content, terminology and exchange standards

# What is TEFCA Solving?



# **Trusted Exchange Framework and Common Agreement (TEFCA)**

# TEFCA – A Framework for Public Health Data Sharing

- The Trusted Exchange Framework and Common Agreement, known as TEFCA, aims to establish a **universal policy** and **technical floor** for nationwide health data interoperability by **simplifying connectivity** for public health authorities and agencies to exchange information
- TEFCA is the opportunity to connect public health into the Health IT ecosystem and **get healthcare data to public health**
- TEFCA could **connect public health authorities to other public health authorities** and agencies like the CDC

# TEFCA Goals



## GOAL 1

Establish a universal policy and technical floor for nationwide interoperability



## GOAL 2

Simplify connectivity for organizations to securely exchange information to improve patient care, enhance the welfare of populations, and generate health care value



## GOAL 3

Enable individuals to gather their health care information

# TEFCA Framework Promotes Policy and Technical Alignment

- **The Trusted Exchange Framework is comprised of seven non-binding trust principles:**

- Standardization
- Openness and transparency
- Cooperation and nondiscrimination
- Privacy
- Security and safety
- Access
- Equity and public health

- **The Common Agreement:**

- Is a 64-page, legally binding contract between the RCE and approved QHINs.
- QHINs are required to flow down many provisions of the Common Agreement to their Participants and Sub participants, including the requirement to comply with applicable law and relevant RCE SOPs.
- Because of the flow-down requirements, the Common Agreement will effectively require all persons and entities participating in the TEFCA ecosystem to comply with the same “rules of the road” when engaging in data exchange through a TEFCA-enabled network.

- **Standard Operating Procedures**

- **The QHIN Technical Framework**



---

## Potential Benefits of TEFCA to Public Health

**1** Reduce the cost and complexity of connection

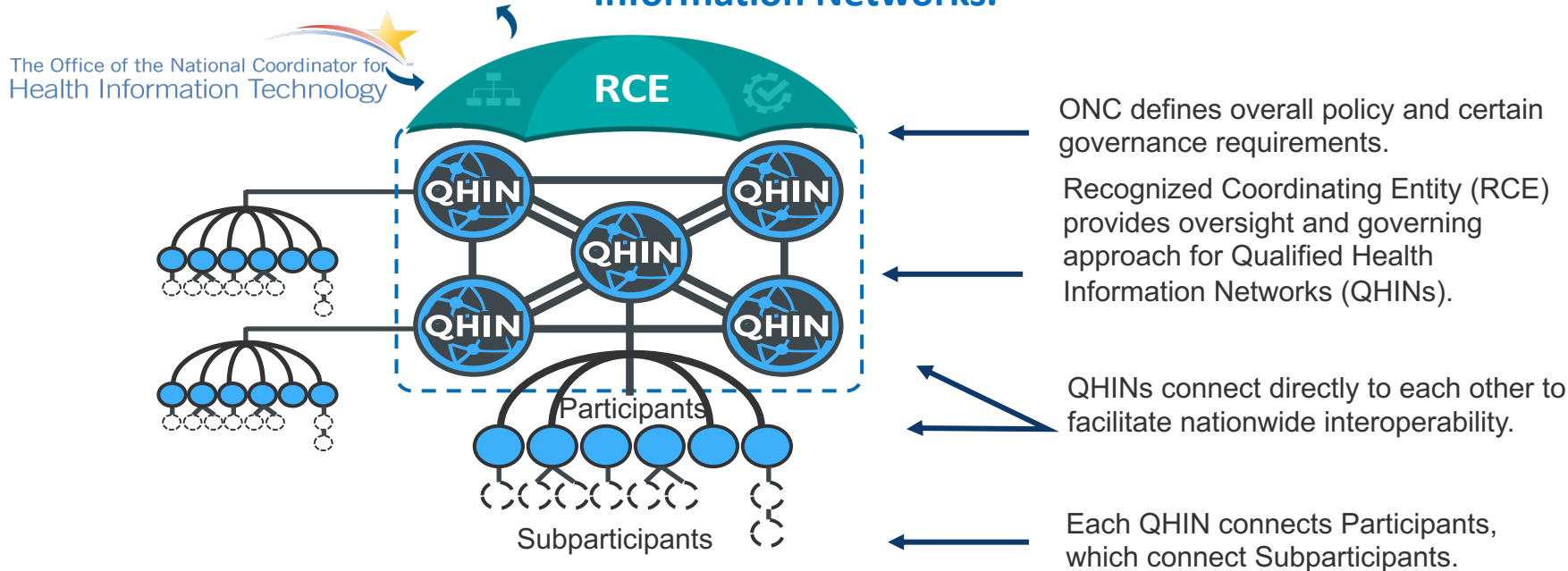
**2** Shorter time between identifying data that needs to be exchanged and exchanging data

