



Privacy and Confidentiality in the EHR:

Whose Responsibility is it?

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Objectives



- Appreciate some of the privacy challenges healthcare technology projects are facing today
- Recognize the potential impacts electronic information may pose to privacy
- Stimulate thought regarding the balance between the provision of quality care and the access to complete and accurate information

Electronic Health Record

Terminology



- Clinical Information System (CIS)
- Hospital Information System (HIS)
- Electronic Medical Record (EMR)
- Electronic Patient Record (EPR)
- Computerised Patient Record (CPR)
- Electronic Health Record (EHR)



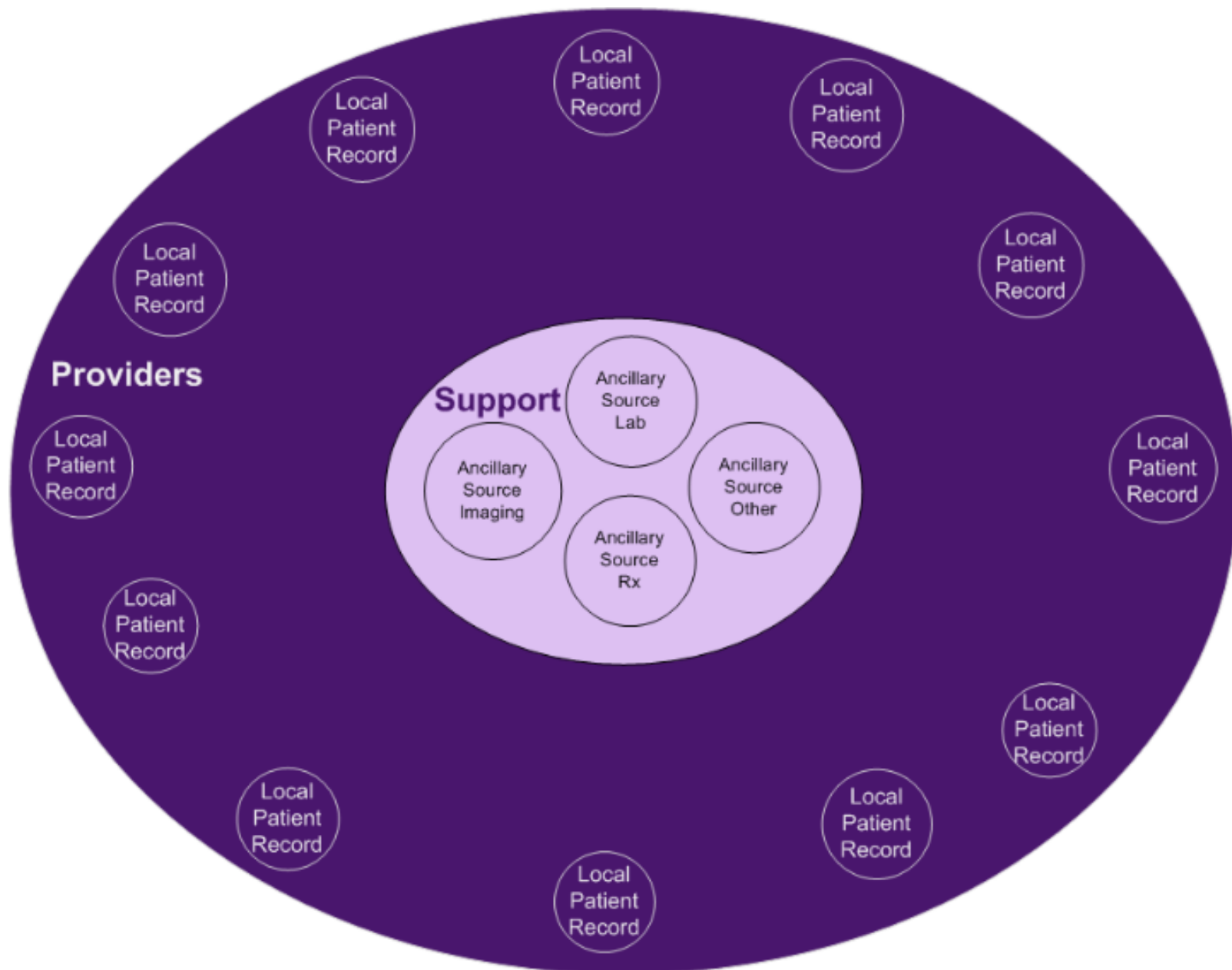
“An EHR is an aggregation of patient-centric health data that originates in the patient record systems of multiple independent healthcare organizations for the purpose of facilitating care across multiple organizations.”

