

# NC HIE Council Policy Development Committee

NCHICA  
Research Triangle Park, NC  
May 28, 2008

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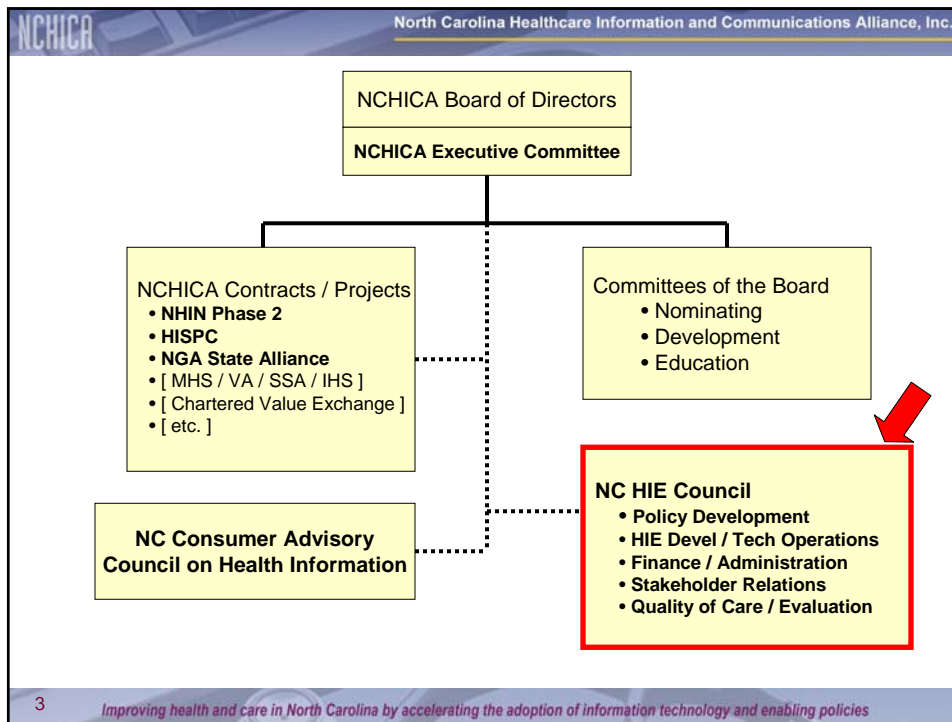
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## Agenda

- 11:00 Welcome & Introductions
- 11:15 Overview – HIE Council & Committees
  - » NC HIE Council Charter
  - » NC HIE Council Committee Structure
  - » NHIN 2 Project
  - » HISPC Project
- 11:30 HIE Projects – national view
- 11:45 NHIN Use Cases & Consent Policies
- 12:15 Working lunch
- 12:15 Open Discussion
  - » Committee Charter
- 1:00 Adjourn

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## NC HIE Council Charter

### **Article I – Mission**

- It is the mission of the North Carolina Health Information Exchange Council (NC HIE Council) to enable the timely and secure exchange of electronic health information for the purposes of improving the quality, safety and efficiency of healthcare and the overall health of residents. The NC HIE Council will undertake this mission by planning, establishing standards and advocating for the creation of a Health Information Exchange for North Carolina that connects with the nationwide health information network. This will be done, wherever possible, by adopting existing standards and policies & procedures. With the support of NCHICA, the NC HIE Council may help to create and / or arrange to operate an actual exchange, or manage it through contracts with outside technical providers.
- The NC HIE Council will engage healthcare stakeholders to facilitate the above objectives and deliverables and may hire staff and/or contract with third parties to supplement these efforts. Success will be measured by the utility of these activities and deliverables to NC residents and healthcare stakeholders.

