



**NATIONAL STANDARD OF THE
PEOPLE'S REPUBLIC OF CHINA**

GB/T 21715.5-2021

**Health informatics - Patient healthcare data - Part 5:
Identification data**

Issued on: March 9, 2021

Implemented on: October 1, 2021

**Issued by: State Administration for Market Regulation, China National
Standardization Administration**

Table of Contents

1 Scope	1
2 Normative references	1
3 Terms and definitions	2
4 Symbols and abbreviations	2
5 Identify data objects	2
5.1 Overview of objects and data structures	2
5.2 Definition of identification data set	2
Appendix A (normative) ASN.1 data definition	6
Reference	8

Foreword

This document is in accordance with the provisions of GB/T 1.1-2020 "Guidelines for Standardization Work Part 1. Structure and Drafting Rules of Standardization Documents" Drafting.

This document is the fifth part of GB/T 21715 "Health Informatics Patient Health Card Data". GB/T 21715 has been released

the next part.

---Part 1. Overall structure;

---Part 2. General objects;

---Part 3. Limited clinical data;

---Part 4. Expanding clinical data;

---Part 5. Identification data;

---Part 6. Management data;

---Part 7. Medication data;

---Part 8. Links.

The translation method used in this document is equivalent to ISO 21549-5:2015 "Health Informatics Patient Health Card Data Part 5. Standard

Knowledge Data".

The Chinese documents that have consistent correspondence with the normatively cited international documents in this document are as follows.

---GB/T 2659 world country and region name codes (GB/T 2659-2000, eqvISO 3166-1.1997);

---GB/T 7408 data element and exchange format information exchange date and time representation (GB/T 7408-2005,

ISO 8601.2000, IDT);

---GB/T 13000 Information Technology Universal Multi-octet Coded Character Set (UCS) (GB/T 13000-2010, ISO /

IEC 10646.2003, IDT);

---GB/T 16262.1 Information Technology Abstract Syntax Notation One (ASN.1) Part 1.Basic Notation Specification

(GB/T 16262.1-2006, ISO /IEC 8824-1.2002, IDT);

---GB/T 16263.1 Information Technology ASN.1 Coding Rules Part 1.Basic Coding Rules (BER), Regular Coding Rules

(CER) and atypical coding rules (DER) specifications (GB/T 16263.1-2006, ISO /IEC 8825-1.2002, IDT);

---GB/T 16649.6 IC cards with contacts for identification cards Part 6.Inter-industry data elements (GB/T 16649.6-

2001, idtISO /IEC 7816-6.1996);

---GB/T 21715.1 Health Informatics Patient Health Card Data Part 1.Overall Structure (GB/T 21715.1-2008,

ISO 21549-1.2004, IDT);

---GB/T 21715.2 Health Informatics Patient Health Card Data Part 2.General Objects (GB/T 21715.2-2008,

ISO 21549-2.2004, IDT);

---GB/T 21715.6 Health Informatics Patient Health Card Data Part 6.Management Data (GB/T 21715.6-2020,

ISO 21549-6.2008, IDT).

This document was proposed and managed by the China National Institute of Standardization.

Drafting organizations of this document. China National Institute of Standardization, Beijing

Equilibrium Case Mix Technology Research Center, Shanghai University of Traditional Chinese Medicine, China-Japan Friendship

Hospital, Shenzhen Tongbiao Technology Co., Ltd., Beijing Shijitan Hospital, Shenzhen Municipal Health Commission, Peking University Third Hospital, Zhuhai Dingji

Standard Technology Co., Ltd., Peking University School of Public Health, Zhejiang Holoway Medical Technology Co., Ltd.

Introduction

With the increase in population mobility, the demand for community medical and family health care is increasing, and the demand for high-quality mobile treatment services is also increasing.

Long, portable information systems and storage can be quickly developed and utilized accordingly. With portable medical record files, these devices can achieve

A series of functions from identity recognition to patient portable health monitoring system.

The function of these devices is to carry identifiable personal information and to transmit this information with other systems. Therefore, the device is running

At times, information may be shared with many different technical systems with very different functions and performances.

Healthcare management increasingly relies on similar automated identification systems. For example, by automatically processing prescriptions, patients can use

Portable readable computer equipment enables data exchange between different locations. More and more medical insurance companies and healthcare service providers

It involves cross-regional health care. In this case, claims (or reimbursement) may require automatic exchange of data between many different healthcare systems.

Management data objects may need to be linked to the systems of other external parties whose areas of responsibility are not covered by GB/T 21715.

Within range. For example, the cross-border claims settlement of healthcare services is usually managed by laws and intergovernmental agreements outside the scope of standardization.

The emergence of remote-accessible databases and their supporting systems has led to the development and utilization of identification devices for "health beneficiaries". These devices can

Perform security functions and can transmit digital signatures to remote systems via the network.

With the increasing use of data cards in daily health services, it is necessary to standardize the data format to achieve data exchange.

The person-related data carried by the data card can be divided into three main types. identification data, management data and clinical data. Need to refer specifically

What is out is that the health data card actually used contains the identification data of the device itself and the personal identification data involved in the data it carries.

May contain management data, clinical data, medication data and link data.

Device data includes.

- The identification of the device itself;

- Identification of equipment functions and performance.

Identification data can include.

- The unique identification of the device holder (not including other people's information).

Management data can include.

- Personal related supplementary data;

- Identification of health care funds, indicating whether they are publicly funded or self-funded, and their relationship, that is, insurance company, insurance contract and

Type of insurance policy or premium;

- Identification of other persons as part of an insurance contract (such as a family contract);

- Other data necessary for health services (different from clinical data).

Clinical data can include.

- Data items that provide health information and health event information;

- Evaluation and labeling of them by healthcare providers;

- Clinical actions planned, required or executed.

Medication data can include.

- Patient's medication record;

- A copy of the prescription (including the information of the drug distribution organization);

- Records of patients' self-purchased drugs;

- Pointers to other systems that contain prescription information and information about the drug dispensing organization.