



HI Service Business Use Case Catalogue

Business Use Cases

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Release

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1. Introduction

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.

The National E-Health Strategy Summary included identification and authentication as one of the five key national foundations required for E-Health.

On behalf of Commonwealth, State, and Territory governments, NEHTA is designing the HI Service which will be responsible for allocating IHIs to healthcare individuals, HPI-Os to healthcare provider organisations and HPI-Is to healthcare provider individuals.

1.1 Purpose

The Purpose of this document is to provide a catalogue of business use cases to support the HI Service. Only those pertaining to the healthcare identifiers have been included in this document.

1.2 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.

2 Stakeholder Representation

The HI business use cases (BUCs) were developed in conjunction with the key stakeholder organisations represented through the Tiger Team workshops. Quorum for this group includes representation from;

- Consumer Health Forum
- Clinical Leads Program
- Australian Association of Practice Managers
- National Health CIO forum
- Department of Health and Ageing
- National e-health Transition Authority

25 of the BUCs were identified as priority documents for the Concept of Operations documentation and underwent detailed review through a number of Tiger Team workshops between August and November 2009.

3 Business Use Cases

UC.010 - Presentation at a healthcare facility with a TDS identifier (FINAL)

Description:

Where an individual presents at a healthcare facility with an identifier allocated to them through a Trusted Data Source, the identifier can be used to locate an IHI for them. This would be used for:

1. A new patient; or
2. A known patient where no IHI has been associated with their patient record.

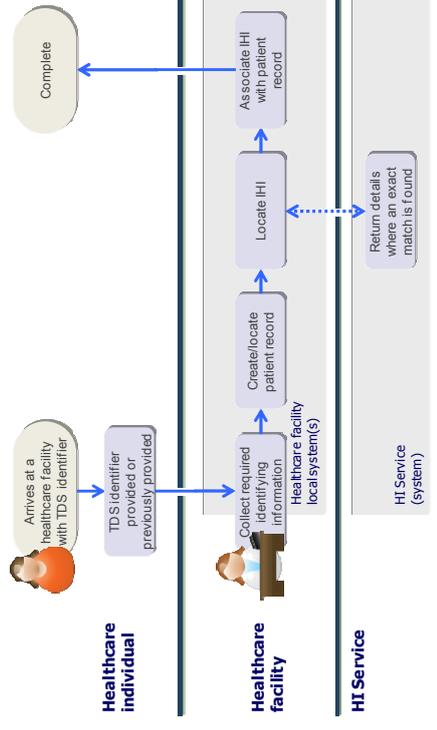
Participants

Healthcare individual, healthcare facility

Process Overview

An individual attends a healthcare facility and provides the necessary identifying information required to locate or create a patient record.

Where there is no IHI associated with the patient record and the individual has provided an identifier allocated to them through a Trusted Data Source, the identifier combined with the individual's name and date of birth is used to locate that individual's IHI. The retrieved IHI is then associated with the patient record.



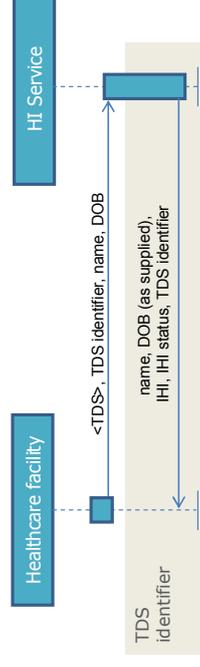
Operational Policy

The status of the IHI located using the TDS identifier will be 'verified'.

Relevant High Level IHI Business Requirements

BR.2009.08.200 Facilitate consistent and efficient identification of healthcare individuals at the point of care via the use of a Trusted Data Source identifier.

Interaction with HI Service



Accredited/ authorised token

Tokens issued by Trusted Data Sources are defined as accredited/authorised tokens for the HI Service.

The Trusted Data Source identifier that has been allocated to the healthcare individual may be accessible through the number on these tokens.

Possibility of not locating an IHI with a TDS identifier

It is possible that an IHI will not be located in response to a search using a TDS identifier if incorrect information is entered.

In these circumstances, after first checking the accuracy of the TDS identifier and other search criteria, the standard search parameters as identified in UC.011 may be followed to locate the IHI for the individual. The HI Service operator should be contacted before creating an unverified IHI where a TDS identifier has been provided.

UC.011 Presentation at a healthcare facility without providing a TDS identifier (FINAL)

Description:

Where an individual presents without having provided a TDS identifier, the IHI can be located using identifying information. This would be used for:

1. A new patient; or
2. A known patient where no IHI has been associated with their patient record.

Participants

Healthcare individual, healthcare facility

Process Overview

An individual attends a healthcare facility and provides identifying information required to locate or create a patient record.

Where there is no IHI associated with the patient record, identifying information provided by the individual can be used to locate their IHI. The retrieved IHI is then associated with the patient record.

Where the search for an individual's IHI is unsuccessful, the healthcare facility can create an unverified IHI for the individual.

Search methodology

Using identifying information to locate an individual's IHI may be conducted as follows:

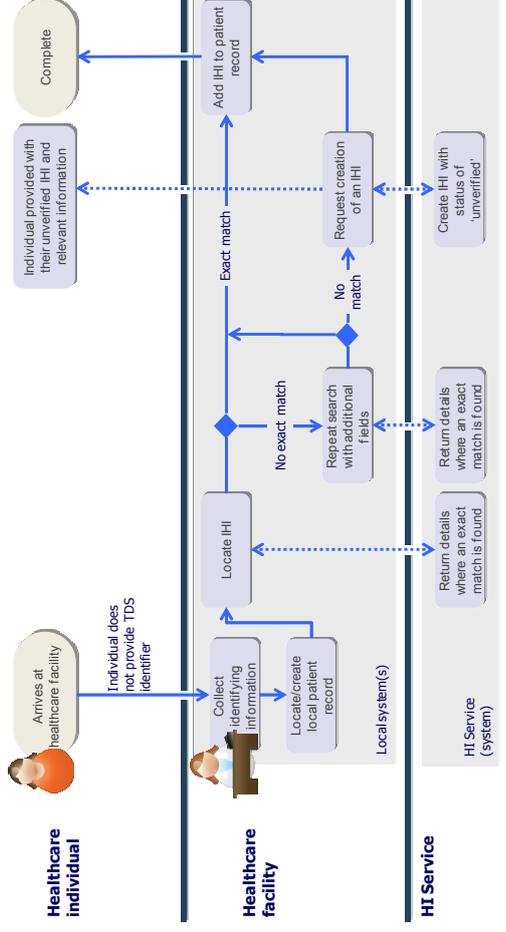
1. An initial attempt to locate the IHI is conducted using the supplied name, DOB information
2. If no match is returned, a further search may be conducted providing the individual's address and/or sex in addition to their name and DOB

Where no match is returned, an unverified IHI can be created.

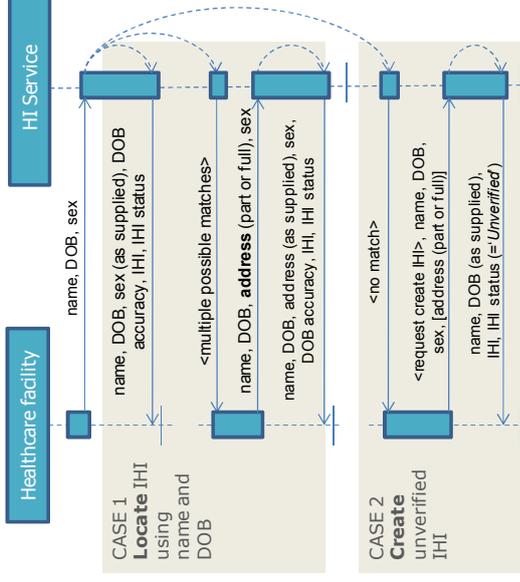
The HI Service will only return identifying information provided by the healthcare facility

Relevant High Level IHI Business Requirements

- BR.2009.08.190 Enable authorised users to create a new IHI and associated record at the point of care
- 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.2009.08.265 Support authorised healthcare providers to retrieve an IHI and associated status via a demographic search in the absence of Trusted Data Source identifier



Interaction with HI Service



Deterministic Search

Searches using identifying information require an exact match between that information and information about the individual held in the HI Service.

Updating Unverified IHIS

Healthcare facilities are able to update data associated with an unverified IHI on condition that it has not been verified. This is discussed in UC.112.

UC.020 Initial allocation of verified IHIs (DRAFT)

Description:

At the commencement of the HI Service, every active Medicare enrolled individual within Medicare Australia's Consumer Directory Maintenance System (CDMS) will be allocated a verified IHI. This will be achieved through an initial bulk allocation process. This will include individuals who are temporarily eligible for Medicare Australia benefits (interim card holders), and reciprocal card holders, but will exclude deceased individuals or individuals whose CDMS record have been archived.

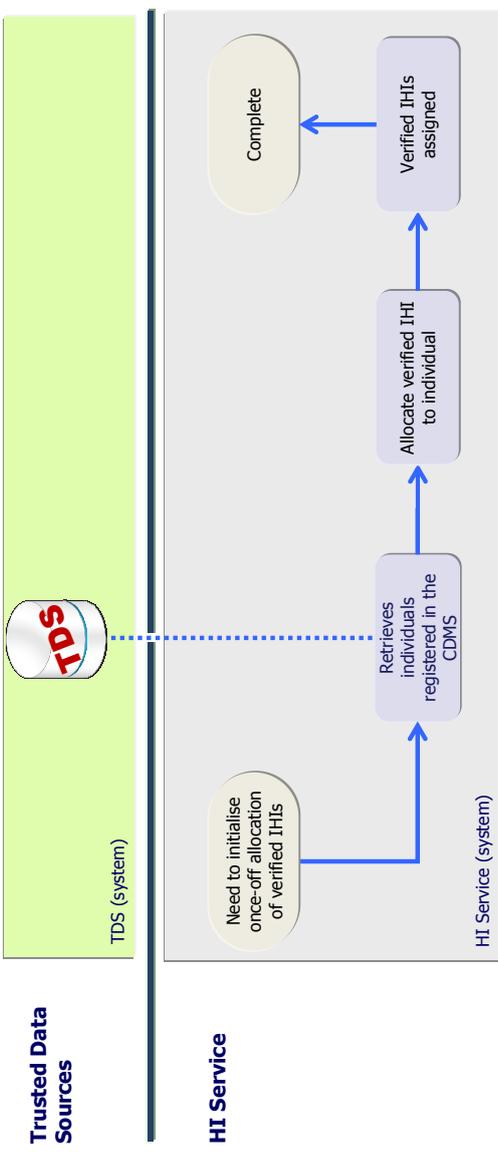
Participants

Trusted Data Source(s), HI Service

Process Overview

Prior to conduct of the bulk allocation process, all names and addresses contained within the CDMS database will undergo a duplicate/replica identification process. Records flagged as potential duplicates or replicas will not be included in the initial bulk allocation, unless they are resolved prior to the process taking place.

A bulk allocation process queries the CDMS for registered individuals who qualify, and assigns them a new IHI.

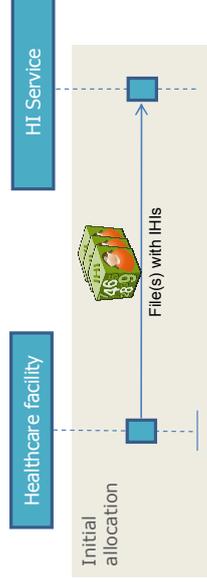


Policy

Operational Policy

For IHIs allocated by the process described above, the data associated with an IHI will be limited to the individual's full name, date of birth, date of birth accuracy indicator, IHI status and, if applicable, date of death. The demographic information associated with each IHI will consist of a subset of the data contained within Medicare's CDMS database.

Interaction with HI Service



UC.021 A person enrolls with a Trusted Data Source (FINAL)

Description

This process articulates how people enrolling with a Trusted Data Source will be automatically allocated a verified IHI.

Participants

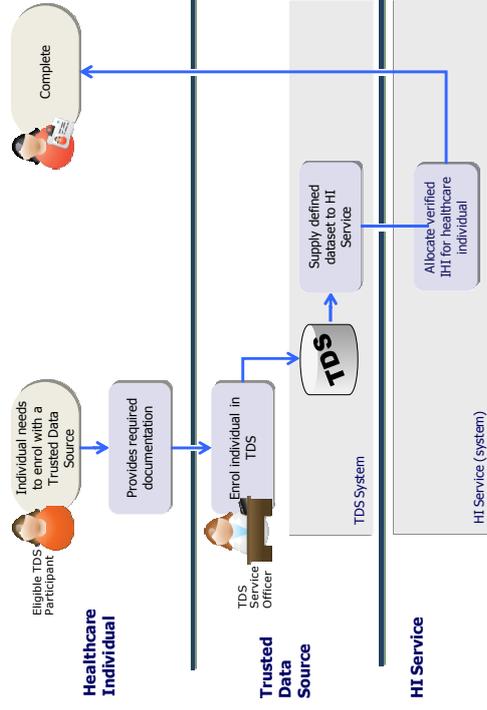
Healthcare individual, Trusted Data Source (TDS), HI Service Operator

Process Overview

A healthcare individual enrolls with a TDS.

The individual's information is provided to the HI Service which automatically allocates a verified IHI.

Any accredited/authorised TDS identifier is associated with the IHI to support searching for the IHI by healthcare facilities.



Policy

The HI Service recognises TDSs as a source of verified identification information for the purpose of creating IHIs.

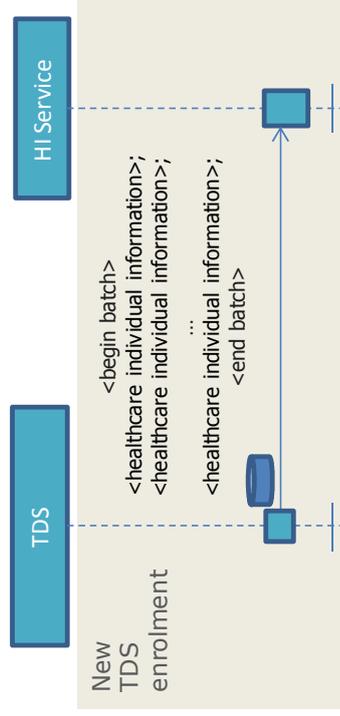
Individuals who enrol with TDSs will be automatically allocated a verified IHI.

Relevant High Level IHI Business Requirements

BR.2009.08.200 Facilitate consistent and efficient identification of healthcare individuals at the point of care via the use of a Trusted Data Source identifier

BR.2009.08.210 Automatically allocate an IHI to a healthcare individual enrolling for the first time with a Trusted Data Source

Interaction with HI Service



< healthcare individual information> = TDS identifier, name, DOB, DOB accuracy indicator, sex, [alternate name/s], [birth plurality], [birth order]

Multiple Enrolments

Where an individual has previously been allocated a verified IHI, the accredited/authorised token number for the TDS will be added to their existing verified IHI.

The HI Service will not attempt to resolve any potential duplicates where an individual appears to have already been allocated an unverified IHI unless the healthcare individual requests resolution.

UC.030 Use Case: Batch IHI search against HI service - for initial IHI load (FINAL)

Description

A healthcare facility initiates a batch search against records held by the HI Service, in order to initially populate a healthcare facility's patient index with matching verified IHIs for patients already known to the healthcare facility.

This is a batch version of the interactive process used to locate an IHI (UC.010, UC.011).

Participants

Authorised users of the HI Service within a healthcare facility.

Process Overview

A healthcare facility collates a list of patient records from its local patient index for cross checking, formats the information to be validated and initiates the batch search process.

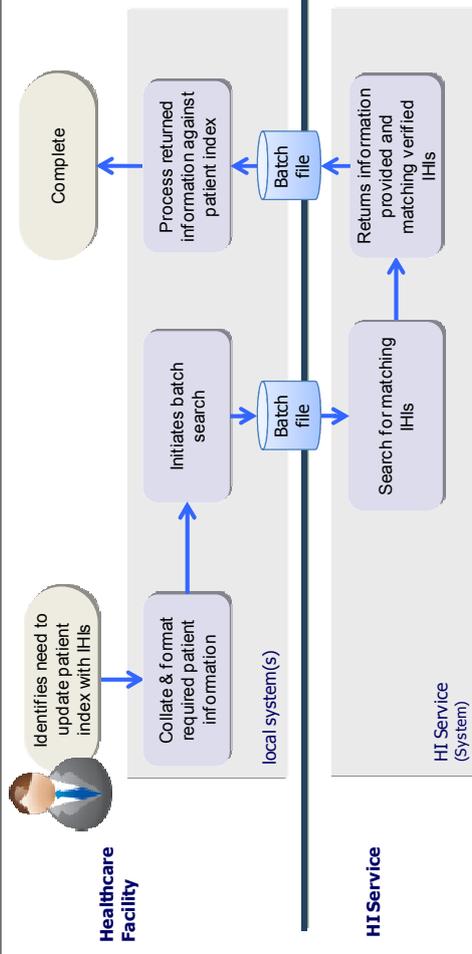
The batch file provided to the HI Service will contain either:

1. TDS identifier, name, DOB; and/ or
2. Name, DOB, sex, address (part or full)

The HI Service will attempt to locate an IHI for each set of search criteria contained in the batch.