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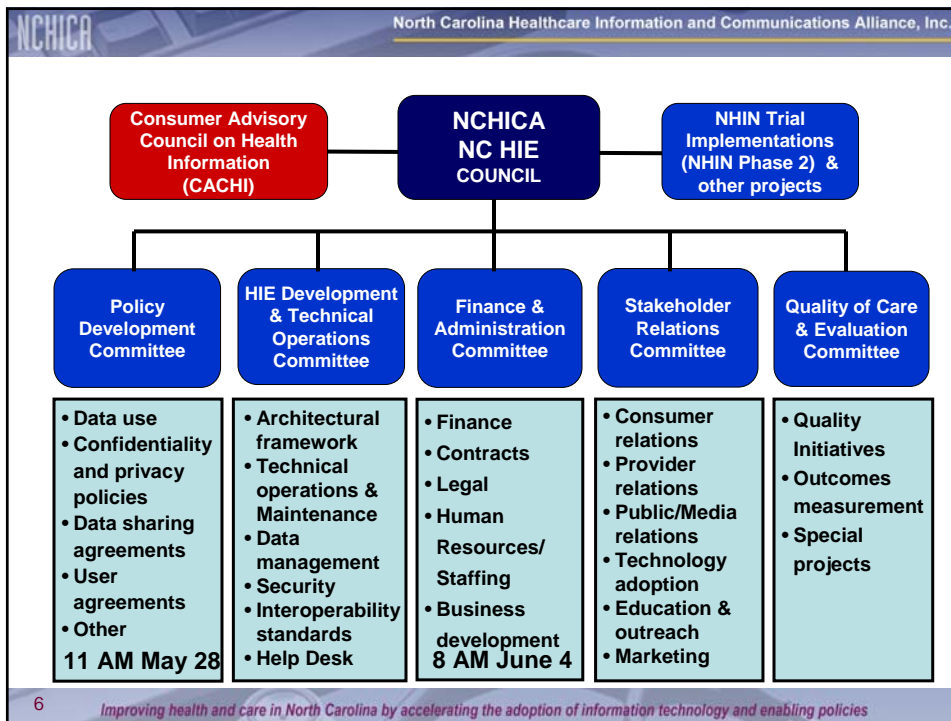
## NC HIE Council Charter

### Article II – Governance

- *The Council – 25 seats*
- *Terms of Office (Two year term, expiring October 2009 / staggered)*
- *Officers (Chair, Vice Chair, Committee Liaisons, Sec’y)*
- *Meetings – Annual and as needed*
- *Quorum – Simple majority*
- *Notice – 10 days*
- *Committees & Projects as needed*

### Article III – Amendments

- *2/3 vote required for approval*

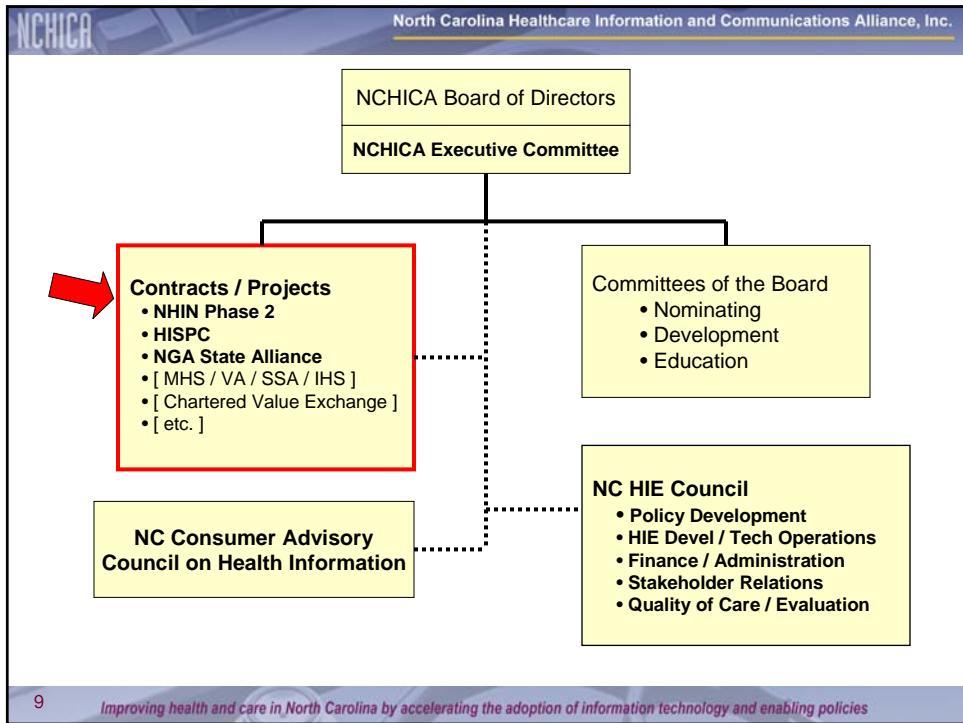


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### NC HIE Council Membership

