

The Importance for the Healthcare Industry to Establish Universal Patient Identifier

Pharmacy Informatics Town Hall
In collaboration with NCPDP

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About NCPDP

Founded in 1977, NCPDP is a not-for-profit, ANSI-accredited, Standards Development Organization with over 1,500 members representing virtually every sector of the pharmacy services industry.

NCPDP members have created standards such as the Telecommunication Standard and Batch Standard, the SCRIPT Standard for e-Prescribing, the Manufacturers Rebate Standard and more to improve communication within the pharmacy industry.

Our data products include dataQ®, a robust database of information on more than 80,000 pharmacies, HCId®a®, a database of continually updated information on more than 2.5 million prescribers, and resQ™, an industry pharmacy credentialing resource. NCPDP's RxReconn® is a legislative tracking product for real-time monitoring of pharmacy-related state and national legislative and regulatory activity.

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Initial release date is 12/19/2019.

Faculty Disclosure



John Hill, MBAHCM, CNED, declares that he is employed with the National Council for Prescription Drug Programs (NCPDP). His affiliation has been reviewed and deemed non-biased with regard to the content development and presentation of the material for this CE activity.

The Importance for the Healthcare Industry to Establish Universal Patient Identifier

John W. Hill, MBAHCM, CNED

Executive Vice President & GM of NCPDP



John W. Hill, MBAHCM, CNED is Executive Vice President & GM with the National Council for Prescription Drug Programs (NCPDP). Under the direction of the President & CEO, Hill oversees and is responsible for all day-to-day business of the organization and leads the executive management team in achieving financial goals and operational performance; and provides strategic support to NCPDP's President & CEO.

Before joining NCPDP staff, Hill held several volunteer positions with NCPDP: Board of Trustee Chair, Board of Trustee Vice-Chair, Chair of Strategic Planning Committee, and Work Group 9 – Government Programs Co-Chair, to name a few. He was previously Vice President, Business Planning for DST Pharmacy Solutions, Inc. During his 24-year tenure with DST, Hill had multiple leadership roles that included oversight of P&L and business development for DST's customers supporting over 27 million lives, enterprise marketing strategy, and product development. In addition, Hill was DST's Healthcare business lead in managing the company's Asia healthcare expansion for medical and pharmacy claims processing capabilities and services.

Hill has a BA in Communication Studies from University of Missouri and an MBA in Healthcare Management from University of Phoenix. In 2019, Hill received his certification as a Non-Profit Executive Director from NonProfitWebAdvisor.

Faculty Disclosure



Victoria Dames declares that she is employed with Experian Health as a Senior Director Product Management. Her professional affiliation has been reviewed and deemed non-biased with regard to the content development and presentation of the material for this CE activity.



Victoria Dames

Senior Director Product Management, Experian Health

For almost 20 years, Victoria has focused on building technical solutions across Credit, Marketing and Healthcare. As a Senior Director of Product Management, Victoria Dames is responsible for evolving products within Healthcare around Fraud & Identity Management. Victoria grew up in Chicago, IL and holds a Master of Science in Business Information Technology from DePaul University and Bachelors in Computer Science from Loyola University Chicago.

Learning Objectives

- Review the role of the HITECH ACT of 2009 to digitize health data.
- Define the term Universal Patient Identifier (UPI) and its role within digitized records.
- Outline how a UPI will efficiently and accurately link health data to support patient safety.
- Report the legislative progress in the pharmacy industry to transmit UPI through the NCPDP standards.

Pre-Test Questions

- 1. Why are we just now creating a Universal Patient identifier?**
- 2. Why is a Universal Patient Identifier important?**
- 3. What are some causes of duplicate patient records?**

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NCPDP is an American National Standards Institute (ANSI) accredited standards development organization (SDO).



NCPDP provides a forum and marketplace for a diverse membership focused on healthcare and pharmacy business solutions to move interoperability forward.



NCPDP is a member-driven organization that has been named in various government regulations and policies (including HIPAA and Medicare Modernization Act).

