



HIPAA TRAINING PLAYBOOK

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Introduction

Complying with the Health Insurance Portability and Accountability Act of 1996, or HIPAA, is one of the realities facing health care organizations this year. As the deadline approaches, many are trying to quickly get their programs and policies in order. One of the major components is the delivery of training to their workforce, their business associates, agents, and volunteers.

Along with the need to provide training programs, many organizations have discovered that technology-enabled learning, or e-learning can be a useful tool for getting information and instruction to people. There are several benefits of incorporating an e-learning opportunity into your training practices:

- It allows people to access a “course” at their convenience, virtually anytime and anywhere.
- It can allow individuals to focus on the particular knowledge or skill that they need.
- It can allow people to review or practice learning the concepts as often as they need.
- It can be updated more easily than print or instructor led classroom sessions.

There are also some drawbacks and problems with e-learning, many due to the newness of the learning experience – many current “learners” did not participate in technology-enabled learning throughout most of their education and training, and organizations have not typically offered this type of training to their employees. This playbook will help training organizations and those responsible for training within their health care organizations better understand how to select and use opportunities for e-learning in order to comply with HIPAA.

HIPAA Training Playbook: Overview

Every “Covered Entity” must train all members of their workforce, their business associates, agents and volunteers. The successful HIPAA training initiative must begin with **Training Program Development** and must take into account many variables and approaches to performance and learning. This document covers key areas that should be considered when seeking to develop and deliver effective and appropriate HIPAA Training. TriageTraining believes that the most successful HIPAA training initiatives will include the review of multiple factors, resulting in the training program *“Setting the right learning*

objectives for the right people". The issues that a HIPAA training department must consider include audience characteristics and needs, the task/content complexity (task/content requirements, type/level of interaction), performance and change requirements, and compliance requirements. These can be put on a continuum showing a range from low to high.



Low

- *Similar audience background and skills*
- *Same audience requirements*
- *Simple, easy to understand information*
- *Minimal interaction*
- *Performance focused solely on knowledge acquisition*

High

- *Multiple audience backgrounds, skills, or requirements*
- *Multiple audiences, multiple requirement*
- *Complex and/ or large body of information*
- *Interactions for higher-level learning*
- *Performance focused on additional organizational or cultural change*

- **Audience** analysis looks at similarities and differences in learner characteristics across the learner population and differences in audience learning requirements.
- **Task/Content** requirements include a review of the amount and nature of the information and the **performance** requirements of the objectives.
- Type/level of **interaction** is what is required for understanding, acquisition and application of the new knowledge.
- The **performance** requirements focus on what factors, in addition to the knowledge/skills, are required to actually change how people perform.
- The level of **change** that is expected – individual, group, or organizational.
- **Compliance** requirements – how compliance of a training requirement is measured - attendance, knowledge, or behavior change.

This playbook offers guidelines for assessing and working with these multiple factors influencing successful training implementation. Once these factors have been analyzed, you are ready to either design the instruction/courses or have a sound basis for reviewing vendor-supplied courses.

Training Audience Characteristics and Needs

An important part of the development of a Training Program for HIPAA is identifying all of the audiences and defining their requirements. These requirements are translated into their learning plans and also include identification of updates, reminders, and communications that they need to receive under HIPAA compliance.

Audience characteristics and needs are about determining how to identify “the right people”. There are several audiences for HIPAA training, and each has different characteristics and needs, requiring differentiation in training products and delivery methods. **Audience** analysis takes into consideration similarities or difference across the entire learner population. At the low end of the range is an audience that has similarities among participants’ knowledge and/or experience. Mid-tier audience mix includes differing audiences, but with mostly overlapping “need to know” requirements. Training differences are usually in how much information and practice is needed or the level of learning required (the interaction level from the previous discussion). Highest difficulty exists in developing courses that span several audiences, when there are big differences between the knowledge and experience of the learners, or when the training is intended for a workforce having multiple job responsibilities.

In order to focus the training on particular audience characteristics and training needs, TriageTraining has divided the audience for HIPAA into three levels, although each level may also contain groups requiring differences in specific learning plans. The three levels are:

- Executives and business unit managers,
- Privacy, security, Information Systems Staff and Program Management Staff, Hospital IS group,
- General Workforce

The **executive and management** level includes people who are generally responsible for setting policy, assigning implementation responsibilities, determining acceptable levels of risk, and providing the necessary resources and support for the program. They generally have (or have had) functional or programmatic responsibilities, and have primary responsibility for compliance. Generally speaking, these people need a deeper level of understanding of the HIPAA requirements and its application to such things as risk management than some of the other groups.