- North Carolina Consumer Advisory Council on Health Information
- North Carolina Medical Society
- NCHA (the North Carolina Hospital Association)
- North Carolina nursing profession
- North Carolina Health Information Management Association
- Representative of the NC Institute of Medicine
- North Carolina Association of Pharmacists
- North Carolina State Health Director or his/her designee
- North Carolina State Chief Information Officer or his/her designee
- Local Health Depts appointed by the NC Assn. of Local Health Directors
- NC Office of Emergency Medical Services
- NC Association of Free Clinics
- NC Division of Medical Assistance (Medicaid)
- NC Division of Mental Health/Developmental Disabilities/ Substance Abuse Services
- NC Association of Health Plans
- Representative of private-sector behavioral health
- Representative of long-term care / nursing homes
- Representative of ancillary services: laboratory
- Representative of ancillary services: radiology
- Representative of the NCHICA CIO Roundtable who also is a member of NC HIE
- Two (2) at-large members appointed by the Board of Directors of NCHICA
- Representative of a Healthcare Information Exchange Service Provider

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### The NHIN Trial Implementation implements a “network of networks” for intra- and inter-state exchange of healthcare information

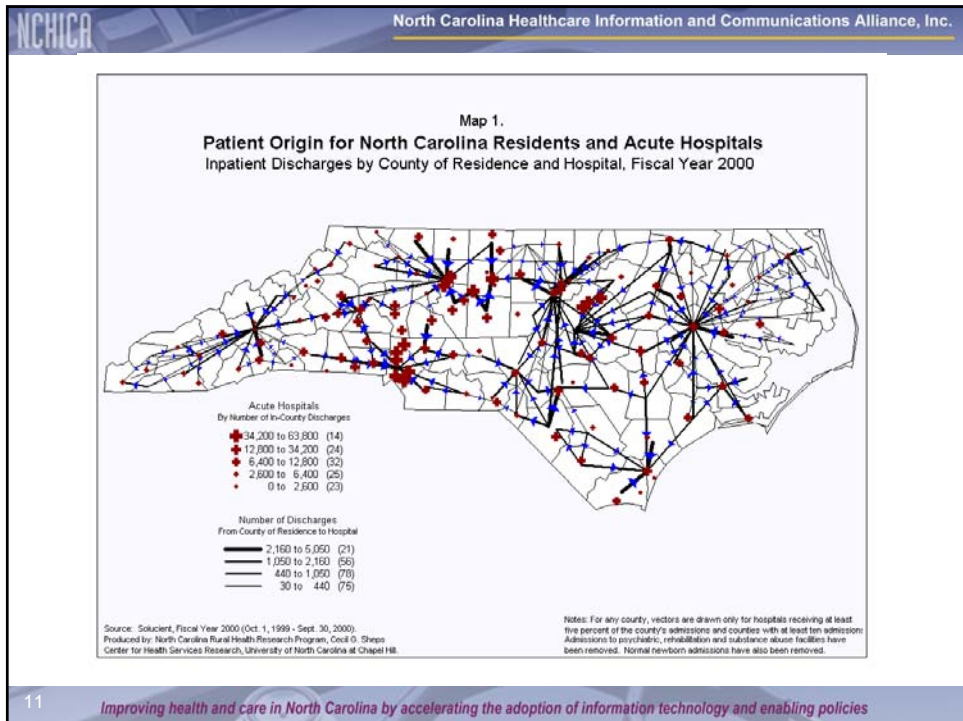
**NC HIE**

- Convener, Educator, Facilitator
  - Privacy/security framework
  - Standards/reference architecture
- Incubator for piloting new concepts
- Utility for Foundational Services (e.g., EMPI, Record Locator Services, etc.)
- NHIN compliant linkage to other states/regions

**NC Community HIEs**

- Encourage EHR adoption and “last mile” connectivity
- Develop real-time patient summary and data aggregation capabilities
- Provide training and education
- Engage non-provider stakeholders (payers, employers, public health)

