Preventing Misidentification in the Digital Age
HIM professionals share best practices for patient identification and records matching

CHICAGO – June 5, 2018 – A consequence of the continuous advancements in health data technology is the increase in risk for cybercrime, identity or insurance fraud and patient misidentification. One way to safeguard against these issues is to equip health information management (HIM) professionals and healthcare providers with tips to ensure each patient who walks through the door is identified properly and matched to their correct health record.

In the article, “Show Me Some ID: Tips for Trusting Identity in the Era of Cybercrime and Fraud” in the June issue of the Journal of AHIMA, the monthly publication of the American Health Information Management Association (AHIMA), HIM experts provide insight to ensure correct identification of patients, an effort that can help prevent identity and insurance fraud.

“Correctly matching a patient with their health record is critical to patient safety, preventing fraud and the financial health of a healthcare organization,” said AHIMA CEO Wyclecia Wiggs Harris, PhD, CAE. “As the volume of health data continues to balloon—and with it, opportunities for mistakes and misuse to grow—it is crucial that we address this issue. Following established best practices is an important part of the solution.”

The misidentification of patients in clinical settings has several consequences including financial impacts on providers, inefficiencies and errors in treatment. A 2016 study by the Ponemon Institute surveyed 503 nurses, physicians and health IT practitioners about patient misidentification. Eighty-six percent of respondents said they have encountered a medical error that was the result of patient misidentification.

Through new technologies, healthcare facilities are improving overall on identifying and matching patients. However, issues can still arise in the form of human error, vague internal policies, computer design and more. To avoid misidentification and the issues it creates, HIM professionals offer the following tips:

- Require the patient to present a photo ID, such as a driver’s license, passport or state-issued identification card upon arrival to the healthcare facility. This option is preferred but is not always available for populations such as children and immigrants.
- Ask the patient to verbally state their name, birth date and address at registration. Studies show having patients respond to open-ended questions is more effective than asking “yes” or “no” questions.
• Add photo identification to an electronic health record (EHR) database. This allows providers to tell if the person they are speaking to resembles the photo attached to their health record, helping to stop identification or insurance card theft.
• Compare patient signatures on consent forms as an extra screening tool to ensure identity.
• Develop guidelines around the enrollment for patient portals, including determination of proxy access, to ensure that access to the EHR is granted to the correct individual. AHIMA’s “Patient Portal Toolkit” can help providers navigate this process.

In addition to these tips, AHIMA urges legislators to do their part to ensure patient safety by permitting federal discussions around implementing a unique patient identifier (UPI). Similar to a Social Security number, a UPI would be given to each American at-birth to help link them to their health information wherever they may go for care.

“As well-trained and careful medical professionals are in patient identification, human error can never be completely avoided,” said Dr. Harris. “Standardizing patient identification through creation of a UPI will improve care delivery, lower cost and save lives.”

Also in this issue

Defining Patient-Provider Relationships with Codes

Coding that expresses patient-provider relationships such as the frequency a patient sees a specific physician is becoming more important in defining the responsibility of a healthcare provider with their patient. In the article, “Relationship Status: Best Practices for Reporting New Patient Relationship Category Codes,” HIM experts discuss why and how to use these new codes moving forward.

Read these articles and more in the May issue of the Journal of AHIMA or online at journal.ahima.org.

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About AHIMA

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