



mHealth: Privacy Challenges in Smartphone-based Personal Health Records and a Conceptual Model for Privacy Management

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Summary

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- sPHR and privacy
- Developing new guidelines and an sPHR privacy management model

Privacy

- Right to privacy is a “fundamental human right” (ECHR)
 - Right of anonymity
 - Right to be left alone
 - Freedom from intrusion
 - Right to control when, how, and to what extent one’s personal information is collected, shared and disclosed
- Facilitates other values including principles of personhood: personal autonomy, individuality, respect, dignity and worth as human beings (Pritts, 2008).

Importance of Privacy in Health Information

- Health data = ‘the epitome of private information’ - reveals vulnerabilities of a person. (Wicks, 2013).
- Medical diagnosis, medication history, genetic information, treatments, medical images, sexual preference, psychological profiles, mental health, etc.
- Need privacy to ensure that such information remains private.
- Z v Finland - ECHR ruling 22009/93[1997]

Privacy and eHealth/mHealth

- Digitization of health records have brought privacy challenges, specific to accessing and sharing these electronic health records. (Dumortier and Verhenneman, 2013)
- New innovative ways of delivering healthcare (e.g. mHealth) has brought new privacy challenges (Reuters, 2013).

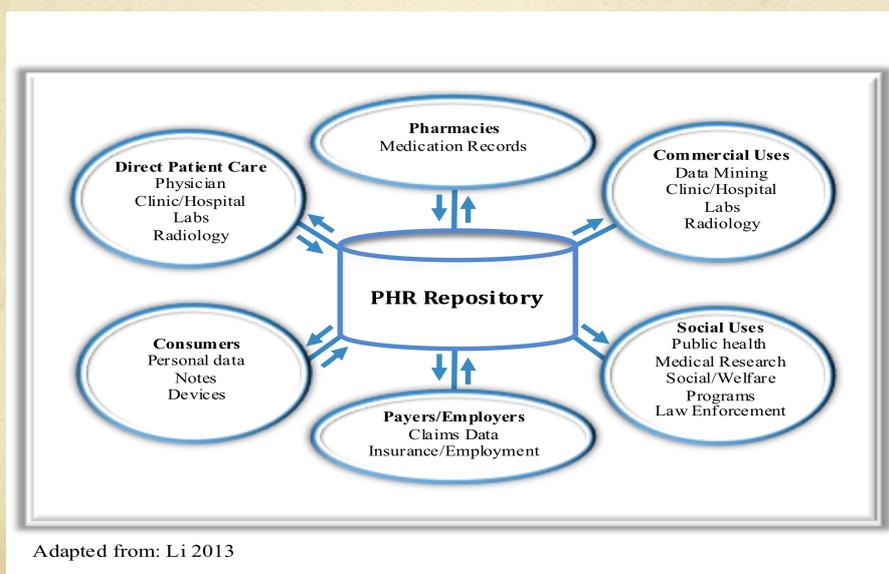
mHealth

- An important sub-segment of eHealth
- Uses mobile communications technology and devices in the delivery of healthcare related services (PwC, 2012).
- Continuous, pervasive healthcare anytime and anywhere. (Lindeman, 2011).
- Spans:
 - direct-to-individual consumer and interactive patient communications to
 - more complex computer-based systems facilitating and coordinating patient care and management.(Lindeman, 2011)

Personal Health Records (PHR)

- The tailoring of healthcare delivery to be more patient-centred gave rise to personal health records (PHR).
- Allows patients to have more control over the handling of their personal health information.
- Platform for patients to have their complete health records accessible to them and to whoever they decide to share it with (Steele et al, 2012).
- **Smartphones** are increasingly being used as a local repository for PHRs.
 - allows patients to store, transfer and access their health records using various computing and mobile technologies

Personal Health Information flow



Privacy, Smartphones, sPHR

- Use of smartphones for PHRs introduces the problem of ensuring that the personal health information (PHI) it contains is protected from privacy violations.
 - potential of gathering huge amount of data and reporting it to the interested party without the users' knowledge.
 - medical identity theft is the fastest growing form of identity theft.
 - victims are left with unpaid medical bills, damage to their reputation or worse misdiagnosed based on another person's health information.
- sPHR faces an enormous challenge due to risk of unauthorised disclosure.
 - Studies shows smartphones PHR applications are increasingly being developed without consideration of the privacy implications to the users.
No privacy settings

mHealth and Privacy Issues

(Li, 2013)

- Duality of Patients' empowerment and privacy risk.
- Privacy violations (innocently or maliciously) by health care professionals.
- Vulnerability to unauthorized access from hacking or device being stolen.
- Potential access and misuse by certain data recipients - pharmaceutical companies, marketers, insurers, employers.

