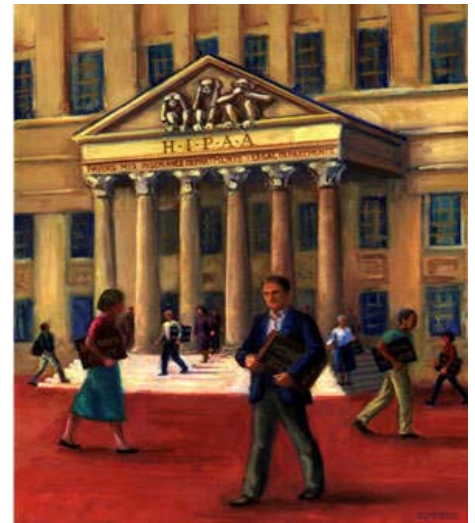


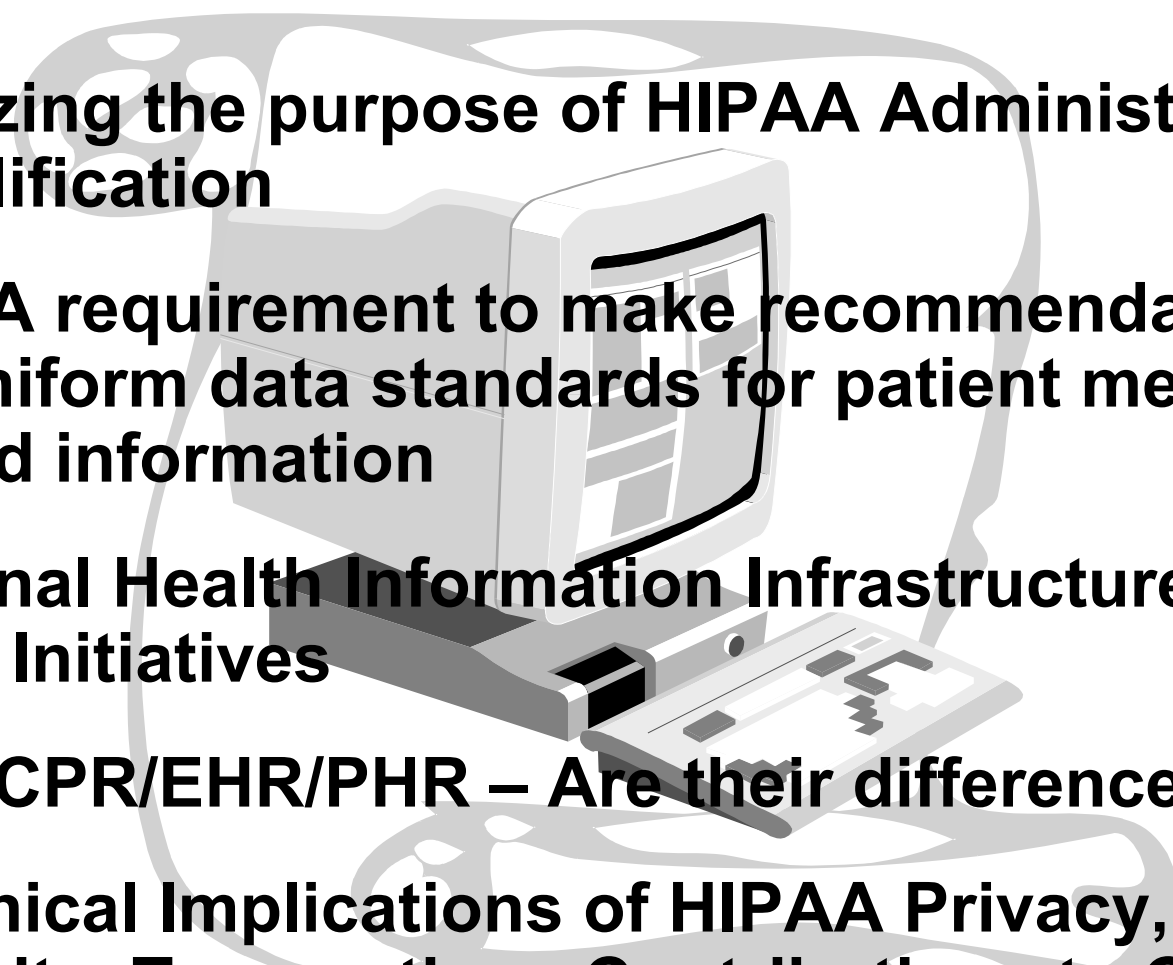
# HIPAA and EMR Synergies

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***The Sixth National HIPAA Summit***  
***Washington, DC***  
***March 28, 2003***



# Agenda

- 
- **Realizing the purpose of HIPAA Administrative Simplification**
  - **HIPAA requirement to make recommendations for uniform data standards for patient medical record information**
  - **National Health Information Infrastructure and other Initiatives**
  - **EMR/CPR/EHR/PHR – Are their differences?**
  - **Technical Implications of HIPAA Privacy, Security, Transactions Contributions to CPR**

# **HIPAA and EMR Synergies**

**Realizing the purpose of HIPAA  
Administrative Simplification**

# Administrative Simplification

- **Promote efficiencies and effectiveness**
- **Through use of information systems**
- **Through adoption of standards**
  - **Transactions and Code Sets**
  - **Privacy and Security**
  - **Patient Medical Record Information**
- **Just short of requiring electronic medical record**

