

Bulletin

MAY/JUN 2013

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Bulletin

MAY/JUN 2013

MEMBER MAGAZINE FOR THE POLK COUNTY MEDICAL SOCIETY

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Cover Photo: Tornado Season

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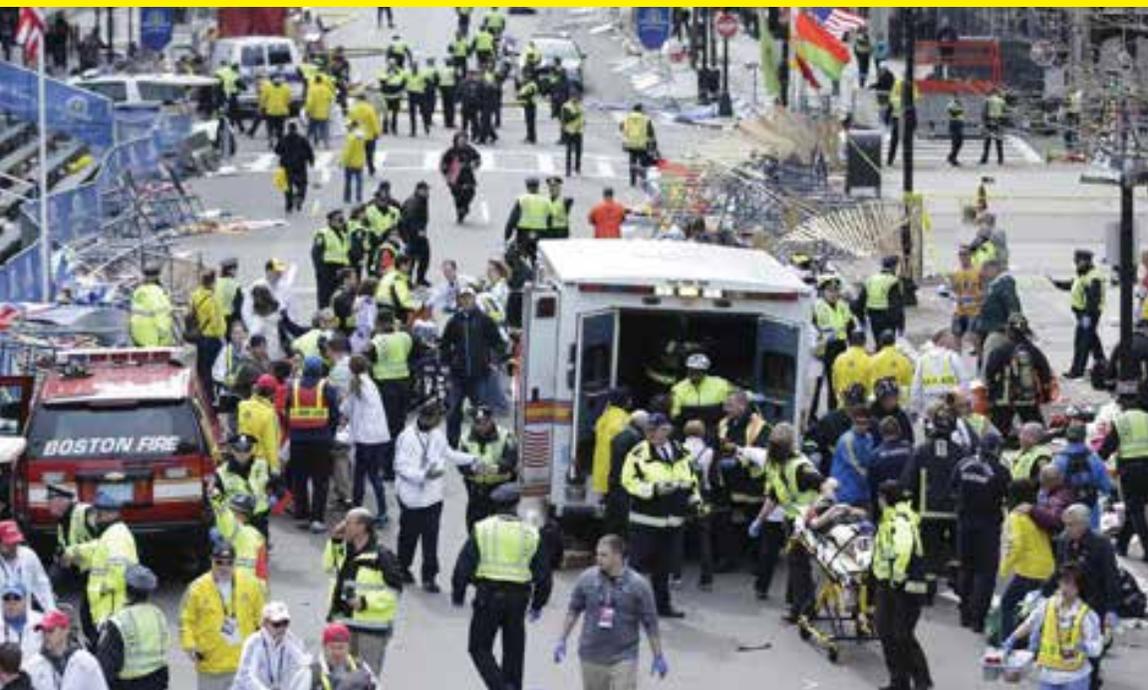
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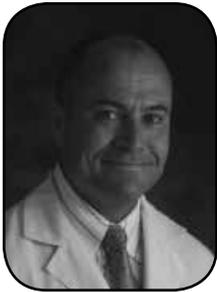
BOMBINGS

at the Boston Marathon



The Boston Bombings

and Emergency Preparedness



Philip J. Colletier, M.D.

In the wake of the horrific, despicable and senseless events at the Boston Marathon, I was impressed with the news and media clips of the brave, capable

hospital personnel who tended to the casualties. I listened as the emergency room physicians detailed the level of drilling and mock-casualty scenarios that prepare them for just such an eventuality.

In a prior chapter of my career, I was the battalion surgeon for a combat element of the 1st Infantry Division in Iraq and Desert Storm. In that capacity, and in anticipation of a chemical-weapons scenario, I drilled my platoon endlessly / relentlessly (we had a lot of time on our hands) to prepare for the complex and dangerous mission of handling chemically contaminated combat casualties. However, as the medical director of a radiation oncology department, I am clearly not on the front-lines of any realistic first-response emergency. Nonetheless, out of respect for the Boston event, and a sense of responsibility to make sure that my coworkers and colleagues are knowledgeable about what steps need to be taken in the event of emergency, I sought to learn more about our Emergency Preparedness Plan.

