Use Cases

eReferral eConsult Development

Exported on 11/20/2023

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The purpose is to describe the use cases and workflow scenarios for managing eReferrals and eConsults across solutions. Each jurisdiction may have implementation variances within the use cases. Therefore, these use cases provide examples and are not meant to be inclusive of all possible implementation choices and do not represent required implementation choices. The use cases provide high-level interactions between the Health Care Providers, their Health Records System and other Health Records Systems. Use cases provide the business description or "conversation" between the system(s) and its user(s), known as Participants. Participants can be people (e.g., health care providers, patients, etc.) or systems (e.g., EMR, Referral Management System, etc.). Please note that detailed interactions are defined in the pan-Canadian eReferral/eConsult - Companion Guide to Reference Architecture.

Each use case will include:

- use case scenario,
- examples of use case triggers, pre and post conditions,
- who the participants are (i.e., people and systems),
- a use case diagram to provide a visual representation of the interactions between participants,
- use case steps corresponding to the diagram and potential alternate flows; and
- reference to the corresponding business requirements.

1 Use Case Index

This section includes a proposed list of use cases which were identified as being priority use cases in the pan-Canadian environmental scan. Subsequently, through collaboration with the participating Canadian jurisdictions, the use case scope will be further refined into priorities for the initial releases and those which will be included in future releases.

The scope for this release of the pan-Canadian eReferral / eConsult – Interoperability Specifications has not been defined yet.

The list below includes the use cases' ID, name and description as a potential proposed scope.

Use Case ID	Use Case Name	Use Case Description
UC-01	Referral to a service	Requester Health Care Provider sends a referral request to a Performer Health Care Provider
UC-02	Consultation Request	Requester Health Care Provider sends a consult request to a Performer Health Care Provider
UC-03	Referral to Central Intake	Requester Health Care Provider sends a referral request to a Central Intake, which forwards to most appropriate downstream Performer Health Care Provider

The following Use Cases were determined to be out-of-scope, or represented in other use cases in primary flows or alternate flows:

Use Case Name	Use Case Description	Reason
Referral to a service with a booked appointment	Requester Health Care Provider sends a referral request to a Performer Health Care Provider and books the appointment	Out of scope for release 1 due to complexities
Convert Referral to Consultation	Performer Health Care Provider converts the referral request to a consult	Made an alternate flow of UC-01: *Referral to a Service*

Use Case Name	Use Case Description	Reason
Referral to Home and Community Care with Care Coordinator	Requester Health Care Provider sends a referral request to a Performer Health Care Provider, Performer Health Care Provider completes assessment and sends referral request to another downstream Performer Health Care Provider	Represented within UC-03: *Referral to Central Intake*
Sending Referral information to a 3rd Party (Patient Portal, provincial registry/ repository etc.)	A 3rd Party System interacts with referrals	Out of scope for release 1 due to complexities

2 UC-01: Referral to a Service

Description

Requester Health Care Provider sends a referral request to a Performer Health Care Provider

Scenario

Jane Doe is an independent senior who lives alone. She has had a recent injury that resulted in an ER visit, and has a follow-up appointment with her family doctor, Dr. Jones who notices her appearance is not as crisp as usual. Jane admits she is struggling with keeping up with laundry and other chores due to her injury and Dr. Jones believes she would benefit from some housekeeping services. He is a busy physician with one secretary who is kept busy answering the phone most of the day. He wants to quickly search “housekeeping”, pick a community service close to Jane and send a referral. Dr. Jones knows from previous experience that this referral will not get lost like a fax, and he can expect an update on the request via an EMR notification and within the patient record.

In this example, Dr. Jones' EMR could be integrated with an external Referral Management System (RMS Source), or his EMR could have the capability to directly manage the referral (initiate the search for a service, gather required information, create the referral, submit referral to RMS Target, track the status of the referral, and receive notifications). In that case, the EMR takes on the responsibility of managing the referral, essentially acting as the RMS Source in the diagram below.

Dr. Jones initiates a search for the service from his EMR, which has the capability to directly participate in the referral workflow, or is integrated with a Referral Management System (i.e. RMS Source). After selecting a housekeeping service appropriate to Jane, he is presented with a pre-filled screen of the referral requirements with some of the information already automatically filled in with data from his EMR. He completes the referral requirements and clicks Submit to send the referral request details to the Service Provider’s Referral Management System (i.e. RMS Target), and a notification to Jane confirming that the referral has been requested.

The RMS Target notifies April, the Service Provider representative, of the incoming request who contacts Jane using her preferred method of communication and arranges the appropriate services. The RMS Target also updates Dr. Jones’ RMS Source, which in turn updates Dr. Jones’ EMR that Jane has had services set-up, and with their on-going status.

Triggers, Pre-conditions, Post-conditions

Triggers

Patient visit with a Requester Health Care Provider (HCP) that results in a referral

Pre-conditions

- If POS does not have capability to manage the referral workflow:
    - Integration between Requester POS and an external RMS Source is required
- Integration with a Health Services Directory
- In jurisdictions where explicit consent is required to send the referral (including PHI):
    - Patient provides, or has previously provided, consent to share their PHI with Performer HCP
- Patient has provided consent to being notified about referral and appointment status through their communication preference
- Health Service Directory validates that available services are valid and up-to-date
- Patient demographic information in Requester POS system is valid and up-to-date