If an exact match is found, the HI Service will return the IHI, IHI status and a DOB accuracy indicator for the search.

Where the information cannot be matched, the HI Service will return an error message indicating the type of error. This could include either no match or multiple possible matches.



Operational Policy

Batch searches may only be conducted in relation to individuals already known to the healthcare facility.

Quality of Service

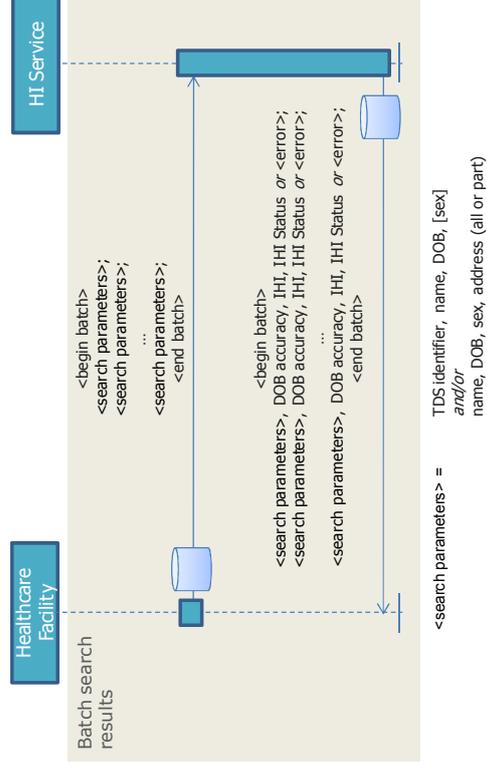
Executing a batch search will be subject to defined parameters set out in participation arrangements, including permissible timing, frequency and size of batch searches, to ensure that the conduct of batch searches does not adversely impact the performance of the HI Service.

Relevant High Level IHI Business Requirements

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

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

Interaction with HI Service



Standards

The data elements used to conduct the batch search will be compliant with Australian and International Standards [AS5017, ISO/PDTS 22220].

UC.031 Batch IHI search against HI Service - for IHI data quality (FINAL)

Description

A healthcare facility initiates a batch search against known IHIs to assist with maintenance of locally stored healthcare individual information. This process can be used to locate an IHI and may reveal detected duplicates, replicas or other status changes in relation to those IHIs.

Participants

Authorised users of the HI Service within a healthcare facility.

Process Overview

A healthcare facility collates a list of patient records from its local patient index for cross checking, formats the information to be validated and initiates the batch search process.

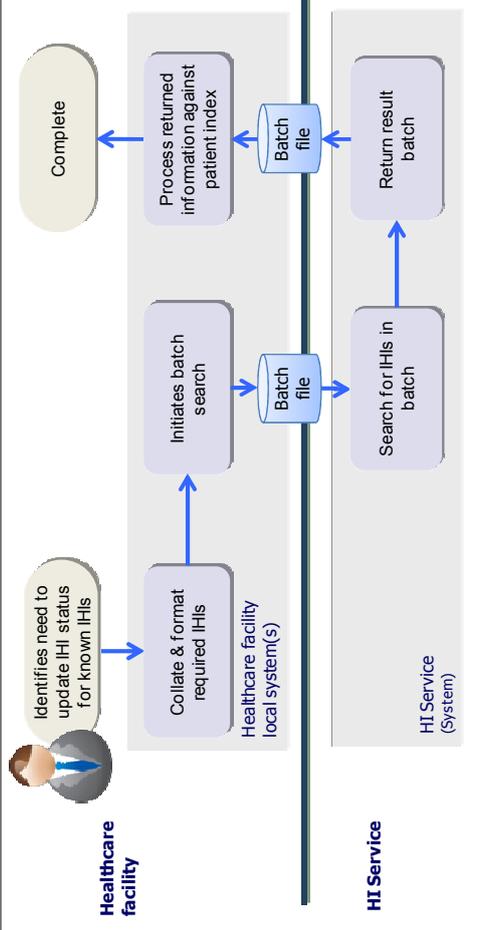
The batch file provided to the HI Service will contain either:

- TDS identifier, name, DOB; and/or
- Name, DOB, sex, address (part or full); and/or
- IHI, name, DOB

The HI Service will attempt to locate an IHI for each set of search criteria contained in the batch.

If an exact match is found, the HI Service will return the IHI, IHI Status and a DOB accuracy indicator, in addition to the information supplied for the search.

Where the information cannot be matched, the HI Service will return an error message indicating the type of error. This could include either no match or multiple possible matches.



Operational Policy

Batch searches may only be conducted in relation to individuals already known to the healthcare facility.

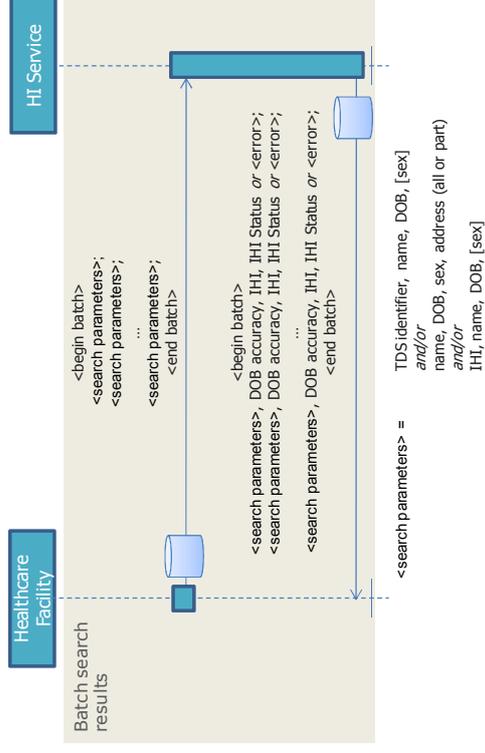
Quality of Service

Executing a batch search will be subject to defined parameters set out in participation arrangements, including permissible timing, frequency and size of batch searches, to ensure that the conduct of batch searches does not adversely impact the performance of the HI Service.

Relevant High Level IHI Business Requirements

- BR-2009.08.100 Support the healthcare sector by providing healthcare identifier services which are highly available
- BR-2009.08.260 Support batch searches by healthcare provider organisations returning IHIs and associated status

Interaction with HI Service



Standards

The data elements used to conduct the batch search will be compliant with Australian and International Standards [AS5017, ISO/PDTS 22220].

IHI and status

IHIs provided may be verified or unverified, and where an IHI is provided that has been confirmed as duplicate or replica, an appropriate error message, and the correct IHI, will be returned.

UC.040 Use Case: Verification (EOI) for an unverified IHI (FINAL)

Description

A small number of healthcare individuals will have an unverified IHI that they will request to be verified. The healthcare individual may request that an unverified IHI record created for him/her be verified via a HI Service Operator.

Participants

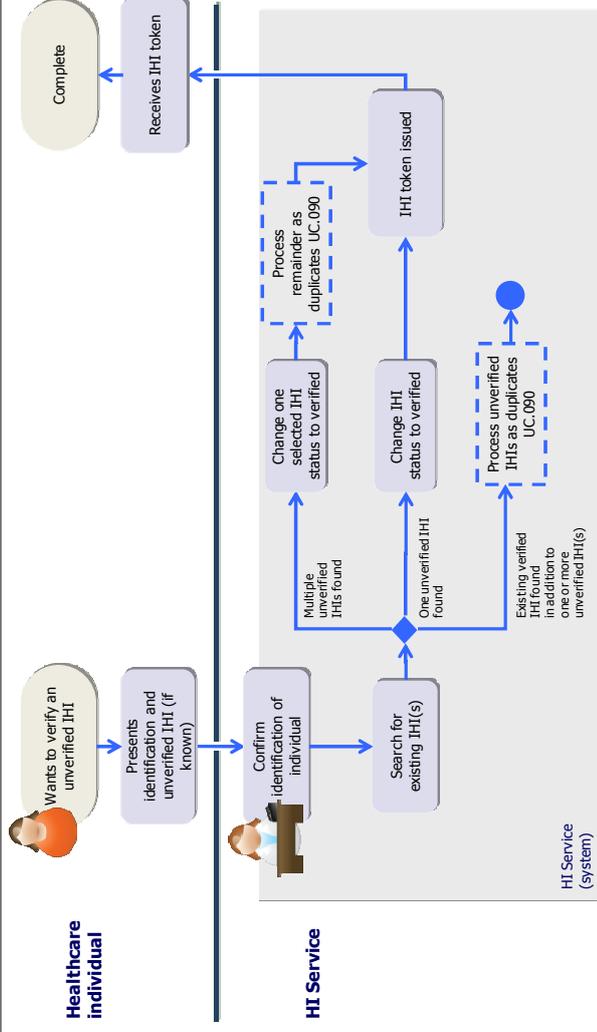
Healthcare individual, HI Service Operator

Process Overview

An individual presents to a HI Service Operator to verify an unverified IHI. The healthcare individual is identified and the service operator searches for existing IHIs. Three possibilities are identified:

1. If only a single unverified IHI is found the status will be changed to 'verified', and a HI Service token will be issued if required.
2. If multiple unverified IHIs are found the status of one unverified IHI will be changed to 'verified' and the remaining unverified IHIs will be treated as duplicates.

If an existing verified IHI is found in addition to one or more unverified IHIs the unverified IHIs will be treated as duplicates.



Policy

The intended primary purpose of the Individual Healthcare Identifier (IHI) record is the consistent identification of all healthcare individuals.

The ability to consistently identify an individual is improved by establishing verified IHIs.

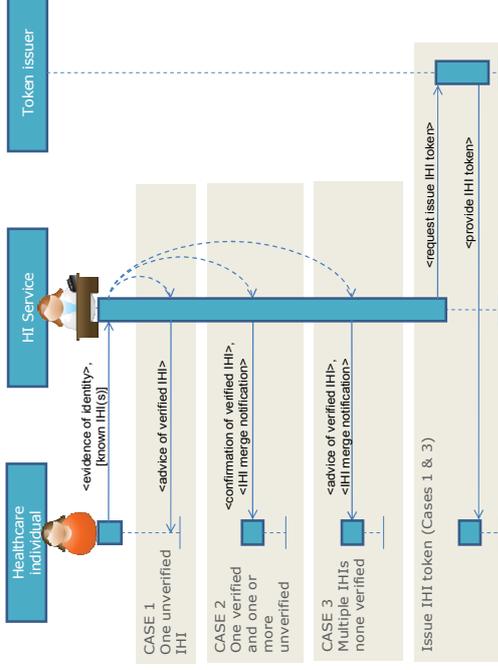
Policy Position

Verification improves the level of confidence with which information associated with an IHI can be used.

Relevant High Level IHI Business Requirements

- BR-2009.08.025 Enable consistent and accurate communications with healthcare individuals and healthcare providers
- BR-2009.08.185 Allocate a unique identifier to all eligible healthcare individuals receiving health services in Australia
- 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)

Interaction with HI Service



Operational Policy

Before completing the verification process, the HI Service Operator will conduct a search of the HI Service to ensure that no verified record exists.

The HI Service will have access to advanced search capabilities, including probabilistic and phonetic searching.

The HI Service Operator will also locate any unverified IHIs that may also be assigned to the individual and resolve these as part of the verification process so that the individual has a single verified IHI.

UC.060 - Create unverified IHI for newborn (FINAL)

<p>Description An IHI may be created for a newborn.</p> <p>Participants Healthcare individual, healthcare facility</p> <p>Process Overview Following the birth of a child, healthcare facility staff can create an unverified IHI to be associated with the newborn's patient record. At a later time the parents or guardians may verify the unverified IHI, as per UC.040.</p>	
<p>Relevant High Level IHI Business Requirements BR.2009.08.190 Enable authorised users to create a new IHI and associated record at the point of care BR.2009.08.205 Enable a healthcare individual to be allocated an IHI without providing assurances of their identity at the point of care</p>	<p>Interaction with HI Service</p> <p>Operational Note Newborns may receive a verified IHI through their enrolment in a Trusted Data Source, such as Medicare (e.g. homebirth). This is discussed in UC.021.</p>

UC.070 - Unconscious/incapacitated and unknown patient (FINAL)

Description

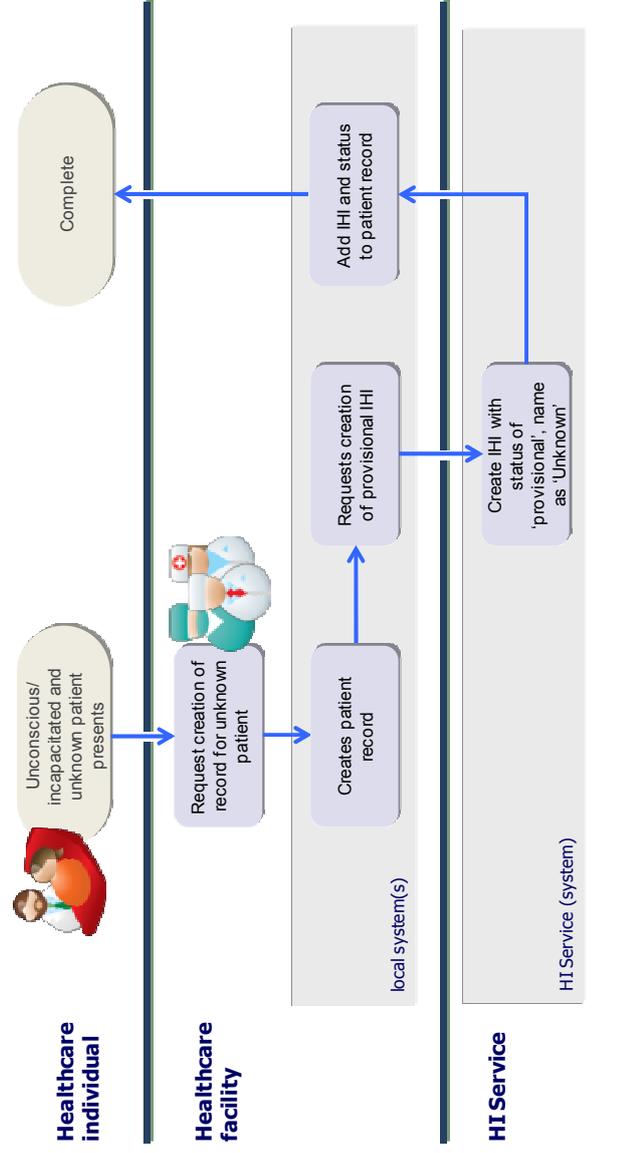
When an individual who is unknown to a healthcare facility presents in an unconscious or incapacitated state, the healthcare facility can create a provisional IHI to be associated with the patient record.

Participants

Healthcare individual, healthcare facility

Process Overview

When an unconscious or incapacitated and unknown individual presents at a healthcare facility (without any form of identification), facility staff can request the creation of a provisional IHI to be associated with the unknown patient's record.



Provisional IHI

IHI with status of provisional is intended for emergency situations where the individual is unknown to the facility and unable to communicate, and there is no IHI token or identifying information available.

The status of a provisional IHI can be changed to unverified once a healthcare facility has sufficient information to identify the individual.

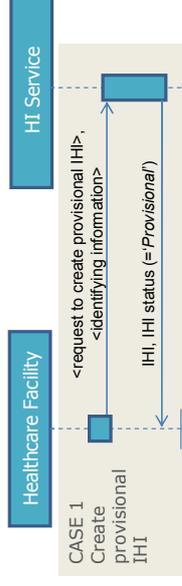
A provisional IHI may also be verified or merged with an existing IHI by the HI Service.

If the provisional IHI has not been merged, verified or become unverified within 90 days of issue, it will be retired.

Relevant High Level IHI Business Requirements

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

Interaction with HI Service



Naming Convention

AS5017 specifies that the name information stored with an unknown patient's record should be 'unknown'

UC.080 Resolution of a provisional IHI (DRAFT)

Description:

A provisional IHI (issued to an unconscious or incapable person – see UC.070) may be resolved as a verified or unverified IHI once the Healthcare individual has regained capacity or consciousness.

This process steps through activities for resolving a provisional IHI.

