NEW PERSPECTIVES ON THE PATIENT ID PROBLEM IN HEALTHCARE

Amanda Krzepicki, MPH
Government Relations Manager
HIMSS
RESEARCH OVERVIEW
**Respondent Profile**

**Job Role**
- IT / Tech: 52%
- Health informatics, HIM: 25%
- Business and financial: 13%
- Legal, Third-party, Gov’t: 10%

**Job Function**
- Executive leadership: 43%
- IT/Technology: 20%
- Health Information Management (HIM): 20%
- Finance, Analytics, Quality metrics: 11%

**Job Title**
- C-Suite Exec: 8%
- EVP/SVP, VP/Head: 24%
- System Director/Director: 28%
- Sr. Manager/Manager: 40%

*Small base sizes, insight is directional*

Q.52: Which of the following categories best aligns with your primary role in your organization?
Q.55: How would you characterize your job role or function?
Q.56: What is your current role?
Q.1: Select the statement that best describes the degree to which you are involved in identity-related processes, and impacted by or accountable for identity-related processes such as those covered in this survey.

Base: Total Respondents; n = 198
**Organizational Profile**

### Worksite

- **Technology Vendor**: 41%
- **Public Health**: 24%
- **Payer/Insurance Company/Managed Care**: 13%
- **Provider Organization**: 12%
- **Gov’t office, HIE org**: 10%

### Provider Organization Worksite*

- **Hospital, Multi-Hospital System, Integrated Delivery System**: 47%
- **Community Health Center Clinic**: 13%
- **Independent Ambulatory Clinic**: 8%
- **Independent Rehabilitation Facility**: 8%
- **Long Term Care, Hospice Care Facility**: 8%
- **Academic Medical Center**: 4%
- **Critical Access Hospital**: 4%
- **Mental/Behavioral Health Facility**: 4%
- **Other**: 4%

*Small base sizes, insight is directional

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Q.S3: Select which best describes your current worksite. Base: Total Respondents; n = 198

Q.S4: Which of the following best describes your current worksite? Base: Provider organization worksite; n = 24.

*Home Healthcare Organization 0% & IDS/Hospital-owned Ambulatory Clinic 0%, not shown*
Q.2: How many individuals do you estimate your company employs?

Base: Total Respondents; n = 198

Unsure/don’t know 0%, not shown

Number of Employees

- 200 or less: 49%
- 201-1,000: 33%
- 1,000+: 18%
Organizational Profile

EHR/EMR Vendor(s) Used

- eClinicalWorks: 31%
- MEDITECH: 27%
- Athenahealth: 27%
- Cerner: 27%
- GE Healthcare: 26%
- CPSI: 19%
- McKesson Corporation: 19%
- Epic: 17%
- MEDHOST: 14%
- Allscripts: 12%
- NextGen or Another EHR: 4%

Average EHR/EMR vendors selected: 2.22

eMPI Vendor(s)

- Oracle Healthcare: 28%
- Graphnet Health: 28%
- Meditech: 25%
- IBM Initiate: 19%
- McKesson Corporation: 18%
- Cerner Millennium EHR: 17%
- Allscripts: 15%
- InterSystems: 10%
- MEDIC Client Registry: 10%
- 4medica: 9%
- Verato: 9%
- VisionWave Multiview: 8%

Average eMPI vendors selected: 2.42

*Small base sizes, insight is directional

Q.8: What EHR/EMR vendor(s) is your organization currently using?
Q.9: Who is your eMPI vendor(s)?
Base: Total Respondents; n = 198

Vendors under 8% not shown
DETAILED FINDINGS
On average, organizations reported having 10 full-time individuals dedicated to patient identity resolution.

How many full-time individuals does your company devote to patient identity resolution?

On average, organizations report devoting 10 employees to patient identity resolution.
Over half spend 21-80 hours per week resolving patient identity issues

In general, how many hours per week does your organization spend resolving patient identity issues?

- 0 hours: 1%
- 1-20 hours: 16%
- 21-40 hours: 27%
- 41-80 hours: 30%
- 81-200 hours: 10%
- 201-500 hours: 7%
- 501-1,000 hours: 3%
- 1,001 or more hours: 2%

Don’t know/Can’t disclose: 4%, not shown

On average, organizations report spending **109.6 hours** per week resolving patient identity issues.