Gartner October 2005

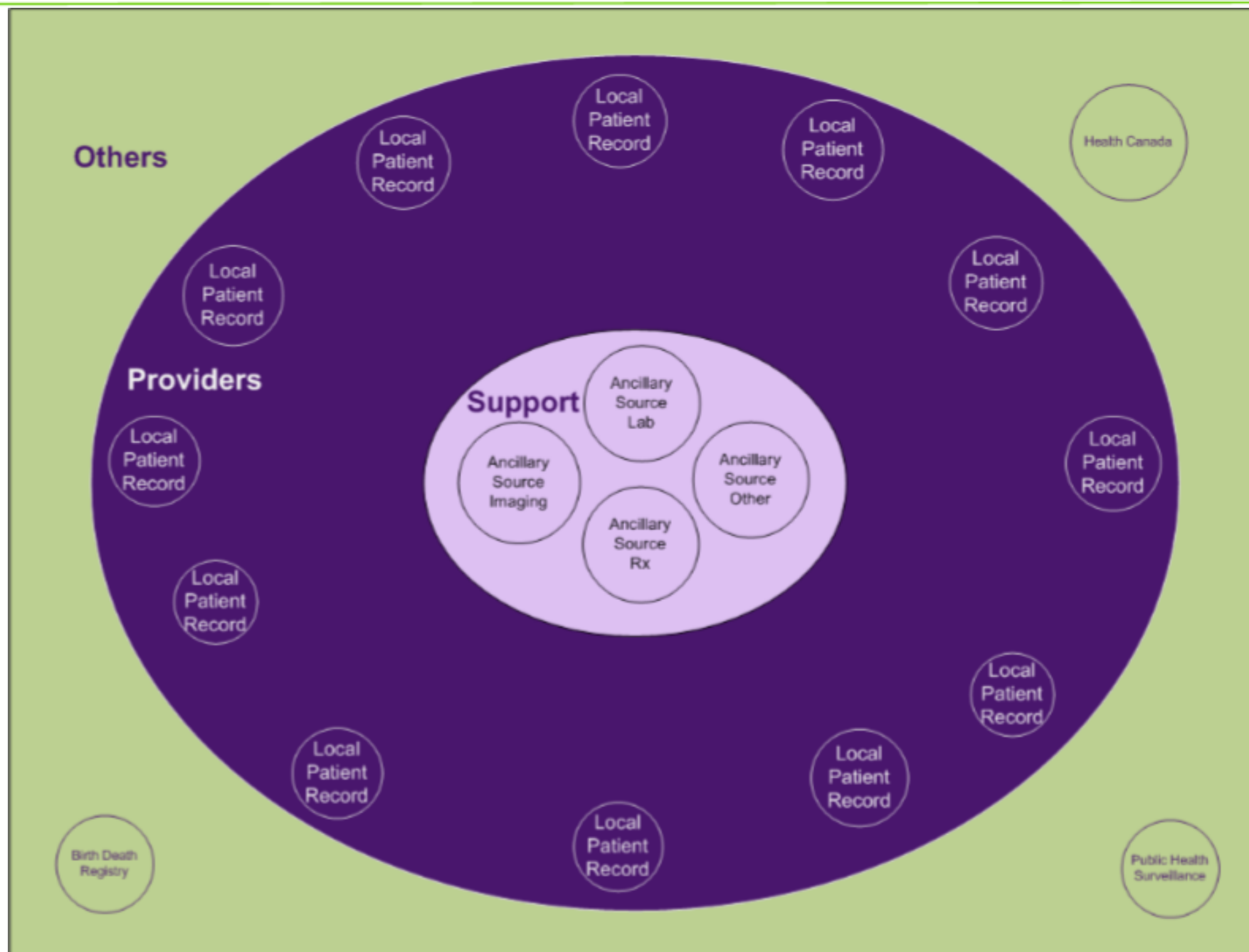
Providers



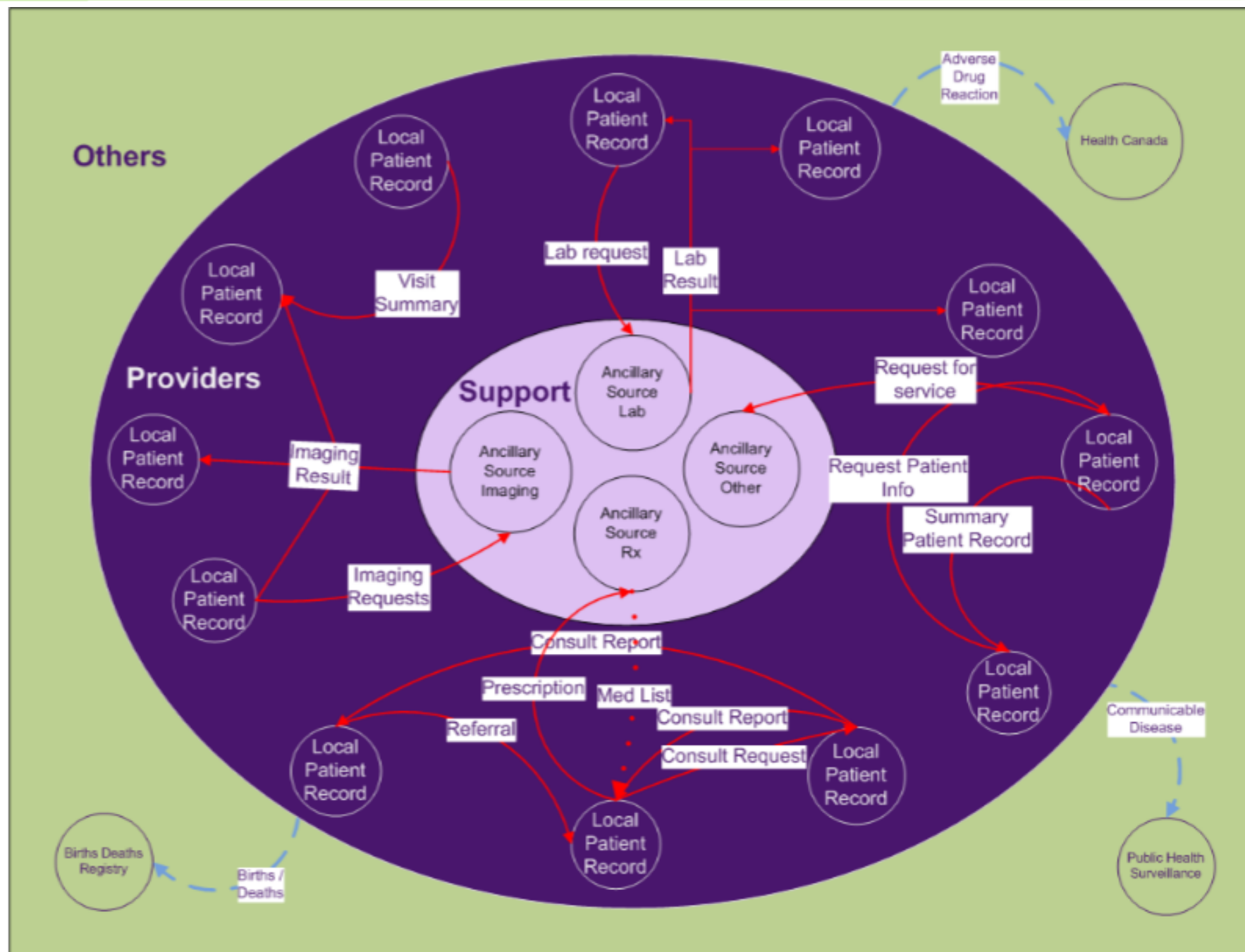
Support Services



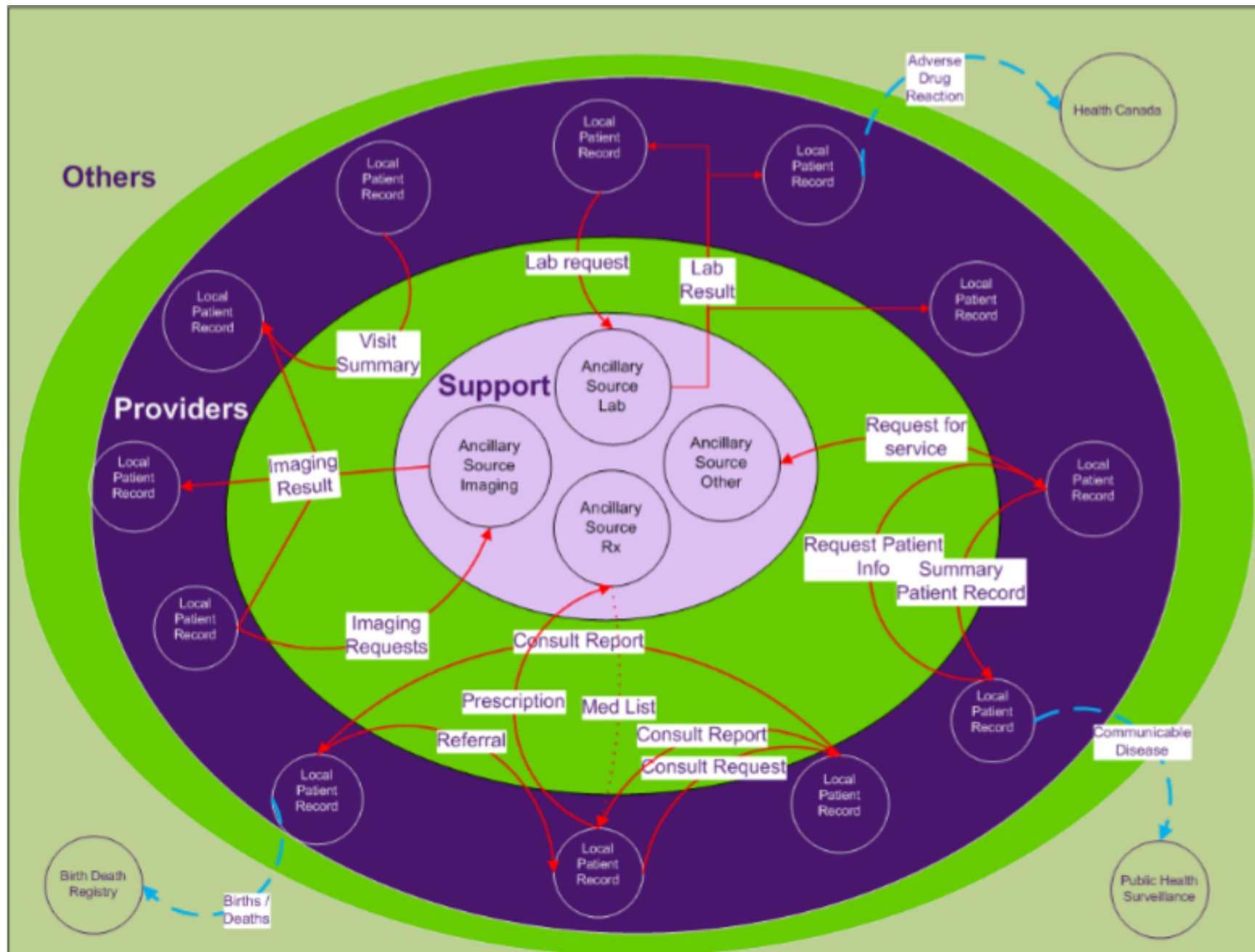
Others

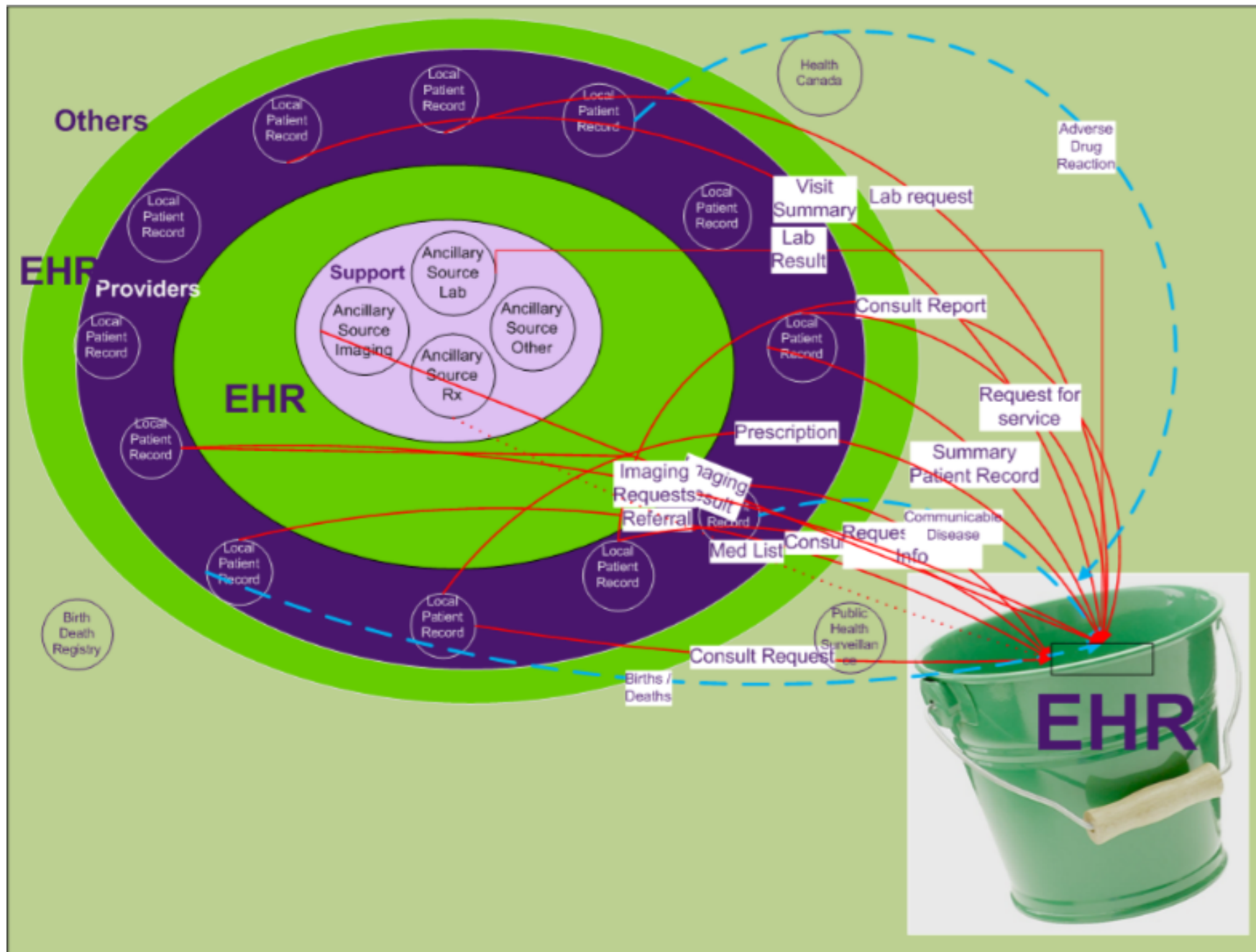


Information Exchange



Current Health Information Sharing





Technology Benefits

Potential Benefits of Electronic Health Record



- Timely access to information
- More complete information (broader picture of patient health)
- More accurate information (current cross provider communication is often transmitted by the patient)
- Reduced health care costs (eliminate duplication, reduce paper and distribution costs etc...)
- Decreased work effort in communication (preparing referral/consult details versus accessing information as needed)

Privacy in the Paper World

