

Managing External Health Information Inside Your Organization



Webinar

December 16, 2008

Practical Tools for Seminar Learning

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Faculty

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Katherine Downing is director at MedPlus in Mason, Ohio. Ms. Downing has focused much of her career on HIPAA from the original proposed rule, through creating a privacy program model used in more than 200 hospitals. She is also a frequent speaker and author on privacy and privacy-related topics.

Deborah Kohn, MPH, RHIA, FACHE, CPHIMS

Deborah Kohn is the principal of Dak Systems Consulting, a national healthcare information technology advisory consultancy. Ms. Kohn has over 25 years of healthcare provider organization management and information technology experience. She has earned a national reputation for her expertise in strategically creating component technologies of EHR systems.

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Learning Objectives

- ♦ **Learn** how to create an internal health information management plan for external health information: defining, receiving, indexing, using, storing, retrieving, archiving, destroying
- ♦ **Understand** how your designated record set and legal health record are impacted by growing volumes of information from other organizations

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Learning Objectives

- ♦ **Learn** what to do when your organization is not equipped with technology to read incoming information
- ♦ **Consider** how the industry's changing viewpoint of data "ownership" changes your organization's practices

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**Creating an internal health information management plan for external health information:
defining, receiving, indexing,
using, storing, retrieving,
archiving, destroying**

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- ◆ **Currently, well-established health information management processes and standards are geared toward internally-generated health information, not externally-generated health information (EHI).**
 - **From a clinical perspective, this represents a significant risk in managing patient care and complying with pertinent regulations.**

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Definition – External Health Information (EHI)

- ♦ **EHI is delivered by**
 - Patient (or representative)
 - Courier
 - Postal mail
 - Express / overnight mail
 - E-mail
 - Facsimile

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Polling Question #1

When your organization receives EHI, which TWO of the following delivery methods are MOST COMMON?

- a) Patient (or representative)
- b) Courier
- c) Postal mail
- d) Express / overnight mail
- e) E-mail
- f) Facsimile

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Definition – External Health Information (EHI)

- ♦ **Typically, EHI is received in the following storage media formats:**
 - paper (8 ½" x 11")
 - photographic film (analog X-rays)
 - glass slide (specimens)
 - video cassette tape (cardiology tests)
 - CD (digital X-rays, cardiology tests)

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Polling Question #2

When your organization receives EHI, which TWO of the following storage formats are LEAST COMMON?

- a) Paper
- b) Photographic film
- c) Glass slide
- d) Video cassette tape
- e) CD

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External Health Information (EHI)

- ♦ **Typically, relevant, non-redundant EHI analog and digital storage media are retained by:**
 - Filing /scanning the paper in the chart in the HIM Department
 - Forwarding the photographic film to the Radiology Department
 - Forwarding the slides to the Pathology Department
 - Forwarding the video tapes to the Cardiology Department
 - Forwarding the CDs to the HIM, Radiology, or Cardiology Departments, depending....

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External Health Information (EHI)

- ♦ **Or, with the exception of paper,**
 - Relevant, non-redundant EHI analog and digital storage media are returned to the patient (representative) or to the sending healthcare provider organization once received and reviewed.

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External Health Information (EHI)

- ♦ **Typically,**
 - Laboratory / radiology / cardiology / etc., tests are repeated even though relevant, test-based EHI is received and reviewed by clinicians.
- ♦ **Far too often,**
 - EHI received is not available / accessible where and when it is needed for patient care.

