The Implementation of a Health-IT Academic Focus: A Case Study

Leigh W. Cellucci, Ph.D.*
Idaho State University
cellemil@isu.edu

Ken Trimmer, Ph.D.
Idaho State University
trimkenn@isu.edu

Tracy Farnsworth, MHSA, MBA
Idaho State University
farntrac@isu.edu

Adam Waldron
Idaho State University
waldadam@isu.edu

Abstract

The 2009 American Recovery and Reinvestment Act responds to the call for increased adoption and proficient use of health care information technology (HIT) [9, p. 33]. This paper is a case study that describes a collaborative venture undertaken by two university departments to implement Health-IT academic focus. The resulting major—Health Care Information Systems Management—followed the principles of social learning theory to educate information systems technologists to possess knowledge of health administration issues and health care administrators, knowledge of information systems. Further, this case discussion serves to examine the role of organizational culture as a critical variable for effective strategy implementation. Our case in point is the Departments of Computer Information Systems, College of Business, and Health Care Administration, College of Health Professions that graduated its first cohort of HISM majors. The match of organizational culture with the colleges’ mission, values and goals was key for successful strategic achievement.

1. Introduction

President Obama signed the American Recovery and Reinvestment Act (ARRA) in February 2009. About 20 percent—$19 billion—of the total funds were allocated to the health sector as only about 20 percent of physicians and 10 percent of hospitals used basic electronic medical records and only about six percent of physicians and two percent of hospitals used them comprehensively [4, 9]. One of the main provisions of ARRA is the Health Information Technology for Economic and Clinical Health Act (HITECH), which calls for an increase in health care and information technology professionals educated in the adoption, implementation, and meaningful use of Electronic Health Records (EHR).

Additionally, the health care reform is expected to increase access of U.S. residents to experience more regular health care visits with providers. Thus, the stimulus funds may bring about an expansion in health information technology as well as a surge in the number of patients (estimated at 23 million additional regular users of health care) [4, 12]. Consequently, the notion of expanded EMR use also accompanies the importance of EMR users’ competency regarding health information management. The Health Insurance Portability and Accountability Act of 1996 had been intended to protect the privacy and security of individuals’ patient information, and the HITECH Act of 2009 expanded the scope of privacy and security protections. Thus, a key objective of federal policy is to achieve widespread and proficient use of EMR [10, 6].

The purpose of this paper is to describe one collaborative venture undertaken by the Departments of Computer Information Systems (CIS) and Health Care Administration (HCA) to implement a Health-IT academic major for students who wish to work in health care information management. This paper reports the case study of Health-IT academic focus that:

• Established a program for students to be trained in Health Care Information Systems Management (HISM), with a solid knowledge base of health and health administration issues, general business and computer information systems.

• Developed curriculum following principles of social learning theory to bring about competent information systems technologists who possess knowledge of health and health administration issues and health care administrators who possess knowledge of information systems.

• Evaluated the role of organization culture practicum as a value added support strategy in assessing the match between mission and vision, and departments’ priorities.

2. Methodology

This paper describes the findings and conclusions from a single-site case study [5]. In addition, the research study which preceded development of this university-based Health-IT major employed a grounded theory methodology, using the central themes identified from seven semi-structured private interviews to frame the curricular and pedagogical underpinnings of this new Health IT program [7]. The seven interviewees—each interviewed by members of our research team—
included accomplished leaders and managers from a conveniently located regional medical center, family medical group practice site, and healthcare information management company. Recurring issues or themes from these interviews, validated through a process of triangulation, aided us in developing the overall framework and curricular substance for this new program [7]. Ultimately, we employed both qualitative and quantitative data collection and analysis to provide understanding of the role of the social learning theory and culture in the development of the HISM major.

