



Identity: The Key to the Future of Healthcare

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Why is Health Information Technology Critical?

- Avoids medical errors.
 - Up to 98,000 avoidable hospital deaths due to medical errors every year.
- Avoids healthcare waste.
 - Up to \$300B per year on treatments with no health yield.
 - We spend 2X per capita as any other industrialized nation.
 - We rank last in population health status.
- Accelerates health knowledge diffusion.
 - Average of 17 years for medical evidence to be integrated into practice.
- Reduces variability in delivery and access.
 - Access to specialty care is highly dependent on geography.

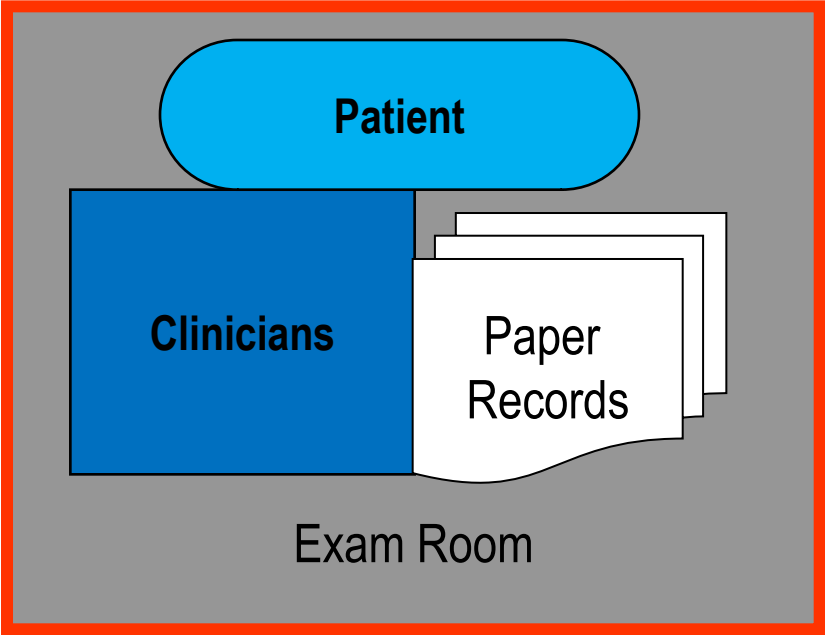
Why is Health Information Technology Critical?

- Promotes public health and preparedness.
 - Surveillance is fragmented, and untimely.
- Empowers consumer involvement in health management.
 - Patients currently minimally involved in own health decisions.
- Strengthens health data privacy and protection.
 - Public fear of identity theft and loss of privacy.

