

HISPC Privacy & Security Workgroup Meeting Tuesday, November 20, 2007 9:00-11:00AM

In attendance:

Patrick Gallagher, Illinois State Medical Society
Carolyn Guthman, Consumer, AARP
*Jeff Johnson, Illinois Dept. of Public Health (project team)
Kathy Karsten, Illinois Public Health Institute (project team)
Maria Pekar, Loyola University Health System (guest)
Doug Polk, Illinois Hospital Association
*Moderator

Jeff Johnson convened the meeting at 9:05AM. Minutes from 10/16 were discussed; the comment referring to Pat Gallagher making a list will be omitted.

Under section I ("Privacy and Security Philosophy") of the draft privacy & security recommendations, the group considered a comment questioned the bullet point, "The philosophy shall apply to all information within the HIE, not just health information." The commenter wanted to know what information would be affected other than health information. There was some discussion of whether demographic information would be defined as health information. Members felt it would, so Johnson suggested omitting the dot point. The group agreed.

Regarding Section II ("Patient Rights with Respect to Information Privacy and Security") there was discussion of a commenter's question regarding the description of the handling of data for public health purposes. The commenter was concerned that the section might be construed as a limitation on mandated reports required for public health purposes. Johnson explained that the paragraph being discussed was simply background information to describe how the federated model of HIE works. He indicated that it could be taken out if there is some misunderstanding. The group felt that paragraph description, with the exception of the phrase, "other governmental purposes," should be left in.

Regarding the restriction of information by the patient, the representative from the Legal work group thought this line should be omitted. This would fall in line with current HIPAA laws and align the statement with overall recommendations from the Legal work group. Johnson noted that the Legal group had been focusing on patients with 'special categories', and that the point had been more on treatment (i.e., patients are typically not asked for permission to fax

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information from provider to provider). The intent was to allow patients to **request** restrictions for information they felt was sensitive. The document was changed to include this language.

Regarding the dot point, "The HIE shall send patients notice of their rights on a periodic and regular basis," the group felt this would be unworkable and extremely expensive. Information on patient rights can be conveyed by the HIE via more cost-effective means like the Internet. It was agreed to change the dot point to provide that the notice of patient rights be posted on the HIE's Web site.

One commenter expressed concern that the dot point, "The treatment of a patient shall not be conditioned on the release of the patient's personal health information" could be misconstrued and hamper a clinician's ability to treat a patient. The group agreed to remove the bullet point to avoid confusion.

Section III. "Protection of Caregiver Information," was then discussed. A new bullet point was suggested by a commenter to allow patients to annotate their records. The commenter felt that this language would align the document with extant HIPAA standards. There was some discussion about whether this was already happening at a sufficient level at the provider or HIPAA levels. The group elected to leave out the suggested point.

Section IV ("The Privileges and Obligations of Researchers") was then discussed. The line will be modified to provide that research be defined, and the order of the dot points was changed.

Under section VII, "Accountability and Responsibilities," the bullet "Who is responsible for reporting violations; at both the participant and state-level HIE levels" was discussed. Johnson thought the group should avoid pre-defining anything before the HIE is put in place.

Under section VIII, "Access to Information," the group clarified the comment about business records. A participant agreed that the point confused him as well. Johnson suggested omitting the reference. The line "These policies shall identify classes of information and specify who has access to information in specific classes" was modified. A participant suggested another read-through of the document when ready with all the changes/corrections made.

In lieu of holding a meeting to finalize the document, it was suggested that the revised draft should be sent to members via e-mail for final review. A meeting would be scheduled if there were disagreements over the changes. The meeting adjourned at 10:55AM.

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