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Individual Healthcare Identifiers

Business Requirements

Version 1.00 — 23 November 2009

Release - Final

Document Release Information

Document Details

File Name	HI Service - Individual Healthcare Identifiers Business Requirements - 2009-11-19.doc
Original Author(s)	Andrew Kagis
Creation Date	28/01/2009
Last Saved	23/11/2009

Document Sign-off

Name	*Role*	*Signature*	*Date*
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Revision History

Version	Revision Date	Author(s)	Revision Notes
0.01	28/01/09	Andrew Kagis	Initial Draft
0.02	03/02/09	Andrew Kagis Rebecca Burdick	Updated with Engagement Team feedback
0.03	20/02/09	Cheryl McCoy Rebecca Burdick	Update following receipt of feedback from Qld Health
0.10	04/03/09	Rebecca Burdick	Updated following receipt of feedback from NEHTA Communications.
0.11	10/03/09	Rebecca Burdick	Updated following receipt of feedback from ACT Health.
0.12	01/04/09	Andrew Kagis	Updated following receipt of feedback from Medicare Australia
0.13	27/04/09	Andrew Kagis	Updated following receipt of feedback from Queensland Health
0.14	30/07/09	Robyn Cooke	Updated with feedback from UHI workshop
0.15	03/08/09	Robyn Cooke Andrew Kagis Cheryl McCoy Joy de Leon Bill Bolton	Further updates following workshop 03/08/09
0.16	10/08/09	Robyn Cooke Andrew Kagis Cheryl McCoy Joy de Leon	Updated with feedback from the Tiger Team workshop on 10/08/2009
0.20	24/08/09	Charmaine Prabhakaran	Updated with feedback from Marina Fulcher, Nerida Lawrentin, Owen Smalley and Robyn Cooke
0.21	04/09/09	Andrew Kagis	Updated with feedback from the Tiger Team workshop on 27/08/2009
0.22	18/09/09	Andrew Kagis Robyn Cooke Robert Whitehead Joy de Leon	Final version from Tiger Team workshop Updated with feedback from HPI Use Cases review 14/09/2009
0.30	15/10/09	Andrew Kagis Robyn Cooke Robert Whitehead Joy de Leon	Updated with feedback from Tiger Team Workshop
0.31	26/10/09	Andrew Kagis	Replaced accredited /authorised token with Trusted Data Source Identifier
0.40	26/10/09	Andrew Kagis	Final version –IARG
0.50	12/11/09	Andrew Kagis	Update section 1.1.3 with feedback from Tiger Team
0.60	18/11/09	Andrew Kagis	Add BR.2009.09.290 for consistency with CONOPs
1.00	19/11/09	Andrew Kagis	Status change to release version

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Preface

Purpose

The purpose of this document is to define the high-level business requirements for Individual Healthcare Identifiers (IHIs) as part of the Healthcare Identifiers (HI) Service. The intention is to explain, at a high level:

- why IHIs are required; and
- the requirements that need to be included in the technical design and build of the IHI component of the HI Service.

Scope

The scope of this document is to inform the development of the IHI Concept of Operations, High Level Design and Detailed Business Requirements documents.

Intended Audience

The key audience for this document is:

- Identification and Access Reference Group (IARG);
- Stakeholder Reference Forum (SRF);
- National Health Chief Information Officer Forum (NHCIOF);
- NEHTA Board; and
- Medicare Australia.

Assumptions

The HI Service will support the adoption, use and disclosure of IHIs as the primary identifier of healthcare individuals across the healthcare sector.

References

[COAG06]   COAG Communiqué on 10 February 2006

[AHMC08]   Australian Health Ministers' Conference, *National E-Health Strategy: Summary*, December 2008

[COAG08]   COAG Communiqué on 29 November 2008

[AHMC09]   Australian Health Ministers' Conference Communiqué 5 March 2009

[AHMAC09] Australian Health Ministers' Advisory Council, *Healthcare identifiers and privacy: Discussion paper on proposals for legislative support*, July 2009

1 Introduction

1.1 Context

1.1.1 National E-Health Strategy

Currently in Australia there is no single method of uniquely and reliably identifying healthcare individuals within the healthcare environment. All healthcare organisations operate separate identification methods and supporting systems to identify individuals receiving healthcare.

Incorrect association of health info to the correct patient at the point of care can result in risks to patient safety from not being able to correctly associate health information from a single or multiple episodes of care to the correct patient. Errors can include medication errors, incorrect surgical interventions and diagnostic testing errors.

The National E-Health Strategy Summary included the following as one of the five key national foundations required for E-Health:

> "**Identification and authentication** – There is a need to design and implement an identification and authentication regime for health information as soon as possible as this work will be absolutely fundamental to the nation's ability to securely and reliably access and share health information. Australia should seek, as far as possible, to make the allocation of consumer and care provider national identifiers universal and automatic."[1]

In 2006, the Council of Australian Governments (COAG) agreed to a national approach to developing, implementing and operating systems for individual and healthcare provider identifiers as part of accelerating work on electronic health records to improve patient safety and increase efficiency for healthcare providers.[2]

On behalf of Commonwealth, State, and Territory governments, NEHTA is designing and delivering the HI Service which will be responsible for allocating IHIs to healthcare individuals.

