The Importance for the Healthcare Industry to Establish Universal Patient Identifier

Pharmacy Informatics Town Hall
In collaboration with NCPDP
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The Importance for the Healthcare Industry to Establish Universal Patient Identifier

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Reform the global health ecosystem through the power of information and technology.

Mission
To realize the full health potential of every human, everywhere.
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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, HCIdea®, 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.

[www.ncpdp.org](http://www.ncpdp.org)
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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.
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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.
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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.
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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.
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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

- 27% Producer/Provider
  - Academic Health Center
  - Clinical/MTM/Formulary Management
  - Compounding Pharmacy
  - Consultant Pharmacist Services
  - Consulting to Producer/Provider
  - Hospice Pharmacy
  - Hospital Pharmacy
  - Inpatient Care Center
  - Long-Term Care Pharmacy
  - Mail Service Pharmacy
  - Medical Equipment/Supplies
  - Other Producer/Provider
  - Outpatient Care Center
  - Pharmaceutical Manufacturer
  - Pharmacy Services Admin Org (PSAO)
  - Physician Services Organization
  - Prescription Consulting Entity
  - Retail Pharmacy
  - Specialty/Home Infusion Pharmacy

- 30% Payer Processor
  - Accountable Care Organization (ACO)
  - Consulting to Payer/Processor
  - Federal/State Agency
  - Fiscal Agent/Intermediary
  - Health Insurer
  - Health Maintenance Organization
  - Health Plan Sponsor
  - Managed Care Organization
  - Medication Therapy Management
  - Other Payer/Processor
  - Pharmacy Benefit Management
  - Transaction Processor (Rebates/Coupons)
  - Workers’ Comp Organization

- 42% Vendor/General Interest
  - Academia/Research Foundation
  - Automation/Robotics
  - Clearinghouse
  - Clinical Programs
  - Consulting - General
  - Data Management Vendor or Integrator
  - Distribution/Packaging
  - Drug Information Resource Company
  - EHR/PHR Vendor
  - Equipment/Product Supplier
  - Federal/State Agency (non-payer)
  - Health Information Exchange / HIE
  - Vendor/Intermediary
  - Informatics/Data Analysis
  - Law Firm/Legal Services
  - Marketing/Educational Services
  - Network/Contract Management
  - Other Vendor/General Interest
  - Professional Services
  - Professional Trade Association
  - Software Vendor/Certifier
  - System Vendor
  - Wholesale Drug Distributor/Repackager

1,700 Members
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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*.  

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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
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**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**

![Graph showing EHR Adoption Rates from 2004 to 2017. The graph illustrates the increase in adoption rates for Any EHR, Basic EHR, and Certified EHR over the years.](image-url)
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Electronic prescribing timeline

1997
- NCPDP SCRIPT Standard Version 1.0 released

2007
- e-prescribing legal in all 50 states

2010
- NCPDP SCRIPT Standard was named in MU
- 326M electronic scripts

2011/2012
- Meaningful Use Stage 1 & 2
- 788M electronic prescriptions

2013
- NCPDP creates a standardized workflow and format for electronic prior authorizations

2014
- 1.2Billion electronic prescriptions

2018
- NCPDP has 3 DERFs approved to add the UPI

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Shifting to the headlines

14 instances of right procedure, wrong patient in Mass.  
By Liz Kepple  
Nov 21, 2006 9:45 a.m.

Surviving a Patient Identification Error  
By Michelle Gordon  
Aug 14, 2016 6:16 a.m.

The curious case of a mistaken patient identity  
By admin  
May 17, 2019

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

The Preventable Danger of Patient Identity Errors  
Patient identity mistakes can be fatal. It's why we urgently need a national patient identifier that is tied specifically to every single patient.

Modern Healthcare

The patient misidentification crisis  
By Sean Kelly  
Aug 26, 2016

Study: Risk of patient identification errors 'ever present'  
By Kelly Gooch  
Sep 26, 2016 7:14 a.m.

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,

When doctors get the wrong patient  
Sep 26, 2016 7:20 a.m.

Health

Patient mix-ups happen more often than you think. Why the easy fix isn’t easy at all  
By John McGaughy  
Jan 30, 2016

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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

https://www.experian.com/healthcare/products/identity-management
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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

Modern Healthcare

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
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The Solution:

Universal Patient Identifier
Powered by Experian Health UIM and NCPDP Standards™
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*Life Does Not Always Mirror Health Events*

- **Maria Lisa Lopez is born in Houston, TX** 09/10/1980
- **Maria Lisa Lopez moves to San Diego, CA** 09/04/2001
- **Maria gets married and becomes Maria Lisa Garcia** 05/24/2009
- **Maria Lisa Garcia moves to Houston, TX** 02/16/2014
- **Maria Lisa Garcia gets bloodwork done at Hospital A** 01/19/2015
- **Maria Lisa Lopez visits Hospital A for diabetes diagnosis** 04/15/1999

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The UIM Matches Across the Ecosystem When EMPIs Do Not

