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As members of “the Connection,” each month you will receive our electronic newsletter that will have regular columns written by Industry professionals and members of our Advisory Board, links to other valuable resources, and other industry news. If you prefer to obtain the newsletter from the website rather than in your email, please email [linda@medicalcourierconnection.com](mailto:linda@medicalcourierconnection.com) and we will remove you from the list.

### *A note from the Editor*

**2015 is in full swing** for us at the Medical Courier Connection as we plan innovative and cost-effective ways to “Connect” our members with the Healthcare Community! We’ve heard from several clients who have found companies that have helped them attain their delivery goals and even saw a connection happen between two members in different parts of the country! That is very exciting!

**This spring will bring** advertising opportunities for us through the [Clinical Lab Management Association’s Knowledge Lab](#) conference and the [Conference on Lab & Pathology Management](#).

**Are you planning** to participate in a charity event this summer? If so, we’d like to use that as an opportunity to get our brand noticed by sponsoring you! Get in touch with Linda via email with the details.

**As you read** Keith Carrington’s article on HIPAA and the Medical Courier in 2015, take a look at this free resource available through the [Small Business Administration](#) to help you address cyber-security!

**Assessing your risks** by involving your employees or IC’s, dispatchers and sales team will protect your company from unnecessary exposures to HIPAA, theft, spills, accidents, etc.! Take a look at your procedures, policies, and the details of the contents your company transports then talk to those involved, or ride along to see how they handle those exposures.

Don’t have time for that? We offer affordable site assessments that include route ride-along’s with our training!

Plan on joining us for the  
**Medical Transportation Summit**  
**July 28-30, 2015**

We are in negotiations now with 2 venues: Denver, CO and Greensboro, NC and will make a decision on Tuesday, January 20<sup>th</sup> and announce it on January 21<sup>st</sup>!

We have an *incredible* line up planned with early-bird registration available for just \$595! If you can’t get in on that deal though, as members, you’ll still receive \$100 off your registration fee!

**Thank our sponsor!**

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## **HIPAA Challenges for Medical Couriers in 2015**

It is no surprise that HIPAA is increasingly used as a “best practice” in civil actions brought in state court. Attorneys and their clients have learned that they can sue for privacy and security breaches, despite the lack of a private right of action under HIPAA itself. In light of the litigious advances made in 2014 and with 2015 now upon us, I thought it best to explore a few HIPAA challenges facing medical couriers in 2015.

**1. More sophisticated and detailed Business Associate Agreement (BAA) terms.** For example, covered entities may require business associates (i.e. medical couriers) to implement very specific security controls (such as limitations on the ability to use or disclose protected health information (PHI) outside of the U.S. including the use of cloud servers), comply with a specific state’s (or states’) law privacy and security requirements, limit the creation or use of de-identified data derived from the covered entity’s PHI, or purchase cybersecurity insurance. The BAA may describe the types of security incidents that do not require per-incident notification (such as pings or attempted firewall attacks), but also identify or imply the many types of incidents, short of breaches, that do. In short, the BAA will increasingly be seen as the net through which the underlying business deal must flow.

**2. More HIPAA complaints – and investigations.** As the number and scope of hacking and breach incidents increases, so will individual concerns about the proper use and disclosure of their PHI. Use of the Office for Civil Rights (OCR) online complaint system will continue to increase (helping to justify the \$2 million budgeted increase for OCR for FY 2015), resulting in an increase in OCR compliance investigations, audits, and enforcement actions.

**3. More PHI-Avoidance Efforts.** Entities and individuals who do not absolutely require PHI in order to do business will avoid it like the plague (or transmissible disease of the day), and business partners that in the past might have signed a BAA in the quick hand-shake spirit of cooperation will question whether it is necessary and prudent to do so in the future. “I’m Not Your Business Associate” or “We Do Not Create, Receive, Maintain or Transmit PHI” notification letters may be sent and “Information You Provide is not HIPAA-Protected” warnings may appear in contracts and service agreements.

As the year progresses, you can expect your clients to raise privacy and security concerns more frequently than in past years. If your business requires PHI for the effective operation of your services, then consider making HIPAA compliance a priority. If PHI is not necessary, then consider that before you sign a BAA.

