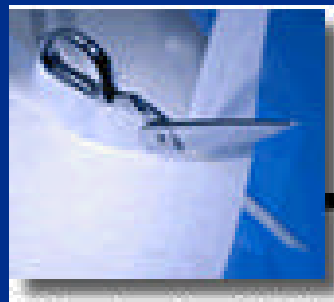

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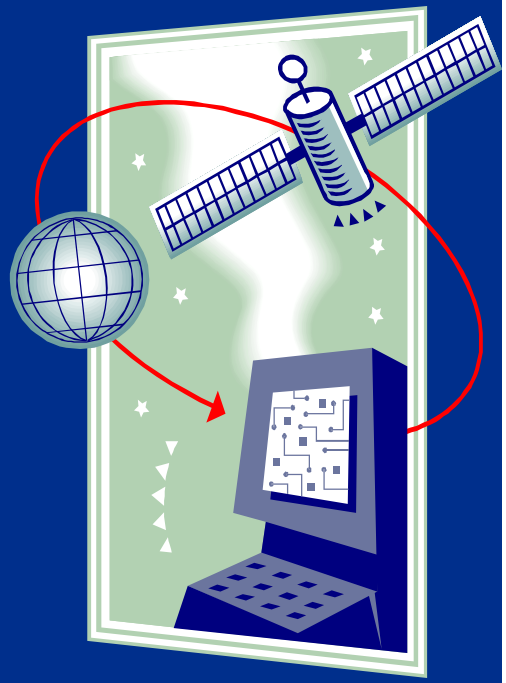
2001 – A HIPAA Odyssey

SECOND NATIONAL HIPAA SUMMIT,

FEBRUARY 28 -MARCH 2, 2001



Co-Chairs:

Chris Stahlecker, BCBS Association

Rob Tennant, Medical Group Management Association

Larry Watkins, Claredi Corporation

2001 – A HIPAA Odyssey

- HIPAA Administrative Simplification:
  - To Boldly Go Where Health Care Has Never Gone
    - Automation, Integration, Simplification
    - Reduced Costs
    - Private Medical Records
    - Secure Systems and Offices
    - Better Health Care for a Better World

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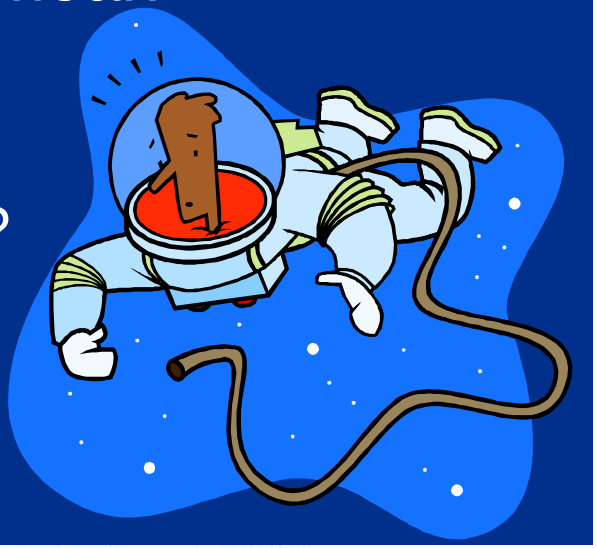
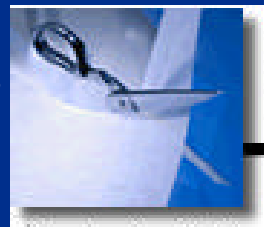
2001 – A HIPAA Odyssey

- In 2001:
  - Does Administrative Simplification mean Galactic Devastation?
    - Will Providers go back to paper?
    - Will Payers implement inconsistently?
    - Will Security & Privacy cost us our businesses?
    - Will we have enough time?
    - Will we all go to jail?
    - Will lawyers take over the world?





