



Duplicate Records

Application Collaboration Can be Risky

Seeing things from an outside perspective is always interesting. Visiting our clients, I often learn how different people use different technology in different ways. Some don't use it very much at all. Others are dependent on what's been provided to them by their company. Still others are all over the board trying the next best thing and have all of the latest devices. Some aren't security conscience at all, while others are locked down tighter than Ft. Knox (I wonder who could tell me where that expression originated).

Well, discussing technology with one client, we mentioned contacts. Now, I can't remember how many (or few) they had, but I think I had as many in 1987. Then, life happened. I looked at my contact list and shared the number with them. Their eyes almost popped out of their head (*another* idiom) as they asked, "you know that many people?!" I had to look! My initial assessment at that moment was... yes. I was able to identify every random selection. Some required a little bit of research, and I hadn't spoken to some in ages, but we were indeed connected.

Hopefully, your patient information is not available to you on your phone. But, you should have their records somewhere. There may be patients that you only saw once or twice many years ago, but still have their records in your files. You may also have your referral network in a different database that might integrate with your patient records. Reviewing your contacts and all of the stored information in multiple application databases, how often do you come across duplicate entries?

Linking profiles or databases is now the norm. CRM's, applications, and EMR's claim to import, export and organize your database. So, you need to consider or be careful of what you link. And, how many of you have recently switched your EHR or merged with a hospital system, and have needed to migrate your records? Do you have a backup of your database(s)? For instance, when the settings in an application "*claims*" it won't result in any duplicate records, but it does just that, can you restore the original records? Whether it's your patient records, your referral network or your vendors, consider what information is shared, merged, or linked; and how.

Profile differences is another observation. While a business card or referral may say Robert L. Smith, III, your profile or application reads Bobby Smith. So, entering Robert (Bobby) Smith, III can be very helpful if you know your patient prefers to go by their nickname. Consider how many of these forms and profiles you receive; from various sources.

The biggest suggestion I'd offer is consistency. Now, I'm a little 'detail oriented'. Well, others call me a lot 'detail oriented'. OCD? I'll just say it may live in the neighborhood. There are some things I'm *very* detailed about. And, as I did my research, I can only say it's more than obvious others are not. Dot the "i" and cross the "t" seems pretty literal to me (now, I'm going to need to write about idioms next month. That's the 3rd one in this draft).

I can't change the world over this, but here are a couple of thoughts.

1. Periods - Use them or don't. If you see a middle initial on a card or in your profiles, do you add the period? Same thing goes for titles. Do you use or enter MD, or M.D.; consistently?
2. Speaking of the 2 above examples, do you or your contacts add the initial to some profiles, but not to others? Do you use Dr. Smith one place and Kelly Smith, MD elsewhere?
3. Addresses - 123 Main Street, Suite 105 or 123 Main St., #105? Is suite on the same line as the street, or on the address 2 line? And, did you use a period with the abbreviation?
4. Just zip, or zip+4? Do you or your application abbreviate the State or spell it out?
5. Phone numbers - 123-456-7890, or (123) 456-7890, or 1234567890

I can probably keep going, but I think you can see the point. Consistency becomes more important the further technology goes, and the more databases link and interact. Is your database the same as what the hospital uses? Have you recently migrated from one EMR to another? Consistency in how you enter records can... will make a difference. Are you entering data the same way as the rest of the staff? Some algorithms are very intelligent and may catch 'similarities', while others... not so much. It may take a little longer to spell things out like Street and Avenue, etc. How much time, though, are you losing trying to locate and eliminate duplicates?

Check the default fields in your database management application, as well. Many applications show fields for business and personal information. Home, work, company main, fax, direct, etc. are all standard options, just for phone numbers. As you enter the information, make sure your defaults are correct. Otherwise, you may end up with a duplicate entry.

Here at Kardon, we have seen and have worked with various project management tools that handle and share patient data. We have designed programs to import and export records to hospital and payer sites. There are so many options out there to choose from, I can't say that any of our clients use the same applications. Some applications do alright merging information and possibly eliminating duplicates. Occasionally, depending on the size and age of your database, you need good ol' fashioned programming, or a whole lot of patience. If you need help selecting an application or a database, [contact us](#). If you need help editing or managing one, we're there to help. We've seen a lot, both in our own research, and from assisting and researching for our clients. I'm certain we can help.