

CENTER FOR DEMOCRACY & TECHNOLOGY Health Privacy: Perspective of a Privacy Advocate

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Health Privacy Project at CDT

- Health IT and electronic health information exchange are engines of health reform with tremendous potential to improve health, reduce costs and empower patients.
- Some progress has been made on resolving the privacy and security issues raised by e-health – but gaps remain and implementation challenges loom.
- Project's aim: Develop (papers) and promote (advocacy) workable privacy and security policy solutions for personal health information.



People want Health IT - but also have significant privacy concerns

- Survey data shows the public wants electronic access to their personal health information.
- But a majority 67% also have <u>significant</u> concerns about the privacy of their medical records (California Healthcare Foundation 2005; more recent AHRQ focus groups and 2011 Markle survey confirm).





Consequences of Failing to Act

- Without privacy protections, people will engage in "privacy-protective behaviors" to avoid having their information used inappropriately.
 - 1 in 6 adults withhold information from providers due to privacy concerns. (Harris Interactive 2007)
 - Persons in poor health, and racial and ethnic minorities, report even higher levels of concern and are more likely to engage in privacy-protective behaviors. (CHF 2005)





Health IT Can Protect Privacy – But Also Magnifies Risks

- Technology can enhance protections for health data (for ex., encryption; role-based access; identity proofing & authentication; audit trails)
- But moving and storing health information in electronic form – in the absence of strong privacy and security safeguards – magnifies the risks
 - Thefts of laptops, inadvertent posting of data on the Internet, reports of internal "snooping"
 - Increased media attention to data captured on the Internet

distrust



A Comprehensive Approach is Needed

- Privacy and security protections are not the obstacle - enhanced privacy and security can be an <u>enabler</u> to health IT.
 - The essence of what we mean by "workable" protections
- A comprehensive privacy and security framework is needed to facilitate health IT and health information exchange.
 - Fair information practices strong data stewardship model; consent plays important role but is not linchpin
 - Sound network design
 - Accountability/Oversight





Fair Information Practices – Markle Common Framework

- Openness and transparency
- Purpose specification and minimization
- Collection limitation
- Use limitation
- Individual participation and control
- Data integrity and quality
- Security safeguards and controls
- Accountability and Oversight





- Public debates about privacy protection until recently have focused almost exclusively on whether patients should be asked to authorize all uses of their information.
- Individual control is an important component of fair information practices but it is just one component.

Providing greater authorization rights is control best way to protect privacy and security.

Why Not Just Enhance Consent Rights?

- Places most of the burden of privacy protection on the individual.
- Research shows that patients do not read consent forms - and if they do read them, they frequently do not understand them and inherently believe they protect privacy even in cases where the opposite is true.
 - Blanket authorizations in particular can easily become shields for inappropriate uses
- Instead, provide & honor individual's meaningful choices about non-routine or unexpected uses of data

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"Next Generation" of Health Privacy

- Build on HIPAA for traditional health care entities – no need to rip and replace (HITECH took the first step here)
- Establish protections for health information that migrates outside of the HIPAA bubble
- Address concerns raised by new HIT infrastructure (such as HIEs)
- Essentially, hold all entities who handle health data accountable for complying with baseline protections

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Emerging Issues/Agenda for the Future

- Successful implementation of new HITECH privacy provisions
- Address issues raised by the use of HIEs or data exchange "intermediaries"
 - Are business associate rules sufficient?
- Protections for health data that is outside the HIPAA bubble
 - Will new consumer privacy efforts (FTC & Commerce reports, HHS Roundtable on PHRs, draft legislation) pay off for health information?
- Framework for secondary data uses for ex., comparative effectiveness research
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 Distributed data networks



Agenda for the future (cont.)

- Policies for de-identified data focus on robust methodologies, prohibit re-identification
 - Also encouraging use of "less identifiable" data for routine purposes; possible interpretation of minimum necessary standard?
- Better enforcement & active policy "stewardship" by regulators
 - Issuance of guidance, clarifications, FAQs
 - Safe Harbors?
 - Regulation of business associates





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