



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?

*Redwood Health Information Collaborative
April 18, 2007*

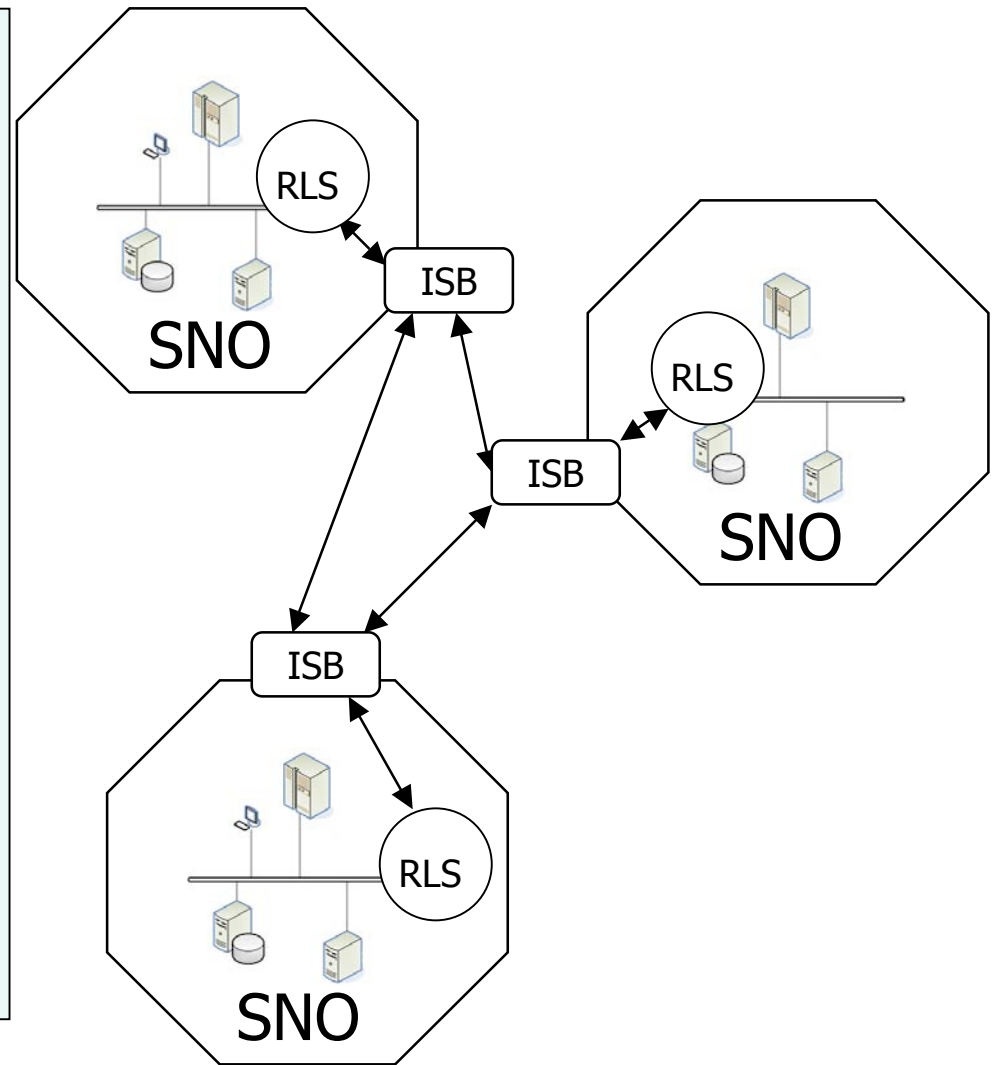
