

eReferral workstream

Tuesday, March 06, 2018 11:13 AM

Attendees:

1. Alfred Wong
2. Tim Berezny
3. Caryn Harris
4. Dustin Doan
5. John Wills
6. Shamhad Abdi
7. Igor Sirkovich
8. Janice Spence
9. Joel Francis
10. Marie
11. Matt Atwood
12. Smita Kachroo
13. Stephanie
14. Tue Hoang
15. Thomas Zhou

1. Try to develop with STU4 in mind, but it is currently in STU3.2
2. The Source of Truth for the eReferral will be with the eReferral Server. If the requestor system wants to know the status, it will be sent by or queried from the eReferral server
3. Referrals will be pointing to either a provider role or a service (offered by a group or organization)
4. No polling - to route the eReferral to the recipient, an endpoint and service/role are required. The Sender must have a verified identity in order for the Recipient to send back a response. This will prevent phishing
5. Profiles for the clinical domain should be led by clinical SMEs and these can then be added to the referral spec. Similarly the Questionnaire and QuestionnaireResponse resources will not be defined by this working group; can be the topic of another working group
6. Appointments and eScheduling is also for another WG; sharing the appointment info is still in scope
7. Detailed consent management are out of scope as well
8. Smart on FHIR and Direct transmission would be the two target methods for transmission; we won't pursue the 'widget' approach at this time
9. Two groupings of interactions in the eReferrals: 1) the referral itself and 2) the communications that occur 'around' the referral (e.g. request for information)
10. Referral 'chains': in particular, for a central intake scenario, a single inbound referral may result in multiple outbound referrals to multiple recipients
11. There are many value sets throughout the spec. Some are already specified and are robust, whereas some are sample or narrowly defined

Tested out the current spec by following the Ontario MSK pathway and seeing if it could be supported by the spec

FHIR North

Will attempt to have a eReferral server based on this spec 'stood up' at FHIR North to allow attendees to try out the spec and figure out the successes and where we can build upon it. 3 specific integrations that will be tested:

1. Submit eReferral between Referral Requestor actor and the eReferral Server actor - build a bundle as per the spec and submit it to the Server and receive a response back
2. Referral Recipient GET update about a Service Request from a eReferral Server
3. Providing an app via SMART on FHIR to send a referral

Participation can be conducted remotely.

Documentation of the 3 processes and sample payloads will be available ahead of time so that it is easy to participate. The plan is to offer STU4 endpoints; perhaps an STU3 endpoint will be available.

The eReferral server will be a Caredove server, so the 'acknowledgement' back from the server will be a near-real test of interaction between a PROD eReferral server. The payload will be processed and will be displayable by the Caredove UI.

ACTION: Yaron and Tim to work with OntarioMD to solicit EMR vendor participation in this connectathon stream.