



# What's on tap for health IT

## SEPTEMBER

AHIC confidentiality, privacy and security work group to hold a hearing on authentication and identity-proofing in early health IT uses

## OCTOBER

National conference on National Health Information Network privacy and security issues in Washington

## NOVEMBER

Interim report due on assessment of variations in state privacy rules, practices and policies  
Regional meetings with states in Health IT Security and Privacy Collaborative on state variations

## DECEMBER

AHIC privacy work group to recommend policies on authentication and identity proofing

## JANUARY 2007

Report of state variations and proposed solutions  
Demonstration of NHIN security components  
Third national NHIN conference  
End of NHIN contract base year.

## The consumer benefits of personal health records

Personal health records will be one of the first tangible results of HHS' health IT efforts—and there is substantial market interest in them, said Paul Feldman, deputy director of the Health Privacy Project, a consumer privacy group.

PHRs provide medical history and medications lists so consumers do not have to repeatedly fill in basic information at doctor visits. Consumers will have control over them, and they have the potential to reduce costs and absenteeism for employers.

“Tremendous benefits accrue by having longitudinal medical records that would be available for you to march in with to your doctor's office, and to have your lab results in place so you don't have to get that second MRI,” he said.

If issues about who populates the PHR and who authenticates the information as belonging to the patient are resolved, the PHR becomes the only device available to collect a longitudinal health record.

But PHRs also present privacy issues.

HIPAA privacy and security provisions cover PHRs that hospitals, physician practices and health insurance plans provide, because they are covered entities under that law. And if the covered entities contract for PHRs, HIPAA extends to the contractor through business associate agreements with the provider.

But HIPAA does not govern commercial third parties that offer PHRs, and HIPAA will not cover how they use consumer health data, said Feldman, who also is co-chairman of the Confidentiality, Privacy and Security Work Group under the public-private American Health Information Community.

“I imagine that a reasonable deliverable for AHIC would be a recommendation, even leading to an executive order, that all PHR providers create notice documents and are bound by similar if not the same regulations as the privacy and security rule,” Feldman said.

The president could require all PHR providers that do business with the federal government to abide by HIPAA privacy rules, he said. —Mary Mosquera