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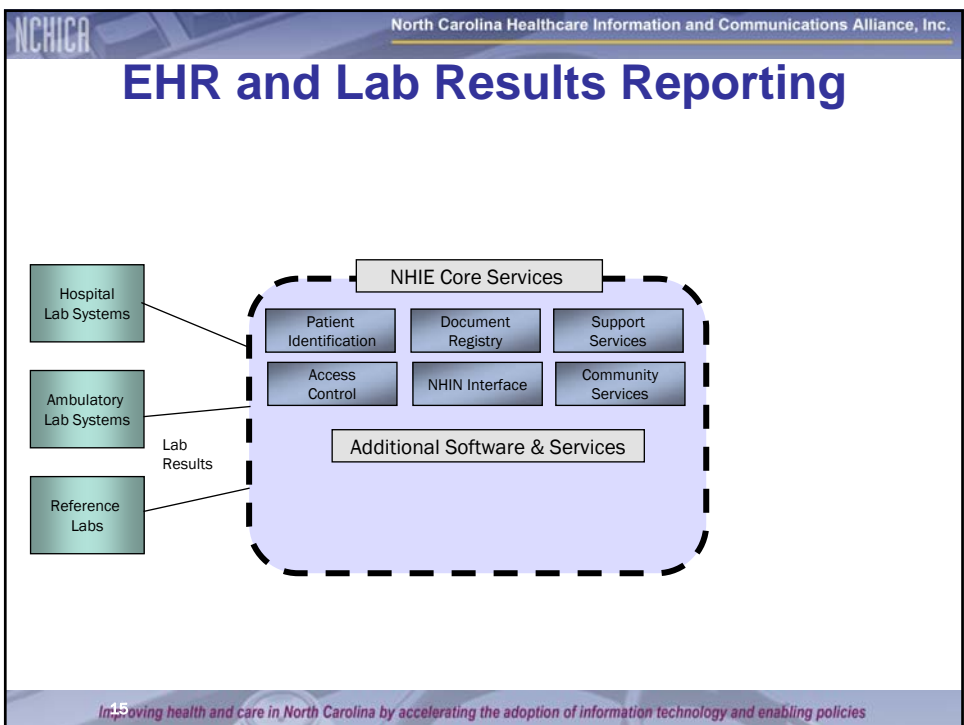
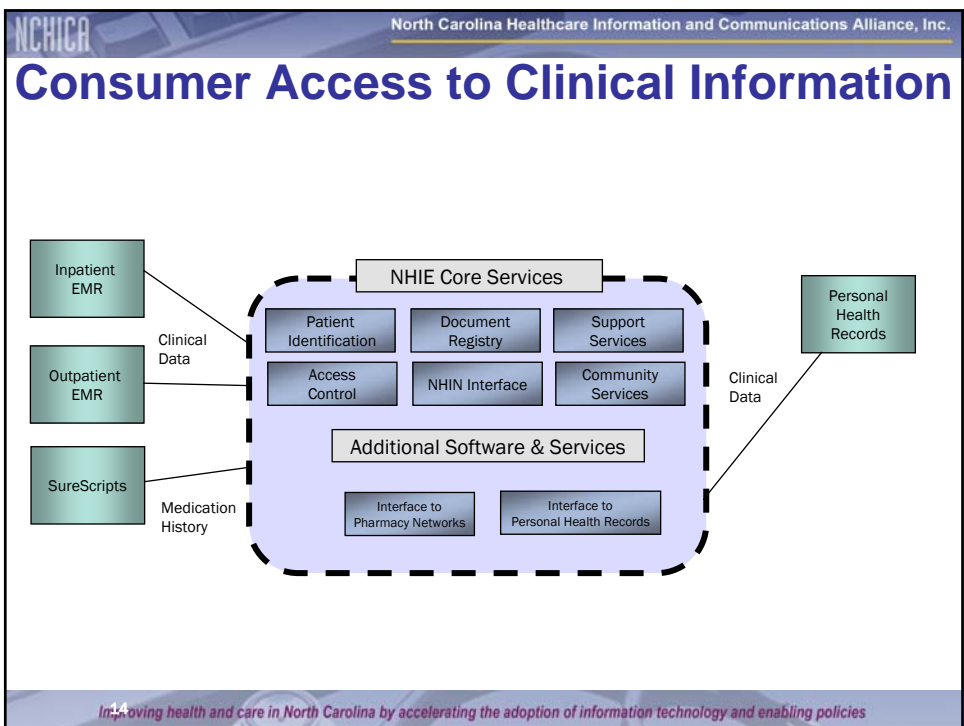
## NCHICA NHIN Trial Implementations Key Participating Providers

