



**Federal Effort Aims to Standardize Addresses to
Improve Patient Matching
April 1st**

POLL QUESTIONS

What percentage of patient records are duplicates within your organization?

0-5%

6 – 10%

11 – 20%

25% +

What's the most difficult challenge experienced by your organization in patient matching?

Integrating with existing systems

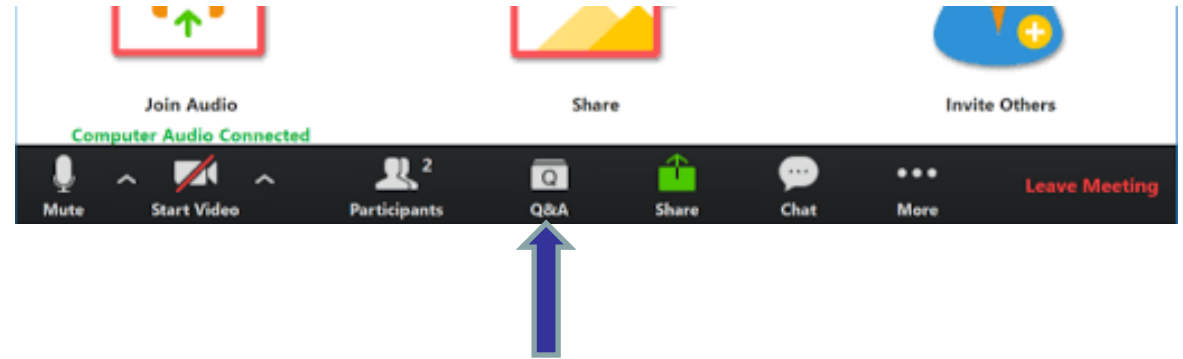
Staff training, time and cost

Vendors

Not a priority



Housekeeping



- **All participants are muted**
- Submit your questions in the **Q&A box**
- You can upvote a question by clicking the **thumbs up** icon
- We will answer as many questions as time allows and follow up the unanswered questions
- Use the chat box for *technical difficulties* and other questions / comments



Agenda

2:00 -2:10 pm

Welcome & Introductions

Jennifer Covich Bordenick, Chief Executive Officer, eHealth Initiative & Foundation

2:10 -2:45 pm

Panel Discussion - Moderated by Jennifer Covich Bordenick

Molly Murray, Officer, Health Information Technology, The Pew Charitable Trusts

Carmen Smiley, IT Specialist, Office of the National Coordinator for Health Info Technology (ONC)

Dan Cidon, Chief Technology Officer, NextGate

2:45 – 2:55 pm

Audience Q&A

2:55 -3:00 pm

Closing Thoughts



eHealth Initiative Members



Our Work



Expert Roundtables
Education Programs
Webinars, Workshops
Networking
Receptions
Surveys Reports



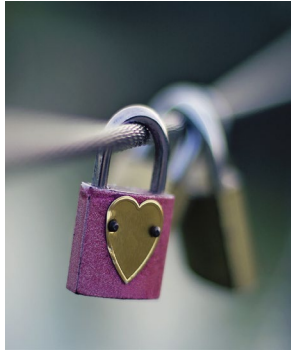
Recommendations
Privacy Policy
Comment Letters
Policy Steering Committee (PSC)
Capitol Hill Briefings
HHS, FTC, OCR, Relationships
Hill Meetings



Expert Roundtables
Advisory Boards,
Workgroups
Grants/ Partnerships
HHS, FTC, OCR,
Relationships
Surveys, Reports
Expert Faculty



Current Critical Issue Areas



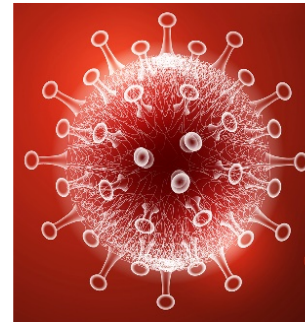
Consumer Privacy for Health Data



Virtual Care



Analytics, Social Determinants of Health (SDOH) & Artificial Intelligence



COVID-19 Best Practices & Education



Recent Forums & Webinars

COVID-19

- Rapidly Deployed Remote Monitoring for COVID-19
- COVID-19 and Beyond: Telepsychiatry Best Practices and Regulatory Priorities
- Fitbit Talks About Population Health Initiative During COVID-19 Pandemic
- How the Pandemic Influences Consumer Health Behavior
- After the Curve Flattens: What's Next for Healthcare and COVID-19

