

Current and Emerging Models of Health Information Exchange

Potential Privacy, Security and Legal Issues

In analyzing current and emerging models of health information exchange (HIE), a number of issues have been identified as potential privacy, security, and/or legal barriers to exchange. Some of the issues are barriers because there is variation in the policies and practices of health care providers. That is, health care providers do functions differently and in ways that are not readily compatible. Other barriers exist due to the existing legal/regulatory framework associated with the exchange of information.

The following list of potential issues has been generated from a variety of sources, including from discussions in the Variations Work Group. Although we have tried to identify as many potential issues as possible, please be aware that there may be issues not included in the list. This list of issues is intended to serve as a tool to help the Legal Work Group analyze current and emerging models of HIE.

As you review the attached models for HIE, please use this list to help identify and describe issues that would be a barrier or concern in trying to implement the particular model for HIE.

Potential Privacy, Security and Legal Issues

- Consent
 - Inclusion of information in Record Locator System
 - Notice of a provider's participation in the health information network
 - General consent to disclose health information to other providers
 - Specific consent to disclose specific health information to specified providers
 - Specific types of records (e.g., substance abuse treatment)
 - Patient requested restrictions (e.g., limits on type of provider)
 - Electronic signatures

- Authorized User Identification and Credentialing
 - Managing user identity
 - Authentication methods
 - Defining role-based access
 - Provider credentialing

- Security Considerations
 - User Training
 - Maintaining Access Controls
 - Auditing and monitoring access and disclosures
 - Record Locator Service
 - Provider-to-provider disclosures for treatment
 - Transmission security

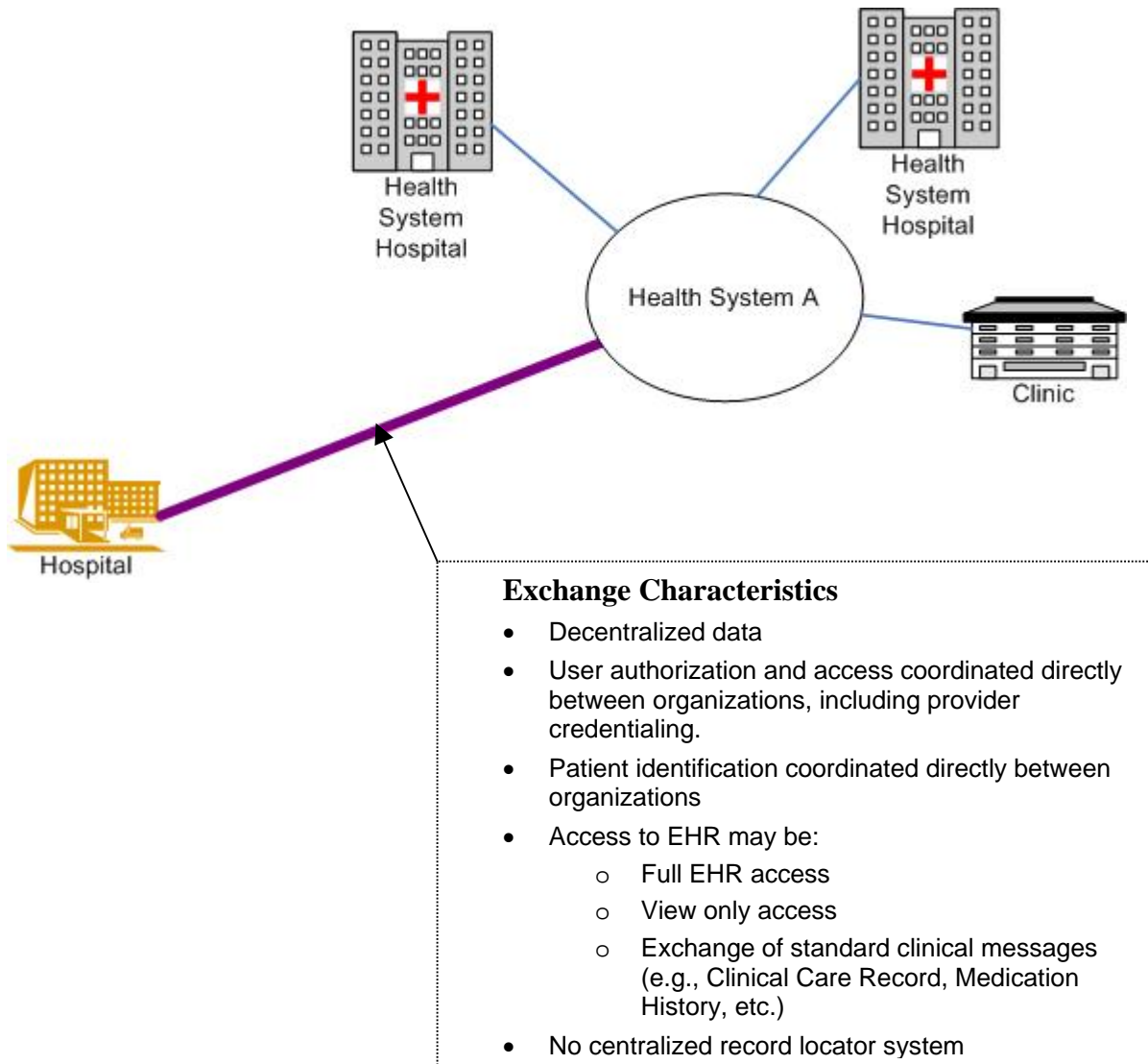
- Oversight and Accountability
 - Providers using the health information network for uses other than treatment or operations (i.e., inappropriately)
 - Data integrity – accurate, complete and current

