

Privacy and Security and Health Information Exchange

Barbara Baker, DSN, ARNP
Policy Advisor
Cabinet for Health and Family Services



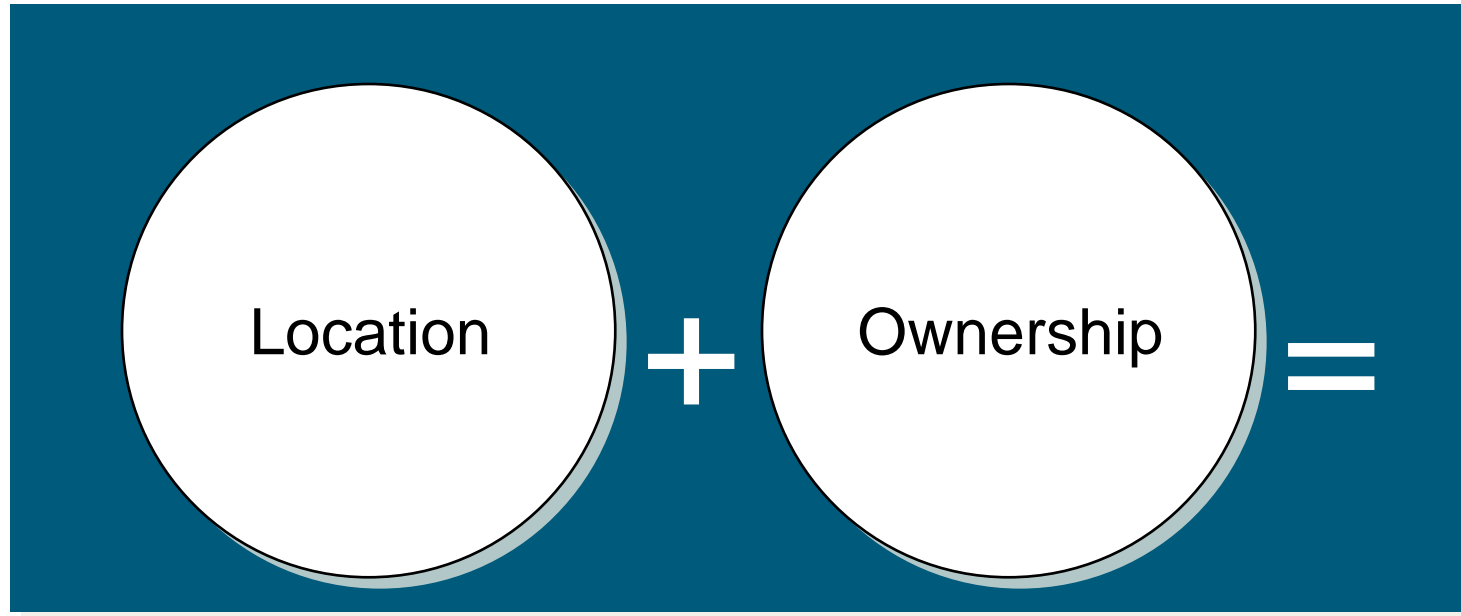
Outline

- Introduction- Paradigm Shift
- Overarching Policy Questions – Unresolved
- Concerns of Patients and Providers
- Building Trust
- Challenges
- HISPC Participation and Roadmap
- Federal Privacy and security Standards
- Meaningful Use – Privacy and Security
- Kentucky Strategies
- Harmony

Paradigm Shift in Kentucky

- Transition Over the Past 10 Years
- Purpose – Improve Quality of Health Care and Decrease Cost
- Improved Healthcare – Come from Science
- Foundation is Privacy and Security
- Concrete – Trust

Overarching Questions



Who controls the data?
How will data be used?

Hospitals and Providers

- Change in the Way of Doing Business
- Business-to-Business Relationship
- Health IT – Not a Business-to-Business Relationship
- Control – How do You Control what is NOT on Your Server?
- How do Hospitals Provide Security and Protection for Information not Physically Under the Control of the Hospital?
- CCD – Summary – No copy – not a Legal Authenticated Document

Hospitals and Providers

- Concern for Liability – Legal Authentication of Records – Incompleteness of Data, Miscoded or Date Corrupted During Transmission
- Change in Risk Management
- Misuse of Data
- Marketing Issues

Consumers Concerns – Survey

- Identity Theft – 80%
- Use Marketing – 77%
- Employers – 56%
- Insurers Access – 53%

Lake Research Partners and American Viewpoint,
Markle foundation, 2006



How will my data
be used?

