Best Practices for Patient Matching at Patient Registration

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Accurate patient identification is a major challenge faced by healthcare organizations across all levels of care throughout the industry. Health information management (HIM) professionals play a critical role in collecting identifiable information and matching the patient to their health record. HIM has a distinct opportunity to improve patient matching success, beginning at patient registration. Patient matching is not solely the responsibility of HIM—it is an enterprise-wide systematic issue where patients have a role in reviewing and ensuring information for accuracy and completeness.

This Practice Brief provides best practices for accurate patient matching from the time the patient first contacts a healthcare organization until the organization confirms an accurate patient match. When enacted and enforced, these practices will empower the registrar while improving data quality and patient safety.

According to a 2008 study conducted by the RAND Corporation, "missing information can also lead to inefficiencies, such as the cost of reordering diagnostic tests and of delays and errors in treatment. Such inefficiencies have been estimated to cost the healthcare system more than $8 billion annually (Hillestad, et al., 2008)."[1] Initial misidentification of a patient during the patient registration process can lead to downstream issues, including patient safety concerns, compliance risks, and financial costs. Identifying a patient correctly at the time of registration helps ensure that a duplicate patient record is not created, which according to the Healthcare Financial Management Association can cost healthcare associations upwards of $96 per duplicate record.[2] Correct identification can prevent patient overlays and decrease the opportunity for identity theft.

Policies and procedures regarding staffing, patient safety, naming conventions, data/information, and consideration of environmental factors lay the critical groundwork for correct patient matching. Policies for patient matching should be enterprise wide information governance policies that are approved by the appropriate committee. The policy should cover the entire organization. The implementation and adoption of integrated identification tools (photo identification, biometrics, etc.) may lead to improved identification rates. As the healthcare industry strives to optimize revenue and reduce overall costs, the Office of the National Coordinator for Health Information Technology (ONC) and US Department of Health and Human Services (HHS) are working to ensure better practices for patient identification. With the application of these tools and resources, organizations can implement better means of identifying patients during the registration process.

Regardless of the location of "registration," healthcare facilities must train staff to understand the importance of accurate data collection, maintenance of patient registration index or databases, and identification of the appropriate patient's information contained within the database during the registration process. It is important that registration staff recognize the impact of misidentified registrations, which can include patient safety concerns, errors in patient care, reimbursement issues, and legal ramifications.

It is recommended that every facility or organization have standard procedures in place to increase the odds of selecting the correct patient. There should also be a policy in place that includes a list of those data elements that should be captured and those that should be used to search for a patient.

Recommended Best Practices for Accurate Patient Matching at Registration

The following is a list of recommended best practices that will assist patient matching accuracy at the time of registration.

1. Develop Processes for Collaboration and Feedback for All Registration Areas

Healthcare organizations today likely have a combination of decentralized and centralized registration areas. A centralized registration department offers opportunities for consistent training and quality control procedures, but may not be feasible in larger healthcare organizations. In a decentralized registration scenario, collaboration and communication between key departments with feedback to the registrars and supervisors are keys to ensuring quality in the registration process.

2. Develop a Quality Improvement and/or Data Integrity Team

Healthcare organizations should have a data integrity team in place and the membership of that team should include HIM professionals. The data integrity team works to review and remedy duplicates and overlays in patient health records. Timeliness is important in this work; the data integrity team should work with daily queues to identify, review, and correct patient identification problems. Finally, a critical aspect of the data integrity team's work is providing feedback to the registrars. It is only through timely feedback that the registrar has an opportunity to develop patient matching skills and improve patient safety.

3. Institute Ongoing Staff Training

Staffing is a challenge in healthcare access management; hiring and retaining registrars is critical to the success of patient registration. According to an ONC report, the average length of employment for registrars is approximately four months.[3] Most of these registrars are entry-level positions and often do not receive ongoing education and training after their initial introduction to the job. Specific master patient index (MPI) training should not only be delivered upon orientation, but there should be an ongoing educational plan to develop these important staff members and improve retention rates.

Training should include emphasis on the importance of the registrar's questions for correctly identifying the patient. For example, scripted questions should be developed, such as:

- "Have you ever received care from the West facility?"
- "Do you go by a certain nickname?"
- "How do you spell your last name, first name, and middle name?"
- "What is your legal name on your birth certificate or other legal documents?"
- "Do I have this punctuation correct in your name?"

Finding and comparing a patient's (or guardian's) signature can also be a positive step in determining if the correct record has been selected during the registration process.

