AHIMA Policy Statement on Patient Identification

AHIMA's Position:

AHIMA supports the accurate identification of patients to enhance patient safety, while also improving interoperability and the appropriate use of workforce resources. Health information (HI) professionals have extensive knowledge and expertise to inform and advance public policy that seeks to improve the accuracy of matching patients to their health information. To enhance accurate patient identification, AHIMA believes that policy must:

1. **Adopt a nationwide patient identification strategy.** Policy must encourage the development of a public-private sector framework that identifies opportunities to enhance patient identification, including standardized demographic data elements and policies across various care settings and health information technology (IT) systems.

2. **Address factors beyond technology.** Policy must take a holistic approach and consider underlying and fundamental data integrity and quality processes and practices. It must also consider the adoption and implementation of technology that could improve patient identification and enhance trust and transparency.

3. **Prioritize privacy.** Increased use of patient demographic information (including the use of data sets unrelated to healthcare) and the leveraging of newer and/or emerging technologies to enhance patient identification requires consideration of privacy concerns including transparency, patient consent, access, sharing, use, retention, and disposition of such information.

4. **Embrace the role of health information professionals.** New standards and approaches must recognize the operational expertise of health information professionals in understanding how health information flows through the healthcare system. HI professionals' expertise in the development and prioritization of data elements, mitigation and remediation of patient identification errors, and improving data quality must also be considered.

Background:

Patient identification is the process of "correctly matching a patient to appropriately intended interventions and communicating information about the patient's identity accurately and reliably throughout the continuum of care."[1] Patient identification encompasses not only physical identification of the patient but technologies capable of improving the accuracy of patient identification.[2] Different technological practices, operational processes, and trained health

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[1] ECRI Institute PSO Deep Drive: Patient Identification: Executive Summary. Available at: https://www.ecri.org/Resources/Whitepapers_and_reports/PSO%20Deep%20Dives/Deep%20Dive_PT_ID_2016_exec%20summary.pdf.

[2] Ranade-Kharkar P, Pollock SE, Mann DK, Thornton SN. Improving Clinical Data Integrity by using Data Adjudication Techniques for Data Received through a Health Information Exchange (HIE). AMIA Annu

information professionals are needed to optimize accurate patient identification to meet the increasing and diverse demands for the access, exchange, and use of data by stakeholders.[3]

Today, lack of widespread operational principles as well as limitations in processes and technologies result in inaccurate patient identification.[4] Accurate patient identification offers substantial benefits including improved patient safety and efficiencies as well as enhanced interoperability. That said, certain challenges including data standardization and privacy concerns must be addressed. As policymakers seek to address this issue, AHIMA members have the expertise to offer practical insight.

Key Points:

Accurate patient identification could result in considerable benefits including:

- Improved patient safety and outcomes;

- Enhanced data sharing and interoperability to ensure delivery of the right care at the right time in the right setting regardless of where care is initiated;

- Increased patient and clinician satisfaction;

- Reduction in duplicative testing;

- Reduced reliance on existing workforce resources (including HI professionals and clinical staff) to manually correct patient record duplicates and/or overlays;

- Reduction in potential HIPAA breaches;

- Reduced delays in claims billing and denials;

- Improved public health reporting and surveillance (including exposure notifications and immunization programs); and

- Improved automation of disability determinations.

To realize the benefits of accurate patient identification, certain challenges must be addressed including:

Symp Proc. 2014;2014:1894–901. Available from: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4419943/

[3] Rudin R, Hillestad R, Ridgely M, Qureshi N, Davis J, Fischer S. Defining and Evaluating Patient-Empowered Approaches to Improving Record Matching. Defin Eval Patient-Empowered Approaches to Improv Rec Matching. 2018. Available from: https://www.rand.org/pubs/research_reports/RR2275.html

[4] ECRI Institute PSO Deep Drive: Patient Identification: Executive Summary. Available at: https://www.ecri.org/Resources/Whitepapers_and_reports/PSO%20Deep%20Dives/Deep%20Dive_PT_ID_2016_exec%20summary.pdf.

- **Lack of widespread, standardized demographic data elements**. Standardized data elements (e.g.—telephone number, date of birth, USPS address) can help optimize matching algorithm accuracy, thereby improving match rates.[5]

- **Inadequate organizational resources, policies, and processes.** Manual review and remediation of patient demographic information by health information professionals after an episode of care is not efficient, safe, or sustainable. Standardized practices and processes are needed in the collection and documentation of demographic patient data at registration, including the widespread adoption of standardized naming conventions, routine maintenance of demographic information changes (e.g., address, phone, email, gender and name change), and multiple birth indicators in pediatrics.

- **Inability of downstream, disparate systems and modules to mitigate duplicate patient records or share demographic data elements.** Improved functionality, use and acceptance of common standards and fields by downstream add-on systems and/or modules (e.g., "best of breed" specialty practice systems, lab modules, etc.) to avoid creation of duplicate records and/or share accurate demographic data elements can enable more holistic approaches to addressing patient identification.

- **Lack of understanding the capabilities of electronic health record (EHR) matching algorithms**. Matching algorithms vary from basic to advanced approaches (e.g., deterministic matching vs. probabilistic matching). Greater understanding around matching algorithms can enhance trust in the deployment of such technologies, allowing HI professionals to accurately measure and compare the performance of matching technologies.

- **Lack of uniform processes for patient registration.** Consolidation of a single, uniform patient registration process across systems will streamline collection of patient demographic information and reduce patient time spent repeatedly completing multiple forms each visit.

- **Continued need for privacy protections.** Existing and emerging processes and technologies leveraged to improve patient identification must support the privacy and confidentiality of patients' health information and consider patient consent, access, exchange, use, retention, and disposition considerations. Existing and emerging processes and technologies must also not leverage demographic information to deny care or be used for discriminatory purposes.

Current Situation:

An important contributor to the current challenge is long-standing federal statutory language that hampers the ability of the US Department of Health and Human Services to advance a nationwide patient identification strategy.

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[5] Shaun J Grannis, Huiping Xu, Joshua R Vest, Suranga Kasthurirathne, Na Bo, Ben Moscovitch, Rita Torkzadeh, Josh Rising, Evaluating the effect of data standardization and validation on patient matching accuracy, *Journal of the American Medical Informatics Association*, Volume 26, Issue 5, May 2019, Pages 447–456. Available from: https://doi.org/10.1093/jamia/ocy191

In 1996, Congress enacted the Health Insurance Portability and Accountability Act (HIPAA) which called for the creation of a unique patient identifier (UPI) to accurately identify patients. However, due to privacy and security concerns, Congress has included language in every spending bill since 1999 prohibiting the US Department of Health and Human Services (HHS) from spending any federal dollars to promulgate or adopt a national UPI. Today, sustained, narrow interpretation of the language creates a barrier to public-private sector collaboration in advancing a nationwide patient identification strategy.

In 2019, the US House of Representatives passed an amendment by Congressman Bill Foster (D-IL) and Congressman Mike Kelly (R-PA) to HR 2740, the Departments of Labor, Health and Human Services, and Education and Related Agencies Appropriations Act of 2020 that struck the outdated ban from the bill. The final spending package passed by Congress in December 2019 did not remove the ban; however, Congress included report language encouraging HHS to provide technical assistance to private-sector led patient identification initiatives. Congress also directed the Office of the National Coordinator for Health IT (ONC) to submit a report to Congress on the technological and operational methods that improve identification of patients, and to recommend actions increasing the likelihood of accurately matching patients to their health data.

To learn more about patient identification, visit www.ahima.org.