September 4, 2020

Donald Rucker, MD
National Coordinator for Health Information Technology
US Department of Health and Human Services
Washington, DC 20201

Dear Dr. Rucker:

On behalf of the Healthcare Information and Management Systems Society (HIMSS) and the Personal Connected Health Alliance (PCHAlliance), we are pleased to provide written comments in response to the Office of the National Coordinator for Health IT (ONC) Request for Strategies to Improve Patient Identity and Matching. We appreciate the opportunity to leverage our members' expertise in offering feedback on this request and look forward to helping inform ONC's report to Congress on technical and operational methods that improve patient identity and matching. Overall, we want to ensure that patient safety remains paramount while discussing existing challenges and promising innovations in this field.

HIMSS is a global advisor and thought leader supporting the transformation of the health ecosystem through information and technology. As a mission-driven non-profit, HIMSS offers a unique depth and breadth of expertise in health innovation, public policy, workforce development, research and analytics to advise global leaders, stakeholders and influencers on best practices in health information and technology. Through our innovation engine, HIMSS delivers key insights, education and engaging events to healthcare providers, governments and market suppliers, ensuring they have the right information at the point of decision. Headquartered in Chicago, Illinois, HIMSS serves the global health information and technology communities with focused operations across North America, Europe, the United Kingdom, the Middle East and Asia Pacific. Our members include more than 80,000 individuals, 480 provider organizations, 470 non-profit partners, and 650 health services organizations.

PCHAlliance, a membership-based HIMSS Innovation Company, accelerates technical, business and social strategies necessary to advance personal connected health and is committed to improving health behaviors and chronic disease management via connected health technologies. PCHAlliance is working to advance patient/consumer-centered health, wellness and disease prevention. The Alliance mobilizes a coalition of stakeholders to realize the full potential of personal connected health. PCHAlliance members are a vibrant ecosystem of technology and life sciences industry icons and innovative, early stage companies along with governments, academic institutions, and associations from around the world.

As a key component of secure, interoperable information sharing, patient identity integrity and matching have been important initiatives within the HIMSS and PCHAlliance communities. First, we strongly support the removal of Section 510 of Labor HHS Appropriations that has led to an overly narrow interpretation of the possibility of HHS and

ONC involvement in the development of a nationwide patient identification strategy. Ensuring HHS and ONC are able to utilize appropriate resources to engage in a nationwide strategy is critical to the overall success of patient identity integrity and matching.

As an organization, HIMSS and PCHA have spent considerable time and resources working with our members and healthcare community partners on addressing the components of this critical issue. Most notably, HIMSS published our Patient Identity Integrity Report in 2009. Since that time, there have been considerable advancements in digital healthcare with solutions ranging from electronic health records to patient portals, and API-enabled interfaces that are intended to accelerate the interoperability of healthcare data to ensure the patient, provider, and caregiver have the right information at the right time to make informed decisions about the patient's care. The challenge of patient identity remains a core requirement for the interoperability we seek throughout the healthcare system. Subsequent work by the HIMSS membership included an in depth review of patient identity integrity for Health Information Organizations, which built on the premise established in the 2009 report.

The description of the problem, as outlined in the 2009 report remains the same today:

> ***Description of Problem:*** *The ultimate goal is the accurate identification of the patient and linking of all related information to that individual within and across systems. Linking the wrong clinical information to a person can not only cause great personal harm to the patient, but can also incur huge costs to the healthcare provider in correcting and mitigating the error. Incorrect information impacts patient safety and compromises quality of care. Good clinical decisions based on bad data become bad clinical outcomes.* [1]

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In order to address the problem, HIMSS and PCHAlliance continue to support a broad range of technology solutions to patient identify integrity and matching. As part of the government's review, we recommend ONC focus on key characteristics for patient identity integrity and matching. The review must include improving data accuracy and quality, consistent business processes and training across information systems, and identity solutions, whether through patient identifiers or algorithms that improve patient matching across data systems.

Data Accuracy and Quality: Proper data collection, entry, and query all have an impact on the accuracy of the data being used for patient identification. Inaccuracies can occur when the wrong patient's record is being reviewed and used for an encounter, or errors in data entry, such as misspelling names result in incomplete or inaccurate information being reviewed by clinicians. ONC should take into account current and emerging technology solutions' attention to data accuracy as part of the government's analysis and recommendations to Congress.

[1] https://www.justassociates.com/application/files/1414/9134/1517/PIIWhitePaper.pdf

Consistent Business Processes and Training: Data collection and workflow processes and proper training of all staff have an impact on the accuracy and quality of patient data. Patient Identity Integrity and matching solutions should be analyzed to determine how well the embedded business processes and training for end-users contribute to inaccurate, incomplete, or missing data.