SmartPhone PHRs and Privacy Challenges

- **Threats from Smartphone Platform** - apps developers have access to users' data without the users' knowledge or prior authorisation (Ahmed, 2009)
- **Access threats** - data owner may fail to assert rights, insiders may want to 'peek' at user's PHI out of curiosity or intention to harm. Outsiders may access content.
- **Device Compromise** - features e.g. communication protocols for text messaging, email, packet switching for internet access offer potential for hacking. Lost or stolen devices.

An mHealth Privacy Framework 10 principles - (Avancha et al 2012)

- Openness and Transparency
- Purpose Specification
- Collection limitation and data minimization
- Use limitation
- Individual participation and control
- Data quality and integrity
- Security safeguards and controls
- Accountability and remedies
- Individual access to data
- Anonymity of presence

mHealth privacy framework

- Addresses most of the privacy issues affecting different kinds of electronic records in mHealth systems.
- But it cannot be generally applied.
- Need to tailor it to suit specific environments or platforms.
- Objective of study – develop privacy guidelines and a conceptual model for managing privacy specific to smartphone PHR applications.

sPHR and privacy

- In order to gain end-users trust, which is an essential factor that can foster the wide adoption of sPHR, there is the need address these privacy challenges and protect sPHR from privacy breaches.
- Possible solution to addressing these privacy issues:
 - ensure that privacy principles, guidelines, or recommendations are adhered to or incorporated from the initial design stage sPHR applications.



New guidelines and a new privacy management model for sPHRs

Research Methodology

- Survey questionnaire was used to gather data for requirements analysis.
- Evaluation of three existing mobile PHRs using the recommended published PHRs evaluation criteria by both by Altarum Research Group (2007) and Martino and Ahuja (2010).
- Soft Systems Methodology (SSM) for the development process of the proposed conceptual privacy management model for sPHR.
- Scenario based evaluation of the proposed privacy management model for sPHR.

Users' Requirements

- They want to be aware of the collection, use and disclosure of the PHI
- They want to be able to control the use, access and disclosure of their PHI
- They want privacy assurance when using the sPHR app

PHRs policy evaluation (CapzulePHR, ClarusPHR and on Patient PHR).

