Multi-Institutional / Regional Approaches to HIPAA Compliance:

National Standards - Implemented Locally

The North Carolina Healthcare Information & Communications Alliance, Inc. (NCHICA)

Presented to:
The HIPAA Summit West
June 22, 2001
San Francisco, CA

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HIPAA Implementation Issues

- Health care is a "cottage industry" with multiple standards and vendors
- Complexity of settings from IDS to private physician practices
- Shortage of resources ($'s and human)
- Competing priorities for resources
- Implementation has to occur locally

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Why collaborate?

- Standards are dependant on consistent policies, practices and technology among business associates.

- Actions of a business associate may generate liabilities for one's own organization.

- Sloppy planning and implementation by even the smallest entity will be costly to everyone.

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WEDI & SNIP

- Workgroup on Electronic Data Interchange
  - Named in 1996 HIPAA Law
  - Official advisor to the National Committee on Vital & Health Statistics (NCVHS) & DHHS
- Strategic National Implementation Process
  - Formed by WEDI in 2000
  - Receives Industry Input
  - Develops strategies, tools (including education) for HIPAA implementation

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SNIP Regional Efforts

Keys to Achieving HIPAA Compliance

How to Start a Regional Effort

◆ Establish organizing group

◆ Define mission and objectives

  ◆ Education

  ◆ Planning and Testing

  ◆ Implementation Coordination

◆ Identify and Involve all key constituents:

  ◆ Providers

  ◆ Public and Private Payers

  ◆ Vendors (clearinghouses, practice management vendors, etc.)

  ◆ Employers

  ◆ Professional groups

How to Start a Regional Effort

- Organize into working committees

- Identify early adopters

- Prioritize work

  - Start with simple, initial deliverables (i.e. standard checklists for security and privacy)

- Coordination, Coordination, Coordination

- Think Nationally, Act Locally!

Key Elements for Collaborative Environment

- Trust

- Commitment

- Clear Vision

- Allies

Trust

◆ **Joint ownership**

◆ **Joint accountability**

◆ **No dominant player**

◆ **Balanced interests**

◆ **No hidden agendas**

◆ **Neutral meeting ground**

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Commitment

- Leadership / support from top governmental officials (Governor & Secretary of HHS)

- Academic medical centers and key hospitals

- Leading health plans / insurers

- Professional societies & associations

- Key vendors

Clear Vision, e.g.

◆ Use HIPAA as an <u>opportunity</u> to re-engineer healthcare to make it more responsive and efficient.

◆ Keep the health of the <u>individual</u> as the core objective.

◆ Improve delivery and efficiency of healthcare through information technology and secure communications.

Allies to Consider Include:

- Medical Society

- Nurses Association

- Health Information Management Assn.

- Association of Local Health Directors

- Hospital Association

- Association of Pharmacists

- Long-term Care Association

- Association of Health Plans

- Vendors

Initial Steps

- Leadership commitments from key players (e.g., financial commitments + in-kind support such as human resources, equipment, services, etc.).

- Government commitment to examine current state laws and regulations and work for appropriate changes.

How You Can Get Involved

◆ **SNIP web site:** **www.wedi.org/snip**

◆ **SNIP listserv:** **snip@wedi.org**

◆ **Questions on SNIP Regional Efforts:**

– Walter Suarez, Minnesota Health Data Institute walter.suarez@mhdi.org

– Holt Anderson, North Carolina Health Information and Communication Alliance holt@nchica.org

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SNIP Regional Efforts Group

Case Example: North Carolina

What is NCHICA ?

◆ Established in 1994

◆ 501(c)(3) nonprofit research & education

◆ 190+ members including:

– Providers
– Health Plans
– Clearinghouses
– Professional Associations and Societies
– Research & Pharmaceutical Organizations
– Government Agencies
– Vendors

◆ Mission: Implement information technology and secure communications in healthcare.