Post-conditions

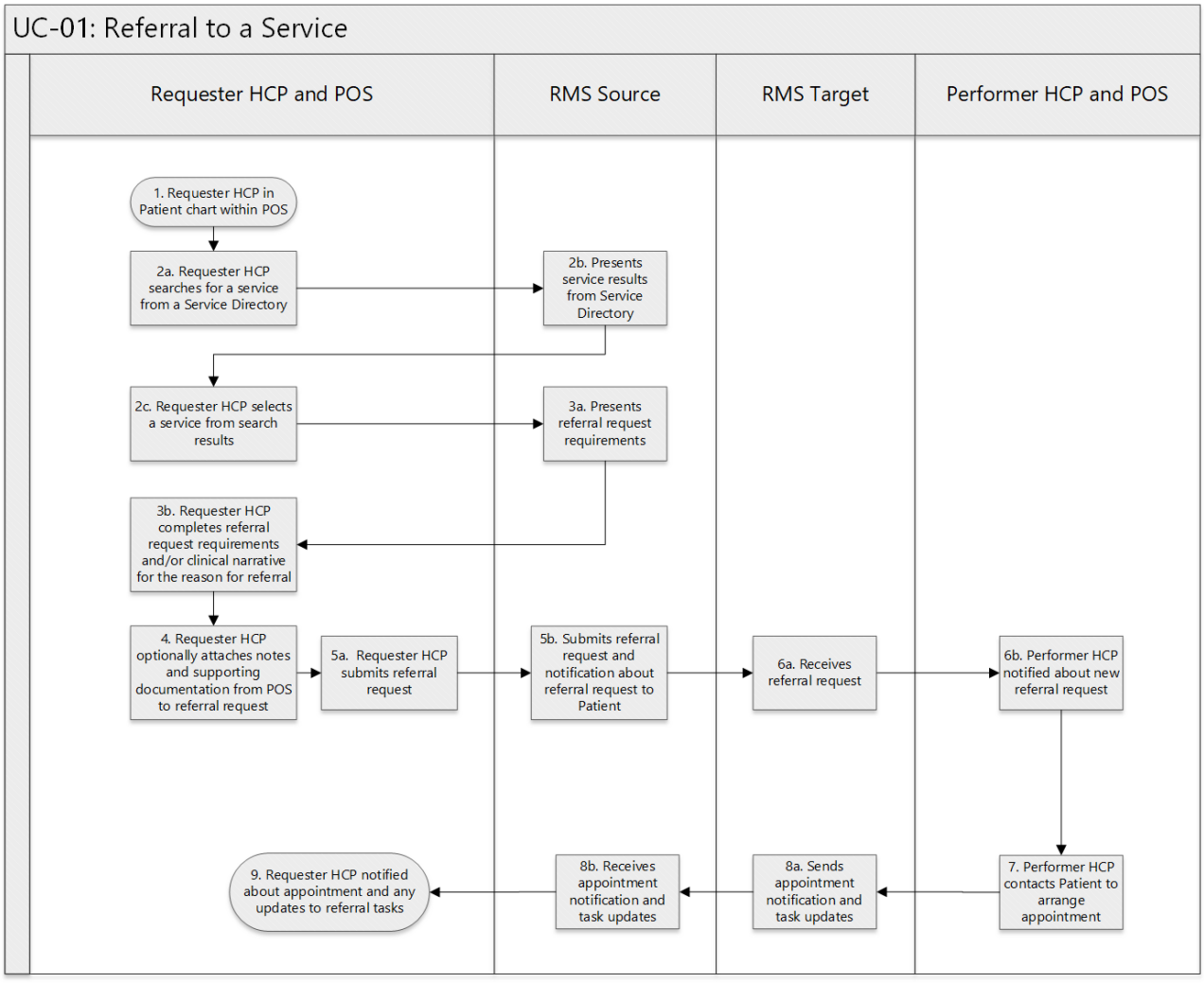
- The Performer HCP sets up and updates tasks for the referral request, and Requester HCP is updated on the on-going status . Or,
- The Performer HCP converts the referral to a consultation and provides consultation advice to the Requester HCP instead of booking the patient in for an appointment (UC-2: Consultation Request). Or,
- The referral request was not fulfilled or was ended before completion because:
    - The Requester HCP cancels the referral request and a notification is sent to Performer HCP
    - The Performer HCP declines the referral request and a notification is sent to Requester HCP
    - The Patient declines the referral request

Use Case Participants and Workflow diagram

- **Requester HCP**: A Health Care Provider or delegate (e.g. medical office assistant), or other service provider that initiates the eReferral workflow for a patient by sending a referral request
- **Performer HCP**: A Health Care Provider or delegate, (e.g. medical office assistant), or other service provider that receives the referral request and performs the requested services
- **Point of Service Systems (POS):** Used by Requester/Performer HCPs to view and manage personal health information (PHI). These systems include hospital information systems (HIS), primary care electronic medical record systems (EMR), community and ambulatory health information systems, and provincial/regional EHR viewers.
    - Requester POS systems initiate and potentially track and manage healthcare referral/consult requests.
    - Performer POS receives the referral/consult request and is used to provide the requested healthcare services
- **Referral Management Systems (RMS):** Support the exchange of referral requests between Requester HCP and Performer HCP where one or both of their POS systems do not have the required capabilities to support the workflow (if POS systems do have the required capabilities to support the referral request workflow, they are considered both a POS and an RMS)
    - RMS Source: Used by Requester HCP to initiate, monitor and communicate about the referral request.

    - RMS Target: Used by Performer HCP to receive, respond to, manage and communicate about the referral request and associated tasks.
- **Health Service Directory (HSD):** Used by HCP or service provider to discover services and service providers to address patient referral needs. RMS typically bundle in HSD functionality to better support referral workflows, or in cases where the POS system has the required capabilities to support the referral request workflow, the HSD could be centrally managed (i.e. jurisdictional) or provided by a 3rd party and integrated with the POS system.

This use case diagram represents the participants and their role in the use case with a high-level view of the flow of information.



Use Case - Primary Flow

The following provides a textual description corresponding to the use case diagram.