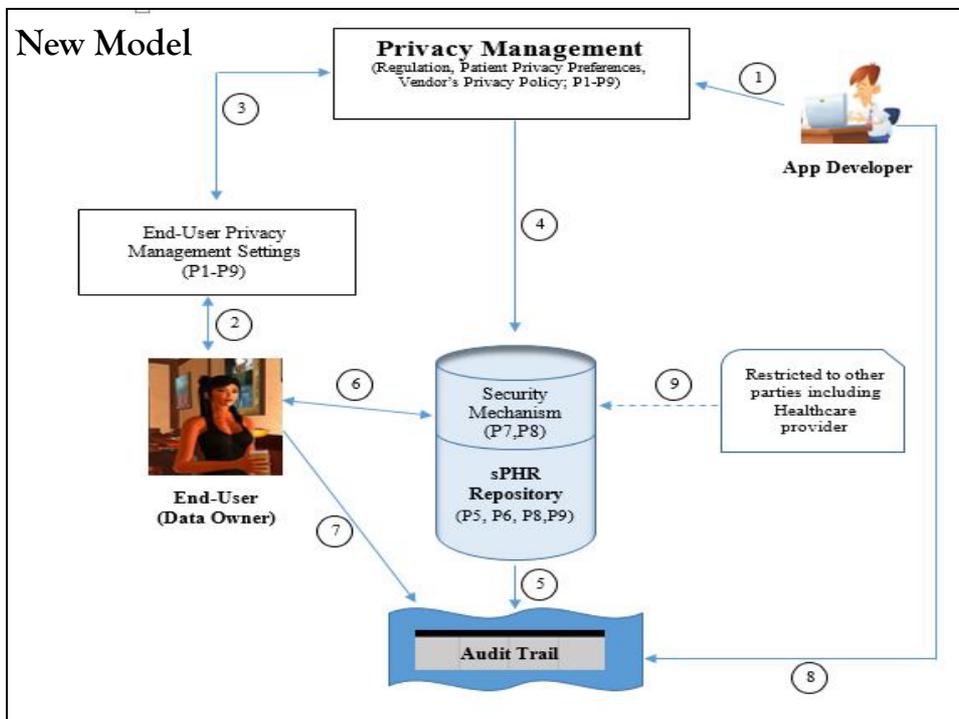
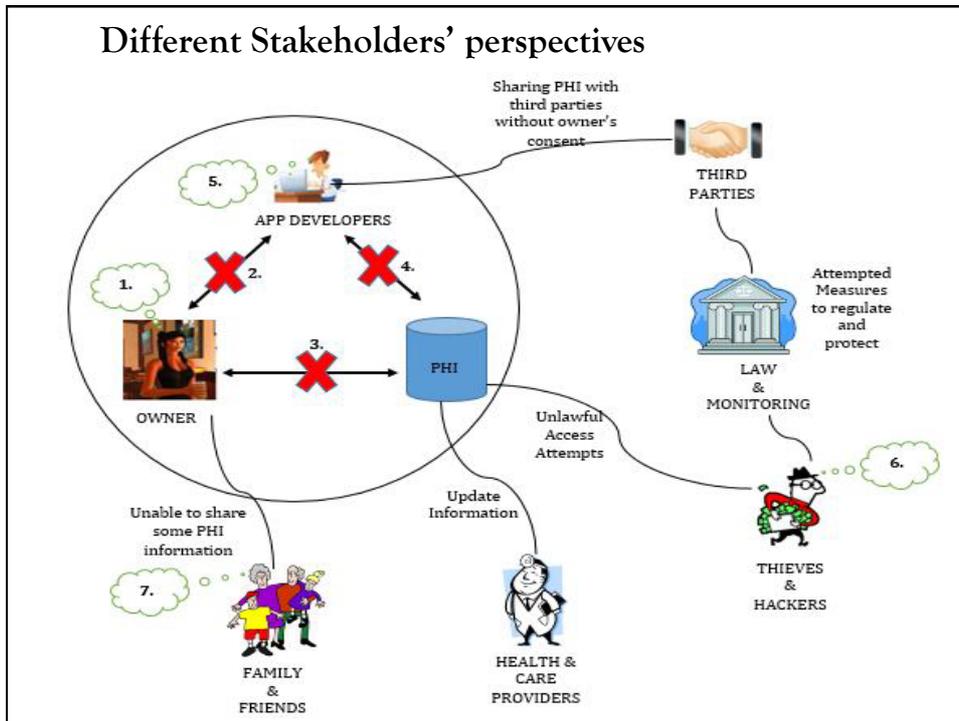
- Ease of Access
- Readability
- Communication between the PHR provider and the User
- Collection, sharing and disclosure of user's data
- Adherence to regulation, guidelines or codes (Transparency)
- Access and data management
- Bundled with security policies

New recommended 9 Privacy guidelines for sPHR

- P1. Inform users on how their data will be processed.
- P2. Enable users to control their data via informed consent
- P3. Ensure ease of data modification by users
- P4. Have an easy to use interface
- P5. Limit collection of PHI
- P6. Limit to pre-specified purposes
- P7. Ensure access authentication
- P8. Provide adequate security mechanisms
- P9. Enable remote management

Development of a Privacy Management Model for sPHR

- Use of the **CATWOE** technique, part of SSM - to identify what the problems are, and how the solution will affect end-users and other parties. (Checkland and Poulter, 2006).
- **C**ustomer - Owner of PHI
- **A**ctors - Health Care providers (& partners), sPHR owners, sPHR developers, family
- **T**ransformations - easy , effective and secure personal health data management
- **W**eltanschauung - All medical health data should be secure
- **O**wner - of the PHI
- **E**nvironment - law/Gov't agencies, regulators and monitoring agencies, hackers and thieves.



Evaluation

- Scenario based - description of scenario that raises a series of questions to illustrate the problem.
- This was followed by a solution using the model.
- Result – the model effectively addressed the identified users' requirements.

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Thank you