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
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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

The Questions:

- In what circumstances are patients admitted under a pseudonym/alias, such as victims of violent crim (e.g. gunshot wounds), celebrities, cosmetic surgery, etc?

- Is there a policy for this sort of thing that is nationa 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 o members were contacted along with members of AHIMA Privacy and Security Practice Council.
- There is currently no national policy related to patient anonymity. Most facilities, including large practices, have a policy, with HIPAA setting the g 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 provide is faced with federal and state

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

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

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

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

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Questions

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