Toward Optimized Practice

Privacy Policy – Projects/Campaigns

NAME OF POLICY	POLICY #
Toward Optimized Practice Privacy Policy - Projects or Campaigns	
APPROVING AUTHORITY	**APPROVAL DATE**
TOP Program Director	*June 14, 2013*

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These policies have been reviewed by the Alberta Medical Association Senior Management Team

Alberta HEALTH AND WELLNESS
ALBERTA MEDICAL ASSOCIATION
Alberta's Regional Health Authorities
College of Physicians & Surgeons of Alberta

Toward Optimized Practice

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1.0 PURPOSE

The Health Information Act, 2(a) and (b) state the following:

The purposes of this Act are:

(a) To establish strong and effective mechanisms to protect the privacy of individuals with respect to their health information and to protect the confidentiality of that information,

(b) To enable health information to be shared and accessed, where appropriate, to provide health services and to manage the health system.

The purpose of this document is to provide details regarding privacy requirements and protection of personal information of any individual associated with projects or campaigns undertaken by the Toward Optimized Practice Program (TOP). This policy provides directions and actions necessary to ensure adherence to the *Health Information Act* (HIA).

2.0 PROTECTION OF PRIVACY

2.1 *Privacy Commitment Statement*

Information held by TOP for the purposes of any project or campaign activities is collected, stored, used, and disclosed in accordance with the privacy principles established by the Canadian Standards Association and the *Health Information Act (Alberta)*. TOP respects the members' right to privacy, and is committed to upholding the CSA and *Health Information Act* privacy principles.

- *TOP applies a 'need-to-know' principle for all activities whereby we will collect the least amount of information required to administer any project activities with the highest degree of anonymity possible.*
- *TOP does not collect personally identifiable patient information.*
- *TOP does not attempt to re-identify any unidentified patients.*

TOP is committed to keeping private information held on project participants, electronically or otherwise, private and secure. TOP regularly reviews, and when necessary, updates its security measures to ensure that all information is held secure, and that appropriate security measures and technology are maintained to ensure security of personal information.

- Please refer to *the "Toward Optimized Practice Privacy Commitment Statement"* for further information.

2.2 *General Privacy Policies*

The following privacy policies have been adopted by TOP for all project or campaign activities:

1. The TOP Program Director is accountable for compliance with the *"TOP Privacy Policy"*. Decisions regarding the interpretation and application of the policies and procedures are the ultimate responsibility of the TOP Program Director.
2. TOP is responsible for personal information in its possession and this includes information that has been provided to a third party for processing (e.g. data entry) within the TOP offices. For third parties (contractors), TOP (as a program of the AMA) has contractual agreements in place that commit the third party to protect the information at a level as defined by AMA.
3. TOP identifies the purpose for which personal physician information is collected before the time of collection of the information.
4. All project or campaign reports (with the exception of an individual physician report) will be subject to a minimal cell size to ensure physician privacy is maintained. Each project or campaign will determine what cell size will be adhered to.
5. At a PCO's request, optional non-identifiable data may be compiled and returned to the PCO for further analysis
6. Where necessary, TOP will obtain written consent for the collection, use and disclosure of personal physician information before the time of collection.
7. New uses or disclosures of personal information are permissible only with the consent of the individual or as required or permitted by law.
8. TOP does not disclose personal information for secondary or other purposes.
9. TOP will retain the personal information collected for only as long as it is needed to administer each project or campaign.
10. TOP does not collect personally identifiable patient information.
11. TOP does not attempt to re-identify any unidentified patients.
12. TOP will take reasonable measures to ensure that the personal information being collected is accurate, complete and up-to-date for the purposes for which the information is collected, used or disclosed.
13. TOP, in accordance with the AMA policy, has security safeguards in place to protect personal information against loss or theft, and unauthorized access, disclosure, use or modification.
14. TOP uses care in the disposal or destruction of personal information in order to prevent access to the information by unauthorized parties.

3.0 DISCLOSURE AND COLLECTION OF CAMPAIGN INFORMATION

3.1 *Disclosure of Project or Campaign Information*

3.1.1 General Disclosure Information

TOP has adopted two guiding principles with respect to the disclosure of campaign information:

1. Only an individual physician will see his/her identifiable results.
2. Only de-identified aggregate information for a particular group will be reported to that group unless consent is otherwise granted by physicians.

