
Patient Identity
Knowing who is who™
solves top 3 organizational
challenges in healthcare
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Executive summary

The healthcare industry is at a massive inflection point, with healthcare organizations feeling pressures from all sides. Clinical and administrative staff shortages and burnout, pressures from patients, business and clinical stakeholders, and ever-evolving technological mandates and requirements have created a "perfect storm" of chaos. Despite dealing with, or perhaps triaging, these challenges on an ongoing basis, organizations can't afford to take their eyes off the ball. **Too much is riding on their ability to compete at a time when the crosswinds of value-based care, digital transformation, healthcare consumerism, and increasing competition threaten their viability.**

These industry drivers are not new concepts, and in fact have been pushing change and innovation forward in the healthcare space for many years. Unfortunately, that also means that HCO leaders have been spending vast amounts of time and energy addressing and course-correcting for these factors.

While there are a plethora of key challenges facing healthcare organizations – too many to number, in fact – industry research and trend-watching show us that the top three organizational concerns boil down to three areas:

1. **Improving the patient care experience**
2. **Leveraging social determinants of care to better meet the healthcare needs of their populations**
3. **Growing their business by partnering with fellow HCOs**

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Healthcare leaders need accurate patient data

Most HCO leaders agree that a complete and accurate, 360-degree view of patients is essential to achieving all three of these objectives. But according to a recent survey of 100 HCO leaders, 72% of respondents are "concerned/extremely concerned" that siloed, inaccurate patient data are hurting their ability to achieve these goals. While the challenges associated with siloed, fragmented or inaccurate data can be addressed by patient identity resolution technology, only 14% of healthcare leaders are "extremely satisfied" with the accuracy of their patient identity resolution capabilities.

72%

of HCO leaders agree inaccurate data has a negative impact on quality of care

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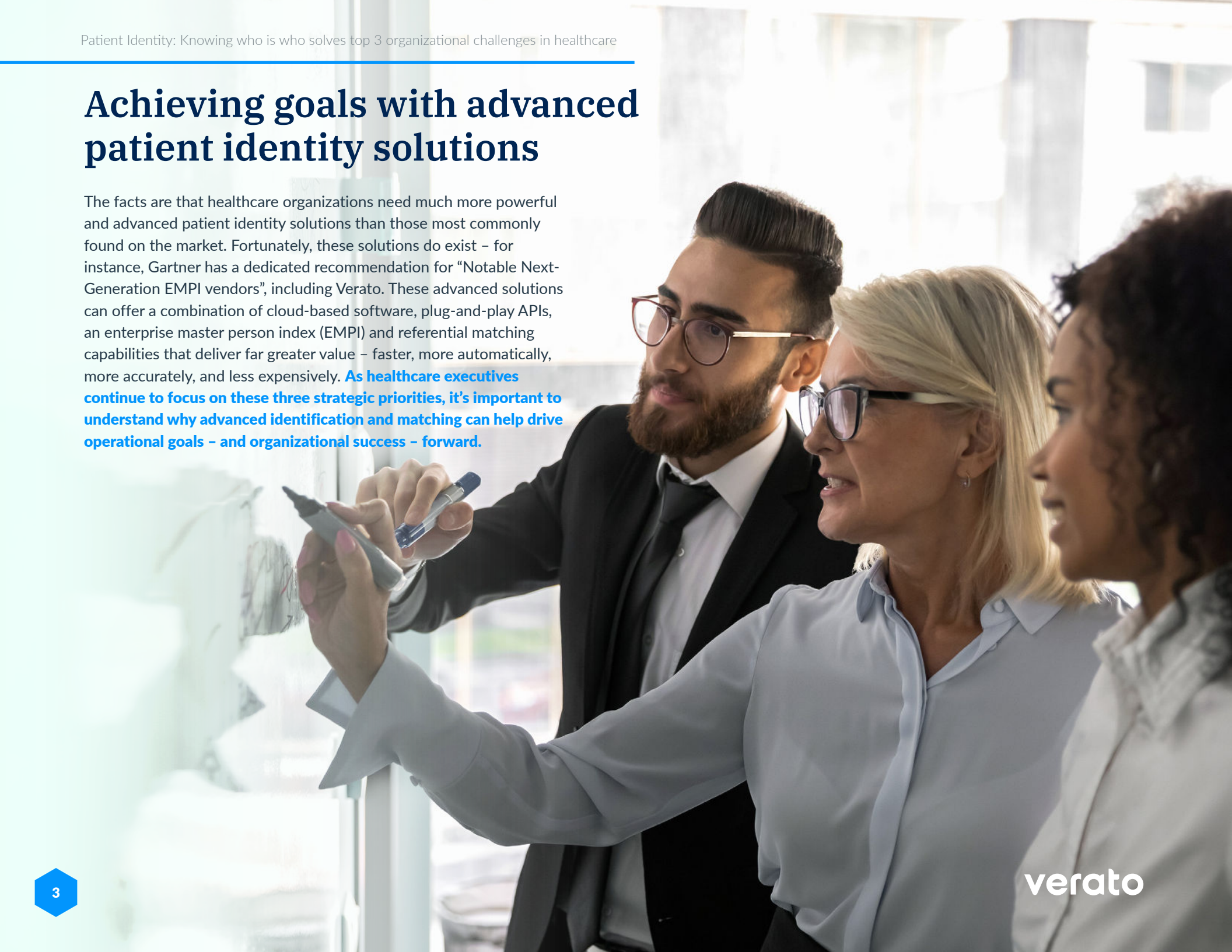
Achieving goals with advanced patient identity solutions

