

HITSP Patient ID Cross-Referencing Transaction Package

HITSP/TP22



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1.0 INTRODUCTION

As an introduction to the HITSP Patient ID Cross-Referencing Transaction Package, this section provides a high level overview of the information sharing scenario enabled by following this specification, provides a document map of the construct relationships for the HITSP specification, acknowledges the copyright protections that pertain and provides a list of key reference documents and background material. If you are already familiar with this information, proceed to Section 2.0 Transaction Package Definition.

1.1 OVERVIEW

This section describes the contents of this specification and provides a high level definition of this Transaction Package and background information about the underlying Transactions and Components that the Transaction Package is based on.

The Patient ID Cross-Referencing Transaction Package is a portion of the Interoperability Specifications that deals with identifying and cross-referencing different patient attributes for the same patient. It contains two transactions:

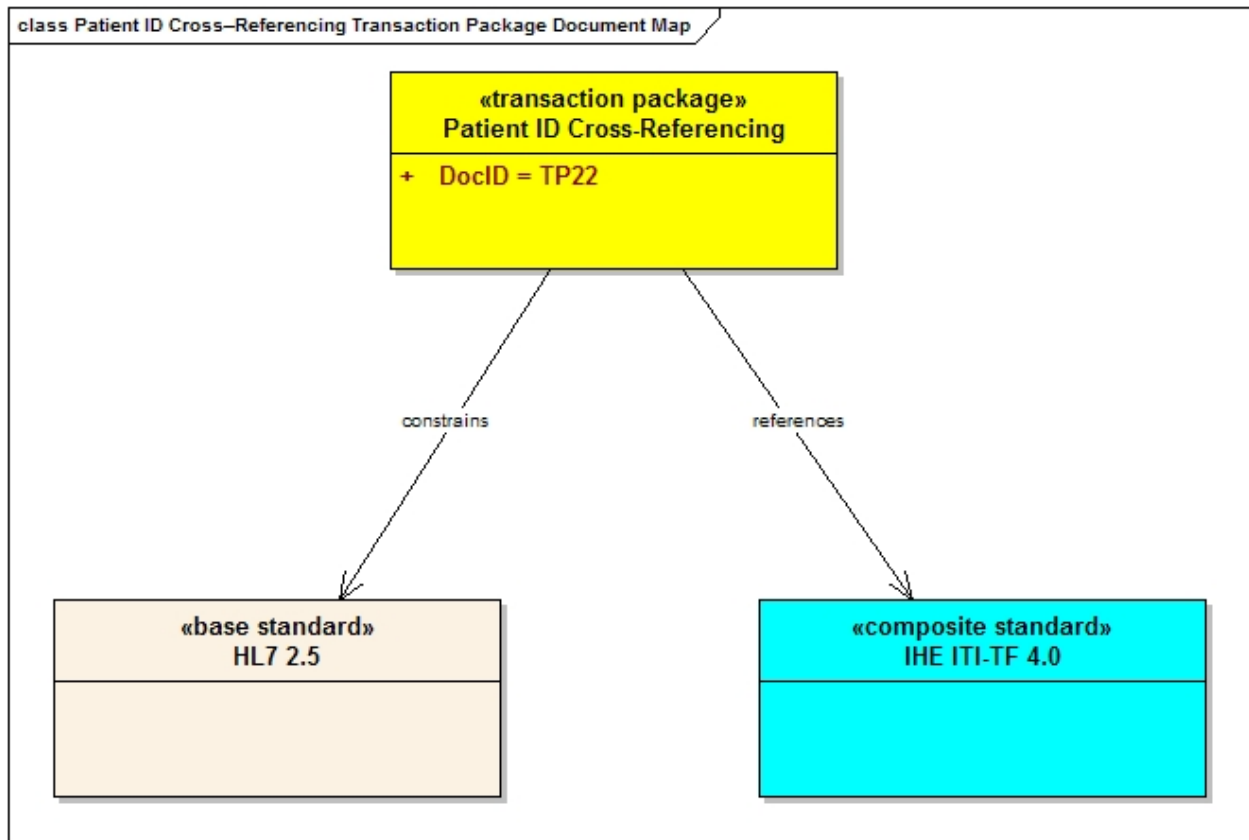
- Patient Identity Cross-Referencing: This Transaction is intended to provide and identify patient query / patient(s) identified response message pair for use wherever such needs exist
- Patient Identity Feed: This Transaction is intended to allow sending of patient identification information from one system to another

