



April 9, 2024

The Honorable Mike Kelly
U.S. House of Representatives
Washington, DC 20515

The Honorable Bill Foster
U.S. House of Representatives
Washington, DC 20515

Dear Representatives Kelly and Foster:

On behalf of the American College of Physicians (ACP), I write to offer our support for the Patient Matching and Transparency in Certified Health IT (MATCH IT) Act of 2024, H.R. 7379. This legislation would improve patient safety and enhance health data interoperability by addressing a prevalent issue within health care, patient misidentification. We applaud your commitment to protecting patients from unnecessary and repetitive medical procedures that are harmful and costly to them, clinicians, and institutions.

ACP is the largest medical specialty organization and the second largest physician membership society in the United States. ACP members include 161,000 internal medicine physicians, related subspecialists, and medical students. Internal medicine physicians are specialists who apply scientific knowledge, clinical expertise, and compassion to the preventive, diagnostic, and therapeutic care of adults across the spectrum from health to complex illness.

Patient Misidentification Threatens Patient Safety and Contributes to Administrative and Financial Burden

Internal medicine physicians rely on accurate medical records to effectively care for patients throughout the course of their lifespans. Having access to accurate and complete medical records allows physicians to treat patients' multiple chronic conditions and to provide individualized care to their patients across both primary and specialty care. When there are barriers to accessing patients' medical records, misdiagnosis and mistreatment can occur, which often lead to preventable medical errors and adverse health outcomes.

Research [shows](#) that approximately 6 percent of patients who are misidentified during medical record searches have adverse health outcomes that could have been prevented. Due to these adverse health outcomes and other patient safety concerns, identifying patients correctly has consistently been included among the Joint Commission's National Patient Safety Goals in recent years. Additionally, this issue is accompanied by considerable administrative and financial burden. According to a [survey](#) conducted by the Patient ID Now coalition, 72 percent of respondents from health care and health IT organizations reported that they encountered delays in billing and reimbursement because of inaccurate patient information, and 70 percent indicated that because of difficulties in managing patient identities, patients received



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duplicative or unnecessary testing or services. As the bill text emphasizes, “The expense of repeated medical care due to duplicate records costs an average of \$1,950 per patient inpatient stay, and over \$1,700 per emergency department visit. 35 percent of all denied claims result from inaccurate patient identification, costing the average hospital \$2.5 million and the United States health care system more than \$6.7 billion annually.”

Need for National Standard for Patient Identification

The U.S. does not have a national strategy on patient identification and that has contributed to serious patient privacy concerns. Currently, when attempting to achieve accurate patient matching for medical records, our health care system requires patients to repeatedly disclose a significant amount of identifiable information before they can receive medical care. This process could lead to increased risk of patient misidentification in medical records and overlays, which includes the merging of multiple patients’ data into one medical record. Overlays could result in an unauthorized disclosure under the Health Insurance Portability and Accountability Act (HIPAA). What is even more concerning is that overlays could lead to a patient receiving treatment intended for another patient, which could be irreversible and fatal.

While we appreciate that Congress has prioritized interoperability and digital data exchange in the 21st Century Cures Act and other legislation, we believe that progress towards these national priorities is inhibited by patient matching and identification issues. The College supports H.R. 7379, which aligns with ACP’s policy to support best practices for patient matching and identification to improve patient safety and expand interoperability efforts in health care. MATCH IT would establish standards and protocols, with stakeholder input, to improve positive patient identification and promote interoperability. It would decrease the rate for patient misidentification by establishing a clear, national standard definition for the term ‘patient match rate,’ to ensure consistency and clarity in decision making efforts for patient matching. Further, it would standardize patient demographic data within certified health information technology platforms to improve patient matching and would establish an anonymous, voluntary program to measure patient match rates across the country. This approach would provide the health care industry with a more accurate breakdown of patient match rates to further incentivize the development of effective patient matching best practices.

Recommendation

The College appreciates that the legislation calls for the inclusion of ‘health care providers’ input on the development of standards and protocols for patient matching as it is critical to ensure stakeholder buy-in. To that end, we urge you to specifically add ‘physicians’ to the list of stakeholders, considering that physicians are the cornerstone of medicine, responsible for leading care teams, providing care directly to patients, and managing their treatment plans across the continuum of care. It is very important that physicians have a seat at the table to provide practical recommendations on the real-world impact of new standards and protocols, including a new data set for patient matching, on physicians.



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The College's principal consideration when thinking about the inclusion of each new data element proposed for inclusion in the United States Core Data for Interoperability is to consider the burden-to-benefit ratio for physicians. The main questions ACP considers are whether the data element has the potential to improve patient care and/or physician decision-making, and if so, whether the burden on physicians who will collect that data element throughout the full spectrum of health entities—from large healthcare systems to solo practitioners—outweighs its clinical value. This recommendation is consistent with [ACP's Patients Before Paperwork initiative](#), which serves as the foundation for the College's policy recommendations for revising, streamlining, or removing administrative burdens that can detract from patient care. The framework and recommendations underscore the importance of stakeholder engagement, including from physicians, in reducing administrative burden.

Conclusion

We greatly appreciate your efforts to put patients first by ensuring their safety through improvements in positive patient identification matching. Should you have any questions, or if we can be of further assistance, please contact Vy Oxman, Senior Associate of Legislative Affairs, at voxman@acponline.org.

Sincerely,

A handwritten signature in black ink that reads "Omar Atiq".

Omar T. Atiq, MD, MACP
President