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NCPDP Membership



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How UPI Touches NCPDP Initiatives

WITHIN THE HEALTHCARE ECOSYSTEM

INDUSTRY BENEFITS

- ✓ Improves patient matching to support preventable medical errors as the #3 killer in the U.S.
- ✓ Identify key connections to SRx & PDMP solutions
- ✓ Increases trading partners awareness of patient safety

PATIENT BENEFITS

- ✓ Decreased medical errors
- ✓ Decreases undesired prescription interactions
- ✓ Increases patient safety
- ✓ Decreased gaps in care



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UPI, Powered by Experian Health UIM and NCPDP Standards

NO CHARGE :

WHAT YOU GIVE

Patient demographic
data in a secure
file/message

WHAT YOU GET

File with Universal Patient Identifier
(UPI)
Identified duplicates
Summary report
At your specified frequency

HOW YOU BENEFIT

Information exchange
Care coordination
Patient safety
Operational efficiency
Financial savings

For a limited time, the UIM Batch service, which delivers the Universal Patient Identifier (UPI), is being provided to the entire healthcare industry at no charge*.

Progress to Date on UPI, Powered by Experian Health UIM and NCPDP Standards

- 100% of the US population has been enumerated
- Client types include:
 - Chains
 - Mail Order
 - PBM
 - Software Vendors
 - Clearinghouses
 - Hospitals
 - Labs
 - Payers





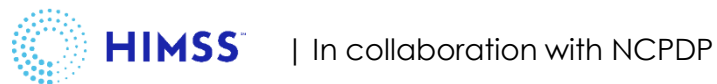
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HITECH Act of 2009



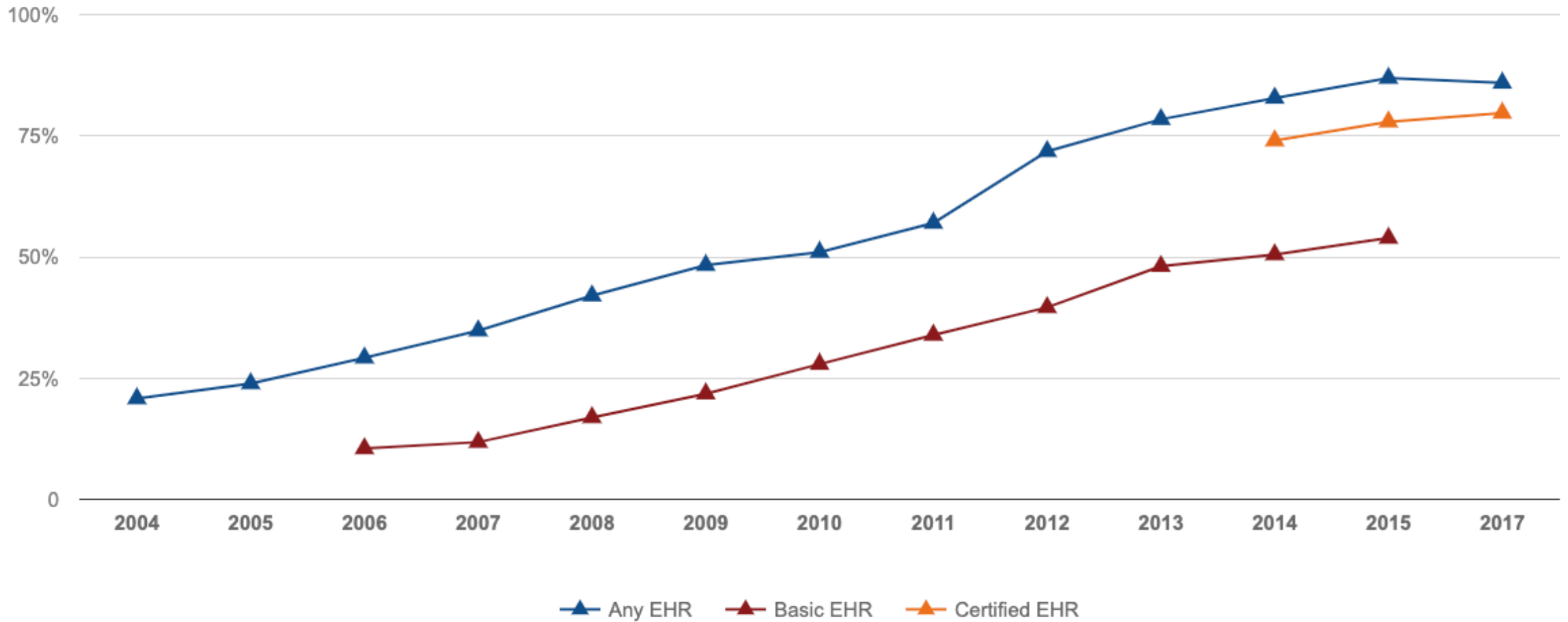
HITECH Act of 2009

- February 17, 2009
- Goal to promote and expand the adoption of electronic health records (EHRs) by healthcare providers.
 - \$19.2 Billion to be used to increase the use of EHRs by physicians and hospitals.
- Tightened up HIPAA language: Requires patients to be notified of any unauthorized acquisition, access, use or disclosure of their unsecured protected health information.
- Tougher Penalties (after 2015)