Federal Framework – Build Trust

- Access to Health Information
- Correction
- Openness and Transparency Policies
- Choices Over Uses and Disclosures
- Review of Who Accessed Information
- Limits on Collection, Use and Disclosure
- Steps to Ensure Quality
- Limit Subsequent Use and Disclosure
- Individual Control
- Data Integrity

Challenges to Interstate HIE

- Consent
- Access to Patient Information – Police, Parents, Employers, Marketers, Government Use of Medical Record
- Prohibit Selling, Sharing, Using for Other Purposes – CA
- Parental Consent for Internet Transmission of Data for Minor – Maine
- Authentication
- Laws Reinforce Paper-based System
- Disease Reporting – Public Health –But Not Clear Shared Whether Can Be with Providers or Law Enforcement
- Decision Making – mental status
- Silence in Laws related to HIE

Confusing Variation in State and Federal Laws



Consent

- Opt In or Opt Out
- HIPAA Permits Sharing of Information for Treatment, Payment, and Operations
- Some Providers Oppose Offering Patients the Right to Opt Out – Extends Rights
- MN – Opt Out, Requires Consent to Search RLS, Audit Log
- RI – Opt In, Choice of Which Provider Can Access Data, Copy of Health Information, Notification of Breach

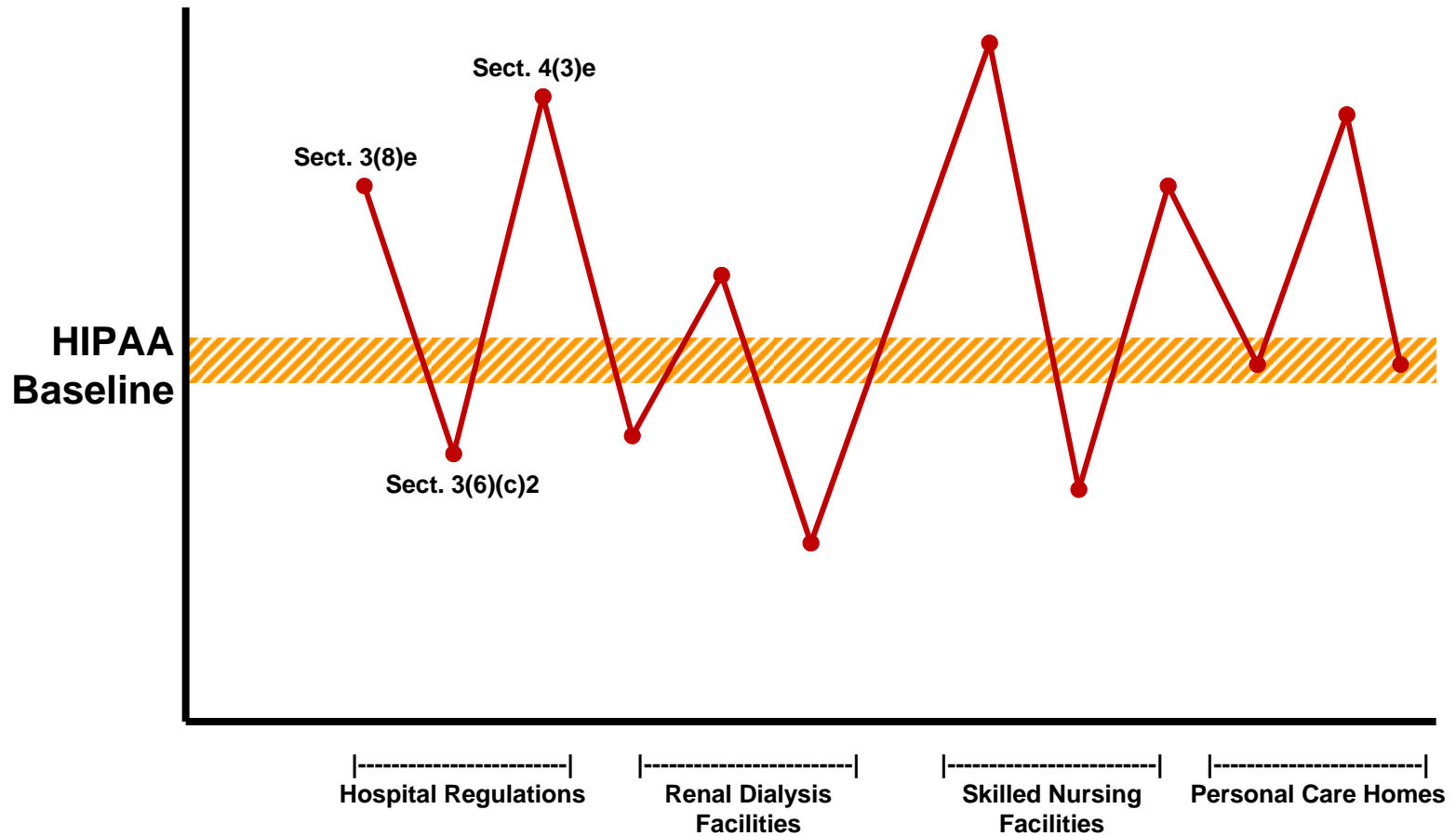
Need P & S Policies

If the privacy focus is only on consent – then patients will be exposed to unregulated use and misuse of data.

HISPC – KY Participation

- Phase I – Reviewed state laws and regulations - Recommended clear consistent legal framework
- Phase II – Eliminate Barriers to Information Exchange – Recommended changes to improve consistency of regulatory language for healthcare facility related to information sharing
- Phase III - Recommended Elements of Model HIE Law

Variation in Federal and State Laws



Barrier to Interoperability: Example

902 KAR 20:016 Hospitals; Operations and Services

Section 3. Administration and Operation.

(11) Medical and other patient records.

(c) Records of patients are the property of the hospital and shall not be taken from the facility except by court order. A patient's records, or portion thereof, including x-ray film, may be routed for consultation.

1. Only authorized personnel shall be permitted access to the patient's records.
2. Patient information shall be released only on authorization of the patient, the patient's guardian, or the executor of his estate.



HISPC - Roadmap

- Electronic Health Record Act
- Laws Recognize EHR and Standards for Health Information
- Ownership of Records
- Identification of Legal Health Record
- Coordination of HIPAA and State Laws
- Uniform Patient Authorization Standards – Single Form – FL and OK
- Release of Sensitive Information in an Emergency
- Definitions of Electronic Health Records

