

PRIVACY AND EPIDEMIC RESPONSE AN EBOLA CASE STUDY

The Twenty-Third National HIPAA SUMMIT

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EMORY UNIVERSITY AND EBOLA: JULY 30, 2014



EMORY UNIVERSITY

AUGUST 4, 2014



OUR MISSION IN ACTION



INTENSE MEDIA COVERAGE





THE CALL

- Received call from Emory University Hospital Administration on July 30, 2014.
- Can you come to a meeting today? Sure, give me a conference line number. “No, you have to be here in person; it is about” – whisper – “Ebola.”
- Okay, I’ll see you at 3:00.
- Glad to get the call and to be included with the Operations Team and Communications Team.

THE CALL (CONT'D)

- Operations and Communications: Hospital CEO, Vice President of Operations, Media, Human Resources, Chief Quality Officer, Chief Medical Officers, Treatment Team, Chief Nursing Officer, CEO of Emory Healthcare, Privacy Officer
- Initially met twice a day.
- Added – Pharmacy, Laboratory and others as needed to Operations Team.

First Question Asked

- * What can we say?
- * Acknowledge first patient is here. Acknowledge second patient is here.
- * We will not confirm identity of patients.
- * Emory Healthcare also has patient privacy as part of our quality of care for our patients. Regardless of rules, Privacy is at forefront of care.
- * Answer questions and provide guidance.
- * Special Communicable Disease Unit - patients are “No Information” per Emory policy.
- * “No Information” Patients not listed in Hospital Directory.
- * Test the Hospital Directory by calling Hospital Operator.

Emory Internal Communications

- * Initial Communication with Emory Healthcare Staff
- * Communication with Emory University staff
- * Town Hall Meetings with Staff
- * Periodic e-mail blast to employees, including medical residents and medical students
- * Activated message in the electronic medical record where staff have to affirmatively check they are involved in the patients care and want to continue to the record.
- * Message warns inappropriate access can lead to termination from employment.
- * Communication to hospital patients
- * Trained staff on how to talk with patients who had concerns.
- * Physical Security/Sign in and out of Unit
- * Dr. Bruce Ribner, lead physician for Ebola Virus Disease (EVD) patients is now EHC Honorary Privacy Officer.
- * All physicians and staff involved in care had utmost concern for patients' privacy.

Dear Staff and Physicians,

Our expertly trained physicians, nurses and staff at Emory University Hospital safely and securely received a patient with Ebola virus. All standard infection control protocols were followed precisely, and we are so honored to have the privilege to care for this patient. Our deepest gratitude goes out to our care team.

The media, the community and the entire world continue to have great interest in patients with Ebola. You may see numerous media trucks parked along the road. You may also hear reports or speculation regarding the condition of the patient. We continue to respect the privacy of all our patients and are bound by HIPAA compliance rules. So, despite the media attention, we are keeping patient information strictly confidential. Thank you for respecting the privacy of all our patients and their families. As a reminder, we all should:

ONLY ACCESS patient information to complete employee-specific job duties and for job-related functions.

ONLY ACCESS the minimum amount of patient information needed to complete the job at hand.

NOT talk about or discuss patient information in public areas (cafeteria, restrooms, elevators, etc.). Anything said that can identify a patient is considered protected information.

NOT POST ANY items or information about our patients on any social media site (e.g., Facebook), even if you think it may be de-identified information.

In the interest of patient privacy, we don't anticipate sending you a lot of updates, but we will provide information when necessary. To learn more about Ebola, our safety protocols, CDC advisories and tools to help address questions your patients may have, please visit the [Ebola information](#) site.

We are so proud of the work you are doing for the patient and all of our patients across the system.

Thank you.

The News Media

- * Patients with EVD were high-profile since names were being used in the Media.
- * News media volume was unprecedented.
- * Emory did confer with patients about releasing information.
- * Prepared HIPAA Authorization – how would patient sign authorization and how would we get it in the chart?
- * First two patients affiliated with large missionary organizations.
- * Through course of patients' care, the missionary organizations and patients' families provided updates and information to the media.
- * Through the fall of 2014 Emory received and treated two additional patients with EVD. Same rules applied to all patients.

The News Media (CONT'D)

- * At outset, the news media were asking for names and specific patient information.
- * Emory gave no names or specific information.
- * Emory media team would monitor external news reports.
- * Emory media team developed trust relationship with media.
- * Media began to understand they would not receive specific information on any patients.
- * News Media would put together a report that used specific information from patients' family or missionary organization with general information provided by Emory. Presented it in a way that sounded like Emory had provided actual patient information. Emory media team cautioned news media about those types of reports.
- * Emory strategy – met with media and provided interviews about the disease and how any patient with EVD would be treated.
- * Coordinate any presentations made with Internal Media and clear what you can say.

THE GOVERNMENT

- * Just because you may disclose does not mean you should disclose.
- * The White House – Director of Emergency Preparedness; National Security Council – Understand what they really need to know.
- * Understand what they need to understand.
- * Needed to understand the situation – No specific patient information.
- * The protections of the Privacy Rule are not set aside during an emergency although it is balanced to ensure that appropriate uses and disclosures of the information still may be made when necessary to treat a patient, to protect the nation’s public health, and for other critical purposes.
- * A covered entity may disclose to the CDC protected health information on an ongoing basis as needed to report all prior and prospective cases of patients exposed to or suspected or confirmed to have Ebola virus disease.
- * Minimum Necessary
- * CDC tests for EVD.

