

IAPP Canada
Privacy Symposium 2022

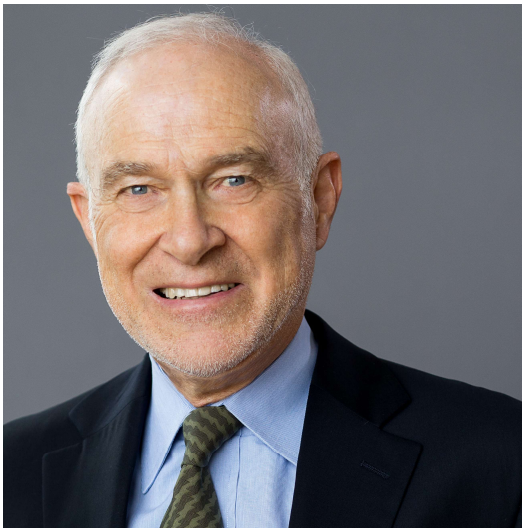
DATA HARMONIZATION ISSUES AND SOLUTIONS – EXAMPLE OF ONTARIO HEALTH TEAMS

IAPP **CANADA PRIVACY SYMPOSIUM 2022**

#CPS22



WELCOME AND INTRODUCTIONS



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IAPP CANADA PRIVACY SYMPOSIUM 2022

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PROGRAM OUTLINE

- I. Data Harmonization
- II. What are Ontario Health Teams?
- III. The OHT Ecosystem
- IV. Why Ontario Health Teams need to address data harmonization to achieve integrated care
- V. Options for an OHT data sharing framework
- VI. Q&A



DATA HARMONIZATION

- What is it and why it is needed - the broader context
- Provides the ability of data holders to “talk” to one another and exchange data in a coherent, confident manner
- *Why health data sharpens the issue* - harmonized data is critical to ensure that any health record communicates consistent, comprehensive and up to date information regarding a patient/client



WHAT ARE ONTARIO HEALTH TEAMS? (ONTARIO MINISTRY OF HEALTH)

- Ontario Health Teams are groups of health and community providers and organizations that are clinically and fiscally accountable for delivering a full and coordinated continuum of care to a defined geographic population
- Through this model, groups of health care providers will work together as a team to deliver a full and coordinated continuum of care for patients, even if they're not in the same organization or physical location
- May encompass as many as 50 separate health care and community organizations



DATA HARMONIZATION – THE KEY ELEMENTS

- Alignment of technical specifications/technical interoperability of databases
- Mutuality of standards, data quality, data protection rules/policies, security standards - governing all participants in a data ecosystem – **the “institutional” framework of a data ecosystem**
- If data includes personal information – such as health data – **privacy must be at the core** of the design – addressing accountability, authorization to communicate/use, accuracy, access protocols, security/breach response
- Meaning: uniformity of data quality, data security, accountability, participant data access rules, consumer access protocols
- ***An OHT’s privacy compliance is only as strong as its weakest link***

