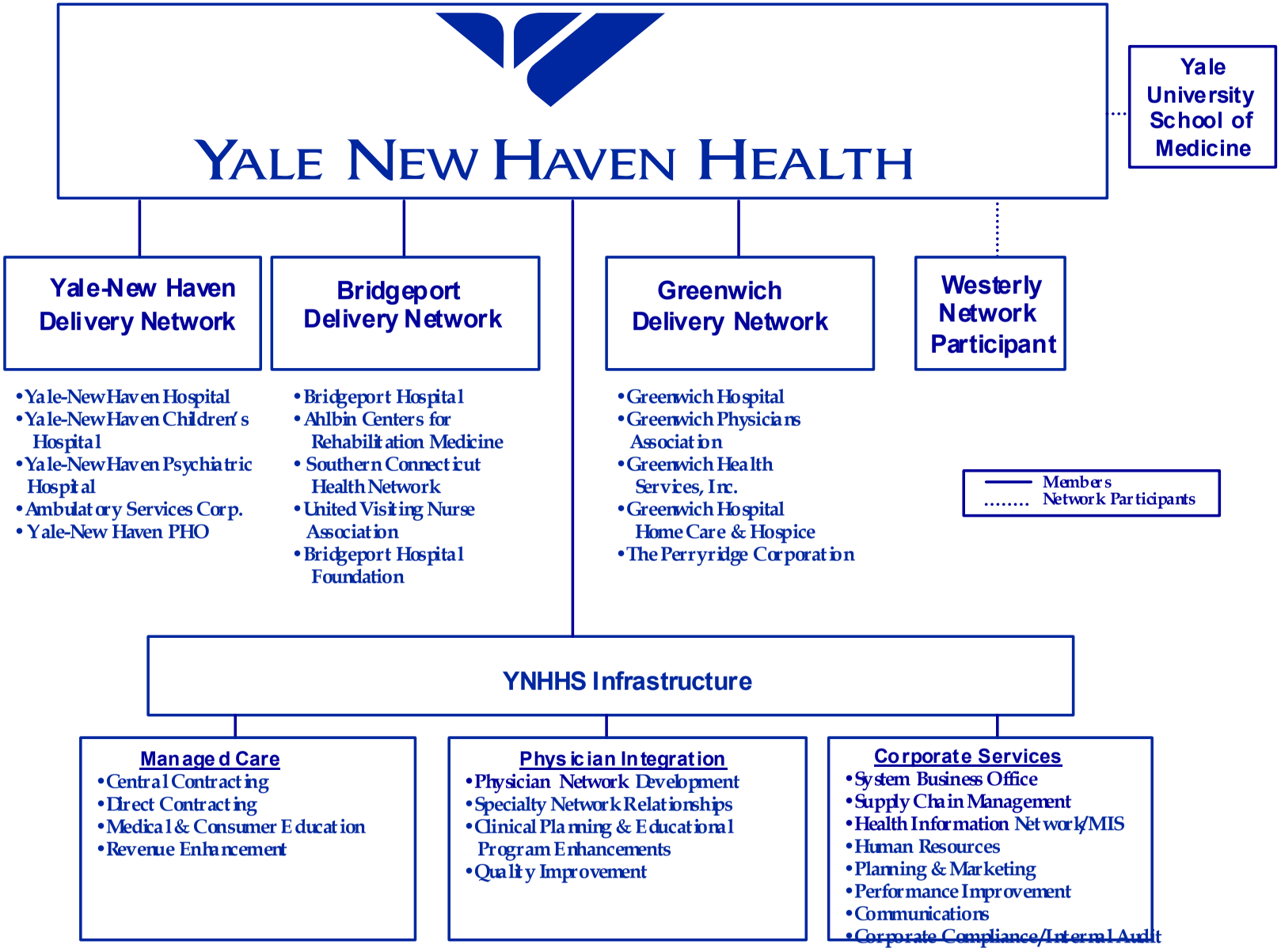
HIPAA Privacy Rule Implementation Testimony

