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Exported Sep 09, 2020 at 12:58 PM

HL7 FHIR eReferral Workstream



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Added by Austin Irvine • Updated Jun 11, 2018 at 3:50 PM

/ServiceRequest

60% Pilot Ready

Links:

- [/ServiceRequest - Canadian eReferral Profile](#)
- [/ServiceRequest - FHIR 3.3 Standard](#)

Relevant chat.fhir.org Threads:

- [When should a resource's _lastUpdated be set?](#) (related also to task resource)
- [How to indicate a self-referral?](#)

Valuesets:

- ServiceRequest.status - [RequestStatus valueset](#), submit as "active". Follow on status is updated by the eReferral server.
- ServiceRequest.intent - [RequestIntent valueset](#), however this value will be locked as "proposal" for the purpose of eReferrals. The other values are related to plans and orders.
- ServiceRequest.priority - [RequestPriority valueset](#)
- ServiceRequest.reasonCode - don't use the valueset, instead just use narrative .text.
- ServiceRequest.bodySite - [SNOMED CT body structures](#)
 - (2018.07.10) decision to create a SNOMED CT value set to support musculoskeletal (MSK) central intake referrals.
- EXTENSION .serviceRequest Type -
Phase 1 value set = eReferral | eInvite | FHIR eReferral | eConsult | eSelf-Referral
Later phase (proposed) += eReferral | eConsult | eInvite | Transfer of Care | Non Transfer of Care.

Notes:

- none

Proposed Decisions:

1. Indicate self-referrals by:

1. **option:** referencing the same Patient resource in ServiceRequest.requester as is referenced in ServiceRequest.subject.
 2. **option:** Leave ServiceRequest.requester blank
 3. **option:** Create an extension to indicate requester type = self
2. How to set the requester as a family member or friend?:
1. **option:** use ServiceRequest.requester to point to a RelatedPerson resource.
 2. **option:** use ServiceRequest.requester to point to a Patient resource, but treat it more like a "Person" concept than a patient. Note: lose relationship concept
 3. **option:** use ServiceRequest.requester to point to a PractitionerRole resource, but treat it more like a "Persons" concept than a patient. This has the benefit of uniform / simpler processing by API interfaces but loses accuracy and conceptual accuracy.
 4. **option:** Create an extension to indicate requester type = family/friend
3. Indicate that a different person submitted than who authorized the referral:
1. Use ServiceRequest.requester to indicate who AUTHORIZED the referral, and Task.requester to indicate who SUBMITTED the referral - (As per Lloyd M recommendation [here](#))
 2. Other options?

Decisions & Rationale:

- When submitting a ServiceRequest:
 - Include all resources in a /Bundle (/ServiceRequest, /Patient, /Practitioner + /PractitionerRole for .generalPractitioner element) except /HealthcareService or /PractitionerRole, where ServiceRequest.performer shall reference an external directory resource.
 - The /Bundle payload shall be submitted to the /Endpoint of the /HealthcareService or /PractitionerRole
 - The response may include changes that the eReferral server made to the /ServiceRequest (such as assigning a /Task resource)
 - .patientInstruction should be sent blank, and returned with a value by the eReferral server when applicable/available.
- **.identifier** - The sending system can include as many additional identifiers as it likes, and those identifiers will be maintained by the receiving eReferral server, and communicate identifiers back to the sending system when providing updates.
- **Consent:** It is assumed that consent is handled and recorded appropriately by the collecting (sending) system, and communicated in the **.note** element (this includes communicated **exceptions to consent** such as "do not share with PCP"). Future functionality may include attaching the consent resource to the supportingInfo element.
 - **TODO:** It is important to define a process to **revoke consent** between systems. This could be automated, where the requesting system can trigger the receiving system to revoke. Options:

1. Make an update with **PUT consent**
 2. Send a **/Task** to the recipient system
 3. Send a **/Communication** with a standard message
- Alternatively, communicating revoking consent can be more of a manual process, where if a referral is revoked from the sending system, the user is notified that they have to contact the receiving agency. At the very least, a message should be sent to the receiver via a **/Communication** mechanism.
 - The decision is to use the manual approach in the immediate term, but to target automated consent revoke in the short term. Create a policy on how revoke processes should flow under a manual scenario.
 - Move these comments to the consent resource Page
 - **Canceling a Referral by the Sender:** Will be done by sending a **PUT Task** to the related Task ID, with *task.status = cancelled* Move Comment to Task Resource Page
 - Include **BodySite** element in the resource. A separate MSK oriented work-team will decide the value set for this.
 - Resources allowed to be referenced from **.supportingInfo** element:
 - Phase 1 - None
 - Next Phase - Consider Consent, DocumentReference, Provenance
 - Follow On - Clinical resources such as Medication, Allergies, etc...
 - Put use of **.code** element on hold. It could have use in surgical referral processes. On hold until that is pathway to use.
 - **.patientInstruction** - Do NOT extend to handle HTML, not as important/significant as **.note** and some systems don't natively handle this as HTML.
 - **.relevantHistory** - Use Task.relevantHistory instead of in HealthcareService to track the Provenance.
 - The ServiceRequest will not reference related appointments. Instead, the Appointment.basedOn element will reference the ServiceRequest.
 - **EXTENSION .note (HTML)** - Extend to enable HTML view of data with <http://hl7.org/fhir/extension-rendering-xhtml.html> to enable a HTML view of the data. Also include a non-formatted text version in the main field. This field will be responsible for holding all of the non-structured referral data. Need to add to simplifier profile
 - **EXTENSION .serviceRequestType** Add an **extension** called **.serviceRequestType**, with the value set: eReferral | eConsult | eInvite | eSelf-Referral | Transfer of Care | Non Transfer of Care. Need to decide the value set. Consider requesting to add to ballot

Comments:

Use the comments on this page to discuss the development of this resource profile. Conclusions made from the discussion will be added into this document, and the profile where applicable.

Comments & Events



Tim Berezny, CTO Caredove, Chair FHIR eReferral Specification Working Group

My thoughts on some of these questions:

1) For phase one for simplicity, we can probably get by without the Consent resource in the serviceRequest payload. It can always be included in the general commentary of the "note: element of the serviceRequest

2) bodySite element is likely not useful for MSK, as it is but one of many data elements needed that will be handled with more generic text format. However, i defer to the MSK stream people to comment on this.

3) usage of .code field i am still unsure. There is one value in the default codeset: [3457005 Patient Referral](#) which may just be applied to all eReferrals. I don't see the default code set as being particularly useful for eReferrals. Investigate if we might use eRefer | self-refer | eConsult, or Self Referral | Transfer of Care | Non Transfer of Care. I look to EHO for some feedback on this.

4) For phase 1, the top contenders for .supportingInfo are DocumentReference + Consent. I remain open to either of these, but we can get by without them, which might be best for simplicity sake.

5) .note and .patientInstruction should almost certainly allow for basic HTML.

Jun 20, 2018 at 10:23 PM · Notified 84 people



Alfred Wong, VP of Engineering, Think Research

How do we decide where updates to a ServiceRequest should be directed. For example,

1. Should the requester be a registered system in the receiving endpoint
2. Should the requester include in the request the end point where they want updates to be send to. (Include Subscription Resource)

Jun 21, 2018 at 2:02 PM · Notified 84 people



Alfred Wong, VP of Engineering, Think Research

How do we store or structure a ServiceRequest ID that is generated by the sending system so that in the referral we can reference it later to complete.

Jun 21, 2018 at 2:08 PM · Notified 84 people



Tim Berezny, CTO Caredove, Chair FHIR eReferral Specification Working Group

There's a good page on managing identifiers [here](#):

And a good thread discussing it [here](#):

The bottom line seems to be, the receiving system will likely need to create its own identifier (which gets assigned as the .id of the service request), but it can be good to track a system sending ID as well. This can be done using the .identifier element.

Note that a sending system does not necessarily need to create an identifier for a sent referral, it can rely on the ID created by the receiving system. But, we probably want to allow for the sending system to create an Id if needed that is also connected to any future messages.

One way to do this is to use the identifier.type element with the “PLAC” code value. For example:

```
"identifier": [
  {
    "type": {
      "coding": [
        {
          "system": "http://hl7.org/fhir/identifier-type",
          "code": "PLAC"
        }
      ]
    }
  },
  "value": "1234567"
]
```

The “PLAC” code is defined as: “The identifier associated with the person or service that requests or places an order.”

Jun 21, 2018 at 3:22 PM · Notified 84 people



Yaron Derman

i'm not an MSK expert, but we're always looking to standardize how data elements are captured and shared. I would support using coded values for the bodySite for MSK and other pathways.

