

December 1, 2020

The Honorable Roy Blunt, Chairman
United States Senate
Washington, DC 20510

The Honorable Patty Murray, Ranking Member
United States Senate
Washington, DC 20510

Dear Chairman Blunt and Ranking Member Murray,

The Electronic Health Record (EHR) Association respectfully asks for your support to repeal Section 510 of the FY21 Labor-HHS appropriations bill in order to allow for a national strategy around patient identification. The House of Representatives unanimously voted to remove this provision in July.

The EHR Association's nearly 30 member companies serve the vast majority of hospitals, post-acute, specialty-specific, and ambulatory healthcare providers using EHRs across the United States. Our focus is on collaborative efforts to accelerate health information and technology adoption, assist member companies with regulatory compliance, advance information exchange between interoperable systems, and improve the quality and efficiency of patient care through the use of technology.

We believe adoption of a nationally-issued unique patient identifier would drive the greatest improvements in patient matching. The EHR Association has long advocated for adoption of a national unique patient identifier and repeatedly asked Congress to remove its prohibition on the use of HHS funds to explore creation of such an identifier. Striking this language will give HHS the ability to evaluate a range of patient identification solutions that protect patient privacy and are cost-effective, scalable, and secure.

As our healthcare system moves toward nationwide health information exchange, consistency in identifying a patient remains conspicuously absent. Care providers are missing opportunities to improve a patient's health when that patient's data is not easily available. As data exchange increases among providers, patient identification errors and mismatches will become exponentially more problematic and dangerous.

Unfortunately, this conversation hasn't progressed as technology has evolved, due to the prohibition carried in every Labor-HHS appropriations bill since 1999, prohibiting HHS from using funds to

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Allscripts	CureMD	Foodhold Technology	Medsphere	Sevocity - Division of Conceptual Mindworks, Inc
Athenahealth	eClinicalWorks	Greenway Health	Modernizing Medicine	STI Computer Services
BestNotes	eMDs	Harris Healthcare Group	Netsmart	Varian Medical Systems
Bizmatix	Endosoft	Lumeris	Nextech	

“promulgate or adopt any final standard providing for the assignment of a unique health identifier for an individual.” This language, which remains in force today, must be eliminated for us to realize a truly interoperable health ecosystem.

Now more than ever, the COVID-19 pandemic highlights the urgent need to address this issue. Accurate identification of patients is one of the most difficult operational issues during a public health emergency, including the gathering of patient demographic information (e.g., address, phone, email, etc.) and ensuring such information remains attached to the correct patient. Field hospitals and temporary testing sites in parks, convention centers, and parking lots have exacerbated these challenges.

Without the ability to accurately identify and match patients to their health information, this critical information becomes lost, and safe, effective and timely diagnosis is jeopardized. For example, there have been reports of instances where patient specimens are collected for COVID-19 testing in temporary sites and then sent off-site to a public health lab for testing. Once the results were returned, there were difficulties matching the results to the correct patient given the inconsistent and scant amount of demographic information included with the sample. This resulted not only in a backlog of COVID-19 results unable to be sent to patients, but even results being sent to the wrong patient, increasing privacy and safety risks to the entire community.

The nationwide response to the COVID-19 pandemic hinges on accurate information. For example, as vaccinations begin, any large-scale immunization programs will depend on accurate patient information to identify who has had the disease, who has been vaccinated, and what their outcomes are. The multiple-dose vaccines expected to be approved before the end of the year will rely even more heavily on patient records being complete to ensure correct timing and dosage for patients to be fully protected.

Even without a pandemic, 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 clinicians and other 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 personal health information (PHI) than desirable.

EHR developers are strong proponents of the need for a national strategy for patient identification and its ability to enable improvements in healthcare quality, affordability and outcomes. To accomplish these goals, the ban previously included in Section 510 of the Labor-HHS bill must be permanently removed.

Thank you for this opportunity to provide our insights and perspective. If it would be helpful, we would be happy to provide our recommendations of additional steps and standards that would immediately improve match rates and complement the eventual adoption of a national, unique patient identifier, as

well as future opportunities for identity-proofing, such as biometrics. Please contact EHR Association Program Manager Kasey Nicholoff at knicholoff@ehra.org.

Sincerely,

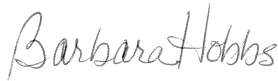


Hans J. Buitendijk
Chair, EHR Association
Cerner Corporation



David J. Bucciferro
Vice Chair, EHR Association
Foothold Technology

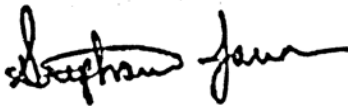
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About the HIMSS EHR Association:

Established in 2004, the Electronic Health Record (EHR) Association is comprised of nearly 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.