Q.4: In general, how many hours per week does your organization spend resolving patient identity issues? Base: Total Respondents; n = 198
6-in-10 report having a known or estimated duplication rate of 4-8%

What are your known or estimated duplication rates?

On average, organizations report estimated duplication rates of 5.5%.

Q.6: What are your known or estimated duplication rates?
Base: Total Respondents; n = 198
A quarter have a known or estimated overlay rate of 3% or more

What are your known or estimated overlay rates?

On average, organizations report known/estimated overlay rates of 1.9%.

Q.7: What are your known or estimated overlay rates?
Base: Total Respondents; n = 198
Over a third are spending $1M+ on patient resolution, annually

Please estimate, how much your organization spends annually on patient resolution. This includes full-time employee salaries, benefits, technology, and software.

On average, organizations report spending $1.3M annually on patient resolution.
Nearly all organizations are using a unique patient identifier, with just over a quarter of patients not being aware.

If you use a unique patient identifier do your patients know their number/are they aware of them?

- Yes, we use a unique patient identifier, and our patients are not aware (5%)
- Yes, we use a unique patient identifier, and our patients are aware (27%)
- No, we do not use a unique patient identifier (68%)

Don’t know, 0%, not shown

Q.11: If you use a unique patient identifier do your patients know their number/are they aware of them?
Base: Total Respondents; n = 198
On average, just over 7 patients share the most common name at an organization.

For the most common patient name, how many of your patients share this name?

On average, organizations report 7.7 patients share the most common patient name.
Over a third reported the most common patient name being shared for 6-10% of their patient census

What percentage of your patient census does this name represent?

On average, organizations report the most common patient name is 6.1% of their patient census.

Q.13: What percentage of your patient census does this name represent?
Base: Know patients share name; n = 189
Unsure/Don’t know, 4%, not shown
ORGANIZATIONAL MATURITY LEVELS:
IDENTITY MANAGEMENT

0: **Don’t Know**: I don’t have a perspective on my organization’s identity strategy.

1: **Unaware**: Organization does not consider identities in making strategic decisions.

2: **IT-driven**: Organization recognizes the importance of managing identities but does not consider it part of the broader business strategy. Management is an IT responsibility.

3: **Fragmented**: Organization seeks to build a single identity view and uses data ad hoc to inform strategy. Departments collaborate in basic ways.

4: **Pervasive**: Identity is a core element in business models and service design. Standardization and mutual acceptance are established within and between organizations.

5: **Networked**: A good data identity strategy is mutually accepted across industry sectors and regions. Strong trust model is established.
Only approximately 1-in-5 currently have new identity management process or solutions implemented, with nearly half planning to do so within the next 12 months.

To your knowledge, is your organization exploring any new processes or solutions to address aspects of identity management?

- We have already implemented new identity management processes or solutions: 19%
- We are planning to implement new identity management processes or solutions, within the next 12 months: 49%
- We are planning to implement new identity management processes or solutions, within the next 12-24 months: 25%
- We are planning to implement new identity management processes or solutions, within the next 24+ months: 3%
- We do not have plans to implement any new identity management processes or solutions: 4%

Q.15: To your knowledge, is your organization exploring any new processes or solutions to address aspects of identity management?

Base: Total Respondents; n = 198
Please rate the degree to which you or your organization agrees or disagrees with these statements.

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Decline to Answer/Don’t Know 0%-2%, not shown

Q.16: Please rate the degree to which you or your organization agrees or disagrees with these statements.
(Top 6 statements, ordered by T2B) Base: Total Respondents; n = 198
78% of respondents think that inconsistent identity data complicates workflows that span organizational boundaries.

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77% agree that EHR migration or facility acquisition have contributed to patient identity issues or duplication issues.

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Q.16: Please rate the degree to which you or your organization agrees or disagrees with these statements.
(Top 6 statements, ordered by T2B) Base: Total Respondents; n = 198
3/4 of respondents agree or strongly agree that inconsistent identity data complicates workflows within internal systems.

Survey also shows workflows are more complicated whether it's within the same system or between two or more systems.
72% of respondents feel that there are delays in billing and reimbursements due to inaccurate patient information

Please rate the degree to which you or your organization agrees or disagrees with these statements.