3. The case study site and the curriculum

The site of the case study is a university in the Intermountain West region of the United States. The university is in one of the larger population centers in the state, having a metropolitan area of about 60,000 residents. The University holds the State’s health care mission; the CIS program is housed within the College of Business, which holds the Association for Advancement of Collegiate Schools of Business (AACSB) accreditation. Also, the College of Business and the CIS program is one of the charter institutions in the National Excellence in Information Assurance program. The HCA program holds Association of University Programs in Health Administration (AUPHA) full certification status.

The Health Care Information Systems Management major was a collaborative effort of College of Business and Health Care Administration professors. Their 2005 research in the implementation of EMR systems in rural settings indicated a shortage of qualified information technologists [17]. Additionally, the faculty members interviewed seven management professionals in five different health organizations [17]. The findings from the 2005 interviews demonstrated the need for effective health care information system managers to possess the following:

1. CIS: sufficient information systems knowledge to operate computer information systems;
2. Core business: an understanding of basic statistics, accounting principles, and organizational behavior management issues;
3. Health: knowledge of the current health care system in the U.S., including an understanding of health care delivery systems and payer models. Understanding of health information systems and operations in healthcare;
4. Project management: training with project management; and
5. Experience: “hands-on” experience in a health care IT setting.

3.1 Semi-structured face-to-face interviews

The authors acknowledge the limitation that only seven management professionals were interviewed. However, given the common themes that consistently emerged and the shared goal of the university’s educating competent health care information systems managers and the five health care organizations’ hiring said graduates of the program, it was concluded that the shared outcomes offered a fair representation of what health care organizations were looking for in health information systems managers.

3.2 University and college curriculum

The next phase of the degree creation was to include University general education requirements, University course completion requirements for graduation, and conduct a review of courses already offered in the College of Business and the College of Health Professions that would help address the five knowledge factors that emerged from the interviews and noted above. Students enrolled in the University complete 128 hours of courses; with forty-five hours completed for general education (including courses from math, reading and writing, communications, sciences, fine arts, philosophy, literature, history, economics, social science, and global culture). In the College of Business, students apply for admission following their completing of accounting, and statistics. After admission, the students complete courses in upper division information systems, management, finance, marketing, operations management, and strategy. In the College of Health Professions, students also complete the university general education requirements. In the Health Care Administration program, students apply for admission following their completing entry level U.S. health care system and health care leadership courses as well as accounting, economics, and statistics.

3.3 Additional courses identified

The review of the University, College of Business, and College of Health Professions concluded that existing coursework addressed the first four knowledge factors deemed necessary for effective health care information system management education. See Table 1 for the Knowledge Factor/Course dimensions that could be addressed/not addressed within the existing course offerings.
Health care IT experience could not be met with existing coursework; hence, the Health Care Information Systems Practicum was created to address this fifth factor. The University has a Family Medicine Residency Program (FMED), which is accredited by The Accreditation Council for Graduate Medical Education, and FMED has employed an EMR–Centricity Physician Office EMR product—since the fall of 2004. Students are supervised by two preceptors (HCA faculty member and FMED Health Information Technologist).

The students paid a course fee of $300.00 to offer a stipend for the preceptors (HCA instructor and FMED HIT) as the HCA faculty member served in this position as an overload without university compensation and the FMED health information technologist served in a voluntary capacity as well. The FMED HIT reported that the practicum allowed for him to spend time with potential new health IT staff and thus, perhaps identify local talent in this growing field.

Prior to beginning the practicum experience, the HISM students must read and then, sign the Health Care Information Systems Practicum Student Agreement. This practice is to ensure that the students are aware of and have been informed about the importance of professionalism, security, confidentiality, and time required for the course. Each student spends eight hours per week for 16 weeks, for a total of 128 hours onsite. The agreement is specific regarding the high expectations placed upon the student; the student is not allowed to begin the practicum until she or he reads, discusses this agreement with the HCA preceptor, and signs the document. It is a critically important document to the success of the students in the major because expectations are clearly defined and reviewed. Because of its significance, we include the agreement in its entirety (See Appendix A). Additional forms for HIPAA and Psychotherapy notes are also included with the agreement.

