HIPAA
Communication and Training Plan
July 9, 2001

The approach to communication and mandatory training for compliance with the Health Insurance Portability and Accountability Act ("HIPAA") on or before April 14, 2001 incorporates a cascading training program. The plan has the following objectives:

1. Establish this initiative as an ongoing process at XXXXXX, rather than a "once and done" program.

2. Lay the necessary groundwork to achieve cultural change, resulting in a focus that meets or exceeds federal, state, and JCAHO compliance standards for the privacy and security of confidential and proprietary information.

3. Achieve ownership and leadership of the process across the entire management structure, from senior to supervisory levels.

4. Achieve broad employee and physician awareness of the enterprise's commitment to "doing the right thing," and a clear understanding of each individual's role, rights, and responsibilities.

5. Successfully introduce the organizational and operating changes that accompany the process, including introduction of the Privacy Officer and his/her responsibilities.

Five Components of the Plan:

1. Identification and segmentation of the audiences who need to be reached through this process and the messages they need to receive. *See Attachment 1*.

2. A communications and training process to introduce the initiative and sustain it. This process also identifies the instrumental roles senior and middle management must play to ensure successful implementation of the process. *See Attachment 2*.

3. The communication and training vehicles that will support introduction of the initiative, as well as the vehicles which will be used for ongoing communication and training. *See Attachment 3*.

4. Proposed Timetable. *See Attachment 4*.

5. Sanctions for Failing to Take Training. *See Attachment 5*.

Rationale and Considerations:

Throughout this process, XXXXXX must convey to employees, physicians, and relevant "workers" that we have a climate that encourages exemplary behavior, rather than a climate that imposes rules and regulations. We will achieve this by convincing them—through management's actions as much as through communication—that the confidential and proprietary information that we hold must be protected-we are all custodians of this information and must guard it carefully. As such, the role of management—from the senior level to supervisors—will be vital to the success of this process. Management's up-front and ongoing endorsement, as well as the willingness to lead by example, will determine long-term success.

It is important to position this initiative as an ongoing process that builds on XXXXXX's longstanding commitment to compliance. Otherwise, the initiative may be viewed as a "once and done program," which will severely hamper the likelihood for long-term success.

It is recommended that the process be introduced through a series of "cascading" or "rolling meetings", as opposed to a single "kick-off" event, which would tend to give this initiative the feel of a one-time campaign. This rolling process also allows each level of management an opportunity to become familiar with the implementation process, to "buy in" to what the entire task force hopes to accomplish, and to become actively involved in its success.

The emphasis on "doing the right thing," however, does not suggest that we should avoid informing employees and physicians of the concept of compliance. All XXXXXX employees and physicians must understand the concept and appreciate the responsibilities they hold to ensure compliance with privacy and confidentiality laws and regulations. Managers will have the responsibility to ensure that all individuals under their supervision receive the relevant HIPAA training.

We can expect to encounter several barriers:

4. Management, physicians, and/or employees will attempt to link this initiative to some event in the past that they may perceive is compelling the organization to act. For example, the data security issue that occurred in February, 2001 may be seen as the primary reason for this mandatory training.

   Recommendation: Our response to any suggestion that this initiative is "linked to a particular event" should be that no single event has led to initiation of the process. Rather, we should suggest that a series of unrelated events demonstrated that our own remarkable growth at XXXXXX could be contributing to subtle breakdowns in organizational procedures, controls, and communications.

4. The need to provide each physician and employee comprehensive and detailed policies and procedures governing the privacy and security of confidential and proprietary information is critical to this process. XXXXXX has many detailed policies and

procedures on these matters, however, compliance with these policies has not been enforced in the past. Moreover, no monitoring of compliance with these policies and procedures has been done.

Recommendation: Medical Staff leadership and institutional management must place the privacy and security of confidential and proprietary information as an agenda item at a future staff meeting and must let their staff members know how important this initiative is to XXXXXX and its future. Moreover, leadership must enforce the fact that individuals will be evaluated on the basis of their individual efforts to protect the privacy and security of confidential and proprietary information.

Overview of the Initial Process:

Attachment 2 outlines the communication and instructional flow we recommend to properly introduce the compliance process. The process begins with the Chief Executive Officer and Chief Operating Officer endorsing the process and receiving initial training, which will prepare them to actively and vocally support this initiative.

The first formal step in the process is a meeting hosted by the Chief Executive Officer and the Chief Operating Officer with the senior staff who report to them. With the support of our Compliance Officer, Dr. Altschuler and Mr. Rivest will outline what we are doing, why we are doing it, and talk specifically about the role their direct reports will play in the process. This will include notification that the next step in the process involves each senior vice president or vice president hosting a similar meeting with their organization's/department's management. Communication materials that will be used throughout the process will be available to all senior vice presidents and vice presidents in the near future.