I learned that there exists a standardized grouping of hospital emergency codes. I knew of some of these, but had no idea how comprehensive they are. These are utilized in hospitals worldwide to alert personnel to many types of urgencies and emergencies. Apparently, a Hospital Association recognized the need for this coding system after three persons were killed in a shooting incident at a medical center after the wrong emergency code was called. At that time, a survey of California hospitals found that codes for fire (red) and medical emergencies (blue) were similar throughout. In contrast, there were 47 dissimilar codes for infant abduction and 61 for a combative individual. Soon thereafter, voluntary implementation of uniform codes was encouraged.

Despite this attempt at standardization, there remains great variety. For example, a combative person/assault is termed Code North, Grey, Silver, Black, White, Atlas, Green across different regions of the world. Some term this "Dr. Strong," others "Dr. Armstrong." Historically, doctor codes have included "Paging Dr. Firestone" to indicate a possible fire, and "Paging Dr. Stork" to indicate that a woman is in labor and requires immediate assistance.

By way of review (and enlightenment to me,)

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here are the Color Codes in the Emergency Preparedness Guide from Mercy Medical Center in Des Moines;

These are Emergency Codes eligible to be announced over the PA system -

- *Code Blue - Cardiac Arrest / Medical Emergency*
- *Code Red - Fire*
- *Code White - Bomb Threat*
- *Code Pink - Infant / Child abduction*
- *City Alert - Major emergency event in the city*
- *Hospital Alert - Hospital-specific emergency event*
- *Trauma Team to Emergency - Trauma Alert*
- *Trauma Alert Code One = Trauma Alert, unstable patient*
- *Severe Thunderstorm Warning with winds in excess of 70mph / Tornado Warning*
- *Code Orange - Hazardous Materials / Bioterrorism Response*
- *Code Wander - Missing Patient*
- *Code Assist - Assistance needed for aggressive behavior for a patient*
- *Code Yellow - Important email is being sent to Department Directors and Management Sta*

If an individual needs to activate the Emergency Code system, give the switchboard operator the following information:

1. Nature of the problem: Fire, Explosion, Medical etc.
2. Location: Building address, nearest intersection, floor / suite.
3. Call back telephone number.

I encourage the reader to consider reviewing your hospital-specific Emergency Preparedness Plan with your staff, the information you share is invaluable and could be critical in minimizing property damage, but most importantly injury and casualties.

In the words of Louis Pasteur, "chance favors the prepared mind."

News...News...News...News!

Polk County Medical Society wants to know what's new with you. Have you been appointed to a board or received an award? Please take a moment to write what's new with you to pcms@pcms.org!

**Editor: pcms@pcms.org
Polk County Medical Society
1520 High Street
Des Moines, IA 50309**

Oklahoma EF5 TORNADO



Kathie J. Lyman

From the day I entered grade school one of the first drills we learned was, "when you hear the tornado alarm, get under your desk."

We did the drill until we all understood the importance of protecting ourselves from the danger of living in Iowa where tornados could quickly destroy a town and take lives. I know it sounds crazy but each year with a little trepidation during tornado season I think about how vulnerable we all are.

Tornados hit most of the states in Tornado Alley in May. However, none were as tragic as May 20th in Moore, Oklahoma. Tornado sirens begin to blast as an EF5 tornado (the highest category) 1.3 miles wide, with peak winds of 210mph, struck Moore and surrounding areas killing 24 people and injuring 377 others. It was reported that the tornado was from 8 to 600 times more powerful than the Hiroshima bombing. It caused homes to be ripped off their foundations, the school roof ripped off, walls down, cinder block and metal flying, trees ripped from their roots, cars and trucks

tossed in the air, and homes flattened with debris as far as you could see.

The most horrific devastation from this tornado left 9 children dead. The heroic teachers acted quickly. With a deep sense of responsibility for the children's safety the teachers immediately got them to the 1st floor taking cover wherever they could, including closets, which saved lives.

Doctors, nurses, and allied health personnel hearing the news of the devastation of the tornado immediately volunteered to treat and triage the hundreds injured. Doctors cared for patients, not necessarily in their own specialty, with various blunt head trauma and metal objects impaled in their bodies. Nurses and allied health professionals treated the multiple other types of injuries for the patients who required immediate medical care. The resilient rescue workers rushed to the school site to form a human chain to pull injured and dazed children from the destruction to a triage center in the parking lot. Families watched and waited in horror to learn of the safety of their children. The first responders,

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The Polk County Medical Society

“Final Legislative Report”



John Cacciatore



Mary Earnhardt

The Iowa Legislature adjourned on May 23rd. Health care was a prominent topic during the session. A summary of the issues that impact physicians and that PCMS focused their attention is below.

