

WHY DUPLICATE RECORDS COST HOSPITALS MILLIONS

Mismatched data is an organizational contagion. As a duplicate record follows a patient through their care journey, the cost silently compounds across a health system into an average annual loss of \$2.5 million *per hospital*.

Every point of loss is preventable.

1 IT STARTS AT REGISTRATION



71%

Of organizations say patient self-scheduling and self-registration portals increase duplicate record creation.¹

1 in 10

Patients in a 4.5 million-record MPI shared an exact first and last name match with another patient.⁶

2 IT REACHES THE BEDSIDE



11% vs. 2.5%

Inpatient death rate with duplicate records, versus without.³

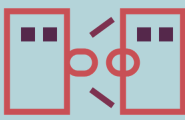
70%

Report patients undergoing duplicative or unnecessary testing.¹

32% longer

Hospital stays for patients with duplicate records.³

3 IT CROSSES ORGANIZATIONS



80% → 50%

Match accuracy inside a single facility, versus between organizations, even on the same EHR vendor.⁴

90% → 50%

Kaiser Permanente's match rate within each of its 17 Epic instances, versus between them.⁴

4 IT LANDS ON THE CLAIM



35%

Of denied claims trace to inaccurate patient identification.⁴

\$2.5M

Lost per hospital annually to identity-related denials.⁴

72%

Report billing and reimbursement delays from inaccurate patient information.¹

5 IT STAYS UNTIL SOMEONE RESOLVES IT



109.6 hrs

Spent weekly resolving patient identity issues, across 10 full-time staff.¹

5,000

Patients still at risk in a 500,000-record database, even at a clean 1% duplicate rate.²

THIS IS SOLVABLE

Up to 90%

Of the probable-match worklist, automated by IdentiMatch®.⁷

10 months → 1 month

Time to clear a 100,000-record backlog with a team of eight.⁷

9.8% → 2.6%

Boston Medical Center, 177,000 duplicates resolved in under 30 days.⁷

4medica.com/worklist-automation

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One Patient...One Record

1. HIMSS Market Insights / Patient ID Now, 2022

2. AHIMA, A Realistic Approach to Achieving a 1% Duplicate Record Error Rate

3. BMJ Quality & Safety, 2026. Findings show association, not causation.

4. Pew Charitable Trusts, 2018

5. Black Book Research, via AHIMA, 2026

6. Journal of AHIMA, 2016

7. 4medica