Telehealth & Policy

- Maturing Virtual Care in the AI/AN Communities
- Addressing Capacity and Cashflow with Virtual Care
- How to Grow Your Practice with Reimbursement Considerations
- Telehealth during COVID-19: New Strategies on How Physicians are Addressing the Outbreak

Privacy

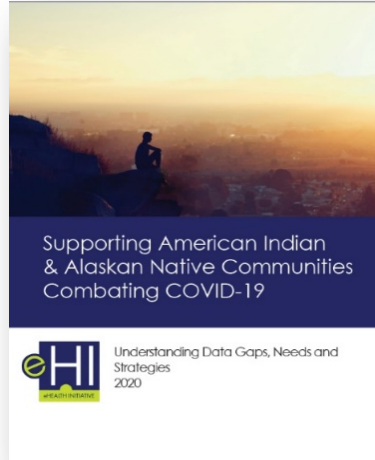
- What's Ahead in 2020 for Consumer Privacy?
- HIPAA: What's Covered and What's Not Covered?
- Changes to Privacy Policies and Regulations in the Face of the Coronavirus Pandemic - eHI Privacy and Security Webinar Series
- Key Survey Findings from the State of Patient Matching in America



2020 Publications



eHI Building a Modern Health Care System: Recommendations from the COVID-19 Federal Policy Work Group



eHI Understanding Data Gaps, Needs and Strategies 2020

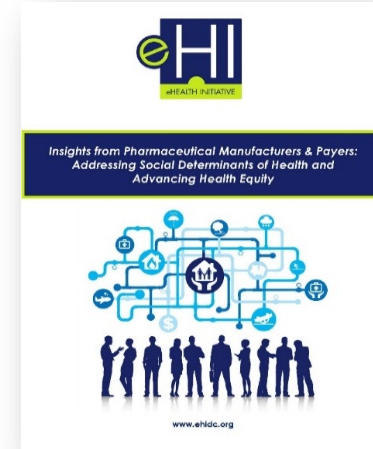
Supporting American Indian & Alaskan Native Communities Combating COVID-19

Proposed Consumer Privacy Framework for Health Data

Draft for Public Feedback
August 26, 2020

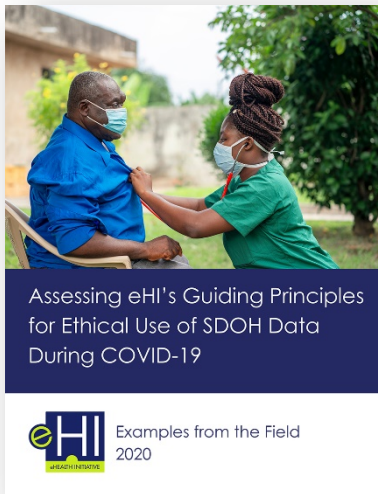
DRAFT

eHealth Initiative
Center for Democracy and Technology



Insights from Pharmaceutical Manufacturers & Payers: Addressing Social Determinants of Health and Advancing Health Equity

www.ehdc.org



Assessing eHI's Guiding Principles for Ethical Use of SDOH Data During COVID-19

eHI Examples from the Field 2020

eHI Explains CARES ACT

Coronavirus Aid, Relief, and Economic Security (CARES) Act

Division A

- **Sec. 3012 - Telehealth network and telehealth resource centers grant programs**
 - Allocates the new Telehealth Resource Centers grant program of \$200m over for fiscal year 2021-2023.
- **Sec. 3021 - Confidentiality and disclosure of records relating to substance use disorder**
 - Amends 42 CFR Part 2, which governs the sharing of substance use disorder treatment patient records.
 - Allows for one-time consent to be given for future sharing of information.
 - Sharing of information must be allowed currently under HIPAA (including for purposes of treatment, payment, and operations).
- **Sec. 3024 - Guidance on protected health information**
 - Requires the Secretary of HHS to issue guidance within 180 days on the sharing of patient health information during the public health emergency.
- **Sec. 3025 - Examples for telehealth services**
 - Allows high-need/acute health plans with health savings accounts (HSAs) to cover telehealth services prior to a patient reaching the deductible.
- **Sec. 3026 - Increasing telehealth flexibilities during emergency period**
 - Removes the COVID-19 telehealth waiver requirement that a provider must have seen the patient within the last 2 years (unless COVID has already started, they would not enforce).