The PCMS Board established five priorities going into the 2013 legislative session:

Support

- Certificate of Merit
- Medicaid provider reimbursement rates
 - No cuts
 - Position for increase
- Widening Medicaid Coverage (but remain concerned about funding after 2015)
- Increase Volunteer Physician Network (VPN) funding

Oppose

- Expansion of allied professionals scope of practice when physicians have patient safety concerns

The Volunteer Physician Network (VPN) administered by PCMS receives funding to run this referral service for patients to receive free specialty care through the state sponsored Iowa Collaborative Safety Net Provider Program. This program is of unique interest to PCMS. VPN saves the State of Iowa approximately \$3 million annually by providing free specialty care when needed to uninsured Iowans. PCMS worked with legislators in both chambers to secure funding of \$378,000 for the pool of financial resources that funds the PCMS VPN services, an increase of approximately \$70,000. This year's increase is in addition to a \$50,000 increase for this program secured last year.

PCMS supported the IMS effort to secure medical malpractice reform legislation. Gov. Branstad included medical malpractice reform in his Condition of the State speech in January. There were multiple committee meetings and

the legislation passed the House. The measure was included as part of the Medicaid reform legislation approved by the House late in the session. Medical malpractice reform was an item of consideration as part of the final negotiations over Medicaid and how Iowa would implement the Affordable Care Act at the end of session. In the final legislation, medical malpractice reform was not included in the legislative compromise. However, there was an interim study committee established to study the submission of certificate of merit affidavits in medical malpractice actions as well as limitations on the number of expert witnesses that may be called by both plaintiffs and defendants involving health care providers. The committee of House and Senate members will make recommendations to the 2014 session of the Legislature.

The Legislature improved Medicaid reimbursement rates for physicians for the first time in years with a 1% increase. PCMS lobbied legislators at the annual Legislative Breakfast to enhance physician reimbursement. The increase was included in the compromise legislation to fund Health and Human Services. The increase is under consideration by the Governor.

Over the past two years, there has been an effort to cut Medicaid reimbursement to physicians when there is a difference between the cost in their office or in another facility setting. This cut was originally at a \$1 million cost to physicians but ballooned to approximately \$6 million. In 2012, PCMS and other physician organizations were successful in nullifying the rule that allowed the \$6 million cut, paring it back to the original \$1 million. DHS determined they could only implement the cut at the \$1 million rate by implementing it over one half of the year. This is unworkable over the long term, so PCMS

and other physician organizations worked with legislators and the Governor to eliminate this cut altogether. The Legislature eliminated the cut and we are awaiting action by the Governor as of this writing.

Allowing Medicaid to provide health care coverage to more Iowa adults was one of the three top issues considered by the Legislature. PCMS supported increased access and was also concerned about out year costs to Iowa taxpayers. A compromise was struck at the end of the session called the Iowa Health and Wellness Plan. The legislation allows Iowans up to 138% of poverty to have access to a health insurance plan with premiums and costs covered by the federal government in some fashion. For those between 101% – 138% of poverty, private plans will be accessible through the state/federal exchange starting on January 1, 2014. For those at or under 100% of poverty, the dominant state employee plan will be the model for their Medicaid covered services with the addition of Medicaid prescription drug, dental, and habilitation coverage. Cost sharing or premiums will be a component for all persons above 50% of the poverty level. However, if a person maintains certain wellness benchmarks, like having an annual physical, the premium payments after the first year will continue to be covered with federal funding. Additionally, the compromise agreement provides for an “opt-out” provision through which state taxpayers would be protected if the federal government failed to meet its funding pledge.

An important component for physicians is that any willing provider will be able to participate in this new program, just like the current Medicaid process. Reimbursement rates for the population at 100% of poverty or

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lower will be the state Medicaid reimbursement rates. For those patients between 101% – 138% of poverty, the reimbursement rate will be that of the private plan chosen in the exchange.

Accountable Care Organizations (ACOs) are a part of the new delivery system. ACOs will have to provide a medical home for patients. ACOs will have to develop performance metrics and share in the risk as the plan develops over the next five years.

The Iowa Health and Wellness Plan requires a waiver to be approved by the federal government. The Department of Human Services is preparing the waiver to be submitted by June 28th.

A few scope of practice issues were considered this session. Of note, an effort for Pharmacists to prescribe vaccinations and immunizations was negotiated to protect the physician's

responsibilities in these areas.

