Welcome to the AHRQ Medicaid-SCHIP TA Webinar -

The Role of Master Patient Index (MPI) and Record Locator Services (RLS) on the Implementation of HIEs for Medicaid/SCHIP

Wednesday, December 17, 2008 1:30 – 3:00 p.m. Eastern

Presented by:

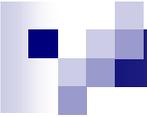**Arthur Davidson** - MD, MSPH, Colorado Regional Health Information Organization

Perry Yastrov - Project Director, AHCCCS Health Information Exchange and Electronic Health Record Utility (HIeHR Utility) project

Moderated by:

Walter Suarez – MD, MPH, Institute for HIPAA/HIT Education and Research; Co-Chair, HITSP Security, Privacy and Infrastructure Technical Committee

* Please note all participants were placed on mute as they joined the session.

Overview

- **Welcome** – Walter Suarez – MD, MPH, Institute for HIPAA/HIT Education and Research; Co-Chair, HITSP Security, Privacy and Infrastructure Technical Committee

- **Before We Begin** – Walter Suarez

- **Introduction** – Walter Suarez

- **Presentations**
  - *Overview of Master Patient Index and Record Locator Services*
    - Presented by Arthur Davidson, MD, MSPH, Colorado Regional Health Information Organization

  - *AHCCCS MPI Strategy: A federated approach to patient identification*
    - Presented by Perry Yastrov, Project Director, AHCCCS Health Information Exchange and Electronic Health Record Utility (HIeHR Utility) project

- **Question and Answer** – Walter Suarez

- **Closing Remarks** – Walter Suarez

Before we begin…

- n Please note all participants were muted as they joined the Webinar.

- n If you wish to be un-muted, choose the "raise hand" option to notify the host.

- n If you have a question during the presentation, please send your question to **all panelists** through the chat. At the end of the presentations, there will be a question and answer period.

- n Please e-mail Nicole Buchholz at nbuchholz@rti.org if you would like a copy of today's presentation slides.

- n We are currently in the process of posting all of the TA Webinar presentation slides to the project website: http://healthit.ahrq.gov/Medicaid-SCHIP

Listserv Registration

- Please register for the listserv to receive announcements about program updates and upcoming TA Webinars.
- To register go to http://healthit.ahrq.gov/Medicaid-SCHIP
- Click on "Medicaid-SCHIP Fast Facts" on the left-hand side of the screen
- There are two ways to register for the listserv:
  - 1. Click the link "Click here to subscribe to the listserv" which will open a pre-filled email message, enter your name after the text in the body of the message and send.
  - 2. Send an E-mail message to: listserv@list.ahrq.gov. On the subject line, type: **Subscribe**. In the body of the message type: **sub Medicaid-SCHIP-HIT** and **your full name**. For example: sub Medicaid-SCHIP-HIT John Doe. You will receive a message asking you to confirm your intent to sign up.

Overview of
Master Patient Index
and Record Locator Services

Presented by:

Arthur Davidson - MD, MSPH, Colorado Regional Health Information Organization

Objectives

- Review the purpose, features, and functionality of:
    - An <u>enterprise Master Patient Index (eMPI)</u> and potential approaches for Medicaid/SCHIP
    - a <u>Record Locator Services (RLS)</u> used within health information exchanges (HIE)
- Present and discuss experiences from the field.

Feature (software design)

- A distinguishing <u>characteristic</u> of a software item
  - e.g., performance, portability, or functionality
    - ***eMPI = Identity management***
    - ***RLS = Data aggregation***
- A software product's <u>capabilities</u> must meet:
  - user requirements,
  - resource limitations, and
  - business objectives

Functionality (software design)

- how features are actually implemented

Why Health Information Exchange?

n eHealth Initiative 2008 Survey*

- 69% of fully operational exchange efforts report reductions in health care costs
- 52% report positive impacts such as:
    - n Decrease in prescribing errors
    - n Improved access to test results
    - n Improved compliance with chronic care and prevention guidelines
    - n Better care outcomes
    - n Improved quality of practice life

*http://www.ehealthinitiative.org/HIESurvey

Problem (s)

- No sure method to <u>know and uniquely identity</u> a client/patient with "record scatter".
  - National patient identifier (NCVHS hearings, 1998)
  - Patient controlled systems (voluntary health ID – http://vuhid.org/index.php ASTM medical standards organization E 31)
  - Biometrics (finger print, retinal scan)

- Absence of effective identity management means incomplete or inaccurate <u>history gathering</u> from multiple sources of data.

Data aggregation

Definitions

Duplicate Entry/File: *(undesirable and propagated)*
- more than one entry/file for the same patient or person (Rates around 9-15% [?], 7-40% [?])
  - *Mickey Mouse incorrectly has both record numbers 001 and 100 at Disneyland Clinic*
- may represent information capture errors

Overlay Entry/File: *(undesirable and propagated)*
- more than one distinct individual assigned to the same record or identification number in a facility's MPI. (Among 2 hospital [n=5000] samples: 1 or 2 = rate of 0.02 – 0.04%)[?]
  - *Mickey Mouse and Donald Duck incorrectly share record 001 at Disneyland Clinic*

Overlap Entries/Files: *(function of EMPI)*
- more than one MPI entry/file for the same patient in two or more facilities within an enterprise
  - *At Disneyland Clinic, Mickey Mouse has record 001 and record 100 at Disneyworld Clinic*
- algorithm works to identify and resolve overlaps without creating overlays

[?] *Grannis, Overhage, and McDonald 2004*
[?] *Initiate Systems, Inc. 2008*

Identity Management - Functions

- Regular automated receipt of patient/client identifying information from multiple partners
- Data are standardized for storage in the enterprise master patient index (eMPI)
- Quality assurance is performed on data with feedback to the partners (e.g., remove duplicates)
- Process to disambiguate records is carried out (e.g., resolve potential overlaps across institutions)
- Tools are available for managing these processes and feedback to/from the partner organizations

Disambiguation

A process of establishing a single semantic or meaning

- Matching process
- Resolves multiple potential matches
- Uses attributes of individuals registered at multiple healthcare facilities/organizations

GOAL: find all matches for one target individual view

Results of Mismatching

Incorrect match (false positives)

- Establishes a link to the wrong patient's record(s)
    - very dangerous and must be avoided
    - accidental record overlay (more than one distinct individual assigned to the same record)
    - threshold set too low such that set of personal attributes used in the search are inadequate for unique identification

Failed match (false negatives)

- Incomplete linkage based on available attributes
    - not all of a patient's records are found
    - much less dangerous

Deterministic vs. Probabilistic
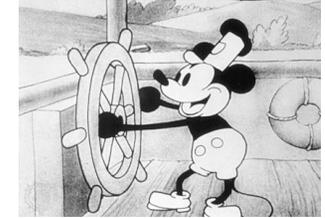
Deterministic indexing: *perfect but inflexible matching*

- *False positives: none*   *False negatives: high*
- search based on an exact match of some combined factors (e.g., name, social security number, date of birth, and/or sex).
  - *Mickey Mouse, 11/18/28, M = Mickey Mouse, 11/18/28, M*

