

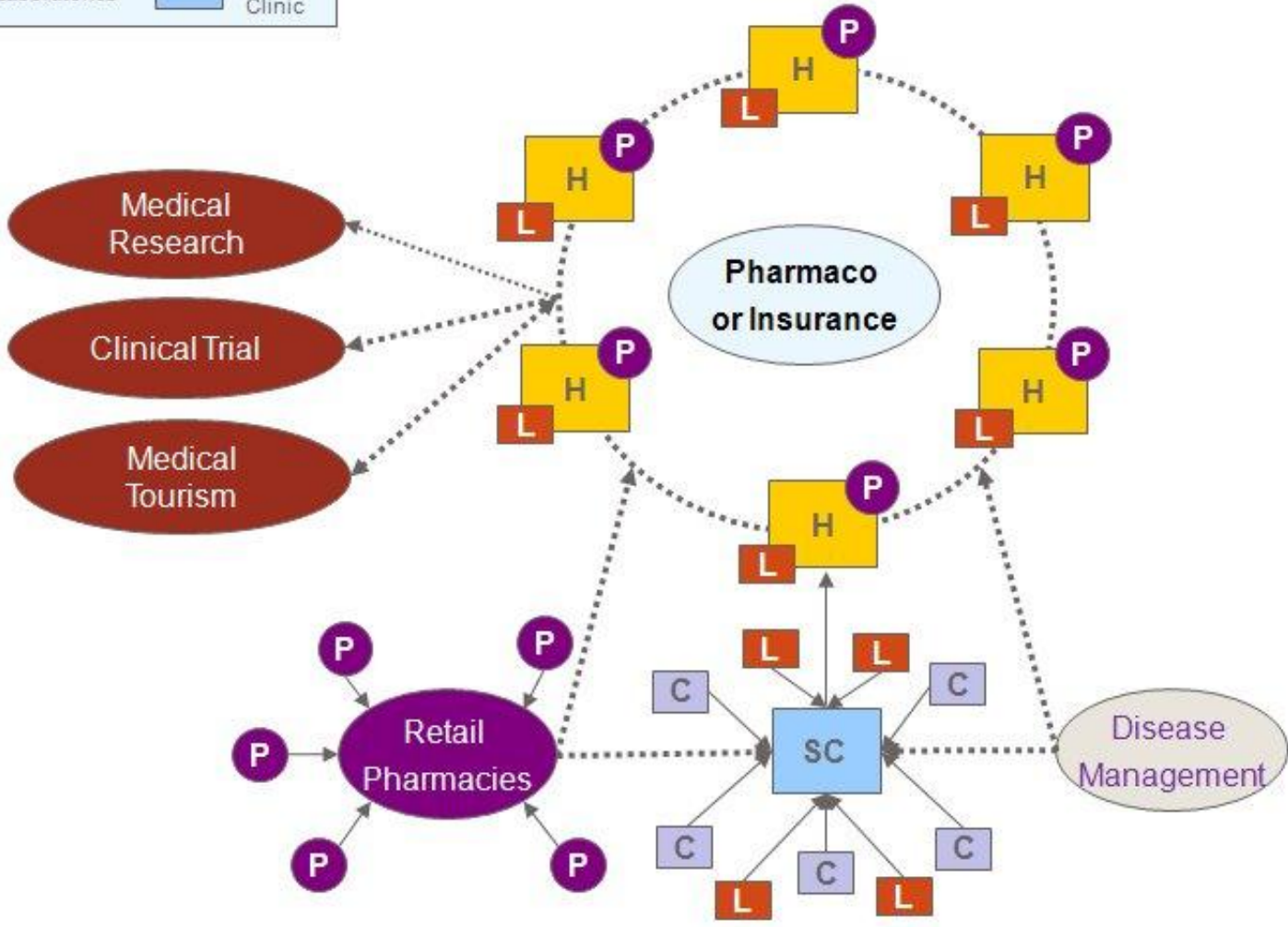
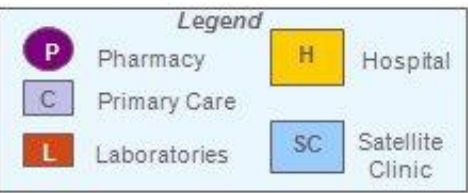


