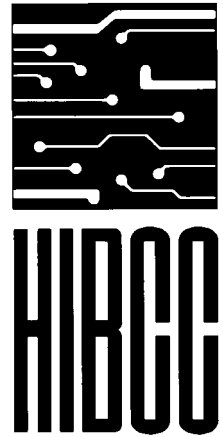


HIN User Group Meeting Minutes  
September 14, 2005  
Chicago, IL



**Introductions**

The HIN user group, chaired by Doug Clark, met on September 14, 2005 at 9:00 am. *Attendees included Robert Ruffalo, Ellen Spallato, Diane Carlson, and Krista Kleidon of Abbot, Anna Mukkade of Hospira, Carolyn Suszynski, Debbie Snodgrass, Frank Maloit, Melanie Inzetta, and Bill Graham of C R Bard, Inc., David Kuskulis of BSN Medical Inc., Bernie Bales of Amerinet, Henry Ferlauto of Fuji, Elizabeth Ellis of Smith and Nephew, Ron Berkley, Marv Cowan, and John Bisacca of Covansys, Jeff Hutchison of Stryker, and Dr. Robert Hankin and JoAnne Edmonson of HIBCC.*

After introductions, the minutes from the May 2005 meeting were reviewed and approved.

**HIN Processing Statistics**

In the period since May 12, 2005:

Source	HIN Requests	Assignments	Cross-References	Cancels
Human Health	29,033	15,168	8,266	5,599
AHI Project	19,072	12,835	3,316	2,921
<b>Total</b>	<b>48,105</b>	<b>28,003</b>	<b>11,582</b>	<b>8,520</b>

**Co-Chair Volunteer appointed**

Craig Smith from Amgen has agreed to serve as co-chair to share the coordination of content and meetings.

**HIN Implementation Guide**

Attendees received the booklet, The HIN SYSTEM: A USER GUIDE, Including the iHIN Application. Subscribers wishing to receive a copy should contact HIBCC.

**PHS**

**Sub-Group:**

It was determined a subgroup was no longer needed.

**Processing/Rules Change request:**

A few subscribers requested that In Patient Pharmacies (Disproportionate Share) be added as qualifying PHS locations. HIBCC does not add In Patient Pharmacies to the

PHS subset because the Office of Pharmacy Affairs does not currently include them as qualifying entities. The User Group discussed several points and agreed that HIBCC should not override the OPA designation, and the integrity of the OPA designation should remain in tact as it is the entity that maintains the designation. Individual subscribers should maintain their own internal codes to manage disproportionate share clinic designations.

**Position statement re: Prescriber merge**

The Request for Input regarding the Expansion of the HIN Database was reviewed (see below for full document) and discussed. The group agreed the best solution was to explore the addition of a separate subset within the facilities database to identify prescribers. This approach will allow the current facilities database to enumerate prescribers, but identify them separately to prevent the misinterpretation of apparent duplicate records. This will also allow subscribers to identify and cross reference prescribers and facility locations separately and without ambiguity.

A more thorough technical bulletin will be written and circulated for comment prior to the January 2006 meeting.

**Re-Identification of HIN hospital records**

Department names will be included on the name line of Hospital Records. See the Request for user input below for full details. HIBCC will review the impact of this change with Abbot to review the potential impact on the subscriber community.

**January Meeting**

The next meeting will be held January 19, 2006 in Phoenix. Topics will include the continuation of a pilot for the iHIN hierarchy tool, the review of the Technical Bulletin for the Prescriber data set incorporation, and a training session for all interested subscribers to better understand the enumeration process and related rule sets.

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DATE: August 1, 2005  
TO: HIN Subscribers  
FROM: HIBCC Office  
RE: Expansion of HIN Database  
Request for User Input

The HIBCC office is preparing to make modifications within the HIN Database that will effect both the identification of individuals (prescribers) within the Human Health Facility subset, as well as the process by which hospital names are identified in HIN records.

We have outlined the anticipated modifications in the following material and are asking that all HIN Subscribers review and comment on the proposals. Since the HIN Database is 'subscriber-driven', it is important that all users have a chance to provide their input on how the HIN System evolves.

Both topics will be discussed in detail at the upcoming HIN User Group meeting, being held Thursday, September 15, 2005 in Chicago, IL at the Renaissance O'Hare (details enclosed). We encourage your participation at this important meeting and would welcome your comments. Should you have any questions, please feel free to contact the HIBCC office.

## **1. IDENTIFICATION OF INDIVIDUALS (PRESCRIBERS) IN THE HUMAN HEALTH FACILITY SUBSET**

### **BACKGROUND**

The HIBCC HIN System has always supported the identification of both establishments and individuals. Establishments comprise our HIN "Facility" Database, while individual physicians, dentists, veterinarians, and others who can prescribe medications (or have DEA numbers) comprise the HIN "Prescriber" Database. Although each of these databases contains hundreds of thousands of records, they have never been integrated because they have traditionally been used for different purposes and thus have had different rules for internal assignment and maintenance.