Here is to your success in 2015 and beyond!



**LORI KLEIMAN,  
Performance Management  
& HR Specialist**

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**Is Workplace Loyalty Gone Forever?**

Researchers at Wharton School of Business encourage us to reframe the thought process around workplace loyalty. Looking at the connections between why people work and how they demonstrate loyalty provides interesting findings.

Loyalty in the workplace should be seen as a two way street. Companies and their employees or IC's have to be loyal to one another. We have become a very transient society where workers have options. We've all seen organizations go through hard economic times. During the recession, employees and IC's were let go simply because there was not a compelling business reason to retain them, regardless of the years of dedication and service they may have provided. When finances got tough, employee benefits were the first thing to be cut.

Employees and IC's have learned to adapt to survive and now more readily consider options that allow them to explore geographic areas – and move from one field to another with ease. The ability to gain skills and credentials via web based programs allows them to decide if they no longer want to be a dispatcher or driver – and instead, receive a nursing or EMT degree in a few years. The American Bureau of Labor Statistics reported in 2010, that the average person born in the latter years of the baby boom holds or will hold 11 jobs from age 18-44. This shouldn't be seen as a lack of loyalty, but rather the desire of many Americans to grow and develop their own personality and skill set. Organizations can tap into this by valuing past experiences and identifying and taking advantage of skills that may fall outside of their current work assignment.

Organizations have changed as well. In the late 1900's, companies (mostly then, "Employers") saw themselves as "long-term," providing a pension, career opportunities, training etc. to make it possible for employees to work in a role until they retired. This attitude is generally gone from the organizations of today. Employers are focused on identifying top talent and providing opportunities for those employees, and a fear of retribution from the Department of Labor if using an IC model and crossing that magic line that seems to waiver with each assessor. Regardless of your workforce model, there is less of a focus on retaining our "teams," and for those using the IC model, do we dare even think about our workforce as a "team?"

Even while serving the medical community, training budgets are created many times as an after-thought because a client or RFP requires it rather than as a standard model for success in selling your business. Companies who utilize the IC model are even more conflicted because they don't believe they can require an IC to have a certain skillset.

Loyalty is not gone, but goals and values have changed. Neither workers nor companies are compelled to work with those that are not seen as productive, engaged, or committed to the success of the business. That can be viewed as a very positive outcome when the right lens is used!



Join our group on LinkedIn  
“Medical Courier Connection”  
Connect with us on Twitter or Facebook at  
“MedCourierCnx”

### ***Benefits of Membership***

- Inclusion in the Business Directory that we make available to Healthcare Professionals seeking medical-specialty courier services.
- Connecting you through Exposure at Healthcare Industry-related conferences we attend and ads we place in medical journals
  - Free monthly live webinars with Industry professionals & Advisory Board members
  - Free monthly e-newsletter (this very thing! ☺)
- Access to Free publications, past webinars and previous Medical Transportation Summit presentations (2013 is posted and ready to view!) Just email Linda for access
- Networking - don't miss out on this valuable perk! Come to a future Medical Transportation Summit or join our LinkedIn Group (Medical Courier Connection)
- Participating in Charity events? Let us know! The Medical Courier Connection would like to offer support, representation and/or sponsorship!
- Access to our Advisory Board! Do you have an important bid coming up and have questions about processes or have a client whose position you just can't seem to understand? Give us a call or connect with a member of our Advisory Board!
- While we aren't Agility Recovery, we would like to offer help through our network should there be a disaster that affects your business. Let us know your needs and we'll reach out to nearby members to try and get you get back up and running smoothly again!
- Coming soon – a career center where you can seek out Independent Contractors who are already trained!
  - Have ideas for other incentives? Let Linda know!

*Please remember, when contacting anyone on the Advisory Board directly, please remember to begin by telling them you are a Member of the Medical Courier Connection. Thank you!*

### ***Meet our Advisory Board***

***who have made a one-year commitment to provide regular articles, at least one live webinar, and to be available to our Members to answer Industry-related questions***



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