Will the Real John Smith Please Stand Up?

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Patient matching and identity management has been a critical component of health information management (HIM) since the beginning of the profession, when master patient indices (MPI) were kept on 3x5 inch index cards. HIM professionals don't have to be told about the challenges with duplicate health record numbers or overlays—they know them well. These issues have a cascading effect as duplicates within a single organization are transferred downstream to other providers and health information exchanges. But patient identity and duplicate record issues have only increased with electronic health records (EHRs), causing HIM professionals to reexamine how they can help prevent these errors from occurring in their new electronic systems.

Which John Smith?

A solid patient identity management infrastructure must become a fundamental element of all HIM departments, across all care settings, because its outcomes produce a range of benefits to patients, providers, and organizations, as well as downstream entities such as health information exchanges (HIEs). Only then can one identify the "real" John Smith's records when searching through a database likely full of the common name.

For example, Hospital A admits John Smith, but unfortunately this John Smith has four different health record numbers in the MPI. Then Hospital B admits a different John Smith a month later, and unfortunately this John Smith has two different health record numbers in their system. When Hospitals A and B then submit records to the HIE, six individual "John Smith" patient files are submitted, when only two actual patients exist. Then Hospital C queries the HIE for records on John Smith. What records will be provided? Will the provider receive six different files, thus creating mounds of information to go through? Or will the HIE submit only one John Smith because they cannot determine which John Smith the provider is asking for? Either way, the outcome is the same. The provider does not have the right information, at the right time, to make accurate healthcare decisions.

Patient Identity Management Tips

- Begin and maintain concurrent MPI clean ups
- With each software version update or system integration, review for potential duplicates
- Perform root cause analysis to correct trends
- Don't reinvent the wheel, talk with colleagues to see what they are doing to decrease the number of duplicates created in their organizations
- Automate duplicate/overlay identification and use as a first level tool
- Maintain a commitment to staff education in all affected areas such as registration, precertification, and health information management

Patient Identity Integrity Starts at Registration

The accurate identification of a patient is a critical component of patient care. Given the complexity of healthcare operations, HIM professionals face challenging practices they rarely have control over. Practices that include data capture upon admission, receiving information from a variety of registration points, lack control over interfaces that deliver patient information into the EHR.

Patient identity integrity must be reliable, reproducible, and sufficiently extensive for accurate matching purposes at the point of registration. Accurate matching includes not only having adequate data elements present to accurately identify the patient, but also the correct linking of any and all existing records the patient may have. To identify "John Smith" correctly would mean the ability to potentially pull data from multiple diverse systems.

The healthcare industry is moving aggressively to expand the use of EHRs and personal health records (PHRs) so that patients and healthcare providers can share and exchange data through HIEs. As deeper inroads into the healthcare continuum are made with data exchange, the need to ramp up the connection of patient information at a local, regional, and national level becomes a critical issue. As a result many potential work-around practices have been implemented to manage duplicate processes. It would be erroneous for anyone to assume that a single practice could stop the production of duplicates.

Many EHRs today have algorithms built into the software that reduce the number of duplicates created, or generate reports that can identify most or all of these records. But it should not be assumed that just because EHRs can identify many duplicates that they are catching all mistakes, and that no further follow-up is required.

Popular Duplicate Myths

HIM professionals have a host of responsibilities in today's environment. This means that work is prioritized based on a variety of activities, and more often than not, is centered on coding functions as they relate to cash flow. The assumption that staff is assigned to work or manage duplicates on a daily basis is false.

For the most part, HIM professionals prioritize day-to-day work similar to how clinical departments triage patients. They identify where the backlogs are, and what, if any, potential patient care services will be affected by the backlog. For example, a backlog in history and physicals can result in delays in surgical procedures or other types of treatment. As such, this work would take priority over merging duplicates.

In a similar fashion, backlogs in scanning or loose sheet filing may result in treatment delays when clinical providers do not have the information they need to perform patient care. Again, such backlogs could result in a priority over merging duplicates.

It is risky to assume that all duplicates can be corrected with an automated process through the health IT department with no manual verification that the patients are indeed a match. IT staff are often unaware of how data is entered into the EHR and what correct mapping procedures entail, and they are not up-to-date on the laws and regulations impacting the appropriate management of health information.

The work of correcting duplicates is never done. Without an organization performing follow-up, trending, and root cause analysis, duplicates and overlays will continue to enter the system and corrupt MPI data. As long as there is a human component, technology limitations, and a complex healthcare environment, duplicates and overlays will never go away. They will require constant review and correction.

Duplicate Mitigation Best Practices

There is no substitute for strong patient identity management practices. Ongoing patient identity integrity must be in place and can often lead to the development of a formal position dedicated to maintaining high-quality data within the MPI.

If an organization has not started a formal process for ongoing identity management, it is not too late to start. This is an opportunity for many HIM professionals to branch off into a new area and utilize the skills and knowledge they have towards this practice.

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