For health oversight activities - **may disclose PHI to a health oversight agency (DHHS) for oversight activities ... necessary for the appropriate oversight of: (i) the health care system... (iii) entities subject to government regulatory programs for which health information is necessary for determining compliance with program standards...** DHHS and the health oversight agencies fall within this and thus could receive the information. 42 CFR 164.512

Permitted "consistent with applicable law and standards of ethical conduct" to use and disclose PHI to avert a serious threat to health or safety. Applicable, **if the covered entity, in good faith, believes the use or disclosure: (i)(A) is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public; AND (B) is to a person or persons reasonably able to prevent or lessen the threat...**

42 CFR 164.512

See Appendix A

EMERGENCY SITUATIONS

November 2014

U.S. Department of Health and Human Services, Office for Civil Rights
BULLETIN: HIPAA Privacy in Emergency Situations

<http://www.hhs.gov/ocr/privacy/hipaa/understanding/special/emergency/emergencysituations.pdf>

<http://www.cdc.gov/privacyrule/guidance/PRPH.htm>

What Next?

Research.

PRACTICAL ISSUES IN COMMUNICATIONS/ SUGGESTIONS

- Speed is key: Be transparent and timely; build trust with public.
- Agree on external messaging (i.e. education of disease, clinical indicators, prevention and treatment).
 - Identify spokesperson/substantive knowledge of issue/trustworthiness.
- Be proactive/take steps to educate media and public.
- Coordinated Communications Strategy and Timing is vital.
 - Internal and external communications to patients, employees and public
 - External Resources (print and social media)
 - Call Center
 - Web Site
 - Notice to internal governance (Board of Directors)/Timing
 - Coordinate with external partners (Centers for Disease Control).
 - Press conferences and/or updated written communications

PRACTICAL CONSIDERATIONS/SUGGESTIONS: INCIDENT RESPONSE TEAM

- Assess Facts Quickly/Modify Existing Incident Response Team to Fit Circumstances.
- Designate Incident Response Team and Team Leader.
- Maintain 24-hour contact information for members and alternates.
- Potential Team Members:
 - Hospital Operations
 - Medical Officer/Nursing
 - Crisis Management Consultant
 - PR/Communications
 - Privacy Officer
 - Compliance Officer
 - Hospital Administration
 - Risk Management
 - Environmental Safety
 - Human Resources
 - Customer Service/Patient Relations
 - Legal
 - Police/Security
 - Coordination with centralized emergency preparedness team

Let's Not Forget West Africa

- * New York Times – March 5, 2015
- * Last Known Ebola Patient in Liberia Is Discharged.
- * The disease has flared up recently in neighboring Sierra Leone and Guinea.
- * Need to keep funding and supporting research and vaccine.

WE CAN FEAR, OR WE CAN CARE.



QUESTIONS



APPENDIX

DURING ANY EPIDEMIC YOUR INSTITUTION MAY ENCOUNTER CALLS OR INQUIRIES FROM THE AGENCIES LISTED HERE AND YOU MAY FIND THESE CHARTS HELPFUL.