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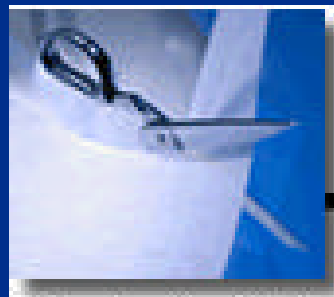

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HIPAA

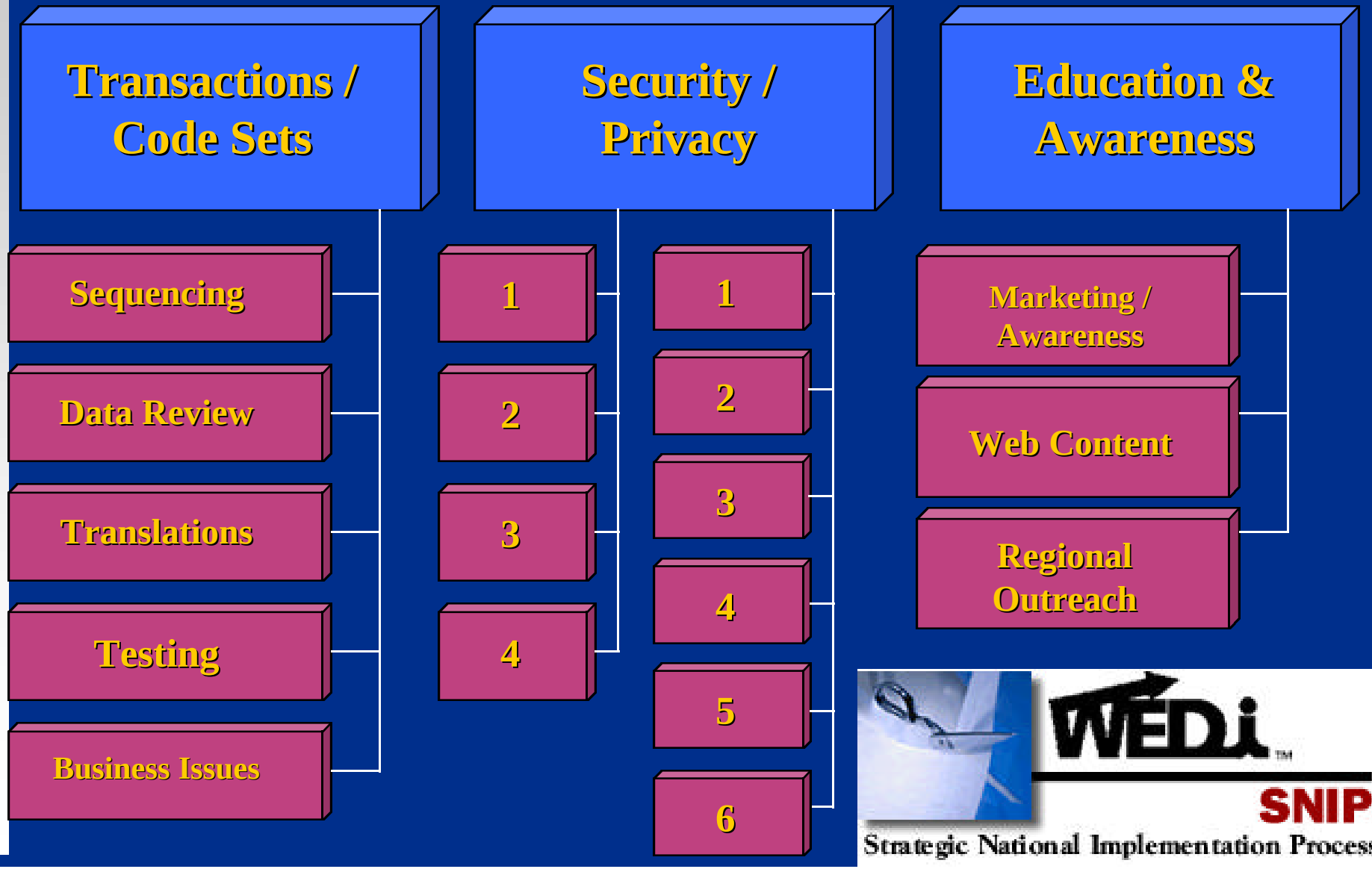
Administrative Simplification

- SNIP the Costs
- SNIP the Chaos

What is WEDi SNIP?

- **An industry voluntary solution to the very real, very practical issues of interpretation and work flow inconsistencies surrounding implementation of the HIPAA standards**
- **A collaborative opportunity for early implementers to assure their interpretation is 'correct' (the industry 'best fit') and not another proprietary solution**
- **A collaborative opportunity for following implementers to benefit from the lessons learned, leader experiences**
- **Ultimate deliverable includes level-set expectations and working implemented baseline standards**

What does WEDi SNIP look like?



