

**National Committee on Vital and Health Statistics
Subcommittee for Privacy, Confidentiality, and Security
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**Sensitive Information in Medical Records-
Panel IV: Other Sensitive Information
Patient Anonymity**

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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 on-going 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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