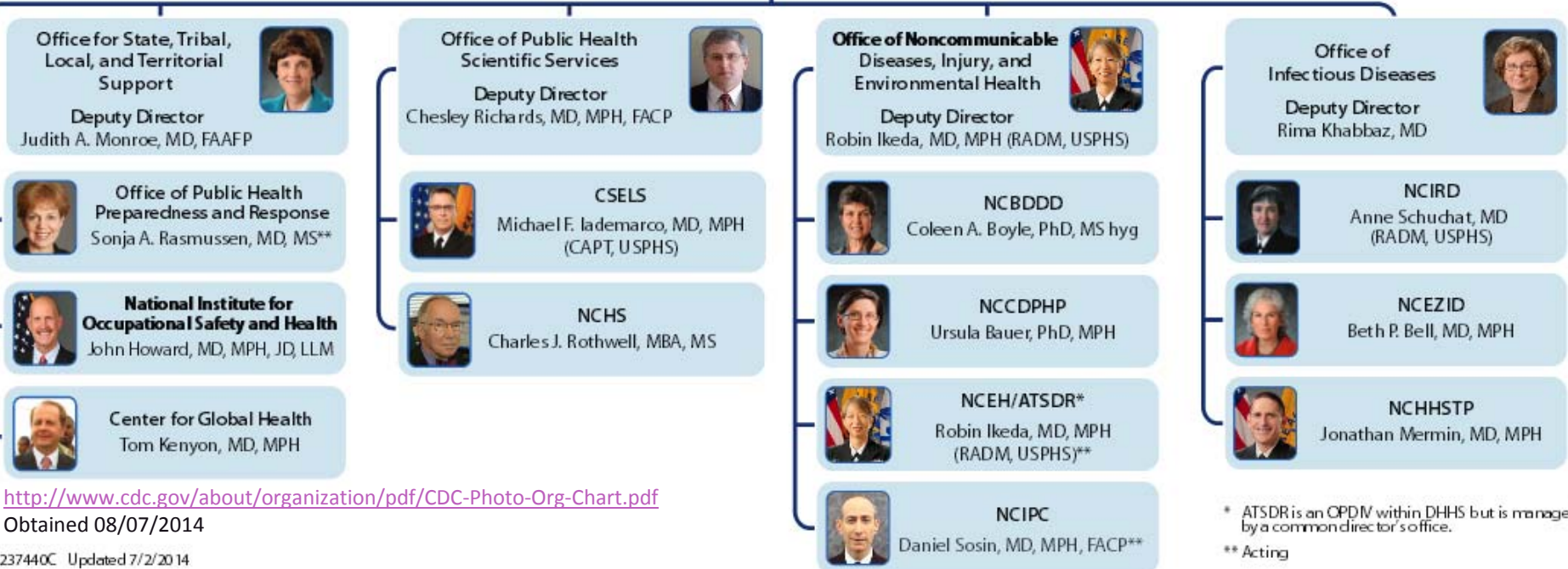
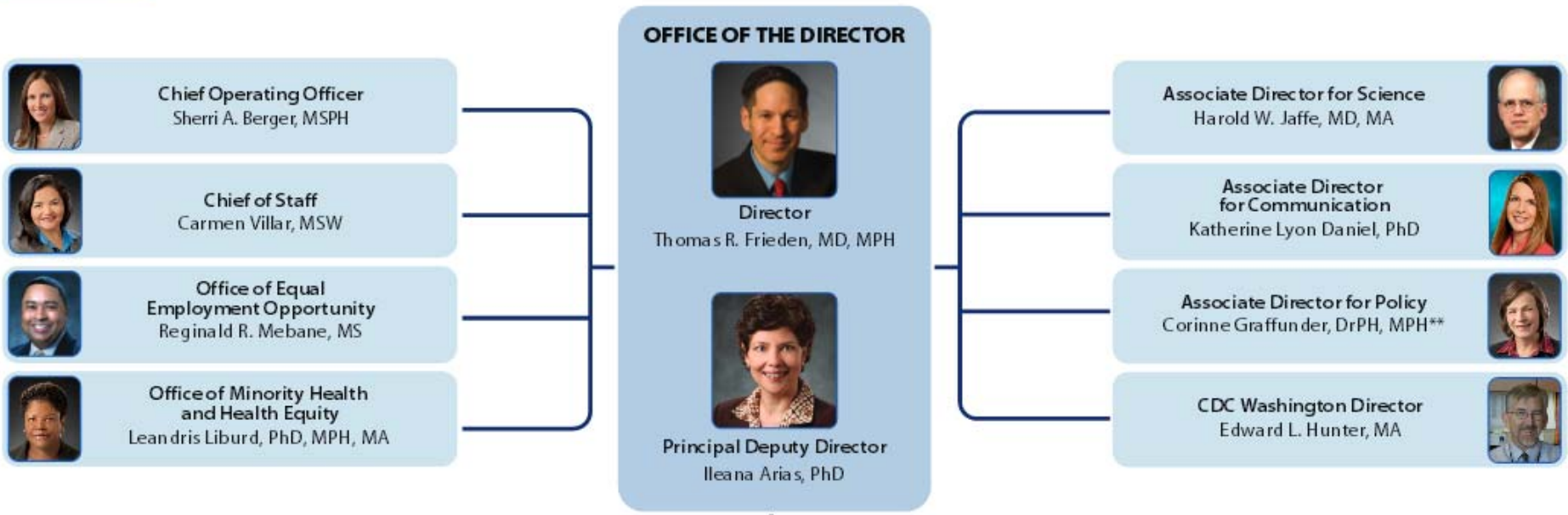
PRESIDENT OBAMA'S CABINET

- Vice President
- Secretary of State
- Secretary of Treasury
- **Secretary of Defense**
- Attorney General
- Secretary of Interior
- Secretary of Agriculture
- Secretary of Commerce
- Secretary of Labor
- **Secretary of Health and Human Services**
- Secretary of Housing and Urban Development
- Secretary of Transportation
- Secretary of Energy
- Secretary of Education
- Secretary of Veterans Affairs
- **Secretary of Homeland Security**
- Chief of Staff
- EPA Administrator
- Director, OMB
- Ambassadors to UN
- US Trade Representative
- Chairman, Council of Economic Affairs
- Small Bus. Admin

8/7/2014

CABINET (CONT'D)

- Department of Health and Human Services (DHHS)
- DHHS is a Cabinet-level department.
- CDC is an agency within DHHS.



