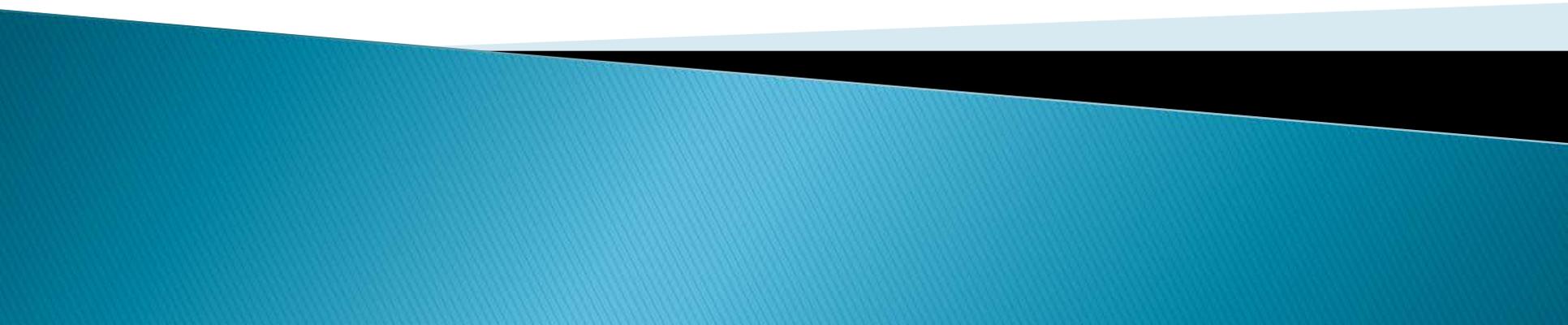


Overview of the IHE APPC project

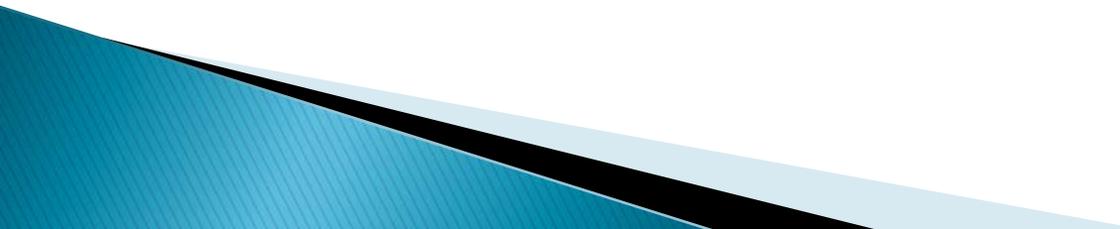
January 25, 2016

Harry Rhodes
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Outline

- ▶ Collaboration with Health IT Vendors
 - ▶ Approach
 - ▶ Activities Explained
 - Basic Patient Privacy Consents (BPPC)
 - Advanced Patient Privacy Consents (APPC)
- 

The ITI Planning Committee

The Information Technology Planning Committee:

- Developing and reviewing Integration Profile proposals
- Determining scope of development priorities
- Communication and coordination of development activities with other IHE domain
Developing educational materials in support of the ITI Domain

The ITI Technical Committee

The Information Technology Technical Committee:

- Assessing the feasibility and scope of development priorities
- Developing detailed documentation of approved Integration Profile proposals
- Developing and maintaining the IHE Technical Framework

These committees are composed of representatives of stakeholder organizations who are users or developers of healthcare IT systems and related infrastructure.

The committees are international in scope. All qualified stakeholders are invited to join.

Participation is open and voluntary, but in order to remain a voting committee member, participants must take part regularly in committee meetings and teleconferences and perform committee assignments.

AHIMA Collaborates with HIT Vendors

To address challenges with HIT adoption, in 2015, AHIMA joined the **Integrating the Healthcare Enterprise (IHE, www.ihe.net)**

IHE is an international collaborative of HIT vendors, professionals associations and governmental entities to develop interoperability standards in healthcare to improve the quality, value, and safety of healthcare by enabling rapid, scalable, and secure access to health information at the point of care.

IHE engages public and private entities to develop, test, implement, and use standards-based solutions for all health information needs.

IHE Participants

Leadership



Implementer



Supporter



Organizational Participants



Participants as of 11/20/06

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Integrating the Healthcare Enterprise (IHE). URL: www.ihe.net

Outline

- ▶ Collaboration with Health IT Vendors
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 - ▶ Activities Explained
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- 

Advanced Patient Privacy Consents

Co-Chairs:

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The Proposal

- ▶ Introduce a new kind of consent document
 - Clearly defined document structure (like BPPC)
 - Transport binding at least for XDS (like BPPC)
 - Must include a structured policy representation
 - Few restrictions on the content of the policies
 - Provide a common vocabulary for referencing IHE defined concepts (like XDS metadata or XUA attributes) in policies
 - Should „play well“ with XDS, XUA/SAML, existing BPPC implementations, HL7 Consent Directives, IHE Secure Retrieve and other OASIS XACML-based approaches
- ▶ As stated in volume 1:
“Future profiles may include in addition to the legal text, a structured and coded expression of the consent policy that can be used to support even more dynamic understanding of the patient's directives (see HL7 and OASIS).”