Probabilistic: *improves match by anticipating data entry errors/variance*

- *False positives: adjustable*   *False negatives: adjustable*
- rules-based search mechanism with some subset of exact matching
  - *Mickey Mouse,   11/18/28, M = **Mick** Mouse, 11/18/28, M*
  - *Mickey Mouse,   11/18/28, M = Mickey Mouse, 11/18/2**9**, M*
  - *Mickey Mouse,   11/18/28, M = **Micky** Mouse, 1**2**/18/28, M*

Errors in Linking

n Electronic Linking Cause:
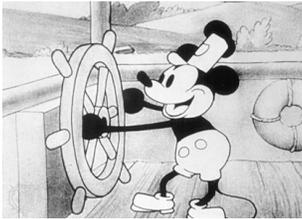
Mickey Mouse
DOB: 11/18/28

Mickey Mouse
DOB: 11/18/28

Records *seem* to match

Resulting error: **false positive** (overlay)
2 records linked under 1 MRN

Minnie Mouse
DOB: 05/15/28

Min**erva** Mouse
DOB: 05/15/**82**

Records *should* match

Resulting error: **false negative** (duplicate)
2 MRNs created

Algorithm

- a step-by-step procedure for solving a mathematical problem that frequently involves repetition of an operation especially using a computer
  - mathematical formula using a combination of weighted MPI data elements to determine the probability of MPI **duplicate** or **overlap**
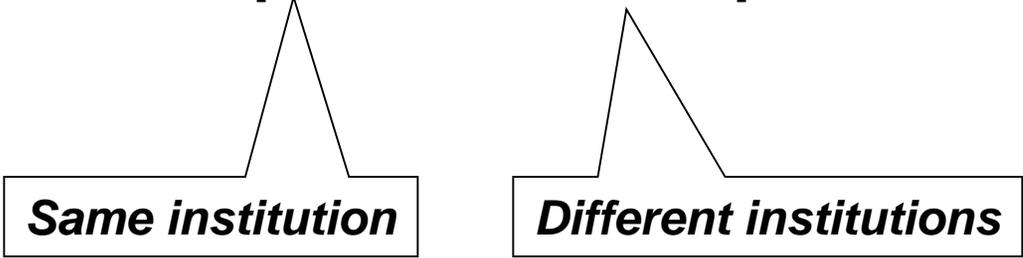
| Same institution | Different institutions |

Errors and Algorithm Thresholds
Matching Patients and Records

Score threshold for match

Probability that an incorrect match has this score

Probability that a correct match has this score

High probability

More false negatives

More false positives

Missed correct matches (false negatives)

Incorrect matches (false positives)

High matching score

Typical limits of ambiguous region

RAND MG753-3.1
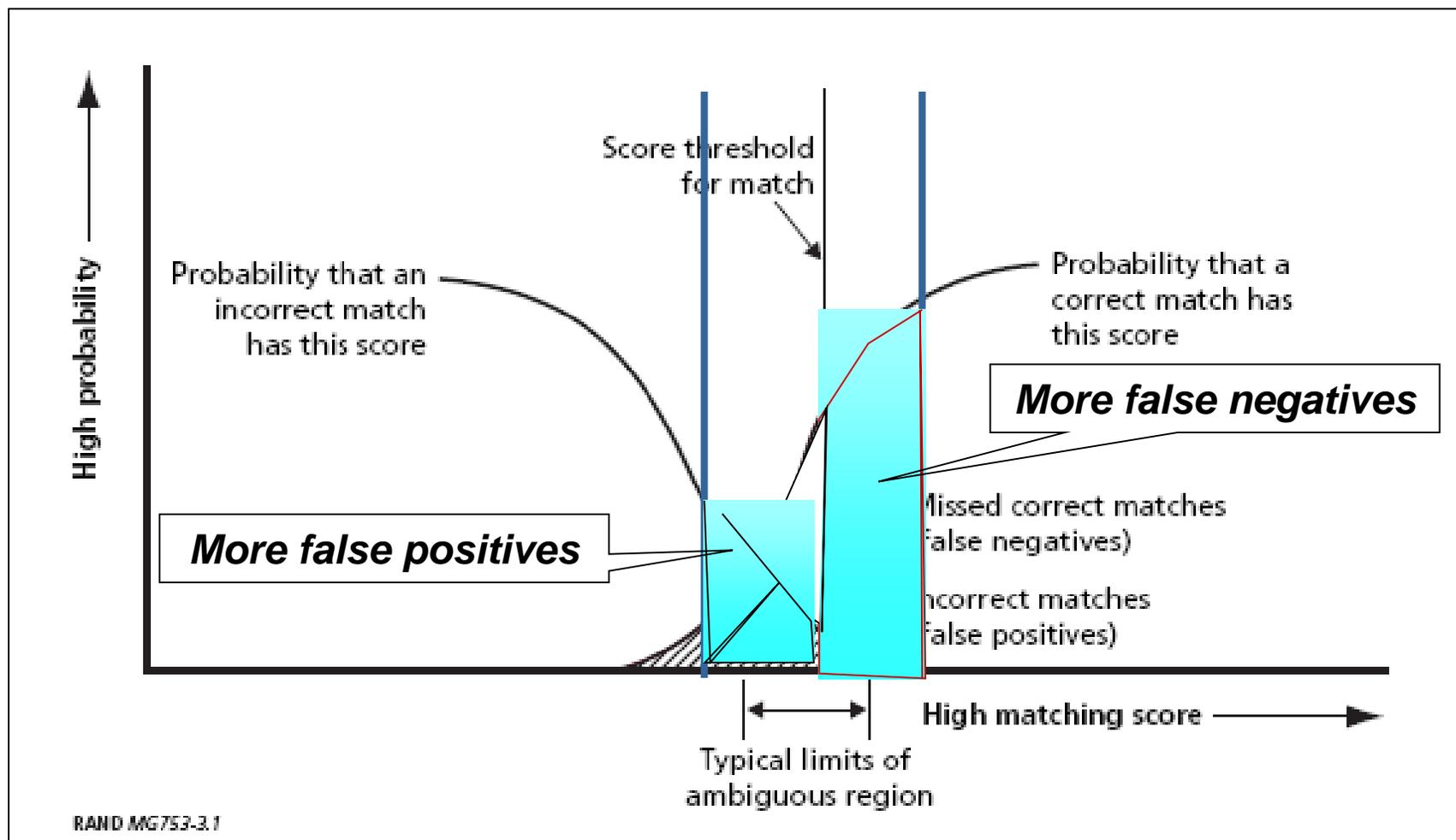
Chance of False Positive Matches
Small Demographic Database (42K)
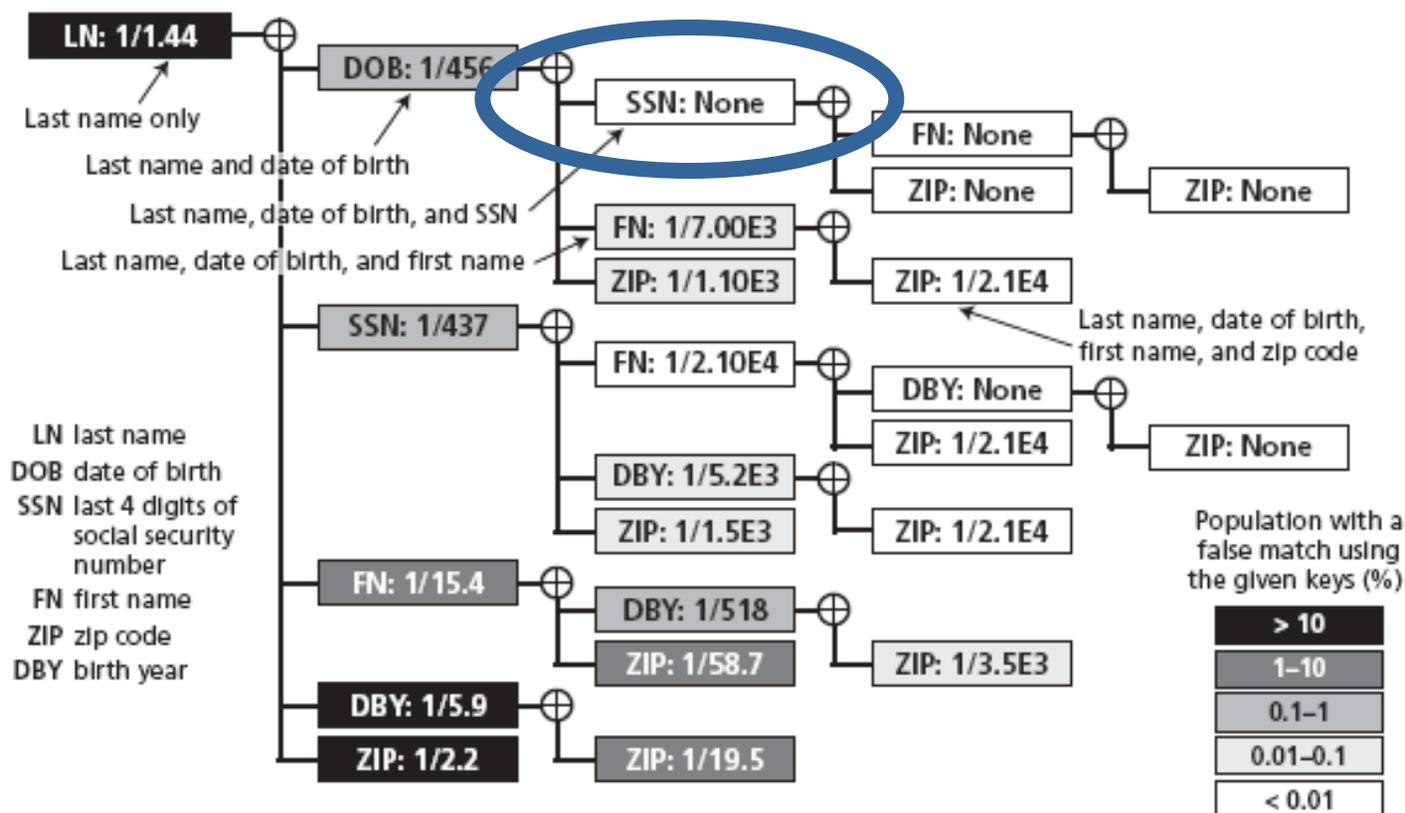
SOURCE DATA: SSA, Social Security Death Master File (updated quarterly).
NOTE: The numbers in the blocks, such as the 1/1.44 in the leftmost dark block, mean that there is one chance in 1.44 tries of a false-positive match in this database when this type of key (LN, or last name) is used. Moving to the right in the diagram, the next block, "DOB: 1/456" means that there is one chance in 456 tries of a false-positive match when both last name and date of birth are used.