The HIN Facility Database is the most widely implemented of the two, because establishments have been the predominant contracting entity in the supply chain. However, individual practitioners are now being recognized in some membership lists, and as a consequence HIBCC has seen an increasing number of requests for HIN assignments for individuals submitted by our Facility Database user community. Of course, most of these requests are for individuals who already have established HINs in our Prescriber Database.

## **THE PLAN**

HIBCC is thus exploring ways to combine the two databases (or "supersets") into a single, multi-purpose format. Since there are several approaches that could be taken to merge them, the HIN User Community is being asked to review and comment on our plans. As an overview, some practical considerations we are addressing are described below. They will be further explored at our upcoming HIN User Group meetings and forums.

Because of the differing purposes they have served and consequent differences in assignment rules, HIBCC database administration has always separately distinguished the facility and prescriber supersets. For the same reason visibility between the two has been limited. Simply combining the two sets would be impractical for other reasons as well. For example, the size of the HIN distribution to our users would approximately double, and a simple merge of the two databases would also create duplicates, since many individuals have over time been added to the Facility Database via update requests from our users.

A more practical approach will thus be to create visibility permissions that would allow Facility subscribers to "reach in" to the Prescriber Database to obtain the HIN records they need and append them to the Facility Database. To accomplish that modification to the records will be required to assure that when combined the differing assignment rules will be reconciled.

## **A FEW CONSIDERATIONS**

Here are some practical considerations the HIN User Community will explore in the coming months to guide our efforts:

One:

Although there is a base HIN assigned to records in both databases, the suffix codes appended to them differ. For example, each prescriber in the HIN Prescriber Database has been assigned a "base HIN", and each practice location for that prescriber is assigned a two-character suffix which ties the individual's various practice locations together. In the case of facilities, base HINs are randomly assigned, and various locations within a given facility are associated to the assignments via the two-character suffix. These differing uses of two-character suffixes will be reconciled so that organizational relationships and hierarchies that contain both facilities and individuals can be created.

Two:

Jointly recognizing prescribers and facilities adds an additional layer of complexity to the customer identification process and, from a database perspective, represents a different "view" of the customer. Products may be ordered and shipped to either a person or an establishment, and as a consequence the view may often depend on the originator of the transaction.

Animal Health subscribers have already addressed this issue. Manufacturers recognized that some of their trading partners identified veterinarians as their customers, while others identified animal clinics. Rather than try to convert trading partners to one approach, the manufacturer user community chose to identify both facilities and veterinarians and permit trading partners to link their customers to whichever HIN was appropriate. Animal Health Database users thus have visibility to all animal health facilities and all veterinarians, and the relationships between veterinarian and facility HINs are maintained in a separate cross-reference table to resolve to internal customer numbers. Similar cross-references would probably be necessary in Human Health to align establishments and individuals to each subscriber's customer view.

Three:

Identification standards for establishments and prescribers are slightly different, though not incompatible. Establishment identification follows standard business naming practices, along with a postal standardized address and class of trade code (or activity code for locations). Prescriber identification adopts a standard format for name (last, first, middle, generation suffix, credentials) and uses a credentials code list for "class of trade". Prescriber identification standards would be maintained if prescribers were physically integrated into the Facility Database.

## **2. RE-IDENTIFICATION OF HIN HOSPITAL RECORDS**

HIBCC is proposing modifications to the naming conventions of hospital HIN records as a result of comments received from HIN Users involved with the beta testing of the iHIN Hierarchy Application. The changes would further standardize the naming conventions of location records associated with a Base hospital HIN, and would facilitate faster identification of entities in parent/child relationships, as displayed in iHIN Hierarchies.

The modifications would provide for the inclusion of department names (based on their activity code designation) along with the main facility name in the Name Field. Currently, department names are listed in the second line of the Address Field or are designated by the reference in the Action Code Field. (Please see example below.)

The updates would be applied to all hospital HIN records that currently reside in the HIN Database. This would result in approximately 30,000 changes over and above the typical 10,000 changes that occur monthly.

Current:

ACADIA HOSPITAL  
268 STILLWATER AVE  
RADIOLOGY  
BANGOR ME 04401 US  
207-990-6100  
HIN: S9BMJO5F1  
MARKET SEG: HOSPITAL  
ACTIVITY CODE: AB

Proposed:

ACADIA HOSPITAL RADIOLOGY  
268 STILLWATER AVE  
(BLANK OR ADDRESS INFO)  
BANGOR ME 04401 US  
207-990-6100  
HIN: S9BMJO5F1  
MARKET SEG: HOSPITAL  
ACTIVITY CODE: AB

No modifications to the HIN Database layout would be necessary to complete this request.