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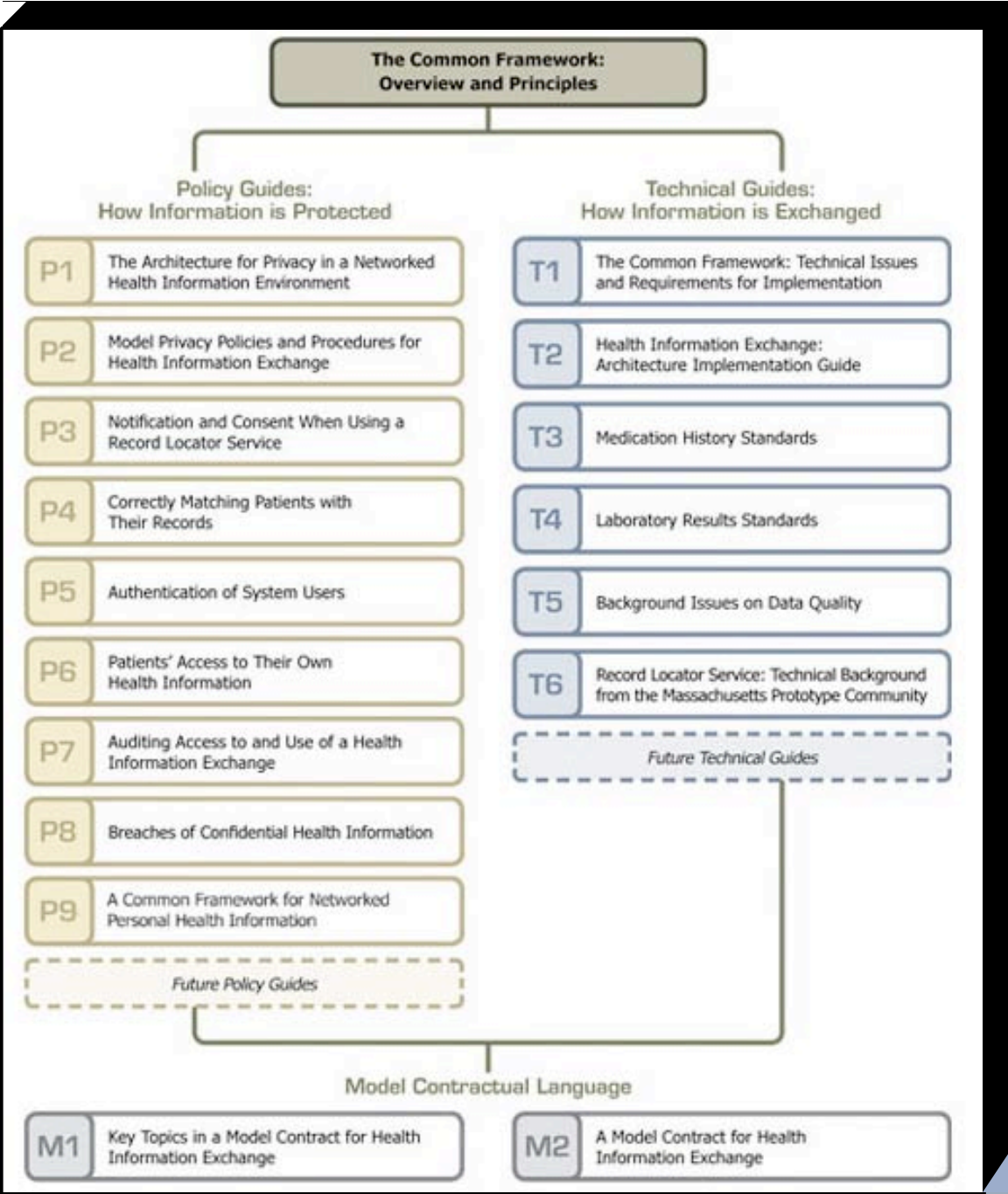
Connecting for Health Approach