Reference Models or other applications outside of the EHR help improve patient experience or customer service.

Inconsistent identity data complicates workflows that span organizational boundaries (e.g. patient matching, eligibility).

EHR migration or facility acquisition have contributed to patient identity issues or duplication issues.

Inconsistent identity data complicates workflows within internal systems (e.g. patient matching, eligibility).

Our organization utilizes non-digital processes (e.g. paper or PDF) for managing and verifying patient consent.

There are delays in billing and reimbursement due to inaccurate patient information.

Multiple, disparate processes exist for creating, managing and storing identities in my organization.

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Q.16: Please rate the degree to which you or your organization agrees or disagrees with these statements.
(Top 6 statements, ordered by T2B) Base: Total Respondents; n = 198
Please rate the degree to which you or your organization agrees or disagrees with these statements.

1. Our patients and/or members have difficulties managing different username/passwords with different providers or insurers.
   - (5) Strongly Agree: 21%
   - (4) Agree: 51%
   - (3) Neither Agree/Disagree: 15%
   - (2) Disagree: 11%
   - (1) Strongly Disagree: 72%

2. Portals allowing patients to self schedule and/or register are contributing to an increase in duplicate record creation or identity issues.
   - (5) Strongly Agree: 22%
   - (4) Agree: 49%
   - (3) Neither Agree/Disagree: 16%
   - (2) Disagree: 10%
   - (1) Strongly Disagree: 71%

3. Member enrollment and/or patient admission is made unnecessarily difficult due to identity verification and eligibility issues.
   - (5) Strongly Agree: 20%
   - (4) Agree: 51%
   - (3) Neither Agree/Disagree: 13%
   - (2) Disagree: 13%
   - (1) Strongly Disagree: 71%

4. Patients undergo or receive duplicative or unnecessary testing or services due to difficulties in managing patient identities.
   - (5) Strongly Agree: 23%
   - (4) Agree: 47%
   - (3) Neither Agree/Disagree: 12%
   - (2) Disagree: 13%
   - (1) Strongly Disagree: 70%

5. There is a lack of a coordinated process to remove, off-board or archive a patient/member identity.
   - (5) Strongly Agree: 24%
   - (4) Agree: 43%
   - (3) Neither Agree/Disagree: 15%
   - (2) Disagree: 14%
   - (1) Strongly Disagree: 67%

6. Our organization is at risk for identity fraud due to lack of clear identities for patients and/or members.
   - (5) Strongly Agree: 20%
   - (4) Agree: 47%
   - (3) Neither Agree/Disagree: 15%
   - (2) Disagree: 12%
   - (1) Strongly Disagree: 67%

7. Because our organization cannot trust third party identity proofs, wasteful repetition of verification processes occurs.
   - (5) Strongly Agree: 20%
   - (4) Agree: 46%
   - (3) Neither Agree/Disagree: 18%
   - (2) Disagree: 14%
   - (1) Strongly Disagree: 66%
7-in-10 agree that member enrollment and/or patient admissions are made unnecessarily difficult due to identity verification and eligibility issues.

Please rate the degree to which you or your organization agrees or disagrees with these statements.

- (5) Strongly Agree  (4) Agree  (3) Neither Agree/Disagree  (2) Disagree  (1) Strongly Disagree

Our patients and/or members have difficulties managing different username/passwords with different providers or insurers.  
21%  51%  15%  11%  
Portals allowing patients to self schedule and/or register are contributing to an increase in duplicate record creation or identity issues.  
22%  49%  16%  10%  
Member enrollment and/or patient admission is made unnecessarily difficult due to identity verification and eligibility issues.  
20%  51%  13%  13%  
Patients undergo or receive duplicative or unnecessary testing or services due to difficulties in managing patient identities.  
23%  47%  12%  13%  
There is a lack of a coordinated process to remove, off-board or archive a patient/member identity.  
24%  43%  15%  14%  
Our organization is at risk for identity fraud due to lack of clear identities for patients and/or members.  
20%  47%  15%  12%  
Because our organization cannot trust third party identity proofs, wasteful repetition of verification processes occurs. 
20%  46%  18%  14%  

Data labels under 5% not shown
Decline to Answer/Don’t Know 0%-3% not shown

Q.16: Please rate the degree to which you or your organization agrees or disagrees with these statements. (Bottom 7 statements, ordered by T2B) Base: Total Respondents; n = 198
Our patients and/or members have difficulties managing different username/passwords with different providers or insurers.

