How to get MDM implementations right

Most master data management programs don't fail on technology. They fail on outcomes that were never defined, scope that expanded until it tried to solve everything, and data no one trusted. Here's what separates the implementations that last.

Why implementations fall short

In healthcare, MDM answers a human question: do these records describe the same person? Get it wrong, and duplicate records and fragmented profiles pull registration, HIM, and operations teams into constant manual reconciliation.

- **No shared, clearly defined outcome.** A business vision, like better patient matching, cleaner analytics, or a system migration, gets diluted as work moves into execution.
- **Progress is measured by technical milestones.** Pipelines built and match rules configured become the primary scorecard instead of business impact, until the “why” fades into the background.
- **Scope creep.** Without a shared outcome, teams can’t make trade-offs, so the effort sprawls into solving everything at once. This “boil the ocean” pattern is one of the most consistent drivers of MDM failure

What successful programs do differently

Successful programs share one trait: they define success by outcome, not activity. The comparison is stark.

Avoid this	Do this instead
Define success by technical milestones, pipelines built, match rules configured	Define success by business outcome, and keep it visible to every role on the team
Attempt enterprise-wide transformation from day one	Start with one specific, measurable objective tied to a real business driver
Treat governance and stewardship as an afterthought	Build stewardship in from the start so the data earns trust as it grows
Try to solve everything at once	Defer non-critical scope and layer capabilities in deliberately over time

Start small, but start with purpose

8-12%
or higher

In large healthcare environments, duplicate record rates can reach 8–12% or higher, driving cleanup, rework, and patient-safety risk across registration, billing, and clinical workflows. Even a targeted fix in a single workflow can cut manual reconciliation and safety risk substantially.

Identity touches so many systems that the instinct is enterprise-wide transformation on day one. The most effective implementations do the opposite, they start small, with purpose and precision:

- Define a specific, measurable objective, such as reducing duplicate patient records in one workflow, or establishing a trusted identity foundation ahead of a CRM or system migration.
- Anchor the work to a real business driver. A CRM transition, regulatory requirement, or new digital initiative creates urgency and alignment.
- Make deliberate choices about scope. Not everything needs to be solved at once. Deferring non-critical capabilities lets teams build momentum and demonstrate value early.

Make trust the measure of success

Technology can create identity records. Only trust makes them usable, through governance and stewardship: reviewing potential duplicates, resolving exceptions, and validating match outcomes against real-world scenarios. When that trust is present, identity becomes actionable:

- Care teams work from complete, reliable patient views.
- Operations teams coordinate without duplication or delay.
- Analytics teams generate insights without second-guessing their inputs.

The path forward

1. **Start with a clear, outcome-driven purpose.**
2. **Build trust in identity data through governance and stewardship.**
3. **Expand capabilities deliberately, not all at once.**

Done right, identity becomes a foundation the rest of the organization can build on.

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Adapted from "Why MDM Implementations Fail—and How to Get Them Right" by Cheryl Griffin, VP of Professional Services at Verato (Healthcare IT Today, May 2026).

Verato®, the identity intelligence company, solves the critical challenge of Knowing Who Is Who™. Proven in healthcare and trusted everywhere, Verato MDM Cloud™ unifies, enriches, and manages identities with unmatched accuracy—powering better experiences, improved outcomes, business growth, and AI-native efficiency across identity-driven business processes.

Source: Verato customer case study. Results vary. This example demonstrates an adjacent healthcare outreach workflow and is not a direct independent-ACO shared-savings result.