

Yale Practice

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HIPAA LOOMS LARGE: NATION AND YALE TO TRAIN ON AGGRESSIVE SCHEDULE



On April 14th, one day before that other big federal deadline, new privacy regulations will be in force. Months of organization-wide planning and

preparation for HIPAA compliance will ensure that all faculty, staff and other employees will understand their obligations to patients and clinical trial subjects under the new law. At the core of Yale's efforts in the past several months has been the development of a training strategy orchestrated by an institution-wide committee.

"The committee members believe that every employee at the Schools of Medicine and Nursing can come into contact with protected health information (PHI), therefore training will be mandatory for everyone without exception," explained **Susan Grajek**, Director ITS-MED Communication and Technical Support, and Chair of the University HIPAA Training and Communications Committee. Training begins February 1st, 2003 and must be completed by April 14th, 2003, when the compliance requirements take effect.

HIPAA training is Web-based to provide employees with greater flexibility. The interactive program will take about 45 minutes, which can be completed at one sitting or divided into several sessions. The HIPAA Website, <http://hipaa.yale.edu>, is a repository of information about HIPAA, providing training, proof of compliance, and practical reference resources when issues arise.

While those of us who care for patients are professionally committed to patient privacy, HIPAA training will further raise awareness of how easily confidentiality and privacy can be violated in our complex, overly busy environment. Policy and procedural changes are being made to protect

individually identifiable health information. However, these changes have been carefully crafted to ensure that we will not compromise our primary obligation to care for patients and conduct biomedical research.

The new procedures will modify and standardize the way we manage medical records, identify patients in waiting rooms, transmit faxes, and many other common daily practice activities that are essential to quality continuity of patient care. The new guidelines reflect the requirements of HIPAA and will, over time, require us to change the way we conduct ourselves in the clinical environment. Change begins with knowledge and knowledge is gained through training.

Training includes all non-clinical employees, faculty, medical and graduate students, physician assistants and nurses. "There may be sanctions for anyone not in

compliance at the end of the 10 week period," explained Grajek. "Yale is subject to fines if we violate HIPAA regulations or fail to train our workforce. But, more importantly, protecting health information is simply the right thing to do."

Dr. David J. Leffell, Director of the Yale Medical Group, underscored the importance of compliance: "For physicians and nurses, respect for patient privacy is a reflexive behavior. Still, at times we become lax and the most important benefit of HIPAA will be to reinforce a value system that existed since the time of Hippocrates. With greater respect for our patient's privacy will come broader respect for our profession."

For further information regarding training contact Susan at 737-4150 or susan.grajek@yale.edu.

UDELSMAN ASSESSES PRESENT, FOCUSES ON FUTURE

Robert Udelsman, MD, MBA, Chairman of the Department of Surgery, is a 'change leader'. His enthusiasm for his department, the changes it has made and the growth it will experience, is infectious. In a candid appraisal of his first year as chair, the former Johns Hopkins surgeon, acknowledged the significant difficulties he faced. Still, he is gratified and motivated by the changes already underway. "There is a fundamental shift and a new wave at Yale surgery. The new wave is driven, passionate, highly skilled, well-trained, and drawn from national and world-class expertise across the spectrum of general surgery. Our core missions continue to be patient care, education and research, but at a new level in the vanguard of national medicine."



When Udelsman arrived at Yale, there was no shortage of major problems that needed fixing. Just one month after he arrived, the national Resident Review Committee (RRC) made an unfavorable ruling that threatened loss of accreditation if not resolved. Udelsman explained: "We had to change the fundamental premise of the residency program, from indentured servant to neophyte surgeon in a noble profession. The operational challenge was to decrease resident work hours but increase their surgical volume." The programmatic change is dramatic and now

over, please

Compliance Expo Brings It All Together March 11, 2003

It seems that everywhere we turn today "compliance" is the byword. From Enron to PATH, from research institutions to the for-profit sector, a renewed emphasis on "doing the right thing" is designed to restore our confidence in society's institutions. Compliance with a broad range of regulations is not new at the Yale School of Medicine but is critical to our competitive success in academic medicine. Still, with so many disparate programs that require compliance our obligations can seem daunting. To make sense out of the panoply of compliance programs, the School of Medicine will host an *Expo on Compliance*, March 11, 2003, in the Congress Avenue Building. Take the time to learn about compliance with HIPAA and other government regulations on safety, human subjects, sexual harassment, etc. For further information contact Susan Grajek at 737-4150 or susan.grajek@yale.edu or visit <http://hipaa.yale.edu>

UDELSMAN (continued)

serves as a national model. Speaking passionately about education and training, he continued: "Yale now has empowered and excited residents. Yale can and will produce the future leaders in surgery."

Another major challenge and opportunity was the need to rebuild major areas of the department. Udelsman is clear: "We recruit nationally ranked surgeons or up and coming leaders in surgery. Beyond superb skills and training they have to have drive and passion about their specialty." Accordingly, each of the new faculty show great promise just in their first year here. **Alan Dardik, MD, PhD**, a major investigator and vascular surgeon has won substantial funding for his research. **Milissa McKee, MD, MPH**, is now one of the department's busiest pediatric surgeons after just a year in New Haven. **Julie Ann Sosa, MD**, who develops highly sophisticated computer modeling techniques is a national leader in surgical outcomes. **Robert Bell, MD**, a bariatric surgeon, has already performed a significant number of successful laparoscopic bariatric cases. "Dr. Bell's expertise is a good example of where surgery will be able to build collaborative relationships with other departments. Obesity is a major public health problem and the new surgical techniques will combine with options provided by our medical colleagues to make Yale a center for clinical care and provide opportunities for research." Udelsman continued: "**Donald Lannin, MD**, a national leader in breast care issues, has the Breast

Center up and running, assisted by **Patricia Donovan, RN**, a driving force behind the protocols. **Lawrence Moss, MD**, section head designate with a national presence in pediatric surgery, will work closely with **Margaret Hostetter, MD**, chair of Pediatrics, to take the Pediatric Specialty Center to national prominence." In addition to these rapid-fire recruitments, Trauma & Critical Care recently added **Lewis Kaplan, MD** and **Horacio Horajman, MD**, both with extensive experience. Newer members of the department include **Constantino Lovoulus, MD**, cardiothoracic surgery; **Lynne Kelly, MD**, who joins the new Yale Endovascular Institute; and **Walter Longo, MD**, a nationally recognized colorectal surgeon, is the section head designate of GI surgery. Recruitment continues for hepatic transplant, oncology, and additional faculty in trauma, pediatrics and GI.

New surgical expertise now exist at Yale. There are more surgeons than ever before experienced in minimally invasive techniques performing complex procedures. Udelsman summarized recent innovations and accomplishments: "Our 'Firsts' include 14 laparoscopic nephrectomies for donor harvesting of kidneys and successful minimally invasive parathyroidectomy. This year promises more new talent and capability among the university surgeons."

From all that has transpired in his first year at Yale, it seems that regained prominence for Yale surgery is already in progress.

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