Next are those people who **manage HIPAA remediation activities and enterprise information resources** on a routine basis, including the accuracy, availability, and safety of the information. As a group, these people may develop and issue procedures, provide technical assistance,

manage the daily operations of the automated data processing services, and perform other actions that are essential to the information systems in an organization.

The final level is the general **workforce**. This includes anyone who has access to protected health information. This is the largest and most diverse group, because it encompasses people from all departments and groups - both the executive who has a personal computer with sensitive information and the data entry clerk in the admitting office.

Each of these levels has specific characteristics, backgrounds, and job responsibilities. One of the basic ways in which these groups may differ in their HIPAA training needs is their likely exposure to protected health information (**PHI**). This exposure can range from incidental, such as a custodian finding lab results near a wastebasket to explicit roles within an organization, such as the person responsible for the security of this data. The general workforce needs a different level of understanding of the HIPAA regulations governing PHI than does the group dealing with privacy and security. Within the workforce, needs differ based on workers' roles and responsibilities and whether they interact with patients, PHI, and/or computer systems. By addressing the audience characteristics and requirements separately, the training can be more directed and focused on those issues and skills particular to the needs of the particular learning group.

Training Content Complexity

There are three factors to consider that are related to the content of HIPAA training: its nature and amount, the interaction necessary to understand and apply it, and how learning will be assessed. **Content** analysis includes the review of the amount and nature of the content. At one end of the content complexity scale is information that is explicit, well developed, simple to follow and widely accepted. This type of content has very little room for interpretation, as is the case in many of the HIPAA regulations. At the other end of the continuum is content that is based on tacit (understood by experts but not others) knowledge and usually requires a high level of understanding and problem solving skills. The content for HIPAA covers the full range since some of it, such as the information on privacy, is much less discrete and can be open to interpretation.

The next factor to consider regarding the content is the **interaction** level that is necessary for understanding the content and for acquiring the necessary level of learning. These include interaction of students with one another, with the instructor/facilitator/mentor, and with the information itself. Low interaction levels are limited to providing feedback about how well the concepts are understood. More complex interaction requires individual application of information, and may require the

application of the information, such as simple problem solving. The most complex interaction includes team collaboration on activities such as labs. It may also include interaction with mentors and other participants. It uses discovery learning and problem-based learning. It allows for multiple paths for completion. Much of the interaction required to understand and apply HIPAA can be focused around the middle of the scale.

Finally, assessment of learning and the **evaluation** of the training needs to be considered. Since HIPAA is first and foremost a regulatory requirement, it is important that training organizations maintain accurate attendance records. However, simple attendance does not mean learning. In order for training professionals to evaluate the level of understanding, another measure must be used, either tests or some type of workplace assessment. The range of effort could be quite large, depending on the scope of the assessment and its depth. The minimum requirements for compliance differ between the Privacy and Security rules. Also consider that the training requirements for compliance are not the same as HIPAA compliance.

HIPAA Training Ability is different from HIPAA Subject Matter Expertise

Subject matter expertise is often confused with training capability; however, in-depth mastery of a particular discipline does not guarantee quality instruction. Many training departments have not considered the differences between HIPAA subject matter expertise, which often has a legal or technical foundation, and training and instructional design expertise. In order for most people (adult learners, to be specific) to understand the regulations well enough to abide by them, they need to be **instructed** on how to follow HIPAA regulations and what these regulations mean in terms of their job, their organization, and the health care industry.

For a training department to successfully implement a HIPAA training program, it needs to incorporate knowledge and skills from both the subject matter experts and the instructional design experts. **If your organization prefers to develop in-house, leader-led training**, you should consider these additional factors besides HIPAA knowledge and expertise:

There are Instructional Skills needed for effective leader led, classroom instruction. There are five categories of instructor skills that are essential for helping adults in classroom training (reprinted with permission of McCoy Training and Development Resources, 11 Johnson Road, Falmouth, ME 04105 www.mccoytraining.com).

