

## Patient Summary Working Group Meeting

### Meeting Summary

Meeting Chair: Allana Cameron			
<u>Date and Time</u>	<u>Location</u>	<u>Note Taker</u>	<u>Next Meeting Date</u>
March 5, 2024, 1:00pm – 2:00pm ET	Virtual	Sadrina Petit, Project Analyst, Digital Health Interoperability	March 12, 2024, 1:00pm – 2:00pm ET
<b>Meeting Agenda:</b>			
1. Ballot Submission Reconciliation Discussion			
Presenters			
<ul style="list-style-type: none"> <li>Raman Dhanoa, FHIR Specialist, Dogwood Health Consulting</li> <li>Lloyd McKenzie, Chief Standards Officer, Dogwood Health Consulting</li> <li>Sheridan Cook, Standards Lead</li> </ul>			
Invited Guests			
Public			

#### 1. Welcome and Introductions

R. Dhanoa welcomed all participants to the working group meeting and introduced Lloyd McKenzie and Sheridan Cook. Meeting recording of the session will be made available on the InfoCentral working group.

The Infoway team presented each of the agenda items as outlined above.

The video recording is available [Patient Summary Working Group Meeting](#)

#### 2. Ballot Submission Reconciliation Discussion:

##### Row 3 Composition Profile

- The group discussed removing the "Must Support" flag from composition architecture element in patient summaries.
- The rationale for this recommendation was to allow for further investigation into how different jurisdictional environments and practical implementation patterns might affect the use of this element.
- Concerns were raised about the practicality and feasibility of clinicians attesting to the accuracy of medical data, considering the varied implementation across systems and the potential misalignment with clinicians' workflows.
- The working group reached a consensus to remove the "Must Support" flag from the composition in the current version (PS-CA 1.1) but acknowledged the need for further assessment and evaluation of various use cases in future specifications.

### Decisions Reached:

- The working group agreed to remove the "Must Support" flag from the composition element, with the intention to further investigate and address the requirements in the upcoming version 2 specification.

### Row 7,8,40 FHIR Artifact Medication, Composition, 11 PS-CA Content Data Model & FHIR Profiles

- Row #40 suggested removing an extra element from the patient summary composition. This suggestion aligns with previous discussions on simplifying the composition architecture.
- The working group leaned towards removing the "Must Support" flag for the discussed element across multiple tickets, aiming for a unified resolution to similar issues.
- Row #7, while not explicitly asking for the removal of "Must Support," provided supportive commentary on considering workflow impacts. The working group agreed on the importance of discussing the practical implications of their decisions.
- Row #8 raised concerns about maintaining international compatibility by recommending the retention of the "Must Support" flag. The working group acknowledged the need for a nuanced approach, suggesting a "Not Persuasive with Mod" disposition, indicating that while the current stance won't change, future re-evaluations are planned.
- Discussed the implications of changing the "Must Support" status at a pan-Canadian level, particularly in relation to alignment with international patient summary standards and the potential impact on vendors and jurisdictional implementations.
- A proposal was made to cover all three items with a single motion based on a previously identified resolution.

### Decisions:

- The working group recognized the need for dedicated discussions to address specific challenges, such as those faced by Ontario in interpreting "Must Support" within their systems. There was an acknowledgment of the potential for a middle-ground solution that could satisfy jurisdictional needs while maintaining alignment with international standards.

### Row 17 FHIR Artifact Medication

- A comment was addressed regarding the use of optional slices and terminology in Canadian systems, specifically the use of SNOMED CT CA terminology and its relation to international interoperability. It was agreed to remove outdated references to slices and to update language to balance national preferences with international standards.
- The working group discussed the need to clarify the use of CCD (Canadian Clinical Drug Database) as the preferred terminology in Canada but also to send SNOMED codes for international interoperability. Concerns were raised about the practicality of implementing multiple terminology standards and the availability of mappings between these standards.
- The group talked about the IPS preset, which is a set of SNOMED codes that don't require a receiver to have a SNOMED license. This is recommended for international exchange but raises questions on its implementation alongside national standards like CCD.
- The working group discussed the challenge of mapping between different terminologies (CCD, SNOMED CT CA, IPS Preset) and the potential need for standardized mappings to facilitate this process.
- There was considerable debate on the wording of recommendations, with suggestions ranging from "should send SNOMED codes if they can" to a softer recommendation that allows for more flexibility until standardized mappings are available. The use of "may" instead of "should" was proposed to reduce the burden on implementers until mappings become available.
- Working group participants expressed concerns about the feasibility and practicality of supporting multiple terminology standards, especially in the absence of standardized mappings. The discussion

highlighted the need for clear guidance and support from standardizing bodies to facilitate the use of these terminologies.

### **Decisions**

- The working group did not reach a final consensus on the language of recommendations regarding medication coding and terminology use. It was decided to revisit this discussion in the next meeting, with a focus on refining the recommendation language and addressing outstanding concerns.