

Data Security and Centralization Considerations

Despite recent progress in efforts to establish Health Information Exchanges (HIEs), many questions and challenges remain.

Among the most pressing of these are the needs to ensure secure and appropriate access to the sensitive patient-centric data being exchanged, and to develop approaches to long-term economic sustainability. While these may appear to be separate issues, one of the answers to the question of sustainability may lie in the ability of HIEs to better ensure data security through the provision of identity proofing, provider enrollment, and credentialing services.

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Secure Data Fundamentals

The first two questions that should be asked of anyone being given access to an HIE are often being neglected: Are you who you claim to be, and do you have the appropriate credentials and background? These elements cannot be met merely through strong encryption, issuance of traditional authentication methods, or data matching against internal records. Strong, centralized solutions must be implemented at the HIE level to ensure consistency and adherence. Reliance on end-user organizations to verify the identity and appropriateness of providers will lead to unnecessary duplication of effort for providers and will increase the possibility of inappropriate access.

The growth of HIEs and the need for strong enrollment procedures will add another level of complexity to an already crowded space. Healthcare providers face a dizzying array of enrollment procedures in order to provide services and participate in programs. These verifications vary in complexity, thoroughness, and cost, and the

landscape is becoming more convoluted by the day. While established credentialing standards exist in certain environments, the line between “credentialing,” “screening,” “validation,” and “enrollment” of providers is far murkier in much of the market. The Centers for Medicare and Medicaid Services recently released a final rule regarding enhanced provider screening requirements for Medicare, Medicaid, and Children’s Health Insurance Program (CHIP) providers, as directed by the Affordable Care Act. The new rule segments providers into risk categories with varying requirements for screening. With these new standards, the ever-expanding number of provider verifications is becoming increasingly more cumbersome and redundant for providers. Consolidation and centralization of these functions is a critical necessity to both draw unnecessary costs out of the system and relieve a growing burden faced by providers.

The Role of HIEs

HIEs occupy a unique and potentially valuable place in this landscape. Rather than add complexity, HIEs can leverage their centralized location within the healthcare community to answer a critical need, and thereby find a source of funding that helps to drive their long-term sustainability. Presumably, a successful HIE will be “connected” to the majority of providers in a healthcare community; what better organization to enable centralization of processes such as credentialing and enrollment? HIE entities could offer the full array of identity proofing, provider enrollment, and credentialing services demanded by the various programs that touch the HIE. This centralization would reduce the burden on providers, dramatically cut costs in the system, provide a stream of revenue for the HIE, and, perhaps most importantly, help ensure the privacy and security of patient data. ●

Healthcare@lexisnexis.com | 1-866-396-7703