1.2 TRANSACTION PACKAGE DOCUMENT MAP

Each HITSP specification describes how to integrate and constrain existing standards and specifications that will satisfy the requirements for the HITSP construct. There are four types of HITSP constructs called Interoperability Specifications (IS), Transaction Packages (TP), Transactions (T), and Components (C). Interoperability Specifications define the context(s) in which any other HITSP construct may be used. The current Patient ID Cross-Referencing Transaction Package specification does not depend on any other HITSP constructs, however, it is used with other constructs to meet the requirements of one or more ISs. Review Section 1.2 Interoperability Specification Document Map from the relevant IS to better understand the context, dependencies, and relationships between the constructs used to meet the IS requirements.



Figure 1.2-1 Transaction Package Document Map



1.3 COPYRIGHT PERMISSIONS

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1.4 REFERENCE DOCUMENTS

This section provides a list of key reference documents and background material. If you are already familiar with this information, proceed to Section 2.

A list of key reference documents and background material is provided in the table below. These documents can be retrieved from the www.hitsp.org Web Site.

Table 1.4-1 Reference Documents

Reference Document	Document Description
HITSP Interoperability Specification Overview	Provides background information about the HITSP and its role in the overall U.S. efforts to realize large scale interoperability of health information. The document also provides a description of the HITSP process for healthcare standards harmonization and explains how to use the Interoperability Specifications and other related documents to inform your health IT product development or product refinement.
HITSP Conventions List	Describes the conventions that are used to convey the full descriptions and usage of standards in the HITSP specifications
HITSP Acronyms List	Lists and defines the acronyms used in this document
HITSP Glossary	Provides definitions for relevant terms used by HITSP documents
HITSP Harmonization Framework	Describes the current framework within which the Interoperability Specifications are built
TN900 - Security and Privacy Technical Note	<p>Developed as a reference document to provide the overall context for use of the HITSP Security and Privacy constructs. It includes the following:</p> <ul style="list-style-type: none">• The scope, reference policy background, and Security and Privacy principles used in the development of the constructs• A detailed description and schematics of the conceptual relationship between the Security and Privacy constructs• A mapping of existing standards and constructs to be used in meeting the stated requirements of the AHIC Use Cases• A list of identified gaps and the recommended approaches to resolving those gaps• A roadmap for how the Security and Privacy constructs will evolve and eventually align with other HITSP Interoperability Specifications• A conceptual framework for Security and Privacy management, including reference information on privacy policies, risk assessment, and risk management• A glossary of terms used in all the Security and Privacy construct documents• A description of the application of the Security and Privacy constructs to the HITSP Interoperability Specifications for the three initial AHIC Use Cases – Biosurveillance, Electronic Health Records - Laboratory Results Reporting, and Consumer Empowerment <p>HITSP will periodically update this Technical Note as required by the introduction of new contexts for use.</p>



2.0 TRANSACTION PACKAGE DEFINITION

Transaction Packages define how two or more Transactions are used to support a stand-alone information exchange within a defined context between two or more systems.

2.1 CONTEXT OVERVIEW

This section provides a general description of the Transaction Package. It includes a detailed definition of the Transaction Package and the reason for its use. It also provides all the necessary background information that further describes the context in which the Transaction Package is needed and the independent Transactions and Components that the Transaction Package is based on.

This specification includes by reference the Transactions and Components that comprise the Patient ID Cross-Referencing Transaction Package. Source material is from the Integrating Healthcare Enterprise (IHE) IT Infrastructure (ITI) Technical Framework (TF), Volume 2 (ITI TF-2). The two transactions within this package are:

- The IHE Patient ID Cross-Referencing (PIX) transaction is described in IHE-ITI TF-2 §3.9.1
- The IHE Patient Identity Feed transaction is described in IHE-ITI TF-2 §3.8.1

The PIX and Patient Identity Feed transactions are intended for use wherever Health Level Seven (HL7) messages are suitable to identify patients from a list of potentials and/or patient demographic data needs to be communicated.