# Electronic Focus of HIPAA

- **Transactions and Code Sets promote electronic financial and administrative transactions**
- **Privacy is *best* accomplished with electronic support**
  - **RBAC for minimum necessary use**
  - **Flags for managing restrictions**
- **Security is only for electronic PHI**
  - **(Except for the mini security rule in privacy requiring safeguards for all PHI)**

# **HIPAA and EMR Synergies**

**HIPAA requirement to make recommendations for uniform data standards for patient medical record information**

# Legislative Directive

**Section 263 of HIPAA . . . requires the National Committee on Vital and Health Statistics (NCVHS) to . . .**

**"study the issues related to the adoption of uniform data standards for patient medical record information and the electronic exchange of such information" and report to the Secretary of HHS by August 21, 2000 on recommendations and legislative proposals for such standards.**

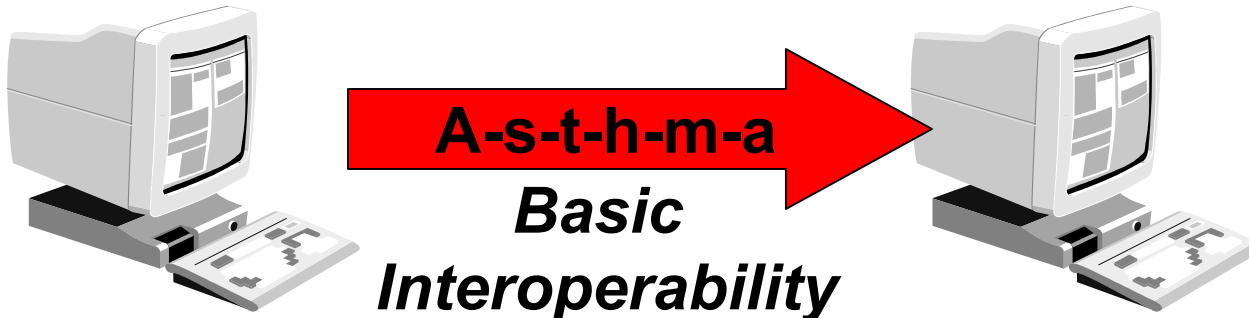
# Premise

**C**apture clinically specific data  
**O**nce at the point of care, *and*  
**D**erive information therefrom for  
**E**very other legitimate use