The HCA Instructor assumes a number of duties, including:

- Helping all HISM students secure practicum sites upon conclusion of their HISM academic coursework. Where necessary, the instructor coordinates with the FMED Health Information Technologist, student, and potential practicum site(s) to ensure a proper student/worksite fit;
- Distributing and securing signed Practicum Student Agreements (see Appendix A);
- Ensuring timely student payment of practicum fees;

<table>
<thead>
<tr>
<th>Knowledge factor</th>
<th>Course content</th>
<th>College courses</th>
</tr>
</thead>
<tbody>
<tr>
<td>CIS knowledge</td>
<td>Systems analysis, systems design, programming, database, networks, and information assurance</td>
<td>College of Business, CIS courses: foundations of programming, introduction to software and systems architecture, systems analysis and logical design, database design and implementation, intermediate information assurance, network and communication systems.</td>
</tr>
<tr>
<td>Core business: statistics, accounting, organizational behavior</td>
<td>accounting principles, finance, marketing, statistics, management, and business law,</td>
<td>College of Business, Accounting, Finance, Marketing and Management Department courses</td>
</tr>
<tr>
<td>Health</td>
<td>Overview of U.S. health care system, health IS, and operations</td>
<td>College of Health Professions, HCA courses: entry level health systems, health information systems, operations and quality</td>
</tr>
<tr>
<td>Project Management</td>
<td>Training regarding project management</td>
<td>College of Business, Management course on project management</td>
</tr>
<tr>
<td>Experience in health care IT setting</td>
<td>Experience in hands-on management of EMR system in health care setting</td>
<td>No course existed</td>
</tr>
</tbody>
</table>
• Providing students and preceptors will initial orientation of the practicum experience and expectations;
• Monitoring student performance and resolving conflicts between student and preceptor as needed;
• Initiating semester-end student practicum presentations before faculty, preceptors, and other stakeholders;
• Securing student and preceptors evaluations; and
• Assigning student (letter) grades upon completion of the practicum. The instructor is also actively engaged in HISM program development, including recruitment of students, program evaluation and review, and scholarly research.

As designed, the practicum provides a needed bridge between the academic coursework required for the HISM degree and eventual employment in the field in health-IT. Toward the end of their practicum, students routinely express both dismay and delight at how much they did not know going into the experience and/or how much practical learning and experience they gained upon its completion. Likewise, certain preceptors have observed both delight in the relative productivity of certain students and surprise at the relative lack of basic technical knowledge on the part of others. This feedback has helped faculty in matters related to curriculum redesign and course administration.

The second preceptor is the FMED health information technologist (FMED HIT), who is responsible for:
• Introducing the HISM students to the working environment. The FMED technologist reported that he liked to “throw them in the thick of it.” However, the students are first assigned to shadow the FMED HIT to observe work tasks;
• Reviewing HIPAA and discussing security practices with each student. At the end of the practicum, an audit report is generated, which reports the students’ actions in the electronic systems. This report is reviewed with them by the FMED HIT.
• Assigning the students to the clinic front desk after the shadowing and HIPAA review. This placement offers the students the view of clinic operations, from when the patient enters to when the patient leaves. Students document indexing (scanning documents and indexing them into the EMR) while they learn about the information nexus of the clinic. Specifically, they observe patient interactions, workflows, provider and patient and patient and staff member interactions.
• Assigning them to clinical settings, during which time the students may learn about clinical interactions, how the IT systems are used as an integral part of clinical care.
• Reinforcing the importance of professionalism at the workplace. The way the students conduct themselves, including dress, mannerisms, and communication.
• Communicating expectations of the experience, including the significance of one’s being a ‘self-starter,’ identifying problems and issues, researching solutions, and taking action.