The actual referral form has a defined set of bodysites related to MSK, so we only have to define a code set (maybe SNOMED CT) to match it. below is a screenshot from the Ocean eReferral form for Orthopedic Central Intake (from: <http://wwrcc.ca/ENGLISH-Orthopedics.htm>)_. if we hear support for this from others, eHealth Ontario would be happy to draft the code set for this.

Reason for Referral: *

Primary Problem/Area: *

Required imaging report

Patient Information

Referring Provider is not [unclear]

Height (cm): [input]

Weight (kgs): [input]

Allergies: [input]

Language Barrier

Aboriginal Status

Social Determinants of [unclear]

Patient Symptoms and History

- Ankle
- Arm
- Clavicle
- Elbow
- Femur
- Foot
- Forearm-Radius
- Forearm-Ulna
- Hand
- Hip
- Hip Replace
- Knee
- Knee Arthroscopy
- Knee Replace
- Pelvis
- Shoulder
- Spine
- Tibia
- Wrist
- Other

Jun 22, 2018 at 9:12 AM · Notified 83 people



Yaron Derman

re: Code field, it could be useful at a regional/system management level as a broader range of referral pathways begin to flow. The LHINs and/or HQO would probably be in the best position to define what question that would like to answer in terms of system management and performance improvement and then we could create a value set to meet it.

I like your suggestion of eRefer/Self-refer/eConsult. Another idea/question to answer would be to track at what level of care is initiating the referral: primary, secondary, acute, community, self-referral, with the intent of studying whether there is any patterns and opportunities to shift who/when a service should be requested (e.g. if a certain type of referral is initiated by acute (for post-acute/community), could the primary care provider have 'caught' this earlier.

my opinion is that we hold on this one until we have a clear business problem that it is intended to solve.

Jun 22, 2018 at 9:24 AM · Notified 83 people


Yaron Derman

re: Q: Should we use the identifier PLAC code to enable the sending system to attach its local identifier to a ServiceRequest?

My interpretation of this is that it would be a unique (incremental) number that would be assigned by each referral system to the specific referral at the time it is generated to distinguish it from all the others have been generated from the same system. Is that correct?

Do all referral systems assign this type of number to each internal referral today?

Do we have an idea of what/how we would use the data if we captured it?

Jun 22, 2018 at 11:31 AM · Notified 83 people


Tim Berezny, CTO Caredove, Chair FHIR eReferral Specification Working Group

eRefer/Self-refer/eConsult (also, a process I refer to as an "eInvite", where the referrer invites the patient to eRefer online) have a business problem of indicating what business process to initiate on the side of the eReferral server.

For example, if an "invite" is submitted, we send an "eInvite", then that tells me to send an email to the patient that allows them to self-register, but connected to the initial invite. If I get a self-refer, then i know I can ignore the fact that there is no referring practitioner in the payload.

Your other question, for certain type of referrers, while it would be handy, is bit trickier, as it would involve either asking that in every referral or all sending systems tracking that in their user accounts.

Jun 22, 2018 at 11:32 AM · Notified 83 people


Tim Berezny, CTO Caredove, Chair FHIR eReferral Specification Working Group

PLAC: It's a unique identifier that the sending system COULD attach to a referral, but wouldn't necessarily do. Since the receiving system "owns" the referral, it will always assign an ID. However, some sending systems MAY want to assign a sending ID for their own approach to tracking info. It's not something that is needed by anybody in the workflow except by some senders for self-referential purposes.

Jun 22, 2018 at 11:34 AM · Notified 83 people


Alfred Wong, VP of Engineering, Think Research
Re: Code & bodySite

I'm no expert in FHIR but my assumption in why these two specific fields exist are two reasons:


1. To help describe, in a standardized way like SNOMED, the specific medical issue this ServiceRequest is trying to address. The bodySite would then also provide the exact location.
2. Statistical Data: Once standardized the governing bodies would have the ability to help use that data for analysis.

So under these assumptions, I'm not sure if removing them from the spec would be a good way to capture this type of information as I don't see another place that captures this information. If there is a place that does then please disregard my comment.

Jun 22, 2018 at 12:43 PM · Notified 83 people



Alfred Wong, VP of Engineering, Think Research
Re: PLAC

The way I read the definition of PLAC is that it is NOT an incrementing identifier but an identifier for the person or system that is placing the order. For example, when a system creates a ServiceRequest they can use the identifiers field and include a PLAC identifier for the user who actually submitted the request. That PLAC identifier would not change for anytime that user submits a ServiceRequest. Which is contrary to what  Yaron is saying above.

