Privacy models for data sharing

[draft tool 5 in the privacy management and data sharing (PMDS, or privacy) toolkit]
[use case-derived examples, and observations about trust, to be added soon]
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Ontario Health Teams (OHTs), Primary Care Networks (PCNs) and their member organizations can select from several privacy models for data sharing in support of primary and integrated care. In the table below we list three model options, how each model works, and the strengths and approaches to address risk with each model. The table draws heavily on material shared with us by Katherine Kresta, who is a member of our data sharing and privacy (DSP) support team and a senior consultant with MD+A Health Solutions. Key concepts and terms include:

- personal health information (PHI) is information about an identifiable patient, their condition (including their tests and treatments), and their healthcare providers and it is collected by a health information custodian (HIC) for care
- HICs – an individual health service provider or a legal entity (e.g., OHT member organizations) – can collect (receive or view) PHI, use PHI that it has collected, and disclose (share) PHI for care purposes (with implied consent if those involved are all HICs, and with express consent if those involved include non-HICs)
- HIC-Agents act on behalf of the HIC while service providers and health information network providers (HINPs) provide technology services

Model	How it works	Strengths and approaches to address risks
Singe custodian for a single system	• Organization A operates the health-information system, or HIS (even if the technology is sub-contracted), and acts as the HIC • Organizations B and C provide staff to organization A, and these staff act as HIC-Agents for organization A	• Strength: can be done quickly • Approach: develop or adapt a data-sharing agreement (DSA) that outlines roles and responsibilities of the parties and permitted purposes for the collection and disclosure of PHI
Single custodian for a shared system	• Organization A operates the shared HIS (even if the technology is subcontracted – e.g., via EpicCare Link) and acts as the HIC • Organizations B and C disclose (share) PHI to a shared patient record that is owned by organization A, and they can collect (view) PHI in the shared system	• Strength: semi-integrated patient record • Approach: as above (DSA) plus align closely on privacy practices and minimize the burden of double documentation (i.e., disclosing PHI to own system and to shared system)
Multi-custodian for a shared system	• Organization A operates the shared HIS (as a technology provider in the role of a HINP or as both a technology provider and HIC disclosing and collecting PHI) and organizations B and C (and possibly A) contribute to a shared patient record in the shared system • Each organization discloses (shares) PHI to the others and collects (views) PHI from the others	• Strengths: integrated patient record and no double documentation and each partner has a relationship with the technology provider • Approach: as above (DSA) plus even greater alignment of (and shared governance of) privacy practices (e.g., retention periods) plus represent custodianship via the technology (who discloses and collects PHI)

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Note from RISE: This tool is meant to be read in conjunction with other tools in this PMDS toolkit, as well as the tools in a complementary data-sharing agreement (DSA) toolkit. RISE prepares both its own resources (like the RISE brief) that can support rapid learning and improvement, as well as provides a structured 'way in' to resources prepared by other partners and by the ministry. RISE is supported by a grant from Ontario Health to the McMaster Health Forum. The opinions, results and conclusions are those of RISE and are independent of Ontario Health and the Ontario Ministry of Health. No endorsement by Ontario Health or the ministry is intended or should be inferred.

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