



HIPAA Implementation in Adventist Health: A Case Study

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Outline

- ◆ Introduction
- ◆ HIPAA History in Adventist Health
- ◆ HIPAA Infrastructure
- ◆ HIPAA Committee Activities
- ◆ HIPAA Initiative Plan
- ◆ Conclusion



Introduction

◆ Adventist Health—

- ☞ **20 facilities (23 campuses)**
- ☞ **Four western states (including Hawai'i)**
- ☞ **16,000-17,000 employees**
- ☞ **Affiliated medical groups**
- ☞ **Array of impacted business units**

◆ Diversity—

- ☞ **Urban and rural**
- ☞ **Medium to very small**
- ☞ **Tertiary services to primary/sole provider**



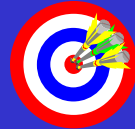
HIPAA History

- ◆ **Earliest beginnings—**
 - ☞ **Informal “HIPAA Executive Committee” (third quarter of 2000)**
 - ☞ **Director hired mid-November, 2000**
 - ☞ **Personal/corporate learning curve**
- ◆ **First commitments—**
 - ☞ **Small corporate staff (Director, Associate, half-time admin assistant)**
 - ☞ **“Virtual” implementation team**
 - ☞ **Central Steering Committee**
 - ☞ **Central contracting (consulting, legal)**
- ◆ **At present: Central committees appointed, functioning**

