



news

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Measuring, Monitoring Key to Solving Patient Matching Problem

Journal of AHIMA article offers recommendations in survey follow-up

CHICAGO – October 10, 2016 – Accurate patient matching is critical to ensuring that appropriate care is delivered to the right patient at the right time. An AHIMA member [survey](#) released in January 2016 noted that a lack of resources to deal with patient record duplicates creates an ongoing challenge for HIM professionals.

A new article, "[Losing the Match Game](#)," provides further analysis of the survey data and made recommendations for patient identity integrity management. The article was published in the October issue of the *Journal of AHIMA*.

The authors, a subgroup of AHIMA's Health Information Exchange practice council, call for the industry to adopt strong information governance practices to address the problem of patient matching. "The survey illustrated the critical need to measure, monitor, and inform the marketplace regarding matching patients to their health information across multiple episodes of care, no matter where the care is provided," the authors write.

"To reach the goal of exchanging electronic health information systems, we need to ensure all patients are correctly identified, yet this continues to be a challenge," said AHIMA CEO Lynne Thomas Gordon, MBA, RHIA, CAE, FACHE, FAHIMA. "This article demonstrates why the industry must strive to reduce, if not eliminate, data integrity issues with patient identity and offers some significant ways we can start to do so."

The recommendations include:

- Standardized policies and procedures for entering or changing patient data. The authors note that "this is not solely a registration issue, but an enterprise problem involving patient identification and matching." They suggest recommended primary and secondary data attributes and naming convention policies to provide structure to data entry.
- Measurement of the number of health record duplicates being created and understanding how many duplicate records are being created, the time of day the duplicate was created, the area where the duplicate was created, and the user who

created the duplicate. “If [duplicate record rates are] not monitored, there is no way to know how well or poorly an organization is performing,” the authors write.

- Continuous education and re-education for individuals creating duplicate records. “Measuring and assessing identified duplicates for trends will provide direction for the education needed,” the authors say.

Also in this issue:

[“How to Break into Analytics and Informatics”](#) outlines the skills and education HIM professionals need to take a more data-centric career path. “The realities of healthcare payment reform, widespread adoption of electronic health record systems, and the increased consumer interest in cost transparency are pressuring providers across the spectrum to dive deeper into the data,” the article says.

One expert says that “there are estimates that healthcare data will total as much as 25,000 petabytes (1 petabyte equaling 1 million gigabytes) by the year 2020. We already get ‘lost’ in the data,” said Susan Fenton, associate dean for academic affairs at the University of Texas Health School of Biomedical Informatics, in the article. “Everyone in healthcare needs information and knowledge with which to make informed decisions.”

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

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About AHIMA

The American Health Information Management Association (AHIMA) represents more than 103,000 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