



Monitoring & Auditing HIPAA Compliance

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March 29, 2017

Agenda

- **Overview of Cleveland Clinic Health System and Compliance structure**
- **Where HIPAA fit into our Compliance Program**
- **Where adjustments were needed**
- **Effectively auditing and monitoring for HIPAA compliance**

About Cleveland Clinic



- 7.1M Outpatient Visits
- 161,664 Acute Admissions
- 3,584 Physicians & Scientists
- 51,487 Employed Caregivers
- 28.5M sq. ft. Facility Space
- 10 Regional Hospitals
- 150+ Northern Ohio Outpatient Locations
- Staff physicians are salaried; on one year contracts

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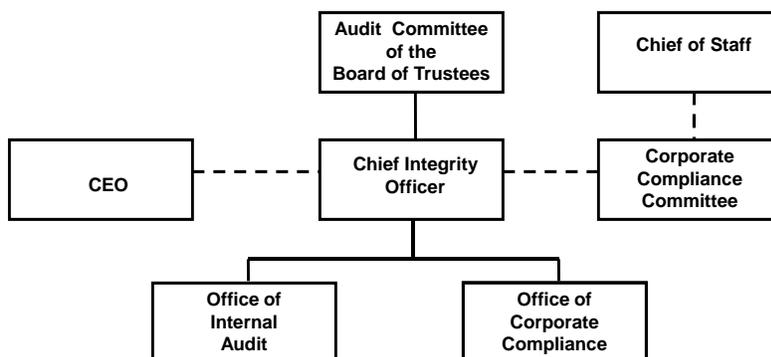
National & International Locations



- Canada – Executive Health, Sports Health and Rehabilitation
- Nevada – Lou Ruvo Center for Brain Health, Glickman Urological & Kidney Institute
- Florida – Integrated Medical Campus in Weston; Outpatient Locations in West Palm Beach
- Abu Dhabi - Partnership with Mubadala Development Co.
- London – In Progress

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Integrity Office Reporting Lines



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Internal Audit

- **Focuses on all risks to the organization (not just regulatory risks)**
- **Tests effectiveness of new or existing internal controls, including those that affect the compliance program**
- **Audit work is formerly governed by professional audit standards**
- **Typically does not have operational responsibilities**

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Internal Control

- **A process or action that is designed to prevent misconduct or minimally identify and detect it in a timely manner**
- **Typically include policies, procedures, SOPs, technology (e.g. access controls, audit logs)**
- **Monitoring itself may be an internal control. So can education & training**

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Corporate Compliance

- **Department or Office that focuses on regulatory risk**
- **Creates, administers and monitors the entity's Compliance & Ethics Program**
- **Has an advisory and educational role**
- **Some operational responsibilities (especially for HIPAA)**

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Integrity Office & HIPAA

- **Compliance Office**
 - **Administrative Requirements**
(§164.530 et seq.)
 - **Breach Notification & Reporting**
(§164.400 et seq.)
- **Internal Audit (IT Section)**
 - **Various Security Rule Standards**
- **Internal Audit (Research Section)**
 - **Research Uses & Disclosures**
(§164.512)

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Compliance & Ethics Program

- **A formal system of policies, procedures and other strategies designed to assure organizational compliance with applicable laws and standards governing the organization, including HIPAA**

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Cleveland Clinic's Corporate Compliance Program

1. **Compliance Committee**
2. **Written Standards (Code of Conduct), policies and procedures**
3. **Open Lines of Communication (e.g. encourage reporting, including anonymous options)**
4. **Training and Education**
5. ***Auditing and Monitoring Plans***
6. **Response to Detected Deficiencies**
7. **Consistent Enforcement of Disciplinary Standards**
8. ***Annual Risk Assessment***

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HIPAA Assessment is Mandatory

- **All Institutes, Hospitals and Divisions required to evaluate HIPAA compliance as part of their annual risk assessment**
 - **Review incident trends, root causes, effectiveness of safeguards, breach data, enforcement actions, patient complaints, PHI inventory**
- **Risks must be mitigated via their annual compliance work plan**

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It Seemed Like a Great Process

- Everyone was talking about HIPAA and there was a genuine desire to comply
- Numerous resources were focused on HIPAA compliance
- Loads of education was provided
- HIPAA concerns were increasingly being reported and addressed
- We were monitoring system activity and auditing access
- HIPAA “Walk-Throughs” were ongoing