RAND *MG753-3.2*

Chance of False Positive Matches
Large Demographic Database (80M)

1 per 39 million

LN: 1/1.02
Last name only

DOB: 1/3.5
Last name and date of birth

SSN: 1/5.6E3
Last name, date of birth, and SSN

FN: 1/108
Last name, date of birth, and first name

FN: 1/6.4E5
ZIP: 1/6.6E6
ZIP: 1/3.9E7

ZIP: 1/1.3E3
ZIP: 1/8.00E4
Last name, date of birth, first name, and zip code

SSN: 1/2.6

FN: 1/62.3
DBY: 1/3.E3
ZIP: 1/2.2E5
ZIP: 1/4.4E6

DBY: 1/20.7
ZIP: 1/1.8E3
ZIP: 1/9.3E4

LN   last name
DOB   date of birth
SSN   last 4 digits of
      social security
      number
FN   first name
ZIP   zip code
DBY   birth year

FN: 1/1.5
DBY: 1/3.4
ZIP: 1/36.1
ZIP: 1/1.3E3

DBY: 1/1.2
ZIP: 1/2.1
ZIP: 1/13.4

Population with a
false match using
the given keys (%)

> 10
0.1–10
0.001–0.1
0.00001–0.001
< 0.00001

Social Security Number (SSN) vs. Unique Patient/Person Identifier (UPI)

1936

- Federal government assured public – SSN use limited to Social Security programs such as calculating retirement benefits

1962

- Internal Revenue Service adopted the SSN as its official taxpayer identification number

1999

- Congress suspended federal funding for non-SSN (e.g., UPI) standard due to privacy concerns; States/other entities not prohibited from implementation

2005

- Real ID Act, establishes State driver's license and identification security standards; States required to confirm SSN for issuance of driver's license or identity card

Today

- SSN has become the *de facto* national identifier, highly linked to financial history

eMPI Summary

- SSN was extremely important to reducing false positives
- Password protection and encryption for a UPI is relatively easy
- A UPI for health care is highly desirable but will be delayed. A hybrid approach for the meantime would improve the likelihood of proper matching
- Security and privacy concerns would actually be improved by a UPI
  - Separation of the medical UPI from the SSN would reduce risk of identity theft

RLS: Data Aggregation - Functions

- Retrieve clinical data from multiple sources
- Standardize the data for a more valuable summarized view for busy clinicians
- Offer added value by linking with decision support tools
- Provide mechanisms for feedback and quality improvement
- Use the standardized data as a method to promote ever expanding interoperability

Clinical Data Exchange

§ Models

- § **Federated:** (decentralized)
  - § Approach to coordinated sharing and electronic information interchange that emphasizes *partial, controlled sharing among autonomous databases* within a RHIO
    - § shares data and transactions using messaging services
    - § combines information from several components
    - § coordinates activities among autonomous components
    - § no clinical data stored centrally
- § **Centralized**
  - § Clinical information stored centrally and user provisioning (often), authorization and authentication is centralized
- § **Hybrid**

