Central PA Connect
HEALTH INFORMATION | EXCHANGE

Policy Title:	Data Quality and Duplicate Record Reduction Policy				
Effective Date:	12/22/2025	Revision Date:	5/19/2026	Review Date:	5/19/2026
Policy Owner:	Marianne Smith				
Policy Approver:	Keith Cromwell				

POLICY PURPOSE:
To ensure the integrity, accuracy, and completeness of patient identity data across Central PA Connect HIE (CPC) member organizations by minimizing duplicate records in the Master Patient Index (MPI), thereby improving patient safety, care coordination, and interoperability.

POLICY STATEMENT:
CPC member organizations must implement and maintain data governance practices that support high-quality MPI data.

APPLICABILITY/SCOPE/EXCLUSION:
This policy applies to all Data Provider CPC member organizations, including hospitals, physician practices, urgent care centers, post-acute facilities, and surgery centers.

DEFINITIONS:
Data Provider: means a Member Organization that provides patient data to the CPC-HIE.

Member Organization (MO): means individuals and entities (including, but not limited to, Health Care Providers, physician practices health care facilities, medical laboratories, payers, etc.) that enroll in and connect to CPC-HIE to send and/or receive health information.

Patient: means any person for whom the Member Organization is a custodian for patient data.

Patient Data: means health information that is created or received by a Member Organization and relates to past, present, or future physical, social or mental health of an individual or the provision of health care to an individual that identifies the individual or with respect to which there is a reasonable basis to believe the information can be used to identify the individual, including such information that is made available for exchange by a data provider. Patient Data includes Protected Health Information and Super Protected Data.

Protected Health Information (PHI): shall have the meaning given in 45 CFR § 160.103 and includes Electronic PHI.

Super Protected Data: means Protected Health Information that, under Applicable Law, requires a higher level of consent for Use and Disclosure, including HIV-related information, under 35 P.S. § 7607

(also known as Act 148) and its implementing regulations, mental health treatment information under the Pennsylvania Mental Health Procedures Act, 50 P.S. §§ 7107-7116, and its implementing regulations set forth at 55 Pa. Code. § 5100, et seq., and the Pennsylvania Drug and Alcohol Control Act, 71 P.S. § 1690.108(c) and its implementing regulations at 4 Pa. Code § 255.5, et seq., as well as federal law and regulations governing the Confidentiality of Substance Abuse Disorder Patient Records, set forth at 42 U.S.C. § 290dd-2 and 42 C.F.R. Part 2.

PROCEDURE:

Requirements for CPC Members:

1. Data governance: define and enforce standardized naming conventions and demographic field requirements
2. Duplicate detection: implement automated and/or manual remediation of duplicates
3. Training and workforce: Provide regular training for registration and data entry staff
4. Continuous improvement: Participate in CPC-led data quality improvement initiatives

Demographic field requirements for patient matching:

1. First name
2. Last name
3. Address line 1
4. City
5. State
6. Zip Code
7. Date of Birth
8. Gender

Demographic field recommendations to improve successful patient matching:

1. Middle name
2. Email address
3. Phone number
4. Social security number
5. CareEverywhere ID (Epic)
6. Medical Record Number

Note: Sharing only one set of demographic data will result in the best outcome. Historical addresses or previous CareEverywhere IDs sometimes cause a reduction in successful patient matching.

Person Updates and Patient Record Merges:

- CPC will not automatically update the CPC EMPI based on A31 (update person information), or A40 (merge patient records).
- CPC does not accept messages for test or generic (e.g. baby or trauma) patients.

Monitoring and Compliance:
CPC and its members share responsibility for keeping the EMPI accurate and reliable. To do this, CPC will:

1. Set data quality standards and processes to monitor and improve data quality.
2. Support data validation and create systems that ensure accuracy, reliability, and efficiency.

Both CPC and its members must regularly check data quality and fix problems identified. CPC will also perform periodic reviews of member data. These reviews will guide ongoing improvement plans, which CPC and its members will manage together.

REVIEW AND VIOLATIONS: N/A

ROLES AND RESPONSIBILITIES: N/A

APPENDICES: N/A

FORMS: N/A

REFERENCES: N/A

- Access Controls for Information Assets
- University of Pennsylvania Health System Disclosure of PHI with Patient Authorization
- Hospital Acceptable Use of Electronic Resources
- University of Pennsylvania Health System Breach Notification