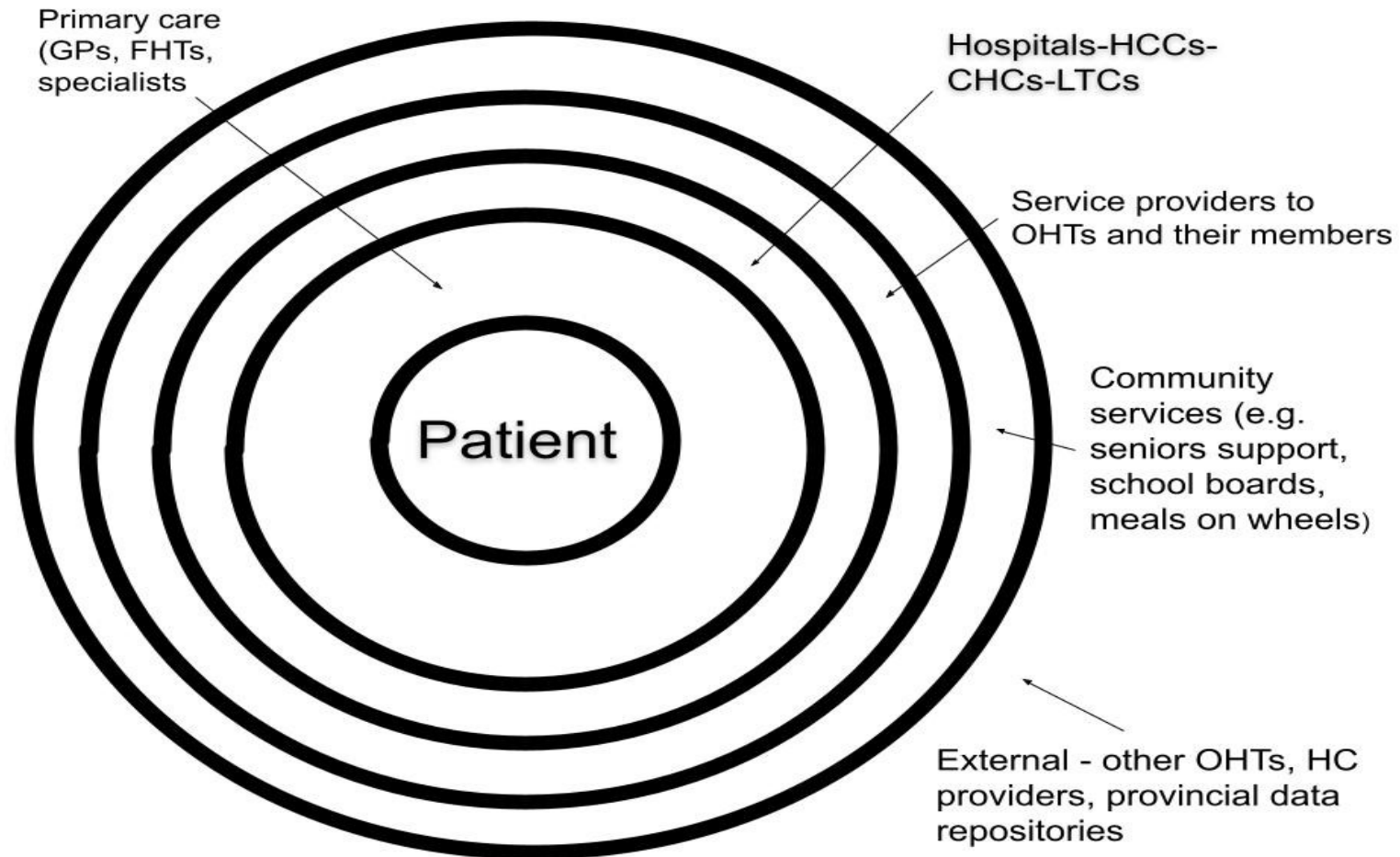


WHY ONTARIO HEALTH TEAMS NEED TO ADDRESS DATA HARMONIZATION TO ACHIEVE INTEGRATED CARE

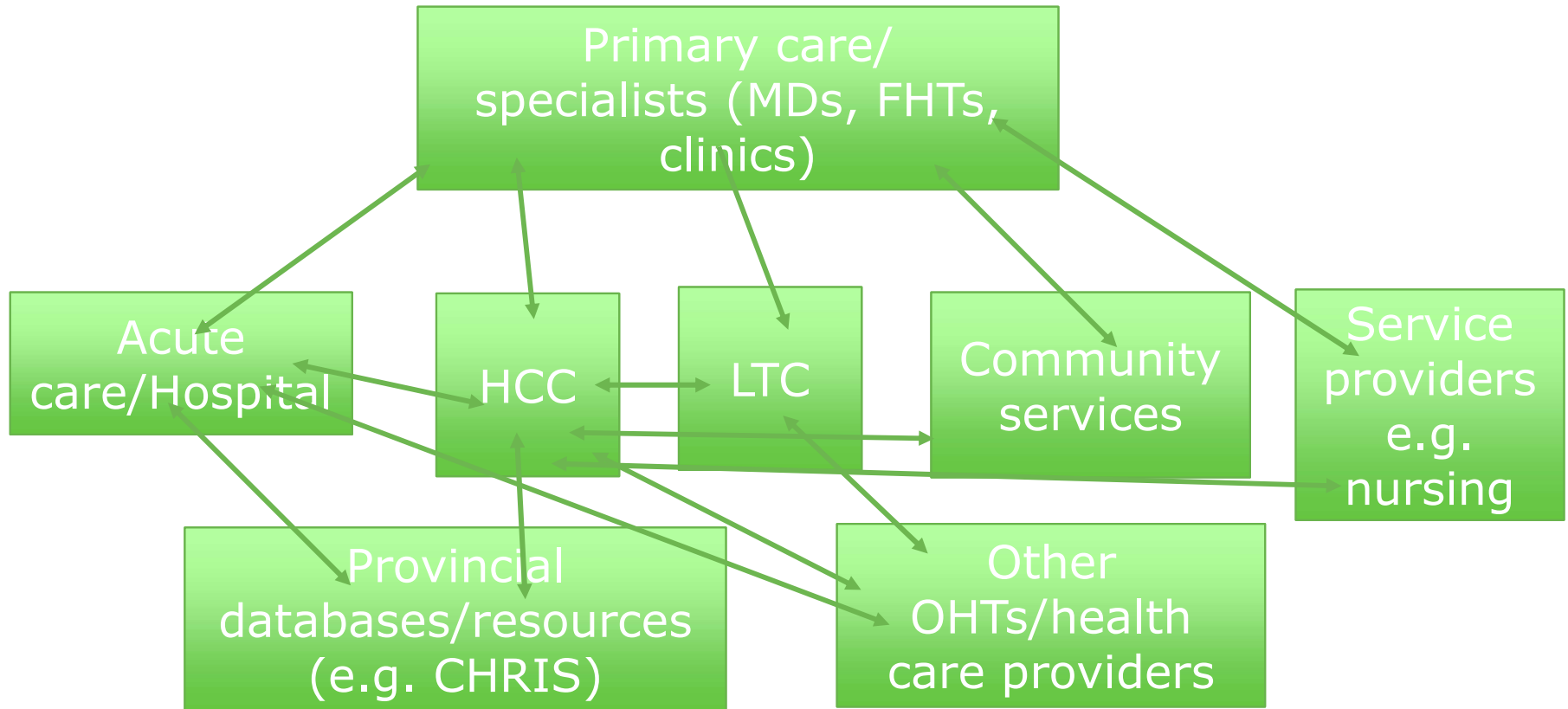
- Personal health data is needed: to provide patient care and to undertake health care system planning
- However, diverse members of an OHT typically maintain distinct non-aligned health record databases;
- Some members are not health care providers (e.g. community services) maintaining non-health information records but not health information
- **Harmonized data** ensures consistent, comprehensive and up to date information - including both health and non-health information
- **Harmonization of standards** addresses the confidence requirement - that the data shared among OHT participants is accurate and is permitted to be disclosed
- **How can a harmonized data system be achieved?**



THE OHT CARE ECOSYSTEM



THE OHT DATA ECOSYSTEM



REFERRAL EXAMPLE (1)

- Primary care to HCC agency to identify resource/service – inputs patient information into central database and updates file including as required for referral
- HCC advises/refers to service provider/resource which accepts/declines referral
- HCC updates central database as to status and advises patient
- HCC also may engage community service organization (e.g. seniors support, Meals on Wheels)



REFERRAL EXAMPLE (2)

- Hospital discharge contacts HCC agency to identify facility/resource/service – inputs patient information into central database and updates file including as required for referral
- HCC advises/refers to facility/service provider/resource which accepts/declines referral –