EMPIs

UIM

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The UIM finds matches EMPIs can’t due to our reference data

<table>
<thead>
<tr>
<th>Medical Record Number 9563</th>
<th>Medical Record Number 2934</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Name:</strong> Maria Lisa Lopez</td>
<td><strong>Name:</strong> Maria Garcia</td>
</tr>
<tr>
<td><strong>Gender:</strong> Female</td>
<td><strong>Gender:</strong> Female</td>
</tr>
<tr>
<td><strong>DOB:</strong> 4/22/1979</td>
<td><strong>DOB:</strong> 4/22/1979</td>
</tr>
<tr>
<td><strong>SSN:</strong> 564-76-9056</td>
<td><strong>SSN:</strong></td>
</tr>
<tr>
<td><strong>Address:</strong> 123 Apple St. Troy, NY 12179</td>
<td><strong>Address:</strong> 456 Tree St.. Troy, NY</td>
</tr>
</tbody>
</table>

Should we link these two patients together and **merge** their clinical records?

Traditional enterprise master patient index

*(Matches on existing hospital ID data only)*
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**The UIM uses reference data to assign a UPI**

- **Medical Record Number 9563**
  - **Name:** Maria Lisa Lopez
  - **Other names:** Maria Lopez, Maria Garcia
  - **Gender:** Female
  - **SSN:** 564-76-9056
  - **Address:** 123 Apple St., Troy, NY 12179
  - **Historic Addresses:**
    - 456 Tree St., Troy NY 12179
    - 556 Main St., Chicago, IL 60017

- **Medical Record Number 2934**
  - **Name:** Maria Garcia
  - **Other names:** Maria Lopez, Maria Lisa Lopez
  - **Gender:** Female
  - **SSN:** 564-76-9056
  - **Address:** 456 Tree St., Troy, NY 12179
  - **Historic Addresses:**
    - 123 Apple St., Troy NY 12179
    - 556 Main St., Chicago, IL 60017

**Universal Patient Identifier 4567**
- **Name:** Maria Garcia
- **Gender:** Female
- **DOB:** 4/22/1979
- **SSN:** 564-76-9056
- **Current Address:** 456 Tree St, Troy, NY 12179

**Match on aliases**

2 Medical Records Numbers, 1 person

Confidence: High

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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

<table>
<thead>
<tr>
<th>Rx Record from Pharmacy A</th>
<th>Rx Record from Pharmacy B</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Current Name:</strong></td>
<td><strong>Current Name:</strong></td>
</tr>
<tr>
<td>Catherine Nelson</td>
<td>Catherine Nelson</td>
</tr>
<tr>
<td><strong>Historical Names/Alias:</strong></td>
<td><strong>Historical Names/Alias:</strong></td>
</tr>
<tr>
<td>Catherine Wilson</td>
<td>Catherine Wilson</td>
</tr>
<tr>
<td>Cathy Wilson</td>
<td>Cathy Wilson</td>
</tr>
<tr>
<td><strong>Gender:</strong></td>
<td><strong>Gender:</strong></td>
</tr>
<tr>
<td>Female</td>
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<tr>
<td>4/22/1979</td>
<td>4/22/1979</td>
</tr>
<tr>
<td><strong>Drivers License:</strong></td>
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<tr>
<td>A8746735</td>
<td>A8746735</td>
</tr>
<tr>
<td><strong>Current Address:</strong></td>
<td><strong>Current Address:</strong></td>
</tr>
<tr>
<td>701 First Avenue, Costa Mesa, CA 92626</td>
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</tr>
<tr>
<td><strong>Historical Addresses:</strong></td>
<td><strong>Historical Addresses:</strong></td>
</tr>
<tr>
<td>312 Main Street, San Francisco, CA 94016</td>
<td>312 Main Street, San Francisco, CA 94016</td>
</tr>
<tr>
<td>47 Sunset Blvd, Los Angeles, CA 90049</td>
<td>47 Sunset Blvd, Los Angeles, CA 90049</td>
</tr>
<tr>
<td><strong>Pharmacy &amp; Insurance</strong></td>
<td><strong>Pharmacy &amp; Insurance</strong></td>
</tr>
<tr>
<td>Walgreens &amp; Express Scripts</td>
<td>Safeway &amp; Cash</td>
</tr>
</tbody>
</table>

2 Rx Records
1 Person
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Case study: large provider

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

Pre-UIM solution:
- Manual process with HIM staff (8) reviewing ‘possible’ duplicates
- Paid 3rd party to expedite the process.
- Records
  - Input 10M records
  - 300k duplicates

UIM Match and Match Justification solutions
- Duplicate fallout rate reduced by 2%
- UIM 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 HITECH 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
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   c) Coached medical staff how to speak about technology
   d) Enabled patients to treat themselves
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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
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**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
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**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
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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
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**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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https://www.surveymonkey.com/r/LB7G6ZF

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- 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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Thank you.

Contact Yvonne Patrick
ypatrick@himss.org