

Health Information Technology Management Term Paper

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Technology in the healthcare industry has become the norm for patient care. Although it provides great benefits for patients and providers, it comes with its share of ethical concerns. To combat these concerns, government programs such as The Health Insurance Portability and Accountability Act and The Health Information Technology for Economic and Clinic Health Act were enacted. These acts opened the door for laws and penalties if they are found to be violated. Health technology has become its own entity of healthcare organizations.

Electronic Health Records & Electronic Medical Records

Electronic health records (EHRs) are physical and mental health records of the past, present, or future. This information is housed in a electronic system where it is used to transmit, capture, receive, store, retrieve, line, and manipulate data to provide health services. EHRs are often used interchangeably with electronic medical record systems (EMRs). EMR's are electronic systems that contain all patient information and are enterprise wide. This makes it easier for multiple caregivers to access patient information. The option to access this information at any location and collaborate with other providers is often appealing to healthcare organizations. These systems also concern many leaders. Three main concerns with implementing EMR and EHR systems are patient privacy, necessary technology, and information integrity.

Implementing EHRs & EMRs

Health information management professional are obligated to protect patient information. Protecting patient information is based on privacy, confidentiality, and security. This can be more difficult for the organization to manage when the information is online. Online information leaves patient information susceptible to accidental leaks in addition to system

hacks. This would put the organization in the position for penalties or a lawsuit. To combat this, organizations need to invest in top security programs. With the quick expansion of technology in the healthcare field came many safeguards for patient information. This should be simple for the organization information technology (IT) team.

These type of systems can also be pricy to implement. For one physician, implementation costs over \$150,000 (O'Neill Hayes, 2015). For larger organization this can be a much larger number. For many organizations, finding this type of funding can be nearly impossible. Fortunately, for facilities that participate in Medicare and Medicaid programs there are financial incentives. Since they have concluded that electronic health systems increase patient quality of care, they have spent billions in incentives. For most organization that funding was needed.

EHR and EMR systems can also be difficult to navigate. Implementing these systems often begin with “building” it to fit your practice. This includes daily interactions such as diagnosing and referring to other providers. Without this being done correctly, the integrity of the patient information comes into question. This can be avoiding by creating a training system. Physicians and other caregivers should be involved in their own training while the administrative teams will be involved in a separate session. This is made easier by many top health systems as they have training coordinators that train and stay in the practice after the system goes live.

The Health Insurance Portability and Accountability Act

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) set national standards in regards to the disclosure of patient information. Previous to the implementation of HIPAA, patient information disclosure was the responsibility of the state. Many states didn't have any rules of how patient information is distributed. This also wasn't a concern for many

patients as patient information was mainly sought out by other physicians. Public concern arose as health technology was slanted to become a healthcare norm. Even then, only certain medical information was protected under the law.

Seeing this hole in the law, The U.S. Department of Health and Human services created the HIPAA Privacy Rule. The HIPAA Privacy Rule is directed towards the patients control in releases of their personal information and what entities are required to follow that rule. These “covered entities” include healthcare providers, health plans, healthcare clearinghouses, and business associates. These entities can only release limited information to certain organization without an authorization. For most information, a signed consent is necessary.

HIPAA and The HIPAA Privacy rule changed the way that health information professionals handle patient information. It also changes the amount of protections patients feel over their health information. Patients are now able to decide who can see their medical records and other protected health information. The implementation of these federal laws gave patients more control which bring them a level of comfort.

The Health Information Technology for Economic and Clinical Health Act

The Health Information Technology for Economic and Clinical Health Act (HITECH) was enacted to encourage meaningful use of electronic healthcare information through incentives and larger penalties/fines of the HIPAA Privacy Rule. Main functions of the HITECH act are enforcement, notification of breach, and electronic health record access. The state attorney general will act on behalf of the residents for willful neglect, reasonable cause, and unknowing violations. There is also an increase in fines for willful neglect that can reach 1.5 million per calendar year (Cornelius & Harman, 2017). HITECH also enacts breach notification requirements during times of unauthorized use and unsecured protected health information. For

a breach that affects more than 500 people, the organization must notify those that are affected, the HHS secretary, and the media. For breaches less than 500 people, the notification will occur on an annual basis. Electronic record access was also addressed by the HITECH Act. For organizations that have implemented an EHR system, patients must be able to receive their records electronically. There was also the addition of a small fee for obtaining these records electronically, it is only equal to the labor costs.

