What does Secondary Use mean at VCH?

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VCH Data is that data that has been collected by VCH in our systems, charts and other records in relation to our programs and services.

VCH typically collects personal information for the “primary purpose” of providing or supporting patient care. This information is captured at registration, clinical visits, and every time someone engages with VCH services.

VCH does not collect Personal Information specifically for QI or evaluation or research purposes.
VCH uses data to provide care, but also for consistent uses. *Consistent use* is a term in FIPPA and is often used interchangeably with secondary use, but it is a bit different.

Secondary use means a use other than the purpose for which the information was collected. Consistent use highlights that the purpose must have a reasonable and direct connection to the original purpose of collection. If the use is considered a *consistent* use, the public bodies are authorized to use that information without consent.

Common consistent uses at VCH include:

- program planning, evaluation and monitoring, including quality improvement;
- system administration;
- privacy and security audits;
- medical education and training related to VCH programs;
- analysis, management and control of disease outbreaks and population health.

VCH staff can use data collected for these types of secondary uses as authorized under s. 32 (a) of FIPPA.
For most of our work, VCH collects, uses and shares data without patient consent. Collecting consent would be impractical and impede our ability to evaluate and improve on what we do.

As a publically funded organization, VCH cannot turn someone away if they refuse to allow us to use or share their information for the purpose we collected it or for a consistent purpose.

We do share information. We share it with our staff within in the Circle of Care - with specialists, nurses who will be involved in a patient’s care, with lab staff who will test specimens to support diagnosis, but also the Health records folk who need to code information to ensure it is captured correctly in our systems, and our IT folk who store the information and manage our systems. We share information with the finance teams who ensure our services are adequately captured and billed to the Ministry.

We also disclose information, or share it outside of our organization. We share it with the Ministry of Health to help us ensure information about our patients is accurate, with a patient’s GPs and where reasonable, with family members, where necessary to ensure the continuity of care. We share with our service providers and other Health Authorities who may provide connected or integrated services to ours.
We will also disclose to law enforcement as authorized by FIPPA and as outlined in our *Release of Information to Law Enforcement* policy.
We rely on patient notification at our clinics and registration sites to highlight how we collect, use and disclose information.
Not all of our tools and systems are created from collect data directly from patients. Many systems and tools leverage data we already have in the health authority.
Technically all of our data sources are available for quality improvement and research. We may provide data for research through a data extract or allow a researcher to collect data directly from our electronic charts.

However, not all systems are available to be accessed directly by researchers.

Most systems were designed specifically to facilitate care. They have open access models, meaning all users can search for all patients across the system, and have access to most of the patient chart.

Not all systems would reasonable to access directly for the purpose of a chart review. Some systems act as a viewer, and are not the source of truth for the information. Such systems may be useful help to identify cohorts for a research purpose, but they might not be the most accurate source of information for a chart review.
VCH Research Institute can be considered a program of VCH and VCHRI provides services to our researchers to make research research happen. Research is an activity that VCH staff engage in....

From a legal perspective, we see the undertaking of the actual REB approved projects as an external activity...
We Disclose Data for Research

- All Principle Investigators require an academic affiliation.
- REB approved research projects are academic investigations.
- VCH Staff undertaking research are understood to be working in their academic capacity when doing research.
- All investigators apply to do research through VCH Research Institute
- This is necessary for research independence.
- This ensures research is treated consistently.

VCH discloses for research projects under section 33.1(1)(b) of FIPPA, with consent as documented in the REB approved Informed Consent Form. We also release information for REB approved projects where consent has been waived. We release these under s. 35 of FIPPA.

Disclosure in the context of FIPPA means to *make information known*. It does mean a loss control of that information.

Where VCH discloses information with under s. 33.1(1)(b), with agreement that the information is provided only for the purpose of that consent. When we disclose under s. 35, without consent, we also stipulate the terms of the disclosure.

The terms of disclosure is documented in the VCH-PHC Data and Research Access Terms and Conditions. See: https://www.vchri.ca/sites/default/files/vch-phc-data_and_research_access_terms_and-condition_27march2018_final.pdf
Disclosure under s. 35, without consent

- Identifiable data is necessary
- Data linking is in the public interest
- With a comprehensive Data Access Agreement stipulating:
  - conditions related to security and confidentiality
  - subsequent use of disclosure must be with express authorization of VCH
  - Researchers remove identifiers at the earliest reasonable time;
Just because a project isn’t considered research, does not mean it is Quality Improvement. VCH would only consider the project QI or evaluation if:

- The project is undertaken on behalf of Vancouver Coastal Health and clearly approved and supported by a VCH operational lead, to ensure the results can be addressed operationally.
- The results of the project must be relevant, measurable and actionable by VCH.
- The project cannot interfere with the delivery of care, services or other activities taking place at VCH;
- A QI project cannot start collecting new prospective clinical data collection outside what is currently collected as part of the current standard of care.