Debate Surrounding Unique Health Identifier Continues

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by Vicki Wheatley, RHIA, MS

Whatever happened to the unique health identifier for individuals (UHI)? The UHI was one of four identifiers included in HIPAA. In July 1998 the Department of Health and Human Services (HHS) and the former Health Care Financing Administration (now the Centers for Medicare and Medicaid Services [CMS]) published a notice of intent to move forward on defining the UHI, also referred to as the unique patient identifier or universal patient identifier.

While work toward the adoption of a UHI has been suspended more or less indefinitely, debate continues regarding the relevance and format of the UHI.

Concerns and Resistance Reign

Initially, delays were recommended by the National Committee on Vital and Health Statistics (NCVHS) to allow time for Congress to pass legislation that would address privacy and confidentiality issues surrounding the use of the UHI. The standards for privacy of individually identifiable health information were published in December 2000 with an effective date of April 2001 and a compliance date of April 2003. Yet, even with the privacy laws in effect, consumer and trade groups and individuals continue to have legitimate concerns regarding the government's ability to administer the UHI program and adequately protect privacy.

Public resistance will be a significant factor in the adoption of any UHI program. Continued delays in research and development of proposed rules seem to be due to lack of financial support. In 1999 Congress denied funding to HHS for continued work on the unique identifier. Congress suspended work on the HIPAA requirement for a UHI in the fiscal year 2002 Budget Appropriations Act by barring HHS from using any of its funding to "promulgate or adopt any final standard . . . providing for, or providing for the assignment of, a unique health identifier for an individual . . . until legislation is enacted specifically approving the standard."[1]

Serious Obstacles

HIPAA defines the UHI as part of a comprehensive plan to achieve uniform standards for exchange of health data. The UHI is expected to have many benefits, including reductions in administrative costs and improvements in the quality of patient care.

Opponents of the UHI are concerned about privacy and the risk that more facets of an individual's life would be vulnerable to unauthorized or inappropriate inspection. Many citizen groups and physician groups are outspoken in their opposition to the UHI. The controversy over adoption of UHI has centered on the privacy issue, with some believing that privacy is important but can be managed appropriately, and others believing privacy protection outweighs any clinical or administrative benefit. The Association of American Physicians and Surgeons has stated, "Administrative simplification is a euphemism for government control of your records."[2] The public's concern over privacy protections, fear of identity theft, and general mistrust of the government will continue to generate serious obstacles to adoption and widespread use of the UHI.

Functions of the UHI

The original HIPAA objectives directed that the UHI support four basic functions:

- Positive identification of the individual patient
- Identification of information relative to the patient
- Protection of privacy and confidentiality
- Reduction of healthcare operational cost

In order for the UHI to be successfully deployed, a technical and administrative infrastructure would be required. Six components are necessary for the UHI:

- Identifier scheme (numeric, alphanumeric, etc.)
- Identification information (name, fingerprint, etc.)
- Index
- Mechanism for hiding or encrypting the identifier
- Technology infrastructure
- Administrative infrastructure

Format of the UHI

Currently, patients are identified within a healthcare organization by a medical record number (MRN). Patients seen at multiple organizations receive multiple MRNs. These numbers provide unique identification only within the specific facility that issued the MRN. To provide unique patient identification across multiple organizations, a reliable unique patient identifier is required. Several different formats for the UHI have been proposed. A detailed analysis of each of the identifier proposals is contained in a 1997 report to HHS titled "Analysis of Unique Patient Identifier Options."[3] The identifier proposals have been sorted into five broad categories:

1. Unique identifiers based on the Social Security Number (SSN)
2. Identifiers not based on the SSN
3. Proposals that do not require universal unique identifiers
4. Hybrid proposals
5. Cryptography methods that are not identifiers

The ideal UHI must meet critical functional requirements. Functional performance is independent of the numbering scheme itself. Any of the above categories of proposed identifiers can achieve the functional goals of a UHI as long as the other supporting components are present. Perhaps the most significant challenge to UHI implementation is the required infrastructure. The system for assigning numbers must be available around the clock with rapid response time. It must also be accurate, secure, user friendly, technologically up to date, scalable, flexible, and easy to maintain. That is a tall order and one not easily fulfilled.

What Now?

Since the notice of intent was published, there has been no further action and no proposed rules have been published. Without funding, work on developing the UHI has been halted. Until dollars are allocated to continue the work, it is unlikely that any significant action will be taken.

Continuing discussions will most likely focus on privacy concerns, developing the infrastructure, and addressing the issues surrounding implementation of any universal patient identification methodology. We must find realistic solutions for complex issues such as practicality, public support, cost effectiveness, and privacy. Along with funding, strong leadership is required to steer this process in the right direction. Waiting for options to materialize and succeed by themselves will not fulfill the need for accurate patient identification adequately or in a timely manner.

While we await decisions from Congress, regardless of the eventual outcome, each facility should take steps now to improve the quality of master patient index data. This data is the key to identifying patients within healthcare organizations today, and it could be the foundation for unique health identifiers in the future.

Notes

1. National Committee on Vital and Health Statistics. "Fifth Annual Report to Congress on the Implementation of the Administrative Simplification Provisions of the Health Insurance Portability and Accountability Act." August 24, 2002. Available at www.ncvhs.hhs.gov/yr5.htm.
2. Vernon, Wes. "Medical Group: Regs Would Create National Database of Patient Records." March 28, 2001. Available at www.newsmax.com/archives/articles/2001/3/27/173207.shtml.

3. Appavu, Soloman. “Analysis of Unique Patient Identifier Options: Final Report.” November 24, 1997. Prepared for the Department of Health and Human Services. Available at http://ncvhs.hhs.gov/app0.htm.

References

HIPAA Administrative Simplification Regulations are available at the Centers for Medicare and Medicaid Services Web site at www.cms.hhs.gov/hipaa.

Unique Patient Identifier/Universal Identifier Proposals are available at www.hipaanet.com/jhitaexecutive.htm and www.hipaanet.com/UHI-1.htm.

Vicki Wheatley *(VWheatley@QuadraMed.com) is vice president of MPI professional services for Quadramed Corporation.*

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