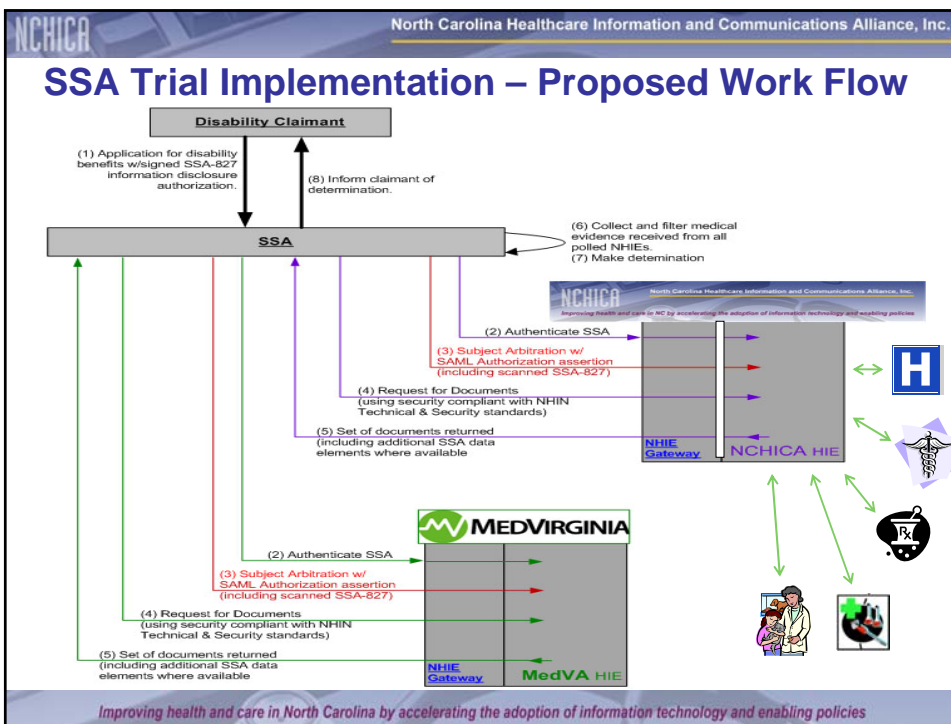
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## NCHICA NHIN Trial Implementations Key Solutions Providers / Applications

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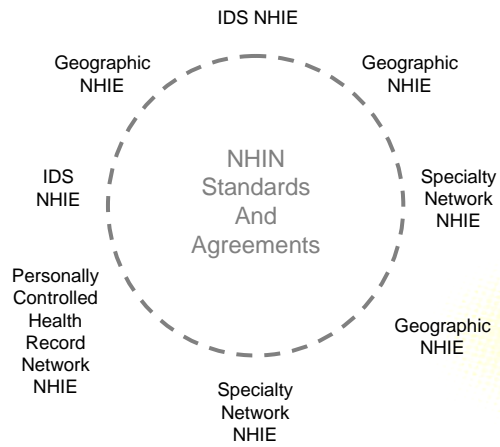
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# Data Use and Reciprocal Support Agreement

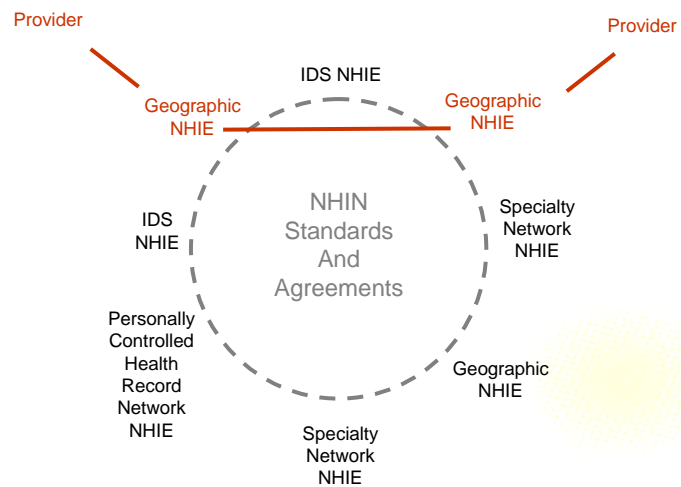
## DURSA

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## NHIN HIEs – Common Trust Agreement



## NHIN HIEs – Multiple Data Intermediaries (example)



## NHIN DURSA Status

- Data use and reciprocal support agreement for **“test data”** (not PHI)
  - Submitted to ONC April 2008
- Data use and reciprocal support agreement for **“live, production data (PHI)”**
  - November 2008
- Beginning big push to work through issues in multiple federal agencies

## Key Components of the DURSA

- **Delineation of “Permitted Purposes” for Exchange**
  - For what reason can a Participant make a request for data?
  - Test Data: only for Trial Implementation Core Services and Use Cases
  - Possible Purposes for Live Data:
    - Treatment only
    - PTO
    - Disease management
    - Quality assurance
    - Research

## Key Components of the DURSA

- **Delineation of the Uses of Exchanged Data**

- What can a Participant do with data it receives from another Participant?
- Primary use will be along the lines of the “permitted purposes”
- Secondary use: What else can the Participant do with the data?
  - Keep as part of record
  - PTO
  - Re-Disclose
  - Research
  - Public Health reporting
  - Disease management
  - Quality assurance
  - Research

