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For more information, please contact:

Bridget Stratton
AHIMA
312-233-1097
bridget.stratton@ahima.org

Understanding the Value of a National Patient Matching Strategy

Presentation focuses on best practices, results for patient matching programs

NEW ORLEANS – Sept. 30, 2015 – The need for healthcare systems to exchange patient information quickly, affordably and safely makes a national patient matching program critical, according to a presentation today at the [American Health Information Management Association's \(AHIMA\)](#) 87th Annual Convention and Exhibit.

Without the ability to ensure that multiple healthcare systems involved in sharing accurate patient health information through a patient matching strategy, some systems are applying best practices to proactively address the issue, said presenters Katherine Lusk, MHSM, RHIA, chief health information management and exchange officer of Children's Health System of Texas, and Neysa Noreen, RHIA, data integrity and applications manager at the Children's Hospital & Clinics of Minnesota.

Health Information Exchange (HIE) interoperability at a fundamental level requires the matching or linking of an individual patient across multiple healthcare organizations. Healthcare systems have managed this function internally with health information management (HIM) professionals dedicated to manual clean-up, said Lusk and Noreen. But the costs are high – one organization estimated that it costs about \$60 in operational costs to correct a duplicate entry, according to the [Patient Identification and Matching Report](#) (Office of the National Coordinator, Feb. 2015) – and the information isn't always timely. Privacy also is a concern.

“A lack of a standardization of data can be at the root of inaccurate care with the potential harm for patients,” said Lusk. She shared that 1 percent of the U.S. population has the last name “Smith.” If 1 percent of all the births are categorized simply as Baby Boy or Baby Girl Smith, the potential for health data that is not properly linked to the correct patient is about 1 in 40,000.

“To provide the best quality of care, free of linking issues, a patient matching strategy must be put in place,” said Lusk. “Nationally, we are struggling with using health information exchange technology tools due to inability to link patient records. The cost of healthcare cannot be managed if we are unable to communicate.”

To address the problem, organizations need to institute information governance practices including recommendations for standardized naming conventions, daily reconciliation, monthly trending and a robust training program. Using additional data also is important, said the presenters.

“Additional attributes, such as race, ethnicity, previous names and nicknames, are captured routinely with business operations and would be no additional burden to the intake process for patient linking,” said Noreen.

“Adoption of a nationwide patient matching strategy that standardizes a set of patient demographic elements stored in a standard format, in separate data fields can support interoperability regardless of patient matching algorithms,” Noreen continued.

“Instituting a standard format and accepted definitions for data element capture minimizes the burden on staffing in routine business operations, providing long term financial relief,” said AHIMA CEO Lynne Thomas Gordon, MBA, RHIA, CAE, FACHE, FAHIMA. “AHIMA stands behind those who are leading the charge to formalize definitions and institute nationally recognized standards for a patient matching strategy.”

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About AHIMA

The American Health Information Management Association (AHIMA) represents more than 101,000 health information professionals in the United States and around the world. AHIMA is committed to promoting and advocating for high quality research, best practices and effective standards in health information and to actively contributing to the development and advancement of health information professionals worldwide. AHIMA's enduring goal is quality healthcare through quality information. www.ahima.org