The PIX transaction is intended to provide an identified patient query/patient(s) identified response message pair for use wherever such needs exist.

The Patient Identity Feed transaction is intended to allow sending of patient identification information from one system to another.

The PIX and Patient Identity Feed Transactions, as described in this document, do not include messages for other purposes; e.g., patient enrollment / identification, patient visit/encounter, obtain detailed patient demographics. Messages for such other purposes are provided by other specifications in the suite.

The PIX transaction portion of this document extracts the Health Level Seven (HL7) Version 2.5 Query and Response data mapping. The underlying basis for this extraction can be found in the IHE-ITI TF-2, Revision 3.0, dated December 2006, §3.9: "PIX Query".¹

¹ IHE-ITI TF-2 §3.9.1



The Patient Identity Feed Transaction portion of this document extracts the Health Level Seven (HL7) Version 2.5 ADT data mapping. The underlying basis for this extraction can be found in IHE-ITI TF-2, Revision 4.0, dated December 2006, §3.8: "Patient Identity Feed."²

2.1.1 TRANSACTION PACKAGE CONSTRAINTS

This section describes the constraints that limit the context in which the Transaction Package construct may be used. A constraint describes a rule that limits the use of the actors, actions or data within the given context or to which the interactions must conform to be used within the described context. It is a description of the limits and scope of the interactions and can describe actions or events that are not part of the initial definition for the context.

Table 2.1.1-1 Transaction Package Constraints

Constraint
The PIX and Patient Identity Feed transactions may be used by any system capable of performing real-time HL7 query and response and/or unsolicited patient demographic feed transactions
The Patient Identifier Cross-Reference Consumer actor must store and be able to communicate the data elements necessary for the Patient Identifier Cross-Reference Manager to be able to process the received query and return a list of matching patient identifiers
The Patient Identifier Cross-Reference Manager actor must be able to create a possibly empty list of matching patient identifiers solely based on the data elements received in the query message from the Patient Identifier Cross-Reference Consumer. Additionally, the Patient Identifier Cross-Reference Manager must be able to receive patient demographic data from the patient identity source actor to maintain its database of patient information
The patient identity source actor must be able to send patient demographic data to the Patient Identifier Cross-Reference Manager when new or changed information is captured
The Document Registry described in IHE-ITI TF-2 §3.8.2 is not applicable
PID Segment constraints as shown in Tables 2.1.6.2-1, 2.1.6.3-1, and 2.1.6.3-2

2.1.2 TECHNICAL ACTORS

This section describes the technical actors that need to be integrated in order to meet the interoperability requirements for this Transaction Package. A technical actor represents an entity internal to a software application, which is engaged in one or more specific Transactions to support a specific aspect of a real world information interchange (e.g., set of message exchanges). The table below lists the technical actors involved in the Transaction Package, a definition of their roles, an indication of their optionality, the specific Transactions and content with which they are involved and the optionality of the associated Transactions and/or content.

² IHE-ITI TF-2 §3.8.1



Table 2.1.2-1 Technical Actors

Actor	Description	Used in Component/ Standard	Transaction/Content	Optionality*
Patient Identifier Cross-Reference Consumer	Queries the Patient Identifier Cross-Reference Manager for a list of corresponding patient identifiers, if any Receives a list of corresponding patient identifiers from the Patient Identifier Cross-Reference Manager	IHE-ITI TF-2	PIX Query [ITI-9]	R
			PIX Update Notification[ITI-10]	O
Patient Identifier Cross-Reference Manager	Receives the query for a list of corresponding patient identifiers from the Patient Identifier Cross-Reference Consumer Sends a list of corresponding patient identifiers to the Patient Identifier Cross-Reference Consumer. Receives patient demographic information from the Patient Identity Source	IHE-ITI TF-2	Patient Identity Feed[ITI-8]	R
			PIX Query [ITI-9]	R
			PIX Update Notification[ITI-10]	R
Patient Identity Source	Sends patient demographic information to the Patient Identifier Cross-Reference Manager	IHE-ITI TF-2	Patient Identity Feed[ITI-8]	R

***NOTE:** Optionality = “R” for Required, “R2” for Required if known, “O” for Optional, or “C” for Conditional. If applicable, conditional footnotes are further described below.