**3** More timely data delivery

**4** More comprehensive data collection

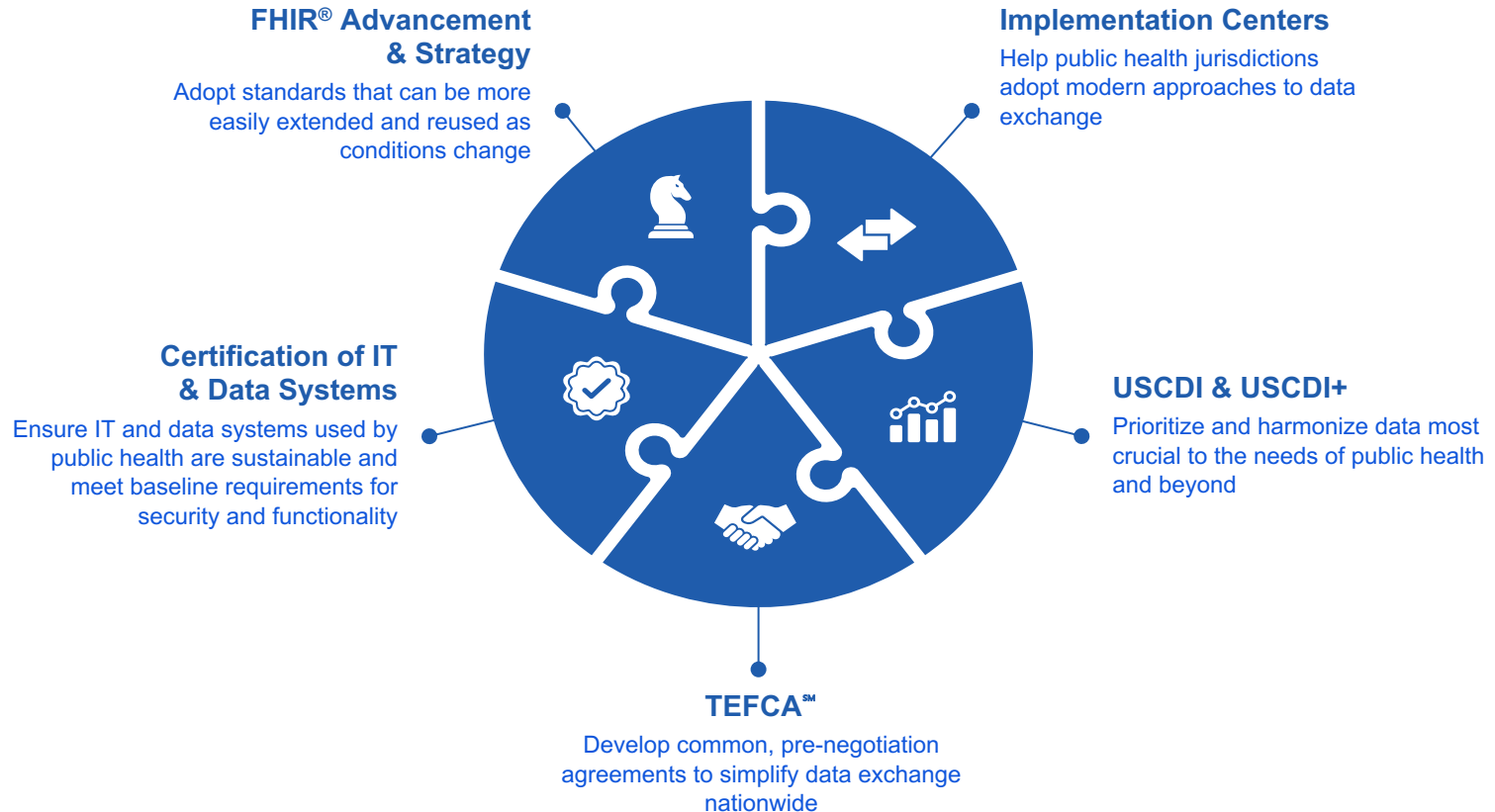
# How will exchange work under TEFCA?

