Sensitive Information in Medical Records - Panel IV: Other Sensitive Information
Patient Anonymity

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American Health Information Management Association
AHIMA:

- 82-year old non-profit, professional association – health information management (HIM)

- 7 Professional credentials including Certified in Healthcare Privacy and Security (CHPS)

- 57,000 + members/40 employer types/close to 125 different functions related to HIM and informatics including privacy and security officers as well as release of information officers (ROI)

- HIM= information and information systems: collection, abstraction, coding, auditing, reporting, transfer, storage, analysis, and protection (privacy and security)

- Standards for: data collection, use and exchange, classifications and terminologies, privacy and security, and education of the profession.
The Questions:

• In what circumstances are patients admitted under a pseudonym/alias, such as victims of violent crime (e.g. gunshot wounds), celebrities, cosmetic surgery, etc?

• Is there a policy for this sort of thing that is nationally recognized, or is this all done on an ad hoc basis?
Quick Answers:

• With limited time AHIMA was not able to conduct a survey of members, instead a non-scientific set of members were contacted along with members of the AHIMA Privacy and Security Practice Council.

• There is currently no national policy related to patient anonymity. Most facilities, including larger practices, have a policy, with HIPAA setting the guide for the facility practice.

• AHIMA issued an updated practice brief in 2001.
Environment:

• Providers are in a paper – hybrid – or electronic health record environment
• Providers are engaged in multiple systems of data and records within and external to their organization
• Most providers have yet to deal with electronic health information exchange outside of their own system
• Every provider is faced with federal and state laws that impact the use of anonymity
AHIMA Practice Brief:

- Updated to reflect HIPAA – future updates (HITECH)
- Operational approach
- Highlights use of facility directory
- Provides 15 specific recommendations related to protecting against threats to patient privacy
Use of Anonymity:

- Works better in a fully paper environment than a hybrid or electronic health records (EHRs)
- Organizations using alias names (more often) or an identifier number
- Several patient safety issues were raised in several facilities
  - higher in some facilities with EHRs
  - problem if a repeating patient (before or after)
  - some sequestering if stand-alone procedure such as cosmetic surgery with no complications
Use of Anonymity (continued):

- Facility policy, but not necessarily included in any ongoing training (except for “celebrity facilities”)
- “Treatment” facilities better trained but must deal with celebrity issues
- Anonymity lifted after patient discharge
- Use of flags or notation for post-discharge anonymity varies widely
Use of Facility Directory:

• Facility directory notation in wide use
  • application and training varies – employees and volunteers

• Several facilities have direct link to facility security or other department(s) to handle all inquiries

• Directory content varies but the “message is clear”

• Many facilities indicate the directory process works

• Small “rural(?)” facilities still have to deal with local notoriety
Electronic Access and Audit:

• Electronic access controls and recording limit problems unlike paper or hybrid environments

• When faced with a key patient, several facilities:
  • increase audit activity of patient’s record or
  • add additional limits on access during stay

• Most facilities are moving to immediate disciplinary action for improper access
What works:

• Policy(s) in place that reflects federal and state laws as well as the record system and environment

• Clear understanding of “directory” potential and issues of patient safety

• Process(es) in place that identify situations where anonymity is needed to address patient request or situation and clear understand of individual responsibilities

• Ongoing education and training as well as orientation of employees and volunteers
Next steps:

• **AHIMA:**
  • Work with NCVHS & others as needed
  • Coordinate with HITECH
  • Review of practice brief, education, and training
  • Articles and attention to problems

• **NCVHS:**
  • If needed, further look at patient safety issues related to admissions with anonymity
  • Coordinate recommendations with HITECH
  • Push for uniformity!
Resource:

- Practice Brief: Patient Anonymity (Updated)
  go to www.ahima.org and search for “practice brief: patient anonymity (updated), or go to

  http://library.ahima.org/xpedio/groups/public/documents/ahima/bok1_000029.hcsp?dDocName=bok1_000029
Questions

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