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Internal Management Plan for EHI

- ♦ **RECEIVING EHI**
 - An interdisciplinary team determine what storage media your organization can and will receive (i.e., can read and appropriately retain)
 - Develop an appropriate policy and communicate and enforce this policy

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Internal Management Plan for EHI

◆ RECEIVING EHI

- An interdisciplinary team determine what is meant by “relevant” or “pertinent” EHI for health information exchange purposes.
 - Develop an appropriate policy and communicate and enforce this policy

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Internal Management Plan for EHI

◆ For example:

- Any copies of reports associated with any invasive or non-invasive procedure, operation, and/or hospital stay during the past xx year(s) that pertain to the patient's current condition/symptoms. These reports would include:
 - Consultation reports
 - Diagnostic test result interpretative reports
 - Facility transfer records
 - Hospital discharge summary reports
 - Physician consultation reports
 - Procedure/Operative reports
- Any copies of physician dictated/transcribed or hand-written chart notes and other reports, such as laboratory test result reports, during the past xx year(s) that pertain to the patient's current condition/symptoms.

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Internal Management Plan for EHI

◆ For example:

- Any glass pathology slides of biopsies as well as the reports that discuss the local pathologist's impressions that pertain to the patient's current condition/symptoms
- Any photographic film copies or electronic CD copies of all relevant x-rays as well as the reports that discuss the local radiologist's/cardiologist's impressions during the past xx year(s) that pertain to the patient's current condition/symptoms. These x-rays would include:
 - CT scans
 - MR scans
 - PET scans
 - Upper GI and / small bowel series

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Internal Management Plan for EHI

◆ RECEIVING EHI

- An interdisciplinary team decide whether your organization wants to receive all or some relevant, non-redundant EHI to be included in its legal health record and to be redisclosed upon authorized request
 - Develop an appropriate policy and communicate and enforce this policy

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Internal Management Plan for EHI

- ◆ Currently, legal analysts believe that **IF** EHI is received and used to provide patient care services, make clinical decisions, review patient data, or document observations / actions / instructions, the EHI must be considered part of the legal health record.
- ◆ On the other hand, unless a care provider specifically documents such use in a note / report, there is no way to determine if the EHI received is being / had been used to provide patient care services, make clinical decisions, etc.

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Internal Management Plan for EHI

- ◆ Therefore, until there is a means to differentiate if EHI received is being / had been used, and without having to burden clinicians with more documentation requirements, it is recommended that **ALL** relevant, non-redundant, EHI received be considered part of the legal health record.

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Internal Management Plan for EHI

◆ INDEXING EHI

- Include a section / folder / tab called "EHI" or "Other Provider Records", etc., in ALL your organization's health records (analog and/or digital), separating externally-generated health information from internally-generated health information

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Internal Management Plan for EHI

◆ INDEXING EHI

- Determine if your organization's digital health record system allows users to -
 - Establish (e.g., in a table) and then apply rules for this section/folder/tab's content – for example, for redisclosure purposes upon authorized request
 - Include unstructured data in this section/folder/tab, such as document images, diagnostic images, text-based reports, drawings, videos, vector / raster graphics, etc.
 - This is the beginning of Enterprise Content Management (ECM)!!

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Internal Management Plan for EHI

◆ INDEXING EHI

• Invest in

- CD “sleeves/jackets” or “sticky envelopes” that can be securely attached or inserted into all paper-based file folders
- “wooden cubby holes” or similar repositories that can be used to “temporarily” store and retrieve any EHI received that cannot be filed in/with the paper chart

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Internal Management Plan for EHI

◆ INDEXING EHI

• An interdisciplinary team

- Determine EHI indexing/labeling criteria
- Develop, communicate, and enforce the following policy:
 - “All acceptable EHI storage media (paper, film, CD, etc.) received must be properly indexed/labeled prior to filing in/with the paper chart, the cubby holes, or provided to clinicians, etc.”

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Internal Management Plan for EHI

◆ USING EHI

- Tie the EHI Plan to your organization's ongoing implementation of the mandated HIPAA Confidentiality & Privacy and Security Standards.
 - This will allow your organization to apply its existing HIPAA standards to the intake and use of EHI received.

