A Candid Conversation with ONC’s New Chief Privacy Officer

Journal of AHIMA Conducts Q and A with Lucia Savage

CHICAGO – April 2, 2015 – Lucia Savage, JD, who became the country’s second chief privacy officer for the Office of the National Coordinator for Health IT (ONC) in October, said the key to interoperability isn’t necessarily in changing federal privacy regulations but through a clearer use of the current rules.

“We are going to go back to basics a little bit and talk about how to get interoperability in the rules environment that we actually have,” Savage said.

A Q and A with Savage, “Clearing the HIPAA Cobwebs,” is featured in the April issue of the Journal of AHIMA.

“As the role of a chief privacy officer in healthcare organizations continues to expand and take on additional importance, it’s great to get such insight from Lucia Savage on key issues related to interoperability and electronic health records (EHR) and how she envisions the privacy and security landscape going forward,” said AHIMA CEO Lynne Thomas Gordon, MBA, RHIA, CAE, FACHE, FAHIMA.

Savage said in the article that one of her first priorities has been fostering the interoperable use of health information – through programs such as the “meaningful use” EHR incentive program and guidance from ONC’s Interoperability Roadmap – in a private and secure way. The roadmap, released by ONC in February, is designed to clarify and reduce confusion and misconceptions about HIPAA restrictions and entitlements.

Additional excerpts from the interview with Savage include:

On what attracted her to healthcare compliance: “There was so much work to be done, and I really like a challenge. It was at the tail of the last wave of managed care in the late ’90s, people couldn’t figure out how to do benefit appeals, prior authorization was not being handled in a very good way. HIPAA was a new law; it was a chance to really dig in on something new and build from it.”
On modification of privacy and security regulations and fostering exchange with health IT and maintaining patient privacy: “I think that for everyday healthcare we have pretty good background rules right now that we can get a lot accomplished with, and in fact we can get a lot more accomplished than we have. What we do know, however, is that with the advent of all this amazing computing power we couldn’t possibly have imagined 17 years ago (when HIPAA was implemented) and some people imagined when HITECH was passed, but most people were unfamiliar with mobile health, APIs, the smartphone. Most of us ordinary people did not imagine that [this change] would be coming. I think we have an opportunity to make sure that we are keeping abreast with technology as it is developing. … We definitely have an opportunity to structure understanding to meet the growing technology needs. And in particular what we need to do is look ahead so that we are always keeping pace and we don’t fall behind where technology is taking us.”

On the development of interoperable EHRs and patient communication: “We have had such a great run of getting physicians to adopt electronic health record systems and we are moving toward how do we make those systems exchange data for healthcare. It gives us a new chance to look at this in light of what science is telling us about how effective coordinated care can be, and what we can do on the social determinants of health to improve health in communities, keep people out of the emergency room that don’t belong there, etc. There is a really important part of this that we can’t lose sight of. A key part of this privacy formula is the patient or person whose data are collected needs to understand what is happening to it. If we have harmonized laws, it is easier to explain privacy rights to a person. And we have a situation where we have many different languages and different levels of literacy in America. The easier it is to explain the easier it is to get that word out in our diverse population.”

On why cybersecurity is a significant obstacle to private and secure health information exchange and EHR interoperability: “I think people are very concerned about it, and rightfully so. Those of us who work in the industry have been waiting for what happened to Anthem to happen (a data breach by hackers affecting 80 million people). We knew that a large health company was going to get hit, we didn’t know when or where. I think that as a society every time there is a big hack we are not to the point where we are really immune to them. We all actually think about it and worry about it. ‘Gosh was I covered by Anthem, was my data in there, did they get my Social Security number, did they get my e-mail address? Did they get my home address? And I think that in order to have interoperability we have to have really good solutions and advice on cybersecurity in a way that keeps interoperability going.”

Also in this issue:

- The second of a four-part series examining AHIMA’s Information Governance Principles for Healthcare (IGPHC) continues with a deep dive into the principles of integrity and protection. The authors write that “information must have integrity to be useful and to be depended on for decision-making. That information must be protected to maintain integrity. Together, these principles enable information to be relied on. This synergy increases not only in the information, but also in the overall information governance program.”

- The practice brief, “The Implementation and Management of Patient Portals,” provides best practices, including the phases of implementation, ongoing operational considerations and legal and regulatory requirements. The authors write, “Engaging patients through a patient portal can maintain or even increase patient loyalty to an organization while improving overall communication. It is essential that HIM leaders get
involved early in the selection and implementation process and remain committed to ensuring the ongoing use and expansion of the patient portal.”

Read these articles and more in the April issue of the *Journal of AHIMA* or online at journal.ahima.org.

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