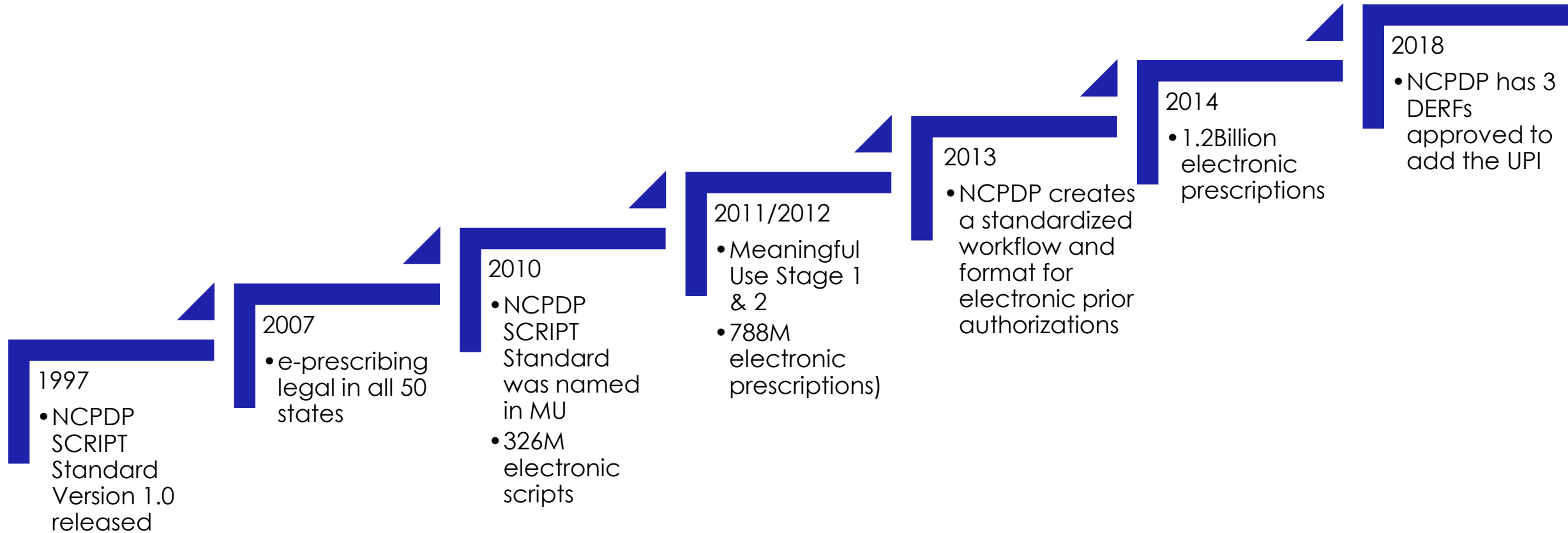


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HITECH Act of 2009



Electronic prescribing timeline



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Shifting to the headlines

14 instances of right procedure, wrong patient in Mass.

By **Liz Kowalczyk** Globe Staff, November 20, 2016, 6:45 p.m.



Surviving a Patient Identification Error

Before treatment, make sure the doctor knows you're you.

By **Elizabeth Gardner**, Contributor Aug. 22, 2016, at 9:00 a.m.

Study: Risk of patient identification errors 'ever present'

Kelly Gooch - Monday, September 26th, 2016 [Print](#) | [Email](#)



Failing to associate the right patient with the appropriate action, referred to as wrong-patient errors, is a prevalent occurrence with potentially fatal consequences, according to a [report](#) from the ECRI Institute, a nonprofit research group that studies patient safety.

The curious case of a mistaken patient identity

May 17, 2019 by **admin** ID, identification, public safety, s

Mistaken patient identities in the healthcare industry are nothing new- a lot of it occurs almost every day in the US. However, this time, it was not news of

CLINICAL IT

The patient misidentification crisis

BY **SEAN KELLY** — AUGUST 26, 2016

The Preventable Danger of Patient Identity Errors

Patient identity mistakes can be fatal. It is why we urgently need a national patient identifier that is tied specifically to every single patient.