1. Requester HCP starts in the patient record in the POS system and indicates the need for a referral
2. Requester HCP searches for and selects an appropriate service from a Service Directory (integrated with the POS system, or part of an integrated RMS Source).
3. Requester HCP is presented with, and completes the referral requirements, and/or provides a clinical narrative to support the reason for the referral. Some of the data is already filled in from their POS system.
4. Requester HCP may optionally attach additional clinical notes and supporting documentation from the POS system to support the referral request.
5. Requester HCP submits the referral request (clinical documentation and/or completed referral requirements). POS system or integrated RMS Source submits a notification to the Patient about the sent referral request through their communication preference.
6. RMS Target receives the referral request and notifies Performer HCP.
7. Performer HCP contacts the patient to arrange an appointment.
8. RMS Target sends appointment notification and task updates to Requester POS system or integrated RMS Source.
9. Requester HCP is notified through their POS system and/or integrated RMS Source of the date/time/location of the first patient encounter with Performer HCP and any changes to the referral request and associated tasks.

Use Case - Alternate Flows

The following list provides possible alternate flows that may occur within this use case.

1. Requester HCP may cancel/revoke the referral request, this status is noted in their POS system and/or integrated RMS Source and automatically forwarded to Performer RMS and/or POS. (Step 6 – 9)
2. Performer HCP may be unable to provide the service and decline the referral, this status is noted in their RMS Target and automatically forwarded to Requester RMS and/or POS. (Step 6 – 9)
3. Performer HCP and Requester HCP may update the referral request (e.g. send communications, update referral with new information, etc.). (Step 6 – 9)
4. Performer HCP may convert a referral to a consultation (providing advice to the Requester HCP instead of an appointment with the patient - See UC-02: Consultation Request). (Step 6)
5. Patient may decline the service and the status is notified in the Requester RMS and POS. (Step 1 – 9)
6. Patient may change the appointment date. (Step 7 – 9)

3 UC-02: Consultation Request

Description

Requester Health Care Provider sends a consult request to a Performer Health Care Provider

Scenario

Jane Doe visits her family doctor complaining about pain occurring in her back and lower abdomen for the past two days. The family physician assessment notes right-sided flank pain radiating from the back to the lower abdomen, with fluctuating intensity that has not resulted in fever, nausea or vomiting. The patient has not had any recent trauma, numbness or weakness in extremities, and no saddle anesthesia. Suspecting renal colic, Jane's doctor sends her for an ultrasound. The ultrasound confirms a non-obstructing 5mm stone in the right ureter but also find an incidental complex renal cyst. Jane's family physician decides to consult a urologist to ask if the cyst can be managed with serial imaging, or whether a referral and consideration of a biopsy is necessary.

In this example, the family physician's EMR could be integrated with an external Referral Management System (RMS Source), or the EMR could have the capability to directly manage the consult (initiate the search for a specialty, gather required information, create the consult request, submit consult request to RMS Target, track the status of the consult, and receive notifications). In that case, the EMR takes on the responsibility of managing the consult, essentially acting as the RMS Source in the diagram below.

Variation 1 - Request to Managed specialty

Jane's family physician creates the eConsult request, searches for the specialty - Urology, and then submits an eConsult case. The case is received by the Case Assigner at the managed specialty who assigns the case to a Urologist.

Variation 2 - Case submitted to Specific Provider

Jane's family physician knows a Urologist whom they wish to submit the consult request to directly. The family physician creates the eConsult request, searches for the specific provider, and then submits an eConsult case.

Variation 3 - Managed Group

Jane's family physician know which organization to submit the consult request to but will leave it to the case assigner at the organization to select the specialist. The family physician creates the eConsult request, searches for an organization, and submits the case to the organization. The case is received by the Case Assigner at the organization who assigns the case to a Urologist.

After Case Assignment

The Urologist receives a notification for the assigned case, logs into their POS integrated with Referral Management System (RMS Target), reviews the case details and sends a response back to Jane's family physician indicating that the size of the cyst and characteristics reported on the ultrasound can be safely monitored. A repeat Ultrasound is recommended within 6 months. Upon returning the consult, the Urologist is prompted to fill out a brief survey indicating time spent on the case amongst other questions. Jane's

family physician receives the consult result, reviews the notes left by the Urologist, is satisfied with the response and no further clarification is necessary at this time. The family physician closes the case directly from their POS, or POS integrated with RMS Source. Upon closing the case, the family physician is prompted to fill out a brief survey.

Triggers, Pre-conditions, Post-conditions

Triggers

Patient visit with a Requester Health Care Provider (HCP) that results in a consultation request.

Pre-conditions

- When POS does not have capability to manage the consult workflow - Integration between Requester POS and RMS
- Integration with a Health Services Directory.
- In jurisdictions where explicit consent is required to send the referral (including PHI):
    - Patient provides, or has previously provided, consent to share their PHI with Performer HCP.
- Health Service directory validates that available services are valid and up-to-date.
- Patient demographic information in Requester POS system is valid and up-to-date.

