

Intermountain Health Care's Implementation of the Privacy Regulations



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NCVHS Hearing

Who is Intermountain Health Care?

We are a charitable, nonprofit, non-denominational integrated health system.

We have 21 inpatient facilities, in two States, ranging from 520-bed LDS Hospital to five 20 bed rural hospitals, as well as a Children's and an Orthopedic Specialty Hospitals.

We provide Home Care and Hospice, Medical Equipment, Behavioral Health, Rehabilitation, Dialysis and Long Term Care.

We have a network of physician, urgent care, and occupational health clinics.

Who is Intermountain Health Care?

We are the IHC Health Plans Group , that provides five distinct health plans.

We provide traditional HMO as well as Point of Service plans.

We cover individuals, families, small and large employers, and have provided Medicaid services.

Who is Intermountain Health Care?

We have over 2500 affiliated health care providers.

We have over 400 employed physicians.

We have 14 affiliated Charitable Foundations.

We conduct significant clinical research primarily at at LDS and Primary Children's Hospitals.

We are recognized nationally for our Information Systems expertise and infrastructure.

Statistics

480,000 lives covered by Health Plans.

117,871 inpatient admissions, 28,628 births, 4,895,384 outpatient visits, 427,751 emergency room visits, 85,795 ambulatory surgeries, 203,469 home care visits in 2001.

23,000 employees.

What has IHC been doing to implement the Privacy regulations?

IHC Privacy Workgroup:

- Privacy Workgroup includes both Health Services and Health Plans
- Meets every two weeks for two hours for over a year
- Includes major business divisions, regional representation, Information Systems, IHC Legal, Health Information Services
- Identify and resolve issues, review policies

Integration into IHC Compliance:

- Uses Compliance Workgroup Chairs and Facility/Operations Compliance Coordinators as communicators, for feedback, as main contacts for questions and concerns
- Will use existing Compliance processes and tools (Hotline, Compliance Remedy database, staff) for privacy grievance/complaint investigations
- Using Compliance Matters Video and On-Line training for general privacy education for all workforce
- Privacy regulation expert staff, central business associate database, and support will be part of IHC Compliance Department

Policy and Procedure Review:

- Existing IHC Information Access and Use Procedure and IHC Release of Information Reference book used as baseline documents
- Editing or creating about 140 policies, procedures or forms to meet the requirements of the Privacy regulations
- Draft policies are currently being given widespread review so areas may assess operational impacts
- Identified existing IHC information privacy policies that will be superseded
- Will have these documents online under Compliance website

Education and Training:

- General Privacy and Security training module- 2003 Compliance Matters, will be integrated into new workforce training
- With approximately 50 groups identified that will need focused training, 54 modules with specific content are being developed.
- Module content may be online, or with presentations and script for “train the trainer,” or printed sheets of key concepts.

Tools

- Developing online policies and procedures in an easy to locate place
- Developing a scenario based “at a glance” resource online for fast answers
- Accounting of disclosures data entry tool will be available where and when it is needed (probably on IHC Intranet)
- Developing protocols for what information should be disclosed in what situations
- Standard Notice, authorizations, other forms

Agreements & Arrangements

- Business Associate agreements- identifying who our Business Associates are, getting agreements in place, entering them in a database
- Organized Health Care Arrangements – outlining the relationships with non-employed providers, extent of data sharing
- Data Use agreements will also be tracked centrally

Challenges

Accounting of disclosures- we make an estimated 1,104,000 disclosures per year that need to be in an accounting, not counting research disclosures. Do we make or buy a solution? (Is there anything out there that meets our needs?) How will we implement this process in clinical areas that never had to do this before?

Business Associates- will probably be thousands, and we do not have a central contract management process in place.

Challenges

Designated Record Sets- over 78 record sets or databases that contain protected health information. Which meet the definition of designated record sets, or what parts of them? How can we make sure we are giving patients/members access to their designated record sets when they ask for it?

How can we define role based access to all of these databases and records in an organization of our size and complexity?

Amendments- how can we append patient amendments to our electronic records, yet still maintain data integrity? How do we communicate amendments to all of the databases where information flows?

And more challenges...

Federal Privacy regulations do not necessarily prevail over State laws. All State health information related laws must be reviewed to see which prevails, and Utah has been slow to get this started.

There is a great deal of misinformation being presented by consultants, speakers, even at National Conferences. Also, we are being barraged by vendors who are misinformed, who are making baseless claims and guarantees, and who are using scare tactics to make sales. How do we establish credibility and get the correct information to those who need it?

Research...identifying all of the research projects that may have not gone through the IRB review process because they were not directly involving patient contact; and how to implement the accounting of disclosures necessary when authorizations have been waived, particularly when access is to electronic records.