2.1.3 ACTOR INTERACTIONS

This section describes the business and technical actors, the relevant events or actions in which they are involved, and a mapping to the Transactions and Components that encapsulate the defined events/actions. It describes the underlying events that fulfill the Transaction Package, the sequence and timing of the events and the specific actors involved.

2.1.3.1 PIX Transaction

Actor interactions in the PIX Transaction are shown in IHE-ITI TF-2 §3.9.2. Actor interactions in the Patient Identity Feed Transaction are as shown in IHE-ITI TF-2 §3.8.2. Note that as stated in the Constraints Table (Table 2.1.1-1), a HITSP Constraint for the transaction is that the Document Registry described in IHE-ITI TF-2 §3.8.2 is not applicable.

The PIX transaction involves a request by a Patient Identifier Cross-Reference Consumer for a list of patient identifiers that correspond to a patient identifier known by the Consumer. The request is sent as a Get Corresponding Identifiers query and received by a Patient Identifier Cross-Reference Manager. The Patient Identifier Cross-Reference Manager immediately processes the query and sends a Return Corresponding Identifiers response to the Patient Identifier Cross-Reference Consumer that originated the query.³ This response contains a list of corresponding patient identifiers if any were found. The process flows in the PIX transactions are shown in IHE-ITI TF-2 §3.9.4.

³ IHE-ITI TF-2 §3.9.1



2.1.3.2 Patient Identity Feed Transaction

The Patient Identity Feed Transaction sends patient identity and other demographic information from Patient Identity Source to a Patient Identifier Cross-Reference Manager whenever relevant patient data are created or updated.⁴ The process flows in the Patient Identity Feed Transaction are shown in IHE-ITI TF-2 §3.8.4.

2.1.4 PRE-CONDITIONS

This section describes the necessary conditions that must be in place prior to the start of the workings of the Transaction Package. The pre-conditions are used to convey any conditions that must be true at the outset of a Transaction Package. They describe the context that must be established before the Transaction Package is executed. They are not however the triggers that initiate the Transaction Package. Where one or more pre-conditions are not met, the behavior of the Transaction Package should be considered uncertain.

Table 2.1.4-1 Pre-conditions

Pre-condition
It is expected that the security framework under which this Transaction Package operates is in accordance with the Interoperability Specification that references this construct. Therefore all applicable HITSP Security and Privacy constructs are implemented as required
Patient Identifier Cross-Reference Consumer: Contains patient identification numbers based on at least one patient identification domain / assigning authority known to the Patient Identifier Cross-Reference Manager
Patient Identifier Cross-Reference Manager: Maintains a list of patient identification numbers from and correlated with that sent by Patient Identifier Cross-Reference Consumers and additional domains / assigning authorities
Patient Identity Source: Maintains patient demographic information for at least one patient identification domain / assigning authority known to the Patient Identifier Cross-Reference Manager

2.1.4.1 Process Triggers

This section describes the triggers, including actors and/or processes, which are necessary to start the Transaction Package. They can invoke an automatic or manual process or result that in turn starts off the Transaction Package. A trigger is not the same as a pre-condition that describes a context that needs to be in place at the start of the event.

Table 2.1.4.1-1 Process Triggers

Process Trigger
Patient Identifier Cross-Reference Consumer: as described in IHE-ITI TF-2 §3.9.4.1.1
Patient Identifier Cross-Reference Manager: as described in IHE-ITI TF-2 §3.9.4.2.1
Patient Identity Source: as described in IHE-ITI TF-2 §3.8.4.1.1

⁴ IHE-ITI TF-2 §3.8.1



2.1.5 POST-CONDITIONS

This section provides an overview of the conditions or results that must occur at the end of the Transaction Package in order for the Transaction Package to be deemed successfully completed. This includes any required outputs from the Transaction Package or specific actor states.