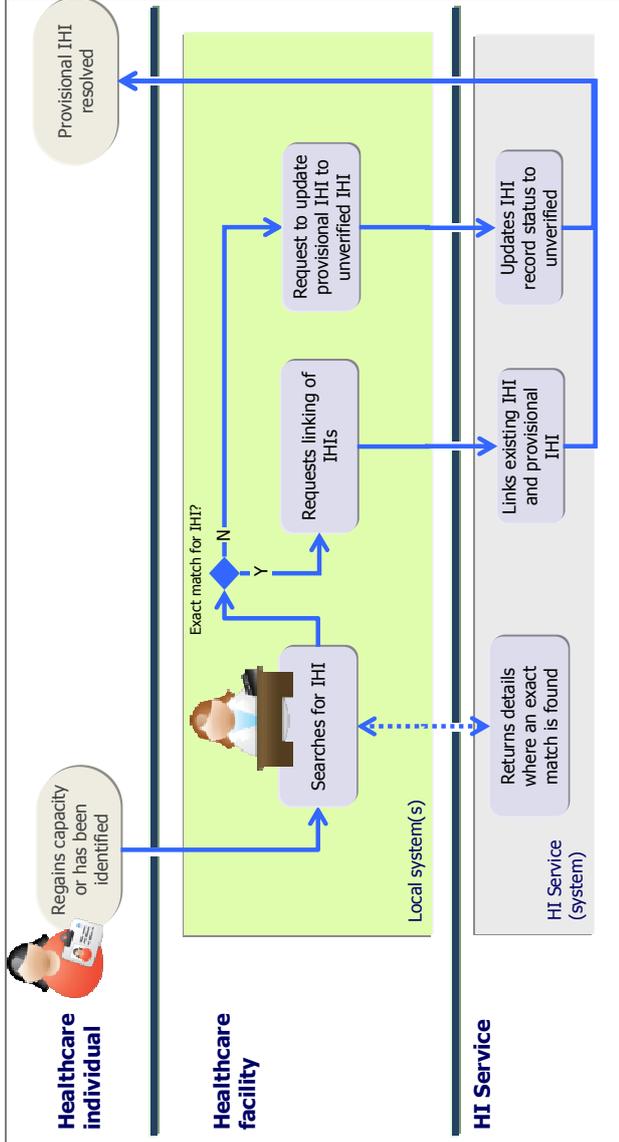
Participants

Healthcare individual, healthcare facility

Process Overview

A healthcare individual allocated who has been allocated a provisional IHI is identified. The healthcare provider conducts a search for an IHI using IHI services. Where an 'exact' match is found, the provider requests the two IHIs to be linked. Where an exact match is not found the provider asks for the record status of the IHI to be updated to unverified.

Where no activity is logged against a provisional IHI after 90 days the IHI status is set to 'inactive' (not shown in the process diagram).



Operational Policy

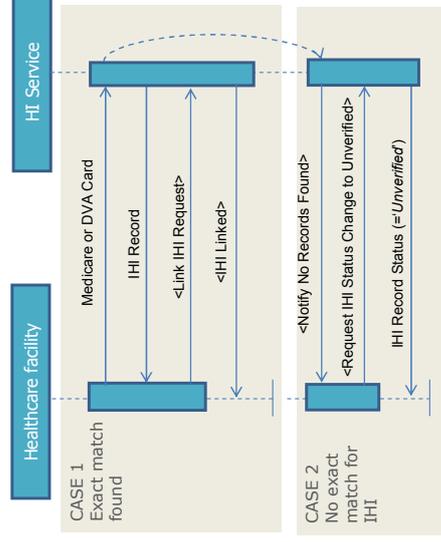
A provisional IHI can be transitioned to an 'unverified' status once the healthcare facility gains sufficient information to populate the individual's name and date of birth fields.

A search for a single IHI individual must locate an exact match (this means that where a search finds multiple records no results are returned and the search criteria needs to be modified).

Periodic Frequency

Provisional IHIs are automatically expired after 90 continuous days of inactivity.

Interaction with HI Service



UC.081 – Provide pseudonymous IHI for healthcare individual (FINAL)

Description

A healthcare individual who believes they may have reason(s) to protect their identity may request a pseudonymous IHI from the HI Service.

Participants

Healthcare individual, HI Service officer (authorised to approve pseudonymous IHI requests)

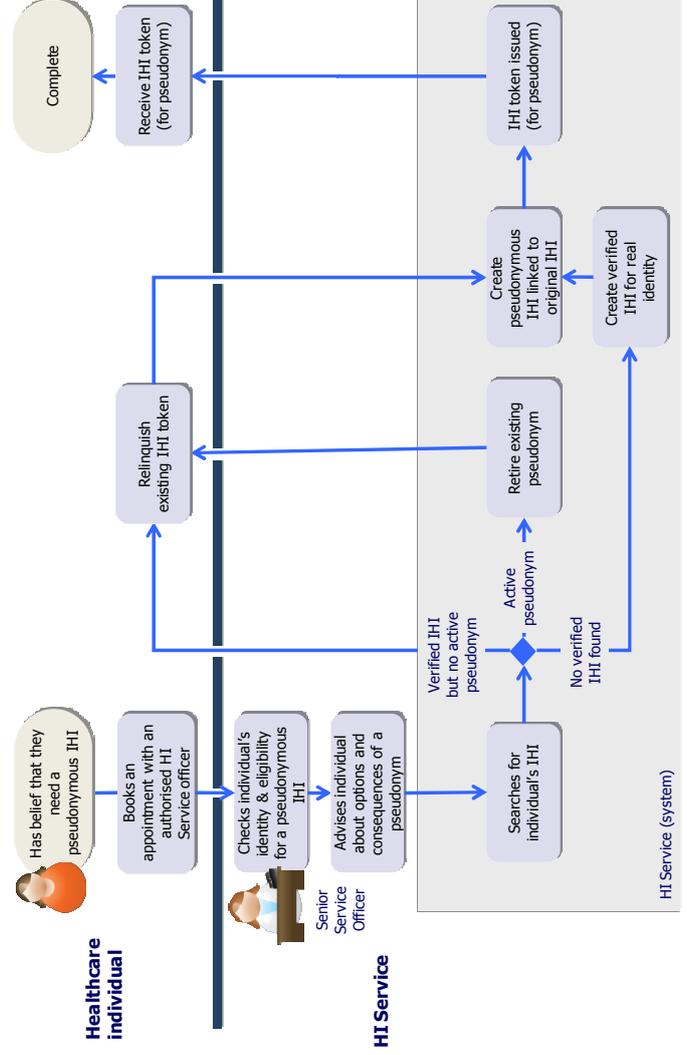
Process Overview

A healthcare individual makes a booking to meet with an HI Service officer who has authorisation to approve requests for a pseudonymous IHI. The HI Service officer determines the individual's eligibility and searches for any existing IHIs associated with the individual.

The HI Service officer will ensure that any existing pseudonymous IHI is retired and that any existing IHI token is relinquished before a new pseudonymous IHI is created.

The service officer creates a pseudonymous IHI and advises the individual of the best use of the token in order to safeguard their pseudonymity.

The pseudonymous IHI will be linked by the HI Service officer to the healthcare individual's primary IHI.



Operational Policy

The pseudonymous IHI will be linked to the healthcare individual's primary IHI through a confidential link which can only be accessed by a HI Service officer with the necessary privileges.

In cases where a healthcare individual feels that there is no longer a need for a pseudonymous IHI, they can revert to using their primary IHI. This requires the pseudonymous IHI to be retired.

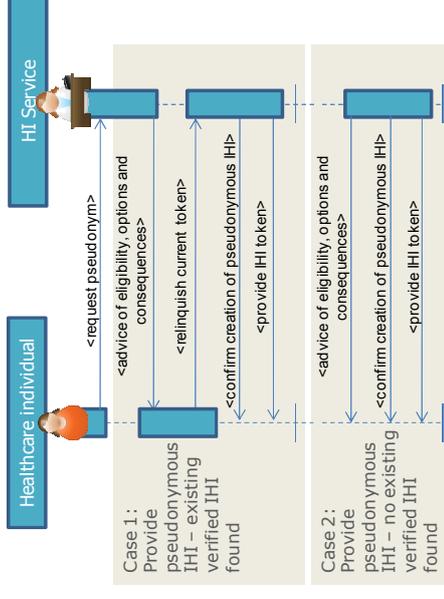
A healthcare individual may also choose to merge their pseudonymous IHI with their primary IHI.

The HI Service officer will provide appropriate information to the healthcare individual about the implications of creating and relinquishing a pseudonymous IHI.

Relevant High Level IHI Business Requirements

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

Interaction with HI Service



UC.083 –Creation of an alternate name (FINAL)

Description

Healthcare individuals may request that an alternate name (alias) be associated with their verified IHI.

Participants

Healthcare individual, HI Service Operator

Process Overview

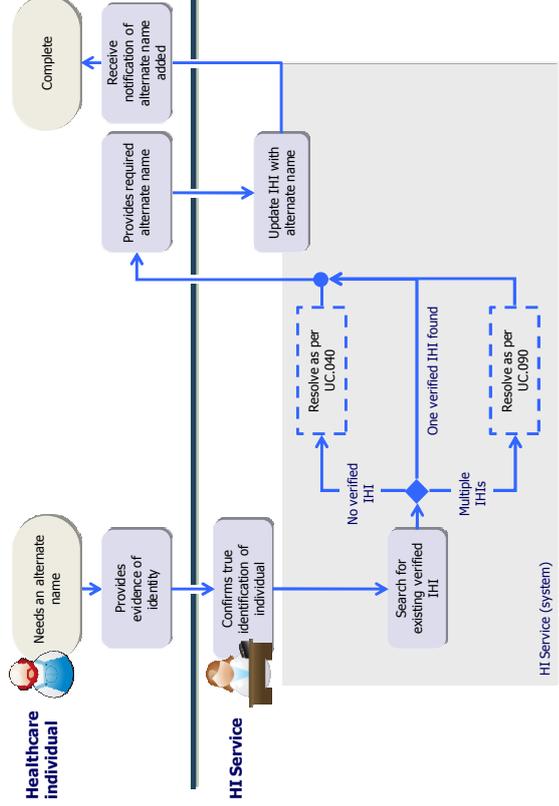
An individual attends a HI Service Operator and provides identifying information required to locate their IHI.

After the HI Service Operator has located the verified IHI, the healthcare individual will provide the required alias.

The HI Service Operator will associate the alias with the IHI and notify the individual.

During this process, the HI Service Operator may:

- Verify an existing unverified IHI for the individual as per UC.040; or
- Resolve any duplicate IHIs as per UC.090



Aliases

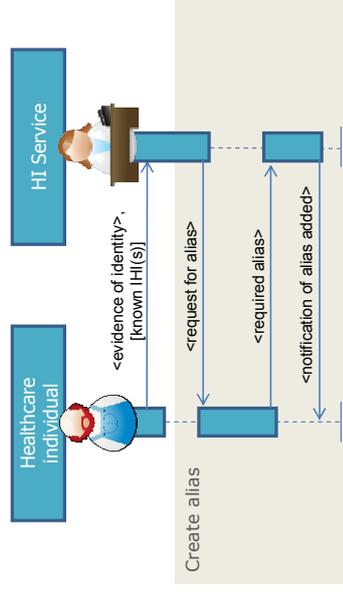
Aliases can only be associated with verified IHIs.

Aliases associated with an IHI will be used for searching IHIs.

Relevant High Level IHI Business Requirements

BR.2009.09.290 The HI Service will provide a facility for Healthcare Individuals wishing to use alternate names.

Interaction with HI Service



Operational Notes

A verified IHI may have up to 9 aliases associated with it. An individual who is using aliases may use any of those names as demographic data to search for and retrieve their verified IHI.

If an alias is used to locate a verified IHI, the HI Service will return identifying information without revealing other names or aliases associated with that IHI.

UC.090 Identify and resolve duplicates (DRAFT)

Description:

Duplicate IHIs occur when a healthcare individual is allocated more than one IHI.

The process describes the steps involved in the resolution of duplicate IHIs.

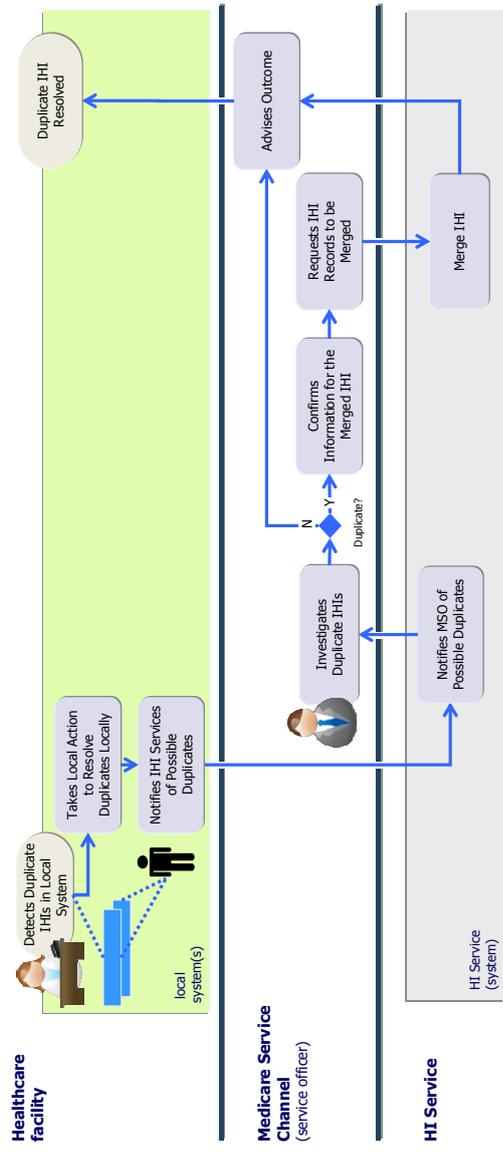
Participants

Healthcare facility, Medicare Service Channel (service officer), healthcare individual

Process Overview

A duplicate IHI has been detected by authorised user in a healthcare facility. He/she takes local action to resolve the duplicates, whilst the system notifies HI service of the duplicates. A Medicare Service Officer (MSO) is notified and investigates the duplication.

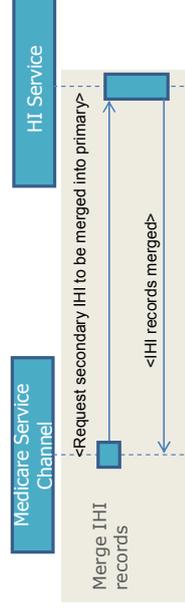
Once confirmed, the duplicate IHIs are merged. Notification is sent to the originating healthcare facility of the outcome.



Interaction with HI Service

Duplicate IHI records may be investigated and resolved only by authorised Medicare Service Officers. This process will be restricted given the security and privacy implications of incorrectly identifying or resolving a duplicate record.

IHI records flagged as possible duplicates may still be accessed and updated.



UC.091 Identify and resolve replica (DRAFT)

Description:

IHI replica occurs when more than one healthcare individual are allocated to the same IHI.

The process describes the steps involved in the resolution of IHI replica.

Participants

Healthcare facility, Medicare Service Channel, Healthcare individual

Process Overview

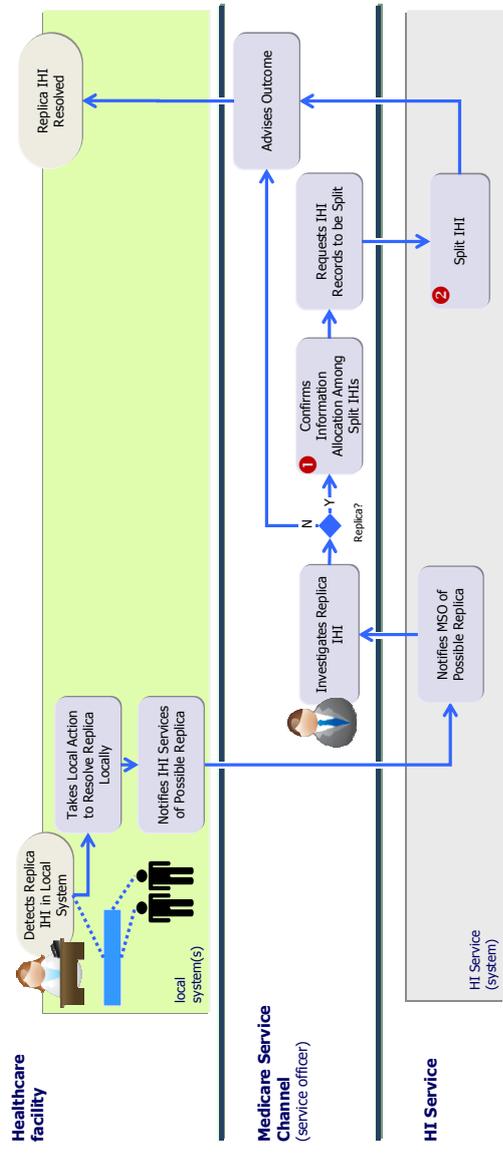
A IHI replica has been detected by an authorised user in a healthcare facility. He/she takes local action to resolve the replica, whilst the system notifies HI service of the replica. A Medicare Service Officer (MSO) is notified and investigates the replica.

Once confirmed, a split will take place and new IHIs will be allocated to the individuals. Notification is sent to the originating healthcare facility of the outcome.

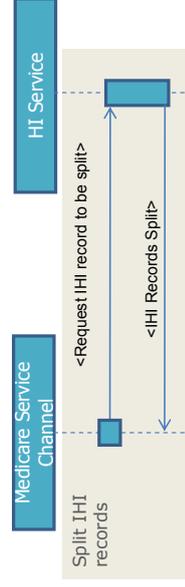
Operational Policy

Replica IHI records may be investigated and resolved only by authorised Medicare Service Officers. This process will be restricted given the security and privacy implications of incorrectly identifying or resolving a duplicate record.

An IHI record flagged as a possible replica may still be accessed and updated.



Interaction with HI Service



UC.100 Retire IHI (DRAFT)

Description:

In the event of death of a healthcare individual, the HI Service will be notified by the family or other representative of the death. This process describes the steps triggered by that event to retire an IHI in the HI Service.