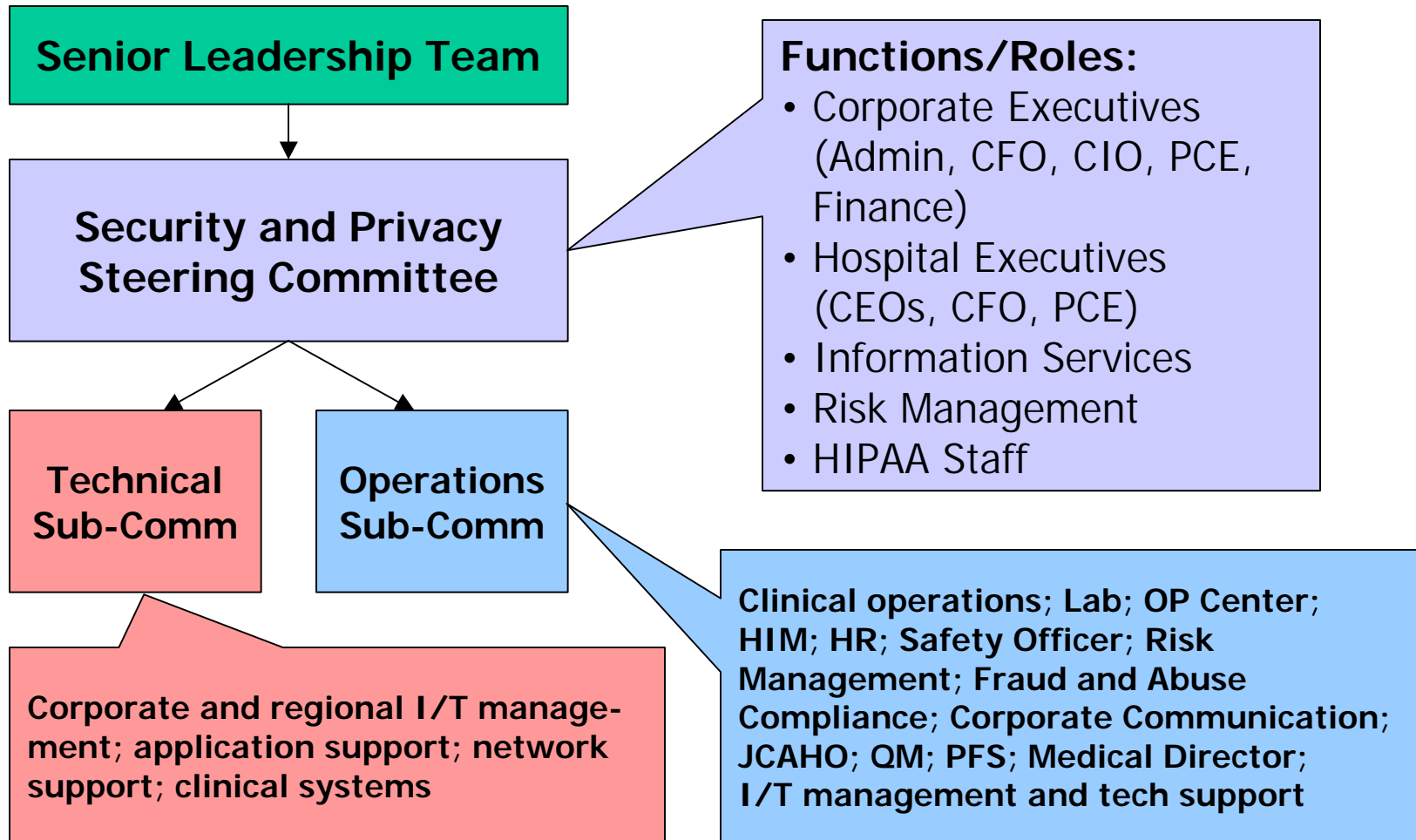


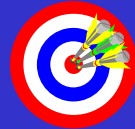
HIPAA Infrastructure

- ◆ **Security and Privacy Steering Committee—**
 - ☞ **SPSC appointed by the Senior Leadership Team**
 - ☞ **Mix of corporate and facility executives (13 members)**
 - ☞ **Five members comprise the formal “HIPAA Executive Committee”**
 - ☞ **Two sub-committees to SPSC**
 - ☞ **HIPAA department serves as staff**

