

# **HISPC-Illinois II**

## **The Public-Private Partnership Moves Forward on Privacy and Security**



**HISPC Privacy & Security Workgroup Meeting**  
**Friday, September 21, 2007**  
**10 a.m. - 12 p.m.**

### **Draft Minutes**

In attendance:

Ellen Brull, Illinois Academy of Family Physicians

\*Jeff Johnson, Illinois Dept. of Public Health (project team)

Patrick Gallagher, Illinois State Medical Society

Carolyn Guthman, Consumer, AARP

Kathy Karsten, Illinois Public Health Institute (project team)

Anne Mahalik, Illinois Department of Human Services

Ted Nodzinski, Illinois Hospital Association

Miranda Rochol (proxy for Casey Kozlowski, Walgreens)

Marilyn Thomas, Illinois Dept. of Public Health (project team)

Nadine Zabierek, Blue Cross Blue Shield

Chase Zaputil, Supervalu

External caller: Regina Greer-Smith, Healthcare Research Associates LLC

\*Moderator

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Jeff Johnson called the meeting to order at 10:05 a.m. The basic scope and timeline of HISPC phase 2 were explained to the group, as were the duties of the Privacy & Security Workgroup. Johnson also laid out the meeting schedule and objectives. The objective of the first meeting is to agree on a consensus outline; for the second meeting, the group will present draft policy/issue papers regarding specific measures in the outline. At the third meeting, the group will agree on the drafts and send them to stakeholders for comment. The group will discuss these comments at the fourth meeting and make revisions. At the final meeting, these will be incorporated into the final document for the HISPC Steering Committee's review.

In response to a member's inquiry, Johnson gave an overview of the background work involving the Electronic Health Records Taskforce (EHRT), the creation of the Illinois Health Information Network (ILHIN) proposed by the EHRT, and House Bill 1254, the legislation to implement the recommendations of the EHRT.

Out of this work, the HISPC 2 Illinois project goal is to expedite the creation of a state-level health information exchange (HIE).

A member asked if each record would have an electronic certificate of authenticity; Johnson noted that although this issue needs to be addressed during the development of the architecture of the state-level HIE, the Privacy & Security Workgroup will be dealing with general privacy and security policies and not get into that level of detail.

Johnson turned the group's attention to the draft policies outline found on slides 12 and 13 of the PowerPoint presentation provided to the members as an introduction to the work group's task. One member asked about the source of the draft outline. Johnson indicated that it was in a document in the HIMSS Privacy and Security Toolkit. Some members asked for more information on what each subject in the outline was meant to address. Johnson directed the group to the "CPRI Guidelines - Information Security Policies" paper in the HIMSS Privacy and Security Toolkit (a link to the paper is on the HISPC-Illinois II Web site and in a PDF e-mailed to the group by Kathy Karsten). There was some discussion about whether some of the subjects could be consolidated. The group agreed that the decision to condense some of the outline subjects may become evident as the process of developing the policy recommendations for each subject moves forward (i.e., some may go together logically). With the understanding that future changes can be made, the work group agreed to adopt the following outline:

#### **Outline of "Draft Policies and Recommendations document"**

1. Philosophy for the Protection of Information
2. Patient Rights with Respect to Information Security
3. Protection of Caregiver Information
4. The Privileges and Obligations of Researchers
5. The Rights of Society
6. Collection of Information
7. Retention and Destruction
8. Information Security Program
9. Accountability and Responsibilities
10. Access to Information
11. Classification of Information
12. Records of Access
13. Disaster Recovery/Business Resumption Plans
14. Information Security Awareness Training
15. Monitoring and Auditing

\*Outline extracted from "Developing Policies, Procedures, and Practices - Introduction," By Ted Cooper, MD, part of the *HIMSS Privacy and Security Toolkit*, Healthcare Information and Management Systems Society, January 2007, page 2, [http://www.himss.org/content/files/CPRIToolkit/version6/v6%20pdf/D37\\_Introduction\\_to\\_P-Ps.pdf](http://www.himss.org/content/files/CPRIToolkit/version6/v6%20pdf/D37_Introduction_to_P-Ps.pdf)

A member asked if there was any overlap/redundancy in the group's work. Johnson noted that much work in the area of privacy and security policy has been done (Connecting for Health's Common Framework, the HIMSS Privacy and Security Toolkit, and others on the Web site Resources page). The question for the group is what policies would best address the situation in Illinois. As an example, Johnson discussed the 'opt in/opt out' issue of whether information should be automatically uploaded to an exchange, and whether a person has the ability to opt out, or elect that their information not be uploaded without their consent. A member noted that more

uniformity with extant processes eases and improves information exchange; Johnson agreed, and said that the idea is to connect providers across the country (for example, people going to Florida for the winter can access their Illinois records). The question is whether point-to-point sharing can be done according to nationwide standards.

Another member asked if there were any regional health information exchanges where we could review their privacy and security policies. Johnson indicated that there was, noting one in Indiana. The member advocated looking at one or two of these policies and borrowing what is appropriate for Illinois.

Another member noted the potential ‘fear factor’ users might face with regard to government use of their health information. Some discussion followed including using a universal consent form, the merits of building a rich database of health information, the need to give people a sense of security so they will participate, and the legitimacy of requests and transferring information. Johnson noted that the discussion about patient consent would be part of the Legal Workgroup’s work, while the Privacy & Security Workgroup’s goal is to deal with issues of process.

A member expanded upon the idea of looking at other HIE policies by suggesting that the group look to a Regional Health Information Organization (RHIO) as mentor or to provide information and guidance; several agreed that this would be an idea worth exploring, especially since some have been in existence for 4-10 years and have already dealt with problems. It was agreed that Johnson would contact a couple of RHIOs to get copies of their policies to share with the group.

It was agreed that the group as a whole will examine the policies from the other RHIOs and the “CPRI Guidelines - Information Security Policies” paper in the context of the outline adopted today. Members would record suggestions or comments under the applicable subject area of the outline. Johnson encouraged the submission of the member’s suggestions/comments within a week of receiving the RHIO information for comparison. This would enable the comments to be assembled for distribution to all members prior to the next meeting.

### **Summary:**

The group also agreed to plan their next teleconference meeting on or around the date of Oct. 5. For this meeting, group members are to review the CPRI document and policies from existing RHIOs in the context of the 15 subjects in the outline and provide feedback. Suggestions and comments should be sent beforehand so that they may be compiled for the meeting. Johnson will get one or two policies from RHIOs and share them with the group. Kathy Karsten will poll the group for a meeting date.

The meeting ended at 11:25 a.m.