Post-conditions

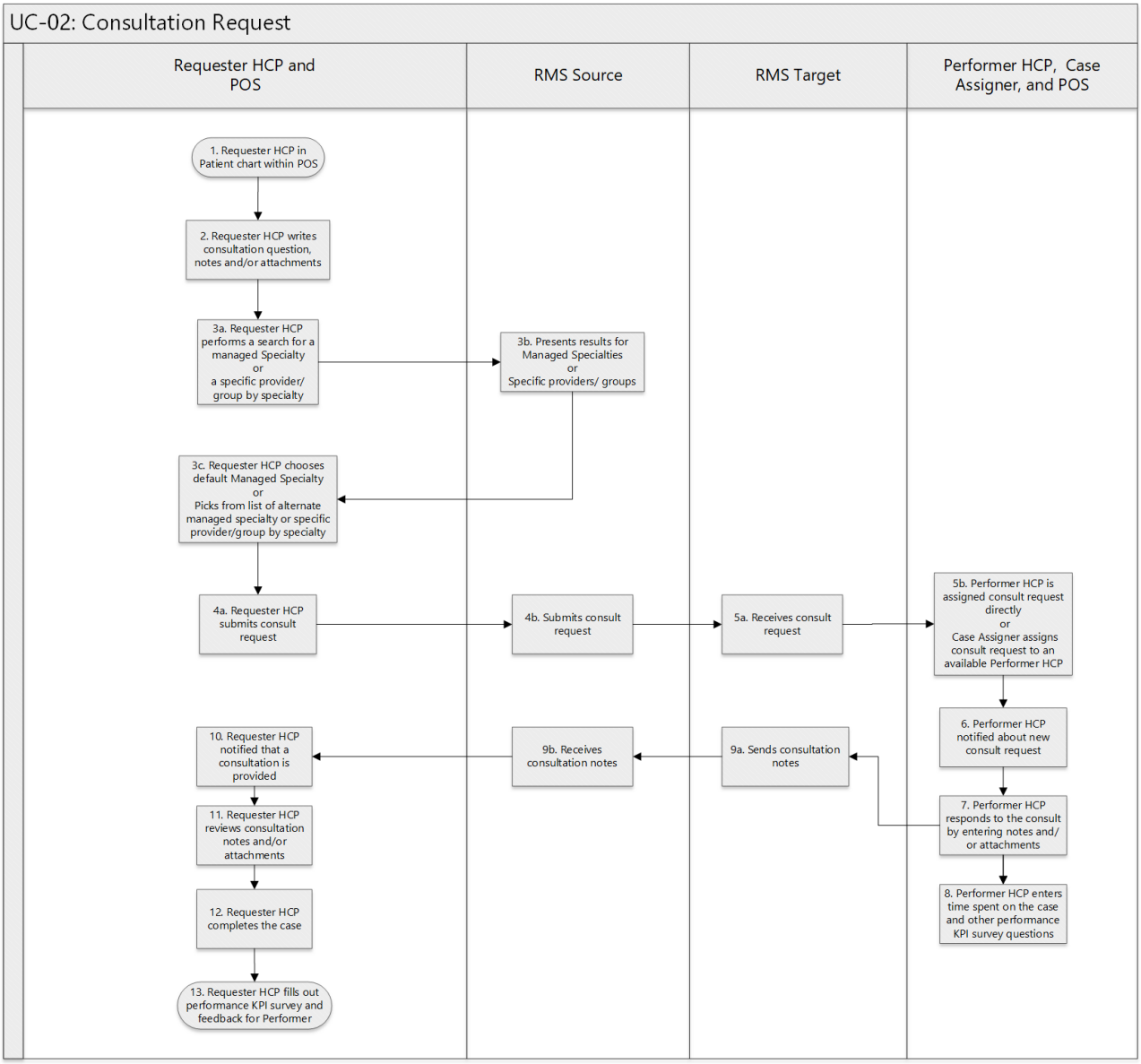
- The Requester HCP has closed the consult request after reviewing the consultation notes and/or attachments from the Performer. Both Requester HCP and Performer HCP have answered a survey based on the consult. Or,
- The Requester HCP initiates an eReferral because the Performer wishes to see the patient in the consult. Or,
- The Requester HCP cancels the consult request. Or,
- The Requester HCP redirects the consult request to another Managed Specialty, specific provider or group.

Use Case Participants and Workflow diagram

- **Requester HCP**: A Health Care Provider or delegate (e.g. medical office assistant), or other service provider that initiates the eReferral workflow for a patient by sending a referral request
- **Performer HCP**: A Health Care Provider or delegate, (e.g. medical office assistant), or other service provider that receives the referral request and performs the requested services
- **Point of Service Systems (POS):** Used by Requester/Performer HCPs to view and manage personal health information (PHI). These systems include hospital information systems (HIS), primary care electronic medical record systems (EMR), community and ambulatory health information systems, and provincial/regional EHR viewers.

    - Requester POS systems initiate and potentially track and manage healthcare referral/consult requests.
    - Performer POS receives the referral/consult request and is used to provide the requested healthcare services
- **Referral Management Systems (RMS):** Support the exchange of referral requests between Requester HCP and Performer HCP where one or both of their POS systems do not have the required capabilities to support the workflow (if POS systems do have the required capabilities to support the referral request workflow, they are considered both a POS and an RMS)
    - RMS Source: Used by Requester HCP to initiate, monitor and communicate about the referral request.
    - RMS Target: Used by Performer HCP to receive, respond to, manage and communicate about the referral request and associated tasks
- **Health Service Directory (HSD):** Used by HCP or service provider to discover services and service providers to address patient referral needs. RMS typically bundle in HSD functionality to better support referral workflows, or in cases where the POS system has the required capabilities to support the referral request workflow, the HSD could be centrally managed (i.e. jurisdictional) or provided by a 3rd party and integrated with the POS system.
- **Case Assigner:** A person at a managed specialty/provider group that assigns incoming referral/consult requests to a performer HCPs. May also be an algorithm (system) that automatically assigns requests to an available performer HCP based on wait time, availability and location.

This use case diagram represents the participants and their role in the use case with a high-level view of the flow of information.



Use Case - Primary Flow

The following provides a textual description corresponding to the use case diagram.

1. Requester HCP starts in the patient record in the POS system and indicates the need for a consult.
2. Requester HCP writes consultation question, attaches images and notes.
3. Requester HCP searches and selects a Managed Specialty or Specific provider/group from the Service Directory (integrated with the POS system, or part of an integrated RMS Source).
4. Requester HCP submits consult request.

