CONNECTING FOR HEALTH
COMMON FRAMEWORK

Resources for Implementing Private and Secure Health Information Exchange

Connecting Consumers to a Health Information Exchange: How Do Personal Health Records Fit?

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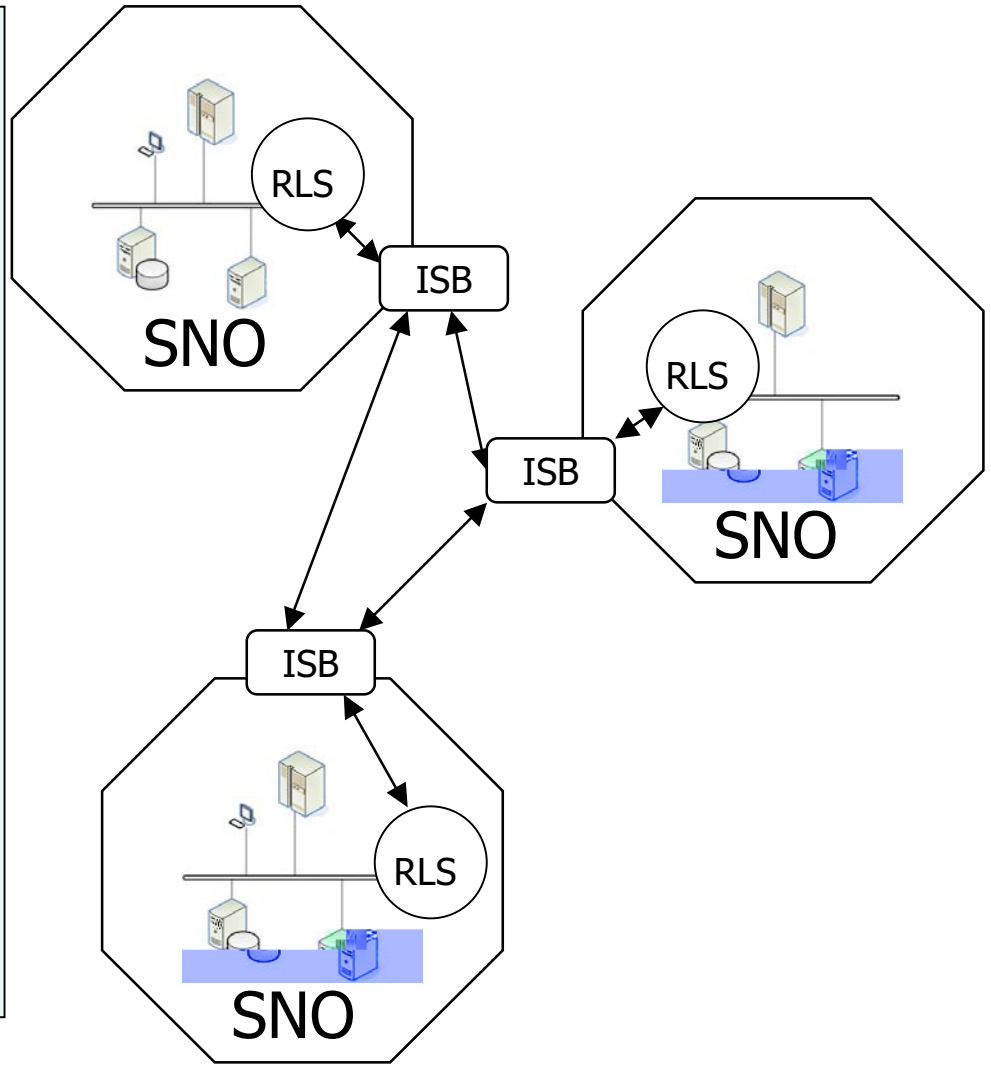
Connecting for Health Approach

