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ccpa news

WINTER/SPRING 2015

Letter from CCPA's Executive Director Kena Norris, MJ, FACHE

For those members who I have not yet had the pleasure to meet,

I joined Children's Community Physicians Association (CCPA) and CCPA Purchasing Partners as the Executive Director during the end of June 2014. I feel incredibly fortunate to become a part of an organization that represents independent pediatric practices and its community physicians. Prior to CCPA, I had fifteen years of experience working in medical associations, including serving as the Chief Operating Officer for the Illinois Chapter of American Academy of Pediatrics (AAP). Therefore, with my prior background, coupled with the experienced direction of CCPA's

board and its dedicated staff, we hope to expand the number of member benefits to help you to effectively run your practices.

In fact, we have already added two new benefits for CCPA members who can now access AAP's ICD-10 Coding Newsletter and Red Book Online for free! We will continue to roll out additional member resources, including via *CCPA News*, which will expand its content to cover pertinent healthcare law and practice management issues.

Finally, we are working to improve the educational offerings for members and hope that you can join us for CCPA's Annual Meeting on

Wednesday, May 6, 2015. Dr. Richard Tuck, member of the AAP Board of Directors and pediatric coding expert, will present sessions on "ICD-10" and "Coding a Day...in the Life of a Busy Pediatrician." Details about the 2015 Annual Meeting can be found inside this newsletter.

In the whirlwinds of change, especially due to an ever-evolving healthcare environment, CCPA will develop new ways to support our members. We know that it is becoming more and more challenging to maintain an independent private practice, but we also hope that the inherent autonomy and the ability to treat YOUR patients are the worthwhile rewards. ■

Save the Date!

Children's Community Physicians Association

2015 ANNUAL MEETING

Wednesday, May 6, 2015

Café La Cave

2777 Mannheim Rd

Des Plaines, IL

— Schedule of Events —

2:30 PM Registration

3:00 PM "ICD-10"

4:00 PM Break

4:15 PM "Coding a Day...in the life of a busy pediatrician"

6:00 PM Cocktail Hour

7:00 PM Dinner and Business Meeting

Guest Speaker: Richard H. Tuck, MD, FAAP

Board of Directors at the American Academy of Pediatrics and pediatric coding expert

Questions: ccpa@luriechildrens.org or **312.227.7508**

CCPA Updates

CCPA ANNUAL MAILING

The annual mailing should have been received at your practice, which includes the dues invoice, election ballots, access instructions to new member services, and other items. Please review the contents of the packet carefully. If you have not received the annual mailing or have general questions, please contact Armetris Forman, Sr. Administrative Assistant, at **312.227.7508** or aforman@luriechildrens.org.

STAFF UPDATE

We are pleased to announce that Armetris Forman is the new Sr. Administrative Assistant. Armetris will be supporting both CCPA and CCPA Purchasing Partners. Prior to joining CCPA, Armetris previously served as the office manager/clinical assistant at a member practice for over two years so she brings the pediatric practice perspective, which will help her to better serve our members.

MANAGED CARE UPDATE

CCPA is in a partnership with Lurie Children's and the Faculty Practice Plan to create a Clinically Integrated Network (CIN). During this transformational period, CCPA will be slowly terminating its contracts once the CIN establishes new payor agreements with improved reimbursements for community physicians. In the meantime, CCPA is currently maintaining its seventeen payor contracts. The fee schedules for our payors will be updated and available via the CCPA website in March 2015. For questions about CCPA's managed care agreements or related fee schedules, please contact LaVonna Swilley, Managed Care Liaison, **312.227.7425** or lswilley@luriechildrens.org.

CCPA ANNUAL MEETING

Save the Date! CCPA's Annual Meeting will be held on Wednesday, May 6, 2015 at Café La Cave located at 2777 Mannheim Rd in Des Plaines, IL. The featured speaker will be Dr. Richard Tuck, FAAP, who is a board member of American Academy of Pediatrics and an expert in pediatric coding. A formal invitation and details about this event will soon be available.

NEW MEMBER SERVICES

Please be sure to check out the following new resources for CCPA members, Red Book Online and ICD-10 Newsletter from the American Academy of Pediatrics. These services are now FREE to our members and can be accessed via the CCPA website.

Lastly, *CCPA News* will be expanding its content to cover pertinent healthcare legal and practice management issues using experts in these areas. If there is a legal or practice management issue that you would like us to address, please contact Kena Norris, Executive Director, at **312.227.7406** or knorris@luriechildrens.org.

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Are You Hip to HIPAA?

A PEDIATRICIAN'S HIPAA WORKOUT GUIDE FOR COMPLIANCE, STABILITY AND BALANCE [PART I]

By Julie E. Treumann, Esq., de jure de facto, p.c.