Participants

External Source, HI Service Operator

Process Overview

An external source, such as the Registry of Births, Deaths and Marriages (RBDM) will regularly notify the HI Service of up to date information. On receipt of notification of death information, the HI Service will search against IHI records. Once confirmed, the date of death field will be flagged; the status changed to 'deceased' and the Source of Information of Death recorded.

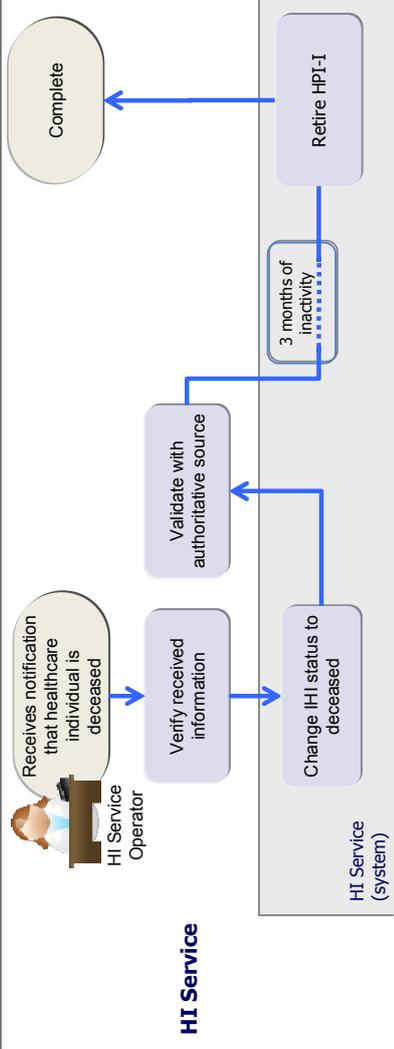
A deceased IHI record will automatically retire after a period of 3 months of inactivity from the date of notification of death.

Operational Policy

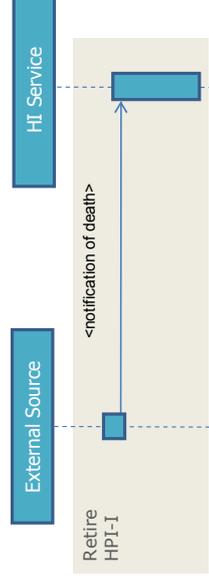
An IHI record will be automatically retired where its status has been changed to 'deceased' and has been inactive for a period of 3 months. An exception to this rule occurs where notification has been received that the deceased IHI record is still required for operational use within the HI Service.

An IHI record can also be retired where the age recorded on the IHI record has reached 130 years, except where notification has been received that the healthcare individual is still participating in the HI Service.

Access to a retired IHI record and its related system log may only be obtained through the lodgement and approval of a 'Freedom of Information' application.



Interaction with HI Service



UC.110 Maintain a verified IHI (DRAFT)

Description:

From time to time it may be necessary to update the name or DOB associated with an IHI. The individual or their authorised representative needs to present evidence of name change or DOB correction to a HI Service Operator.

Participants

Healthcare individual, HI Service Operator

Process Overview

The HI Service Operator confirms the individual's identification and locates their IHI. The healthcare individual provides evidence to support a change in his/her name or to correct the DOB. If the HI Service Operator confirms that the evidence provided is sufficient to support the requested change or correction and updates the IHI information.

Policy

The intended primary purpose of the Individual Healthcare Identifier (IHI) record is the consistent identification of all healthcare individuals.

The ability to consistently identify an individual is improved by establishing verified IHIs.

Privacy

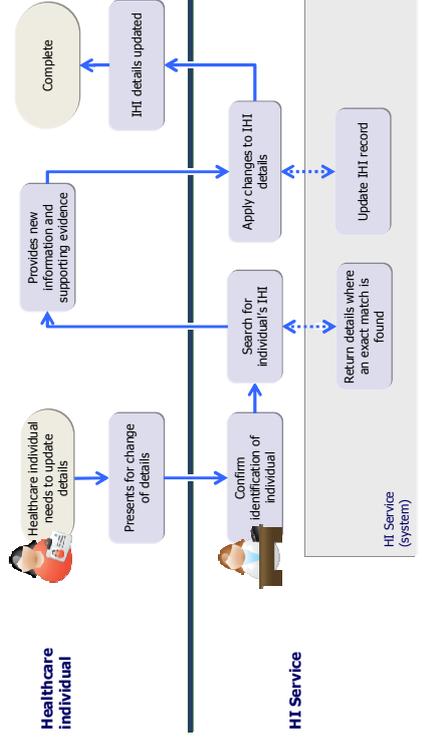
This process supports the ability for healthcare individuals to:

- Access information held about them in the HI Service (UC.120);
- Check that information held is correct and up-to-date, and to request amendment (this UC)

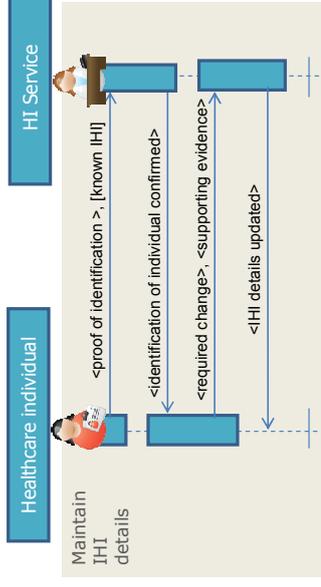
Relevant High Level IHI Business Requirements

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

BR.2009.08.205 Enable a healthcare individual to be allocated an IHI without providing assurances of their identity at the point of care



Interaction with HI Service



Recording Document

The HI Service Operator will record the document type provided to support the change in name or correction to DOB.

Operational Note

It is expected that this process will only apply for individuals who have received a previously verified IHI direct from the HI Service. Name change will most commonly occur through changes to TDS data.

The search for an individual's IHI may identify multiple current records. These will need to be resolved by the HI Service Operator.

IHI information that may be maintained

Through this process, a healthcare individual is able to maintain:

- Name
- DOB
- Sex
- Address
- Postal address
- Alias

Audit of Changes to IHI

All changes to IHI information will be recorded in an audit log that may be accessed by the healthcare individual.

UC.112 – Maintain an unverified IHI (FINAL)

Description

At the request of the healthcare individual, healthcare facilities may update information associated with unverified IHIs.

This may be used to ensure that unverified IHI information is aligned with a healthcare facility's patient record and may support ongoing data quality standards in the HI Service.

Participants

Healthcare individual, healthcare facility

Process Overview

After creation of an unverified IHI, a healthcare facility may update the information associated with that IHI.

The healthcare facility provides the unverified IHI, together with name and DOB details, plus the new information.

The HI Service will check that the IHI:

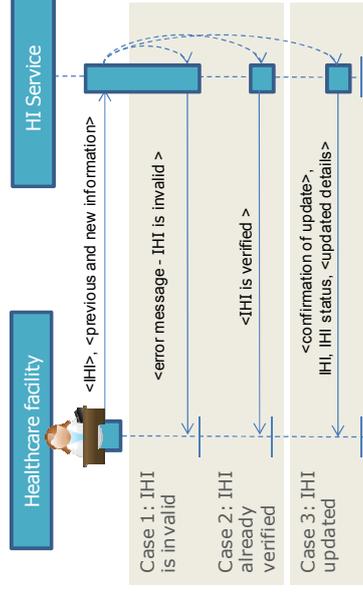
- Is valid, i.e. the IHI, name and DOB provided match the existing record in the HI Service; and
- Is unverified.

Where these conditions are met the IHI record will be updated. Where any one or more of these conditions are not met, the HI Service will return an error message.

Relevant High Level IHI Business Requirements

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

Interaction with HI Service



IHI information that may be maintained

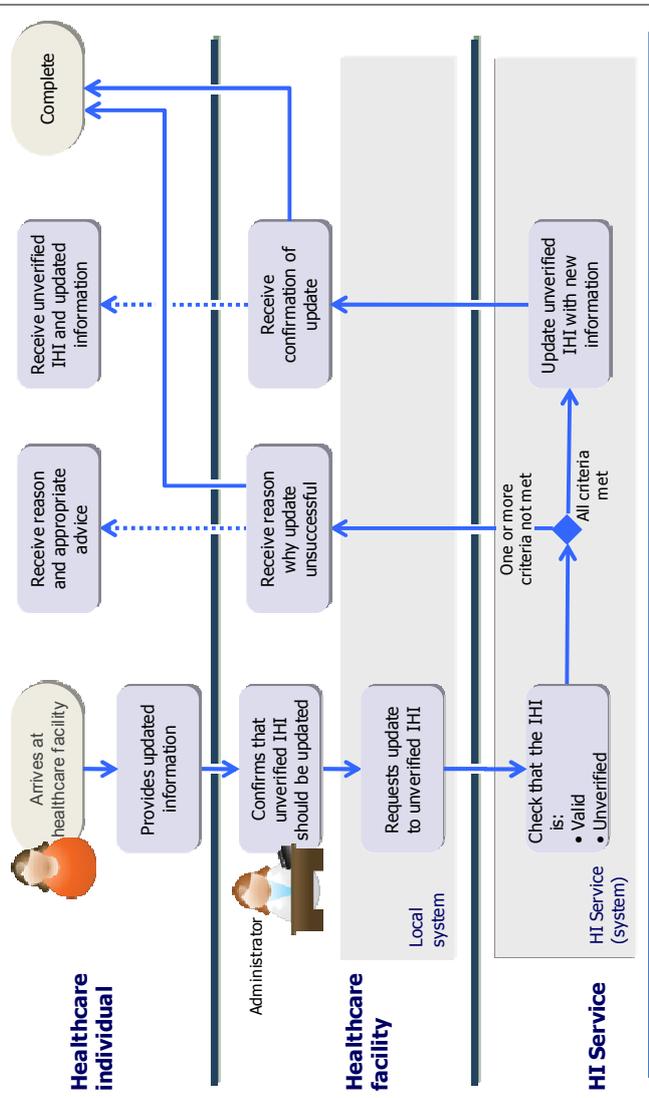
Through this process, a healthcare facility is able to maintain:

- Family Name*
- Other Name details
- DOB*
- Sex*
- Address

* = mandatory

Audit of Changes to IHI

All changes to IHI information will be recorded in an audit log that may be accessed by the healthcare individual.



UC.120 Access IHI record and audit log (DRAFT)

Description:

A healthcare individual is entitled to view their IHI record and audit log at any time. This will enable them to:

Check the accuracy of their IHI record; and

To see which organisations have had access to their IHI record.

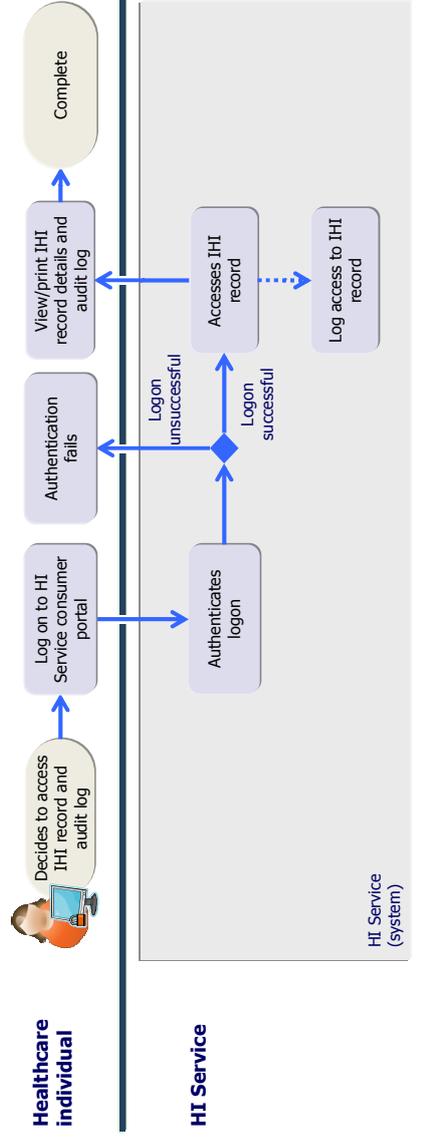
Participants

Healthcare individual

Process Overview

Using previously issued logon information, the healthcare individual logs on to the HI Service via the HI Service consumer portal.

The HI Service authenticates their logon and allows them to view/print their IHI record and associated audit log.



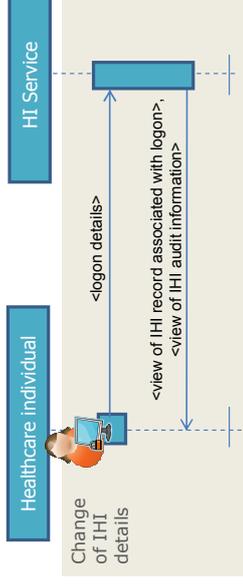
Privacy

This process supports the ability for consumers to:
 Access information held about them in the HI Service;
 See who has accessed their IHI record; and
 Check that information held is correct and up-to-date, and to request amendment (see UC.110)

Relevant High Level IHI Business Requirements

- BR.2009.08.215 Deliver an online service to enable healthcare individuals to easily access and maintain their IHI records;
- BR.2009.08.240 Develop and implement a national system, processes and services associated with the management of IHIs (including but not limited to collection, disclosure, access, use, maintenance and retirement);
- BR.2009.08.270 Protect healthcare individuals' information by providing a secure service

Interaction with HI Service



Operational Note

To use the Consumer Portal, the healthcare individual will need to register for a logon.

UC.121 Healthcare individual obtains logon for HI Service consumer portal (DRAFT)

Description:

Once an individual has a verified IHI, they are able to view their IHI record by logging on to the HI Service consumer portal. They may obtain their account login information by contacting the HI Service.

Participants

Healthcare individual, HI Service Operator

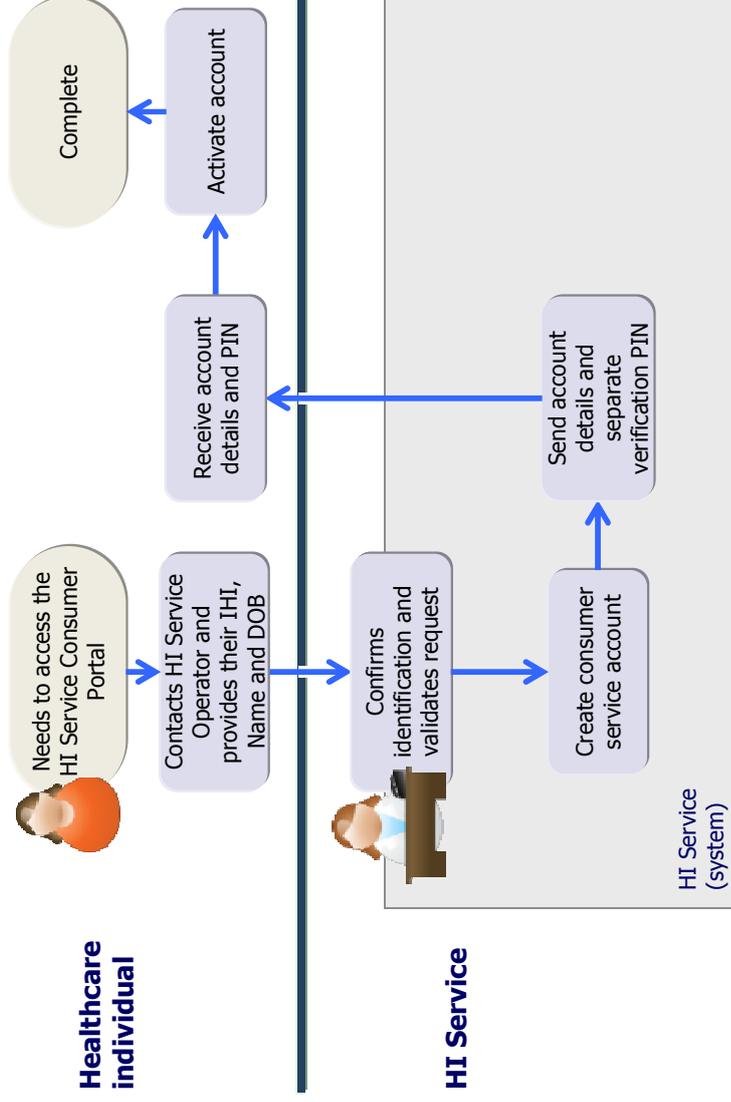
Process Overview

The healthcare individual may contact the HI Service Operator either by:

- Telephone; or
- Email; or
- Attending in person

The HI Service Operator will authenticate the identity and IHI of the individual. The HI Service Operator will create an account for the individual. Account details and relevant account information will be sent to the individual. A verification PIN number will be sent separately.

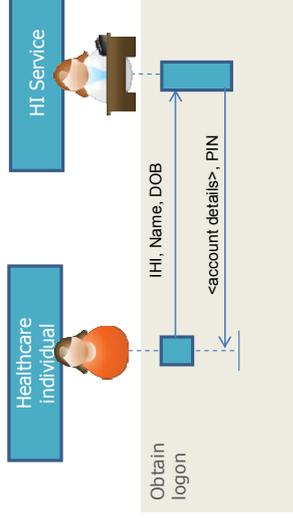
Upon receipt of the account details and PIN, the individual may activate their account to access the HI Service consumer portal.



