Jersey Health Connect appreciates the 2016 Interoperability Standards Advisory document released in January, 2016. As a large Health Information Exchange we are intimately aware of the challenges and difficulties in managing standards across a diverse group of providers and EHR venders. We are also aware of the tremendous benefit and potential cost savings that are realized as we get closer to standardizing data sets, formatting and transport mechanisms. The efforts are extremely important and have an enormous potential return on investment.

We recognize that the scope of this exercise is focused on clinical data. We are commenting on the topic of patient identification standards, which we believe has not been well addressed in the document. The foundational importance of linking the right clinical data to to the correct individual patient necessitates treating patient identity with the scope of a ‘clinical data standard’. Countless studies, reviews and whitepapers continuously highlight the importance and the lack of good standards around patient identification. It was somewhat disappointing that this topic was not adequately covered in the Standards Advisory.

In the absence of a formal patient identifier, our industry has adopted a variety of matching solutions based on matching individual demographic data fields. This “best effort” approach to patient identification comes with a level of risk to our patients and continuously adds a barrier to adoption and use of HIT. Clinicians lose confidence in data quality and are adverse to the risk to their patients of having incorrect or incomplete clinical profiles when matching algorithms fail.

Accepting that there is not the political will to take on the challenge of a patient identified by state and federal government, we accept that demographic matching is a necessity in the foreseeable future. However, there is still significant safety and efficiency improvements that ONC can provide by making specific recommendation on data elements to be collected and used for the purpose of matching patient data. Also, documenting specific formats for collection and interoperability of these fields would be of tremendous value.

It has been our experience, across over one hundred data providers, that the inconsistencies of collection and normalization of patient demographic data contributes to expensive remediation processes, incomplete longitudinal records and an added expense to each entity in the continuum of care. Every practice, every hospital, every IDN and every HIE pays a price in time and money, to manage these data discrepancies. A specific standard that advises all providers, technology venders, admission resources, payors, retail labs, pharmacies, etc. to use a set of demographic fields in a specific formation would be a giant leap forward in addressing a problem that has plagued HIT interoperability over many years.

It is unclear as to who would fail to benefit from such a list. It is unclear that his approach would cause ‘political fallout’ the way the the patient identifier concept has. We certainly understand the real problems of identity theft and confidentiality, but we have to remain confident in our ability to protect all of our patients data, including a social security number.

Jersey Health Connect has invested significantly in our own standards for patient matching, as we are sure has been repeated in clinical settings and interoperability projects across the country. We are happy to share our standard if necessary, but we don’t want to recommend a particular standard. We recommend any standard that we, and all other stakeholders will adopt in the confidence that it will lead to safer and more efficient interoperability.

Thank you for the opportunity to participate in the process with our comments. It is encouraging to see the ongoing collaborative efforts of ONC in improving our healthcare system.