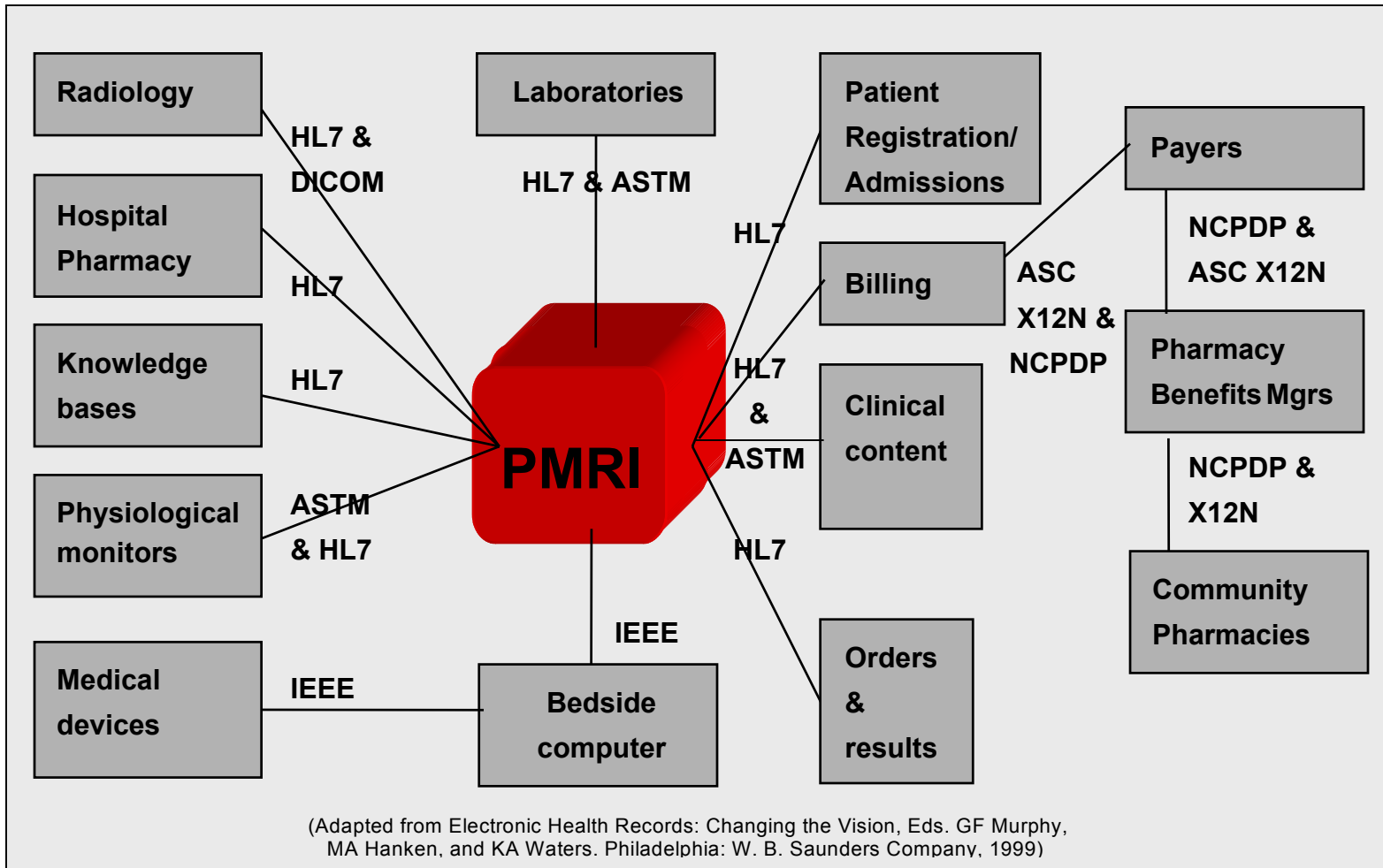
*... reflects the belief that significant quality & cost benefits can be achieved in health care if clinically specific data are captured once at the point of care and that all other legitimate data needs are derived from those data*