HIMSS RHIO / HIE Definitions   www.himss.org

Centralized Architecture

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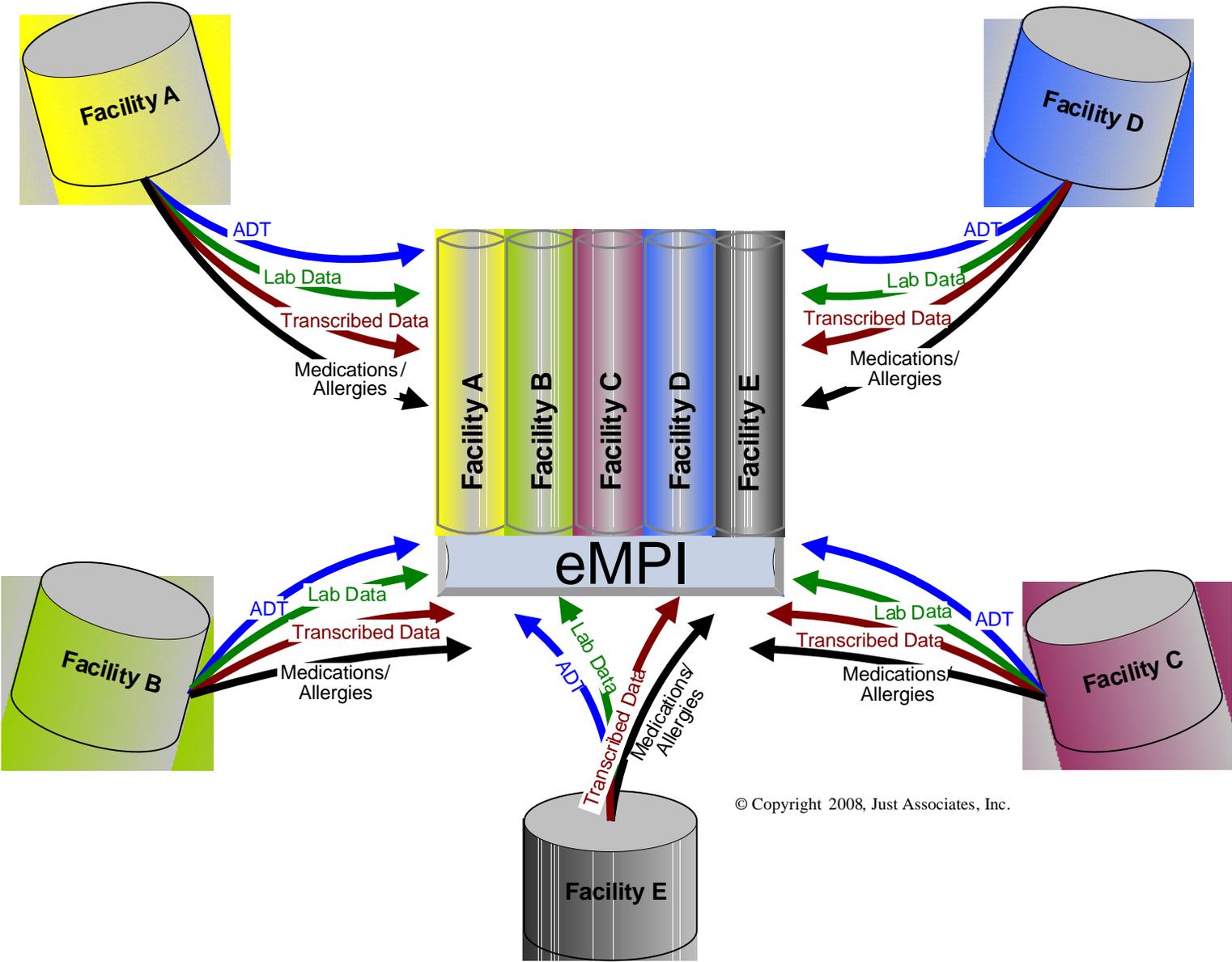
Federated Health Information Exchange

John Smith M 03/19/1947
123 E. 1st St. (303) 759-5555

John Smith M 03/29/1965
892 S. Ward St (720) 925-8333

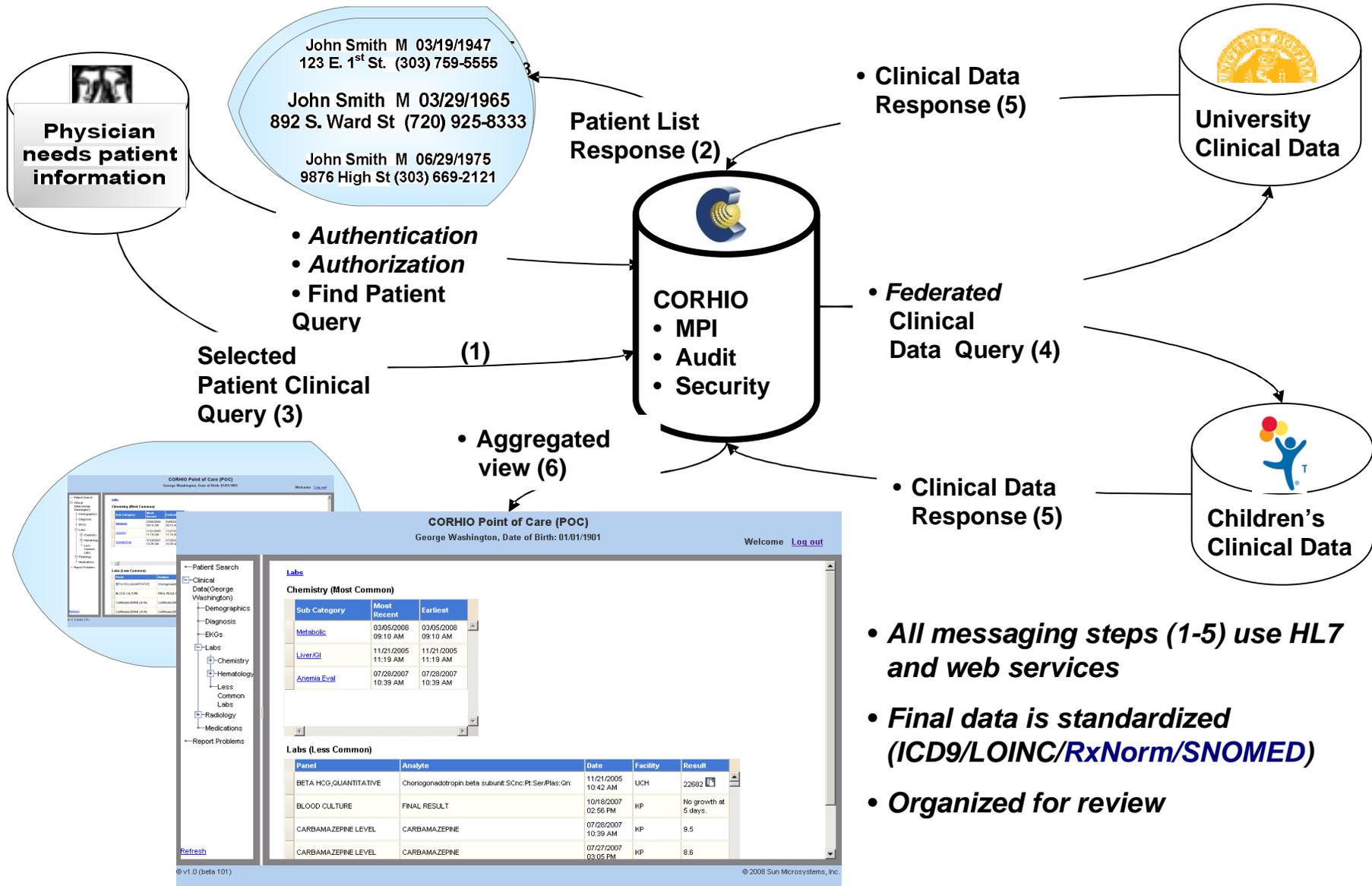John Smith M 06/29/1975
9876 High St (303) 669-2121