Table 2.1.5-1 Post-conditions

Post-condition
Patient Identifier Cross-Reference Consumer: A list, where found by the Patient Identifier Cross-Reference Manager, of one or more patient identification numbers from domains / assigning authorities beyond those for which patient identification numbers were previously available
Patient Identifier Cross-Reference Manager: Creation or updating of patient identification information received
Patient Identity Source: None beyond providing outputs related to this Transaction

2.1.5.1 Required Outputs

This section identifies the required outputs that must be produced at the end of the Transaction Package in order for the Transaction Package to be deemed successfully completed. This includes the format and usage of the required output.

Table 2.1.5.1-1 Required Outputs

Required Output	Format/Usage
Patient Identifier Cross-Reference Consumer: None specifically related to the PIX transaction	
Patient Identifier Cross-Reference Manager: A Return Corresponding Identifiers message containing, where applicable, a list of one or more patient identification numbers from domains / assigning authorities beyond those for which patient identification numbers were requested; where no list of applicable patient identification numbers is possible, indicators in the message as to the reason no list was provided	
Patient Identity Source: None beyond sending a Patient Identity Feed message	

2.1.6 DATA FLOWS

This section describes the basic data flows that are supported by this Transaction Package. It also describes the format of the data, the data sources and the relevant actors involved in the successful flow of data for the Transaction Package. Any prevailing pre- and post-conditions are identified, as well as the purpose of each data post-condition associated with each Transaction Package. Any data that need to be made available to particular actors are highlighted, as well as the conditions and processes that will use the data to achieve the stated post-conditions.

Consistent with the process flows discussed above, there are two data flows for the PIX transaction:

- Query from Consumer to Cross-Reference Manager: Query to Get Corresponding Identifiers from Patient Identifier Cross-Reference Consumer to Patient Identifier Cross-Reference Manager and



- Response from Cross-Reference Manager to Consumer: Response to a query to Return Corresponding Identifiers from Patient Identifier Cross-Reference Manager to Patient Identifier Cross-Reference Consumer

Details of these two data flows are contained in section 2.1.6.1 and section 2.1.6.2 below.

Only one data flow exists for the Patient Identity Feed transaction for sending demographic data from the Patient Identity Source to the Patient Identifier Cross-Reference Manager, although there are two variants depending on whether patient merging is performed or not. Details of this data flow and its variants are contained in subsection 2.1.6.3.

2.1.6.1 Query – Consumer to Cross-Reference Manager

The Get Corresponding Identifiers query portion of the Patient ID Cross-Reference Transaction is described in IHE-ITI TF-2 §3.9.4.1.2. It consists of three segments: MSH, QPD and RCP.

Use of the QPD segment is described in IHE-ITI TF-2 §3.9.4.1.2.2. A HITSP Constraint on this usage is that data element QPD-3.4.2 must be an ISO object identifier (OID) and QPD-3.4.3 must contain “ISO.”

Note: For an example of encoding a Patient ID using an OID, see IHE ITI TF-2 Version 3.0 table 3.14.4.1-3 (see CX data type). Management of OIDs is illustrated in the IHE ITI TF-2, Appendix B.

2.1.6.2 Response – Cross-Reference Manager to Consumer

The Return Corresponding Identifiers response portion of the Patient ID Cross-Reference Transaction is described in IHE-ITI TF-2 §3.9.4.2.2. It consists of up to six segments: MSH, MSA, ERR, QAK, QPD and PID.

Use of the QPD segment is described in IHE-ITI TF-2 §3.9.4.2.2.4. Given the fact that QPD-3 must echo QPD-4, QPD-3.4.2 must be an ISO object identifier (OID) and QPD-3.4.3 must contain “ISO.”

Use of the PID segment is described in IHE-ITI TF-2 §3.9.4.2.2.5. The Table 2.1.6.2-1 shows additional HITSP Constraints on this usage.

