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Is there an E in HIPAA?

Meeting the real workforce education requirements of Privacy and Security

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PCI: e-commerce for healthcare

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What are the Education Requirements for Privacy?

The Final Privacy Rule requires each covered entity to:

- 164.530(b)(1)
 - “Train all members of its workforce on its *policies and procedures* with respect to its protected health information as necessary and appropriate to carry out their function within the covered entity.”
- 164.530(b)(2)
 - “Provide training to each member of the workforce by no later than the compliance date”
 - “Provide training to each new member of the workforce within a reasonable period of time after the person joins the workforce”
 - “Provide training to each member of their workforce whose functions are affected by a material change in the policies or procedures required”
 - “Document that the training has been provided”



What are the Education Requirements for Security?

The Security NPRM states:

- “Each organization must analyze its systems, vulnerabilities, risks, and resources to determine optimal security measures...the committee believes that a set of practices can be articulated in a sufficiently general way that they can be adopted by all health care organizations in one form or another.”



What are the Education Requirements for Transactions?

The Final TCS Rule states:

- P. 50353 – “Health care provider and health plan personnel will require training on the use of the various standard identifiers, formats, and code sets.”
- P. 50329 - “Health plans should inform their health care providers of the impending changes as soon as possible and arrange for appropriate education opportunities...”



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Who is Covered?

- All health plans, health care clearinghouses, and providers who conduct certain financial and administrative transactions electronically
- Self insured employers are health plans under HIPAA



What Information is Protected?

- Protected Health Information (PHI) - All medical records and other individually identifiable health information used or disclosed by a covered entity in any form, whether electronic, paper or orally.





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Who does this benefit?

- The consumers! Under this rule, patients will have significant new rights to understand and control how their health information is used.
 - Patient education on privacy protections
 - Ensuring patient access to their medical records
 - Receiving patient consent before information is released
 - Providing patient recourse if privacy protections are violated
 - Boundaries on medical records use and release
 - Ensuring that health information is not used for non-health purposes
 - Providing the minimum amount of information necessary

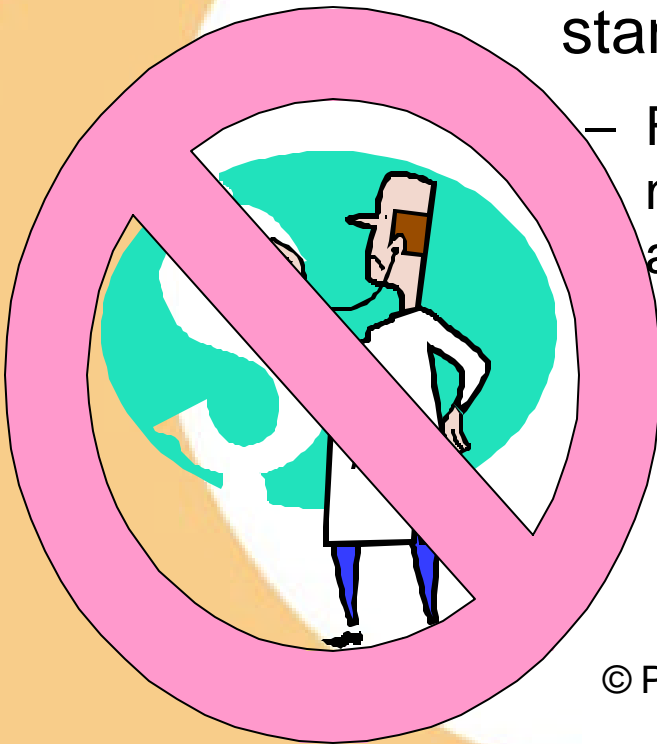
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Ensure the Security of Personal Information

- Final rule gives covered entities the flexibility to design their own policies and procedures to meet those standards.
 - Flexible and scalable to account for the nature of each entity's business and its size and resources



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What To Do About It!

1. Designate a privacy officer
2. Establish accountability for use and disclosure of PHI
3. Develop and deploy written privacy policies and procedures
4. **Train entire workforce!!!**

Accountability

“Degrees
of
Badness”

- **Civil-Penalties** are \$100 per violation, up to \$25,000 per year for each requirement or prohibition violated.
- **Criminal-Penalties** are up to \$50,000 and one year in prison for certain offenses; up to \$100,000 and up to five years in prison if the offenses are committed under "false pretenses"; and up to \$250,000 and up to 10 years in prison if the offenses are committed with the intent to sell, transfer or use protected health information for commercial advantage, personal gain or malicious harm.