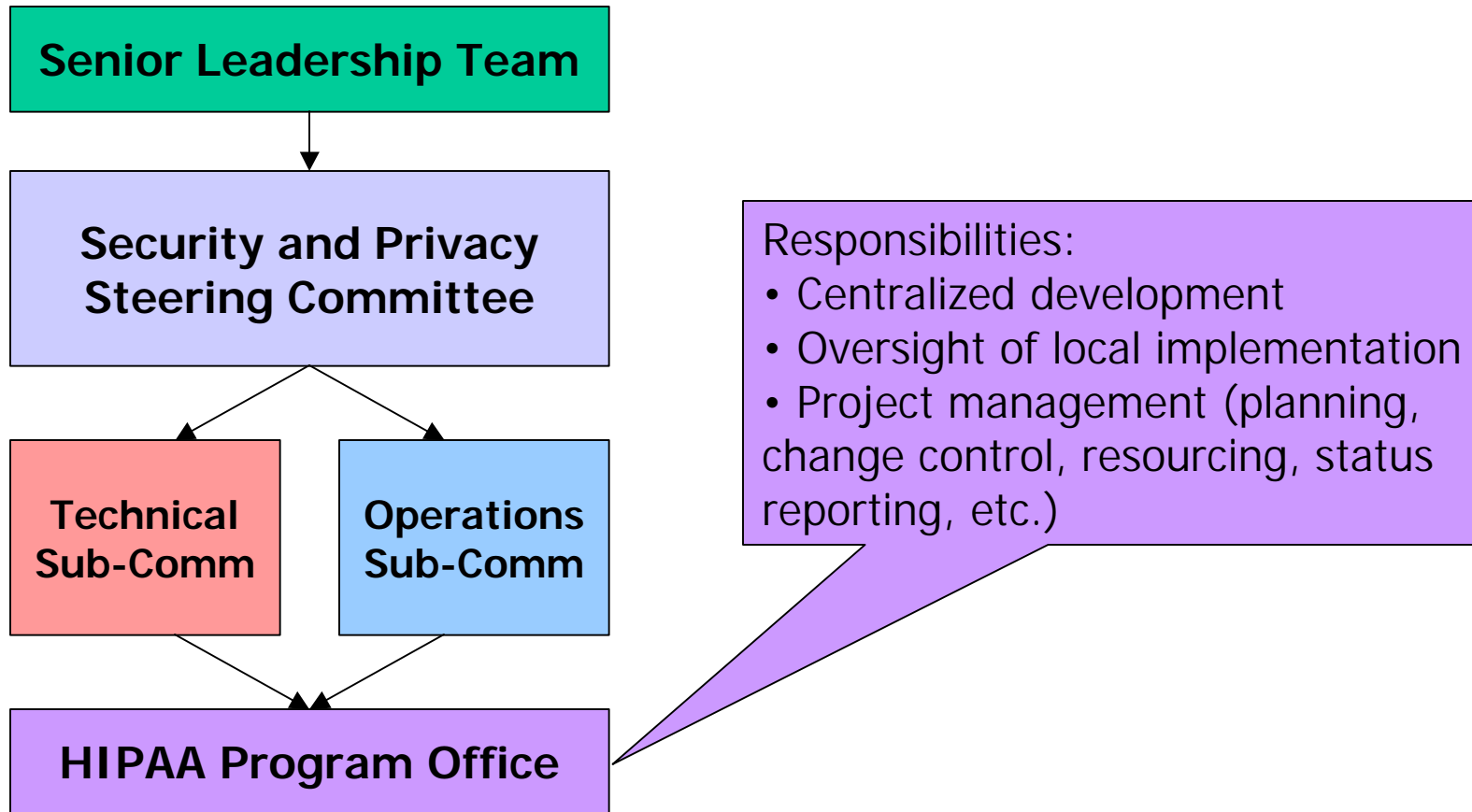


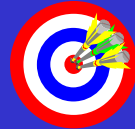
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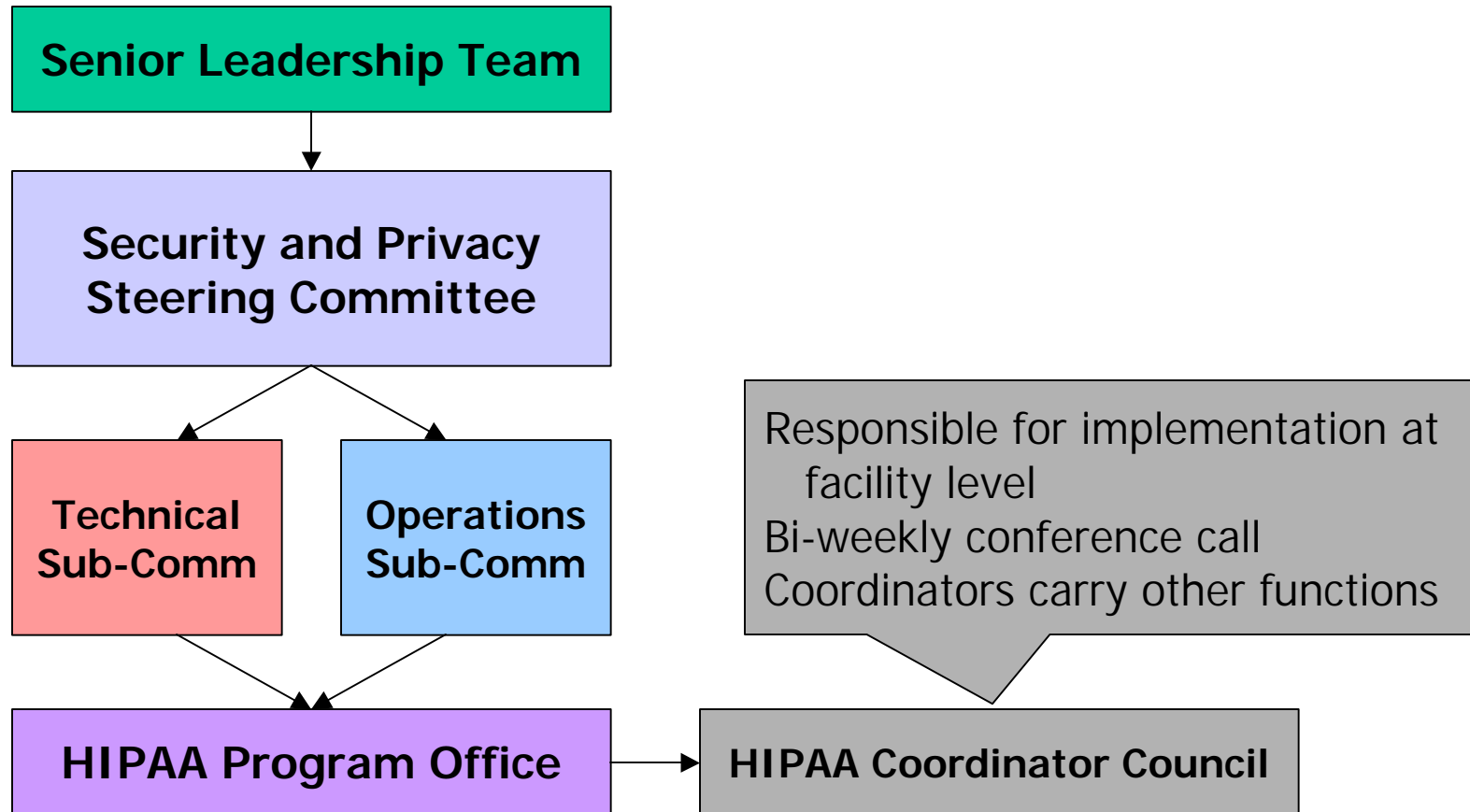