Thus, via input from the five local health care organizations and the championing of the new HISM major by College of Business and College of Health Professions faculty members, the major was developed to meet the needs of specific local objectives without significant additional funding. Also, the use of existing coursework allowed for the major with the addition of only one three credit hour practicum that offers the students 128 hours of hands-on experience in a health care setting. The full reading and review of the practicum agreement also sets the stage well for students to succeed in the working environment.

3.4 Student feedback

At the end of the practicum course, students formally present their practicum experience to members of the faculty, preceptors, and other interested parties. The Power Point presentations normally address the full scope of the students’ practicum, including satisfaction of pre-established learning objectives, tasks/assignments completed, key learning and observations, suggestions to faculty and/or preceptors regarding opportunities for improvement, and more.

In addition to the student presentation(s), a formal student evaluation is also administered by the instructor allowing students to render additional observations about the off-site practicum experience. Without exception, students have registered enthusiastic support for the practicum—noting that its capstone-like experience exceeds the value achieved in any one of the earlier completed classroom-based academic courses.

4. Theoretical frameworks

4.1 Social learning theory

Social learning theory is a prominent theoretical approach for studying how individuals learn [1,2
3,15]. Bandura [1,2,3] presented the concepts of social learning and self-efficacy, components that strongly influenced the direction of the HISM major and the specific development of the HISM practicum. Bandura [3] purports that people learn via observation; they may model the behavior. However, the success of their learning is dependent upon if they also meet four conditions: attention, retention, motor reproduction, and motivation.

(1) Attention—is the HISM student placed in a situation where she or he may model behavior and is this student actually paying attention to such behavior? This condition is observed by various College of Business and College of Health Profession professors as HISM students engage in coursework. It is also observed by the FMED preceptor throughout the practicum experience as students engage in assigned project activities.

(2) Retention—is the HISM student remembering the behavior observed? This is demonstrated to the FMED preceptor throughout the practicum experience as students engage in assigned project activities, and it is well reported by student self reporting at the end of term formal practicum presentation.

(3) Motor reproduction—is the HISM student capable of replication what she or he has seen? Is the student prepared, for example, to recognize HIPAA compliance or violation? In fact, one of the students identified a HIPAA violation to the FMED HIT, who in turn was able to discuss with the student the seriousness of confidentiality and plan an appropriate course of action. In this case, a nurse was talking with her mother on the telephone about a patient who happened to be a mutual friend. The nurse was discussing the medical care plan to her mother. The example has become a “story” that is told to subsequent students to illustrate the importance of HIPAA and recommending an appropriate course of action to the supervisor. In this instance, the nurse was given a verbal reprimand.

(4) Motivation—is the HISM student desirous of demonstrating what she or he learned? This condition is observed keenly by the FMED preceptor during the practicum as well as both preceptors during the end of term student formal presentation.

Bandura [2] also emphasized the role of self-efficacy, the belief that one is capable of doing the work well. That is, the HISM students should—before they enter the practicum setting—possess knowledge that she or he can succeed at health care information systems management tasks. The courses that precede the practicum helped the students to internalize that they have acquired the knowledge to succeed in the health care placement site.

The findings from a longitudinal study that examined the role of social cognition and self efficacy and individual reactions to technology also underscores the import of course curriculum design to promote modeling and focus on the development or reinforcing the students’ concept of self-efficacy [7]. Success of any program is dependent upon the success of its graduates. Given that faculty championship of the new degree was to bring about successful HISM majors and future health care information systems managers, the program was designed to ensure that students may model the behavior successfully as well as develop or reinforce students’ self-efficacy.

4.2 Culture as a value adding support strategy

“Culture acts as a silent governor” [19, p. 54]. When new strategies are introduced, the cultural component merits consideration. Attempts may be made to change the existing organizational culture to match the new strategy, the existing culture may remain and the strategic initiatives try to manage around it, or the strategies may present a good fit with the existing culture [19].