One benefit of TEFCA is that large volumes of data are already flowing through Health Information Networks.



These networks can help filter, link, and route data in ways that make it easier for all levels of public health to analyze and act on.

# The Big Picture: Where does TEFCA fit in? (1 of 2)

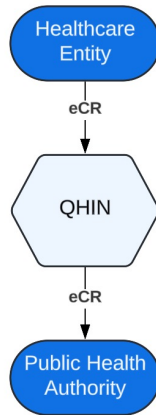


# Public Health Use Cases

TRUSTED EXCHANGE FOR A MODERN PUBLIC HEALTH SYSTEM

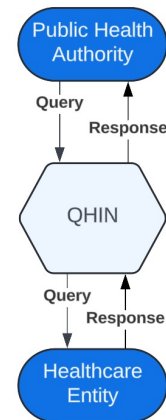
# Electronic Case and Disease Reporting and Data Exchange

## PUSH: data to public health



- **Value: Leverage electronic case reporting**
  - Address agreements and technical specifications.
  - More complete data being available to the case worker.
  - Set the stage for potential future FHIR® exchange.

## PULL: request data from healthcare



- **Value: Request data to complete records, longitudinal follow-up**
  - Utilizing TEFCA allows case investigators to more easily search in portal for this information and saves a material amount of time for them.
  - Longitudinal follow-up of cases

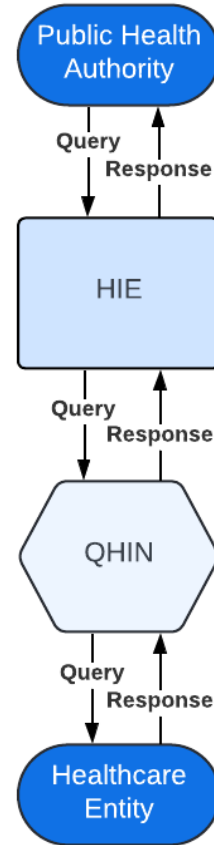
# PHA to HIE to QHIN

## Expand the Public Health Datasets

Disease identification and follow-up treatment between eligible hospitals and their jurisdictions by leveraging HIE partners and QHINs.

### Value:

- The promise of more complete data being available to the case worker.
- Set the stage for potential future brokered FHIR® exchange.
- Enhance data and improve time to treatment



# Additional Public Health Use Cases

ID <input type="checkbox"/>	Rank <input type="checkbox"/>	Use Case
U-001		Newborn Screening Reporting
U-002		Patient Demographic Supplemental Optimization
U-003		Chlamydia Medication and Therapy Follow Up
U-004		Negative Hepatitis C Reporting
U-005		Hospitalization for Reportable Disease
U-006		Syphilis Investigation
U-007		Syphilis Lab and Treatment Reporting
U-008		Syphilis Follow Up Results and Treatment Reporting
U-009		Chronic Disease Surveillance
U-010		Patient 360 Over Time
U-011		Vital Statistics Birth and Death Records
U-012		Cancer Registry Reporting
U-013		Syndromic Surveillance
U-014		Health Care Surveys
U-015		Bidirectional Services e-Referrals (BSeR)
U-016		Electronic Case Reporting (eCR) via APHL
U-017		Case Investigation Query Portal and Service

