

The ability to accurately identify and match patients to their health information is more important now than ever during public health crises.

Combating COVID-19: The ability to accurately identify patients across the care continuum is crucial in our effort to combat the COVID-19 pandemic

Medical record documentation supports clinical processes and workflows while providing a longitudinal reference point to a patient's medical history including medications, treatments and procedures. The medical record documentation captured during a public health emergency (PHE) is critical for future patient care, claims billing, and patients' long-term access to their complete health record.

Accurate identification of patients is one of the most difficult operational issues during a PHE including the gathering of such information and ensuring a method by which such information remains attached to the patient. Field hospitals and hastily established testing sites in parks, convention centers, and parking lots exacerbate these challenges.

Without the ability to accurately match a patient to their health information, this critical information becomes lost. For example, we have heard reports of instances where patient specimens are collected for COVID-19 testing in temporary sites and then sent off-site to a public health agency for testing and the results returned have been difficult to match to the correct patient given the scant amount of identifying information included with the sample.

The ability to accurately link a positive COVID-19 diagnosis with a patient's longitudinal medical record is also critical given that the medical community does not yet understand the long-term health effects of a patient that has tested positive and recovering from COVID-19.¹

Fighting Opioid Epidemic: The ability to accurately identify patients across the care continuum is critical in our effort to fight the opioid epidemic

Patients being treated for opioid use disorder including those who have experienced an opioid overdose, may be especially vulnerable and need careful monitoring to continue their recovery and to avoid new overdose episodes, both of which hinge in part on the ability to link patients with their complete health data.

In 2018, the HHS Office of the Chief Technology Officer (CTO) and the nonprofit Center for Open Data Enterprise (CODE) co-hosted a roundtable on data sharing policies, data-driven solutions to address the opioid crisis. Recommendations from the roundtable included the generation of a unique identifier.²

Appropriately obtained, accurate, and complete health data can improve prescribing decisions and help clinicians avoid inadvertently prescribing opioid analgesics to patients with these risk factors. Risk factors could be identified and tracked over time and could enable clinicians to take

¹ Available at: <https://www.healthline.com/health-news/what-we-know-about-the-long-term-effects-of-covid-19#Who-is-most-at-risk?>

² Available at: <http://reports.opendataenterprise.org/HHS-Opioid-Roundtable-Report.pdf>.

steps to reduce overdose risks, such as prescribing naloxone, as well as to ensure timely follow-up and save lives.

At the same time, policymakers would be empowered to track and identify risk factors at a regional level over time, space and health intervention to enable them to develop policies that reduce the risk of overdose, improve timely follow-up, and save lives.³

These public health crises underscore the need to accurately connect patients to their health data. As our healthcare system moves toward nationwide health information exchange, this essential core functionality – consistency in identifying a patient, remains conspicuously absent. With enactment of the 21st Century Cures Act in 2016, Congress took important steps to advance the use of electronic health records and to further interoperability. However, to fully realize the promise of nationwide interoperability and to enhance patient safety, it is time to remove the longstanding federal funding ban on a unique patient health identifier, which will enable HHS to work with the private sector to develop a consistent national strategy to accurately identify patients to their data. With critical advances in technology in the last twenty years since the ban was first imposed, a unique patient identifier is no longer the only means to achieve accuracy in matching patients to their health data. Further, unlike when the ban was first put in place, HIPAA's stringent privacy and security protections are now fully in place. In addition, while electronic health records were nascent twenty years ago, they are now ubiquitous, which makes the lack of a national patient identification strategy even more urgent. Unfortunately, narrow interpretation of the ban has created a barrier to public-private sector collaboration in advancing a nationwide patient identification strategy. The federal funding ban has been overtaken by events and is now a major stumbling block to interoperability and research advances that jeopardizes patient safety and adds considerable cost to the nation's health care system. The federal funding ban on a unique patient identifier is archaic and should be removed.

³ Available at: <http://reports.opendataenterprise.org/HHS-Opioid-Roundtable-Report.pdf>.