Solutions Guide

The following Solution Guide Guide provides answers to most LEVEL I questions. Questions are highlighted in **Bold.**

Chapter 2: Framework for Implementing the U.S. Medical Records Infrastructure

Level I:

1. **What is HIPAA and what in general was it supposed to accomplish?**

Answer: HIPAA is the federal Health Insurance Portability and Accountability Act created in1996. Its primary goal of the law is to make it easier for people to keep health insurance, protect the confidentiality and security of healthcare information and help the healthcare industry control administrative costs.

2. **What are the five components/Titles of HIPAA and briefly summarize their objectives. (some information is in the Level II sections of this chapter)**

Answer:

Title I: HIPAA Health Insurance Reform

- Protects health insurance coverage for workers and their families when they change or lose their jobs.

Title II: HIPAA Administrative Simplification

- The Administrative Simplification provisions of HIPAA require the Department of Health and Human Services to establish national standards for electronic health care transactions and national identifiers for providers, health plans, and employers, as well as, addresses the security and privacy of health data.

Title III: HIPAA Tax Related Health Provisions

- Provides for certain deductions for medical insurance, and makes other changes to health insurance law

Title IV: Application and Enforcement of Group Health Plan Requirements

- Specifies conditions for group health plans regarding coverage of persons with pre-existing conditions, and modifies continuation of coverage requirements

Title V: Revenue Offsets

- Provisions related to company-owned life insurance, treatment of individuals who lose U.S. Citizenship for income tax purposes and repeals the financial institution rule to interest allocation rules

Source: http://www.dhcs.ca.gov/formsandpubs/laws/hipaa/Pages/1.10HIPAATitleInformation.aspx

Answer:

2a) What led up to HIPAA prior to 1996 (research on the web)

HIPAA was enacted as a broad Congressional attempt at the healthcare reform which was initially introduced in Congress as the Kennedy-Kassebaum Bill. The historical Act was passed in 1996 with two objectives in mind:

1. To ensure that individuals would be able to maintain their health insurance between jobs. This is the Health Insurance Portability part of the Act.

2. The second part of the Act is the "Accountability". This part was designed to ensure the security and confidentiality of patient information/data. Additionally, it mandates uniform standards for electronic data transmission of administrative and financial data relating to patient health information.

The HIPAA legislation required the Department of Health and Human Services (DHSS) to placed regulations on the specific areas of HIPAA, known as the Rules. These Rules were finalized at various times and health care organizations had 2 or 3 years to comply with the specific requirements.

Source: Institute of Medicine (US) Committee on Health Research and the Privacy of Health Information: The HIPAA Privacy Rule; Nass SJ, Levit LA, Gostin LO, editors. Beyond the HIPAA Privacy Rule: Enhancing Privacy, Improving Health Through Research. Washington (DC): National Academies Press (US); 2009. 4, HIPAA, the Privacy Rule, and Its Application to Health Research. Available from: http://www.ncbi.nlm.nih.gov/books/NBK9573/

3. What is ARRA and explain its objectives relative to Electronic Health Records (EHR's)

Answer: The American Relief and Recovery Act of 2009 is a $787 billion bill intended as an economic stimulus package enacted by the 111th U.S. Congress and signed into law by President Obama. The ARRA also provided more than $30 billion for Health IT (HIT) investments. The majority of the money will be available to hospitals and physicians that adopts qualified, certified Electronic Health Records (EHRs) with the ability to exchange information with other sources. The legislation requires that EHRs be able to "exchange electronic health information with, and integrate such information from, other sources" without specifying network infrastructure requirements. The legislation also emphasizes the security and privacy of health information without requiring specific security technologies as part of the EHR solution.

What is the HITECH Act?

The Health Information Technology for Economic and Clinical Health (HITECH) Act was enacted as part of the American Recovery and Reinvestment Act of 2009, signed into law on February 17, 2009, in order to promote the adoption and meaningful use of health information technology. The HITECH Act set meaningful use of interoperable EHR adoption in the health care system as a critical national goal and incentivized EHR adoption.

http://www.hhs.gov/ocr/privacy/hipaa/administrative/enforcementrule/hitechenforcementifr.html

4. Explain the Affordable Care Act

Answer: The Affordable Care Act, also known as, Obamacare, is a United States federal statute which was signed into law by President Barack Obama on March 23, 2010. This Act allows individuals, families, and small business owners in control of their health care. Reducing premium

costs for millions of working families and small businesses by providing tax relief.
http://www.hhs.gov/healthcare/rights/law/index.html

4a) List at least 5 key components that you believe are relevant to EHR's and Why