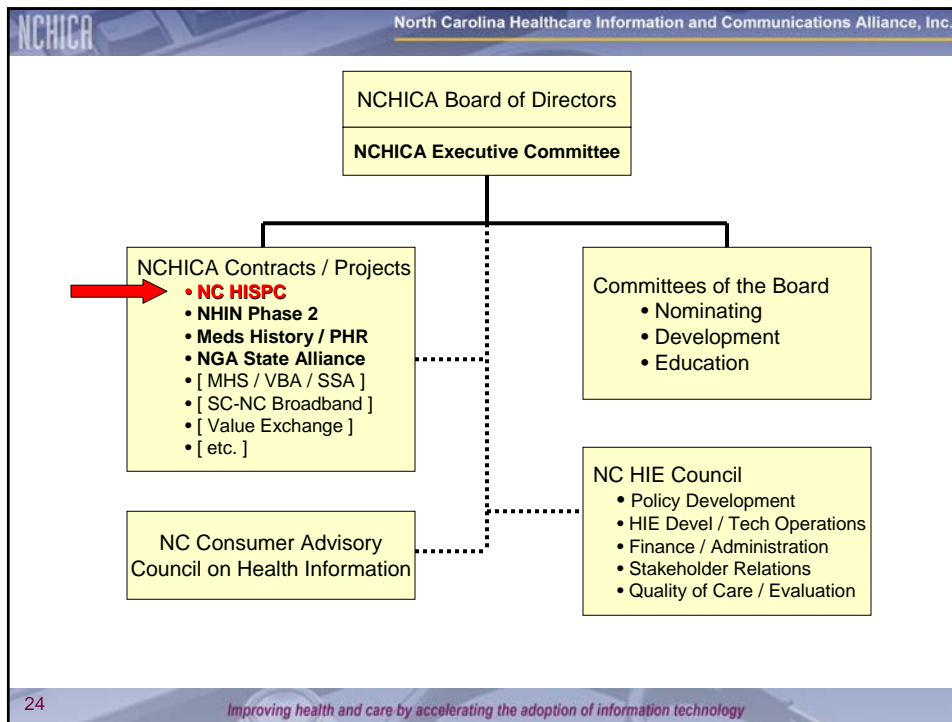
## Key Components of the DURSA

- **HIPAA Compliance**

- Exchanging Personal Health Information (PHI)
- Participants are either Covered Entities or Business Associates of Covered Entities
- Compliance with HIPAA Privacy and Security Regulations is essential

- **Consent or Authorization**

- Will depend on “Permitted Purposes”
- Accommodate differing Participant perspectives and policies
- Account for differing state laws



## Healthcare Information Security & Privacy Collaboration (HISPC) Goals

- High-level
  - Identify and reduce the variation in organizational-level business privacy and security policies, practices, and State laws that affect electronic health information exchange, while preserving or enhancing important protections.
- Specific
  - Develop consensus-based solutions and implementation plans
  - Establish sustainable collaborative networks of stakeholders
  - Develop resources for stakeholders at all levels to leverage as they address privacy and security issues.
  - Develop common, replicable approaches to privacy and security

SOURCE: ONC / Steven Posnack March 2008

## HISPC Project Evolution

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- 3 Phases (so far)
  - Phase 1 – (June 2006 – June 2007)
    - “A look within”
    - Assessment of variation and solution development
    - Implementation plan development
  - Phase 2 – (July 2007 – December 2007)
    - Foundational Implementation component
  - Phase 3 – (March 2008 – March 2009)
    - Multi-state collaboration
  - Phase 4 – \*Option\* (March 2009-10)

## General Information

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- Final Reports
  - Assessment of Variations and Solutions
  - Implementation Plans
  - Nationwide Summary
  - Impact Analysis \*New\*
- Project Information available at:
  - <http://www.nchica.org/NCHISPC/intro.htm>
  - <http://healthit.ahrq.gov/privacyandsecurity>
  - [www.rti.org/hispc](http://www.rti.org/hispc)

## NHIN – HISPC Linkages

### NHIN Participants

- CareSpark - Eastern TN/Southwest VA
- Delaware Health Information Network\*
- Indiana University
- Long Beach Network for Health
- Lovelace Clinic Foundation
- MedVirginia - Central VA
- New York eHealth Collaborative
- NCHICA
- WV Health Information Network

### HISPC Participants

- VA Dept. of Medical Assistance Services
- Tennessee eHealth Initiatives
- Indiana State Department of Health
- CA Office of HIPAA Implementation
- Lovelace Clinic Foundation
- VA Dept. of Medical Assistance Services
- Health Research, Inc. (HRI)
- NCHICA
- West Virginia Medical Institute