- Establishing a Learning Climate
- Making Instructional Presentations
- Leading Student Discussions and Question/Answer Sessions
- Conducting Learning Exercises
- Leading discussions/Question and Answer sessions

Skill 1: Demonstrating Preparation

The instructor demonstrates knowledge of the subject matter, is well organized and advances the various learning activities smoothly. He or she explains the learning objectives, program agenda, and role expectations up front, and manages time effectively. They control distractions and maintain an appropriate learning pace for the class using transitions to provide flow and a sense of continuity among the various learning activities. Finally, the instructor uses summary statements at appropriate points.

Skill 2: Establishing a Learning Climate

The instructor is comfortable working with the group and helps participants see the relevance of the program to their jobs. They are supportive and helpful by using appropriate vocabulary and language, listening and responding to participants' reactions, and having energy and enthusiasm for the content and towards the students' efforts.

Skill 3: Making Presentations

The instructor develops points clearly and succinctly, and uses adequate voice modulation. He or she uses concrete, simple language and avoids jargon or imprecise language. In addition, he or she uses meaningful examples, analogies, and illustrations to clarify points. They use charts and other visual aids to present key points as well as body movement and eye contact to enhance delivery.

Skill 4: Leading Discussions and Question/Answer Sessions

The instructor uses appropriate questions to direct and stimulate responses, including follow-up and probing questions to shape and extend responses. He or she uses open-ended questions to foster discussion and reinforces participants for contributing, thereby increasing participation. When appropriate, he/she uses flipcharts or other visual aids to capture participants' comments and draws on participants' experience to illustrate points. In order to enhance understanding, the instructor asks participants to evaluate appropriateness of a given response.

Skill 5: Conducting Learning Exercises

The instructor explains the purpose of the exercise as well as the mechanics, and gives complete, concise, and clear instructions. He/she facilitates the exchange of experiences and opinions, so that participants can learn from one another. During the debrief session, the instructor asks appropriate initiating and clarifying questions to prompt and extend participants' learning. He or she monitors learning exercises unobtrusively and offers help when needed.

As with most other competencies, instructors typically fall along a competence/confidence scale of low to high:

- Low – instructional skills need development
- Medium – instructional skill is adequate but not a clear strength
- High – instructional skill is a real strength.

If your organization intends to use HIPAA experts as trainers, review this skills inventory (download the entire inventory worksheet from www.mccoctraining.com/doc/SkillsInventory.doc). Factor all of these variables into a training mix, add multiple methods of delivery and performance improvement methodologies, and you will have comprehensive HIPAA training.

Course Quality

For a training department to successfully implement a HIPAA training program, it needs to incorporate knowledge and skills from both the subject matter experts and the instructional design experts. There are several areas besides subject-matter knowledge that must be considered in order to deliver a quality training program: the quality of the instructional design, the quality of the instructor's (facilitator's or mentors) skills, and the organizational support for learning.

Many current "training" programs (such as PowerPoint presentations by experts) do a fairly good job of making people aware of what they don't know, but since these presentations do not engage the learner with the content, the information is quickly forgotten or incorrect conclusions are drawn. Without an opportunity to allow instruction, practice, and feedback, people do not generally understand what they have heard well enough to do something differently or to apply the information in their daily work.

In order to deliver a quality course, there are three areas that should be examined:

- The design of the instruction, including identifying the right learning objectives, the necessary information, how the message

is communicated and framed, and how students' efforts to understand it are directed.

- The quality of the student participation and practice. In other words, how students are engaged and interact with the content so that their understanding is extended and clarified.
- The quality of feedback and correction for student responses – how the competence of students is assessed and how that is communicated to the student. It is critical, especially with adult learners whose jobs are impacted by their understanding, that the correction improves their motivation and self-confidence rather than appearing as punitive.

Learning objectives must be written so that it is clear to everyone involved (sponsor, trainer, manager, course participant, etc.) what the important concepts are and how deeply the information must be learned. In addition, these learning objectives provide the basis for test or assessment questions. Learning objectives are generally written as statements beginning with, "After completing this lesson, the student will be able to ...". The same verbs that are used for the objectives will later guide the assessment. For example, if the objective states that the student will be able to describe a particular policy or define a term, the assessment question will ask for the description or the definition. In addition, questions can be asked in a number of ways, such as through a multiple choice, fill in the blank, etc.