Table 2.1.6.2-1 HITSP Additional PID Segment Constraints

HL7 Segment - PID - Patient Identification							
SEQ	LEN	DT	OPT	RPT	TBL	Data Element Name	Description / Comments
1	4	SI	R			Set ID - PID	Shall only contain the value 1
3	250	CX	R	Y		Patient Identifier List	
3.1		ST	R			ID Number	
3.4		HD	R			ID Number Assigning Authority	



HL7 Segment - PID - Patient Identification							
SEQ	LEN	DT	OPT	RPT	TBL	Data Element Name	Description / Comments
3.4.2		ST	R			Assigning Authority's Universal ID	Shall only contain an ISO Object Identifier (OID)
3.4.3		ID	R			Assigning Authority's Universal ID Type	Shall only contain "ISO" Note: "ISO" is the code that means "OID"

2.1.6.3 Feed – Source to Cross-Reference Manager

The Patient Identity Source is responsible to map their internal patient identification information as specified by this section, such as Patient ID, Patient Name, etc.

The Patient Identity Feed is described in IHE-ITI TF-2 §§3.8.4.1.2 and 3.8.4.2.2. It consists of up to four segments: MSH, EVN, PID, and sometimes MRG.

Use of the PID segment is described in IHE-ITI TF-2 §§3.8.4.1.2.3 and 3.8.4.2.2.3. The table 2.1.6.3-1 shows additional HITSP Constraints on this usage.

Table 2.1.6.3-1 HITSP Additional PID Segment Constraints

HL7 Segment - PID - Patient Identification							
SEQ	LEN	DT	OPT	RPT	TBL	Data Element Name	Description / Comments
1	4	SI	R			Set ID - PID	Shall only contain the value 1
3	250	CX	R	Y		Patient Identifier List	
3.1		ST	R			ID Number	
3.4		HD	R			ID Number Assigning Authority	
3.4.2		ST	R			Assigning Authority's Universal ID	Shall only contain an ISO Object Identifier (OID)
3.4.3		ID	R			Assigning Authority's Universal ID Type	Shall only contain "ISO" Note: "ISO" is the code that means "OID"
5	250	XPN	R	Y		Patient Name	
5.1		FN	R			Family Name	
5.1.1		ST	R			Surname	
5.2		ST	RE			Given Name / First Name	
5.3		ST	RE			Middle Names	If more than one middle name is available, all available middle names shall be concatenated with separating spaces in this component
5.4		ST	RE			Name Suffix	
5.5		ST	RE			Name Prefix / Title	
5.7		ID	R		0200	Name Type Code	
6	250	XPN	RE	Y		Mother's Maiden Name	
6.1		FN	RE			Family Name	



HL7 Segment - PID - Patient Identification							
SEQ	LEN	DT	OPT	RPT	TBL	Data Element Name	Description / Comments
6.1.1		ST	RE			Surname	
7	26	TS	RE			Date / Time of Birth	
8	1	IS	RE		0001	Administrative Sex	
10	250	CE	O	Y		Race	
11	250	XAD	O	Y		Patient Address	
11.1		SAD	O			Street Address	
11.1.1		ST	O			Street or Mailing Address	Though not required by the HL7 standard, use of national postal service standardized values is strongly recommended
11.1.2		ST	O			Street Name	
11.1.3		ST	O			Dwelling Number	
11.2		ST	O			Other Designation	May be used for second line of Street Address
11.3		ST	O			City	Though not required by the HL7 standard, use of national postal service standardized values is strongly recommended
11.4		ST	O			State / Province	
11.5		ST	O			ZIP / Postal Code	
11.6		ST	O			Country	
<p>Though not required by HL7 standard, use of the International Standards Organization Codes for Representation of Names and Countries, ISO-3166, is required; available from</p> <p style="text-align: center;">American National Standards Institute 25 West 43rd Street, Fourth Floor New York, NY 10036</p> <p>Note: This is a requirement on an optional field</p>							
11.7		ID	O		0190	Address Type	
13	250	XTN	O	Y		Phone Number - Home	If repetition occurs, then first occurrence shall be the primary telephone number used for patient contact. ⁵
13.5		NM	O			Country Code	Though not required by the HL7 standard, use of international and national standardized values is strongly recommended. For Country Code, if no value is present, 1 assumed for United States and Canada
13.6		NM	O			Area / City Code	
13.7		NM	O			Local Number	
13.8		NM	O			Extension	
13.9		ST	O			Any other text	
18	250	CX	O			Patient Account Number	
22	250	CE	O	Y		Ethnic Group	

⁵ HL7 version 2.5 §3.4.2.13



Use of the PID segment is described in IHE-ITI TF-2 §3.8.4.2.2.4 and IHE-ITI TF-2 Table 3.8-4. The Table 2.1.6.3-2 shows additional HITSP Constraints on this usage.