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





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

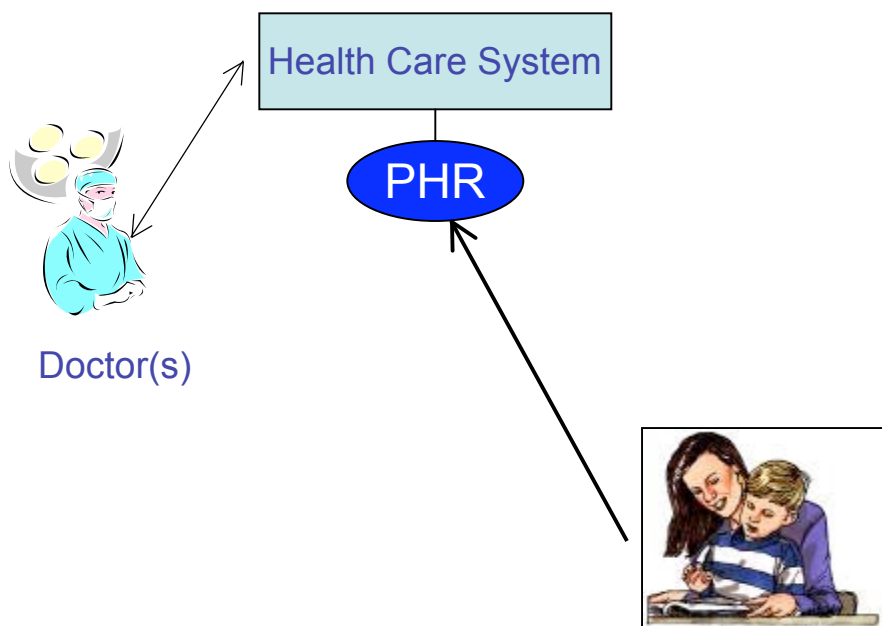
The many flavors of PHR - c. 2007

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

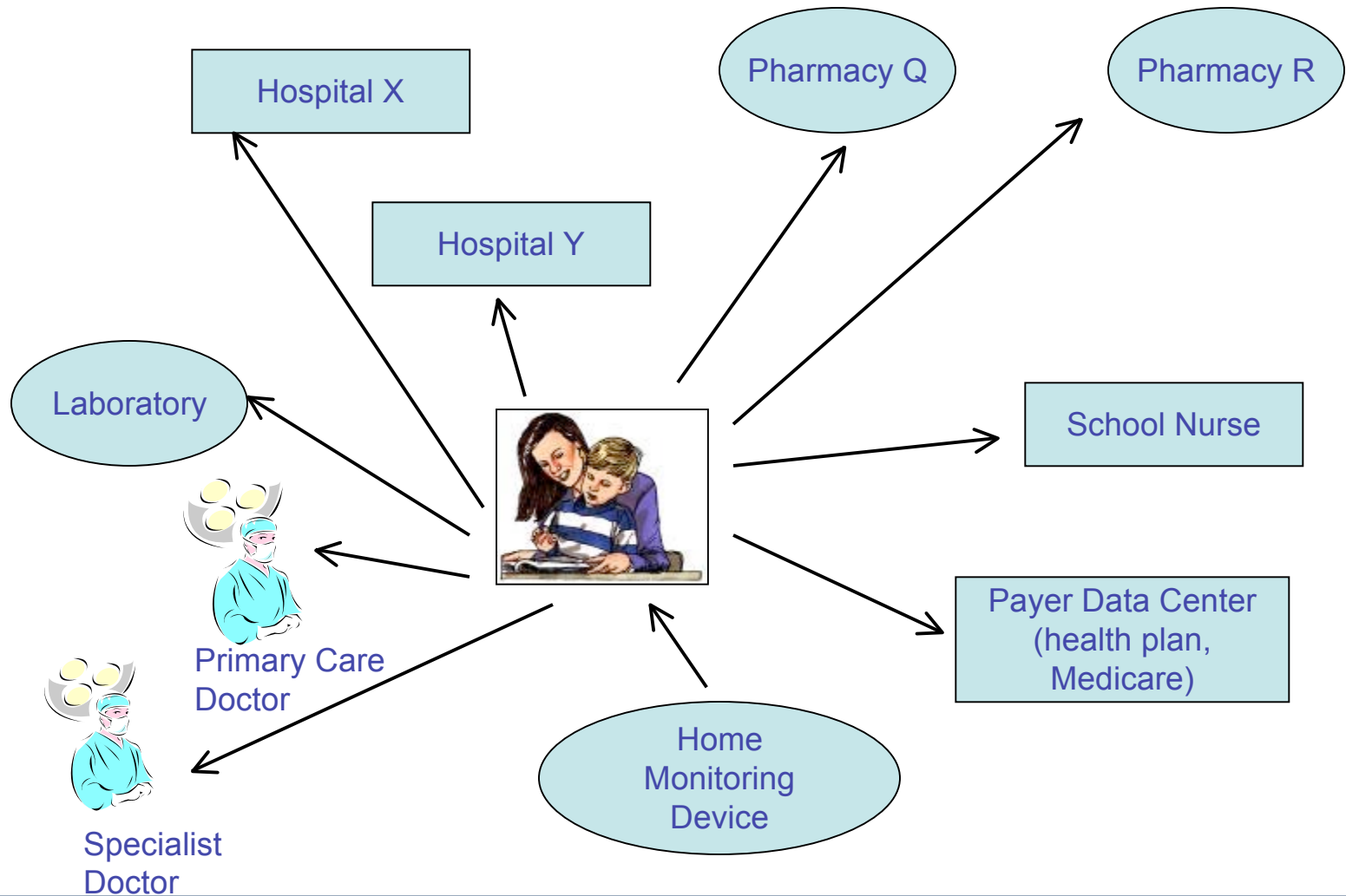
What do we know about adoption and use?