By **Fido Research** - December 15, 2015

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NEWS SPECIAL FEATURES TRANSFORMATION DATA/LISTS OP-ED AWARD

Home > Providers

September 25, 2016 01:00 AM

When doctors get the wrong patient

ELIZABETH WHITMAN

HEALTH

Patient mix-ups happen more often than you think. Why the easy fix isn't easy at all

By **JOHN MCQUAID** / JANUARY 28, 2016

The cost of incorrect patient identification to patients

The **number 3** cause of death in the United States is

Preventable Medical Errors

Cost: **1,000+ lives** per day
\$1Trillion each year

True Story:

A Minnesota patient underwent a bilateral mastectomy for cancer, only to find out post surgery a mix-up with the biopsy reports had occurred, and she never had cancer or need for bilateral mastectomy.

Negative impact of poor patient matching

Patient safety

- 86% of all clinicians have witnessed a medical error
- More than ½ of all deaths attributed to medical errors are identity related

Operational efficiency

- The avg hospital has an 8 to 12% duplicate MRN creation rate
- The estimated remediation cost is \$96 per dup pair (\$3M to \$4M annually on avg)

Revenue cycle

- 1/3 of denied claims stem from patient misidentification (\$1.5M annual loss on avg)
- Payment delay (and loss of trust) when bills are sent to the wrong patients



Impact of Poor Patient Matching

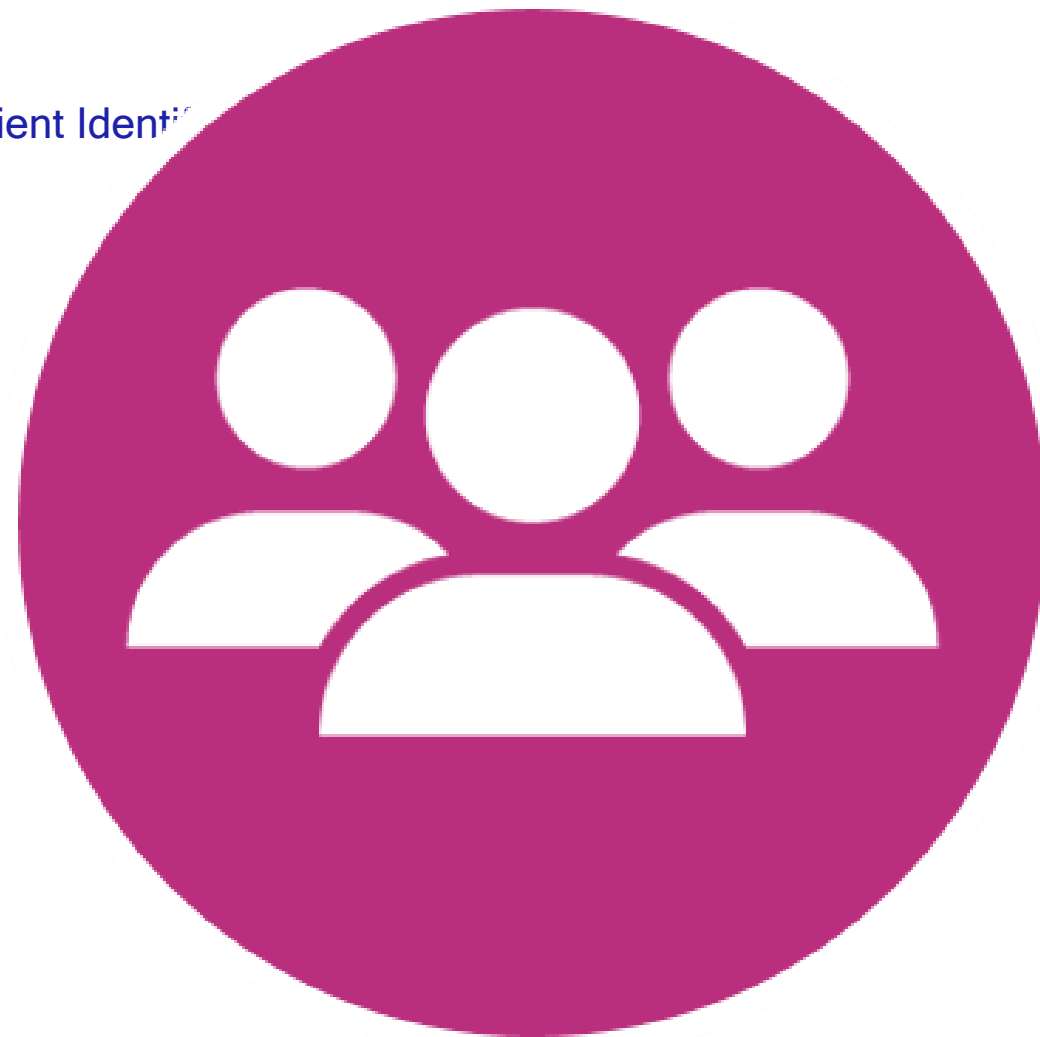
- Prevents proper care coordination
- Readmissions/ poor outcomes
- Cost of redundant tests
- Lessens patient trust/experience
- Stunts effectiveness of PHM analytics



