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May 31, 2018

The Honorable Rodney Frelinghuysen,  
Chairman  
House Committee on Appropriations  
H-305, The Capitol  
Washington, DC 20515

The Honorable Richard Shelby, Chairman  
Senate Committee on Appropriations  
Room S-128, The Capitol  
Washington, D.C. 20510

The Honorable Tom Cole, Chairman  
Subcommittee on Labor, Health and Human  
Services, Education, and Related Agencies  
House Committee on Appropriations  
2358-B Rayburn House Office Building  
Washington, DC 20515

The Honorable Roy Blunt, Chairman  
Subcommittee on Labor, Health and Human  
Services, Education, and Related Agencies  
Senate Committee on Appropriations  
131 Dirksen Senate Office Building  
Washington, DC 20510

The Honorable Nita M. Lowey, Ranking Member  
House Committee on Appropriations  
1016 Longworth House Office Building,  
Washington, DC 20515

The Honorable Patrick Leahy, Vice Chairman  
Senate Committee on Appropriations  
S-146A, The Capitol  
Washington, DC 20510

The Honorable Rosa DeLauro, Ranking Member  
Subcommittee on Labor, Health and Human  
Services, Education, and Related Agencies  
House Committee on Appropriations  
1016 Longworth House Office Building,  
Washington, DC 20515

The Honorable Patty Murray, Ranking Member  
Subcommittee on Labor, Health and Human  
Services, Education and Related Agencies  
Senate Committee on Appropriations  
156 Dirksen Senate Office Building  
Washington, DC 20510

Dear Chairman Frelinghuysen, Chairman Shelby, Ranking Member Lowey, Vice Chairman Leahy, Chairman Cole, Ranking Member DeLauro, Chairman Blunt and Ranking Member Murray:

On behalf of the 34 member companies of the Electronic Health Record Association (EHRA), we respectfully request that Congress direct HHS to focus efforts on identifying and recommending various ways to solve the patient matching problem as well as support partnering with the private sector toward a solution.

We are urging inclusion of patient safety-focused language, provided in this letter, in the Committee report accompanying the House FY19 Labor, Health and Human Services, and Education and Related Agencies (Labor-HHS) draft Appropriations Bill. The proposed report language seeks to substantially reduce patient safety issues relating to the accurate matching of patients to their electronic records.

EHRA members serve the vast majority of hospitals and ambulatory care organizations that use electronic health records (EHRs) and other health information and technology to deliver high quality, efficient care to their patients. The Association, established in 2004, operates on the premise that the rapid, widespread adoption of health IT has and will continue to help improve the quality of patient care as well as the productivity and sustainability of the healthcare system. Our member companies have specific expertise in the area of integrating disparate registration systems, enterprise master person indexes (EMPIs), and departmental systems as organizations attempt to reduce duplicate records, mismatches, and related medical errors.

Since FY1999, innovation and industry progress on patient matching and functions that depend on accurate patient matching have been stifled by narrow interpretations of the language included in Labor-HHS appropriations bills that prohibits the Department of Health and Human Services (HHS) from adopting or implementing a national, unique patient identifier. Regrettably, interpretations of this language have prevented virtually any federal engagement in this area, even work focused on broader patient matching solutions that fall short of adoption of a single identifier.

EHRA is committed to working with stakeholders across the industry to identify and address the barriers that prevent improvement to patient matching today. In our view, the quality, safety, and cost effectiveness of healthcare across the nation will improve if a national strategy to accurately identify patients and match them to their health information is achieved. Clarifying Congress' commitment to ensuring that patients are matched correctly and consistently to their healthcare data, and communicating this intention to the applicable federal agencies, is an essential step.

The absence of a consistent approach to accurately identifying patients has resulted in significant costs to hospitals, health systems, physician practices, and long-term post-acute care (LTPAC) facilities as well as hindered efforts to facilitate health information exchange. More importantly, there are patient safety risks when data is mismatched and associated with the wrong patient and when essential data is lacking from a patient's record due to identity issues.

