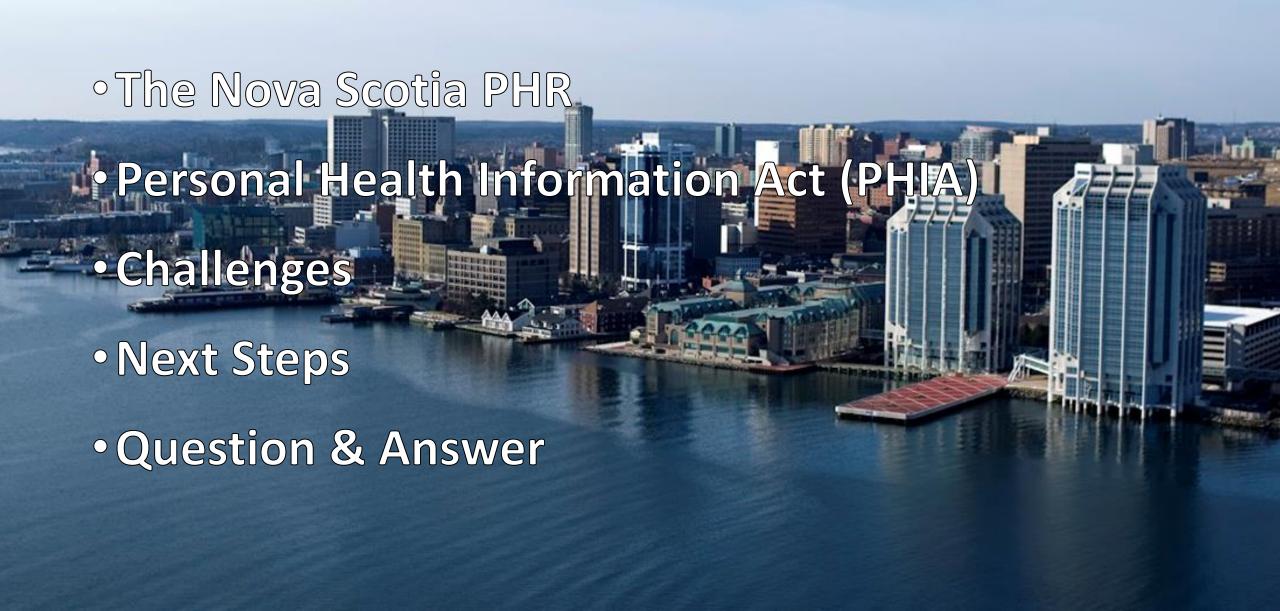
New Technology Meets New Legislation

Connecting patients, providers and health information

June 1, 2015



Outline



Nova Scotia PHR: Statement of purpose

Primary

- enables, for registered providers' patients:
 - e-access to their own health information
 - patient/provider e-communication
 - o log of OTCs, symptoms, self-monitoring data
 - access to targeted wellness programs



Supplementary

• enables easy sharing of health information (e.g. lab, DI) among authorized providers (registered and non-registered patients) because a PHR stores health information from many providers in one central location available 24x7



Background

Demonstration Project

- 2 year demonstration project
- 30 (+5) family physicians; 2 specialties (GI, Hematology), >6000 patients
- functions implemented: eResults, eBooking, eMessaging, patient health information repository
- project guided by multi-stakeholder committee

What we set out to learn

- Is there a business case to implement a PHR solution across the province?
- What are the benefits of the PHR to patients, providers and the health care system?

Why do this now

- consumer demand
- expected connectivity
- get ahead of the game
- opportunity to show NS as a place to learn and innovate



PHR Evaluation

Patients

- 98% want to continue receiving eResults and have confidence in the information
- 85% said online access to their test results changed positively how much they feel they can manage own health
- 91% who eMessaged their doctor for advice said they would otherwise have made an appt to see their doctor

Physicians

- 100% said receiving eResults is valuable or extremely valuable to patients and practice
- 87% said secure messaging to get routine medical advice is valuable or extremely valuable to patients
- 22% of all face to face appts would have been appropriate (in part or whole) for an eVisits (4200 visits assessed)

Health System

- Better access to care
- Increased capacity of family physicians
- Opportunity for incremental change toward performance-based funding for physician

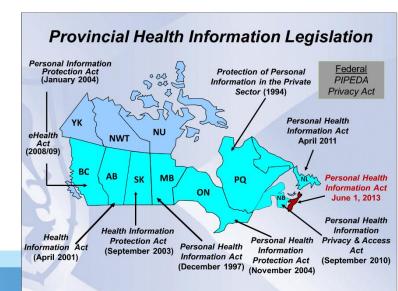
Patients more involved, physicians more productive and administrative practices more streamlined



Legislation in Nova Scotia

Legislation considered:

- <u>Freedom of Information and Protection of Privacy Act</u> (FOIPOP)-personal and personal health information (Provincial public body)
- <u>Personal Information Protection and Electronic Documents Act</u> (PIPEDA) personal and personal health information (Federal - private - commercial)
- NEW <u>Personal Health Information Act</u> (PHIA) June 1, 2013 personal health information (public and private)
- <u>Privacy Review Officer Act</u> FOIPOP and PHIA oversight -independent oversight to investigate or initiate privacy complaints.
- <u>Personal Information International Disclosure Protection Act</u> (PIIDPA)restricts the trans-border flow of personal information



Project and Program Assessment

Following the 10 Privacy Principle and Provincial Policy and Legislation, multiple assessments are completed though each phase of development.