The facts are that healthcare organizations need much more powerful and advanced patient identity solutions than those most commonly found on the market. Fortunately, these solutions do exist – for instance, Gartner has a dedicated recommendation for "Notable Next-Generation EMPI vendors", including Verato. These advanced solutions can offer a combination of cloud-based software, plug-and-play APIs, an enterprise master person index (EMPI) and referential matching capabilities that deliver far greater value – faster, more automatically, more accurately, and less expensively. **As healthcare executives continue to focus on these three strategic priorities, it's important to understand why advanced identification and matching can help drive operational goals – and organizational success – forward.**



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STRATEGIC PRIORITY NO. 1:

Improving the patient experience

It goes without saying that the most important responsibility of every healthcare organization is to provide its patients with the highest-quality care possible. It is becoming increasingly clear, however, that delivering a top-notch healthcare experience comes in at a very close second. **As patients become more accustomed to digital, on-demand and self-service experiences in other areas of their lives, they are applying scrutiny to their healthcare providers, asking why they don't have those same types of offerings available to patients.** This "consumerism" mentality in healthcare has put even more strain on organizations to be more competitive and service-centric, a challenge considering that care has become increasingly more decentralized.

More than 50% of those under age 42 do not have a primary care physician. Almost 90% of all Americans visit "Dr. Google" to essentially diagnose themselves, find a provider, and schedule their appointments. Their doctor visits, moreover, are more and more likely to occur online. Before 2020, only about half of 1% of all outpatient and doctor's visits occurred through telehealth. Today, almost 20% of all outpatient visits – 40 times pre-pandemic numbers – take place through videoconferencing.