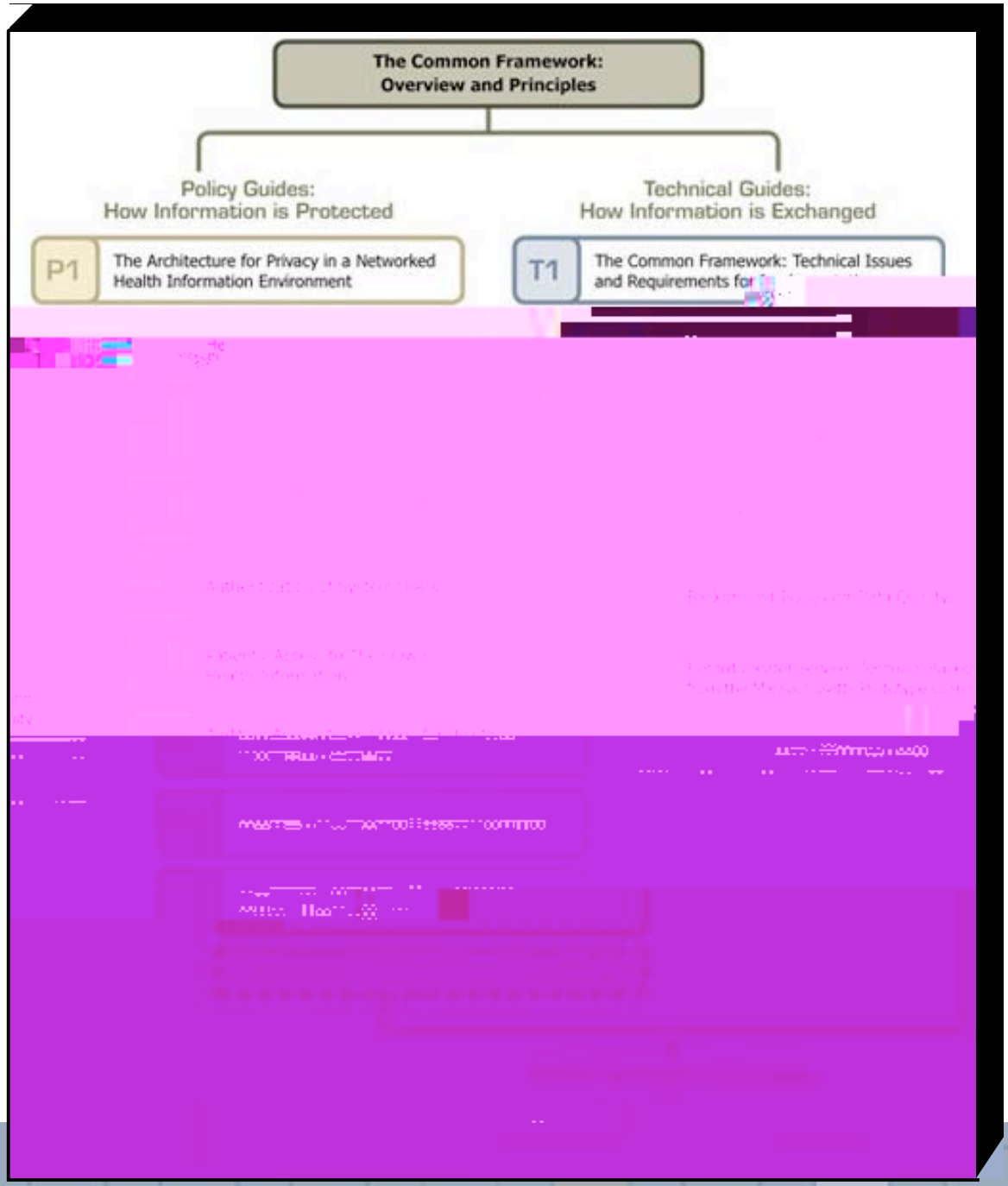
Architecture *is* Policy

("code is law")

NHIN: Network of Networks

- A Sub-Network Organization (SNO):
  - Implements the Common Framework
  - Runs a Record Locator Service (RLS) Internally
  - Provides an Inter-SNO Bridge for All External Traffic




The Common Framework:
Overview and Principles
Policy Guides:
How Information is Protected
Technical Guides:
How Information is Exchanged
P1
The Architecture for Privacy in a Networked Health Information Environment
T1
The Common Framework: Technical Issues and Requirements for

