## Case Studies in HIPPA Implementation: Best Practices and Lessons Learned in Other Industries March 15, 2002

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#### **Covered and Affected Entities**

#### **Table 1. Health Plan (1998-2002)**

Large commercials	250
Smaller commercials	400
Blue Cross/ Blue Shield	75
Third-party administered	750
HMO/PPO	1,500
Self- administered	16,000
Other employer plans	3,900,000

#### **Covered and Affected Entities**

#### **Table 2. Health Care (1998-2002)**

Hospitals <100 beds - 2,850
Hospitals 100+ beds - 3,150
Nursing facility <100 beds - 27,351
Nursing facility 100+ beds - 8,369
Home health agency - 10,608
Hospice - 1,191
Dialysis facility - 1,211
Specialty outpatient - 7,175
Pharmacy - 70,100
Medical labs - 9,000
Dental labs - 8,000
DME - 116,800

Physicians solo and groups <3 - 337,000
Physicians groups 3+ with mainframe 17,000
Physicians groups 3+ with PCS - 15,000
Physicians groups 3+ no automation 2,000
Osteopaths - 35,600
Dentists - 147,000
Podiatrists - 8,400
Chiropractors - 29,000
Optometrists - 18,200
Other professionals - 23,600

#### **QUALIFICATION and DISCLAIMERS**

- 1. In terms of the healthcare industry, data collected originated from surveys being collected since 1997, which includes but not limited to conferences; seminars, trade shows; trade journals; books; whitepapers; postings on virtual mailing lists or electronic bulletin board services; websites; interviews; minutes of meetings; HIPAA and healthcare-related courses that we have been conducting at UC-Berkeley, UCLA, UC-Irvine, Georgetown University, University of New Mexico Albuquerque, and, other institutions; onsite work; audits; etc.
- 2. In terms of other industries, we refer the audience to the lessons learned and best practices in: transportation, retail, manufacturing, semi-conductor, electronics, defense, aerospace, textile, grocery, automotive, utilities, telecommunications, taxation and others.

#### **QUALIFICATION and DISCLAIMERS**

- 3. To preserve the anonymity of those involved and affected parties, this presentation is mostly "SANITIZED", or using the industry parlance, "DE-IDENTIFIED".
- 4. This presentation is divided into 2 sections: FIRST, where data is available, a comparison between other industries enumerated above and the healthcare industry is highlighted; SECOND, findings on HIPAA covered and affected entities.
- 5. Take note that sampling in the survey might not have captured other developments in other parts of the country.

## Current Deployment of Technology

Other Industries	Healthcare
• lead mode	<ul> <li>catch-up mode for most entities</li> </ul>

#### **Primary Triggers and Drivers**

Other Industries	Healthcare
<ul> <li>market forces</li> </ul>	<ul> <li>legislation, market forces, prosecution</li> </ul>

#### **Level of Regulations**

Other Industries	Healthcare
<ul> <li>minimal to moderate</li> </ul>	<ul> <li>heavy with the involvement of federal and state agencies</li> </ul>

#### **Standardization**

Other Industries	Healthcare
<ul> <li>standardized within purchasing blocs</li> </ul>	<ul> <li>heavily fragmented</li> </ul>

#### **Streamlined Processes**

Other Industries	Healthcare
<ul> <li>streamlined within purchasing blocs</li> </ul>	<ul> <li>heavily fragmented</li> </ul>

#### **Legal Contract**

Other Industries	Healthcare
<ul> <li>non-existent to minimal</li> </ul>	<ul> <li>required</li> </ul>

#### Implementation by Phases?

Other Industries	Healthcare
• normal	• expected

#### **Current Industry Consolidation**

Other Industries	Healthcare
<ul> <li>oligopoly</li> </ul>	<ul><li>fragmented</li></ul>

#### **Cost of Doing Business**

Other Industries	Healthcare
after initial shock, stable	<ul> <li>rapidly increasing primarily due to the aging of America</li> </ul>