To elaborate, an understanding of the culture in the two colleges that developed the HISM is made possible by how faculty members answer questions regarding organizational mission and value prioritization [7]. The mission of the organization refers to why the organization operates the way it does.

- What is the mission of the organization?
- What are the values associated with the organization?
- What are the high and low priorities within the organization? High priorities are those activities that are in concert with the organizational values and mission. Actions that offer good fit should receive higher priority.

Along with the mission, values, and prioritization in the organization, successful “stories” are repeated to underscore the culture.

The telling of such stories also serves to educate others who work in the organization about its culture. And, through the telling of these successful stories, it becomes part of the cultural history of the organization. The story itself becomes meaningful to the faculty members who teach there and the students who are studying the major [13]. Hence, such stories serve as a value adding support strategy and, as a result, encourage additional buy-in from other students.
Organizational culture permeates throughout an organization [14,16,19]. This concept of culture refers to the way people in a department normally do their work or studies. What an organization says it is and what it says it values does matter.

5. Findings

5.1 2005 face-to-face interviews

The interviews with the seven health care managers helped to identify knowledge dimensions that the students in the HISM major should master. Additionally, the presence of the College of Business and College of Health Profession faculty members who were championing the development of the HISM major responded to local reviews. Hence, the components of the major met a real community need that had been noted by the health care managers. Also, the new major was developed without affecting (negatively or positively) accreditation and certification standards of the two programs.

Nonetheless, it should be noted that the HISM major was designed to respond to local needs; not a national, standardized criteria. Investigation into national accreditation or certification of the program may have merit.

5.2 Student reviews.

As discussed earlier, at the end of the practicum course, students formally present their practicum experience to members of the faculty, preceptors, and other interested parties. The Power Point presentations normally address the full scope of the students' practicum, including satisfaction of pre-established learning objectives, tasks/assignments completed, key learning and/observations, suggestions to faculty and/or preceptors regarding opportunities for improvement, and more.

Additionally, a formal student evaluation is also administered by the instructor allowing students to render additional observations about the off-site practicum experience. This student evaluation of the practicum allows for student input for the HCA instructor and the FMED HIT to review and evaluate the requirements set and outcomes reported.

5.3 The impact of culture

5.3.1 Mission, values, and priorities

When new strategies are introduced, such as the implementation of a new major or the renewed focus on quality of teaching the courses, organization culture must be considered. The success of the major is due, in large part, to its good fit and alignment with the colleges’ existing organizational culture.

An organization’s mission statement embodies the intent and self image of the organization. It delineates the highest goals of the program and serves as a road map for strategic direction. Mission and value statements reflect the character, strategic direction, and priorities of the organization [18, 20]. In specific reference to the Colleges of Business and Health Professions:

- What is the mission of the organization?
  The College of Business’s mission is to provide quality educational experiences that are strong in both conceptual foundations and current leading practices in each major discipline for both traditional and non-traditional students seeking an education in business. The College faculty engages in research consistent with its undergraduate and graduate programs and public service mission. College programs also serve local and regional constituencies by responding to needs for continuing education and assisting in efforts that foster economic development. The College of Health Profession’s mission is to enhance the quality of life of the residents of Idaho and the greater community, through the education of students across five dimensions of the health professions: 1) physical, 2) mental, 3) oral health, 4) rehabilitation and 5) wellness. Both colleges work to produce leaders, whether in healthcare or in the business of health care. Given the College of Business’s commitment to serve local constituencies, the interviews with local health care managers is consistent with the faculty members’ actions as they developed the curriculum.

- What are the values associated with the organization?
  The College of Business is dedicated to providing high quality educational experiences in service to the following constituencies: students, employers of the students, faculty members, regional business and community organizations, academic disciplines, and multiple constituencies. The vision of the College of Health Professions is to enhance the quality of life for our constituencies by applying the values of excellence in research, partnerships in community service, and professional education into practice. Both colleges’ values center on being identified as a place which focuses on education, learning, and stakeholder centeredness.
• What are the high and low priorities within the organization? High priorities are those activities that are in concert with the organizational values and mission. Actions that offer good fit should receive higher priority. Thus, the development of the HISM major and its implementation and offered a good fit with the organizational values of the two colleges precisely because of their focus on education and stakeholder centeredness.

