



June 3, 2019

Donald W. Rucker, MD
National Coordinator for Health Information Technology
Department of Health and Human Services
330 C Street SW
Washington, DC 20201

Dear Dr. Rucker,

On behalf of the American Academy of Family Physicians (AAFP), which represents 134,600 family physicians and medical students across the country, I write in response to [Draft 2](#) of the Trusted Exchange Framework and Common Agreement (TEFCA), which was released on April 19, 2019 by the Office of the National Coordinator for Health Information Technology (ONC).

The private sector continues to advance the trusted exchange of health information and the AAFP welcomed this new draft of the TEFCA. In addition to technical standards, moved forward in certified EHR technology regulations, and the proposed regulations around information blocking, it is important for ONC to establish a common policy fabric to support trust across the healthcare ecosystem.

The AAFP supports the intention to add population level data exchange into the TEFCA. We also understand standardization of such exchange is not mature. We encourage ONC to continue a judicious push toward population level data exchange in the healthcare system. This is important both for population management and to advance substitutability among health IT systems by physicians and other health IT consumers.

As stated by ONC, the TEFCA Draft 2 does not permit Qualified Health Information Networks (QHINs) to use or disclose electronic health information (EHI) outside of the United States except under Individual User requests for exchanging their own data. The AAFP is concerned that this could limit the services QHINs and their business associates could provide physicians and increase the costs of services. We recognize the privacy and confidentiality issues with EHI transiting outside the United States. However, the AAFP recommends that ONC exercise their convening function to bring together stakeholders to develop a policy framework under which QHINs could share EHI outside of the United States.

Security labeling and EHI segmentation is a critical feature to ensure privacy while also assuring accessibility of needed EHI. The AAFP supports the efforts to standardize security labeling and health data segmentation, but we have strong concerns that current policy will significantly increase burdens on physicians but fall short of true protections of sensitive health data. For these reasons, we request that ONC remove any required use of security labeling or data

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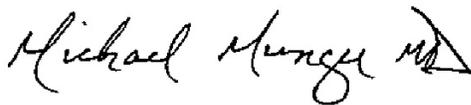
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segmentation within TEFCA. ONC should work with stakeholders to further the standards and implementations of this functionality such that it can be implemented with minimal administrative burden or costs on physicians. At that time, the AAFP would strongly support the inclusion of security labeling for data segmentation within a future version of TEFCA.

We appreciate the opportunity to provide these comments. Please contact Steven E. Waldren, MD, MS, Vice President and Chief Medical Informatics Officer, at 913-906-6165 or swaldren@aafp.org with any questions or concerns.

Sincerely,

A handwritten signature in black ink that reads "Michael Munger MD". The signature is written in a cursive style with a distinct loop at the end of the "M" and a small flourish at the end of the "D".

Michael L. Munger, MD, FAAFP
Board Chair

About Family Medicine

Family physicians conduct approximately one in five of the total medical office visits in the United States per year—more than any other specialty. Family physicians provide comprehensive, evidence-based, and cost-effective care dedicated to improving the health of patients, families, and communities. Family medicine's cornerstone is an ongoing and personal patient-physician relationship where the family physician serves as the hub of each patient's integrated care team. More Americans depend on family physicians than on any other medical specialty.