

Excerpt from the Interim Solutions Report for the Ohio Health Information Security and Privacy Collaboration.

SUMMARY OF ALL SOLUTIONS:

A. Solutions affecting variations in organization business practices and policies (but not affecting state laws)

- 1 b. At the state level, there should be a monitoring body that routinely reviews interpretation, compliance and practice related to the national standards. Planned compliance timelines are needed for smaller institutions and practices.
- 4 a. States should take responsibility for developing the basic infrastructure to support health information exchange.
- 4 b. Any publicly funded projects must be standards based including compliance with the Continuity of Care Record (CCR) standard.
- 6 a. Consumer education is needed to articulate the perceived value of health information exchange against the perceived risk of privacy and security breaches in an electronic system.
- 6 b. Increased human oversight, evaluation of data integrity and enforcement of security protections are all recommended.

B Solutions affecting state laws/regulations

- 5 a. Current laws and practices that govern the paper release of treatment related information, should be implemented electronically to allow transfer and exchange of data and to track specific patient permissions.
- 5 b. The Continuity of Care Record, the only current national standard identifying fields for clinical data in an electronic record, should be used as the standard for determining what kind of information is routinely exchanged with regard to mental health, substance abuse and other diseases such as HIV/AIDS.
- 5 c. A federal and state approved emergency release should be adopted that patients routinely provide at the outset of treatment for exchange of information related to mental health, substance abuse and other “sensitive diseases” in case of an emergency.

C. Solutions affecting federal laws/regulations

- 1 a. National standards not State standards are the solution.
- 1 c. Electronic messaging, elements of the clinical record, and transactions are increasingly electronic, national standards at this level should be adopted.
- 1 d. As national standards are implemented, they should be in compliance with the existing standards as defined by HIPAA.
- 2 a. Identify and use a unique identifier for patient identification in the NHIN, with protocols developed for randomized probabilistic matching to routinely verify accuracy of this patient identifier. A risk assessment of the use of any national unique identifier should be included.
 - 2 b. In the future, accurate identification of patients should be through the use of biometrics.
- 3 a. Standards need to be developed for role based access as defined initially by HIPAA with regard to treatment, payment and operations, and further defined in terms of both covered and non-covered entities and people likely to have access to data.

3 b. The EHR audit trail, documenting by time and date stamp and source all read and write access to PHI, currently required under HIPAA regulations should be reinforced and required under state regulations for all health information exchange.

3 c. Standardization of the application of the medical need to know and minimum necessary concepts as currently articulated in state and federal law should include specificity for read and write access in the exchange of PHI.

3 d. Automatic reporting of access to one's records should be an option for consumers, with a formal process identified. There should be a standard process for consumer review and/or correction of data to insure integrity of data.

3 e. Formulate a model for best practices in security standards that will include a review of all existing security standards. This model should include a data classification schema.

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5 d. FERPA and HIPAA regulations should be integrated.

5 e. Specific language should be developed which identifies conditions under which RHIOs or other clearinghouse organizations are routinely designated as covered entities.

D. Solutions affecting Interstate Health Information Exchanges

None