



Executive Summary



Introduction

Established in June 2006 by RTI International through a contract with the U.S. Department of Health and Human Services (HHS), the Health Information Security and Privacy Collaboration (HISPC) was originally comprised of 34 states and territories. As phase three of the HISPC began in April 2008, HISPC was comprised of 42 states and territories, and aimed to address the privacy and security challenges presented by electronic health information exchange through multi-state collaboration. Each HISPC participant continued to have the support of its state or territorial governor and maintained a steering committee and contact with a range of local stakeholders to ensure that developed solutions accurately reflected local preferences.

Background

In the first phase of the project, the 34 teams followed a defined process: (1) assess variations in organization-level business policies and state laws that affect health information exchange; (2) identify and propose practical solutions, while preserving the privacy and security requirements in applicable Federal and State laws; and (3) develop detailed plans to implement solutions.

In the second phase of the project, the 34 teams selected a foundational component of their larger implementation plan to be completed in a six-month time frame. During this time, additional participation was sought for the HISPC's third phase and new states and territories joined the original HISPC teams to review high priority areas where multi-state collaboration could foster the development of common, replicable solutions.

The third phase, which began in 2008, was comprised of 7 multi-state collaborative privacy and security projects focused on: analyzing consent data elements in state law; studying intrastate and interstate consent policies; developing tools to help harmonize state privacy laws; developing tools and strategies to educate and engage consumers; developing a toolkit to educate providers; recommending basic security policy requirements; and developing inter-organizational agreements. Each project was designed to develop common, replicable multi-state solutions that has the potential to reduce variation in and harmonize privacy and security practices, policies and laws. A cross-collaborative steering committee has been established for phase three, to facilitate knowledge transfer between collaboratives and identify points of intersection. Participating states and territories are summarized in the table below, and a description of each project follows.

Collaborative	Participating States and Territories	
	N	Abbreviations
Interstate Disclosure and Patient Consent	11	IN, ME, MA, MN, NH, NY, OK, RI, UT, VT, WI
Intra/Interstate Consent Policy Options	4	CA, IL, NC, OH
Harmonizing Privacy Law	7	FL, KY, KS, MI, MO, NM, TX
Consumer Education and Engagement	8	CO, GA, KS, MA, NY, OR, WA, WV
Provider Education	8	FL, KY, LA, MI, MO, MS, TN, WY
Adoption of Standard Policies	10	AZ, CO, CT, MD, NE, OH, OK, UT, VA, WA
Inter-Organizational Agreements	6	AK, GU, IA, NJ, NC, SD

Interstate Disclosure and Patient Consent Requirements

The primary goal of the Interstate Disclosure and Patient Consent collaborative was to:

- Establish a model for identifying and resolving patient consent and information disclosure requirements across states; and
- Develop a foundational reference guide that describes and compares the requirements mandated by state law and any known regional or local consent policies and practices in each of the participating states.

The collaborative focused on mandated (state law and regulation) requirements pertaining to consent and disclosure of health information needed in 3 high priority treatment and/or public health scenarios. By clarifying and documenting consent requirements, the team worked to enable increased interstate electronic health information exchange.

Intrastate and Interstate Consent Policy Options

The primary goal of the the Intrastate and Interstate Consent Policy Options collaborative was to:

- Identify the different consent approaches within and between states; and
- Propose policy approaches for consent that facilitate interstate electronic health information exchange.

The collaborative researched the technological, public policy, and legal aspects of intrastate and interstate consent issues, produced tools for other states to use as they develop strategies for adopting consent policies, and provided policy recommendations for nationwide consideration.

Harmonizing Privacy Law

The primary goal of the Harmonizing Privacy Law collaborative was to:

- Advance the ability of states and territories to analyze and reform, if appropriate, their existing laws related to health information exchange.

The collaborative developed a common subject-matter taxonomy (a classification of laws based on subject matter categories) to analyze existing laws and identify key areas that require revision of existing law or the adoption of new law. The common taxonomy will provide a framework for comparison, analysis, and where appropriate reformation of state laws related to health information exchange.

Consumer Education and Engagement

The primary goal of the Consumer Education and Engagement collaborative was to:

- Develop a series of coordinated, state-specific projects that focus on targeted population groups to describe the risks and benefits of health information exchange, educate consumers about privacy and security with respect to health information exchange and develop messaging to address consumer privacy and security concerns.

Collaborative products addressed the different needs of urban and rural populations, varying literacy levels, and people with special health concerns. These products will also provide a range of materials for states and territories to adapt to meet their own needs.

Provider Education

The primary goal of the Provider Education collaborative was to:

- Create a toolkit to introduce electronic health information exchange to providers, and increase their awareness of the privacy and security benefits and challenges of electronic health information exchange.

The collaborative worked with professional medical associations, societies, and educational organizations that represent or serve providers, develop materials, tools and techniques to better engage providers, raise their interest in electronic health information exchange, and address their privacy and security concerns.

Adoption of Standard Policies

The primary goal of the Adoption of Standard Policies collaborative was to:

- Develop a set of basic policy requirements for authentication and audit and define an implementation strategy to assist states and territories adopt agreed upon policies.

Through its work, the collaborative developed processes to help establish trust and bridge the policy differences between health information exchange models.

Inter-Organizational Agreements

The primary goal of the Inter-Organizational Agreements collaborative was to:

- Develop a standardized core set of privacy and security components to include in inter-organizational agreements.
- Wherever possible, execute said agreements and exchange data through cross-state pilots.

The collaborative identified and resolved by agreement between states and other entities those privacy and security practices, procedures and laws that pose challenges to the interstate exchange of health information.

Health Information Security & Privacy
COLLABORATION



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**For more information go to:
<http://privacysecurity.rti.org/>**