



Healthcare Information and Management Systems Society

Informed Patient Identity Solution
Recommendation to Congress
June 2010

Ask #2: HIMSS recommends that Congress enable the study of an informed patient identity solution.

Problem: As information technology (IT) makes deeper inroads in healthcare, and as health information exchanges (HIEs) and the Nationwide Health Information Network (NHIN) work to connect information locally, regionally, and nationally, Patient Identity (PI) Integrity is a critical issue that must be addressed by policymakers.

Background: The identification of the patient is not always accurate in healthcare. Information for one individual may exist in one or multiple databases where it resides as “duplicate,” inaccessible or unknown to those needing to see the complete or most current picture. Due to administrative errors, information on two different individuals can be “overlaid” and presented as one person’s record. Linking the wrong clinical information to a person not only can cause great personal harm to the patient, but also can incur huge costs to the healthcare provider in correcting and mitigating the error. Incorrect information impacts patient safety and compromises quality of care.

To appropriately address PI Integrity, the virtues of an informed patient identity solution for each individual have long been recognized by the healthcare community. An informed patient identity solution would address many of the challenges included above, working to enhance, not threaten, the privacy of patient health information. It is important to note that discussions concerning an informed patient identity solution are in relation to healthcare purposes only.

In 1996, the Health Insurance Portability and Accountability Act (HIPAA) mandated a Unique Individual Identifier for healthcare purposes. In 1998, due to public concerns over privacy, Congress prohibited the U.S. Department of Health and Human Services (HHS) from using the authority under HIPAA to promulgate a final rule or standard.ⁱ This prohibition has been carried over in every appropriations bill since 1999. This is an issue that affects both the public and private sectors.

Since first enacting the prohibition, healthcare has made great strides in innovation and the application of health IT to improve patient safety and the overall efficiency of the administration of healthcare. The prohibition has halted advances in the area of patient identity integrity, prohibiting federal funds to even study the potential benefits of a unique patient identity to apply in healthcare. As a result, challenges in patient identity integrity could hold great obstacles for the delivery of quality healthcare in the years to come. As the level of health IT adoption increases and as the

healthcare community works to achieve the nationwide electronic exchange of health information, patient identity integrity must be addressed by policymakers.

Solution: An informed identity solution is linked to one individual, provides unambiguous identification, is simple of concept to implement, is cost effective, and is tremendously effective in reducing false negatives in the identity matching solution. 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 fraud and abuse within healthcare. As the community works to achieve the “meaningful use of certified EHR technology”, an informed patient identity solution becomes an ever more critical factor for healthcare. ***Congress should enable the study of an informed patient identity solution.*** In carrying-out this recommendation, Congress should a) lift the prohibition against HHS from studying a Unique Identifier (UI) solution; b) require HHS to conduct a study of the cost/benefit and practicality of implementing a UI solution; and c) require HHS to establish pilot implementations of unique identifier solutions to document the challenges and benefits. HHS should use the results of the above work to determine an implementation process and timeline for unique identifiers as components of a patient identity solution.ⁱⁱ

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."

ⁱⁱ “Patient Identity Integrity: A White Paper by the HIMSS Patient Identity Integrity Work Group”. The Healthcare Information and Management Systems Society. December 2009.