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STI Computer Services
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Varian Medical Systems
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April 19, 2017

The Honorable Rodney Frelinghuysen
Chairman, House Committee on
Appropriations
H-305, The Capitol
Washington, DC 20515

The Honorable Thad Cochran
Chairman, Senate Committee on
Appropriations
Room S-128, The Capitol
Washington, DC 20510

The Honorable Tom Cole
Chairman, Subcommittee on Labor,
Health and Human Services,
Education, and Related Agencies
House Committee on Appropriations
2358-B Rayburn House Office Building
Washington, DC 20515

The Honorable Roy Blunt
Chairman, Subcommittee on Labor,
Health and Human Services,
Education, and Related Agencies
Senate Committee on Appropriations
131 Dirksen Senate Office Building
Washington, DC 20510

The Honorable Nita M. Lowey
Ranking Member, House Committee on
Appropriations
1016 Longworth House Office Building
Washington, DC 20515

The Honorable Patrick Leahy
Ranking Member, Senate Committee on
Appropriations
S-146A, The Capitol
Washington, DC 20510

The Honorable Rosa DeLauro
Ranking Member, Subcommittee on
Labor, Health and Human Services,
Education, and Related Agencies
House Committee on Appropriations
1016 Longworth House Office Building
Washington, DC 20515

The Honorable Patty Murray
Ranking member, Subcommittee on
Labor, Health and Human Services,
Education, and Related Agencies
Senate Committee on Appropriations
156 Dirksen Senate Office Building
Washington, DC 20510

Dear Chairman Frelinghuysen, Chairman Cochran, Ranking Member Lowey, Ranking Member Leahy, Chairman Cole, Ranking Members DeLauro, and Committee Members:

On behalf of the Electronic Health Record Association (EHRA), we wish to urge the inclusion of patient safety-focused language provided in this letter in the Committee report accompanying the House FY17 Labor, Health and Human Services, and Education

and Related Agencies (Labor-HHS) draft Appropriations Bill. This proposed report language seeks to substantially reduce patient safety issues related to patient matching.

Since FY 1999, innovation and industry progress on patient matching and functions that depend on accurate patient matching have been stifled by narrow interpretations of the language included in Labor-HHS appropriations bills that prohibits the Department of Health and Human Services (HHS) from adopting or implementing a national, unique patient identifier. Interpretations of this language have prevented virtually any federal engagement in this area even work focused on broader patient matching solutions that fall well short of adoption of a single identifier.

The absence of a consistent approach to accurately identifying patients has resulted in significant costs to hospitals, health systems, physician practices, and long-term post-acute care (LTPAC) facilities as well as hindered efforts to facilitate health information exchange. According to a recent study of healthcare executives, identification efforts cost the average healthcare facility \$17.4 million per year in denied claims and potential lost revenue¹. But even more importantly, there are patient safety risks when data is mismatched and associated with the wrong patient, and when essential data is lacking from a patient's record due to identification errors. For example, the [2016 National Patient Misidentification Report](#) cites that 86 percent of respondents said they have witnessed or know of a medical error that was contributed to by patient misidentification².

Patient identification errors often begin during the patient registration process and can initiate a cascade of errors including wrong site surgery, delayed or lost diagnoses, and medication errors, among others. These errors not only impact care in hospitals, medical practices, LTPAC facilities, and other healthcare organizations, but incorrect patient matching can have ramifications well beyond a single healthcare organization. As data exchange and interoperability increases among providers, patient identification and data matching errors will become exponentially more problematic and dangerous. Precision medicine and clinical research will also continue to be hindered if records are incomplete or duplicative. Fundamentally, accurately identifying patients and matching them to their data, essential to coordination of care, is a requirement for health system transformation and the continuation of our substantial progress toward nationwide interoperability, a goal of the landmark 21st Century Cures Act.

In our view, the quality, safety, and cost effectiveness of healthcare across the nation will improve if a national strategy to accurately identify patients and match them to their health information is achieved. Clarifying Congress' commitment to ensuring that patients are consistently and correctly matched to their healthcare data, and communicating this intention to the applicable federal agencies, is essential if we are to solve this problem. The EHRA is committed to working with stakeholders across the industry to identify and address the various barriers that prevent improvement to patient matching today.