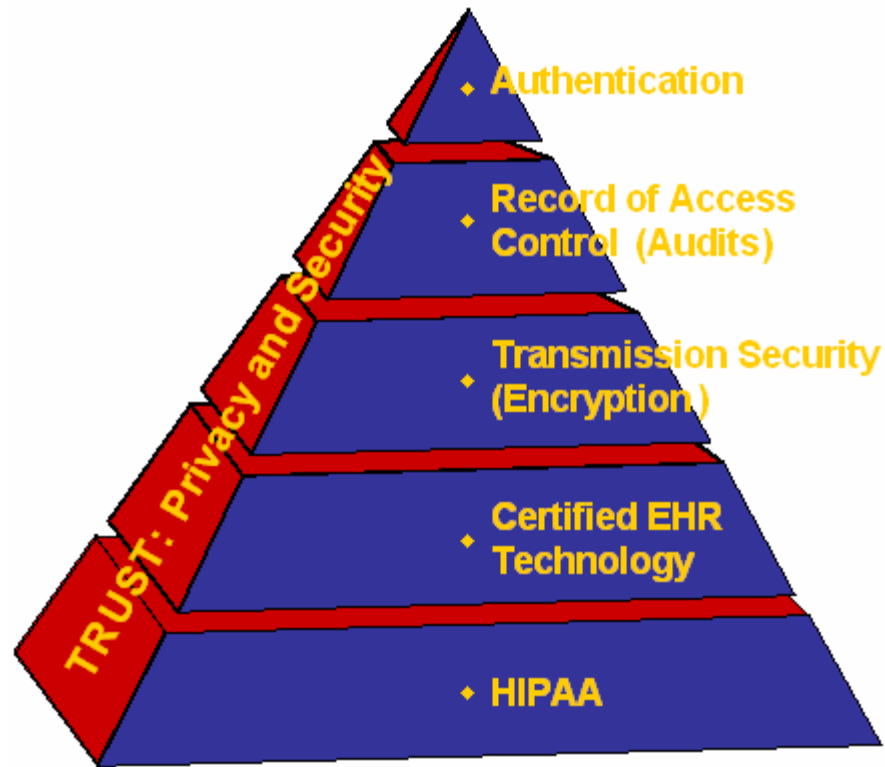
Harmonizing State Privacy Law



Strategies

- Uniform Laws
- Model Acts
- Regulations
- Interstate Compacts
- Reciprocity
- Crisis responses

Privacy and Security Model



Authentication, Access Control, Transmission Security

Meaningful Use – Patient Priorities

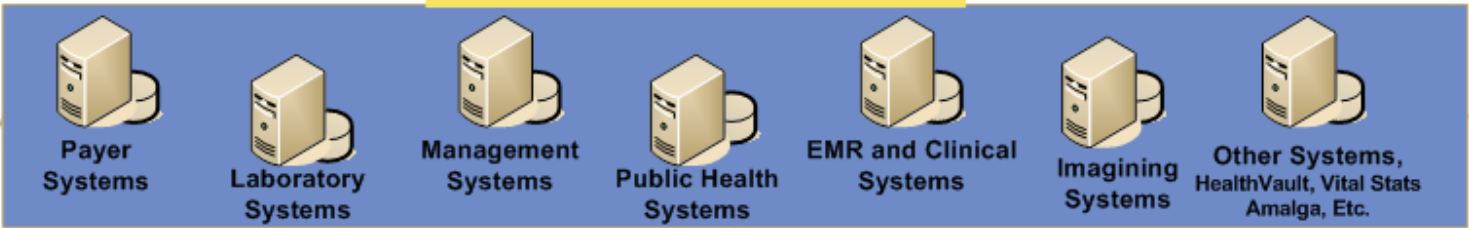
E-copy of Health Encounter and Discharge Instructions–
Patient Portal

Clinical Summary of Each Office Visit

Capacity to Exchange Key Clinical Information Among Providers of
Care and Patient Authorized Entities

Health Outcome Priority and Ensure Adequate Privacy and Security
Protection for Personal Health Information

Federated Nodes

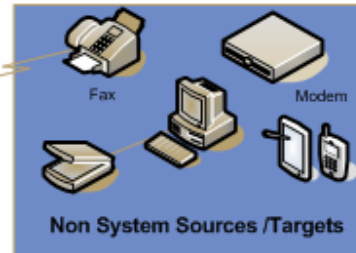


Data - Sources and Targets

Inside or Outside Systems

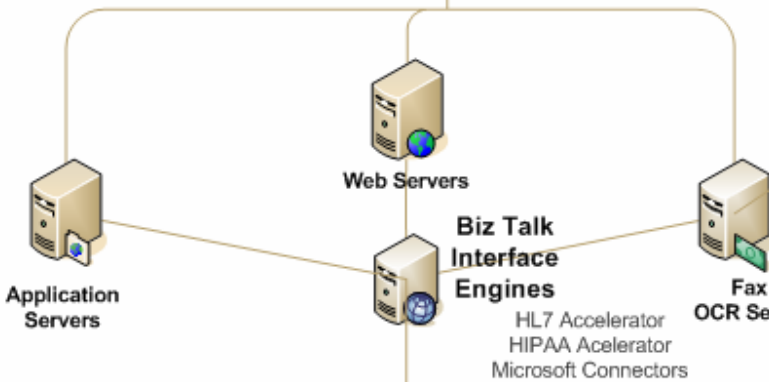
Data Interchange

Secure System Open Architecture
Secure Web Service
Data- "Push-Pull"



