

# Chief Privacy Officer's Day: the Passion and Pressure to Succeed

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by Mark Hagland

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*You've got the skills and education to take on the privacy officer position, but what will it entail? Learn how three chief privacy officers manage their new responsibilities and what they've found most challenging.*

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It's 9:15 a.m. on a Thursday morning in late January, and Deborah Thoman has arrived uncharacteristically late at her office at the University of Iowa Hospitals and Clinics (UIHC). Anyone who knows Thoman knows that she is a prompt, organized, disciplined professional, but even she couldn't prepare for the pile of snow on her driveway that forced her and her teenaged son to clear a path before she could move her car.

But the determination she used to shovel herself out of her driveway is the same determination that helps her tackle a typical, activity-filled day at UIHC. Since last summer, she has been managing a dual role as both the organization's chief compliance officer and chief privacy officer (CPO). For Thoman, who has long handled multiple responsibilities and assignments, being named CPO propelled her into professional overdrive. She has been working to implement needed privacy management changes to comply with HIPAA's privacy regulation requirements while continuing to manage compliance issues more generally. On this day, in fact, Thoman will handle meetings with her compliance staff and the administrator of UIHC's department of psychiatry, both within her role as compliance officer. Then, she'll bounce back into action with her CPO hat on, spending the afternoon answering phone calls and responding to e-mails that present her with a flurry of questions on privacy issues every day.

Until mid-afternoon, when she leaves for a weekend-long meeting with fellow CPOs in Chicago, Thoman's day is a continuous rush of meetings, hallway and phone conversations, checking in with her executive assistant Elyse on her ever-shifting schedule, and answering questions. And Thoman says she wouldn't have it any other way.

In fact, her professional duties will remain multi-faceted for the near future: she's going to retain the compliance officer job, though she'll be supplementing her management presence in that area by hiring a compliance manager below her. But this is nothing new for Thoman, who was director of HIM at UIHC from 1989 through mid-2001 before assuming the double compliance and privacy officer position.

"A lot of the privacy needs have always involved HIM, as have the coding and compliance issues," Thoman says. "And I wore about five hats in HIM, and it finally got to the point where I couldn't wear five hats anymore. In addition, at that time, we had a separate compliance program for the hospital and the faculty plan. But our organization's leadership continues to seek out ways in which we can create continuity and combine resources between the medical college and the hospital—from a coding perspective, an OSHA perspective, and a privacy perspective."

It's a challenge managing all these competing responsibilities, especially considering the size and scope of her job at an organization with 7,000 staff, 619 staff physicians, and about 1,200 physicians altogether. According to Thoman, the biggest challenge going forward will be combining a program across the college and hospital, including developing the organization's confidentiality statement for patients and families, a task she says is gargantuan in a complex academic medical center with its attendant politics and approvals processes. Progress in those areas also has to be judged against the realities of hospital operations, she adds. For example, though she received her new dual title last summer, the Joint Commission visit in October meant that in practice, Thoman remained director of HIM until late October.

Fortunately, Thoman has been able to leverage the energies of the HIPAA task force that she chairs, with 29 members spanning the entirety of the clinical and administrative areas at UIHC and a core group of 10-12 very active members. She will

need the assistance of her task force's members to help address policy questions, as she herself fields a constant barrage of HIPAA-related questions, a pile of which she handles this particular afternoon.

"Here's a good one," she says, scanning her e-mail. "'We have high school students in here a lot to job-shadow professionals and learn about how they do their jobs. How are we going to handle that under HIPAA?' Here's another one: we had a question regarding encryption of our emergency communications. The Office of Civil Rights' privacy rights document said that encryption of wireless or other emergency medical communications that can be intercepted by scanners is a sufficient method for safeguarding patient privacy. That was a help in terms of getting some guidance in that area. But those are the types of questions that keep coming up."

Most importantly, she says, the CPO role requires an intellectually curious and self-starting professional. "It's not like in the compliance world, or even in the regular HIM arena, where there are established sources for help," she says. "A lot of this we'll have to figure out for ourselves."

## **Getting the Message Out in Tennessee**

When Deborah Thoman describes her days as CPO, her colleagues in similarly new positions nod their heads in understanding.

Take, for example, Rita Bowen, MA, RHIA, who was named CPO at the 753-bed Erlanger Health System in Chattanooga, TN, in October 2001. Bowen, who had been director of HIM at Erlanger, feels keenly the looming deadline pressure as her organization, along with the rest of the healthcare industry, slides toward the HIPAA compliance date. "The biggest challenge," Bowen says, "is getting the message out to people as to what the implications are." And, she admits, that's a challenge that is highly time-sensitive.

Bowen feels the pressure of needing to accomplish important and time-intensive tasks in the best way, such as efficiently managing the educational and training aspect of HIPAA privacy preparation in a very large organization.