Relevant High Level IHI Business Requirements

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

Interaction with HI Service



UC.130 – Establish seed HPI-O (FINAL)

Description

A 'seed' HPI-O is the overarching organisational identifier issued to an eligible healthcare provider organisation, from which additional 'networked' HPI-Os may be created for those parts of the organisation involved in the delivery of healthcare services.

Participants

Healthcare provider organisation (Responsible Officer), HI Service Operator

Process Overview

A nominated Responsible Officer (RO) provides the HI Service Operator with the required documentation in support of a HPI-O. Three possibilities are identified:

- If no record is found, a new HPI-O with the classification of seed will be created.
- If an existing inactive seed HPI-O is found, the status can be changed to active.
- If an existing active seed HPI-O is found, the HPI-O details will be updated if needed.

The newly created HPI-O will be added to the HI Provider Directory Service.

The RO may request HPI-O digital certificate(s). The HI Service will initiate their production and delivery as described in UC.152 Issue HPI-O Certificate(s).

Note

While this process requires presentation of documentation, it will be supported through a number of channels.

Operational Policy

A healthcare provider organisation will need to apply for a HPI-O and provide evidence supporting their eligibility and be required to comply with legislative requirements for participation in the HI Service.

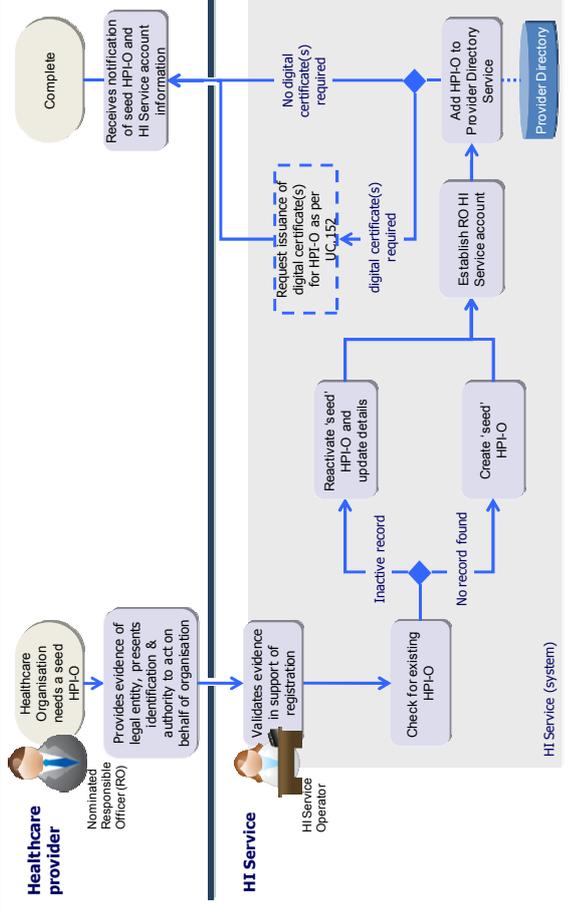
A healthcare provider organisation will need to nominate an individual as their RO. This nominated RO will need to supply the HI Service evidence of their identity and that they are empowered to act on behalf of the organisation.

Relevant High Level HPI Business Requirements

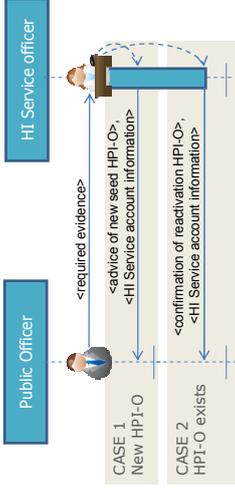
BR.2009.08.140 Create new HPI-Is and HPI-Os, and populate HPI-Is and HPI-Os with associated (and permitted) data; update and maintain existing HPI-Is and HPI-Os and their associated attributes; deactivate and retire HPI-Is; and retire HPI-Os

BR.2009.08.045 At the point of issue of an HPI-I or HPI-O, accurately identify healthcare provider individuals and organisations

BR.2009.08.050 Allocate a unique identifier to all eligible healthcare provider individuals and organisations that require one



Interaction with HI Service



Note: Case 2 represents situations where an active seed HPI-O already exists or where an HPI-O exists in an inactive state.

Digital Certificate(s)

Individuals or systems interacting online with the HI Service must have digital certificate(s) appropriate to their HI Service role. When a new seed HPI-O is created, digital certificate(s) may be requested and will be issued.

UC.131 – Establish Healthcare Provider Organisation Maintenance Role (FINAL)

Description:

A Healthcare Provider Organisation needs to establish one or more Organisation Maintenance Roles (OMR).

The role is established by the Responsible Officer (RO), or another OMR, through the HI Service.

A RO may also take on the role of OMR.

Participants

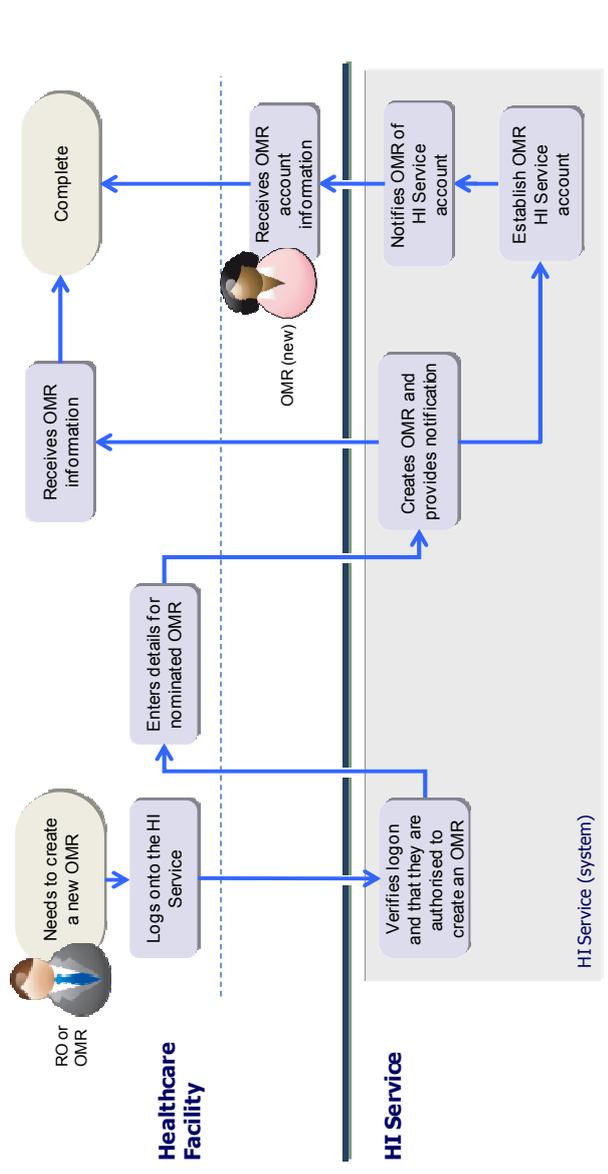
Organisation Maintenance Role or Responsible Officer

Process Overview

An existing RO or OMR with authority to establish additional OMRs logs on to the HI Service and enters the details for the new OMR.

The Service establishes the identified individual as an OMR and creates an HI Service account for them.

The requesting RO or OMR receives confirmation and the new OMR is notified of their HI Service account details.



Operational Policy

An OMR maintains information associated with an HPI-O. They may

- Create new network HPI-Os
- Nominate other OMRs and set their privileges
- Retire an HPI-O
- Remove the link of a (subordinate) OMR from HPI-Os
- Maintain links between the provider organisation and provider individuals

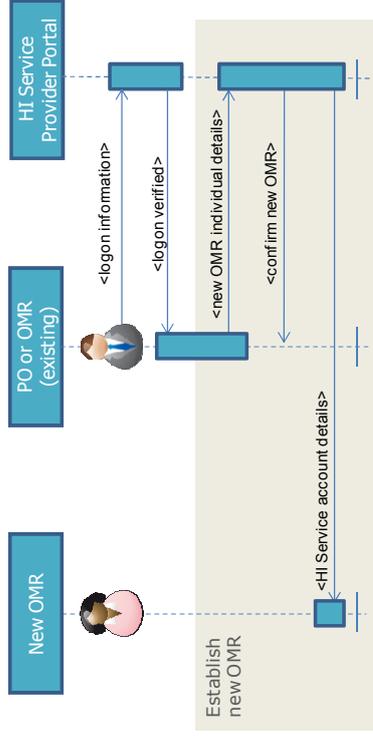
OMR for 'seed' HPI-O

During establishment of the 'seed' HPI-O (UC.130), the Responsible Officer (RO) may nominate an OMR or establish themselves in this role.

High Level Business Requirements

BR.2009.08.075 Deliver an online service to facilitate healthcare provider individuals and organisations to access and maintain their HPI-I and HPI-O records

Interaction with HI Service



UC.135 Establish a networked HPI-O (FINAL)

Description

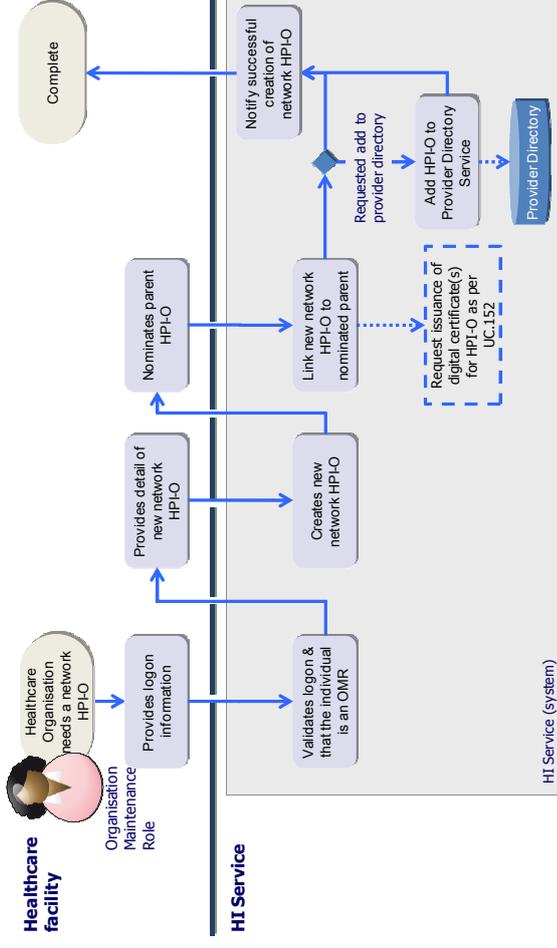
A seed HPI-O may have a hierarchy of associated network HPI-Os. This process describes the creation of a single networked organisation through the HI Service web portal.

Participants

Organisational Maintenance Role (OMR)

Process Overview

An OMR logs on to the HI Service Provider Portal and is presented with a map of HPI-Os. The OMR selects from the map an HPI-O for which they are entitled to act. They provide information for the new HPI-O. The HI Service checks the information for duplicate HPI-Os, creates the new networked HPI-O and links it under the selected parent HPI-O. The OMR may also nominate to register the network HPI-O with the Provider Directory Service. Where the new HPI-O is required to interact with the HI Service, the OMR will also request delivery of the HPI-O's digital certificate. The OMR receives notification from the HI service that the networked HPI-O has been successfully created.



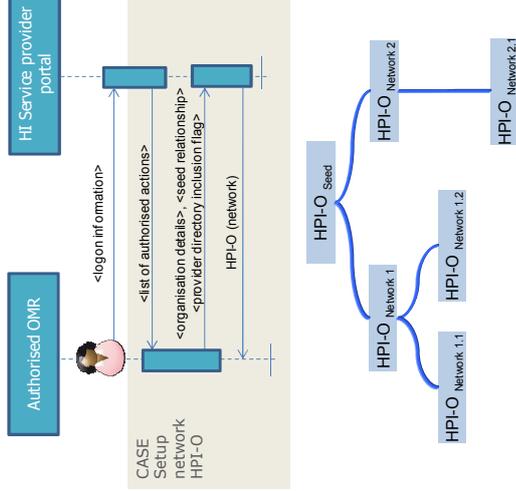
Operational Policy

Networked HPI-Os are always associated, directly or through other networked HPI-Os, with one seed HPI-O. Every networked HPI-O is required to have an OMR designated to maintain its associated information. An OMR may be responsible for multiple HPI-Os

High Level Business Requirements

- BR.2009.08.140 Create new HPI-Is and HPI-Os, and populate HPI-Is and HPI-Os with associated (and permitted) data; update and maintain existing HPI-Is and HPI-Os and their associated attributes; deactivate and retire HPI-Is; and retire HPI-Os
- BR.2009.08.096 Promote and communicate the requirements and processes for healthcare provider participation including assignment, collection, disclosure, access, use, maintenance and retirement of HPI-Is and HPI-Os and associated information
- BR.2009.08.095 Develop and implement a national system, processes and services associated with the management of HPI-Is and HPI-Os (including but not limited to collection, disclosure, access, use, maintenance and retirement)
- 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

Interaction with HI Service



HI Provider Directory Service

Healthcare providers issued with HPI-Os will have the option of being included in a national HI Provider Directory Service (PDS). The PDS will enable the search and location of healthcare providers and facilitate communication and information exchange between them, such as referrals, test orders and results.

Digital Certificates

New network HPI-Os may receive a digital certificate allowing them to participate in the HI Service.

A network of HPI-Os

A network of HPI-Os is hierarchical under a single seed HPI-O.

UC.136: Reconfigure HPI-Os (mergers or acquisitions of healthcare provider organisations)(FINAL)

Description:

After the merger or acquisition of healthcare organisation(s), the designated Responsible Officer of the primary HPI-O may request a change to the hierarchy of the organisation to incorporate the acquired HPI-O(s).

This process will move the acquired organisation HPI-O hierarchy under the seed HPI-O of the primary organisation. Once this is complete, the OMR(s) of the primary organisation can restructure the HPI-O hierarchy as appropriate using HPI-O maintenance functions as per UC.170.

Participants

Healthcare provider organisation (Responsible Officer)

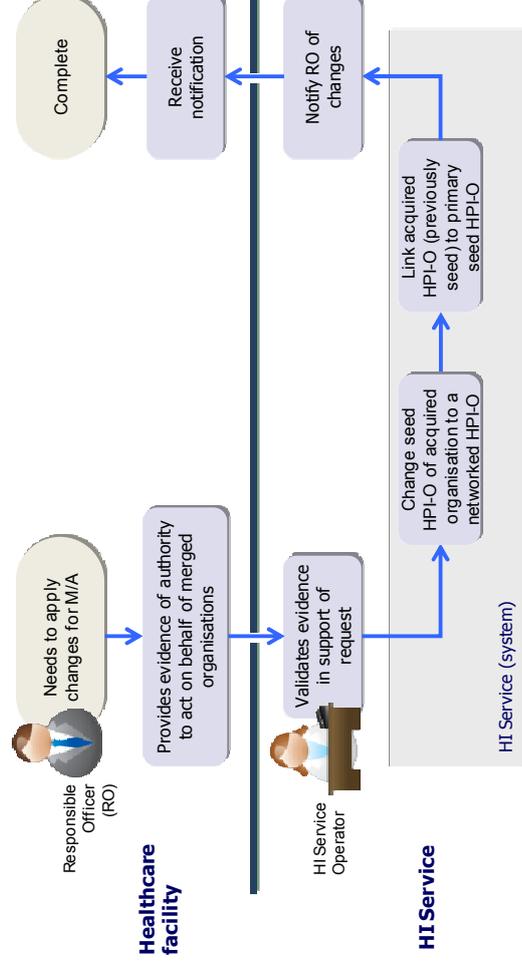
Process Overview

The designated Responsible Officer (RO) of the primary HPI-O requests a change to the HPI-O hierarchy. After verification of identity and authority to act on behalf of all affected organisations, the Responsible Officer will have to produce information regarding the HPI-O that has been merged or acquired with associated supporting evidence.

The HI Service Operator will initiate the requested action.

This will involve:

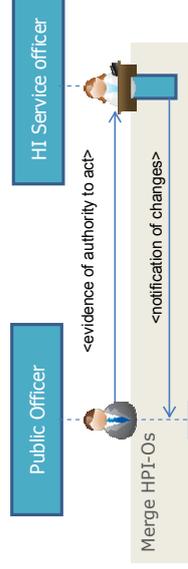
- Changing the acquired seed HPI-O to a networked HPI-O;
 - Linking that HPI-O to the primary seed HPI-O; and
 - Disabling access for the Responsible Officer of the acquired organisation
- A notification of the changes is provided to the Responsible Officer.



Relevant High Level HPI Business Requirements

BR.2009.08.096 Promote and communicate the requirements and processes for healthcare provider participation including assignment, collection, disclosure, access, use, maintenance and retirement of HPI-Is and HPI-Os and associated information
 BR.2009.08.140 Create new HPI-Is and HPI-Os, and populate HPI-Is and HPI-Os with associated (and permitted) data; update and maintain existing HPI-Is and HPI-Os and their associated attributes; deactivate and retire HPI-Is; and retire HPI-Os

Interaction with HI Service



Primary and acquired organisations

The term 'primary' is used to define the 'buying' organisation in a merger.
 The term 'acquired' is used to define the 'transferring' organisation.

