

Dear President-elect Obama:

Please request Congress to authorize funding that would enable Secretary-designate Daschle and the Department of Health and Human Services (DHHS) to examine the issue of unique healthcare identifiers. In 1999, Congress stated in the Fiscal Year Omnibus Supplemental that HHS could not use any funds to continue work on a unique identifier. The ban has been continued since then and further work by the National Committee on Vital and Health Statistics (NCVHS) has been prohibited.

In 1999, the administration of the state agency where I was employed developed a plan to implement a program of unique client identification through data standardization of data elements in all record sets. The plan was based upon the San Francisco Family Health Organization's (FHOPs) proposal. A summary of that proposal (quoted below) is located at: <http://www.hipaonet.com/jhitaexecutive.htm>

“The ***San Francisco Family Health Organization's (FHOPs) Core Data Elements-Based Patient Identification*** has opted for data standardization and unique client identification instead of establishing a unique client ID. The identifying data elements consist of two sets – Core Data Elements (birth name, birth date, birth place, mother's first name, and gender) and Confirmatory Data Elements (Social Security Number, other client number, father's name, mother's maiden name, current name, county of client's residence, and zip of client's residence) The proposal uses object oriented software technology and a blocking technique (used to determine the relative weighting order an alphanumeric string value is derived). The Common Patient Identifier value can be destroyed after linkage, serving as a virtual identifier. **Positive attributes** include: it uses a common set of data elements from which an alphanumeric value can be derived; patients are familiar with data elements; and it eliminates the effort, time and investment that will be required for developing and implementing a new identifier. The **negative aspects** are that it is not a unique patient identifier; it does not replace existing identifiers, but is used in addition to existing identifier; and the use of patient's personal information for identification has inherent risk for violation of privacy.”

Although technical work along with development of prototypical algorithms and administrative structures, including establishment of data stewardship council supported by a metadata harmonizing registry were completed and functioning, changes in administration resulted in “moth-balling” the project. The beta metadata registry called *MetaPro* was jointly sponsored by the Health Care Financing Administration (HCFA) and the Environmental Protection Agency (EPA).

In a January 2008, blog, Dr. John Halamka who is Chair of the US Healthcare Information Technology Standards Panel (HITSP), and a practicing emergency room physician, spoke about the issue: <http://geekdoctor.blogspot.com/2008/01/national-healthcare-identifiers.html>

Please request Congress to authorize funds to study this issue and review projects from the 1990's that are still relevant.

Sincerely,

Fred Buhr