Portals allowing patients to self schedule and/or register are contributing to an increase in duplicate record creation or identity issues.

Member enrollment and/or patient admission is made unnecessarily difficult due to identity verification and eligibility issues.

Patients undergo or receive duplicative or unnecessary testing or services due to difficulties in managing patient identities.

There is a lack of a coordinated process to remove, off-board or archive a patient/member identity.

Our organization is at risk for identity fraud due to lack of clear identities for patients and/or members.

Because our organization cannot trust third party identity proofs, wasteful repetition of verification processes occurs.

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<td>There is a lack of a coordinated process to remove, off-board or archive a patient/member identity.</td>
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Q.16: Please rate the degree to which you or your organization agrees or disagrees with these statements. (Bottom 7 statements, ordered by T2B) Base: Total Respondents; n = 198
Agreement levels are high, even at the lowest levels, with over 6-in-10 agreeing that their organization ‘is at risk for identity fraud due to lack of clear identities for patient and/or members’ and ‘cannot trust 3rd party identity proofs, wasteful repetition of verification processes occurs’

Please rate the degree to which you or your organization agrees or disagrees with these statements.

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<td>contributing to an increase in duplicate record creation or identity</td>
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<td>issues.</td>
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T2B

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</tr>
<tr>
<td>agreeing that their organization ‘is at risk for identity fraud due to</td>
<td></td>
</tr>
<tr>
<td>lack of clear identities for patient and/or members’ and ‘cannot trust</td>
<td></td>
</tr>
<tr>
<td>3rd party identity proofs, wasteful repetition of verification processes</td>
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<tr>
<td>occurs.</td>
<td>67%</td>
</tr>
<tr>
<td>Please rate the degree to which you or your organization agrees or</td>
<td>66%</td>
</tr>
<tr>
<td>disagrees with these statements.</td>
<td></td>
</tr>
<tr>
<td>(Bottom 7 statements, ordered by T2B) Base: Total Respondents; n = 198</td>
<td></td>
</tr>
</tbody>
</table>
Those in a Health Informatics role are significantly more likely to agree that ‘portals allowing patients to self schedule and/or register are contributing to an increase in duplicate record creation or identity issues’, than some in other roles

Please rate the degree to which you or your organization agrees or disagrees with these statements.

Health informatics, HIM roles are more likely to agree with the statement “Portals allowing patients to self schedule and/or register are contributing to an increase in duplicate record creation or identity issues.”

**Average of 4.1** amongst Health informatics, HIM roles

v. Average of 3.5 amongst Business and financial roles

<table>
<thead>
<tr>
<th>(5) Strongly Agree</th>
<th>(4) Agree</th>
<th>(3) Neither Agree/Disagree</th>
<th>(2) Disagree</th>
<th>(1) Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>22%</td>
<td>49%</td>
<td>16%</td>
<td>10%</td>
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</table>
Respondents reported having a known or estimated duplication rate of 5.5%, on average, with most (60%) reporting duplication rates in the 4-8% range. Known or estimated overlay rates were reported to be 1.9% on average, with a quarter stating it is 3% or more.

Including full-time employee salaries and benefits, technology, and software, over a third of respondents reported spending over $1 million with only 18% spending less than $250 thousand a year.

Over half are spending 21-80 hours per week resolving patient identity issues. On average, 10 full-time employees are dedicated to patient identity resolution. Organizations with 1,000+ employees are significantly more likely to devote additional full-time resources, with 12.9 on average. Payer, Insurance companies and Managed care worksites also reporting a higher average number with 13 full-time resources.

Organizations spend 109.6 hours per week resolving patient identity issues.

Duplication and overlay rates are present.

Over a third are spending $1M+ on patient resolution, annually.
95% of respondents report using a unique patient identifier within their organizations.

Nearly all organizations are already using their own distinct UPI within their own system.

On average, over 7 patients share the most common name in an organization.

33% of respondents reported that 6-10 individuals share the most common name within their EHR systems. One-fourth of respondents reported that they have over 11 individuals that share the same name. Over a third reported the most common patient name being shared for 6-10% of their patient census.