



**Canada Health Infoway**

# **eReC Working Group**

Online meeting  
July 24, 2024

# Topics

Topic	Time (ET)
Information Sharing & Discussion: CAT & FHIR Messaging <ul style="list-style-type: none"><li>- Business Context &amp; Model</li><li>- Integration Patterns</li><li>- Sequence Diagram</li><li>- Use Business Events Page</li></ul>	1 hour
Voting Items: Related Ballot Comments	55 mins
Next Steps	5 mins



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# **Information Sharing & Discussion:**

CAT Model in FHIR IG

# CAT model discussion: Approach

Review approach to framing CAT alongside other supported models in IG:

- Business Model Page
- Integration Pattern Page

Review CAT sequence diagram

***Discuss*** use of FHIR messages defined in IG / potential differences

***Discuss*** use of Business Events page to address requirements relevant to the models

# CAT model: Recap

More than a dispatcher ...

- referrals are centrally managed and owned by the Central Access and Triage (CAT) business operation, where:
- a **referral record**:
  - is **created by the CAT** in response to a **request** from a referring provider
  - is **managed by the CAT** in a centralized referral management system (cRMS)
- all participants in the referral workflow:
  - **contribute** to the content and status of the referral record
  - **receive updates to the referral record** as it is updated from the CAT / cRMS
- participants (other than CAT) may contribute to the referral record / receive updates from EMR
  - using FHIR messaging once available

# Let's look at the the guide ...

[Business Context > Business Models](#)

[Technical Context > Integration Patterns](#)

[Technical Context > Sequence Diagrams > UC-04: Central Access and Triage \(CAT\)](#)

[Business Context > Business Events](#)



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## **Related Ballot Comments (Selected Items)**

CAT Use Case

Business Model Page

Integration Patterns Page

Business Events Page

# Comment related to CAT Use Case

## Voting Item #94

Consider replacing Use Case 3 with two distinct use cases - one for central intake dispatch model (existing) and one for a central access and triage (CAT) model (new) which introduces a new business Actor with corresponding new technical Actor:

New use case based on jurisdictions using CAT model with two scenarios:

- CAT assigns to specialist
- CAT assigns to RAC then specialist

Keep/modify existing central intake based on a model where route, split and chain scenarios would all be appropriate without the need for a CAT Actor actively inserted into the workflow.

**Resolution:** Persuasive - We will add the CAT use case(s) to the IG frame differences in workflow / requirements associated with different approaches to implementing central intake. Terminology may be adjusted to reflect the differences between the model.

**Motion:** Russ Buchanan / Yaron Derman : 25-0-0

CAT redirect to another Performer workflow (AB): The original service provider closes their service workflow, sends completed task. When reassigned to new performer, it's the same service request but a new Task stream under the new service provider. The original task stream is done and cannot be further updated.

Our data model supports 1..\* performers with history of changes  
Only one can be assigned at any one point in time

# Comments related to Business Models

**Previously affirmed in Block Vote 2: #93:** Consider adding a Page to top of the Business Context menu with some discussion of the different supported models / concepts

**Voting Item #102 (context: eConsult Business Events page):**

Identify the key information being exchanged between participants or participating systems during referral processing and role of FHIR messaging in information exchange.

Consider the following flow:

- define "Referral Record"
- put the eReferral FHIR messaging in the context of creating and maintaining the referral record
- identify the sources and uses of different types of information in the referral record (e.g.: the clinical service request and supporting information, information about patients and providers, referral status, appointments, communications)
- describing the role of an RMS as keeper/single source of truth for the "referral record"
- identify the high-level interactions between information sources and the RMS (where applicable)

**Resolution: Persuasive with Mod:** We will include the suggested framing / content on the new business models / revised business events pages with consideration of Direct Referral, Central Intake and CAT models. There is work to do to:

- understand the meaning of source of truth / relevance to different models
- relevance to eConsult.

**Motion:** Russ Buchanan / Sandra Lambert : 25-0-0

# Feedback related to Integration Patterns page

Ref	Text
95	<p>Consider updating "Integration Patterns" to include illustrations and discussion about different integration architectures and use of messaging, including:</p> <ol style="list-style-type: none"><li>1) creation of referral record in RMS portal/UI with use of messaging to share information with systems used by Service Provider (&amp; others) with status updates</li><li>2) creation of referral request in POS, with use of messaging to transmit the request to RMS (CAT) to create the referral record in RMS and to receive updates</li><li>3) use of messaging to support management of referral in multiple RMS systems</li><li>4) use of SOF to support creation of a referral record in RMS portal/ui</li></ol> <p>Rename page to "Conceptual Architectures &amp; Integration Patterns" (or similar) to reflect the change in content.</p> <p><b>Resolution: Persuasive with mod – We'll make the changes and keep the name</b></p>
96, 98	<p>Consider moving the discussion of eReC Messaging Architectures to the "Integration Patterns" page (see #95 for proposed renaming of page). Revise images and supporting discussion to:</p> <ul style="list-style-type: none"><li>- continue to show the difference between Point-to-Point (or Direct) &amp; Central Intake (or CAT)</li><li>- highlight the distinction between architectures with a single, centralized RMS vs multiple (if any)</li></ul> <p>Consider moving the discussion of Technical Actors, Actor Mapping, Options and Grouping to the "Integration Patterns" page to locate description of actors and groupings with illustrations of the architecture.</p> <p><b>Resolution: Persuasive</b></p>

**Motion:** Russ Buchanan / Sandra Lambert : 25-0-0

# Ballot Comments related to Business Events Page

Ref	Text
184	<p>Recommendations</p> <ul style="list-style-type: none"><li>- Rename the page to "Business Events"</li><li>- Include both eConsult and eReferral Business Events</li><li>- Add a system for defining if a business event is optional or required for a base level eReC system. (or classify as level 1 / 2 / 3 for how advanced the feature is).</li><li>- The main purpose of this is to get across the idea that an eReC system can declare WHICH business events it provides, without the need to support all of them.</li></ul> <p>Ensure its content is appropriately connected to the business rules and message events pages</p> <p><b>Previously affirmed in Block Vote 2</b></p>
101	<p><b>Update Context</b></p> <p>The exchange paradigms outlined within this Implementation Guide are designed to be applied to both eReferral and eConsult workflows across Canadian Jurisdictions. They therefore support workflows and integration patterns that vary across jurisdictions and care settings to address the requirements and constraints imposed by different clinical pathways and integration architectures.</p> <p><b>Resolution: Persuasive</b></p>
102	<p>Discuss lifecycle of a referral with high level interactions between sources of information and RMS</p> <ol style="list-style-type: none"><li>1) different approaches to creating a referral in an RMS</li><li>2) changes/updates to content, sources and triggers</li><li>3) changes to "referral status", sources and triggers</li></ol> <p><b>Resolution: Persuasive</b></p>

**Motion:** Russ Buchanan / Yaron Derman : 25-0-0

# Next Step

- Other comments related to the

# Upcoming meetings & topics

Date & Time (EDT)	Proposed Topics
July 31: 1-3pm	Block Vote 3 – more items related to new pages MustSupport profile changes Discussion Items
Aug 7: 1-3pm	Block Vote 4 (TBD) Discussion Items
Aug 14: 1-3pm	Block Vote 5 (TBD) Discussion Items
Aug 21: 1-3pm	Review of Applied Items



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# Thank you!

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