

# The Seventh National HIPAA Summit

~ Case Study ~
Health System HIPAA Compliance:
TCS, Security and Privacy Clean-Up
(or How to HIPAA-TIZE an entire health system)

Jim DiDonato

HIPAA Project Manager & Information Security Officer Baystate Health System Springfield, Ma.

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# **Meeting Objectives**

# By the end of this meeting, you will be able to answer the following questions:

- What is the effect of today's meeting/presentation?
  HIPAAnosis
- What will you most likely say after this meeting?
  HIP- HIPAA-Ray
- What is the disease you get from too much HIPAA? HIPAA-titis
- What not to say after April 14th?

## I'm in a HIPAA-trouble

What do you call a boring person who talks in circles about HIPAA? HIPAA-Drone



# Case Study ~ Baystate Health System

- Baystate ~ Who we are
- HIPAA Project Scope
- Project Organization
- Plan for Compliance
- > Initial Assessment Outcome & Project Budget
- Workplans
- Project Updates
  - \* TCS
  - Privacy
  - Security
- Next Actions
- Conclusion



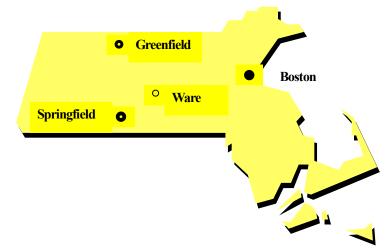
# **Baystate Health System ~ Who we are**

- Not-for-profit, hospital-based integrated delivery system (IDS) serving western New England.
- Named one of the nation's leading 100 integrated healthcare networks.
- Based in Springfield, Massachusetts.
- We include:
  - an academic medical center and two community hospitals,
  - numerous outpatient facilities and programs,
  - an ambulance company,
  - home care and hospice services,
  - employed primary care provider group with multiple sites and
  - other support services.
- Majority interest in for-profit HMO with 100,000 lives.



# **Baystate Health System ~ Who we are**

- > 699 beds
  - \* 572 beds @ Baystate Medical Center, Springfield, Ma
  - \* 96 beds @ Franklin Medical Center, Greenfield, Ma.
  - \* 31 beds @ Mary Lane Hospital, Ware, Ma.
- > 39,885 combined admissions
- 605,038 outpatient service volume
- > 8,261 employees in Mass, Ct, Vt & NH
- > \$1.4 billion gross revenue





# **Baystate's HIPAA Project Organizational Scope**

## > In Scope:

- Medical practices & ambulatory care services,
- Administrative support (Marketing, HR, Info Sys, strategic planning and financial services),
- Ambulance company in two cities,
- \* 3 hospitals,
- Visiting Nurse Association & Hospice,
- Infusion & Respiratory Services and
- Employee Health Plan

# Out of Scope:

- HMO (collaboration only)
- Other Affiliated Organizations (Joint Ventures)



# **Baystate's Plan for HIPAA Compliance**

- Awareness (Communication Plan)
  - Presentations & electronic and printed newsletters
  - Internal & external audiences
- We established:
  - Executive Sponsor (Chair of Psychiatry Dept)
  - Steering Committee (21 VPs and Directors)
  - Project Teams
    - Privacy (20+ people)
    - Security (20+ people)
    - \* Transactions (20+ people)
- We performed an assessment comparing HIPAA regulations to our current state (gap analysis).
- > We agreed on a strategy that examines our compliance options considering costs, risks & resource needs.
- We developed & implemented workplans to obtain compliance by the various dates.
- We are establishing accountabilities and processes to ensure ongoing compliance.