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Internal Management Plan for EHI

◆ USING EHI

- Include in your organization's scheduling initiative a standardized (as much as tolerated), computer-generated Appointment CONFIRMATION FORM, REQUEST FORM, FOLLOW-UP TELEPHONE CALL / eMAIL NOTICE . . .

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Internal Management Plan for EHI

- **That appropriately communicates**
 - **How to receive the required EHI (i.e., by the preferred delivery method)**
 - **What required EHI to receive**
 - **On what type of storage medium**

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Internal Management Plan for EHI

- ♦ **STORING, RETRIEVING, ARCHIVING, DESTROYING EHI**
 - **Investigate new companies that collect, digitize, organize, store and secure health records for clinical viewing purposes, including EHI.**

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Internal Management Plan for EHI

- ◆ **STORING, RETRIEVING, ARCHIVING, DESTROYING EHI**
 - An interdisciplinary team develop, communicate, and enforce short and long-term retention policies and schedules for all health information – analog and digital (and not just EHI).
 - This is the beginning of Records Management!!

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Internal Management Plan for EHI

- ◆ **STORING, RETRIEVING, ARCHIVING, DESTROYING EHI**
 - Technically, develop and maintain an (E)MPI table listing all Record Retention Locations based on service and/or patient type.
 - For retrieval purposes this will allow users to know the location of
 - The historical paper chart including any paper-based and CD-based EHI
 - Any photographic film, glass slide, and / or video cassette tape-based EHI – perhaps defaulting to the appropriate department

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Internal Management Plan for EHI

- ◆ **STORING, RETRIEVING, ARCHIVING, DESTROYING EHI**
 - Invest in an Enterprise Content Management System (ECMS), preferably with
 - An Electronic Records Management System/Module
 - An Electronic Document Management System/Module

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Internal Management Plan for EHI

- ◆ **STORING, RETRIEVING, ARCHIVING, DESTROYING EHI**
 - Investigate if your existing EDM or ERM systems
 - Can be implemented in a decentralized manner
 - Can be expected to be implemented across the enterprise
 - Can be integrated into a larger ECMS for the enterprise

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Internal Management Plan for EHI

- ◆ **STORING, RETRIEVING, ARCHIVING, DESTROYING EHI**
 - With an ECMS, eventually, your organization will be able to
 - Capture, manage, store, preserve, and deliver all your organization's structured and "other" unstructured EHI, such as video files, audio files, diagnostic image files, e-mail messages, web pages, etc.

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Internal Management Plan for EHI

- ◆ **STORING, RETRIEVING, ARCHIVING, DESTROYING EHI**
 - With an ECMS, eventually, your organization will be able to
 - Manage the potential discovery of your organization's structured and unstructured information (especially e-mail messages that contain Protected Health Information) given the new Federal Rules of Civil Procedure Governing Electronic Discovery.

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How your designated record set
and legal health record
are impacted by
growing volumes of information
from other organizations

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Designated Record Set

- ◆ Designated Record Set is a term that came out of the HIPAA Privacy Rule
- ◆ Defined as:
 - A group of records under the control of a covered entity that is individually identifiable and which is used, whole or in part, to make decisions about the individual

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Designated Record Set

- ◆ **Record is defined in HIPAA as any item, collection, or grouping of protected health information maintained, collected, used, or disseminated for or by a covered entity**

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Designated Record Set

- ◆ **For covered providers the DRS is**
 - **Medical Record**
 - **Billing Record**
- ◆ **For health plans the DRS is**
 - **Enrollment**
 - **Payment**
 - **Claims adjudication**
 - **Case or Medical Management Records**

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***Designated Record Set –
Rule Comments***

- ◆ We do not require a covered entity to provide access to all individually identifiable health information because the benefits of access could be outweighed by the burden on the CE for providing access to the information

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***Designated Record Set –
Rule Comments***

- ◆ A general principle in responding to all of the rule points is that a CE is required to provide access to protected health information in accordance with the rule regardless of whether the CE created such information or not.