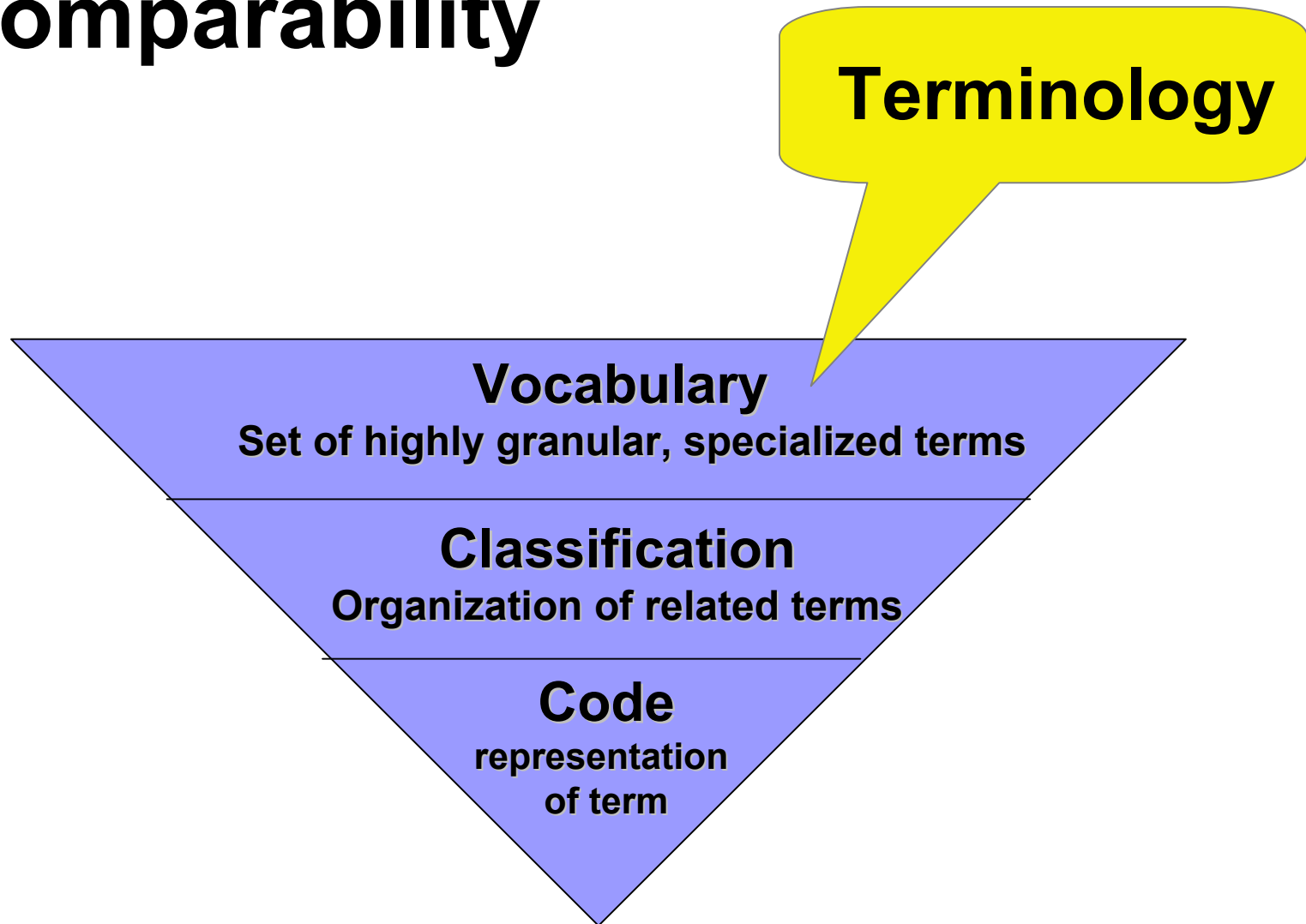
# Interoperability



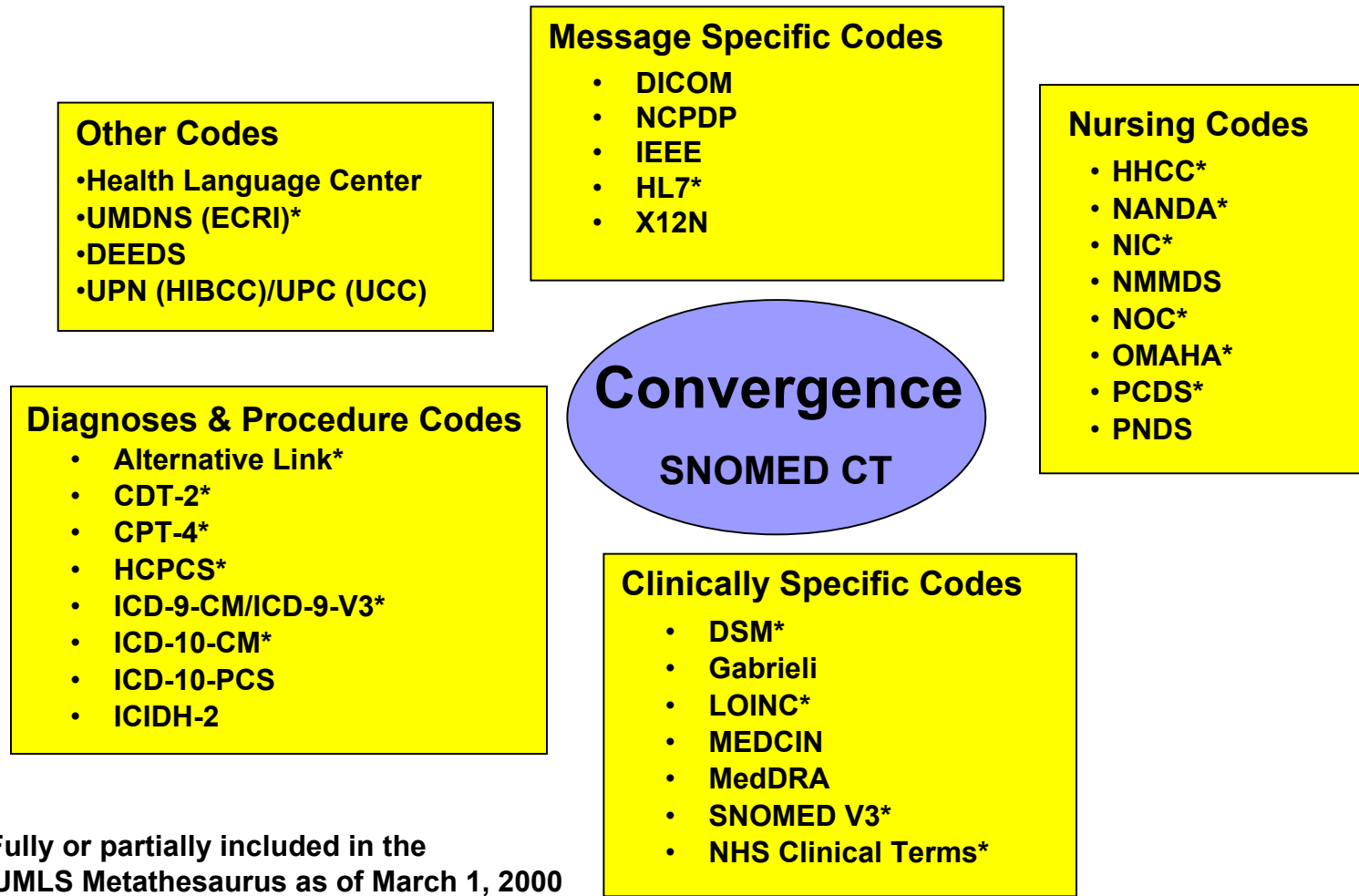
# Interoperability Standards



# Comparability

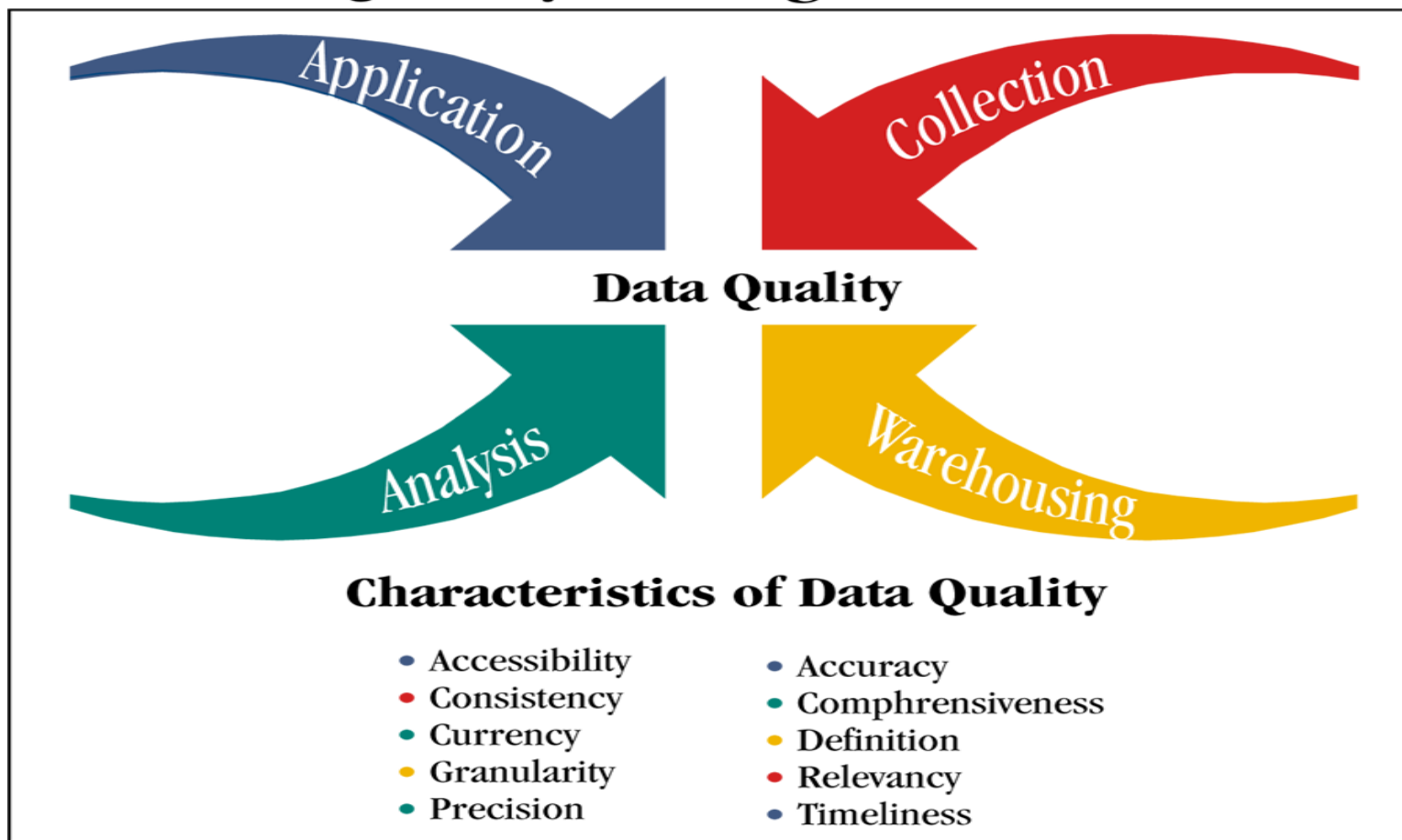


# Comparability Standards



# Data Quality

## Data Quality Management Model



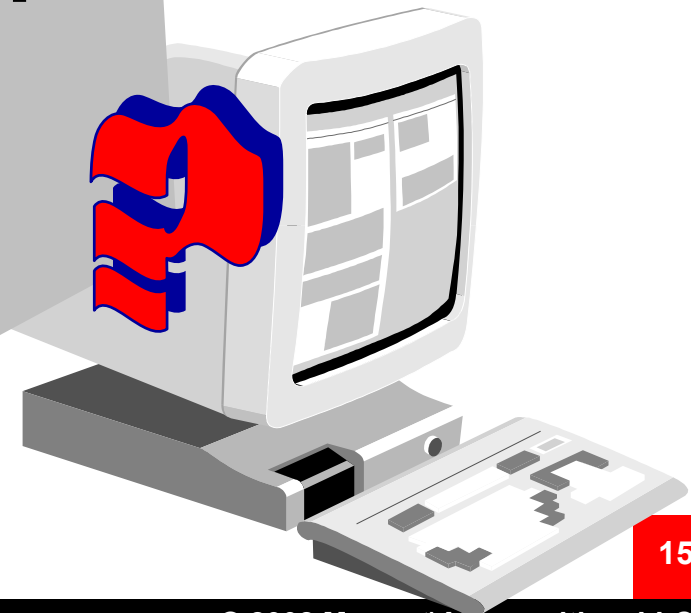
(American Health Information Management Association. Practice Brief – Data Quality Management Model. Chicago: AHIMA, June 1998)

# **HIPAA and EMR Synergies**

**National Health Information  
Infrastructure and other  
Initiatives**

# Since the 1991 IOM Report:

- **G-CPR Project**
- **National Health Information Infrastructure**
- **Connecting for Health**
- **Internet Usage**
