Kantara Healthcare Identity Assurance Work Group

Patient Portal Project – Working Notes

Updated:
by John Fraser, 2-22-2010, after 2 CST Conference call

Patient Portal

- First deliverable in our Charter
- Will provide an architecture to connect patients/consumers to the Nationwide Health Information Network (NHIN) developed by the feds.
- Our demonstration system will
  - Provide patients a standardized identity in health care
  - Ability to interact with their doctors via the NHIN network
  - Ability to interact with Personal Health Record (PHR) systems (Google, Microsoft HealthVault, etc)
  - Compatible with federal ICAM efforts which Kantara is joining to provide standardized, trusted and sharable identities of patients
- eCitizen Foundation willing to work on prototype, in discussions on how that would work and funding mechansims
- Hope to have approval of project in a few weeks and start developing prototype
- Will recommend system to Department of Health and Human Services to connect the patient/consumer into health care networks (NHIN)

Proposed Use Case

Use Case Version 3 – 2-18-2010

- A student who resides in Minnesota registers as a patient in the Minnesota health information exchange and is issued a Medical ID that identifies him in the health information exchange. This identifier can be issued both on a card and in an on-line format, for example in an iPhone application. ~~Voluntary Universal Healthcare Identifier(VUHID)~~. The student later attends graduate school at Harvard in Boston, MA. While there he develops unexplained abdominal pains and is seen by a gastroenterologist in Boston. The gastroenterologist obtains the student's permission and uses his NHIN connectivity and the student's ~~VUHID~~ Medical ID ~~identifier~~ to request his clinical records from his primary care physician in Minnesota using the NHIN. Upon learning that he has developed a chronic gastrointestinal disease the student decides to participate in a personal health record (PHR). The student is able to request prescription refills from his PHR. The PHR is then able to automatically route his request over NHIN to his physician. The physician can then use current e-prescribing work flows to order the refill at an appropriate drug store near the student. Additionally, using his ~~VUHID~~ unique identifier and the PHR's portal he ~~downloads information from both Minnesota and Boston into his PHR and~~ provides permission for his physicians in both locations to view and update his information in his PHR. Since both physicians can view the student's current medical record, order tests, view diagnostic test results and order treatments as appropriate, the student achieves continuity of care even though he spends his summers in Minnesota and the remainder of each year in Boston.

In scope:

- Issuing a "Medical ID" in a community
- Authenticating to a PHR
- Patient communicating with his physicians
    - With PHR / without PHR options
    - Allowing physician access to/from his PHR
- NHIN to PHR authentication – must figure out how to trust the NHIN SAML2.0 assertions

Our of scope:

- ePrescribing workflows – assume this is done already
- NHIN gateway to gateway authentication – assume NHIN has figured this out

Kantara – Patient NHIN Login Project

(AL-3 required)

ICAM compatible/ certified Service??

Federated SSO + Directory (Shibboleth?)

Personal Health Records (un-tethered)

Issues:
1. PHRs must be trusted by NHIN (policy, legal framework)
2. PHRs should/must support SAML2.0
3. PHRs could be run by various groups
4. Information could exist on cell phones

Patient

Patient NHIN Service Gateway

Patient Preferences / Authorization Service

TLS

NHIN Gateway

Internet

TLS

TLS

Doctor / Providers

NHIN Gateway

TLS

NHIN
Nationwide Health Information Network

TLS

NHIN Gateway

Doctor / Providers

Federated SSO + Directory (Shibboleth?)

Minnesota Health Information Exchange

Massachusetts Health Information Exchange

Federated SSO + Directory (Shibboleth?)

VERY DRAFT – FOR DISCUSSION ONLY – 2-22-2010   Kantara Healthcare Identity Assurance Workgroup