An issue of interest to PCMS this session was congenital heart screening for newborns. PCMS supported this legislation initiated by the American Heart Association. The measure was approved overwhelmingly by both chambers and was ultimately included in the Standings Appropriations bill now under consideration by the Governor.

The Governor had until June 22nd to act on legislation. We will update PCMS if the Governor takes any action contrary to legislative action impacting physicians.

We will continue to keep PCMS apprised of legislative or administrative rules developments during the legislative interim period.

EXECUTIVE DIRECTOR'S MESSAGE

continued from page 7

along with neighbors and others were there immediately to search for the hundreds of injured, while others worked through the night trying to locate missing people in the hopes they would find them alive.

In a blink of an eye the lives of the people in entire towns where tornados hit were changed. Moore was not the only town devastated, as most of Tornado Alley had some destruction. The people in each of the towns experienced varying degrees

of destruction. Yet, they did have one thing in common; they came together as a community. Everyone worked together helping family, friends, neighbors, and strangers through their horrific loss to the point of exhaustion. When asked about how they were coping, the people no matter the town were all grateful to be alive. They had faith that this too would pass, and that their lives would be rebuilt with the support of their community.

CLASSIFIED ADS

The Polk County Medical Society Bulletin is now accepting classified advertising. The rate is \$50.00 for the first 30 words or less, and 40 cents for each additional word. This is the ideal way to inform your colleagues about selling equipment, practices, homes, cottages or vacation property for rent or sale, automobiles, help wanted, leased office space available, physician wanted, etc. Placing a classified ad will be a copy/paste of your emailed ad. If interested in this type of ad, please contact Polk County Medical Society at pcms@pcms.org or call 288-0172.

To make the ad stand out, you can purchase the additional products of typesetting or spot color please see the cost listed below.

Additional Charges:

Typesetting full page	200.00
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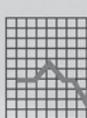
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In Memory of Charles Hull, M.D.



Dr. Charles Hull was a retired member of many organizations; the Polk County Medical Society, Iowa Medical Society, American Medical Society, Iowa Society of Anesthesia, American Society of Anesthesia, and the American College of Anesthesia.

Charlie was one of the first board-certified anesthesiologist in Des Moines. He practiced early on at Methodist, Lutheran and Mercy hospitals and later primarily at Mercy Hospital where he was a highly respected and skilled anesthesiologist. His interest in medicine began early in his life as both parents practiced as chiropractors. He grew up in Knoxville Iowa and met Norma his childhood sweetheart who he married in 1954 and they were a great team together.

Charlie graduated from Knoxville High School, Drake University, University of Iowa Medical School, interned at Broadlawns Hospital and then a residency in anesthesia at the University of Iowa Hospital. He then joined Medical Center

Anesthesiologists in Des Moines, from which he retired in 1994, giving him more time to do the things that he enjoyed.

Charlie had many medical and non-medical friends due to his many interest in hunting, tennis, golf, travel, mushrooming, fishing, Water sports, and ham radio. He was a great handyman to fix and repair most everything and was always ready to help others with their repair problems. Everything was always at a high level of perfection and noted by the shine on the Destiny (a classic car he had built) and enjoyed driving. His religion was important and he discussed with his close friends his studies concerning the afterlife.

It has been an honor to be his friend and I am only one of several who realize the caring and sincere way in which he treated others.

After 80 years he succumbed to a rapidly invasive cancer and will definitely be missed by his family and many friends.



POLK COUNTY MEDICAL SOCIETY

3RD ANNUAL
CHARITY

GOLF TOURNAMENT

Monday, September 30, 2013

Wakonda Club

Join us for the 3rd Annual PCMS Charity Golf Tournament for medical students on Monday, September 30, at Wakonda Club. All proceeds benefit the 501c.3 Kathie J. Lyman Scholarship. The format will be a 4-person best shot. Registration will begin at 11:45 followed by a BBQ Lunch on Terrace Grill/Patio, shotgun start at 1 p.m., and Awards Cocktail Reception at 5 p.m. Come out to play with us in support of this wonderful cause. TO REGISTER CALL: 515-288-0172 or EMAIL: pcms@pcms.org