Yale New Haven Health System

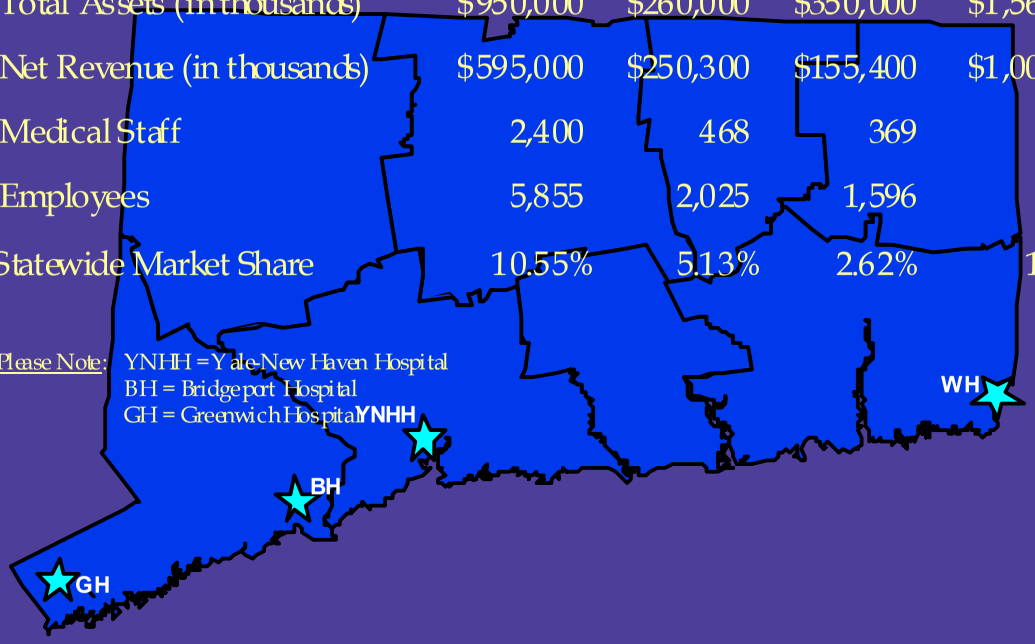
September 10, 2002


YALE NEW HAVEN HEALTH
Yale University School of Medicine
Yale-New Haven Delivery Network
Bridgeport Delivery Network
Greenwich Delivery Network
Westerly Network Participant
•Yale-New Haven Hospital
•Yale-New Haven Children's Hospital
•Yale-New Haven Psychiatric Hospital
•Ambulatory Services Corp.
•Yale-New Haven PHO
•Bridgeport Hospital
•Ahlbin Centers for Rehabilitation Medicine
•Southern Connecticut Health Network
•United Visiting Nurse Association
•Bridgeport Hospital Foundation
•Greenwich Hospital
•Greenwich Physicians Association
•Greenwich Health Services, Inc.
•Greenwich Hospital Home Care & Hospice
•The Perryridge Corporation
Members
Network Participants
YNHHS Infrastructure
Managed Care
•Central Contracting
•Direct Contracting
•Medical & Consumer Education
•Revenue Enhancement
Physician Integration
•Physician Network Development
•Specialty Network Relationships
•Clinical Planning & Educational Program Enhancements
•Quality Improvement
Corporate Services
•System Business Office
•Supply Chain Management
•Health Information Network/MIS
•Human Resources
•Planning & Marketing
•Performance Improvement
•Communications
•Corporate Compliance/Internal Audit