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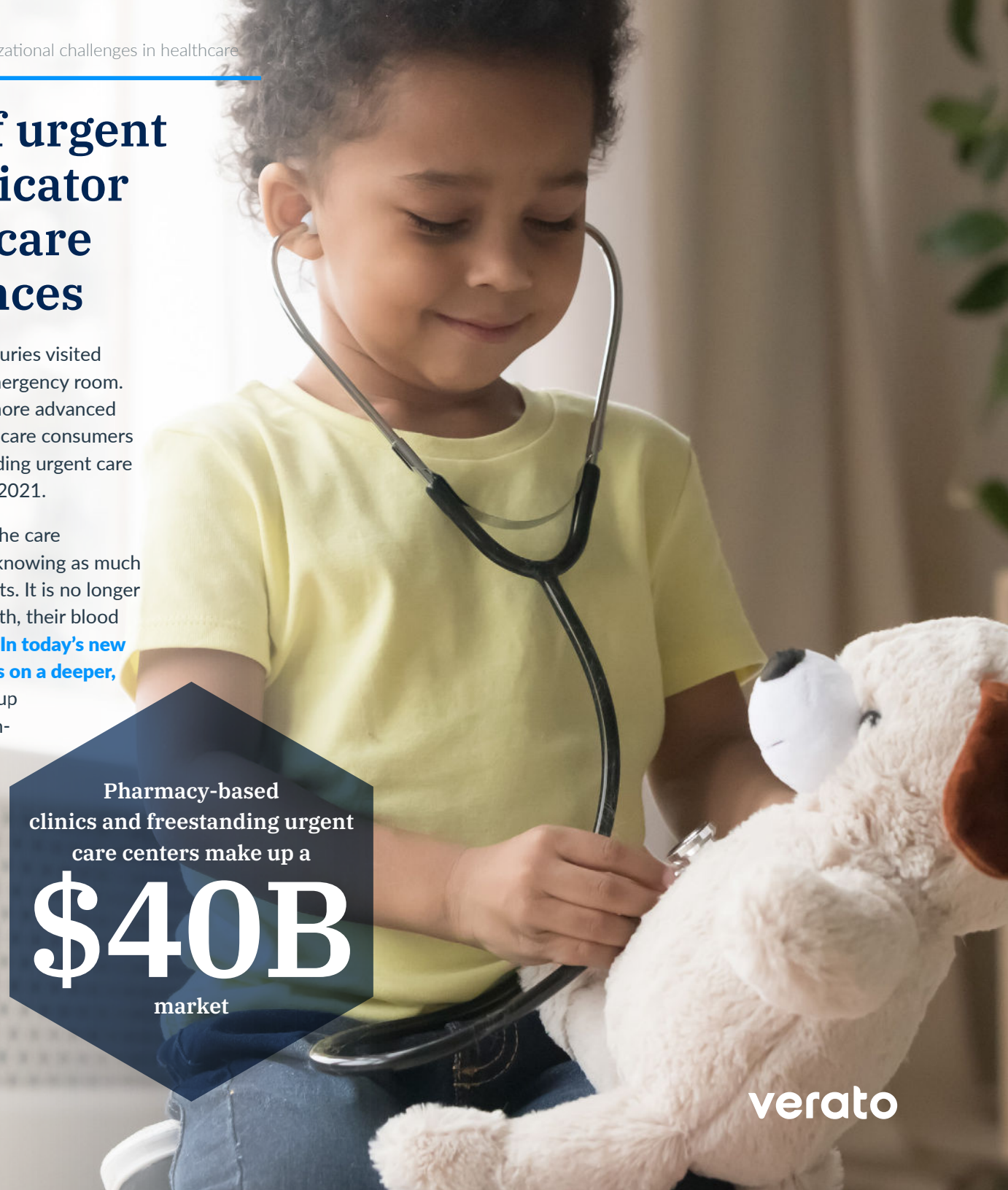
Decentralization of urgent care is another indicator of changing healthcare consumer preferences

Back in the day, patients with minor illnesses or injuries visited their primary care provider or the local hospital emergency room. If necessary, they moved to another provider for more advanced treatment after that initial visit. Today, most healthcare consumers are choosing pharmacy-based clinics and freestanding urgent care centers, which make up a $40 billion market as of 2021.

To compete, healthcare organizations must make the care experience as frictionless as possible. This means knowing as much relevant information as possible about their patients. It is no longer sufficient to know a patient's name and date of birth, their blood type, or the fact that they have an allergy to latex. **In today's new health care order, HCOs must know their patients on a deeper, more personal level.** What does their family makeup look like? Are they candidates for age- or condition-related screenings or testing? What are their preferences with respect to communication? Which provider can best address this patient's symptoms and concerns? Characteristics like these are essential to making health care feel more patient-centric than it does currently, and it gives organizations an edge when proactively reaching out to their patients. Organizations that don't cultivate this deeper understanding of their patients run the risk of seeming impersonal and missing out on opportunities to connect and build loyalty with their patient base.



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STRATEGIC PRIORITY NO. 2:

Leveraging social determinants of health

Healthcare organizations cannot stop at just knowing patient information. They also must uncover and address the social determinants of health (SDoH) that are increasingly known to impact a patient's ability to access care and, by extension, their outcomes. Unfortunately, there are many hindrances to the collection and identification of this data, including the fact that many traditional intake processes don't include the questions or processes to collect this data, or that patients may be unwilling to share this type of information with their healthcare providers, especially if they don't understand how it will be used.