Stability, balance and movement are dependent on strong, healthy hip flexors – a key component of today's workout trends. Likewise, the stability of your growing practice depends on a strong healthcare regulatory compliance program. This article provides workout tips for your "HIPAA-flexors" to help create, maintain and assess compliance within your practice and to avoid "HIPAA-fractures," which can result in fines, headaches and generalized gluteal pain.



To flex your HIPAA compliance muscles, you will need to understand and strengthen the core, stretch the IT band, do step-ups when there is a breach and build in flexibility when minors consent to treatment. At its core, HIPAA is a collection of rules and regulations enacted as part of the Health Insurance Portability and Accountability Act of 1996,

as amended under the American Recovery and Reinvestment Act of 2009 by the Health Information Technology for Economic and Clinical Health Act ("HITECH"). The main components of HIPAA are known as the Privacy Rule, the Security Rule and the Breach Notification Rule (the "Rules"). The exercises below will provide a workout of the Privacy Rule and can be used to assess your fitness level or where you need to add more into your routine. Part II of this article in the next newsletter will continue with the Security Rule and Breach Notification Rule.

1. Core Work - Summary

Individuals, organizations, and agencies that meet the definition of a covered entity under HIPAA (essentially any provider that bills or receives payment electronically) must comply with the requirements of the Rules to protect the privacy and security of health information and must provide individuals with certain rights with respect to their health information. Protected health information, or PHI, is information, including demographic data, that relates to (i)

the individual's past, present or future physical or mental health or condition; (ii) the provision of health care to the individual; or (iii) the past, present or future payment for the provision of health care to the individual; and that identifies the individual or for which there is a reasonable basis to believe can be used to identify the individual.

A covered entity may only use or disclose PHI as permitted or required under the Privacy Rule or as the individual who is the subject of the PHI (or that individual's personal representative) authorizes in writing. Your notice of privacy practices ("NPP") to patients includes how you comply with HIPAA and how you will use PHI.

If a covered entity engages a business associate to help it carry out its health care activities and functions, the covered entity must have a written business associate contract or other arrangement with the business associate that establishes specifically what the business associate has been engaged to do and requires the business associate to comply with the requirements to protect the privacy and security of protected health information. In addition to these contractual obligations, business associates are directly liable for compliance with certain provisions of the HIPAA Rules.

2. Trainers and Workout Buddies – Business Associates

Sometimes you just can't do it all yourself – so you hire specialists to help with the administrative functions of the practice. These trainers and workout buddies are likely "business associates" under HIPAA. Business Associates are individuals or entities that create, maintain, transmit or receive protected health information for or on behalf of a covered entity in the course of providing functions or services for the covered entity. Common business associate functions and activities include: claims processing or administration; data analysis, processing or administration; utilization review; quality assurance; billing; benefit management; and practice management. Common business associate services are: legal; actuarial; accounting; consulting; data aggregation; management; administrative; accreditation; information technology (EMR); and financial. Individuals or entities that provide services or functions that do not involve the use or disclosure of protected health information, and where any access to protected health information would be incidental at most, are not business associates.

Written business associate agreements must be in place with all business associates to obtain satisfactory assurances that the business associate will appropriately safeguard the protected health information it creates, maintains, transmits or receives on behalf of the covered entity. As of September 23, 2013 (or September 22, 2014 in some circumstances), all business associate agreements and templates should now be updated to include the HITECH modifications.

3. Open Lizard Stretch – Permissible Disclosure

The open lizard pose opens up your hip flexors – and so HIPAA also allows you to open up your files and disclose PHI, since in order to treat patients, receive payment and run your practice, you need to disclose PHI. The Privacy Rule allows disclosure, without authorization from the individual who is the subject to the PHI, in the following situations and for the following purposes: (i) to the individual; (ii) for treatment, payment and health care operations; (iii) with an opportunity to agree or object; (iv) incident to an otherwise permitted use and disclosure; (v) public interest and benefit activities; and (vi) limited data set for the purposes of research, public health or health care operations. HIPAA allows covered entities to use professional ethics and best judgments in deciding which of these permissive uses and disclosures to make.

This means:

- you can always give PHI to the patient or the patient's personal representative;
- you can give PHI to other health care providers of the patient for coordination or management of health care (although most psychotherapy notes will require an authorization);
- you can disclose proof of immunization about a student to a school with documented agreement (orally or in writing) from the parent or student (if emancipated or student is an adult);
- you can disclose PHI to an insurance company to obtain reimbursement;
- you can use PHI in your health care operations for things such as quality assessment and improvement, competency assurance activities,

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conducting medical reviews, business planning, development, management and administration;

- you can rely on informal permission to disclose information to the patient's family, relatives or friends, or other people the patient identifies as directly relevant to that person's involvement in the patient's care or payment for care (more about situations involving minors who consent for care is later in this article);
- you can disclose for public health activities such as collecting information to prevent or control disease or notification for exposure to communicable disease;
- you can notify, in certain circumstances, appropriate government authorities regarding victims of abuse, neglect or domestic violence;
- you can use or disclose PHI to facilitate the donation and transplantation of cadaveric organs, eyes and tissue;
- in some circumstances, you may disclose a limited data set of PHI for research purposes; and
- you may disclose or use PHI in an emergency situation to prevent or lessen a serious and imminent threat to the health and safety of a person of the public consistent with applicable law.