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But Something Was Missing

- We became really good at detecting, but wanted to do more preventing
- We felt that “snooping” and mis-mailings could not be our only risk to PHI
- We were being consulted regularly about new business operations and strategies involving PHI (e.g. Information Exchanges, ACOs, Health Reform, Telemedicine)
- We wondered whether auditing and monitoring plans could be more effective

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***Not everything that counts can
be counted . . .***

***Not everything that can be
counted, counts!***

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An Important Clue

- **“Compliance” & “Audit” have multiple meanings**
- **“Compliance” can also refer to the entity’s responsibility to comply with laws, regulations, an employee’s conduct or a patient’s adherence**
- **Audit is not just a department or office. “Audit” can refer to system activity logs, access reports, simple chart reviews, or a government audit**
- **We needed to educate our people**

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Auditing

- **Usually retrospective and limited in time and scope**
- **Typically performed by independent party (internal or external auditors)**
- **Reviews compliance against a set of standards, such as statutes and regulations or internal policies, used as base measures**
- **Validates the effectiveness of policies, procedures and other controls in reducing risk**

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Monitoring

- **Monitoring is an ongoing daily event which includes conducting analyses and tracking trends to correct issues in “real time” at the lowest level of detection**
- **It occurs during regular operations as a check to see if procedures are working**
(Abridged CMS Definition)

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HIPAA Monitoring & Auditing

- The ultimate goal is to correct and prevent noncompliance that could lead to compromise of PHI
- The effectiveness of auditing and monitoring is directly dependent on the effectiveness of the risk assessment
- Why was this so challenging for people to grasp?
- We had to go back to the risk assessment

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Another Clue

- “Risk assessment” means different things to different audiences!
 - Breach risk assessments
 - Annual compliance risk assessments
 - Internal Audit risk assessments
 - Assessments under the Security Management Process standard (*Risk Analysis*)
 - Enterprise Risk Management process
 - Joint Commission requirements

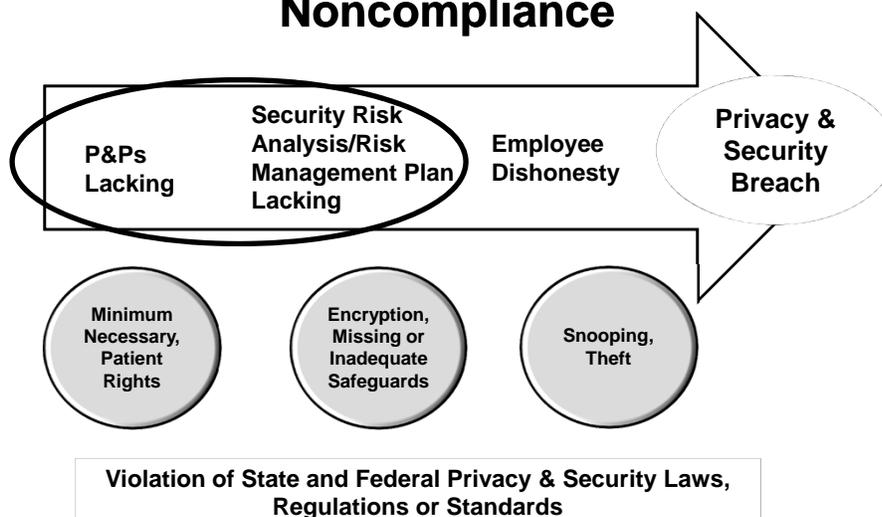
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Integrity Office First Steps

- We learned to use terminology consistently
- HIPAA was common ground for collaboration between Audit and Compliance
- We shared observations, internal trends, patterns and other findings
- We looked at enforcement actions and national trends

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OCR Cites Missing P&Ps, Security Analysis Top Causes for Noncompliance



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The OCR's Expectation

“Organizations must complete a comprehensive risk analysis and establish strong policies and procedures to protect patients' health information.”

“Further, proper encryption of mobile devices and electronic media reduces the likelihood of a breach of protected health information.”

