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September 3, 2020

The Honorable Don Rucker, M.D.  
National Coordinator for Health Information Technology  
U.S. Department of Health and Human Services  
330 C Street, S.W.  
Washington, DC 20201

Submitted electronically via: <https://www.healthit.gov/topic/patient-identity-and-patient-record-matching>

Re: ONC's Patient Identity and Patient Matching Report to Congress

Dear Dr. Rucker,

On behalf of the [Strategic Health Information Exchange Collaborative \(SHIEC\)](#), which represents more than 80 health information exchanges and health information networks (HIEs) across the nation, we appreciate this opportunity to provide input for the ONC's upcoming report to Congress on patient identity and patient matching. As the unbiased data trustees for their communities, SHIEC member HIEs serve nearly 95% of the United States population and are critical to achieving better health and quality of life in America. HIEs uniquely provide community-level identity resolution and linking of data beyond certified electronic health record systems, including data from pharmacies, post-acute care, behavioral health, social services, and many others.

SHIEC strives to support HHS and other federal agencies both as a partner in, and a resource for advancing interoperability. The dedication, energy, and passion exhibited by SHIEC's member HIEs over the past 20+ years have laid the foundation for nationwide health data interoperability among whole communities and regions. As evidenced by millions of secure health care data transactions occurring daily within and between HIEs, SHIEC members are delivering innovative interoperability solutions that are providing real and documented value to patient care in their communities, states, and across the nation.

Our members participate in various methods of nationwide clinical data exchange including Direct Messaging Exchange, eHealth Exchange, and the SHIEC Patient Centered Data Home project. SHIEC members maintain and support both centralized and federated HIE models and most maintain a master patient index. The broad scale of HIE implementations across SHIEC members allow us to have unique insight on strategies to improve patient identity and matching.



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**Patient Safety is a top concern of SHIEC members, and the ability to accurately identify, match and aggregate patient information is foundational to HIE work.** Members implement a variety of specialized software tools to perform complex demographic matching algorithms and aggregate patient data from various data sources. HIEs often have a team devoted to resolving false patient matches and identifying non-matched patients.

SHIEC supports continued and existing efforts to improve the patient identification and matching processes that align with previous work and recommendations from the ONC and the private sector, such as the 2014 Patient Identification and Matching Final Report, FHIR at Scale Taskforce (FAST), Proposed Solutions on Identity, and others. HIEs are well-situated to be the primary supplier of Distributed Identity Management as a trusted third party already providing identity matching services. NIST-800-63 SP 800-63A section 5.3.4 provides for the use of Trusted Referees in identity proofing, and enrollment processes further supports that HIEs can fulfill this role in identity matching. Additionally, HIEs can provide Distributed Identity Management and Mediated Patient Matching.

**SHIEC recommendations to improve patient matching include the following:**

Recommendations aligned with the 2014 Patient Identification and Matching Final Report:

- Global Patient Identifier – Addition of a voluntary Global Patient Identifier (GPI) to supplement existing demographic matching (should not be used as a sole matching criteria).
- Best Practices Patient Demographic Matching – Pursuit of best practices for matching patients across disparate organizations and systems.
- Best Practices Certified EHR Technology (CEHRT) – Pursuit of CEHRT best practices to broadcast resolutions to potential internal overlays of patient information to ancillary consumers of this data.
- Biometric identification – Implementation of voluntary biometric identification to add additional criterion for patient matching.

Recommendations aligned with the FHIR at Scale Taskforce (FAST) Proposed Solutions: Identity working document 1.9 published 6/17/2020. SHIEC members are already performing some aspect of each of these four solutions:

- Collaborative Patient Matching: Relying on use of pre-established patient identifiers known to both requesting and responding entities.
- Mediated Patient Matching: Intermediary service or responder performs demographics-based matching at the time of each request.



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- Networked Identity Management: Parties rely on the OpenID Connect provider's digital certificate and an OpenID identifier assigned to each user.
- Distributed Identity Management: A trusted third-party identity matching service maintains patient identities and associated identifiers assigned by different parties.

Recommendations regarding demographic data requirements and standardization:

- Continue to refine and develop minimum demographic data standards through efforts such as the USCDI and CEHRT.
- Demographics – Patient Name
  - Develop standards specifying the collection/storage/transmission of name suffixes in a designated suffix field (e.g., “JR”, “II”).
  - Develop standards specifying the collection/storage/transmission of name degree in a designated degree field (e.g., “MD”, “PHD”).
- Demographics – Gender
  - Develop standards specifying the collection/storage/transmission of birth gender vs. identified gender. Matching algorithms rely heavily on gender, but today birth gender vs. identified gender vary when exchanging and matching data.
  - Enforce the utilization of existing gender values recommended by USCDI V1 (e.g., “M”, “F”, “UNK”).
- Demographics – Social Security Number
  - Limit the role of Social Security Number (SSN) in patient matching as recommended by the GAO in the July 2017 report GAO-17-553. The report recommends that OMB require complete plans for ongoing reductions in the collection, use, and display of SSNs, require inventories of systems containing SSNs, provide criteria for determining “unnecessary” use and display, ensure agencies update their progress in annual reports, and monitor agency progress based on clearly defined performance measures.

Thank you for the opportunity to provide input on the ONC's forthcoming report to Congress on patient identity and patient record matching. If you have any questions or if SHIEC can be of assistance, please feel free to contact me at [kelly.thompson@strategichie.com](mailto:kelly.thompson@strategichie.com) or (970) 852-2166.

Sincerely,

Kelly Hoover Thompson, CEO