HIPAA Implementation Planning Task Force

- **Established in July 1999**

- **Goal:**
  - Develop overall strategy for addressing HIPAA compliance in an <u>orderly</u> and most <u>efficient</u> manner possible.

- **Coordinate activities of Work Groups:**
  - Transactions, Codes & Identifiers
  - Data Security
  - Network Security & Interoperability
  - Privacy
  - Awareness, Education & Training

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HIPAA Implementation Planning Task Force
Dave Kirby (Duke Univ. HS), Harry Reynolds (BCBSNC)

Transactions Codes and Identifiers

Stacey Barber (EDS)
Roger McKinney (Carolinas Health System)

Awareness, Education, and Training

Steve Wagner (NC MGMA)
Katherine McGinnis (Eastern AHEC)
Clyde Hewitt (NC DHHS, Cii Associates)

Privacy
Judy Beach (Quintiles)
Jean Foster (PCMH)

Security
Dave McKelvey (Duke Univ. HS)
Joe Christopher (Sampson Regional HS)
Susan Brown Ward (NC DHHS)
Rosemary Abell (Keane Inc.)
Harold Frohman (Raytheon)

**Consent & Patient Rights
Contracts
Minimum Necessary Disclosure
Minors' Issues
Research
State Law**

**Network Security & Interoperability
Data Security**

Transactions, Codes and Identifiers Work Group

◆ **Co-chairs:**
- Roger McKinney, Carolinas Health Care System
- Stacey Barber, EDS

◆ **Goals:**
- Develop consensus on sequence of ANSI standard transactions.
- Issue and publicize NCHICA Target Date Guidelines
- Build critical mass of providers, health plans, clearinghouses, vendors and government agencies.

◆ **Recent Activities:**
- Sequencing and scheduling updated and vetted with SNIP.
- Discovery of NDC vs. J-codes issue for drug billing.

◆ **Upcoming:**
- Developed position on NDC vs. J-code standard for hospital pharmacies.
- Review & revise implementation schedule

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Proposed Implementation Timeline NCHICA

Phases	Group 1	Group 2	Group 3	Group 4	Group 5
Transactions	837/835	276/277	270/271	278	820 834
Beta/Pilot Testing Start Dates	TBD	TBD	TBD	TBD	TBD
Health Plan Readiness Start Dates	1/16/2002	3/16/2002	5/17/2002	7/16/2002	TBD
Migration Completion Date	Oct 16, 2002	Oct 16, 2002	Oct 16, 2002	Oct 16, 2002	Oct 16, 2002

Security: Data Security

■ **Co-chairs:**
- Joe Christopher, Sampson Regional Health System
- Susan Brown Ward, NC DHHS
- Rosemary Abell, Keane

◆ **Goal:** Assist members in working with the HIPAA Security Regulations

◆ **Recent Activities:**
- Development of *HIPAA EarlyView™* tool now used widely (46 states).
- Currently developing *HIPAA EarlyView™ Version 2.0*

◆ **Upcoming:**
- **Tool Update** – Once the Security regs are final
- **Education and Training** – *HIPAA EarlyView™* and collaboration with AET work group on model training
- **Policies and Procedures** - develop minimum standard policies and procedure documents that could be used as templates.

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HIPAA EarlyView™
target your weaknesses with this powerful self-evaluation tool

A self-administered tool for security self-assessment built around the Security NPRM

521 closed-end questions

Report writing features

North Carolina Healthcare Information & Communications Alliance, Inc.

(NCHICA)

Security: Network Security & Interoperability Work Group

◆ **Co-chairs**:

- Dave McKelvey (Duke University Health System)
- Harold Frohman (Raytheon)

◆ **Goals**:

- Understand HIPAA requirements for use of secure and interoperable communications.