Operational Note

An Organisation Maintenance Role must be established inline with UC.131 and UC.135.

UC.140 Establish HPI-O network by batch (DRAFT)

Description:

The creation of 'Networked' Healthcare Provider Identifiers for Organisations (HPI-Os) can be requested by an Organisation Maintenance Role (OMR) either via Batch requests directly into interfaces provided by the HI services or through a HI Service Channel

Participants

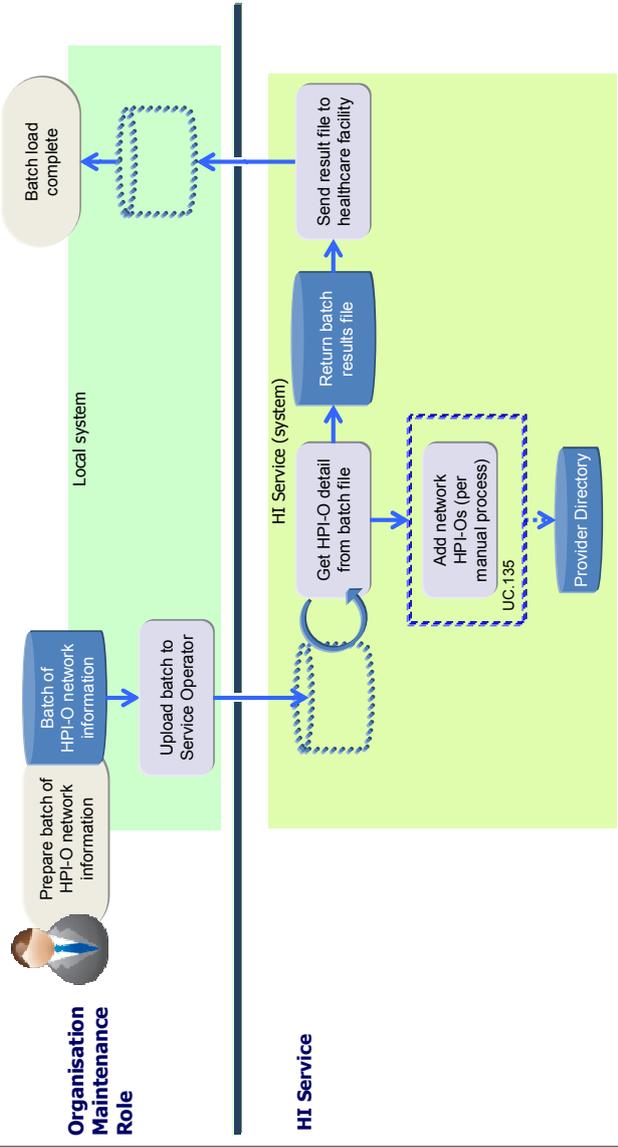
Organisation Maintenance Role

Process Overview

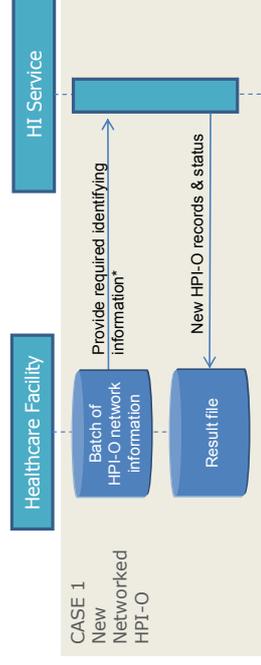
The OMR of a Seed or networked HPI-O prepares the data covering the proposed networked HPI-Os. The OMR uploads the batch file to the HI Service using online services. The HI Service system searches for any existing record of the requested providers. The OMR will be notified of the results of the batched request.

Alternate

HPI-Os may be established individually rather than by batch file upload



Interaction with HI Service



*For the list of the required information to establish a networked HPI-O, please refer to the specification documentation

UC.170 – Maintain HPI-O (FINAL)

Description

A HPI-O may be maintained by an OMR. Privileges to maintain an HPI-O include:

- Update information associated with the HPI-Os and where appropriate, display the updated information in the HI Provider Directory Service
- Show or not show HPI-O information in the HI Provider Directory Service
- Enable/Disable access to electronic address for the HPI-O
- Change (update) HPI-O parent
- An OMR may be assigned all privileges for the maintenance of an HPI-O

Participants

Healthcare facility (Organisational Maintenance Role)

Process Overview

An OMR logs on to the HI Service web portal. The HI Service provides a map of HPI-Os in their organisation.

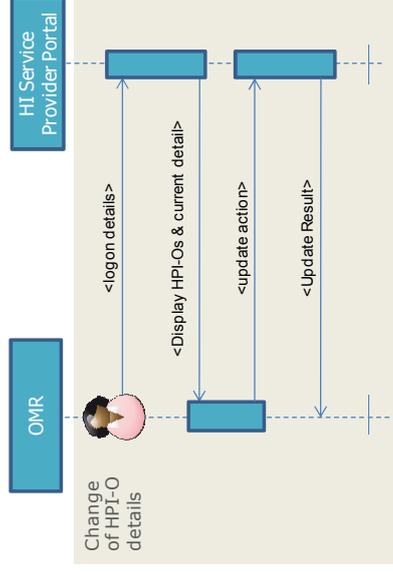
The OMR selects the HPI-O requiring maintenance and the required maintenance action. The HI Service verifies their authority to maintain the selected HPI-Os and applies the requested changes.

The OMR is notified of the outcome.

Relevant High Level HPI Business Requirements

- BR.2009.08.075 Deliver an online service to facilitate healthcare provider individuals and organisations to access and maintain their HPI-I and HPI-O records
- BR.2009.08.140 Create new HPI-Is and HPI-Os, and populate HPI-Is and HPI-Os with associated (and permitted) data; update and maintain existing HPI-Is and HPI-Os and their associated attributes; deactivate and retire HPI-Is; and retire HPI-Os
- BR.2009.08.135 Provide a service and associated infrastructure to support authorised users
- BR.2009.08.096 Promote and communicate the requirements and processes for healthcare provider participation including assignment, collection, disclosure, access, use, maintenance and retirement of HPI-Is and HPI-Os and associated information

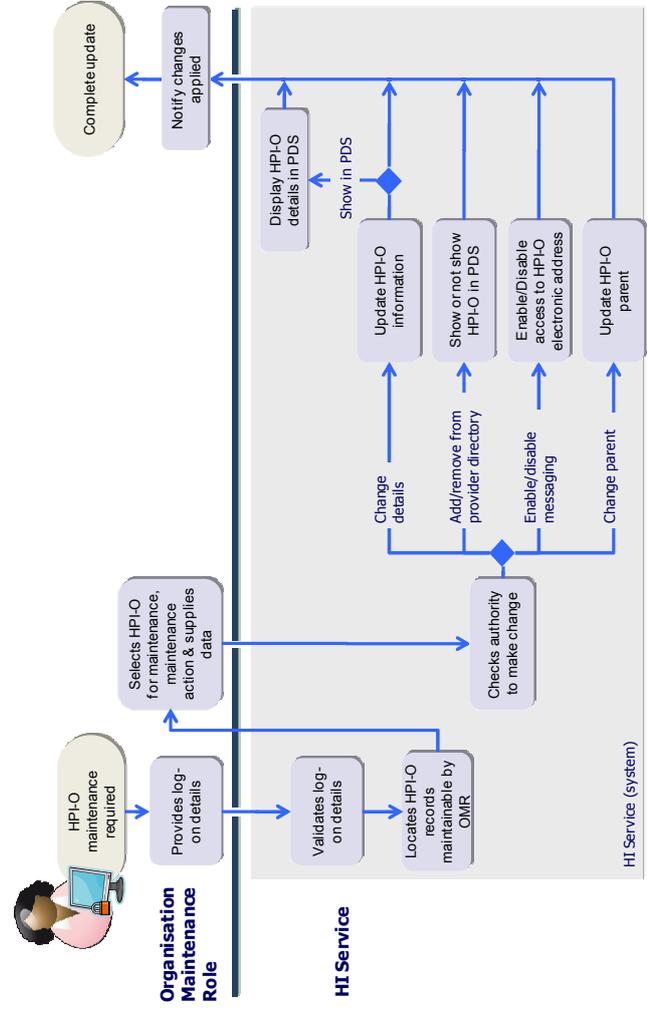
Interaction with HI Service



Maintenance of an HPI-O

An OMR may maintain the following HPI-O information

- ABN, ACN or other accepted organisation identifier
- Business name
- Address
- Service Type
- Service unit
- Electronic communication details
- OMR's name, DOB, address, electronic communication details
- Reference to the Endpoint Location Services (ELS) for the HPI-O



UC.172 – Retire a seed HPI-O (FINAL)

Description

The Responsible Officer (RO) of a healthcare provider organisation may request the retirement of the seed HPI-O of the organisation through the HI Service Operator.

Participants

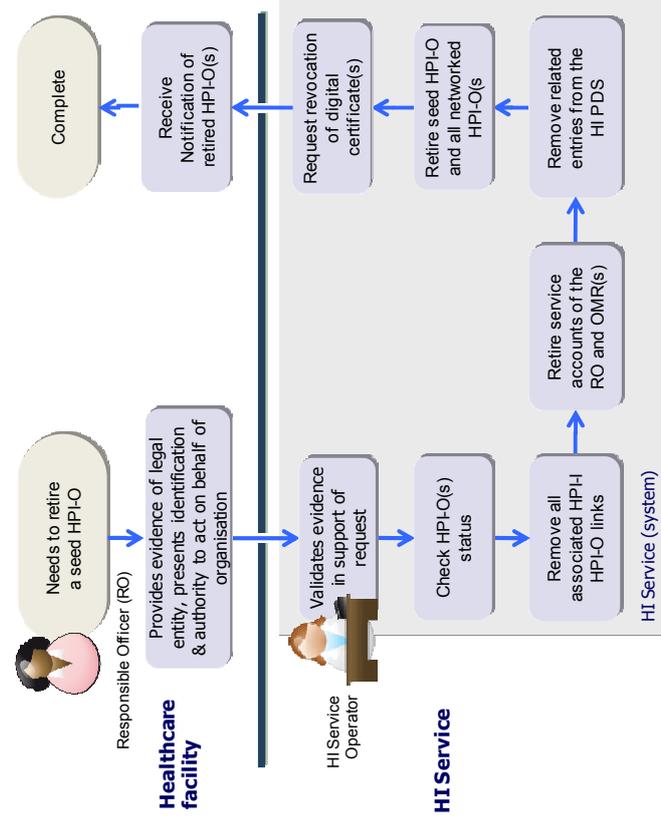
Healthcare provider organisation (RO), HI Service Operator.

Process Overview

The RO presents at a HI Service Operator and provides evidence of identity and authority to act. The retirement process for a seed HPI-O will automatically:

- Remove associated HPI-I to HPI-O links
- Retire all HI Service accounts for the RO and any OMRs
- Retire all related entries from the HI Provider Directory
- Retire all subordinate networked HPI-O(s)
- Retire the seed HPI-O
- Revoke digital certificate(s)

A confirmation will be provided to conclude the retirement process.



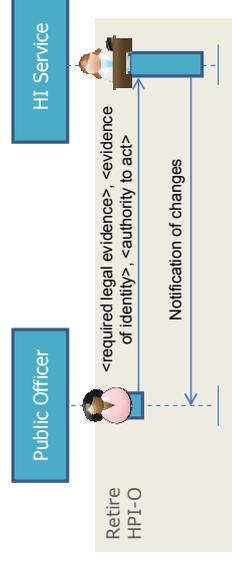
Operational Policy

Digital certificates may need to remain active for a brief period after a seed HPI-O has been retired to enable all business transactions pending to be completed.

High Level Business Requirements

- BR.2009.08.096 Promote and communicate the requirements and processes for healthcare provider participation including assignment, collection, disclosure, access, use, maintenance and retirement of HPI-Is and HPI-Os and associated information
- BR.2009.08.140 Create new HPI-Is and HPI-Os, and populate HPI-Is and HPI-Os with associated (and permitted) data; update and maintain existing HPI-Is and HPI-Os and their associated attributes; deactivate and retire HPI-Is; and retire HPI-Os

Interaction with HI Service



UC.173 – Retire a networked HPI-O (FINAL)

Description

The Organisational Maintenance Role (OMR) of a healthcare provider organisation may request the retirement of networked HPI-O(s) for which they have authority. The retirement of a networked HPI-O will involve the retirement of any HPI-O(s) that are subordinate to the HPI-O being retired.

Participants

Healthcare provider organisation (OMR)

Process Overview

An OMR logs on to the HI Service web portal. The HI Service verifies their authority to maintain selected HPI-Os.

The OMR selects the HPI-O to be retired and requests retirement. After confirmation, the following actions are carried out for all HPI-O(s) to be retired:

- Remove HPI-I to HPI-O links
- Retire all HI Service accounts for OMR(s)
- Remove all related entries from the HI Provider Directory Service
- Retire all subordinate HPI-O(s)
- Retire the selected networked HPI-O
- Revoke digital certificate(s)

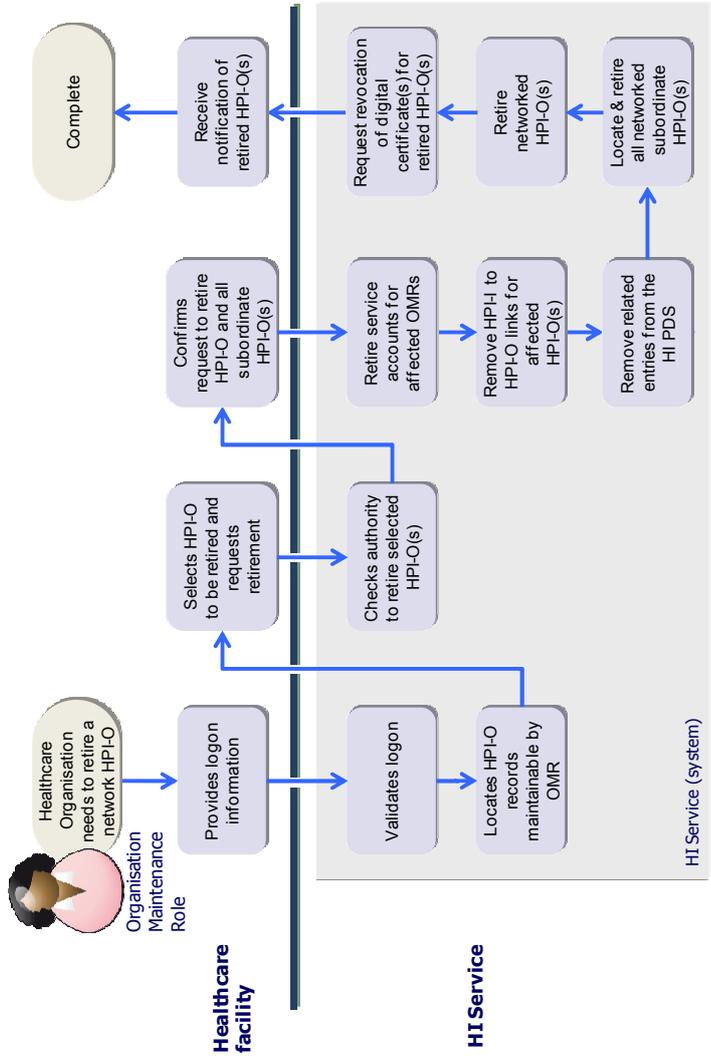
A confirmation will be provided to conclude the retirement process.

Operational Policy

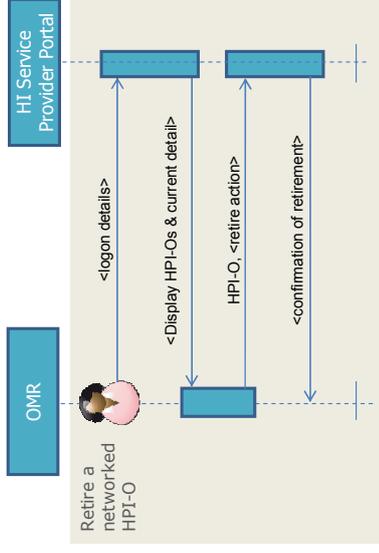
Digital certificates may need to remain active for a period after a networked HPI-O has been retired to enable all business transactions pending to be completed.

Relevant High Level HPI Business Requirements

BR.2009.08.096 Promote and communicate the requirements and processes for healthcare provider participation including assignment, collection, disclosure, access, use, maintenance and retirement of HPI-Is and HPI-Os and associated information
 BR.2009.08.140 Create new HPI-Is and HPI-Os, and populate HPI-Is and HPI-Os with associated (and permitted) data; update and maintain existing HPI-Is and HPI-Os and their associated attributes; deactivate and retire HPI-Is; and retire HPI-Os



Interaction with HI Service



Operational Notes

Any subordinate HPI-O(s) not intended for retirement should have their parent HPI-O changed prior to the retirement process. The HI Service will provide a list of all retirements that will happen as a consequence of this action and require final verification.