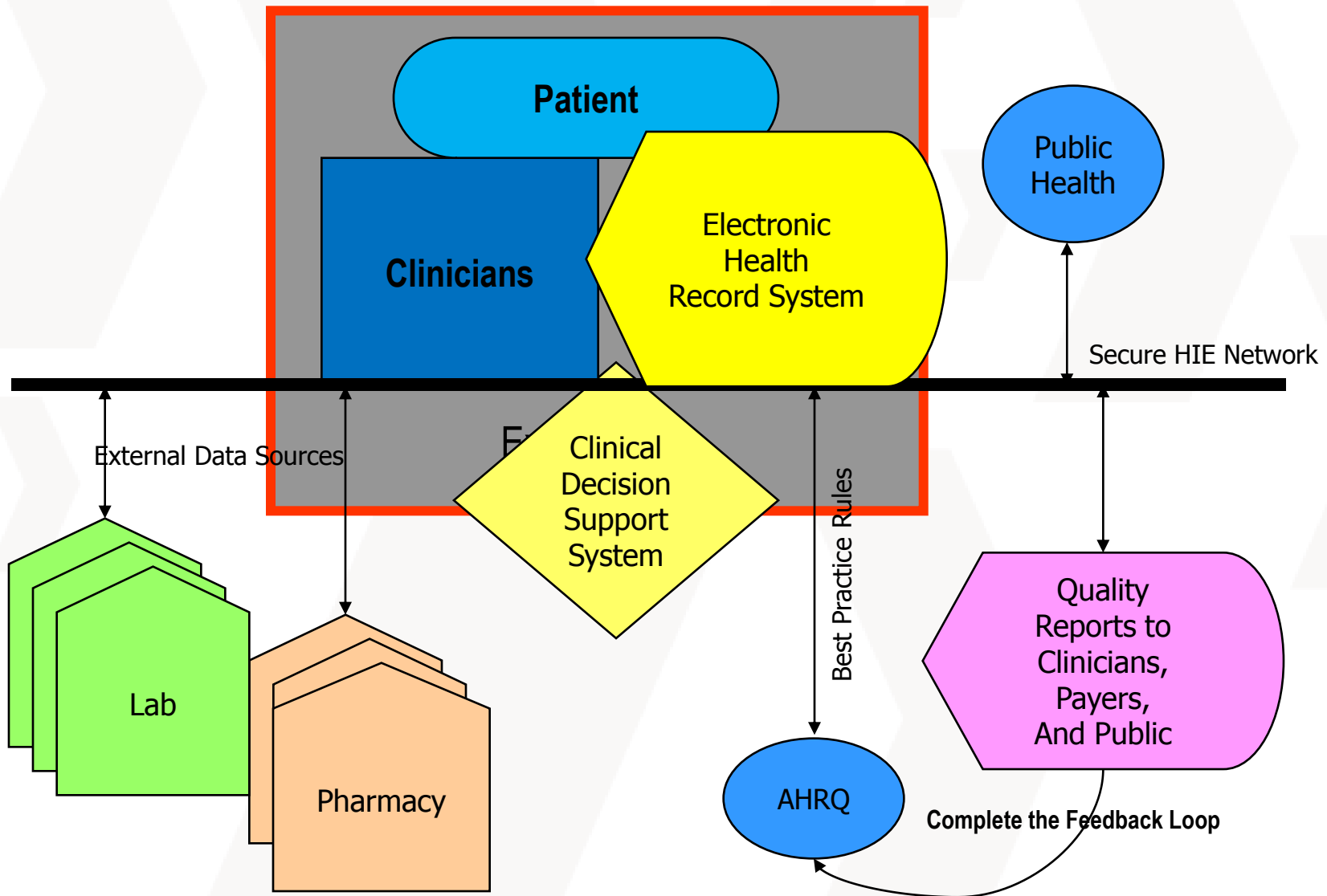
Healthcare Reform cannot do this without HIT.

- Paper records cannot solve these problems!

