



# NEW PERSPECTIVES ON THE PATIENT ID PROBLEM IN HEALTHCARE

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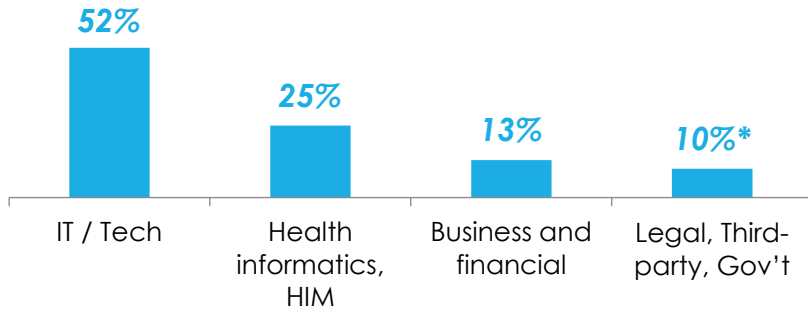
Amanda Krzepicki, MPH  
Government Relations Manager  
HIMSS

A photograph of a surgical team in an operating room. The surgeons are wearing green scrubs, masks, and caps. They are gathered around a patient on a table, with a large overhead surgical light fixture illuminating the scene. A semi-transparent circular graphic is overlaid on the image, containing the text 'RESEARCH OVERVIEW'.

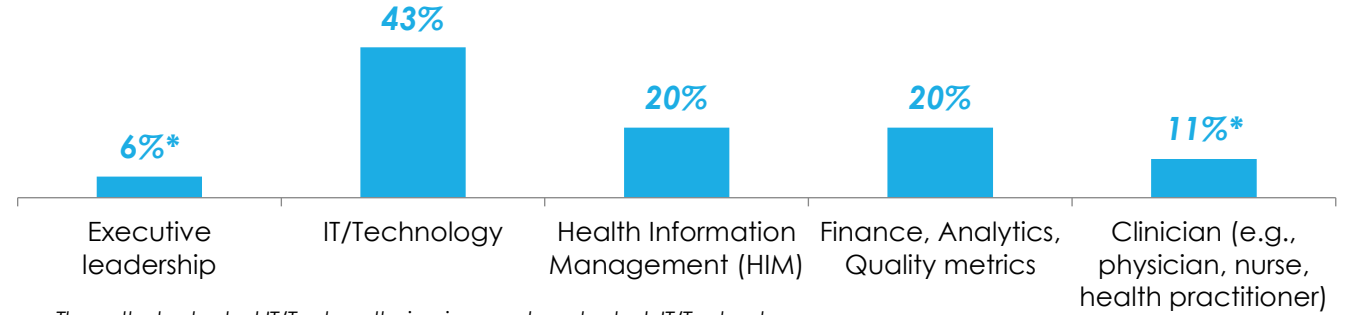
# RESEARCH OVERVIEW

# Respondent Profile

## Job Role



## Job Function

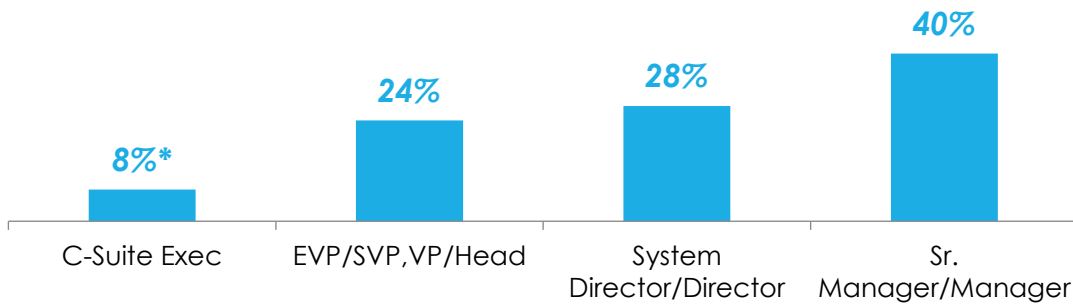


Those that selected IT/Tech as their primary role, selected IT/Technology (n=77), Executive leadership (n=4), Health Info Mgmt (n=6), Clinician (n=3) & Other (n=13) once more options were provided for job function

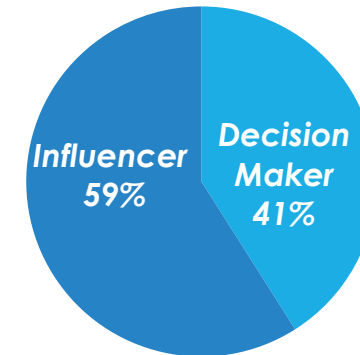
Research/academic position 0% and another role 0%, not shown

Those that selected Health informatics, HIM as their primary role, selected Health Info Mgmt (n=25), Clinician (n=15), IT/Technology (n=4) & Other (n=6) once more options were provided for job function

## Job Title



## Role in identity-related processes



\*Small base sizes, insight is directional

Q.S2: Which of the following categories best aligns with your primary role in your organization?

Q.S5: How would you characterize your job role or function?

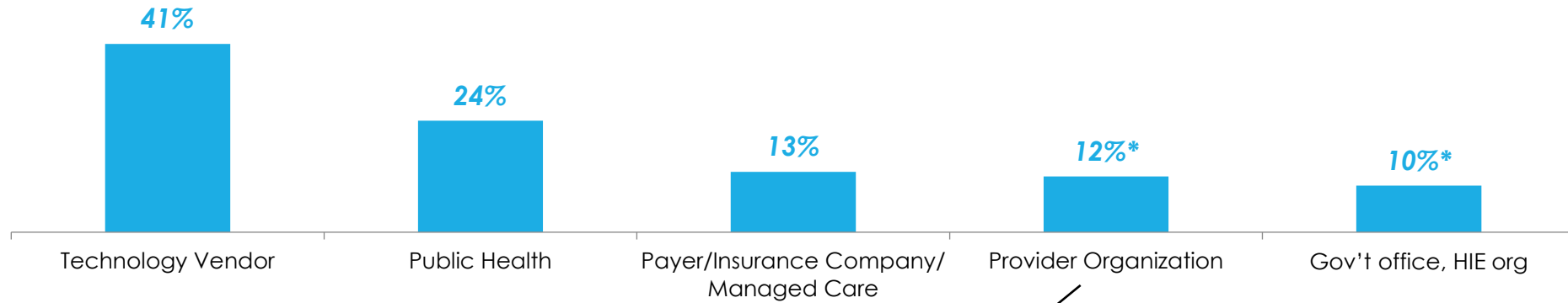
Q.S6: What is your current role?

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.

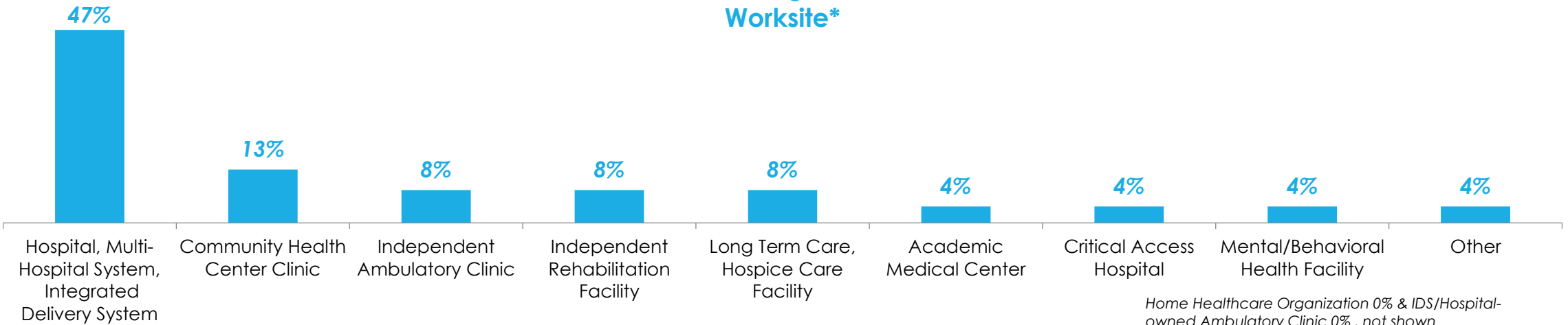
Base: Total Respondents; n = 198

# Organizational Profile

## Worksite



## Provider Organization Worksite\*



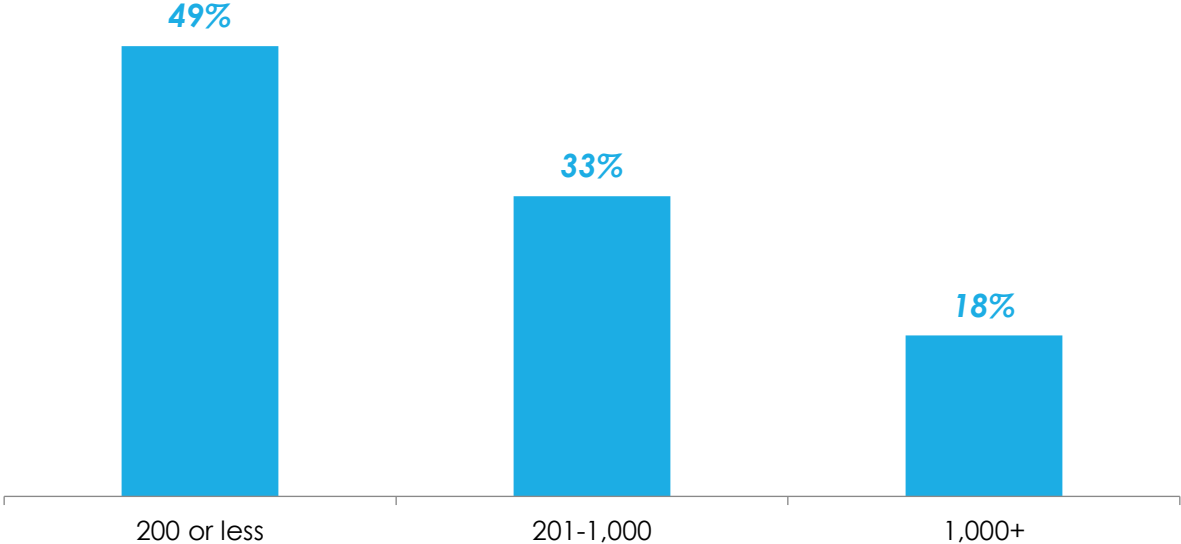
\*Small base sizes, insight is directional

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.

