

Compliance in the Crosshairs: Targeting Your Training (HIPAA on the Job)

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Depending on how you count them, there are anywhere from 20 to 60 new policies, procedures, forms, and other related documents required by HIPAA. Its training requirements specify that all members of the work force must be trained on policies and procedures with respect to protected health information.

The training component of HIPAA may be one of the largest tasks and certainly the most important in achieving compliance. It could also be the most expensive and least effective if not performed properly. This article provides some suggestions on targeting training to meet specific work force needs.

Polices and Procedures Lay the Groundwork

The groundwork for HIPAA training is policies and procedures. Because HIPAA requires training specific to the policies and procedures, it is important to begin planning for training while writing policies and procedures.

Healthcare organizations are taking a variety of approaches to policy and procedure development. Some already have policies and procedures that address many of the topics covered by HIPAA while others have very few. Organizations with many existing policies and procedures may plan to revise or modify existing policies and procedures to include HIPAA directives, hoping that it will be a more efficient or less expensive approach. Or they may argue that members of their work force are already familiar with these policies and procedures and they can achieve better compliance without new ones.

Other organizations are approaching HIPAA with a clean slate by developing all new policies and procedures, assuming that the cost of developing them is the same whether the research and development is directed at modifying existing policies or creating new ones. Or they may believe that tracking down all the policies to be revised may be an additional burden.

The approach an organization takes will depend on its size, how centralized the policy and procedure development currently is, and whether well-documented policies and procedures on HIPAA topics already exist. Most organizations will likely approach policy and procedure development from a combination of these two approaches by capitalizing on what they can, adding new policies and procedures to address topics not otherwise covered, ensuring that conflicting documents are retired, and then training on all new and revised policies and procedures.

Cross-references Ensure Complete Coverage

Whether revising existing policies or creating new ones, organizations will need to determine whether to address each of the HIPAA standards as individual topics or to combine or group standards where they may be logically related. Once a thorough study of HIPAA's requirements is conducted, it is obvious that there are many relationships among the standards.

To a certain extent, the granularity of the policies and procedures depends on whether the organization has the ability to cross-reference documents in an automated environment, such as on an intranet. Addressing only one topic per policy and procedure may result in many policies and procedures but may reduce confusion because each topic is discrete. This may also make the training easier to manage because there is a one-to-one relationship between a document and required training. Alternatively, combining related topics results in fewer documents and demonstrates relationships but may make targeting training more of a challenge.

Again, organizational philosophy and culture will drive how the policies and procedures are ultimately constructed. It is a good practice, however, to ensure that related policies and procedures are identified. This can be achieved by putting cross-

references in the documents. It is ideal if these cross-references can be created as links to the other policies and procedures on an intranet.

Consider identifying key words in the policies and procedures. Again, if they are online, these key words should be searchable and, ideally, linked to a glossary of terms that provides their definition. This also helps to keep them shorter and more consistent because terms do not have to be redefined in each document. (Key definitions of terms should be able to be printed with the policy and procedure when a paper copy is requested.)

"Sample Policy and Procedure Development Reference Tool" (below) illustrates how an organization may ensure that all HIPAA standards are addressed. Related standards are identified from references in the regulation, as well as other references the organization believes apply.

Sample Policy and Procedure Development Reference Tool

Standard	Related Standards	Policy and Procedure	Cross-references
§ 164.502(a) Permitted and required uses and disclosures	§ 164.506 Uses and disclosures to carry out treatment, payment, and operations § 164.502(b) Minimum necessary application § 164.530(c) Safeguards to limit incidental uses and disclosures § 164.508 Authorization required § 164.510 Opportunity to agree or object to a use or disclosure for facility directory and involvement in care § 164.512 Authorization not required § 164.514(e)(f) Limited data set, fund raising § 164.524 Access § 164.528 Accounting for disclosures	Corporate code of conduct as modified April 14, 2003	Policy and procedure on uses and disclosures requiring and not requiring authorization Policy and procedure on minimum necessary use, disclosure, and request Security policy Policy and procedure on admission under an alias Policy and procedure on providing patients opportunity to agree or object to uses and disclosures for involvement in care Policy and procedure on creating a limited data set and obtaining a data use agreement Policy and procedure on fund raising Policy and procedure on accounting for disclosures
§ 164.502(b) Minimum necessary application	§ 164.502(a) Does not apply to disclosures to provider for treatment or to individual § 164.508 Does not apply	Policy and procedure on minimum necessary use, disclosure, and request	Corporate code of conduct Policy and procedure on uses and disclosures requiring and not requiring authorization