IMPROPER USE OF MEDICAL INFORMATION – eHEALTH PRIVACY & SECURITY

Presented at 5th Annual National
Conference on Healthcare
Leadership –
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26th Jan 2011



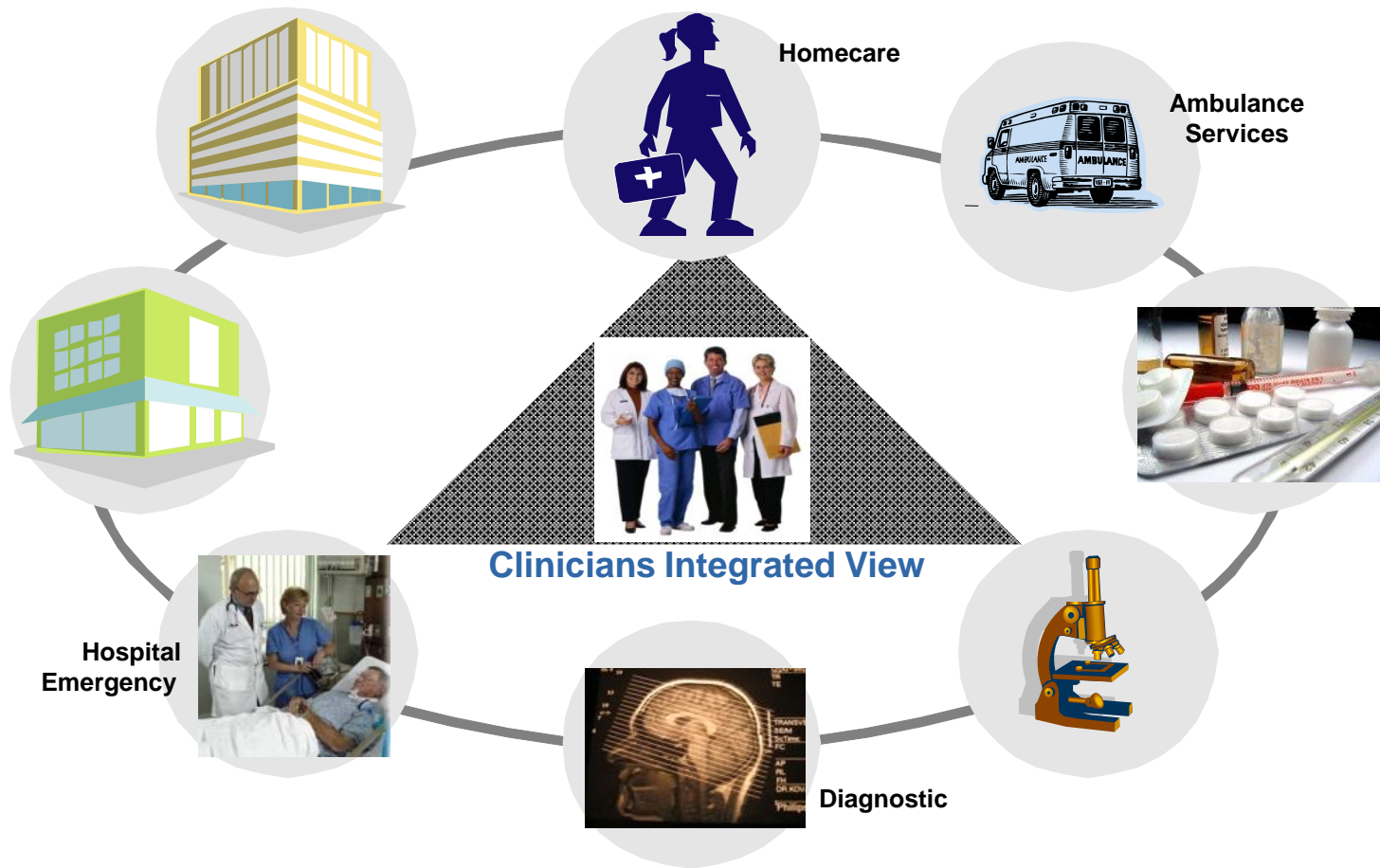
Dr Pankaj Gupta
eHealth Business Executive