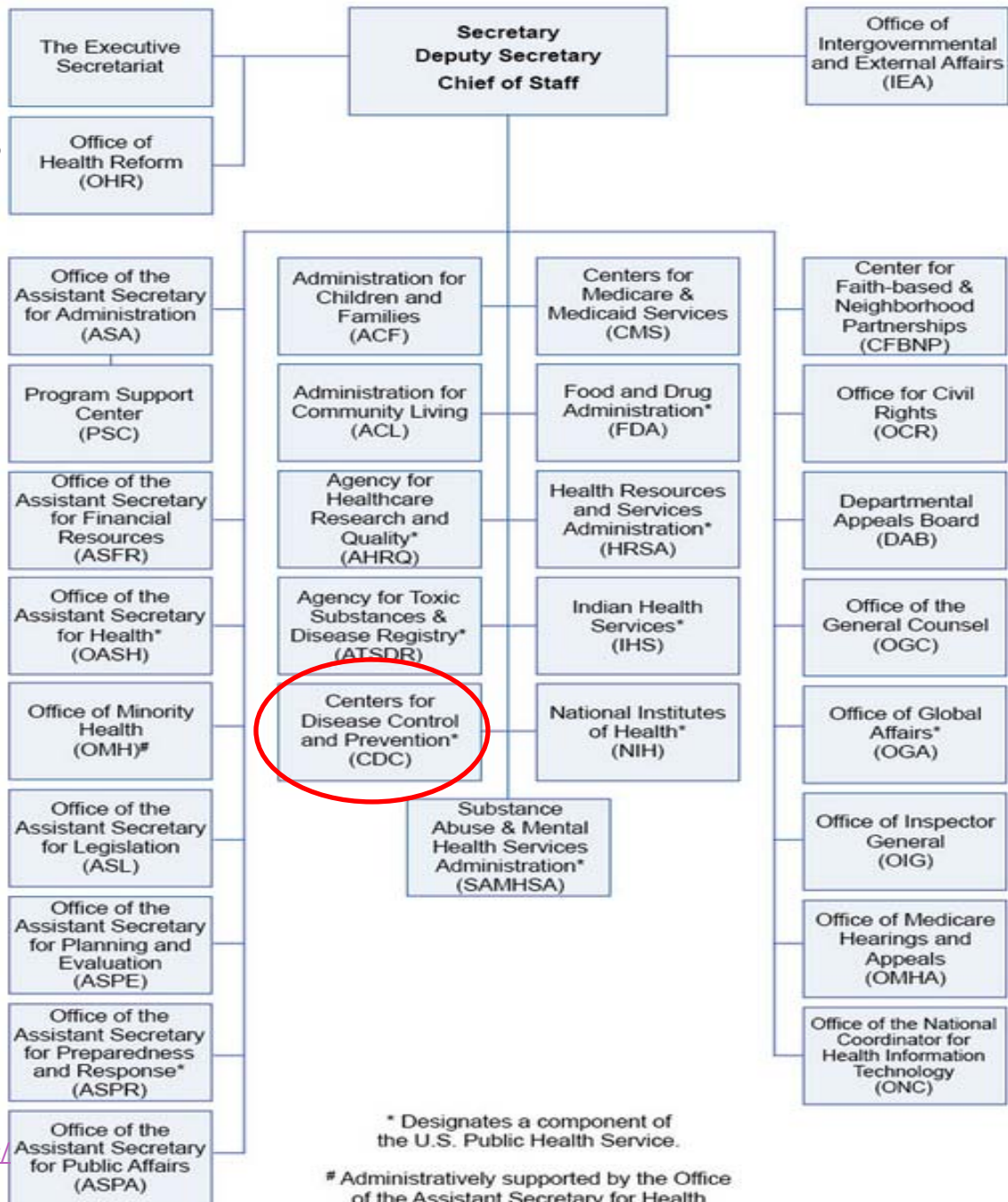
<http://www.cdc.gov/about/organization/pdf/CDC-Photo-Org-Chart.pdf>

Obtained 08/07/2014

* ATSDR is an OPDIV within DHHS but is managed by a common director's office.

** Acting

United States Department of Health and Human Services Organizational Chart



DEPARTMENT OF DEFENSE

- DoD is a separate Cabinet-level department.
- The armed forces fall within the DoD.