These determinants include their levels of physical activity, financial resources (how hard it is to pay for food, housing, medical care, utilities); housing stability; food insecurity; access to transportation; sources and levels of stress; social connections; intimate partner violence; and alcohol and other substance use and abuse. **Although this information can be challenging to obtain, much less analyze, it can provide HCOs with actionable insights that lead to better ways to understand and care for the consumers and patients who walk through their doors.**

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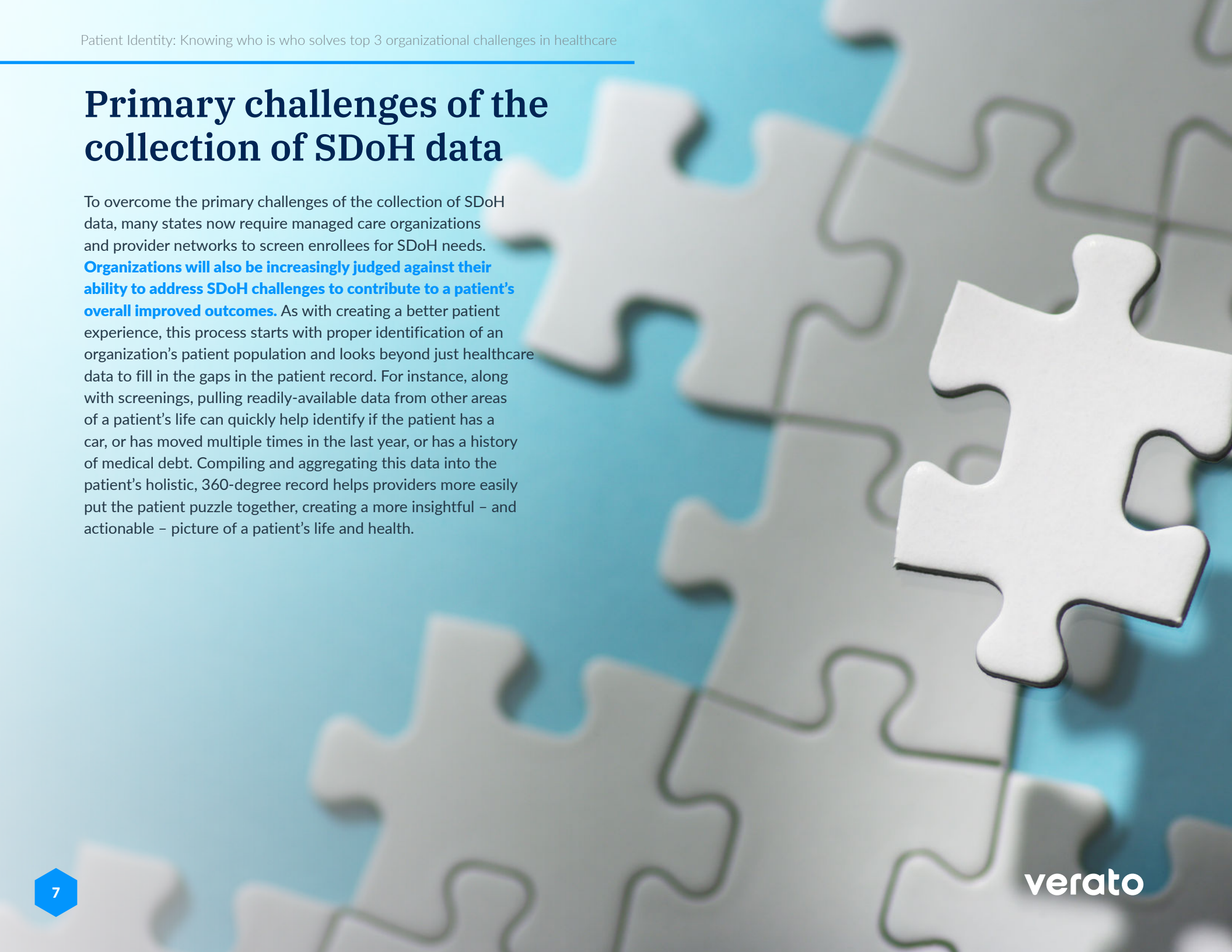
Primary challenges of the collection of SDoH data

To overcome the primary challenges of the collection of SDoH data, many states now require managed care organizations and provider networks to screen enrollees for SDoH needs. **Organizations will also be increasingly judged against their ability to address SDoH challenges to contribute to a patient's overall improved outcomes.** As with creating a better patient experience, this process starts with proper identification of an organization's patient population and looks beyond just healthcare data to fill in the gaps in the patient record. For instance, along with screenings, pulling readily-available data from other areas of a patient's life can quickly help identify if the patient has a car, or has moved multiple times in the last year, or has a history of medical debt. Compiling and aggregating this data into the patient's holistic, 360-degree record helps providers more easily put the patient puzzle together, creating a more insightful – and actionable – picture of a patient's life and health.



