

HHS's Enunciated Views on a Unique Patient Identifier (UPI)

While the longstanding UPI ban technically only prevents the use of appropriated funds to “*promulgate or adopt* any final standard...providing for, or providing for the assignment of, a unique health identifier”, a narrow interpretation of the ban has largely stifled HHS and prevented public/private sector forward progress in accurately identifying patients to their data. Despite the ban, however, HHS and other government agencies have, on occasion, opined on how to improve patient matching in health information exchange, including with a UPI:

- At HIMSS 2019, CMS Administrator Seema Verma [noted](#) that patient identity and record matching is a “critical issue that has plagued data-sharing efforts for years, and we must find a solution.”
- Among the recommendations of the September 2018 *Roundtable on Data Sharing Policies, Data-Driven Solutions, and the Opioid Crisis*, co-hosted by the HHS Office of the Chief Technology Officer and the nonprofit Center for Open Data Enterprise was a [recommendation](#) to “generate a unique patient identifier for health data.” A UPI would “provide practitioners with the best possible information when making decisions about treatment, prescription, and follow-up.”
- In February 2014, HHS contractor Audacious Inquiry released a final [report](#) commissioned by ONC on “Patient Identification and Matching.” The report detailed interviews with various stakeholders including the American Hospital Association, CHIME, and AHIMA, and observed that “there is widespread support for a patient identifier among [health information management] HIM professionals.”
- In a [guide](#) for medical data registries published by HHS’ Agency for Healthcare Research and Quality (AHRQ) in April 2014, AHRQ noted the difficulty in matching patient identity across data sources, and observed “[i]f shared patient identifiers exist between two data sources, data can be linked using a unique identifier (UPI), such as a medical record number.”
- In September 2016, ONC released a [SAFER Self-Assessment Guide](#) on Patient Identification, which included several recommended practices for implementing medical record numbers at an enterprise level to avoid duplication and mismatched patients.
- In its March 4, 2019 Interoperability Proposed Rule, CMS promulgated a [Request for Information \(RFI\)](#) that sought comment on:
 - “[H]ow and in what way patient matching does or does not present the same security and privacy risks as a UPI”;
 - “Ways for [CMS] to continue to facilitate privacy sector work on a workable and scalable patient matching strategy so that the lack of a specific UPI does not impede the free flow of information for future consideration”; and
 - Whether CMS should require “a CMS-wide identifier which is used for all beneficiaries and enrollees in health care programs under CMS administration and authority.”

The RFI through these requests asked commenters to compare an approach *without* a nationally-issued UPI to an approach that *includes* a UPI.

- In its March 4, 2019 21st Century Cures Proposed Rule, ONC also promulgated a [RFI](#) in coordination with CMS, that examined the viability and performance of patient matching algorithms, and sought comment on other technical approaches that rely on something that is specifically *unique* to the patient (e.g., biometrics or a unique identifier) in combination with other non-technical processes to improve patient matching.
- In related action, the Government Accountability Office completed a [study](#) in January 2019 at the request of Congress entitled “Approaches and Challenges to Electronically Matching Patients’ Records across Providers”. The GAO observed that “[w]hen a patient’s records are shared with another provider, it is important to accurately match them to the correct patient” and that “accurately matching patient health records is a barrier to health information exchange and that inaccurately matched records can adversely affect patient safety or privacy.” The GAO specifically sought comment from stakeholders and HHS on whether the creation of a UPI would improve patient matching. According to the report, a number of stakeholders said “a unique identifier would be the most effective way to improve matching”.