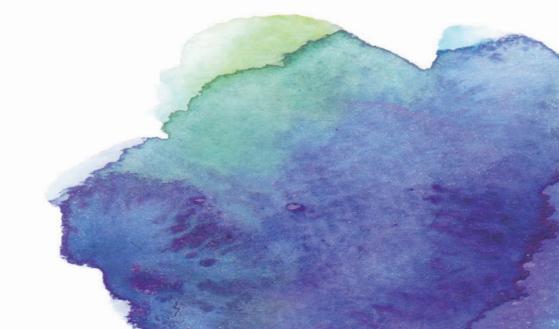
# Questions about Policies and Procedures: What is needed for a Global Framework to Support Health Information Exchange

Theresa Cullen, MD, MS Regenstrief Institute





#### Proposed Key Policy Areas for a Global Framework

- Governance
- General P&P
- Privacy, Security, Confidentiality
- Data Use Agreements
- Standards and Interoperability



#### Governance

- Data exchanges at an individual or aggregate level
- Data exchanges within country or between countries
- Data collection and storage
- Common governance or trust framework
  - Where does the governance framework apply
    - specific use cases
    - enterprise wide



#### P&P: General

- Patient identification
  - Unique identified and/or matched
  - Attributes needed for identification
  - Identification resolution



# Privacy, Security, Confidentiality

- National laws regarding privacy and security for health data
- Underlying principles and cultural considerations
- Identification and authentication process to grant data access
- Patient consent
  - ownership or stewardship of the data
  - Individual consent process



### Data Use Agreement

- Anticipated use and sharing of the data
  - List options and individual agreement
- Specified or limited use cases
- Participant obligations
  - Required to respond to queries/data requests
  - Process to report breaches or addressing issue resolution
- Data integrity and quality



### Data Use Agreement

- Resolution dispute
- Liability for risk if harm
  - 'High risk' information sharing
- Auditing and reporting of audit
- Identity proofing and authentication



# Standards and Interoperability

- Minimum common data set that should be collected
- Minimum set of interoperability standards requirements (terminology standards, content exchange standards)
- Guidance for implementation and use
  - Optional/mandatory



#### Resource

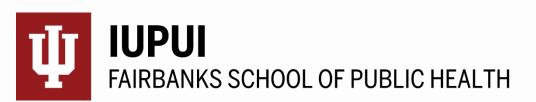
• <a href="http://regenstriefins.wpengine.com/wp-content/uploads/2016/06/hieframework-version0-8clean-2-4.pdf">http://regenstriefins.wpengine.com/wp-content/uploads/2016/06/hieframework-version0-8clean-2-4.pdf</a>





# Data Sharing Policies and Protocols Notes from the Indiana HIE

Brian E. Dixon, MPA, PhD, FHIMSS Associate Professor and Research Scientist August 2, 2018



# My Background and Biases

 I have worked with LOINC and the Indiana HIE for more than 10 years

 I have served as an HIE developer, project manager, and now researcher

 I wrote a book on HIE as there were none, and it includes a chapter on Governance plus Privacy/Security

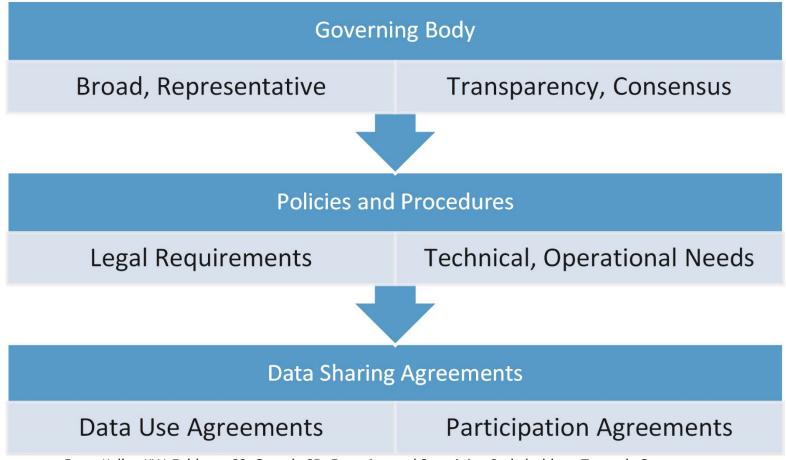


# A Fabric of Trust





#### A Framework for Governance





From Kelley KW, Feldman SS, Gravely SD. Engaging and Sustaining Stakeholders: Towards Governance.
In Dixon BE (Ed) *Health Information Exchange:* 

Navigating and Managing a Network of Health Information Systems. Academic Press, 2016.

#### Policies and Procedures

 Policies establish the "rules of the road" for the network of PHS partners

- Procedures describe how work is done
  - Technical operations
  - Processes for getting requests approved
  - Accounts for privacy and security measures (when data are captured, managed)



#### Purpose of Use and Users

- Permitted purposes of use
  - What is the scope of the network?
- Permitted users
  - Who can access the network (under what circumstances)?
  - What are the roles of these users?
- Examples
  - Epidemiologist vs. Physician
  - Health minister vs. Community health worker



#### Procedures for Use

- How will the use of the network be monitoring and audited?
  - Who will be responsible?
  - How will audit logs be created? Backed up?

- How will users and user roles be defined?
  - Universal health care worker identifiers?
  - Standard codes for user roles?



#### Documenting Policies and Procedures

- Governance Charter
  - What are the operating rules of the governance group?

- Participation Agreement
  - Partners agree to share data for specific use cases

- Data Use Agreement
  - If I give you data, what can you do with them?



# Privacy & Security: A Balancing Act





# Electronic Triggers for Security

- Patient admitted to hospital
  - Access to clinical team for 72 hours

- Patient has scheduled appointment with GP
  - Access to clinical team for 6 months

- Patient has notifiable disease
  - Access to nurse epidemiologists / DIS for 3 months



# Open Challenges and Questions

National versus local versus cultural laws

Should individuals opt-in or opt-out of HIE?

How do we best engage stakeholders?

What have you done to build a fabric of trust?



#### **Questions?**

#### **Discussion**



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