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Things to Consider...

- Top-level down: Ensure CEO buy-in!
- Roll out as more than just policy changes
- General considerations
 - Centralized or distributed training responsibilities
 - Media
 - Resources – internal or external
- Functional considerations
 - Supervisor training
 - Generalized or by job function
 - Specialized needs

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Who, What, When, How?

- When you set up your HIPAA training program you must answer these questions:
 - Who needs HIPAA training? Do I take a “train the trainer” approach? Do I train each individual?
 - What should be the content of the training?
 - When do I begin?
 - How do I conduct the training? How do I track it?

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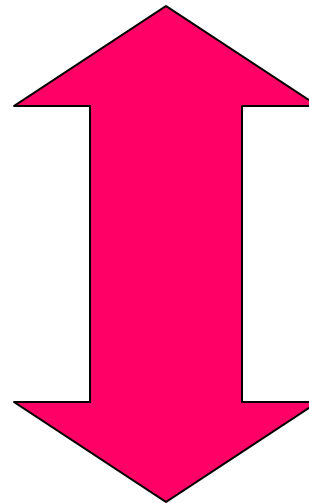




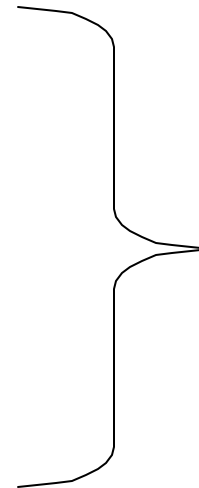
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Who is my workforce?

BOD



Volunteers



And everybody in
between, including
contracted workers

Consider contracted
physicians...



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Should I Train Business Associates?

- What is a business associate?
 - A business associate is a person or entity who provides certain functions, activities, or services for or to a covered entity, involving the use and/or disclosure of PHI.
 - A business associate is not a member of the health care provider's health plan, or other covered entity's workforce.
 - A health care provider, health plan, or other covered entity can also be a business associate to another covered entity.
 - The rule includes exceptions. The business associate requirements do not apply to covered entities who disclose PHI to health care providers for treatment purposes - for example, information exchanges between a hospital and physicians with admitting privileges at the hospital.
- Should I train them? Maybe!
 - There are risks either way.

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How do I prove HIPAA Education Compliance?

- Today - HR Paperwork
 - Employees sign forms saying they went to something, read something, got certificate
- LMS - Automated checklist database
 - Records:
 - Who has taken what course
 - When they took it
 - Grade received / competency
 - When they need to be trained again
 - Can generate reports





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Do I a have to train my contracted physicians?

- Good Question
 - Look at risks both ways!
 - Discussion?



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Do I a have to train my business associates?

- Good Question
 - Look at risks both ways!
 - Discussion?



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Privacy Training

- All employees must understand general requirements of the privacy rule
 - Rights of individuals
 - Duties and responsibilities of covered entity
 - Duties and responsibilities of business associates
 - Impact of responsibilities on their day-to-day work environment
 - Specific policies and procedures to follow
 - Sanctions for violations

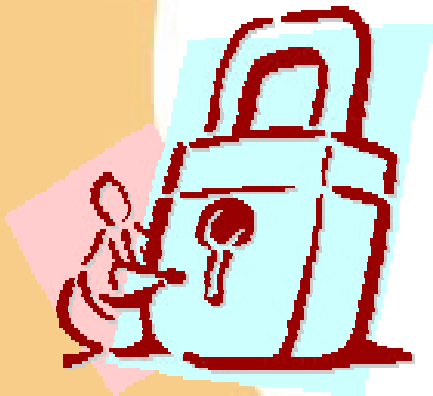
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Security Training

- IT Staff-technical security services and mechanisms
- All employees- administrative procedures and physical safeguards
 - Password management
 - Physical access
 - Virus protection
 - Backup and disaster recovery procedures



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Education Priorities

- Begin with “Top down” awareness training
 - Executive steering committee and HIPAA workgroup members
- All new employees @ orientation
- Operations staff
- Clinical staff
- Support services – Customer Service
- HR and legal and everyone else

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Privacy & Security Training Priorities

- Policy/procedure team – Train first, then begin the development of P & P's
- HR – Train early to gain support for organizational policies and training: and issues related to sanctions
- Legal – Train early to gain an understanding on business associate contracts and other legal issues related to Privacy
- Security – Train in conjunction with Privacy
 - Physical access, Passwords, Locks, Visitor access...



