June 3, 2019

The Honorable Richard Shelby, Chairman
Senate Committee on Appropriations
Room S-128, The Capitol
Washington, D.C. 20510

The Honorable Patrick Leahy, Vice Chairman
Senate Committee on Appropriations
S-146A, The Capitol
Washington, DC 20510

The Honorable Roy Blunt, Chairman
Subcommittee on Labor, Health and Human
Services, Education, and Related Agencies
Senate Committee on Appropriations
131 Dirksen Senate Office Building
Washington, DC 20510

The Honorable Patty Murray, Ranking Member
Subcommittee on Labor, Health and Human
Services, Education, and Related Agencies
Senate Committee on Appropriations
156 Dirksen Senate Office Building
Washington, DC 20510

Dear Chairman Shelby, Vice Chairman Leahy, Chairman Blunt and Ranking Member Murray:

On behalf of the undersigned organizations, we wish to urge inclusion of report language that seeks to end patient safety issues related to patient matching in the Senate Fiscal Year 2020 Labor, Health and Human Services, and Education and Related Agencies (Labor-HHS) Appropriations Bills.

For nearly two decades, innovation and industry progress has been stifled due to a narrow interpretation of the language included in Labor-HHS bills since FY1999, prohibiting the U.S. Department of Health and Human Services (HHS) from adopting or implementing a unique patient identifier. More than that, without the ability for clinicians to correctly connect a patient with their medical record, lives have been lost and medical errors have needlessly occurred. These are situations that could have been entirely avoidable had patients been able to have been accurately identified and matched with their records. This problem is so dire that one of the nation's leading patient safety organization, the ECRI Institute, named patient identification among the top ten threats to patient safety.[1]

Importantly, recently proposed rulemakings by both the Centers for Medicare and Medicaid Services (CMS) and the Office of the National Coordinator for Health Information Technology (ONC) have referenced the existing funding prohibition and have cited the patient matching strategy appropriation report language included in previous Labor-HHS bills to explore new and innovative ways that the Administration can work with industry stakeholders on this critical patient safety and care issue. Moreover, the ability to accurately match patients to their records across the care continuum is an imperative for achieving greater value and better outcomes in our healthcare system and a critical piece of the interoperability puzzle.

The patient matching report language below, which has been included in the House FY20 Labor-HHS bill, clarifies Congress' intent while ensuring that the federal government does not impede private-sector efforts to solve this serious problem. The language enables HHS, acting through ONC and CMS, to provide technical assistance to private-sector led initiatives that support a coordinated national strategy to promote patient safety by accurately identifying patients and matching them to their health

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[1] Top 10 Patient Safety Concerns for Healthcare Organizations, Available at:
https://www.ecri.org/EmailResources/PSRQ/Top10/2017_PSTop10_ExecutiveBrief.pdf

information. Allowing ONC and CMS to offer this type of technical assistance will help accelerate and scale safe and effective patient matching solutions.

The absence of a consistent approach to accurately identifying patients has resulted in significant costs to hospitals, health systems, physician practices, long-term post-acute care (LTPAC) facilities, and other providers, as well as hindered efforts to facilitate health information exchange. According to a 2016 study of healthcare executives, misidentification costs the average healthcare facility $17.4 million per year in denied claims and potential lost revenue.[2] More importantly, there are patient safety implications when data is matched to the wrong patient and when essential data is lacking from a patient's record due to identity issues. The *2016 National Patient Misidentification Report* cites that 86 percent of respondents said they have witnessed or know of a medical error that was the result of patient misidentification.[3]

Patient identification errors often begin during the registration process and can initiate a cascade of errors, including wrong site surgery, delayed or lost diagnoses, and wrong patient orders, among others. These errors not only impact care in hospitals, medical practices, LTPAC facilities, and other healthcare organizations, but incorrect or ineffective patient matching can have ramifications well beyond a healthcare organization's four walls. As data exchange increases among providers, patient identification and data matching errors will become exponentially more problematic and dangerous. Precision medicine and disease research will continue to be hindered if records are incomplete or duplicative. Further, as our nation combats a growing opioid epidemic, successfully matching patients with their records is critical. Accurately identifying patients and matching them to their data is essential to coordination of care and is a requirement for health system transformation and the continuation of our substantial progress towards nationwide interoperability, a goal of the landmark 21st Century Cures Act.

The ability to identify patients across the care continuum is critical in our efforts to fight the opioid epidemic. Patients being treated for opioid use disorder and patients who have experienced an opioid overdose, for example, may be especially vulnerable and need careful monitoring to help them continue in their recovery and avoid new overdose episodes, both of which hinge in part on the ability to link patients with their complete health data. Appropriately-obtained accurate and complete health data can improve prescribing decisions and help clinicians avoid inadvertently prescribing opioid analgesics to patients with these risk factors. Risk factors could be identified and tracked over time and could enable clinicians to take steps to reduce overdose risks, such as prescribing naloxone, as well as to ensure timely follow-up and save lives.

The quality, safety and cost-effectiveness of healthcare across the nation will improve if a national strategy to accurately identify patients and match those patients to their health information is achieved. Clarifying Congress' commitment to ensuring patients are consistently matched to their healthcare data is a key barrier that needs to be addressed if we are to solve this problem, but not the only one. We the undersigned are committed to working together to identify and address, the various barriers that prevent patient matching today.

We respectfully request that you include the report language below in any FY20 appropriations bill:

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[2] 2016 National Patient Misidentification Report, Available at:
https://pages.imprivata.com/rs/imprivata/images/Ponemon-Report_121416.pdf.
[3] 2016 National Patient Misidentification Report, Available at:
https://pages.imprivata.com/rs/imprivata/images/Ponemon-Report_121416.pdf

Clarifying the Unique Patient Identifier Ban to Enable Patient Matching

The Committee is aware that one of the most significant challenges inhibiting the safe and secure electronic exchange of health information is the lack of a consistent patient data matching strategy. With the passage of the HITECH Act, a clear mandate was placed on the Nation's healthcare community to adopt electronic health records and health exchange capability. Although the Committee continues to carry a prohibition against HHS using funds to promulgate or adopt any final standard providing for the assignment of a unique health identifier for an individual until such activity is authorized, the Committee notes that this limitation does not prohibit HHS from examining the issues around patient matching. Accordingly, the Committee encourages the Secretary, acting through the Office of the National Coordinator for Health Information Technology and CMS, to provide technical assistance to private-sector led initiatives in support of a coordinated national strategy for industry and the federal government that promote patient safety by accurately identifying patients to their health information.

We appreciate your consideration and inclusion of this report language and we look forward to working with you to pursue an appropriate solution to enable accurate patient identification and data matching in our nation's healthcare system.

Sincerely,

American Health Information Management Association (AHIMA)
America's Health Insurance Plans (AHIP)
American Medical Association (AMA)
American Medical Informatics Association (AMIA)
Blue Cross Blue Shield Association (BCBSA)
College of Healthcare Information Management Executives (CHIME)
eHealth Initiative (eHI)
EP3 Foundation
Federation of American Hospitals (FAH)
Health Innovation Alliance
Healthcare Information and Management Systems Society (HIMSS)
Healthcare Leadership Council (HLC)
himagine solutions, Inc.
Imprivata
Intermountain Healthcare
Just Associates, Inc.
LTPAC Health IT Collaborative
4medica
Medical Group Management Association (MGMA)
Nemours Children's Health System
NextGate
Patient-Centered Primary Care Collaborative
Premier healthcare alliance
The Sequoia Project
Strategic Health Information Exchange Collaborative (SHIEC)
Trinity Health
Verato
WebShield