Outline

- ▶ The Need
- ▶ Collaboration with Health IT Vendors
- ▶ Approach
- ▶ **Activities Explained**
 - **Basic Patient Privacy Consents (BPPC)**
 - **Advanced Patient Privacy Consents (APPC)**

The Problem

- ▶ privacy policies governing healthcare data exchanges become more complex
 - exchanges become more sophisticated, handle more types of data
 - patients demand more control in exchange for handing over more of their electronic healthcare data
 - Increasingly exchanges include PHI with special legal rules attached to it (e.g. substance abuse and mental health data)
- ▶ IHE BPPC works well when acknowledging basic policies
- ▶ Healthcare data exchanges need an interoperable way to communicate more complex patient consent

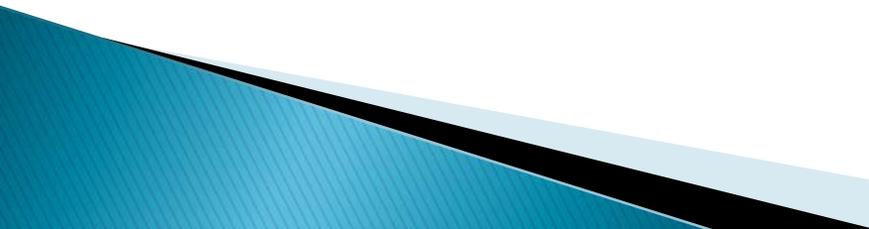
The Problem

- ▶ Existing IHE BPPC profiles do not include a structured representation of the privacy consent policy.
 - ▶ Privacy-sensitive patients, organizational policies and legal regulations often demand that patients be given considerable flexibility as to what data is accessible to which participants.
 - ▶ Agreeing on a common format, vocabulary and transport mechanisms for an enhanced consent would significantly reduce security-related interoperability costs.
 - ▶ The patient's specific choices (e.g. which organizations to grant access to) could then be included in a structured policy representation as part of the new Enhanced Patient Privacy Consent document.
- 

APPC builds off of BPPC Profile

Basic Patient Privacy Consents (BPPC) profile

Provides a mechanism to record the patient privacy consent(s), a method to mark documents published to XDS with the patient privacy consent that was used to authorize the publication, and a method for XDS Consumers to use to enforce the privacy consent appropriate to the use.



Basic Patient Privacy Consents (BPPC)

BPPC profile provide mechanisms to:

- Record the patient privacy consent(s),
- Enforce the privacy consent appropriate to the use.

Use Cases

Case 1: *Facility-specific consent*

- ▶ Patient P will soon be treated at facility F
- ▶ P signs a consent before transfer
- ▶ Consent document grants „full PHI access“ to doctors at facility F
- ▶ Affinity domain defines access levels and manages facility list (e.g. via HPD*)
 - Examples for other access levels: „normal confidentiality documents“, „summaries only“, „demographics and encounters only“
 - Access levels could be seen as base policies, the proposed structured policy representation would reference them and add the facility constraint
- ▶ Currently requires pre-arranging 1 policy per access level for each facility

*HPD–Healthcare Provider Directory

Use Cases

Case 2: *Consent for an episode of care*

- ▶ A care nurse creates a care team to treat Patient P's forearm fracture
- ▶ at the beginning of his treatment P signs a consent for this episode of care
- ▶ Consent document grants read and write access to documents linked to a folder with folder code S52 (ICD10) to three identified healthcare providers
- ▶ Affinity domain defines limits of read and write access and manages facility list (e.g. via HPD)
 - E.g. does read access include submission sets?
 - In this case there is one base policy, the proposed structured policy representation would reference it and add the folder code and the selected provider constraint
- ▶ Currently requires pre-arranging 1 policy per supported folder code for each provider (assumes multiple policies per consent document)

Further Use Cases

Enable policies that limit access based on ...

3. a provider „blacklist“
 - Example: The patient P's nosy cousin C works at hospital H. P wants to grant access to H's doctors, with the exception of C
4. document author or source system
 - Example: All documents are sent to the HIE, but documents from facility F are only shared with users from other facilities if the patient signed a consent (or waiver)
5. document metadata (e.g. Unique ID, ClassCode, PracticeSettingCode, ...)
 - Example: A Patient Portal allows the patient to „hide“ specific documents or types of data, like all dermatology documents
6. the user's home community ID, purpose of use, roles
 - Example: The patient signs a consent to grant cross-community access for their state HIE data to a specific health system that runs their own exchange – but only if the recipient is a doctor and the data is used for treatment

Possible Consent Document Structure

XDS Metadata
Enhanced Consent
Document

Structured and Coded CDA Header
Patient, Author, Authenticator,
Institution

CDA Body
Human-readable Consent Details

**Structured and Coded Policy
Representation**
Access rights or restrictions, References
to one or more base policies

Level of Commitment

Bi-weekly WebEx Conference calls on Tuesday mornings

From 8:00 AM to 9:30 AM Central Time,

Beginning December 1, 2015 and running through July 26, 2016

All face-to-face meetings are WebEx supported



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