Establishing the first match during the patient registration process will remain critical; and, while strong provider processes and proper staff training with EHR support are key components, it is not enough. When records are not properly matched upfront, it ripples through the entire system: data is not available, multiple records are unnecessarily created for the same patient, or data is erroneously matched. These patient identification errors can initiate a cascade of errors--wrong site surgery, delayed or lost diagnoses, and medication errors--that not only impact care in hospitals, medical practices, LTPAC facilities, and other healthcare organizations, but can have ramifications well beyond a single healthcare organization.

This challenge is much broader than EHRs, as virtually every system in a healthcare organization's technology portfolio has a patient registration/matching component. In large integrated delivery systems, there might be dozens of systems sharing patient data based on correctly mapping internal identification numbers. Even in smaller ambulatory environments, a system that is primarily used for registration and appointment management must interact with local pharmacies, commercial labs, radiology and imaging centers, and a variety of billing systems. Moreover, the tools for patient matching are typically found outside of EHRs, whether as part of health information exchange (HIE) infrastructure or in enterprise-level processes and technologies, such as enterprise master patient indexes (EMPIs).

As data exchange and interoperability increases among providers, patient identification and data matching errors will become more problematic and challenging to identify and correct across all systems.

Precision medicine and clinical research will also continue to be hindered if records are incomplete or duplicative. Fundamentally, accurately identifying patients and matching them to their data, which is essential to coordination of care and valuable clinical decision making, is a requirement for health system transformation and the continuation of our substantial progress toward nationwide interoperability, a goal of the landmark 21<sup>st</sup> Century Cures Act.

EHRA respectfully requests that you include the below language in the Committee Report to accompany the FY2019 Labor-HHS appropriations legislation:

### **Clarifying the Unique Patient Identifier Ban to Enable Patient Matching**

*The Committee is aware that one of the most significant challenges inhibiting the safe and secure electronic exchange of health information is the lack of a consistent patient data matching strategy. With the passage of the HITECH Act, a clear mandate was placed on the Nation's healthcare community to adopt electronic health records and health exchange capability.*

*Although the Committee continues to carry a prohibition against HHS using funds to promulgate or adopt any final standard providing for the assignment of a federally assigned, unique health identifier for an individual, until such activity is authorized, the Committee notes that this limitation does not prohibit HHS from examining the issues around patient matching and work with the private sector to explore potential solutions.*

*Accordingly, the Committee encourages the Secretary, acting through the Office of the National Coordinator for Health Information Technology and CMS, to provide technical assistance to private-sector led initiatives in support of a coordinated national strategy for industry and the federal government that promote patient safety by accurately identifying patients to their health information.*

This proposed language for the Committee Report to accompany this bill, which would replace existing Labor-HHS appropriations language on this issue, would clarify that Congress intends for HHS to explore and support opportunities to substantially improve on the full range of patient matching methods, retaining congressional authority on implementation of certain solutions, while also ensuring that the federal government can assist and encourage private-sector efforts to solve this serious problem.

Congress would make it clear that it has not prohibited HHS from examining the issues around patient matching and making recommendations on how to substantially improve on patient identification and matching, including but not limited to the scope of the issues in the required Government Accountability Office (GAO) study on this issue. This proposed language would enable HHS to provide technical assistance to private sector led initiatives and similar efforts that support a coordinated national strategy to promote patient safety by accurately identifying patients and matching them to their health information. Allowing HHS agencies to engage in these efforts will help accelerate the development, testing, and deployment of safe and effective patient matching solutions.

The EHR Association appreciates your consideration and inclusion of this proposed language in the Committee Report, and we look forward to working with you to pursue an appropriate solution to enable accurate and

consistent patient identification and data matching in our nation's healthcare system.

Sincerely,



Sasha TerMaat  
Chair, EHR Association  
Epic



Cherie Holmes-Henry  
Vice Chair, EHR Association  
NextGen Healthcare

**HIMSS EHR Association Executive Committee**



Hans J. Buitendijk  
Cerner Corporation



Nadeem Dhanani, MD, MPH  
Modernizing Medicine



David Heller  
Greenway Health



Rick Reeves, RPh  
Evident

**About the EHR Association**

Established in 2004, the Electronic Health Record (EHR) Association is comprised of more than 30 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](http://www.ehra.org).