This is my interpretation of the definition defined in the documentation.

Jun 22, 2018 at 1:03 PM · Notified 83 people



Fariba Behzadi, Standards specialist

3) usage of .code field i am still unsure. There is one value in the default codeset: [3457005 Patient Referral](#) which may just be applied to all eReferrals. I don't see the default code set as being particularly useful for eReferrals. Investigate if we might use eRefer | self-refer | eConsult, or Self Referral | Transfer of Care | Non Transfer of Care. I look to EHO for some feedback on this.

Tim,

Can you please clarify why there was defined just one default code which is considered as not particularly useful for this implementation? Which code set?

We would consider the values in (<http://hl7.org/fhir/ValueSet/referral-type>) as very useful given their granularity in semantics such as `Patient referral to dietitian` or `Referral to oncologist`, etc.

Once we more clearly understand your use cases/ business requirements for creation of such values as eRefer, eConsult, Self Referral, etc. in the referral type, we will be better able to provide more informed and fit for purpose terminology guidance regarding the value set and values for this concept.

Jun 22, 2018 at 3:25 PM · Notified 83 people

FB

Fariba Behzadi, Standards specialist

The Value set assigned for `class` concept domain from `Practitioner Role` is not complete (below), we recommend creation of a new value set with required values and mapped to SNOMED CT existing value set:

Code | Display

[doctor](#) | Doctor

[nurse](#) | Nurse

[pharmacist](#) | Pharmacist

[researcher](#) | Researcher

[teacher](#) | Teacher/educator

[ict](#) | ICT professional

Jun 22, 2018 at 3:36 PM · Notified 83 people

FB

Fariba Behzadi, Standards specialist

The value set for Practitioner Qualification.Code includes non-health related qualifications such as, Associate of Arts, Associate of Engineering, etc.

We recommend use of `Provider Qualification Code` Value Set, which uses SNOMED CT codes



<http://hl7.org/fhir/ValueSet/provider-qualification>

The value set has few examples in FHIR we can add the values based on our requirements and map them to SNOMED CT

Jun 22, 2018 at 3:42 PM · Notified 83 people

JW

John Wills

 Yaron  Tim re Structured MSK data. I think this subject would be worth real-world discussion with MSK experts, including topics such as:

- What is the value of structured data? (process automation?, clinical clarity? workflow analysis? etc?)
- What data do our referral systems currently structure in communications between primary care and specialists?

- What does the provincial minimum data set and LHIN efforts to standardize MSK forms tell us?
- What code sets, codes, codable concepts can/should we include in the spec, and how does all this relate to forms and the use of FHIR questionnaires.

Maybe 2 discussions :) One business for the requirements, one technical for how to. Thoughts?

Jun 22, 2018 at 4:55 PM · Notified 83 people



Alex Goel

Can't speak to anything MSK related, but structured data (especially highly structured data that are derived from dropdown menus, checklists, radio button in GUIs) has a variety of value.

Structured data can be used for:

- Prepopulating later data sources, saving double documentation, which ensures higher level of accuracy
- Allows for autopopulation of forms (e.g. If A, Select C or D, if B, select E or F)
- Higher, and measurable, levels of completeness and clarity to ensure that providers get the information they need
- Standardized use of terms
- Easier use for Key Performance Indicators (KPIs) and Quality metrics)
- Easier for secondary use, such as research
- Potential for customized reports based on reader: e.g. can present different reports to patient, specialist, General practitioner, etc.

Jun 25, 2018 at 12:53 PM · Notified 83 people



Tim Berezny, CTO Caredove, Chair FHIR eReferral Specification Working Group

Comment 1: PLAC

PLAC: I think you're right Alfred, it probably means "this came from Ocean", or "this came from Tom Jones", rather than "this is the ID from the sending system. 3 potential options for including a "sender system ID".

1) We do what I THOUGHT PLAC meant initially, and create our own identifier that means this is the sender system's identifier".

2) We make a requirement that any identifier sent through with the referral is maintained with the FHIR payloads (i.e., so that if i were to send an update later back to the sending system, the update includes the IDs that were sent with it in the first place).

3) Various systems get assigned, and register their own identifier types.

Personally, I think i prefer option 2 for its flexibility and simplicity.