Physician needs patient information

University Clinical Data

• Clinical Data Response (5)

Patient List Response (2)

• *Authentication*
• *Authorization*
• Find Patient Query

CORHIO
• MPI
• Audit
• Security

• *Federated* Clinical Data Query (4)

Selected Patient Clinical Query (3)

(1)

• Aggregated view (6)

• Clinical Data Response (5)

Children's Clinical Data

CORHIO Point of Care (POC)
George Washington, Date of Birth: 01/01/1901   Welcome Log out

- Patient Search
- Clinical Data(George Washington)
  - Demographics
  - Diagnosis
  - EKGs
  - Labs
    - Chemistry
    - Hematology
    - Less Common Labs
  - Radiology
  - Medications
- Report Problems

Labs

Chemistry (Most Common)

Sub Category	Most Recent	Earliest
Metabolic	03/05/2008 09:10 AM	03/05/2008 09:10 AM
Liver/GI	11/21/2005 11:19 AM	11/21/2005 11:19 AM
Anemia Eval	07/28/2007 10:39 AM	07/28/2007 10:39 AM

Labs (Less Common)

Panel	Analyte	Date	Facility	Result
BETA HCG,QUANTITATIVE	Choriogonadotropin.beta subunit:SCnc:Pt:Ser/Plas:Qn:	11/21/2005 10:42 AM	UCH	22682
BLOOD CULTURE	FINAL RESULT	10/18/2007 02:56 PM	KP	No growth at 5 days.
CARBAMAZEPINE LEVEL	CARBAMAZEPINE	07/28/2007 10:39 AM	KP	9.5
CARBAMAZEPINE LEVEL	CARBAMAZEPINE	07/27/2007 03:05 PM	KP	8.6

Refresh

© v1.0 (beta 101)   © 2008 Sun Microsystems, Inc.

• *All messaging steps (1-5) use HL7 and web services*

• *Final data is standardized (ICD9/LOINC/RxNorm/SNOMED)*

• *Organized for review*

Record Locator Service

§ Key infrastructure component of the 'Common Framework',

  § Connecting for Health (CfH) effort   www.connectingforhealth.org

  § enables access and integration of patient healthcare information from distributed sources without national patient identifiers or centralized databases

§ Principles:

  § Patient privacy protection

  § Decentralized and federated architectures

  § Open standards

  § Vendor neutral

  § Best practices

  § Promote widespread adoption

  § Flexible implementation models

CORHIO Mission

n Implement and sustain statewide **interoperable** health information exchange through a non-profit organization that provides services and facilitates the application of **standards** and **shared investments** in technology for the benefit of all Coloradans.
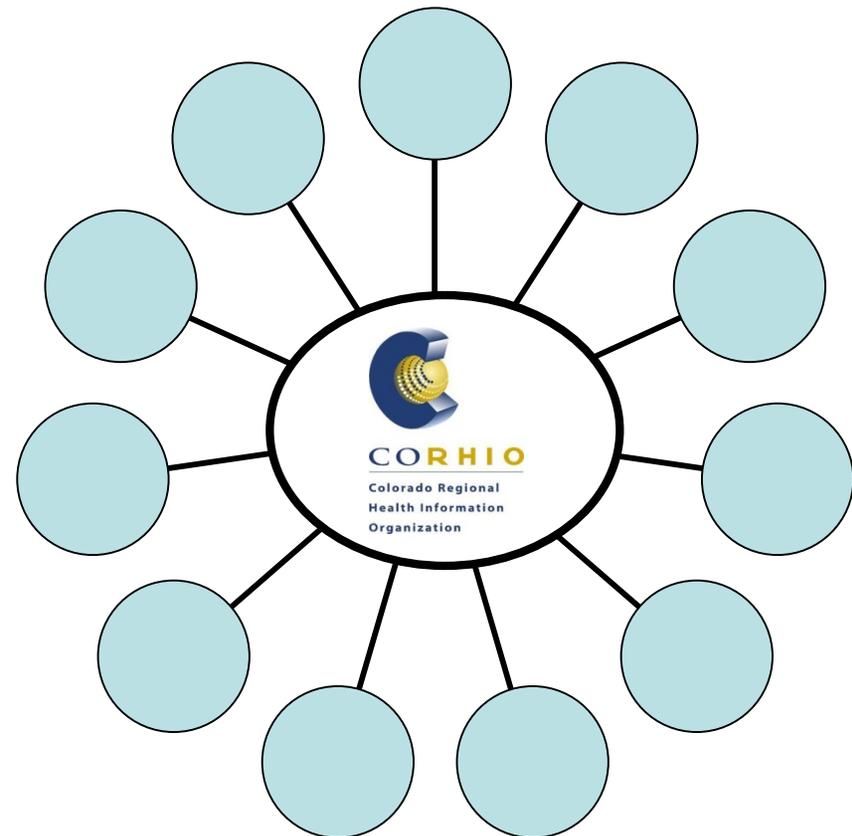
Enterprise Master Patient Index

§ Historic (i.e., past 10 years) registration data from 4 participating organization

  § Key demographic data loaded

§ 2.5 million records loaded

§ Several (i.e., 3) loads to analyze and tune the algorithm -> data quality improvement

Matching and SSN

- § Privacy and security concerns by participating organizations regarding providing full SSN
- § Compromise achieved
  - § Data stewardship agreement
  - § Data Use agreement
  - § Opt-In/**Opt-Out** policy -> flag to RLS "opted out"
- § Added value of SSN:
  - § 62% of records submitted had "valid" last 4 digits of SSN
  - § <1% of these records had the same value in different records – sample review indicated these records belonged to different people; most were default values
  - § Last 4 digits of SSN: *significant help in matching records*

Matching Process and Challenges

- § Database stores:
  - § FN, LN, MN, Suffix, DOB, G, Address1&2, City, State, Zip, Phone1&2, County, MRN, Facility, Mother's Name, Guarantor FN/LN/ Address, Death Indicator, Opt In/Out, Guardian, AKA, Last 4 SSN

- § Last 4 of SSN stored
  - § only used for algorithm's linking; not for front-end search or display

- § Adjusts for common-errors
  - § Nick-names,, data quality and completeness, hyphenated names (e.g., Latinos), suffix, parsing of names – "LN, FN" vs "LN" and "FN"
  - § missing data, formatting (e.g., phone, DOB), codes (e.g., gender, race)
  - § Similar data: Guarantor vs. guardian (vs. not available)

- § Algorithm uses an accumulation of field weights
  - § Common last name "Smith" - > field match weight is adjusted lower
  - § **Thousands of records reviewed by Patient Identity Experts to validate algorithm's record matching and scoring**
  - § Auto-linking of "overlap" records, but not intra-facility duplicates

Results and Review Process

n 2,471,441 records input into eIndex from four partners:

§ 636,568 Kaiser Permanente

§ 653,544 Denver Health

§ 442,837 University of Colorado Hospital

§ 738,492 The Children's Hospital

n 192,230 pairs of records across the four partners' data were auto-linked using the algorithms

n No required human work to perform these matches.

n 15.6% auto-link rate ([192,230 x 2]/2,471,441)

n ~ 20% more linked via manual review

n Designed program to facilitate a very efficient process

n Algorithm tested and improved

Health Information Exchange Services

- § **Point of care clinical data exchange (for patient and/or provider)**
    - § Aggregation of patient's clinical health record
    - § Information from variety of provider sources
        - § visits, medication lists, allergies, laboratory, radiology, procedures, EKGs
    - § Decision support to apply clinical guidelines
- § **Clinical messaging (from provider to provider)**
    - § Laboratory test orders/results exchange (e.g. to/from CDPHE, commercial labs)
    - § e-Prescribing
    - § Reportable disease/condition case reporting, electronic laboratory reporting
    - § Ancillary/referral service results (e.g., radiology, consultant reports)
- § **Population/public health (for provider, payer and/or public health)**
    - § Analysis of quality, disparities, morbidity monitoring, pay for performance
    - § Registry development and support
    - § Bio-surveillance
    - § Community health assessments
- § **Administrative (for provider and payer)**
    - § Claims submission
    - § Eligibility, credentialing

Example
Current Colorado Interfaces Across

Current State:
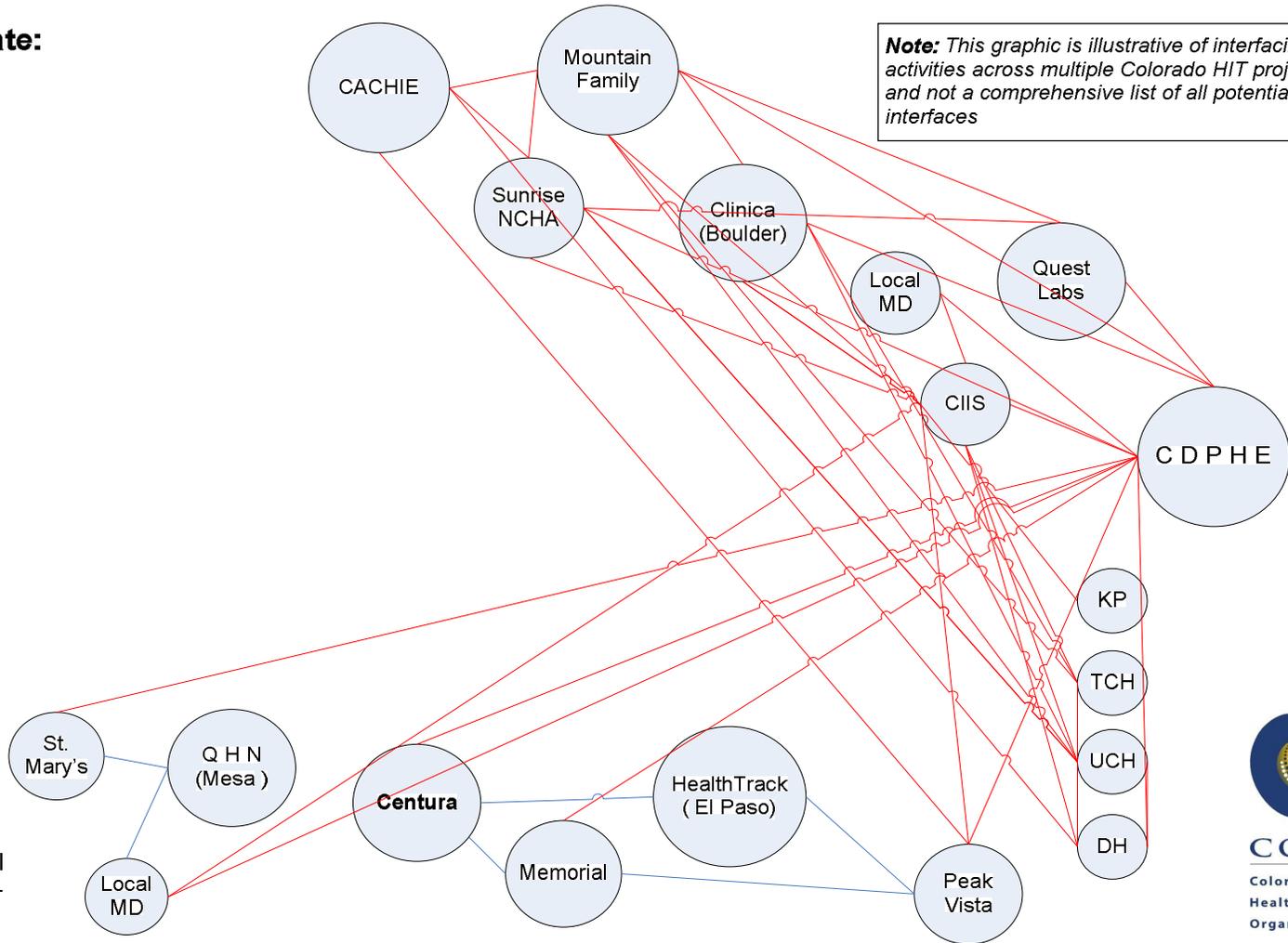
Note: *This graphic is illustrative of interfacing activities across multiple Colorado HIT projects and not a comprehensive list of all potential interfaces*

CORHIO Conceptual Connectivity Model – Version 3.1 (8/1/08)

CORHIO
Colorado Regional Health Information Organization

CORHIO Architecture

CORHIO Central includes:

Hardware (computers):
- Hosted secure facility with technical support,
- Redundant servers
- Server maintenance