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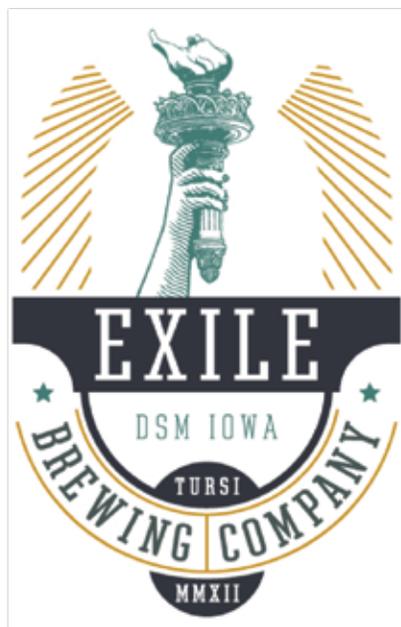
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Making a World of Difference

By: James Blessman, M.D.



As a young man I remember reading about the adventures of Dr. David Livingston's adventures of working in Africa. It sounded so exciting to me as a child and then life happened, medical school, bills, marriage, a medical practice and children and I put my dreams on the back burner. I have been blessed to have a second chance at one of my childhood dreams. I remember discussing my vision of going into mission work with a few of my medical colleagues a dozen years ago and most all of them thought that I had lost my mind.

I am so happy that I had the courage to follow this childhood dream; I would not have missed the experiences I am having in Africa for anything.

My wife Beth and I have lived and worked in the country of South Africa for the last 8 years. There have been many sacrifices and life in Africa at first was a bit difficult especially for



Jerry Foster, Yogesh Shah, M.D. and Governor Terry Branstad on Safari

my wife. Once we built our own home there she settled in and has also enjoyed our lives there. Our son spent a couple of years there working with us and met and married his wife Rene' a beautiful S. African woman. They have been married for 6 years now. They enjoyed living in America the last 6 years but are now



Evening together after a day Safari trip

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planning on moving back to South Africa in October. They will work with us full time and will be taking over our work there when I am too old to continue.

Our home is on a 3000 acre safari game farm in the hills of Limpopo the northern most province of South Africa. We have 27 different species of beautiful African animals living on our farm. These include giraffes, zebras, warthogs, cape buffalo, kudu and many different antelope species. Nearby one of our neighbor farmers have 50,000 acres and they

have all of the same animals that we have in addition to lions, elephants, rhinos and hippos. It is such a joy to live among all of these beautiful creatures. The real joy however is in doing the mission work that we are able to do serving the impoverished black orphan children. The severe AIDS epidemic in our part of the world has caused the death of hundreds of thousands of young people leaving up to 2 million orphans needing assistance.

In addition to our own personal home we have built 4 other 2 bedroom homes for long

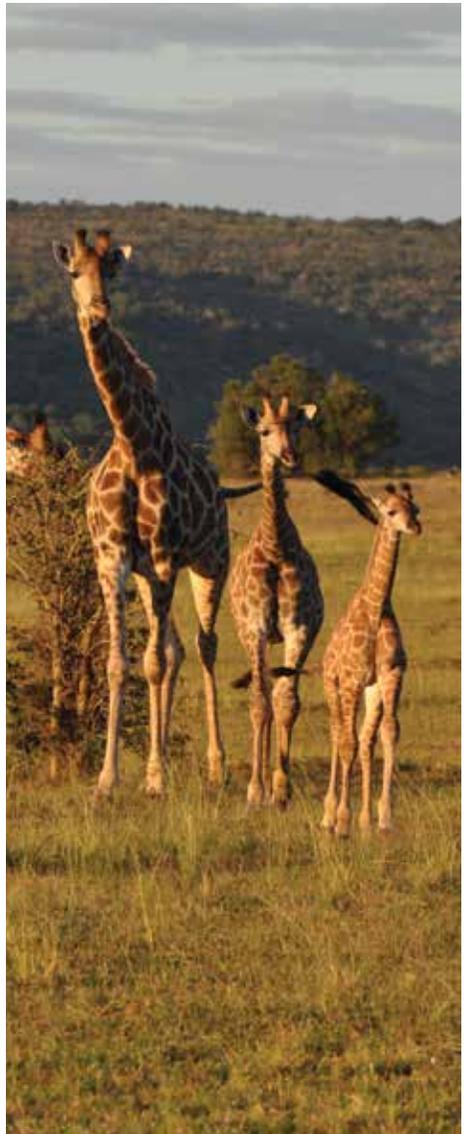
term missionaries to live in while they work with us. Just this last year we completed a 30 bed lodge for short term missionaries to stay in when they come to work with us. We have about 150 Americans coming to SA each year to serve with us.

