

EDITORIAL

Medical Identification Numbers: A Good Idea That Won't Work...Yet

In 1996 the Congress of the United States enacted a law to allow employees to retain their health insurance when they switch jobs. The law also provided for a system intended to create medical identification numbers for each American citizen. The goal is a lofty one—to create a national computerized database of medical records, assuring that important health information will be instantly available to treating physicians. Under this system, each citizen will be assigned a unique identification number, perhaps his or her social security number, that will be used to create a computerized file containing all of his or her (relevant) health information. The potential health benefits are obvious; the problems are not so obvious.

The most important concerns relate to privacy issues and the accuracy of the medical information included in the file. The privacy issue is a basic one—who should have access to an individual's medical records. Insurance companies can use *your* medical records to raise *your* premiums, deny claims, and even deny *you* insurance at all. *Your* health care provider might sell *your* medical information to commercial interests who might prey on *you* by direct marketing techniques. *Your* government and/or *your* employer might use *your* medical information in other ways to *your* detriment.

A more basic issue, though, relates to the accuracy of the medical record itself. How does the information actually get into the database? Who enters it and who checks its accuracy? What nomenclature do we use to describe symptoms and diseases? A simple example should suffice. An asymptomatic man, insured by Medicare, is referred to a urologist by his internist for evaluation of an enlarged prostate on physical exam. The urologist feels no discrete prostate nodule but is suspicious of prostate cancer. He orders a prostate specific antigen test (PSA) and recommends prostate biopsy. The PSA is normal and the patient decides against undergoing prostate biopsy. To prepare the bill for Medicare, a medical coder reviews the record and (independently) decides that the most appropriate diagnostic code to justify payment for the PSA is prostate cancer (there is no code for rule out prostate cancer). Whether or not this man has prostate cancer, his medical record says that he does. The ramifications are obvious.

Fortunately, for the time being, implementation of medical IDs has been delayed because of legitimate concerns about privacy and, at present, there are at least five bills before Congress intended to protect the privacy of patients. Unfortunately, there are no such bills to mandate accuracy. In fact, I don't believe there is any reasonable means to assure accuracy until we develop better diagnostic criteria, a better lexicon to describe diagnoses, and a practical and accurate means of data entry. Until such

goals have been attained, it would be a mistake to mandate a system of medical IDs. Remember the computer adage: garbage in, garbage out.

A voluntary system of medical IDs, though, is not a bad idea. Under this system, responsibility for assuring the accuracy of the diagnoses would reside with the *patient*. The *patient* could have “first right of refusal” and insist that only verifiable accurate information be included in the record. The *patient* could decide when and to whom this information could be released.

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