# Organizational Profile

Number of Employees



Unsure/don't know 0%, not shown

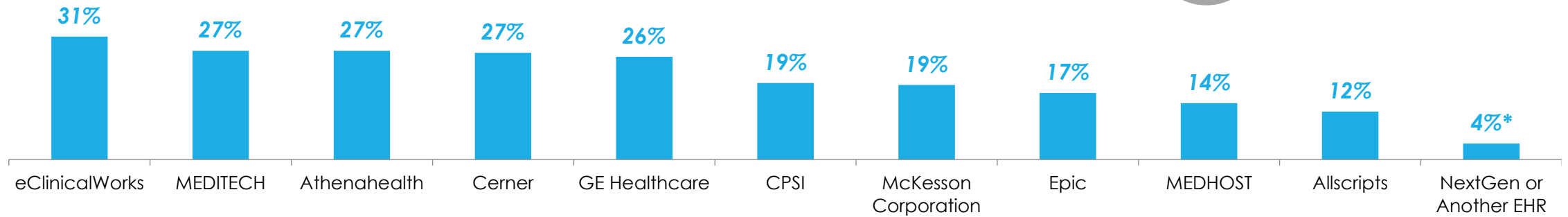
Q.2: How many individuals do you estimate your company employs?  
Base: Total Respondents; n = 198

# Organizational Profile

## EHR/EMR Vendor(s) Used



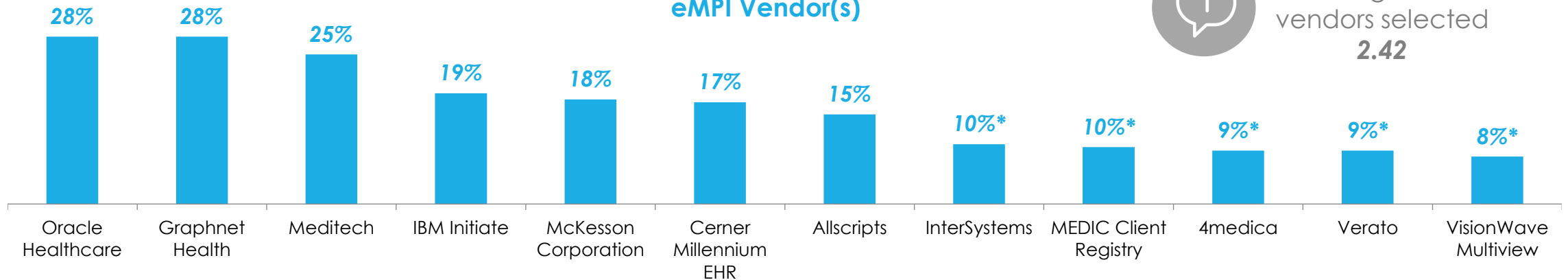
Average EHR/EMR vendors selected  
**2.22**



## eMPI Vendor(s)



Average eMPI vendors selected  
**2.42**



Vendors under 8% not shown

\*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

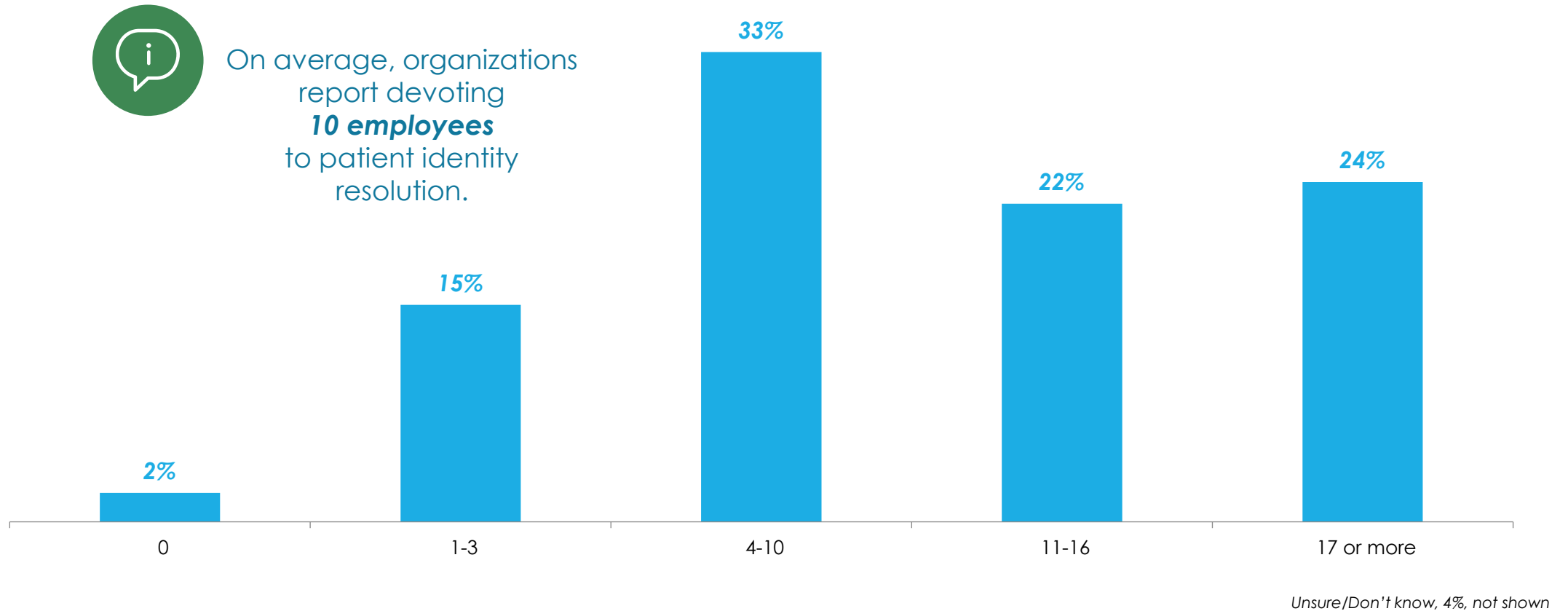


A photograph of a surgical team in an operating room. The surgeons are wearing green scrubs, masks, and caps. They are gathered around a patient on a table, illuminated by large overhead surgical lights. A semi-transparent circular graphic is overlaid on the center of the image, containing the text 'DETAILED FINDINGS'.

# DETAILED FINDINGS

## On average, organizations reported having 10 full-time individuals dedicated to patient identity resolution

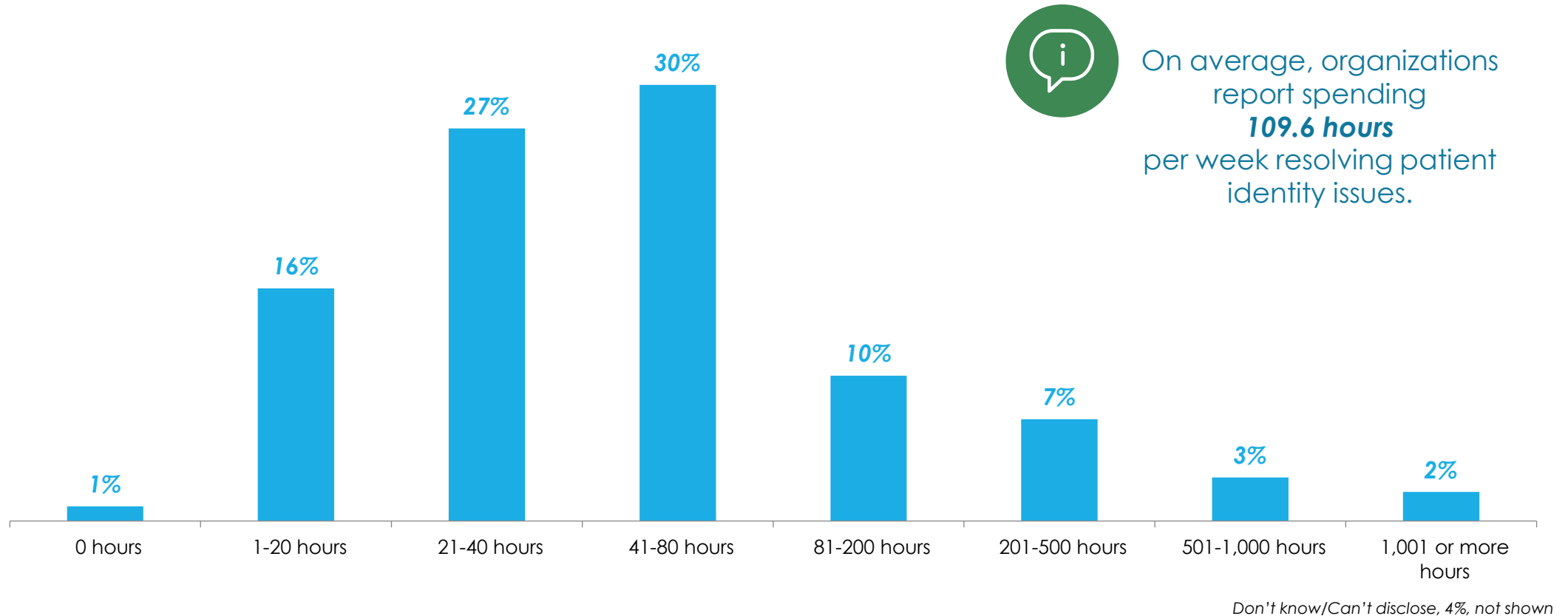
How many full-time individuals does your company devote to patient identity resolution?