5. Case Assigner receives the consult request through RMS Target and assigns to a Performer HCP (Managed Specialty/ Specific group model), or case is assigned directly to a Performer HCP by RMS Target (Specific provider model).
6. Performer receives a notification in their POS on the arrival of the new consult request.
7. Performer accesses the consult request through the RMS, or their POS which is integrated with the RMS, and responds to the consult request by entering in notes and/or attachments.
8. Performer HCP is prompted to enter in time spent on the case and answer other performance KPI survey questions.
9. Performer HCP sends the consultation notes back to the Requester HCP.
10. Requester HCP receives a notification in their POS indicating that a consult has been provided.
11. Requester HCP reviews the consultation response using their POS, or POS integrated with RMS Source.
12. Requester HCP is satisfied with the information, and completes the case.
13. Requester HCP is prompted to answer a performance KPI survey and provide feedback to Performer.

Use Case - Alternate Flows

The following list provides possible alternate flows that may occur within this use case.

1. Clarification Requested: After a consult has been provided, if further information is needed, the Requester HCP has the ability to request clarification from the Performer HCP. (Step 11)
2. Request for Information
    a. More Information Requested: Performer HCP requests for more information from the Requester HCP. (Step 7)
    b. More Information Provided: Requester HCP provides the information asked by the Performer HCP.
3. Case Cancelled: The Requester HCP can decide to cancel the consult request if the consult is no longer needed. (Step 5 - 7)
4. Case Redirect by Assigner: The Case Assigner at the specialty can redirect the consult request to another Performer HCP, which does not close the original consult request, but simply redirects it to another target. (Step 6)
5. Case Redirect by Requester: The Requester can redirect the consult request to another Managed Specialty, specific provider or group. This closes the original consult request and creates a new request for the recipient. (Step 5 - 7)
6. Return Case: The case is returned by the Performer HCP to the Case Assigner to be assigned to another specialist. (Step 6)

7. Return Case and convert to eReferral: The Performer HCP provides the consult and selects the option to indicate they wish to see the patient. The Requester HCP completes the consult and initiates an eReferral. (UC-01: Referral to a Service) (Step 7)

4 UC-03: Referral to a Central Intake

Description

Requester Health Care Provider sends a referral request to a Central Intake, which forwards to most appropriate downstream Performer Health Care Provider

Scenario

Jane Doe has a ski accident, and her primary care practitioner (PCP), Dr. Jones, determines that Jane has torn her anterior cruciate ligament in the right knee. Dr. Jones begins the process of referring Mary Jane to the appropriate services and initiates a search for the service from his EMR, which has the capability to directly participate in the referral workflow, or is integrated with a Referral Management System (i.e. RMS Source). He selects the regional Musculoskeletal Central Intake referral program from the list of results, and is presented with a pre-filled screen of the referral requirements with some of the information already automatically filled in with data from her EMR. He completes the referral requirements and submits the request to the Central Intake's Referral Management System (i.e. RMS Target A) and a notification is sent to Jane confirming that the referral has been requested.

The RMS Target A at Central Intake notifies the advanced practice provider, Nurse April about the incoming request, who contacts Jane for an assessment to determine if Jane is a surgical candidate. After completing the assessment, April determines that Mary Jane is a surgical candidate. RMS Target A notifies Dr. Jones through his RMS and EMR about the assessment outcome, and sends a referral request to the Orthopedic specialties' Referral Management System (i.e. RMS Target B).

RMS Target B notifies Dr. Treat, the target orthopedic surgeon who books an appointment to see Jane. Updates are sent back to Dr. Jones RMS and EMR about the referral status and associated tasks through its lifecycle.

In this example, Dr. Jones' EMR could be integrated with an external Referral Management System (RMS Source), or his EMR could have the capability to directly manage the referral (initiate the search for a service, gather required information, create the referral, submit referral to RMS Target A, track the status of the referral, and receive notifications). In that case, the EMR takes on the responsibility of managing the referral, essentially acting as the RMS Source in the diagram below.

Triggers, Pre-conditions, Post-conditions

Triggers

Patient visit with a Requester Health Care Provider (HCP) that results in a referral

Pre-conditions

- If POS does not have capability to manage the referral workflow:
    - Integration between Requester POS and an external RMS Source is required
- Integration with a Health Services Directory
- In jurisdictions where explicit consent is required to send the referral (including PHI):
    - Patient provides, or has previously provided, consent to share their PHI with Performer HCP.
- Patient has provided consent to being notified about referral and appointment status through their communication preference.
- Health Service Directory validates that available services are valid and up-to-date.
- Patient demographic information in Requester POS system is valid and up-to-date.

Post-conditions

- The Performer HCP (B) at downstream service sets up and updates tasks for the service request, and Requester HCP is updated on the on-going status . Or,
- The service request was not fulfilled or was ended before completion because:
    - The Requester HCP cancels the referral request and a notification is sent to Performer HCP.
    - The Performer HCP (A) at Central Intake declines the referral request and a notification is sent to Requester HCP.
    - The Performer HCP (B) at the downstream service declines the referral request and a notification is sent to Case assigner / Performer HCP at Central Intake
    - The Patient declines the referral request.