UC.180 – New professional registration through a TDS (create HPI-I) (FINAL)

Description

Eligible healthcare provider individuals can be allocated an HPI-I through an associated Trusted Data Source. Any changes to healthcare provider individual details that have been supplied by the TDS can only be updated by the TDS.

Participants

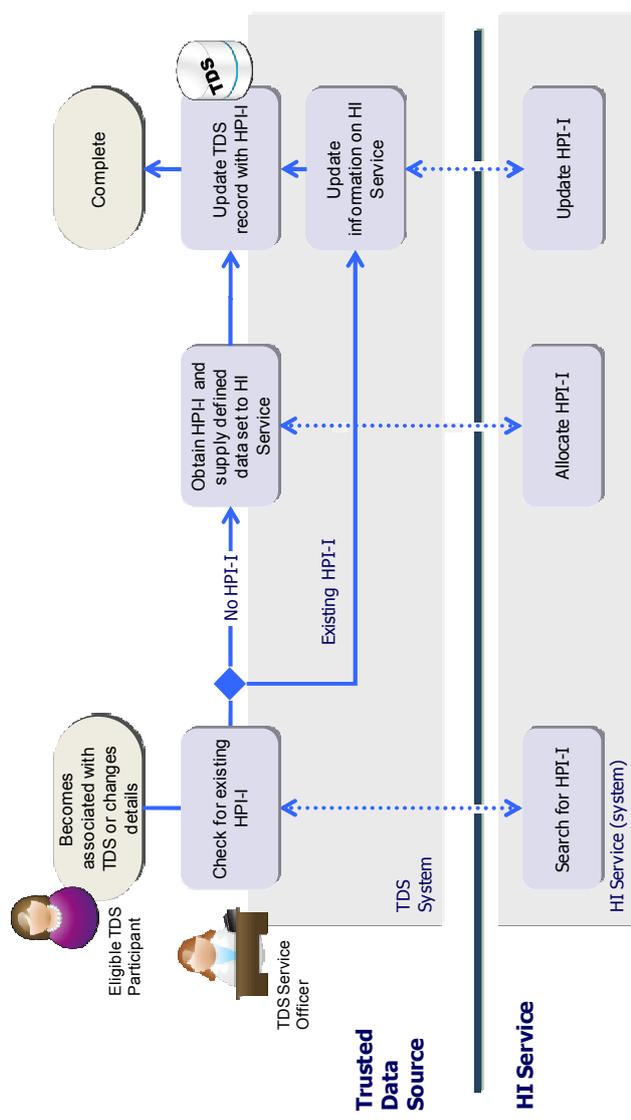
Healthcare provider individuals, Trusted Data Sources

Process Overview

The TDS manages the allocation process and maintenance of HPI-I's within its area of responsibility.

When a healthcare provider individual becomes associated with a TDS, the TDS will either:

- Update the individual's HPI-I record; or
- Obtain a new HPI-I for the individual



Policy

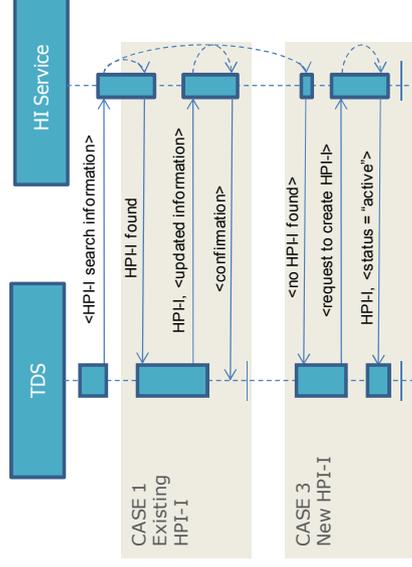
The HI Service recognises TDSs as a source of verified identification information for the purpose of creating HPI-I's.

TDSs will be the authoritative source for data they supply to the HI Service and will be the only party able to modify that data.

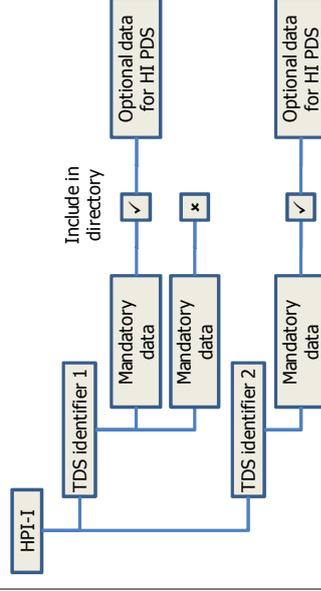
Relevant High Level HPI Business Requirements

- BR.2009.09.071 Automatically allocate an HPI-I to a healthcare provider individual enrolled with a Trusted Data Source
- BR.2009.08.050 Allocate a unique identifier to all eligible healthcare provider individuals and organisations that require one
- BR.2009.08.060 Comply with national and international standards for healthcare provider identifiers

Interaction with HI Service



The TDS is required to advise the healthcare provider individual of their HPI-I when allocated. Where the healthcare provider individual has multiple specialities which are managed through different TDSs, the data associated with those specialities will be separately stored as shown in the following.



UC.182 – Create or maintain HPI-I through HI Service (FINAL)

Description

Eligible healthcare provider individuals who are not allocated a HPI-I through an associated Trusted Data Source can be allocated a HPI-I by the HI Service.

HPI-Is allocated by the HI Service may also be maintained through the HI Service.

Participants

Healthcare provider individuals, HI Service Operator

Process Overview

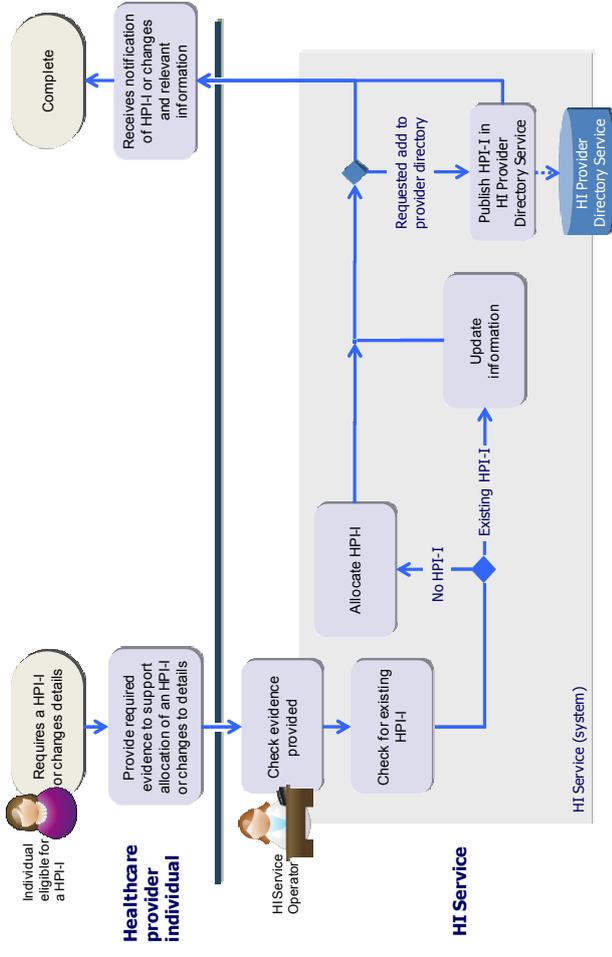
The healthcare provider individual provides the HI Service Operator evidence to support allocation of an HPI-I.

The provider individual may also authorise publication of information in the HI Provider Directory Service.

The HI Service Operator checks the evidence provided and:

- where no HPI-I has previously been allocated one may be requested; or
- where an HPI-I has already been created, the HPI-I may be updated.

The requesting individual will receive a notification.



Policy

A healthcare provider individual seeking allocation of a HPI-I, will be required to provide:

1. Evidence of identity;
2. Evidence of his/her eligibility; and
3. A completed HPI-I registration form.

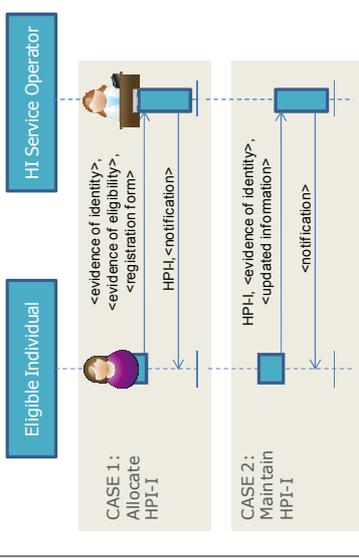
HPI-I obligations

The healthcare provider individual will receive information that advises them of their responsibilities for ensuring that the HPI-I information is accurate, up-to-date and complete.

Relevant High Level HPI Business Requirements

- BR.2009.08.045 At the point of issue of an HPI-I or HPI-O, accurately identify healthcare provider individuals and organisations
- BR.2009.08.050 Allocate a unique identifier to all eligible healthcare provider individuals and organisations that require one
- BR.2009.08.075 Deliver an online service to facilitate healthcare provider individuals and organisations to access and maintain their HPI-I and HPI-O records
- BR.2009.08.140 Create new HPI-Is and HPI-Os, and populate HPI-Is and HPI-Os with associated (and permitted) data; update and maintain existing HPI-Is and HPI-Os and their associated attributes; deactivate and retire HPI-Is; and retire HPI-Os

Interaction with HI Service



UC.210 – Link HPI-I with HPI-O in Provider Director Service (FINAL)

Description

With the agreement of a healthcare provider individual, an OMR may create a link in the HI Provider Directory Service between the HPI-I and an HPI-O for which they are responsible.

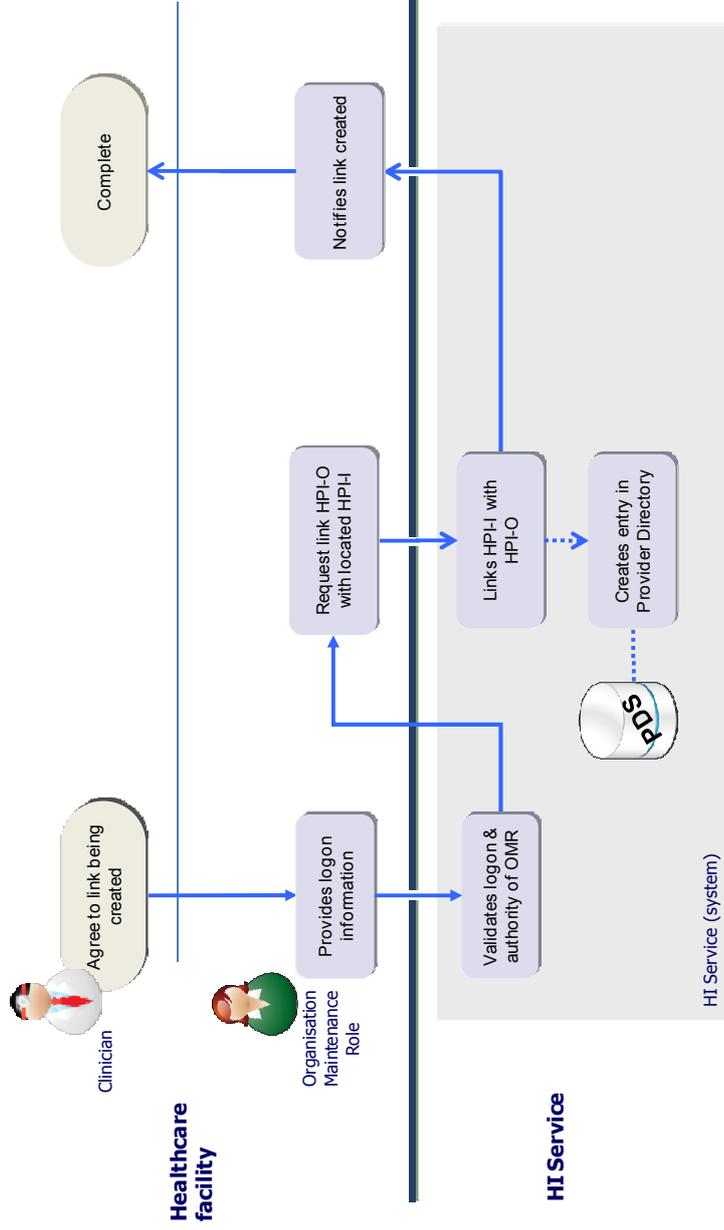
Participants

Healthcare provider individual, Organisation Maintenance Role

Process Overview

The healthcare provider individual agrees to have their HPI-I linked with the HPI-O in the HI Provider Directory Service.

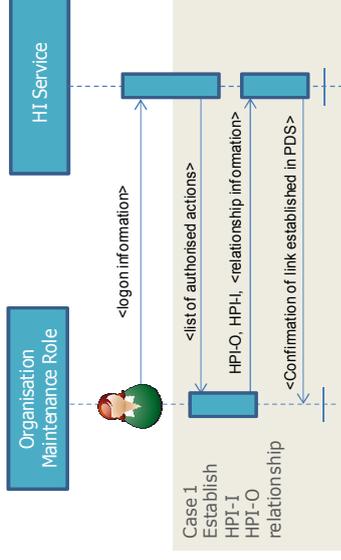
The OMR logs on to the HI Service and requests the establishment of a link between the HPI-I and the HPI-O.



Relevant High Level HPI Business Requirements

BR.2009.08.035 Support the development and operation of healthcare provider directory services

Interaction with the HI Service



UC.220 – Retire HPI-I (FINAL)

Description

A HPI-I will be retired when the HI Service receives notification that a healthcare provider individual is deceased. This notification could come from a TDS.

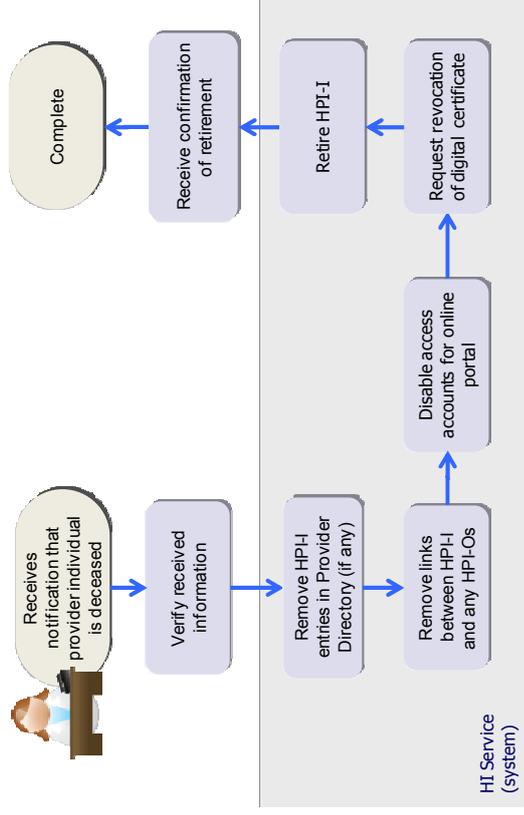
Participants

Trusted Data Source

Process Overview

The HI Service receives notification that a healthcare provider individual is deceased. The HI Service retires the HPI-I which involves:

- Removal of the HPI-I from the HI Provider Directory Service
- Removal of links between the HPI-I and any HPI-Os
- Disabling of access accounts to the HI Service provider portal
- Changing HPI-I status to 'retired'
- Requesting revocation of the digital certificate(s) and all related tokens
- Confirmation of retirement back to TDS(s)



HI Service

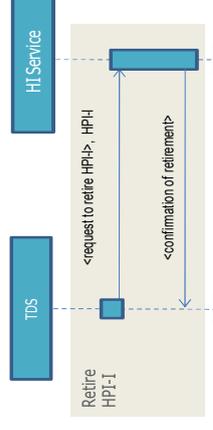
Operational Policy

A TDS is responsible for maintaining links with births, deaths and marriages and notifying the HI Service of the death of healthcare provider individuals.

Relevant High Level HPI Business Requirements

- BR.2009.08.080 Source and utilise reference data sources to verify, validate and update HPI-Is, HPI-Os and associated information
- BR.2009.08.095 Develop and implement a national system, processes and services associated with the management of HPI-Is and HPI-Os (including but not limited to collection, disclosure, access, use, maintenance and retirement)
- BR.2009.08.140 Create new HPI-Is and HPI-Os, and populate HPI-Is and HPI-Os with associated (and permitted) data; update and maintain existing HPI-Is and HPI-Os and their associated attributes; deactivate and retire HPI-Is; and retire HPI-Os

Interaction with HI Service



UC.222 – HPI-I maintains details through web portal access (FINAL)

Description

A healthcare provider individual is able to view, and provide and update, limited information associated with their HPI-I via online services.

