



Canada Health Infoway

Agenda

1. Updates to FHIR Resources

Discussion: December 14, 2023

Approach

Decisions made based on:

- Review of available jurisdictional requirements
- Scanning for critical elements and extensions of in-scope profiles
- Reviewed terminology and custom valueSets

Cross eReferral iGuide changes currently proposed

- Relaxed .meta mustSupport, an Ontario specific constraints and requirements
- Relaxed mustSupport on the following elements .coding*, .coding.system, .coding.code, .coding.display. It will all be designated “Demonstrate you can supply” to allow for inclusion of different vendors and not binding them to provide all functionalities in the eReferral space

*Note: While coding is not currently considered must support in the proposed version, implementers that support codings should still send the codings for codeable concepts if they are available and receivers should not produce failures or rejections if codings are included in the eReferral in the version (a base tenet of FHIR®).

Proposed Changes – ServiceRequest

- Inclusion of **reference to CarePlan** resource within CA-eReC due to its requirement by other jurisdictions

Proposed Changes – Task

- Determining the potential relaxation of mustSupport on .authoredOn and .lastModified
 - **Reasoning:** Initially in scope for eRef-eCon Ontario iGuide and is beneficial for inter-provincial eReferrals, could be potentially replaced with specific timestamps attached to the referral

Proposed Changes – Communication

- Introduced mustSupport constraint on **.recipient** to ensure that each actor is being accounted for, during a bi-directional/inter-jurisdictional communication
 - Requirement stated by various jurisdictions including BC and ON for bi-directional communication, notification (future scope), and messaging

Proposed Changes – Patient

- Patient's **.maritalStatus** is not required by other guides including international ones (such as IHE)
- Patient's preferred method of communication is the responsibility of the clinician and/or SMART-on-FHIR app user
 - .Address, .Gender, .Organization, relaxed mustSupport flag
 - .Telecom, .Name, and .Relationship, maintaining the mustSupport flag based on jurisdictional requirement
 - .contact.relationship.coding maximum cardinality coding removed for potential requirements being evaluated in pCHDCF

Initial Release – eReC v1.0.0

- Bundle, Patient*, ServiceRequest*, Task*, Communication*, Practitioner, PractitionerRole, Organization, Location, Condition, DocumentReference, MessageHeader

New in-scope: CarePlan (base FHIR v4.0.1 resource) as potential target for ServiceRequest.X requirement from BC

**With modifications confirmed with eReferral WG*

Later Releases – eReC v1.0.0+

- SMART on FHIR scope at the pan-Canadian level – in development
- RESTful APIs primarily HealthcareService profile for service directory, TBC

Pushed to later builds for eReC

- Appointment based use cases out of scope for eReC v1.0.0 build, confirmed
- Preliminary discussions on Consent profile
- Questionnaire & QuestionnaireResponse contains responses from the requester to performance questions related to billing and service utilization



Canada Health Infoway

Thank you!

Contact Information

VISIT OUR WEBSITE
infoway-inforoute.ca

VISIT OUR SURVEY WEBSITE
insights.infoway-inforoute.ca/

LET'S CONNECT ON LINKEDIN
linkedin.com/company/canada-health-infoway/

LET'S CONNECT ON TWITTER
[@infoway](https://twitter.com/infoway)