Emerging Healthcare network in India



Healthcare Data Sources



Health Information Exchange - Chances of Data leaks galore!

•EHRs

•EHRs

•EHRs

•EHRs

•EHRs

•EHRs

•EHRs

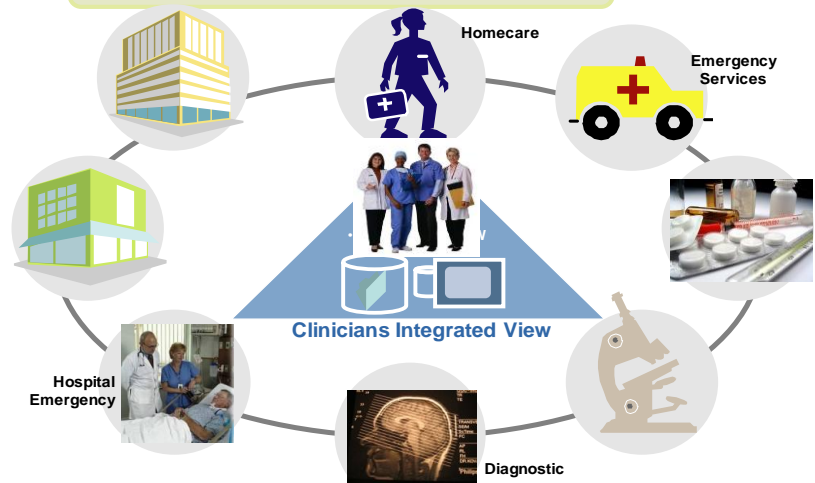
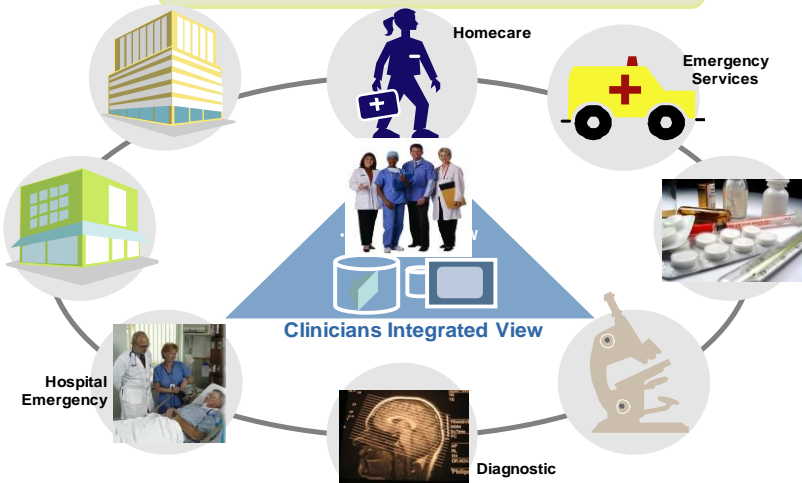
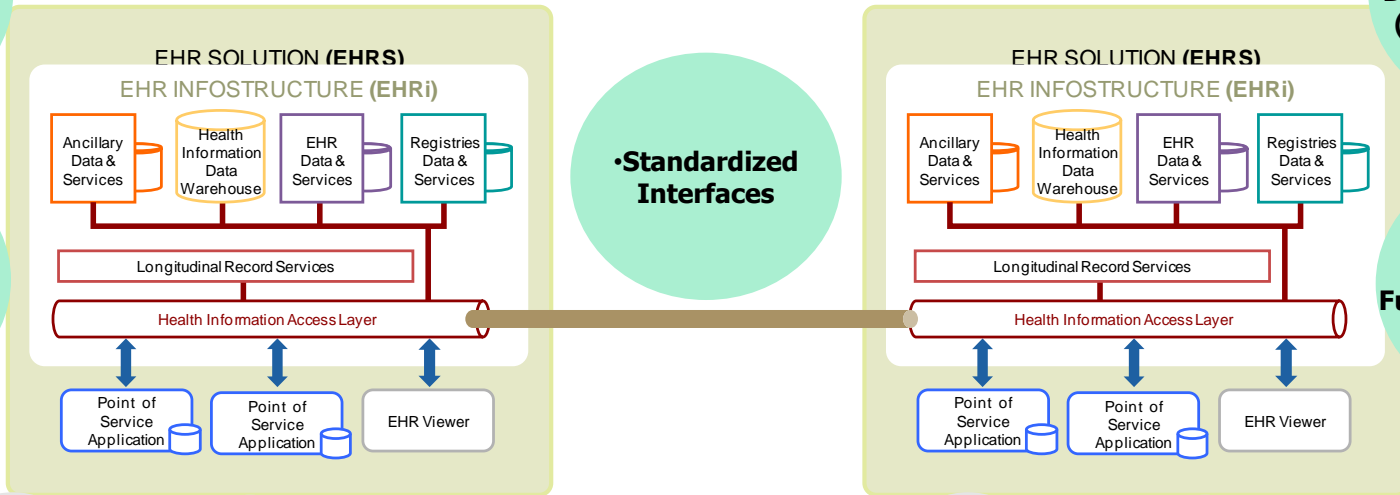
•Standardized
Architecture