- 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

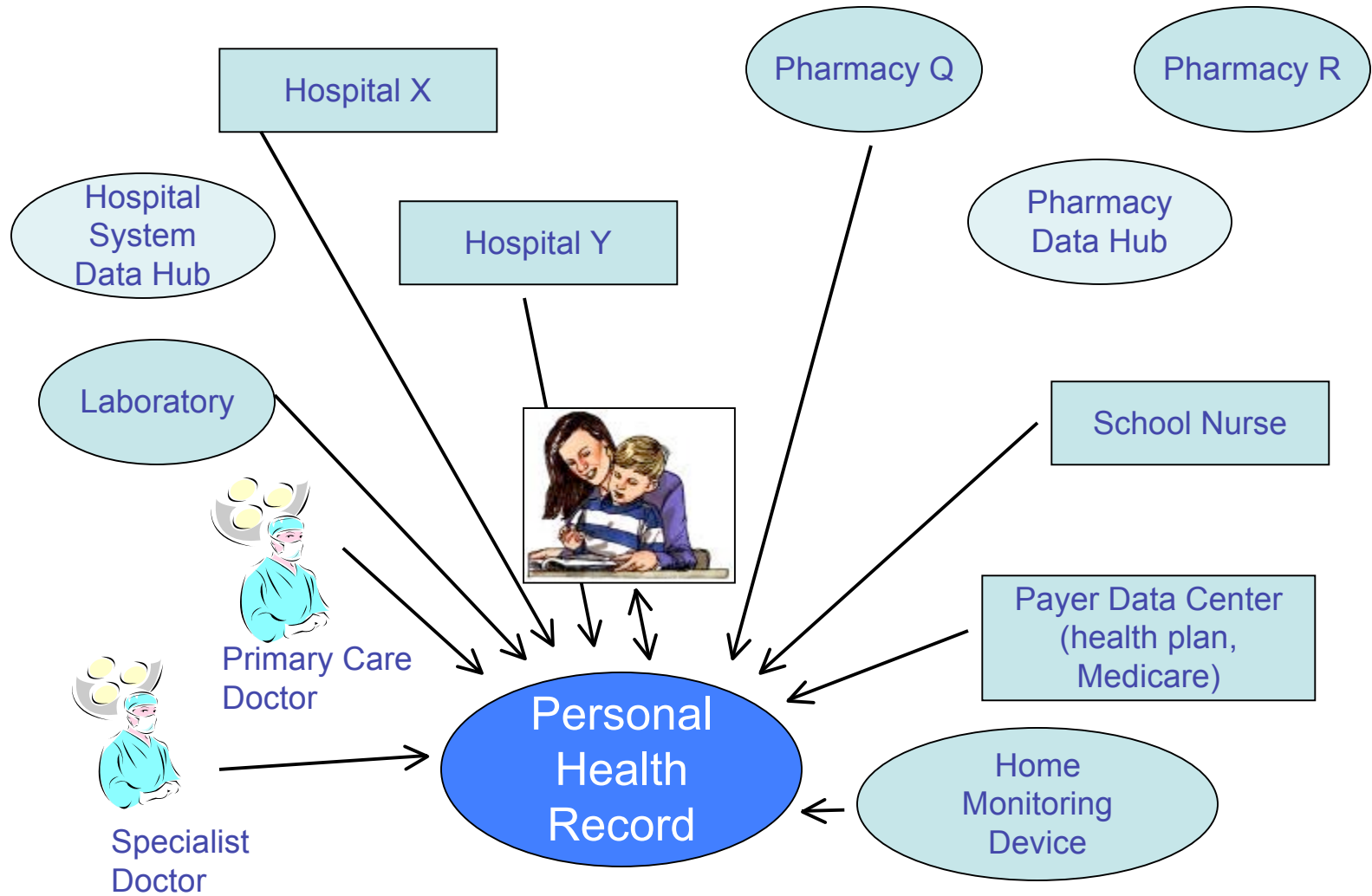
The simple case



The reality...



