The Secure Digital Patient Record Repository: Virginia's Approach to HIPAA & Medical Research

William A.Knaus M.D. Evelyn Troup Hobson Professor & Chair Department of Health Evaluation Sciences University of Virginia

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NEW SCIENTIFIC KNOWLEDGE

- Fundamental discoveries are leading to a new, comprehensive, and integrated theory of human function and life
- Genetic predisposition- protein functioncellular action-organ function-human representation
- Life will increasingly be based on a detailed understanding of molecular biology



The Secure Digital Patient Record Repository



Initiative to map and combine biologic, demographic, clinical, behavioral, environmental, and outcomes data statewide to deliver better medical research, facilitate public health monitoring, and enhance individual decision-making.

"We shall delineate with correctness the great

arteries of this great country."

"Future generations [will]fill up the canvas we



EVENTS TECHNIQUES INFORMATION

INTEGRATION



NEW SCIENTIFIC & BUSINESS OPPORTUNITIES

- **Biotechnology**-dramatic improvements in precision and implications for biologic knowledge <u>driving</u> development of new products and services
- **Bioinformatics**-Fundamental changes in dissemination and access to medical data
- **Biomedicine**-Individually targeted diagnostics-**biomarkers** & treatments

The Promise of Biotechnology Requires Improved Access to Information

OLD

- Discovery was personal & random
- Subjective diagnosistreatment based on judgment/intuition
- Results uncritically accepted

NEW

- Planned & corporate discovery
- Objective and data driven assessments
- Greater societal & personal accountability

Large Volumes of Multidimensional Integrated Data are a Key Resource

- <u>Virginia</u> is at the forefront of integrated, internet-based information technology & has targeted this sector for development
- Wide spread & low cost access to information technology has changed other industries

 Banking & Finance & Commerce
- Biotechnology will also restructure medical research & patient care
 - Development of a comprehensive integrated research repository ("map") is one key to progress

Two Perspectives on Biotechnology & Integrated Data

- Great Potential through free markets, deregulation, and minimal government interference
- Great Problems with privacy and ethical concerns requiring strict control & government regulation

The Secure Digital Patient Record Repository Could Begin To Address These Issues

- "The debate on biotechnology has to move beyond polarization....(and) begin to look concretely at what kinds of institutions (and solutions) would be needed for society and individuals to take advantage of biotechnology's advances. -Francis Fukuyama *Our Posthuman Future*
- Solving problems by working through the process

Harvard Business Review

"The health care industry today is trying to preserve outmoded institutions. Yet the history of disruptive innovations tells us that those institutions will be replaced, soon enough, with new institutions whose business models are appropriate to the new technologies and markets."

The Secure Digital Patient Record Repository "Business Model"

- **Obtain Raw Materials**-comprehensive & large *integrated* biologic, clinical, demographic, environmental, and outcomes databases with patient privacy preferences recorded
- Select & Develop Storage/Data Mining Tools-small & large scale approaches to quality control, standardization, analysis & interpretation
- Securely Transport Raw & Processed Data-among research, clinical, government, citizen & commercial entities with match between patient privacy preference & researcher request Copyright UVA 2002

Principles for Obtaining Data

- **First**-recognize that the data belongs to individual citizens-their rights, desires, and privacy needs must be primary concern
- Second-accept that high quality standard data and sample collection will require widespread process changes
- Third-acknowledge that effort must be as open and as comprehensive as possible

The Digital Patient Record Repository Four Initial Steps 2001-2

- Developed draft of data model (Departments of HES & Systems Engineering & Institute for Practical Ethics) FOR Uva-PUBLIIC
- Pilot data integration across two large academic medical centers (VCU, UVA, IBM) *CIT*
- Established initial process for standardizing biologic samples-Virginia Bioinformatics Consortium (VCU-GMU-UVA-VT) *CTRF*
- Organized initial meeting to discuss how we might approach issue statewide *VTSF*
 - Wintergreen September 20/21st 2002

THE VIRGINIA PUBLIIC PROJECT

Project to Understand Biomedical information, Learn to Integrate, Interpret, and Control

> MISSION: Integrate bioinformatic and clinical informatic databases university wide, improve management approaches within an centered, open-architecture, large-scale university-governmentindustry collaborative environment

The Virginia *PUBLIIC* Project Rationale

- With appropriate design and attention to ethical and privacy concerns, the biomedical revolution could serve as a new basis for public health monitoring and personal health management
- The information revolution could serve as a new basis for public control over data privacy and protection

The Virginia *PUBLIIC* Project Specific Tasks

- 1-Requirements Analysis
- 2-Architecture Design
- 3-Data Modeling
- 4-Gap & Audit
- 5-Ethics & Consent
- 6 Pilot Integration
- 7 Education & Economics

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INTEGRATED DATA MODEL



SHAMAN: Secure Health and Medical Access Network

The clinical record will be a complex heterogenous object



VIRGINIA BIOINFORMATICS SYMPOSIUM, JUNE 12



	Schedule of E	vents		
WEDNESDA Location: Omni F James River Sal	/, JUNE 12 lichmond Hotel on C			
12:00-5:00 pm	REGISTRATION James River Foyer			
1:30-1:45 pm	OPENING REMARKS			
	Introductory	Donald J. Abraham Gregory A. Buck		
	Welcome	Thomas F. Huff		
	PLENARY LECTURE			
1:45-2:30 pm	SHAMAN - the Secure Health And Medical Access Network: A Battleplan for Future Healthcare Including Genomics and Personalized Medicine	Barry Robson IBM		
2:30-3:30 pm	GENOMES AND GENOMIC ANALYSES			
	Convener	Brad Windle		
	The Cryptosporidium parvum Genome	Gregory A. Buck VCU		
	The Genome of Streptococcus sanguis	Francis L. Macrina VCU		
	Hanaditany Disease Canas	Dries B Biley VOU		

