NHI Best Practice – MOH-DHB merge processing

Demographic details for an identity on the National Health Index are viewable only through what is deemed the 'primary' NHI number. Details for any other numbers that have ever been associated with that same identity are frozen at the point of merge and cannot be accessed or updated. That NHI number is then deemed to be 'secondary'.

Potential duplicate NHI records for an individual can be detected at any interaction with a health provider or by duplicate detection activities at the Ministry of Health.

To determine whether two (or more) records are in fact the same identity, it is necessary to view as many data sources and transactions as possible relating to those records. Because of the limitations of the current technology, this can only be done by use of back-end tools at the Ministry. Therefore all merge requests are manually reviewed and evaluated and a decision made based on as much information as available. This may also include dialogue with provider organisations to look up physical records.

Those sector providers with a real-time NHI interface are able to send a 'merge request' transaction to MOH. Those without an interface may make a manual request to either the Minstry's contact centre in Whanganui or the data management team in Wellington.

This guideline focuses on those providers who have a real-time interface to handle merge requests and who are required to manage the decisions and output of both accepted and rejected merge/unmerge requests.

If at referral or patient presentation more than one record relating to that person is identified, carry out a local investigation to verify that they do in fact belong to the same person before sending a merge request or merging in the local PMS. Check details directly with the patient (if present), check with the referral source, or check with other services within the DHB that the person may have previously accessed.

If investigation shows that the potential merge is actually two separate identities, flag them as different in your PMS, place an alert label on the record 'caution patient with similar name', and email MOH to place a 'do not link' entry in the NHI table.

If investigation verifies a potential merge and it is found at the start of an inpatient event, it is critical for patient safety that you are able to indicate to every service within the DHB that more than one NHI number is 'in play' for the patient concerned. This includes flagging the records in your PMS with a provisional status indicating that a merge has been requested, and making sure that all physical records under both/all NHI numbers are stored together. The DHB systems that do not interact with the core PMS should also be notified and have the ability to flag and link records identified as potential merges.

Inpatient potential merges identified should be notified to MOH as soon as discovered so that an immediate confirmation can be provided to you to take the necessary actions locally.

Non-urgent merge requests are processed by MOH daily and reports/files created for distribution to all DHBs.

All merges should be processed locally following receipt of these reports by doing the following:

- Compare NHI numbers in the file of processed merges with your own PMS records
- If you have records for both NHI numbers in your PMS, electronically merge these
- Follow up the electronic merge by merging the physical records (including core medical record and all satellite records)
- If you only have a record for the 'secondary' NHI number, download the primary NHI number details from the NHI so that you have both in your system to allow a merge
- Follow up by linking the secondary NHI number to the primary in all electronic DHB systems and change the physical record to effect a 'point-in-time change to use the primary NHI number
- If you have only the primary number, there is no need to download the 'secondary' number details
- Push the processed merge files to all subsidiary locations and services/providers associated with the DHB. This should include PHOs, NIR Administrators and other population health programmes.

Refer to the merge processing flowchart below for specific steps to be supported by the best practice outlined.

Merge Processing - Best Practice

DHB	MoH - Identity Data Management Team

Referral received or patient presents

More than one NHI number is found for identity? — No → Proceed with usual business process

Yes ↓

Advise PMS Admin

PMS Admin

Perform search

- Select primary number
- Flag potential merge in local system
- Submit NHI merge request via PMS

Inpatient?
- Yes → Retrieve physical records → Advise MoH re urgent merge request by phone → MoH IDM team receive urgent request → Review request immediately
- No → Wait for the overnight report

Merge request added to NHI merge request table → MoH IDM team review merge request table via application called Link Manager

Review pair of records and compare

Investigate using tools

Decision?
- Yes → Approve → Records merged immediately- master NHI number written to master HCU ID field on secondary record → Details copied to master from secondary
- No → Reject → Add to Do Not Link Table

Confirm match?
- Yes (loops back)
- No ↓

Flag records as different

Confirmed with MoH?
- Yes ●
- No ↓

Send email to MoH DMS mailbox → MoH IDM team receive request

Cron job auto run - merge activity in the past 24 hours

Auto email reports and file to all DHBs and other

Receive reports and file from MoH
- Reports → Rejected request → Unflag in local system
- File → Compare file with PMS records

Do they have both?
- Yes → Perform merge in PMS
- No → Download details from other one of pair - get HCU → Perform merge in PMS

Perform merge in PMS →
- Push merge data to all subsidiary systems → Push data to PHO
- Advise MRD to physically merge records → Push merge data to all subsidiary locations

Guidance prepared by MOH Identity Data Management
Last updated - Sept 2010