Comment 2: MSK bodySite codes

Regarding the MSK bodySite codes, it's pretty clear there is valuing in codifying data. My only concern is that it may be of one random MSK field among many when doing an MSK referral. My intuition would be that to do the structured dataset properly it would be better handled with a set of extensions, rather than just this one field. Or maybe this one field is significantly higher value than others that it's worth paying attention to. As Yaron suggests, good to get input from MSK experts on this. I don't have a strong opinion either way.

Comment 3: PractitionerRole 'class' concept

Fariba, i'm not sure exactly where you're referring to on this, I don't see a class element in serviceRequest or PractitionerRole. Do you mean practitionerRole.code?

Comment 4: Practitioner Qualification.code

Fariba, i only see 3 values at that link you sent, am i missing something?

Jun 25, 2018 at 9:31 PM · Notified 83 people

**Yaron Derman**

it seems everyone is partially correct, atleast within HL7 v2.x :-) the placer order in HL7 v2.7 is a combination of the unique identifier of the order and the application ID (see snippet from HL7 v2.7 below). I believe this makes sense in FHIR as well, but the comment section of ServiceRequest.identifier is vague (other parts of the attribute refer to 'identifiers' rather than a single one... this may be the reason why).

snippet from HL7 v2.7 (XML version)

ORC-2 Placer Order Number (EI) 00216

Components: <Entity Identifier (ST)> ^ <Namespace ID (IS)> ^ <Universal ID (ST)> ^ <Universal ID Type (ID)>

Definition: This field is the placer application's order number. This field is a case of the Entity Identifier data type (See Section 2.A.28, "EI – Entity Identifier"). The first component is a string that identifies an individual order (i.e., ORC segment and associated order detail segment). It is assigned by the placer (ordering application). It identifies an order uniquely among all orders from a particular ordering application. The second through fourth components contain the application ID of the placing application in the same form as the HD data type (Section 2.A.36, "HD – Hierarchic designator"). The second component, namespace ID, is a user-defined coded value that will be uniquely associated with an application. A limit of six (6) characters is suggested but not required. A given institution or group of intercommunicating institutions should establish a unique list of applications that may be potential placers and fillers and assign unique application IDs. The components are separated by component delimiters.

The application ID list becomes one of the institution's master dictionary lists that is documented in Chapter 8. Since third-party applications (those other than the placer and filler of an order) can send and receive ORM and ORR messages, the placer application ID in this field may not be the same as any sending and receiving application on the network (as identified in the MSH segment).

Jun 26, 2018 at 10:03 AM · Notified 83 people



Fariba Behzadi, Standards specialist

Tim, Thank you for the review.

Comment 3: PractitionerRole 'class' concept

Its a typo I meant the `Code` not `Class`

Comment 4: Practitioner Qualification.code

As I mentioned in the comment : The value set has few examples in FHIR we can add the values based on our requirements and map them to SNOMED CT

Jun 26, 2018 at 10:41 AM · Notified 83 people



Tim Berezny, CTO Caredove, Chair FHIR eReferral Specification Working Group

I've incorporated the discussion that the eReferral working group had today, and promoted the maturity of the Patient resource to "60% Pilot testing".

There are a few little things left to tackle which i have highlighted in red. In particular, we need to document and define the structure for the two extensions we are proposing to include in ServiceRequest (HTML for .notes element, and .serviceRequestType). I haven't written or worked with extension documentation before, if anybody has please lend a hand to help document/define these.

Will be targeting the Patient resource next. There will be a meeting on Wednesday July 4th, 11am to review and make final decisions regarding that resource.

Jun 26, 2018 at 9:06 PM · Notified 83 people



Tim Berezny, CTO Caredove, Chair FHIR eReferral Specification Working Group

I've posted a question over in the FHIR community chat for recommendations about how to indicate a self-referral (this is spurred by the earlier discussion about "referral type"). I think that self referral may be a bit of a special case in that valueset.

The discussion can be found here:

[https://chat.fhir.org/#narrow/stream/179166-
implementers/topic/How.20to.20indicate.20a.20.22Self-
Referral.22.20in.20ServiceRequest](https://chat.fhir.org/#narrow/stream/179166-implementers/topic/How.20to.20indicate.20a.20.22Self-Referral.22.20in.20ServiceRequest)

My posted question was:

"

I'm pondering how to indicate a "Self-Referral" in a ServiceRequest. There are a few options that I see:

- 1) In ServiceRequest.requester, reference the same Patient resource as is referenced in ServiceRequest.subject
- 2) Leave ServiceRequest.requester blank, to imply a self-referral
- 3) Create some type of extension flag to indicate that it's a self referral (and probably leave ServiceRequest.requester blank)
- 4) Other method?