- HCC updates central database as to status and advises patient



ISSUES/CONCERNS

- PHIPA application and disclosure rules apply to HICs - but not all OHT members are HICs
- PHIPA's implied consent rule permits **disclosure among HICs** who **need to know** in order to provide diagnosis, treatment and care - otherwise express consent is required
- PHIPA amendments will permit PHI disclosure to an OHT - does that mean disclosure to non-HICs? IPC concerns (April 2022) – recommends that an OHT should be a HIC or that each member be subject to privacy rules equivalent to HICs
- While all members *could* participate in a unified database, with appropriate rules/policies and procedures/agreements, addressing authorities for access, system technical functionalities and appropriate privacy protections for PHI accessible by/disclosed to non-HICs, this is unlikely to happen



OPTIONS FOR AN OHT DATA SHARING FRAMEWORK

- **One to one** (HIC to HIC; HIC to non-HIC) – *not a viable option*
 - Could be overseen by an OHT Privacy Office which would mandate standards and uniformity of data specifications, dictated by a DSA among all members
 - However would be problematic for harmonization (no centralized control/oversight of data transfers, protection)
 - Furthermore, does not achieve a single point of access or data integration but instead would result in a proliferation of data locations and a likely unwillingness by members to a full data exchange/access functionality on the one-to-one basis
 - Also, likely unworkable given the multiplicity of potential data/care parties and the challenges of aligning their systems