- Billing errors
- Delayed/denied payment
- Resources spent fixing records
- Legal issues
- Patient safety issues from incorrect treatments

How the industry got to where it is today

- No national patient ID
- Reliance on flawed patient demographic data
- Deterministic matching
- Probabilistic matching
- MPI (embedded within EHR)
- EMPI



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Potential legislative tailwinds 21 years later

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NEWS

SPECIAL FEATURES

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OP-ED

AWARDS

June 13, 2019 03:42 PM

House votes to overturn ban on national patient identifier

Susannah Luthi and Jessica Kim Cohen



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Latest update: UPI Study

- Final Ban will maintain the UPI ban, however it does require the ONC (with other federal agencies) to conduct a study the issue and submit recommendations to Congress
- First time since the ban that enables HHS to recommend standards to Congress

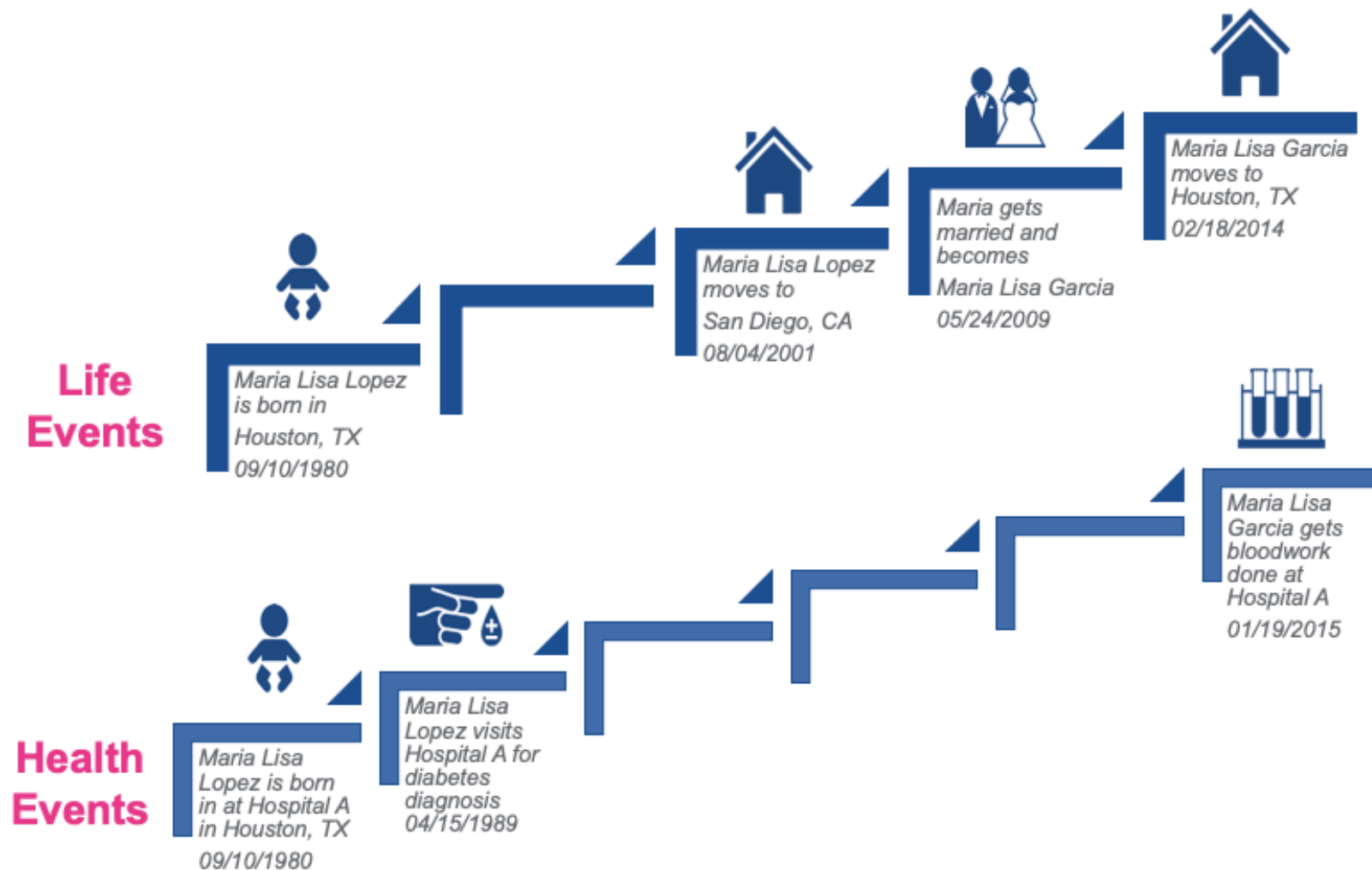
The Solution:

**Universal
Patient
Identifier
Powered by
Experian
Health UIM
and NCPDP
Standards™**



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Life Does Not Always Mirror Health Events



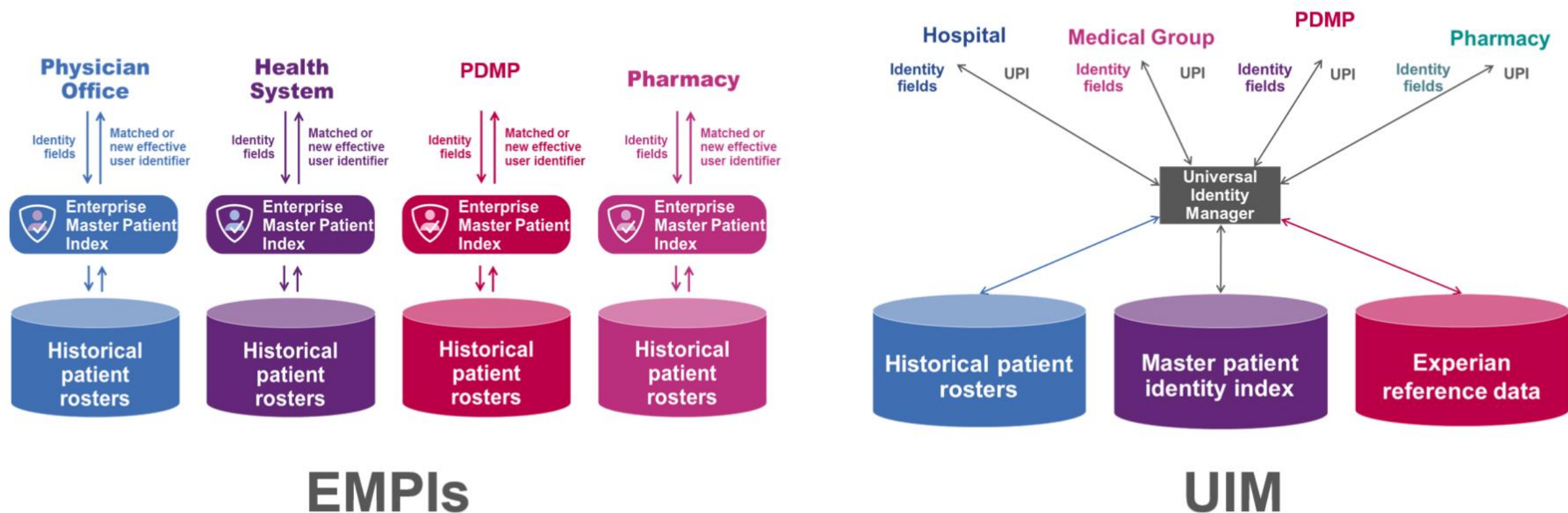
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The UIM Matches Across the Ecosystem When EMPIs Do Not

