

HIPAA Summit West II Case Study A Multidisciplinary Approach: Organizing Focused Work Groups



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Kaiser Permanente: A Snapshot

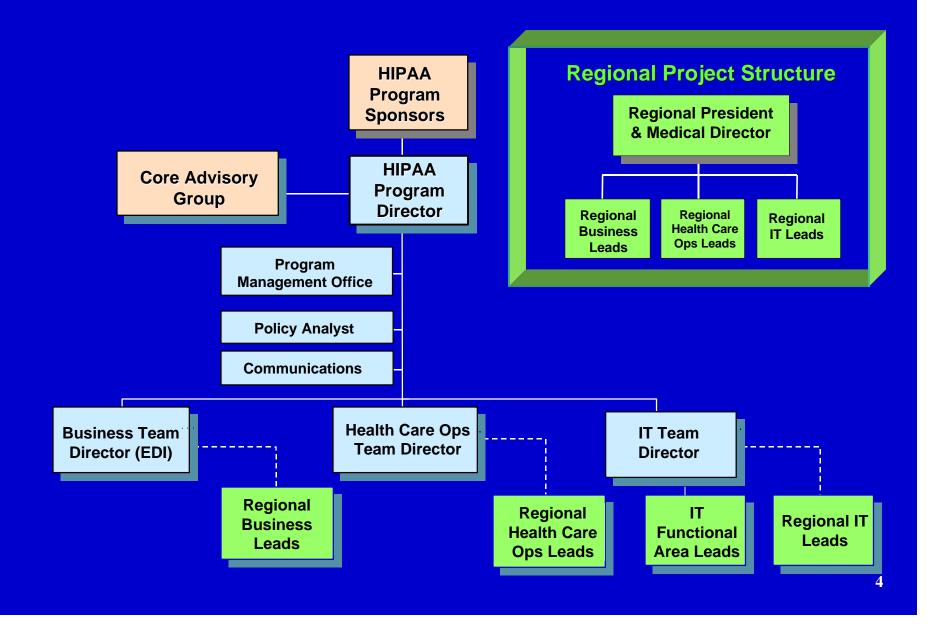
Kaiser Permanente has:

- Regions in 9 states and Washington, DC
- 8.3 million members
- 29 Medical Centers
- 423 Medical Offices
- 11,345 physicians
- 122,473 non-physician employees
- More than 3,000 applications that contain HIPAA relevant information

The KP HIPAA Approach

- National sponsorship: Health Plan, Hospitals, Medical Groups and IT
- Regional sponsorship: Regional Health Plan Presidents, Medical Directors
- Multi-disciplinary core advisory group: Legal and Government Relations, Internal Audit, Public Affairs, IT Security, Health care operations, Labor Relations, Others as needed
- National and Regional Teams: National directors for IT, Business, Health Care Operations; Regional leads for IT, Business, Health Care Operations; KP-IT Functional Leads
- Legal expertise: Internal and external
- Advocacy: To achieve favorable interpretations

National Team Organization



Kaiser Permanente Hawaii: A Snapshot

- Kaiser Permanente Hawaii has:
 - ✓ 220,000+ members
 - 1 Medical Center and contracts with local hospitals on Oahu and 3 neighbor islands
 - 17 Medical Offices
 - √ 350+ physicians
 - √ 3,500+ non-physician employees
 - More than 100 applications that may contain HIPAA relevant information
 - We have initiated implementation of an EMR
 - Hawaii's approach to developing their strategic plan: the Path Forward

Hawaii HIPAA Team

SPONSORS

<u>Authorizing</u>: Medical Group President, Regional Manager <u>Top Reinforcing</u>: Controller, Government Programs Director, Marketing Director, Hospital Administrator, Ancillary Services Director, IT Manager

PROJECT MEDICAL DIRECTOR

OVERALL PROJECT MANAGER

PROJECT COORDINATOR

REGIONAL BUSINESS LEAD

REGIONAL HEALTH CARE LEADS

Clinics Hospital

COMMUNICATIONS & POLICY ANALYST

REGIONAL IT LEAD

PRIVACY OFFICER

SECURITY OFFICER

We're Going to Focus on KP's Approach to HIPAA Privacy

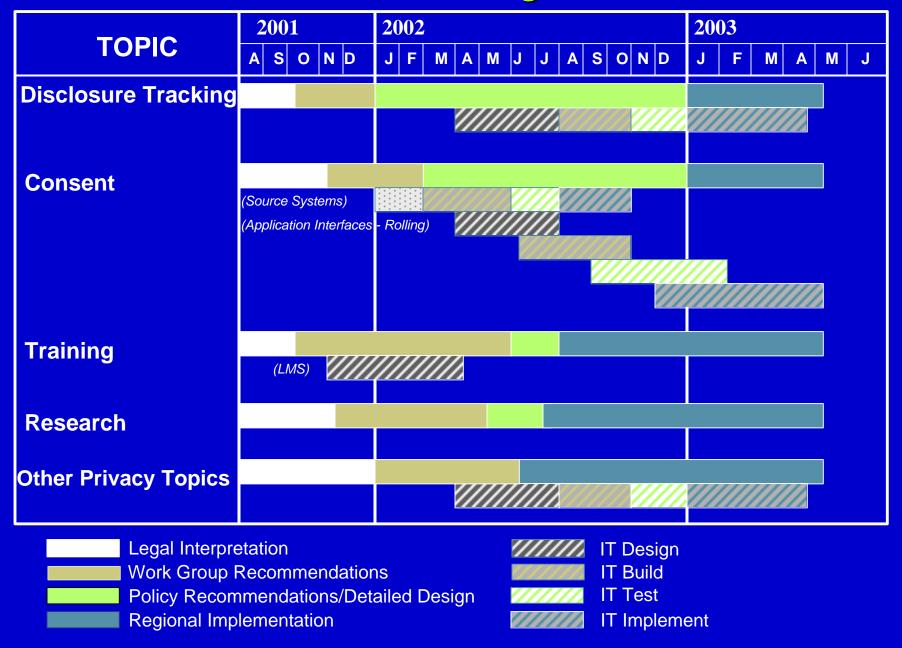
HIPAA Privacy Components

Required to comply with HIPAA Privacy rule by April 14, 2003

Key Topics:

- Consent
- Disclosure Accounting
- Training
- Research
- Other Marketing, Authorization, Facility Directories, Confidential Communications, Access/ Amend Protected Health Information

KP HIPAA Privacy Timeline



How KP Work Groups Work

- Overarching Privacy Work Group defined key issues
- Charter and key deliverables developed for individual work group
- Participants from multiple disciplines invited (e.g., national and regional HIPAA staff, representation from affected work areas, subject matter experts, IT, Labor/ Management Partnership, others)
- Each topic "worked" via conference call
- Focus on deliverables, raising issues, sharing expertise, building consensus
- Subgroups split off for focused work as needed
- Recommendations prepared for key decision makers

Privacy/Security Training Group

- Phase I (Aug. Dec. 2001) deliverables:
 - Strategic Approach Document
 - Communications training options document by subgroup
 - HIPAA Security & Privacy Training Design Document
- HIPAA national and regional leads, training experts, compliance, labor/management, IT
- Subgroups take some tasks "off line"
- National HIPAA staff developed "strawman" documents to support work group tasks

Phase II Training Up and Running

- Phase II (Feb. May 2002) deliverables:
 - HR policies
 - Vendor selection for HIPAA privacy and security content
 - Collaboration with Kaiser Permanente Learning Management Initiative
 - Strategize development and customization of training content
 - Develop implementation template regions can customize
- Reconfigured work group

Disclosure Accounting Work Group

- National work group August October 2001
- Work group representation from Health Information Management (HIM)/Medical Records, Legal, operations
- Scope: health plan, providers, national, regional, business associates
- IT system needed for most departments making disclosures required in accounting
- HIM/Medical Records often have release of information tracking already
- Enhance/build/buy decisions
- Issues: business associates, research disclosure accounting

Research Work Group

- National work group: February April 2002;
- Work group representation from KP research centers, IRBs, and Legal Dept.
- Topic include:
 - Authorizations for research combined with treatment
 - Waiver requirement for research approved by IRBs
- Major issue: Tracking and accounting of disclosures of PHI for research

Case Study: HIPAA Consent Work Group

Taking on HIPAA Consent

- Demanding set of requirements
- Highly visible to our customers
- Impacts operational areas with potential service delays and need for communication and training
- Volume of HIPAA consent collection large at first, then tapers off

Consent Planning and Roll Out

- Nearly 40 participants from across KP on Consent Work Group, including: compliance, regulatory, operations, member marketing, public affairs, pharmacy, publications distribution, IT, member web site, HIPAA staff
- Aggressive timeframe: Weekly meetings November 2001 to January 2002
- Regional review of recommendations and requirements in February
- Policy decisions slated for March and April
- IT design January through June
- Roll out July 2002 through April 2003

Work Group Consent Consensus

- KP will define itself as an "organized health care arrangement" (OHCA) under HIPAA, allowing joint notice of privacy practices, joint HIPAA consent, and joint health care operations
- KP will obtain HIPAA consent in a variety of ways, including in person at medical facilities, online, and mail outreach
- KP will store HIPAA consent information in existing databases and retrieve it at key locations, e.g., medical office registration, pharmacy, admitting, appointment and advice services
- KP will scan HIPAA consent forms and store them electronically
- KP will not allow restriction of uses and disclosures for treatment, payment and health care operations 18

Key Issues Affected by Potential Privacy Rule Revisions

- Arranging services and providing treatment over the phone before consent obtained
- Health care operations disclosures for quality and regulatory purposes prevented by HIPAA but required by other laws or for accreditation and licensing

From A Regional Perspective

What's in it for Hawaii...

- Provided "real time" opportunity for regional input on policy decisions
- Facilitator created "safe environment" to promote creative, interactive dialogue, and participant commitment
- Enabled work group to leverage resources
- Provided platform for consistency across the enterprise
- Achieved synergistic outcomes

Benefits of Involvement...

- Provided a foundation for the local team to communicate national decisions
- Presented opportunity to solicit feedback on policies/business requirements
- We didn't have to do it all ourselves
- Provided an avenue to educate key stakeholders within the region
- Created an environment of inclusion

So How Do We Get That Signature?

- Engage staff from the entire organization
- Inform a wide audience regarding the regulatory requirements
- Develop content experts within the front line staff
- Then create diverse methodologies to acquire the HIPAA consent
- Construct an effective tracking mechanism

What Are We Doing Next in Hawaii?

- Conduct continuous educational sessions
- Early identification of operational issues/barriers
- Generate solutions prior to implementation
- Ensure visible executive (sponsor) support then seek organizational buy-in
- Participate in the Hawaii Health Information Corporation/HIPAA Readiness
 Collaborative

What Have We Learned?

- It's an enormous effort
- Process is not going to be pretty or perfect
- To meet the compliance deadline we will have to take risks regarding what will happen with Privacy Rule revisions and final Security Rule
- Make "best guesses" and be ready to adapt as components of rule finalized
- Do advocacy: collaboratively (e.g., industry groups) and as an individual organization

Questions?

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