Workforce Training, Competency Levels and Performance Requirements

In successful HIPAA training there are a series of steps that help people understand how to do something. These go from awareness of the new information, to understanding of the concepts. Then people are asked to use and apply the information, and finally to synthesize and evaluate the information in order to create new ideas and assess value. The point of the instruction is to help the learner move from "unconscious incompetence" (I am unaware that I don't know something) to "unconscious competence" (I don't have to think about it anymore because I do it automatically).

LEVEL 1— AWARENESS: Knowledge from facts and data

The purpose of Level 1 competency is to develop familiarity with the subject matter (learn concepts and terms from information). The demonstration of knowledge includes the ability to recall or recognize data.

In terms of learning objectives, some verbs that are common to this level are: identify, show, label, collect, examine, tabulate, quote, name, recall, recognize, reproduce, select, state, label, list, match, outline, etc.

NOTE: Most current courses, lectures and PowerPoint shows stop at this level. They are *informational* rather than *instructional*.

LEVEL 2 – UNDERSTANDING: Comprehension from instruction

The purpose of Level 2 competency is to understand the meaning and interpretation of instructions and problems. The learner should be able to state a problem in his/her own words. A demonstration of understanding includes the ability to recall and explain in different words, knowledge of the major ideas, understand information, grasp meaning, compare and contrast.

Verbs: comprehend, contrast, defend, define, describe, differentiate, discuss, distinguish, estimate, explain, extend, generalize, interpret, paraphrase, predict, rewrite, summarize, translate, etc.

LEVEL 3 – PRACTICE: Application and Analysis

At this point, people begin to use information such as methods, concepts, and theories in new situations. They begin to solve problems using required skills, notice patterns and the organization of the parts. They can recognize hidden meanings and identify components. A demonstration includes using a concept in a new situation or giving an example. The learner can separate the information into its component parts so that the structure may be understood, and can distinguish between facts and inferences. The learner can also apply what was learned in the classroom into novel situations in the workplace.

Verbs: analyze, apply, calculate, categorize, change, compose, complete, demonstrate, design, discover, examine, experiment, illustrate, modify, plan, produce, relate show, solve, etc.

LEVEL 4 – HABIT: Judgment, ethics and wisdom from synthesis and evaluation

The learner at this level is able to demonstrate a complete understanding of the information, and can use old ideas to create new ones, relate knowledge from several areas, predict and draw conclusions, compare and discriminate between ideas, assess the value of theories and presentations and make choices based on arguments. The demonstration of this ability includes building a structure or pattern from diverse elements, putting parts together to form a whole, with emphasis on creating a new meaning or structure, or making judgments about the value of ideas or materials.

Verbs: assess, combine, conclude, convince, criticize, critique, decide, defend, evaluate, formulate, integrate, interpret, invent, judge, rank, recommend, support, test, etc.

EXAMPLES

Two examples of the progressive nature of learning are given in the table below. In the first example, the term “Protected Health Information” (PHI) is used. The second example is a policy for computer password management, a HIPAA security requirement.

An important point to remember is that most lectures and PowerPoint presentations stop at the first level. More interactive sessions or more engaging presenters/instructors begin to address the second level by questioning the participants or giving their own examples that are different from printed material.

Example 1: Learning the meaning of the term “Protected Health Information”

Level	Objective
Awareness	Identify the definition of Protected Health Information (PHI).
Understanding	Describe forms of protected health information that you come in contact with.
Practice	Decide whether the information asked for by a family member is protected health information or is health information that can be shared with the family.
Habit	Evaluate the actions of new staff members regarding their use and disclosure of PHI.

Example 2: Learning proper actions and requirements of a new security policy

Level	Objective
Awareness	Recall your organization’s policy on computer security password management.
Understanding	Explain in your own words the meaning and importance of computer security password management.
Practice	Apply the password management policy to your daily work.
Habit	Assess how your organization’s policy protects patients’ rights.

Depending on the job responsibilities of the training audience and their level of understanding required, each of these can be useful in a training

program. For example, the level of exposure to PHI would be used to determine appropriate objectives and training for personnel. A learning objective for those people with incidental exposure might be no higher than awareness, but people with more routine exposure would need a higher level of understanding.

