

**e-Health Initiative
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Averting the Collision: Privacy Doctrine & Health Information Exchange

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Dangers of Electronic Records

“Anything you do to make information more accessible for good, laudable purposes will simultaneously make it more accessible for evil, nefarious purposes”

- William A. Yasnoff, *New York Times*, 2/18/07 (p. 16)

Therefore, privacy is a much greater concern as more health records are electronic.

Consumers and Health Privacy

- Surveys of “information hiding”
 - 2006: 13% of consumers
 - 2007: 17% of consumers
- Consumers already control information in their records
- Without control, too many will opt out OR politically force system shut down
- Choices are today’s system or consumer control -- complete information without consent is not (and should not be) a viable option
- Patient control essential

HIPAA Does NOT Assure Privacy

- Information may be released **WITHOUT** consent for Treatment, Payment, or Operations (TPO)
- TPO is determined solely by holder of information
 - No notification to patient
 - No review or appeal of TPO decision
- No records of TPO disclosures required
 - No opportunity to review compliance
 - Trust without verification --> mistrust
- Privacy depends on good behavior of covered entities
 - No enforcement possible

PHR Privacy Assured by Federal ECPA Law

- ECPA = Electronic Communications Privacy Act of 1986 (U.S. Code Title 18, Part I, Chapter 121, § 2701-12)
- Applies to operators of publicly-available remote computing services (e.g. PHRs)
- Operator may not release any subscriber information to any private party without consent of the subscriber
 - No exceptions
- Does not apply to “non-public” systems
- Much stronger protection than HIPAA
- Extending HIPAA to PHRs would eliminate ECPA protection

Independent Privacy Certification is Needed

- Consumers need assurance that their privacy is protected
- Privacy policies difficult for consumers to understand
 - Monitoring for changes is impractical for consumers
- Certification addresses inherent conflict-of-interest between organization holding data and consumer
- Certification must be independent of data organizations
- Certification is information equivalent of financial auditing

Privacy Certification Process

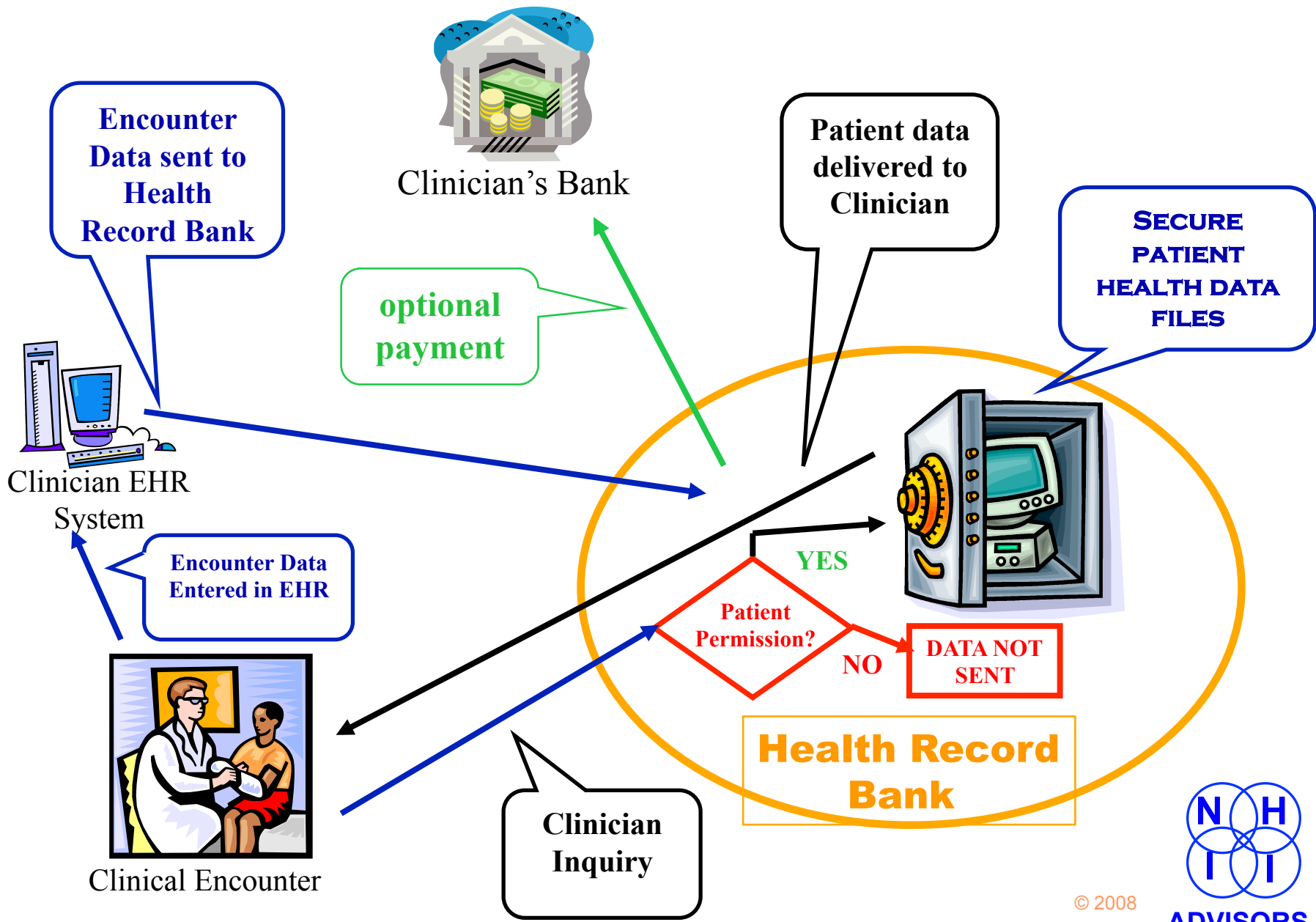
- Establish auditing criteria (focus on policy)
 - Clear privacy policy
 - All access requires consumer consent
 - Audit trails accessible to consumers
 - No targeting or profiling without consent
- Security is prerequisite
 - But not adequate to protect privacy
- Careful review of audit criteria
 - In operational environment
 - Cannot be applied to system “in the box”
- Independent evaluation of audit results
 - Avoids conflict of auditors and “auditees”
- Compliance monitoring & annual recertification