- **Patient Safety**



# **HIPAA and EMR Synergies**

**EMR/CPR/EHR/PHR – Are their differences?**



# Electronic Medical Record

- **A medical record (as today) that has been digitized**
- **Document imaging system**
- **Documentation system**
- **For the provider**

# Electronic Health Record

- **A European EMR?**
- **“Health” conveys a broader meaning**
  - **Includes personal health**
- **Still seems to be provider focused**

# Computer-based Patient Record

- **A bad word anymore?**
- **Focused on patient**
  - **Intended to focus less on provider only**
  - **Does this mean not for health care?**
- **Will this go the way of POMR?**
- **Was goal too much, too early?**

# Personal Health Record

- **Recent concept to bridge the gap between the patient's (person's) record and that held by provider**
  - **Will the provider read/use/care?**
  - **What does this do for the person?**
- **So why can't we have one record?**
  - **Is this what NHII will do?**

# **HIPAA and EMR Synergies**

**Technical Implications of HIPAA  
Privacy, Security, Transactions  
Contributions to CPR**

# Even More than the Flags

- **Interfaces between systems not previously interfaced**
  - **That's a good thing!**
- **Uses and disclosures permitted for treatment, payment, and operations (i.e., no consent or authorization)**
  - **Contributes to sharing information – a goal of NHII!**

# Data Standards

- **Transactions are a start**
- **Claims attachments will merge interoperability and data issues**
- **Vocabularies beginning to be reconciled**
  - **Will ultimately contribute to meaningful data**
  - **Isn't that needed for patient safety?**

# Planning your Project

- **Consider implications of HIPAA**
- **Look long range to future HIPAA requirements:**
  - **Prioritize based on first claims attachments**
- **Gain support for other purposes:**
  - **Patient safety isn't just about CPOE**
  - **CPOE ≠ EMR/EHR/CPR/PHR**
  - **Transactions work flow issues**
  - **Scanning for outsourced coding should be leveraged for other work flow issues**



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