Feedback

- Coupling between patient preferences (consent) and data segmentation
  - Patient preferences (consent) is where the granular policy rules are recorded; data segmentation identifies the granular segments of data subject to the rules.
- Standard interoperable tags are key
  - A standard sensitivity tags provide a common language between data segmentation and granular patient preferences (consent) as well as other policies
  - Lack of interoperability will cause lack of interoperable consents and inconsistent enforcement of them
  - Segmentation methods can be proprietary, but the tags should be interoperable
- Data can flow in different forms
  - The requirements should be implemented in all exchanges irrespective of protocol and format
- Implementation can/should be incremental
  - Advanced data segmentation/consent may not be feasible to implement in one
- The link between sensitivity classes and clinical concepts
  - The need to ensure a consistent understanding of what constitutes each sensitivity class from a clinical perspective

Recommendations

- Cohesive view of granular patient preferences (consent) and data segmentation as components of one system
- Selecting a subset of existing standard codes for security labels
  - Confidentiality tags
    - e.g., Unclassified, Normal, and Restricted
  - Sensitivity tags
    - e.g., Substance Use, Behavioral Health, Reproductive Health
  - Obligations and Refrains
- Intention to provide guidance on clinical concepts behind identified sensitivity classes

Recommendations

- Cross-paradigm framework for data segmentation
  - v2, CCDA, and FHIR with a common vocabulary for tags
- A maturity model for implementing data segmentation and granular consent