## HISPC Multi-state Collaboratives

- **Cross Collaborative Steering Committee** (2 co-chairs/collaborative)
- **Provider Education**
  - FL, KY, LA, MI, MO, MS, IN, WY
- **Inter-organizational Agreements**
  - AK, GU, IA, NJ, NC, PR, SD
- **Adoption of Standard Policies**
  - AZ, CO, CT, MD, NE, OH, OK, UT, VA, WA
- **Harmonizing Privacy Law**
  - FL, ID, KY, KS, MI, MO, NM, TX
- **Consent 1-Data Elements**
  - IN, ME, MA, MN, NH, NY, OK, RI, UT, VT, WI
- **Consent 2-Policy Options**
  - CA, IL, NC, OH – Vetting states, WV, KY, AZ, NJ
- **Consumer Engagement**
  - CO, GA, KS, MA, NY, OR, WA, WV

## HISPC Collaboratives

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- **Consent #2 “Policy Options”**
  - Develop a report that presents the variety of consent options that States may consider and state the risks and benefits of each.
  - Identify consent issues for both the intra-state and inter-state exchange and develop potential policy solutions
  - Analyze common and variable requirements
  - Make recommendations to facilitate interstate disclosure
  - \*NHIN core services and DURSA workgroups

## HISPC Collaboratives

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- **Harmonizing Privacy Law**
  - Advance the ability of States to analyze and where appropriate reform their existing laws to address issues related health information exchange
  - Develop a common taxonomy to provide a uniform framework for comparison
  - Develop a replicable methodology for other States
  - Develop proposed language to address gaps/challenges
  - \*NHIN DURSA workgroup
- **Inter-organizational Agreements**
  - Develop model agreements with a primary focus on fine tuning the privacy and security components relative to each State's law.
  - Develop consensus on a core set of privacy and security components
  - Potential testing of agreements
  - Potential evaluation and refinement
  - \*NHIN DURSA workgroup – obvious synergies

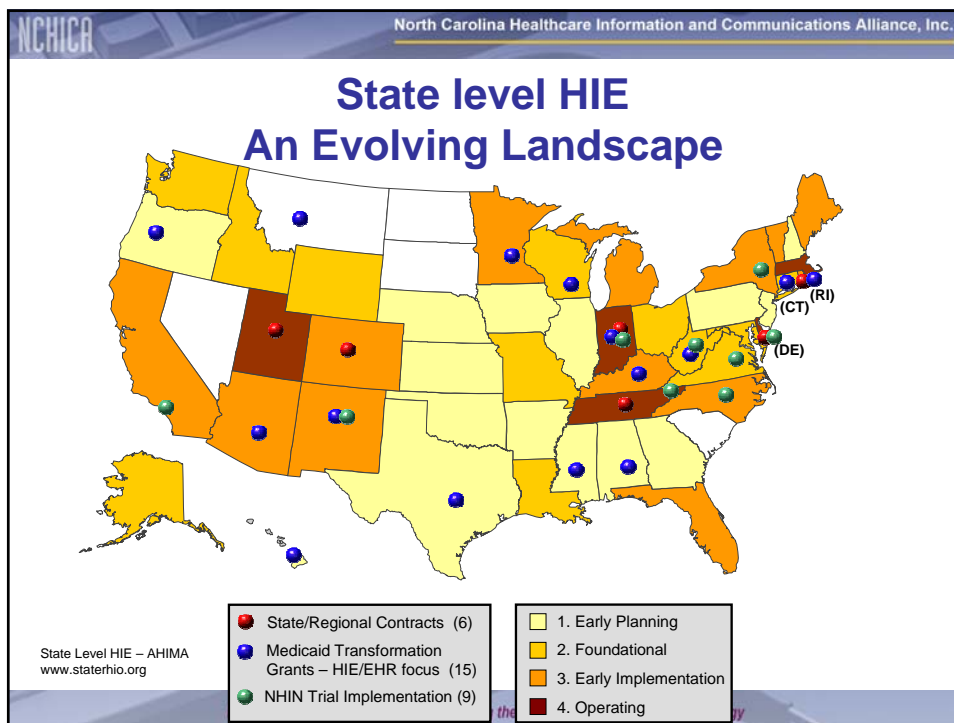
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## HISPC Project Objectives April 2008 – March 2009

- State collaboratives working on issues:
  - Intra/Interstate Consent
  - Consumer Education / Engagement
  - Provider Education
  - Harmonizing Privacy Laws
  - Standards Adoption
  - Inter-organizational Agreements

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## Focus – Consumer Empowerment: Consumer Access to Clinical Information [CE-CACI]

