FAQ: HIPAA and Accreditation

Question 1: What are HIPAA implications for the health care industry?

Answer 1: One outcome of the Health Insurance Portability and Accountability Act (HIPAA) was the requirement to protect a patient’s medical record privacy. If you have visited a provider or a provider organization recently, you were asked to sign an acknowledgement of how your provider or organization may use your medical information. The rules of HIPAA broadly outline ways in which providers and organizations must protect the confidentiality of a patient’s medical record. This applies to hard and electronic copies of this information.

Although this has been an important step in protecting patients' right to privacy of their medical records, it has added an additional layer of administrative accountability for health care providers. In conjunction with the development of electronic medical records processes, providers, and organizations must consider not only the technical aspects of information storage, but they must also consider possible system vulnerabilities from unlawful access and how to safeguard against that intrusion.

In addition to HIPAA, hospitals can seek accreditation to help ensure patient safety and to promote a specific standard of quality that is regarded in the industry.

Question 2: Why would hospitals seek accreditations?

Answer 2: Accreditations can help define quality practices, improve patient care, and improve the staff’s safety. Some accreditations provide basic authorization for the hospitals to receive reimbursement from the Center for Medicare and Medicaid (CMS). Hospitals that have magnet status recognition may find it easier to recruit quality nurses, which is especially important because of the current nursing shortage. Having a highly qualified nursing staff that is satisfied with its practice environment will likely translate into better patient care and more satisfied patients.

Hospitals will generally market their accreditations and recognitions in their publications, on Web sites, and on plaques within the facility so that patients and visitors can see them. Of course, hospitals ideally desire that patients choose facilities based on these accreditations. There is some uncertainty as to whether patients make facility decisions based on these accreditations or if patients rely solely on their physician’s recommendations. Also, not all patients understand the distinctions among different types of accreditations and the quality of the issuing agency.
FAQ: HIPAA and Accreditation

**Question 3:** What kinds of accreditations may hospitals seek?

**Answer 3:** In addition to accreditation by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), hospitals may seek accreditation for their various programs and services from a number of professional associations. You may have seen hospitals advertise their accreditation as a cancer center or a cardiac center. Individual departments within a hospital may also receive accreditation. To help promulgate quality standards for the Center for Medicare and Medicaid (CMS), CMS may grant health care entities upon request (e.g., JCAHO) and provide recognition to accredit other health care provider organizations, programs, or services. Magnet status recognition is conferred upon hospitals by the American Nurses Credentialing Center for those hospitals that have exemplary environments for nursing practice.

**Question 4:** In what other ways is health care quality encouraged?

**Answer 4:** The National Committee for Quality Assurance (NCQA) is a national not-for-profit organization that is primarily known for its accreditation of managed care organizations. NCQA publishes ratings for consumers and employers, and participation is voluntary. Through this accreditation process, NCQA’s goal is to improve the quality of health care because managed care organizations that seek and achieve accreditation must meet NCQA’s quality standards.

The Agency for Healthcare Research and Quality (AHRQ) is a governmental agency whose mission is to support quality health care. One of its major activities is to fund grants for studies about how to improve the quality and delivery of health care. It also provides funding and support for the dissemination of evidence-based practice guidelines. These are papers written by health care practitioners who recommend ways about how a health care practitioner should ideally care for patients with select illnesses. There are guidelines for taking care of patients with illnesses for just about all body systems. They are called evidence-based practice guidelines because they are developed by practitioners who collect and review information from various research studies, investigate methods to care for patients with diseases, and measure outcomes based on that care. The practitioners who are writing the clinical practice guidelines seek to use the evidence of research for their recommendations as opposed to anecdotal information. Ideally, only the most rigorous and highest quality studies are included in these guidelines. The AHRQ publishes these free-access, evidence-based practice guidelines on the Web site of the National Guideline Clearinghouse in the hope that these quality
FAQ: HIPAA and Accreditation

recommendations will be adopted by more practitioners.

Question 5: What is the role of electronic medical records in health care?

Answer 5: The Department of Health and Human Services and certain physician groups desire to improve patient care quality by broadly disseminating information about treatments, outcomes, and best practices within health care systems. Electronic patient records can also help the practitioner because the patient’s past history, possible drug interactions for medications, and Web information on recommended clinical practice guidelines for patients with that condition is quickly accessible. Also, if the patient travels and is seen at another health care facility, that provider can access the patient’s records and have as much information as the patient’s primary physician.

Physicians can even send e-prescriptions to available pharmacies. This is not only convenient, but it also saves possible medication errors or delays because of difficult handwritten prescriptions.

Challenges moving forward with the dissemination of electronic medical records include the following:

- **Interoperability issues**: How well does system A’s software work when trying to communicate with System B’s software? There are not yet clearly defined standards for software interoperability requirements.
- **Cost**: Electronic medical record software can be a significant investment for even those physicians with larger practices, and many physicians in smaller practices may not be able to afford it. There are several possible grant-funding opportunities to help these physicians.
- **Time**: Learning a new comprehensive software program in addition to carrying out normal job responsibilities is a stretching experience; it requires a great deal of time and energy. Hospitals would also need to invest in electronic medical record software; it adds to a financial outlay for which there is no direct reimbursement.
- **Vendor selection**: There is no lack of software vendors selling electronic medical record systems. This requires the investment of time and study from the practitioner and due diligence to ensure that the vendor will be someone who can meet needs for the long-term period.
- **Confidentiality and security**: Finally, HIPAA requires that patient confidentiality be maintained in any electronic medical record system.