Identity Solutions: There is a great deal of debate over the many types of identity solutions, including an unique patient identifier (UPI), increasingly sophisticated algorithms, emerging standards, and biometrics. Proponents of an unique identifier point to the UPI's connection to a single patient that increases error detection, decreases ambiguity over who is being treated, and is useful across all cultural norms. Concerns about the UPI include cost of retrofitting existing systems, potential increases in attacks on information security, and the complexity of educating patients about their roles and responsibilities of maintaining their UPI.

With respect to algorithms as a potential solution, the glaring unknown for providers, patients, and caregivers is whether current algorithms are accurate enough to identify individuals correctly. For several years, HIMSS sponsored an Innovator-in-Residence at HHS to investigate key components of patient identity integrity, including researching common attributes of algorithms, which advanced the national discussion on developing patient matching strategies. In addition, the HIMSS Innovator-in-Residence collaborated with ONC to launch the Patient Matching Algorithm Challenge to test existing patient matching algorithms against a common data set. Throughout the process of the Algorithm Challenge, ONC saw gradual improvements in algorithm accuracy. HIMSS and PCHAlliance applaud the work that was conducted as part of the Patient Matching, Aggregation, and Linking (PMAL) initiative. We strongly support the notion of ONC investigating the continuation of patient matching algorithm research and challenges as part of an overall patient matching strategy.

Another approach ONC should review is blockchain, a type of distributed ledger technology, which is an emerging in healthcare. The blockchain infrastructure can provide capabilities for distributed authentication and the use of verified credentials, ultimately empowering users and organizations to have greater control over their information. Data is immutable on the blockchain, which lowers the risk of tampering and ensures trust in the information across multiple stakeholders. These identifiers still need to work across specific standards, which are under development in the industry. HIMSS offers a guide on blockchain in healthcare use cases and frequently asked questions that explores these topics further.

Similarly, standards-based solutions may play a critical role in patient identity integrity and matching. The interest by Congress and HHS in advancing standards-based solutions by the inclusion of the FHIR standard as part of the 21st Century Cures Act and ONC Interoperability Rule. FHIR v4 has set parameters for positive patient matching using MPI based logic. As more innovators explore FHIR-based solutions for healthcare

interoperability, we expect patient matching capadatbilities to be included. We strongly encourage ONC to include a review of the FHIR v4 patient matching parameters in your analysis and report to Congress.

Finally, as a long-time supporter of the Integrating the Healthcare Enterprise (IHE) initiatives, HIMSS and PCHA staff and members have worked closely with IHE to develop and refine IHE FHIR-based and Legacy Architecture profiles that address patient matching. We support the inclusion of IHE profiles in the ONC review, with a particular focus on the following:

FHIR-Based Profiles

- Mobile Health Document Sharing
- Patient Demographics Query For Mobile
- Patient Identifier Cross-Reference For Mobile
- Patient Master Identity Registry

Legacy Architecture Profiles

- Cross-Community Patient Discovery
- Patient Administration Management
- Patient Demographics Query
- Patient Identifier Cross Referencing
- Cross-Enterprise Document Sharing Affinity Domain Patient ID Change Management

Conclusion:
Ultimately, patient identity integrity is a patient safety issue. True progress on a national approach is not possible until Congress lifts the ban on HHS developing a national strategy for patient identification. HIMSS and PCHAlliance have worked closely with community colleagues to advocate for the language in the FY2020 Labor, Health and Human Services (HHS), Education, and Related Agencies Appropriations, which created the requirement for ONC to write the report to Congress to evaluate the effectiveness of current methods of patient identification. More recently, as members of the Patient ID Now Coalition, we have made great progress in convincing Congress to eliminate the ban in FY2021 Labor-HHS Appropriations.

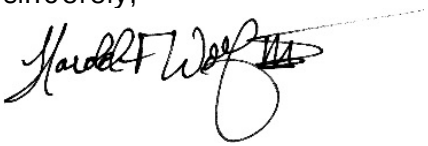
We are encouraged by the work ONC has been conducting in 2020 to review existing technology solutions, and look forward to having a fully engaged HHS working with healthcare community partners to prioritize the accuracy of patient identification and matching to advance interoperability and decrease the administrative challenges for all healthcare stakeholders.

We look forward to the opportunity to discuss these issues in more depth. Please feel free to contact Tom Leary, HIMSS Vice President of Government Relations, at

Tom.Leary@himss.org, or Robert Havasy, Managing Director of PCHAlliance, at Robert.Havasy@pchalliance.org, with questions or for more information.

Thank you for your consideration.

Sincerely,



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