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For health system data, IT, and digital leaders

Is your patient data ready for AI?

A health system checklist

45% of large hospitals report difficulty identifying the same patient across systems, according to the GAO. That gap does not stay contained to registration or the front desk. It follows the patient into every model, every dashboard, and every AI initiative built on top of that data.

This checklist gives data, IT, and digital leaders at health systems a fast way to find where identity gaps are most likely to undercut an AI or analytics investment, *before* the investment is made. Each item pairs a concrete check with the reason it matters.

Health systems that close these gaps early spend less time explaining away bad model output and more time acting on it.

How to use this checklist

Work through the five sections below with your data, IT, and digital leads. Check off what's already in place. Anything left unchecked is your starting point.

1. **Strategy and ownership**
   Who owns identity, and whether the roadmap matches your AI ambitions.

2. **Data coverage across systems**
   Every system that touches a patient or provider record.

3. **Duplicate and matching accuracy**
   How confidently you recognize the same person twice.

4. **Governance and AI readiness**
   Whether match decisions are explainable before a model sees them.

5. **Growth and change readiness**
   How your foundation holds up under M&A and new sources.

45%

of large hospitals report difficulty identifying the same patient across systems.

Source: GAO



Strategy and ownership



- [ ] Name a single executive accountable for enterprise identity data, not just IT. Ownership inside one system optimizes for that system, not the patient record.
- [ ] Write down where you stand today: exploring, doing, or centralized. Skipping this risks funding AI pilots before the foundation can scale.
- [ ] Confirm your identity strategy covers more than your core clinical system. Most identity work still lives in a single EHR, leaving CRM and revenue cycle data unreconciled.
- [ ] Put your identity roadmap on the same calendar as your AI roadmap. Planned separately, AI initiatives often find the gap only after launch.

Data coverage across systems

- [ ] List every system that creates or edits a patient or provider record. EHR, CRM, revenue cycle, and the digital front door each add another chance to record the same person differently.
- [ ] Check whether your CRM and your clinical system agree on who your active patients are. A low match rate caps the return on every outreach investment built on that list.
- [ ] Confirm provider directory data is validated against more than one source. Half of providers had at least one directory deficiency in CMS's most recent review.
- [ ] Identify which data sources have never been reconciled against each other. Unreconciled sources are where duplicate identities accumulate fastest, and are hardest to find later.

Duplicate and matching accuracy

- [ ] Pull your current potential-duplicate work queue and note its size. A queue nobody is working is not solved. It's growing.
- [ ] Ask how your matching approach handles a name change, an address change, or a data entry error. Untuned probabilistic matching degrades quietly as your data drifts.
- [ ] Trace one recent denied claim back to its root cause. Identity and eligibility mismatches are a common, underexamined contributor industry-wide.
- [ ] Ask your team, one to five, how confident they are that the same patient is recognized the same way everywhere. A low score previews what an AI model trained on that data will produce.

$17B

Identity and eligibility mismatches are a common, underexamined contributor to the industry's $17 billion in denied claims annually.

Source: Change Healthcare

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Governance and AI readiness

- [ ] Confirm someone can explain, in plain language, how a match decision was made. Unexplainable identity resolution is hard to defend later, to a clinician, an auditor, or your own leadership.
- [ ] Check whether duplicate records are flagged before they reach an AI pipeline, not after. Cleaning data after a model trains on it does not undo the bias duplicates introduced.
- [ ] Ask what happens when your matching tool isn't confident about a record. Silent guesses are more dangerous than flagged exceptions. A model shouldn't inherit a guess it can't see.
- [ ] Document how many hours your stewardship team spends on manual review each week. It's usually the clearest sign of AI budget spent on unplanned cleanup.

Growth and change readiness

- [ ] Confirm your identity approach can absorb a new data source in weeks, not months. That timeline determines how fast a new AI use case comes online.
- [ ] Ask what happens to your identity foundation during your next merger, acquisition, or system consolidation. M&A and EHR consolidation are common triggers for identity problems to break.
- [ ] Check whether your digital front door recognizes a returning patient the same way your call center does. Inconsistent recognition is a common reason patients call an organization hard to deal with.
- [ ] Revisit this checklist again in two quarters. Identity maturity isn't a one-time project. It's an operating discipline that can drift quickly if nobody's watching it.

Why this matters now

Health system leaders are not short on ambition here. About 90% report that digital and AI transformation is a high or top priority, according to McKinsey. The organizations that turn that ambition into results tend to be the ones that checked their identity foundation first.

One leading nonprofit health system did exactly that. It built its entire digital transformation strategy around a single question: could it recognize the same patient everywhere she showed up, across hospitals, outpatient locations, imaging centers, and joint ventures? Getting that right came before any of the digital initiatives it wanted to build on top of it.

> **You can't get a patient's identity wrong. This is the concrete you pour to lay the foundation for digital transformation at scale.**

Senior director of HIE and data interoperability, a leading nonprofit health system

See where your identity data stands. Get the free assessment. →

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