Executive Summary of Final Rule

Background

In December 2016, the landmark 21st Century Cures Act was signed into law. Many of the provisions in the law focused on increasing transparency of health information, including Sec. 404, which forbids the practice of information blocking.

Sec. 404 defines information blocking as a practice that a party to interfere with, prevent, or materially discourage access, exchange, or use of electronic health information, and requires the Secretary of Health and Human Services, through rulemaking, to identify responses and necessary conditions that do not constitute information blocking. The Final Rule, released on March 9 by the Office of the National Coordinator for Health Information Technology (ONC) and modified by the Coronavirus Care and Interoperability, Information Blocking, and the 21st Century Cures Act Information Blocking Rulemaking, in addition to adding several updates and changes to the ONC Voluntary Certification Program for Health IT.

The rule is in two parts: the first focuses changes to the Health IT Certification Program, which is a voluntary certification program for health information technology products. The second focuses on the use of what is known as "information blocking" in order to avoid violating the rule. It is subject to information blocking or information blocking, and reasonable and necessary activities that do not constitute information blocking (i.e., exemptions).

Key Takeaways from Final Rule

- ONC is moving forward with policy that requires doctors to make electronic health information (EHI) available to patients - and any entity of their choosing, including third party applications - via a certified application programming interface (API).
- In response to concerns from the public and healthcare stakeholders that data will be over-collected and security protections are not strong enough, ONC covered only and give one third party application that allows not subject to HIPAA, ONC states:
 - o That it supports an individual's ability to choose which third party application and app use last for receiving their EHI from a health care provider, as well as an individual's ability to agree to the third party developer of app's terms of use.
 - o That it also supports and strongly encourages access providing individuals with information that will assist them in making the best choice for themselves in setting up their app.

On August 3, 2020 the Calendar Year 2021 Medicare Physician Fee Schedule and Quality Payment Program proposed rule was released. The rule proposes changes to Medicare payment policies for 2021. Comments are due October 5, 2020. Below is a summary of health IT related proposed changes.

Issue Area	CMS Proposal
Telehealth Services	<ul style="list-style-type: none"> • Proposing to add services listed in Table 1 to the Medicare telehealth services list for CY 2021. • Proposed Temporary Addition of Category 3 Basis for Adding to or Deleting Services from the Medicare Telehealth Services List. <ul style="list-style-type: none"> o In the event the COVID-19 PHE expires before the end of 2021, stakeholders might not have the opportunity to use CMS' current consideration process for telehealth services to request permanent additions to the Medicare telehealth services list prior to those services being removed from the Medicare telehealth services list. o Proposing to create a third category of criteria for adding services to the Medicare telehealth services list on a temporary basis. o The new category would describe services that would be included on the Medicare telehealth services list on a temporary basis. o Would include in this category the services that were added during the PHE for which there is likely to be clinical benefit when furnished via telehealth, but for which there is not yet sufficient evidence available to consider the services as permanent additions under Category 1 or Category 2 criteria. o CMS considered the following factors for Category 3: <ul style="list-style-type: none"> • whether, outside of the circumstances of the PHE, there are increased concerns for patient safety if the service is furnished as a telehealth service; • whether, outside of the circumstances of the PHE, there are concerns about whether the provision of the service via telehealth is likely to jeopardize quality of care; • whether all elements of the service could fully and effectively be performed by a remotely located clinician using two-way, audio/video telecommunications technology.



Important Dates

Webinars

- **April 6** – Vaccine Passports in a Digital World
- **April 14** - COVID-19: Lessons Learned that Can Be Applied to Value-Based Care
- **April 22**- Preparing as Healthcare Data Exchanges Pave the Way for Consumer Health Initiatives

Workgroups

- **April 20** - Policy Workgroup
- **April 29** - SDOH/Data Analytics Workgroup

For a full list of virtual events: <https://www.ehidc.org/events>



Thank You to the Sponsor

NEX~~T~~**GATE**



Moderator



Jen Covich Bordenick
CEO
eHealth Initiative and
Foundation

Panelists



Molly Murray
Officer, Health
Information Technology
The Pew Charitable
Trusts



Carmen Smiley
IT Specialist
Office of the
National
Coordinator for
Health Info
Technology (ONC)



Dan Cidon
Chief Technology
Officer
NextGate



Patient matching: How standards can help

Molly Murray

April 1, 2021





Up to **1 in 5** patient records is not accurately matched within the same health care system.¹

Up to half of patient records are not matched in transfers—e.g., from a rural doctor to an urban hospital.²

Matching: Current rates

Matching: Implications

...And drive up costs

One hospital spent **\$96** to fix each duplicate record.⁶ The Mayo Clinic found it cost **\$1,200** to correct mistakenly merged records.⁷



Mistakes can harm patients...