Use Case Participants and Workflow diagram

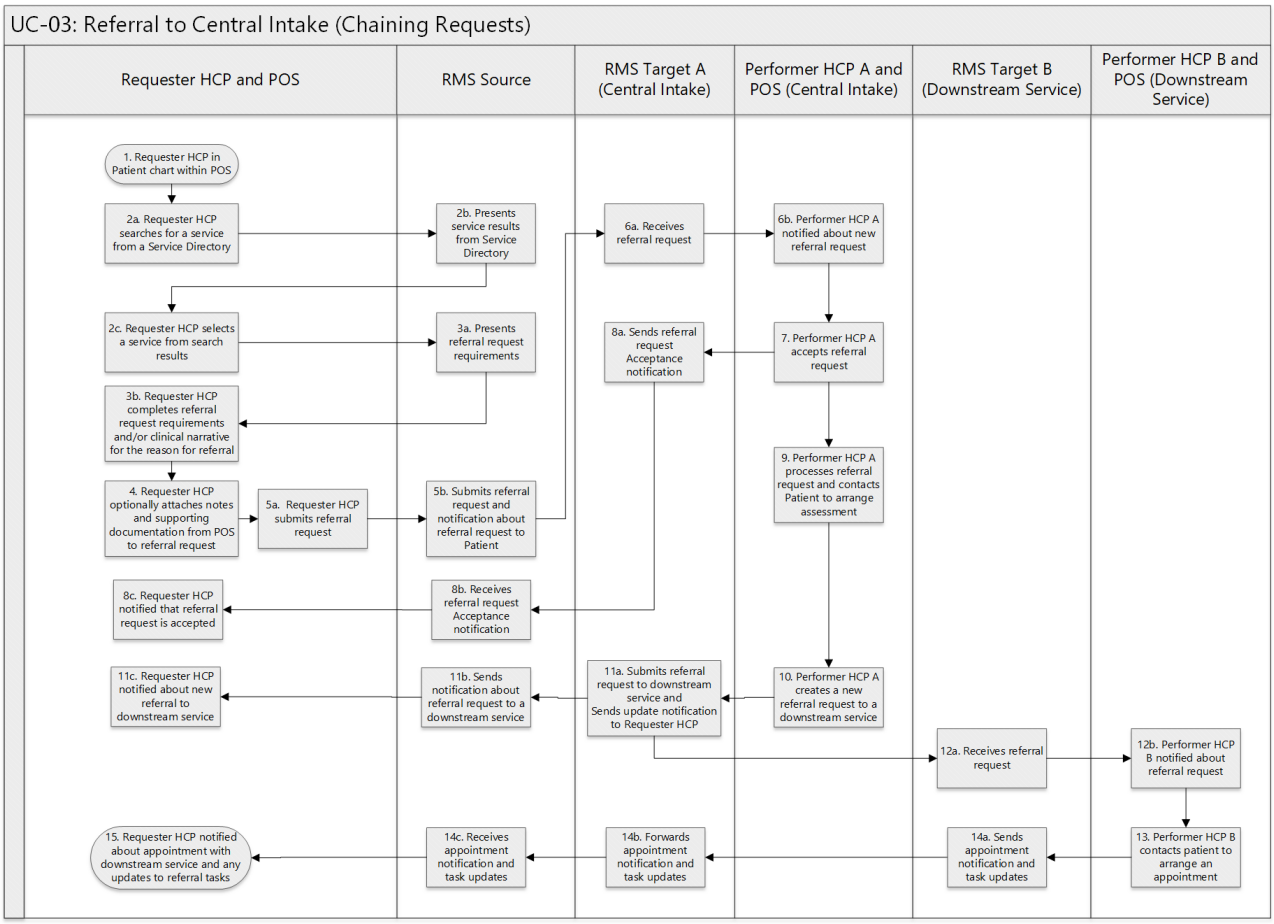
- **Requester HCP**: A Health Care Provider, medical office assistant or service provider that initiates the eReferral workflow for a patient by sending a referral request
- **Performer HCP**: A Health Care Provider, medical office assistant or service provider that receives the referral request and performs the requested services
- **Point of Service Systems (POS):** Used by Requester/Performer HCPs to view and manage personal health information (PHI). These systems include hospital information systems (HIS), primary care electronic medical record systems (EMR), community and ambulatory health information systems, and provincial/regional EHR viewers.
    - Requester POS systems initiate and potentially track and manage healthcare referral/consult requests.
    - Performer POS receives the referral/consult request and is used to provide the requested healthcare services
- **Referral Management Systems (RMS):** Support the exchange of referral requests between Requester HCP and Performer HCP where one or both of their POS systems do not have the required capabilities to support the workflow (if POS systems do have the required capabilities to support the referral request workflow, they are considered both a POS and an RMS)

    - RMS Source: Used by Requester HCP to initiate, monitor and communicate about the referral request.
    - RMS Target: Used by Performer HCP to receive, respond to, manage and communicate about the referral request and associated tasks
- **Health Service Directory (HSD):** Used by HCP or service provider to discover services and service providers to address patient referral needs. RMS typically bundle in HSD functionality to better support referral workflows, or in cases where the POS system has the required capabilities to support the referral request workflow, the HSD could be centrally managed (i.e. jurisdictional) or provided by a 3rd party and integrated with the POS system.
- **Case Assigner:** A person at a central intake that assigns incoming referral/consult requests to a performer HCP. May also be an algorithm (system) that automatically assigns requests to an available performer HCP based on wait time, availability and location.

The use case diagrams represents the participants and their role in the use case with a high-level view of the flow of information.