All project or campaign reports (with the exception of an individual physician report) will be subject to a minimal cell size to ensure physician privacy is maintained. Each project or campaign will have an appropriate cell size determined and that information will be described in the privacy addendum for each project / campaign. If a minimal cell size is not achieved, the affected report will not be generated unless consent is obtained from the physician(s).

3.1.2 Disclosure of Information to Physicians

Individual physicians will receive detailed reports. The type of information reported will be defined for each project or campaign. That Information will be distributed on a regular basis outlining the physician's personal results which may include:

- Baseline (pre –project or pre-campaign) measurement information
- Regular measurement information (progress reports) during all projects or campaigns
- Predicted versus completed outcomes/ statistics (for baseline and progress during projects or campaigns)
- Extrapolated total incremental results
- Additional results as defined by the project or campaign

It is anticipated that additional reporting may be necessary. If so, the same guiding principles noted in section 3.1.1 will be applied.

3.1.3 Disclosure of Information to Clinics

Based on the objectives of each project or campaign, Clinics will receive regular reports of aggregate level data. Addendums to this policy specific to articulating data collection

requirements, scheduling and specific details for each project or campaign will be provided.

If a project or campaign has identified a minimum cell size and a physician clinic specifically requests a report be generated where the minimum cell size (as previously defined) is not achieved, all physicians within the clinic (who are participants) must provide their written consent for the report to be generated and distributed. This information is intended for those physicians participating in the project or campaign only, and cannot be distributed to physicians within the same clinic who are not participating.

It is anticipated that additional reporting will be required in the future and the same guiding principles noted in section 3.1.1 will be applied.

3.1.4 Disclosure of Information to Primary Care Networks

Examples of information that will be reported regularly to Primary Care Networks at an aggregate level for projects or campaigns, based on minimum cell size include:

- Baseline (pre –project or pre-campaign) aggregate measurement information
- Regular measurement information (progress reports) during all projects or campaigns
- Predicted versus completed outcomes / statistics (for baseline and progress during projects or campaigns)
- Extrapolated total incremental results
- Additional results as defined by the project or campaign

The following conditions also apply:

1. A Primary Care Network wishing to obtain measurement or count information from TOP that is not reported through regular aggregate campaign updates must obtain written consent from each individual physician for the specified purpose before TOP will release this information. This includes the generation of a project or campaign report where the minimum cell size (as previously defined) has not been achieved.
2. The Primary Care Network will be required to provide TOP with evidence of the written consents obtained from its physicians for any special reporting requested from TOP.

   It is anticipated that additional reporting will be required in the future and the same guiding principles noted in section 3.1.1 will be applied.

3.1.5 Disclosure of Information to Other Stakeholders

It is likely that other project or campaign stakeholders may request copies of reports from TOP. Any reports that are provided to other stakeholders will contain aggregate data only and are subject to the minimum cell size requirement. The same guiding principles noted in section 3.1.1 will also be applied.

E.g., Alberta Health Services may receive an aggregate report which may include zone level data as well as AHS-wide data while other provincial bodies will receive aggregate reports at a provincial level. Any special reports requested that are within these constraints will be evaluated on a case-by-case basis. TOP will report at an aggregate provincial–level to the TOP Leadership Committee.

It is anticipated that additional reporting will be required in the future and the same guiding principles noted in section 3.1.1 will be applied.

3.1.6 Disclosure of Information to TOP Sponsors

In addition aggregate measurement information noted for clinics/Primary Care Networks, the TOP Sponsors (Alberta Medical Association, Alberta Health Services, and Alberta Health)will receive information such as (but not limited to):

- Number of participating physicians by age category and number of years practicing family medicine
- Number of clinics participating
- Number of Primary Care Networks participating
- Number and names of AHS zones represented.

It is anticipated that additional reporting will be required in the future and the same guiding principles noted in section 3.1.1 will be applied.

3.2 *Collection of Project or Campaign Information*

TOP collects a range of identifiable information for health providers (physicians) and clinics, for the purpose of administering various projects or campaigns. This information can be sorted into three broad categories:

- Clinic Information (i.e., name, address, phone, fax, electronic medical record system)
- Personal Information (i.e., name, gender, year of birth, email address)
- Professional Information (i.e., PRAC ID, # of years practicing family medicine, # of clinic hours per week)

As previously noted, no personally-identifiable patient health information will be collected by TOP.