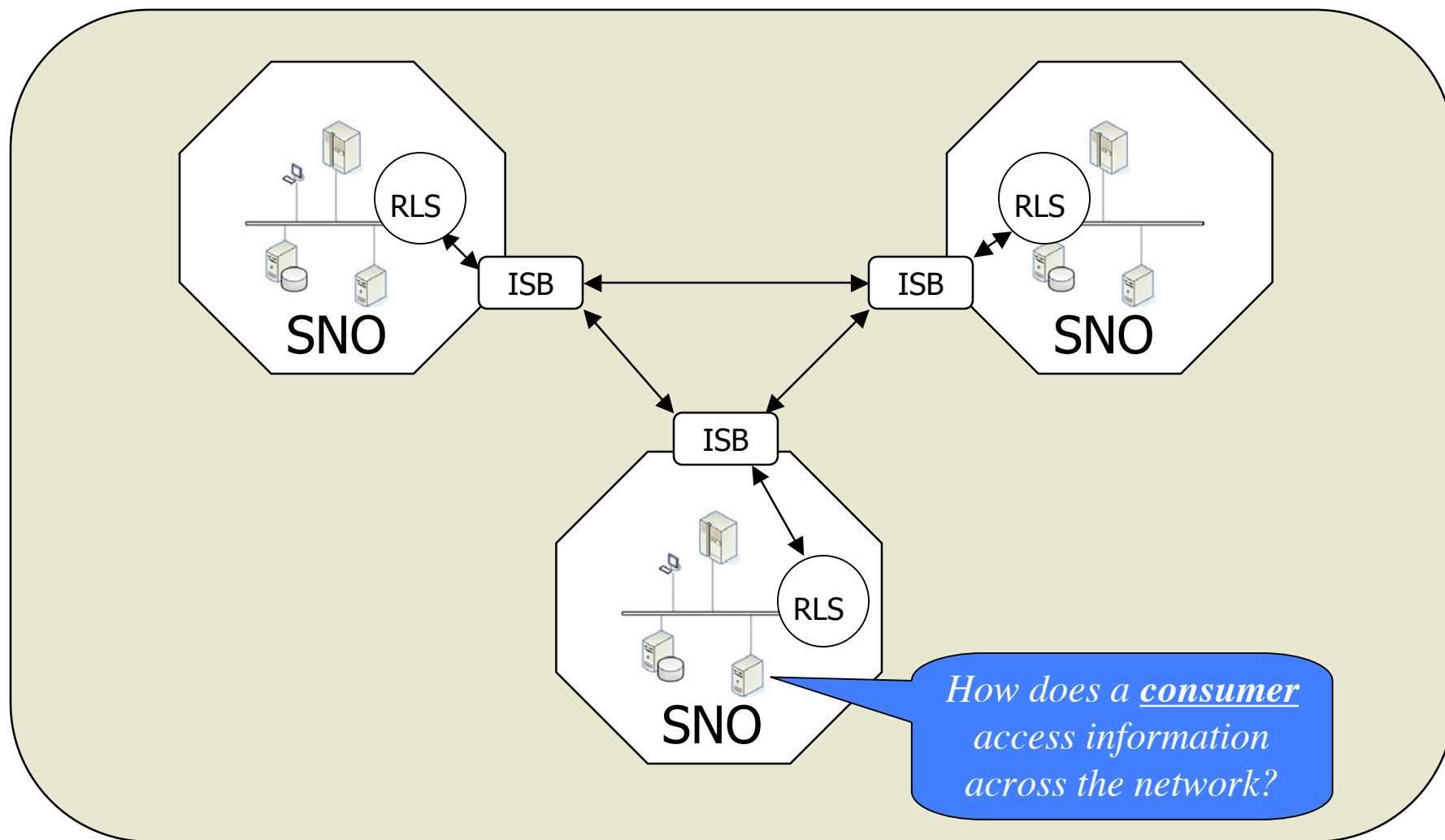
The Networked PHR



**Are we headed for integration or just
more silos?**

*Creating a networked PHR
environment that achieves
sustainable consumer confidence*

