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Patient ID Now Coalition Calls for Senate to Address Patient Identification and Matching During Coronavirus Response

CHICAGO – September 16, 2020 – [Patient ID Now](#), a coalition of 35 leading healthcare organizations, including the [American College of Surgeons](#), the [American Health Information Management Association](#) (AHIMA), the [College of Healthcare Information Management Executives](#) (CHIME), [Healthcare Information and Management Systems Society](#) (HIMSS), [Intermountain Healthcare](#) and [Premier Healthcare Alliance](#), today submitted testimony to the U.S. Senate Appropriations Subcommittee on Labor, Health and Human Services, Education, and Related Agencies (Labor-HHS) hearing entitled “Review of Coronavirus Response Efforts.” The [testimony](#) details how patient misidentification is impacting patient safety, privacy, and the public health response during the COVID-19 pandemic.

The recently launched coalition is bringing attention to the critical challenges of patient misidentification that afflict the country’s health system. Failure to accurately identify patients to their data raises patient safety and quality of care concerns, and those concerns have been exacerbated during the COVID-19 pandemic. An archaic section of the federal budget has prevented the US Department of Health and Human Services from developing a nationwide patient identification strategy, compromising the response to the public health emergency.

“The response to the COVID-19 pandemic has highlighted the need to address patient misidentification throughout the health system,” stated the Patient ID Now coalition in its testimony. “Accurate identification of patients is one of the most difficult operational issues during a public health emergency, and the nationwide response in the coming months to the COVID-19 pandemic, including the rollout of any large-scale immunization programs, hinges on accurate information.”

During the COVID-19 pandemic, patient misidentification and a lack of demographic data collected with specimens that are sent to public health labs has resulted not only in a backlog of COVID-19 test results, but even results being sent to the *wrong* patient, increasing the privacy and safety risks to entire communities.

Looking forward, once a vaccine is available, 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. Patients obtaining vaccines at different locations and across state lines will make more pressing the need to accurately identify and match patients with their records.

The coalition also underscored the disparities in care prevalent in both the COVID-19 response and patient identification, as underserved communities and populations, including communities of color, homeless, and migrant populations, experience patient misidentification at higher rates than other populations.

The Patient ID Now Coalition called for the Senate to take steps to ensure patient safety and a robust public health response to the pandemic by removing Section 510 from the Labor-HHS appropriations bill, which would allow for HHS to lead a nationwide strategy on patient identification and matching.

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About Patient ID Now

[Patient ID Now](#) is a coalition of healthcare organizations representing a wide range of healthcare stakeholders committed to advancing through legislation and regulations a nationwide strategy to address patient identification. Founding members include the [American College of Surgeons](#), the [American Health Information Management Association](#) (AHIMA), the [College of Healthcare Information Management Executives](#) (CHIME), [Healthcare Information and Management Systems Society](#) (HIMSS), [Intermountain Healthcare](#) and [Premier Healthcare Alliance](#).