AHIMA Lends Expertise to ONC Patient Matching Initiative

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By AHIMA's Advocacy and Public Policy Team

The ability to securely and accurately match patients with their electronic health records (EHRs) across all health information exchanges (HIEs) remains a serious patient privacy, safety, and quality issue facing the HIM community. As many as eight to 14 percent of all health records include a patient mismatch error, according to a 2008 Rand study.[1]

The Office of the National Coordinator for Health Information Technology (ONC) has said patient matching is part of its 10-year vision to achieve greater interoperability across the industry. AHIMA also recognizes that high quality data and accurate patient matching are critical to realizing the benefits of the industry's considerable investment in health IT. For this reason, AHIMA has been participating in the ONC Patient Matching Communities of Practice with other industry leaders on developing a patient identity data maturity model to improve patient matching across the industry.

"The goal is to develop a maturity model that will serve as a roadmap for improving patient matching across multiple care sites and EHR platforms," says Katherine G. Lusk, MHSM, RHIA, chief HIM and exchange officer at Children's Health System of Texas. Lusk is one of several AHIMA members participating in the ONC Patient Matching Communities of Practice. Since January, AHIMA members and staff have been working with ONC on a maturity model that defines a set of uniform data elements (such as patient name, address, gender, race, and date of birth) using standard data conventions. The model establishes a more universal format for collecting data, which can be used to match and identify patients with their medical records. This will help organizations reduce duplicate and incomplete records that could compromise patient safety and the quality of care, as well as contribute to waste, Lusk says.

AHIMA's work with ONC on patient matching builds upon AHIMA's previous guidance to ONC on initiatives such as the interoperability roadmap and standards advisory.

Meanwhile, a related project called the Patient Matching Aggregation and Linking (PMAL) initiative is underway. According to the government's Federal Business Opportunities website, "the PMAL initiative will identify the best patient attributes to standardize for matching patients to their data across clinical and claims data sets, and identify algorithms that can be used to reliably perform patient matching in these contexts."

Educating Providers and Policymakers on Patient Matching

AHIMA members have long been engaged in educating the industry and lawmakers on how adoption of a nationwide patient-matching strategy could help improve interoperability. At AHIMA's Hill Day event this past March, AHIMA members asked Congress for support of nationally recognized standard data elements to improve patient identification.

In Lusk's view, HIM professionals are uniquely qualified to promote the importance of data quality in patient matching. "HIM professionals serve the community with accurate and complete information, and nothing is at the heart of accuracy and completeness as much as patient identification management," Lusk says. "Strong information governance is essential to ensure the accuracy and integrity of patient identity in HIEs [health information exchanges]."

Standardizing to Achieve the Triple Aim

Lusk believes HIM professionals can advance the "Triple Aim" of healthcare by helping the government, as well as their organizations, develop standards and best practices for patient identification. As described by the Institute for Healthcare Improvement (IHI), the Triple Aim focuses on the following objectives:

- Improving population health
- Improving the patient experience of care (including quality and satisfaction)
- Reducing the cost of healthcare

“Standards and best practices for patient matching ensure all clinical information is available for the bedside caregiver, no matter where it was generated,” Lusk says. “Patient safety is improved, clinical decision-making is more efficient, and the cost of healthcare decreases with fewer duplicate diagnostic tests.”

To fully leverage their healthcare IT investments, organizations should adopt a real-time, automated patient-matching process in their HIEs, Lusk recommends. “If we improve data integrity by minimizing free text, increasing data elements used with matching, use nationally recognized standards in addition to adopting a daily reconciliation process, patient matching will improve significantly and so will interoperability,” Lusk says. This will be essential as organizations step up their efforts to coordinate care across multiple sites to better manage population health, she adds.

Navigating the Legislation

In 1996, the Health Insurance Portability and Accountability Act (HIPAA) mandated a unique patient identifier for healthcare purposes. Due to concerns about privacy, the 1999 Omnibus Appropriations Act prohibited the use of appropriated funds to “promulgate or adopt any final standard” providing for the assignment of a unique health identifier for an individual “until legislation is enacted specifically approving the standard.”

Since then, Congress has placed a clear mandate on the nation’s healthcare community for the rapid adoption of EHRs and HIEs. However, the lack of uniform standards to uniquely identify the patient impedes the adoption of HIEs and endangers patient safety.

Using existing standards, such as the United States Postal Service address definitions, can help normalize data across multiple locations. “We believe that minimizing free text by using nationally recognized standards and definitions for data elements will decrease data integrity issues nationally and allow for more accurate patient matching without having to use a unique patient identifier,” Lusk says.

Without a unique patient identifier, such as a medical record number, patient matching relies on various types of algorithms that use patient demographic data, such as name, gender, and date of birth. “The accuracy and completeness of data greatly affects the ability of an algorithm to successfully link another medical record to that patient,” says Beth Just, MBA, RHIA, FAHIMA, CEO at Just Associates, based in Centennial, CO.

Accurate patient matching is a particular concern for large integrated delivery networks that use different identifiers across sites of care. Just, who has offered her subject matter expertise to the ONC Patient Matching Communities of Practice, believes the new maturity model will address these concerns and provide much-needed guidance across the industry. “The ultimate goal is to promote interoperability, better patient outcomes, and improved patient safety,” she says.

In Just’s view, it is not likely that the government will mandate the use of a certain algorithm for patient matching. “Organizations can maximize their patient matching efforts by ensuring their demographic data are as complete and as accurate as possible so the data can be used in whatever algorithm they have. This will allow electronic health records from multiple vendors to perform well as long as the data are good,” she says. To help ensure data quality and accurate patient matching, HIM professionals can play an important role in leading information governance efforts in their organizations.

ASAE Lauds AHIMA’s Advocacy Efforts

In June, AHIMA’s grassroots ICD-10 advocacy program was honored by the American Society of Association Executives (ASAE) with a Silver Award in the 2015 “Power of A” Awards. This marks the second consecutive year that AHIMA earned ASAE recognition for engaging members to help educate Congress on the benefits of ICD-10 and why it is essential to meet the challenges of today’s healthcare system.

To keep component state associations and members updated on lawmakers’ efforts to delay ICD-10, AHIMA’s Advocacy and Public Policy Team leveraged social media, phone calls, e-newsletters, and direct mail. Each communication included a specific call-to-action to get members involved. Thanks to these efforts, AHIMA members sent more than 80,000 tweets to congressional representatives using the customized hashtag #ICD10Matters. In addition, the membership sent more than 26,000 letters to members of Congress.

“We are proud to once again be recognized for our work, and the efforts of our members, with this award,” says AHIMA CEO Lynne Thomas Gordon, MBA, RHIA, CAE, FACHE, FAHIMA. “As a result of our ongoing grassroots advocacy efforts, we continue to see increased awareness of the benefits of ICD-10 on Capitol Hill. Meeting with their congressional representatives, AHIMA members shared examples of how ICD-10 will improve patient care and benefit the healthcare community, emphasizing that the updated coding system is vital to today’s rapidly changing healthcare environment.”

Note

1. RAND Corporation. *Identity Crisis: An Examination of the Costs and Benefits of a Unique Patient Identifier for the U.S. Health Care System.* Santa Monica, CA: RAND Corporation, 2008.

The AHIMA Advocacy and Public Policy Team (advocacyandpolicy@ahima.org) is based in Washington, DC.

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