5.3.2 Organizational stories

In addition to mission, values, and prioritization, told and retold stories of successes and failures, heroes and villains, underscore culture.

Since the HISM major is a new major, there are not many experiences and stories that have evolved that focus on its impact. Nonetheless, student comments and their evaluation of the program emphasize its value. Specifically, the success in the practicum for the students to gain experience and the subsequent job opportunities were the most common value added components noted.

A story that has emerged from the HISM program experience refers to the HIPAA violation observed and reported by an HISM student during his practicum experience. The story has come to serve two purposes. First, the telling and retelling underscores the importance of confidentiality and HIPAA; the second is that the students learn about how another student was able to identify and address a problem appropriately and professionally.

Another story that has consistently been told and retold about the practicum experience concerns the notion that failure occurs and students may learn from the failure. To illustrate, the concept that health information technologists have procedures to follow, and they should test solutions before implementing is reinforced via the incident. One student learned a lesson in thoroughness when he installed a new computer in the procedure room. He installed the machine, loaded the programs, but he neglected to test the programs or the published digital colposcopy workflow. (Colposcopies cannot be conducted without this computer.) The student had installed the system drivers, but had not installed and tested the imaging software. As a result everything came to a standstill—the patient had already been prepped, and the nurses and doctor were at waiting. The HISM student responded to the clinicians’ call with the FMED HIT. The student was directed to solve the problem with the FMED HIT’s oversight. The story has become a HISM “legend” as the student reported to other students that his hands were trembling the whole time he was working with the FMED HIT to address the problem. New students who enter the program know that testing is key to success, and the notion of “learning by doing” is reinforced. Indeed, the notion of “learning by doing” has been so important that program faculty are now evaluating the merits of introducing a mini-practicum of sorts earlier in the program.

5.3.3 Leadership support

Critical to the success of the HISM major was the role of the instructors and preceptors’ support to maintain the culture. To maintain culture, leaders focus on consistent communication, behavior, and evaluation [16]. At both colleges, the faculty members offered communication of its importance through advising sessions, student group meeting presentations, and serving as interviewees in introductory courses. The message was clear: health care information systems management was a viable, significant major.

5.3.4. Measures of success for the students

Also critical to the success of the HISM major was the review of the first graduating cohort, by their employment in the industry, self-reported satisfaction regarding their preparedness for the work, and reports from employers regarding satisfaction with the new hires. All of the first graduating cohort are employed and follow up interviews with the new graduates and their employers indicate satisfaction. The new graduates reported that they possess the knowledge and skill set to serve well as professionals in HIT; the employers report satisfaction with the new graduates’ professionalism, planning capabilities, understanding of the medical environment as well as how IT impacts daily routines and workflows. The message was clear: health care information systems management was allowing for students to be successful in HIT.

6. Conclusions

This case study of the development of the HISM major by two colleges is a project that resulted not only in the establishment of a new major, but also in the program’s being highlighted as an example of an undergraduate program designed to address the increasing reliance on IT in health care. The match of organizational culture with the colleges’ mission, values and goals was key for successful strategic achievement.

The HISM students and faculty members provide an interesting set of conditions that perhaps influence, and certainly warrant, further research. The students are essentially a cohort group, enabling group dynamics of social influence to impact behavioral intention. In addition, the combination of an organizational culture of education that responded to
local needs encouraged and supported the HISM students and the outcomes evidenced to the graduates that they could master material and secure employment in the health-IT domain.

7. Future research

As demand for the HISM major increases both from consumers, health care facilities, and students, it is clear that the practicum must be expanded to other facilities with EHRs. Presently, the practicum is managed by an employee of the university who is the FMED Health Information Technologist. The research challenge here will be a minimum level of standardization across all future practicum participants.

