

DOCTOR-PATIENT COMMUNICATION AND PRIVACY: NEW LAWS AND TECHNOLOGIES

Continuing Medical Education Presentation
Union of American Physicians and Dentists
Holiday Inn on the Bay, San Diego
October 22, 2010



DOCTOR-PATIENT COMMUNICATION & *PRIVACY*:NEW LAWS & TECHNOLOGIES

COURSE OVERVIEW

Doctor Patient Communication and the Evolving Privacy Issue

Stuart Bussey, MD, JD

Challenges in Patient Communication: A Prison Doctor's Perspective

Shannon Garrigan, MD

Telemedicine -- Ronald Bortman, MD

15 Minute Break/Box Lunches

HIPPA & the new HITECH amendments -- Karin Zaner, JD

Electronic Medical & Health Records: Relevant Issues in the Public & Private Sector

David Keulen, MD

Panel Discussion, Q & A



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DOCTOR-PATIENT COMMUNICATION: *ART & SCIENCE*

- ESTABLISH RAPPORT
- STAY ON SCHEDULE
- INFORMATION & HISTORY TAKING
- PHYSICAL EXAMINATION
- PATIENT EDUCATION
- TURNING THEM DOWN
- PATIENT COMPLIANCE

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We Should Assume these **Basic Principles** Will Continue to Endure:

....To Listen and Question

....To Diagnose and Heal

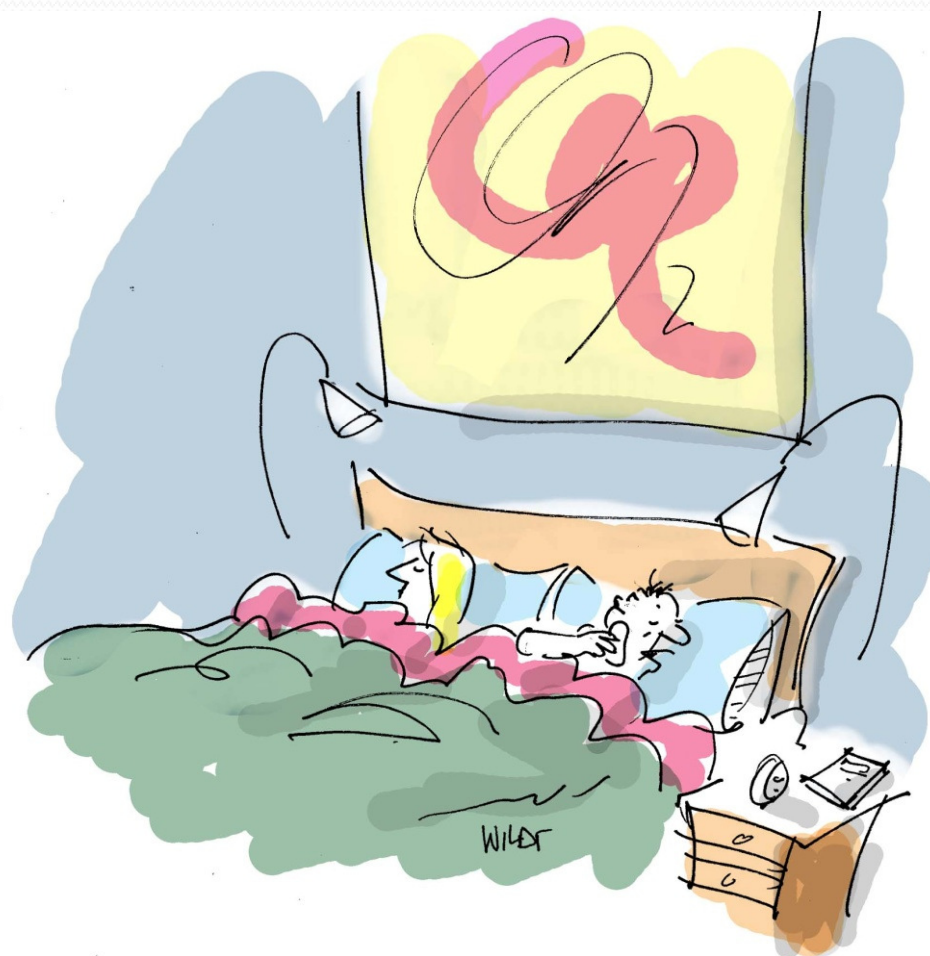
....To Teach, Promote Healthy Change and Follow Up

....In a Trusting , Safe and Private Setting



“...Whatever in the life of men I shall see or hear in my practice or without my practice which should not be made public, this I will hold in silence, believing that such things should not be spoken...”