- Patient Rights
 - Notice of a provider’s participation in the health information network
 - Patient restrictions on use and disclosure
 - Patients right to access health information
 - Designated record set issues
 - Patient notification for breaches of health information
 - Record Locator Service
 - Provider system breach through the health information network

A Current Model of Health Information Exchange

Direct Peer-to-Peer Exchange

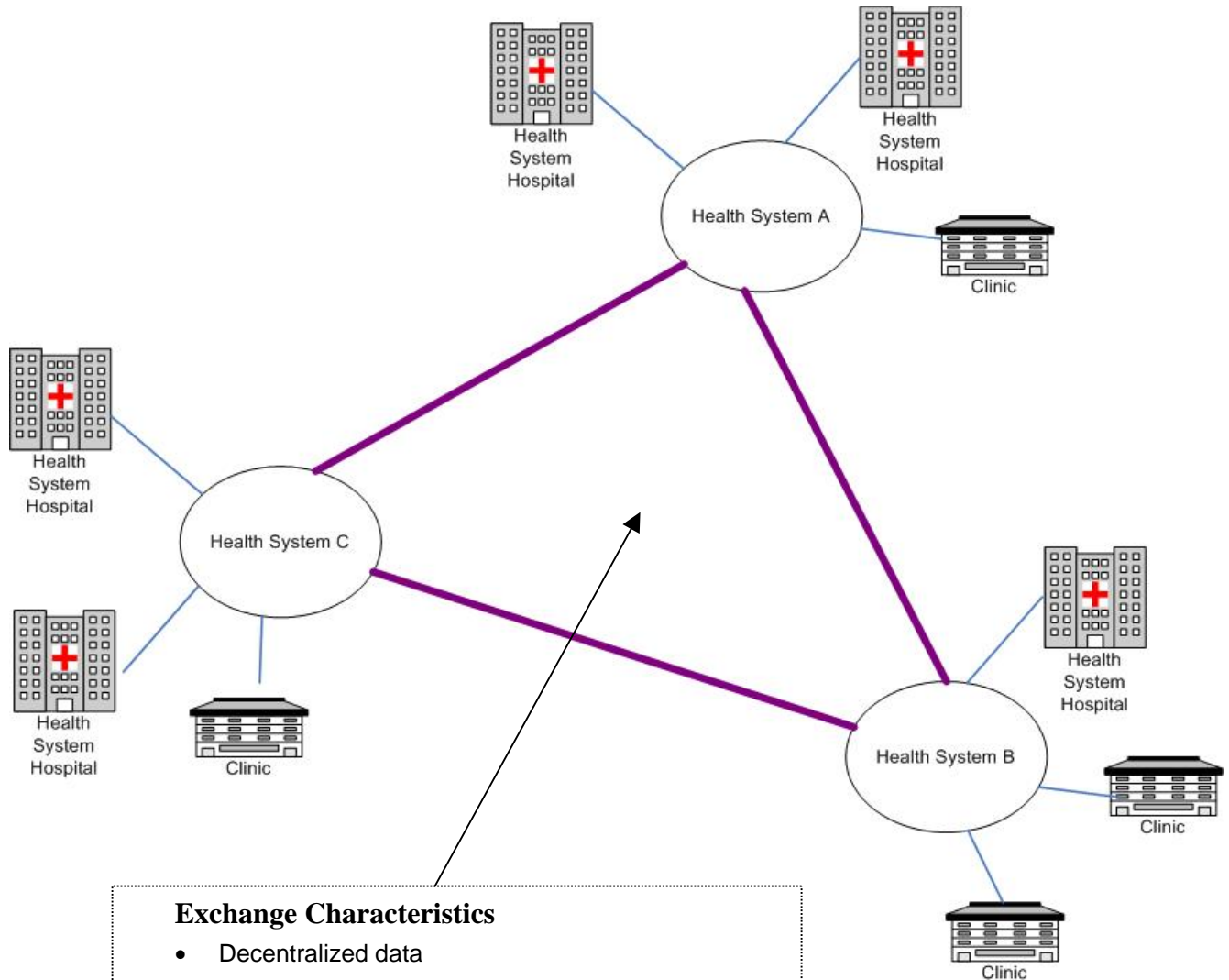
(Health System A and Community Hospital)



