Accurate Individual Data Matching

**M1. Standards and Best Practices** 2015-2017

1. ONC and SDOs should standardize the minimum recommended data elements to be consistently included in all queries for patient clinical health information, and to be used to link patient clinical health information from disparate systems.

[Hal Baker] Keep, standards can be changed and it seems unlikely to me that we’ll have a better standard by waiting

[Larry Garber] Keep

[John Blair] Keep

[Shelly Spiro] Keep

[Arien Malec] Can standardize data elements, but cannot state that they should be included in all queries – depends on data availability,

[Margaret Donahue] Recommend remain in 2015-2017:

* Studies and standards efforts should include development of empirical evidence and explicit requirements supporting any approach for identity matching that establishes ‘threshold of assurance” and which would become part of certification and conformance testing. The HITPC alluded to this in their “threshold of assurance” recommendation. http://www.healthit.gov/FACAS/sites/faca/files/IEWG\_Recommendation%20Transmittal\_MU3v2.pdf
* Without a national health ID, a combination of attributes is required to perform identity matching to achieve an adequate success rate.
* Public and private stakeholders currently do not use identical criteria for patient identity matching.
* While the VA is moving to eliminate the use of SSN it is currently a required data element.
* VA has very clear regulatory guidance for sharing information on Veterans with protected diagnoses
* Are there standards forthcoming for the representation of authorization to access health information?
* Are there standards forthcoming for the representation of permission to collect, share and use PHI?
* Standardization of a common minimum set of data elements will involve potentially substantial development effort, currently unplanned/funded.

[Kate Kiefert] Keep 2015 - 2017

1. Through coordinated governance, public and private stakeholders should work with standards development organizations to require a set of data elements in all individual identity query and record linking transactions.

[Hal Baker] 2018-20

[Larry Garber] Keep

[John Blair] Keep

[Shelly Spiro] Keep

[Arien Malec] Same issues

[Margaret Donahue] Recommend move to 2018-2020:

* Without a national health ID, a combination of attributes is required to perform identity matching to achieve an adequate success rate.
* Public and private stakeholders currently do not use identical criteria for patient identity matching.
* While the VA is moving to eliminate the use of SSN it is currently a required data element.
* Standardization of a common minimum set of data elements will involve potentially substantial development effort, currently unplanned/funded.

 [Kate Kiefert] Keep 2015 – 2017 and identify which ones may need to adopt at a later stage. Start with those that have established a set of shared data elements.

Identify and inform non-clinical health information SDOs in 2015-2017, require in 2018-2020

1. Through coordinated governance, public and private stakeholders should establish and document best practices for the following processes: patient registration, patient verification of information and patient updates and corrections to information.

[Hal Baker] Remove. Let the market figure this out.

[Larry Garber] Keep

[John Blair] Keep, but how would this be done? Furthermore, beyond documenting best practices, what are the plans for training and compliance?

[Shelly Spiro**]** Keep

[Arien Malec] Agree on best practices; however, documenting best practices without linking to payment and other key policies will not lead to upstream investments in clean data.

[Margaret Donahue] Recommend remain in 2015-2017:

* Assumes this action is analysis, documentation, coordination and agreement on best practices.
* Must answer questions such as:
	+ What would the allowed sources of corrections be if an individual claims inaccurate data in their record?
	+ Should the provenance of the data define those that can change values for an individual or should any medical professional be permitted to do so?
	+ How would such a permitted correction be propagated to all copies of the individuals exchanged record? Or would the individual have to track down all copies and have them individually corrected?
	+ There is recognition of data entry during the registration process brings risk to the reliability of the identity information, but no mention of the need to associate a Level of Assurance (LOA) with a particular trait used for matching. National Standards defining what verification sources would be needed to assign LOA for a particular trait would be helpful in determining the reliability of that data, and could be used as another factor to improve the quality of matches.
* Actual system changes to accommodate developed best practices will be deferred to post 2017.

[Kate Kiefert] Keep 2015 -2017 – current state of best practices

Expand for 2018 – 2020 for non-clinical processes

1. Through coordinated governance, public and private stakeholders should designate the API capabilities necessary to support individual identity search and individual identity linking transactions.