Where the physician chooses someone to act on his/her behalf to conduct chart audits , the individual signs a confidentiality agreement to audit only the patient information that is directly required for the campaign (least amount of information used with highest degree of anonymity). Non-identifiable patient information is sent to TOP for analysis. Aggregate reports (physician specific) are then sent to that physician.

> *It is anticipated that additional reporting will be required in the future and the same guiding principles noted in section 3.1.1 will be applied*.

4.0 SAFEGUARDING PROJECT / CAMPAIGN INFORMATION

TOP utilizes AMA's strict security and encryption practices and technologies to safeguard project and campaign information as follows:

1. The database used to collect information (physician, clinic, measurements or counts) will:
    a. Be password protected with role-based access that is strictly managed on a 'need-to-know' basis for specific purposes.
    b. Utilize encryption technology.
    c. Be password protected and accessed only by the designated users.
    d. Utilize encryption technology and anti-viral software.
    e. Meet AMA's stringent configuration and security requirements.
    f. Be serviced by AMA technical support resources only when at least one "system administrator" is present.
2. Data is backed externally using established Alberta Medical Association protocols and methods.

5.0 RESEARCH ETHICS REVIEW

TOP is a quality improvement organization. Initiatives undertaken are quality improvement initiatives and therefore do not fall within the Research component of the Health Information Act and are therefore not subject to Research Ethics approval.

6.0 SUMMARY OF IMPORTANT LEGISLATION

The *Health Information Act* is important legislation in Alberta for physicians, and is equally important to TOP. TOP limits as much as possible, the amount of information it collects for the purposes of all projects or campaigns and commits to the collection, use and/or disclosure of all information with the highest degree of anonymity possible. In addition, TOP does not collect personally-identifiable patient information.

Physicians likewise have a duty to collect, use or disclose health information with the highest degree of anonymity possible. The following sections of the *Health Information Act* are noted:

57(1) "Aggregate health information" means non-identifying health information about groups of individuals.

57(2) A custodian that intends to collect, use or disclose health information must first consider whether collection, use or disclosure of aggregate health information is adequate for the intended purpose, and if so, the custodian must collect, use or disclose only aggregate health information.

If an individual physician wishes to engage a TOP resource to conduct a review of their charts for the purposes of establishing campaign measures, the physician will be required to enter into an "affiliate" relationship directly with the TOP resource (not the TOP Program). This will ensure that the TOP Program receives only the aggregate data it requires to administer the project or the campaign. In addition, the TOP resource assigned to support a physician for this activity will have experience with interpreting patient charts and will be a member in good standing of a recognized health professional body (e.g., College and Association of Registered Nurses of Alberta).

The following sections of the *Health Information Act* apply:

24 An affiliate of a custodian must not collect health information in any manner that is not in accordance with the affiliate's duties to the custodian.

26 A custodian may use non-identifying health information for any purpose.

27(1) A custodian may use individually identifying health information in its custody or under its control for the following purposes:

(g) for internal management purposes, including planning, resource allocation, policy development, quality improvement, monitoring, audit, evaluation, reporting, obtaining or processing payment for health services and human resource management.

28 An affiliate of a custodian must not use health information in any manner that is not in accordance with the affiliate's duties to the custodian.

32(1) A custodian may disclose non-identifying health information for any purpose.

35(1) A custodian may disclose individually identifying diagnostic, treatment and e information without the consent of the individual who is the subject of the information:

(f) to a person authorized to conduct an audit of the information if the person agrees in writing:

(i) to destroy the information at the earliest opportunity after the audit is concluded, and

(ii) not to disclose the information to any other person, except as required to accomplish the audit or to report unlawful or improper conduct by the custodian or a health services provider

(g) to a committee that has as its primary purpose the carrying out of quality assurance activities within the meaning of section 9 of the *Alberta Evidence Act*

35(2) A committee to which health information is disclosed pursuant to subsection (1)(g) must not disclose the information to any other person except in accordance with subsection (3).

