



**Canada Health Infoway**

# **Patient Summary Working Group (PSWG)**

**March 18, 2025**

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# Agenda

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TOPIC	TIME
Welcome/Announcements	5 mins
Backlog Items <ul style="list-style-type: none"><li>• MustSupport Definition</li><li>• Obligation Framework</li><li>• MustSupport Backlog Items</li></ul>	50 mins
Next Steps	5 mins

# Welcome/Announcements

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- **PS-CA v2.1.0 DFT-Ballot:**
  - Open review and feedback submission period will be open from April 11 – May 16
- **Backlog Disposition Sessions:**
  - **Preparation for v2.1.0 Release**
    - Four dedicated sessions have been scheduled over the next two weeks to review and address feedback from previous ballot cycles, with focus on incorporating it into the upcoming release.
  - **Focus Areas for the sessions:**
    - This week : Review of MustSupport related backlog items.
    - Next week : Complete review of backlog items and discuss other items in scope for the release, including IPS/PS-CA alignment.



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# Must Support Definition and Obligation Framework

Lorraine Constable, FHIR SME

# Must Support

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- Many feedback items have centered around the definition of Must Support and how it is applied in the Implementation Guide, how it relates to conformance testing, and to the roles of senders and receivers in the guide.
- PS-CA definitions are aligned where possible with International Patient Summary (IPS)
- IPS is preparing to move to a more nuanced representation of conformance requirements using the Obligation Extension
- These definitions are about application behaviour, not the content of elements.

# Must Support Definition for Senders

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- Senders SHALL demonstrate that the system can produce a value for the Must Support element.
- Senders SHALL ensure that the system can send/relay the data if available and appropriate (pertinent to the current clinical context or patient summary being generated).
- *For elements not marked as Must Support:* Senders MAY still populate these elements where applicable, although the Implementation Guide does not impose strict expectations. The decision to include non must support elements (or extensions) depends on jurisdictional requirements, providing flexibility for implementers to use these elements as needed without making them mandatory across all implementations.
  - Note: If an element is mandatory but not marked as Must Support, a fixed value can be sent without the expectation that the system must be capable of producing or populating that value.

# Must Support Definition for Receivers

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- Receivers SHALL be capable of processing resource instances containing Must Support data elements without generating an error or causing the application to fail.
- Receivers SHOULD be capable of displaying Must Support data elements for human use, or processing (e.g. storing) them for other purposes.
- Receivers SHALL be able to process resource instances containing Must Support data elements asserting missing information.
- *For elements not marked as Must Support:* Receivers MAY accept and process these elements without generating an error, even if the system is not required to display or fully process them, ensuring robust handling of these elements in patient summaries.
  - Note: If an element is mandatory but not marked as Must Support, there is no expectation that the receiving system must process, display, or store that element.

# Must Support and Cardinality

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- Cardinality requirements address the content of an element, not the behaviour: An element with a cardinality of 1..1 is mandatory, but may not be Must Support. A value must be provided, but could be fixed and no assertion is made about the application behaviour.
- Further discussion may be found in the Must Support section of the Implementation Guide
  - <https://simplifier.net/guide/ps-ca/Home/SpecificationGuidance/MustSupportDefinition?version=2.0.0-DFT-Ballot>

# Obligations

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- To enable a more granular and computable expression of conformance requirements, FHIR has introduced the concept of Actors and Obligations
- IPS is preparing to introduce this concepts in an upcoming release
- The Canadian baseline has begun to use obligation concepts in their profiles

# Actors

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- IPS proposes to align the definitions of Actors within Patient Summary with the IHE Actor Definitions
  - Content Creator
  - Content Consumer
- These map to how we have been defining senders and receivers in our descriptions of the meaning of Must Support

# Obligation Codes

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- Obligations are specified using a set of codes:
- <http://hl7.org/fhir/extensions/ValueSet-obligation.html>
- Examples of ResourceProducerObligations include:
- SHALL:populate
  - Conformant applications producing resources SHALL include this element if a value is known and allowed to be shared. Notes: This implementation obligation means that whenever the producer knows the correct value for an element, it populates it. This is NOT the same as cardinality, as a 'populate' element can be omitted if no data exists or the data that exists is prohibited from being shared. Organizations might be required to formally document their rules for determining when they are 'able to share' as part of conformance testing processes. (e.g. regulatory, consent, etc.)

# Obligation Codes continued

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- Other examples of Producer Obligations include
  - SHALL:populate-if-known
  - SHOULD:populate-if-known
  - SHALL:able-to-populate
  - SHALL:explain

# Obligation Codes continued

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- ResourceConsumerObligations include:
  - SHALL:no-error
    - Conformant applications SHALL accept resources containing any valid value for the element without error. Notes: Applications are still able to inform the user that a value cannot be processed correctly and may ignore the data, but applications aren't able to reject an instance merely because the element is present (which would be allowed for elements that do not have this obligation). A system MAY raise an error if the value provided is not valid or violates specific business rules. This obligation also applies to elements that only contain an extension in place of a value where (or equivalent), should either of these be allowed on the consumer obligations

# Obligation Codes continued

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- Other examples of Consumer Obligations include:
  - SHALL:reject-invalid
  - SHALL:process
  - SHOULD:ignore

# IPS Proposed Obligations

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- IPS will align with IPA as much as possible
  - they will adopt obligations at this level which mirror the IPA obligations with the revised Actors defined in IPS
  - to align with their current MustSupport, add additional IPS-Consumer obligations
- Proposed Profile Level Obligations
  - Producer: SHALL:populate-if-known
  - Consumer: SHALL:handle SHOULD:display

# Bundle and Composition Obligations

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- Will align with the Clinical Content profile Obligations to keep consistency with existing Must Support Except:
  - Allergies section: Add SHALL:populate
  - Medications section: Add SHALL:populate
  - Problems section: Add SHALL:populate

# What Does this mean for PS-CA?

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- Address the existing Must Support tickets in the context of our current definitions
- For Release 2.1, continue with the current definitions of Must Support
- When IPS publishes their adoption of the Obligation Framework, we will review and assess aligning with their approach

# Questions?

## Next Steps

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- Upcoming PSWG meetings [March 21: 1- 2 pm ET](#), [March 25: 1 - 2 pm ET](#), [March 28: 12 - 1 pm ET](#) to discuss:
  - Backlog items
  - IPS/PS-CA Alignment

# Helpful Links

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## Published specifications (available on InfoScribe):

- [PS-CA v2.0.0 DFT-Ballot](#)
- [PS-CA v2.0.0 DFT-PreBallot](#)
- [PS-CA v1.1.0 DFT-Ballot](#)
- [CA:FeX v2.0.0 DFT-Ballot](#)
- [CA Core+ v0.1.0 DFT-Ballot](#)

## Working Groups (hosted on InfoCentral):

- [Patient Summary](#)
- [eReferral](#)

## Projectathon Information (available on InfoScribe):

- [IHE North America Connectathon Week 2025](#)

20 [2023 Final Report](#)



**Canada Health Infoway**

# Thank you!

## Contact Information

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