Now that you've got the beginning of your workout down – this is a good time to review your business associate agreement and forms as well as your notice of privacy practices to confirm compliance with HITECH amendments. Part II of this article in the next newsletter will provide continuing tips for compliance with the Security Rule and the Breach Notification Rule. ■

Creating

By Merikay H. Tillman, MS, NSCHBC member and founder/CEO of COACH MKay Companies, LLC

We know patient-centered care is a cornerstone of healthcare quality, but exactly how do you go about creating a patient-centered practice?

With more than fifteen years of medical and dental practice consulting, I began a journey in 2012 to create a patient-centered culture for a North Carolina hospital of 2,200 employees. I hope this brief snapshot of my lessons learned along the way will provide you with insights on the do's and don'ts of creating a patient-centered practice.

Creating a patient-centered practice starts with your team. From physician to janitor, everyone contributes to the patient and family experience. A dirty facility may impact trust and elevate fear. Inattentive or disinterested nurses and reception staff can make a patient feel like "just a number." And nursing assistants and lab personnel need to keep in mind that even the most educated patients may be uncomfortable in a physician's office or scared to share their feelings or ask questions.

Everyone in the practice must "walk the talk" and commit to supporting a patient-centered practice.

Let's take the example of a patient named Marian released from this hospital after a third back operation. While Marian and her husband were provided with

a Patient-Centered Practice

deliberate and detailed home care instructions, those instructions were not in plain language and no one asked if they had any questions or made sure that Marian and her husband could repeat the instructions back.

In patient-centered care, understanding the patient's home dynamics and involving the patient and family in planning their home care is critical to success. A patient-centered provider might have asked Marian and her husband about any potential interruptions or barriers to her care; for instance, an unavoidable business trip by the husband the week following Marian's release. If they had taken time to learn more about Marian and her interests, they might have been able to better motivate her by encouraging her take the prescribed medications and do the advised breathing treatments not *just* because that's what the instructions said, but because she would be able to resume her lifestyle sooner, including driving and visiting with her grandchildren.

From a patient-centered team that focuses on each patient as an individual, to a reception staff that keeps patients informed of any waits or delays, to offering amenities like water and coffee in the waiting room, there are countless things you can do to create a patient-centered practice. Here are seven strategies to get you started.

1. Define what patient- and family-centered care means in your practice. Articulate and post it where

employees will be consistently reminded, and ask each physician and employee to sign it annually to renew their commitment. This is where people in your practice intersect on a daily basis and generates the core values that make your practice unique.

2. Create a culture in which employees at all levels treat each other with care, dignity and respect.

An employee survey or 360-degree survey will help identify strengths and areas to improve.

3. Make sure each person in the practice understands the importance of interpersonal skills and how to communicate in a way that makes a positive impact on the patient experience. A

recommended read is "How to Win Friends and Influence People," by Dale Carnegie. His 30 human relation principles, when applied correctly, can transform relationships. Remember, soft skills aren't taught in most clinical settings, so if you want

to distinguish your practice from the rest, make sure your entire team is equipped to communicate at an effective and high level.

4. Provide team members with the guidance and resources they need to understand empathy, give an effective apology, explain delays, show kindness, give feedback, clarify instructions, etc.



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These foundational skills can make or break your practice when it comes to natural referrals. Find out if someone on your team has a background in training and development or education; they might be a great resource to lead internal Lunch and Learns or professional development.

5. Praise and appreciate team members, and share examples when employees have made a positive impact in a patient or family member's experience.

This is a great way to start off a morning huddle or staff meeting.

6. Identify one focus area for implementation or improvement each month, and make sure employees understand how those behaviors impact patient care.

For example, using a patient's name, smiling, maintaining eye contact, giving a warm greeting, or asking questions to get to know the patient on a personal level. For example, "Mrs. Tillman, what kinds of things do you enjoy doing when you're not sick. Tell me about your family."

7. Emphasize accountability when people get off track. If you don't hold people accountable, your culture can't shift in the direction of creating a more patient- and family-centered practice.

Finally, remember that developing patient-centered practice begins with the physicians. Countless practices over the years have asked me to give customer service programs that the physicians didn't even attend. That lowers morale. And afterwards, without physician support and involvement, practice administrators often struggle to keep the momentum going.

If you decide to redefine the patient experience in your practice, create a team of champions at all levels within the organization to help coach, encourage and redirect people as needed. As for that employee who has been the office malcontent for 20 years? It is time to move him or her on to a new chapter.

It's a new year! Make effective changes now to impact and improve the patient experience in your practice in 2015 and beyond. ■