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Designated Record Set – Rule Comments

- ♦ **A CE must not only provide access to such PHI it holds but must also provide access to information in a DRS of a business associate, pursuant to its contract.**

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Designated Record Set – Access

- ♦ **Right to access allows inspection or obtaining a copy of PHI from the Designated Record Set except for:**
 - **Psychotherapy notes**
 - **Information compiled for civil, criminal or administrative action**
 - **PHI that is subject to CLIA / correctional institution**

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Designated Record Set – Amendment

- ♦ **Right to Amend the Designated Record Set can be denied if**
 - **The record was not created by the covered entity, unless the individual provides a reasonable basis to believe that the originator is no longer available to act on the request.**

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Polling Question #3

Is your facility providing right to access to the designated record set when the record includes documentation from other health care entities?

- a) Yes**
- b) No**

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Q&A Session...

To ask a question:

- Click the "Q&A" button near the upper-left
- Click "NEW"
- Type your question in the white box
- Click "SEND"

(For LIVE seminar only)

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**What to do when your organization is
not equipped with technology
to read incoming information**

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Internal Management Plan for EHI

◆ RECEIVING EHI

- **An interdisciplinary team determine what storage media your organization can and will receive (i.e., can read and appropriately retain)**
 - **Develop an appropriate policy and communicate and enforce this policy**

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Internal Management Plan for EHI

- ◆ **If your organization cannot read and appropriately retain certain storage media**
 - **Spools of Cardiology Cine**
 - **DVDs – because no DVD drives are installed on computers**
 - **CDs – because images**
 - **Do NOT include a DICOM viewer**
 - **Include a proprietary DICOM viewer**

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Internal Management Plan for EHI

- ♦ **An interdisciplinary team develop, communicate, and enforce a policy to:**
 - **either**
 - **Return to the patient (representative) / sending healthcare provider organization**
 - **or**
 - **Shred / destroy**
- the storage media on which the EHI has been received.**
- **NOTE:**
 - **Proper security of the EHI destruction process must be considered.**

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How the healthcare industry's changing viewpoint of data "ownership" changes your organization's practices

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Old Access v. HIPAA Right to Access

- ♦ Many facilities have not fully embraced the idea of “re-disclosure” of PHI from other entities under Right to Access

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Designated Record Set

- ♦ By accepting the record for a transferred patient and using it for making treatment decisions you have entered that record into your Designated Record Set AND THEREFORE MUST RELEASE IT UNDER RIGHT TO ACCESS

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DRS – What to do?

- ♦ **If the record isn't going to be used then send it back!**
- ♦ **Evaluate your medical record retention policies and comply with them.**

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AHIMA's Data Stewardship Position Statement

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Resource/Reference List

- **Releasing Records from Other Providers, *AHIMA Journal* column, 11/2/08**
http://library.ahima.org/xpedio/groups/secure/documents/ahima/bok1_040791.hcsp
- **Defining and Disclosing the Designated Record Set and the Legal Health Record, AHIMA Practice Brief, *AHIMA Journal*, 4/2/08**
http://library.ahima.org/xpedio/groups/public/documents/ahima/bok1_037468.hcsp
- **Enterprise Content and Records Management. Strong, Karen, *AHIMA Journal* article, 2/2/08**
http://library.ahima.org/xpedio/groups/public/documents/ahima/bok1_036480.hcsp

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Audience Questions





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Environment**
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February 24, 2009

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Appendix

Resource/Reference List

Releasing Records from Other Providers, *AHIMA Journal* column, 11/2/08

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Defining and Disclosing the Designated Record Set and the Legal Health Record,

AHIMA Practice Brief, *AHIMA Journal*, 4/2/08

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Enterprise Content and Records Management. Strong, Karen, *AHIMA Journal* article, 2/2/08

http://library.ahima.org/xpedio/groups/public/documents/ahima/bok1_036480.hcsp



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