

FHIR eReferral Workstream

Tuesday, June 26, 2018 11:03 AM

Attendees:

1. Tim Berezny (Caredove)
2. Dustin Doan (CognisantMD)
3. Joel Francis (Canada Health Infoway)
4. Luis Pizarro (Strata Health)
5. Smita Kachroo (eHealth Ontario)
6. John Wills (SCA Program)
7. Tue Hoang (Caredove)
8. Yaron Derman (eHealth Ontario)
9. Fariba Behzadi (eHealth Ontario)
10. Rita Pyle (eHealth Ontario)
11. Blaine Jenkins (Novari Health)

Agenda:

Address the ServiceRequest Resource - move it from 40% to 60% (come to consensus/decision on any outstanding questions):

We are basing on version 3.3

ACTION: Tim/others to flag any mention of 3.2 and update (including the hyperlinks to the FHIR 3.2 standard)

Topic: Consent resource:

How would we deal with the a case where a provider initiates a referral for mental health in one system and passes it to another system. The patient subsequently tells the provider to revoke all information related to the referral. How do we deal with this?

Real life example: patient puts in a mental health self-referral but indicates that even the PCP cannot see it; (how to block even within the same system?)

1. Can specify a manual process to notify the recipient to remove the information
 - This would need to be included in a data sharing agreement
2. Use the revoke/cancel interaction as a proxy for how to remove consent
 - a. These are two different processes - consent block requires scrubbing the data from the system

Need to consider how to cancel a referral within the iGuide

- Use Communication resource to notify the receiver
- Use the status element = cancelled, to notify the receiver

DECISION: put consent on a separate track of work, any clear exceptions (e.g. My PCP should NOT see this) should be clearly communicated in referral payload (in the .note field)

Topic: Bodysite element

DI and MSK would benefit from this element.

DECISION: include this in phase 1 of iGuide

- Novari Health would like to participate in the value set creation; Caredove is happy to be informed

ACTION: Fariba/Yaron to set up a separate forum to discuss with Novari and SCA on what the concepts should be involved

Topic: SupportingInfo element

- DocumentRequest and Provenance are at the top of the list for how to use this;
 - o The follow up challenge of this is where would an attachment be stored
 - o Defer until there is clearly a need to use this (not required for a Community Support Service pathway, but will be for MSK)
- Leverage the .Note to communicate additional info (e.g. medication, allergies, scanned document), rather than formal SupportingInfo

Topic: Extend the .Note field

- Should we allow this to have additional HTML formatting e.g. bold, italics

DECISION: include this - value add, no downside

Topic: PatientInstruction

- Make this into HTML?

DECISION: will not make this HTML

Topic: .ServiceReferralType

DECISION: keep it.

Final 2 decisions:

- Comments per Tim's notes
@ <https://3.basecamp.com/3573371/buckets/7773495/documents/1125069122>
- General agreement that profiling will continue as pathways are formalized/defined.
- Current status is Community Support Services is formally supported, MSK pathway initial considerations being explored
- ServiceRequest maturity will be upped to 60% - "Ready for prototyping"
- Ad Hoc meeting Wednesday July 4 to discuss Patient resource - Tim will post invite
- Please review and comment on Patient resource before next weeks review