•Standardized
Data Vocabularies
(encoding rules)

•Standardized
Data Structures

•Standardized
Functional Behavior

•Standardized
Interfaces





HIPAA Title II



- **Title II: Preventing Health Care Fraud and Abuse; Administrative Simplification; Medical Liability Reform**
 - Data Privacy
 - Transactions and Code Sets
 - Data Security
 - Unique Identifiers





Data Privacy



- **Protected Health Information (PHI)**
 - Right to keep personal information from outside world
 - Hospital staff, in-house and outsourced IT staff may be authorized to see data and may disclose it inappropriately
- **Protect sensitive information** – PNDT and MTP Act
- **Positive results for sensitive Lab tests** - HIV etc.
- **Public health research** - Anonymised data
- **EMR implementation challenge** - People master, Deptt master to be in sync in integrated systems





Transactions and Code Sets



- **Master Data integration challenge** – codify diagnosis, procedures and order sets
- **Data Analytics challenge** - standard terminology for clinical notes
 - Diabetes with MI discharged with B-blocker
 - Diabetes with Coronary Atherosclerosis discharged with B-blocker
 - Type-II Diabetes with CHF discharged with Metoprolol





Data Security



■ Network security

- Firewalls,
- Data centre,
- IT Support Teams,
- Outsourcing

■ Data Security - Encryption

- Public/Private keys

■ Physical security

- Authentication
- Authority
- Audit

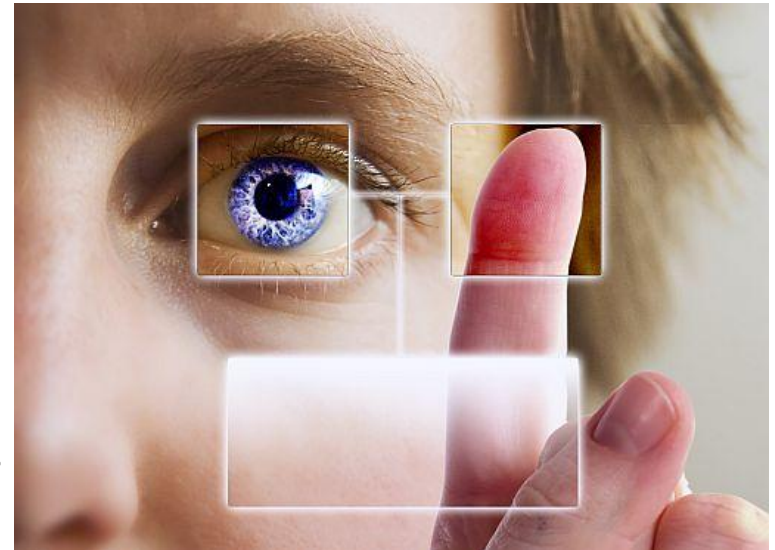




Physical Security



- **Authentication - are you who you say you are?**
 - Passwords, Biometrics (finger print, retinal scan), smartcards
- **Authority - do you have a need to know?**
 - User U in role R who satisfies constraint C has permission P
 - Ms Ann working as Nurse in ED has r/w/x permissions; whereas she doesn't have those permissions offduty
 - Ensure only authenticated users to perform authorized activities on authorized data
- **Audit - record of who actually got into what**
 - Record of every entry, correction, change, over ride etc