Telecommunications (connections):
- Redundant internet access

Software (functionality):
- Secure/audited web messaging services
- Common Vocabulary Engine
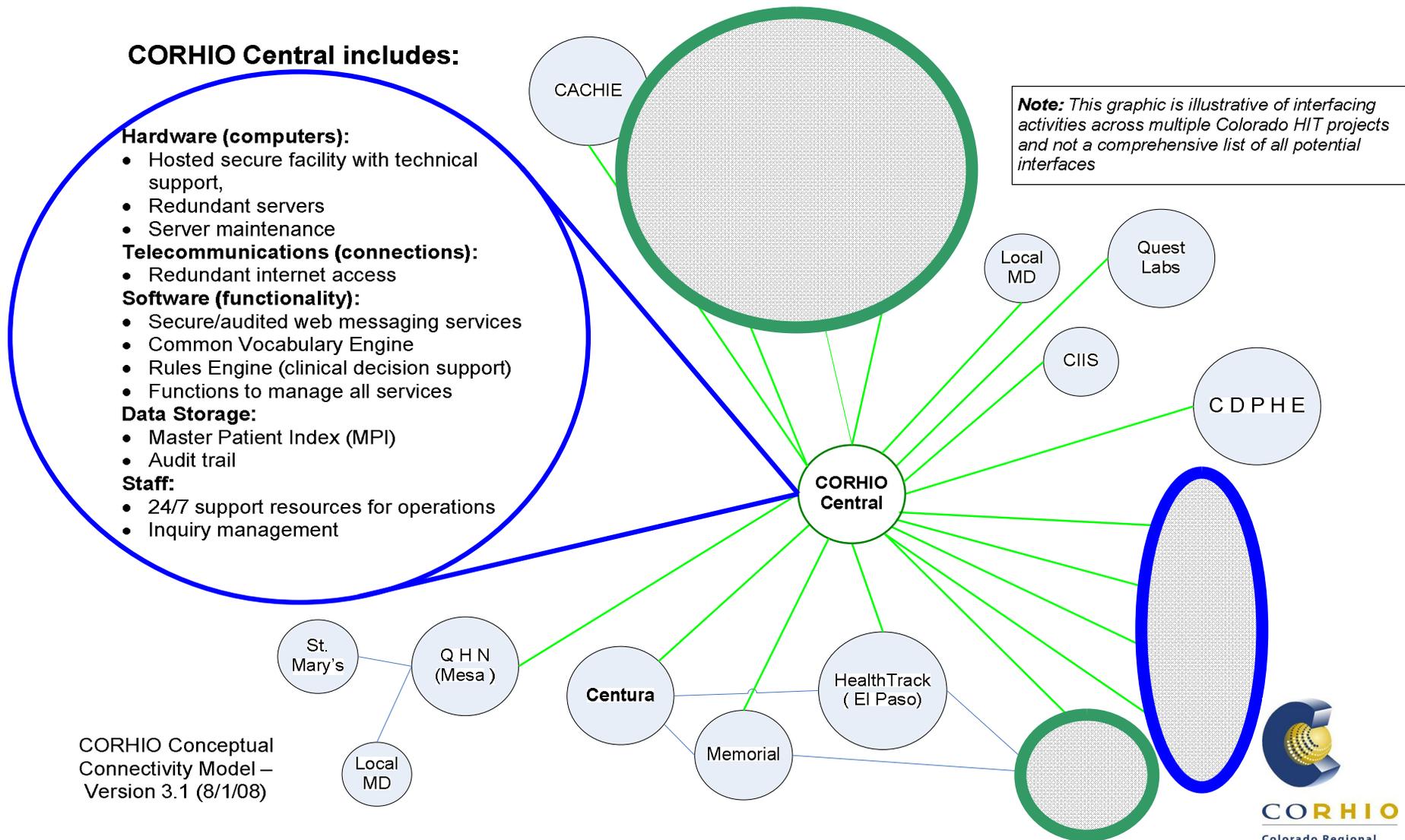- Rules Engine (clinical decision support)
- Functions to manage all services

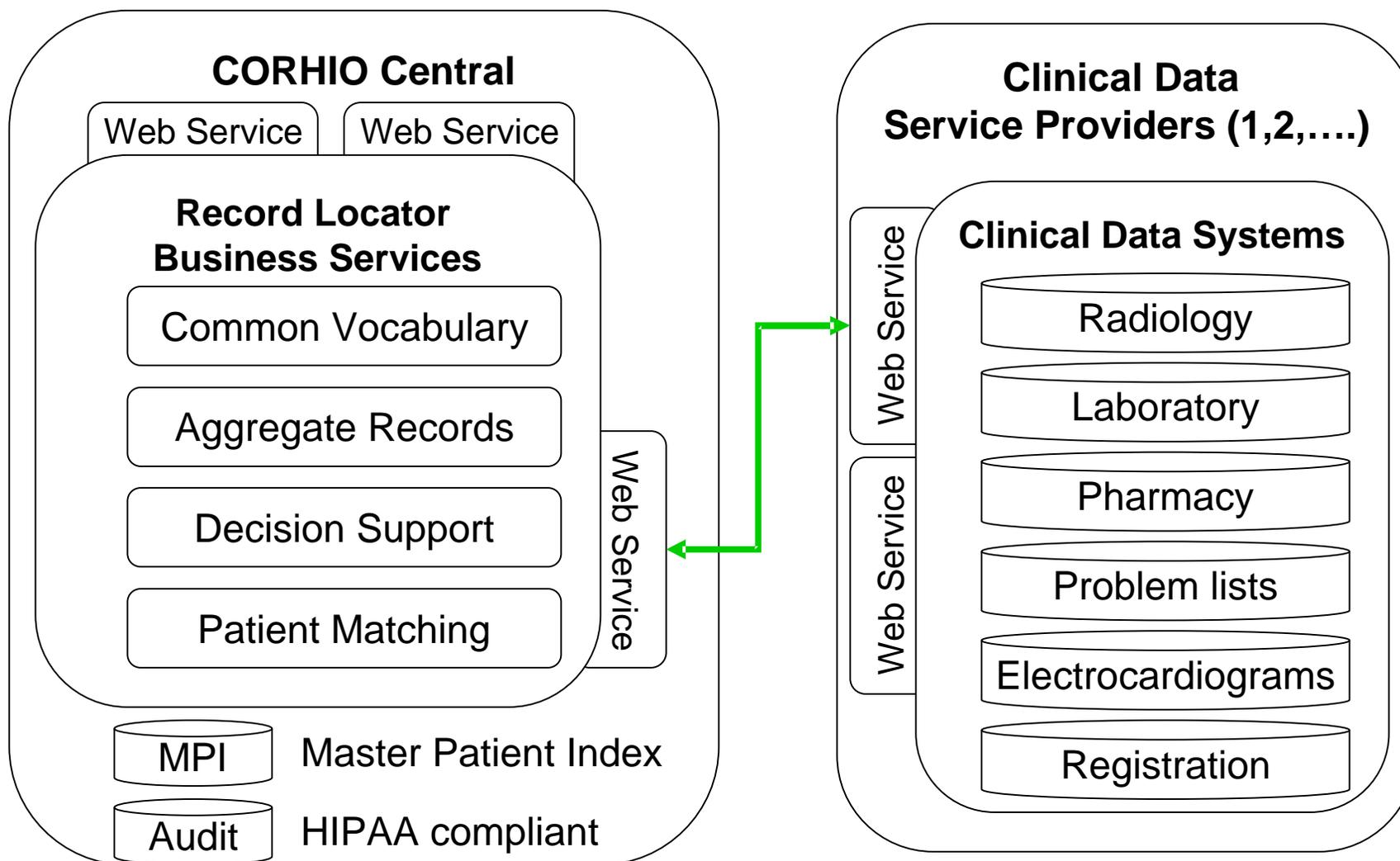**Data Storage:**
- Master Patient Index (MPI)
- Audit trail

Staff:
- 24/7 support resources for operations
- Inquiry management

CORHIO Conceptual
Connectivity Model –
Version 3.1 (8/1/08)

Note: *This graphic is illustrative of interfacing activities across multiple Colorado HIT projects and not a comprehensive list of all potential interfaces*

CACHIE

Local MD

Quest Labs

CIIS

C D P H E

CORHIO Central

St. Mary's

Q H N (Mesa)

Local MD

Centura

Memorial

HealthTrack (El Paso)

CORHIO

Colorado Regional
Health Information
Organization

Record Locator Service

CORHIO Central

Web Service | Web Service

Record Locator Business Services

- Common Vocabulary
- Aggregate Records
- Decision Support
- Patient Matching

Web Service

MPI — Master Patient Index

Audit — HIPAA compliant

Clinical Data Service Providers (1,2,….)

