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

4medica® 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