COMMON DATABASE/CENTRALIZED PRIVACY OVERSIGHT

- Will ensure unified/harmonized data
- Unified procedural (e.g. access, disclosure) requirements
- Security of data and systems both in the central database and within participants' systems – to ensure integrity, security
- Provincial examples – CHRIS, ClinicalConnect™
- Participation will assume rigorous privacy assessment and compliance (e.g. participation agreement/DSA), consent management, breach response



INTEGRATED OHT CARE MODEL – HARMONIZED PRIVACY REQUIREMENTS

- OHT integration requires seamless data sharing - which means means **harmonized standards, data integrity and accountability rules** among participants
- Established by way of an **agreement or other framework document** adopted by all members – e.g. within the OHT's operating and governance documentation -
- Also needed to operationalize - **data sharing infrastructure requirements** : common database, network/framework; clarification of legal relationships among OHT/members
- **User training tools** and **alignment of policies** and procedures avoid fragmentation
- **Privacy Risk Assessments** (PIAs) recommended to ensure that OHTs have assessed information management and privacy factors in OHT planning, options analysis, and ultimate service delivery



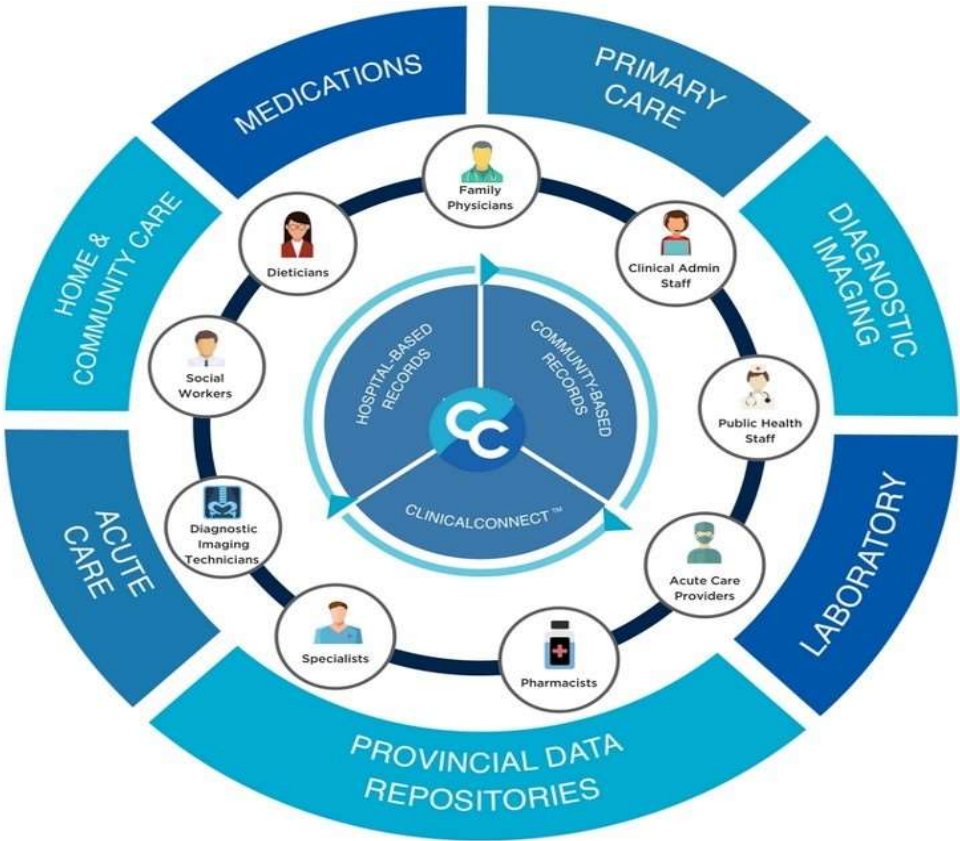
NETWORK REQUIREMENTS

- Data sharing both internal and external to an OHT, assuming that it will be through an electronic network, will require a sharing/participation agreement structure and compliance with PHIPA's health information network provider(HINP)/electronic service provider (ESP) rules
- **Data Sharing Agreement** – agreement to share, authority to share and use (e.g. implied consent), conditions of sharing (e.g. limitation on use, protect against unauthorized access, comply with consent directives, have policies and procedures, train and authorize users, conduct audits, notify of breaches), liability limitations/indemnities
- **Network Services (HINP/ESP) Agreement** – agreement between the HINP/ESP providing the network and the HICs within the network - to provide the network services, comply with public disclosure requirements, maintain logs, conduct PIAs and TRAs, notify of breaches; participants required to meet technical and privacy/security standards, liability limitations/indemnities



