

Content Outline

A. Policy (16-18% of questions)

1. Use the current best practice and policy guidance documentation to implement appropriate and accurate patient identification and matching practices.
2. Create and implement naming convention policy (e.g., demographic change reasons).
3. Determine where naming conventions are used for person-centered data tables (e.g., patients, healthcare staff, guarantors, etc.).
4. Define MPI identifier naming conventions (prefix and leading zeroes, field length, alphanumeric, etc.).
5. Develop MPI job aids including patient identification scripting to ask patients at front-end staff (e.g., "Have you ever been here before?", "Have you lived at [address line] address?", etc.).
6. Create and implement error correction policy.
7. Create and implement minimum demographic requirements needed for auto-loads into the system.
8. Describe federal regulatory requirements related to a national patient identifier (e.g., 1996 HIPAA called for a national patient identifier; 5-10 prevents from using a national patient identifier).
9. Describe how patient identification and matching practices support health equity (see AHIMA's Policy position).

B. Practice (26-28% of questions)

1. Evaluate potential duplicate records and take appropriate actions (e.g., merge the records, known non-duplicate, insufficient information).
2. Match a patient accurately to their records to allow for an appropriate continuum of care.
3. Describe ways in which patients' identity is verified using physical and electronic methods.
4. Describe the challenges and consequences of current requirements and practices related to patient identification and matching.
5. Describe the impact that appropriate patient identification and matching has on a) privacy, b) security, c) equity and inclusion, d) patient safety, and e) billing/revenue cycle.
6. Apply guidance and best practices for the collection and management of patient demographic data such as name, sex, date of birth, and addresses for enhanced patient matching.
7. Comprehend the steps that go into loading patient data from an outside source and recount steps to perform data validation on MPI data.
8. Recognize the steps associated with MPI data clean-up projects and the impacts to other systems from a large-scale clean-up effort.
9. Describe a digital front door (patient portals, patient created records, self-scheduling) and understand their contributions towards patient matching.
10. Recognize the impacts of patient misidentification and/or overlaid records (trumps) and the limitations of many EHR platforms unmerge functionality.
11. Describe different types of error corrections such as unmerges, shared or mis-keyed demographics such as SSN or DOB.
12. Identify points in the patient identification and data collection process when patients and consumers may be educated on practices and importance of participating in the accuracy and currency of their information (e.g., kiosk and patient portals/apps, questionnaires, documentation uploads).
13. Demonstrate ability to effectively prioritize review of accounts.

C. Master Patient Index (MPI) (28-30% of questions)

1. Explain the use and purpose of a MPI.
2. Describe the impact that patient identification and matching has on the MPI.
3. Determine the data elements required to capture in the MPI.
4. Describe the uses and challenges of algorithms used (basic, intermediate, advanced, probabilistic) within the MPI that identify potential duplicate records.
5. Define the search modes for the algorithms used within the MPI.
6. Identify the data elements that should be included in the MPI (e.g., demographics).
7. Describe an identifier hierarchy (e.g., survivorship, historical identifiers).
8. Systems architecture when there is an overarching system, with several “site” systems (EMPI vs MPI).
9. Describe data retention requirements for the MPI.
10. Describe each key demographic data point and some of the collection issues, including common misidentification trends in the data to look out for (e.g., twins, siblings, parent/child, common names, minorities).
11. Identify terminology used in MPI data management (e.g., false positive, false negative, algorithm, match weight, interface engine, HL7/FHIR, etc.).
12. Describe and apply common MPI metrics (e.g., duplicate rate, match rate, false positive rate, false negative rate, etc.).
13. Describe best practices/limitations for trauma (unknown/anonymous) patients and patients without identification.
14. Describe how downtime blocks of numbers/identifiers work.

D. Data Quality, Portability, and Interoperability (16-18% of questions)

1. Establish practices that ensure data quality by minimizing errors and opportunity for fraud, allowing patients access to correct data, and implementing corrective and preventive actions when errors are identified.
2. Describe practices that can be put into place to ensure interoperability within and across healthcare systems to ensure maximum patient safety and care.
3. Specify parameters for and catalog all incoming interfaces to the MPI.
4. Define population health (e.g., extracts from insurance companies).
5. Describe how state agency data can corrupt records (e.g., reporting communicable diseases).
6. Describe sharing patient information across health organizations to view related medical records via matching.
7. Create mechanisms and work incoming messages / transitions in care (e.g., messages that go to a primary care provider related to a patient discharge from a hospital, pharmacy or specialist referrals, etc.).
8. Develop protocols to proactively mitigate potential duplicate record creation while improving the match and new patient creation rate.

E. Technology (9-11% of questions)

9. Describe ways patients may access their records (e.g., 3rd party data vendors to validate identity, kiosks, patient portals/apps).
10. Describe the technical strategies that can be used to accurately match a patient with their data (e.g., bar code scanning, advanced algorithms to auto match, AI for patient matching using match recommendations and referential matching).
11. Describe the technical strategies used to merge records (e.g., algorithms, HL7, FHIR, etc.).
12. Identify the impacts related to mismatched patient records in relation to privacy, safety, care provided, access to records, etc.
13. Describe the impact that the use of biometrics may have on the strategy of patient identification practices.