



HIPAA Training Strategies

HIPAA Summit

Baltimore, MD

October 30, 2002

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- Education as a culture change
- Components to a training program
 - Who
 - What
 - When
 - How
- Tracking Progress
- Timeline



- Ensure leadership support and visibility
- Assess own culture for best learning opportunities
 - **How does your organization respond to change?**
 - **Philosophy – “We can always do it better”**
 - **What lessons can you learn from past rollouts?**
 - **How does your organization perceive and respond to compliance?**
- Emphasize as more than just policy changes
- Identify who “owns” training in your organization

Training Program: Who, What, When, How



- Who
 - Execs, HIPAA team, IS, staff
- What
 - General awareness, TCS, Privacy, Security
- When
 - Initial & ongoing
- How
 - Classroom, audio, web-based, self-directed

Who to train?



- Equal opportunity regulation - everyone
- First – Top-down awareness training
- Next step - Prioritize remaining training
 - **All new employees – orientation**
 - **All part-time and temporary employees, volunteers and students**
 - **All departments - medical records, nursing, etc.**
 - **Corporate areas - HR, legal and compliance**
 - **IS staff – network administrator, applications, transaction processing, other**

What to train for: General



- General HIPAA Awareness Training
 - **All workforce members**
- Transaction & Code Set Training
 - **Varies according to job function and HIPAA impact**
- Privacy & Security Policy & Procedure Training
 - **Varies according to job function and HIPAA impact**

What to train for: Transactions & Code Sets



- **Technical Training – Analysis & Development**
 - **Mapping & translation**
 - **Transaction processing**
 - **X12 standards – how to read and use the implementation guides**
- **Business Process Training**
 - **How to implement & use other HIPAA transactions**
 - **Billing personnel – Code changes, claim edits, etc.**
 - **Workflow changes**
- **Support Training**
 - **Help desk**
 - **Technical support areas**
 - **Receivables management**



A covered entity must “train all members of its workforce on its *policies and procedures* with respect to protected health information... as necessary and appropriate to carry out their function within the covered entity.”



- **All** workforce members 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 requirements on their day-to-day work environment**
 - Specific policies and procedures to follow
 - Sanctions for violations
 - Safeguards



- Safeguards
- Train based on best practices and draft security rule
 - **IT staff – secure network, e-mail, servers, managing access rights**
 - **All workforce members**
 - Records management & disposal
 - Passwords
 - E-mail
 - Workstation use - screen savers
 - Notebooks and portable devices
 - Removable media
 - Internet use – firewalls, virus protection



- **Transactions & Code Sets**
 - **Train as much and as early as possible**
 - **Analysts & developers first**
 - **Application training for setup issues within application**
 - **User training – “Just In Time” approach means not too soon, but not too late – enlist in testing process**
 - **Customer service reps**
- **Privacy & Security:**
 - **Existing employees – before 4/14/03**
 - **New hires – within a “reasonable period of time” after hire date**
 - **On-going training – reminders, consultations, changes in law or P&P that affect job functions**



- Core Team
 - Detailed training up front at kick-off
- HR
 - Train early & gain support - organizational policies, training and sanctions
- Legal
 - Train early & build understanding of business associate contracts, organizational issues
- P&P team
 - Train before developing P&Ps
- Staff training
 - Policies & procedures once defined
 - Privacy culture & their responsibilities



- Training Methods:
 - **Classroom style**
 - Train-the-trainer vs. direct training
 - **Broadcast training sessions**
 - Audio conference, web cast, etc.
 - **Web-based training**
 - How long should the course take?
 - What type of information?
 - Low vs. high bandwidth
 - How to handle updates?
 - Quizzes to measure comprehension and track progress?
 - **Self-directed learning**
 - Manuals, videos, etc.



- Direct communication
- Free exchange of questions
- Instructors better able to respond to trainee needs
- Difficult to scale for a large organization
 - **Resources & cost**
- “Train the trainer” as an alternative
 - **Trainers**
 - **HR**
 - **Compliance**
 - **Supervisors**



- Cost-effective
- Scales to larger work force
- Materials readily available to trainees
- Maintains interactive approach
- Difficult to gauge comprehension



- Cost-effective, although more expensive than audio cast
- Allows more interaction and control
 - **Polling, tracking participants, etc.**
- Technological challenges – slow connections, out-dated software at desktop, support issues
- Still difficult to gauge comprehension



- Maximum flexibility
- Minimizes impact on patient care
- Self-paced
- Consistent message
- Ability to purchase specific courses; overview, TCS, Privacy, Security
- Automated tracking of participants

Self-Directed Learning



- Cost-effective for smaller organizations
- May not scale to large organizations
- Learning materials available for download
- Can monitor via exercises/tests
- Students complete at own pace
- Risk that work force will not make time to complete the course

Why Track HIPAA Training?



- Measure Organization Progress
- Measure User Status
- Measure Efficacy of Learning
- Document Completion/Participation



- Completed
 - **Acknowledgment/Commitment Statement**
 - **Certificates**
- Not Started
 - **Follow-up action**
 - **Tie to performance**
 - **Recourse**
- Started, but not Completed
 - **Follow-up action**
 - **Tie to performance**
 - **Recourse**
- Measuring Comprehension
 - **Quizzes**
 - **Grading vs. Pass-Fail**



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