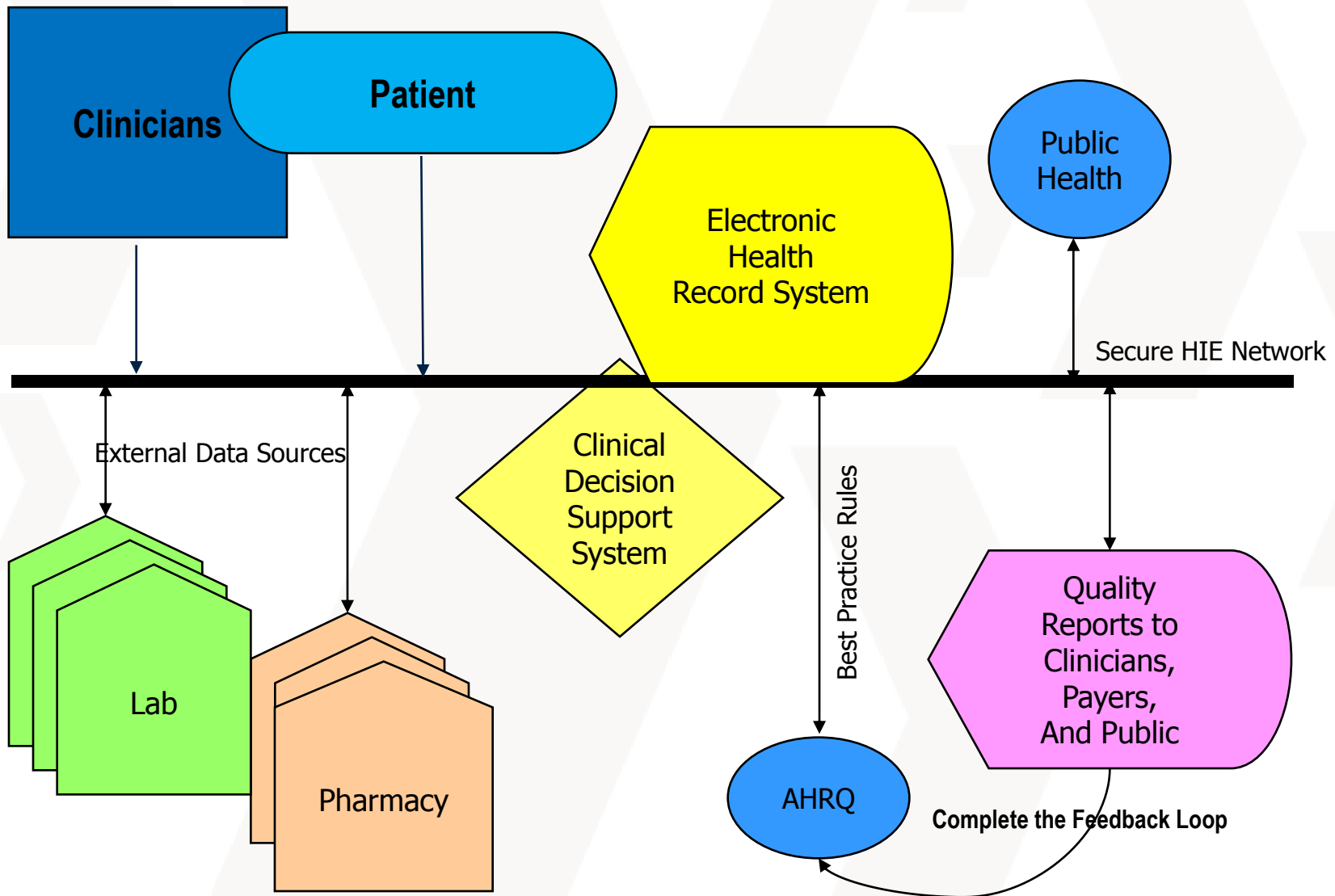
Evolution of Healthcare Paradigm



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Future for Healthcare

- › **Goal:** High quality, cost-effective healthcare.
- › **Means:** Clinician/Patient direct interaction with Clinical Decision Support System (CDSS) (“Meaningful Use”).
- › **Drivers:** HIE + EHR + CDSS => SAVES LIVES and \$\$\$
 - Interoperable HIE is KEY to Meaningful Use of HIT which, in turn, is KEY to health reform!
- › **Requires:** EHR (with CDSS and HIE) and:
 - Interoperability with sources of clinical data and sources of computable rules for best clinical practices (Standards).
 - Incentives to incorporate into healthcare practice (Resources).
 - Investigations of systemic failures to enable systems that detect and prevent errors through best practices at the point of decision making.
 - Trust through agreement on standards for interoperable security and privacy (including patient consent).

Trust

- › Patients must trust the HIE system.
 - Lack of trust = no permission to disclose health records.
- › Providers must trust the HIE system.
 - Lack of trust = no information exchange.
- › Loss of perceived control of PHI in HIE.
 - Trusted provider no longer in charge of data.
- › Access to large amounts of PHI accumulated by HIE.
 - Increased potential for breach which could stop HIE.

- › **HIE will fail without access to PHI.**
 - **Health reform will fail without HIE!**

Trust depends on believable security mechanisms and a clean track record ...

