

# 11 November 2020 DUC Meeting 5 Summary "Identity Linking - Opportunities for Partnership"

In this meeting, we gave an overview of [Discourse](#), the platform we are using to exchange ideas and document experiences. On Discourse you can:

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Richard Stanley of IntraHealth gave a [presentation on identity linking](#). Richard explained that tools to link patients across systems will make it easier to use clinical data for care coordination, reporting, monitoring, surveillance, and research. For example, being able to determine that a patient is receiving care in another facility without having to rely on direct outreach efforts. Dr. Stanley described a client registry, or enterprise master patient index (eMPI), which is an authoritative, standardized, and up-to-date list of patients that uses matching methods that compare demographic identifiers to link patient identities.

One such example of an open-source client registry is [OpenCR](#), which has been piloted in Uganda and Haiti. Dr. Stanley shared his team's experience of piloting OpenCR in Uganda. He explained the need to set expectations that data will not be real-time since many EHRs and other clinical systems do not have continuous network connectivity. He also shared that incremental deployments, such as regional or by the system (such as a specific EHR) will make the process more manageable. Finally, he emphasized the importance of establishing strong governance structures to ensure: maintenance of patient privacy, compliance with local laws, adoption of best practices, and oversee user roles and responsibilities related to access, use, and security.

One participant shared their experience implementing OpenCR in Haiti where it is being used for record-linkage across laboratories. They also stressed the importance of governance in explaining the time needed to come to an agreement on standard operating procedures that laid out the policy and workflow on patient identification. Another participant brought up concerns about the security and protection currently available in open-source software and stating the importance of collecting the minimum data to make the match. Finally, a participant expressed interest in how client registries may eventually be used in a cross border context to help solve the challenge of ensuring continuity of care for migrant populations.

For more information about OpenCR, contact Cathy Pak at [cathy.pak@icf.com](mailto:cathy.pak@icf.com). The slides from the OpenCR presentation can be viewed on Discourse here: <https://discourse.duc.ohie.org/t/open-client-registry-for-patient-identity-linking/288>