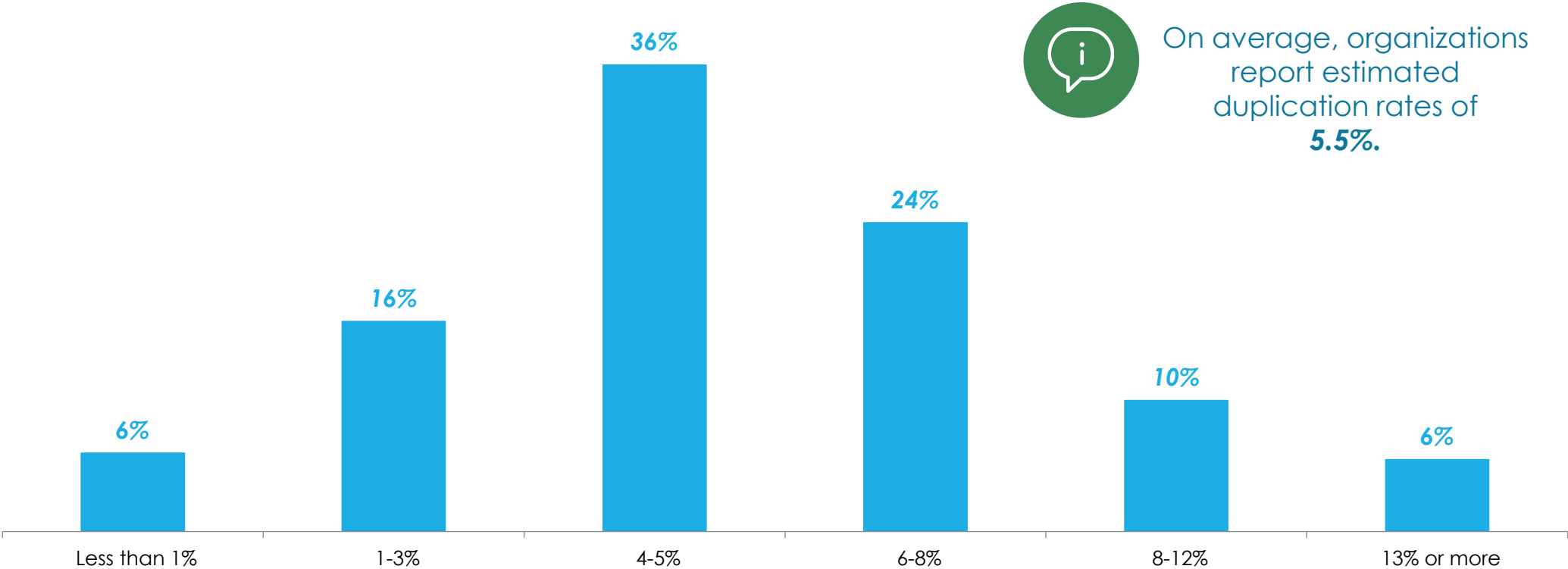
## Over half spend 21-80 hours per week resolving patient identity issues

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



# 6-in-10 report having a known or estimated duplication rate of 4-8%

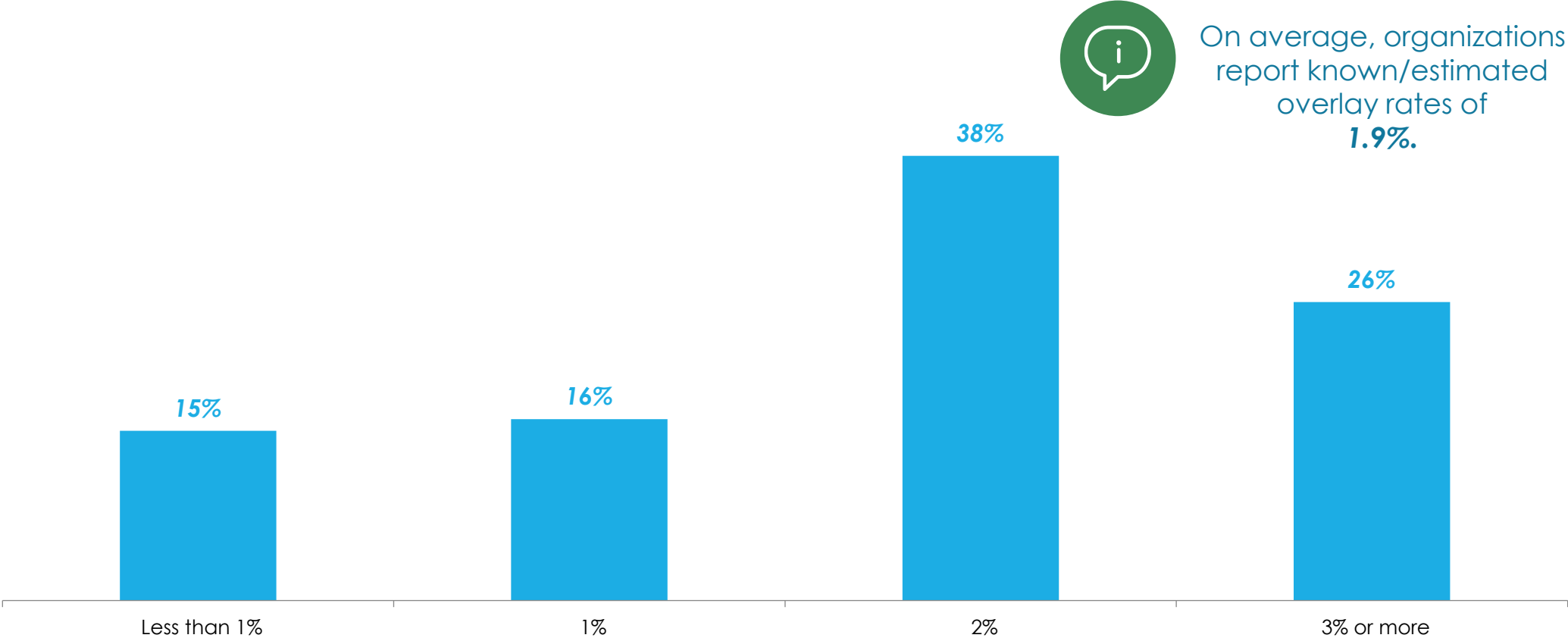
What are your known or estimated duplication rates?