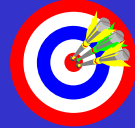
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Infrastructure - 2





Committee Activities

◆ Security and Privacy Steering Committee

- ☞ **May 8, 2001 (all-day planning session)**
- ☞ **Reviewed a draft *HIPAA Strategic Plan***
- ☞ **Meets monthly by phone**
- ☞ **Recommends plan and major changes to SLT**

◆ HIPAA Executive Committee

- ☞ **Meets weekly (since December 2000)**
- ☞ **Provides guidance for HIPAA Program Office staff**
- ☞ **Makes decisions for SPSC between meetings**



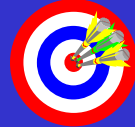
Committee Activities – 2

◆ SPSC Sub-Committees

- ☞ **Meet bi-weekly for now (may have to go to weekly)**
- ☞ **Each given a scope of endeavor**
- ☞ **Responsible for the process/outcome of Work Groups**
- ☞ **Where most of the “real work” of HIPAA development will get done**

◆ HIPAA Coordinator Council

- ☞ **Meets bi-weekly by phone**
- ☞ **Status reports from facilities**
- ☞ **Distribute and discuss developing standards, implementation processes/tools, etc.**



HIPAA Initiative Plan

- ◆ **Two-fold division of HIPAA “universe” —**
 - ☞ **Develop centrally**
 - ☞ **Implement locally**
- ◆ **Develop centrally: Primary work of “virtual” HIPAA Program Office—**
 - ☞ **Interpret HIPAA regulations for Adventist Health**
 - ☞ **Develop the HIPAA Program Office**
 - ☞ **Develop standards (policies, contract language, etc.)**
 - ☞ **Develop education and training**
 - ☞ **Manage legal services**
 - ☞ **Develop testing, audit, certification and ongoing compliance monitoring**

