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CHA HIPAA Program Focuses on Handling Subpoenas and Maintaining Compliance



On December 10, 2018, CHA held an all-day educational program: HIPAA Privacy, Security & Breach Rules: Keeping Current to Remain Compliant led by attorney Jennifer Cox of Cox & Osowiecki.

In her discussion, Ms. Cox covered the major privacy and security components of HIPAA that affect healthcare providers at every level of the care continuum, including case examples and implementation tips to maintain compliance. Specific focus was directed to handling subpoenas in light of recent Connecticut case law indicating that providers can be sued under state law principles if they fail to comply with HIPAA when disclosing protected health information.

disclosing protected health information.

All providers need to be aware of the significance of the new case law and the immediate concern with increased risk associated with mishandling patient information, particularly with respect to subpoenas. Internal practices for responding to subpoenas should be reviewed, Ms. Cox stated. The key Connecticut Supreme Court case discussing potential legal exposure for failure to protect patient confidentiality properly, in this case when handling a subpoena, is Byrne v. Avery.

The program also emphasized the importance of ensuring that HIPAA policies are properly updated to comply with HIPAA rules and official guidance, and also to assess periodically whether policies align with provider practice. HIPAA rules require providers to have a variety of written policies, and further mandate that the policies and forms be kept up-to-date, Ms. Cox emphasized to the 40 participants. Failure to update a business associate agreement or a notice of privacy practices – both requirements for HIPAA compliance – after the effective date of the 2013 HITECH changes, creates extreme risk for non-compliance with HIPAA, she said.

Attendees were encouraged to pay close attention to the soon-to-be released federal rules designed to implement portions of the 21st Century Cures Act. The rules are expected to be released this month, and will have significant implications for privacy, security, and information sharing.

State Maternal Mortality Review Committee Re-launches Ahead of Federal Legislation

As the U.S. Senate is poised to vote on the federal Preventing Maternal Deaths Act of 2017 (H.R. 1318) that would provide funding to states and tribes to establish and improve maternal mortality review committees, Connecticut's newly restructured Maternal Mortality Review Committee (MMRC) met for the second time this month after its re-establishment during the last legislative session. CHA supported passage of the bill after provisions were included around data privacy.



The United States has the highest rate of pregnancy- or childbirth-related deaths in the developed world. According to United Health Foundation, in 2018, the maternal mortality rate for the country is 20.7 deaths per 100,000 births from any cause related to or aggravated by pregnancy, excluding accidents. In Connecticut, the maternal mortality rate is 13.2.

Connecticut's MMRC was re-established on October 1, 2018, following state legislation that passed in June, to focus on reviewing causes of maternal death. The Committee and associated efforts are housed within the Maternal and Child Health Program at the Connecticut Department of Public Health (DPH). Connecticut's MMRC comprises Connecticut hospitals, providers, and prevention practitioners from across the state, including DPH staff members and external stakeholders. Representation includes obstetrics and gynecology, forensic pathology, nurse-midwifery, maternal fetal medicine, anesthesiology, cardiology, critical care, nursing, psychiatry, mental/behavioral health, community advocates, and public health.

The purpose of the review is to determine the causes of maternal mortality in Connecticut and identify both medical and non-medical interventions to improve systems of care. Maternal mortality includes deaths occurring during pregnancy and up to one year from the end of pregnancy. Information is gathered from death certificates, birth certificates, medical records, autopsy reports, and other pertinent sources of information.

CHA Opposes Proposed Rule That Could Impact Immigration Status



On December 10, 2018, CHA submitted a comment letter to the Department of Homeland Security opposing its proposed rule that could jeopardize legal immigrants' future immigration status based on their receipt of public benefits.

CHA's letter notes, "The proposed rule will have significant implications for the vulnerable populations served by Connecticut hospitals as well as for state Medicaid and Children's Health Insurance Programs (CHIP). While the proposed rule does not recommend eligibility changes to Medicaid, legally present immigrants, as well as their citizen family members, may choose to either disenroll from or not apply for Medicaid coverage for fear of putting their future immigration status, either citizenship or permanent residency, in jeopardy. This 'chilling effect' on coverage could put millions of individuals and their families at risk for loss of coverage – consequently putting hospital payments in jeopardy. This loss of coverage will inevitably lead to poor health outcomes for vulnerable immigrant communities and greater financial strain for the hospitals that serve them. We strongly oppose the DHS proposed rule on 'public charge' and recommend that it be withdrawn."

An analysis prepared by Manatt Health examines the implications of the chilling effect for state Medicaid and CHIP programs as well as

Medicaid hospital payments. Overall, the analysis shows that as many as 13.2 million people could be affected by the rule's chilling effect in one year. This loss of coverage translates, for the Medicaid and CHIP programs, to an estimated \$68 billion in healthcare services that would be at risk. For hospitals nationwide, this loss of coverage puts an estimated \$17 billion in hospital payments at risk. Hospitals in Connecticut could see a reduction of \$163 million in payments.

CHA to Hold Joint Commission Standards and National Patient Safety Goals Update



CHA's annual *Joint Commission Standards and National Patient Safety Goals Update* will be held on Wednesday, January 30, 2019.

The full-day program will feature national safety expert Diana Scott, Senior Accreditation Director at Vizient, who will outline The Joint Commission's new standards and national patient safety goals for 2019 and discuss challenges from 2018, with strategies for compliance. Ms. Scott will also review CMS focus areas, as well as best practices for having a successful survey.

CHA is also pleased to have Mark Crafton, Executive Director of State and External Relations at The Joint Commission, join the program. His presentation will include an overview of the changes implemented by the Commission.

Attendees will also receive information on compliance data on challenging accreditation standards in Connecticut hospitals.

[Event Registration](#)



Education Updates

Transportation: An Essential Support for Health

Tuesday, January 29, 2019
9:00 a.m. - 12:30 p.m.

[View Brochure](#) | [Event Registration](#)

CHA will provide an educational program highlighting transportation in Connecticut. The National Center for Mobility Management will lead participants in the exploration of resources available to Connecticut residents along with current challenges as they relate to transportation and health.

Lean Principles: Project Charter Preparation and Planning

Tuesday, February 5, 2019
9:00 a.m. - 2:30 p.m.

[View Brochure](#) | [Event Registration](#)

Lean principles and methodology are valuable in improving healthcare, but evidence shows that learning about the principles and methodology is simply not enough. To get the desired results, the principles must be applied. This program—a follow-up to CHA's two-part *Lean Principles: Process Flow and Value Stream Mapping in Healthcare*—provides an overview of the methodology and tools needed for planning process improvement initiatives in your organization.

This is a “how to make it happen session” and will explain (and provide examples of) the elements of an effective project charter, a pre-requisite to any successful improvement initiative. When properly prepared, the charter focuses the team on the business case, problems, objectives, and outcomes, and is a major factor in preventing project scope creep. Participants are asked to bring with them a process improvement opportunity currently under consideration at their facility, enabling them to create a draft charter as part of their actionable plan toward their process improvement initiative.

Clinical leaders, operational managers, continuous improvement coordinators, and other change agents will benefit from learning this methodology to plan team-oriented improvement initiatives.