

Final Term Paper

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The purpose of this paper is to demonstrate understanding and reflect on topics learned throughout this course. The topics discussed help provide a foundation for leadership competency and knowledge on healthcare issues and subjects that are involved with healthcare organizations.

Section 1: Module 5: The electronic medical records (EHRs)

Electronic medical records are used more and more frequently in healthcare organizations. Transitioning to EHRs help the functionality of a practice and allows for more efficient workflows. EHR systems also help in coordinating patient care with other providers. For example, a provider can send an office note to the patient's primary care doctor with the click of a button. This not only saves time, but costs. However, there are also reasons why some healthcare organizations are reluctant to convert and implement EHRs.

One reason organizations are not wanting to implement EHRs are due to not knowing how to use the system and the chance that it will be too difficult for them and their staff to understand and fully operate to maximize its full potential. It is difficult to keep up if a practice is using outdated technology. Another issue that comes up is if they convert and there are technical issues, who is responsible for troubleshooting and would the staff be able to fix those issues? The third issue is patient privacy. With everything being in an electronic format, would patient information be secure and not subject to breaches. One strategy that would help resolve the three barriers mentioned is to find and personalize an EHR software program that is catered to the individual organization. This way the organizations capability needs are met. There would also be training provided to ensure the staff and physicians understand how to operate the

system. Additionally, there is always a designated help support that would be contacted in the event there are technical issues or incompatibility issues.

Section 2: Module 2: The Health Insurance Portability and Accountability Act (HIPAA)

The Health Insurance Portability and Accountability Act sets the standards on protecting a patient's medical records and how that information is shared and accessed. HIPAA provides safeguards to protecting patients health information and regulates how it is used and disclosed when a patients authorization is not needed (U.S. Department of Health & Human Services, 2015).

HIPAA allows patients more control and privacy of their health records. Someone cannot request a patient's medical records with a release of information signed by the patient authorizing that person or company access to a patient's medical information. With the increasing developments and implementation of technology, HIPAA plays a more vital role in protecting patient information. An exception is for payers trying to confirm authorizations and needing patient information to be disclosed for payment purposes, which does not require patient authorization.

Section 3: Chapter 17: The Health Information Technology for Economic and Clinical Health (HITECH) Act

The Health Information Technology for Economic and Clinical Health (HITECH) Act is a federal law that came about in 2009 to help promote and implement meaningful use of health information technology. HITECH provides many functions for health care professionals. With the increasing use of HIT, organizations can expand their access to care, implement other

technologies, change how they deliver health care, and collect data that can be analyzed more faster and efficiently. HIT allows for interoperability, which is the ability for different software programs to interact with each other by communication and data exchange (Harman, 2017).

In a sense, HITECH is a reinforcer to HIPAA, but with technology. HITECH sets the standards for data security requirements on protecting personal patient information. Other functions of HITECH include breach notifications, audits, enforcement, tougher fines, accountability, copies of records, and marketing restrictions (Anderson, 2010). Using the current pandemic as an example, medical practices needed to adjust to the current situation. Patients were scared to come to offices and seek health care for the risk of being exposed to the virus. Organizations had to adapt and implement technology in order to continue access to care. Healthcare IT became huge in implementing Telehealth visits and making sure organizations had the capabilities to do telehealth visits. Additionally, the programs used had to be HIPAA compliant and not be easily subject to hacks. By implementing Telehealth, organizations were able to still provide access to care and help treat patients, while also continuing to make some revenue.

Section 4: Module 7: The digital health technologies

With the advancement of technology in the healthcare industry, there are ethical considerations and risks that are related to consumers, patient, and caregivers. The advancements allow a more interactive approach and a way for patients to be more involved with their health. Patients can interact faster with their providers and message them directly if they have issues or concerns. However, just as there are advantages, there are risks that come with that.