Any suggestions on the best approach?

"

Sep 10, 2019 at 4:07 PM · Notified 78 people



Tim Berezny, CTO Caredove, Chair FHIR eReferral Specification Working Group
For a method to indicate a self referral, Lloyd McKenzie has suggested that option 1) seems good: "In ServiceRequest.requester, reference the same Patient resource as is referenced in ServiceRequest.subject"

I'm leaning towards agree.

Sep 10, 2019 at 9:35 PM · Notified 78 people



ion moraru

I agree, self-referrals should have a Patient reference in the requester. However is that enough to identify "it" as a self-referral for processing rules/engines? You can deduct the type based on the resource type pointed to by the requester property. I feel like we need another qualifier besides this.

Sep 11, 2019 at 11:01 AM · Notified 78 people



Kenny Liang

Late to the party... agree with 1 for self-referrals. Try to avoid extensions. To answer Ion's concern, do we know if the requester would ever change? Can you have more than 1 requester? If so, then we may need another way to deduce a self-referral.

Not to overcomplicate this... but are we to assume the patient initiated the self-referral? could it be a caregiver or SDM and therefore we need to identify multiple roles? Unfortunately the FHIR standard only allows 0...1 requester. More thoughts later... thx

Sep 11, 2019 at 1:40 PM · Notified 78 people



ion moraru

We do have use cases in HCC (home&community care) for "Community - self" and "Community - family" as referral sources. For the Family/SDM scenario you can still use the Patient (provided there is a contact in Patient record that represents the Family member/SDM). However you would need an additional qualifier to indicate the referral was issued by Patient.contact OBO the patient.

Sep 11, 2019 at 4:29 PM · Notified 77 people



ion moraru

Sorry, meant to say "you can still use the Patient reference in ServiceRequest.requester".

Sep 11, 2019 at 4:32 PM · Notified 77 people



Kenny Liang

Thanks Ion. Looking at the standards, the requester can be a Patient or a RelatedPerson. But you can only have one... You can also add family, SDMs as a participant and indicate their role as a codeable concept.

But going back to the original question, as long as the requester does not change and always remains as a patient, machines can deduce that its a self-referral. If the requester does change, I imagine a new ServiceRequest would be needed.

Sep 11, 2019 at 5:35 PM · Notified 77 people



Tim Berezny, CTO Caredove, Chair FHIR eReferral Specification Working Group

Yes it looks like pointing the requester to a RelatedPerson resource is the FHIR way to indicate family member, friend, etc...

I'm trying to think if there's any possible scenario where the requester could point to a Patient resource who is a different person than the subject of the referral, and I can't come up with one. Theoretically... you COULD use patient instead of "RelatedPerson", and just think of it more like a "Person" resource, however you would lose the "relationship" element which is probably important.

It should be fairly straightforward to make that assertion about requester = Patient in the spec, and then to apply that business logic in code to flag a self-referral. Also... I don't think a requester can change after the initial submission - that feels like it could break all kinds of workflow.

The "RelatedPerson" resource isn't profiled so we'd have to add that to our list, but it's an extremely straightforward one, as it's basically the same as the Patient.contact element.

Sep 11, 2019 at 9:03 PM · Notified 77 people



Tim Berezny, CTO Caredove, Chair FHIR eReferral Specification Working Group

As per this discussion, I've updated the documentation in basecamp with the following decisions to be made, and some options:

1. Indicate self-referrals by:
 1. **option:** referencing the same Patient resource in ServiceRequest.requester as is referenced in ServiceRequest.subject.
 2. **option:** Leave ServiceRequest.requester blank
 3. **option:** Create an extension to indicate requester type = self
2. How to set the requester as a family member or friend?:
 1. **option:** use ServiceRequest.requester to point to a RelatedPerson resource.
 2. **option:** use ServiceRequest.requester to point to a Patient resource, but treat it more like a "Person" concept than a patient. Note: lose relationship concept
 3. **option:** use ServiceRequest.requester to point to a PractitionerRole resource, but treat it more like a "Persons" concept than a patient. This has the benefit of uniform / simpler processing by API interfaces but loses accuracy and conceptual accuracy.
 4. **option:** Create an extension to indicate requester type = family/friend