Other, 0%, not shown  
Don't know/Can't disclose, 2%, not shown

# A quarter have a known or estimated overlay rate of 3% or more

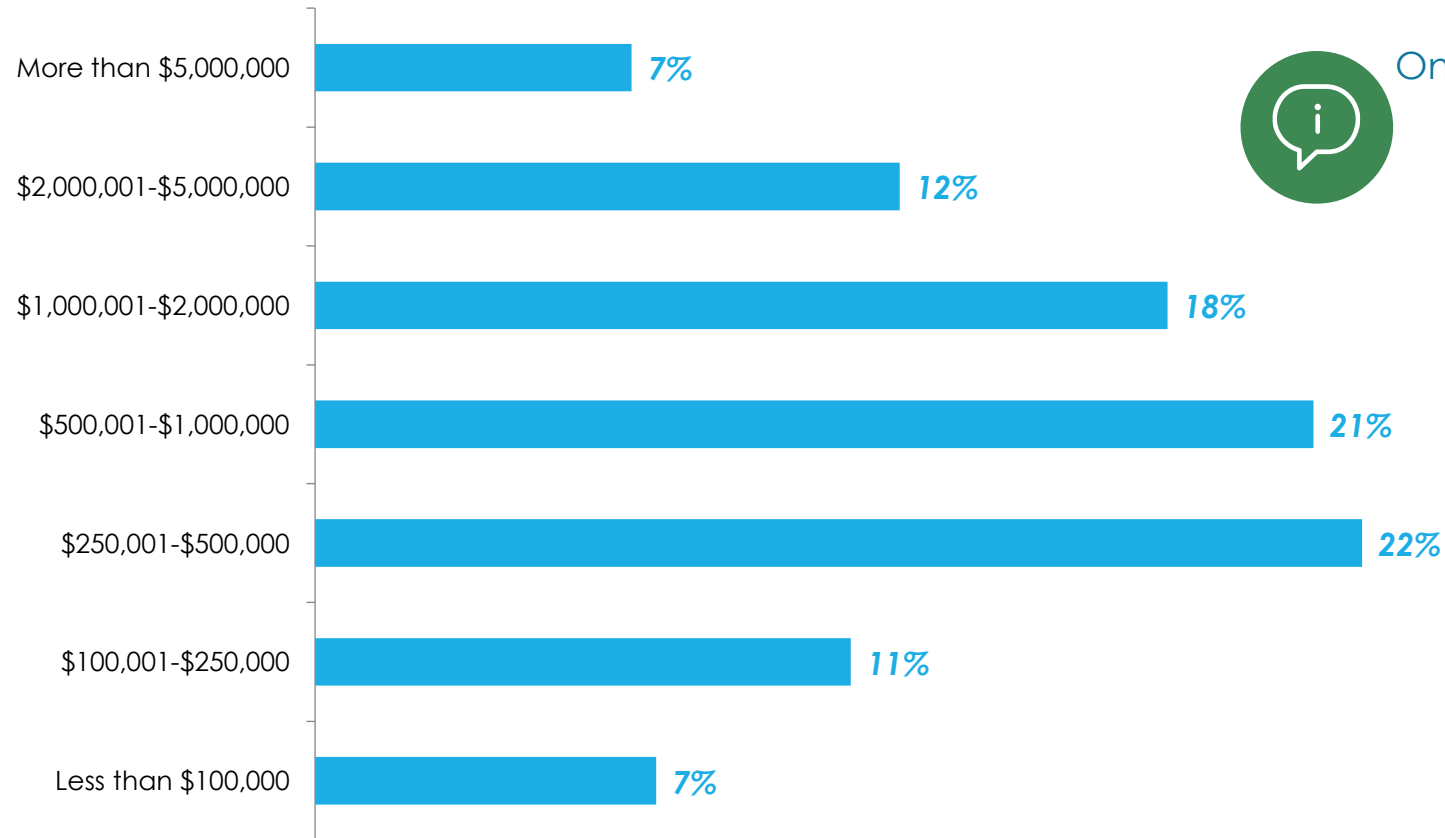
What are your known or estimated overlay rates?



Don't know/Can't disclose, 5%, not shown

## 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.**



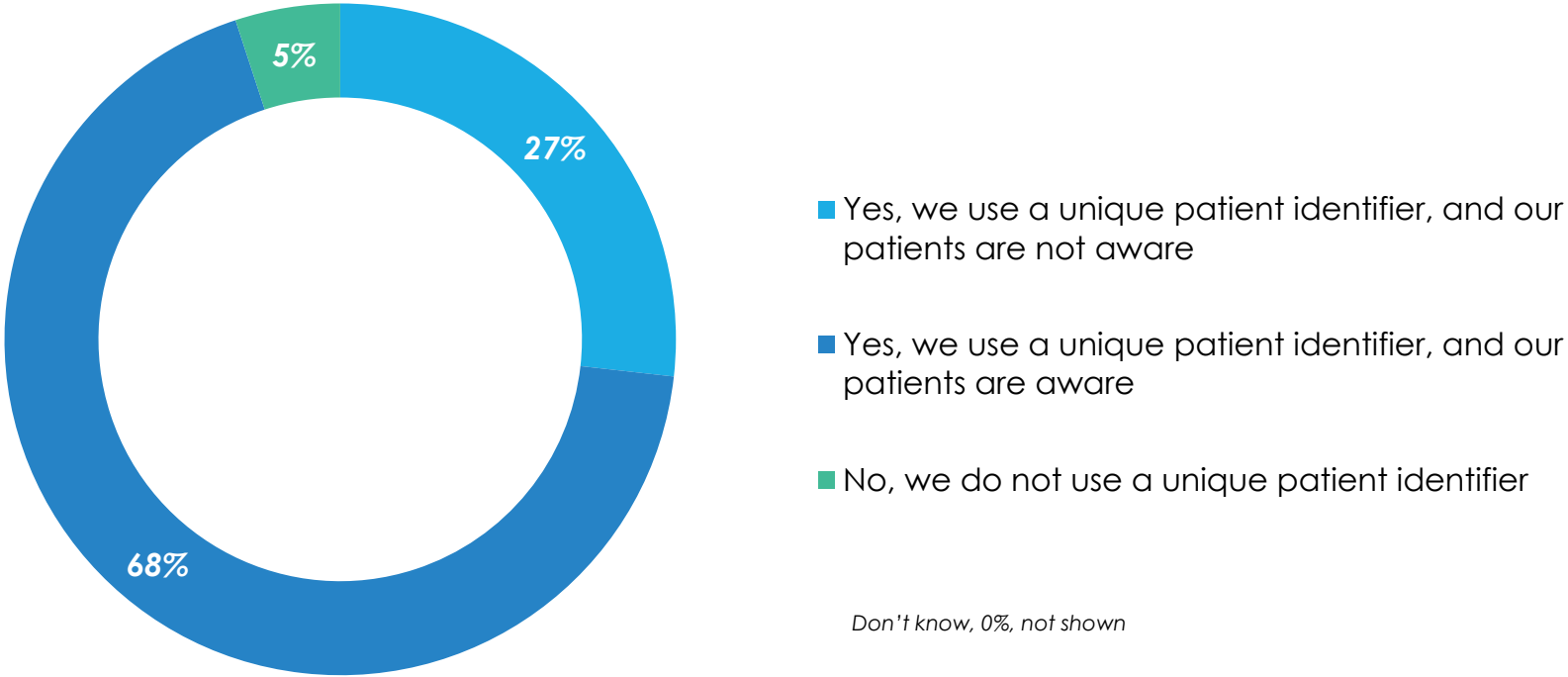
On average, organizations report spending **\$1.3M** annually on patient resolution.

Vendor will not reveal, 1%, not shown  
Don't know, 1%, not shown

Q.5: Please estimate, how much your organization spends annually on patient resolution. This includes full-time employee salaries, benefits, technology, and software.  
Base: Total Respondents; n = 198

*Nearly all organizations are using a unique patient identifier, with just over a quarter of patients not being aware*

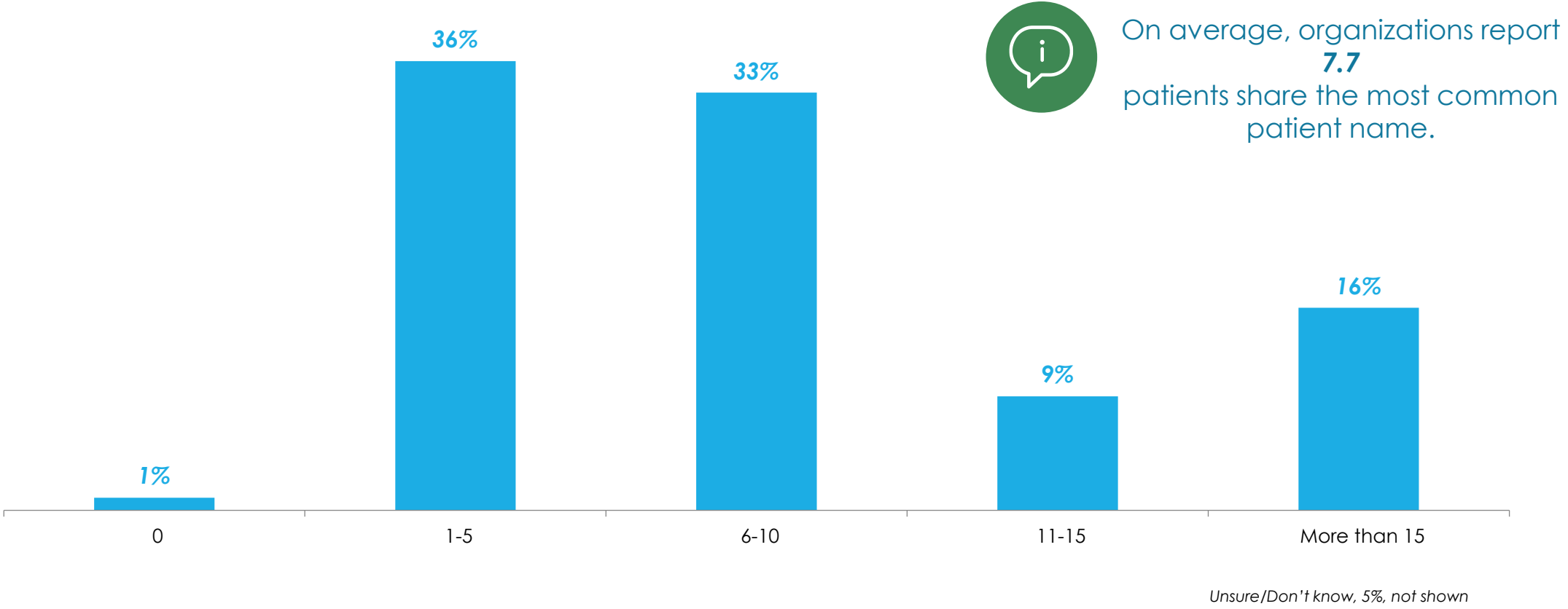
**If you use a unique patient identifier do your patients know their number/are they aware of them?**



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?