# **BHS HIPAA Project Organization**

#### **Project Steering Committee \*\***

Director (Risk mgmt/Corp Compliance)

**Privacy Officer** 

VP (Finance) (2)

Director (Nursing)

Director (Mary Lane Hosp)

VP (HR)

Mgr (Marketing & Communications)

MD (Pediatrician)

VP/CIO (HMO)

MD (Psychiatry)(Exec. Sponsor)

Director (Facility Security)

VP (Visiting Nurse Assoc)

Director (Patient Acctg)

Director (Physician Billing)

Director (Cancer Services)

VP/CIO

Director (Info Sys)

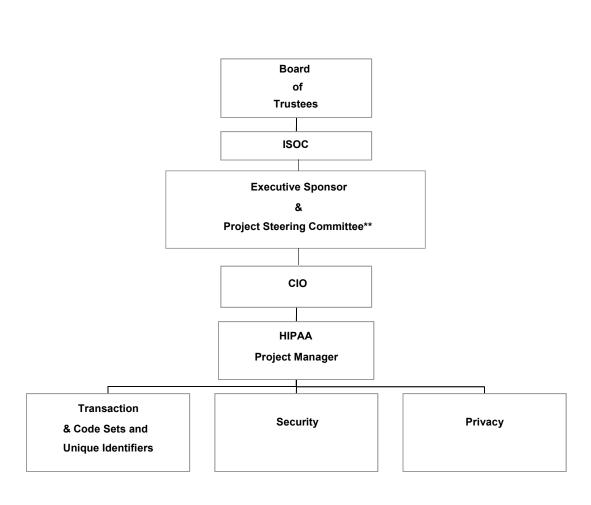
Asst. Director (Info Sys)

HIPAA Project Manager & Info

Security Officer (Info Sys)

VP (Ambulatory Care)

Bugstate (Head In Systemit)





### **Assessment Outcome**

### > Privacy:

- Contracts not compliant.
- Patient consents and authorization not compliant.
- \* Patient information found in the trash.
- Patient charts exposed on hospital hallway walls & counters.

### > Security:

- \* FAX machines & printers left unattended.
- Computer terminals pointing toward public.
- Need to conduct Security certification (Evaluation).

#### > Transaction & Code Sets:

- Claims/Remittances
  - Upgrades or replacement of systems are vendor options.
  - Cost will be dependent on vendor strategy.
    - Part of routine application maintenance (no additional cost)
    - Capital purchase
  - New data gathering requirements.



# **Project - Budget**

Regulation	Impact of New Requirements	Estimated Capital Costs	Estimated Operating Costs
Transaction & Code Sets	Modify billing software & processes	\$690,000 (FY 02)	\$69,000 (FY 02)
Privacy	Develop new consents & authorizations, contracts, notice of privacy practices, etc.	0	\$335,000 (FY 02/ \$199,500 FY 03/ \$135,500)
Security	Update & enhance contingency plans, audit trails, policies and workforce training, etc.	\$120,000 (FY 02)	\$450,000 (FY 02/ \$67,500 FY 03/ \$382,500)
Total		\$810,000	\$854,000



# **Project Workplans**

- Transaction & Code Sets:
  - \* Consultant support.
- > Privacy:
  - In-house developed workplan using MS Project
- > Security:
  - In-house developed workplan using MS Project



> Much of the workplan comes directly out of the regulation:

PHYSICIAL SAFEGUARDS

**Facility Access Controls** 

**Contingency Operations** 

**Facility Security Plan** 

**Access Control and Validation Procedures** 

**Maintenance Records** 

**Workstation Use** 

**Workstation Security** 

**Device and Media Controls** 

**Disposal** 

Media Re-use

**Accountability** 

**Data Backup and Storage** 

- But the workplan needs additional steps such as:
  - Compare HIPAA to JCAHO for consistency & coverage.
  - \* Results of Risk Assessment.



