**Realizing the Full Benefits of Health Information Technology**

 **and the Role of a Consistent Patient Matching Strategy**

**Background**

Health information technology has made huge strides toward improving clinical care, enhancing patient outcomes, and controlling costs, including ensuring privacy and security of patient information.  Impactful healthcare reform is virtually impossible without meaningful, system-wide adoption of EHRs and HIE.  At the same time, the frequent mismatch between patients and clinical data is a serious and growing patient safety issue.   A 2008 Rand Corporation Studyestimated that 8-12 percent of medical records contain errors related to patient misidentification.  A consistent patient matching strategy is absolutely essential to obtaining the full benefits of health information technology and to ensuring patient safety.

In 1996, the Health Insurance Portability and Accountability Act (HIPAA) mandated a Unique Individual Identifier for healthcare purposes.  However, the 1999 Omnibus Appropriations Act (PL 105-277) stated:

*"SEC. 516. None of the funds made available in this Act may be used to promulgate or adopt any final standard under section 1173(b) of the Social Security Act (42 U.S.C. 1320d-2(b)) providing for, or providing for the assignment of, a unique health identifier for an individual (except in an individual's capacity as an employer or a health care provider), until legislation is enacted specifically approving the standard.”)*

This language has been carried forward in Labor HHS Appropriations bills ever since.

Since 1999, many have interpreted the Omnibus Appropriations language to mean no study, no standards, and no criteria, in short--not addressing the issue at all.  Others believe that the language simply means no attempt to finalize a rule or solution until HHS reports to Congress on how any proposed solution will protect patient privacy and security.

A consistent strategy does not mean a single technology or solution, but an approach that will facilitate realizing the full benefits and costs savings of nationwide health information exchange, while protecting patient safety and privacy.  Without national standards, the marketplace has adopted differing local and regional approaches to patient-data matching resulting in additional barriers to system-wide health information exchange.  A technologically advanced patient matching solution will help control costs and enhance business processes including claims processing, coordination of benefits, referral certification, auditing, identity theft prevention, and detecting health fraud, waste, and abuse.

An example of marketplace efforts to fill the gap is the [Care Connectivity Consortium](http://xnet.kp.org/newscenter/pressreleases/nat/2011/040611interoperability.html) organized last April. Five leading health systems---Mayo Clinic, Geisinger, Kaiser Permanente, Intermountain Healthcare and Group Health Cooperative—have agreed to securely exchange electronic health data, with the first data exchange planned in 2012. The consortium will utilize standards-based health information technology to share data about patients electronically.

With passage of the HITECH Act in 2009, the Congress placed a clear mandate on the nation’s healthcare community for the rapid adoption of electronic health records (EHRs) and health information exchange (HIE) capability, including financial incentives for adopting EHRs and disincentives of reduced Medicare reimbursement rates for not adopting EHRs. However, the lack of clear Congressional intent as a result of the 1999 Omnibus Appropriations legislation has also placed a huge impediment to the optimal adoption of health information exchange in the area of national-level standards and guidance for a consistent patient matching strategy.

Since Congress enacted the prohibition in 1999, health information technology has made gigantic strides toward improving clinical care, enhancing patient outcomes, and controlling costs. Technological advances now allow for much more sophisticated solutions including patient consent, voluntary patient identifiers, metadata identification tagging, controlled segmented access, access credentialing, sophisticated algorithms, and other technologically advanced solutions.

As part of its charge to look at patient matching and its role in health information exchange, the HIT Policy Committee last summer asked the HIT Standards Committee to recommend standards to: (1) Standardize the formats for patient matching demographics; (2) Internally evaluate matching accuracy; (3) Address Accountability ; and (4) Develop and disseminate best practices. The HIT Standards Committee then formed the Patient Matching Power Team which focused on a specific use case: near time, direct patient care. In part, the Power Team [recommended the following](http://healthit.hhs.gov/portal/server.pt?CommunityID=1206&spaceID=399&parentname=&control=SetCommunity&parentid=&PageID=0&space=CommunityPage&in_hi_totalgroups=1&in_hi_req_ddfolder=6652&in_ra_topoperator=or&in_hi_depth_1=0&in_hi_req_page=20&control=advancedstart&in_hi_req_objtype=18&in_hi_req_objtype=512&in_hi_req_objtype=514&in_hi_req_apps=1&in_hi_revealed_1=0&in_hi_userid=8969&in_hi_groupoperator_1=or&in_hi_model_mode=browse&cached=false&in_ra_groupoperator_1=or&in_tx_fulltext=patient+matching+power):

*“The Office of the National Coordinator or other appropriate agencies should sponsor specific research and analysis to identify the most relevant and achievable metrics to return in response to a patient matching query. Meanwhile, the response should, at a minimum, provide a URL that provides information on the matching approach used, any available characterization of the matching approach, and a point of contact for additional information.”*

Stakeholders responsible for implementation of the EHR Incentive Program want to assure there is a consistent way to match patients with their medical information across systems. To that end, stakeholders over the past year have met with Members of Congress to educate on this important aspect of the Program. The feedback has been bi-partisan regarding the potential for concern as health information exchanges (HIEs) and the Nationwide Health Information Network (Nw-HIN) make possible the nationwide exchange of clinical information.

**Next Steps**

Given the lack of clarity as to Congressional intent regarding HHS’s latitude on this issue, a first step is a study by the Government Accountability Office (GAO) to examine the cost/benefit and practicality of implementing a consistent patient matching strategy. A “Dear Colleague Letter,” currently circulating on Capitol Hill, requests such a study to assess the following:

1. The prevalence and costs of patient-data mismatches nation-wide, including the costs of correcting these errors.
2. The patient safety risks of NOT having a consistent patient matching strategy.
3. The benefits and implications of applying patient identity solutions in healthcare.
4. The impact on privacy, security, and safety of potential national standards.
5. Current and near-term available technologies and best practices for assuring patient-data matching while enhancing patient information privacy and security.
6. The costs/benefits and practicality of adopting consistent patient matching standards.

This study will not contradict the Labor HHS Appropriations Bill language but simply seeks to provide Congress with current information on which to make an informed decision on proceeding with a consistent approach to patient matching, while protecting privacy and security.

**Summary**

Realizing the full benefits of health information technology poses many challenges with accurately matching a patient with his or her data high on the list. At the same time, the contradiction in Congressional mandates---restrictions on federal initiatives for patient matching coupled with Meaningful Use penalties on providers--demands attention. A beginning step—a GAO study or similar examination is an important and essential place to begin by providing the necessary information on which to move forward in this critical area.

**Contacts:**

Sharon Canner, Senior Director, Advocacy Programs, CHIME, 703/562-8834,

scanner@cio-chime.org

Richard Hodge, Senior Director, Congressional Affairs, HIMSS, 703-562-8847, RHodge@HIMSS.org