With changing demands in technology, and further expansion of EMRs with increased capabilities occurs, the broader curriculum will need to be updated. Maintaining consistency through the years that the program evolves will be a research topic for this dimension.

An additional research topic is extension of the practicum to the Native American population. Currently, the College of Business has the only Native American Business Administration (NABA) program in an AACSB accredited institution. A newly formed Indigenous Nations Institute, in collaboration with the Institute of Rural Health at the University, provides a vehicle for extending the HISM major with the NABA emphasis and a particular focus on Native American health issues. Students advancing through this program will need to be grounded in Indian Health Services, Tribal 638 programs, traditional plants, traditional healing, and data analysis for advancing specific tribal health initiatives.

Finally, we need to assess our program against accreditation standards. As [21] points out, EHR oriented degrees created to satisfy local needs may not be adequate to meet the demands of a national marketplace. These needs must be balanced between meeting critical market driven needs as well as constraints imposed by degree requirements and graduating prepared students in 128 credit hours. Because the HISM program was created through the cooperation of two programs with external accreditation by AACSB and AUPHA, an investigation of gaining accreditation for the HISM program has been initiated. In addition to being the designated university in the state for Health Professions, our university is also home to a College of Technology (CoT). The CoT has roots in technical training, and has an Associate of Applied Science in Health Information Technology, which is accredited by the Commission on Accreditation for Health Informatics and Information Management Education (CAHIIM).

Therefore, our next step is to investigate the criteria for CAHIIM accreditation and the coursework in the HISM program.

8. References


Appendix A: Health Care Information Systems Practicum Student Agreement

The Healthcare Information Systems practicum provides an opportunity to gain firsthand knowledge skills and abilities as related to IT management in the healthcare environment. The practicum is conducted in one or more medical clinics actively using or pursuing information technology for daily operations and patient care.

Professional attire and conduct is expected at all times. Business dress is sufficient (no jeans or t-shirts). Exceptions may be made or required depending upon the nature of assigned tasks. You will be working in a business and medical environment of highly skilled professionals who are accustomed to working with highly motivated and competent colleagues. You should avail yourself of the opportunity to learn the unique language, culture and demands of this environment. While still a student, you should see yourself as a professional working amongst other professionals, as that is what is expected.

You will be assigned projects at the discretion of your supervisor, but are also encouraged to take initiative in identifying potential projects of interest to you and benefit to the clinic(s), employees, or patients. Assigned tasks may or may not include a large “special project”. Projects will depend upon the current and exigent needs of the clinic(s) and employees. At “least” 8 hours per week are required to successfully complete the practicum. You are encouraged to do more if possible. Written and oral reports will be required at the end of the semester. Your supervisor will also provide an evaluation of your activities. A positive evaluation is based upon the following factors: Ability to perform assigned projects; Initiative (self-learning, self-direction, questions, motivation, follow-through etc.); Professional conduct; Timeliness / attendance. You will be required to keep a work log that includes hours and activity details. The work log will be certified at least bi-weekly.

Privacy and security are taken very seriously. HIPAA policies are followed and enforced (see attached document). Under no circumstances are you to disclose any patient information to individuals outside the clinic. Information regarding patients should only be exchanged with other employees if it is necessary for patient care, or the fulfillment of your duties. Any breach of security or patient confidentiality will result in immediate dismissal, failure of the course, and potential expulsion from the program. Federal laws also allow for punitive and compensatory fines.

There is a $300 fee associated with the practicum. You must present this document and a copy of your paid receipts to your HCA advisor before beginning any practicum work.