## Financial Health Prior to Regulation or Deregulation

Other Industries	Healthcare
<ul> <li>bad to good</li> </ul>	<ul> <li>a good number is in the borderline; very few are profitable</li> </ul>

#### Volume of Transactions During Transition

Other Industries	Healthcare
<ul> <li>average to increasing</li> </ul>	<ul> <li>exponentially increasing. In other industries, we have decent experience with 2-5 gorillas running around, but with HIPAA, one should expect myriad's of these running around (please refer to attached list of covered and affected entities)</li> </ul>

#### **Dependencies of Third Parties**

Other Industries	Healthcare
<ul> <li>minimal to average</li> </ul>	<ul> <li>highly dependent</li> </ul>

#### Complexity

Other Industries	Healthcare
• complex	<ul> <li>extremely complex and getting worse</li> </ul>

#### **Timeline**

Other Industries	Healthcare
• 10-20 years	<ul> <li>6 years, but for most covered entities, it is less than 16 months. Testing window is extremely narrow</li> </ul>

#### **Preparations**

Other Industries	Healthcare
	<ul> <li>most payers surveyed appear to be heading in the direction; most providers are behind and missed critical steps</li> </ul>

#### **Learning and Experience Curve**

Other Industries	Healthcare
• gradual	<ul> <li>steep and getting steeper</li> </ul>

#### **Current Experience Level**

Other Industries	Healthcare
<ul> <li>moderate to advanced</li> </ul>	<ul> <li>for the most part, in the beginning stages</li> </ul>

#### Receivables

# Other Industries In several industries, there are companies that delay payments to their vendors by as much as 6-9 months under the guise of non-compliance technicalities Healthcare expected to happen, too

### Incentive Programs by Upper Food Chain Entities

Other Industries	Healthcare
<ul> <li>none to generous</li> </ul>	• none

## Primary Beneficiary of the Legislation

Other Industries	Healthcare
<ul> <li>top of the food chain</li> </ul>	<ul> <li>top of the food-chain, patients</li> </ul>

#### **Number of Surprises**

Other Industries	Healthcare
• moderate	<ul> <li>expected to be high, particularly in the TCS and business associates sections of the mandate</li> </ul>

#### **Should This Be Done?**

Other Industries	Healthcare
	<ul> <li>the earlier, the better (demographic shift) to control runaway costs</li> </ul>

#### <u>SURVEY</u>

- 1. Lack of awareness and preparations primarily in the provider and third-party services sectors. Questions that should have been asked 4 years ago, are either not being asked at all, or just being asked recently.
- 2. Organizationally, a good number of covered and affected entities is not organized, provisioned, prioritized and tracked properly.
- 3. There are numerous HIPAA programs that are Privacy-centric or Security-centric at the expense of TCS. Rightfully or wrongfully, there appears to be a mind-set that lawsuits are more visible than financial strangulation.
- 4. Budget is limited in most cases; for public health plans, there might be a need to pass additional legislation and raise bonds.

#### **SURVEY**

- 5. The impact of TCS implementation is grossly underestimated. For TCS there are at least 2 critical milestones: FIRST, HIPAA compliance; and, SECOND, for each trading partner, application and transaction set, complete adjudication testing and migration covering key business scenarios. On the Gap Analysis models, there are serious gaps. There needs to be the equivalent of a Y2K Questionnaire signed off at the highest levels of covered and affected entities.
- 6. The cost of TCS infrastructure, its transition and maintenance to the next level could hardly justify limited traffic or lack of critical mass. Because cost of implementing a trading partner is expensive, switching trading partners is not a trivial process. In several industries, this is used to lock in a customer.

#### **SURVEY**

- 7. Compared to the upper-tier covered entities, the middle to lower-tier entities might find ROI to be less attractive.
- 8. Impact of electronic technology OTHERS: once the major players are electronically enabled utilizing standards, it becomes the default for conducting business within the trading bloc. Refer to Japanese watches/closed-loop trigger spawned by enabling technologies. Over the long-term, one cannot use a smoke and mirror approach and get away with it. HEALTHCARE: This is expected to occur, too.