

Role Based Access and Authentication

Framing the Discussion in Ohio

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http://hispc.pbwiki.com/Extension_2007

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Scope of the HISPC Project

- Determine state and interstate solutions
- Participate in the national discussion
- Perform reality checks for solutions
- Decide what Ohio will do related to:
 - RHIOs
 - Government
 - Private Sector

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Parameters for Security

- Authorizing access
 - Health Information Exchanges (RHIOs)
 - One entity (enterprise level data)
- Authenticating identity
 - Role of the participating organizations RHIO
 - Professional certifying bodies
- Setting access levels
- Monitoring Access

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We are NOT in a Vacuum

- Other states like MN have proposed frameworks (4As)
- Health Information Technology Standards Panel
- Veterans Administration, Dept of Defense, Indian Health Service as examples
- Implementation is the issue – what works

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The Balancing Point

- Providing complete, available and accurate information at the point of care
- Easing access to information for healthcare providers
- Maintaining trust
- Meeting legal requirements

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Frameworks do not Specify

- How many roles?
- How to enumerate and define?
- What kinds of information do they get to see?
- What about secondary data use? (Research, Public Health Planning)

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How Many Roles

- ASTM E-1986-98 has 25 major roles with multiple subgroups and asserts the need to classify all actors into these roles
- VA with rules engine for levels of access defined for functions and elements
- May be dictated by the cost & / or complexity

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What are the Roles? What can be Accessed?

Healthcare provider	All available health information for patients they are treating
Prescriber	The ability to order medications
Administrative staff	Demographics

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Secondary data use

- What authority is required to use?
- How to de-identify data? Dataset specification? Thresholds and filters
- How does “downstream” data use affect trust relationships?

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Web Resources for Role Based Access & Authentication

- <http://csrc.nist.gov/rbac/draft-rbac-implementation-std-v01.pdf>
- <http://www.va.gov/rbac/>
- <http://www.hhs.gov/healthit/standards/activities/>
- <http://www.ncvhs.hhs.gov/070501p8.pdf>

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What will we recommend and why?

- Common sense approach
- Only as much as needed for the best treatment, safety and health of the patient
- Legal guides that promote treatment, not impede it
- Wide acceptance to promote uniformity

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