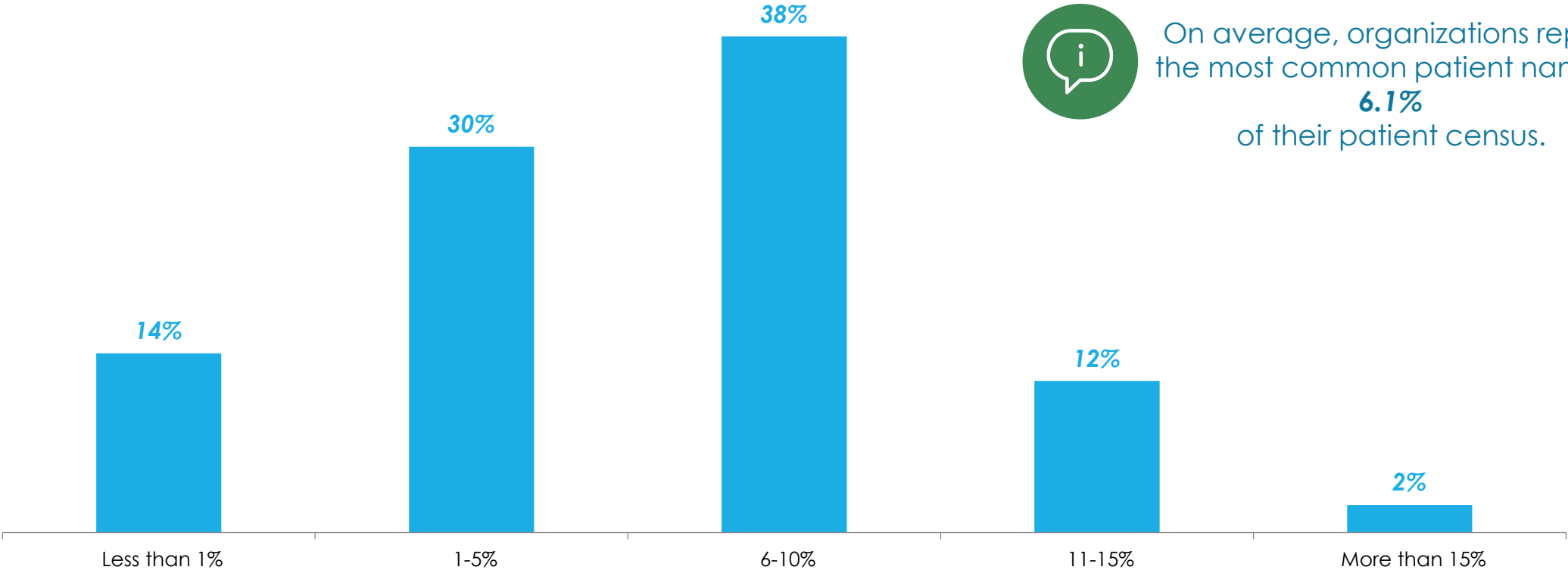


Q.12: For the most common patient name, how many of your patients share this name?  
Base: Total Respondents; n = 198



# 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.

Unsure/Don't know, 4%, not shown

Q.13: What percentage of your patient census does this name represent?  
Base: Know patients share name; n = 189



## ORGANIZATIONAL MATURITY LEVELS: IDENTITY MANAGEMENT

# Definitions

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

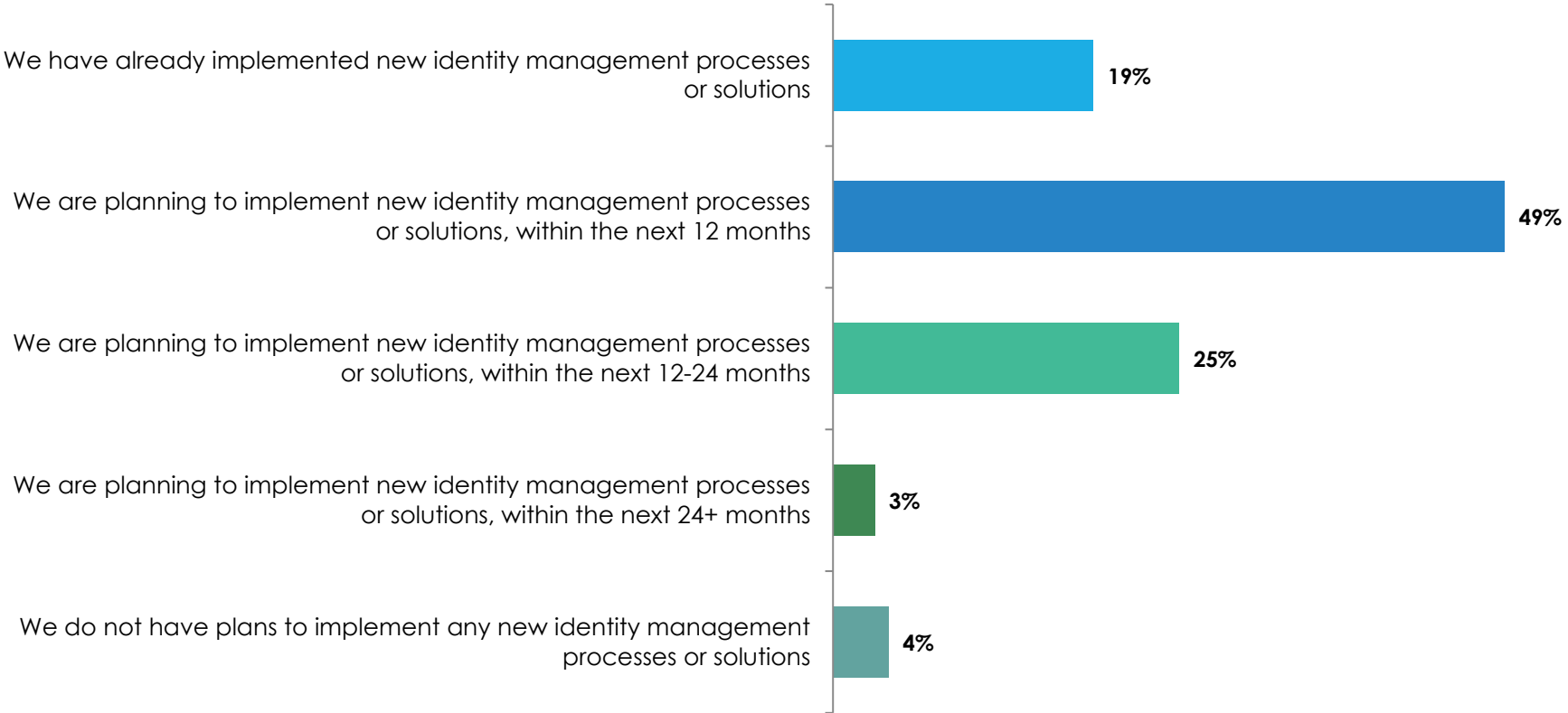
3: **Fragmented:** Organization seeks to build a single identity view and uses data ad hoc to inform strategy. Departments collaborate in basic ways.

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

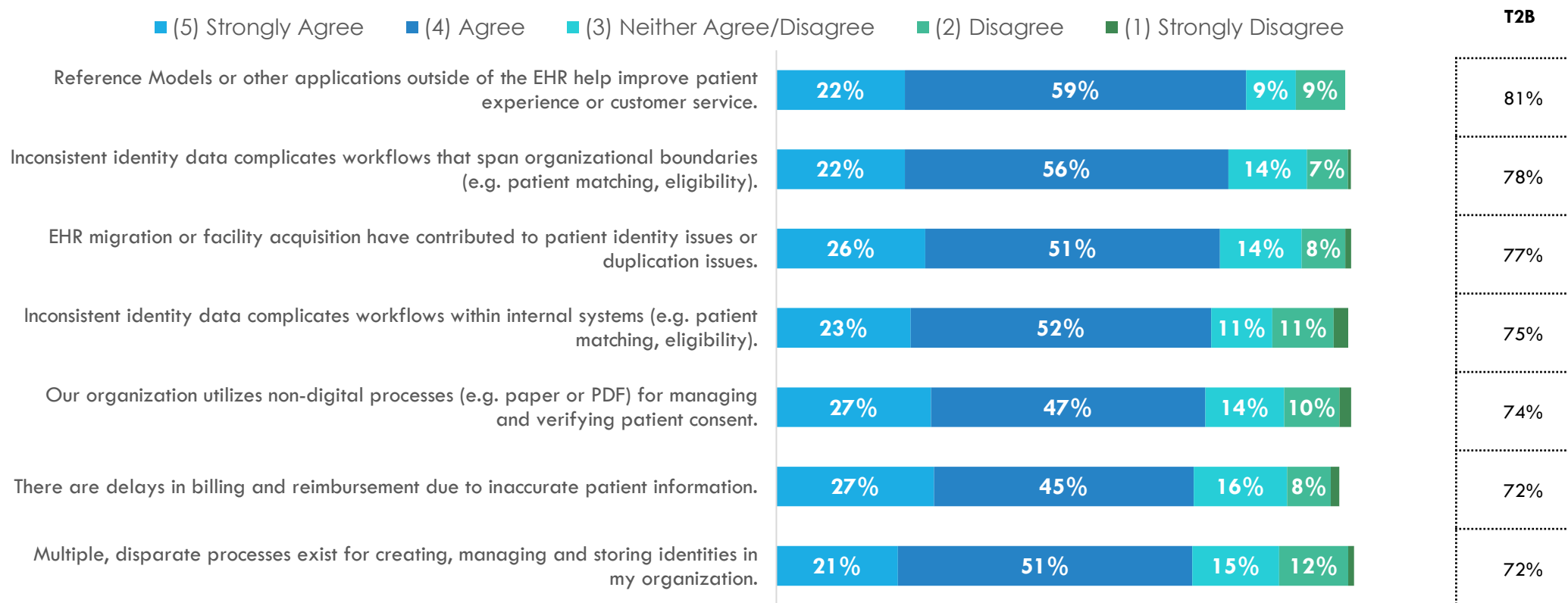
*Only approximately 1-in-5 currently have new identity management process or solutions implemented, with nearly half planning to do so within the next 12 months*

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



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.