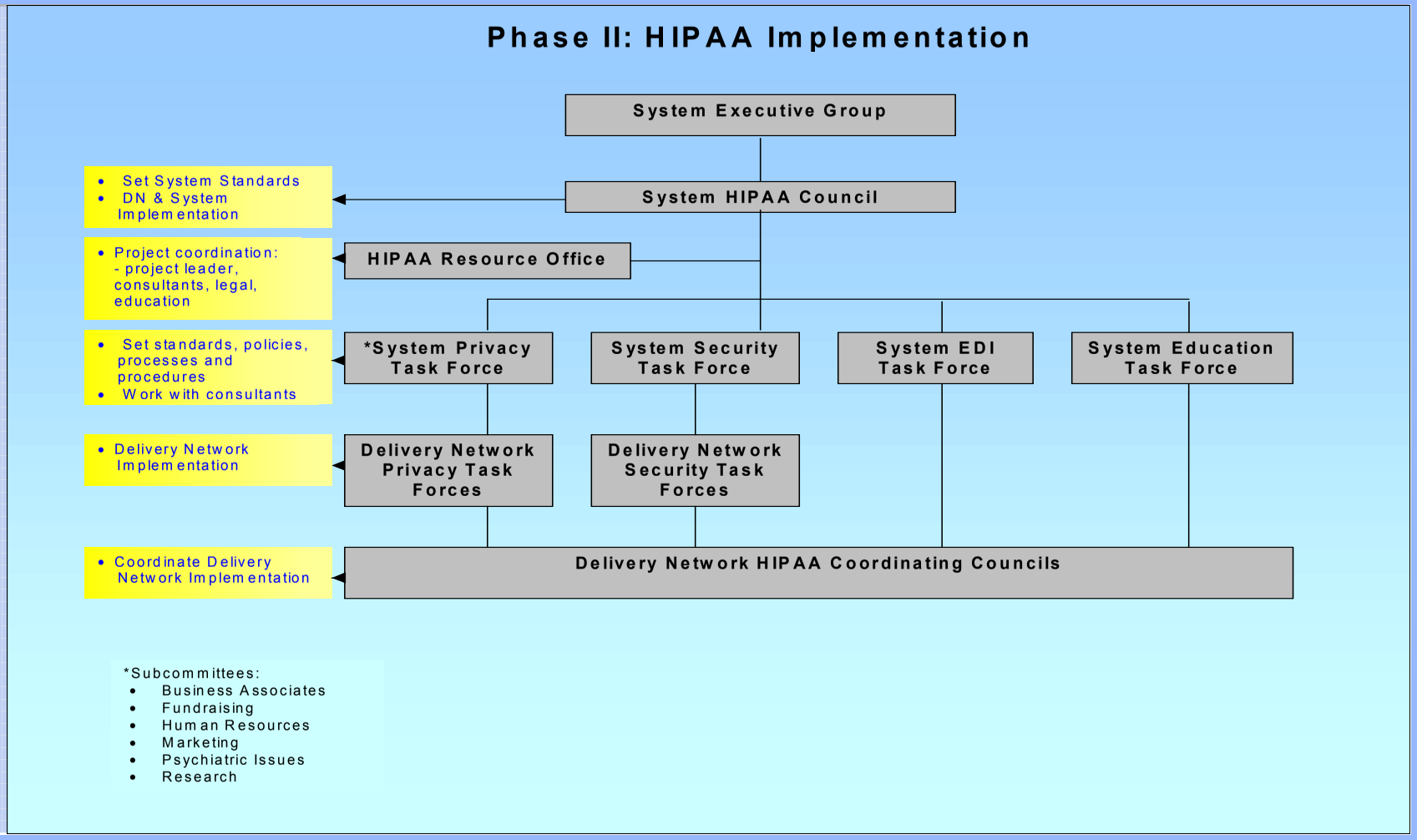
Yale New Haven Health System FY 2001

Critical Indicators	YNHH	BH	GH	System Total
Total Licensed Beds	944	425	160	1,529
Inpatient Discharges	41,620	20,528	10,443	72,591
Outpatient Visits	543,500	421,800	367,000	1,323,300
Total Assets (in thousands)	$950,000	$260,000	$350,000	$1,560,000
Net Revenue (in thousands)	$595,000	$250,300	$155,400	$1,000,700
Medical Staff	2,400	468	369	3,237
Employees	5,855	2,025	1,596	9,476
Statewide Market Share	10.55%	5.13%	2.62%	18.30%

Please Note: YNHH = Yale-New Haven Hospital
BH = Bridgeport Hospital
GH = Greenwich Hospital



YNHHS Implementation Structure



Projected 3-Year System HIPAA & Corporate Compliance Budget*

	FY 2002	FY 2003	FY 2004	TOTAL
Operating	$ 1,546,464	$ 2,229,327	$ 245,963	$ 4,021,754
Capital	$ 2,340,417	$ 7,933,610	$ 250,000	$10,524,027
Total	$ 3,886,881	$10,162,937	$ 495,963	$14,545,781

* Does not include ongoing operating and capital costs to remain compliant (e.g. ongoing HIM, MIS, administrative costs, etc.)

Individual Rights: Guidance on Fulfilling Patient Requests

- Right to request a written notice of information practices from providers and health plans
- Right to request a copy of protected health information
- Right to request amending medical or billing records
- Right to have reasonable requests for confidential communications accommodated
- Right to request an accounting of disclosures for OTHER THAN treatment, payment, and operations
- Right to file a complaint with Office of Civil Rights or with the covered entity

Areas of Implementation Difficulties: Need for Guidance

Email/Fax:

