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June 7, 2019

The Honorable Patrick M. Shanahan
Acting Secretary
U.S. Department of Defense
1000 Defense Pentagon
Washington, DC 20301

The Honorable Robert Wilkie
Secretary
U.S. Department of Veterans Affairs
810 Vermont Avenue, NW
Washington, DC 20420

The Honorable Alex M. Azar II
Secretary
U.S. Department of Health and Human Services
200 Independence Avenue, SW
Washington, DC 20201

Dear Acting Secretary Shanahan, Secretary Wilkie, and Secretary Azar:

I wish to call your attention to a critical, if often overlooked, issue that is undermining interoperability throughout American health care. Rates of patient matching—correctly linking the health records of the same individual patient—remain too low. As the Department of Defense (DoD) and Department of Veterans Affairs (VA) move forward with Military Health System (MHS) Genesis and Electronic Health Records Modernization (EHRM), respectively, I urge you to work together to prioritize patient matching in order to improve servicemembers' and veterans' care through collaboration among health care providers.

Patient matching is a vital component of seamless care. The goal is to utilize demographic data, such as name; date of birth; or address, to determine whether different records refer to the same individual. Unfortunately, match rates for data exchange between organizations can be as low as 50 percent, meaning that records for the same individual may not be correctly linked up to half the time. As a result, patients and clinicians lack complete medical histories, creating risk of dangerous errors or wasteful duplication. For example, ineffective matching could result in clinicians lacking up-to-date medication lists or ordering redundant tests.

The Department of Health and Human Services' (HHS), Office of the National Coordinator for Health Information Technology (ONC) has made strides to improve patient matching by establishing requirements for commercial electronic health record systems, yet much more remains to be done. The Government Accountability Office recently published a report, required by the 21st Century Cures Act, examining steps taken by the public and private sectors. GAO found that no single solution to fix patient matching exists, but identified several approaches that can make meaningful improvements.[1]

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[1] GAO-19-197: Approaches and Challenges to Electronically Matching Patient Records Across Providers, Jan. 2019
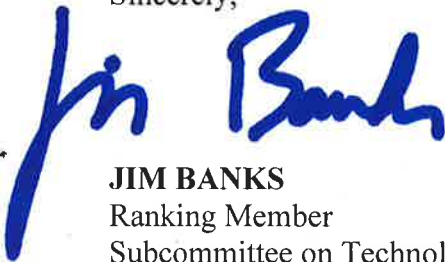
Recent research by the Pew Charitable Trusts and Indiana University found that more consistent use of standards to depict certain demographic data can significantly improve match rates, such as from 81 to 91 percent, which would cut the number of unmatched records by half. To achieve those improvements, the researchers standardized patients' last names and also used a common address format implemented by the U.S. Postal Service.[2] Other research has shown that patients' email addresses are already contained in more than half of patient records yet are not typically used for matching.[3] There is substantial reason to believe the use of such additional data provided by patients could further improve match rates at negligible marginal cost, and research in this area is advancing rapidly.

I ask that DoD and HHS support using the USPS address format and incorporating additional patient data for matching, and that ONC update its policies for electronic health record systems to include them. It is my understanding that DoD has opposed universal adoption of the USPS address format in the past because some active duty servicemembers may have foreign addresses. Even if this population was exempted, this change would still help the millions of servicemembers and veterans residing in the U.S.

Data migration in MHS Genesis and EHRM, from the legacy electronic health record systems to the single DoD-VA Cerner Millennium instance, will pose immense patient matching challenges. I believe taking proactive steps to improve patient matching now, like those discussed in Pew and Indiana University's research, may pay huge dividends in terms of reducing risk and optimizing performance in MHS Genesis and EHRM later. Additionally, these sorts of commonsense, seemingly modest steps may render more radical solutions like a mandatory national patient identifier, which presents serious privacy concerns, unnecessary.

Thank you for your attention to this matter. If you have any questions about this request, please do not hesitate to have your staff contact William Mallison, Minority Staff Director of the Subcommittee on Technology Modernization, at (202) 225-3527 or william.mallison@mail.house.gov.

Sincerely,

JIM BANKS
Ranking Member
Subcommittee on Technology Modernization

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[2] Journal of the American Medical Informatics Association, Volume 26, Issue 5, May 2019, Pages 447–456, https://doi.org/10.1093/jamia/ocy191

[3] Applied Clinical Informatics, The Building Blocks of Interoperability: A Multisite Analysis of Patient Demographic Attributes Available for Matching, April 5, 2017, Pages 322–336, https://www.ncbi.nlm.nih.gov/pubmed/28378025