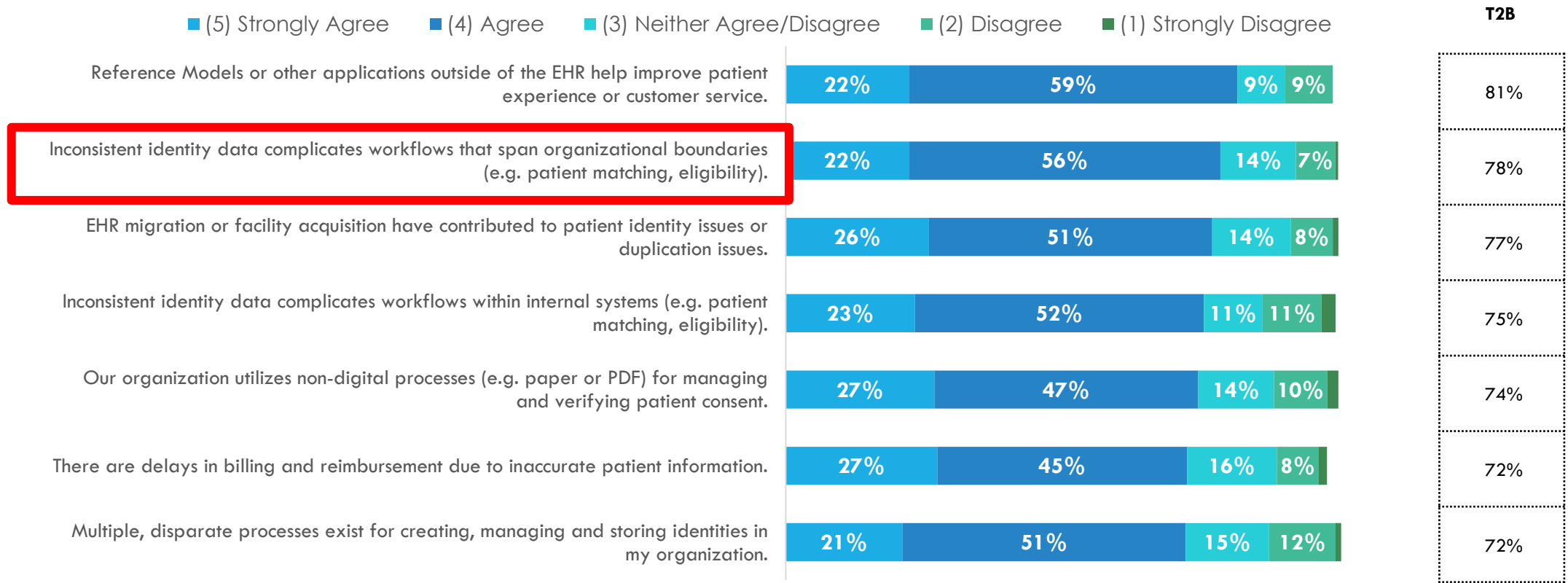


Data labels under 5% not shown  
 Decline to Answer/Don't Know 0%-2%, not shown

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.

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

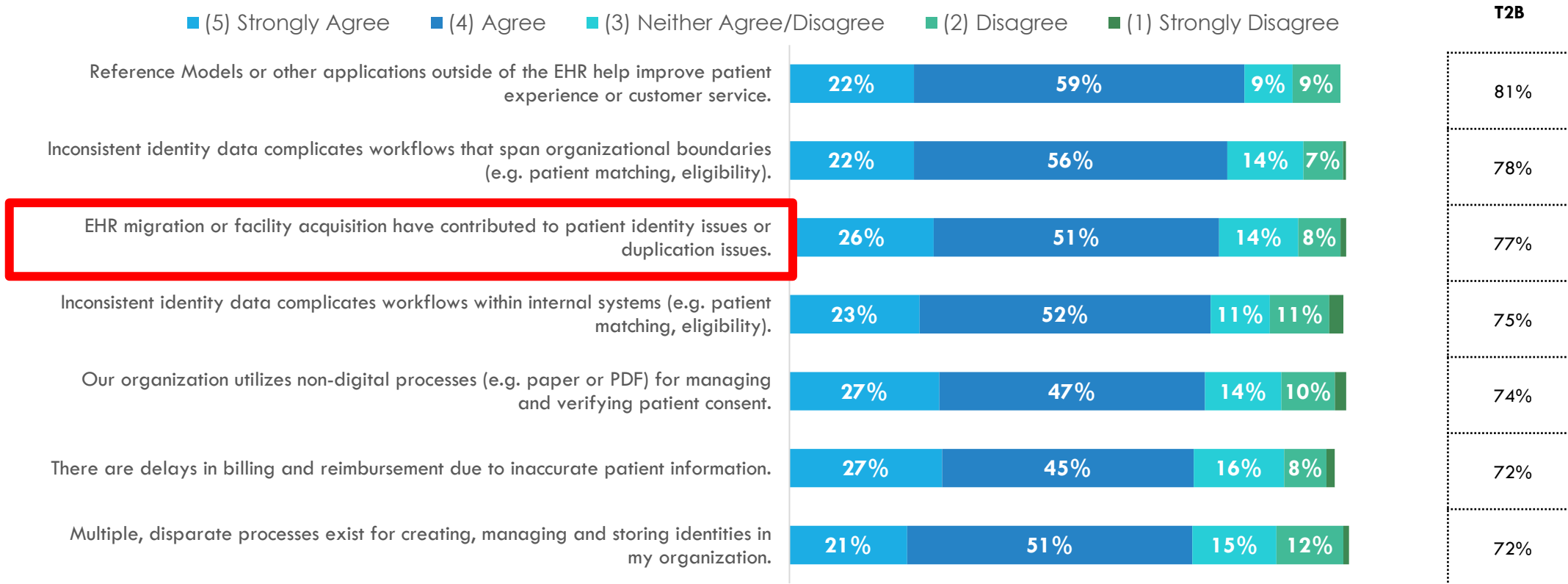


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Decline to Answer/Don't Know 0%-2%, not shown

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

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

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



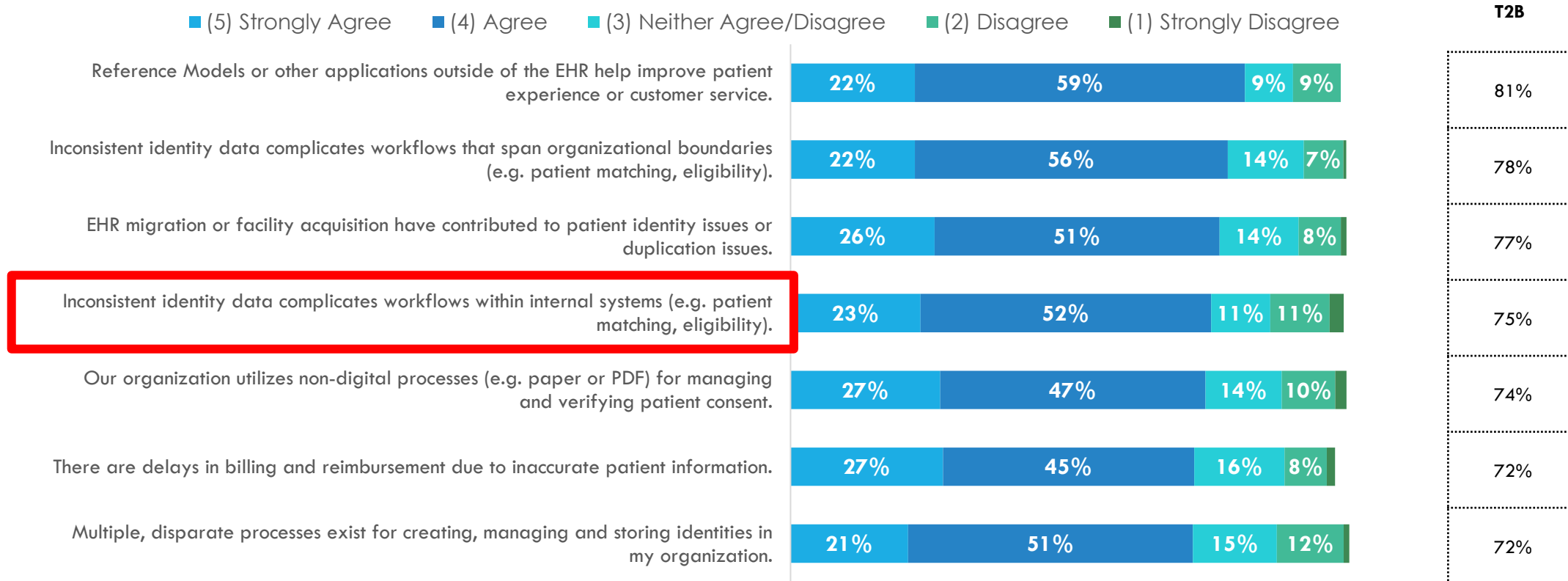
*Data labels under 5% not shown  
Decline to Answer/Don't Know 0%-2%, not shown*

