

June 3, 2019

Don Rucker, M.D.
National Coordinator for Health Information Technology
Department of Health and Human Services
Mary E. Switzer Building, Mail Stop: 7033A
330 C Street, SW
Washington, DC 20201

RE: Trusted Exchange Framework and Common Agreement, Draft 2

Dear Dr. Rucker:

The American Dental Association (ADA) is the world's oldest and largest professional dental association with over 163,000 members. As a longstanding member of the standards development community, the ADA appreciates the opportunity to comment on the Proposed Draft 2 of the Trusted Exchange Framework and Common Agreement (TEFCA).

The ADA agrees with the need for a set of guiding standards and principles to facilitate better interoperability in health care, and has done so for quite some time.

Long-standing ADA policy dating to 1996 underscores the Association's commitment to this cause:

Seamless Electronic Patient Record (*Trans.1996:694*)

Resolved, that the American Dental Association believes that, for optimal patient benefit, with assurance of confidentiality safeguards, appropriate health information should be available at the time and place of care to practitioners authorized by the patient through the development of a computer-based patient health record, and be it further

Resolved, that the architecture of a computer-based patient health record should be open and compatible with all segments of the health care system, with no barriers based upon profession, specialty or discipline of the provider or the type of care delivery setting.

The proposed Draft Trusted Exchange Framework and Common Agreement consists of a set of guiding principles and a set of rules for putting the guiding principles into operation. TEFCA proposes to use a mix of existing standards, best practices, technical criteria, an oversight body, and new rules to build networks of Health Information Organizations to improve information exchange across platforms, regions, and specialties.

The Guiding Principles in the draft contain nothing objectionable, and dovetail quite well with existing ADA policy on Electronic Dental Records and Interoperability.

The ADA also believes that the priority given to institutional, outpatient physician, and long term care facilities is probably the best way to begin improving outcomes for the most complex patients while reducing costs due to duplicate services, adverse drug events, and re-admissions.

The creation of a “single on-ramp” to interoperability is a meritorious idea, especially if it can be made available to ancillary providers such as dentists without cost being a serious concern for dental practices. Many of the initial and subsequent data classes proposed in the United States Core Data for Interoperability (USCDI) are potentially of great help to dentists and dental specialists, particularly Medications, Allergies, and Problems, would be immensely helpful to dentists dealing with complex patients.

The network of Qualified Health Information Networks utilizing existing standards already named in ONC in the 2015 EHR Certification Criteria appears to be an effective way to build on the work of the past few years, too.

However, the ADA has some significant concerns with this plan at this time.

1. It is not clear how the vast majority of dental practices that can benefit from participation in the proposed network(s) will gain access, since
 - a. They did not participate in the CMS Promoting Interoperability program and do not use ONC certified EHR technology
 - b. They lack resources necessary for major technology overhauls every few years and will not make the investments without subsidies and/or other financial incentives
 - c. The dental software industry is reluctant to adopt interoperability standards in the absence of federal regulatory pressures or market demand
 - d. The proposed network(s) will doubtless have costs attached for end users, and these must be reasonable or participation by small providers will be hurt significantly. The ADA agrees with the Trusted Exchange Framework Draft 2 statement that fees and other costs should be reasonable and should not be used to interfere with, prevent, or materially discourage the access, exchange, use, or disclosure of electronic health information (EHI) within a Health Information Network (HIN) or between HINs.

The ADA is an American National Standards Institute (ANSI)-accredited Standards Development Organization and can facilitate the creation of such standards through its Standards Committee on Dental Informatics (SCDI). The ADA SCDI completed and published some data content standards named in ADA Standard No. 1079-2015, *Standard Content of Electronic Attachments for Dental Claims*. Standard No. 1079 contains data specifications for reporting complete orthodontic and periodontal exam findings for claim adjudication purposes. The Periodontal section of Standard 1079 was developed into an HL7 Clinical Document Architecture Release 2.1 (CDA R2.1) Standard for Trial Use (STU)

for Periodontal Claim attachments in 2017. Work is already under way on the Orthodontic portion of Standard No. 1079 into a CDA R2.1 STU and the next step for the HL7 Orthodontic Attachment IG is publication later in 2019.

The ADA also introduced ADA/ANSI Standard No.1084 – “Reference Core Data Set for Communication Among Dental and Other Information Systems” to the May 2019 HL7 working group meeting as a proposed work item to develop as an HL7 Clinical Document Architecture Implementation Guide. It was approved and a Project Scope Statement will be established and an HL7/ADA implementation guide will be developed in the near future. ADA/ANSI No. 1084 will allow for provider-to-provider exchange as well as provider-to-payer and provider-to-patient through trusted exchange networks.

We would suggest that any future interoperability standards for use in dentist-dentist and dentist-physician exchange follow a similar development path: that is, definition of clinical requirements at the ADA SCDI and definition of technical implementation requirements at HL7, as this combines the best of both worlds. The ADA’s ANSI-accredited standards development process and diverse dental sector stakeholders ensures a valid consensus about content requirements, and HL7 CDA is already a named standard for information exchange by ONC.

The ADA thanks ONC and HHS for the opportunity to comment on these proposed regulations. Please do not hesitate to contact Ms. Jean Narcisi at narcisij@ada.org regarding any part of these comments.

Sincerely,

Jeffrey M. Cole, DDS, MBA
President

Kathleen T. O’Loughlin, DMD, MPH
Executive Director

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