Sep 11, 2019 at 9:11 PM · Notified 77 people



ion moraru

My preference:

1. **Self-referral - option 1 ServiceRequest.requester = Patient/123**
2. **Family/SDM - option 2 ServiceRequest.requester = Patient/123** because I am assuming that, from a fulfillment perspective, the self-referral and family-referral are treated the same in most cases. If this is generally true, for family referral, we may have an author attestation included as a ServiceRequest.note to identify that they are requesting this on behalf of the patient. I also like the use of **option 1 ServiceRequest.requester = RelatedPerson/456**. However in my case I need to duplicate a Patient contact that I already included in the Patient.contact collection. My preference is to keep the personal contacts together with the Patient resource since it is a more succinct. And, yes...RelatedPerson...one more resource to profile :)

Sep 12, 2019 at 2:31 PM · Notified 77 people



radhika verma

Here is the recommendation:

1. How to indicate 'self-referral':

Option 1: if the patient reference in `ServiceRequest.requester` = `ServiceRequest.subject`; then its a self referral

(How to match the patient? Implementations could use patient id with or without name/DOB/gender/etc.)

2. How to indicate a requester as family/SDM:

Option 1: to indicate the family/SDM/etc. use `ServiceRequest.requester` = `RelatedPerson` resource

(We can add this resource to the provincial spec and are open to discuss it's profiling with the community)

3. Question for the community:

Does the current eReferral process/workflow supports the change of requester? If yes, then how? E.g. will the current referral be updated with any change in requester or the current referral will be cancelled and re-created? I believe 'update' should be the way...

Sep 13, 2019 at 10:22 AM · Notified 78 people



Paula Lee

In SCA, the current eReferral proess/workflow does NOT support a change of requester. The referral would either be cancelled by the sender or declined by the recipient. A new referral would need to be initiated by the new requester.

Sep 13, 2019 at 10:25 AM · Notified 78 people



Tim Berezny, CTO Caredove, Chair FHIR eReferral Specification Working Group

For the question of "How to match the patient" for self referrals where `ServiceRequest.requester` = `ServiceRequest.subject`, you would do it simply by each element referencing the same resource, you don't need to dig into name/identifier/DOB/etc... i.e.,

`ServiceRequest.requester` = `Patient/1234`

`ServiceRequest.subject` = `Patient/1234`

Regarding the statement "I am assuming that, from a fulfillment perspective, the self-referral and family-referral are treated the same in most cases" - we wouldn't treat that the same way, as when it's a self referral you don't even need to ask who the referrer is, but you do need to when it's family. e.g., a referral form may start with:

Are you: a) Applying for yourself, b) applying for a family member or loved one, c) a

clinician referring a patient.

Then, the form is modified accordingly depending on my answer.

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On the issue of "Referral Source Type", today at a eReferral meeting with EHO/HSSO we discussed the possibility of generalising this concept to "Referral Routing Option" rather than tying specifically to the concept of a referral source type. This would be an element that is typically asked (or calculated on behalf of) of the referral filler, and used by the receiver for computational routing purposes. I've given it some thought, and I think I've come up with something viable and broadly applicable:

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ServiceRequest Extension: "Routing Options":

Scenario: Some services have parameters that are used to "route" referrals to specific workflows internally. Some known examples:

- Referral Source Type: e.g.,
- Last name: A-J, K-Z
- Postal Code FSA: N2L, N2Z, etc...
- Preferred Language: English, French, Other (translator required)

Some notes:

- These values can be completely custom based on the rules of the receiving organization and their workflows. As such,
 - in a future service directory, the directory would need to make available the "Routing Options" that available to choose from for by service
 - There is not a need for a centralized and agreed upon valueSet for all organizations. Notionally, perhaps each organization publishes its own value sets, and some values can be presented for common values. Perhaps an "extensible" value set could be used.
 - The extension needs to include a) the NAME of the routing option (i.e., referral source type) and b) the selected value (which could include a code and display value, or perhaps just a display value)
- Since the primary purpose of this is for routing, it can only specify ONE value (0..1).
- The value would be specified in a **ServiceRequest** extension because it has patient and process level meaning...
 - ...but could ALSO be included/duplicated in a POST add-service-request **MessageHeader**, to allow the referral to be computationally handled for routing without need to dive deeper into the ServiceRequest payload. The same

extension would be applied to the messageHeader. The value would need to be the same i ServiceRequest and MessageHeader.

Thoughts?

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