

# HIPAA: IT Tradeoffs for State Funded Substance Abuse Tx

Richard Thoreson, Ph.D.  
SAMHSA/CSAT CIO  
[rthoreso@samhsa.gov](mailto:rthoreso@samhsa.gov)

# CSAT Web Infrastructure Project

1<sup>st</sup> Goal: help States with HIPAA

2<sup>nd</sup> Goal: buy or build applications  
once, many States use them

3<sup>rd</sup> Goal: Expand scope & improve  
quality of tx services data

# Overview

- HIPAA Regs
- Web Technology
- Related Federal Policy Priorities

# Federal Data Priorities

- Government Performance & Results Act (GPRA)
  - Performance Partnership Grants (PPGs)
  - Performance Measures of Effectiveness (PMEs)
- Administration E-Government directions
  - “consumer oriented” “flattening”, “streamlining”

# Web Technology Tools

- Universal Standards
- Object Oriented Design
- Component Architecture
- “ilities”
- Extensible Markup Language
- Reusability

# Web #1: Universal Standards

- E-mail
- FTP
- HTML
- Browsers
- WAP, & others transparent to users

# Web #2: Object Oriented Software

- Design process involves iterative collaboration between user/domain experts and system experts
- Applications built by combining small modules into larger modules
- Modules combine (understandably) processing logic with structured data

# Web #3: Component Architecture

- Two software platforms: J2EE or dot.net
- Components fit together like Lego  
Blocks
- Components built once, used many  
times

# Web #4: “ilities”

- Extensibility:
  - components customized by users
  - applications customized by switching components
- Upgradability: switch out old components
- Scalability: cluster same components

# Web #5: XML Data Docs

- Component architecture for data standards
- Key to separation of computer code and data content
- Key to universal data sharing

# Web #6: Application Reusability!!!

Using these Web tools, multiple States can:

- reuse the same basic Web components and applications, AND
- customize OLTP and OLAP applications to meet each State's legacy requirements

# HIPAA, Finally

- Electronic Transaction Standards
- Privacy Regulations
- Security Regulations



# IT Steps For HIPAA & GPRA

- Joint CSAT/State Planning Process
- Translator/Clearinghouse Services
- XML Standards
- OLTP (preferably real time)
- OLAP (near real time)

# HIPAA #1: CSAT/State Planning

- For Design, Buy and/or Build Decisions
  - Technical training and assistance
  - Formation of Consortia around system standards
  - On-going collaboration

# HIPAA #2: Translator - Clearinghouse Services

## Advantages:

quick, small or no investment cost

## Disadvantages:

new transaction cost, data “noise”,  
same old legacy system

# HIPAA #3: XML Standards

- In conjunction with larger SAMHSA effort to develop data content stds, define related XML document stds  
(schema, XFORMS, XSL and XSLT)
- Support X12N and HL7 EDI, & beyond

# HIPAA #4: OLTP

- Assess vender and current State (OK & TX)

Web applications

Criteria:

- Real time option: **enter data only once**
- Integrate clinical, billing, and other adm data
- Investment cost
- Privacy/security
- Central Hosting/ASP

# HIPAA #5: OLAP

- Assess Vendor and State Applications

## Criteria:

- Integration with OLTP Server
- User extensibility
- Cost
- WAN connectivity to SAMHSA/CSAT