

Coalition for an Informed Patient Identity Integrity Solution

Informed National-level Patient Identity Solution

Recommendation to Congress

May 2011

Recommendation: Congress should enable the study of an *Informed National-level Patient Identity Solution*.

Problem: As health information technology (IT) makes ever greater advances, and as health information exchanges (HIEs) and the Nationwide Health Information Network (NW-HIN) make possible the nationwide exchange of clinical information, the necessity to match the right patient with the right information across the system becomes increasingly critical and must be addressed by national policymakers.

Background: The frequent mismatch between patients and clinical data is a serious and growing patient safety issue. Information for one individual frequently exists in multiple databases where it resides as duplicate, inaccessible, or unknown to clinicians who depend on a complete and accurate patient record to provide safe, quality care. Information on different individuals can be “overlaid” and presented as one person’s record. Incorrect information or linking the wrong clinical information to a person is a potentially deadly patient safety issue, and can incur huge additional costs to the healthcare system.

In 1996, the Health Insurance Portability and Accountability Act (HIPAA) mandated a Unique Individual Identifier for healthcare purposes. In 1998, due to concerns over privacy, Congress prohibited the U.S. Department of Health and Human Services (HHS) from using the authority provided by HIPAA to promulgate a final rule or standard.¹ This prohibition has been carried over in every Labor, HHS, Education and Other Agencies appropriations bill since 1999.

Since Congress enacted the prohibition in 1999, health information technology has made gigantic strides toward improving clinical care, enhancing patient outcomes, and controlling costs. Significant healthcare reform is virtually impossible without meaningful, system-wide adoption of electronic health records and health information exchange. *Informed national-level patient identity solutions* are absolutely essential to obtaining the full benefits of health information technology and ensuring patient safety, and can substantially **enhance patient privacy and security**.

An *informed national-level patient identity solution* would enhance, not compromise, the privacy and security of patient health information. An *informed national-level patient identity solution* does not mean a national identify number or card. Technological advances now allow for much more sophisticated solutions including patient consent, voluntary patient identifiers, metadata identification tagging, controlled segmented access, access credentialing, sophisticated algorithms, and other technologically advanced solutions.

In the absence of an *informed national-level patient identity solution* the states, health IT Regional Extension Centers (RECs), large health plans, various consortiums, and individual electronic

health record vendors have had to develop their own patient identify solutions. As the nation moves forward with greater urgency toward the system-wide adoption of electronic health records, this essential core functionality to ensure the match of a patient with his or her information remains conspicuously absent. The multitude of different solutions and the lack of a national coordinated approach to patient-data matching pose major challenges for our health information infrastructure. Patient safety, privacy, and security depend on getting this core element right and soon.

An informed identity solution provides unambiguous identification, is cost effective, and is tremendously effective in reducing false negatives in the patient matching process. As a result, an informed patient identity solution is an essential building block to achieving the nationwide exchange of health information, as well as improving patient safety and reducing healthcare costs, fraud, and abuse. As the nation works to achieve the “meaningful use of certified EHR technology” and widespread information exchange, an informed patient identity solution becomes an ever more critical factor for healthcare.

Solution: Congress should:

1. Request a GAO study of currently available technologies for implementation of a ***national-level patient identity solution***, alternatives to a nation-level informed patient identity integrity solution, and the cost-benefit of such solutions, and
2. Informed by the GAO findings, explore the feasibility of lifting the prohibition against HHS studying a national-level patient identity solution.

The Coalition for an Informed Patient Identity Integrity Solution is composed of the American Health Information Management Association (AHIMA); American Medical Informatics Association (AMIA); Association of Medical Directors of Information Systems (AMDIS); College of Health Information Management Executives (CHIME); Healthcare Information and Management Systems Society (HIMSS); HIT Now Coalition; and the National Association of Healthcare Access Management (NAHAM).

ⁱ The text from the 1999 Omnibus Appropriations Act (not the official title) signed into law (PL 105-277): "SEC. 516. None of the funds made available in this Act may be used to promulgate or adopt any final standard under section 1173(b) of the Social Security Act (42 U.S.C. 1320d-2(b)) providing for, or providing for the assignment of, a unique health identifier for an individual (except in an individual's capacity as an employer or a health care provider), until legislation is enacted specifically approving the standard."