Performance and Change Requirements

The **performance** requirements look at the many interrelated factors that affect performance in addition to knowledge and skills. These can be at the level of the organization, process, or individual. They include diverse factors such as ergonomics, organizational strategies or values, and motivation. The **performance** requirements of the objectives are also reviewed against the complexity of the post-training performance. Lower performance requirements are those where the learner must acquire and apply *facts*, simple concepts and procedures. Next in difficulty is performance where the learner must acquire and apply *principles*, more advanced concepts or procedures, and solve simple problems. Learners must apply knowledge in new or more complex situations. The most demanding performance is that of acquiring and applying *complex or interrelated procedures* and high-level problem solving. This includes creative and productive skills used in new situations.

The level of **change** required under HIPAA is pretty complex, because the laws encompass individuals, departments, organizations, and the health care industry as a whole system. The intent of the law was to make health care “Accountable” and “Portable”, and there are many required levels of change. For individuals, their behavior and attitudes may need to change. For organizations, the culture (including the reward and recognition systems) will probably need changes, and for the health care industry along with its clients and customers will need to adapt to new ways of thinking and practice.

There are several practices that foster the successful implementation and institutionalization of HIPAA requirements. Management and executives can support the rollout of HIPAA training by providing direction and sponsorship of training efforts, defining clear organizational structures, and ensuring the availability of resources such as trained personnel, adequate technology and infrastructure, and providing support for remediation and follow-up.

Three Critical Factors for HIPAA Training

Many researchers and practitioners agree that before training is designed, developed, or implemented, there are questions to be answered and information that needs to be gathered so that the training can accomplish its intended results. However, it is also fairly widely known that many get stuck in “analysis paralysis” trying to gather and assimilate all the information before they embark on training. Given the urgency of the training requirements under HIPAA, many training professionals will need to quickly get their programs and courses ready for distribution. In a recent research study, a group of experienced practitioners identified three primary factors that need to be known before any training design work starts. These factors are:

- A description of mastery performance,
- The barriers to transfer of the skill or knowledge being learned, and
- The leaders’ support for and expectations of the training.

Mastery Performance

One of the first questions most people ask as they begin to think about training has to do with the outcome. “What do people need to know?” or “What is the objective?” are common questions. In fact, though, before we can figure out what people need to know, we need to understand what they are expected to do with the information. This is a major difference between education and training. In schools and universities, the primary concern is what people need to know in order to participate in society – or to be considered “educated”. In training, the focus shifts to what people need to know and be able to do in order to perform a specific task.

Although what people “need to know” is important, what they will *do* with that knowledge or skill is critical. For HIPAA, what people need to be able to do with the information is an important point. There are many different jobs and responsibilities in the health care industry, and each requires a different level of understanding and performance. In addition, what people will do with the information varies with each part of the HIPAA rules. For example, the security rules are much more directive than the privacy ones. The EDI rules contain quite a bit of procedural information, and people must follow the guidelines.

The performance requirements for a job or task can vary widely. In some cases, people simply need to perform steps in a particular sequence and repeat the process in order to do a job. In other cases,

people need to be able to apply principles learned in one setting to different situations or they need to use the principles to understand and resolve complex issues, such as in the privacy rules. In many cases, there are multiple levels of performance requirements, such as the difference between being aware of the rules and being responsible for evaluating a health care organization's policies.

It is critical to understand what mastery of a job or task means before you can determine what people need to know in order to perform. Once mastery performance is understood, what needs to be known in order to perform can be documented and used to design and deliver training.

Barriers to Transfer

The second factor, identified as critical to know before embarking on training, are the barriers to the transfer of the skill or knowledge being learned, to the workplace. The intent of HIPAA training is for the new regulations to become knowledge or skill for the employees, and then to be applied on the job.

Barriers to the transfer of training have become a focal point for many practitioners as they try to understand why some people have so many problems implementing their new skills and knowledge after the training. Sometimes it is due to the lack of practice with the new concepts and skills during the training class – there has been a real effort in the last few years, especially, to try to condense and collapse the time required for training. Many trainers have substantially cut the amount of time spent in the application or in discussion of the finer points of what they are trying to teach in an effort to save time and money.