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



*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 its within the same system or between two or more systems

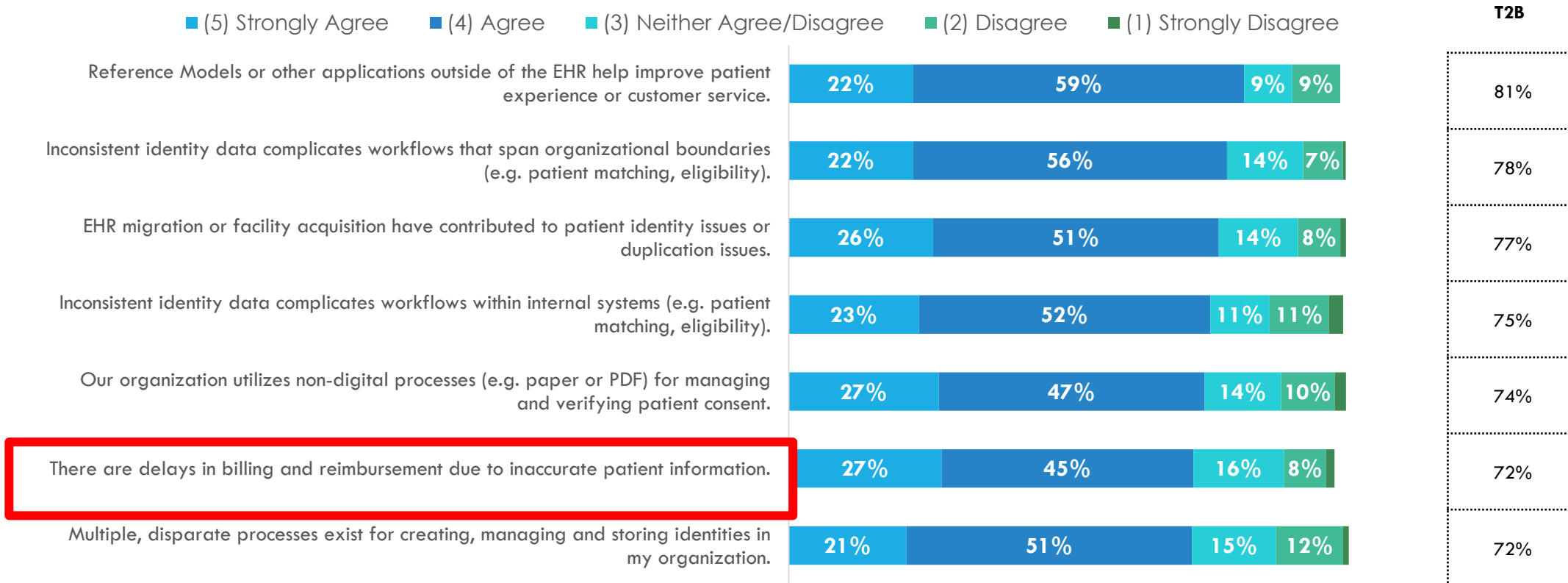


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Decline to Answer/Don't Know 0%-2%, not shown

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

# 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.

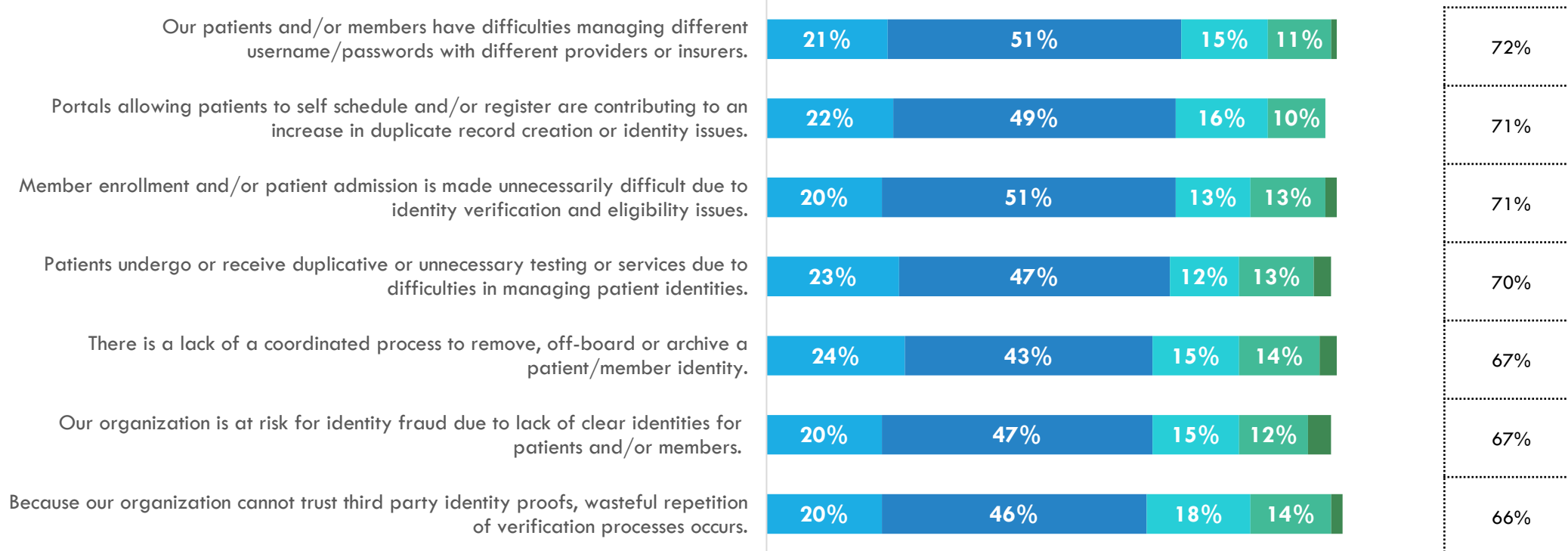


Data labels under 5% not shown  
Decline to Answer/Don't Know 0%-2%, not shown

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

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



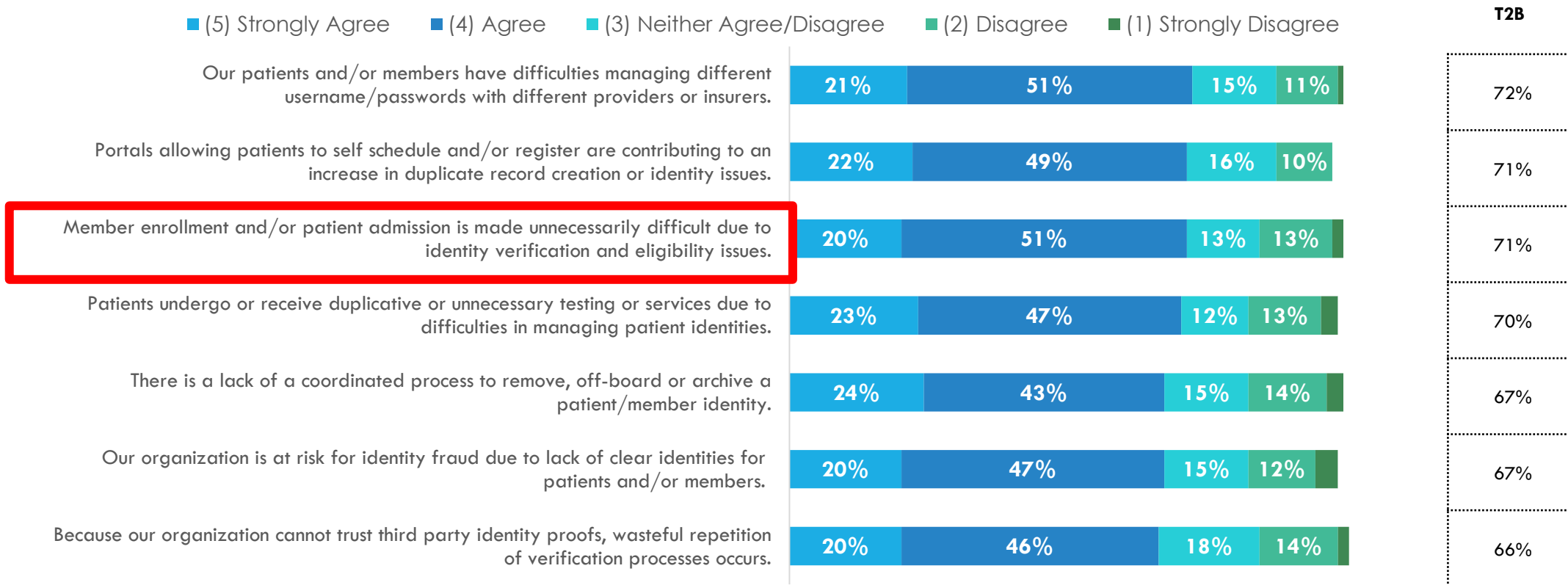
Data labels under 5% not shown  
Decline to Answer/Don't Know 0%-3%, not shown

