

eReferral Working Group Meeting Summary

Meeting Summary

Meeting Chair: Alex Reis			
<u>Date and Time</u>	<u>Location</u>	<u>Note Taker</u>	<u>Next Meeting Date</u>
Wednesday, February 21, 2024, 1:00pm-2:00PM ET	Virtual	Sadrina Petit, Project Analyst, Digital Health Interoperability	March 06, 2024, 1:00pm-2:00PM ET
Meeting Agenda: <ol style="list-style-type: none"> 1. Update on engagement with Alberta 2. Orientation to IHE and new technical Implementation Guide content 3. Central Intake <ol style="list-style-type: none"> a. Central Intake Conceptual Architecture - Presented by Tim Berezny (Moved to March 6 meeting) b. Introduction to Forwarding and Chaining Referrals (Moved to March 6 meeting) 4. Upcoming agenda topics and meetings 			
Presenters			
Mark Fernandes – eReferral / eConsult Product Owner Magdolna Holitska - Solutions Development Manager Russ Buchanan - Director, Architecture & Standards eHealth, Centre of Excellence			
Invited Guests			
Public			

1. Welcome and Introductions

M. Fernandes welcomed all participants to the working group meeting. Meeting materials and recording of the session will be made available on the InfoCentral working group.

2. Content Presentation

The Infoway Team presented each of the agenda items as outlined above. The focus of this meeting was to provide an update on engagement with Alberta. Additionally, Magdolna offered an orientation to the content of the IHE and CA:eReferral/eConsult (CA:eReC) Technical Specification Implementation Guide. The discussion on Central Intake did not begin due to time constraints and has been moved to the [March 06, 2024](#) Working Group Meeting.

The presentation is available: [eReferral Working Group Meeting](#)

The video recording is available: [eReferral Working Group Meeting](#)

Action Items

Action Item #	Action Item	Responsible	Due Date	Status
1	Provide feedback on the gap analysis of “Must Support” elements spreadsheet for Patient/Bundle profiles from relaxations in PS-CA.	Working Group	February 23, 2024	In Progress
2	Review the Central Intake Conceptual Architecture diagram that Tim shared and provide feedback.	Working Group	March 6, 2024	In Progress
3	Apply “Must Support” to elements that are minimally needed for pan-Canadian use cases.	Infoway	March 6, 2024	In Progress
4	Analysis on options for including resources in message bundles to reduce payload.	Infoway	March 6, 2024	In Progress
5	Attend the next working group meeting for March 06, 2024 .	Working Group	March 6, 2024	In Progress
6	Provide feedback on the application of “Must Support” to elements and the related “Must Support” definition.	Working Group	Dispositioning Period	Not Started

3. Questions raised during the working group meeting:

Can POS systems have referral management capabilities?

Yes, POC systems may have referral management capabilities. Alberta and Ontario, have unique approaches to referral management. Alberta has limited set of referral capabilities within EMRs initiating/receiving referrals, access of EHR that is integrated with an RMS, and well-defined referral pathways with a standard referral form. Ontario may have sophisticated POC systems with referral capabilities or POS systems integrate with helper RMS applications.

Is it possible to simplify messaging requirements?

There's a requirement for reevaluating and relaxing the 'Must Support' elements in FHIR messaging to ease integration. This involves aligning with the capabilities of EMRs to ensure much leaner information exchange and reduction in message payload.

Do referral responses need to be comprehensive with all the information sent back?

The necessity of sending detailed information back to the initiator of a referral is being re-examined. The working group is considering if a streamlined approach, providing only essential information, could be equally effective for the purpose of referral management and response.

Are one-way messages sufficient in some referral integrations?

Some scenarios use one-way messaging in a referral integration, where the initiating system may not necessarily expect a response back from the receiver. This specification is flexible to accommodate various scenarios.

How do EMRs with referral management capabilities integrate within the healthcare system?

EMRs with referral management capabilities can serve dual roles in the healthcare system. They act as a Point of Service (POS), and the eReferral/eConsult Source (eReC Source). Technically, in terms of referral FHIR messaging, they are considered as the eReferral/eConsult Sender (eReC Sender). This

setup is exemplified in systems like those discussed for Alberta, where EMRs are proposed to handle referrals directly.

How do we avoid redundancy in terminology, such as "Referral Management System System"?

It's important to use precise terminology to avoid redundancy and confusion. For example, instead of saying "Referral Management System," simply say "Referral Management System" or "RMS" since the "S" in RMS already stands for "System."

Can you explain the actors and transactions involved in the referral process?

In the referral process, there are technical actors known as the referral sender (eReC Sender) and the referral receiver (eReC Receiver). These actors are involved in transactions where data is exchanged between interoperable systems based on triggering events. The transactions diagram illustrates these interactions includes event codes and focuses, with each transaction potentially tied to different business events or trigger events.

Are the trigger events for each transaction the same or do they vary?

Each transaction is associated with different kinds of business events or trigger events. It's suggested to distinguish these events more clearly in documentation to avoid confusion, potentially by naming them distinctively rather than generically as "trigger events." The specification will include a transaction details table that shows the applicable triggers and expected responses for each transaction.

When a "receiver" sends information in a transaction, are they still called a receiver?

Yes, the term "receiver" relates to the actor's primary function in the referral process. Even when they send information in specific transactions, the role name remains based on the overall context of their function.

How do we ensure clarity in the roles of sender and receiver when the function can change based on the transaction?

There might be confusion when a receiver in one context appears to be sending information in another. This suggests a potential need to reevaluate the terminology used to describe these roles, possibly by adopting terms that reflect the action or intent, such as "requester" and "service provider," instead of "sender" and "receiver."

Does the Actors and Transactions diagram cover all necessary post-message actions?

Sequence diagrams aim to be comprehensive by ensuring each interaction is followed through to completion is crucial. Additional details might be needed in certain areas to provide complete clarity on the processes.

Are actions in sequence diagrams always sequential?

Not necessarily. While some actions may appear sequential, the sequence diagram accommodates asynchronous activities. For example, tasks like booking an appointment may not follow immediately after a referral message is sent. The sequence diagrams do not explicitly call out whether a process is synchronous or asynchronous.

Should connection points in actor blocks be separated to clarify non-sequential actions?

Yes, clarifying the sequence of actions or separating connection points in actor blocks can help avoid the interpretation that all actions under a received message are sequential. This adjustment acknowledges the asynchronous nature of some interactions.