

# Risk-Based MPI Management

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*by Sandra Nunn, MA, RHIA, CHP*

Meticulous management of the master patient index (MPI) has always been a mission-critical data integrity function for HIM professionals. One advantage of having credentialed health information staff manage the index is their dual knowledge of the multiple legal dimensions of the MPI and their education in the dimensions of data integrity.

With the advent of electronic health records and complex health delivery systems, management of an enterprise MPI (or EMPI) has come to require a thorough knowledge of the risks and costs the organization experiences through less-than-optimal index management.

## EHRs Raise the Ante

The HIM code of ethics is built on a foundation of putting the patient and his or her safety first. The patient identifier is thus the most important data element in any healthcare organization.

Without an accurate pool of patient information, studies to improve patient care or manage specific patient populations will lack legitimate foundation. Incorrectly identifying patients can affect how patients are transferred among sites within or between healthcare systems, creating potential licensing issues or raising Emergency Medical Treatment and Active Labor Act questions. If an organization has chosen to correct duplicate MPI errors passively (i.e., after the patient is discharged), a Pandora's Box of exposure to risk comes into play.

With the advent of fully electronic records, a patient with more than one identifier number will have islands of diagnostic and treatment information residing within one or more records. Entertaining the false notion that he or she has all the patient's information in front of them may cause a physician to reach incorrect treatment decisions or reorder tests that already have been performed in another identifier-number silo.

In the more costly passive mode, the complexity and timeliness of sending a duplicate alarm to other hospital departments participating in the patient's care requires mandating 24-hour alerts to ensure all the patient's information is accessible to a provider, one of the minimum requirements of any Joint Commission surveyor.

Tossing in the timely management of newborn identifiers, newborn internal transfer management, and the potential registration of laboratory specimens indicates that an MPI manager must be thoroughly grounded in data management and its legal implications. Integrated delivery systems add a further complexity (i.e., the automatic registration of members into the EMPI based on employer-generated information).

## Risk Avoidance

That old acronym of PII (patient-identifiable information) that pops up whenever HIPAA discussions take place is uncompromisingly linked to EMPI management. Employees routing e-mail to each other regarding EMPI corrections without secure links can compromise an organization's HIPAA compliance.

E-mail records are discoverable and can demonstrate a pattern of lax practices regarding MPI management. Working with the organization's security officer will ensure correct access levels to the EMPI are set and that audit trail documentation of access to the EMPI is recorded, particularly if that access allows privileges regarding changing or deleting patient identifier information.

Managing the cost of e-discovery is directly influenced by competent EMPI management. The foundation of accurate organizational knowledge of its clinical and financial information all lies in the domain of painstaking data management, and the

core data element remains the identifier. The ability to quickly locate all records associated with one patient or member is critical when pressed to quickly respond to a subpoena or court order.

Avoiding fraud victimization is also under the purview of good identifier management—how else can organizations detect incorrect access to their systems or invalid billing attempts than by watching patterns of erroneous patient information? Identity theft detection is not far behind.

Disposition management is also a close associate to identifier management. Often selected by auditors for review, the history of the appropriate movement of patients through levels of care in keeping with levels of severity of their diseases can only be squeaky clean for review if the patient is quickly and correctly identified every time he or she presents for care.

Retention management is as basic to HIM personnel as is identifier management, and the two are closely aligned. The EMPI is, perhaps, the organization's most important record and is designated by AHIMA for permanent retention.

E-discovery demands additional expertise from already skilled EMPI managers. The concept of managing multiple EMPI software upgrades or even decommissioning one EMPI vendor in favor of another requires skilled data mapping and data retention over lifetimes of employees and patients.

## **The EMPI and the Legal EHR**

There are now attorneys who choose to call themselves technolawyers. Keeping up with these people, skilled in law and technology, will be no mean feat for the HIM director and the EMPI manager.

Date and time stamping is a hot topic for anyone installing an EHR product. The software's ability to accurately record the time of documentation and other record-related events is critical to defending the organization and its practitioners in a lawsuit. Synchronizing data as patients move through the system is highly dependent on the correct identifier tracking that patient along his or her path.

E-discovery will require reaching backward in time and demonstrating that the patient was correctly identified and that the time and date stamps on his or her documentation are accurate. With fully evolved personal health records on the horizon and e-mail already treated as part of patient records, failure to correctly identify the patient poses a risk from one end of the healthcare continuum to the other.

An organization's participation in health information exchange can only be taken seriously if the resources dedicated to the development and implementation of an organizational EMPI are truly up to the task. An HIM professional in charge of an EMPI must also watch the horizon for emerging issues that could affect the management of that magic number, such as the currently proposed Voluntary Universal Healthcare Identifier. (For information on the VUHID, see "Patient Identification in Three Acts" in the May issue).

## **New HIM Frontiers: Data Governance**

Dependent on the HIM professional's organizational profile and the enterprise's progression down the path of data ownership and standardization of data elements, the HIM leader will comfortably find a place at the data integrity table along with IT and legal services.

