

# *INFORMATION SECURITY AND PRIVACY ADVISORY BOARD*

---

*Established by the Computer Security Act of 1987  
[Amended by the Federal Information Security Management Act of 2002]*

January 20, 2010

The Honorable Peter Orszag  
Director  
The Office of Management and Budget (OMB)  
725 17th Street, NW  
Washington, DC 20503

Dear Mr. Orszag:

At the ISPAB meeting of December 2-4, 2009, we heard from a panel of Government experts the ambitious initiative to deploy and leverage IT for Healthcare, both to improve the quality of the care our citizens receive and to help contain the costs of delivering that care.

There is a growing understanding about many of the issues that must be addressed in connection with the staggering numbers of people and institutions involved organization changes that may necessitate revamping current regulation, and a new economics for healthcare delivery.

However, success of this initiative also will depend on addressing some difficult technical problems concerning security and privacy for access to patient data, which will necessitate further research to resolve. We recommend that OMB ensure funding for investments in such research, so that health technology will be available when and where we need it.

Two technical areas have particular importance in IT for Healthcare Delivery in building trustworthy computing systems, but are not receiving much attention in the research community:

- Authorization methods where access requests depend on context in addition to pre-specified privileges. Existing authorization regimes, like role-based or credentials-based access control, are not well suited for these situations. For example, a doctor's access to patient data might not only depend on the existence of a predefined doctor-patient relationship (a "role"), but also on such external factors as: is this an emergency? Is the doctor related to the patient? Are there court-orders that restrain the doctor's ability to be in contact with the patient? etc.
- Anonymization of data in ways that protect the privacy of the subjects but does not significantly erode the integrity or statistical properties of the

# *INFORMATION SECURITY AND PRIVACY ADVISORY BOARD*

---

*Established by the Computer Security Act of 1987  
[Amended by the Federal Information Security Management Act of 2002]*

underlying dataset. Simply omitting certain identifying PII is not sufficient to preserve the privacy of subjects.

We therefore urge that future appropriations of funds for Healthcare IT include allocations—to NSF, NIST ITL, or NIH -- to undertake this needed research.

Sincerely,



Dan Chenok,  
Chairman

cc: Vivek Kundra  
Administrator, Office of E-Government and Information Technology and Federal Chief  
Information Officer

Dr. Patrick Gallagher  
Director, National Institute of Standards and Technology