



Certification Commission  
for Healthcare  
Information Technology

# Recommendations of the PHR Advisory Task Force: Certification of PHRs

For discussion at Commission meeting  
Tuesday, July 15, 2008



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# Recommendations from the PHR Advisory Task Force

- Group met on 4 occasions (June 5-6, 13, 27 and July 11) by teleconference
- Steps in the process:
  - 1. Consider a **definition** of PHRs for the purpose of certification
  - 2. Recommend what **attributes** of a PHR should be certified
  - 3. Develop the **value proposition** for PHR certification
- The Task Force is interested in meeting with the PHR Work Group as needed to further clarify any questions about the recommendations



# Definition of PHRs for Purposes of Certification

- The Task Force reviewed PHR definitions offered by AHIMA, HIMSS, HL7 EHR TC, Markle Foundation Connecting for Health, and the NAHIT/HHS project
- The Task Force noted that:
  - The PHR space is still rapidly evolving
  - Certification should create a “big tent” that can accommodate diverse PHR models now and in the future
  - Certification should be architecture-neutral
  - Certification must avoid interfering with technology progress and market evolution
- The Task Force recommends that CCHIT should not attempt, and does not need, to wordsmith another definition of PHRs



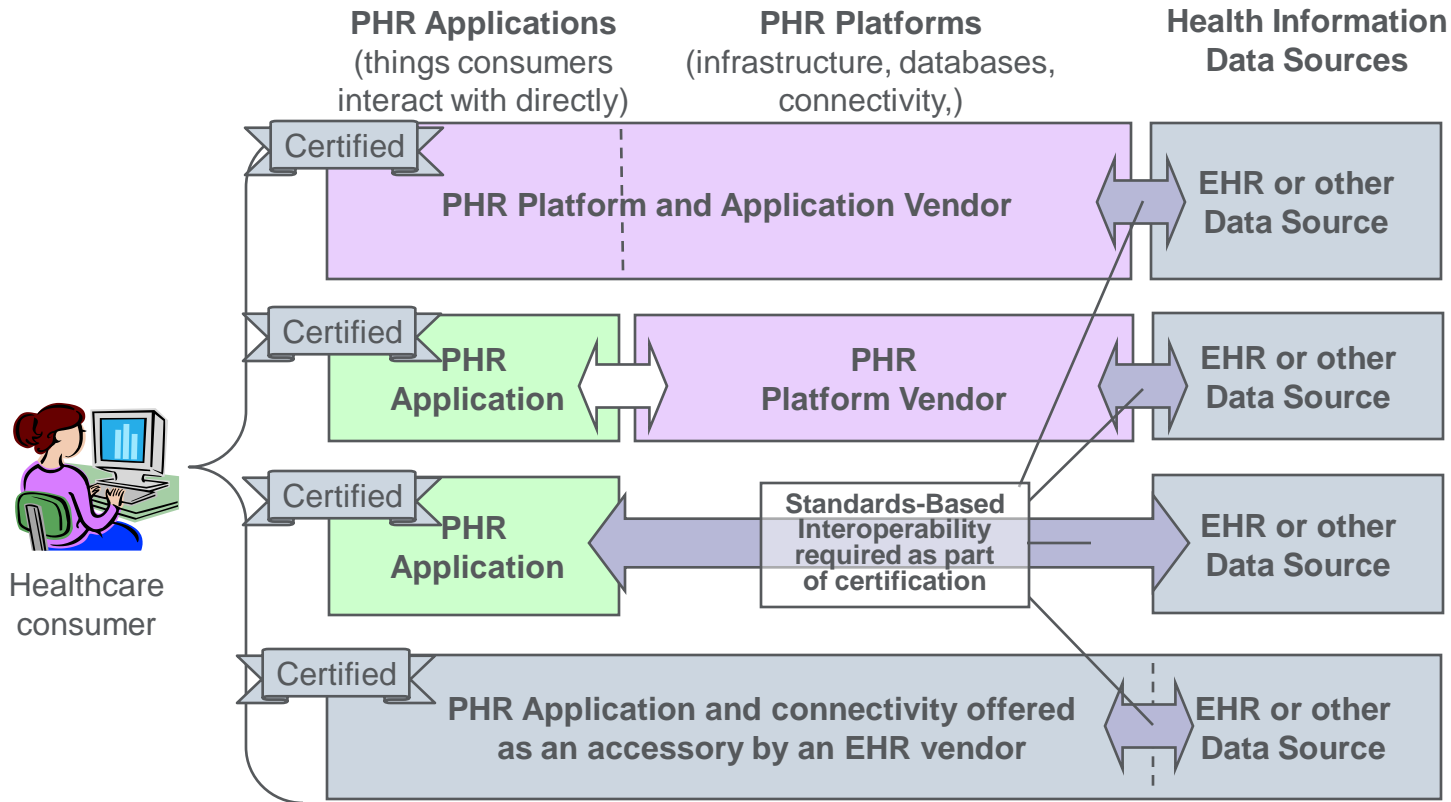
# Products and Services to which Certification Should Apply