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FRIDAY, JUNE 14
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Location: Omni Richmond Hotel James River Salon C

7:00 am-9:30 am	REGISTRATION	James River Foyer		
7:30 am - 9:30	CONTINENTAL BREAKFAST	James River Foyer		
	KEYNOTE ADDRESS			
8:30-9:30 am	INFORMATION TECHNOLOGY FOR	THE LIFE SCIENCES	Joe Jasinski	вм
9:30-11:30 am	INFORMATICS Convener		Donald L. Auraha	am VCU
	Considerations in Developing a Clinical Infomatics Systems		Lynne T. Penbert	hy VCU
	Funtional Genomics - a Medical Perspective		Carleton Garrett	VCU
	Building a Computational Discovery System for the Application of Systems Biology to Clinical-Genomic Medicine		John P. Pestian U. of Cincinnati	
	Whole Genome Analyses Tools and Applied Genomics		Don Seto	GMU
	Development of an Extensible, Hon Bioinformatics Resources -An Upd	nogeneous Infrastructure for Distributed ate on the NIST/CTRF Project Incogen	Krista Miller	
	Playing The Molecular Naturalist: Algorithms To View Both The Geno	Combining Human Insight With Computer mic Forest And The Trees	Jeff Elhai	VCU

CLOSING REMARKS

Gregory A. Buck

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VIRGINIA BIOINFORMATICS CONSORTIUM-VBC



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The Digital Patient Record Repository

Wintergreen Meeting Sept. 20 & 21

- OBJECTIVES
 - Introduced participants & provided forum
 - Discussed, reaffirmed, and revised vision & structure
 - Provided status report & next steps
 - Discussed possible long-range plans
 - Provided opportunity for groups to meet
 - Executive Management Committee
 - Multidisciplinary/Multi-institutional task teams

The Digital Patient Record Repository Draft Organizational Chart



Prior attempts to integrate Clinical & Public Health Data have failed from both **Human &** *Technical Challenges*

- Intellectual Property
- Privacy Concerns
- Clashing Cultures
- Ethical Issues
- State, Institutional & Health Care Systems Priorities & Models

- Interfaces & Middleware
- Security & Monitoring Access
- *Multidisciplinary Teams*
- *Regulatory Considerations*

The Digital Patient Record Repository Unique Aspects

- Bottom-up user & citizen based approach
 - Build progressively but pragmatically
- Systems engineering perspective
 - Technical issues are addressed in other fields
- Biomedical research orientation
 - Early & established legacy of sharing data
- Potential trusted agent relationship
 - Structure exists primarily to protect data
- Timing
 - HIPAA
 - Bioterroism
 - Howard Hughes



HIPAA

- <u>H</u>ealth <u>I</u>nsurance <u>P</u>ortability and <u>A</u>ccountability <u>A</u>ct
- Specific provisions of HIPAA that directly affect the digital patient record project:
 - Privacy Standards
 - Security Standards
 - Transactions and Code Sets (+/-)
- Secure Digital Patient Record Repository could provide efficient & standardized "HIPAA Compliance" options for research

Secure Digital Patient Record Reporting (SDPRR)

Non-SDPRR

Does not participate by virtue of no contact with health care entities, or with entities that are notoffering SDPRR authorizations

HIPAA notice and PHI authorizations handled caseby-case Any resulting PHI or medical

data collected *not* in SDPRR Database

No ability to track or monitor data releases

Virginia Citizen SDPRR

Signs SDPRR authorization form (as part of receiving care at a SDPRR participating health care entity or as independent act)

SDPRR registration and preferences for PHI release/ additional requests for specific studies(options #1-#4) chosen

Unless revoked, all PHI requests by researcher with SDPRR user agreement can be referred to SDPRR. Data restricted to SDPRR participating institutions

Research request matched to individual preferences/ researcher receives data

Detailed record of releases maintained

Refusal to Sign

Offered SDPRR registration but explicitly refuses to sign because of privacy/ other concerns

Individual's non-participation noted, de-identified data only maintained

All researcher requests for data result in de-identified data only, with notation that non-identified individual does not want PHI stored or released

Detailed record of de-identified releases maintained



The Digital Patient Record Repository Funding Sources

- Virginia Tobacco Settlement Foundation
- State Government
 - CTRF- Virginia Bioinformatics Consortium
 - CIT-Gene Expression Integration
 - VDH-Registry Data
 - Governor's Advisory Board for Va Biotechnology
- Federal Government
 - NIH -NCI-NIAID-CDC-DOD-DHHS
- Industry
- Foundations-RWJF/Markle/Hughes
- Health Care Systems & Institutions

The Digital Patient Record Repository Leadership Opportunity

- First National Test-Bed
 - Integrated citizen-based HIPAA compliant research repository
- Potentially huge market- all research & service health care institutions will need this capability
- Synergistic with Virginia's unique strengths and regional priorities for research and economic growth
 - Information technology leader-N.Va.Internet
 - High-quality & majority state-affiliated universities/colleges-no big private players

George Mason University

Molecular Biology Submission Criteria, Privacy