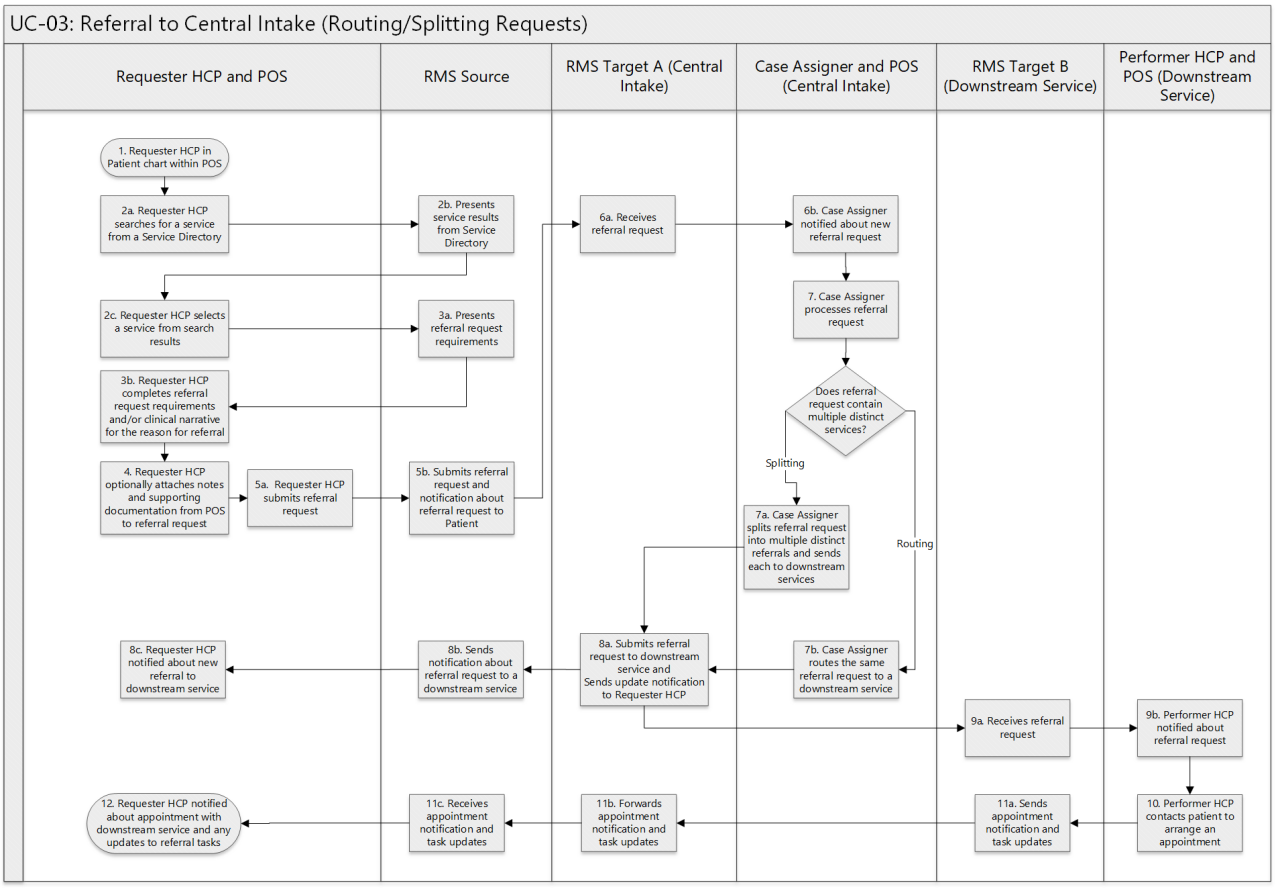
Chaining Requests

- Chaining: A new, distinct referral is created to a downstream service based on the original referral after a service is performed at central intake.
    - There could be further successive downstream services beyond the first downstream service (RMS Target B) shown in diagram below. A chained referral may be followed by successive chaining, routing or splitting operation in any combination needed to fulfil the referral.



Routing/Splitting Requests

- Routing: The same referral request is forwarded to a new downstream service from Central Intake
- Splitting: The referral request gets split into multiple parts/services that logically make up the original request at Central Intake, to be fulfilled by different downstream services
    - There could be further successive downstream services beyond the first downstream service (RMS Target B) shown in diagram below. A routed/split referral may be followed by successive chaining, routing or splitting operations in any combination needed to fulfil the original referral.



Use Case - Primary Flow

The following provides a textual description corresponding to the use case diagrams.

Chaining Requests

1. Requester HCP starts in the patient record in the POS system and indicates the need for a referral
2. Requester HCP searches and selects an appropriate central intake service from a Service Directory (integrated with the POS system, or part of an integrated RMS Source).
3. Requester HCP is presented with, and completes the referral requirements, and/or provides a clinical narrative to support the reason for the referral. Some of the data is already filled in from their POS system.
4. Requester HCP may optionally attach additional clinical notes and supporting documentation from the POS system to support the referral request.
5. Requester HCP submits the referral request (clinical documentation and/or completed referral requirements). POS system or integrated RMS Source submits a notification to the Patient about the sent referral request through their communication preference.

6. RMS Target A (Central Intake) receives the referral request and notifies Performer HCP A.
7. Performer HCP A confirms referral request acceptance in RMS Target A.
8. RMS Target A sends acceptance message along with any optional note to the Requester HCP.
9. Performer HCP A processes the referral request and contacts patient for an assessment.
    - Processing includes analysis of referral request needs, urgency, downstream service wait times, location and may include consideration for patient preference for location, waiting period and health care provider.
10. Performer HCP A creates a new distinct referral request to a downstream service, RMS Target B.
11. RMS Target A sends the referral request to the downstream service, and a notification to Requester POS system or integrated RMS Source, which informs Requester HCP about the new referral.
12. RMS Target B receives the referral request and notifies Performer HCP B.
13. Performer HCP B contacts the patient to arrange an appointment.
14. RMS Target B sends appointment notification and task updates to Requester POS system or integrated RMS Source, and RMS Target A.
15. Requester HCP and Performer HCP A is notified through their POS system and/or integrated RMS Source of the date/time/location of the first patient encounter with Performer HCP B and any changes to the referral request and associated tasks.

