Primary Care Network Common Program Agreement (CPA)

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BRITISH COLUMBIA | Ministry of Health

Session Agenda

- Health Information Sharing: Context & Complexity

- Common Program Agreement (CPA)

- Information Sharing for Program Evaluation – Case Study

- Information Sharing for Direct Care – CareConnect Case Study

- Questions and Discussion

Question 1 – Knowing our Audience

Chose the option that best describes your role:

A. **Practicing Clinician**

B. **Division Leader/Support Staff**

C. **Health Authority Representative**

D. **Government Representative**

E. **Doctors of BC/Joint Collaborative Committees Staff**

F. **Other**

HEALTH INFORMATION SHARING: CONTEXT & COMPLEXITY

Problem

"Privacy policy and laws are a barrier to sharing Health information between public and private providers."*

Perceived need for certainty and clarity of legislative authority and rules to share health information between parties in a Primary Care Network (PCN).
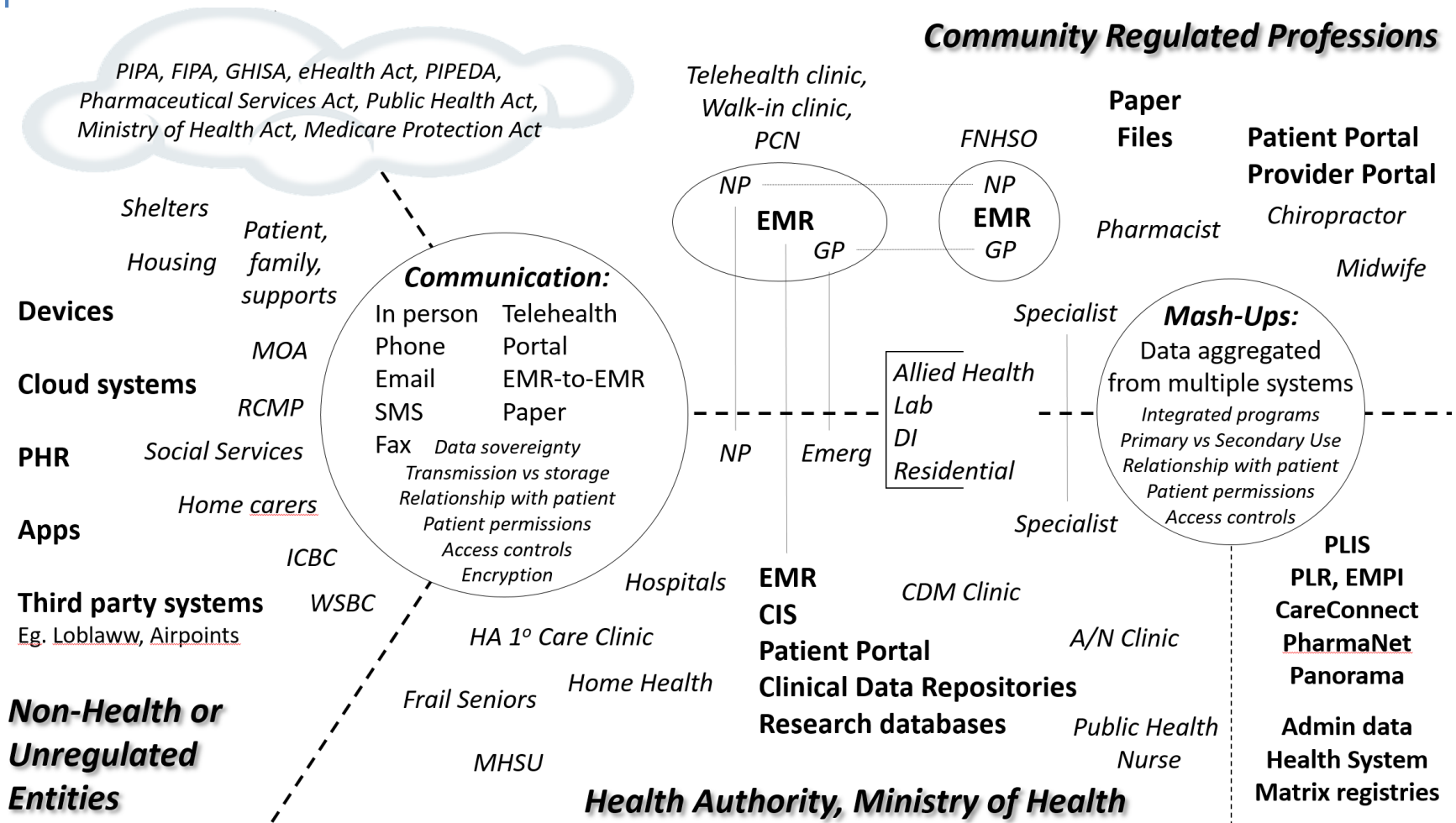
Given the problem:

- Explore if a Common Program Agreement resolves challenges

- Sr. Adviser (former Privacy Commissioner) brought in

- Privacy Officers provided clinical scenarios

- Sessions with rural and urban emerging PCN

- Determined legal authorities

- Drafted a Primary Care Network CPA framework

- First Nations and Rural Physicians representatives applied their lens

- On February 15th, advised it was a tool that could help enable information sharing and PCN program

Primary Care Network – Big three questions

Discussion:

1. Who are the parties of the Primary Care Network?

2. What information do the parties need to share?

3. For what purpose?

Community Regulated Professions

PIPA, FIPA, GHISA, eHealth Act, PIPEDA, Pharmaceutical Services Act, Public Health Act, Ministry of Health Act, Medicare Protection Act

Telehealth clinic, Walk-in clinic, PCN

FNHSO

Paper Files

Patient Portal Provider Portal

NP — *NP*

EMR **EMR**

GP *GP*

Pharmacist

Chiropractor

Midwife

Shelters

Patient, family, supports

Housing

Devices

MOA

Cloud systems

RCMP

PHR

Social Services

Home carers

Apps

ICBC

Communication:
In person | Telehealth
Phone | Portal
Email | EMR-to-EMR
SMS | Paper
Fax | *Data sovereignty*
Transmission vs storage
Relationship with patient
Patient permissions
Access controls
Encryption

Specialist

Allied Health
Lab
DI
Residential

NP *Emerg*

Mash-Ups:
Data aggregated from multiple systems
Integrated programs
Primary vs Secondary Use
Relationship with patient
Patient permissions
Access controls

Specialist

Third party systems
Eg. Loblaww, Airpoints

WSBC

Hospitals

EMR
CIS
Patient Portal
Clinical Data Repositories
Research databases

CDM Clinic

A/N Clinic

PLIS
PLR, EMPI
CareConnect
PharmaNet
Panorama

Non-Health or Unregulated Entities

Frail Seniors

Home Health

HA 1° Care Clinic

Public Health Nurse

Admin data
Health System
Matrix registries

MHSU

Health Authority, Ministry of Health

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What is the legislative landscape?

- Primary Care Networks information sharing is multi-faceted
- Need legal authority to share and use personal health information
- Differing authorities for clinical care (primary) and for QI, evaluation and planning (secondary)
- Private bodies governed by *Personal Information Protection Act* (PIPA)
- Public bodies governed by *Freedom of Information and Protection of Privacy Act* (FIPPA)
- Other legislation governs particular information (e.g. drug, lab)
- Unclear if able to share data between PIPA and FIPPA organizations for QI, evaluation and planning

What we found

1. **Information sharing for Direct Care**
   - Legal authorities are adequate under FIPPA and PIPA
   - Some issues:
     - Perception/uncertainty of law, risk aversion
     - Time
     - Technology
     - Policies

2. **Information sharing for Evaluation, Planning and QI**
   - Uncertain legal authorities:
     - Private provider disclosure to other providers (incl. public bodies) without consent
     - Public bodies indirect collection of patient information from private body without consent

COMMON PROGRAM AGREEMENT

What is it?

- **Common Program Agreement (CPA)**
  - ❑ A tool for parties in a Primary Care Network to agree to participate in a program to achieve a set of common outcomes
  - ❑ Defined under the *Freedom of Information and Protection of Privacy Act*
  - ❑ FIPPA contemplates both public and private parties in a CPA
  - ❑ Establishes the program and defines the relationship of the parties

- The CPA will support a partnership between community providers (such as physician practices) and public bodies (such as Health Authorities) to enable information sharing for the purposes of the delivery of direct care, quality improvement and evaluation/ planning

What will it do?

- The CPA will provide a clear understanding of how the legislation can be used, together with a patient consent process, to bridge gaps in legislative authority between PIPA and FIPPA to enable information sharing between private and public bodies.