Increasing Quality of Medical Services

With the advancement of technology in the healthcare industry comes greater potential for collaboration amongst providers. Considering that the treatment by one provider can directly affect another treatment collaboration is key to quality healthcare. Medical staff can assist with this by obtaining any records from the other providers involved in the patient's care. If that information is available at the time of treatment, it eliminated the chance of treatment delay or lack of proper treatment. With digital health systems this is an easier process.

Key Risk of Digital Health Technologies for Consumer, Patients, and Caregivers

Key risks of digital health technologies for consumers, patients, and caregivers include miscommunication, breach of information, and health literacy. Patient portals and other digital health technologies have changed the way that patients communicate with their providers. They can send a simple message instead of waiting on hold or for a call back which is a pet peeve of many patients. They also leave a paper trail of medical interactions to refer back to. With the amount of information that is stored and shared through these technologies, patient portals are the perfect place for hackers. They can receive the necessary information about a patient for identity theft before a patient is even aware that there was a breach. Since these portals are typically accessed by patients in their own homes, portals can be difficult to safeguard. A good

way to combat this would be two-step logins and notifications of portal access. Both aren't completely foolproof but would make a breach more difficult

Health literacy is another issue with digital technologies. Health literacy in regards to digital health technologies is daunting for older patients or those that feel that are less than skilled with technology. After navigating to the necessary forms this patients might also have trouble submitting them correctly which would cause a speed bump in obtaining information for continued care. To simplify this for patients, the best option would be to offer more than one way to obtain these forms. Patients should be able to walk in or receive papers by mail and return them in person. These forms also need to be written as simply as possible. Many times, these forms can seem overwhelming and limit the amount of patient care.

Laws and Penalties

The laws and penalties concerning fraud and abuse in healthcare include the False Claims Act, Anti-Kickback Statutes, Anti-referral Statutes, and Mail and Wire Fraud. The most common of all of these laws is the False Claims Act. The False Claims Act is a federal law to prevent organizations from committed fraud on government programs. In the healthcare sector, it is mainly focused on submitting claims only for services rendered. Submitting a false claim under a federally funded healthcare program is a direct violation that can result in prison time, exclusion of federal healthcare programs, and/or extensive fines.

For a violation under this act, there has to be proof of "knowingly" submitting the false claim. There are three circumstances that show knowledge of false claim submission. These circumstances are reckless disregard for the truth, ignorance of the truth, and complete knowledge of the false claim. If any of these situations apply to the claim violation, the

individual or organization can be penalties up to three times the amount of the claim. There is also the chance of an additional penalty of up to \$11,000 per claim (totalhealthcare.com).

The False Claims Act also includes a qui tam statute. A qui tam statute allows for a whistleblower to report violations and initiate a lawsuit. The individual would gather all known information and present it to the Department of Justice (DOJ). From there, the DOJ will decide if the case is strong enough to move forward and join as a co-plaintiff. The whistleblower or relator can move forward with or without the DOJ. If the DOJ joins and compensation is ordered, the relator will receive compensation. In 2013, almost \$345 million was received by relators (Cornelius & Harman, 2017).

A violation of the False Claims Act will greatly affect patient decisions. Defrauding government health programs is consistently leading to losses in the millions which takes away from funding for proper claims. It also causes a distrust between patient and provider. Patients visit their providers for their expertise and trust that they are making the best recommendations for them. Discovering that the organization or provider has committed these crimes will create a mistrust that can't be prepared. Providers found guilty of these crimes should expect to lose patients.

The Four Ethical Principles

The four ethical principles health information managers should use in developing an competing values are autonomy, beneficence, justice, and nonmaleficence. Autonomy in healthcare involved recognizing that the patient has the right to make decisions about their care. Beneficence is the principle of "doing good", displaying kindness and compassion, and helping others. Justice is the action of being fair in benefits and risks. Nonmaleficence is the principle requiring healthcare professionals to avoid causing harm.

Saint Leo Core Values

Saint Leo's core values of excellence and integrity expects students, staff, and faculty to be honest, just, and consistent in our word while becoming morally responsible leaders. We are to develop character and learn the skills to be the best at our professions. The same is expected of health information professionals. Navigating digital healthcare requires learning new skills and becoming knowledgeable of how it is changing healthcare. There is also the need for health information professionals to be honest in their word to avoid any violation of their patients information. The Saint Leo core values directly align with what is expected of healthcare professionals.

Conclusion

Changes in health professions create the challenge of new ethical concerns. The rise in technology in the healthcare industry has created more than anticipated. Although it is proven to increase the quality of patient care, it has also increased the risk of exposing patient records. This has forced government programs to help limit these action and hold organization accountable. With additional knowledge and training, and a focus on the ethical principles, health information professionals will be able to handle any ethical challenges presented to them.

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