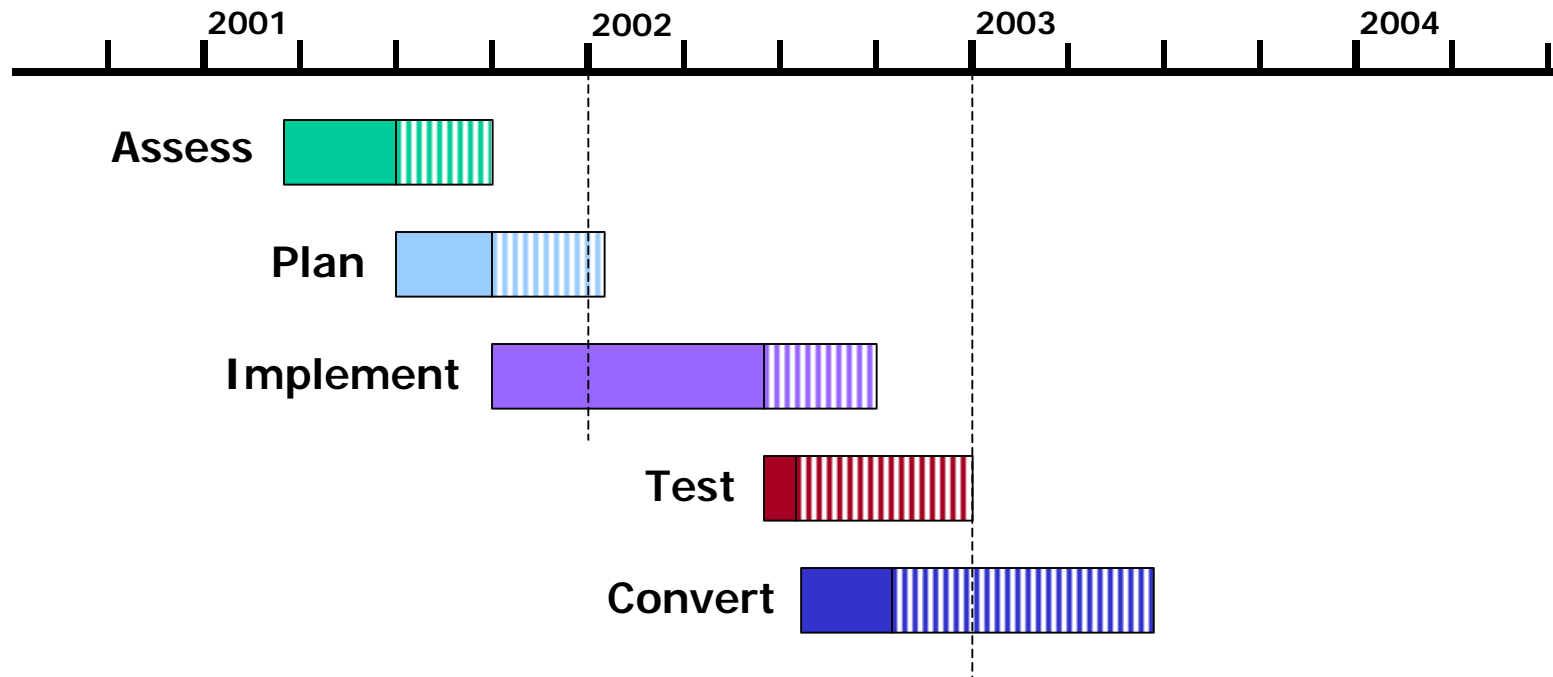


HIPAA Initiative Plan – 2

- ◆ **Implement locally: Primary work of facility HIPAA Coordinators—**
 - ☞ **Segment 1: Assessment**
 - ☞ **Segment 2: Planning**
 - ☞ **Segment 3: Implementation**
 - ☞ **Segment 4: Testing**
 - ☞ **Segment 5: Conversion**
- ◆ **Milestones—**
 - ☞ **Based on assigned priority of elements (EDI highest)**
 - ☞ **Assessments not all due at same milestone**
 - ☞ **Follow-on segment milestones adjusted accordingly**



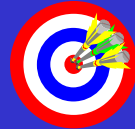
HIPAA Initiative Plan – 3



Notes: Solid colors represent highest priority milestones; hatched, lower priority

Present focus almost entirely on EDI and Privacy (given the status of Security)

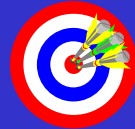
EDI conversions are payor-specific



Conclusion

◆ Lessons Learned—

- ☞ **Formal project/program management approach**
- ☞ **Central content development**
- ☞ **Very easy to under-estimate and under-resource**
- ☞ **Executive learning curve**
- ☞ **Don't build everything from scratch**
- ☞ **Don't forget your physicians**



Questions/Discussion

◆ Questions, Comments, Discussion?