The people who come to work with us help us do optical refraction and distribute free glasses to the children. Over the last 6 years we have distributed over 35,000 pairs of new glasses to African children in their schools. Last year we added a similar program of giving free shoes to improvised African people. We have 25,000 pairs of new shoes in our warehouse to be given out over the next couple of years. Our largest project is in helping feed malnourished children. In partnership with Meals from the Heartland and Convoy of Hope we are helping to feed over 5,000 children every day.

In partnership with Iowa State we are developing several micro enterprises to uplift black Africa nationals. Our current enterprises are in farming, sewing, construction, internet café and well drilling.

For the last 4 years we have had a partnership with Des Moines University Medical School and they send us their senior medical students to do a 1 month clinical rotation in a 500 bed public hospital near us. About 60 students have come so far usually in groups of 3 to 5 at a time. Next year we are adding rotations for veterinary medical students as well.

Our financial backing comes from many



different individuals, churches and groups like the Rotary.

The missionary work we are busy doing certainly does not feel like retirement, it is a lot of work and my energy is completely gone at

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Congratulations to Luis Castagnini, M.D. who was featured in the **Des Moines Register** June 1, 2013, for clinics designed to help treat and prevent children from getting infections outside the U.S.



Congratulations to Richard Deming, M.D. who was featured in the **Des Moines Register** March, 6, 2013, for leading cancer patients and caregivers on mountain-climbing expeditions in Africa and Nepal.



Congratulations to Gary Hemann, D.O. who received the Governor's Office of Drug Control Policy IDEA Award in recognition of his efforts to reduce substance abuse. Under Dr. Hemann's leadership, Mercy Medical Center launched a program for reviewing emergency department pain medication prescriptions to promote health and prevent abuse. He also forged a coalition of local and state health care organizations to make the program available to all Iowa hospitals.



Congratulations to Jeffery Maire, D.O. who was elected as President-elect for the Iowa Medical Society.



Congratulations to Amaran Moodley, M.D. who was featured in the **Des Moines Register** June 1, 2013, for clinics designed to help treat and prevent children from getting infections outside the U.S.



Congratulations to Matthew Weresh, M.D. who was featured in the **Des Moines Register** April, 29, 2013 for the new urgent injury clinic at the Des Moines Orthopaedic Surgeons building.



Congratulations to Joseph Yankey, D.O. who was featured in the **Des Moines Register** April, 29, 2013 for the new urgent injury clinic at the Des Moines Orthopaedic Surgeons building.



Congratulations to William John Yost, M.D. who was elected District Director #6 of the Iowa Medical Society (IMS). He will join the Polk County Medical Society Executive Board as an IMS representative.

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Direct from Broadway, the classic holiday movie White Christmas comes to the stage at last! This brand new musical shines with classic Berlin hits like "Blue Skies," and "White Christmas". The story is about 2 buddies putting on a show in a magical Vermont inn and finding their perfect mates. Full of dancing, laughter and some of the greatest songs ever written, Irving Berlin's White Christmas promises a merry and bright theatrical experience for the entire family!

**Please plan to join your colleagues, family,
friends, and staff for a light dinner prior to show**



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HIPPA NOT HIPPO

IT'S TIME TO TAKE THE PRIVACY AND SECURITY REGULATIONS SERIOUSLY

Background

If you are a covered entity or business associate, now would be a good time to ask yourself - when was the last time you reviewed your processes and controls to make sure you are HIPAA compliant? As a law firm representing hundreds of physicians, medical groups, and several specialty facilities, we are keenly aware of the concern over compliance with the privacy and security regulations of the Health Information Portability and Accountability Act of 1996 ("HIPAA"). At the same time, we are also aware that due to the lengthy implementation process and the confusion created by the deluge of regulations, and seemingly well-intentioned vendors and consultants seeking to sell products and services to those affected, many health care providers simply became numb to the repeated warnings of the dangers of noncompliance.