These include PIAs (conceptual and logical), Legal Reviews, Discovery and Mitigation sessions.

the right of individuals to protect their personal health information



the need of custodians to collect, use <u>and disclose</u> <u>personal health</u> information to provide, support and manage health care.

Privacy Principles or 'fair information principles'

Principle 1 – Accountability

Principle 2 – Identifying Purposes

Principle 3 – Consent

Principle 4 – Limiting Collection

Principle 5 – Limiting Use, Disclosure,

and Retention

Principle 6 – Accuracy

Principle 7 – Safeguards

Principle 8 – Openness

Principle 9 – Individual Access

Principle 10 – Challenging Compliance

Source: PIPEDA, Canada's private-

sector privacy law.



Challenges

Who is the custodian and what are their responsibilities?

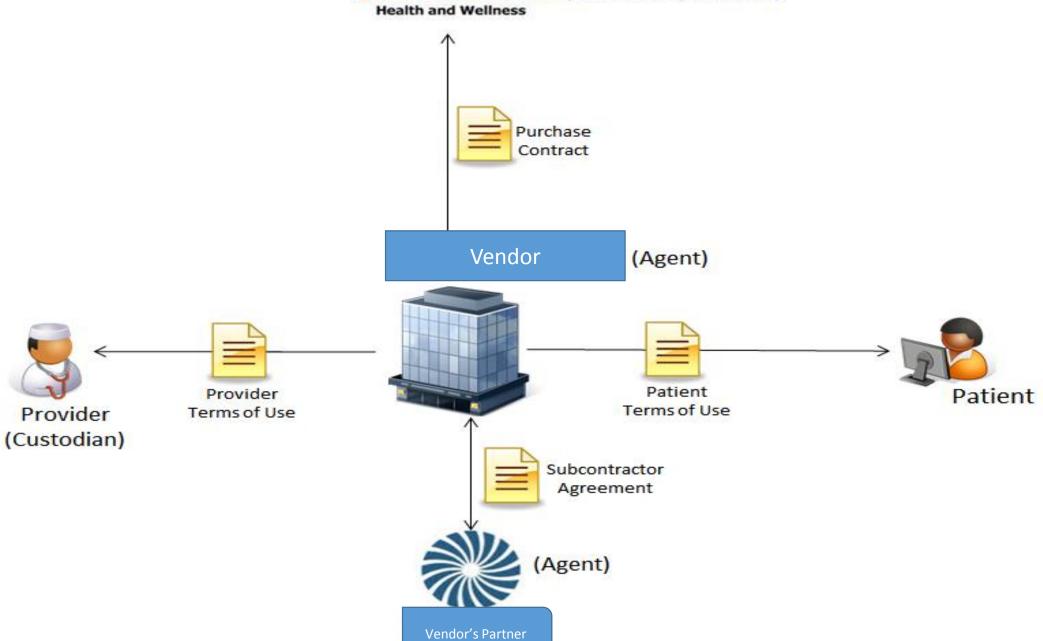
How does governance of data and process work?

What is the impact of distributed services or 'cloud' services?



Risk Description	Assessment
Custodians have legislated obligations under PHIA and non-compliance can result in fines, licensing impact and potentially litigation	 Accountability Privacy breach reporting / management Data collection (only what is required) Holding agents responsible Communication and education
	 Compliance Retention schedule Role based access / audit / monitoring Request for User Activity Research Ethics Board approval Release of Information Protection of data and patient privacy
	 Mitigation Identify a clear purpose / definition of service Legislative assessment Formally document and communication obligations (vendor, provider) Recommendation: Ensure you have a clear understanding of who is sponsible for patient data throughout the process and business flow.





Risk Description	Assessment
An unclear governance model for the PHR may lead to gaps in accountability, increasing the risks of non-compliance with privacy legislation.	 Accountability: Purpose of the PHR Communication and Education Establishing Roles Understanding Patient Population Data Management - Collection, Access, Retention, Disposal and Destruction
	Compliance:Information PracticesConsent DirectivesTerms of Use
Required involvement by • DHW • Providers • Vendor	 Mitigation: Define and document a comprehensive governance model for the PHR solution. Clearly define roles and responsibilities Establish object evaluation criteria
	y Recommendation: With multiple responsible parties, ensure you ve a clear and agreed to governance structure.

Risk Description	Assessment
Design and configuration considerations impact how solutions are delivered in the 'cloud'. Inadequate agreements can result in substantial compliance issues.	 Accountability Data access / usage / safeguards Audit services / access Support (24/7) Vendor stability / structure Termination activities
	 Compliance Integration with internal services (SSO, Registries) Patient identification (registries) Legislation (contracts)
Required involvement by: • DHW • Vendor • Providers	 Mitigation Strong contract that meets Federal and Provincial Privacy legislation Strong Service Level Agreements for performance, usage, access and protection. Well documented management processes (audit, reports, proactive monitoring).
Key Re	commendation: Ensure you can establish a services contract that

Key Recommendation: Ensure you can establish a services contract that supports your legislative, business and operational requirements as early as possible in the engagement.

Next Steps

Privacy and Access Working Group established

- Family physicians, Doctors Nova Scotia, DHW Privacy Office, PHR Project team
- Co-led by DHW and Doctors Nova Scotia
- Further clarify roles and responsibilities
- Mitigation work already underway

Provincial rollout ??

Vision: PHR - connecting patients, providers and health information

Thank You

Question & Answer

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