Data Transformation

Biz Talk Enterprise
HL7, ASC x12, LDIF, DICOM

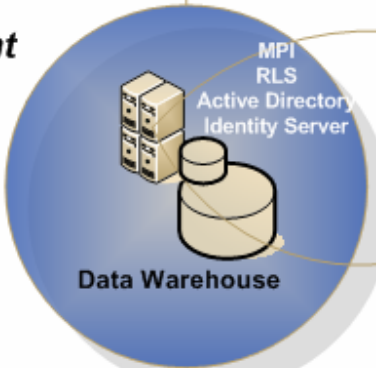


HL7 Accelerator
HIPAA Acelerator
Microsoft Connectors

Data Manipulation and Storage

Clinical Process/Alerts
Data Cache and Aggregation

Patient Data HUB



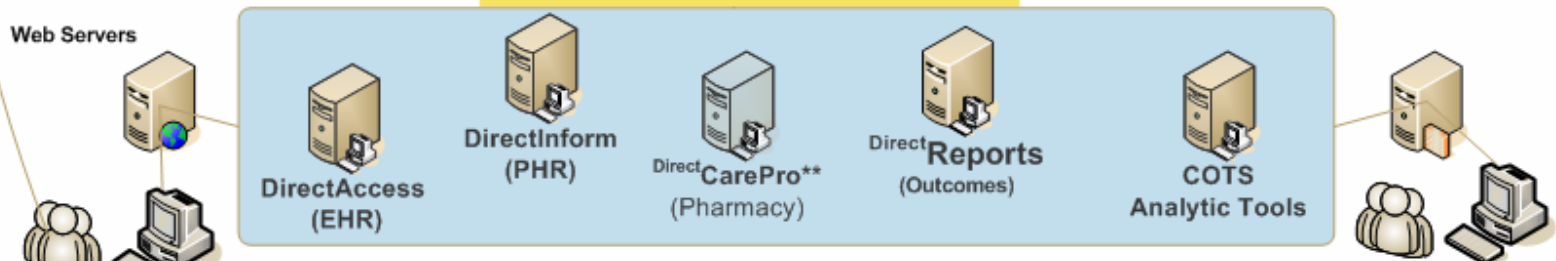
MPI
RLS
Active Directory
Identity Server



Data Use ACS Applications and Informatics

Secure Web Applications
DirectAccessEHR Portal

Central Repository



Connection Criteria

PLATINUM

Functional Requirements

Base :

Ability to connect to the KHIE over a secure web service

Ability to utilize the IHE Framework – Cross Enterprise Document Exchange (XDSb) to

- Register Documents with the KHIE and

- Retrieve documents through the KHIE

Ability to maintain a document repository accessible to KHIE or utilize a Vendor hosted repository that is independent from KHIE

Secondary

Ability to utilize the IHE Framework – Cross Enterprise Document Sharing for Imaging (XDS I.b) to

- Register Images and AVIs with the KHIE

- Ability to retrieve images through the KHIE

Ability to maintain an accessible PACS image repository

NOTE: Optional pricing for Vendor option to host PACS repository is available.

GOLD

No Cost Model

Functional Requirements

Base:

Ability to perform at Silver Level for KHIE Query

Ability to provide an Encounter CCD to the KHIE following a patient visit (Physician – Clinic)

Ability to provide a Discharge CCD to the KHIE following a patient admission (hospital)

Ability to generate an HL7 v2.x MDM^T02 (Provide Document with Content) and MDM^T09 (Replace Document)

Ability to include a CCD in the MDM message

Vendor will Register Document in the XDS registry to allow sharing with other providers (internal MDM^T01 or ITI 14 messaging)

Vendor will provide sending physician or hospital a hosted Repository for approved document types that may be shared among health care providers. This repository is not part of the KHIE.

Vendor may include information in a consolidated CCD.

SILVER

No Cost Model

Functional Requirements

Base :

Ability to connect to the KHIE over a secure web service

Ability to generate an HL7 v2.x QRY^T12 message and send over the web service, synchronous

Ability to receive an HL7 Doc^T12 message over a web service

Ability to extract a CDA Document (CCD) from the Doc^T12

Ability to store a CCD Document

Ability to view a CCD Document in a Viewer

Optional

Ability to consume components of the CCD..(vendor driven)

Harmony



*Improved Quality
Decreased Cost*

KHIE Full Implementation

