

## **Tool 4. Guidelines for Describing Business Practices**



## Tool 4. Guidelines for Describing Business Practices

The suggestions and recommendations presented below are based on the initial review of business practices collected from a number of state teams. These recommendations are designed to ensure that quality data are being collected so that (1) each team can conduct a complete assessment of the variations of business practices, (2) subsequent users will have the appropriate level of information to perform their tasks, and (3) the work will be comparable nationwide. We also recommend that all teams review the example spreadsheet in Tool 5, *Example Business Practices*, which provides a detailed description of the content to be entered into each data field.

### ***Business Practice Name***

The business practice name (BP name) is a short description that you assign to each business practice to help distinguish it from other practices. Several states have adopted a naming convention that helps to organize the practices. We recommend that states adopt the following format for the BP names:

1. Insert the 2-letter state abbreviation before each BP name.
2. Assign a number to each practice entered for a given scenario.

For example, if a team representing South Dakota collected a number of different business practices for Patient Care Scenario A, the short description for the first business practice entered would be "**SD\_BP1\_Telephone verification.**"

### ***Business Practice Long Description***

The business practice long description (BP long description) is where each unique business practice is described more fully. To facilitate the analysis and roll-up of the large number of business practices that will be collected, the description should be concise. Below are some recommendations for how to describe the practices in a concise manner:

1. **Point of view:** Each business practice should be stated from the perspective of the stakeholder organization identified in (or with) the practice and/or policy.

BP Name	BP Long Description
<b>Original:</b> State_BP1_POA validation	"A family member provides designation of power of attorney."
<b>Revised:</b> State_BP1_POA validation	"The ER physician verbally confirms that family member holds power of attorney."

2. **Name the actors involved:** When possible, be specific about which actors (eg, nurse practitioner, laboratory manager) within the organization are executing the business practice. This is especially important when the organization limits the practice to a certain role or staff member within an organization.

BP Name	BP Long Description
<b>Original:</b> State_BP2_Verifying release information via phone	"We would try to the best of our ability to verify the information verbally, by phone."
<b>Revised:</b> State_BP2_Verifying release information via phone	"Attending physician talks with parents on the phone to determine who should receive the test results."
<b>Original:</b> State_BP3_Release of medical and mental health data	"We fill out a medical release form for any release of information."
<b>Revised:</b> State_BP3_Release of medical and mental health data	"The bureau chief must approve both the contact information and the authorization to release form for medical and mental health before there is any release of information."

3. **Focus on the facts:** BP long descriptions should be clear and concise descriptions of the practice—how the stakeholder within the organization achieves the objective. The description of the actual business practice should not include opinions, suggestions on how to make the practice better, or other extraneous information.

In the examples below, the text *does not* describe a business practice and *should not* be entered into the template:

**Example 1:**

"We are concerned about the privacy and confidentiality of the data. Employees don't always know what to do in every situation. Storage and retrieval of necessary data in a timely manner is critical to patient care."

**Example 2:**

"Often the state is not aware of the case and many people do not know the programs that may be available to the parent. Not all providers are aware of mandated requirements to report certain genetic or other disorders to the state—some labs are out of state, so we do not know all of the reporting requirements."

**Example 3:**

"Formal contracts should probably be in place between a company and pharmacy benefit managers that specifically state the terms and conditions under which data are exchanged and shared."

**Additional information might be captured** during the course of discussion that is relevant for reporting or future discussions.

Please feel free to retain this information in your own files if it is not appropriate for the template.

4. **Be specific:** Be specific when describing a practice so the variation that exists between organizations is clear. Enough detail should be gathered from the stakeholders to explain how the organization executes the practice.

BP Name	BP Long Description
<b>Original:</b> State_BP4_Use of data-sharing agreements	"We would follow the appropriate HIPAA regulations in our office."
<b>Revised:</b> State_BP4_Use of data-sharing agreements	"We have business associate agreements in place that provide for the sharing of data among treatment providers involved in the direct care of patients."

5. **Focus on an individual information exchange:** Actions performed by different stakeholders should be entered as separate practices. Actions performed by the same stakeholder but for a different disclosure within the scenario also should be entered separately.