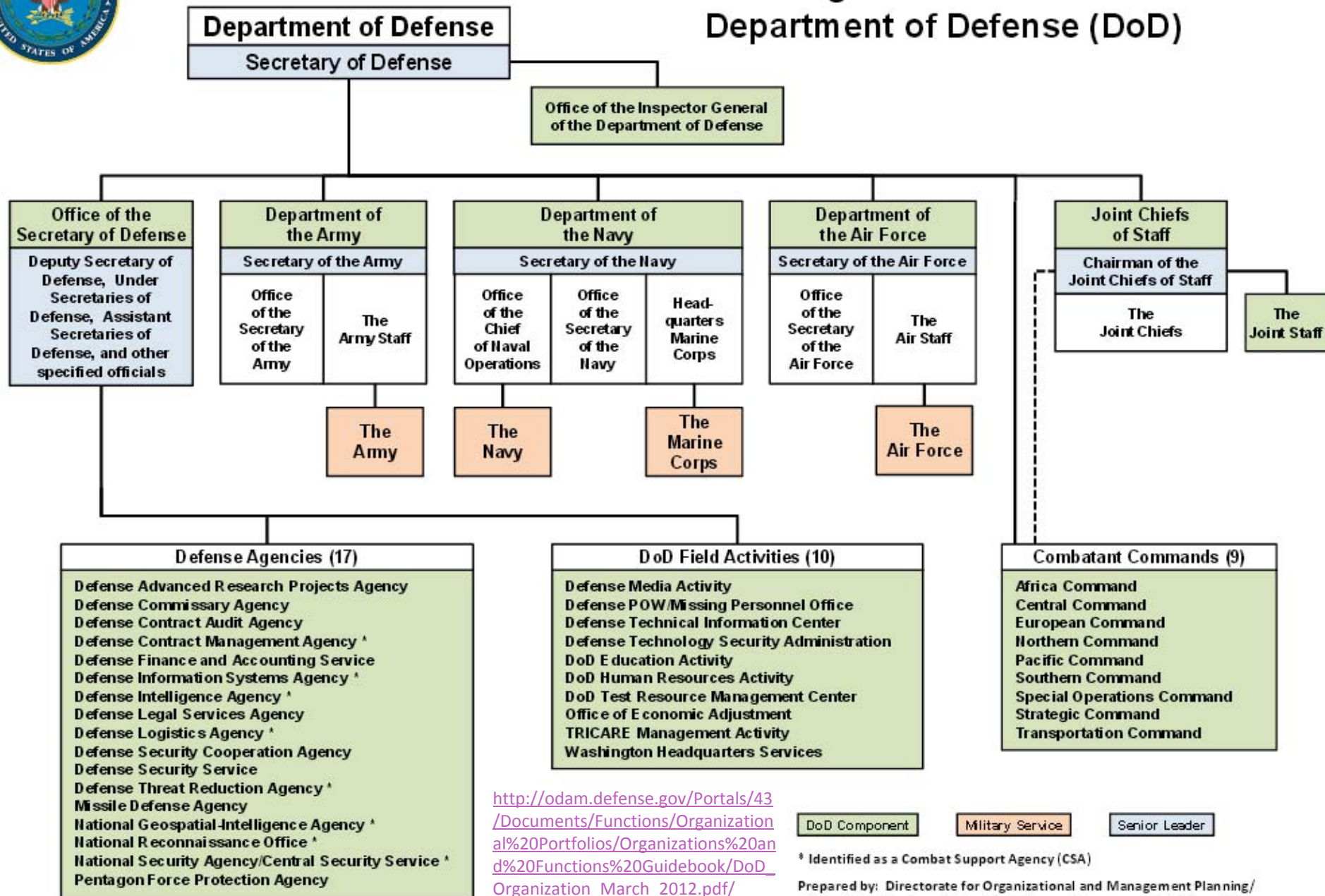
Department of Defense

The "secret serum" used to treat two Americans who are infected with the virus was developed by a biotech firm called Mapp Biopharmaceutical Inc., which [reportedly](#) works with the National Institutes of Health as well as with the Defense Threat Reduction Agency (the latter a military agency specializing in bio-defense). *The Washington Post* – 8/5/2014

In 2010, the U.S. Department of Defense signed a \$140 million contract with a company called Tekmira to develop a treatment for Ebola infections, according to a [statement by](#) the company. After the collaboration was extended in 2013, Tekmira was granted a so-called Fast Track designation in March 2014 when the first cases of Ebola began to reemerge. *The Washington Post*, 8/5/2014



Organization of the Department of Defense (DoD)



http://odam.defense.gov/Portals/43/Documents/Functions/Organization%20Portfolios/Organizations%20and%20Functions%20Guidebook/DoD_Organization_March_2012.pdf/
 Obtained 08/07/2014

DoD Component Military Service Senior Leader

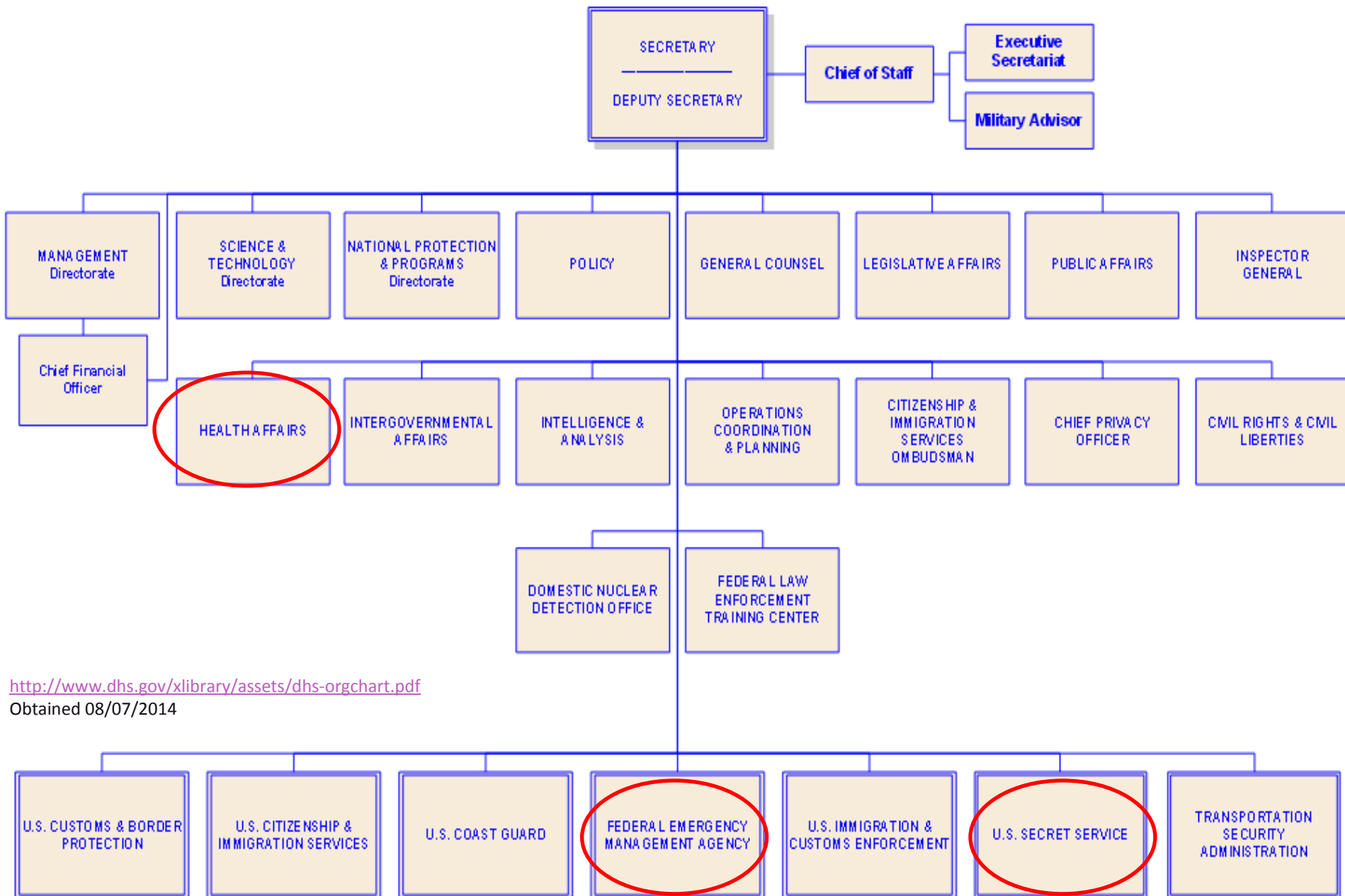
* Identified as a Combat Support Agency (CSA)

