CHAPTER 16  HEALTH INFORMATION MANAGEMENT

VOCABULARY REVIEW
1. authenticate  5. erroneous  9. disparities
2. sentinel event  6. transpose  10. circumvent
3. encrypt  7. quality assurance  11. adverse
4. standards  8. contraindication  12. near miss

SKILLS AND CONCEPTS
Part I: Short Answers
1. Health information management is the profession that focuses on healthcare data and the management of healthcare information resources. The profession addresses the nature, structure, and translation of data into usable forms of information for the advancement of health and healthcare of individuals and populations. Health information professionals collect, integrate, and analyze primary and secondary healthcare data; disseminate information; and manage information resources related to research, planning, provision, and evaluation of healthcare services.

2. a. To plan care for patients and ensure that they receive continuity of care from one healthcare provider to another
   b. To provide statistical information
   c. To plan the types of services and equipment that will be needed to meet the needs of the patient population
   d. To determine whether claims should be paid
   e. To determine whether patients are being provided high-quality healthcare services

3. Underuse of medical services means that healthcare services are not being used that might allow diagnosis of disorders, which then could be treated by physicians. Catching such disorders early may lead to reduced costs, as opposed to waiting until a disease has fully progressed, in which case treatment can be extremely expensive.

4. Costs rise when providers overuse medical services, such as ordering excessive, unnecessary healthcare procedures and treatments. Overused treatments and services include hysterectomies, tympanostomy tubes, and antibiotics. Antibiotics are prescribed widely for common colds and acute bronchitis, but the drugs do not benefit patients with these illnesses.

5. Statistics include the following:
   • Teenage pregnancy
   • Incidence of human immunodeficiency virus (HIV) infection
   • Alcohol and drug use
   • Births
   • Deaths
   • Communicable diseases
   • Infant health and mortality
   • Leading causes of death
   • Life expectancy
   • Sexually transmitted diseases
   • Suicide
Part II: Characteristics of High-Quality Health Data

1. Completeness
2. Reliability
3. Validity
4. Recognizability
5. Security
6. Legality
7. Accessibility
8. Timeliness
9. Relevance

Part III: Acknowledging and Disclosing Medical Errors

6–Offer a sincere apology when talking to the patient.
3–Call the patient and ask him or her to come to the office.
7–Give the patient the opportunity to ask questions.
1–Tell the physician about the error.
2–Complete an incident report and document the error in the chart.
8–Document the discussion of the error with the patient.
4–Meet with the patient in a private area where there will be no interruptions.
5–Allow the physician to explain the error to the patient.

Part IV: Medical Errors

1. An injury caused by medical management rather than the patient’s underlying condition.
2. An unexpected occurrence involving death or serious physical or psychological injury or the risk thereof.
3. A situation in which an error is caught or corrected before it affects the patient.
4. Answers may include the following:
   - Fear of litigation
   - Characteristics of the injury
   - Physician-patient relationship before the event
   - Patient’s financial status
   - Patient distress
   - Patient attrition
   - Damage to the physician’s reputation
   - License revocation
   - Loss of facility privileges
5. The physician responsible for the affected patient’s care.

**Optional Part V: Incident Reports**

Be sure to fill out the Incident Report form completely and correctly.

**Optional Part VI: Confidentiality Statement**

Answers will vary.
CHAPTER 17 PRIVACY IN THE PHYSICIAN’S OFFICE

VOCABULARY REVIEW
1. provider
2. complainant
3. divulge
4. infer
5. business associate
6. legalese
7. preclude
8. verbiage
9. privacy officer
10. Inspector General
11. Civil Rights
12. due diligence
13. individually identifiable health information
14. protected health information
15. personal health information
16. electronic fund transfer
17. electronic remittance advice

SKILLS AND CONCEPTS

Part I: The Health Insurance Portability and Accountability Act
1. a. Patients have more control over their medical records.
   b. Patients are able to make informed choices regarding how their personal health information is used.
   c. Boundaries are set on the use and release of health records.
   d. Safeguards are established that healthcare providers must achieve to protect the privacy of health information.
   e. Violators are held accountable and face both civil and criminal penalties if patient privacy rights are compromised.
   f. The Privacy Rule protects public health by striking a balance when public responsibility supports disclosure of personal health information.
2. Title I regulates insurance reform and limits the use of preexisting health conditions that in the past prevented or limited an employee from obtaining health insurance coverage.
3. Title II reduces administrative costs in the healthcare industry and deals with administrative simplification.
4. a. The right to notice of a facility’s privacy practices.
   b. The right to have access to, view, and obtain a copy of their PHI.
   c. The right to restrict certain parts or uses of their PHI.
   d. The right to request that communications from the facility be kept confidential.
   e. The right to request the facility to amend the PHI.
   f. The right to receive notice of all disclosures of their PHI.
5. a. How PHI is used and disclosed by the facility.
   b. The provider’s duties in protecting health information.
   c. Patient rights regarding PHI.
   d. How complaints can be filed if patients believe their privacy has been violated.
   e. The person to contact at the facility for more information.
   f. The effective date of the Notice of Privacy Policies.

Part II: Patients’ Rights under HIPAA
1. request amendment of protected health information
2. access protected health information
3. request confidential communications
4. notice of privacy practices
5. receive an accounting of disclosures of protected health information
6. request restrictions on certain uses and disclosures of protected health information

**Part III: Incidental Disclosures**
1. Yes
2. Yes
3. Yes
4. Yes

**Part IV: Notice of Privacy Practices**
1. Yes
2. Yes
3. Yes
4. Yes
5. No

**Part V: Privacy in the Physician’s Office**
1. EFTs help the provider maintain patients’ privacy because checks and other written documents might be seen by other patients. By computerizing all of these transactions, privacy is maximized for the patient.

2. The EFT regulations became effective in January 2012.

3. HIPAA-covered entities must be in compliance by January 1, 2014.

4. New HIPAA legislation has been enacted that will require physicians to track any disclosure of a patient’s medical information. This affects the physician’s business associates, such as clearinghouses, attorneys, accountants, and others who have access to protected health information. This is the first time the federal government has regulated the business associates of providers, and it means that business associates will have more culpability with regard to privacy violations. When a breach of privacy occurs, the provider or business associate must provide notification to the patient in writing.

5. Pharmacies, health plans, and other covered entities must obtain an individual’s specific authorization before sending marketing materials.