Jocelyn Samuels, Director
OCR Press Release
September 2, 2015

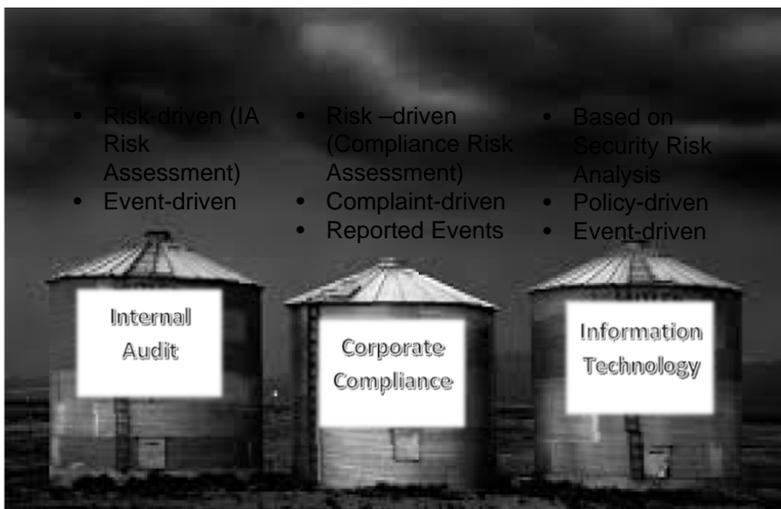
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We Partnered with IT Security

- **The Information Technology's Security Department was a trusted advisor to both Audit and Compliance on individual projects and investigations**
- **We relied on their constant vigilance and they relied on our support**
- **We looked at our own auditing and monitoring activities**

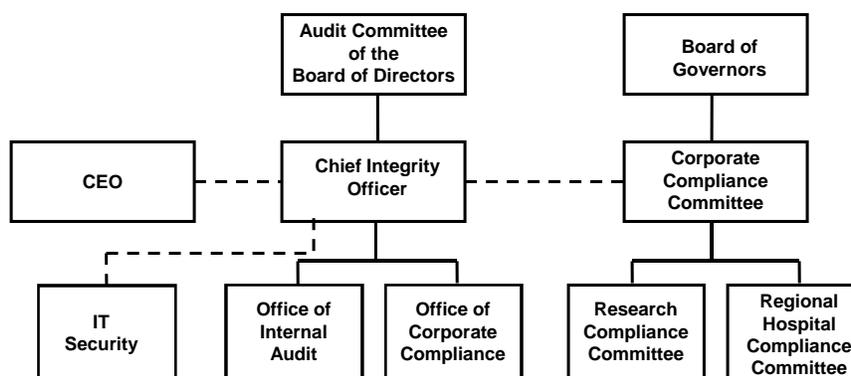
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We Focused on Existing Silos



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Removing Silos Improved Effectiveness



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We Did More Homework

- **We studied our own data (investigation trends, root causes, audit findings, security incidents etc.)**
- **We identified and prioritized our top risks**
- **We identified technological solutions that could facilitate more effective prevention and detection across the organization**
- **We came up with a compelling business case for the Senior Management**

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The Integrity Officer's Role

- **Communication and Education**
 - **Senior Management**
 - **Clinical Leaders**
 - **Board Support**
- **The Ask: Data Loss Prevention (DLP)**
 - **Capital**
 - **Software**
 - **FTEs**

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What We Needed

- **Software to identify and prevent malware (this was timely)**
- **Software to identify where PHI exists and where it flows**
- **Software to monitor for inappropriate activities**
- **Hardware to support it**
- **FTE's to manage it**

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Using the Tools

- **Data at rest**
- **Data in motion**
- **Establishing baseline user behavior**
- **Additional forensic examination**
- **The tools were also useful for other organizational objectives:**
 - **PCI compliance**
 - **Fraud detection**

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Applying the Findings

- **We identified specific departments that needed closer monitoring**
- **We found ePHI that was expired (per our retention policy) and could be sanitized**
- **We implemented technology to identify and automatically encrypt emails containing PHI and PII**
- **We developed a response plan for alerts that were triggered**

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You Don't Need Sophisticated Technology

- **Track & trend root causes of incidents and breaches**
- **Patient complaints r/t individual privacy rights, incidental disclosures etc.**
- **Do a policy & procedure “crosswalk”**
- **Track and trend disciplinary actions**
- **Monitor effectiveness of corrective actions (process redesign, SOPs, training). Are incidents decreasing?**

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Other Monitoring Ideas

- **Inventory all medical devices that store PHI (networked or not)**
- **Medical Device “rounds” can confirm appropriate safeguards**
- **Review training completion rates and notify management if action required**
- **Survey or test random workforce members to assess comprehension and correct application of P&Ps**

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Other Ideas

- **Audit a sample of Business Associate contracts**
 - **Are they compliant?**
- **“Secret shopper” site visits**
 - **Is verification of ID occurring?**
 - **Are safeguards in place to minimize incidental disclosures?**
 - **Are NPPs on display?**
 - **Do they know where to refer privacy complaints?**

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What About Your Ideas?

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Cleveland Clinic

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