

# HIPAA Implementation for Rural Providers

## Colorado's Western Healthcare Alliance HIPAA Implementation Project

### HIPAA SUMMIT

Session 3.04, 10:30-11:30 a.m.

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# HIPAA Implementation for Rural Providers

## Introduction

- Foley & Lardner's (F&L) work & educational presentations for rural providers
- F&L's work with Colorado Health & Hospital Association
- Invitation and presentations to speak in Grand Junction for the Western Healthcare Alliance (WHA)
- Difficulties for rural health providers in the implementation of HIPAA

# HIPAA Implementation for Rural Providers

Western Healthcare Alliance, Grand Junction, Colorado

- The rural health network model (WHA)
- Sample projects/products provided to WHA members
- CEO reaction to new HIPAA regulations: apathy and resistance
- WHA staff organized HIPAA education for administrators
- RFP Process: requested vendors to provide an affordable and comprehensive program designed to meet Federal, State, and rural needs
- Responses to the RFP—each consultant preferred independent engagements with each hospital. No rural health model existed.
- Foley & Lardner responded to the RFP with a new HIPAA implementation model

# HIPAA Implementation for Rural Providers

## Implementation Model

- F&L responds to rural healthcare provider's issues
- The model for implementing HIPAA in a rural health setting (13 monthly sessions conducted in group sessions)
- Five unique attributes of this program (group setting, monthly meetings, the network is the client (WHA), affordability, collaborative approach with WHA & Colo. State Hosp Assoc.)
- Challenges to F&L in the development and implementation of this approach (e.g. estimating professional hours in development and presentation)

# HIPAA Implementation for Rural Providers

## How the Model was Operationalized

- Communicating about the HIPAA implementation model with WHA Network Members over a 225 mile radius
- Everyone has a different idea (e.g. condensing to a 13-month program)
- Had to develop one fixed price and pro-rate (stories from the field)
- Favorable and rapid response from the rural providers
- Required and fostered a great client (WHA)- attorney relationship and partnership

# HIPAA Implementation for Rural Providers

## 13-Month Implementation Schedule

- Session #1

Agenda: Program Overview; Getting Organized for HIPAA; Self-Assessment Tools for Transactions, Privacy and Security (IT consultant presentations)

- Session #2

Agenda: Gap Analyses; Documenting Compliance; IT Contracting issues; Transactions, Code Sets and Identifiers implementation policies and procedures (IT consultant presentations)



# HIPAA Implementation for Rural Providers

## 13-Month Implementation Schedule (cont.)

- Session #3

Agenda: HIPAA Contracting Issues and Models; Privacy Part I (Consent/Notice/Opportunity to Agree or Object)

- Session #4

Agenda: Privacy Part II (Authorizations, Research Unrelated to Treatment, De-Identification)

# HIPAA Implementation for Rural Providers

## 13-Month Implementation Schedule (cont.)

- Session #5

Agenda: Security (Administrative Structure and Oversight; Access Controls); IT Consultant presentations

- Session #6

Agenda: Privacy (Patient's Rights)



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## 13-Month Implementation Schedule (cont.)

- Session #7

Agenda: Privacy (Minimum Necessary, Administrative Requirements)

- Session #8

Agenda: Privacy (Research Related to Treatment; Parents and Minors issues; Training; 164.512 Uses and Disclosures, Part I)

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## 13-Month Implementation Schedule (cont.)

- Session #9

Agenda: 164.512 Uses and Disclosures, Part II; Marketing/Fundraising Communications; Oral Communications

- Session #10

Agenda: Incorporating HIPAA into the Compliance Program; Enforcement; Personnel Security issues

# HIPAA Implementation for Rural Providers

## 13-Month Implementation Schedule (cont.)

- Session #11  
Agenda: Security: Technical (IT Consultant presentations)
- Session #12  
Agenda: Security: Administrative Processes (IT Consultant presentations)
- Session #13  
Agenda: Future regulatory changes; ongoing issues in HIPAA compliance; conclusion and wrap-up

# Questions

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## Program design and its future

- 13-month implementation schedule
- Working with I.S. and other consultants
- Where we're headed now (the word spread and we're now working with rural providers outside of the WHA network)
- Concluding remarks