

United States Senate

WASHINGTON, DC 20510

July 15, 2020

Honorable Alex Azar
Secretary
Health and Human Services
U.S. Department of Health and Human Services
200 Independence Avenue SW
Washington, DC 20201

Honorable Louis DeJoy
Postmaster General and Chief
Executive Officer
U.S. Postal Service
475 L'Enfant Plaza SW
Washington, DC 20260

Dear Secretary Azar and Postmaster General DeJoy:

Despite taxpayers investing tens of billions of dollars to modernize health care record keeping, the COVID-19 pandemic has exposed challenges in electronic health record (EHRs) systems that must be addressed. Though the goal of an EHR system is to provide better coordinated care and to improve health outcomes and reduce costs, the COVID-19 outbreak has demonstrated that gaps in the ability to correctly link records for the same patient across different sites of care can impede key pandemic response efforts, such as contact tracing. The Department of Health and Human Services (HHS) and the United States Postal Service (USPS) have a unique opportunity to improve patient and public health by collaborating to enhance the accuracy with which EHR systems can share data with one another.

The exchange of records often fails due to inadequate patient matching, which refers to the ability to link records for the same individual based on demographic data such as names, dates of birth, and addresses. Research suggests that patient matching can fail up to half the time¹ because of typos in records; changing names or addresses over time; and similarities in names or dates of birth among individuals. Patient-matching challenges increase provider burden and can contribute to serious safety issues, such as patients getting drugs to which they are allergic, or clinicians not having important laboratory test results on which to base decisions.

With the COVID-19 pandemic, the exchanging of health information and accurate patient matching is of heightened importance. Many plans to re-open the country emphasize two key elements: the ability to effectively trace the contacts of infected individuals and broad administration of an eventual vaccine. The success of both relies on access to correct patient data—such as names and phone numbers.

Recognizing the importance of addressing this issue, Congress has taken a number of steps to improve match rates. Specifically, language accompanying the Fiscal Year 2020 appropriations

¹ Morris et al, final report prepared for the Office of the National Coordinator for Health Information Technology, “Patient Identification and Matching” (2014), https://www.healthit.gov/sites/default/files/patient_identification_matching_final_report.pdf

bill instructed HHS to report within one year on the current approaches for patient matching and to recommend actions to increase the likelihood of matches. Congress also directed HHS to increase coordination with other federal agencies.

Additionally, the 21st Century Cures Act requested that the Government Accountability Office (GAO) study opportunities to improve patient matching. In its report, GAO highlighted an approach recommended for many years: better standardization of the information used for patient matching. Specifically, GAO found² broad interest across the health care industry in the use of the address formatting standards employed by the USPS to improve matching. Research released last year³ indicated that use of the USPS address formatting standards could increase match rates by approximately three percent, which would result in tens of thousands of additional correct record linkages per day.

The USPS address standards are already broadly employed in other industries. For example, many e-commerce websites use software to transform addresses entered by consumers into the USPS address standard so that packages can be more efficiently shipped to homes and businesses. To facilitate that conversion, USPS offers a free web-based service to e-commerce websites.

However, USPS's terms of service restrict the use of that tool to e-commerce and other services in conjunction with USPS mailing or shipping services. As a result, health care organizations are unable to access this tool despite evidence that it would improve patient safety, better coordinate care, and reduce health care costs through improved record matching.

As lawmakers and public health officials across the country weigh options for how to continue to combat the COVID-19 pandemic, I strongly urge USPS to work with HHS to make this free address formatting service available to the health care industry. Incorporating this technology into health IT systems would improve patient outcomes and help save lives during a time when our health care system is already strained.

In addition, HHS, through the Office of the National Coordinator for Health Information Technology and the Centers for Medicare & Medicaid Services, has an opportunity to develop and advance policies that would encourage use of the USPS formatting standards for addresses in medical records. Through this type of cross-agency collaboration, the USPS and HHS can better leverage innovative technology to better protect patients from harm and reduce health care costs due to fragmented record keeping.

I ask that your agencies provide a response regarding your plans to collaborate on improving access to, and adoption of, the USPS address formatting standards for patient records in order to improve patient matching. Additionally, please outline any existing statutory or regulatory limitations that you believe preclude your respective agencies from collaborating on this important issue, along with ways Congress can help address those limitations, if appropriate.

² Government Accountability Office, "Health Information Technology: Approaches and Challenges to Electronically Matching Patients' Records across Providers" (2019), <https://www.gao.gov/products/GAO-19-197>

³ Grannis et al., "Evaluating the effect of data standardization and validation on patient matching accuracy," Journal of the American Medical Informatics Association 26, no. 5 (2019): 447–456, <https://doi.org/10.1093/iamia/ocy191>.

Finally, I urge HHS in its report to Congress to include recommendations on concrete actions that it can take to mitigate inadequate matching in the near-term through ONC and CMS, including through the adoption of the USPS address format in health care.

I appreciate your attention to this matter during this critical time, and look forward to your response. Please contact Ian Hunter at Ian_Hunter@hassan.senate.gov or Kaitlyn_Kelly@hassan.senate.gov should you have any questions.

With every good wish

A handwritten signature in blue ink that reads "Maggie Hassan". The signature is fluid and cursive, with a long horizontal stroke at the end.

Margaret Wood Hassan
United States Senator