Connecting for Health and Personal Health Records – *A networked view*

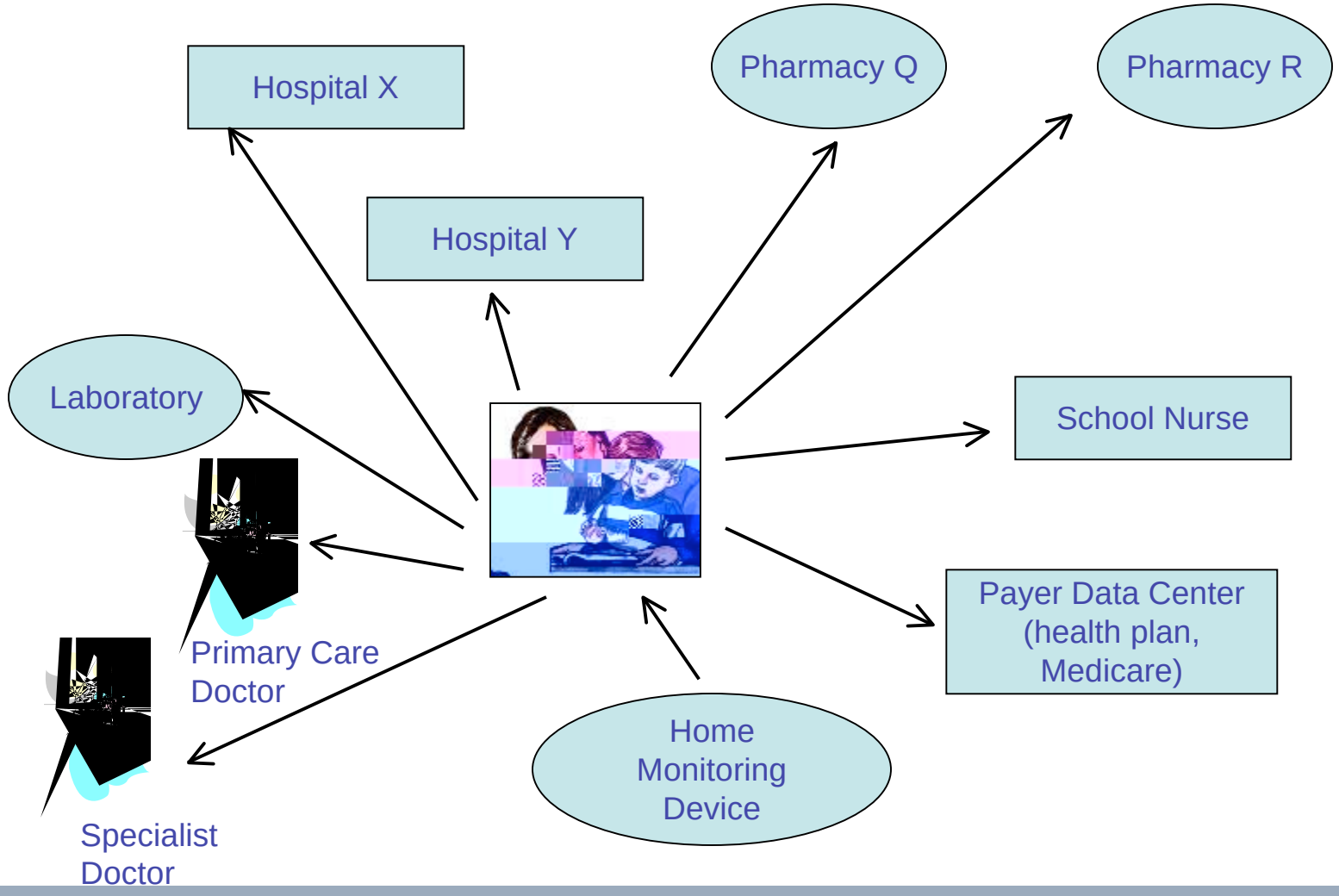
The many flavors of PHR – c. 2007

1. Institutional / IDN provider portal
2. Individual provider portal
3. Untethered – USB, desktop, PDA
4. Populated from claims data
5. Population oriented
6. Condition oriented
7. Service oriented