Through the HI Service the IHI will realise the following aims:

- To uniquely and consistently identify healthcare individuals at the point of care; and

- To consistently associate health information with a healthcare individual within a healthcare context including all electronic communications (such as discharge summaries and referrals).

1.1.2 IHI Policy Settings

In November 2008 COAG reaffirmed its support for a national approach to healthcare identifiers. COAG also agreed to the assignment of an IHI as a universal identifier.

The IHI policy settings below reflect the *Healthcare identifiers and privacy: Discussion paper on proposals for legislative support*.

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[1] Australian Health Ministers' Conference, *National E-Health Strategy Summary*, December 2008, p 10.

[2] Council of Australian Governments (COAG) Communique, 10 February 2006

IHIs:

- will be provided to all individuals who receive healthcare in Australia;

- will not need to be declared to obtain health services;

- will not be the identifier on the current Medicare card[3];

- will be automatically allocated against demographic information provided by Trusted Data Sources and maintained through a one way synchronisation from the Trusted Data Source;

- Medicare Australia and the Department of Veterans' Affairs have been identified as Trusted Data Sources;

- will be able to be generated as 'interim numbers' at the point of care (i.e. provisional IHIs or unverified IHIs) in situations where an individual cannot be identified or is not listed in a Trusted Data Source;

- will be able to be accurately and seamlessly retrieved by healthcare providers by use of an individual's Trusted Data Source Identifier. Retrieval of an individual's IHI will be based on an exact match and the use of a token provides significant privacy and efficiency benefits;

- will be able to be retrieved by healthcare providers via a demographic search where a healthcare individual's Trusted Data Source Identifier is not available. The demographic search will be based on an exact match using name and date of birth. In some situations, address and sex details may need to be used to obtain an exact match;

- will not alter the way in which anonymous health services are currently provided;

- will be a persistent, unique identifier based on national and international standards.

The business requirements need to reflect these policy settings.

1.1.3 Governance and Privacy

The E-Health governance structure, recommended as part of the National E-Health Strategy and endorsed by Health Ministers in December 2008, must provide for three key governance functions:

i.   **Strategic Oversight**

   The body with responsibility for strategic oversight of the HI Service will be determined by Health Ministers. Key responsibilities of this body will be to determine national policies and strategic direction of the HI Service, including its scope and authorised participants, the required regulatory and institutional arrangements and monitoring of those arrangements to ensure they continue to be suitable.

ii.   **Management and Operation**

   In accordance with national policies, priorities and strategic directions, key functions to be undertaken by the HI Service Operator in relation to the HI Service include:

   - managing the issue and assignment of national identifiers;

   - managing access to and use/disclosure of national identifiers;

   - maintaining records of national identifiers;

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[3] Allocation of IHIs will also include individuals enrolled with Department of Veteran Affairs and Department of Defence

- managing relationships with participants and relevant data sources;

- providing advice and information to the strategic oversight body on the performance of the system;

- educating, training and informing healthcare providers and healthcare individuals about how the service operates; and

- responding to system/service complaints and enquiries (in the first instance).

iii. **Independent Regulatory Oversight**

A key element of independent regulation for; a) the establishment and operation of the HI Service and; b) the subsequent handling of healthcare identifiers by health sector participants is privacy regulation. Key functions of privacy regulators will include:

- handling complaints from healthcare individuals and providers in relation to use of healthcare identifiers and associated information;

- monitoring the handling of healthcare identifiers and associated information;

- conducting investigations;

- applying a range of sanctions or penalties commensurate with the seriousness of a breach;

- developing and issuing codes or guidelines in accordance with policy set by strategic governance bodies; and

- general oversight powers.

1.2 Business Principles

The vision for the HI Service is to support the goal of ensuring:

"The right patient, the right provider, the right place – every time".

It is essential that the Business Requirements:

- support high uptake of the adoption and use of IHIs by healthcare providers; and
- minimise the burden on healthcare providers and healthcare individuals.

2 IHI Business Requirements

The following table highlights the key business requirements needed to deliver IHIs for healthcare individuals.

