

On the Front Line: How the HIPAA Privacy Rule Will Affect The Role of the Average Health Care Worker

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Why do I know the front line?

- ◆ I am an Information Services Specialist at Newman Regional Health in Emporia, Kansas
- ◆ I worked in Patient Registration for 18 months before moving to Information Services in 1996.
- ◆ Newman Regional Health is a Rural Health Care Provider.
 - Medicare certified for 180 beds
 - MEDITECH "MAGIC" facility
- ◆ I was handed HIPAA as a "project" in 2001. Little did I know what I was in for!

Why the front line is important

- ◆ We are all policymakers, but we are not ultimately the people who have to live with the policies we make.
- ◆ As policymakers, we are accustomed to looking at “big picture” issues in regard to HIPAA. However, most of the changes are going to come in the day to day activities of healthcare providers, in services provided by people who may not have been involved in making policy.
- ◆ We have an obligation to make policies reflect healthcare realities, or the realities won't adapt to the policies.

Policy versus Reality?

- ◆ Looking at how the front line employees will be affected can help us find ways to help those employees to adjust.
- ◆ In the end, it is the people on the front lines of healthcare who will determine the effectiveness of our efforts.
- ◆ Policy must reflect reality, or it won't be followed

A quote to consider

“One ... thing I strongly recommend is to integrate HIPAA Policies into your existing structure of P&P’s as much as possible. Modify existing policies whenever possible. Avoid giving the impression that HIPAA is something grafted on to the outside of people’s daily routines.”

--Bill MacBain

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HIPAA is affecting everyone!

- ◆ Anyone who works in healthcare is probably exposed to PHI.
- ◆ Anyone who is exposed to PHI should have education on their responsibilities regarding that information.

Is there an “average healthcare worker”?

- ◆ When you look at the job duties of every classification of employee, even within just a small hospital, there is a wide range of exposure to PHI.
- ◆ Giving an environmental services worker the same training given to a medical records coder or floor nurse is counter-productive.
- ◆ While there is a basic level of education everyone needs, there will be a great deal of specific training needed at every level.

Keeping the building running

- ◆ Environmental services (housekeeping) & facilities management (maintenance) will have very similar levels of exposure to PHI.
- ◆ Housekeeping may be the last line of defense against PHI going into a trashcan instead of a shred bin.
- ◆ Most exposure to PHI will be incidental, but they need to learn and practice the mantra "What you learn here stays here."

Feeding the population

- ◆ Nutritional services workers (dietary) have greater exposure than we may realize!
- ◆ Every meal adjustment has PHI.
- ◆ Many times, a diagnosis can be determined by details of a physician-ordered diet.

Intake: collecting information from our patients

- ◆ Probably have the job most affected by HIPAA.
- ◆ We are asking people who make not much more than minimum wage to deliver a complicated Notice of Privacy Practices and ask about alternate methods of communication & restrictions on use of a patient's information, while maintaining a high level of accuracy in gathering that information, avoiding delays in patient care & presenting a cheerful face to the public.

Tests & treatments, drugs & scans

- ◆ Ancillary services (respiratory therapy, radiology, laboratory & pharmacy) have a high level of access to specific PHI.
- ◆ The access they need to do their jobs may be very different than what we would expect at first glance

Direct care

- ◆ Floor nurses have to have access to anything that affects the patients they are caring for.
- ◆ Nurses may be most vulnerable to social hacking.
 - Lack of familiarity with basic information security
 - Numbers of people in and around their work areas as a matter of course. They don't necessarily expect to be able to identify everyone in and around where they work.

Special cases

- ◆ Emergency department & operating room personnel see large numbers of patients for relatively short periods of time, so they are exposed to all sorts of PHI all the time.
- ◆ Infection control often needs access to virtually every patient, while at the same time having to disclose information to outside agencies.

Satellite units need specialized information.

- ◆ Chemical dependency, outpatient psychiatric, and reproductive health clinics will need to have specialized training that relates to their areas of practice.
- ◆ These will often be the areas where psychotherapy notes will be an issue.

Social Services

- ◆ Social workers tend to be involved in facets of care that many don't recognize.
- ◆ They routinely disclose information as a part of abuse or neglect investigations, or guardianship hearings. All of these require accounting in accordance with the Privacy Rule.

High level access means high level training.

- ◆ Health Information Management, Patient Accounting, Financial Accounting and Information Services personnel need more in-depth training on more parts of the Privacy Rule than any other group.
- ◆ Often, not only will these groups need to be able to do their own jobs, but also be able to explain to other personnel how and why things need to be done.

Doctors don't need every chart!

- ◆ Physicians in small hospitals are going to be suffering through a culture shift. Instead of having access to every chart on every unit, they will be limited to only the patients their group is seeing.
- ◆ They have to remember that having access to every chart means that every other doctor in a facility will have access to their daughter's pregnancy test, their wife's mammogram, or their colonoscopy.
- ◆ There have to be mechanisms to allow them emergency access to charts when they need them, without compromising overall information security.

Volunteers are a part of the workforce, too.

- ◆ Volunteers may not need large amounts of training, but there are often large numbers that need to be trained.
- ◆ Volunteers don't just mean those within the four walls of the hospital. Home health & hospice agencies have volunteers to train, too.

The future workforce?

- ◆ Any students will need job-specific training.
- ◆ Job shadowers will need to have to basic confidentiality training.

The higher level

- ◆ Hospital administration often has a need for high levels of access, yet they may not need patient specific information.
- ◆ Finding a balance will be a constant struggle.

Beyond the hospital walls

- ◆ Community education will be a factor in acceptance of new rules.
- ◆ Community leaders can help with explanations of what we are changing and why.
- ◆ HIPAA will give new rights to the patient, but it will also mean changing how much information the public has access to about that patient.

Why does it have to work?

- ◆ No one wants to end up as the lead story on the local news.
- ◆ Even worse, no one wants to have a visit from the Office of Civil Rights because a patient did not feel they could complain to the CE that they had a problem with.

What does all this mean?

- ◆ HIPAA is about changing the way healthcare does business.
- ◆ Changing the way we do business requires changing how people think about the information they generate & use.
- ◆ Without a shifting of attitudes, that change won't happen.

An example from our training...

- ◆ As you are working in or around the Emergency Department, you see a department director being treated. Walking down the hall, you see one of her family members and say “Hey, I just saw your sister?”
- ◆ Is this a HIPAA violation?



**Thanks for listening to me
today!**

Are there any questions?