STRATEGIC PRIORITY NO. 3:

Growing the business – smartly

The writer William S. Burroughs said, "When you stop growing, you start dying." In today's healthcare landscape, this holds true for HCOs. Some 65% of all hospitals are discussing merging with another provider or system. Their goal: to achieve economies of scale that will enable them to identify weaknesses and deliver better care. **Healthcare organizations need access to the right data in order to decide whether to join forces with another system; i.e., ensuring they are merging with organizations that will bring new patient and care relationships that don't overlap with those they already have.**

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Eliminating system integration roadblocks

Finally, when organizations do merge, it is imperative that this growth is only additive to patient care, which means that roadblocks related to system integrations and patient record transfers must be eliminated. This is critical in understanding the true 360-degree view of the patient, which includes compiling records and information across all facilities and care centers. **Given the magnitude of scale of many health systems, and even provider networks, patient information can become quickly lost or siloed, slipping through the cracks of an EMR system.** For instance, a patient's visit to an ambulatory surgery center may not make it into a hospital's patient record – a gap that can cause serious damage to the patient during treatment. Organizations that simply add on a new patient record system or solution are moving in the right direction, but without the right strategic alignment around patient data, record clean-up and unification, these gaps can occur without the organization knowing about them.

The same can be said for organizations working to grow organically, whether through improving the patient experience or offering a broader range of services to the community. Smart business growth is strategic business growth, and too often we see healthcare organizations undertaking massive digital transformation projects in an effort to improve the patient and provider experience, yet finding that their tools and new technologies fall far short of promises made, simply because the organization's data is unstructured, unorganized or redundant. Organizations who do not address poor data are unfortunately destined to fail when it comes to digital transformation.

It's all about the data

Patient data is crucial to achieving all these goals.

To deliver better patient care, this means ensuring the right data is in the hands of the right personnel, at the right place, at the right time in order to deliver the best possible treatment in the most efficient way possible.

To deliver a better patient experience, it means ensuring that their PHI is 100% accurate and complete when they access their records through your HCO's patient portal.

To better address the needs of communities, this means mining population health data for actionable insights to help patients make the right choices, whether they be complying with their care plan, making better food choices, getting more exercise, or even participating in a local substance abuse program or getting access to transportation.

To maximize organizational growth, this means having the right data at hand in order to make decisions around joining forces with one HCO versus another; e.g., does the prospective merger bring in new patient populations and care relationships don't overlap with the ones they already have?

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Managing multiple types of data in real time

To ensure better and more efficient care, this even means that you need to have a firm grasp of who is who within your own organization. In a large healthcare system, two or more providers in a given system are increasingly likely to share the same name: Which physician is Mr. Johnson seeing this week: Dr. Julia Jones, the neurosurgeon, or Dr. Julia Jones, the ophthalmologist? A patient who has taken time out of their day to address a neurological problem would be sorely disappointed if the appointment were mixed up with another doctor. Likewise, the cancellation of this appointment would leave gaps open in a provider's schedule, meaning they miss out on the opportunity to help another patient, as well as losing valuable revenue.

There is no shortage of data to help HCOs achieve their strategic initiatives. To cite just one illustration, recent statistics show that the amount of data generated per person, per year in electronic medical records and imaging results totals 80 megabytes.

But the healthcare ecosystem runs on many more other types of data. On any given day, HCOs are managing lab data, pharmacy data, care management and ambulatory care center data, genetic testing data, wearable device data, and even third-party marketing and population health data. **The bottom line: healthcare produces more data than any other industry – and at a faster rate.**

Disparate siloes, mistaken identity

But data is only as useful as it is accurate and accessible. Many organizations still face significant challenges when it comes to accessing and matching patient data to its rightful owners. **One problem is that throughout the U.S. healthcare system, millions of patient records are stored across and within EHRs, many of which cannot communicate with each other despite ongoing acceleration toward data interoperability in an increasingly digital-first healthcare environment.**

Even within well-interconnected HCOs, an individual's records in one system often cannot be reconciled with the same patient's record in the other. James Hawkins of Philadelphia, PA, may be registered by that name in his primary care provider's EHR system, but he may also have registered as Jim Hawkins at his cardiologist's office on the other side of town. This means staff must take time to go into the records and manually reconcile those files.

Whatever the reason, mismatched records put patients' quality of care and safety at risk. They also limit HCOs' ability to create an engaging, patient-centric experience, and address issues around SDoH and disparities in health equity. Finally, they can adversely impact an organization's own bottom line and opportunities for expansion.

Accurate patient identity is foundational to success in all three of the realms. However, research by The Pew Charitable Trusts shows that patient match rates between hospitals can be as low as 50%. This is true even between organizations that share the same electronic health record (EHR) vendor because of variability in technology and processes.