¹ *2016 National Patient Misidentification Report*, Accessed on March 10, 2017
https://pages.imprivata.com/rs/imprivata/images/Ponemon-Report_121416.pdf

² *2016 National Patient Misidentification Report*, Accessed on March 10, 2017
https://pages.imprivata.com/rs/imprivata/images/Ponemon-Report_121416.pdf

The proposed language for the Committee Report to accompany this bill, which would replace existing Labor-HHS appropriations language on this issue, would clarify that Congress intends for HHS to explore and support opportunities to substantially improve on the full range of patient matching methods, retaining Congressional authority on implementation of certain solutions, while also ensuring that the federal government can assist and encourage private sector efforts to solve this serious problem. Congress would make it clear that it has not prohibited HHS from examining the issues around patient matching and making recommendations on how to substantially improve on patient identification and matching, including but not limited to the scope of the issues in the required the Government Accountability Office (GAO) study on this issue. This proposed language would enable HHS to provide technical assistance to private sector-led initiatives and similar efforts that support a coordinated national strategy to promote patient safety by accurately identifying patients and matching them to their health information. Allowing HHS agencies to engage in these efforts will help accelerate the development, testing, and deployment of safe and effective patient matching solutions. Fundamentally, we believe that Congress should direct HHS to focus efforts on identifying and recommending various ways in which we can solve the patient matching problem as well as support a partnership with the private sector toward that end.

The EHRA respectfully requests that you include the following language in the Committee Report to accompany the FY18 Labor-HHS appropriations legislation:

Unique Patient Identification Solution

The Committee is aware that one of the most significant challenges inhibiting the safe and secure electronic exchange of health information is the lack of consistent and sufficiently accurate patient data matching methods as part of an overall patient matching strategy. Indeed, interoperability cannot be fully achieved absent a successful solution to the problem of matching patient identities across disparate sources of patient information. As reflected in the HITECH Act and most recently the 21st Century Cures legislation, a clear mandate was placed on the nation's healthcare community to adopt electronic health records and health exchange capabilities. In passing 21st Century Cures, Congress acknowledged the importance of patient matching in the requirement for a Government Accountability Office (GAO) study on this issue. Although the Committee continues to maintain a prohibition against the Department of Health and Human Services (HHS) using funds to promulgate or adopt any final standard providing for the assignment of a national, unique health identifier for an individual until such activity is authorized, the Committee notes that this limitation does not prohibit HHS from examining the issues around patient matching and making recommendations on how to substantially improve on patient identification and matching, including but not limited to the scope of the issues in the required GAO study on this issue.

Accordingly, the Committee encourages the Secretary, acting through the Office of the National Coordinator for Health Information Technology (ONC), the Centers for Medicare and Medicaid Services (CMS), and other HHS agencies as appropriate, to contribute to and provide technical

assistance to private sector-led initiatives and similar public and private sector efforts in support of a coordinated national strategy for industry and the federal government that promote patient safety by accurately identifying patients and matching them to their health information. In summary, HHS should focus efforts, in collaboration with the private sector, on identifying and recommending various ways in which we can solve the patient matching problem considering all options.

The EHR Association appreciates your consideration and inclusion of this proposed language in the Committee Report, and we look forward to working with you to pursue an appropriate solution to enable accurate patient identification and data matching in our nation's healthcare system.

Sincerely,



Sasha TerMaat
Chair, EHR Association
Epic



Richard Loomis, MD
Vice Chair, EHR Association
Practice Fusion

HIMSS EHR Association Executive Committee



Hans J. Buitendijk
Cerner Corporation



Leigh Burchell
Allscripts



Cherie Holmes-Henry
NextGen Healthcare



Nadeem Dhanani, MD, MPH
Modernizing Medicine



Joseph M. Ganley
McKesson Corporation



Rick Reeves, RPh
Evident

About the EHR Association

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