Nevertheless, it has been nearly 10 years since the HIPAA privacy rule became effective. More importantly, the Health Information Technology for Economic and Clinical Health Act (the "HITECH Act"), which was part of the larger American Recovery and Reinvestment Act of 2009, effectively amended HIPAA for the first time, widening the scope of the privacy and security rules (including provisions applying

the security rules and some of the privacy rules directly to business associates) and providing for increased enforcement through periodic audits. As an initial step toward enforcement, the U.S. Department of Health and Human Services Office of Civil Rights (the "OCR") implemented a pilot audit program in late 2011 under which it would audit 115 covered entities by the end of 2012. The OCR HIPAA Audit program contains over 150 elements (or modules) providing for a very detailed and comprehensive analysis of the required privacy, security and breach notification processes, controls, and policies. It is expected that the scope of the audit program will be drastically expanded over the next few years. In fact, this past October, at the Sixth Annual HIPAA Summit West, held in San Francisco, OCR Director, Leon Rodriguez, confirmed that the pilot audit program was becoming permanent.

If you have not updated your policies and procedures since HITECH or, if you are not regularly conducting a risk assessment and making appropriate adjustments to your policies, procedures and controls, you are likely out of compliance with HIPAA and at risk for significant penalties. Individuals and entities governed by HIPAA can no longer simply hope HIPAA will go away, or that

inadvertent, unintentional HIPAA violations will go unnoticed.

Two very recent cases have highlighted the importance of taking the HIPAA privacy and security rules seriously. As the remainder of this article points out, proper implementation and management of privacy, security and breach notification policies, procedures and controls is imperative to avoid penalties, even if such violations are inadvertent or unintentional.

Phoenix Cardiac Surgery

On April 17, 2012, the OCR entered into a settlement agreement with Phoenix Cardiac Surgery ("PCS"). The OCR's investigation was not part of the audit program, but was instead initiated from a complaint that PCS maintained a patient appointment calendar on its public access website. It is unlikely that this was an intentional privacy violation but, nevertheless, PCS failed to recognize the problem and correct it before a complaint was issued to the OCR. We note that a properly conducted risk assessment (a requirement of the HIPAA security rule) would have likely identified this issue and alerted PCS to the risks.

Following its investigation, OCR determined that PCS had indeed violated the HIPAA privacy and security rules. Among the specific problems identified by the OCR were the failure to implement adequate policies and procedures, failure to train employees on any policies and procedures, failure to identify a privacy and security officer, failure to conduct a risk assessment of its offices, and failure to enter into business associate agreements with companies using protected health information on its behalf. Based on the absence of proper

policies and procedures, the OCR identified this as a significant and continuing failure and, without disclosing the amount initially demanded for the violation, the parties settled the case for \$100,000.00. In addition, the settlement requires PCS to take corrective action and spend additional resources to implement the policies and procedures it should have already had in place.

For those who think the OCR only goes after big providers, we point out that PCS is a small practice owned by two cardiac surgeons. In other words, this was not a large multi-specialty practice, medical center, or other facility with significant resources - the \$100,000 penalty is substantial. Covered entities are well advised to review their current HIPAA policies and procedures, training programs, and business associate agreements to make sure that their HIPAA compliance plan is adequate and appropriate for their respective practices. The costs of a self-audit may save hundreds of thousands of dollars.

Accretive Health, Inc.

On January 19, 2012, the Minnesota attorney general filed a lawsuit accusing Accretive Health, Inc. ("Accretive") of violating HIPAA and Minnesota state law. Specifically, the Minnesota attorney general alleged that Accretive, in addition to engaging in abusive collection practices, was guilty of eight HIPAA violations resulting from the loss of protective health information contained on a laptop stolen from an Accretive employee's rental car. The information obtained on the laptop included names, addresses, birthdates, social security numbers, and medical conditions. Notably, the

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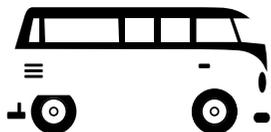
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loss of the laptop itself was not the violation. The state alleged that Accretive violated HIPAA security rules by failing to implement security policies and procedures, to train employees, and to implement administrative physical and technical safe guards to protect the information. The Accretive case settled this past July for \$2.5 million and Accretive's agreement to discontinue its business operations in Minnesota – no doubt a significant penalty. The real interesting aspect of this case, however, is that Accretive is not a covered entity under HIPAA, but is instead, a business associate.

Although the HITECH Act's expansion of the scope of the security rule to business associates became effective February 17, 2010, the final rules implementing and explaining the specifics of that expansion have not yet been published. As such, the federal government has openly taken the position that it will not enforce the rule against business associates until after the final rule is published. Nevertheless, while acknowledging that the federal agencies might not seek enforcement, the Minnesota Attorney General's office correctly stated that such a position by the federal government did not bind Minnesota, and as such, Minnesota's position is that the security rule currently applies directly to business associates and can be enforced.

