



**For more information, please contact:**

Rachel Bowen  
AHIMA Public Relations  
312-558-1770  
[rbowen@pcipr.com](mailto:rbowen@pcipr.com)

Candace Stuart  
CHIME, Director of Communications  
734-665-0000  
[cstuart@chimecentral.org](mailto:cstuart@chimecentral.org)

**Reducing Medical Errors with a Nationwide Unique Patient Identifier**

*AHIMA and CHIME urge Senate to support lifting ban on federal funding for unique patient identifier*

**WASHINGTON – July 22, 2019** – Health information management leaders told members of Congress today that removal of a nearly two-decade ban on the use of federal funds to adopt a nationwide unique patient identifier would allow collaboration between the U.S. Department of Health and Human Services (HHS) and the private sector to identify solutions for reducing medical errors and protecting patient privacy.

The [American Health Information Management Association \(AHIMA\)](#) and the [College of Healthcare Information Management Executives \(CHIME\)](#) hosted the Congressional briefing to encourage Senate support for the U.S. House of Representatives' recent repeal of the ban as part of the FY2020 Labor, HHS and Education and Related Agencies (Labor-HHS) Appropriations bills.

During the briefing, members of the American Medical Informatics Association and the American College of Surgeons joined AHIMA and CHIME in recounting existing patient identification challenges and the patient safety implications when data is matched to the wrong patient and/or when essential data is lacking from a patient's record due to identity issues.

“Critical to patient safety and care coordination is ensuring patients are accurately identified and matched to their data,” said AHIMA CEO Wylecia Wiggs Harris, PhD, CAE. “The time has come to remove this archaic ban and empower HHS to explore a full range of patient matching solutions hand in hand with the private sector focused on increasing patient safety and moving us closer to achieving nationwide interoperability.”

“Now more than ever we need a nationwide unique patient identifier to ensure that patients are correctly identified in our increasingly digital healthcare ecosystem,” said CHIME President and CEO Russell Branzell. “This is a top priority for our members. We applaud the House for taking a leadership role on this issue by removing the ban and we strongly encourage the Senate to do the same.”

The Health Insurance Portability and Accountability Act (HIPAA) originally required the creation of a unique health identifier in 1998. However, Congress included language as part of the annual appropriations process that prohibited the US Department of Health and Human

Services from using federal funds intended for the creation of a unique patient identifier out of privacy concerns.

Not having a unique patient identifier system means that healthcare providers typically rely on a patient's name and date of birth to identify their medical records in electronic health record (EHR) systems—information that is often not unique to one individual. This means that providers often have a difficult time properly identifying patients and often incorporate medical information into the wrong health record.

“Those of us who work in provider organizations have seen the serious consequences of this ban on patients and their families,” said Marc Probst, CIO at Intermountain Healthcare and a member of the CHIME Policy Steering Committee. “Misidentifications threaten patient safety and drive unnecessary costs to health systems in an era when the industry and Congress are trying to lower healthcare costs. Congress has an opportunity to fix this, but only if the Senate also removes the ban on a unique patient identifier.”

Speakers at the briefing included:

- Marc Probst, MBA, CHCIO, Chief Information Officer and Vice President, Intermountain Healthcare
- Shaun Grannis, MD, MS, FAAFP, Director, Center for Biomedical Informatics, Regenstrief Institute, Inc.
- Frank G. Opelka, MD, FACS, Medical Director, Quality and Health Policy, American College of Surgeons
- Katherine Lusk, MHSM, RHIA, FAHIMA, Chief Health Information Management and Exchange Officer, Children's Health System of Texas
- Moderators, Leslie Krigstein, VP Congressional Affairs, CHIME and Lauren Riplinger, VP Policy & Government Affairs, AHIMA

###

### **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 best practices in health information and to actively contributing to the development and advancement of health information professionals worldwide. AHIMA's mission is to empower people to impact health. [www.ahima.org](http://www.ahima.org)

### **About CHIME**

The [College of Healthcare Information Management Executives](#) (CHIME) is an executive organization dedicated to serving chief information officers (CIOs), chief medical information officers (CMIOs), chief nursing information officers (CNIOs) and other senior healthcare IT leaders, representing more than 2,900 members in 56 countries. CHIME enables senior professional and industry leaders to collaborate and advocate the effective use of information management to improve the health and care in the communities they serve.