



CIHI's Annual Privacy Report, 2017–2018



Canadian Institute
for Health Information

Institut canadien
d'information sur la santé

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Introduction

The year 2017–2018 was a busy and important one for the Privacy Program as the Canadian Institute for Health Information (CIHI) completed the second year of its strategic plan for 2016 to 2021. This year, our prescribed entity status was renewed by the Ontario Information and Privacy Commissioner (IPC/ON). This status is important for the work we do across the country, as it tells our stakeholders that we have a strong Privacy and Security Program that ensures the data we hold is securely protected. We continue to mature our Privacy Program and to ensure that we implement best practices. What follows are some highlights of the year.

Section 1: Legal context in Canada

CIHI's data providers supply CIHI with the data it needs to fulfill its mandate: to deliver comparable and actionable information to accelerate improvements in health care, health system performance and population health across the continuum of care. In order to facilitate the flow of information from data providers to CIHI, it is critical that CIHI's data providers have clear lawful authority to disclose personal health information (PHI) to CIHI without an individual's consent.

When a jurisdiction enacts or amends health privacy legislation, CIHI provides input to the jurisdiction requesting that the new or amended legislation establish explicit lawful authority for disclosures of PHI to CIHI without an individual's consent. CIHI provides this input either through the jurisdiction's invitation to the public to make submissions regarding the legislation or through CIHI's ongoing engagement with the jurisdiction. Since our 2016–2017 annual privacy report was published, Privacy and Legal Services has collaborated with CIHI's client affairs managers to provide input to

- Manitoba, in the context of its review of the *Personal Health Information Act*, suggesting that no change be made to the act's current approach of recognizing CIHI by name as a health research organization to which trustees may disclose PHI without consent; and
- Ontario, expressing support for the province's proposal to designate local health integration networks (LHINs) as health information custodians.

Also, the following developments took place in health privacy legislation and other relevant legislation:

- New Brunswick restored the *Personal Health Information Privacy and Access Act's* reference to CIHI by name as an authorized recipient of PHI without consent, reflecting CIHI's request.

- Ontario released a draft regulation under the new *Child, Youth and Family Services Act, 2017*, which designates CIHI as a prescribed entity under the act, authorizing service providers to disclose personal information to CIHI without consent.
- Ontario's *Patients First Act* transferred all responsibilities of community care access centres (CCACs) to LHINs. CCACs were previously a source of home care data submitted to CIHI and have been replaced by LHINs in this respect.

Section 2: Data-sharing agreements

As a health system user of PHI, CIHI enters into data-sharing agreements (DSAs) with data providers from across the country. DSAs facilitate the flow of data to CIHI and support CIHI's mandate to deliver comparable and actionable information to accelerate improvements in health care, health system performance and population health across the continuum of care.

With respect to CIHI's data providers, since our 2016–2017 annual privacy report was published, CIHI has ratified

- A DSA with the Nova Scotia Minister of Justice and Attorney General, and Chief Medical Examiner, to permit the disclosure to CIHI of data from the Nova Scotia Medical Examiner database for purposes of the Prescribed Drug Abuse Project;
- A DSA with Statistics Canada for the disclosure of vital statistics data to CIHI;
- A DSA with the Northwest Territories to govern data flows from the territory to CIHI — the DSA reflects the territory's health privacy legislation and replaces the 2014 DSA;
- An amendment to the Saskatchewan jurisdictional DSA to facilitate the submission of patient registry data to CIHI;
- An amendment to CIHI's September 2014 Prescribed Entity DSA with the Ontario Ministry of Health and Long-Term Care to broaden use of physician claims data, initially submitted only for the development of the Population Risk Adjustment Grouper, to include use for CIHI's broader mandate; and
- An amendment to the 2006 Data Privacy Agreement for a Prescribed Entity with the Ontario Ministry of Health and Long-Term Care to include Ontario Drug Benefit claims data and the Narcotic Monitoring System.

CIHI is currently in negotiation with the following data providers:

- British Columbia, regarding how the jurisdictional DSA would facilitate submission of client registry, radiation therapy incident, Canadian Patient Experiences Reporting System, patient-reported outcome measures (PROMs) and Home Care Reporting System data to CIHI;

- New Brunswick, regarding how the jurisdictional DSA would facilitate submission of Continuing Care Reporting System data to CIHI;
- Alberta, regarding how the jurisdictional DSA would facilitate submission of renal PROMs data from the Northern Alberta Renal Program to CIHI; and
- Cancer Care Ontario, for the disclosure of Ontario hip and knee PROMs data to CIHI.

In addition to entering into DSAs with data providers, in some cases CIHI may also enter into a DSA or other legally binding instrument with a data requestor. A DSA with a data requestor becomes necessary when a request is for a significant volume of record-level data and when the need for the data is ongoing and, generally, is related to a broader program of work (as opposed to a time-limited, project-specific research initiative). With respect to data requestors, since our 2016–2017 annual privacy report was published, CIHI has ratified

- A DSA with Health Canada to facilitate CIHI's disclosure of data from the following sources: Discharge Abstract Database (DAD), National Ambulatory Care Reporting System (NACRS), National Physician Database and Scott's Medical Database;
- A DSA with the Public Health Agency of Canada to facilitate CIHI's disclosure of data from the following sources: DAD, NACRS and Hospital Mental Health Database; and
- An amendment to the DSA with the Institute for Clinical Evaluative Sciences to facilitate CIHI's disclosure of DAD and NACRS high-user flags.

Section 3: Policy review

CIHI is committed to the ongoing review of its privacy policies, procedures and practices in order to determine whether any amendments are needed or any new privacy policies, procedures and practices are required. This review takes place annually; any proposed changes to CIHI's privacy policies are brought to the Senior Management Committee for review and approval. In the case of material changes to CIHI's Privacy Policy, 2010, approval from the Board of Directors is required. The Privacy Policy was first approved by the Board in February 2010.