- Provide granular controls to grant or limit access by providers to information contained in the PHR
  - Consumer self-entered
  - Clinically originated copies
- Provide interoperability and exchange standards
  - To apply consumer permissions at time of authorized query for access
  - Create, manage, exchange permissions and physician lists with other HIEs

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## Consumer Access to Clinical Information: Consumer Functions

- Maintain one or more PHR (or PCHR<sup>1</sup>) accounts
- Self enter data and manage Physician Lists in PHR
- Grant or limit authorized access to consumer's PHR and clinical data through Access Consent Directives:
  - **All or none**
  - **Specific**
    - **Individual(s)** (e.g., physician, caregiver)
    - **Role** (e.g., cardiologists, physicians in group practice)
    - **Document Type** (e.g., all documents except HIV results)
    - **Time Delimiter** (e.g., access during stay in hospital)
    - **Emergency Override** (e.g., by ED clinicians)
    - **Authorizations** (e.g., for SSA Disability Claim Adjudication)
- Access/store results, conditions, allergies, diagnosis codes
  - Translated into layperson terms while retaining the original form and source identification

<sup>1</sup> Personal Health Record [PHR] and Personally Controlled Health Record [PCHR]

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## Consumer Access to Clinical Information: Provider Functions

- Request and access available clinical information
  - Access information from the consumers' PHR and other sources based upon access permission directives established by the consumer access consent directives
  - Query returns list of all “permissible” data
  - List of returned data can be tagged to indicate source
- Provider can select to view content
  - Providers may choose to incorporate selected information into their EMRs

## Consumer Access to Clinical Information: PHR / PCHR Functions

- Id-Proofing – initial validation and ongoing Authentication Services – for all users
- NHIN Core Services<sup>1</sup> – for PHR to NHIN interoperability (e.g., ID crossmatching, document registration and lookup, query and response, audit trail)
- Translation Services<sup>1</sup> – from clinical to “laymen’s” language for clinically originated documents
- Access Consent Directive Service<sup>1</sup> – for managing/communicating a consumer’s permissions
- Physician List Lookup/Validation Service<sup>1</sup> – through nationwide registry of healthcare professionals
- Automated Data Import Service – option upon the receipt of a notification of new data availability

<sup>1</sup> Services may be provided within the PHR itself or via interface with one or more NHIEs or HIEs interfaced with an NHIE

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## Consumer Access to Clinical Information: NHIE Functions (PHR – NHIE, NHIE – NHIE)

- Id-Proofing Services – for initial validation and ongoing
- Authentication Services – for all users
- Intra-NHIN Core Services (e.g., ID crossmatch, document registration, lookup, query, response, audit)
- Inter-NHIE NHIN Core Services (e.g., ID crossmatch, document lookup, transmission, receipt, audit, exchange of Consumer Access Permissions)
- Access Consent Directives – for consumers associated with the NHIE and jurisdictional Overrides or Restrictions (NHIE, state, provider, public health)
- HIE / PHR Exchange – of Physician Lists and Access Consent Directives using NHIN standards

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## Consumer Access to Clinical Information: Many Technical Standards in Place (HITSP)

Standard	Title
HITSP IS03 V3	Consumer Empowerment and Access to Clinical Information via Networks
HITSP C32	Summary Documents Using HL7 Continuity of Care [CCD] Component
HITSP TP22	Patient ID Cross Referencing
HITSP T23	Patient Demographics
HITSP/T16	Consistent Time
HITSP/T17	Secure Communication Channel
HITSP/TP20	Access Control Transaction Package
HITSP/TP30	Manage Consent Directives Transaction Package
HITSP/C19	Entity Identity Assertion
HITSP/C26	Nonrepudiation of Origin Content

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## Consumer Access to Clinical Information: Potential Standards or Policy Challenges

- Standard needed for transfer of Provider Lists between PHRs so that vendors can avoid cost of developing multiple NHIE interfaces
- Standard needed for how consumers' Access Consent Directives should be represented and transferred between PHRs
- Standards needed for applying Access Consent Directives at the data element level, if bundled in document (e.g., results - HIV, pregnancy, etc.)

## Consumer Access to Clinical Information: Potential Standards or Policy Challenges

- Standards needed for accessing and managing potential conflicts in consumer permissions stored in various locations (PHRs, HIEs) and forms (electronic, paper)
- Standards needed for checking provider permissions for release of sensitive results that may require interpretation prior to consumer review (e.g., by document type or patient ID analogous to consumer Access Consent Directives)
- Standard for exchanging data with PHRs such as: audit trails, messaging, and requests for annotation and correction

## Review DRAFT Charter

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# Thank You