Routing/Splitting Requests

1. Requester HCP starts in the patient record in the POS system and indicates the need for a referral
2. Requester HCP searches and selects an appropriate central intake service from a Service Directory (integrated with the POS system, or part of an integrated RMS Source).
3. Requester HCP is presented with, and completes the referral requirements, and/or provides a clinical narrative to support the reason for the referral. Some of the data is already filled in from their POS system.
4. Requester HCP may optionally attach additional clinical notes and supporting documentation from the POS system to support the referral request.
5. Requester HCP submits the referral request (clinical documentation and/or completed referral requirements). POS system or integrated RMS Source submits a notification to the Patient about the sent referral request through their communication preference.
6. RMS Target A (Central Intake) receives the referral request and notifies Case Assigner.
7. Case Assigner processes the referral request.
    a. If referral request contains multiple distinct referrals, it is split into its constituent parts to be sent to appropriate downstream services to fulfill different parts of the request.
    b. If referral request is just a single referral, it is routed to the appropriate downstream service as the same request.
8. RMS Target A sends the referral request to the downstream service, and a notification to Requester POS system or integrated RMS Source, which informs Requester HCP about the new referral.

9. RMS Target B receives the referral request and notifies Performer HCP.
10. Performer HCP contacts the patient to arrange an appointment.
11. RMS Target B sends appointment notification and task updates to Requester POS system or integrated RMS Source, and RMS Target A.
12. Requester HCP is notified through their POS system and/or integrated RMS Source of the date/time/ location of the first patient encounter with Performer HCP and any changes to the referral request and associated tasks.

Use Case - Alternate Flows

The following list provides possible alternate flows that may occur within this use case.

1. Request for Information from Central Intake:
    a. Performer HCP requests more information from Requester HCP and sends a request for information to Requester POS system or integrated RMS Source from Central Intake RMS.
    b. Requester HCP views the Request for Information and updates the referral with the requested information.
    c. Performer HCP receives the referral update in RMS Target and processes the referral using the remaining steps in the flow
2. Request for Information from Downstream Service:
    a. Performer HCP (B) at Downstream Service requests more information from Requester HCP and sends a request for information to Central Intake RMS from their RMS.
    b. The request for information is forwarded from Central Intake by Case Assigner/ Performer HCP (A) to Requester HCP
    c. Requester HCP views the Request for Information and updates the referral with the requested information.
    d. Referral update is received in Central Intake RMS and forwarded by Performer HCP to Downstream Service RMS
    e. Performer HCP (B) receives the referral update in Downstream Service RMS and processes the referral using the remaining steps in the flow
3. Decline from Central Intake:
    a. Performer HCP (A) / Case Assigner at Central Intake declines the referral request, the decline notification is sent to Requester RMS from their RMS.
    b. Requester HCP receives the decline status in their POS system or integrated RMS Source.
4. Decline from Downstream Service:
    a. Performer HCP (B) at Downstream Service declines the referral request, the decline notification is sent to Central Intake RMS from their RMS.
    b. Case Assigner / Performer HCP (A) at Central Intake receives the decline, sends a referral request to another Downstream Service, and an update to Requester HCP about the new Downstream Service
    c. Requester HCP receives the update in their POS system or integrated RMS Source.

5. Decline from Patient
    a. Patient declines the referral at the Requester, Central Intake and Downstream Service settings.
    b. Notifications about the referral decline are sent upstream to Central Intake/Requester or downstream to Central Intake / Downstream Service depending on in which setting the patient declined the referral, and if a referral is already sent to the Downstream Service.
    c. Requester HCP / Case Assigner / Performer HCP (A) at Central Intake / Performer HCP (B) at Downstream Service receives the update in their POS system or integrated RMS.
6. Cancellation:
    a. Requester HCP cancels the service request in their POS system or integrated RMS Source, which sends the cancellation message to the Central Intake RMS and notifies Patient by their communication preference that the initial referral has been cancelled.
    b. Performer HCP (A) / Case Assigner receives the referral cancellation notification in the Central Intake RMS. If a referral request has been sent/forwarded to a Downstream Service, they send the cancellation message to the Downstream Service RMS.
    c. Downstream Service RMS receives the cancellation notifications and any appointments/tasks created in response to the referral request are cancelled.
7. Referral Updates
    a. Requester HCP updates the initial referral to add additional service(s) and commits the update in their POS system or integrated RMS Source.
    b. Performer HCP (A) / Case Assigner receives the updated service request including the new service in the Central Intake RMS system and processes the modified referral to completion using the remaining steps in the basic flow.
8. Appointment Date Changed by Patient
    a. Patient changes the appointment date with Central Intake or Downstream Service
    b. Performer HCP (A) at Central Intake / Performer HCP (B) at Downstream Service updates the referral with the new appointment date and the update notification is sent upstream to Requester HCP
    c. Requester HCP receives the update in their POS system or integrated RMS Source.
9. Convert Referral to a Consultation
    a. Performer HCP (A) at Central Intake / Performer HCP (B) at Downstream Service may convert a referral to a consultation (providing advice to the Requester HCP instead of an appointment with the patient - See UC-02: Consultation Request).
    b. Requester HCP receives the consultation notes in their POS system or integrated RMS Source.

5 Consolidated Questions

- What is the relative priority for each of these Use Cases in your Jurisdiction?
    - Please rank the use cases in order from Highest Priority to lowest priority, (e.g. UC-01 > UC-03 >UC-04...)

Questions by use case

Use Case ID	Use Case Name	Questions
UC-01	Referral for a service	
UC-02	Referral for a service with a booked appointment	
UC-03	Consultation Request	• Is the managed specialty model supported in jurisdictions outside Ontario? • Performance KPI questions at the end of the consult to understand cost/benefit metrics – would this apply to all jurisdictions?
UC-04	Convert Referral to Consultation	
UC-05	Referral to Home and Community Care with Care Coordinator	• Is this use case a special case for UC-06: Central Intake? Does it need to be a distinct use case?
UC-06	Referral to Central Intake	• The proposed scenario and workflow steps **needs review**