Security Requires Assurance of Identity

- High level of assurance that the person who is sending information is who say they are.
 - Message non-repudiation through electronic signatures.
- High level of assurance that the person who is receiving information is who we think they are.
 - Including mechanisms to prevent information from being changed or viewed by anyone else through encryption.
- High level of assurance that the patient identified in the information is who we think they are.
 - Patient identification accuracy.
- These mechanisms are dependent on high assurance identity proofing and multi-factor authentication.
 - NIST Level 3 assurance now available commercially at reasonable prices.

Assurance of Patient Identity

- No national standard for how to uniquely identify patients.
 - HIPAA requirement for standard patient ID was not implemented.
- Merging records from multiple locations is required.
 - Matching probability is much less than 100% -- worse without SSN!
- Identity proofing of patients is required for security.
 - In-person identity proofing is impractical -- Providers don't want the job.
- Electronic access to medical records must be secured.
 - Internet access to patient portal is needed to meet consumer engagement goal of 'Meaningful Use'.
- Fraud prevention in public programs (e.g., Medicare and Medicaid) requires patient identity to be assured.
- Electronic recording of consent directives.
 - Must be assured that it is truly the patient who is setting the limits.

Assurance of Provider Identity

- Remote access to patient information (HIPAA).
 - Access from home, wireless devices, and patient homes.
- Access to government held PII.
 - OMB, FISMA, and NIST requirements.
- Submission of quality information.
 - Pay for performance programs.
 - Meaningful Use incentive programs (CMS).
- Fraud prevention and enforcement.
 - CMS (Medicare and Medicaid requirements).
- Electronic prescribing of controlled substances.
 - DEA requirements are very strict.

DEA IFR for Controlled eRx

- Only a DEA registrant may sign the prescription.
 - DEA regulation effective June 1, 2010.
- To sign, the registrant must complete a two-factor authentication protocol that meets the requirements of NIST Assurance Level 3 and uses two of the following three factors:
 - (1) Something only the practitioner knows, such as a password or response to a challenge question.
 - (2) Something the practitioner is, biometric data such as a fingerprint or iris scan.
 - (3) Something the practitioner has, a device separate from the computer to which the practitioner is gaining access.
- To obtain an authentication credential the registrant must pass identity proofing that meets the requirements of NIST Assurance Level 3.

The Problem:

- › Identities are difficult to verify over the internet.
- › Privacy remains a challenge.
- › Numerous government services must be conducted in person or by mail, leading to continual rising costs for state, local and federal governments.
- › **Electronic health records could save billions, but can't move forward without solving authentication challenge for providers and individuals.**



"On the Internet, nobody knows you're a dog."

