# U.S. Department of Health and Human Services
# Office of the National Coordinator for Health Information Technology

Privacy and Security Tiger Team
Health Information Technology Policy Committee

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**Consumer Choice Technology Hearing**
June 29, 2010
Washington, D.C.

Tolven Institute
Written Public Testimony
Tom Jones

1) Describe how the technology implements the patient's consent and the granular choices given to the patient.

The patient consents to having a Personal Health Record (PHR) created by a sponsoring enterprise that uses the Tolven platform and application suite to implement the personal health record system. Copies of the patient's clinical information are sent from Provider organizations to the patient's PHR, which is maintained outside of any provider organization. The patient selects information from the PHR to be sent to other organization. That information is then copied and sent to the selected provider (or research) organization in the format that is suitable for that organization to consume.

At no time does anyone except the patient or his/her designated agent "look into the PHR".

The base Tolven implementation provides granularity for given clinical element types (allergies, medications, diagnoses, personal events, observations, etc.) A sponsoring enterprise may use Tolven configuration tools to increase granularity to include data ranges, content origin, subclasses within major element types, etc). Moreover, the sponsoring organization can use Tolven configuration tools, including the Tolven rules functions, to configure categories of "sensitive data" (psychiatric, STD, gynecology, etc)

2) How far along is the technology in terms of implementation? What steps or technological advances need to be made in order to implement the system in health information exchange?

Implementation to the point of live data exchange in pilot mode has taken place in the Rijnmondnet HIE project in the Netherlands. In the United States, Bravura Systems is preparing to launch the PHR as an addition to their current EHR implementation at Novia Care Clinics. Patients Know Best is preparing to launch

an implementation in cooperation with a hospital system in the United Kingdom. No additional work needs to be done to allow Tolven to operate in an HIE environment.

3) What are the advantages to your approach to obtaining patient consent?

The advantage of the Tolven approach is that once the patient consents to having a PHR, no further consent is needed since all incorporation of information into the PHR and all export of information out of the PHR is carried out through explicit action of the patient. No consent is needed because no one else ever looks into the PHR.

4) Is the technology scalable so that small and medium-sized providers could implement it?

Tolven is entirely web-based and is designed to be delivered as SaaS (Software as a Service). The solution scales down to small provider organizations and up to national level implementations.

5) Is the consent technology being developed interoperable with other systems? (i.e. can the patient's preferences be passed to other HIEs?)

The patient preferences can be passed to other HIEs but the rules that implement those preferences are in effect only in a Tolven environment

6) If the consent is not currently interoperable, what are the barriers that stand in the way of this?

We are now aware of any other PHR system that has embedded an OPS 5 Syntax rules system in its framework. Tolven uses JBOSS Rules.

7) What resources are necessary to implement the consent system in its current form? What further resources would be necessary to offer further granular consent choices?

The sponsoring enterprise can use the current Tolven configuration tools and Tolven rules to both implement the system in its "vanilla" form and to offer further granular choices.

8) How many users does the system serve currently, if applicable, and how many will it serve when it is fully operational?

The pilot in the Netherlands is currently serving 100 patients and is planned to scale, if accepted, to 3 million patients.
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