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"You'll be fine. Take two aspirin and call, fax, text or email me in the morning."

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Doctor-Patient Interactions have certainly evolved...

From Shamans and Medicine Men...

To Barefoot Doctors and House Calls...

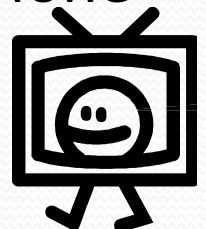
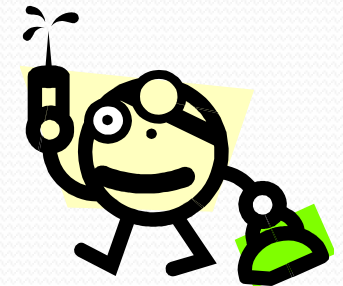
To Traditional Solo and Group Practice...

To Patient Newsletters...

To Medical/Dental Websites ...

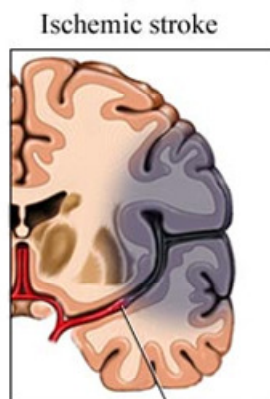
To Fax, Email, Smartphone

Telemedicine...

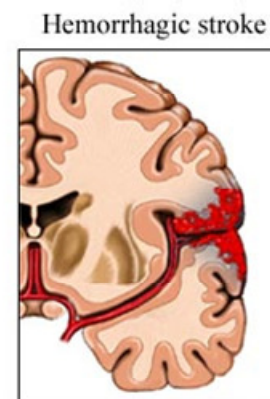


UCSD STRoKE DOC

- STRoKE DOC trial
- UC San Diego Medical Center Stroke Center
- Remote consultation leading to treatment decisions about stroke patients.



A clot blocks blood flow to an area of the brain



Bleeding occurs inside or around brain tissue



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With **Health Care Reform**, there will be *millions* of new patients in the private and public sectors...

- Greater load and demand for access means less individual ,face-to -face time with your patient
- Less time, less personal, less private (group visits)
- More phone calls, faxes, emails, texts, telemedicine
- More Doctor, Patient, and Doctor-Patient blogs and websites
- Social media centers (e.g. Mayo Clinic) for doctors
- Patient websites : RateMds.com, GoogleHealth.com



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Economic, legal and social institutions demand Medical Records to evaluate your treatment and performance...

- Other health care professionals and hospitals
- Payors and insurers, HMOs, PPOs and IPAs
- Attorneys and patients
- Employers and financial institutions
- Government agencies (County, State and Federal)