Uniquely identifying the patient with a primary unique identifier in the enterprise master patient index (EMPI) is the primary goal of the registrar. Prior to creating a new person record, a minimum of three search criteria should be performed. It should be noted that the process of searching can widely vary and is dependent upon the brand of electronic health record (EHR) technology and customization that has been added to the base installation. Registrar training should include searching for the patient using different techniques and using a combination of identifiers.

According to the AHIMA Practice Brief "Managing the Integrity of Patient Identity in Health Information Exchange," targeted user training should include:[4]

- Review of the search methodology specific to enterprise and MPI software. Inclusion of standardized patient-naming conventions in training programs is an essential key to prevent duplicate creation at all levels.
- Appropriate use of spaces, hyphens, and apostrophes must be established.
- Provision for use or exclusion of titles such as Rev., Dr., and the proper designation of prefixes or suffixes such as Sr., Jr., II, or III should be included in documentation guidance.
- Placing a strong emphasis on collecting and using the patient's legal name, excluding nicknames, and proper provision for the middle name (or, at minimum, middle initial). Capturing minimum demographic fields to properly identify the patient should be strictly enforced as it greatly impacts accurate patient identification.

4. Develop a Process for Real-Time Monitoring

The time pressure on the registrars creates a temptation to skip process steps and take shortcuts when validating patient identity. Real-time observation of the process will identify shortcuts with the potential to decrease patient matching accuracy.

5. Ensure Consistent Patient Identifiers

Patient identifiers should be constant values and not something that will change from one encounter to the next without proper documentation of the change (birth certificate, marriage certificate, etc.). Address and employer information can change. An organization can collect a variety of demographic information that may include: first name, middle name, last name, alias, preferred name, maiden name, former name, birth date, gender, preferred gender, and so on. When sharing patient information electronically with other providers, the organization should ensure that the selected identifiers are demographic fields in Health Level Seven (HL7) standards that can be exchanged and verified. Patient Administration (ADT) is the most commonly used HL7 messaging type, with most clinical applications enabled to receive key ADT messages.

Voluntary National Patient Identifier Needed

Creating a national patient identifier would aid in creating a consistent patient record across multiple providers and enable accurate patient matching when information is exchanged. In March 2016, AHIMA launched the "MyHealthID" social media campaign and developed a petition asking the White House to lift the federal budget ban that prohibits HHS from participating in efforts to find a patient identification solution.[5] Through media attention, in-person meetings with legislators, and new partners gained during the petition effort, AHIMA laid the groundwork for progress with Congress—a must for making this change.

Learn more about patient matching efforts in a *Journal of AHIMA* article, as well as a *Perspectives in Health Information Management* article.

Naming Conventions

The following are some common naming conventions that should be followed to ensure proper patient matching.

Newborn/Baby Names

Baby naming conventions have traditionally included Baby Boy or Baby Girl, a letter designation for multiples A, B, C, and the mother's last name. An improvement in the baby naming convention trialed at Montefiore Medical Center uses the mother's first name in place of "baby." This adds uniqueness to the baby name with Janesboy Smith being quite different than Marysboy Smith; in the traditional system, the babies would both be called Babyboy Smith.[6] The latter creates the opportunity for patient misidentification or an overlay in the health record.

Unknown Patients

A common past practice in emergency departments is to name unknown patients as John Doe or Jane Doe. These names can be easily confused and facilities should incorporate assigning a unique name value for unknown patients into their practice.

Verification of Identity

There are several acceptable ways to verify a person's identity:

- Driver's License. A driver's license or state-issued identification may be used to validate patient identity.
- Credit Bureau. A facility may employ a credit bureau inquiry in order to validate patient identity.
- Biometric Identification. Establishing a biometric identifier requires first ensuring that the patient is correctly identified using other means. Once established, the biometric tool can increase accuracy in patient identification.

Integrated Tools that Help Address Patient Identification

Integrating biometric authentication tools into the scheduling and registration workflows helps ensure accuracy of patient identification. Palm vein scan is a type of biometric tool and the scans are unique to each individual—and will never change. Palm vein pattern recognition is a revolutionary biometric tool that can reliably identify a patient and match them to their health record. Palm vein scanning identifies a patient by recording the vein patterns beneath the skin of the palm. Vein pattern

authentication is 100 times more accurate than fingerprints, which can be affected by age or injury.[7] This only requires the patient to place their palm on a device that uses an infrared scanner and a camera to record the vein pattern.

