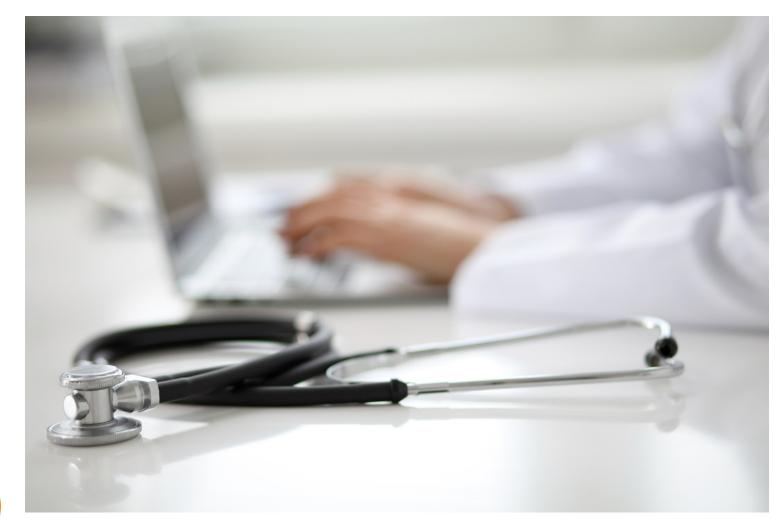


Data Sharing and PHIPA Agency Agreements with Physicians



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Decision 62







Types

- 1. Agent (use PHI for HIC's purposes) PHIPA Agency
- 2. Service providers (use PHI for their own purposes = disclosure) eMR Access
- 3. HINPs (connect two HICs to share PHI electronically)

PHIPA Agency Agreement

You want a PHIPA Agency agreement if ...

You are acting on behalf of another agency

- If you are a service provider to another agency
- ► You share a staff person for care
- Between your FHT and your physicians (unless employed)



Three Versions

- 1. Individual physicians are HICs FHT is their agent
- 2. FHT is HIC individual physicians are agents
- 3. FHO is HIC FHT is an agent



How to decide who is HIC

- Are you blended salary model?
- To whom are the patients "rostered"?



How to decide who is HIC

- ► What do your contracts say?
 - ► With MoHLTC?
 - ► With physicians?
 - Between FHT and FHO?
 - Other agreements? (Hospital? University?)

How to decide who is HIC

Who owns the eMR? Who paid for it? Who controls access to it?



Why does it matter?

Clarity

- 1. For patients and families
- 2. Who makes the rules?
- 3. Who is responsible if something goes wrong?
- 4. Prerequisite to sign agreements
 IPC

Pros and Cons

- 1. Continuity of care/integration
- 2. Messaging to patients
- 3. Simplicity/complexity of model for ongoing decision making and signing authority and team



Pros and Cons

- 4. Risk
- 5. Leverage for compliance
- 6. Retention of records post relationship (retirement, departure, illness)
- 7. Costs



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