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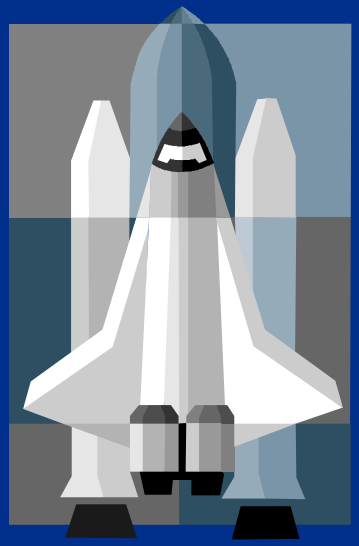
How can you get involved?

- **WEDI SNIP web site: www.WEDI.org/SNIP**
  - **Click on 'Join SNIP'**
- **SNIP listserv: SNIP@WEDI.org**
- **Questions on SNIP:**
  - Chris.Stahlecker@BCBSA.com
  - Larry.Watkins@Claredi.com
  - RMT@MGMA.com
  - Jim Schuping - Schups@aol.com



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Security & Privacy Work Group

- SPWG Introduction

Security and Privacy Workgroup co-Chairs:

Walt Culbertson - Sue Miller - Frank Pokorny

Lesley Berkeyheiser

Why the SPWG?

- Establish consensus on the most significant health care community-wide HIPAA implementation issues
- Develop a strategic plan to address these issues
- Mitigate national deployment obstacles

Security vs. Privacy

- Privacy - an individual's rights to control access and disclosure of their protected or individually identifiable healthcare information
- Security - an organization's responsibility to control the means by which such information remains confidential

Why Privacy was Added to Security

- There is a direct relationship between privacy and security
  - Security is the ‘how’.. privacy is the ‘what’ and often the ‘why’
  - Security is the structure established to protect IIHI
  - One of the implementation barriers to privacy is the security infrastructure of the Covered Entity
  - Security awareness and education addresses ‘what’ is being protected

The Security NPRM and Privacy Final Rule

- Both security and privacy exhibit many parallel and cross-over issues which would be difficult to coordinate across separate workgroups
  - Both Security and Privacy requirements anticipate ‘audit trails’ and ‘safeguards’
  - ‘Protected health information’ verses ‘individually identifiable health information’
  - ‘Business associate contracts’ verses ‘Chain of Trust agreements’
  - ‘Minimum Necessary’ verses ‘Need to Know’

Security & Privacy Work Group

- **Sub-Workgroup Focus on the Issues**

How did we get here?

- SNIP Introduced at March 21-22, 2000 Conference
- WEDI SNIP Conference - June 15-16, 2000
  - Security Proposed Rule Introduction
    - Examined Administrative Procedures, Physical Safeguards, Technical Security Services, and the Technical Security Mechanisms
  - Overviews of Industry Outreaches
    - The HIPAA Security Summit Draft
    - The 1999 Healthcare Internet Security Interoperability Pilot
  - Developed a **security** matrix and **consensus** on 5 key issues

How did we get here?

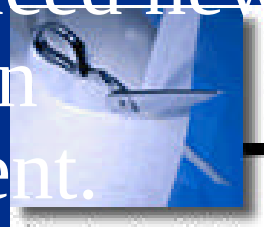
- WEDI SNIP Forum -Phoenix AZ September 27-28, 2000
  - Security Sub-workgroup Overviews
  - Privacy Overview
  - Developed a **privacy** matrix and **consensus** on 6 key issues
- WEDI SNIP Conference - January 15-16, 2001
  - reported on the 10 security & privacy subgroups work
  - released discussion draft Version 2.0 subgroup white papers

Security Sub-Workgroup Efforts

- Organized Security Sub-Workgroups around the 4 consensus security issues:
  - Awareness/Organizational Change Management
  - Audit Trail Clarification
  - Certification and Accreditation
  - Vendor Technologies and Interdependencies
- Each of the Sub-Workgroups have produced a White Paper. Version 2.0 can be downloaded at the www.wedi.org web site (Click on SNIP)

Privacy Sub-Workgroup Efforts

- Privacy Sub-Workgroups were formed to address the 6 consensus privacy (and crossover security) issues identified at the Arizona Forum:
  - Preemption
  - Access / Amendment
  - Minimal Necessary
  - De-identify/re-identify
  - Notice Vs. Patient Consent
  - Electronic Vs. Paper
- Sub-Workgroups have produced new White Papers which are contained in the S&P Version 2.0 document.



