United States Senate
WASHINGTON, DC 20510

October 3, 2017

The Honorable Gene L. Dodaro
Comptroller General
U.S. Government Accountability Office
441 G St., NW
Washington, D.C. 20548

Dear Mr. Dodaro:

We write regarding the Government Accountability Office's (GAO) planned study on patient matching, required by a provision we coauthored in the *21st Century Cures Act*.[1] GAO is required to submit findings to Congress by December 2018. As you begin work on this study, we ask that you consider a number of key issues related to improving patient matching in the U.S. health system.

Correct patient matching is necessary for sharing patient information between providers, ensuring efficient use of health care resources, and improving the quality of health care. In 1996, when the Health Insurance Portability and Accountability Act was signed into law, it required the creation of patient identifiers and other uniform standards for electronic data transmission to improve reliability of health information. However, Congress later banned the Department of Health and Human Services from expending funds to develop a unique patient identifier system. This has resulted in the development of patient identifiers that are often proprietary and unique to specific health systems, instead of one identifier that travels with a patient from provider to provider.[2] Given this Congressional ban, HHS's ability to lead the development of solutions to patient matching is limited.[3]

Patient misidentification can lead to inadequate, inappropriate, and costly care and, in the worst cases, patient harm or death. A 2012 survey conducted by The Council of Health Information Management Executives found that one in five physicians encountered mismatched information that led to inadvertent illness or injury at least once over the previous year.[4] In addition to creating health risks, patient misidentification comes with financial costs. A 2016 report of nurses, physicians, and information technology (IT) practitioners found that the total

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[1] 21st Century Cures Act, Public Law 114-255, Sec. 4007, GAO study on patient matching (Dec. 13, 2016) (online at: https://www.congress.gov/114/plaws/publ255/PLAW-114publ255.pdf)
[2] Gliklich, Dreyer, and Leavy, "Registries for Evaluating Patient Outcomes," Ch. 17, Managing Patient Identity Across Data Sources, Agency for Healthcare Research and Quality (April 2014) (Online at: https://www.ncbi.nlm.nih.gov/books/NBK208618/)
[3] "Electronic Health Records: Nonfederal Efforts to Help Achieve Health Information Interoperability," United States Government Accountability Office (September 2015), p.18 (online at: http://www.gao.gov/assets/680/672585.pdf)
[4] "Summary of CHIME Survey on Patient Data-Matching," CHIME (May 16, 2012) (online at: https://chimecentral.org/wp-content/uploads/2014/11/Summary_of_CHIME_Survey_on_Patient_Data.pdf).

estimated value of denied claims resulting from patient misidentification at the average hospital was $1.2 million annually.[5]

In the absence of unique patient identifiers, the Office of the National Coordinator for Health Information Technology (ONC), as well as private sector health IT experts, have taken alternative steps to address the issue of patient matching, which will be reviewed in this study.[6] In addition to the study parameters required by the *21st Century Cures Act* to evaluate ongoing efforts related to patient matching,[7] we ask that GAO provide data on the prevalence of patient data mismatches as well as the costs and risks associated with these mismatches. We ask that your work on this study produce clear recommendations for steps that federal agencies, specifically ONC, could take to develop improved patient matching methods. In developing these recommendations, we urge you to consider how ONC could improve patient matching by considering the application of a national patient matching strategy. In evaluating the impact of patient matching efforts on factors like privacy and security of patient information, we hope you will at the same time consider the impacts on medical fraud, medical identity thefts, and medical reimbursement.

We appreciate the opportunity to work with GAO, and look forward to its recommendations on steps to improve patient matching. Thank you for your attention to our request. If you have any questions, please do not hesitate to contact us.

Sincerely,

Elizabeth Warren
United States Senator

Orrin G. Hatch
United States Senator

Sheldon Whitehouse
United States Senator

Tammy Baldwin
United States Senator

Bill Cassidy, M.D.
Bill Cassidy
United States Senator

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[5] "2016 National Patient Misidentification Report," Ponemon Institute (Dec. 2016) (online at: https://pages.imprivata.com/rs/imprivata/images/Ponemon-Report_121416.pdf)

[6] See, for example: "Patient Identification and Matching Final Report," Office of the National Coordinator for Health Information Technology (Feb. 7, 2014) (online at: https://www.healthit.gov/sites/default/files/patient_identification_matching_final_report.pdf); "Patient Matching Algorithm Challenge" (online at: https://www.challenge.gov/challenge/patient-matching-algorithm-challenge/)

[7] 21st Century Cures Act, Public Law 114-255, Title IV – Delivery, Sec. 4007. GAO study on patient matching (Dec. 13, 2016) ((https://www.congress.gov/bill/114th-congress/house-bill/34/text)