# **Engaging STLs for Public Health Demonstrations and Implementation**

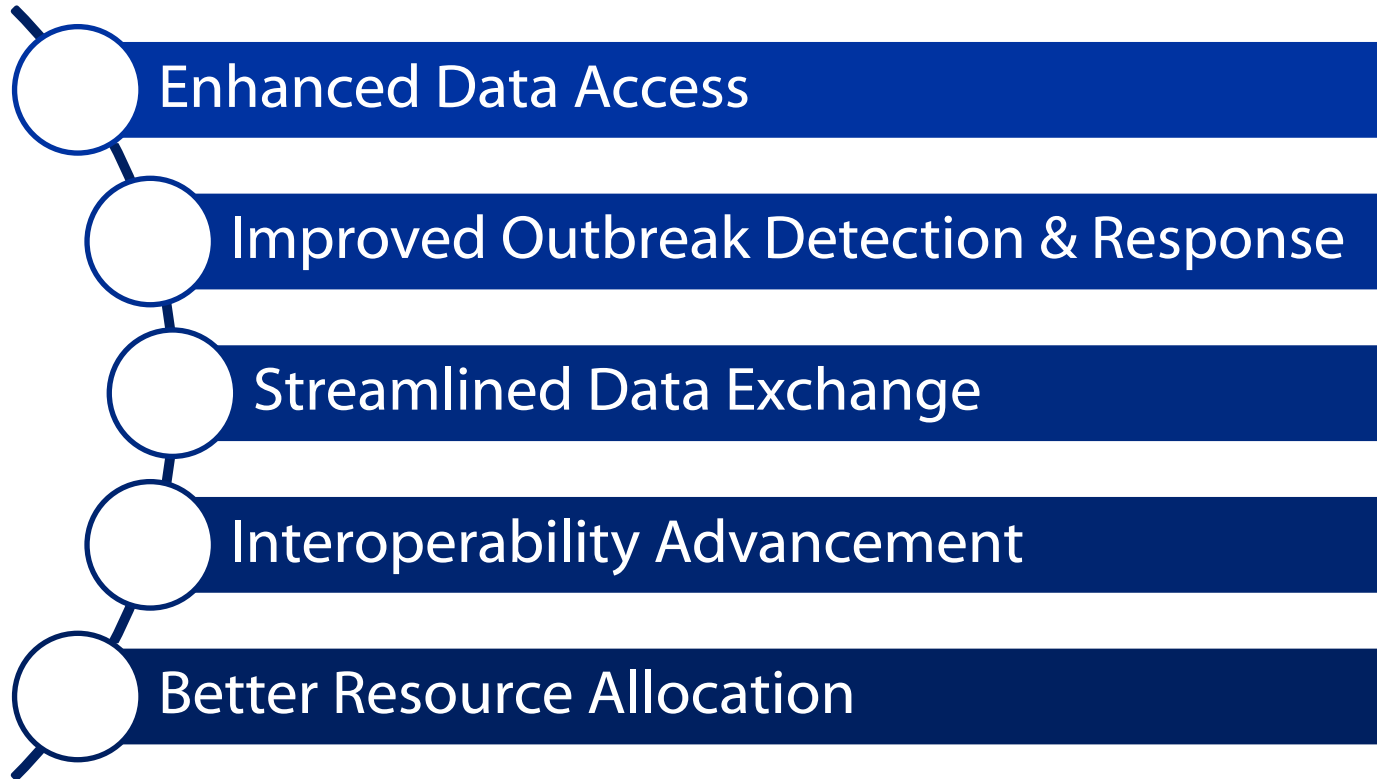


# National Interest in Public Health Pilots

## TEFCA

Washington State  
Alaska  
Maryland  
Fairfax Country, VA  
Dallas County  
Chicago  
Utah  
Chicago  
Southern Nevada, NV  
Dallas, TX  
Houston, TX  
New Mexico  
New York City  
Virginia  
California  
Washington D.C.  
Tennessee  
Illinois  
Iowa  
LA County  
Kansas City