BP Name	BP Long Description
<b>Original:</b> State_BP5_Verification of visiting physician access and request for information	"Before scheduling the physician's appointment, the primary nurse would confirm that treatment is permitted. The facility would verify the identity of the consulting physician and direct him to the resident's location. The consulting physician would conduct the consultation and since the facility is not able to read the consulting physician's report due to encryption the facility's medical records director would contact the consulting physician's office and request a copy be sent by facsimile for inclusion in the resident's medical record."
<b>Revised:</b> 1. State_BP5_Long-term care facility verification of visiting physician  2. State_BP6_Long-term care facility request for information	1. "Primary nurse confirms that treatment is permitted prior to appointment and confirms identity of the visiting physician upon arrival."  2. "Primary nurse requests a copy of the medical record from the visiting physician's office to be sent by fax for inclusion into patient's record."

6. **Group multiple outcomes of a business practice together:** If a business practice includes conditions or steps, these conditions should be included in the description for the single BP entry. A good rule of thumb when deciding whether you have separate business practices is to ask whether the outcomes are the same. In the examples below, there are multiple paths and/or steps, but the outcome leads to the information exchange proposed in the scenario.

**Example 1:**

State\_BP7\_Provider authentication: "If there is no previous relationship between the two hospitals, disclosing provider calls back hospital and asks to be connected to requesting physician to verify that physician is who he/she claims to be. If there is a previous relationship, check that fax number is correct."

**Example 2:**

State\_BP8\_Emergency requestor verification: "Emergency requestor verification requires one of the following four steps to be successfully completed: 1. If Caller ID is available, then a. verify the origin of the caller, and b. request caller's phone number to verify Caller ID match and to contact the requester; 2. Request hospital main number and extension to contact requester; 3. Request information to be faxed on hospital letterhead; and 4. Request the UPIN or NPI for the physician requesting the data."

## Policy

The policy field is a name and short description of the organizational policy that underlies the business practice. It is designed to capture additional data provided by a stakeholder to help determine *why* the business practice exists. If you have the organization's actual policy language, paste that language into the policy description field. The policy is often more general than the actual business practice.

**Example:**

**Practice:** The on-duty nurse will check the patient's file to determine if written consent has been obtained. If no written consent is on file, the information will not be disclosed.

**Policy short description:** Hospital mental health disclosure.

**Policy long description:** No disclosure of information related to mental health diagnoses is permitted without written consent from the patient.

**Seek further detail if information is not or cannot be released:**

Some stakeholders may not have a business practice to report because they do not release information under the conditions or for the purposes outlined in the scenario. It is important to understand *why* the disclosure cannot occur.

The policy, cause, and legal driver fields can be used to explain why exchange does not occur.

## Legal Driver

The Legal Work Group will identify whether there is a legal basis for business practices that are identified as barriers to health information exchange. The reference number for the relevant law should be added for each legal driver. If actual statute language is available, paste the actual language in the legal driver description field or provide a summary of the statute.

**Example:**

**Reference number:** State Health and Safety Code 611.004 (7).

**Description:** Authorized disclosure of confidential information to other professionals and personnel under the professionals' direction who participate in the diagnosis, evaluation, or treatment of the patient.

The example below demonstrates what *should not* be entered into the template for the legal driver description.

**Example:**

**Reference number:** State Code 444.912 (3).

**Description:** State law regarding disclosure of personal health information to next-of-kin is inconsistent with HIPAA.

**Cause**

An organization may have reasons for engaging in a business practice that are not based on a specific or known policy or law. In this case, the rationale should be described in the cause field. Causes may be cultural reasons for practices, or practices carried forward from previous years because “that’s just the way it’s always been done.”

For example, a stakeholder may report that the organization’s current practice is to not exchange information in a certain situation but may further report that the organization has a policy that allows the exchange. This policy may be so difficult to implement, however, that employees don’t follow it. In a case like this, the state team should

1. record the fact that they don’t exchange information in the BP long description field;
2. record the existing policy and how it would be followed in the policy field; and
3. record the fact that the policy is not currently being followed in the cause field.

**Solution**

The solution field is in the template to capture potential solutions that will be considered by the Solutions Work Group after the business practices have been collected. The Variations Work Group may record recommendations at the same time that the business practices are collected, to aid the Solutions Work Group. The recommendations may be for ways to improve the practice or candidates for “good” or “best” practices that the Solutions Work Group should consider when it conducts its analysis.

Although the Variations Work Group may record recommended solutions, it should not focus on developing solutions—this is the charge of the Solutions Work Group.