EXAMPLE OF AN INTEGRATED HEALTH CARE PROVIDER ECOSYSTEM (CLINICALCONNECT™)

SOURCE: [CLINICALCONNECT WEBPAGE](#) "ONTARIO HEALTH TEAMS"



CLINICALCONNECT™ ON-BOARDING REQUIREMENTS

- Participation Agreement, acceptance of ClinicalConnect™ Terms and Conditions
- Privacy pre-assessment
- Privacy Contact eLearning Orientation
- Privacy and Security Attestation



OPTIONS FOR AN OHT DATA SHARING FRAMEWORK

- **Centralized OHT database/network**, managed by a HINP
 - Unified rules management provided through DSA/Participation Agreement/NSA and an OHT oversight committee
 - Data is held by HINP on behalf of individual OHT members
 - Access to database is role-based and authenticated enabled by the technology
 - In theory, could accommodate participation by HICs and non-HICs – however the complexities of ensuring privacy compliance for non-HICs means will be limited to the HICs
- However significant operational concern:
 - if adopted province-wide will result in proliferation of databases, additional to existing province-wide/regional networks – i.e. opposite direction to “one patient-one record”



OPTIONS FOR OHT DATA SHARING FRAMEWORK

- ***OHTs utilize an existing province-wide or regional database/network such as CHRIS or ClinicalConnect™***
 - Would enable OHT member-to-member data sharing within the network
 - Members would be required to satisfy the network's onboarding requirements e.g. (ClinicalConnect™) privacy pre-assessment, participation agreement, eLearning/orientation, privacy and security attestation
 - Each member would be required to execute Participation Agreement as party to the network's DSA and HINP agreements
 - An additional, separate DSA framework agreement specific to each OHT may be appropriate



LEGAL FORM AND PHIPA STATUS - UNINCORPORATED OHT

- By the recent amendments to PHIPA, if stipulated conditions are satisfied, PHI may be collected, used or shared **by an OHT** – i.e. members may disclose PHI to the OHT
- An OHT that is formed as a group but is not incorporated poses questions regarding the PHIPA responsibilities of its members as distinct from the OHT – see IPC concerns (April 2022 letter)
- The members of an OHT continue to be subject to PHIPA
- However if the OHT is not incorporated, to whom are they disclosing the PHI? Notionally, they could disclose PHI to all other OHT members who could be characterized as forming the group
- Possible solution: it may be possible to structure service provider, external data sharing and provider-facing relationships for an unincorporated group through an agency framework in which a designated legal entity – for example an OHT HINP or ESP – is authorized to enter into these relationships on behalf all OHT members.



SUMMARY AND CONCLUSIONS

- Ontario Health Teams require a harmonized data ecosystem to provide integrated care
- A harmonized health data (PHI) model must comply with privacy (i.e. PHIPA) rules
- This means mutually adopted standards for data sharing, access, protection
- Also requires a unified database/network governed by a rules framework/agreement
- Implies a common database
- Concerns regarding HIC/non-HIC data sharing – potentially may be addressed through appropriate access/authorization controls
- Outstanding issues regarding the legal status of an OHT, need to be addressed



QUESTIONS

Thank you

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RESOURCES

- [Ontario Health Teams Harmonized Information Management Plan \(HIMP\): Guidance Document](#) March 31, 2021
- [Ontario Health Teams Digital Health Playbook](#) (updated April 2022)
- [IPC letter dated April 6, 2022](#) to the Chair, Standing Committee on Finance and Economic Affairs regarding Schedule 4 of Bill 106, the *Pandemic and Emergency Preparedness Act*, 2022 (PHIPA amendments)
- [PHIPA Decision 102](#) Privacy Breach response within a shared network; 2019-10-30
- ClinicalConnect™ onboarding protocol - [Becoming a New Participant Organization](#)
- [ClinicalConnect™ Terms and Conditions](#), January 2021
- [Meet CHRIS - Health Shared Services Ontario's Provincial Digital Health Platform](#)
- [David Young Law Compliance Bulletin](#) January 2020, "Data sharing for Ontario Health Teams"



HOW DID THINGS GO? (WE REALLY WANT TO KNOW)

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