



## Master Person Indexes: A Tool for Population Health Management

### Questions and Answers

1. **Dan, can you elaborate more on the slide that included telco and credit data? Is he integrating that data as well?**

*Dan: The HIE does not integrate telco and credit data. The HIE does not have access or purview to that data. The HIE does not integrate any outside, non-healthcare data. This other data is used by the MPI vendor to verify and link identities.*

2. **Dan, what vendor does San Diego use?**

*Dan: We use [Verato](#)*

3. **As you mention the Big Brother concern, have you considered the ethical questions around linking information?**

*Dan: All linkages in San Diego are done with PHI for HIPAA purposes*

4. **Which data variables did Dan and Steve use for matching in their MPI?**

*Dan: 6 variables are used for automated MPI matching: first name, last name, middle initial, date of birth, gender and SSN. A 100% match is required for automated matching*

5. **How did the processes Stephen outlined get backed into standard operations and/or org. data governance?**

*Stephen: We do not have a Data Quality Committee. We have little ability to impact the data input and each organization is responsible for the data entry and errors of their own data.*

*Dan: NPI Workgroup adopted a standard naming convention and provide training/onboarding for new participants.*

6. **How did you determine which record to use? for instance if the gender or date of birth is different across systems, how did you determine the golden record. On the same not, when the data is updated do all downstream systems update?**

*Dan: Having a golden record is a goal, but has not been achieved yet in San Diego. We hope that the MPI will be that eventually. We have an MPI workgroup that includes various stakeholders to help achieve that goal. If we can get the majority of institutions to agree that some data source has a high degree of fidelity*

*that is used as the foundation and where there is not consensus we work within the MPI workgroup to negotiate these records. The HIE keeps a history of phone numbers, addresses, emails, etc. Partners can choose to accept information from the HIE to update their records.*

**Stephen:** *We don't attempt to create a golden record. We try to make the information transparent and allow you to see where the information differs for the same data element. No one record is privileged over another, it depends on which data element you are looking at. One data sources may have more accurate information for one data element and a different data source may have more accurate information for another data element. Also the HIE can push back the identifiers to the different partners contributing data. The partners typically accept these changes because the HIE has more data sources and information than their individual systems.*

**7. Did these organizations use consultant MDM services?**

**Dan:** *The HIM community is well connected here. They are very close and communicative here and have connections on the regional, state, and national level. We follow a lot of the AHIMA guidelines to implement community based standards.*

**Stephen:** *We have an HIE committee but their time is typically used for functionality issues. We find that it is important to have internal champions. They make the process more effective and successful. In our case, it's very homegrown. We found that vendors/consultants tended to push toward specific solutions that were too rigid for our needs. We needed more flexibility so we developed our own solution.*

**8. Do any of these groups use biometrics to help with identification challenges? Jail uses fingerprint, but that has been a sensitive issue at healthcare environments. Palm vein has been another technology, but question if it has been used successfully by the presenters or from the audience.**

**Stephen:** *Not currently.*

**Dan:** *we have integrated some biometric information from some of our sites piloting with this information.*