	<p>pursuant to authorization</p> <p>Subpart C of Part 160 Compliance reporting to Secretary of HHS</p> <p>§ 164.512(a) Does not apply to uses and disclosures required by law</p> <p>§ 164.514(d) Minimum necessary requirements</p>		<p>Policy and procedure on corporate compliance reporting</p>
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In the sample tool, the first privacy rule standard references nine different standards directly. The second privacy rule standard references four standards and one other subpart. It does not directly reference the standard relating to minimum necessary requirements, but the organization considers it an important cross-reference.

Next, the organization identifies the specific policy and procedure that addresses the standard itself. In this case, the organization has modified its corporate code of conduct to reflect that it will only use or disclose protected health information as permitted or required by the privacy rule for the first standard. It has created a new policy and procedure on minimum necessary use, disclosure, and request that will encompass both when minimum necessary applies and does not apply (for the second listed standard), as well as the specific requirements. The organization has created or modified several other policies that are cross-referenced with each of these standards.

Customize Training by Audience

This preparatory work will assist in identifying members of the work force who need to be trained on specific policies and procedures. There are a variety of approaches. Some organizations have identified people who will be affected by certain policies and procedures. In addition, there will be some policies and procedures for which the need for training will be incremental.

AHIMA's practice brief, "HIPAA Privacy and Security Training," *Journal of AHIMA* 73, no. 4 (April 2002), describes three levels of training and offers topics for each level within HIM. The three levels are:

- Level I: general training
- Level II: job-specific training
- Level III: management-specific training

This is a good place to start in addressing the level of specificity for training on each policy and procedure throughout the organization.

For example, while a housekeeper does not need any training on a policy and procedure on fund raising and many other HIPAA standards, he or she will need general training on confidentiality, ramifications of breaches of confidentiality including sanctions for workers and penalties to the organization, and reporting known or suspected breaches. The housekeeper may need more job-specific information on workstation location, media disposal, and physical access controls for specified areas. Alternatively, the office dealing with fund raising would need in-depth training on giving patients an opportunity to opt out of fund raising, general information on patients' rights, and some of the same information on confidentiality, ramifications of breaches of confidentiality including sanctions for workers and penalties to the organization, and reporting known or suspected breaches. They may not need, however, the same examples used to train the housekeeper.

Because the training must reflect the policies and procedures, it may be helpful to list the policies and procedures in a matrix and identify:

- which groups of workers represent synergistic training opportunities
- the degree to which groups of workers need to be trained on each of the policies and procedures

Develop Training Targets

Every provider organization will want to develop its own training target list. This target list may or may not be similar to those used for providing other types of training. HIPAA defines work force as all "employees, volunteers, trainees, and other persons whose conduct, in the performance of work for a covered entity, is under the direct control of such entity, whether or not they are paid by the covered entity." Most provider organizations are including physicians in training program planning because they must adhere to the organization's policies and procedures by virtue of their medical staff membership. Considerations in developing the target list should include:

- **degree of direct patient contact and the setting in which such contact occurs**, which will influence the amount of information needed on patients' rights
- **custodial responsibilities for components of the designated record set**, which would require significant information on uses and disclosures
- **access to the organization's information systems**, either as a user or for technical support, which affects the extent of security-related information required
- **administrative responsibility for organizational relationships and compliance**, which focuses on administrative issues, as well as a broader view of all aspects of HIPAA
- **typical learning styles and preferences**, which focus less on content and more on delivery. Consider which groups may have numerous questions, which groups will listen and accept, and which groups may need shorter training sessions

Given these various considerations and the three general levels of training, the training matrix below may be helpful. Several work force categories are identified here. The work force members included in each general category would be defined by the organization.