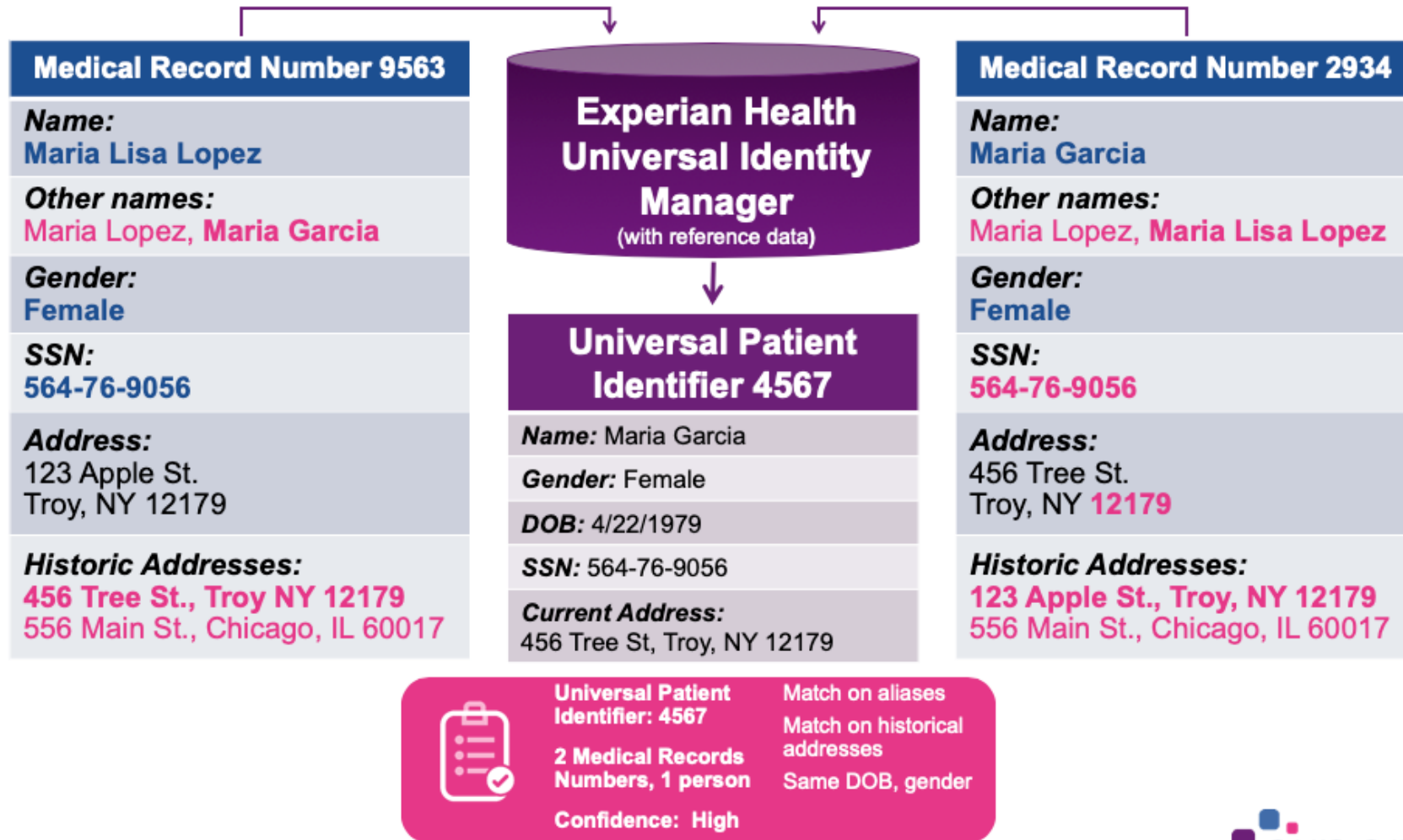


The ULM finds matches EMPIs can't due to our reference data



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The UIM uses reference data to assign a UPI



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Should We Link These Two Patient Profiles?

| Rx Record from Pharmacy A |
|---|
| Name: Cathy Wilson |
| Gender: Female |
| DOB: 4/22/1979 |
| Drivers License: A8746735 |
| Address: 312 Main Street San Francisco, CA 94016 |
| Pharmacy: Walgreens |
| Insurance: Express Scripts |



| Rx Record from Pharmacy B |
|---|
| Name: Catherine Nelson |
| Gender: Female |
| DOB: 4/22/1979 |
| Drivers License: |
| Address: 701 First Avenue Costa Mesa, CA 92626 |
| Pharmacy: Safeway |
| Insurance: Cash |