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

*7-in-10 agree that member enrollment and/ or patient admissions are made unnecessarily difficult duet 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



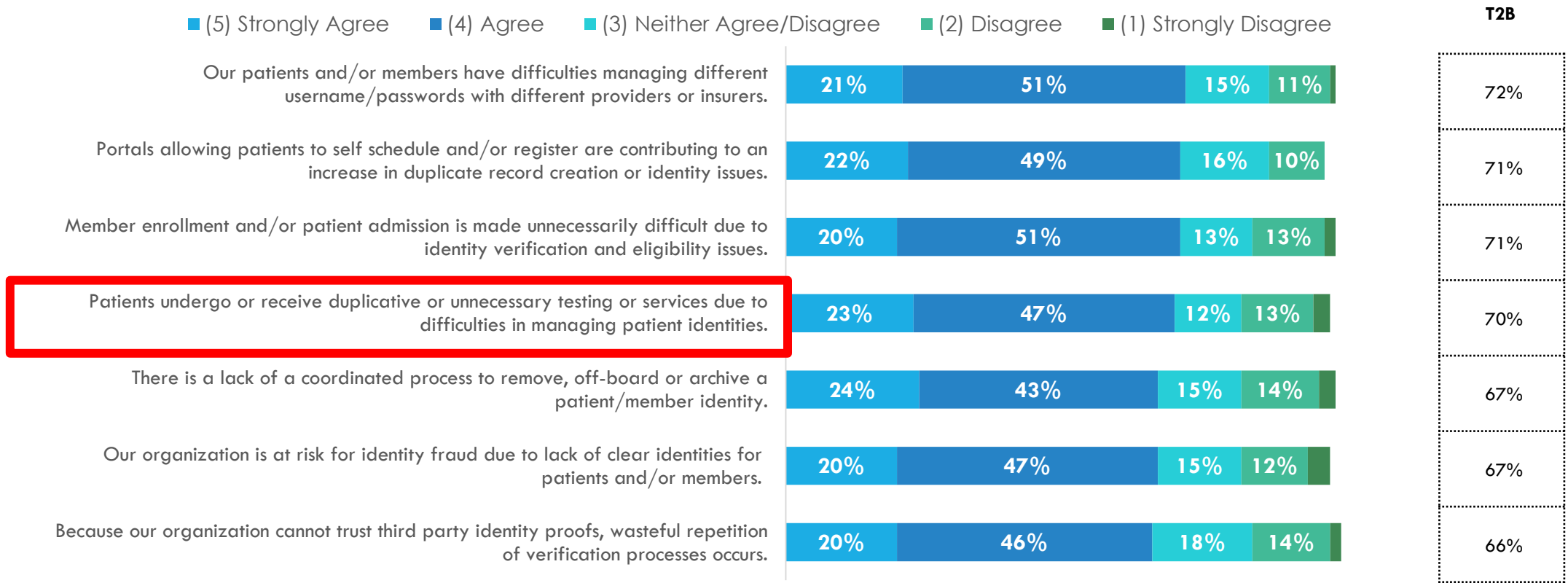
Data labels under 5% not shown  
Decline to Answer/Don't Know 0%-3%, not shown

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

*70% of respondents agree or strongly agree that patients undergo or receive duplicative or unnecessary testing or services due to difficulties in managing patient identities.*

**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



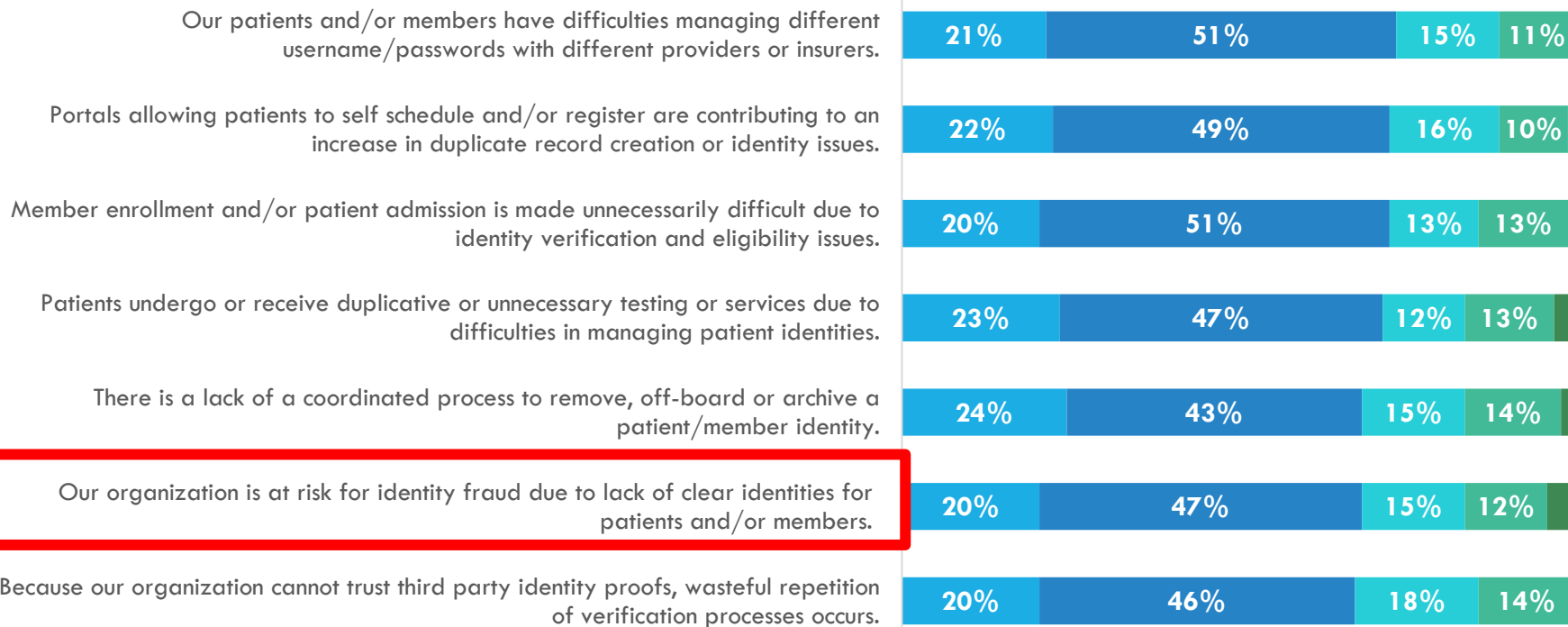
Data labels under 5% not shown  
Decline to Answer/Don't Know 0%-3%, not shown

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

*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 3<sup>rd</sup> 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.**

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



**T2B**

72%
71%
71%
70%
67%
67%
66%

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



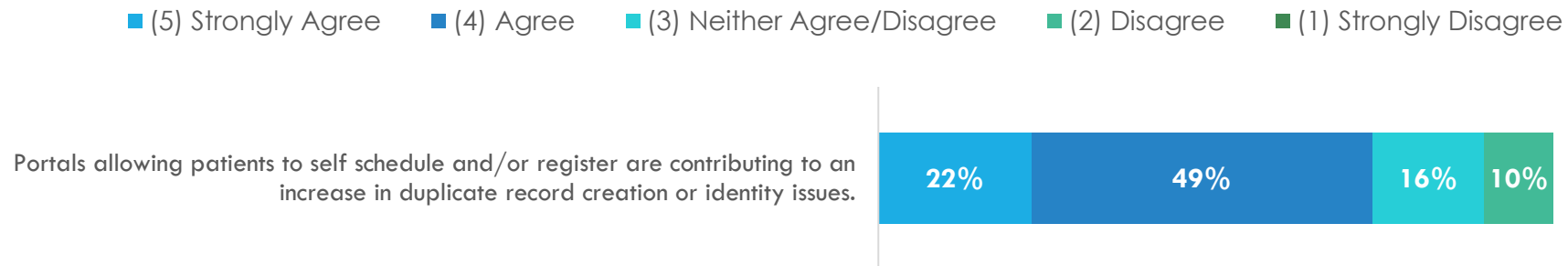
Those in a Health Informatics role are significantly more likely to agree that ‘portals allowing patients to self schedule and/or register are contributing to an increase in duplicate record creation or identity issues’, than some in other roles

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



Decline to Answer/Don't Know 3%, not shown

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

# KEY TAKEAWAYS

1

## Organizations spend 109.6 hours per week resolving patient identity issues

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.

2

## Duplication and overlay rates are present

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.

3

## Over a third are spending \$1M+ on patient resolution, annually.

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.

## KEY TAKEAWAYS

4

Patients undergo or receive duplicative or unnecessary testing or services

70% of respondents agree or strongly agree that patients undergo or receive duplicative or unnecessary testing or services due to difficulties in managing patient identities.

5

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

95% of respondents report using a unique patient identifier within their organizations.

6

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.