September 3, 2020

Dr. Donald Rucker
National Coordinator
Office of the National Coordinator for Health Information Technology
330 C Street, SW
Floor 7, Switzer Building
Washington, DC 20024

Submitted electronically to identity.onc@hhs.gov

Dear Dr. Rucker,

On behalf of the Patient ID Now coalition, thank you for the opportunity to provide comments on the Office of the National Coordinator for Health Information Technology's (ONC) investigation into strategies to improve patient identity and matching.

Patient ID Now is a coalition of healthcare organizations that represents a wide range of healthcare stakeholders committed to advancing through legislation and regulations the development and implementation of a national strategy to address patient identification and matching.

For nearly two decades, innovation and industry progress have been stifled due to the narrow interpretation of a yearly appropriations restriction included in Section 510 of the Departments of Labor, Health and Human Services, Education, and Related Agencies (Labor-HHS) bill that prohibits the US Department of Health and Human Services from spending federal dollars to promulgate or adopt a unique health identifier for individuals. This archaic ban has had a detrimental impact across the healthcare system to patients, providers, and public health.

Failure to accurately identify and match patients to their health information raises serious quality of care and patient safety concerns. Difficulties in correctly matching patients to their health information across health information technology systems limits health information exchange, which can result in medical errors, delayed or lost diagnoses, duplicative testing, and wrong patient orders. The problem of patient misidentification is so dire that one of the nation's leading patient safety organizations, the ECRI Institute, named patient misidentification among the top ten threats to patient safety.[1] Patient matching issues can cause everything from delayed or unnecessary care, to adverse drug events, to even death.[2]

The problem of patient misidentification extends to already overburdened hospitals and providers. Approximately 33 percent of all denied hospital claims are associated with inaccurate patient identification, costing the average hospital $1.5 million each year, and the healthcare system more than

---

[1] Top 10 Patient Safety Concerns for Healthcare Organizations, Available at:
https://www.ecri.org/EmailResources/PSRQ/Top10/2017_PSTop10_ExecutiveBrief.pdf
[2] http://www.healthcarebusinesstech.com/patient-identification-errors/

$6 billion.[3] Patient misidentification costs the average clinician almost half an hour in wasted time per shift.[4]

Now more than ever, the current COVID-19 pandemic highlights the urgent need to remove section 510 from the FY21 Labor-HHS Appropriations bill. Accurate identification of patients is one of the most difficult operational issues during a public health emergency, including the gathering of patient demographic information (e.g.—address, phone, email, etc.) and ensuring such information remains attached to the correct patient. Field hospitals and temporary testing sites in parks, convention centers, and parking lots have exacerbated these challenges.

Without the ability to accurately identify and match patients to their health information, this critical information becomes lost and safe, effective and timely diagnosis and is jeopardized. For example, there are reports of instances where patient specimens are collected for COVID-19 testing in temporary sites and then sent off-site to a public health lab for testing. Once the results were returned, there have been difficulties matching the results to the correct patient given the inconsistent and scant amount of demographic information included with the sample. This has resulted not only in a backlog of COVID-19 results unable to be sent to patients, but even results being sent to the *wrong* patient, increasing the privacy and safety risks to the entire community.

Correctly matching patients to their information is not just vital for the initial COVID-19 diagnosis. Ensuring the correct patient medical history is accurately matched to the patient is also critical for future patient care, claims billing, patients' long-term access to their complete health record, and for tracking the long-term health effects of COVID-19, which the medical community does not currently know.

Furthermore, the nationwide response in the coming months to the COVID-19 pandemic hinges on accurate information. For example, once a vaccine is created, any large-scale immunization programs will depend on accurate patient information to identify who has had the disease, who has been vaccinated, and what their outcomes are. Multiple dose vaccines will rely even more heavily on patient records being complete to ensure the correct timing and dosage for patients to be fully protected.

The COVID-19 pandemic has also laid bare healthcare disparities in underserved communities and populations. According to OCHIN, a national, non-for-profit, health IT service provider for a national network of more than 500 healthcare delivery sites across the country—

- Black patients make up 13% of their patient population but *21% of duplicates;*
- Hispanic/ Latino patients make up 21% of the population that OCHIN's members serve, yet they make up *35% of duplicates*;
- The homeless population makes up 4.3% of OCHIN patients, but 12% of its duplicates (*almost three times the expected rate)*; and
- Migrant patients make up 2.1% of the OCHIN patient population but *3.6% of its duplicates.*

Because this ban was implemented before the full implementation and efficacy of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), the privacy considerations of today are much different than they were two decades ago. Without an actionable national strategy to address the

---

[3] https://www.securitymagazine.com/articles/88999-inaccurate-patient-ids-cost-hospitals-15m-a-year
[4] https://www.imprivata.com/company/press/positive-patient-identification-can-dramatically-improve-patient-care-and-hospital%E2%80%99s

ongoing and growing challenges of patient matching patient care, safety and outcomes will be compromised. and identification

Without a national strategy the healthcare ecosystem faces an "inverse" privacy problem – whereby individuals must repeatedly disclose individually identifiable information to each healthcare provider they see to accurately match the patients to their medical record. Furthermore, each payer still maintains separate proprietary identifiers for patients, increasing the number of identifiers in use. Even more worrying for patient privacy is risk of overlays—i.e.--the merging of multiple patients' data into one medical record, causing patients to have access to other patients' health information, which could result in an unauthorized disclosure under HIPAA. Patient identification strategies can begin to address these privacy concerns. For instance, Medicare established a new Medicare identifier after Congress mandated the removal of the Social Security number from claims pursuant to the bipartisan Medicare Access and CHIP Reauthorization Act of 2015, an effort aimed at enhancing patient privacy. Privacy is a top priority, but a national strategy to address patient identification and matching cannot be accomplished under the current ban.

We recommend that Congress remove Section 510 from the Labor-HHS appropriations bill. Furthermore, we urge the US Department of Health and Human Services to explore and evaluate a full range of patient identification and matching approaches, tools and solutions, and work with the private sector to develop and implement an actionable national strategy for patient identification and matching that is cost-effective, scalable, secure, and is one that protects patient privacy.

We appreciate the opportunity to provide comments on the issue of patient identity and matching. We hope that ONC will continue to engage extensively with stakeholders on this issue, and we look forward to working with you and acting as a resource on patient identification. Should you or your staff have any additional questions or comments, please contact Kate McFadyen, Director, Government Affairs, at kate.mcfadyen@ahima.org or (202) 480-6058.

Sincerely,

Patient ID Now Coalition