Retinal scans or iris identification of a patient's eye(s) can be used as a means of identifying a patient. Retinal scans analyze the pattern of veins behind a patient's eye, whereas iris recognition maps the unique characteristics of a patient's iris.[8] A unique form of identification can also be found in a patient's voice. Speaker or voice recognition is an emerging technology that analyzes the unique characteristics of an individual's voice as a means of identifying said individual.[9] Biometrics also safeguard patient information, as the technology protects against fraud and minimizes the need to enter new information into patient records, limiting the human element involved with data entry. This authentication makes it easier to match patient records in future visits. It should be noted that extra work is needed to integrate this technology with an EHR.

Benefits of palm vein pattern scans for patient identification include:

- Non-intrusive for the patient
- Proven technology in other industries
- No radiation—device uses near-infrared light, like a TV remote control
- As accurate as other biometric technologies
    - Twins each have different palm vein patterns resulting in unique biometric signatures
    - Extremely fast image recognition
    - Easy workflow for registrar, tightly integrated with certain vendors
- Infection control easy to address with low level disinfectant (alcohol wipes)

Obtaining patient photos during the registration process is another important step in patient identification. Photos assist with identification but they also assist the care providers with quality patient interaction and quality patient care. The ability to store a photo within a patient record will help to prevent duplicate records in the system. This feature can also add value to other patient safety efforts to confirm a patient's identity with two data attributes (name and date of birth, typically) each time a medical test or intervention is carried out.

Another good process for registrars is to check a photo ID or driver's license when a patient arrives at a healthcare facility for identity verification. Policy and procedures for photos and biometrics should be reviewed with the organizations' legal department for input on the need for patient consents. Furthermore, facial recognition software can improve the identification of patients with technology that maps features of an individual's face for identification purposes. Such technology provides an algorithmic approach to patient identification versus the subjective decision of registration staff members. While the technology is continuing to improve, according to a National Institute of Standards and Technology (NIST) study facial recognition accuracy depends on the algorithm employed by various vendors; meaning the accuracy rate of some vendors will be better than other vendors.[10]

Address verification during the registration process allows for an address to be cross referenced against the United States Postal Service (USPS) standards to ensure the address is valid and is properly formatted to USPS standards, including the addition of the zip+4. Registrars can receive customizable alerts and scripting for dealing with discrepancies and potential cases of identity theft and insurance fraud.

Validating the identity of every patient prior to treatment significantly reduces the financial risks associated with returned mail and lost invoices. Address verification can improve cash flow, reduce billing costs, and minimize bad debt by making sure the billing statements are mailed to the correct address.

Healthcare organizations will need to equip themselves with effective tools that link the right health information with the right patient. Many hospitals may already leverage a combination of patient-matching algorithms, patient identification numbers, smart cards, or other tools. By adding biometrics to this arsenal, organizations can benefit from another consistent method for identifying patients.

Why Use Biometrics for Patient Identification?

- To reduce duplicate health records

- To improve patient safety associated with record overlays
- To reduce fraud, medical identity and personal identity theft
- To provide an alternative for patients who refuse to give their Social Security number as a unique identifier
- To improve patient processing by eliminating the need to collect the same information at every visit
- For creation of consistent patient recognition across the enterprise

Environmental Complications

There are a number of environmental complications that can lead to problems with patient matching at registration. Some of these include the following:

Time Pressure

Time constraints are possibly one of the largest contributing factors for high error rates and high turnover in healthcare access staffing. In most heavy patient flow facilities, registrars are under pressure to complete the registration process quickly to enable care of the patient. Some registrars are expected to complete a registration in two minutes or less.[11]

Emergency Room Example of Time Pressure

TIMELY EVALUATION AND effective care is key to stabilizing the patient and ensuring a positive outcome in the emergency room (ER). Many factors can contribute to patient matching errors in the ER setting, such as the high number of patients and the diversity of illnesses treated; a high-stress and complex environment, as well as a large volume of physicians and staff that are involved in the care of the patient who likely have not previously provided care to the individual.

