Cementing the Privacy Foundation of Information Technology

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Experience

Connecting GTA

Patient Portals

myUHN Patient Portal

SIGN IN

Username: janetu@normal.com
Password: **********
Sign In

Forgot your username or password?

How to Register

With myUHN Patient Portal, you will be able to:
- View UHN appointments
- View UHN test results, reports, discharge summaries and clinic notes
- Share information with others

Learn how UHN protects your privacy.

Toronto General
Toronto Western
Princess Margaret
Toronto Rehab

COURAGE LIVES HERE
Iterative PbD Processes

- Patient / Clinical Working Group define and prioritize requirements (Business Requirements Doc – BRD)
- Privacy / Technical SMEs & Working Groups vet and add to the BRD
- BRD translated into RFP
- After vendor selected, end users, technical staff, privacy experts continue to develop requirements, considering resource constraints & each other’s needs
  - Legal compliance
  - Technical feasibility
  - Timelines & priorities
- Prototypes and mockups used to demonstrate functionality to all working groups and Steering Committees for acceptance
  - Healthcare Human Factors creation
  - Patient Usability sessions
- Final decisions reviewed with all working groups, based on acceptance criteria and demonstrations of functionality

Privacy by Design Principles

- Proactive not Reactive – Preventative not Remedial
- Privacy as the Default Setting
- Visibility & Transparency – Keep it Open
Iterative Design Experience
Iterative Design Experience - ConnectingGTA

- Highly engaged groups: vendor, Clinical Working Group, Technical Working Group, Privacy & Security Working Group, program privacy and security specialists
Privacy Engagement Options

• Casual, automatic engagement – project team maturity

• Mapped against other similar systems (US and Canada)
  – E.g. terms of use, authentication & registration, proxies

• Environmental scan by students / contractors
  – E.g. Clarified patient desires and needs, identified need for culture change

• Conducted right type of PIA
  – Conceptual – when have concept only and need to know what to include (e.g. social media principles? children’s consent?)
  – Logical & physical - when have technology design done (don’t forget manual processes)
  – Technical – when legislative authority is clear but flow of data / technology should use up-to-date best practices (E.g. reference COACH Privacy and Security for Patient Portal Guidelines)

• Document using PIA / document using project processes
  – Requirements, policies, decisions
# ConnectingGTA – Comprehensive & Secure Patient Search

<table>
<thead>
<tr>
<th>Clinical/ Business Need</th>
<th>RFP</th>
<th>Technical Capability</th>
<th>PSWG</th>
<th>Final Functionality</th>
</tr>
</thead>
<tbody>
<tr>
<td>Find the right patient.</td>
<td>Support searching with unique ID, MRN, OHIP, name, date of birth, gender</td>
<td>Possible: different combinations of fields</td>
<td>Include enough PHI for positive identification</td>
<td>Clinicians can do 1 of 3 searches:</td>
</tr>
<tr>
<td>Find a patient with a unique # (OHIP or MRN)</td>
<td></td>
<td>some or all fields mandatory</td>
<td>Use no more PHI than necessary</td>
<td>1. OHIP &amp; name &amp; gender</td>
</tr>
<tr>
<td>Find a patient in an emergency (no unique #)</td>
<td></td>
<td>Only return 1 patient whenever possible</td>
<td>No information displayed if more than 5 results match</td>
<td>2. MRN &amp; org name</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>3. Advanced Search (any of name, DOB, gender, address)</td>
</tr>
</tbody>
</table>

Clinicians can do 1 of 3 searches:
Lessons Learned – Designing Patient Search

- Requiring a match of 3 identifiers may prevent ‘fishing trips’ but do not work in outlying scenarios, such as emergencies
  - Ensure meet the variety of clinical scenarios
  - Add in controls: Limit search results to reduce PHI ‘leak’/exposure
- Patience! Design phase took 3 cycles of iteration between Privacy and Security Working Group, Clinical Working Group and vendor

Privacy by Design Principle #4

Full Functionality—Positive Sum, not Zero Sum
Patient Portals – Downloading Appts

<table>
<thead>
<tr>
<th>Patient Need</th>
<th>Privacy &amp; Security</th>
<th>Clinical Consideration</th>
<th>Technical Capability</th>
<th>Patient Experience</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ability to download appointments to external calendars.</td>
<td>Patients must be informed of risks of downloading.</td>
<td>Reminder systems that do not require additional steps.</td>
<td>Appointment downloads include appointment details.</td>
<td>1. Patient consents to download 2. Patient selects appointments for download.</td>
</tr>
</tbody>
</table>

![Add to other Calendars dialog box]

An iCalendar (.ics) file will be created for 4 selected appointment(s) that you can see in other calendars (e.g. Outlook, Gmail). Remember to protect the personal health information after you have exported and saved the file.
Lessons Learned – Designing Downloading Appts

- Layered notices and reminders
  - Terms of use / examples upon set up
  - Additional safeguards (behaviours) patients can take described in Terms of Use
- Patients said they want the ability to choose, and to turn on and OFF!

Privacy by Design Principle #5

End-to-End Security – Full Lifecycle Protection
Top 10 Lessons Learned

1. Integrate privacy team into each step and process
2. Build a strong, documented governance model that outlines decision making authority, and escalation points
3. Put end users first!
4. Iterate!
5. Identify standards and methodologies that can be referenced
6. If little written industry standard or internal policy, look to environmental scans & daily practices
7. Test and Learn
8. Build for the future (e.g. standard data feeds)
9. Be prepared for changes in the future (as measure impacts to patient rights & clinical care)
10. PIA is a wrapper for external stakeholders
Thank You!

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