Table 2.1.6.3-2 HITSP Additional MRG Segment Constraints

HL7 Segment - MRG - Merge Patient Information							
SEQ	LEN	DT	OPT	RPT	TBL	Data Element Name	Description / Comments
1	250	CX	R	Y		Prior Patient Identifier List	
1.1		ST	R			ID Number	
1.4		HD	R			ID Number Assigning Authority	
1.4.2		ST	R			Assigning Authority's Universal ID	Shall only contain an ISO Object Identifier (OID)
1.4.3		ID	R			Assigning Authority's Universal ID Type	Shall only contain "ISO" Note: "ISO" is the code that means "OID"
7	250	XPN	O	Y		Prior Patient Name	
7.1		FN	R			Family Name	
7.1.1		ST	R			Surname	
7.2		ST	RE			Given Name / First Name	
7.3		ST	RE			Middle Names	If more than one middle name is available, all available middle names shall be concatenated with separating spaces in this component
7.4		ST	RE			Name Suffix	
7.5		ST	RE			Name Prefix / Title	
7.7		ID	R		0200	Name Type Code	

2.2 LIST OF CONSTRUCTS

The following list of constructs and their definitions are used by the Transaction Package specification.

Table 2.2-1 List of Constructs

Construct Name	Description	Content
No applicable constructs		

2.2.1 CONSTRUCT DEPENDENCIES

The following table shows a list of constructs with their existing dependencies. Dependencies usually exist when there are some additional pre-requisites for a specific Transaction specification.



Table 2.2.1-1 Construct Dependencies

Construct	Depends On (Name of Component that it depends on)	Dependency Type (Pre-condition, Post-condition, General)	Purpose
No applicable construct dependencies			

2.2.2 ADDITIONAL CONSTRAINTS ON REQUIRED CONSTRUCTS

This section describes the constraints that further limit the constructs that are used by this Transaction Package.

Table 2.2.2-1 Additional Constraints on Required Constructs

Data Element	Construct	Constraint	Constraint Type (Pre-condition, Post-condition, General)	Purpose (Reason for this constraint)
No applicable constraints				

2.3 STANDARDS

It is important to understand that the standards selected here are within the context of the specific Use Case requirements and do not necessarily reflect selection in other contexts. The standards used by this Transaction Package specification fall into the following categories:

- Regulatory guidance is a legal or other authoritative declaration that HITSP must abide by in standards selection (see Section 2.3.1)
- Selected standards are necessary for interoperability. These are standards that are used to meet information exchange requirements of associated constructs. For example, they are used to realize direct information exchange, to provide the transport mechanism, to specify the content, or to address security (see Section 2.3.2)
- Informative reference standards provide additional background information or guidance, and are not required for interoperability. These standards are not required to implement the **<Document Type>** specification (see Section 2.3.3)

2.3.1 REGULATORY GUIDANCE

The following table provides a list of legal or other authoritative guidelines that HITSP must abide by, or has agreed to use as guidance in the selection of standards. Note that only the referenced sections of the regulations are relevant to this Transaction Package specification.

Table 2.3.1-1 Regulatory Guidance

Standard	Description
No applicable regulatory standards	



2.3.2 SELECTED STANDARDS

The following table provides a list of standards that are used to meet information exchange requirements of the Transaction Package specification, and a detailed description of each standard.

