



Value Proposition: Master Patient Index

A Master Patient Index (MPI) can be used to ensure accuracy and availability of a person’s health information, when and where it is needed to inform the best care possible. A suite of data records and services can link and synchronize a person’s (client, member, patient, etc.) data, a provider’s, and an organization’s data to multiple disparate sources of data into a single, trusted authoritative data source for provider and client information. An MPI with a standard data set for demographic data and algorithms for linking assigned identifiers (Health Plan IDs, patient ID numbers, etc.) will improve care coordination, ensure better patient safety with more accurate matching of patient records across multiple entities, and increase the accuracy of quality measurement and payment for providers.

Stakeholder	Summary of Value Proposition or Potential Use
Health Care Policy and Financing (Medicaid, RCCOs)	<ul style="list-style-type: none"> Improves the quality and completeness of data, collaboration, and reducing associated costs (e.g., connecting patient information between the HIEs, APCD, and Medicaid Enterprise Systems).
Department of Public Health and Environment	<ul style="list-style-type: none"> Support state lab newborn screenings and identity matching, vital statistics, and death records. Analyzes population health measurement to the individual level across geographic areas, providers, organizations, and commercial/public payers. Patient’s data is matched, improving patient and population registries.
Department of Human Services	<ul style="list-style-type: none"> Can be expanded to create client/individual data indexes, (e.g., health care, child welfare, foster care system, WIC) to support case management and coordination of services across health and social determinants of health. Opportunities to integrate human services data into clinical systems and workflows to improve patient and population health.
Health Information Exchanges	<ul style="list-style-type: none"> Improves data quality and reliability of patient information to support care coordination following ED visits and hospital admissions providing accurate routing for event notification, transitions of care. Patient can be identified, supporting notifications / alerts to care team. Allows for expanded integration of clinical data beyond current geographic area.
Providers	<ul style="list-style-type: none"> Reduces redundancy of services provided and workflow inefficiencies. Improves revenue cycle due to decreased patient identity issues. Supports coordination of benefits across commercial and public payers upon client registration. Reduces clinical and claims data silos.
SIM Grant	<ul style="list-style-type: none"> Ability to track progress toward quality based payments and outcomes. Accurate cross-payer analysis. Reliable patient attribution.