As you will note in the flow chart, we have built a degree of overlap into the process. This is achieved by Dr. Altschuler or Mr. Rivest being present again when their senior vice presidents host meetings within their own organizations. These meetings should be conducted for the organization's remaining management (i.e., Vice President through Manager). We believe we will be most successful if these levels of management see and hear their organization's two most senior officers endorsing the process. This process will be repeated throughout the Faculty Practices, with the Department Chairs and Division Chiefs sponsoring training sessions (or on-line training) for the balance of the Medical Staff.

Both live training sessions (or train the trainer packets), as well as computer based training modules will be made available for HIPAA privacy and security training. Division Chiefs and Managers will be responsible to ensure that all individuals under their supervision receive this training.

At the time that Manager training begins, mass communications to all employees and members of the Medical Staff will begin. The first communication will be a letter from Dr. Altschuler and Mr. Rivest to all individuals outlining our commitment to protecting confidential and proprietary

information. The same process will be completed by leadership of the Faculty Practices as well. The key institutional policies governing the privacy and security of confidential and proprietary information will be included and/or referenced in this distribution. Other communications, such as Bulletin Board notices, XXXXXX articles, and possibly cafeteria tent cards will begin to appear over a period of three months.

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Attachment 1: Audiences and Key Messages for General Compliance Training

Chief Executive, Chief Operating Officer, and the Board of Trustees

1. Their active and vocal support is key to the initiative's success.
2. Structural, operational, and administrative details.
3. How the initiative will be introduced, rolled out, sustained.
4. Their roles in the process.
5. The roles of their immediate reports.
6. Key messages they will need to convey.
7. Answers to likely questions, including why we are pursuing the initiative.
8. Brief substantive HIPAA Training in relevant areas. (To be completed by the Compliance Officer)

Senior Vice Presidents, Vice Presidents, Department Chairs, Division Chiefs

4. We are implementing a mandatory HIPAA training that must be completed on or before April 14, 2003.
2. Background on HIPAA and the importance of protecting the privacy of confidential and proprietary information.
3. The CEO and COO actively support the initiative and require an equal level of commitment.
4. The initiative's mission
   - Protect the organization and the people who work there by establishing a process and a function for HIPAA compliance.
5. How the initiative will be rolled out.

6. The role of the Privacy Officer and the function, vis-à-vis operational units.

7. The new administrative procedures which become effective along with the initiative's introduction:

   – The initial and ongoing training required of their staffs, especially managers.

   – The expansion of all Management Performance Appraisals to include HIPAA Leadership responsibilities.

8. Brief substantive training in relevant areas. (Available in a computer based format)

Directors and Practice Plan Directors / Direct Reports

1. The organization is initiating a process of HIPAA compliance that is critical to XXXXXX's long-term success.

2. Why privacy and security training is important.

3. This initiative has the strong backing of the CEO, COO, and your Senior Vice President or Department Chair/Division Chief.

4. The organization is entrusting Directors and middle management with direct accountability for the initiative's success.

5. The operational and administrative changes which will be implemented

   – The laws and regulations governing their particular operation

6. How the process will continue to be rolled out.

- Development of a HIPAA Compliance Plan for operational units
- Manager HIPAA Training
- The expansion of all Management Performance Appraisals to include HIPAA Leadership responsibilities.

7. Establishment of the Privacy Office and the role of the function vis-à-vis operational units.
   - Role vis-à-vis Employee Relations
   - Role vis-à-vis Compliance and Internal Audit
8. Thirty minutes to one hour of HIPAA Training in relevant areas. (To be completed in a computer based format.)

Managers, Supervisors

1-7 above

8. Their required attendance at Manager HIPAA Training
9. Their responsibility to develop a departmental self-assessment which will be the foundation for the creation of their department's HIPAA Compliance Plan.
10. Their communication responsibilities with existing, as well as new staff.
11. The requirement for them to lead by example.
12. One hour of HIPAA Compliance Training in relevant areas. (To be completed in a computer based format.)
13. Explanation of the "train the trainer" materials they will use for training their

staff members.

All Current Employees and Members of the Medical Staff

1. Organization is committed to doing the right thing and why the HIPAA compliance effort is necessary.
2. Initiative is a pro-active effort and is designed to preserve the organization's reputation in a time of increased government scrutiny.
3. The initiative will involve a variety of education and training activities designed to help explain our regulatory requirements.
4. The basic tenets of appropriate HIPAA behavior.
5. Their rights, responsibilities, and protections.
   - Includes their responsibility to report HIPAA violations.
6. The existence and purpose of the Privacy Office.
   - Relationship of the Privacy Office vis-à-vis their own management and Human Resources. That is, who do you approach with questions or concerns about ethical or lawful behavior?
7. One hour of job specific HIPAA Training. (To be completed by Department Manager/Supervisor)

Newly Hired Employees

1. Messages are consistent with messages for existing employees. However, the first message must be that XXXXXX places high value and priority on the privacy and security of confidential and proprietary information.
   - Communication with new hires

should begin on their first day of employment, via New Employee Orientation, as well as the orientation done by managers at the department level.