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Current ID matching solutions fall short

For healthcare organizations that are taking a strategic approach to organizational growth and patient care, savvy leaders quickly realize that solving patient identity challenges is the first step in ensuring future success.

A recent survey of healthcare technology leaders found that 87% of respondents consider the quality of their patient identity data "extremely important" to achieving their strategic initiatives and objectives. Only about 14%, however, reported satisfaction with their current identity resolution tools. Many such organizations rely on first-generation identity resolution technologies.

These tools employ basic probabilistic algorithms to determine whether two records represent the same patient, and have been shown to miss up to 30% of duplicate records, requiring information management personnel to expend significant time and effort to resolve. Patient record errors have been shown to potentially cause some 7% of patients to switch providers, leading to an estimated cost of $100 million in annual revenues.

At a time when value-based care, healthcare consumerism, mergers, and other factors are raising the stakes for competition for healthcare dollars, HCOs simply cannot afford inadequate patient matching capabilities to hurt their mission.

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Referential Matching: The next generation of ID resolution

Fortunately, Verato next generation identity resolution tools overcome these weaknesses, leveraging proprietary matching technology and cloud-based platforms that are quicker for organizations to deploy, more affordable and more accurate than other identity resolution solutions on the market. **HIPAA-compliant and HITRUST-certified, these cloud-based tools offer plug-and-play APIs; enterprise master person indexes (EMPIs), and referential matching capabilities to deliver more accurate identity resolution faster and at lower cost than their first-generation predecessors.**

Instead of just one or two data points, these solutions leverage many more data points from multiple public sources such as motor vehicle agencies, municipal offices, and other agencies to ensure that the patient or consumer engaging with a provider is who they say they are.

People are not just numbers

Healthcare, perhaps more than any other industry, is personal. It may be a cliché, but patients are not just numbers tied to EHRs (or a Personal Health Number, or a hospital account number, or a barcode on a wristband, or a prescription number at a pharmacy, etc.). They have distinct and often multiple roles and needs – Jane Richardson, the mother undergoing routine X-rays; Bob Roberts, the grandfather being treated for diabetes; Michael Adams, the son being tested for an endocrine disorder. The list goes on.

To truly provide the highest-quality care possible, healthcare organizations must know every relevant fact they can about every patient – or potential patient – who walks through their door, digital or otherwise. To fail in that endeavor risks causing irreparable harm. At the end of the day, knowing who is who, whether it's a patient under your care or a provider delivering that care, is vital to the quality and safety of their journey, as well as to the reputation and success of your organization.

This bestows a number of benefits. First, referential matching offers stronger health record and privacy protection of patients with identical or nearly identical names; e.g., ensuring John A. Smith Sr.'s records aren't mistaken for John A. Smith Jr.'s data. They also remove friction from the patient's healthcare journey by offering easier access through digital front doors, online portals, and making it easier to schedule their own appointments, review test results and request prescription refills. Not to mention, ensuring they are seeing the right provider within an organization, even if the providers have the same names.

Third, they help HCOs comply with the 21st Century Cures Act, which requires secure anytime, anywhere access to patient records. Fourth, referential matching helps to more effectively coordinate the entire care journey, enabling providers to better engage patients to improve compliance and treatment outcomes. Finally, they greatly improve interoperability and enhance new patient care, population health, and growth initiatives.

Benefits of Referential Matching and accurate patient information:

1. Stronger health records and privacy protection of patients.
2. Easier access to online portals, scheduling, test results and prescription refills.
3. Compliance with the 21st Century Cures Act, for secure access to patient records.
4. Effective coordination of a patient's journey enables providers with better treatment outcomes.
5. Improved interoperability and enhanced patient care, population health, and growth initiatives.

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Verato, the identity experts for healthcare, enables smarter growth, improved care quality and efficiency, and better population health by solving the problem that drives everything else — knowing who is who. Over 70 of the most respected brands in healthcare rely on Verato for a complete and trusted 360-degree view of the people they serve to accelerate the success of their digital health initiatives and fully understand consumers' preferences, risks, and needs from the beginning and throughout their care journey. Only the Verato HITRUST-certified, next generation cloud identity platform enables interoperability across the complex digital health ecosystem with unprecedented accuracy, ease, and time-to-value. With an enterprise-wide single source of truth for identity, Verato ensures that you get identity right from the start.

For more information, visit **verato.com**.

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