◆ **Recent Activities:**

- Develop plan that will be the basis for secure transaction interoperability among NCHICA members

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Privacy & Confidentiality Focus Group

◆ **<u>Co-Chairs</u>:**

– Jean Foster, Pitt County Memorial Hospital

– Judy Beach, Quintiles

◆ **<u>Goal</u>:**

– To assist members in responding to the final Privacy regulations

◆ **<u>Activities:</u>**

– Work products delivered by work groups (detailed in following slides)

Privacy: Consent & Patient Rights Work Group

- **Chair:**
  - Mary Beth Johnston, Womble Carlyle Sandridge & Rice

- **Goals:**
  - To provide a comprehensive framework and practical tools for the education and implementation of the portions of HIPAA dealing with consents and patients' rights as they affect covered entities and other persons.

- **Deliverables:**
  - List of record keeping requirements.
  - Consent / authorization requirements and model forms.
  - Notice of information practices.
  - Education.

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Privacy: Contracts Work Group

◆ **Co-chairs:**

  – Sissy Holloman, UNC Hospitals

  – Dick Lupo, Alston Bird

◆ **Goals:**

  – Provide model agreements that will address confidentiality and privacy concerns raised by HIPAA.

◆ **Deliverables:**

  – Model Business Associate Agreement containing Chain of Trust Provisions.

  – A separate basic prototype provision which can be inserted into existing agreements.

Privacy: Minimum Necessary Disclosure Work Group

◆ **Chair:**

– Bob Lower, Alston Bird

◆ **Goal:**

– To develop a set of "Best Practice" guidelines for Covered Entities with respect to their routine uses of PHI.

◆ **Deliverables:**

– Overview of healthcare industry relationships affected by HIPAA.

– Catalog of routine uses by Covered Entity and type of relationship.

– Set of "Best Practices" for routine uses and disclosures identified.

Privacy: Research Work Group

◆ **Co-Chairs:**
  - Judy Beach, Quintiles
  - Doc Muhlbaier, Duke University Medical Center

◆ **Goal:**
  - To review and analyze the final privacy regulation with respect to provisions relating to research.

◆ **Deliverables:**
  - Develop standard language for informed consents for human subjects in research in accordance with the final privacy rule.
  - Document summarizing requirements for IRBs and internal privacy boards for protection of patient / subject privacy, including waivers and new questions not already in the Common Rule.
  - GAP Analysis White Paper of the final rule compared with the proposed rule and with other applicable regulations.
  - Develop recommendations for training modules for clinical investigators re privacy issues.
  - Document summarizing deidentification.

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Privacy: State Law Work Group

◆ Co-Chairs:

- Katherine White, NC Office of Information Technology Services
- Jill Moore, Institute of Government

◆ Goal:

- Identify existing state laws relating to health care information and analyze them in relation with the HIPAA privacy regulations (i.e. most stringent rule).

◆ Deliverables:

- A document that presents the results of the research in a straightforward, workable format.

Awareness, Education & Training Work Group

- **Co-chairs:**
  - Steve Wagner, NC Medical Group Managers Association
  - Katherine McGinnis, Eastern Area Health Education Center (AHEC)
  - Clyde Hewitt, NC DHHS / Cii Associates
- **Goal:**
  - Share HIPAA information in cooperation with professional societies and associations to staff, promote and carry out the events.
- **Activities:**
  - Awareness sessions held around the state with over 2000 participants
  - HIPAA Awareness survey (7200 NC facilities)
- **Upcoming:**
    - Use NCHICA Web site for HIPAA resources
    - Develop Case Studies
    - Consider co-sponsoring or promote/endorse other groups' events
    - Web-based HIPAA awareness presentations
    - Potential Public TV presentation/s

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Recent Issues Raised in the Implementation Task Force

- Need to address HIPAA business impact.

- Distribution of "in-kind" commitment among NCHICA members.

- Readiness of supporting vendors to deliver systems in time for installation and testing.

NCHICA Contact Information

www.nchica.org

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Thanks!

Q & A