One risk is in the electronic messaging. Electronic messages sent outside of secure databases can be subject to breaches and intercepted by an unknown party. Electronic messages can also be left visible when unattended and anyone can glance at that information. Additionally, electronic messages can also be copied, pasted, printed with the correct permission. When it comes to digital information storage there are also risks. First, the health information stored on databases could be accessed and misused by the wrong individual or inappropriately. Second, a patient's personal health information could be out of date or fraudulently altered that results in financial harm to the patient or consumer. For example, inaccurate documentation could result in a denial for life insurance.

A strategy that could help diminish the risks would be policies. It is important organizations have procedures and policies in place to prevent misuse of information. For instance, an employee would not be allowed to access another individual's chart if they were not part of the practice, or if it was someone they knew. If caught doing so would be grounds for termination. Other policies would be in place to ensure accurate patient information is correct. There are health information management departments within organizations whose jobs are to review information and ensure that there is correct documentation.

Section 5: Chapter 20: The laws and penalties

Like any profession, there are laws and penalties in place for fraud and abuse in healthcare. These laws include the False Claims Act, Anti-Kickback Statute, Physician Self-Referral Law, Exclusion Authorities, Civil Monetary Penalties Law, and Criminal Health Care Fraud Statute. The penalties for violation of these laws include fines, license revoked, and jail time.

The Anti-Kickback statute is a criminal law that prohibits the payment for patient referrals or “generation of business involving any item or service payable by the Federal health care programs” (U.S. Department of Health & Human Services, 2015). These healthcare programs include drugs, Medicare, or Medicaid patients. Kickbacks do not necessarily need to be monetary, but can be in the form of gifts, hotel stays, vacations, etc. Paying for referrals is a criminal offense. The penalty for violating this law includes jail time, penalties, or exclusion to participate in federal programs. Physicians are a target for kickbacks because they are in control of their patients. They decide what medications to put them on, surgeons decide what instrumentation and hardware they want to use, what specialists to see, etc. This behavior could affect patient care because they could not always be getting the best care option, but instead an okay one based on kickbacks the provider receives. The kickbacks create more healthcare issues by increasing program costs, corruption of medical decisions, patient steering and unfair competition. These fraud laws and penalties are in place to help remind professionals to act ethically and with what is in the best interest of the patients.

Section 6: Module 1: The ethical principles of the (HIM) professionals

There are four basic ethical principles of HIM professionals. The principles are respect for autonomy, beneficence, nonmaleficence, and justice. Respect for patient autonomy is respecting the patient’s decision to make their own healthcare decisions if they are competent to do so. Patients have a right to self-determination. HIM professionals are to always tell the truth, respect others, protect patient and confidential information, and obtain consent when needed. Beneficence is an obligation to act for the benefit of others, such as providing benefits, and assessing the benefit given and its risks and potential to harm a patient. HIM

professionals should always be aware and do things that would prevent the harm or risk the safety of a patient. Nonmaleficence is not inflicting harm on others. It is like beneficence, but with nonmaleficence a HIM professional does not cause pain or suffering. Lastly, justice is the equal distribution of benefits, risks, costs and resources. These four basic principles are in a HIM professionals Code of Ethics that they pledge to abide by. When dealing with patients, HIM professionals are dealing with sensitive and critical information. Literally the patient's life and care become in their hand. It is important that it is treated as such.

Section 7: Saint Leo core values of integrity and excellence into section 6

Saint Leo's core value of Excellence is to "work hard to ensure that our students develop the character, learn the skills, and assimilate the knowledge essential to become morally responsible leaders" (Saint Leo University, n.d.). The core value of integrity is to be "honest, just, and consistent in word and deed" (Saint Leo University, n.d.). These two core values align with a HIM Professionals code of ethics, to always act with integrity and honesty. HIM professionals need good working relations with not only their patients, but their peers, staff, and community. In order to build these strong relationships, one needs to act with the highest morale and ethics that will help build trust and speak to the professional's character.

References

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