One of the tough realities of the issue of barriers to transfer is that it is not particularly under the control (or sometimes even the influence) of the people involved in workplace training. The culture of the organization and the behavior of someone's peers play an enormous role in how people use what they learn. This can be particularly problematic for some of the HIPAA requirements, such as privacy and security. Health care organizations have worked for a long time to improve their general "bedside manner" with regards to patients and their families and to improve their efficiency. This open attitude and sharing of information can work against them in light of these new regulations.

The issues surrounding barriers to the transfer of training into the workplace have been referred to as "work environment factors". Behavior that is reinforced or rewarded is likely to be replicated, whether it is appropriate or not. Although there may be little that training professionals can do about the barriers to the transfer of training, it is critical that those barriers are identified, articulated, and communicated to the leaders of the organization before the training is designed and implemented. Sometimes, just the recognition and discussion about

these obstacles is enough to begin to drive an organizational change effort. In other cases, although no tangible actions are taken, it helps training participants to understand what they may encounter in the workplace.

Leaders' support for and expectations of the training

What leaders expect to accomplish through training is an important factor in the design, development, and implementation of training. For HIPAA, training professionals may think that the only reason for training is compliance. Although that is a legitimate reason for training, it is important to understand what the leaders think about the current culture of the organization that will help or hinder application of the HIPAA concepts. The wrong message produced by a culture which views all compliance simply as obstacles, rather than supporting new regulations by understanding their benefits and opportunities, will block effective compliance.

There are many ways to go about gauging the support and understanding the expectations of leaders. One way is to assess it in terms of time and resources that are devoted to the effort. One of the best ways, if possible, is to interview leaders and ask questions such as what they expect to change due to the implementation of the new skills and knowledge. If they have some problems articulating what they want to change, focus on either of the other areas – a description of mastery performance or where they see barriers to the performance. Either of these topics will help someone focus their thoughts, and can give the trainer/instructional designer an indication of how to best use the training time.

There's an old adage about asking for forgiveness being preferable to asking for permission. In this case, that's not good advice. No one appreciates spending a lot of time and effort on misdirected efforts, and one sure way to damage credibility is to misunderstand management directives. By talking through and understanding each of these critical factors before starting a training intervention, it is likely that the design, development, and implementation will be much more aligned with the goals and desired outcomes, which is everyone's goal.

HIPAA Training Department Capabilities

Training departments vary in their capabilities and in their roles within organizations. In some organizations, trainers are responsible for the basic scheduling and delivery of classes. In others, the training department consists primarily of instructors who make sure that a particular content is presented and understood by the participants. In

still others, designers work on multiple, interrelated programs with a high degree of sophistication and training management principles.

Capability levels (see *eSCM* by Carnegie-Mellon, 2000) describe an improvement path for progress from a minimal level of having the ability to deliver HIPAA training that meets minimum regulatory requirements (Basic Capabilities) up to the highest level of enhancing value through continuous innovation (Advanced Capabilities). A description of the levels is summarized in these statements:

Basic Capabilities: Meets basic training delivery requirements

Intermediate Capabilities: Verifies training quality through measurement

Advanced Capabilities: Enhances organizational training through innovation

Basic Capabilities: Meets minimum training delivery requirements

At this level, training organizations lack sound training management practices. They operate without formalized systems or procedures, and even when a procedure has been specified, it is not followed or enforced. Frequent crises, exceeded budgets, and missed schedules, are some of the operational characteristics of such an organization. Very often, senior management is not exposed to or does not understand the key problems and issues faced by their training organization. Organizations at this level are often unable to effectively address their training requirements.

Intermediate Capabilities: Verifies training quality through measurement

The training organization has formalized procedures for identifying training requirements and delivering training services according to management directives. They are capable of delivering services according to stated requirements, even if the requirements differ significantly from the training organization's experience. The intermediate training organization has begun the transition from a reactive state to a proactive state. Their processes are focused on verification, or review against performance indicators, rather than discovery.

Advanced Capabilities: Enhances organizational training through innovation

These training organizations are able to learn continuously from experience and to measure and control their activities. Training organizations are able to continuously enhance their capability to meet evolving training requirements. Such organizations are able to customize their approach and service for students and stakeholders; understand student and stakeholder perceptions; and predict performance based on previous experiences.

Based on the size and complexity of the health care organization, any of these capabilities can be an appropriate allocation of training resources. However, given the consequences of inadequate HIPAA compliance, it is likely that many organizations will choose to improve and upgrade their training departments. As the capabilities of the training department grows, organizations can expect to see more effective and efficient processes as well as better understanding on the part of both training department personnel and management regarding the use and value of training efforts toward organizational change.

