HIPAA Implementation
Case Study:
Disease Management

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Disease Management Association Definition

Disease Management is a multi-disciplinary, continuum-based approach to healthcare delivery that proactively identifies populations with, or at risk for established medical conditions, that:

• Supports the physician/patient relationship and plan of care

• Emphasizes prevention of exacerbations and complications utilizing cost-effective evidence-based practice guidelines and patient empowerment strategies such as self-management

• Continuously evaluates clinical, humanistic, and economic outcomes with the goal of improving overall health.
DMAA Definition

Disease Management should contain the following:

- Population Identification process
- Evidence-based practice guidelines
- Collaborative practice model - includes MD and other providers
- Risk identification and matching of interventions with need
- Patient self-management education (e.g. primary prevention, behavior modification programs, and compliance/surveillance)
- Process and outcomes measurement, evaluation, and mgmt.
- Routine reporting/feedback loop (may include communication with patient, physician, health plan and ancillary providers, and practice profiling)
- Appropriate use of information technology (may include specialized software, data registries, automated decision support tools, and callback systems)

The final regs are still unclear!!
LifeMasters’ Current Position

- DMOs are Business Associates of Health Plans and other covered entities
  - *Individual consents are not required*

- Population activities are protected under Health Care Operations
  - *This is very clear in the regs*

- Individual activities are protected under Treatment
  - *Although, the preamble states that healthplans do not do treatment*
  - *Most of our activities under this definition are done by healthcare providers (RNs, etc.) employed by LM*
LM Service Model

Identification → Stratification → Enrollment → Physician Decision Support → Supported SelfCare

Diabetes SpectroGraph

<table>
<thead>
<tr>
<th>Diagnosis Category</th>
<th>Amount Paid</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ischemic Heart Disease</td>
<td></td>
</tr>
<tr>
<td>Diseases of Endocrine Glands</td>
<td></td>
</tr>
<tr>
<td>Other Heart Disease</td>
<td></td>
</tr>
<tr>
<td>Resp</td>
<td></td>
</tr>
<tr>
<td>Renal Arthritis</td>
<td></td>
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<tr>
<td>Cancer</td>
<td></td>
</tr>
<tr>
<td>Eye</td>
<td></td>
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<tr>
<td>General Symptoms</td>
<td></td>
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<tr>
<td>Fractures</td>
<td></td>
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<tr>
<td>Cerebrovascular Disease</td>
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</table>
Physician Decision Support Components

Initial patient training
- Variety of options
  - Video, telephonic, group, in-home
- Monitoring skills
- SelfCare concepts

Biometric Monitoring
- Choice of easy to use methods
  - IVR, Web, Connected device
- Vital signs and symptoms
- Customized for co-morbidities

MD Exception reports
- Actionable information
- Early intervention
- Improved efficiency
- Trend reports

Alert generation
- MD-set thresholds
- Verified by LM nurse
- Feedback for behavior change
DM requires multiple and ongoing data exchange
## Operations vs. Treatment

<table>
<thead>
<tr>
<th>DM Function</th>
<th>Data Flow</th>
<th>Operations</th>
<th>Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Identification</strong></td>
<td>HP⇒ LM  MD⇒ LM</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td><strong>Stratification</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Initial</td>
<td>HP⇒ LM  LM⇔ MD</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>• Ongoing</td>
<td>LM⇔ PT</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td><strong>Monitoring</strong></td>
<td>PT⇒ LM  LM⇒ MD</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td><strong>Coaching</strong></td>
<td>LM⇔ PT</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td><strong>Outcomes Reporting</strong></td>
<td>LM⇒ HP</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>
LM HIPAA Implementation Plan

• Appointed Chief Privacy Officer (MD)

• Established interdisciplinary committee
  – Operations, technology, clinical, legal

• Inventory of existing confidentiality P&Ps
  – Who has access to what data (internally and externally)?
  – When/how to obtain patient consent for internal/external use of PHI
  – How to ensure patient access to his/her own data
LM HIPAA Implementation Plan

• Contract review
  – Ensure sub-contractor compliance (data analysts, outsourced call centers, etc.)
  – Ensure Business Associate relationship clear in customer contracts

• Internal (and subcontractor) training on privacy P&Ps

• Ensure appropriate IT data security measures are taken
Data Security Measures

• Encryption of Data over the Internet
  • 128 bit secure sockets layer (SSL) level 3.0 and digital certificates
  • Complex password protection

• Information Access Control
  • Password protection
  • Ability to access, read, and modify data limited based on job requirements
Data Security Measures

• Security of Records
  • Several layers of firewalls
  • Intrusion detection
  • Audits by external vendors

• Disaster Recovery
  • Fault tolerant servers
  • Configured to survive processor, drive or LAN card failure without affecting service
  • Multiple call centers and colocation facility to provide redundancy
  • Nightly backup and offsite storage
Data Security Measures

- All applications have full audit trail of who changed what
- No patient data transmitted via email
- Standard processing routines and formats for data processing, patient identification and risking
- Centrally performed security configuration
- Immediate removal of access for terminated employees
- Key card access to buildings and engineering test lab
Website Privacy Preceded HIPAA

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Conclusions

• DM companies/programs new enough that a lot of protections may already have been implemented

• Regardless of regs DM companies need to be particularly vigilant due to confusion with Marketing entities

• Best defense is a good offense - act like a covered entity as much as possible