2. Compliance Training scheduled for the morning following Orientation for one hour or over lunch on day two.

Follow-up Training will be conducted on an annual basis for all individuals working at XXXXXX or the Faculty Practices.

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Attachment 2

Communications and Instructional Flow for the HIPAA and Compliance Process

From this point in the communications and instructional flow, departmental managers (along with their directors or vice presidents, as appropriate) become the major focal point for the HIPAA training process. Also mass employee communications begin. Managers will:

- Receive more intense training.
- Brief employees in their departments.
- Disbribute HIPAA Manuals.
- Conduct assessments of their own departments, matching Privacy and Security Handbook contents with their specific departmental practices.

A number of materials will be used in introducing the HIPAA requirements at XXXXXX. The basic content focuses XXXXXX's culture on a renewed emphasis on the privacy and security of confidential and proprietary information.
Materials to be used during the management sessions of the HIPAA training process introduction:

Script outline for consistency in all meetings
Overheads / PowerPoint
Outline of introductory process flow
Package of printed material for all management sessions

- sample CEO letter to employees
- HIPAA principles wallet card
- Privacy and Security Handbook
- sample XXXXXX articles, BulletinBoard Posters, and other materials (tent cards, etc.)

Materials to be used with all employees throughout the Compliance process introduction:

Articles and BulletinBoard materials
Cafeteria tent cards
CEO mailing

- Letter
- Wallet Card
- HIPAA Brochure

Employee meetings

- Script
- Overheads
- Videotape summary
- Privacy and Security Handbook

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Attachment 3

Substantive Topics / Training Media
For Special Group Training

9. **Nursing Staff**

Patient care HIPAA compliance module—(What disclosures require patient consent. How to secure patient health information, etc.)

Media Options:

1. Live sessions with Privacy Officer or Nursing Management
10. HCCA Privacy Video
11. Patient care privacy and security compliance computer based training

2. Kids First, Specialty and Primary Care Staff (not including physicians)

1. Patient care HIPAA compliance module

Media Options:

(same as above)

3. Kids First, Specialty and Primary Care Physicians

Special Topics

1. Patient care HIPAA compliance module

Media Options

(same as above)

4. Faculty Physicians, Residents, Employed Physicians , APN's, Psychologists, Social Workers, Therapists, etc.

Special Topics

9. Same as above
10. Research implications of HIPAA

Media Options

1. (same as above)

5. Home Health Department (all employees)

Special Topics
1. Same as above

Media Options
1. (same as above)

6. Laboratory Department

Special Topics
9. Handling, communicating, and securing confidential and proprietary information
10. Business Associate rules

Media Options
1. (same as above)

7. Emergency Department

Special Topics
1. Patient care HIPAA compliance

Media Options
1. (same as above)

8. Research (PIs and Research Staff)

Special Topics
9. HIPAA research compliance
2.Business Associate rules
3.Patient care HIPAA compliance

Media Options
9. (same as above)

9. Management and Administration

Special Topics
1. Expanded HIPAA training including all topics mentioned above

Media Options
1. (same as above)

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Attachment 4

Proposed Timetable

January 2002

Letter from CEO to all introducing Privacy and Security Training

Letter from CEO with Privacy and Security Handbook, sent to all employees, faculty homes

Board and Senior Management Training

- Memo from CEO and XXXXXXPA President to all physicians, residents, fellows, and investigators allowing until to complete CBT modules. Anyone not completing training by will be personally charged and will be required to take training by . If training is not completed by then, billings or payroll (as appropriate) will be suspended until training is completed.

Vice Presidents facilitate training with Directors / Direct Reports

Directors training with Managers / Supervisors (who receive training packet (slides, script, other reference materials)

- Laboratory Training
- Home Health Training

- Ambulatory Directors conduct training with local offices
- XXXXXX / CSH Managers train staff
- ED Training
- Research Staff Training

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Attachment 5

Sanctions for Failure to Take HIPAA Training

1. Managers/Supervisors: Failure to complete training by of the Fiscal Year will result in failure to obtain bonus compensation (if applicable) and other disciplinary write-up in the individual's annual performance review.

2. Employees: Failure to complete training by of the Fiscal Year will result in a disciplinary write-up in the individual's annual performance review. (Other sanctions?)

3. Physicians: Failue by any physician to complete training by of the Fiscal Year will result in a fine of $250. This fine is a personal obligation and may not be payable out of organizational funds. Failure to complete training by of the Fiscal Year will result in a fine of $500 plus the suspension of professional fee billing until training is completed.

Human Resources will send a monthly report to the Privacy Officer, who will track HIPAA training.

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