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Privacy & Security Training Deadlines

- Existing employees – before 4/14/03
- New hires – within a “reasonable period of time” after hire date
- On-going training – as changes in law or P&P’s affect job functions



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Training Modalities

- Classroom style
- Seminars & conferences
- Audio conference/web cast
- Web-based
- Self-directed learning
 - manuals,
 - video,
 - CDROM
 - Etc.



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Workforce Considerations

- Culture
- Language barriers
- 24/7 environment
- Assuring comprehension
- Creating real change
- Interactive is always the best



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Why is E – Learning the best for Healthcare?

- Proven ROI
- Learn at your own pace
- Improves morale
- Enhances job competency
- Proactive approach closely aligned to business objectives and outcomes
- Targeted and measurable results

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Successful E-Learning for Privacy & Security

- Identify upper-level lead person
- Obtain executive buy-in through ROI
- Establish budget
- Establish Planning team to assist in rollout
- Assess technical requirements
- Content. Content. Content.
 - Make sure it meets your needs
 - Customize or off the shelf options

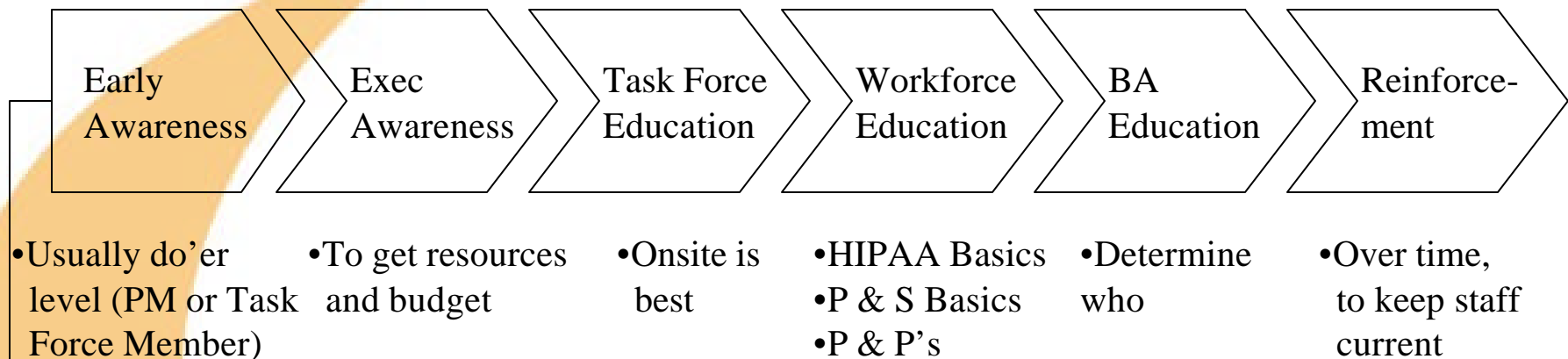


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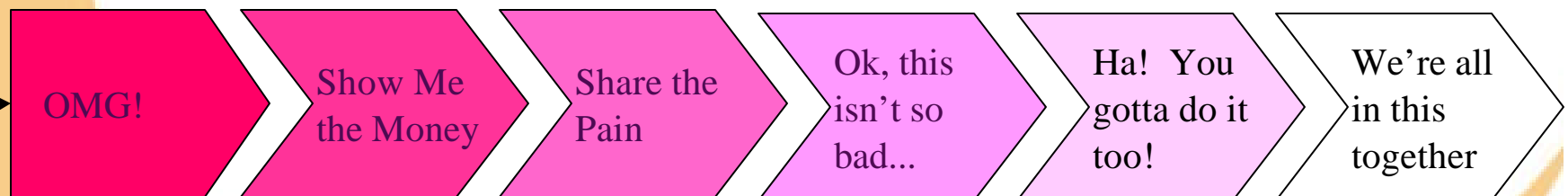


