

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
5. 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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