

Draft Tiger Team Recommendations on Patient Matching

The Tiger Team held a hearing on December 9 on matching patients accurately to their information. The Team heard testimony about how the consistent expression of data fields used in matching could help improve accuracy. The Team also heard testimony about the need to create a “culture of improvement” with respect to accuracy in matching, and to more consistently evaluate and improve transparency of the accuracy of various matching strategies (both with respect to matching algorithms as well as human factors such as workflow). Testifiers also emphasized the need to develop the evidence base for best practices in matching, and to disseminate those best practices and evolve to consistent standards of accountability for accurate matching. Testifiers also urged us to consider the role of the individual consumer or patient in improving matching accuracy and the need for policies and procedures to propagate corrections to data.

Consistent with that testimony, the Tiger Team has recommendations in the following categories:

The recommendations are in seven categories:

1. Standardized formats for demographic data fields
2. Internally evaluating matching accuracy
3. Transparency
4. Accountability
5. Developing, Promoting and Disseminating Best Practices
6. Supporting the role of the individual/patient
7. Propagating Corrections

1. Standardized Formats for Demographic Data Fields

The use of any particular data field should not be required for matching, as choice of fields used to match depends on a number of factors, including the purpose for the data access. However, when a data field is used to match, a standardized format will help increase accuracy through consistent representation. Therefore:

- a. The Standards Committee should propose standard formats for data fields that are commonly used in matching patients to their data.
 - Patient demographic data fields are commonly used for patient matching (for example, name, DOB, zip, address, and gender); standard formats for a core set of these fields would be helpful (for example, we heard testimony that establishing a common format for patient name (such as the required use of middle name) could significantly improve matching.

- b. Standards Committee should also develop recommendations on how entities handle situations when information is not available to complete a data field
- c. Standards Committee should consider whether a USPS validation/normalization program [as part of the standard?] would be beneficial to improved matching accuracy.

2. Internally Evaluating Matching Accuracy

- a. Health care organizations/entities should routinely evaluate the effectiveness of their matching strategies in achieving matching accuracy.
 - This should include individual providers and institutions as well as HIEs
 - To address liability concerns, such evaluation and analysis could be done by a patient safety organization
- b. Organizations/entities should use such evaluations in internally improving matching accuracy.
- c. ONC should further explore a strategy for requiring such evaluations to be reported to improve the evidence base on “what works” in patient matching and also enhance public transparency

Questions: Do we know enough about how to effectively measure accuracy to put this recommendation forward, or do we need to generate and disseminate best practices first? Do we want ONC to use its policy levers to either encourage or require such measurement? Should internal improvement programs also be required?

3. Promoting Transparency

- a. Providers and entities (including HIEs) should be transparent with the public about strategies used to match patients with their data and the efficacy of those strategies.
- b. As noted below, HHS should gather and disseminate evidence of effective patient matching strategies.

Question: Given the nascent state of measurement, should a transparency strategy be longer term? Should this instead be phrased as a recommendation for ONC/HHS to explore a transparency strategy (such as by Stage 3)?

4. Accountability

- a. HIEs and other infrastructure entities that match patient data for exchange (such as through a patient index or other strategies) should be required to set and be held accountable for accuracy standards.
- b. As evidence is gathered and disseminated about the efficacy of matching strategies, ONC should convene stakeholders to develop measures of accountability for matching accuracy that can serve as accountability benchmarks in the health care industry.
- c. Providers and entities should be required to adhere to policies regarding what should be done with data that is incorrectly exchanged due to the wrong match
 - Note that the new breach notification law arguably requires such incorrect information to be returned or destroyed to avoid potentially triggering patient and HHS notification requirements

Question: Should HIEs be allowed to set their own standards without any minimum level? Do we know enough about a minimum level – such as false positives for exchange for treatment purposes – to set one (or to require ONC to set one) for the next stage of MU? Should ONC set the policies for HITECH grantees on returning/destroying incorrectly matched data, or is this a better area for HIPAA clarification?

5. Developing, Promoting and Disseminating Best Practices

- a. HHS should establish a program or programs to develop and disseminate best practices in improving data quality and matching accuracy. Such program or programs should be done in close partnership with industry stakeholders and research institutions. For example:
 - Gather and disseminate evidence about “what works” (such as through organization/entity reports recommended above)
 - Establish programs for transparency re: the efficacy of matching algorithms
 - Pilot and test accuracy of matching strategies
 - Where funds are available, fund further development of innovative matching strategies
 - Develop and promulgate best practices for propagating record corrections.

Question: this is framed as a recommendation for HHS but should it be directed at a particular agency? (If so, ONC? AHRQ? CMS? Recommend multi-agency effort?)

6. Supporting the role of the individual/patient

- a. As individuals and patients can play an important role in identifying errors in their health and demographic information, the Tiger Team supports the efforts of the Meaningful Use Workgroup and the Policy Committee to increase the access of individuals to their health information.
- b. The Standards Committee should explore electronic/automated means that individuals can use to notify health care organizations/entities of perceived errors in health information and that could potentially be required in later stages of certification
 - For example, a special button in a patient portal that can automate requests for corrections and/or the submission of new information (organizations/entities will have processes for validating data prior to entry into a record)
- c. HIEs should also be required to have policies and processes to support patient access to data and requests for corrections.

7. Propagating Corrections [this is really all new – we may need to devote a separate meeting to discuss]

Given current HIPAA rules regarding corrections, should we recommend:

- a. That organizations/entities be required to establish and implement processes to disseminate corrections to all known downstream recipients of incorrect information? Should this be limited just to circumstances where the organization/entity is the source (and/or where the source is unknown or doesn't exist)
- b. That HIEs be required to develop and implement policies and procedures for propagating corrections to data among all of their participants?
- c. That OCR consider shortening the timeframes for propagating individual-requested corrections? (on the theory that correcting data electronically or appending any disputes should be able to occur more rapidly)
- d. Is there a need for Standards to address how to consistently append disputed information?