- The Task Force recommends that certification should apply to any products/services that perform either or both of these activities<sup>1</sup>:
  - Collecting, receiving, storing, or using personal health information as part of a consumer data stream or PHR services.
  - Transmitting or disclosing to a third party any personal health information gathered through or derived from a consumer data stream or PHR services.

<sup>1</sup> “Connecting for Health Common Framework for Networked Personal Health Information: Overview and Principles” published by Markle Foundation Connecting for Health, [www.connectingforhealth.org](http://www.connectingforhealth.org), June 2008



# Accomodate Diverse PHR Models in Certification





# PHR Attributes to Certify: Privacy

- Privacy should be the #1 goal of certification -- the principal value certification can offer is to reduce concerns about privacy
- The Task Force recommends the Consumer Policy Practice Areas in the CfH Framework (CP1-CP9) be considered as a starting point for development of privacy criteria
- Privacy involves organizational policies and behavior, not just versions of software
  - Ongoing monitoring is needed
  - Strong enforcement is needed, including not just revocation of certification, but possibly long-term or permanent disqualification
  - Must give consumers the ability to compel removal or destruction of their stored data in the event certification is revoked
- New or stronger laws and regulations are needed in some privacy areas, and certification must be positioned so that it does not hinder that development



# PHR Attributes to Certify: Security

- The Task Force recommends Consumer Technology Practice Areas in the Connecting for Health Framework (CT1, 2, 3, 4, 6, 7) be considered as a starting point for development of security criteria



# PHR Attributes to Certify: Interoperability

- The Task Force recommends the PHR Work Group and PHR Interoperability Work Group collaborate to develop standards-based criteria that will ensure PHRs can send and receive data from as many potential data sources as possible (ambulatory EHRs, hospital EHRs, pharmacies, labs, networks, etc)



# PHR Attributes to Certify: Functionality

- Because PHR functionality is rapidly evolving, the Task Force recommends that functionality requirements in the first year be limited to those necessary to support the requirements for Privacy, Security, and Interoperability
- Examples:
  - If the Privacy Criteria require the existence of a privacy policy, supporting functionality is needed to allow the Consumer to review that policy statement
  - If the Security Criteria require an audit trail of accesses, supporting functionality is needed to allow the Consumer to review those accesses
  - If the Interoperability Criteria require the ability to receive and store data from external sources, functionality is needed to require that the date, time and source of all information be stored as well



# Health Care Consumer Point of View

- Keep certification **simple for consumers**
  - Consumers associate the certified label with a ‘safety zone’ where information is private and secure
  - Must notify users if they are leaving that zone (e.g. clicking an external link)
- A **single** certification should assure the consumer that **all** desired attributes are satisfied: privacy, security, portability (interoperability), functionality



For more information:  
[www.cchit.org](http://www.cchit.org)