# Security Workplan – Task Detail (life-cycle of a task)

- 1. Task Analysis & Planning (task definition, scope, objectives)
- 2. Team Staffing
- 3. Identify Executive Sponsor for Team
- 4. Develop team training and orientation
- 5. Task Assignment (conduct team orientation & training)
- 6. Evaluate addressable specifications
- 7. Task Effort:
  - 1. Acquire & Implement Technology

**Define Required Technology** 

**Assess Alternative Solutions** 

**Select Preferred Solution** 

**Acquire Preferred Solution** 

Install and Test Solution

**Place Solution into Production** 

2. Develop and Implement Draft Policy and/or Procedures

**Draft Policy and/or Procedures** 

**Identify Key Stakeholders** 

Route Draft Policy and/or Procedures to Key Stakeholders

Finalize Draft Policy and Review with Project Leadership for Input/approval

Present Draft Policy to Designated Approval Committee (ISOC, BAS Exec)

#### 8. Training:

**Design Training Plan** 

**Develop Training Program and Material** 

Implement BHS-wide Training

**Training Completed** 

9. Task Complete



# Security Workplan – For each Addressable Specification:

- Is the addressable implementation specification reasonable and/or appropriate for Baystate? If yes, then implement the implementation specification.
- > If the implementation specification is inappropriate for Baystate, and/or is unreasonable, implement an <u>alternate</u> measure that accomplishes the same end as the addressable implementation specification. In cases where we meet the standard through an alternate measure, document:
  - the decision not to implement the addressable implementation specification,
  - the rationale behind that decision and
  - the alternative safeguard implemented to meet the standard.



# **Project Update - Transactions & Code Set (TCS)**

- > In production with some payers for:
  - Pharmacy
  - Practices
  - Ambulance company
- Internal testing underway for all others:
  - **❖** Low risk for hospital (except Medicaid 9% of volume).
  - Low risk for practices with Blue Cross remittances.



# **Project Update - Privacy**

# **Training continues:**

- Leadership Presentations (Heads-up...HIPAA is coming)
- Leadership Train-the-Trainer sessions
  - - Manager's Guide (in-house)
    - Handbook for employees (purchased)
    - \* Quiz (in-house)
    - Video Tape (purchased)
  - - \* Manager's Guide (in-house)
    - \* Handbook for employees (in-house)
    - \* Intranet
      - Policies & forms
      - Other resources
    - **\*** HIPAA Help Line 4-4722 (H-IPAA)
    - \* Video Tape (in-house)



# **Project Update - Privacy (Continued)**

- What did we miss?
  - \* Subpoenas Ma. state pre-emption
  - \* Training
- What procedures need additional work?
  - \* Law Enforcement & the ED
  - Inmates, Disaster relief, Research
  - Information Systems (requests for ad hoc listings of patients)
  - \* Interface of NPP information to eliminate duplication & costs
  - \* Automation of Accounting for Disclosures to improve efficiency and effectiveness.
  - \* Authorizations:
    - Old forms destruction incomplete
    - Too many new forms need to consolidate
- Gap Analysis Summer 2003 Follow-up
  - \* Compliance reviews by 20+ members of Privacy Team & Corporate Compliance.
- Appreciation Celebrations Held



# **Project Update - Security**

- Work began in December 2001 (based upon the proposed Regulation):
  - Various stages of completion continued to achieve privacy safeguards:
    - Workstation Security
    - **\*** Access Control
    - \* Contingency Planning
    - Business Impact Analysis
    - \* Disaster Recovery
    - Emergency Mode Operations
    - \* Passwords
    - \* Audit
    - \* Fax
    - \* Shredding/disposal



## **Next Actions – TCS**

- Complete internal testing of upgraded systems.
- Complete external testing with payers.
- Ensure training of staff and new data gathering as required.
- > Finalize contingency plans:
  - Clients order billing forms/supplies and prepare staff
  - Treasury Services plans for bump in cash flow
- Trading Partner Agreements determined to not be necessary.
- Continue documenting good-faith efforts to comply.



# **Next Actions – Privacy & Security**

# > Privacy:

- Automation
  - \* Accounting for Disclosures
  - \* NPP
- Gap Analysis
- TTWP (Tweak, Train and Write Policies)
- Much of the responsibility to educate patients falls to us.

# > Security:

- \* Teams
- \* Scope
- \* Timelines