Key Components to Privacy in the Paper World



- Physical Security

- Record locations
- Limited access
- Personnel monitoring
- Locked cabinets

- Consent

- Signed form
- Implied
- General wording about sharing information as necessary for the provision of care
- Ultimate responsibility for keeping information secure is custodian

Key Components to Privacy in the Paper World



- Trust

- Provider authority to make a judgement call on sharing of information
- Minimal (if any) patient involvement regarding data details
- Confidence that provider does what is necessary to complete care requirements

- Disclosure

- Sharing custodian filters data
- “Need to know” concept in practice

Privacy – Who's Responsible?

Drivers of Security in Electronic World



- Legislation
- Technology Standards (ex: CHI EHRS Blueprint, HL7 etc...)
- Standards of Practice

Technology Considerations



- **Consent Options**

- To collect
- To access
- To use for research

- **Consent Status**

- Neutral
- Granted
- Revoked

- **Data Masking**

- Filter access at various levels



- Scenario – patient indicates request to “mask” HIV status

- Challenges
 - Who determines how this is done?
 - Who “informs” the patient of the implications?
 - Who is liable if information is released?
 - Who is liable if care is compromised?
 - Will providers comply?



- Deciding to participate in EHR contribution
- Challenges
 - Once disclosed patient advocacy role is comp
 - How confident are you that information is only accessed for care?
 - Who has custodial responsibility for the bucket?



- Responsible for storing, securing and managing data access
- Respond to information requests
- Challenges
 - Who owns the data? (patient/provider?) What does ownership mean?
 - Can the IM evaluate the risk of responding to a patient request?
 - Does communication with a patient regarding their health information require provider knowledge?
 - Will providers need to share information from other providers' records?

Who's Responsible?
Answer.....

I DON'T KNOW....



- Recommendations
 - Know your legislative requirements/options
 - Know the technology standards and how they may or may not work for you or the patient
 - Identify the gaps and challenges and above all....
- Be prepared to establish clear and manageable policies and processes that define responsibility before you complete your solution design