- It provides parties to the agreement with a common set of terms and conditions with respect to information sharing

Value of the CPA

- Describes the PCN program common purpose and desired outcomes

- Describes roles and responsibilities of parties

- Clearly defines services to be delivered by each party

- Clearly identifies legal authorities for information sharing for direct care & strengthens authorities to enable planning/evaluation

- Prescribes a patient consent model

- Establishes high level information sharing rules

- Clearly defines purposes for information collection/use/disclosure

- Provides for onboarding and off boarding of parties to CPA

Approach

- Standard CPA template for local Primary Care Networks
- Parties to CPA may include:
  - General Practice Physicians
  - Ministry of Health
  - Health Authorities
  - Division of Family Practice
  - Specialist Physicians
  - Other Health Organizations
- Will link to Primary Care Network Service Plan

Question #2 – Parties within the Agreement

The CPA should include:

A. **HAs, Divisions, physicians and Ministry of Health**

B. **Above, plus First Nations**

C. **Above, plus Allied Health organizations**

D. **Above, plus Non-governmental Organizations**

Question # 3 – Patient Consent

Patient consent will be gained through a poster-style notification, combined with an opt out option. Do you think this is an adequate way to inform your patients?

A. **Strongly Agree**

B. **Agree**

C. **Neutral**

D. **Somewhat Disagree**

E. **Disagree**

Limitations

- The CPA cannot resolve:
    - Technology limitations
        - EMR interoperability, IT systems
    - Professional standards and other requirements (Colleges, insurers etc.)

- Does not remove professional duty to use judgement and discretion in decisions to share patient information

Next Steps

- Consultation launching that will include:
  - Physicians
  - Health Authorities
  - Nurse Practitioners
  - First Nations
  - Office of the Privacy Commissioner
  - Doctors of BC
  - Others
- May be tested with first wave of Primary Care Networks in 2018/19

INFORMATION SHARING FOR SECONDARY USE PURPOSES - EVALUATION AND QUALITY IMPROVEMENT

Observing the Patient's Journey

GP/NP EMR   Specialist EMR   HA EMR / CIS

populationdata BC

Division of Family Practice
A GPSC initiative

Interior Health
Every person matters

BRITISH COLUMBIA
Ministry of Health
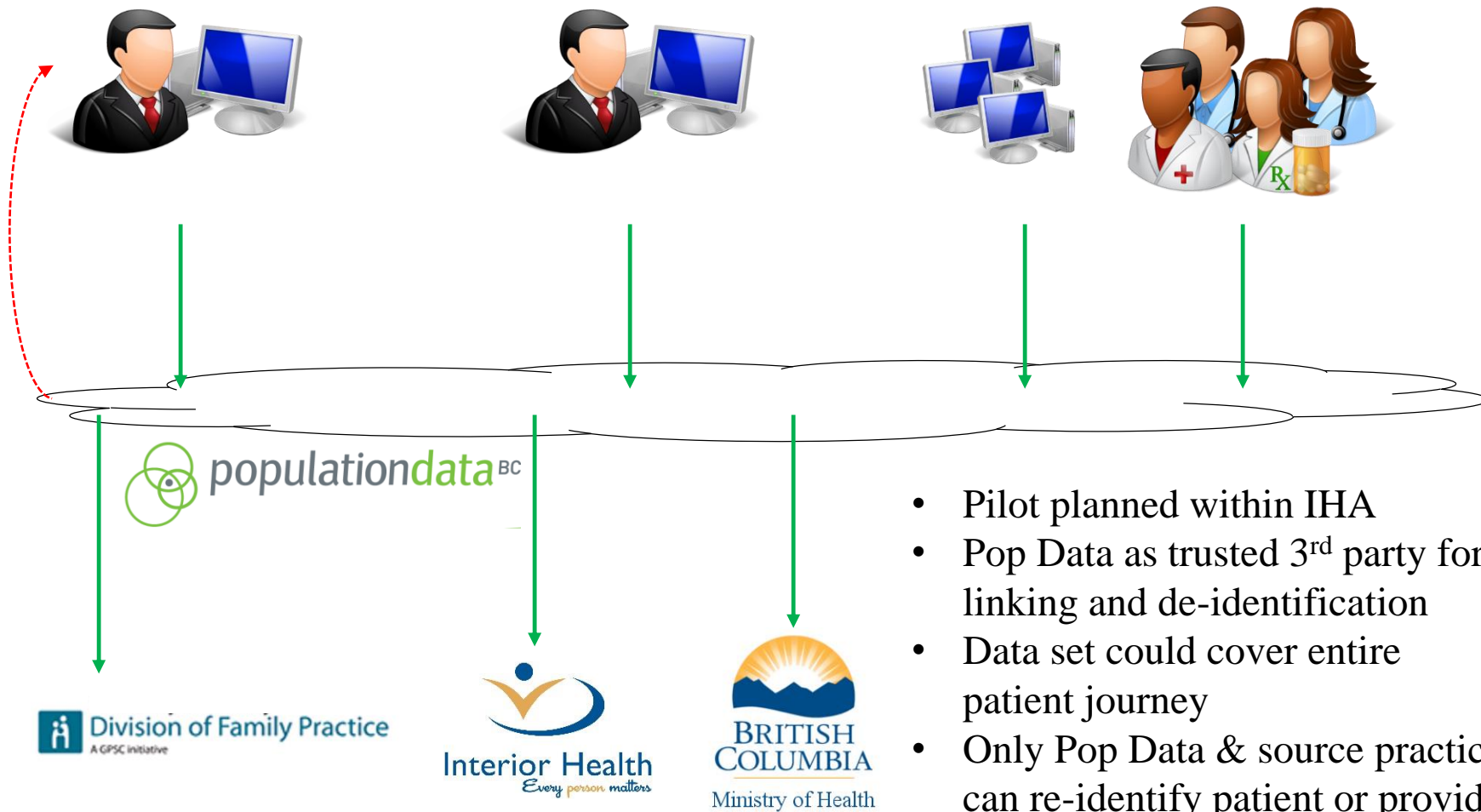
- Pilot planned within IHA
- Pop Data as trusted 3rd party for linking and de-identification
- Data set could cover entire patient journey
- Only Pop Data & source practice can re-identify patient or provider