Prepared by: Directorate for Organizational and Management Planning/
 Office of the Director of Administration and Management/Office of the
 Secretary of Defense – March 2012

DEPARTMENT OF HOMELAND SECURITY

- DHS is another separate, Cabinet-level department.
- The Secret Service falls within DHS.
- Could not locate an organizational chart for Secret Service.

U.S. DEPARTMENT OF HOMELAND SECURITY



<http://www.dhs.gov/xlibrary/assets/dhs-orgchart.pdf>

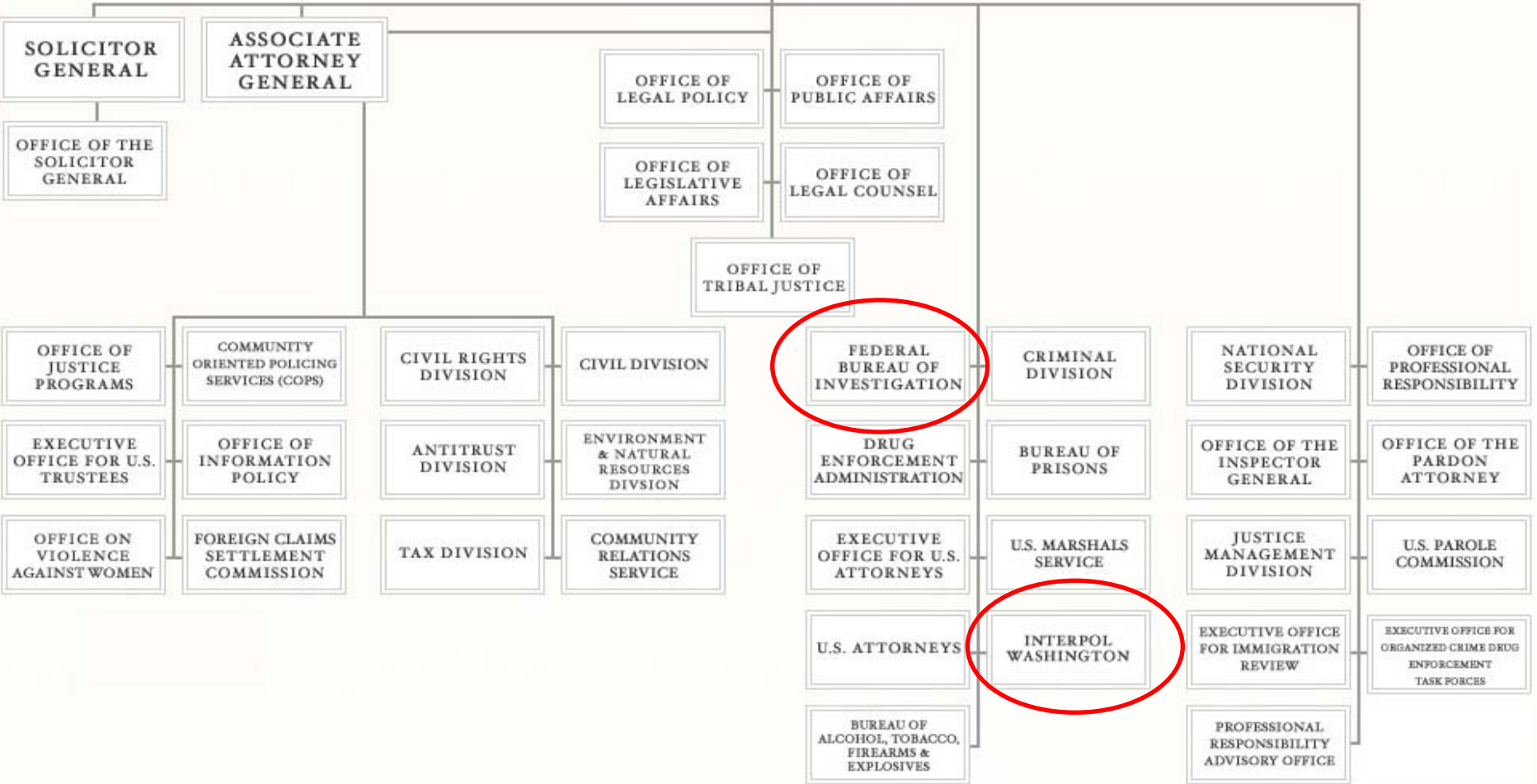
Obtained 08/07/2014

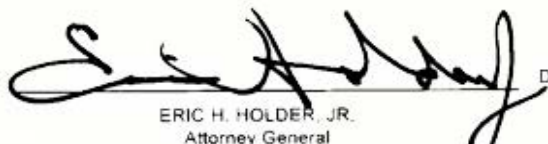
DEPARTMENT OF JUSTICE

- The DOJ is another separate, Cabinet-level department.
- The FBI falls within the DOJ.

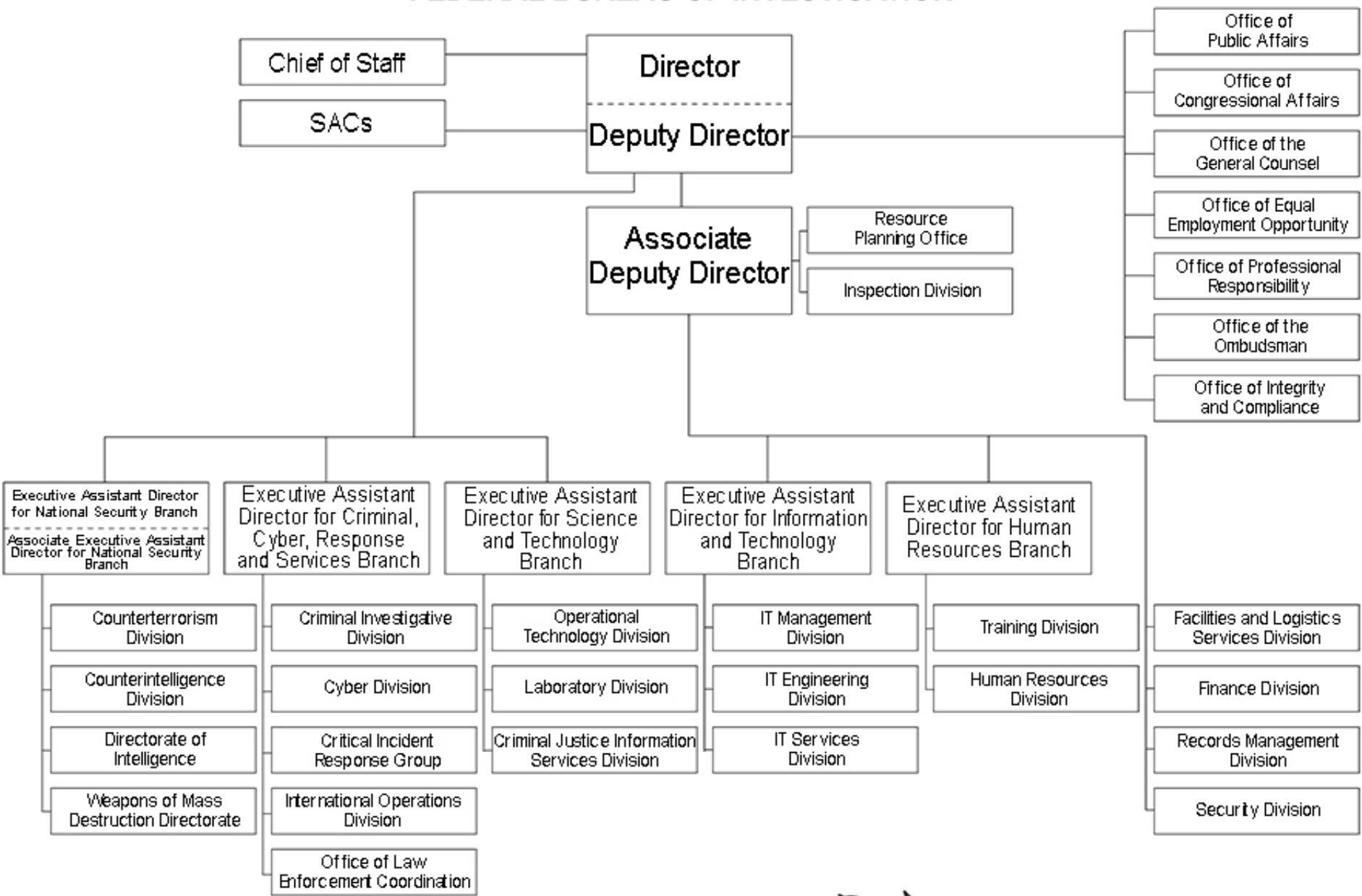
United States Department of Justice Organizational Chart

OFFICE OF THE ATTORNEY GENERAL
DEPUTY ATTORNEY GENERAL



Approved by  Date 11/26/12
ERIC H. HOLDER, JR.
Attorney General

FEDERAL BUREAU OF INVESTIGATION



Approved by:

ERIC H. HOLDER, JR.
Attorney General

Date: **January 20, 2010**

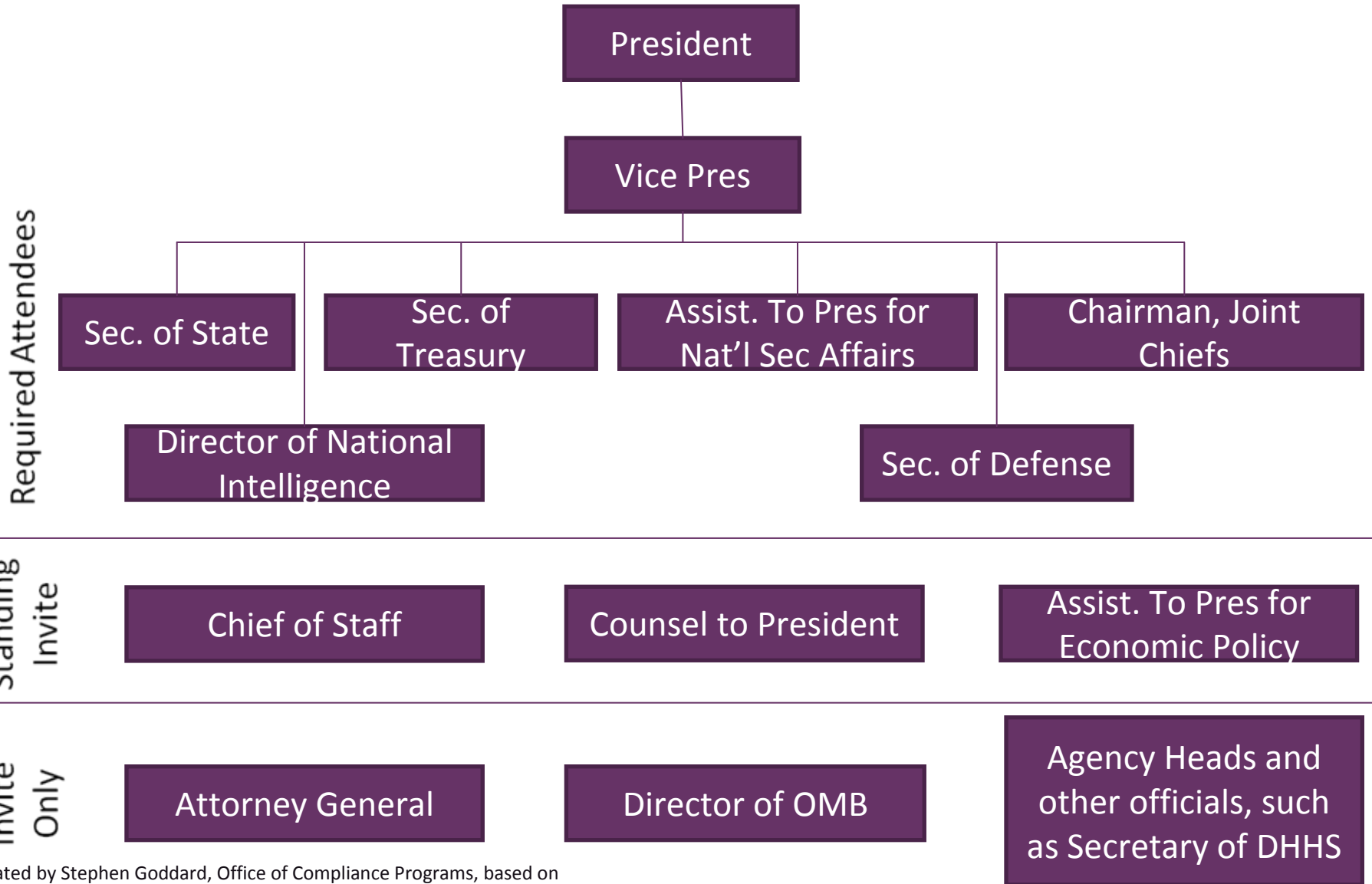
THE NATIONAL SECURITY COUNCIL

From WhiteHouse.gov:

The National Security Council (NSC) is the President's principal forum for considering national security and foreign policy matters with his senior national security advisors and cabinet officials. Since its inception under President Truman, the Council's function has been to advise and assist the President on national security and foreign policies. *The Council also serves as the President's principal arm for coordinating these policies among various government agencies.*

The NSC is chaired by the President. Its regular attendees (both statutory and non-statutory) are the Vice President, *the Secretary of State*, the Secretary of the Treasury, the *Secretary of Defense*, and the Assistant to the President for National Security Affairs. The Chairman of the Joint Chiefs of Staff is the statutory military advisor to the Council, and the Director of National Intelligence is the intelligence advisor. The Chief of Staff to the President, Counsel to the President, and the Assistant to the President for Economic Policy are invited to attend any NSC meeting. The Attorney General and the Director of the Office of Management and Budget are invited to attend meetings pertaining to their responsibilities. *The heads of other executive departments and agencies, as well as other senior officials, are invited to attend meetings of the NSC when appropriate.*

NATIONAL SECURITY COUNCIL ORGANIZATION



Bush NSC 2008

http://www.brookings.edu/~media/Projects/nsc/Organizational_Charts_of_the_NSC.PDF

Obtained from Brookings Institution on 8/7/14. This was the best and most current example of an NSC org chart available. Nothing could be located online for President Obama's NSC structure.

