

First National HIPAA Summit

HIPAA Security Summit

How Did We Get Here

What Were We Going to Accomplish?

Where Are We Now?

What's Next?

Jon Zimmerman

Senior Manager - SMS HIPAA Initiatives

General Manager - HDX



Agenda

- Acknowledgements
- Challenges & Stimuli
- Summit Processes
- Summit Assets
- Participant Analysis
- Post-Summit Activities
- Current Status
- Go-Forward Plans

HIPAA Security

- Structured and Thorough
- Goal-Oriented
- Technology Agnostic
- Built to Cover the Issues
 - Not Defined for Specific Implementations
- Non-prescriptive
 - Requires Judgement
 - Subject to Interpretation
- But..... We will Need to Be Certified
 - Need Guidance!!!

What Kind of Guidance?

- Reasonable
 - Can you live with it? Does it protect enough?
- “Implementable”
 - Can you put it into operation? Keep it there?
- Scalable
 - Dentists to Delivery Networks
- Business Oriented
 - How Do I it fit within my Business Processes?
- Where to Start???

First, Look for Successful Models



I really mean this kind....

- CPRI
- D.O.D. Rainbow Series
- ASC X12N
- Consulting and Technology Firms
 - Best Practices
 - Other Industries
- Business Continuity Firms / Experts
- Then, We Synthesize

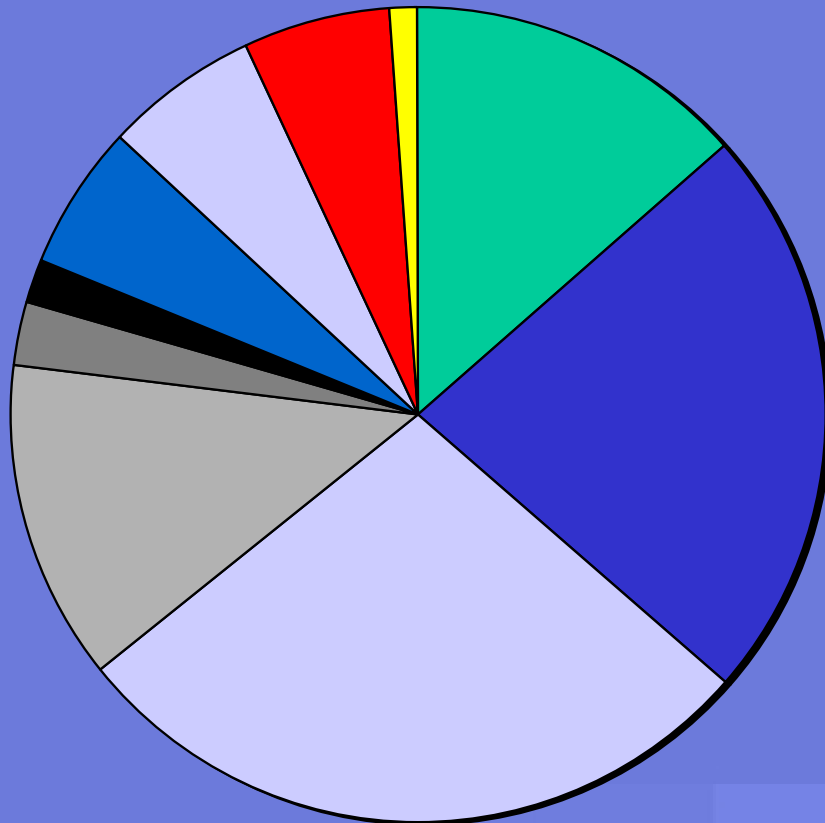
October 11 - 13, 1999 - Baltimore

- Overview of HIPAA & Security Drill Down
- Reviewed Goals, Objectives, Methodology
 - Gathered Issues/ Concerns to Address
 - What are you worried about?
- Broke Into Tracks
 - Business Impact Analysis, Solution Design, Implementations, Monitoring and Reporting
 - Led by “Volunteers”
 - “Vendor-isms” were discouraged
- Report Back Progress
 - Ask, Refine, Encourage, Torture, Other
- Repeat Steps Above
- Close and Go to Next Phase

Who Contributed?

Payers	23
Providers	39
Consultants	47
Technology	22
Clearinghouses	4
Payer Vendors	3
Provider Vendors	10
Government	10
Professional Organizations	10
Law Firms	2

Cross Industry Contribution



- Payers**
- Providers**
- Consultants**
- Technology**
- Clearinghouses**
- Payer Vendors**
- Provider Vendors**
- Government**
- Prof. Orgs.**
- Law Firms**

So, Where Are We Now?