Question # 4 – Evaluation & Quality Improvement

Are you, or your Division wanting collect information from others to do evaluation or quality improvement?

A. **Strongly Agree**

B. **Agree**

C. **Neutral**

D. **Somewhat Disagree**

E. **Disagree**

Question #5 – Data Sharing for QI

Given this data stewardship model, how comfortable would you be with sharing identifiable data from your practice for the purpose of evaluation and QI?

A. **No concern**

B. **Slight concern, but would still share**

C. **Not sure**

D. **Feeling anxious, might not share**

E. **No way**

INFORMATION SHARING FOR DIRECT CARE
CARECONNECT CASE STUDY

Information Sharing for Direct Care

Moving beyond this machine…

Using Common Health Information Systems to share patient information: Case Example – CareConnect
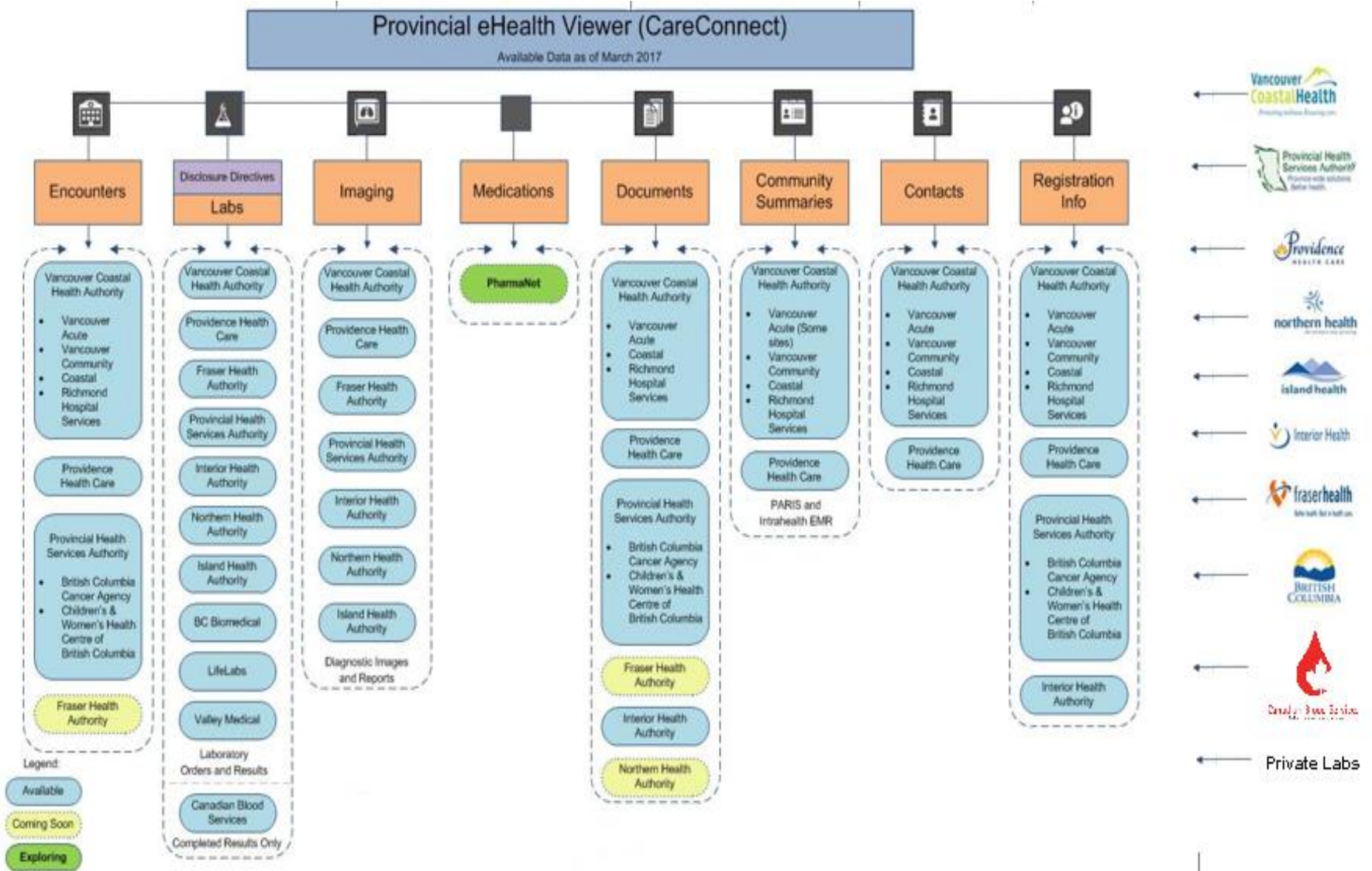
Accessing CareConnect through physician EMRs