35(3) A committee referred to in subsection(2) may disclose non-identifying health information to another committee that has as its primary purpose the carrying out of quality assurance activities within the meaning of section 9 of the *Alberta Evidence Act*.

62(1) Each custodian must identify its affiliates who are responsible for ensuring that this Act, the regulations and the policies and procedures established or adopted under section 63 are complied with

62(2) Any collection, use or disclosure of health information by an affiliate of a custodian is considered to be collection, use or disclosure by the custodian.

62(4) Each affiliate of a custodian must comply with

(a) this Act and the regulations, and

(b) the policies and procedures established or adopted under section 63.

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PROJECT OR CAMPAIGN ADDENDUMS

Each project or campaign will have specific data collection, analysis and reporting requirements. This Addendum provides details of those specifics for each initiative. When referring to TOP's Privacy Policy with respect to projects or campaigns, please ensure the specific unique aspects are referenced (and numbered) based on the details provided below.

7.0 ALBERTA SCREENING AND PREVENTION PROJECT (ASAP)

From Evaluation Plan FINAL:

The Alberta Screening and Prevention (ASaP) Project is designed to assist Physicians in their efforts to close the gap in ensuring that Albertans receive recommended evidence based screening offers and subsequent preventative care. Currently, a common practice in primary care is to wait for the individual patient to initiate a screening encounter. Where primary care teams undertook to initiate screening services through opportunistic methods (adding the offer of appropriate screening to a clinic visit booked for another reason) or planned outreach methods (reaching out to patients who to not present for any appointments), rates of screening care increased substantially.

The objectives of the Alberta Screening and Prevention Project are:

1. Primary care providers will select screening and prevention maneuvers and offer screens to their panel of patients using opportunistic and planned outreach methods.
2. Primary care (PC) organizations (Primary Care Networks, Family Care Clinics, and Community Health Centres) will offer improvement facilitation to their primary care clinics to support the development of customized screening processes at the PC organization, clinic or provider levels.
3. TOP will build capacity through the provision of training, tools, EMR knowledge exchange, and education regarding optimal screening and prevention methods to Improvement Facilitators within PC organizations.

7.1.1 Personally Identifiable Patient Information

TOP will not collect, use, or disclose any personally identifiable patient information for the Alberta Screening and Prevention Project (ASaP).

7.1.2 Minimum Cell Size

In order to maintain participant (provider) confidentiality, reports will be generated only after a cell size of not less than 5 providers have submitted data.

7.1.3 Disclosure of Information

Please refer to the general guiding principles for disclosure of information in section 3.1.1 of this policy. For all other unique disclosure information specific to the ASaP Project, please refer to the following sections.

- The primary outcome measure of this initiative is ***percentage of change in screening offers***.

7.1.3.1 Disclosure of Information to Physicians

Individual physicians will receive detailed reports of their results. Information will be distributed on a quarterly basis outlining their personal results and will include:

> *It is anticipated that additional reporting may be necessary. If so, the same guiding principles noted in section 3.1.1 will be applied.*

7.1.3.2 Disclosure of Information to Primary Care Organizations

Primary Care Organizations may include Primary Care Networks, Family Care Centers, and individual clinics. All data reported to the Primary Care Organization will not contain provider identifiable information except with permission. Information that will be reported regularly at an aggregate level for the ASaP Project to Primary Care Organizations will be based on the minimum cell size of 5.

> *It is anticipated that additional reporting will be required in the future and the same guiding principles noted in section 3.1.1 will be applied.*

If a physician clinic specifically requests a report be generated where the minimum cell size of 5 participants has not been achieved, all participating physicians within the clinic must provide their written consent for the report to be generated and distributed. This information is intended for those physicians participating in the ASaP Project only, and cannot be distributed to physicians within the same clinic that are not participating.

> *It is anticipated that additional reporting will be required in the future and the same guiding principles noted in section 3.1.1 will be applied.*

7.1.3.3 Disclosure of Information to Other Stakeholders

Various provincial groups such as the AMA, the Alberta Health Services, Alberta Health, Alberta College of Family Physicians, College of Physicians and Surgeons of Alberta, qualified researchers, etc. may receive reports of aggregate non-identifiable information.

> *It is anticipated that additional reporting will be required in the future and the same guiding principles noted in section 3.1.1 will be applied.*