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A UPI Can Find Matches Using Reference Data

| Rx Record from Pharmacy A |
|---|
| Current Name: Catherine Nelson |
| Historical Names/Alias Catherine Wilson Cathy Wilson |
| Gender: Female |
| DOB: 4/22/1979 |
| Drivers License: A8746735 |
| Current Address: 701 First Avenue, Costa Mesa, CA 92626 |
| Historical Addresses: 312 Main Street, San Francisco, CA 94016 47 Sunset Blvd, Los Angeles, CA 90049 |
| Pharmacy & Insurance Walgreens & Express Scripts |



| Rx Record from Pharmacy B |
|---|
| Current Name: Catherine Nelson |
| Historical Names/Alias Catherine Wilson Cathy Wilson |
| Gender: Female |
| DOB: 4/22/1979 |
| Drivers License: A8746735 |
| Current Address: 701 First Avenue, Costa Mesa, CA 92626 |
| Historical Addresses: 312 Main Street, San Francisco, CA 94016 47 Sunset Blvd, Los Angeles, CA 90049 |
| Pharmacy & Insurance Safeway & Cash |

Case study: large provider



Problem:

- EHR vendor matching isn't strong
- Known duplicate records within system
- Will be merging more systems.



Pre-UIIM solution:

- Manual process with HIM staff (8) reviewing 'possible' duplicates
- Paid 3rd party to expedite the process.
- Records
 - Input 10M records
 - 300k duplicates



UIIM Match and Match Justification solutions

- Duplicate fallout rate reduced by 2%
- UIIM saved 4 minutes per match
- Eliminated 3rd party vendor cost
- 8 HIM staff reallocated

***“We like working with Experian and trust your data, it's data we don't have”
- Director of HIM***



Case study: Pharmacy Client - in progress



Problem:

- Known duplicate records within system
- Multiple data sources



Pre-UIM solution:

- Manual process reviewing 'possible' duplicates
- Input for 1 file 4.4M records (total universe is ~200M)



UIM Match solutions

- 1.352M duplicates or 30.7%
- Over 253,000 phone numbers appeared to be invalid phone



Post-Test Questions

1. Why is the HITECT Act of 2009 important?

- a) Forces providers to update their technology stack
- b) Created to promote & expand the adoption of health information technology (especially through EHRs)
- c) Coached medical staff how to speak about technology
- d) Enabled patients to treat themselves

Post-Test Questions

1. Why is the HITECT Act of 2009 important?

- a) Forces providers to update their technology stack
- b) Created to promote & expand the adoption of health information technology (especially through EHRs)**
- c) Coached medical staff how to speak about technology
- d) Enabled patients to treat themselves

Post-Test Questions

2. When was a National Patient Identifier banned?

- a) 2 years ago
- b) 5 years ago
- c) 21 years ago
- d) 100 years ago

Post-Test Questions

2. When was a National Patient Identifier banned?

- a) 2 years ago
- b) 5 years ago
- c) 21 years ago**
- d) 100 years ago

Post-Test Questions

3. What is a UPI?

- a) Understanding Peoples Information
- b) Unique People Inquiry
- c) Universal Patient Identifier
- d) Universal Person Information

Post-Test Questions

3. What is a UPI?

- a) Understanding Peoples Information
- b) Unique People Inquiry
- c) Universal Patient Identifier**
- d) Universal Person Information

Post-Test Questions

4. What are the benefits of utilizing a UPI?

- a) Every patient can receive a persistent identifier throughout the healthcare ecosystem
- b) Prevent duplicate records
- c) Receive government funding
- d) A and B only

Post-Test Questions

4. What are the benefits of utilizing a UPI?

- a) Every patient can receive a persistent identifier throughout the healthcare ecosystem
- b) Prevent duplicate records
- c) Receive government funding
- d) A and B only**

Post-Test Questions

5. Which areas can take advantage of the UPI?

- a) Providers
- b) Pharmacy
- c) Payers
- d) All of the above

Post-Test Questions

5. Which areas can take advantage of the UPI?

- a) Providers
- b) Pharmacy
- c) Payers
- d) All of the above**



Questions?



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Evaluation Weblink

<https://www.surveymonkey.com/r/LB7G6ZF>

- Please use the weblink shown above to access the online evaluation. Enter this address into the browser of your phone, tablet, laptop or desktop. The process should take less than 5 minutes.
- This evaluation asks for your CPE Monitor number in order to post CE credit, so have that number ready when you start the evaluation.
- Your credit will post about 4 weeks from the date of this event.
- If you have questions, please email: office@instituteforwellness.org



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Be the change



Thank you.

*Contact Yvonne Patrick
ypatrick@himss.org*