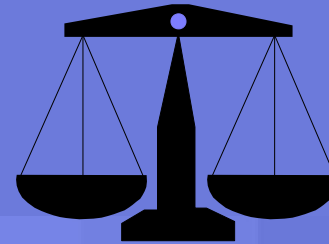
- Executed the Plan on Schedule
- Maintained Focus
- Receiving Very Positive Feedback
- Case Studies Coming Forward Now
- Polishing for Solid Deliverables
 - Will Be Rolled into WEDI SNIP Efforts
 - Review Session and Publish Results

AN EXAMPLE

Universal Health Services, Inc.



HIPAA, A Healthcare Operational View



An Operational Approach

Identify Operational Task Forces

- Senior Management Leadership
- Information Technology / MIS
- Physical Plant / Facilities Mgmt.
- Health Information Management / MR
- Patient Accounting / Bus. Office
- Admissions / Reg / Scheduling
- Clinicians /Ancillary Services
- Legal/Risk Management
- Public Relations/ Marketing
- Compliance Office
- Human Resources
- Internal Audit

“Users are experts in their own areas - not HIPAA. You can teach HIPAA.”



An Operational Approach

- Incorporate Involvement from Different Levels (Department Head to Clerk / Staff)
- Involve Multiple Facilities (if applicable)
- Establish HIPAA Educational Program
 - Determine Organizational View of Compliance
 - Identify Areas of Impact / Significance
 - Provide Facility Specific Examples
 - Keep it Simple and Accessible
 - Initial and On-Going Education



An Operational Approach

- Task Forces Review Areas and Document
 - Day to Day Operations
 - Areas of Exposure / Potential Exposure
 - Existing Policies & Procedures w/Recommended Changes
 - New Recommendations
 - Solutions Designed for Efficiency

Note - Compare Task Force Functions to Avoid Overlap
(For Example - Which area should own insurance pre-verification -
Business Office or Admissions?)

An Operational Approach

- Task Force Recommendations to Central Oversight Committee for Review and Approval
 - Include Initial Compliance Approach
 - Document On-Going Monitoring Recommendations
 - Educational Programs
- Senior Management Review as Appropriate
- Communication to Other Facilities for Review and Comment (if applicable)
 - Drives Individual Ownership - Make it Theirs

An Operational Approach

- Implement Changes in an On-Going Manner
 - No Need to Wait for “All”
(For example - Volunteers need to sign confidentiality agreement.)
 - Manage Risk of Future Overlap Issues with Central Oversight Committee
 - Keep it Simple
- Create Centralized Mechanism for Managing Comprehensive Documentation (Groupware)
- Incorporate w/Existing Compliance Initiatives

Managing Challenges



Managing Challenges

- Senior Management Education
 - Provide HIPAA Education with Real Examples of Compliance Exposure
 - Reference Business / Operational Impact - This is Not an IS Only Initiative
 - Identify Key Senior Management Sponsor to be on Corporate Oversight Committee
- Identify Potential Financial Expenditures
 - And Opportunities for ROI
- Incorporate Legal and Risk Management on Central Oversight Committee

Managing Challenges

- Task Force Education Regarding HIPAA Requirements
- Organization's Specific Definition of What Represents Being Compliant
- Manage Transition with Trading Partners
- Communicate with Personnel at All Levels
 - Anxiety Around HIPAA Required Changes
 - What is the impact on me and my department?
 - What additional work will I be required?
 - What liabilities exist?



Miscellaneous Tips



Miscellaneous Tips

- Read the Federal Register...
- Utilize Associated Industry Material
 - EarlyView - www.nchica.org
 - CPRI-HOST Toolkit
 - Summit Guidelines & Education via HIPAA University
 - Countdown to Compliance - Transcripts & Audio
www.smed.com/hipaa
- Partner with Vendors
 - Create Ability to Influence Vendor Decisions



Miscellaneous Tips - Go Through Systems Inventory

- Identify / Brainstorm Issues Based Upon 'Type' of Application
 - Medical Records - Known dependence on physicians = ease of access requirements, quick security process
 - Medical Records - Frequently shared outside hospital: chart copies, birth records = potential exposure
- Identify Any Issues Based Upon Vendor
 - Vendor HIPAA communication
 - Known issues with previous regulatory compliance efforts
 - Vendor longevity / stability

Miscellaneous Tips - Go Through Systems Inventory

- Assign Systems to Department Based Upon Application / Function
(For example - Patient Accounting to Business Office, Pre-registration to Admissions / Registration Department, Transcription to Medical Records)
- Streamline and Standardize

Summary

- It is Coming
- Word on the Street on Rules
 - No Big Surprises
- Tools are Available
 - Refinements Coming
- Practical Experiences are Underway
 - Stay Tuned for Case Studies
- Let us Know if We Can Help

Thank you!