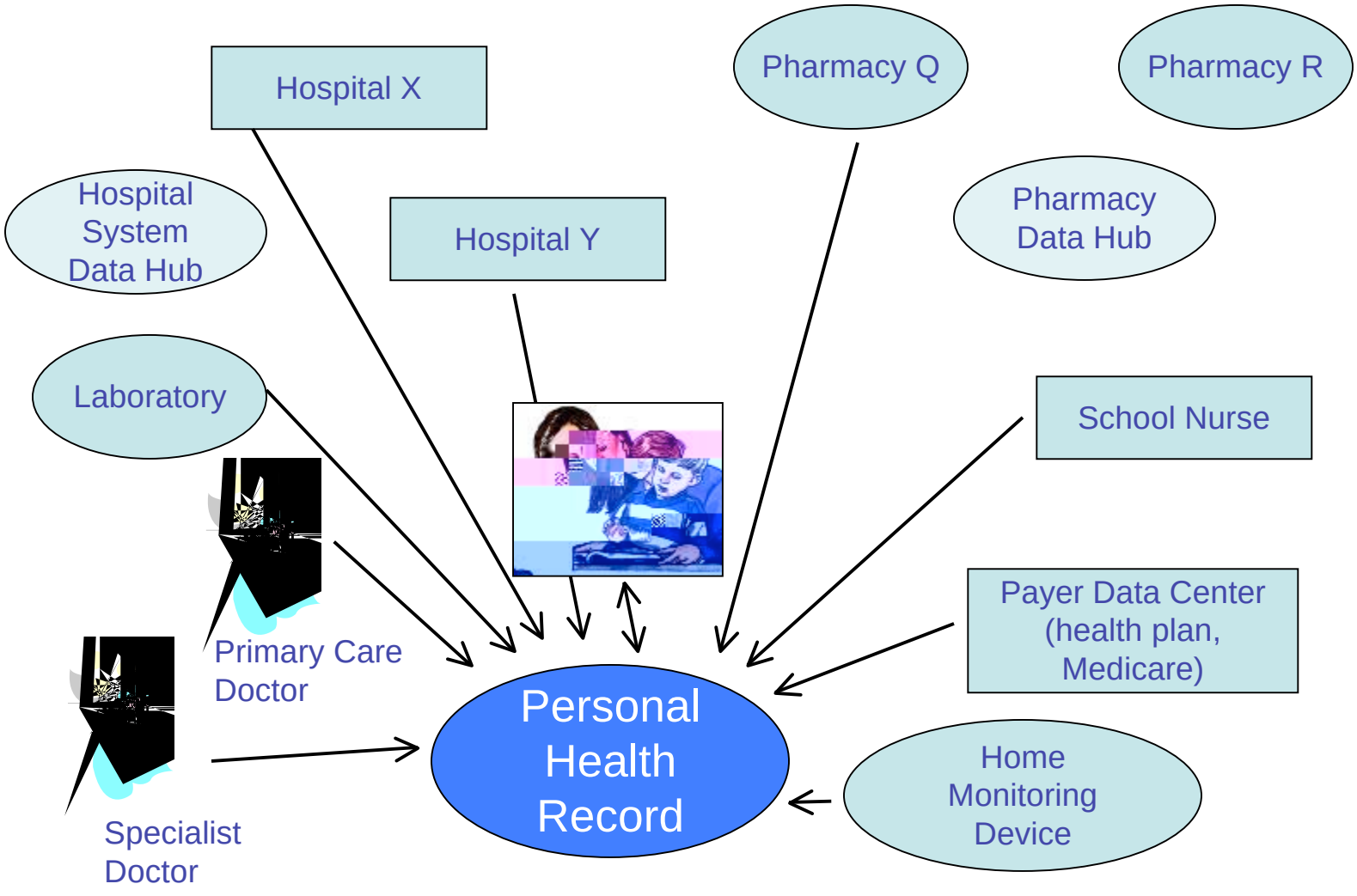
What do we know about adoption and use?

- Provider portals reach 15-20% of patients to whom offered
  - Computer skilled
  - High users (visits, meds)
- Most other approaches with small uptake, except incentivized (e.g., IBM - $150)
- Transactions heavily used
- Specialized products seem to have more user interest

The reality…


Hospital X
Pharmacy Q
Pharmacy R
Hospital Y
Laboratory
School Nurse
Payer Data Center (health plan, Medicare)
Primary Care Doctor
Home Monitoring Device
Specialist Doctor

