June 15, 2020

Donald Rucker, MD
Office of the National Coordinator for Healthcare Information Technology (ONC)
U.S. Dept. of Health and Human Services
330 C St. SW
Floor 7
Washington, DC 20201

RE: ONC Patient Identity and Matching Working Session

Dear Dr. Rucker:

Thank you for the opportunity to comment on the topic of patient identification. The Leapfrog Group is pleased to see the attention being paid to this very important patient safety issue and we would like to add our voice to those calling for change. The June 1, 2020 working session did a very good job of highlighting the patient safety issues that are caused by the lack of a national patient identifier.

The Leapfrog Group, our Board of Directors and members collectively comprise hundreds of the leading purchaser and employer organizations across the country. We are a national nonprofit movement committed to improving the safety and quality of health care, with meaningful metrics that help families make informed choices about where to seek care for their loved ones, and help employers recognize excellence in their contracting and benefits design.

Before joining Leapfrog, I spent 35 years as a hospital CIO. I am honored to be part of this important advocacy organization. I now lead the strategy for the organization's technology as well as add my voice for patient safety issues regarding health care technology. I have seen first-hand the problems associated with patient identification.

My last role as a CIO was in a rural setting where I experienced the issue of a single patient having 10 different medical records in the electronic health record because of poor identification tools. Assembling a single, safe patient record from those disjointed records was a difficult task and it made me wonder how many errors could have occurred because of missed information during the patient's care. Now that I am a member of the Leapfrog team, I have the added perspective of the health care purchaser. Employers have invested heavily in the health care system and deserve efficiency as well as high quality and improved outcomes. Problems with patient identification work against these goals of the business community.

In 2016 the Ponemon Institute conducted a study[1] that found that 86% of respondents admitted that they had witnessed or knew of a medical error caused by patient misidentification. During the working session we also

[1] Ponemon Institute, "National Patient Misidentification Report", 2016

heard from Russ Branzell, the President of CHIME who said that a poll of their membership showed that 20% of hospital CIOs know of direct patient harm because of patient identification errors.

Just as the patient is at the core of every medical encounter, correctly identifying the patient is at the core of every transaction involved in the patient's care. Without an identifier a "new" patient record is started that lacks the benefit of linking to that patient's medical history. Not only does that result in patient harm it can waste money that could be better used to improve patient safety. When records need to be combined because a new record was created this results in many person hours of time combining the records later. When patient history is missed it results in drug interaction issues or allergic reactions or even worse. A missed prior diagnosis for a pre-existing condition can result in terrible patient outcomes.

Our last point on this topic is that the ONC goal of interoperability will never be fully achieved unless there is a national patient identifier. Interoperability is also a key patient safety goal that we applaud but it will not be realized given the current situation.

Sincerely,

Ralph Johnson, MS, FHIMSS, CHCIO
Vice President of Informatics and Technology
The Leapfrog Group
rjohnson@leapfrog-group.org
(202) 292-6713

Cc: Leah Binder, M.A., M.G.A., President and CEO, The Leapfrog Group