- **Guidance Requested:**
  - Specific guidance on email and fax are requested.
- **Implementation Difficulty:**
  - In regard to email with PHI sent outside of the YNHHS firewall, the proposal is to limit such emails to those that are transmitted via a secure web portal or encrypted email. In the event that neither is available, is the expectation that email with PHI should be prohibited?
  - What are the expectations for tracking/archiving?
  - What are expectations for faxing? (testing, tracking)

Areas of Implementation Difficulties: Need for Guidance

Research/PHI Access:

- **Guidance Requested:**
  - Clarification regarding requirements necessary to share research data between independent entities of an academic medical center if an OHCA is formed
- **Implementation Difficulty:**
  - Reviews preparatory to research
  - PHI and Research databases and repositories of hospital patients that are accessible by faculty clinicians of an independent medical school
  - Unknown databases and disclosures

Areas of Implementation Difficulties: Need for Guidance

Reasonable Safeguards:

- **Guidance Requested:**
  - Clarification of what are reasonable safeguards
  - Guidance when "reasonable safeguards" cannot be operationalized
- **Implementation Difficulty:**
  - Institutional interpretations appear to become cases of "patient privacy versus patient or employee safety"

Areas of Implementation Difficulties: Need for Guidance

Training of Physicians & Traveling/Rotating Employees:

- **Guidance Requested:**
  - Guidance regarding multiple redundant courses versus a single satisfactory course
- **Implementation Difficulty:**
  - Compliance of physicians and other employees (social workers, traveling nurses, etc.) taking multiple HIPAA training courses at multiple locations

Areas of Implementation Difficulties: Need for Guidance

HIPAA Concept of Workforce:

- **Guidance Requested:**
  - Guidance regarding temporary employees and other non-standard employees (contractors, students, volunteers)
- **Implementation Difficulty:**
  - Addressing non-standard employees in Security policies and procedures related to Privacy (e.g., Background Investigations, Role-Based Access).
  - Training of temporary employees who will be onsite 1-2 days

Resources Available

- Websites/Documents in public domain:
  - American Medical Association "How to 'HIPAA'-Top 10 Tips" (www.ama-assn.org/go/hipaa)
  - American Health Information Management Association guidelines on faxing (www.ahima.org)
  - American Medical Informatics Association guidelines on clinical use of email (www.amia.org)
  - Society for Healthcare Strategy and Market Development (of the American Hospital Association) guidelines on release of information on patient condition (www.hospitalconnect.com:80/shsmd/pubs/releaseguidelines.html)
  - Free subscription to HIPAAdvisory, HIPAAlive, HIPAAnotes (www.hipaadvisory.com)
- Internal HIPAA Intranet Site/Documents:
  - YNHHS HIPAA Intranet Site with restricted work area
  - HIPAA Hunts
  - Privacy Case Studies
- HCPro videotape "Keeping it to Yourself"
- Connecticut Hospital Association (CHA) Workgroup on Privacy and Security

A HIPAA HUNT

TARGET: WAYS TO SAFEGUARD P(ROTECTED) H(EALTH) I(NFORMATION)

TOOLS: YOUR EYES AND EARS

TIME FRAME: JUNE 14-JULY 8

REWARD: ICE CREAM SUNDAES FOR THE TOP CATCHES

Protected Health Information under HIPAA involves any individually identifiable information that can breach the privacy of your patients:

What are some examples to look for involving PHI?

- Discussion of patient information in elevators
- IV bags or patient ID bands in the regular trash
- Computer passwords easily visible or given away to others
- Medical records, charts, or billing information left open on a counter
- Computer screens that are visible to the public

- ❑ **Find as many examples as possible of PHI on your floor or in your department that put us at risk for breaching a patient's privacy.**
- ❑ **Provide as many solutions as possible for fixing these risks.**
- ❑ **Give examples of how you have taken steps in your area to protect a patient's privacy.**

ENTRY DEADLINE: JULY 8th at 4:00 p.m.
Managers should send entries to HIPAA Hunt Coordinators _____
(phone: _____; location: _____)

The floor or department that hunts down the greatest and most unique risks as well as the most realistic opportunities for change will be the winners of the ICE CREAM SUNDAE REWARD

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Proposed Approach to Training Mandate

- System Hospital Employees: mandatory computer-based training with automatic tracking
- Full-time YSM Faculty Physicians: training through the medical school, with a link to YNHHS policies and procedures (tracking remains an outstanding issue)
- Medical Staff: live training sessions at Medical Staff meetings, at which a policy and procedure primer will be distributed (tracking via sign-in sheets)
- Volunteers, Students: training at orientation
- Temps, Contractors: to be determined