CareConnect

_____

_____

_____

How do I sign up?

Site readiness checklists/assessments and agreements

Sample Requirements

- Private Physician Network (PPN)

- Appointment of a staff member who is primarily responsible for privacy and security policies

- Staff are made aware of basic privacy and security, e.g. avoiding clicking on phishing emails and not using the same passwords for CareConnect as personal websites

- Office or building is protected by a monitored alarm system

- Updating and maintaining software with latest security updates

- If using wireless network, the network is setup securely in accordance with the Physician Office IT Security Guide

- Cooperate with the Health Authority in auditing to ensure appropriate use

MoH and HAs are working with Doctors of BC to provide privacy and security support:

Tools and Resources

Education

MoH and HAs are working with CPSBC re strategy for ongoing monitoring and auditing of access to systems

# What are the risks if we don't address privacy and security adequately?

Vancouver Coastal Health Privacy Breach: Staffer Fired For Snooping Media Personalities' Files

Tamsyn Burgmann, The Canadian Press
CP

VANCOUVER - Vancouver's health authority is assuring patients their privacy is secure after firing a clerical employee who admitted to sneaking a peek at the medical records of five local media personalities.

The female staff member, who had worked for Vancouver Coastal Health for several years, accessed the files through the authority's electronic records system on multiple occasions in October and November.
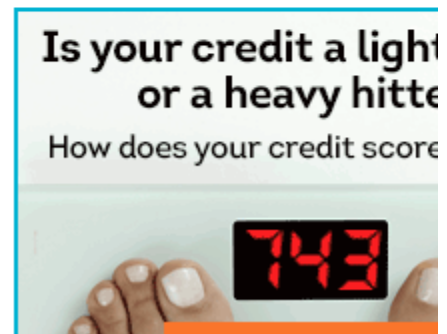
Man arrested in PharmaNet privacy breach involving 20,000 patients

CTV Vancouver
Published Monday, April 3, 2017 3:35PM PDT

Fall 2017, ransomware attack affecting local residential facility funded by Vancouver Coastal Health and Fraser Health

- All 10 servers operated by the facility were encrypted and rendered inoperable

- Demanded 1 bitcoin for each server (approx. $10K per bitcoin at the time)

- Backups were also encrypted

- Attacker used compromised credentials to get into the system

- Had to offer credit monitoring to residents

It's all about building trust…amongst MoH, HAs and community physicians…and patients and the public.

Current challenges and focus on work

- Harmonizing access models and rules between different source systems

- Streamlining agreements and other documentation

- Coordinating , aligning and integrating enrollment processes

- Developing the privacy and security support model

Question # 6 – CareConnect

Based on what you have learned, would you sign up for CareConnect?

A. Yes, for sure!

B. No thanks, too much hassle

C. Maybe, I need more details

Discussion:

What are your main concerns or questions when it comes to privacy and security when accessing Ministry and/or Health Authority systems?

CONCLUSION

Question # 7 – CPA Value

The CPA is a useful tool to support clinicians and my practice.

A. **Strongly Agree**

B. **Agree**

C. **Neutral**

D. **Somewhat Disagree**

E. **Disagree**