EHRA
HIMSS ELECTRONIC HEALTH RECORD ASSOCIATION

33 West Monroe Street, Suite 1700
Chicago, IL 60603
@EHRAssociation | ehra.org

September 4, 2020

Donald Rucker, MD
National Coordinator for Health Information Technology
Office of the National Coordinator for Health IT
U.S. Department of Health and Human Services
330 C Street SW
Washington, DC 20201

Dear Dr. Rucker,

The Electronic Health Record (EHR) Association welcomes the opportunity to share feedback on existing challenges and promising innovations in technical and operational methods that improve patient identity and matching.

The EHR Association's 30 member companies serve the vast majority of hospitals, post-acute, specialty-specific, and ambulatory healthcare providers using EHRs across the United States. Our core objectives as an association are to collaborate to accelerate health information and technology adoption, advance information exchange between interoperable systems, improve patient safety, and improve the quality and efficiency of care through the use of EHR technology.

We believe that adoption of a nationally-issued unique patient identifier would drive the greatest improvements in patient matching. The EHR Association has long advocated for the adoption of a national unique patient identifier and repeatedly asked Congress to remove its prohibition on the use of HHS funds to create such an identifier, or to at least clarify that exploration is permitted. We were pleased that HHS now can engage in such exploration.

Patient identification is a key component of nationwide interoperability. The ability to identify a patient and their associated records is important in order to provide a longitudinal view of the patient's health across stakeholders managing patient data. Accurately identifying patients and correctly matching their data within and across organizations enables better treatment decisions, increased care coordination and enhanced efficiency of healthcare systems, while also further enabling reliable and trusted consumer-based access to their own data. Unfortunately, current methods have to rely on a combination of deterministic, probabilistic, and/or referential matching

algorithms using multiple demographic data that are not always consistently, completely, and accurately documented, while exposing more PHI than desirable.

While adoption of a national, unique patient identifier is the single most important step that can be taken to improve matching, it alone would not guarantee a 100% match rate. It is just one component of a broader strategy to improve patient matching. Below, we offer additional steps that would immediately improve match rates and complement the eventual adoption of a national, unique patient identifier.

Promote the capture and use of other government, health plan or other entity issued unique identifier

In the absence of a national unique patient identifier, healthcare organizations should leverage existing unique or near-unique identifiers to supplement other demographic data to perform matching. Organizations should work with the developer of their health IT systems to ensure they can collect two or more of the following identifiers that can then be leveraged by matching algorithms on a consistent basis.

- Unique Identifiers
  - Medicare beneficiary identifier
  - Health plan subscriber/member identifier
  - Driver's license number
  - Passport number
- Near-Unique Identifiers
  - Mobile telephone number
  - E-mail address
  - Guardian/caregiver identifiers

Develop best practices to standardize the capture and exchange of core demographic data

Improving the capture of key demographic information such as patient name, date of birth, address, legal sex, and phone number will yield immediate improvements to patient matching either in the absence of or in combination with available near-unique or unique identifiers.

The adoption of the USCDI standard in ONC Certification ensures that certified EHR technology can capture and exchange these core data elements. However, the consistency and format of their capture varies across provider organizations. In order to drive real improvements to patient matching, provider organizations must consistently capture and exchange the data.

Various studies by Rand, Pew, Intermountain, and others over the years have shown the importance of good processes during registration, as well as ongoing validation in order to perform essential identity proofing steps and increase the quality of the data collected and documented. This raises the need to consider the acceptable and necessary cost of these steps in context of the improvement in quality and completeness of the patient record -- and ultimately patient safety -- by having fewer false positives and false negatives, and associated reduced costs in corrections and impacts of incorrectly matched records.

ONC could help drive improvements to patient matching by developing and promoting a set of best practices for health IT developers to format demographics data according to standards; provider organizations to capture available unique identifiers and a minimum set of demographic data with robust identity proofing processes; and for HIEs/HINs to make use of that data to promote consistent data exchange for matching purposes. Examples of best practices ONC could further pursue and promote include:

- Collaborating with Congressional and other government stakeholders to facilitate increased availability of the USPS address validator to healthcare providers and health IT developers to promote consistent address formatting.
- Recommendations for special patient classes, such as pediatric patients and other dependents, where it might be appropriate to use a combination of patient and caregiver identity information to improve matches.
- Recommendations for HIE/HIN adoption and usage of shared common unique identifiers for record locator queries and services.

Future opportunities

Particularly in the space of identifiers, we recommend HHS closely follow and encourage advances in the use of biometrics and other digital identities, i.e. opportunities to share identity and trust based on common/trusted identity proofing and associated identification.

Biometrics has the potential to become an important unique identifier, covering a larger population, if biometrics identifiers can be standardized across platforms. Until such time, they can be shared in limited settings where cross-organizational sharing is not in play.

We are closely following developments and initiatives such as those by CARIN, EHNAC, FAST, and others to establish/recognize digital identities and support identity proofing processes that can be shared/trusted across providers.

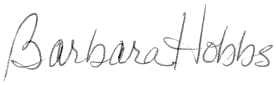
Thank you for this opportunity to provide our insights and perspective. If you would like to discuss further, please contact EHR Association Program Manager Kasey Nicholoff at knicholoff@ehra.org.

Sincerely,

Hans J. Buitendijk
Chair, EHR Association
Cerner Corporation

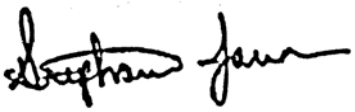
David J. Bucciferro
Vice Chair, EHR Association
Foothold Technology

HIMSS EHR Association Executive Committee



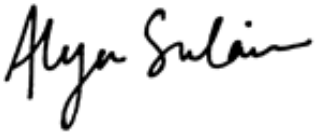
Barbara Hobbs
MEDITECH, Inc.

Cherie Holmes-Henry
NextGen Healthcare



Stephanie Jamison
Greenway Health

Rick Reeves, RPh
CPSI



Alya Sulaiman, JD
Epic

Courtney E. Tesvich, RN
Nextech

About the HIMSS EHR Association

Established in 2004, the Electronic Health Record (EHR) Association is comprised of 29 companies that supply the vast majority of EHRs to physicians' practices and hospitals across the United States. The EHR Association operates on the premise that the rapid, widespread adoption of EHRs will help improve the quality of patient care as well as the productivity and sustainability of the healthcare system as a key enabler of healthcare transformation. The EHR Association and its members are committed to supporting safe healthcare delivery, fostering continued innovation, and operating with high integrity in the market for our users and their patients and families.

The EHR Association is a partner of HIMSS. For more information, visit www.ehra.org