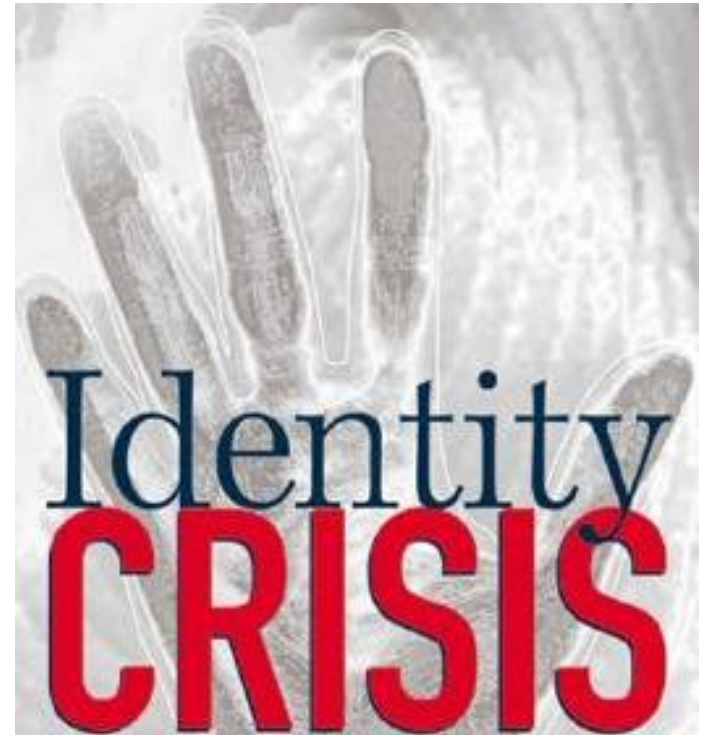


Unique Identifiers



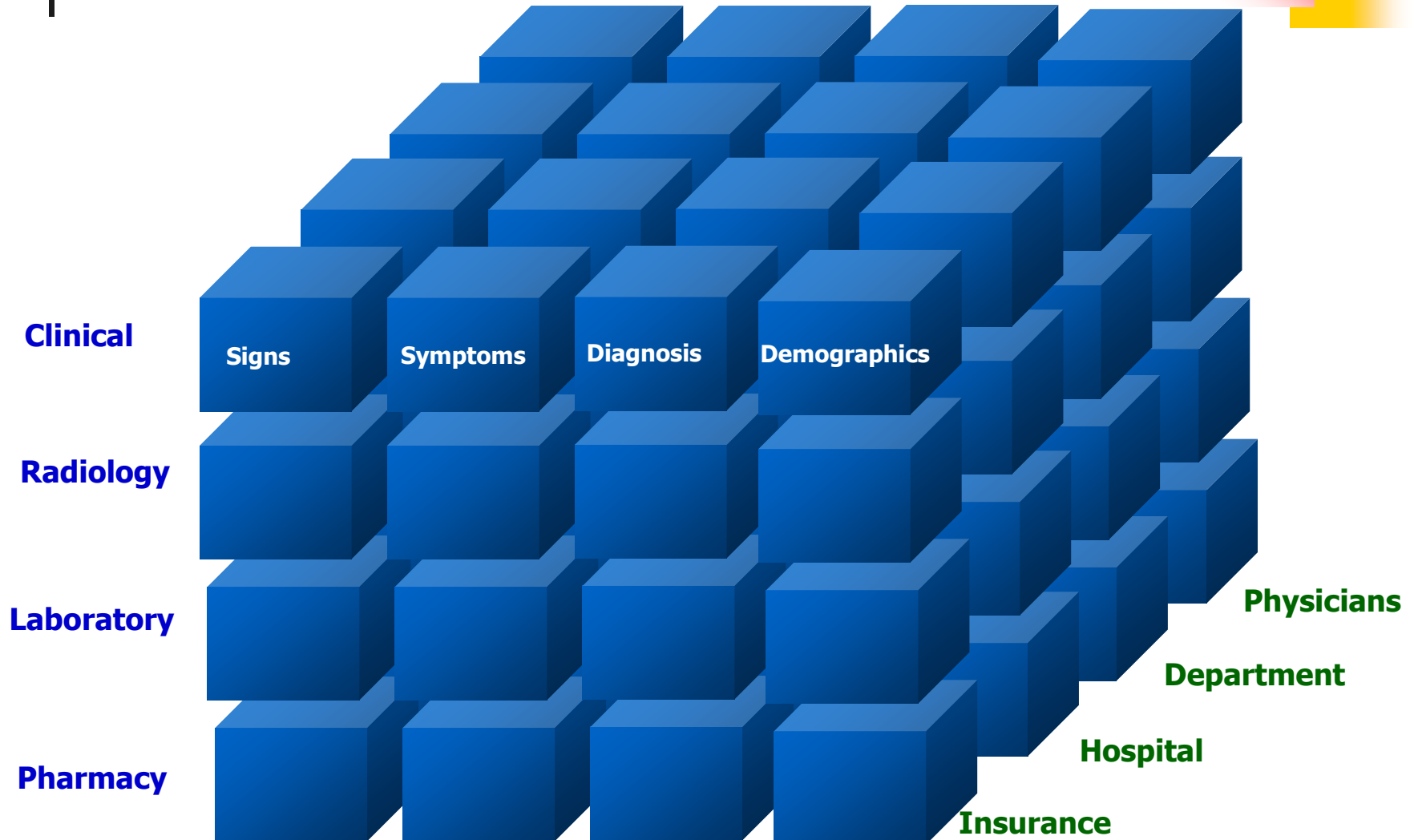
- **Point-to-Point integration between 2 systems**
 - People master to be in sync
 - Department master to be in sync
 - Dr Om Prakash Singh in ENT vs Dr OP Singh in Otolaryngology?

- **Health information exchange between systems**
 - Physician Registry
 - Patient Registry
 - Disease Registry
 - Document Registry





De-Identify before Data Analytics





Summary of Privacy & Security



- Computing/network infrastructure can deal with security
- But privacy is a policy matter
- Anonymizing of databases helps but it isn't foolproof
- In general, *people* are the weakest security and privacy link



Soon these small steps will be a Mammoth...





Solid foundation goes a long way...



Thanks.

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