Patient Identification and Matching

National Committee on Vital and Health Statistics Subcommittee on Standards and Security

December 7, 2005

Slides are a summary of submitted written testimony



The Information Herein is Proprietary and Confidential to Arkansas Blue Cross Blue Shield



- Advanced Health Information Network Background
- AHIN System Architecture
- Patient Identification/Matching on AHIN
- AHIN Experience with Algorithms and Identifiers
- Summary and Conclusions



AHIN Founding Partners











<u>**Architectural Guiding Principles</u>**</u>

- The Patient/Member is the "Epicenter" of the architecture; all actions revolves around him/her
- Think globally of the HC Industry; not organizationally
- Leverage existing IT Investments wherever possible
- **Provide** "alternative options" for integration where possible
- Innovate through System Integration, where no organization has ever gone --- "Think outside the box"
- Create a "Virtual Secured View" of the Patient's/Member's Global record, via a Master Patient Index
- Build upon Industry Standards; ANSI and HL7
- Create Open systems, not burdened by only one tool or vendor
- While designed for Arkansas; architect for "portability to anywhere"



ARCHITECTURAL FOUNDATION



Global Member Data

Demographics Benefits

- Address
- Date of Birth
- Soc Sec Num
- Employer
- Dependents
- Other data

- Plan
- Deductible
- Copayment
- Amount of deductible
- paid • Other Payer Liability
- Other coverage data

- **Medical History**
- Summarv data
- Allergic reactions
- Immunizations
 - characteristics Stress index

Profile

• Lifestyle

- Clinical
- Genetic factors
 Laboratory results • Claims
 - Physician observations Claim status
 - Physician transcription Remittance
 - Treatment prescribed
- Wellness index
 Medications

- **Financial**
- Images
- Radiology
- Ultrasound
 - MRI
 - Other





AHIN ARCHITECTURE



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PERSONAL	ENCOUNTERS	MEDICAL DATA CLINICAL CHART
		Personal Information
		Prefix: Date of Birth: 02/14/1947
		First: JERRY Gender: Male
		Last: BRADSHAW
		Suffix:
		UPI: 00020001000000000498749

AHIN Security Profile

- Private Network for Communication Between Servers
 X.509 Certificate Authentication Between Servers
- Initial User Access via VPN using IPSec Tunnel Protocol
 > Predominantly Secure Socket Layer (SSL) Now Due to Maintenance Advantage
- Users Associated with Specific Organization via ID & PW
 Access to all Confidential Data Except Eligibility Limited to Organization's Patients
 Ability to Certify Patient Authorization for Access to New Patient Clinical Data
 Emergency Providers Given "Break the Glass" Capability to View All Clinical Data
- Registration Documents Changed to Allow Opt Out
 > Clinical Data Concerning Some Conditions Suppressed



AHIN's Current Deployment Profile

Deployment: Began in 1998

- Physicians: 8,195 -- nearly all
- Hospitals: 91 -- nearly all
- Other Providers: 344 -- major portion
- Deployed & Spun-off over 1,000 EHR Licenses

Operational Status

- Administrative Features: Fully Functional
- Clinical: Fully functional for 2+ years in 2 Regions;
 - reduced scope currently due to Provider funding issues
 - Interfaces from Hospital Lab, radiology & dictation systems to Physician's EHR (Logician) remains operational in 1 region



AHIN Patient Identification & Matching Data Flow





Probabilistic Algorithm Vulnerability

Ms. Jones is widowed, has lived in Maumelle, Arkansas for 10 years and has numerous records on the system.

Last Name...Jones

First Name... Linda

Sex.....Female

DOB......10/19/1948

Zip Code..... 72113

Ms. Jones re-marries and moves to her new husbands home. After a year she sees a new physician who generates new records.

Last Name... Smith First Name... Linda

Sex.....Female

DOB......10/19/1948

Zip Code..... 71609

> The AHIN Database Contains Records on 1.5 Million Individuals

> Of the 1.5 Million Individuals, 12,000 Have Linda as a First Name

> Of the 12,000 Named Linda, 7 Have a DOB of 10/19/1948

> Likelihood is the New Record Won't be Matched



Summary and Conclusions

- Matching Algorithms are Good but Vulnerable When Data Changes, e.g. Marriage, Divorce, etc.
- A Static Identifier Would be Very Useful in Many Cases, Especially When Data has Changed.
- A Static Key Value Improves Response Time.
- A National Patient Identifier Provides Advantages but is Long Term at Best Because of Implementation Issues.
- Probabilistic Algorithms for Patient Matching and Identification is likely the Most Viable Alternative Given the Urgency Associated with the NHIN.