Common Framework architecture

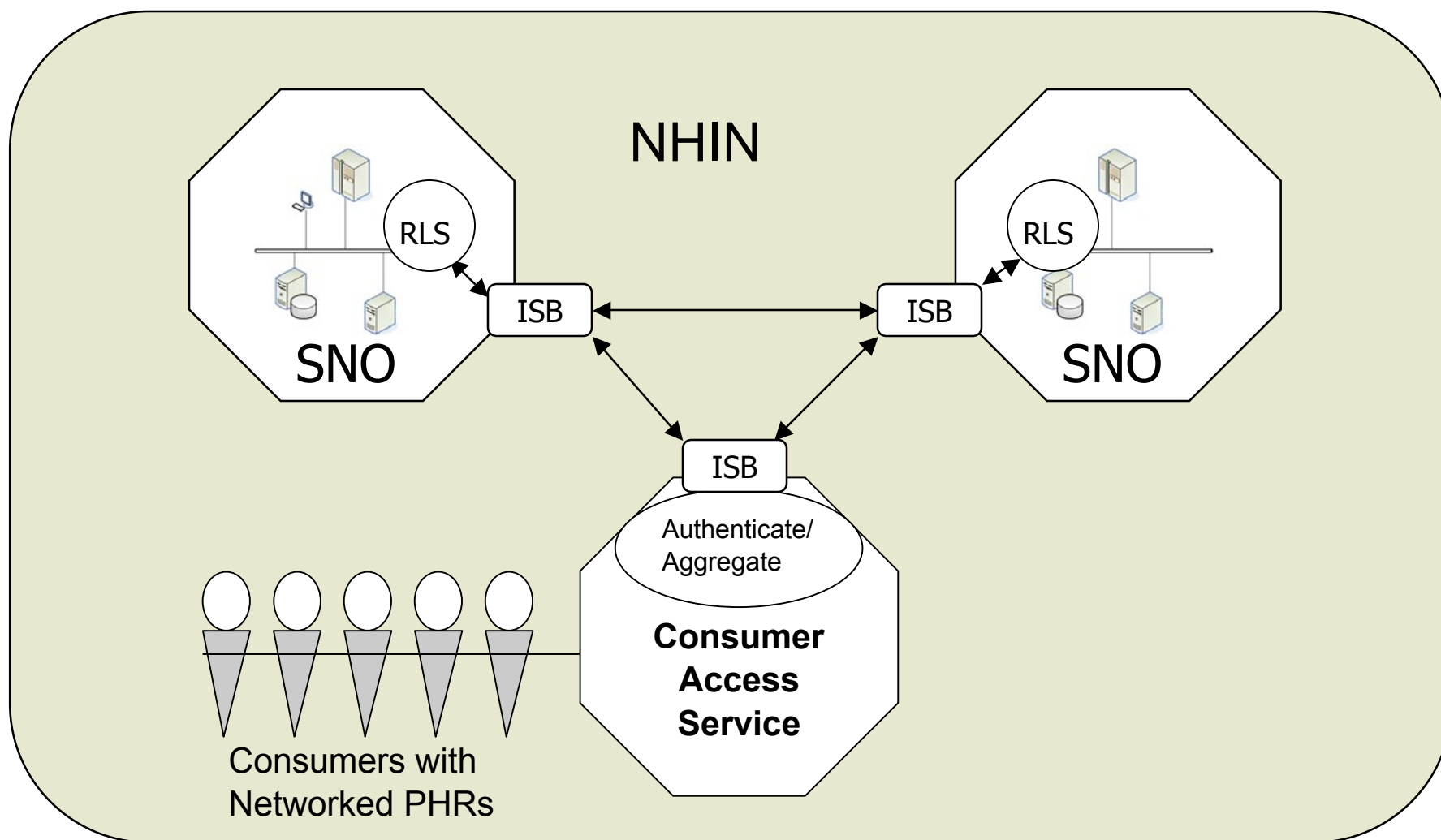


Individual Consumers Will Need Mediating Bodies to Facilitate Their Access to the Network

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)

Despite these high levels of support for health information technology, keeping electronic medical information private and secure remains chief consumer concerns.

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.	91%
An individual would be able to review who has had access to their personal health information.	81%
Only with an individual's permission could their medical information be shared through this network.	79%
Employers would NOT have access to the secure health information exchange networks.	68%

I am going to read you different attributes that could be part of this exchange or network and I would like you to rate the importance of each. As you respond, please keep in mind that not every attribute can be a top priority.

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)
 - Carper bill: to require plans serving federal employees to offer PHR
- Administration:
 - AHIC Use Cases, standards, policies (CPS/CEW)
 - CCHIT certification of PHRs
 - CMS pilot project
 - My health eVet
 - DoD, IHS, etc....
- Other big plays:
 - AHIP/BCBS
 - Google
 - Dossia
 - Intuit, Microsoft, etc.

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