Identity Management While Combining EMRs, Increasing Interfaces and Allowing Patients to Register Online

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Objectives

- Where are our duplicates coming from
- Risks of a high duplicate rate
- What is an acceptable duplicate rate
- Roadblocks
- Solutions for existing database
- Solutions going forward
Where are our duplicates coming from?

- Merging small MPIs into one large MPI
  - Organization-wide EMRs, HIEs, Acquisitions, Community Connect
  - Geographic proximity and overlapping patient base
  - Come with their own duplicates
  - Ambulatory clinics 25%; Hospitals 35% dups
  - 1.4 million database increase in 2015
  - 300,000 potential duplicate increase in 2015
Where are our duplicates coming from?

- Interfaces from lab, radiology and other organizations
  - Electronic order from us and electronic reply, Paper order to us, Electronic order to us
  - 25% error rate
  - Data Standards are different
  - Few data points coming in HL7
  - Create new patients or error out?
Where are our duplicates coming from?

- Patient self registration
  - Patient Portal/MyChart
  - Open registration
  - Requiring a SSN or 98% unmatched

- Registration/Scheduling errors
  - Comparably small number
  - Create new patient or match when not sure
  - Overlay errors
Risks of a high duplicate rate

- Patient Safety
  - Harm patients/sentinel events
  - Reputation
  - 2 calls per month from physicians
  - 1 physician refused to treat until merge was completed
Risks of a high duplicate rate

- IT Initiatives
  - Physician order entry, document imaging, enterprise scheduling, registries and EMR

- Population Health
  - “…match consumer information at an individual level in order to address the goals”
  - How can we manage and take accountability for our outcomes if 10% of our patients are being counted at least twice
Risks (continued)

- Patient and Provider Satisfaction
  - Know your customer in order to provide excellent service
  - Loss of confidence

- Productivity and Workflow
  - Patient Access, Clinical Management, HIM, Billing and Finance
  - “Evaluation and correction $25 to $100 per pair”
Statistics:
- Provide services based on customer population
- Evaluate outcomes, performance and engagement strategies
- Research
- Value-based purchasing, risk sharing reimbursement models, and accountable care organizations
- Meaningful Use
- 10% variance can represent millions
Passing on duplicates to other providers, HIEs and One Healthport (Insurance interface app in WA)

Payer audits. We can’t find the visit, we repay the money.
What is an acceptable duplicate rate?

- According to Epic it should be less than 5%
- “I do not know” 302 out of 815 or 37%
- There is no standard way to calculate duplicate rate
  - Denominator: Entire database including duplicates?
  - Numerator: Potential duplicates as identified by...?
What is an acceptable duplicate rate?

- 10 EXACT NAME
- 10 EXACT FULL NAME ALIAS
- 9 EXACT NAME WITHOUT MIDDLE INITIAL
- 9 EXACT FULL NAME ALIAS WITHOUT MIDDLE INITIAL
- 8 FIRST AND LAST NAME SOUNDS LIKE
- 8 FULL NAME ALIAS FIRST AND LAST NAME SOUNDS LIKE
- 5 EXACT FIRST NAME ALIAS
- 5 FULL NAME ALIAS EXACT FIRST NAME ALIAS
- 1 EXACT SEX
- 7 EXACT BIRTH DATE
- 12 EXACT SOCIAL SECURITY NUMBER
- 3 EXACT ADDRESS
- 2 SIMILAR ADDRESS
Roadblocks

- AHIMA “Patient Matching Survey Results.” August 19, 2015 (815 AHIMA Members)
  - Registration staff turnover 319 (39%)
  - Record matching/patient search terminology and/or algorithms 220 (26%)
  - Lack of resources to correct duplicates 194 (23%)
  - Inadequate Information governance policy support 147 (18%)
  - Lack of executive support 101 (13%)
Solutions for Existing Issue

- Leadership and staff commitment

- Processes and Standards
  - 3 matching identifiers
  - The more data, the better
  - All info on one screen
  - Credit agency databases
Solutions for Existing Issue

- Technology

- Ongoing cleanup efforts that change and grow as the services and MPI volume increases

- Consultants
Solutions Going Forward

- My–HealthID Kick off March 20\textsuperscript{th} for 30 days
  - 1998 Public Law 105–277 Prohibits HHS from dedicating resource to a unique health identifier

- Biometric Scanners

- Data standards and processes
  - Pictures and Identification
  - Data entry standards

- Audits, feedback and education
Sources


- AHIMA BOC.
  - “Exposing Double Identity at Patient Registration.” Chris Dimick
  - “Will the Real John Smith Please Stand Up?” Lou Ann Wiedemann, MS, ROIA, CDIP, CPEHR, FAHIMA
  - “Using the SSN as a Patient Identifier.” Practice Brief