# Why STLs Are Interested in TEFCA Participation

- 
- Enhanced Data Access
  - Improved Outbreak Detection & Response
  - Streamlined Data Exchange
  - Interoperability Advancement
  - Better Resource Allocation

# OPHSDT and STLT Engagement Process

## 1. Introduction Call

- Early engagement with CDC staff to walk through the basics of TEFCA and the CDC proposal planning process. Provide STLT a chance to ask questions while providing early technical assistance for submitting a proposal.

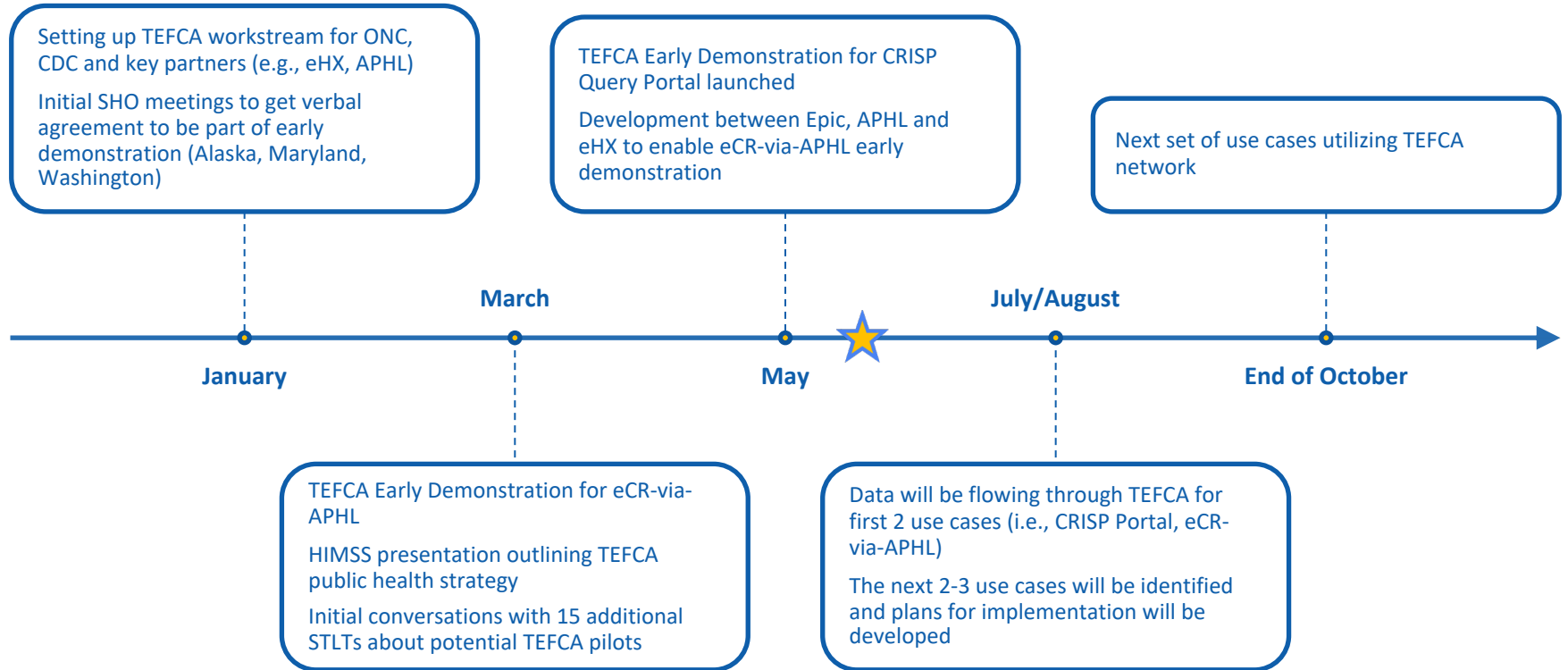
## 2. Technical Discovery Call

- Walk through the current state and desired future state with CDC staff while they diagram data flows and learn about your technical environment. We are listening for enablers, barriers and opportunities to partner.

