



Canada Health Infoway

Agenda

1. eConsult Use Case & Workflow
2. FHIR CI Build updates
3. FHIR Resources Updates

Discussion: November 29, 2023

CI Build – Benefits

- Continuously Integrate changes to eReC-CA with input from jurisdictions
 - See update before the changes are finalized and released, discussed with WG
- By having a CI branch in Github, the simplifier project and IG can be auto-updated without impacting previously published releases
- Can allow for content to be packaged as a snapshot – with the recognition that the finalization of the content stabilizes at the release

Note: The HL7 FHIR profiles will continue to go through rounds of iteration and refinement, based on jurisdictional and vendor priority evolution aligned with CHI's interoperability roadmap for eReferral/eConsult.

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

Proposed Changes – ServiceRequest

- Relaxed **.note** mustSupport to provide optionality for inputting notes on the eReferral ServiceRequest based on the jurisdictional needs
- Relaxation of mustSupport constraint on extension of .patientlocation, .routingOptions, copiedParticipants, .DART/.DARC
- Inclusion of **reference to CarePlan** resource within eReC-CA 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 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 p-CHDCF



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Thank you!

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