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The Education Timeline



The Emotional Spectrum

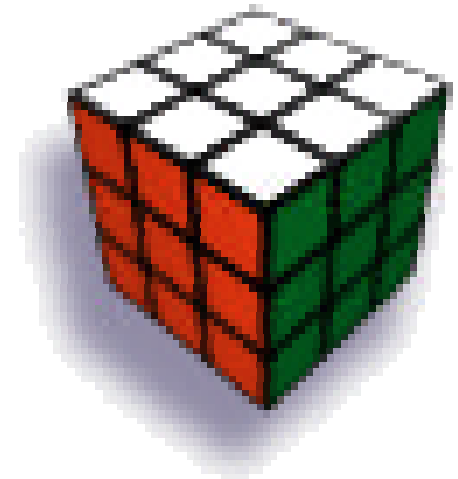




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The Rubik's Cube of HIPAA Education

- Sliced by role
 - Board
 - Executive/Management
 - Task Force
 - Work Force
 - Business Associates
 - Clinical / Non-clinical
 - Education level

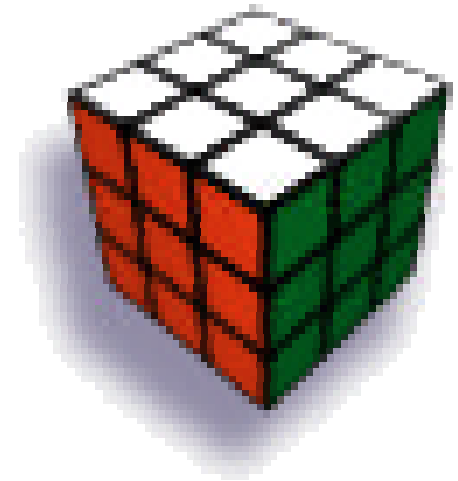




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The Rubik's Cube of HIPAA Education

- Sliced by market sector
 - Provider
 - Hospital
 - Physician office
 - DME
 - Pharmacy

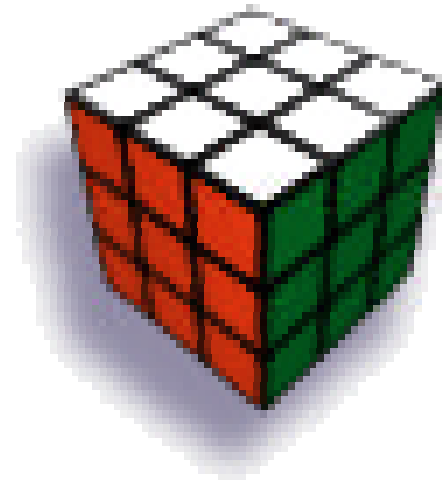




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The Rubik's Cube of HIPAA Education

- Sliced by role and market sector
 - HIPAA for Hospital Execs
 - HIPAA for Health Plan IT
 - etc
 - etc





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Hospital Scenario

	T	P	S
Executive	✓	✓	✓
Clinician		✓	✓
General Workforce		✓	✓
Contracted Physicians??		✓	✓



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Case Study #1: HMO

- Regional managed care plan
- 140,000 members
- 1,000 participating providers
- Providers also owners of company



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Case Study #1: HMO

- Management Team Education
 - Management Team = Task Force
 - Onsite, not customized
 - One day in duration
- BOD Briefing - 1 hour
- Proceeded to TCS Gap Analysis and data mapping
- Also included eHealth strategy and IT budgeting



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Case Study #2: Hospice

- State-wide organization with 17 facilities
- Provider, health plan, and pharmacy components
- Onsite education program for management team customized based on:
 - IS Infrastructure
 - Information flows
 - Business Processes
 - Existing P&P's



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Case Study #2: Hospice

- Scope of Education = TCS only
- Two days in duration
 - 1/2 day pure education on the regulation
 - 1 1/2 days devoted to TCS planning
- Workforce education plan under development
 - Distance learning (video and audio conferencing)
 - Web-based under investigation



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Lessons Learned

- Scare tactics don't sell well, strategy does
- Leverage the ROI on e-commerce
- Task force needs a "HIPAA level-set" to be an effective team
- Information is empowering -- Dispelling myths is important
- Task force engaging in education often does not yet have budget



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Lessons Learned

- People are initially overwhelmed and negative
- After education/training, they are less overwhelmed and more optimistic
- Board/Executive education must focus on strategy and ROI, in addition to risk factors
- Onsite, customized education yields maximum value for Task Forces
- Distance learning / web-based training is a must for workforce wide education
- Some type of LMS or tracking database makes sense