The benefits of Electronic Health Records are as follows:
Improved Patient Care

- Having quick access to patient records from inpatient and remote locations for more coordinated, efficient care
- Real-time quality reporting with performance improving tools
- Safer and more reliable prescribing
- Enhanced decision support, clinical alerts, reminders, and medical information

Increase Patient Participation

- Convenience patient portals with online interaction
- Electronic referral allowing easier access to follow-up care with specialists
- Reliable point-of-care information and notifying providers of important health interventions

Improved Care Coordination

- Better integration among providers through improved information sharing
- Order entry at point-of-care or off-site
- More convenient, faster, and simpler disease management
- Access to experts for rural health care providers by sharing best practices and allowing for specialized care through telemedicine

Improved Diagnostics & Patient Outcomes

- Providers can have reliable access to a patient's complete health information
- EHR compute information by manipulating the information in ways that can improve patients' health information (e.g. EHR not only keeps a record of a patient's medication or allergies, it automatically checks for problems whenever a new medication is prescribed and alerts the providers of potential conflicts)
- EHR function helps providers identify and work with patients to manage specific risk factors or combinations of risk factors in improving patient outcomes

Practice Efficiencies and Cost Savings

- By reducing transcription costs
- Reduced medical errors through better access to patient data and error prevention alerts

http://www.healthit.gov/providers-professionals/benefits-electronic-health-records-ehrs

5. Explain the function of Meaningful Use (MU) standards. Why was it created?

Answer: The functions of Meaningful Use (MU) is to improve the quality, safety, efficiency, and reduce health disparities. Improve care coordination, and population and public health. Maintain privacy and security of patient health information.
A brief history of Meaningful Use:
Meaningful Use was developed as the brain-child of the National Quality Forum (NQF) where its efforts is to determine a set of national priorities that would help health care performance-improvement efforts. In 2008, NQF released a report which identified the areas that needed improvement. Their ideas included improved population health, coordination of care, improved safety, increased efficiency, reduction of racial disparities, and patient engagement, as well as, privacy and security.
In 2009, the ARRA added to the Meaningful Use by focusing on preserving and improving the affordability of health care and less medically-relevant provisions such as modernizing the nation's infrastructure, enhancing energy independence, providing tax relief, and expanding educational opportunities.
http://www.healthit.gov/providers-professionals/meaningful-use-definition-objectives
http://www.clinicservice.com/blog/2011/03/meaningful-use-summary-history

5A) **what are the differences between Hospital and physician meaningful use standards and why are they not the same objectives?**

The differences between Hospital and physician meaningful use standards are the following:
- Eligible providers participate in the program on the calendar year, while eligible hospitals and CAHs participate according to the federal fiscal year

Criteria for Stage 1
- Eligible hospitals and Critical Access Hospitals (CAHs) can receive incentive payments for showing that they have used certified EHR technology which can positively impact patient care by reporting on:

1. 11 required core objectives

2. 15 clinical quality measures

3. 5 of 10 menu set objectives

- Criteria for providers can receive incentive payments by reporting on:

1. 13 required core objectives

2. 5 menu objectives from a list of 9

Criteria for Stage 2
- Eligible providers must meet:

1. 17 core objectives

2. 3 menu objectives from a total list of 6

- Eligible hospitals and CAHs must meet:

1. 16 core objectives

2. 3 menu objectives from a total list of 6

Hospitals and providers have different Meaningful Standard objectives due to eligible hospitals can receive incentive payments under both the Medicare and Medicaid EHR Incentive Programs, this doesn't apply to providers.
http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Meaningful_Use.html

5b) **What are the penalties of not reaching MU standards (research on web)**

The penalties of not reaching Meaningful Use are the following:
- If the providers are not using MU for 2015, their Medicare PFS will be adjusted by the applicable percentage which is 99%. The penalty increases by 1% per year until the adjustment reaches 97% in CY 2017.

http://www.acumenmd.com/avoiding-the-approaching-meaningful-use-penalty/

6. How do HIPAA and National Committee for Vital and Health Statistics overlap in their objectives?

Answer: The National Committee on Vital and Health Statistics is an advisory body to the U.S. Department of Health & Human Services (HHS). Created in 1949 and restructured following the passage of the HIPAA, the NCVHS is an advocate for uniform health data sets, particularly for underrepresented populations, and for protecting the privacy of personal health information.
http://www.cdc.gov/nchs/data/misc/pr_act97.pdf
http://searchhealthit.techtarget.com/definition/National-Committee-on-Vital-and-Health-Statistics-