If the enterprise has embarked on a mission to standardize and govern its data, the logical place to begin will be with the identifier and the fields associated with it that create what is known as the "best record" or the group of fields together that most uniquely and reliably identify the patient.

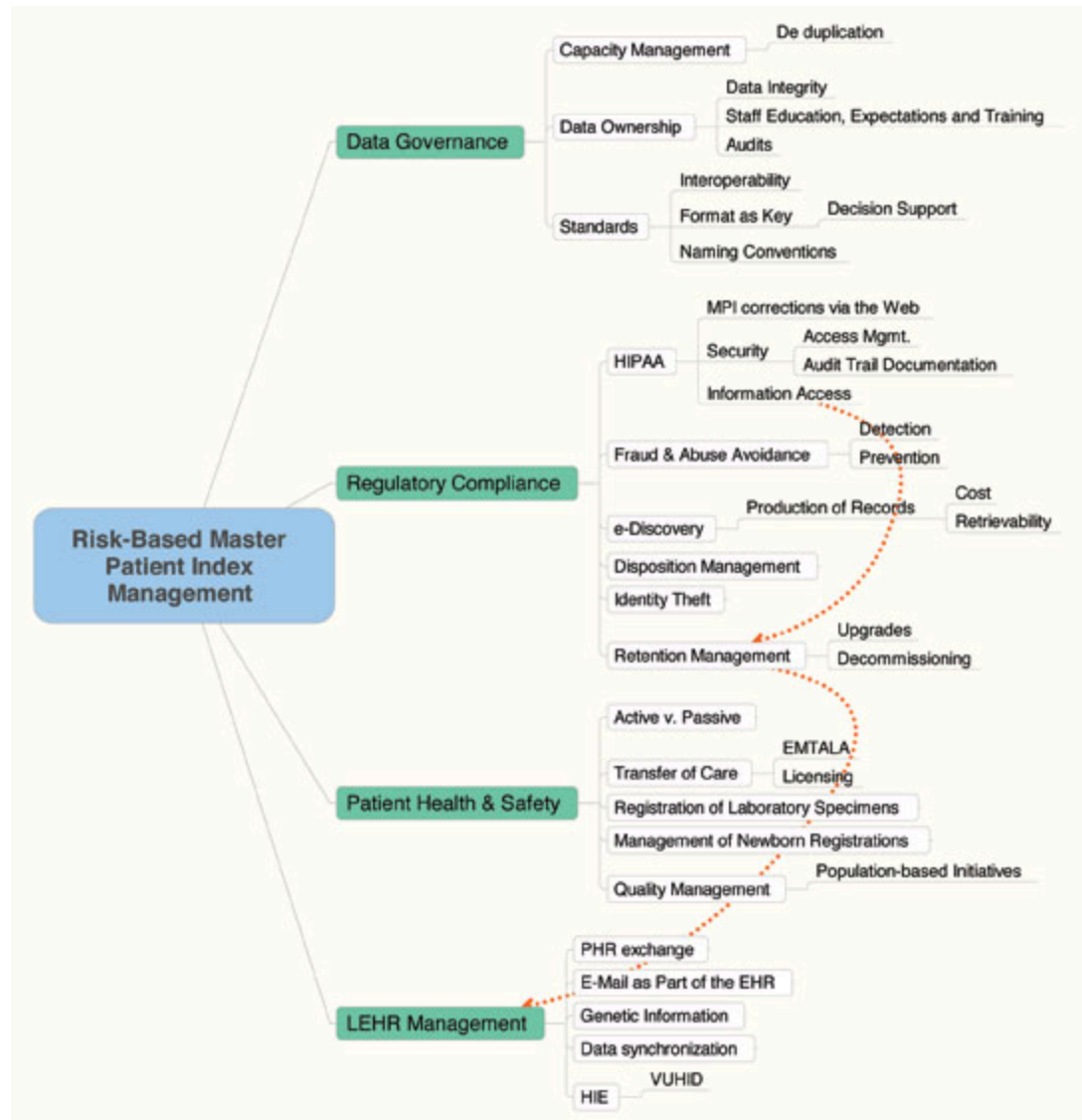
This group of four or five fields—usually comprising last name, first name, middle initial or name, date of birth, address, gender, and possibly Social Security number—will be the fields upon which to standardize format and to determine through data governance the source system containing the element that will be the "source of truth" for each of those key data elements.

Supporting long-term standardization, the data governance structure can then assign data ownership to each data element complete with developed data ownership responsibilities. With its long history of data integrity management in the coding,

abstracting, and registry services arenas, HIM already has professionals with a fount of information ready to tap in support of organizational efforts to assign knowledge and responsibility to all its key data entities.

## Mapping the Risks in MPI Management

The domains highlighted in green are all affected by MPI management. The dotted arrows indicate the impact of the MPI on the accessibility and retention of the legal EHR (LEHR) over time.



Sandra Nunn ([snunn@phs.org](mailto:snunn@phs.org)) is enterprise records manager at Presbyterian Healthcare Services in Albuquerque, NM.

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