Web Service

Web Service

Clinical Data Systems

- Radiology
- Laboratory
- Pharmacy
- Problem lists
- Electrocardiograms
- Registration

HIE Governance Framework

§ Offer useful solutions for all HIE services throughout the state

§ Interoperability across Colorado

§ Open/Transparent/ Consensus Approach

CORHIO Policy Development

§ Policy Workgroup formed in June 2007

§ Policies approved Oct 2007 (using Common Framework as guideline):

 § CORHIO Principles
 § Laws & Policies
 § Appropriate Use & Disclosure
 § Patient ID
 § User Authentication
 § Privacy Practices, Patient Participation & Control of Information
 § Access Auditing & System Accountability
 § Security Protocols

§ Consumer Fact Sheet – 8th Grade Reading Level

Lessons for Success

§ Involve health information management personnel early and often

§ Ensure data to be shared is accurately collected and/or transmitted:

   § Are all of the correct messages (adds, updates, deletes, deactivations, merges, etc.) being sent?

   § How is the patient ID and clinical data being translated?

   § Is the receiving system <u>able</u> to process the message?

   § Is the receiving system processing the transaction correctly?

§ Focus on privacy and security

§ Set a plan to measure success:

   § Linking records – validate algorithm, work duplicate lists, conduct some manual evaluation

   § Reductions in duplicate tests, medication errors or higher quality outcomes, others…..

eMPI Maintenance

- Need mechanisms to maintain eMPI accuracy
  - Cost-effective use of staff time and effort
  - Established procedures:
    - Process for dealing with duplicate records
    - Ready remediation for incorrectly matched records
    - Flag for "never match"
    - Routines to rapidly identify family members (twins, multi-generation name sharing)
  - Periodic audit to ensure data quality

"good stuff in, good stuff out"

RLS Maintenance

- Evaluate how data are most effectively used
- Study most valued presentation methods and refine for faster more valued delivery of clinical results
- Assess what are most valuable data
- Strive to improve interoperability
- Assure RLS add value to customers and contributes to the business model and HIE sustainability

Conclusions

- A unique personal identifier for health care is highly desirable but will be delayed
- A hybrid approach (e.g., last 4 SSN) for the meantime will improve likelihood of proper match
- Security and privacy concerns would actually be improved by a unique personal identifier
  - Separation of the medical UPI from the SSN would reduce risk of identity theft
- RLS offers real-time access to important information for clinical and potentially administrative services
- Federated environments are likely to be key to future HIE and will enhance interoperability

Contact Information

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CORHIO
Colorado Regional
Health Information
Organization

www.corhio.org

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- Just BH, Davidson A. "Health Information Exchange: The Right Stride", presentation at AHIMA Convention, Seattle, Oct 2008

AHCCCS MPI Strategy

A federated approach to patient identification

Presented by:

Perry Yastrov - Project Director, AHCCCS Health Information Exchange and Electronic Health Record Utility (HIeHR Utility) project

AHCCCS HIE

- Arizona Medical Information Exchange (AMIE)
- Clinical Information Only
- More than Medicaid
- Federated

Sources

n 3 Hospital Systems

 ¨ Discharge Summaries

n Commercial Lab

 ¨ Lab Test Results

n Pharmacy Claims Aggregator

 ¨ Only Medicaid Claims

AMIE MPI

n AHCCCS MPI (Unique Identifier)

n AMIE Patient Merge and Matching

- SOA Built on MA-SHARE
- Originally used Initiate
- Built our own algorithm

Patient Merging and Linking

- Consolidate into single entry (merge)
- Link high probability matches
- Patient entries link to multiple clinical record pointers

Merging Rules

- Matching Fields
  - Rule 1
    - AHCCCS ID, First Name, Last Name, Gender, Date of Birth
  - Rule 2
    - AHCCCS ID, Last Name, Gender, Date of Birth
  - Rule 3
    - AHCCCS ID, First Name, Last Name, Gender
  - Rule 4
    - First Name, Last Name, Gender, Date of Birth

Linking Rules

- Matching Fields
  - Rule 1
    - AHCCCS ID, First Name, Last Name
  - Rule 2
    - AHCCCS ID, First Name, Date of Birth
  - Rule 3
    - AHCCCS ID, Last Name, Gender
  - Rule 4
    - AHCCCS ID, Gender, Date of Birth

Search Scenarios

n   The following information is in the Patient Index:

  ·· AHCCCS Id = A123456
  ·· First name = John
  ·· First name = Jack
  ·· Last name = Smith
  ·· Gender = Male
  ·· Date of Birth = Jan 1, 1980
  ·· Link to: A123456, Jane, Smith, Female, Jan 1, 1980
  ·· Link to: A123456, John, Nelson, Male, Feb 1, 1980

  ·· AHCCCS Id = A123456
  ·· First name = Jane
  ·· Last name = Smith
  ·· Gender = Female
  ·· Date of Birth = Jan 1, 1980
  ·· Link to: A123456, John, Smith, Male, Jan 1, 1980

  ·· AHCCCS Id = A123456
  ·· First name = John
  ·· Last name = Nelson
  ·· Gender = Male
  ·· Date of Birth = Feb 1, 1980
  ·· Date of Birth = Jan 1, 1981
  ·· Link to: A123456, John, Smith, Male, Jan 1, 1980

Search Scenario 1

n Patient Query:
  - AHCCCS Id = A123456
  - Last Name = Smith

n Results:
  - A123456, Smith, John, Male, Jan 1, 1980
  - A123456, Smith, Jane, Female, Jan 1, 1980
  - A123456, Nelson, John, Male, Feb 1, 1980

Search Scenario 2

n Patient Query:
  - AHCCCS Id = A123456
  - Date of Birth = Jan 1, 1981

n Results:
  - A123456, Nelson, John, Male, Jan 1, 1981
  - A123456, Smith, John, Male, Jan 1, 1980

Search Scenario 3

n Patient Query:

- Last Name: Smith
- Gender: Female
- Date of Birth: Jan 1, 1980

n Results:

- A123456, Smith, Jane, Female, Jan 1, 1980
- A123456, Smith, John, Male, Jan 1, 1980

Scenario 4

- Patient Query:
  - First Name: John
  - Last Name: Nelson
  - Date of Birth: Jan 1, 1980
- Results:
  - No Results

Question and Answer

- Please type your question into the chat box

- If you wish to be un-muted, choose the "raise hand" option to notify the host.

Evaluation

- Immediately following the webinar, an evaluation form will appear on your screen.
- We would very much like to get your feedback; your input is extremely important to us and will help to improve future sessions to ensure we provide the best possible assistance to your agency.
- If you do not have time to complete the evaluation immediately following the webinar or would rather receive the form via e-mail, please contact Nicole Buchholz at nbuchholz@rti.org.
- As always, thank you!

Comments and Recommendations for Future Sessions

n Please send your comments and recommendations for future sessions to the project's e-mail address:

Medicaid-SCHIP-HIT@ahrq.hhs.gov

Project Information

Please send comments and recommendations to:
Medicaid-SCHIP-HIT@ahrq.hhs.gov

or Call Toll-free:

1-866-253-1627

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