## 3. Action and Next Steps Call

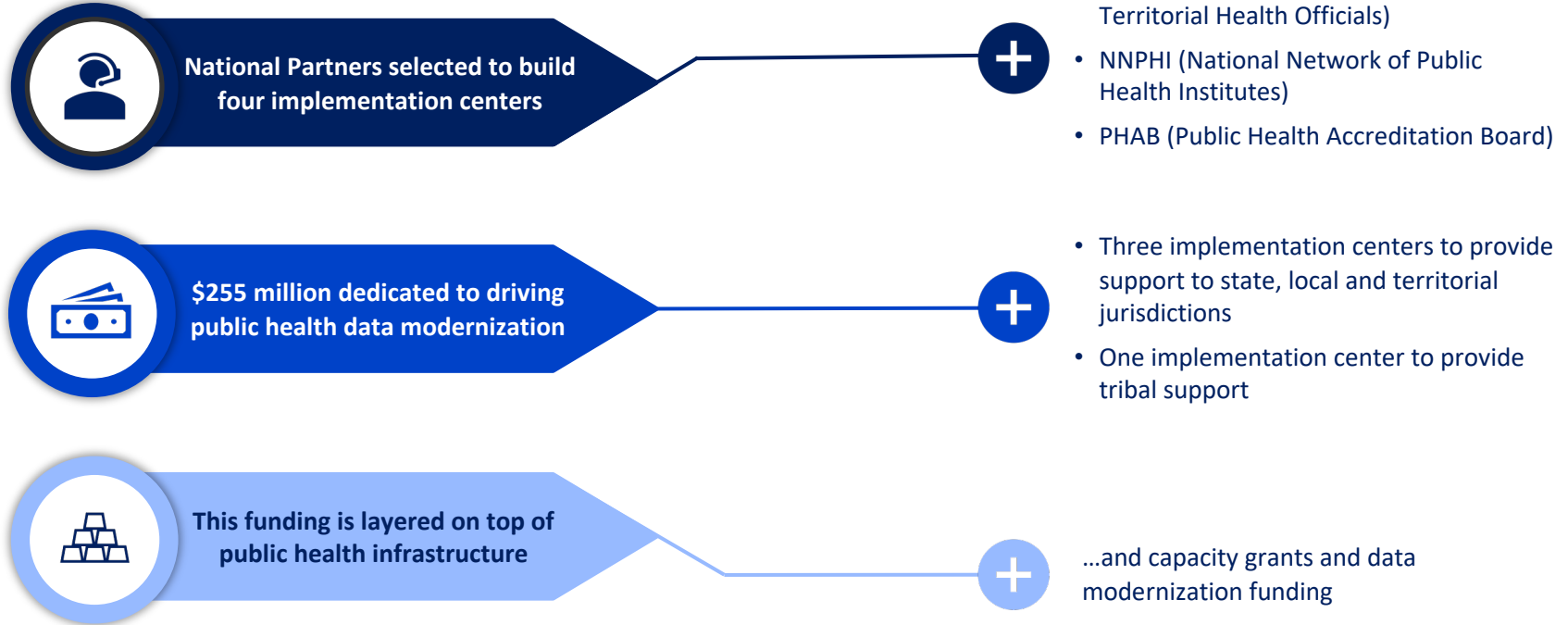
- STLT leadership and CDC review opportunities to partner and map out the next steps to submit a proposal for consideration.