A Current Model of Health Information Exchange

Direct Peer-to-Peer Exchange

(Health System A, Health System B and Health System C)



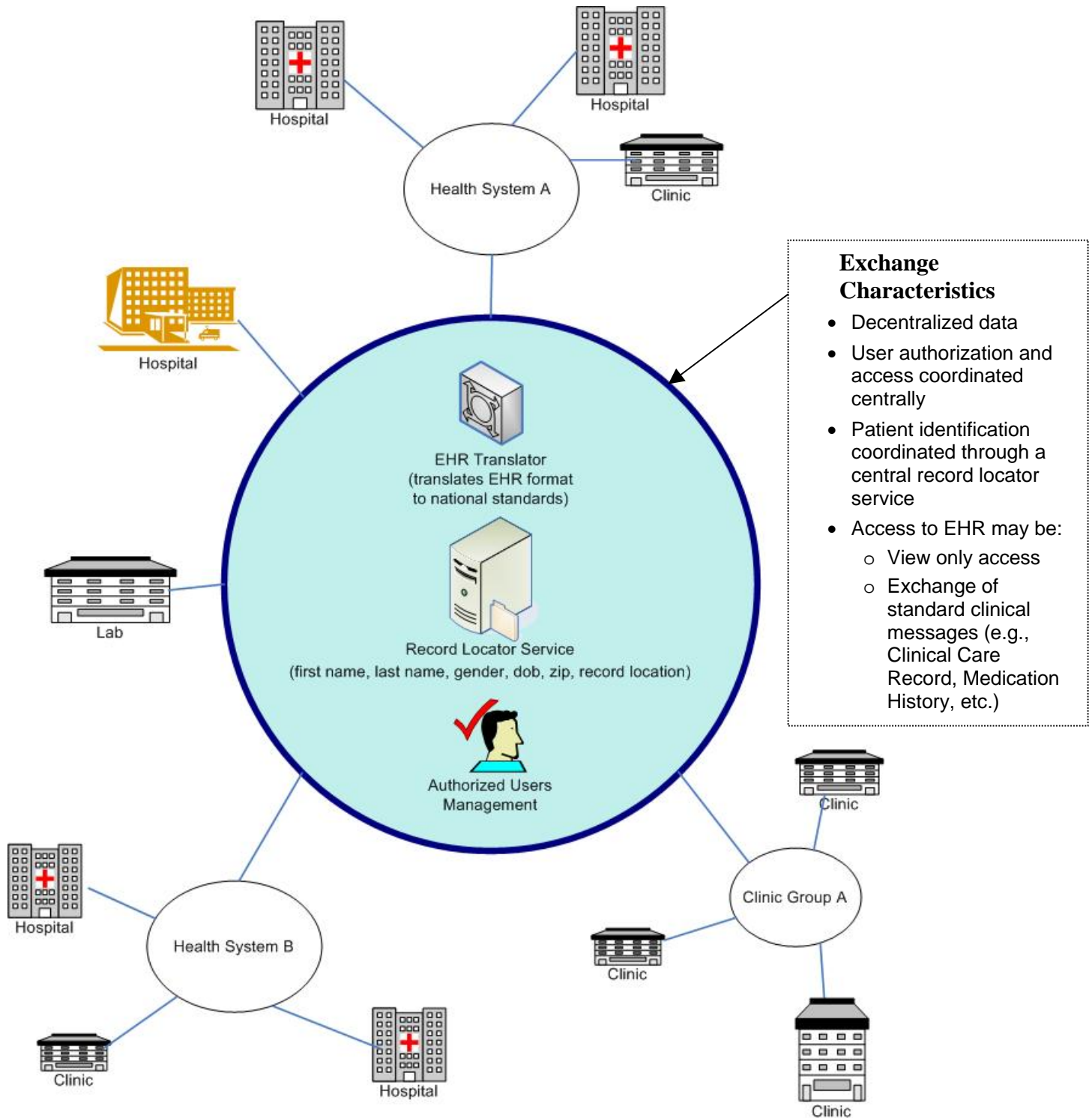
Exchange Characteristics

- Decentralized data
- User authorization and access coordinated directly between organizations
- Patient identification coordinated directly between organizations
- Access to EHR may be:
 - Full EHR access
 - View only access
 - Exchange of standard clinical messages (e.g., Clinical Care Record, Medication History, etc.)
- No centralized record locator system

A Emerging Model of Health Information Exchange

Direct Peer-to-Peer Exchange with Centralized Administration

(Many Health Systems, Provider Groups, Labs, and Other Providers)



A Current Model of Health Information Exchange

Health Information Network to Health Information Network Exchange