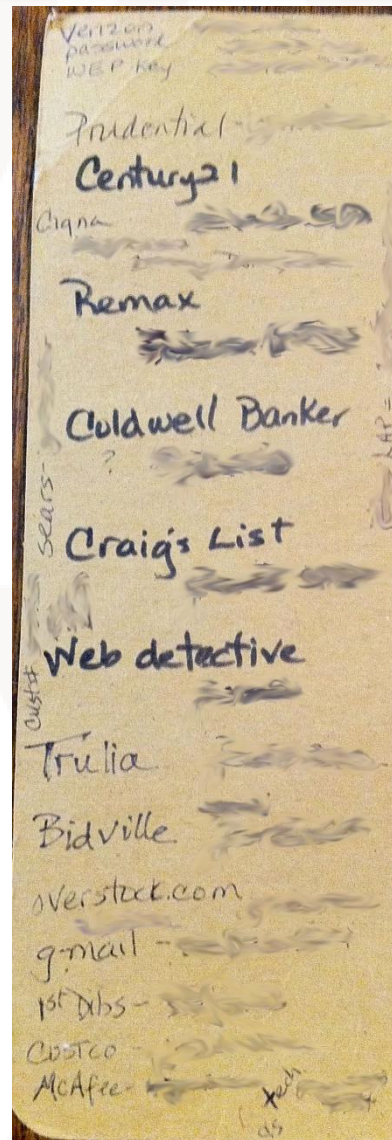
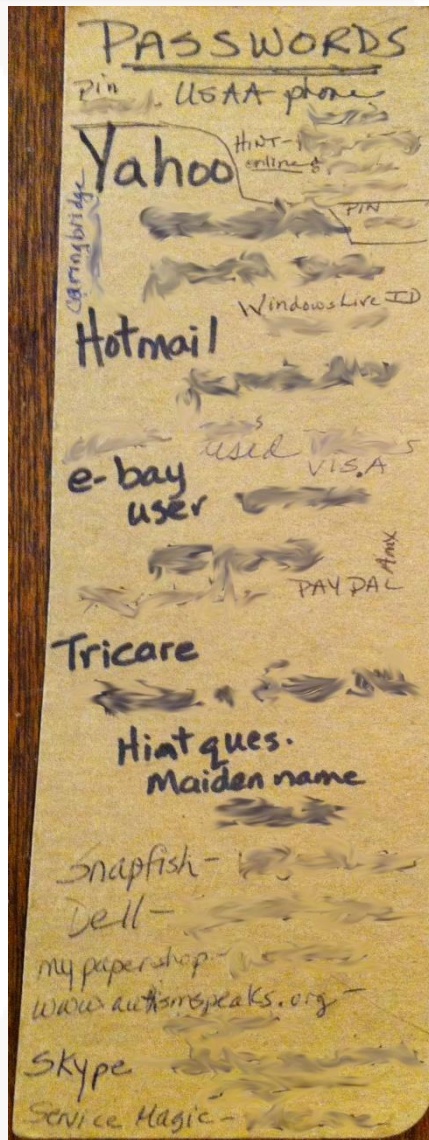
New Yorker, July 5, 1993

Username and Passwords are Broken

- Most people have 25 different passwords, or use the same one over and over.
- Even strong passwords are vulnerable...criminals can get the “keys to the kingdom”.
- Rising costs of identity theft.
 - 123% increase in financial institution Suspicious Activity Reports in last 6 years
 - 11.7 million est. victims over 2 years
 - \$17.3 billion est. cost to economy over 2 years
- Cybercrime is also on the rise
 - Incidents up 22% from 2009 to 2008
 - Total loss from these incidents up 111%, to \$560 million.



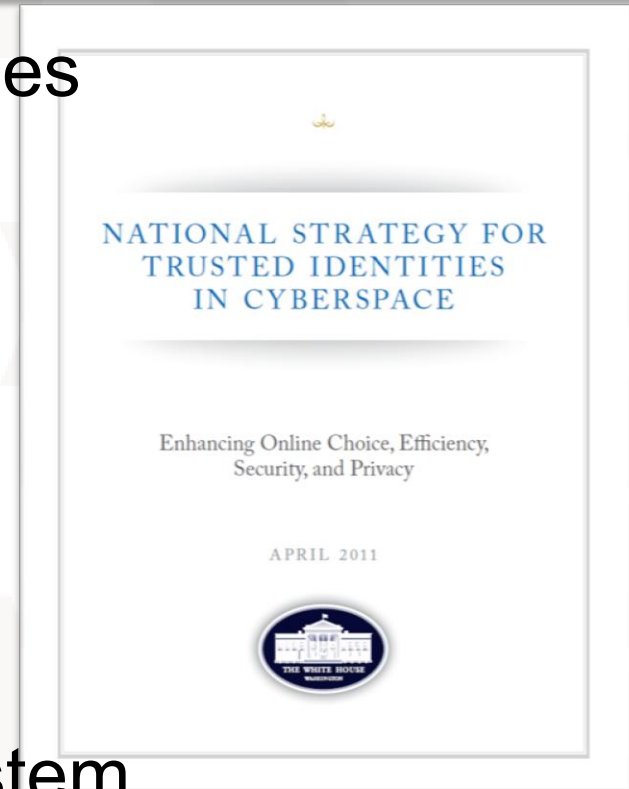
This is NOT the solution!



