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WHITE PAPER
Patient Identity Management



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Identity theft and fraud is the fastest growing crime in the US. Specifically, medical fraud ranks as the fastest growing type of identity theft of any industry. The impact of medical identity theft is more than $31 billion annually. In addition, medical identity theft and fraud can result in denied claims at a very high cost to healthcare providers. Another issue is how patient records are managed. According to the American Health Information Management Association (AHIMA) reports 7%-10% of patients are misidentified when their enterprise master patient index (EMPI) and electronic health record (EHR) data is being searched at registration, and 6% of these patients experience an adverse event. According to the AHIMA, roughly 40% of duplicate health records have discrepancies caused by inconsistent records of patients' first and last names.

Medical record overlays occur when patient information from one patient is used to replace another's. Cleansing inaccurate patient records can be costly for healthcare providers. The average cost to resolve a single duplicate medical record is US $1,000. Master Data Management and Master Health Record Management initiatives minimize the number of ultimate duplicates but are delayed by days, weeks, and sometimes months..

Vision
To combat medical identity fraud and provide better patient administration a real-time healthcare ecosystem is needed to support and manage::

- Next-generation Healthcare
- Consumer Engagement
- Care Delivery
- Payment Administration

To properly develop, you need to create an omnichannel patient engagement focus, but it also includes a widespread transformation in all aspects of care and administration. Healthcare organizations see increased competition for their share of consumer spending and mindshare. Healthcare CIOs have already demonstrated their belief in this new direction by investing in EHR-based portals. These portals bring important capabilities for viewing claims, plan enrollment, as well as access to care and disease management information. With proper patient identification, healthcare providers decrease downstream risk to care and avoid costly duplicate records and overlays.

Conclusion

Anomalix prides itself on solving our client's most complex Identity & Access Governance (IAG) challenges. Our diverse team has broad-ranging IAG experience, including design/strategy work at Big-4 consulting firms, engineering/implementation services at security software companies, infrastructure/operations support at Fortune 500 corporations, and information security operations and governance at healthcare institutions. This mix of expertise and industry knowledge gives us a unique position in the healthcare industry to deliver IAG solutions based on best practices that can be reliably implemented.

Where to begin?
The patient experience starts with patient registration. A strong patient registration includes:

- Identity Proofing (patient proves they are who they say they are)
- Positive Patient Identification is fundamental to patient safety and care quality. Common patient identification methods today include 2D bar codes, Radio Frequency Identification (RFID) or Biometrics. Of all three, only biometrics (the use of biological characteristics or traits to determine identity) can provide absolute certainty of patient identification

What are the results?
As a result of proper patient identification, healthcare providers decrease downstream risk to care and avoid duplicate records, overlays, and costs. The Food and Drug Administration (FDA) has estimated that about half of all adverse drug events were caused by errors in the distribution and administration of medications. The FDA also estimated that the cost of implemented PPID systems can almost be completely offset by the cost of a single adverse drug event.

Hospitals are constantly challenged to mitigate potential healthcare and liability issues associated with misidentification of a patient under treatment. Positive Patient Identification enables healthcare providers to seamlessly update electronic health records for each and every interaction, eliminating duplicate medical records and overlays. If registers are not able to associate a presenting patient's identity with an existing medical record, a new one is created - often a duplicate.

There is a new approach to next-generation healthcare strategies which go beyond providing basic patient intake and quality care administration. Emerging capabilities such as on-demand virtual care, wearable IoT technologies, and mobile phone applications are being adopted in trends emulating a hockey stick. These nascent trends enable consumers to think about and manage their healthcare habits, find and purchase relevant products and services and manage their healthcare needs and experiences with family, friends and caregivers.

Healthcare CIOs are planning a much broader framework and workflow for optimal quality care that's affordable and adoptable. Aside from adopting a unified view of patient care records and results for analytics to help propel widespread access to safe and high-quality care. The responsibility for privacy management and data federation needs to include delegation rights and notifications that are critical for long term or disease management. These considerations are no longer in the hype cycle. These are strategic pursuits to modernize healthcare.



Third-Party Identity Management in a Decentralized World

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