I have read and agree to the above conditions of the Healthcare Information Systems Practicum:

Printed Name: __________________________
Signed: ________________________________   Date: ______________

Practicum Supervisor         HCA Advisor

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)

Minimum Necessary – the minimum protected health information (PHI) necessary will be disclosed except:
- Disclosure to or a request by a health care provider for treatment
- Disclosure to an individual who is the subject of the information, or the individual’s personal representative
- Use or disclosure made pursuant to an authorization
- Disclosure to Health & Human Services (HHS) for complaint investigation, compliance review or enforcement
- Use or disclosure that is required by law
- Use or disclosure required for compliance with HIPAA

Designated Record Set
- Included → Office notes, labs, imaging, FMED transcripts
- Excluded → Psychotherapy notes, phone notes, internal correspondence, rx refills
- May include → Records obtained from other sources

Consent – written permission from individuals to use and disclose their PHI for treatment, payment, and health care operations is optional according to HIPAA. Any chart marked sensitive requires written or verbal consent from the patient.

FMED Routine, Recurring Disclosures, or Requests for Disclosures:
- Written Consent Required:
  - Transfer of care
- No Written Consent Required:
Information for continuity of care for other entities involved in care of a patient, including referrals and consults.

**Psychotherapy Notes** – FMED must obtain an individual’s authorization to use or disclose psychotherapy notes with the following exceptions:

1. “The covered entity who originated the notes may use them for treatment.
2. A covered entity may use or disclose, without an individual’s authorization, the psychotherapy notes, for its own training, and to defend itself in legal proceedings brought by the individual, for Health & Human Services (HHS) to investigate or determine the covered entity’s compliance with the Privacy Rules, to avert a serious and imminent threat to public health or safety, to a health oversight agency for lawful oversight of the originator of the psychotherapy notes, for the lawful activities of a coroner or medical examiner or as required by law.”

**Minors**
- In most cases, parents are the personal representatives for their minor children. Therefore, in most cases, parents can exercise individual rights, such as access to the medical record, on behalf of their minor children. In certain exceptional cases, the parent is not considered the personal representative. In these situations, HIPAA defers to State and other law to determine the rights of parents to access and control the PHI of their minor children. If State and other law is silent concerning parental access to the minor’s PHI, a covered entity has discretion to provide or deny a parent access to the minor’s health information, provided the decision is made by a licensed health care professional in the exercise of professional judgment.

**Family Members, Relatives, or Friends** – a patient may give “informal consent” to disclose PHI
- Informal consent must be documented in the EHR. For example, “Patient states okay to discuss labs/condition with husband”.

**Personal Representatives** – considered to have the same rights to PHI as the patient provided they are legally authorized to make health care decisions on an individual’s behalf or to act for a deceased individual or the estate. Documentation must be scanned into the EHR.

**Privacy Practices Notice** – all patients will sign acknowledgement of notice receipt

**Required to Disclose PHI:**
- to individuals (or their personal representatives) specifically when they request access to, or an accounting of disclosures of, their PHI
- to HHS when it is undertaking a compliance investigation or review or enforcement action

**Permitted, but not required, to use and disclose protected health information, without an individual’s authorization, for the following purposes or situations:**

1. To the Individual (unless required for access or accounting of disclosures)
2. Treatment, Payment, and Health Care Operations
   a. Treatment is the provision, coordination, or management of health care and related services for an individual by one or more health care providers, including consultation between providers regarding a patient and referral of a patient by one provider to another.
   b. Must have written authorization for any use or disclosure of protected health information that is not for treatment, payment or health care operations or otherwise permitted or required by HIPAA
3. Opportunity to Agree or Object
4. Incident to an otherwise permitted use and disclosure
5. Public Interest and Benefit Activities

Twelve situations when PHI will be disclosed without authorization: Required by Law; Public Health Activities; Victims of Abuse, Neglect or Domestic Violence; Health Oversight Activities; Judicial and Administrative Proceedings; Law Enforcement Purposes; Decedents (funeral directors, coroners, medical examiners); Research; Serious Threat to Health or Safety; Essential Government Functions; Workers’ Compensation

**Limited Data Set** for the purposes of research, public health or health care operations