Enhance Clinical Safety and Quality	
The HI Service will:-	
BR.2009.08.155	Facilitate reduction in errors and increase efficiency in handling health information by enabling electronic communications to be associated with the right healthcare individual's health record;
BR.2009.08.160	Maximise the possibility that health information about a healthcare individual can be assembled from multiple delivery entities;
BR.2009.08.165	Maximise the use of health information for automated clinical decision support; and
BR.2009.08.020	Enable the development and implementation of processes to support use of information for statistical and reporting purposes.
Facilitate Healthcare Communications	
The HI Service will:-	
BR.2009.08.025	Enable consistent and accurate communications with healthcare individuals and healthcare providers; and
BR.2009.08.030	Enable efficient, reliable and secure exchange of health information to maintain continuity of care.
Unique Identifiers	
The HI Service will:-	
BR.2009.08.185	Allocate a unique identifier to all eligible healthcare individuals receiving health services in Australia;
BR.2009.08.190	Enable authorised users to create a new IHI and associated record at the point of care; and
BR.2009.08.195	Comply with national and international standards for healthcare identifiers.
Ensuring Uptake	
The HI Service will:-	
BR.2009.08.065	Provide the foundation building blocks to enable a national individual electronic health records system and to enhance the use of electronic health records;
BR.2009.08.200	Facilitate consistent and efficient identification of healthcare individuals at the point of care via the use of an Trusted Data Source Identifier;
BR.2009.08.205	Enable a healthcare individual to be allocated an IHI without providing assurances of their identity at the point of care;
BR.2009.08.210	Automatically allocate an IHI to a healthcare individual enrolling for the first time with a Trusted Data Source; and
BR.2009.09.290	Provide a facility for Healthcare Individuals wishing to use alternate names.
Accurate and Up to Date Information	
The HI Service will:-	
BR.2009.08.215	Deliver an online service to facilitate healthcare individuals to access and maintain their IHI records;
BR.2009.08.220	Source and utilise reference data sources to verify, validate and update

IHIs and associated information;

BR.2009.08.225   Support authorised healthcare provider organisations to update unverified IHI records;

BR.2009.08.085   Develop and implement business services to monitor and maintain the integrity and quality of information used, stored and disclosed by the HI Service.

BR.2009.08.090   Issue business and technical reports to support the service, and to identify future enhancements; and

BR.2009.08.230   Support the creation and maintenance of provisional IHIs by authorised healthcare providers.

Integration, Implementation, Adoption

The HI Service will:-

BR.2009.08.235   Enable an initial load of data from Trusted Data Sources to automatically allocate an IHI to all eligible healthcare individuals;

BR.2009.08.240   Develop and implement a national system, processes and services associated with the management of verified and unverified IHIs (including but not limited to collection, disclosure, access, use, maintenance and retirement);

BR.2009.08.245   Support the communication of healthcare information for healthcare individuals who access healthcare services on an anonymous basis;

BR.2009.08.250   Support the issuing of a new IHI and association of that new IHI with a pseudonym and other demographic information to be securely linked to an individual's primary IHI;

BR.2009.08.100   Support the healthcare sector by providing healthcare identifier services which are highly available;

BR.2009.08.120   Be designed for separability and portability for transfer of the HI Service to different service operator(s);

BR.2009.08.255   Support the storage and retrieval of the Healthcare individuals IHI on a Trusted Data Source Identifier at their request ;

BR.2009.08.260   Support batch searches by healthcare provider organisations returning IHIs and associated status;

BR.2009.08.265   Support authorised healthcare providers to retrieve an IHI and associated status via a demographic search in the absence of an Trusted Data Source Identifier; and

BR.2009.08.280   Support the issuing of verified IHI tokens to healthcare individuals who require one.

Robust Access and Authentication Processes

The HI Service will:-

BR.2009.08.270   Protect the privacy of healthcare individuals' information by providing a secure service.

BR.2009.08.275   Provide and maintain an online service to enable healthcare individuals to access their audit log.

3 Stakeholder Representation

The HI IHI High Level Business Requirements were developed in conjunction with the key stakeholder organisations.

Organisation - HPI & IHI HLBR Workshop - July 20th
Victorian Department of Human Services
Consumer Health Forum
Clinical Leads Program
Australian Association of Practice Managers
Department of Health & Ageing
ACT Health
Medicare Australia
Northern Territory Department of Health & Community Services
Queensland Department of Health
National e-Health Transition Authority
Organisation - HPI & IHI HLBR Tiger Teams Workshop- August 10th
Australian Association of Practice Managers
Department of Health & Ageing
ACT Health
Northern Territory Department of Health & Community Services
Queensland Department of Health
National e-Health Transition Authority
Organisation - HPI & IHI HLBR Tiger Teams Workshop- August 28th
Consumer Health Forum
Clinical Leads Program
Australian Association of Practice Managers
Department of Health & Ageing
South Australia Health
Northern Territory Department of Health & Community Services
Queensland Department of Health
National e-health Transition Authority
Organisation - HPI & IHI HLBR Tiger Teams Workshop- September 9th
Consumer Health Forum
Clinical Leads Program
Australian Association of Practice Managers
Northern Territory Department of Health & Community Services
National e-health Transition Authority
Organisation - HPI & IHI HLBR Tiger Teams Workshop- October 8th
Consumer Health Forum
Clinical Leads Program
Australian Association of Practice Managers
Northern Territory Department of Health & Community Services
Queensland Department of Health

National e-health Transition Authority
Organisation - CONOPs Tiger Teams Workshop – November 12th
Victorian Department of Human Services
Clinical Leads Program
Australian Association of Practice Managers
Department of Health & Ageing
Northern Territory Department of Health & Community Services
National e-health Transition Authority