1 in 5 hospital chief information officers linked at least one case of patient harm within the past year to a mismatch.⁵



Matching: Common problems



Typos

A patient's name, address, birth date, phone number, or other identifying information is entered incorrectly.



Patient information changes

Patients move, get married, or change phone numbers, so their records are out of date.



Data formatting

Patients' data are not standardized because EHR systems use formats that do not match.



Missing information

Useful patient information—such as a full middle or mother's maiden name—may not be recorded in the files.

Opportunities

Standardized data

- 3% increase to patient matching with USPS address format
- Project US@ to create a health-care specific standard for address

ABC MOVERS
1500 E MAIN AVE STE 201
SPRINGFIELD VA 22162-1010

Recipient Line
Delivery Address Line
Last Line

<https://about.usps.com/publications/pub41/pub41ndx.pdf>

Patient matching amid the COVID pandemic

- **Examples of missing data:**
 - Lab orders and results
 - Research found patient phone number missing more than half of the time
 - Case reports to public health authorities often not electronic
 - Exacerbate contact tracing issue
 - Pop-up sites increase challenges

Key data element	Corresponding HL7 field	Percent complete: Indiana	Percent complete: Wisconsin
Patient identifier	Patient identifier (PID-3)	100.0	99.9
Patient name	Patient name (PID-5)	100.0	99.8
Patient date of birth	Date of birth (PID-7)	99.8	98.5
Sex (gender)	Administrative sex (PID-8)	99.9	98.3
Race	Race (PID-10)	44.9	61.4
Patient address	Patient address (PID-11)	55.5	89.6
Patient home phone number	Phone number (PID-13)	47.2	35.4
Ethnicity	Ethnic group (PID-22)	6.3	14.4
Name of attending physician, hospital, clinic, or submitter	Ordering provider (OBR-16)	95.2	90.6
Telephone number of attending physician, hospital, clinic, or submitter	Callback number (OBR-17), staff phone (STF-10)	NA	92.0
Address of attending physician, hospital, clinic, or submitter	Staff office/home address (STF-11)	NA	99.1
Test name	Observation identifier (OBX-3)	100.0	99.4
Test results or laboratory interpretation of test results	Observation value (OBX-5)	97.2	100.0
Specimen source	Specimen source (OBR-15)	68.4	100.0
Units of measure	Units (OBX-6)	5.7	41.6
Normal range	Reference range (OBX-7)	8.3	19.0
Abnormal flag	Abnormal flags (OBX-8)	23.0	66.4
Status of test result	Observation result status (OBX-11)	97.0	99.5

Dixon, B. E., Siegel, J. A., Oemig, T. V., & Grannis, S. J. (2013). Electronic health information quality challenges and interventions to improve public health surveillance data and practice. *Public health reports (Washington, D.C. : 1974)*, 128(6), 546–553. <https://doi.org/10.1177/003335491312800614>

Standardized data in action

- 45% of Immunization Information Systems (IIS) use a tool to format to USPS standards
- Manageable implementation
- Increase in patient matching and a 12% increase mail deliverability
- US@ standard can bring similar improvements with wide adoption!

Patient Feedback

- 2017 focus groups found that patients wanted a unique identifier
- 2020 survey found that more than 7 in 10 adults support the federal government setting national standards to improve patient matching

Today, health care providers use a patient's name, address, and date of birth to match records for the same patient across different health care providers and facilities. If this information is incorrect, a patient's health record might not be able to be matched and shared between that patient's different health care providers.

Would you support or oppose the federal government setting national standards to more accurately match up a patient's electronic health records across multiple health care providers?

Total Support	74%
Total Oppose	25%

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**THANK YOU FOR JOINING US TODAY!
PLEASE TAKE THE SATISFACTION SURVEY BEFORE
YOU GO!**