Participants

Healthcare provider individual

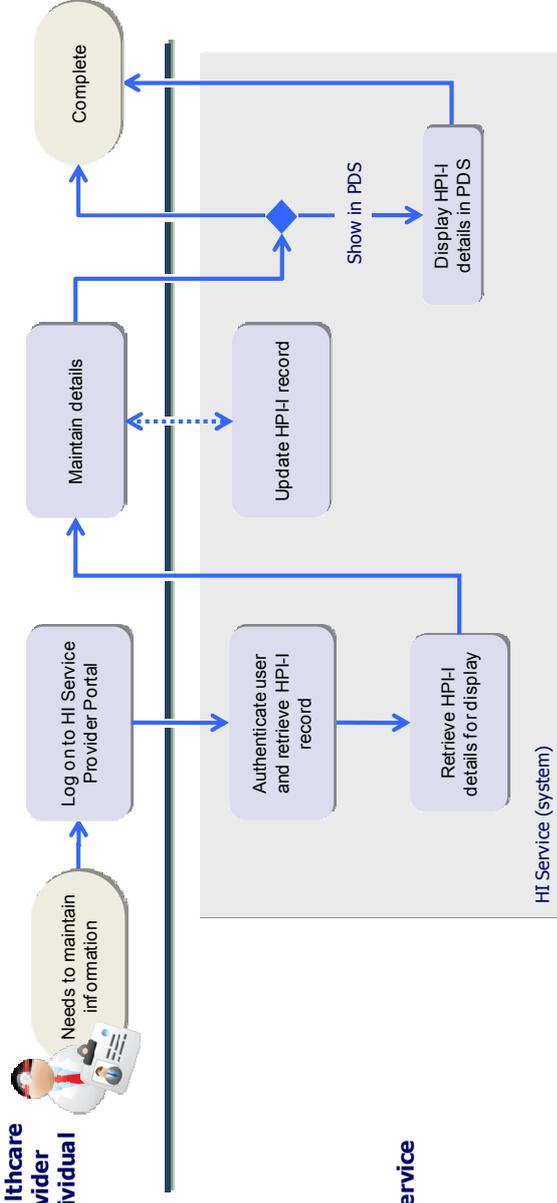
Process Overview

A healthcare provider individual logs on to the HI Service web portal and accesses their HPI-I and associated data. The healthcare provider individual is able to:

- Update contact information
- Update information about them to be displayed in the HI Provider Directory Service
- Choose whether or not to display their information in the HI Provider Directory Service
- View established links between their HPI-I and HPI-Os within the HI Provider Directory Service and if required, choose not to publish the link

HI Service

Healthcare Provider Individual



Update Restrictions

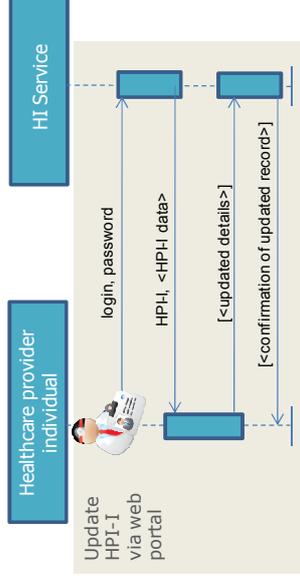
The healthcare provider individual can only update certain details via the web portal.

Information provided to the HI Service about this HPI-I by a TDS can only be modified by that TDS.

Relevant High Level HPI Business Requirements

- BR.2009.08.075 Deliver an online service to facilitate healthcare provider individuals and organisations to access and maintain their HPI-I and HPI-O records
- BR.2009.08.100 Support the healthcare sector by providing identifier services which are highly available
- BR.2009.08.135 Provide a service and associated infrastructure to support authorised users

Interaction with HI Service



UC.224 – Validate HPI-I (FINAL)

Description:

When a healthcare provider organisation needs to validate an HPI-I associated with their organisation, they can access the information from the HI Service.

Participants

Healthcare provider organisation (OMR)

Process Overview

The authorised user searches for the HPI-I in the HI Service using information provided by the healthcare provider individual. This information must include:

- HPI-I
- Name
- DOB

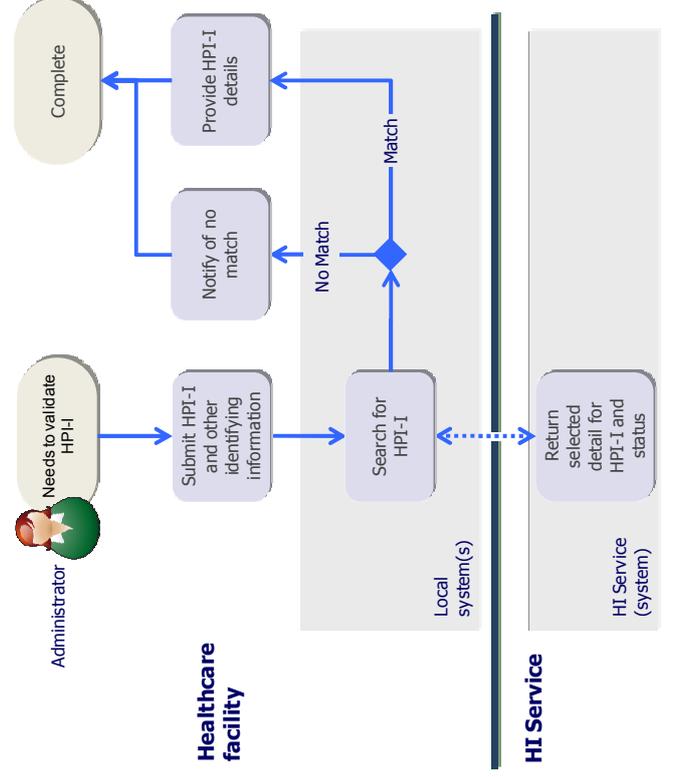
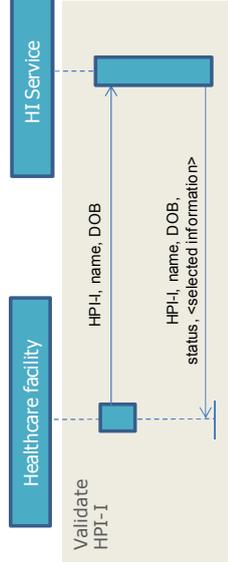
The search would return selected information associated with the HPI-I and its status. This information will include:

- HPI-I
- Name
- DOB
- Sex
- Provider individual type

Relevant High Level HPI Business Requirements

BR.2009.08.055 Enable accurate association of a healthcare provider individual by a healthcare provider organisation

Interaction with HI Service



UC.230 Process HI Service identifiers in inbound e-health message (DRAFT)

Description:

When an e-health message is received at a healthcare provider organisation, HI Service identifiers contained in the message may be used to deliver clinical documents to the appropriate healthcare provider individual.

Participants

Healthcare provider individual, healthcare provider organisation

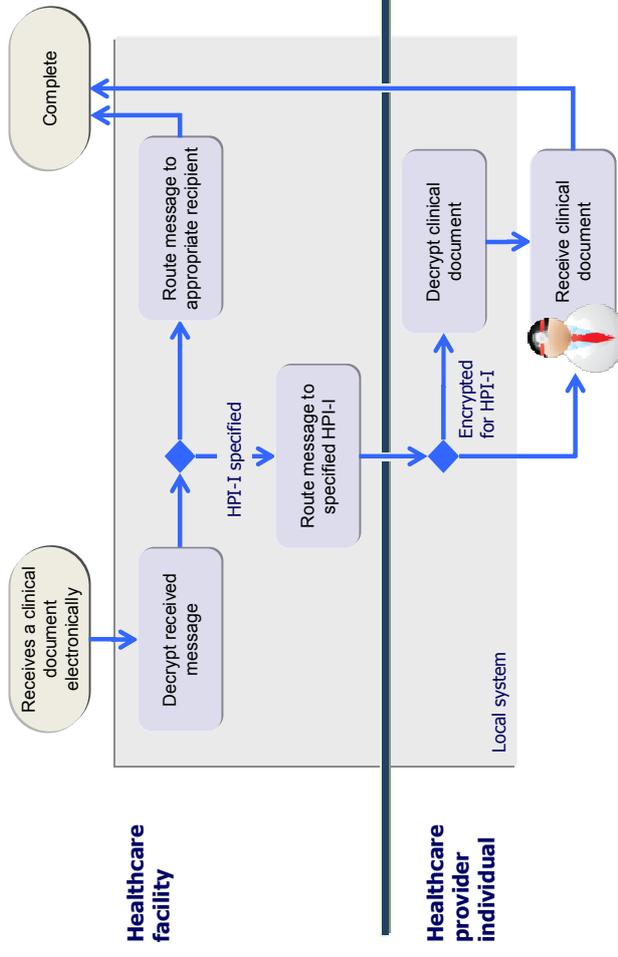
Process Overview

A healthcare provider organisation receives a e-health message via secure messaging.

The message is decrypted.

Where a HPI-I is specified as the recipient, the message is routed to that healthcare provider individual. If required, the healthcare provider individual may use their personal decryption key to access the clinical document.

Where a HPI-I is not specified, the message is routed to the appropriate individual.



Relevant High Level HPI Business Requirements

- BR.2009.08.005 Facilitate reduction in errors and increase efficiency in handling health information by enabling electronic communications to be associated with the right healthcare providers;
- BR.2009.08.025 Enable consistent and accurate communications with healthcare individuals and healthcare providers;
- BR.2009.08.030 Enable efficient, reliable and secure exchange of health information to maintain continuity of care;
- BR.2009.08.035 Support the development and operation of healthcare provider directory services; and
- BR.2009.08.040 Search and retrieve HPI-Is and HPI-Os and identify their addressing information for electronic communication.

Interaction with HI Service

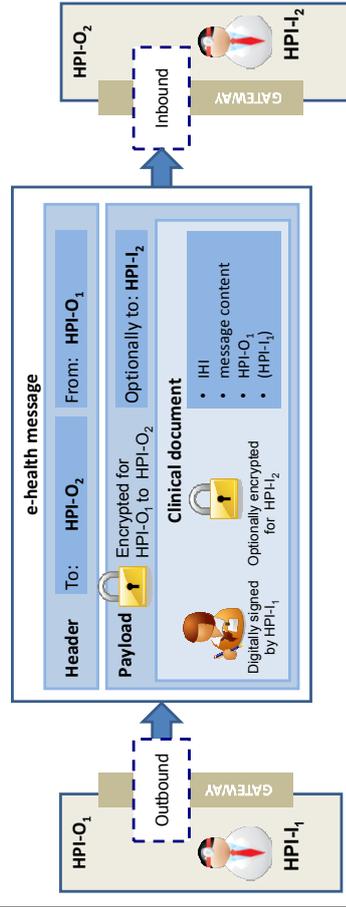
Note: There is no required interaction with the HI Service for this use case.

The HI Service may be used to retrieve data associated with HPI-I(s) or an HPI-O received in the inbound e-health message and to check for status changes to IHIs received.

General structure of an e-health message

The following illustrates the general structure of e-health messages noting that: The message will be encrypted for the receiving HPI-O

The clinical document may be encrypted for a specified recipient HPI-I



UC.232 - Locate healthcare provider (HPI-I or HPI-O) in HI Service Provider Directory Service (FINAL)

Description:

Authorised users may search or browse the HI Provider Directory Service (PDS) for HPI-I(s) or HPI-O(s) and limited associated information.

Participants

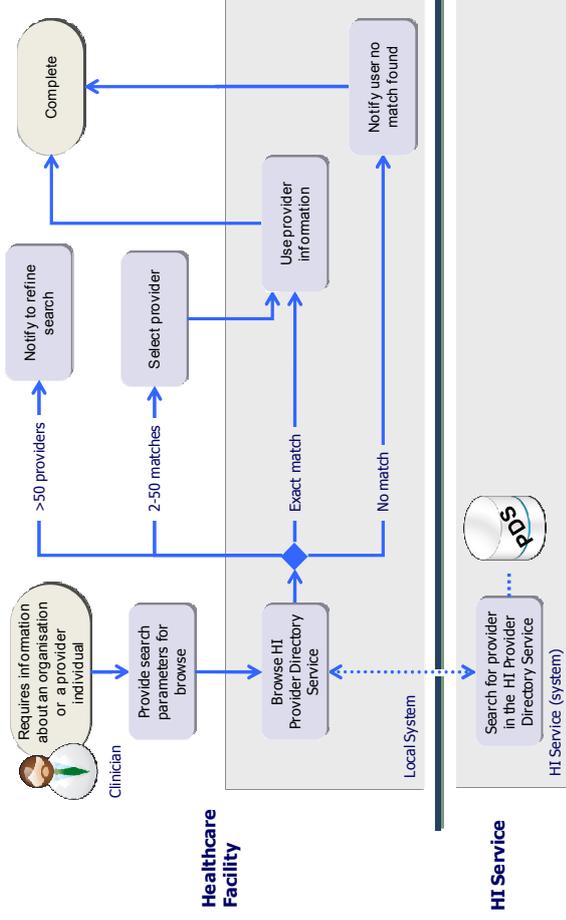
Healthcare facility (authorised user)

Process Overview

An authorised user of the HI Service accesses the HI Service PDS and provides the search parameters necessary to locate healthcare organisation or provider information.

The service will return either:

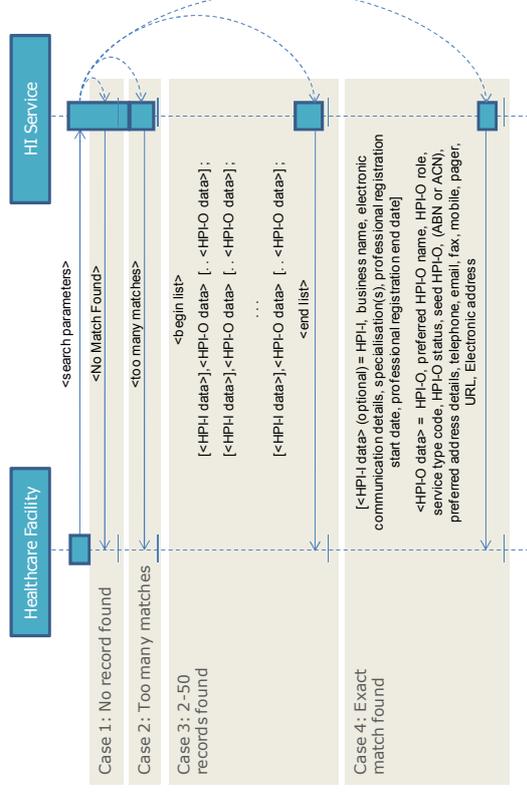
- An exact match;
- No match;
- 2 to 50 possible matches against which the user may browse and select;
- Too many possible matches (>50) – refine search.



Relevant High Level HPI Business Requirements

BR.2009.08.035 Support the development and operation of healthcare provider directory services

Interaction with HI Service



Search Options

The HI PDS may be searched using any of the following

- business name,
- specialisation
- preferred HPI-O name
- HPI-O role
- service type
- ABN or ACN
- preferred address details
- URL

Batch download of HI PDS

Information contained in the HI PDS may be downloaded to provider directories maintained by healthcare facilities subject to appropriate consent.

UC.240 Process HI Service identifiers in outbound e-health message (DRAFT)

Description:

To electronically transmit a clinical document, a healthcare provider individual needs to identify the recipient healthcare provider individual and/or organisation.

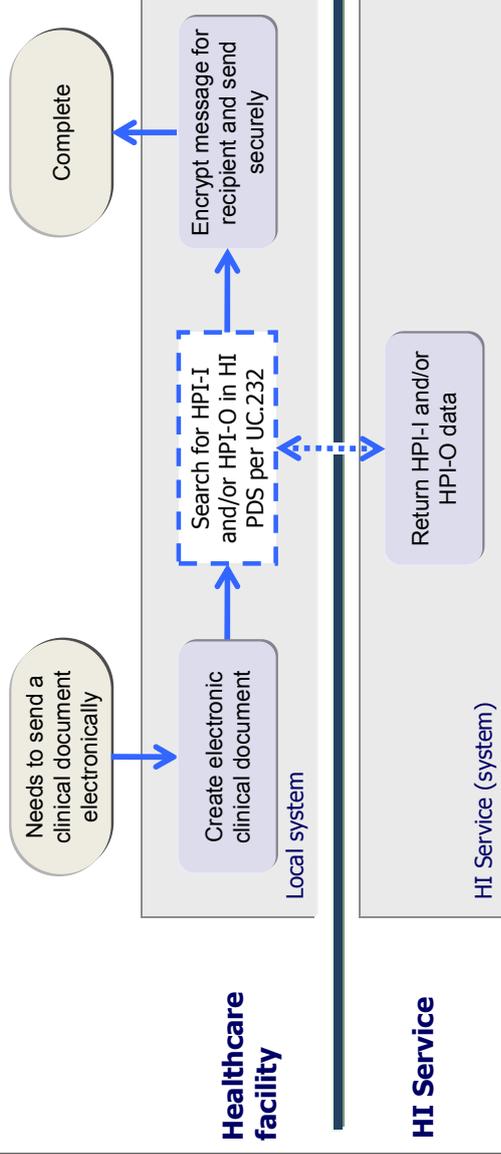
Participants

Healthcare provider individual, healthcare provider organisation, HI Service

Process Overview

A healthcare provider individual creates an electronic clinical document. The healthcare provider individual needs to find the HPI-I and/or HPI-O and the electronic address(es) for the intended recipient.

This can be achieved through the HI Provider Directory Service as per UC.232.



Relevant High Level HPI Business Requirements

BR.2009.08.005 Facilitate reduction in errors and increase efficiency in handling health information by enabling electronic communications to be associated with the right healthcare providers;

BR.2009.08.040 Search and retrieve HPI-Is and HPI-Os and identify their addressing information for electronic communication.

Interaction with HI Service

