

October 4, 2016

The Honorable Hal Rogers, Chairman
House Committee on Appropriations
H-305, The Capitol
Washington, DC 20515

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

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 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

Dear Chairman Rogers, Ranking Member Lowey, Chairman Cole, Ranking Members DeLauro, and Committee Members:

On behalf of the undersigned organizations, we wish to thank you for the inclusion of report language relating to patient matching in the House FY17 Labor, Health and Human Services, and Education and Related Agencies (Labor-HHS) Appropriations Bill.

The patient matching report language enables the U.S. Department of Health and Human Services (HHS), acting through the Office of the National Coordinator for Health Information Technology (ONC) and the Centers for Medicare & Medicaid Services (CMS), to provide technical assistance to private-sector led initiatives aimed at developing a coordinated national strategy that will promote patient safety by accurately identifying patients and matching them to their health information. Allowing ONC and CMS to offer this type of technical assistance will help accelerate and scale safe and effective patient identification and matching solutions.

The absence of a national strategy for 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. More importantly, there are patient safety implications when data is matched to the wrong patient and when essential data is lacking from a patient's record due to identity issues.

Patient identification errors often begin during the registration process and can initiate a cascade of errors, including wrong site surgery, delayed or lost diagnoses, and wrong patient orders, among others. These errors not only impact care in hospitals, medical practices, LTPAC facilities, and other healthcare organizations, but incorrect or ineffective patient matching can have ramifications well beyond a healthcare organization's four walls. As data exchange increases among providers, patient identification and data matching errors will become exponentially more problematic and dangerous. Accurately identifying patients and matching them to their data is essential to coordination of care and is a requirement for health system transformation and the continuation of our substantial progress towards nationwide interoperability.

We are adamant that the quality, safety and cost effectiveness of healthcare across the nation will improve if a national strategy to accurately identify patients and match those patients to their health information is achieved.

We respectfully request that as you conference, you reconcile the House and Senate legislation to include the report language below in any final FY17 appropriations bill:

Unique Patient Identifier

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 a consistent patient data matching strategy. With the passage of the HITECH Act, a clear mandate was placed on the Nation's healthcare community to adopt electronic health records and health exchange capability. Although the Committee continues to carry a prohibition against HHS using funds to promulgate or adopt any final standard providing for the assignment of a 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. Accordingly, the Committee encourages the Secretary, acting through the Office of the National Coordinator for Health Information Technology and CMS, to provide technical assistance to private-sector led initiatives to develop a coordinated national strategy that will promote patient safety by accurately identifying patients to their health information.

We appreciate your consideration and inclusion of this report language 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,

Accreditation Council for Pharmacy Education (ACPE)
America's Health Insurance Plans (AHIP)
American Health Information Management Association (AHIMA)
American Medical Informatics Association (AMIA)
Association of Clinical Research Organizations (ACRO)
Blue Cross Blue Shield Association (BCBSA)
College of Health Information Management Executives (CHIME)
Confidentiality Coalition
EHR Association
Healthcare Leadership Council (HLC)
Healthcare Information and Management Systems Society (HIMSS)
Health IT Now
Imprivata
IMS Health
Intermountain Healthcare
Long Term and Post Acute Care (LTPAC) Health IT Collaborative
National Association of Trusted Exchanges (NATE)
National Community Pharmacists Association (NCPA)
Nemours Children's Health System
Pharmaceutical Care Management Association (PCMA)
Premier healthcare alliance
Surescripts
The Sequoia Project