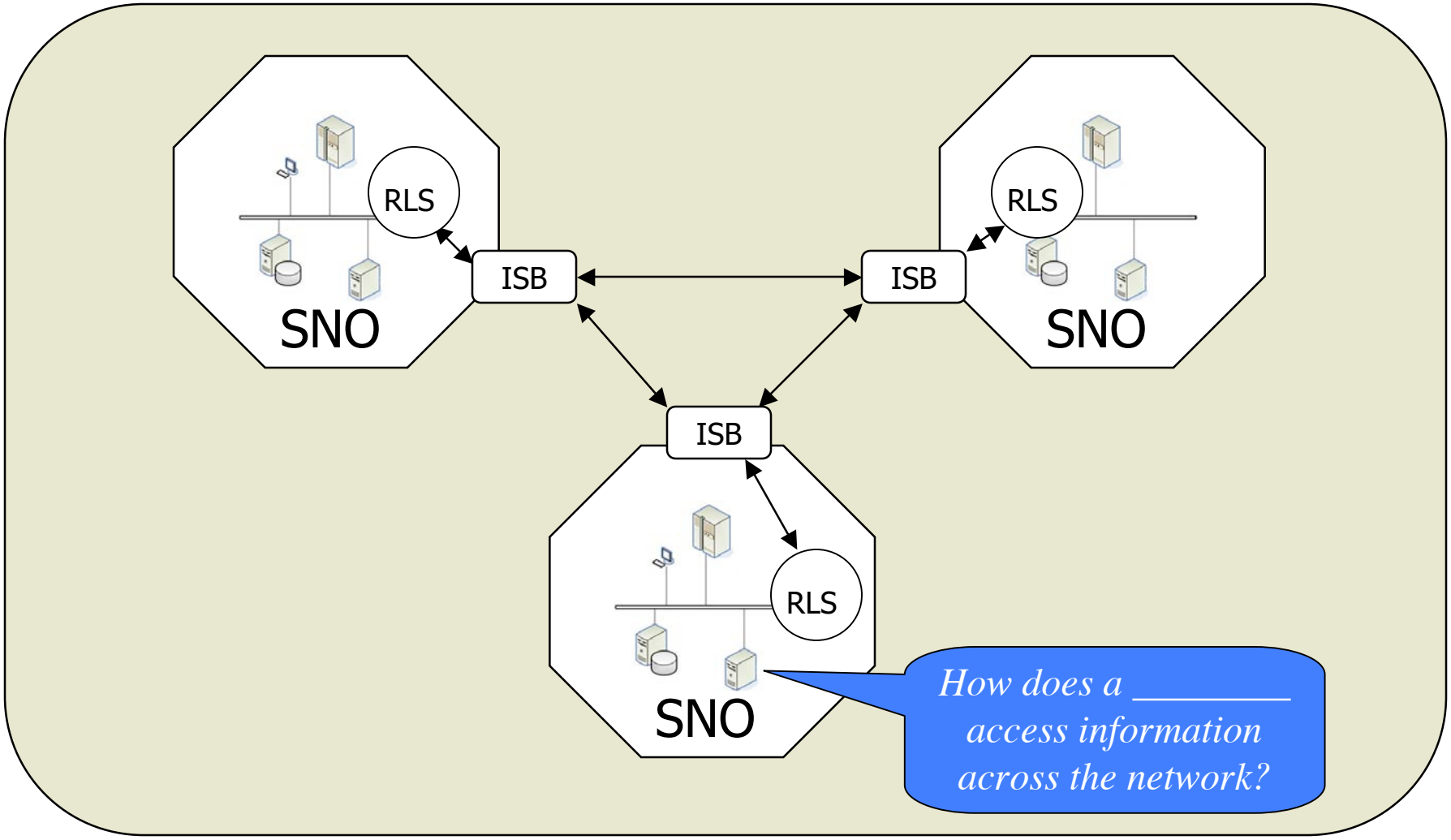
The Networked PHR



Are we headed for integration or just more silos?

Creating a networked PHR environment that achieves sustainable consumer confidence

