

MMI 407 Group Case Study Project

For this Group Case Study Project, the Instructor will assign students to small groups, and to one of the two Case Studies (below). The academic goals of this project are to develop students' basic facility with the legal terminology of HIPAA, privacy and security, and the legal and ethical issues surrounding data confidentiality; to identify PHI and the range of permissible uses and disclosures of PHI allowed by HIPAA; and to practice the skill of issue-spotting.

Each Group shall:

1. **GROUP:** Meet as a Group (virtual or in person) to discuss and analyze the various legal, ethical and social issues raised in your assigned Case Study. **Don't limit yourself** to the 7 specific Qs at the end of the Case Study, as those are just to get you started thinking... be creative. Be sure to make liberal use of the 407 Readings, HIPAA materials and other resources I have gathered and posted on Blackboard under the Course Resources tab (left toolbar);
2. **PAPER:** Each Group member is to submit an **independently-written** summary of your Group's analysis of the issues raised by your Case Study (5 pages maximum, double spaced, standard margins), including where your opinion or analysis differs from the others in your Group. I want to see liberal use of ALL applicable HIPAA, privacy and security terminology, concepts and "buzzwords," e.g. be sure to identify a hospital as a Covered Entity; don't just say "HIPAA applies to the hospital."
HINT: Show me you can speak the new "HIPAA language" you've been learning in 407!
Another HINT: In your paper, don't just punt an issue to the Legal Dept, or to Med Recs, or Risk Management to handle... I need to see YOU tell me how issues should be handled, given what we've studied in class, *regardless of the fact* that in real life, a clinician or informaticist would indeed punt these issues to the in-house legal and/or compliance experts;
3. **GROUP PRESENTATION:** Reach consensus within the Group and make a short business presentation of the Group's joint findings to the class, accompanied by a short .ppt, as if you were making a business presentation to a C-level executive at the healthcare organization where you work. *Note:* *The focus of the Group presentation is **very different** from the focus of the individual paper* (see #3 above)...e.g. no CEO is interested in hearing your CFR citation to the HIPAA statute, or listen to you quote line and verse from some corporate security policy or regulation, etc). For the CEO, also consider business, PR and strategic issues, among other issues...be creative...think broadly across the clinical enterprise;
4. Divide up the oral business presentation among the Group evenly. Each Group's business presentation to the CEO shall consist of:
 - A summary of the situation;
 - The Group's consensus on alternative suggestions for how to strategically deal with the problem now, including the pros and cons of each alternative in the action plan which should include the business, legal, ethical and social issues involved; and
 - The Group's consensus recommendations for internal controls or processes/procedures to adopt so the problem does not arise in future.
5. **PEER ASSESSMENT:** While you are listening to your classmates do their Group Presentations, fill out your Peer Assessment of all other Group's overall presentations (not individuals in those other Groups), **and the individuals in your own Group.**

REMINDER: There are 3 parts to this Group Case Study project:

- A short, individual, issues paper from each student (Due Monday).
- A Group business presentation aimed at your CEO (this is an in-class Group presentation. (Due Wednesday during the synch session).
- A Peer Assessment Form, done while listening to all student Group presentations, including an assessment of your own Group's presentation (Due Friday).

NOTE: This Group Case Study project represents 25% of the Project grade for MMI 407.

Case Study #1:

Yesterday, a call came into the ICU nursing station from what sounds like an elderly woman. She said she is the grandmother of one of the patients on the unit named John Smith who, she just learned from a neighbor, had emergency surgery two days earlier after an accident at the factory where he worked. She was obviously distressed and wanted to know how her 25-year old grandson was doing. A preliminary investigation found the neighbor had downloaded and printed out the medical records of 510 hospital patients 3 days earlier, including the records of John Smith. Last night, a Chicago Police Officer called the ICU asking them to fax over copies of the patient's blood tests and other lab results from when he was admitted through the ED, because Mr. Smith's supervisor suspects that drugs were a cause of Mr. Smith's accident. Early this morning, a representative from Blue Cross/Blue Shield called and wanted additional medical treatment information to begin processing Mr. Smith's insurance claim. Shortly thereafter, while a nurse was checking Mr. Smith's vital signs, his wife came in to visit. Mrs. Smith begins to ask questions about Mr. Smith's care, including what data the hospital has on how many other patients in this hospital have ever come down with this particular post-op bacterial infection. The nurse told her that "they did a study a year or so ago, but that this kind of post-op infection still happens all the time here, so we just treat them as best as we can" and gave her a copy of a 1-year old internal memo from the hospital's clinical informatics department that showed an increasing trend in post-op bacterial infections at the hospital. The wife finds her way to the hospital informatics department and speaks at length to the informaticist who wrote that old memo and who is an independent consultant hired for this 2-year research project. Mid-morning, the wife called the hospital CEO and demanded that he cancel any medical billing for her husband's admission because the hospital caused her husband's life-threatening infection and knew this was a hospital problem of long-standing, or else she will call The Chicago Tribune and report what the nurse told her, as well as supply the newspaper with a copy of that old hospital memo. The CEO wants to talk to you about this situation and what to do about it.

- How should staff respond to the grandmother?
- What should be given to the Police officer?
- How should you respond to BCBS?
- Did staff respond appropriately to the wife?
- How should the CEO respond to the wife?
- Is there a BA Agreement involved here?
- Are there any other business, legal, ethical, or social issues?

Case Study #2:

Your hospital received a call from a hospital ED physician in St. Louis early yesterday. A former hospital employee named Bob Evans was treated at your hospital last year and was just in a car accident and they want his medical information faxed down there right away. An employee of your hospital, Jane Jones, who has access to EPIC or the electronic medical record files, took the call and recognized the patient's name as that of a former neighbor who had moved to St. Louis several months ago. Out of curiosity, Ms. Jones looked up her former neighbor's medical records located in EPIC and after learning that he is HIV positive, shared that information at a neighborhood block party last night. A preliminary investigation found Jane Jones had also downloaded and printed out the medical records of 510 hospital patients yesterday, including the records of Bob Evans. Also yesterday, a representative from Blue Cross/Blue Shield called and wanted additional medical treatment information to review a denial of one of Mr. Evans' insurance claims from his last admit at your hospital. Last evening, Bob Evans Jr. came to your hospital to pick up other old medical records/x-rays/test results for his father that were requested by his St. Louis physician, because he planned to drive down to see his father today. While he is waiting for those records, he mentioned that his father was a patient "in some kind of a clinical trial" at your hospital and he would like to have those records, too. He is taken down to the clinical informatics department at the hospital and introduced to the informaticist, an independent consultant hired for this 2 year research project, who is aggregating data, including Bob Sr's data, into a spreadsheet and they have a long talk about the preliminary results of the clinical trial. Then this morning, Bob Jr. arrives at the hospital CEO's door demanding to know why the hospital is spreading rumors around the neighborhood that his father is HIV positive. The CEO wants to talk to you about this situation and what to do about it.

How should you respond to the ED physician's request for medical information?

What should you do about Ms. Jones' actions?

How should you respond to BCBS?

How should you respond to Bob Jr's requests?

Were the informaticist's actions appropriate?

Is there a BA Agreement involved here?

Are there any other business, legal, ethical, or social issues?