Table 2.3.2-1 Selected Standards

Standard	Description
Health Level Seven (HL7) Version 2.5 ⁶	The HL7 Version 2.5 Messaging Standard is an application protocol for electronic data exchange in healthcare. It and prior versions have widespread use in the U.S. and internationally. Both message formats and value sets / code tables (e.g., diagnosis type, gender, patient class, result status, specimen collection method, abnormal flags, observation result status codes interpretation, timestamp format) are contained in the standard. Of particular focus for HITSP Interoperability Specifications are message formats described in Chapters 2, 3, 5, and 7 including patient demographic (ADT) and lab result reporting. These are also used within composite standards from IHE for Patient Identity Cross-Referencing and Feed (PIX), Patient Demographics Query (PDQ), and Acknowledgements. For more information visit www.hl7.org
Integrating the Healthcare Enterprise (IHE) IT Infrastructure Technical Framework (ITI-TF) Revision 4.0, Patient Identifier Cross-Referencing Integration Profile (PIX)	The Patient Identifier Cross-Referencing Integration Profile (PIX) is targeted at healthcare enterprises of a broad range of sizes (hospital, a clinic, a physician office, etc.). It supports the cross-referencing of patient identifiers from multiple Patient Identifier Domains via the following interactions: 1) The transmission of patient identity information from an identity source to the Patient Identifier Cross-reference Manager. 2) The ability to access the list(s) of cross-referenced patient identifiers either via a query/ response or via update notification. By specifying the above transactions among specific actors, this integration profile does not define any specific enterprise policies or cross-referencing algorithms. By encapsulating these behaviors in a single actor, this integration profile provides the necessary interoperability while maintaining the flexibility to be used with any cross-referencing policy and algorithm as deemed adequate by the enterprise.. The latest version of the IHE Technical Framework is available at www.ihe.net

2.3.3 INFORMATIVE REFERENCE STANDARDS

The following table lists standards that provide additional background information or guidance; however, they are not required for the implementation of the Transaction Package specification.

Table 2.3.3-1 Informative Reference Standards

Standard Name	Description/Usage
No applicable informative reference standards	

⁶ HITSP references HL7 V2.5.1 messaging for lab results reporting and HL7 V2.5 for other messages. Future maintenance work will move toward referencing a single HL7 version across HITSP documents.



3.0 TECHNICAL IMPLEMENTATION

3.1 CONFORMANCE

This section describes the conformance criteria, which are objective statements of requirements that can be used to determine if a specific behavior, function, interface or code set has been implemented correctly.

3.1.1 CONFORMANCE CRITERIA

In order to claim conformance to this construct specification, an implementation must satisfy all the requirements and mandatory statements listed in this specification, the associated HITSP Interoperability Specification, its associated construct specifications, as well as conformance criteria from the selected base and composite standards. A conformant system must also be constrained as specified in Table 2.1.1-1 and implement all of the required actors from Table 2.1.2-1 within the scope, subset or implementation option that is selected from the associated Interoperability Specification.

Claims of conformance may only be made for the overall HITSP Interoperability Specification with which this construct is associated.

3.1.2 CONFORMANCE SCOPING, SUBSETTING AND OPTIONS

A HITSP Interoperability Specification must be implemented in its entirety for an implementation to claim conformance to the specification. HITSP may define the permissibility for actor scoping, subsetting or implementation options by which the specification may be implemented in a limited manner. Such scoping, subsetting and options may extend to associated constructs, such as this construct. This construct must implement all requirements within the selected scope, subset or options as defined in the associated Interoperability Specification to claim conformance.



4.0 APPENDIX

The following sections include relevant materials referenced throughout this document.

No additional information at this time.



5.0 CHANGE HISTORY

The following sections provide the history of changes made to this document.

5.1 MAY 11, 2007

This document is now Released for Implementation.

5.2 MARCH 19, 2008

This document has been updated to include the HITSP Security and Privacy constructs and has been updated to reflect the new template.

The following changes have been made to the construct:

- Updated Table 2.1.2-1 with IHE content
- Table 2.3-1 - updated to IHE ITI TFv2 Revision 4

5.3 MARCH 27, 2008

Upon approval by the HITSP Panel on March 27, 2008, this document is now Released for Implementation.

5.4 AUGUST 20, 2008

This document has been modified to reflect the updated HITSP approach to categorizing standards as Regulatory Guidance, Selected Standards, and Informative References. Name of IHE profile standard was clarified.

5.5 AUGUST 27, 2008

Upon approval by the HITSP Panel on August 27, 2008, this document is now Released for Implementation.

