



2nd NHIN Forum Patient-Driven Access Control

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Levels of Control – Two Extremes

Opt-in or Opt-out

Simpler to Implement

Simpler to Manage

Easy to Understand

Simpler Policy Issues

Granular Data Control

Increased Level of Control

Greater Patient Trust

Increased Consumer Participation

Increased “Ownership”

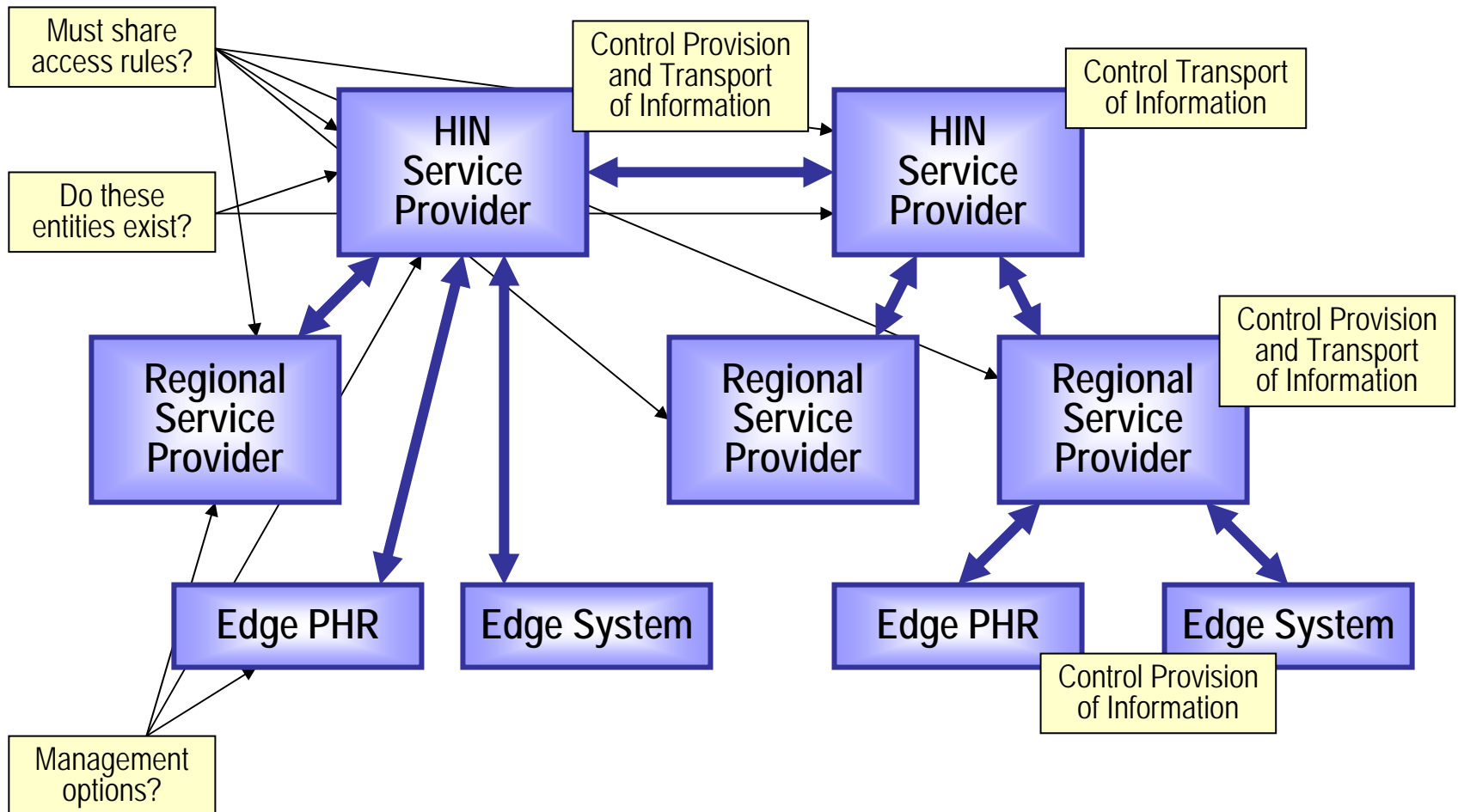


Options for Controls

- Whether to Participate
eg, opt-out of nationwide or regional information exchange
- What Information to Share
eg, exclude a specific medication or lab result
- What Sources May Share
eg, exclude information from a specific clinic or my PHR
- Who to Share With
eg, allow my primary care physician and my children to see everything



Options for Implementation





Issues with Identified Controls

➤ Whether to Participate

Can be initiated (managed) at the Edge

Pros:

- Simplest approach to implement
- Gives the consumer full control without thought or management

Cons:

- Opt-out reduces advantages of HIE
- Harder to “break the glass”

➤ What Information to Share and What Sources May Share

Can be managed by Service Providers during exchange

Pros:

- More granular control
- Encourages participation

Cons:

- More complex to implement
- Requires more user education
- Requires coordinated management



Issues with Identified Controls

➤ Who to Share With

Perhaps manageable only by Service Providers

Pros:

- Allows for exceptions for specified providers
- Most granular control
- Encourages participation

Cons:

- Requires coordinated rules management
- Requires coordinated directories and standardized roles
- Requires most extensive training and education



Issues with Any Approach

- **Must there be a way to break the glass?**
 - Architectural / communication implications if controls at the edge
 - Simpler if managed by Service Providers
- **Are controls too complex for the consumer to bother and encourage “opt-out”?**
 - Need to be easy to understand, easy to use, easy to manage
 - Need for education
- **What are the implications / liabilities for care provided with missing information?**
 - Can the fact that information is missing be flagged prompting interaction with the patient?
- **How are consumers & providers authenticated, roles determined and authorized?**
 - Requires organized governance, regulation of Service Providers, edges