# Operationalizing TEFCA for Public Health Use Cases

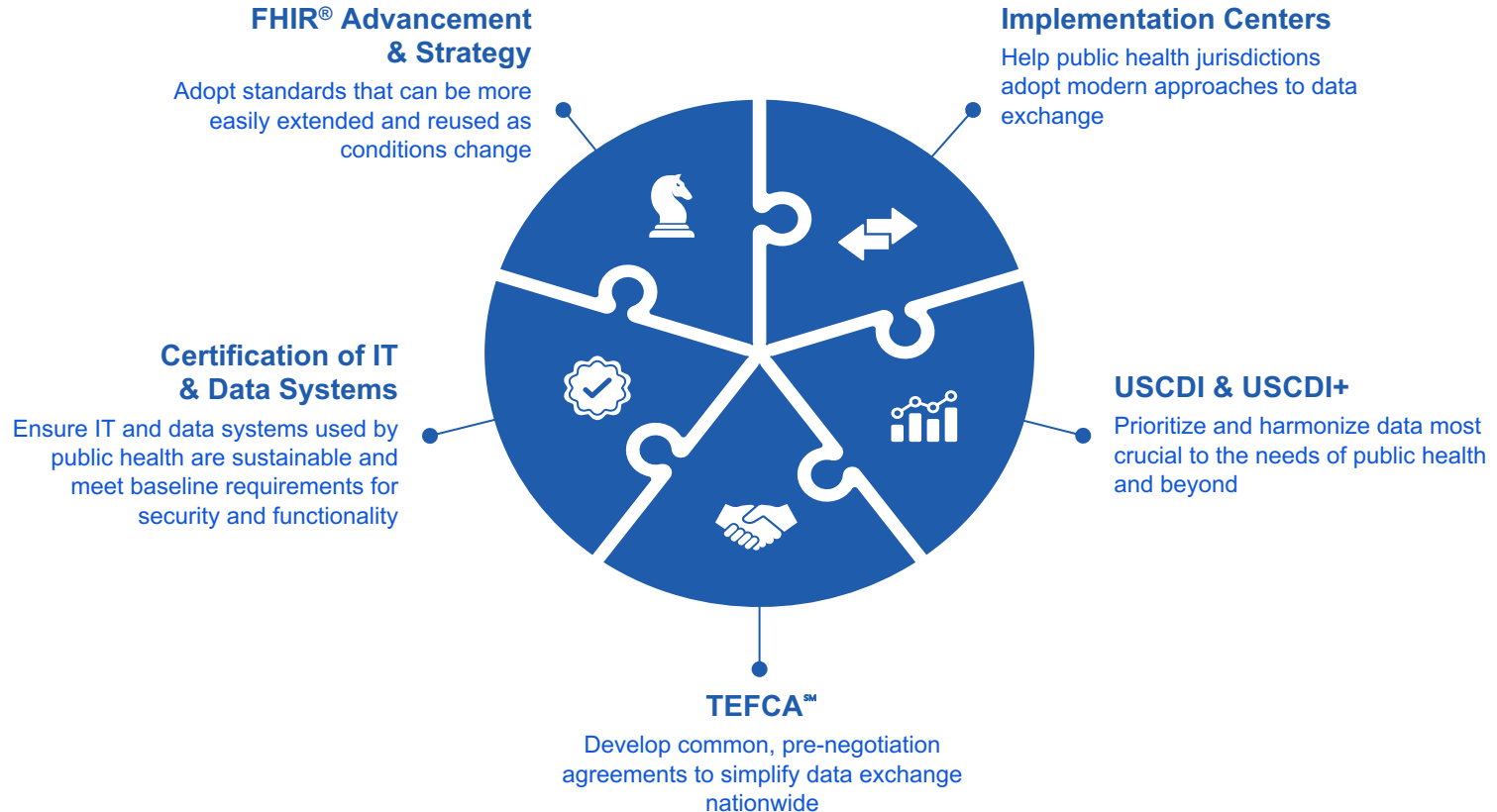


# Implementation Centers

# Implementation Centers



# The Big Picture: Where does TEFCA fit in? (2 of 2)



# Questions and Discussion



# THANK YOU!

For more information, contact CDC  
1-800-CDC-INFO (232-4636)  
TTY: 1-888-232-6348 [www.cdc.gov](http://www.cdc.gov)

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