Health Record Banks (HRB) Can Protect Privacy

- Secure community-based repository of complete health records
- Access to records completely controlled by patients (or designee)
- “Electronic safe deposit boxes”
- Information about care deposited once when created
 - Required by HIPAA
- Allows EHR incentives to physicians to make outpatient records electronic
- Operation simple and inexpensive

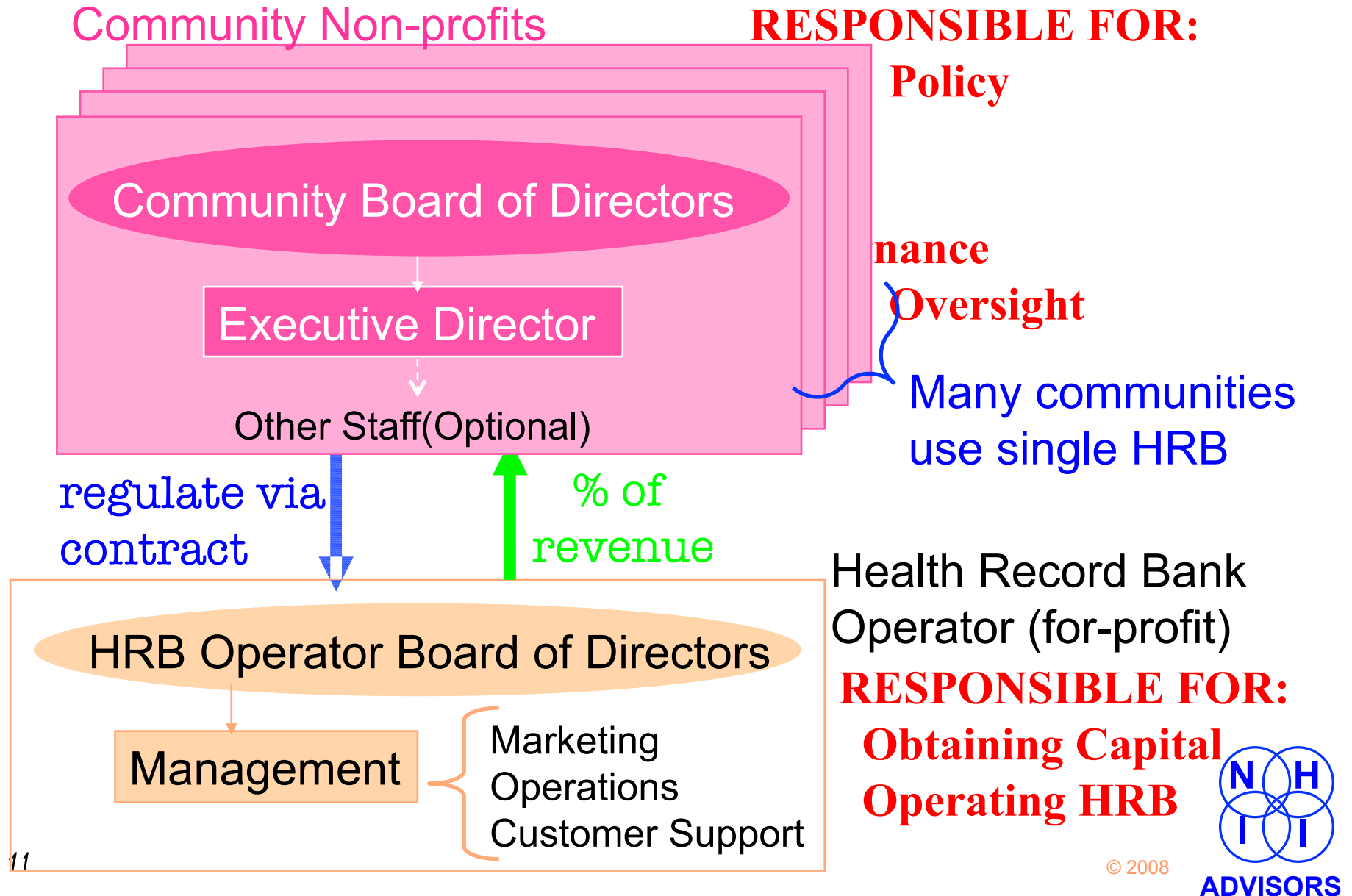
Health Record Bank Operation



HRB Rationale

- **Operationally simple**
 - Records immediately available
 - Deposit new records when created
 - Enables value-added services
 - Enables research queries
- **Patient control -->**
 - Trust & privacy
 - Stakeholder cooperation (HIPAA)
- **Low cost facilitates business model**
- **Creates EHR incentive options**
 - Pay for deposits
 - Provide Internet-accessible EHRs

Health Record Bank Organization



Questions?

For more information:

www.ehealthtrust.com

www.healthbanking.org

www.yasnoff.com

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