HIPAA training depends on interdependent elements. These elements are required to function in a dynamic environment as a coordinated system across the organization. Regardless of the level of sophistication of the training department, there are certain areas of focus that must be considered:

- Organizational management activities, such as defining and communicating roles and responsibilities and establishing and implementing procedures
- Personnel-related actions, such as identifying the staff competencies needed and how they will be developed and evaluated
- Department operations actions, such as establishing procedures for subcontractors and vendors
- Training technology, such as establishing documentation, tracking, and control systems
- Knowledge management actions, such as establishing and implementing procedures for collecting, identifying, and updating HIPAA regulatory and implementation information and the organization's HIPAA-related policies, procedures, and best practices.

The HIPAA Training Playbook addresses these five training organization performance areas with respect to their contribution to the formation, management and expansion of training initiatives throughout the

organization. For a complete breakdown and description of the recommended activities, see eSCM (Carnegie-Mellon, 2000).

HIPAA Training Implementation

Training implementation means the adoption and institutionalization of HIPAA-mandated privacy and security practices. Based on the capability level of the training department, certain activities should be undertaken. These suggested activities occur before, during, and after the training sessions.

Pre-Training Phase: During this phase, the organization has an overall objective of understanding HIPAA training requirements and assessing capabilities to meet the requirements. There are two major stages in the pre-implementation phase. The stages include sets of activities.

HIPAA Training Requirements Management includes:

- HIPAA Training Requirements Discovery – the exchange of information and requirements between HIPAA implementation teams and HIPAA training organizations with an emphasis on relationship building and relationship management.
- HIPAA Training Requirements Specification – the elicitation and documentation of implicit and explicit HIPAA training requirements.
- HIPAA Audience Identification and Definition – analysis and documentation of specific audience needs – which audience needs what training at what level, which updates, reminders, communications, etc.

HIPAA Training Deliverables Formulation includes:

- Deliverables separated by processes to institute, projects to establish, tasks to assign
- Performance measurements established for service levels, budgets, control points and deliverable quality.

Training Implementation Phase: The overall objective during the training phase is that of translating HIPAA training requirements into deliverables of the desired quality through service design, development, and deployment. There are two major stages in the HIPAA training implementation phase.

HIPAA Training Design and Deployment includes:

- Training design – when the training is planned based on specified requirements, and
- Training deployment – when the designed training is presented and delivered. (In some organizations, that may include the transfer of assets to and from the student or stakeholder.)

HIPAA Training Delivery and Enhancement occurs when feedback is obtained during the delivery of the HIPAA training. Enhancements are made to the training and its delivery process, as necessary, as continuous improvement projects during the life of the training.

Post-Training Phase: During the final phase of training implementation, the overall objective is to learn from experiences and to ensure a positive stakeholder experience. This stage may include the transition to maintenance, for those trained. The evaluation of training will inform future training of new workers or those with new assignments, and the needs for remediation, review, or practice, and possible feedback systems to support proper transfer and continued practices.

Sample Course Titles:

Compliance requirements fundamentals
Impact of HIPAA
An Organization's Approach
Managing Compliance
The Use of Protected Health Information
Confidentiality
Training Requirements
Patient Rights
Reporting Breaches
Sanctions
Role of the Office of Civil Rights
Forms of PHI and Their Requirements
Complaints
General Security Policies
Physical and Workstation Security

Periodic Security Reminders
Virus Protection
Incident Reporting
Password Management/Maintenance
Audits
Transactions
Code Sets
Additional Administrative Requirements

Summary

There are many moving parts in a successful HIPAA training and compliance initiative. This playbook will help training organizations and those responsible for training within their health care organizations better understand how to select and use opportunities for e-learning in order to comply with HIPAA. TriageTraining believes that the most successful HIPAA training initiatives will include the review of multiple factors, resulting in a program that *“Sets the right learning objectives for the right people”*.

About TriageTraining:

TriageTraining can assist you in a variety of performance and learning services. Our courses are used by GE Medical Systems, Texas Children's Hospital and are available online at Nurseweek magazine. For further information: <http://www.triagetraining.com>, email: HIPAA@triagetraining.com or call 210-680-8392.