Common Framework architecture

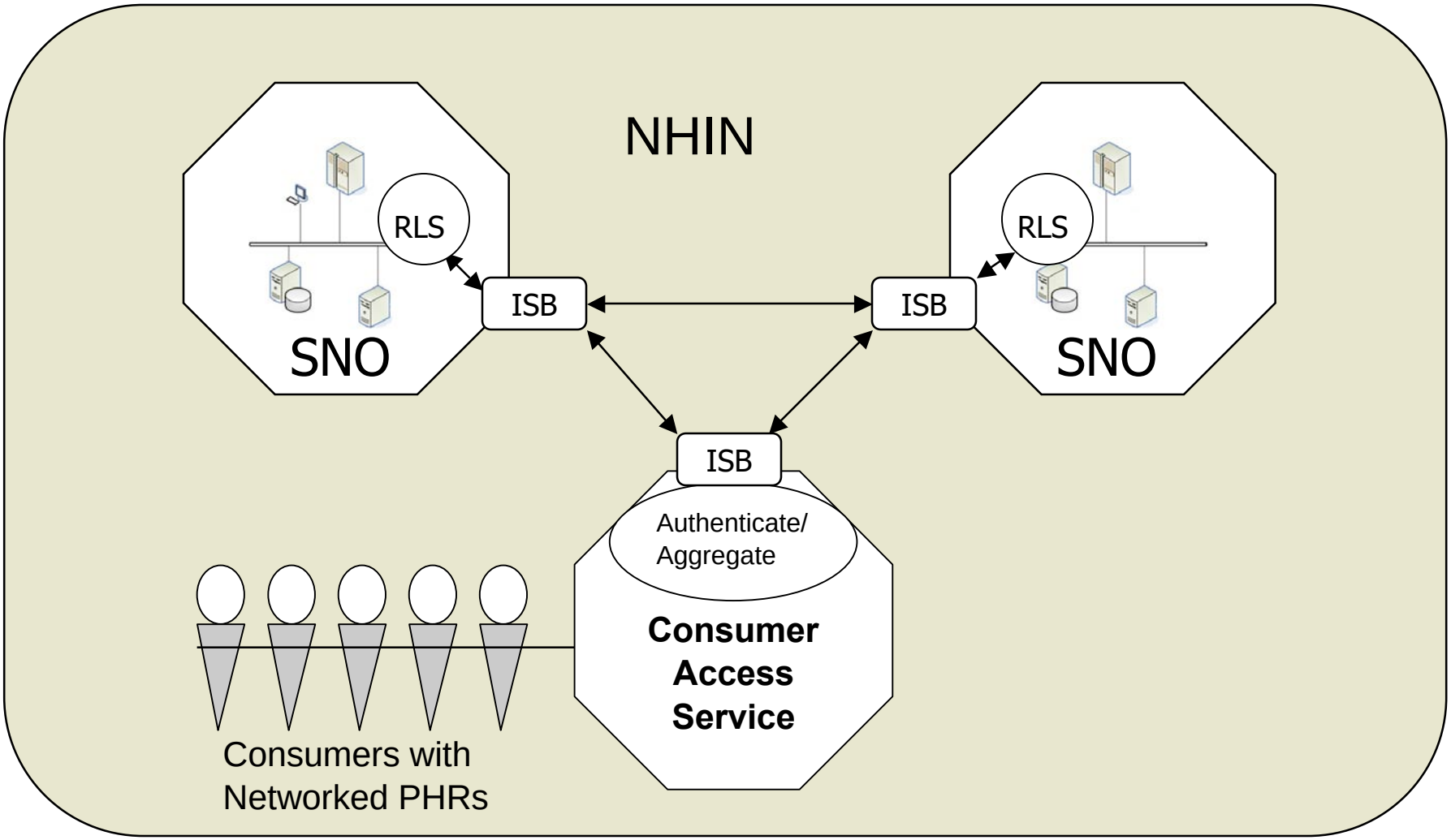


Individual Consumers Will Need Mediating Bodies to Facilitate Their Access to the Network

Functions:

- Distribute services to populations of consumers.
- Issue individuals' identity credentials and "vouch" for them as network users.
- Help consumers access and aggregate their personal health data and connect with various services.
- Assure that network-wide policies (e.g., privacy and information practices) are followed.

Consumer Access Services



Potential Sponsors of Consumer Access Services

- Affinity groups (e.g., AARP, labor unions)
- "Retail" PHR providers (e.g., WebMD, Intuit, Medem)
- Consumer portals (e.g., Google, Yahoo)
- Data clearinghouses (e.g., SureScripts)
- Retail pharmacies (e.g., Walgreens, Wal-Mart)
- Health plans (e.g., AHIP, BCBS)
- Provider organizations (e.g., VA, Kaiser Permanente)

Statement	% Absolute Top Priority
The identity of anyone using the system would be carefully confirmed to prevent any unauthorized access or any cases of mistaken identity.	
Only with an individual's permission cou	
Employers would NOT have access to the secure health information exchange networks.	

Keys to Success?

- Defining a Consumer Access Service that is trusted by consumers.
- Defining a Consumer Access Service that is trusted by other participants on the network.
- Determining minimum necessary privacy and security policies and practices.

Needed policy framework for CAS

- Does HIPAA address privacy and security concerns?
- Authentication
- Authorization
- Consent and notification
- Consumer control of information sharing, including audit
- Rules for secondary use, data mining
- Consumer annotations and edits to their data
- Data management systems
- Governance, transparency, remedies

Federal PHR Directions

- Congress:
  - Patrick Kennedy bill: $3 incentive to physicians for each patient who uses PHR
  - Brownback bill: to create Health Record Trusts
  - (both extend HIPAA to orgs handling personal health information)
  -

Road to a Networked PHR

- High public interest in PHR features and services coupled with concern about privacy
- Many significant offerings in the works, with risk of creating new information silos
- All will face common challenges accessing data across the "network":
  - Standards issues
  - Architecture issues
  - Policy issues
- A common policy and technical framework will be essential to achieved "networked" personal health record