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# Contents

Page

**Foreword** iv

**Introduction** v

**1 Scope** 1

**2 Normative references** 1

**3 Terms and definitions** 1

**4 Data items in HI-TOKEN** 3
- 4.1 Overview 3
- 4.2 Item definitions 3

**5 Data types and value representations in HI-TOKEN** 4
- 5.1 Overview 4
- 5.2 Data types and value representations 4

**6 Exchange format of HI-TOKEN** 5
- 6.1 Overview 5
- 6.2 Electronic representation 5
- 6.3 Machine-readable optical representation 6
- 6.4 Printed text representation 7

**7 Security considerations** 8
- 7.1 General considerations 8
  - 7.1.1 Overview 8
  - 7.1.2 HI-TOKEN 9
  - 7.1.3 Documents stored in the information repository 9
  - 7.1.4 Data transfer 9
  - 7.1.5 Encryption 9
  - 7.1.6 Authentication and authorization 9
  - 7.1.7 Logging 9
- 7.2 Specific requirements 9

**8 Guidance for establishing a HI-community token sharing policy** 9

**Annex A** (informative) **Comparison of IHE XDS/XDR and token-based health information sharing use cases** 12

**Annex B** (informative) **Data flow of token-based health information sharing** 17

**Bibliography** 22

# Foreword

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This document was prepared by Technical Committee ISO/TC 215, *Health informatics*.

Any feedback or questions on this document should be directed to the user’s national standards body. A complete listing of these bodies can be found at www.iso.org/members.html.

# Introduction

The interexchange of patient health information between healthcare facilities is important for both patients and the facilities to ensure the continuity and safety of healthcare and to reduce unnecessary examinations. Exchange of health information using IHE XDS is known as an effective solution for accessing patient health information in real-time when needed to provide care.

NOTE 1 Integrating the Healthcare Enterprise (IHE) Cross-enterprise Document Sharing (XDS) architecture and specifications. See Annex A for more information.

However, the ability to share information using IHE XDS technologies tends to require high cost to build and maintain the necessary infrastructure, and it is sometimes difficult for each healthcare facility to create the operational policy for the interoperable exchange of patient health information using that infrastructure. Therefore, media such as CD / DVD continues to be used for exchanging images and other health information (e.g. examination report, lab results, prescriptions, etc.).

In token-based health information sharing, each HI-TOKEN (health information token) contains metadata of a health information document stored in a repository. The HI-TOKEN includes the document ID, which identifies the specific document to be shared. Therefore, there is no need to search for the document using, for example, patient identifying information as search keys. This saves time for the recipient to locate and retrieve the shared document.

A HI-TOKEN can be provided to the patient, who can provide it to the referred healthcare facility at his / her discretion. The referred healthcare facility can then use the HI-TOKEN to retrieve the shared document. This process has the additional advantage that it allows the patient to provide implicit consent for the information exchange in that they are in full control of providing the HI-TOKEN to the receiving care service provider.

Standardization of HI-TOKEN metadata and exchange formats minimizes the potential differences in interpretation between vendors implementing the corresponding systems, thereby contributing to the overall improvement of interoperability.

NOTE 2 Annex B provides an example implementation and data flow for a health information sharing system using HI-TOKEN based exchange, including data content and token format examples.