Following is a list of the policies reviewed during 2017–2018 and any action taken:

- Privacy Policy on the Collection, Use, Disclosure and Retention of Personal Health Information and De-Identified Data, 2010 (Privacy Policy, 2010): Minor administrative updates
- Related Privacy Policy procedures: Reviewed on an ongoing basis and updated as necessary
- Privacy Impact Assessment Policy: No changes
- Privacy and Security Training Policy and related procedures: No changes to policy; minor updates to procedures

- Policy on the Security of Confidential Information and Use of Mobile Devices/Removable Media: Replaced procedures to store PHI, health workforce personal information or de-identified data on mobile devices or removable media with an approval process that includes a privacy and security risk management assessment, as well as prior approval by the relevant vice president
- Privacy and Security Risk Management Policy, Framework and Methodology: No changes to policy
- Privacy and Security Incident Management Protocol: No changes to protocol

Section 4: Privacy and security training and awareness

Privacy and security awareness forms part of CIHI's mandatory privacy and security training. CIHI's Privacy and Security Training Policy encompasses both privacy and security orientation for new employees and ongoing privacy and security training for current employees. In addition, it sets out the requirements for traceable, mandatory privacy and security training for all CIHI staff. Staff awareness is critically important to CIHI's culture of privacy and security.

Each September is Information Security Awareness Month at CIHI. This year, the focus was on raising awareness about the security risks presented by tailgating and phishing, and about the importance of all staff adopting behaviours that help secure CIHI. Staff from Information Security and Corporate Administration co-hosted information sessions that were attended by staff from all CIHI offices. In 2017, Information Security retired its InfoSec newsletter and replaced it with an internal online blog, continuing to deliver weekly/monthly articles on a range of security-related topics.

Every January is Privacy Awareness Month at CIHI. All CIHI staff successfully completed a new training module and renewed their confidentiality agreement. This year, the training component continued the focus on tailgating and on avoiding phishing attacks. The training included a video presentation highlighting tailgating (and other social engineering techniques) used by ethical hackers during recent CIHI penetration testing.

Privacy resources

Privacy and Legal Services makes available to staff a number of resources regarding privacy changes and trends within and outside of Canada. One such resource is a yearly compilation of health care–related privacy items. This document provides an overview of key privacy developments from across the country, primarily in the health care sector, as well as emerging privacy issues that may have potential implications for CIHI.

Privacy and Legal Services provided the Governance and Privacy Committee of the Board of Directors with a document sourced from annual reports from commissioners/ombudsmen, reports about relevant privacy breaches that were investigated by commissioners/ombudsmen, news media and other media sources. We continued to see privacy breaches in the health sector, where snooping remained a frequently reported topic.

Section 5: Privacy impact assessments

CIHI has in place a Privacy Impact Assessment Policy as its governing document on the conduct of privacy impact assessments (PIAs). PIAs have been conducted for all CIHI databases containing either PHI or health workforce personal information to assess privacy risks. They are renewed every 5 years at a minimum or in the following circumstances:

- When significant changes occur to functionality, purposes, data collection, uses, disclosures, relevant agreements or authorities for a program, initiative, process or system that need to be reflected in the PIA;
- When other changes occur that may potentially affect the privacy and security of those programs, initiatives, processes and systems; or
- When CIHI's chief privacy officer determines that an update of a PIA or a new PIA is required and recommends same.

Privacy and Legal Services has created a Privacy Impact Assessment Log and Schedule to track and record the conduct of PIAs.

For 2017–2018, PIAs for the following are currently in progress or were completed:

- Home Care Reporting System: Renewal of 2011 PIA completed
- National Prescription Drug Utilization Information System: Renewal of 2011 PIA completed
- Ontario Mental Health Reporting System: Renewal of 2011 PIA completed
- Continuing Care Reporting System: Renewal of 2012 PIA completed

- Health Human Resources Database and Nursing Database: Renewal of 2012 PIA in progress; will include merging the 2 PIAs
- Clinical Administrative Databases: Addendum to address NACRS Clinic Lite completed
- Clinical Administrative Databases: Renewal of 2012 PIA in progress
- Canadian Patient Cost Database: Renewal of 2012 PIA in progress
- Ontario Trauma Database: Renewal of 2013 PIA in progress
- Primary Health Care Voluntary Reporting System: Update to addendum in progress
- Integrated interRAI Reporting System: New PIA in progress
- National System for Incident Reporting: Renewal of 2015 PIA in progress

Section 6: Renewal of CIHI's prescribed entity status under Ontario's *Personal Health Information Protection Act* in 2017

Every 3 years, the IPC/ON is required to review the information practices of organizations designated as prescribed entities under Ontario's *Personal Health Information Protection Act*. CIHI first received prescribed entity status in 2005, and its status was subsequently renewed in 2008, 2011, 2014 and 2017. The letter of approval issued on October 31, 2017, included only 1 recommendation for CIHI, which was generic to all prescribed entities and prescribed persons in Ontario.

This recommendation changed the previous requirement for an annual review of all privacy policies, procedures and practices to a review by CIHI at least once prior to each scheduled review of these policies, procedures and practices by the IPC/ON, that is, once every 3 years.

Section 7: Privacy breaches

There were no major privacy breaches, as defined by CIHI's Privacy and Security Incident Management Protocol.

Conclusion

We concluded 2017–2018 with many successful collaborations within the organization that helped move our strategic goals forward. We also continued to provide leadership and to collaborate with our external stakeholder groups and partners in sharing knowledge and developing partnerships. We look forward to an exciting 2018–2019!



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