ER registration staff often use a number of workarounds and shortcuts to keep up with the high volume. While an improvement in the use of user-friendly technology such as alerts and restrictions in an electronic application can help to avoid duplicate medical records and data entry errors, the most significant impact would be an increase in ER staff to handle registration. This would reduce the volume of work for each registrar and promote adherence to policies and procedures with less need for workarounds.[12]

Stress

In a stressful situation patients and their representatives may be the source of patient data errors. A high-volume registration area may have neither the time nor the attention of the patient in order to properly perform the registration function(s). A World Health Organization medical records manual provides the following advice: “Patients who come to a hospital or clinic are nervous and may have difficulty with simple questions; therefore they should be put at ease and given adequate time to respond.”[13]

Fraud

Identity theft is a growing problem. If identity theft is suspected, a registrar should notify a supervisor to assist in obtaining correct identifying information and following up on any legal interventions the supervisor deems necessary.

Aliases

Some patients use multiple names. Some are shortened versions of their full name or an initial for the first name with a full middle name, while others may use a nickname that is not similar to their legal name. These aliases have the potential to lead the registrar to create an MPI duplicate. A key question that a registrar should always ask before creating a new record is “has the patient been to the facility in the past?”

Common Names

Common names, such as common surnames, vary by location. Common surnames and variations in spellings in a particular community should be known to registration staff and may be flagged for additional verification in patient selection. It is not unusual to have multiple patients with the same or similar first, middle, and last names, who are near the same age, often related, and sharing other identifiers.

Standardization Efforts

While the information needs for patient registration are similar throughout the care continuum, providers are not bound by national data collection standards at patient registration. However, ONC convened a "Patient Matching Community of Practice" volunteer workgroup in 2015 to address the need for standards.

An ONC contract final report white paper, published in September 2015 and titled "Developing and Testing a Data Management Model and Maturity Scale Tailored to Improving Patient Matching Accuracy"[14] included a "Data Quality Maturity Level Scale" figure that shows the data values that should be captured. It starts with Level 1 with basic data elements used in matching such as: First Name, Last Name, Date of Birth, Gender, Phone Number, and Street Address. As organizations adopt the levels (1-5), additional data elements will be available to further diminish the likelihood of duplicate records.

There are a number of data attributes that can ensure data quality. Data attributes at various levels of maturity can assist in accurate patient identification. The Patient Matching Community of Practice recommends the following: "Within the data quality scale it is recommended that there be a defined list of data elements specifically used at registration to match patients with their health records.

The levels within the scale are determined by the required data elements identified, with Level 1, the lowest level, including the most basic level of data elements (i.e., first and last name, date of birth, gender, home phone number, address). As the levels progress from 1 to 5, additional data elements are available to further reduce duplicate records (i.e., middle name, cell phone number, mother's maiden name). The highest data quality level (5) includes various identifiers such as biometrics, insurance plan ID, Medicaid ID, and Medicare ID."[15] See Figure 1 below for the Data Quality Maturity Scale developed by the Patient Matching Community of Practice.

Figure 1: Data Quality Maturity Level Scale*†

Item	Level 1	Level 2	Level 3	Level 4	Level 5
Data Attribute	Given Name* Last Name* Date of Birth* Gender* Middle Initial Suffix† Race Primary* Phone #* Address* Street* State* Zip*	Middle Name Mother's Maiden Name Prefix† Marital Status†	Alias or Previous Name USPS Address† Identifier Last 4 SSN* DL Passport Alien ID#	Multi Birth† Birth Order† Birth Place† E-mail* Previous Address† Previous Cell Phone(s)† Quality Assurance Process†	Insurance* ID/policy* Insurance Plan Name† Previous Insurance Medicaid ID Medicare ID Biometric ID*
Supporting Process	-	-	Daily Reconciliation	Quality Assurance Process	-
Required Reporting	Confirm % captured	-	-	-	-

Data Elements in green with asterisk (*) are in the proposed rule
Data Elements in blue with dagger (†) require structured data capture

Corresponding Federal Activities

The ONC Interoperability Roadmap "Connecting Health and Care for the Nation: A Shared Nationwide Interoperability Roadmap" offers a timeline of critical actions for accurate individual data matching.[16] The roadmap sets the goal of establishing and documenting best practices for patient registration, patient verification of information, and patient updates and corrections to information by 2017. This individual goal supports the overarching goal of being able to send, receive, find, and use a common clinical data set to improve health and healthcare quality.

ONC supported this timeline by developing the Patient Matching Community of Practice which established "Guidelines for Pilot Testing of Data Management Maturity Model for Individual Data Matching" and issued the previously discussed white paper on "Developing and Testing a Data Management Model and Maturity Scale Tailored to Improving Patient Matching Accuracy."