"We bounced it back and forth several times, experimenting to see whether we could do a script with a train-the-trainer method," Bowen recalls. "I watched as we had someone try to train from a script, and I decided that it just wouldn't work; it has to be an interactive program." So, despite the daunting quantity of presentations involved, Bowen and the privacy manager she has hired to work with her will do all the presenting.

"We're actually coming in at 7 a.m. and staying late at night to present to all the departments in the organization, according to their needs," Bowen says. "And we're uncovering questions we wouldn't have otherwise."

At the same time, Bowen and her privacy manager are moving toward an interactive computer solution to the education challenge for staff, while deciding to rely on medical staff meetings as opportunities for education for Erlanger's physicians for now.

Fortunately, Bowen says she had a bit of a head start, as her planning as director of HIM and leading member of the organization's HIPAA workgroup had already laid some of the groundwork. "By the time I received the title in October—which, by the way, I think is very important in terms of getting the authority you need to do the job—I was already involved in the process through our HIPAA workgroup," Bowen notes. "So I was able to restructure quickly once I was named chief privacy officer, hiring three new positions, including promoting someone into the position of operations managing, and hiring a new coding manager and assistant privacy manager." Bowen herself remains director of HIM, though her operations manager now handles that job's day-to-day responsibilities.

## **Managing Cardiologists and "Snowbirds" in Florida**

Like Bowen and Thoman, Elizabeth A. Whitmer, RHIT, juggles multiple roles and responsibilities as HIM director and CPO at Southwest Florida Heart Group, a three-facility cardiology group of 19 physicians and 144 staff members based in Ft. Myers, FL. Not only has her CPO title been added to a full-time HIM director position, Whitmer says the peculiar nature of Florida healthcare is such that this winter and spring have been an exceptionally busy time with the ramp-up in HIPAA preparations combined with the usual winter surge in activity because of the arrival of "snowbird" seniors from northern states and Canada. "Being appointed privacy officer for this facility, I know my job details and duties have gone in many different directions," Whitmer says. "But I'm really excited about that."

With multiple duties spread across a broad geographic area, Whitmer says she's spending more time in her car than usual, zipping from Ft. Myers to Cape Coral to Naples and back, and making sure that her 12 HIM staff members in the three offices can reach her anywhere. Moment to moment, it comes down to her HIM staff having all her phone numbers—office, home, cell phones, and pager—and keeping her informed of everything going on. Or, as she puts it, "My day begins the moment I turn my pager on around 7 a.m., and often doesn't end until more than 12 hours later."

Whitmer acknowledges that there are plenty of challenges involved in being the new CPO at a medical group. Her physicians are "receptive," she emphasizes, though she adds, "They don't want a whole lot put on them, of course. And I have to make this transition happen for them in a very comfortable, smooth way."

As her colleagues at UIHC and Erlanger are experiencing, Whitmer says moving forward in her CPO role is far from automatic. "I'm constantly having to give [staff and physicians] a sales pitch to have them keep moving forward with me on this; it's territory we're all experiencing for the first time," she says of the privacy preparations for HIPAA. On the other hand, she says, "I tell them that we're just retooling all the healthcare information technology security in the way that other industries, including banking and financial services, have been doing for years."

## Without Support, It's a Losing Battle

Given the tremendous support that Whitmer, Bowen, and Thoman say they've received from their leaders at their organizations, what happens to individuals who take on the CPO position, but don't receive the needed support? One former CPO at a Midwestern teaching hospital knows exactly what can happen.

That HIM professional cites lack of senior management support and lack of dedicated funding as the two chief reasons she felt compelled to leave the position after a year and a half. "Even though we had committees set up, there were always roadblocks, with time commitments," she says. And ultimately, she notes, "I ended up doing it all myself. It was an untenable position. And I was doing anywhere from 10-11 hours at work, and going home and doing two to three more hours at home. It's crazy when I look back at it."

Among the unrealistic expectations: that she would personally do all the training for the 4,000 employees and hundreds of physicians, that she could work without a dedicated budget, and that the issues involved were viewed as less complex and daunting than they really were. "It was so overwhelming that it was impossible for people to understand," the former privacy officer says. "And this wasn't just some little checklist with little items that you can easily check off. It's very big things." Though she says she's not bitter, she says her situation should be seen as a cautionary tale for anyone considering taking on the CPO position without strong indications of support for the role.

Fortunately, Deborah Thoman is in a far different position. Now, she says, is a great time for those with the background, skills, and motivation to move into the CPO position in their organization and make their initiative succeed. Will it be hard work? No doubt. Challenging? Definitely. But, says Thoman, the opportunity to shape privacy procedures and continue to grow professionally will be a great one for her and for her colleagues in organizations all across the country.

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