[Hal Baker] Keep, but move the requirement date for having this out to 2018-2020. Designate by 2017. Require by 2020

[Larry Garber] Keep

[John Blair] Move to 2018-2020

[Shelly Spiro**]** Keep

[Larry Garber] Keep

[Arien Malec] Already done.

[Margaret Donahue] Recommend remain in 2015-2017:

* ONC Interoperability Roadmap refers to two IHE-established profiles for identity matching: PIX/PDQ and XCPD. Assume these API standards would remain in place.
* Assumes this action requires analysis, documentation, coordination and agreement.
* Any additional development would be deferred to post-2017.

 [Kate Kiefert] Keep 2015- 2017 - APIs are going to be crucial. Designating this early will help with success. Too dependent on EHR and HIE vendors if don’t identify capabilities of APIs.

Modify and update 2018- 2020 or continually

**M2. Pilots and Further Study** 2015-2017

1. Through coordinated governance, public and private stakeholders should develop and pilot tools and technologies for establishing performance metrics for individual identity, query and internal individual matching/record linking.

[Hal Baker] 2018-2020. I love the idea of performance metrics, but it will be very hard to establish the gold standard to which the accuracy of the tool is compared.

[Larry Garber] Keep

[John Blair] Move to 2018-2020

[Shelly Spiro] Keep

[Arien Malec] Not sure the value here, unless the thought is that the technology is bad.

[Margaret Donahue] Recommend Move to 2018-2020:

* Implementation of metrics for standardized identity queries must necessarily be dependent on query data elements.
* So the standards must be in place prior to development and implementation of the associated metrics.

 [Kate Kiefert] Keep 2015-2017,

Modify, update, and keep testing in 2018-2020

1. ONC will coordinate with industry stakeholders and other HHS initiatives to test scenarios that represent a variety of matching settings with the purpose of providing further direction for scalable solutions, standards and best practices.

[Hal Baker] Keep, seems a first step necessary to looking at 1 immediately above

[Larry Garber] Keep

 [John Blair] Keep

[Shelly Spiro] Keep

[Arien Malec] Useful, if this results in a non-trivial test data set that could be used for machine learning or other approaches. If this is a trivial test data set, not so useful. Best data set would be a de-identified (e.g., perturbed) large data set.

[Margaret Donahue] Recommend remain in 2015-2017:

* Implementation of test scenarios for standardized identity queries must necessarily be dependent on query data elements.
* So the standards must be in place prior to development and implementation of the associated test scenarios.

 [Kate Kiefert] Keep 2015-2017,
Modify, update, and keep testing in 2018-2020

Some HHS initiatives may need to prepare for variety of matching settings in 2015-2017 then be able to test in 2018-2020.
Recommend/require in HHS initiatives 2018-2020
Require in HHS initiatives 2021-2024

1. ONC will coordinate with industry stakeholders to study voluntary collection of additional identity attributes, which may include biometric technologies, cell phone number, email address, etc.

[Hal Baker] keep

[Larry Garber] Keep

[John Blair] Keep

[Shelly Spiro] Keep

[Arien Malec] Suggest combining with 7 in previous section

[Margaret Donahue] Recommend remain in 2015-2017:

* ONC and industry will have 3 years to study voluntary collection of additional identity attributes.
* Assumes this action requires analysis, documentation, coordination and agreement.
* Any additional development would be deferred to post-2017.

 [Kate Kiefert] Keep, but partner with #2

**M3. Adoption** 2015-2017

1. ONC among other stakeholders should begin coordination and dissemination of best practices on identity matching.

[Hal Baker] Keep, suspect coordination by 2017 and dissemination by 2020

[Larry Garber] Keep

[John Blair] Keep

[Shelly Spiro] Keep

[Arien Malec] Hey, if you have the best practices and are keeping them to yourselves, stop that.

[Margaret Donahue] Recommend remain in 2015-2017

* ONC and industry will have 3 years to coordinate and disseminate best practices on identity matching.
* This correlates with the time period for determination of best practices on identity matching.
* Assumes this action requires analysis, documentation, coordination and agreement.

 [Kate Kiefert] Keep for the first test scenarios, expand for 2018 – 2020, continue for 2021 – 2024