Analogous to these efforts, AHIMA published a white paper titled "Patient Matching in Health Information Exchange" that included a glossary of recommended primary and secondary data elements.[17] This glossary suggested a common set of standardized data elements to be used across multiple interoperability standards to support accurate patient matching. These recommendations support the goals identified in the ONC Interoperability Roadmap and can be executed throughout the patient registration process (as shown in Figure 2 below).

Figure 2: Common Standardized Data Elements to Support Patient Matching

• First name, Middle name, Last name, Prefix, Suffix	• Date of birth, Date and time of death, Birth place, Multiple birth, Birth order	• Sex/gender, Race, Ethnicity	• Marital status
• Primary phone number, Secondary phone number, Tertiary phone number, Historical phone numbers	• All previous last names, All previous first names, All previous nicknames, Mother's maiden name	• Social Security number, Driver's license number, Passport number	• Current street address, Current secondary address, Current city, Current state, Current country, Historical addresses
• E-mail address	• Biometrics		

Source: Office of the National Coordinator for Health IT. "Connecting Health and Care for the Nation: A Shared Nationwide Interoperability Roadmap."

Prior to the Interoperability Roadmap being issued, ONC published a report on patient identification and matching. The environmental scan and interviews published in this report acknowledge that patient registration processes offer "the opportunity to confirm a patient's identity, helping to reduce the chance of a mismatched or duplicate record."[18] Challenges identified include typographical errors, misspellings, transpositions, fields left empty, fields filled with false data, and frequent registrar turnover.

Those interviewed offered best practices such as checking a photo ID, using two attributes when a medical test or intervention is carried out, searching for an existing patient record before creating a new record, and enterprise-wide governance initiatives around patient identity.

The health information organizations interviewed in this report noted that "even with a sophisticated algorithm in place, data attribute choice and management is important, including data quality efforts, since at registration there is an average error rate of seven percent in the entry of first name and five percent for last name."

Figure 3 below details a set of data attributes that were suggested in the ONC patient matching final report as being required for relevant exchange transactions, and the strategy for improving each attribute.

Figure 3: Strategies to Reduce Risk of Mismatched and Duplicate Records	
Data Attribute	**Strategy for Improvement**
Current Last/Family Name	1) Improve data consistency and normalize data 2) Follow the CAQH Core 258: Eligibility and Benefits 270/271 Normalizing Patient Last Name Rule Version 2.1.0 (Addresses whether suffix is included in the last name field.)
Middle/Second Given Name (includes middle initial)	1) Improve data consistency and normalize data
Suffix	1) Improve data consistency and normalize data 2) Follow the CAQH Core 258: Eligibility and Benefits 270/271 Normalizing Patient Last Name Rule Version 2.1.0 (JR, SR, I, II, III, IV, V, RN, MD, PHD, ESQ) 3) If no suffix exists, should be null
Current Address (street address, city, state, ZIP code)	1) Evaluate the use of an international or USPS format
Data Attribute	**Strategy for Improvement**
Historical Address (street address, city, state, ZIP code)	1) Evaluate the use of an international or USPS format 2) If unavailable, the value should be null
Current Phone Number (if more than one is present in the patient record, all should be sent)	1) Utilize an ISO format that allows for the capture of country code 2) Allow for capture of cell phone, home phone, and work phone
Historical Phone Number	1) Utilize an ISO format that allows for the capture of country code 2) Allow for capture of cell phone, home phone, and work phone
Gender	1) ValueSet Administrative Gender (HL7 V3): M, F, UN
Source: Office of the National Coordinator for Health IT. "Patient Identification and Matching Final Report." February 7, 2014.	

Patient Matching Part of Achieving Healthcare's 'Triple Aim'

Patient registration professionals and others who are responsible for registering patients play a crucial role in directing the activities, policies, and procedures that impact accurate patient matching and the subsequent reliability, accessibility, availability, and integrity of health information.

One of the key components of accurate patient matching is a comprehensive training program, including written policies and procedures for patient search routines. These procedures must be readily available to registrars including detailed descriptions of how to search the database for an accurate patient match. Ongoing training, not just initial training, is key to maintaining

accuracy and competency of registration staff. Ideally patient matching competency is incorporated as part of the overall organizational training program, since patient matching errors can occur anywhere within the healthcare environment.

The accuracy of patient matching is critical in assisting healthcare organizations in meeting the goals of the Institute for Healthcare Improvement's (IHI) "Triple Aim," including:[19]

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

Notes

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