Sample Targeted Training Matrix

In the matrix below, the level of training needed for each work force category is noted for each policy and procedure.								
Policy and procedure	Nursing personnel	Other clinicians	Nonclinical administrative personnel	Nonclinical support personnel	Physicians	Board and senior managers	Volunteers	Researchers
Corporate code of conduct	I	I	I	I	I	I	I	I
Policy and procedure on uses and disclosures requiring and not requiring authorization	I	I	I II: HIM	I	I		I	
Policy and procedure on minimum necessary use, disclosure, and request	II	I	I II: HIM, patient financial services		II			
Security policy	I	I	II:IT	I		I		

Policy and procedure on alias	I	I	II: Patient access, HIM, patient financial services		I		I	
Policy and procedure on providing patients opportunity to agree or object to uses and disclosures for involvement in care	II	II	I		II		I	
Policy and procedure on creating a limited data set and obtaining a data use agreement			I: HIM, quality assurance		I			II
Policy and procedure on compliance reporting			III: Corporate compliance			III		

Core Training

Before other specific training is provided, every target group will need a core set of content as a baseline. This training would briefly cover:

- that there is a federal law that pertains to permitted and required uses and disclosures of protected health information; what protected health information is
- what confidentiality means
- what rights patients have to their information
- what the ramifications of violations are to each member of the work force and the organization
- where to obtain policies and procedures on privacy and security
- the importance of reporting--without fear of retaliation--any suspected breaches of confidentiality

Even this information might have to be delivered in a variety of ways. Departmental meetings with nonclinical support staff may be used to convey information about HIPAA and additional training planned.

Consider developing brochures to supply to all physicians, board members, and senior management, again with some targeted training opportunities provided at meetings or via a CD with additional information.

Consider delivering core content via computer-based training for all nurses, other clinicians, and nonclinical administrative staff, with follow-up on job-specific functions through computer-based or classroom training.

Job-specific Training

The practice brief on privacy and security training provides sound advice on training delivery, including varying learning techniques to address different learning styles and the issue of information overload.

Too much or too detailed information can be easily forgotten. Covering every single privacy standard and the numerous related policies and procedures in one long training session is too much for most members of the work force. Short sessions will work far better.

The training matrix provides some suggestions on job-specific training requirements. It may be appropriate to add an initial training timeline and delivery method to the matrix.

Further, while HIPAA requires training on the privacy policies and procedures before April 14, 2003, it does not specify the manner in which the training must be given. Also, while it requires documentation that training occurred, it does not require certification (i.e., administration of a test or other form of competency determination) of the training. Organizations can decide for themselves which groups might benefit from certification.

Training Delivery Options

There are a variety of options for delivering HIPAA training including classroom delivery, use of print materials or video, and computer-based training. The delivery method should be shaped by the training objectives and the target audience.

HIPAA training should not be a one-shot inoculation. The goal of the training is for the work force members to internalize proper behaviors and be able to apply these behaviors in specific situations. To help ensure that work force members can remember the rules and apply them, it is critical that the training program be built on sound training principles.

Research has shown that learners have a limited ability to retain information and that information delivery must be presented in manageable pieces. HIPAA rules and their exceptions contain complex information, and policies and procedures reflecting implementation of the rules are likely to be complex as well. Therefore, it is important to present privacy and security rules in logical sequence and in small sections.

Adults also learn best when training is limited to what they need to know. In the job situation, work force members don't want to learn everything--rather, just what they need to know to perform their jobs. Therefore, HIPAA training needs to focus on specific policies required for specific job functions. Additionally, an important part of adult training is feedback. Adult training is more successful when a mechanism exists for learners to provide feedback about the training.

Sometimes entertainment is misconstrued as training. Training that primarily seeks to entertain reduces the actual learning that occurs. The use of irrelevant stories and extraneous words, pictures, and graphics can interfere with the learning process.¹ Therefore, in whatever delivery strategy used, it is critical that training materials be developed by using sound instructional design and adult learning principles.

The Next Step Is Maintenance

HIPAA requires training of all new members of the work force and whenever there are changes to policies and procedures. Training is the key to compliance. Most organizations will find they need some ongoing method of education, training, and awareness to routinely help members of the work force understand the nuances of HIPAA requirements and to remind them of their obligations. In fact, a comprehensive training matrix could include a component that identifies when retraining on each policy and procedure may be appropriate.

Note

1. Mayer, Richard E. *Multi-Media Learning*. Cambridge: Cambridge University Press, 2001.

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