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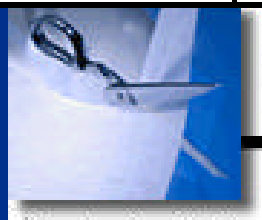
SPWG Deliverables

Workgroup Deliverables	Due Date	Date Delivered
Getting Started Document		7/6/00
Combined White Papers Draft 1.0 Draft 1.1 Draft 1.3		7/28/00 9/8/00 9/22/00
Mission and Scope Document		9/11/00
Privacy Implementation Issues Determined and Prioritized	9/28/00 + 10/13/00	
Recruitment of people interested in privacy	9/27 & 28th and ongoing	
Privacy sub-groups set up		10/13/00
Determination of continuing work in Security sub-groups		10/13/00
Timeline for Privacy & additional Security Sub-workgroups		10/20/00
Version 2.0 of the Security & Privacy White Papers Document		1/8/2001



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SPWG – Next steps

- Recruit more workgroup participants
- Validate Mission and Scope Privacy issues
- Solicit issues and ideas for possible deliverables based on the Final Privacy Rule (and when published Final Security Rule)
- Continue Security& Privacy Workgroup efforts:
  - Consolidation of the Awareness , Training & Organization and the Change Management Security Sub-Workgroups
  - ALL Sub-Workgroups will address crossover issues

SPWG – Vendor Technologies and Interdependencies Sub-Workgroup

- **"VTI" Introduction**

Sub-Workgroup co-Chair: Lesley Berkeyheiser

Participants: Wynn Hazen - Mark Higgins - Dave Herbison

Suzanne Jones - Lisa MacBain - Marion Reed

VTI - White Paper Focus

- VTI workgroup reconvened
- Wanted to explore tools and technologies available to assist the industry with next steps
- Focused this effort on Gap Analysis assistance
- VTI will revisit this search after final Security is published

VTI - Objectives

- Creation of a questionnaire assuring the following:
  - Each interview content consistent
  - A global understanding of the tool/technology
  - Highlight the strength of each solution
  - Assure that non-biased review and no personal opinions interjected
  - This is NOT a recommendation for any tool/technology or its affiliated company
  - The goal is to assist the industry
  - Create final matrix of findings

VTI - Method

- The VTI Workgroup collected known tools and technologies by:
  - Canvassing the Internet
  - Networking among the health care industry representatives
  - Posting a request for assistance via WEDi' s Security and Privacy Listserv

VTI - Conduct

- VTI participants were assigned various Products/tools/technologies for purposes of conducting interviews
  - All interviews/surveys used the questionnaire as a boilerplate
  - Some were conducted in person to person format
  - Others were the result of intense web-site research
  - As a courtesy, product representatives were consulted
- All results were compiled

VTI - Survey Questionnaire

- *HIPAA Tool/Technology Survey Questions*
- 1.What is the general description of the tool/technology?
- 2. For what market has the product been created?
- 3. How does the tool address HIPAA regulation compliance for EDI, for Security, for Privacy?

VTI – Questions- Cont.

- 4. How is the tool/technology updated to reflect any changes in HIPAA regulations? For what period of time?
- 5. Would information be made available about the tool/technology support staff and support capabilities?
- 6. How is HIPAA compliance reported to clients?

VTI – Questions Cont.

- 7. How can a Provider/Health Plan/Clearinghouse purchase/contract/and/or license the service or product?

VTI- General Findings

- Eight tools/technologies were surveyed during this initial research
- Range from high level “check-list” type focusing only on one area of regulations to fully automated assessment tools
- White paper includes specific reference and responses for all in detail

VTI - Considerations

- 1. Ideally, the chosen tool/technology should reflect the final regulations and any subsequent updates.
- 2. The tool should include easy reference to a resource person, email-site, for questions, other guidance or referral.
- 3. Comprehensive coverage (including direct reference of regs.) are definitely a plus.

VTI - Considerations Cont.-

- 4. Ongoing communication including notification of issues, sticky points, and/or altered interpretation.
- 5. A helpful tool should include methodical breakdown of requirements into attainable components.

VTI - Considerations Cont.-

- 6. The tool should be user friendly, allow for the development of a historical baseline, and ongoing documentation support during the remediation process.
- 7. Those tools designed to support smaller organizations must be affordable, and include self-direction.

VTI - Considerations

- A health care entity's decisions about the depth and breadth of its BIA can be influenced by:
  - Physical Factors/ Size
  - Business Factors/ Acceptable Level of Risk
- See our white paper more detail on implementation and risk considerations!