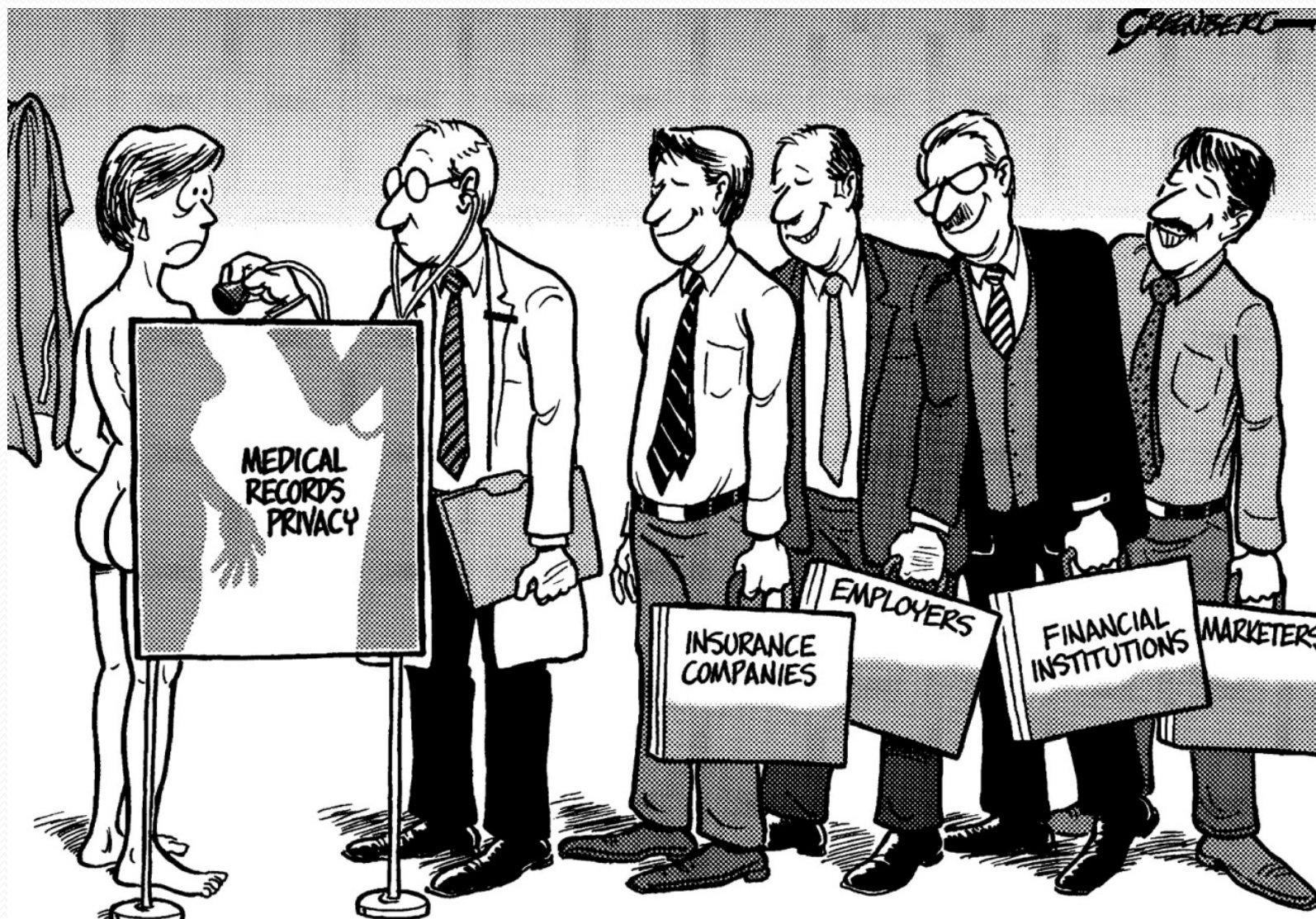
With the need for better efficiencies and outcomes, there has been a push for...

- Electronic Medical/Health Records (EMR/EHR)
- Health Information Technology (HIT)

Legislation: HIPAA(1996), President Bush's order for NHIN(2004-14)

Definitions: EMR >> EHR

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PRIVACY

Ability of an individual to prevent oral, written and, electronic disclosures of protected health info (PHI) to others

CONFIDENTIALITY

No PHI redisclosure, unless patient permits

SECURITY

Personal and electronic measures that allow PHI access only to authorized persons or entities

HIPAA & PRIVACY ISSUES for providers, offices and records

- Protect patient health info, charts, conversations, and EMR
- Doctor and patient consent for EHR (opt in/out vs. signed notice)
- Patient control of the records' content
- Special types of information (genetic, psychotherapy, etc.)
- Role and context-based restriction (minimal information necessary to the HC provider or staff)
- Expanded coverage of privacy (evolution of HIPAA , but some entities are still not covered)
- Enforcement (few federal cases, other laws may conflict)