Conclusion

The common theme in these two cases is that it is not the improper or inadvertent disclosure of protected health information or security breach itself that is being penalized – but instead, it is the lack of policies, procedures, and controls being penalized. In sum, it is time to take HIPAA seriously. Covered entities and business

associates alike should review their policies and procedures, conduct regular risk assessments, provide appropriate training for their entire workforce, and, in general, verify that they have an appropriate HIPAA compliance plan in place. Be prepared for an audit with more than just excuses. Experienced legal counsel can be a valuable resource in conducting internal HIPAA audits and formulating appropriate compliance plans.

Richard D. Vroman

Law firm

Koley Jessen PC, LLO

1 Covered Entity means:

- *A health plan.*
- *A health care clearinghouse*
- *A health care provider who transmits any health information in electronic form*

2 Business Associate means any entity or person who:

- *creates, obtains, uses, or discloses protected health information for or on behalf of the covered entity; or*
- *provides legal, accounting, actuarial, consulting, data aggregation, management, accreditation, or financial services, where the performance of such services involves giving the service provider access to protected health information.*

The statute was passed in 1996 but the privacy regulations did not become effective until April 2003, and the security regulations did not become effective until April 2005.

Volunteer Physician Network Receives Grant from Prairie Meadows



L-R: Jackie Strang, Nicci Dean, VPN Administrator, Juliet Bascom VPN Coordinator, Janna Johnson, Leah Gabriel and Claudia Hernandez.

The Volunteer Physician Network (VPN) Advisory Committee met on June 11, 2013. Representatives included specialty groups, hospitals, financial departments and referring clinics. The VPN updated the group on procedures to streamline the referral process, and offered training to new referring

clinic staff members. The VPN announced they received a \$15,000 grant from Prairie Meadows Community Betterment for Interpretive Services. This much needed funding will provide non-English speaking patients with an interpreter for specialty care appointments.

FEATURE ARTICLE

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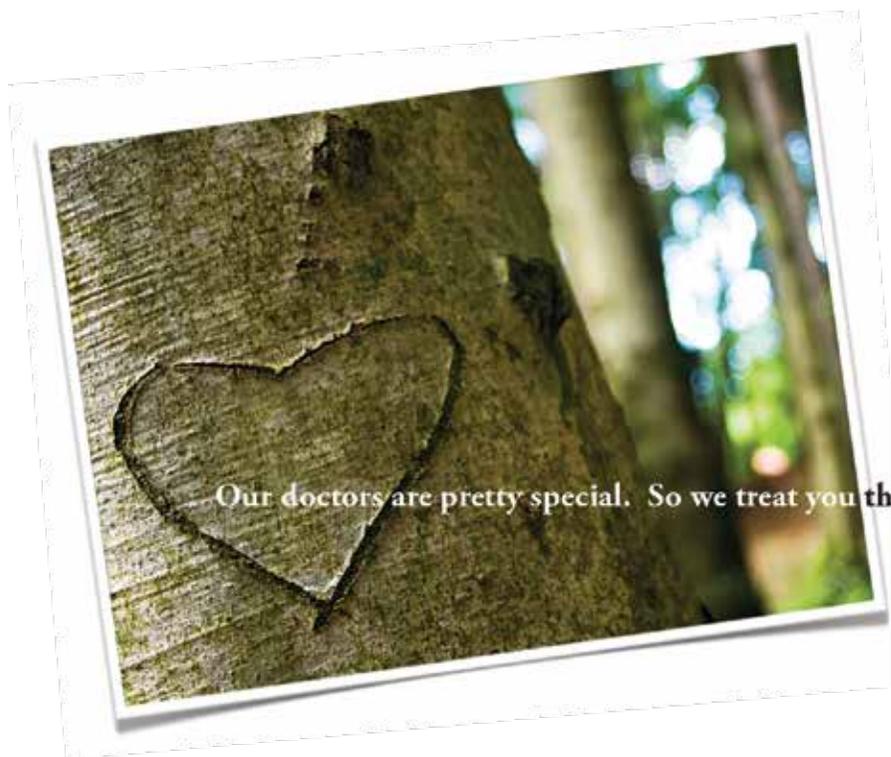
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