National Strategy for Trusted Identities in Cyberspace

➤ April 2011 NSTIC Guiding Principles

- Privacy-Enhancing and Voluntary
- Secure and Resilient
- Interoperable
- Cost-Effective and Easy To Use



- ## ➤ NSTIC calls for an Identity Ecosystem,
- “an online environment where individuals and organizations will be able to trust each other because they follow agreed upon standards to obtain and authenticate their digital identities.”

NSTIC calls for:

➤ **Private sector will lead the effort**

- Not a government-run identity program
- Industry is in the best position to drive technologies and solutions
- Can identify what barriers need to be overcome

➤ **Federal government will provide support**

- Help develop a private-sector led governance model
- Facilitate and lead development of interoperable standards
- Provide clarity on national policy and legal framework around liability and privacy
- Act as an early adopter to stimulate demand

Next Steps for NSTIC

- **Convene Private Sector** Workshops on governance, privacy and technology
- **FY11 Focus**
 - Establish Governance model
 - Private sector led; multi-stakeholder collaboration
 - Enable expedited focus on consensus standards and operating rules
 - Explore models for addressing liability
 - Design Pilots:
 - Develop criteria for selection
 - Assess potential programs
 - Prepare for formal pilot launches with funding in FY12
- **Government as an early adopter to stimulate demand**
 - Ensure government-wide alignment with the Federal Identity, Credential, and Access Management (FICAM) Roadmap
 - Increased adoption of Trust Framework Providers (TFP)

NIST IR 7497 -- TABLE OF CONTENTS

➤ Security Architecture Design Process for Health Information Exchanges (HIEs) – September 2010

- 1.0 EXECUTIVE SUMMARY
- 2.0 INTRODUCTION
- 3.0 HIE CONTEXTS
- 4.0 HIE SECURITY ARCHITECTURE DESIGN PROCESS
- 5.0 CAPSTONE POLICIES
- **6.0 ENABLING SERVICES**
- 7.0 ENABLING PROCESSES
- 8.0 NOTIONAL ARCHITECTURE
- 9.0 TECHNOLOGY SOLUTIONS AND STANDARDS
- 10.0 BUILDING A NATIONWIDE HIE USING REGIONAL HIES

ENABLING SERVICES

- › Risk Assessment
- › Entity Identity Assertion (Authentication) *
- › Credential Management (Licenses, etc.) *
- › Access Control (Authorization) *
- › Privilege Management (Roles, Permissions) *
- › Collect and Communicate Audit Trail
- › Document Integrity (Hash and Electronic Signature) *
- › Secured Communication Channel
- › Document Confidentiality (Encryption) *
- › De-identification
- › Non-Repudiation of Origin (Electronic Signature) *
- › Manage Consent Directives (Assured Patient Identity) *

**•Identity
Dependent
Services**

(8 of 12)

Anakam's Full Range of Identity Services

- Registration – Data Collection and/or Integration
- Identity Proofing – Record Matching / Identity Cleanup
 - Entity Proofing + association with responsible individual(s)
 - Individual Proofing = carbon-based life form, species homo sapiens
- Electronic Identity Tokens and Processes
 - Electronic Signature, PKI Keys, Authentication Tokens
 - Hashing, Encrypting, Signing, and Authenticating Documents
- Attribute Associations
 - Credentials (Licenses, privileges, etc.)
- Identity Authentication – multiple levels and methods available
 - High Level of Assurance (NIST Level 3) Required for PHI
 - Flexibility of multiple channels for multi-factor authentication
- Change Management

Anakam's Identity Management Solutions

- **SECURE** - allows full compliance with NIST Level 3
- **SCALABLE** - deployable to tens of millions of users
- **TRUSTED** - uniquely identifies users and helps prevent fraud
- **FLEXIBLE** - progressive authentication adapts to risk level
- **COMPREHENSIVE** - solves complex identity lifecycle challenges
- **RISK BASED** - tailored to enterprise use case and business needs
- **EASY TO DEPLOY** - installs inside your firewall or in the cloud

CONTACT

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