



Canada Health Infoway

eReC Working Group

Online meeting
June 26, 2024

Topics

Topic	Time (ET)
Information item: Central Access and Triage Model	30 mins
Block Vote #1	10 mins
Guide Organization, Section Renames	20 mins
Patient.administrativeGender, HealthcareService, ServiceRequest.intent	15 mins
Revoke Referral event	15 mins
Appointment Events	25 mins
Upcoming Meetings	5 mins



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Information Item:

Central Access & Triage Model
(CAT model)

CAT model: Today's Objective

Level Set:

- update the community on a deep dive the Infoway team took with Alberta Health to understand the Central Access and Triage model (CAT)
- highlight a few characteristics of CAT model that are different from the Central Intake model in the CA:eReC iGuide today
- highlight examples of the feedback submitted through the balloting process

Discuss how we'll work the feedback as a group

CAT model: key principles

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


CAT model: considerations related to messaging

CAT Model

- a **single, centralized RMS** (vs separate RMS for referring provider, service provider and possibly CI/CAT)
 - referring provider & service provider will **work in POS systems** connected to the RMS by messaging
- The centralized RMS is the source of truth for the "referral record"
 - requested by referring provider using messaging
 - created in centralized RMS and managed by CAT
 - assigned to a service provider by CAT
 - performed by the assigned service provider
- Service provider **requests** (or directs) CAT to reassign referral

Example of feedback on CA:eReC:

Set context and describe how messaging supports the CAT model

Row / #	Feedback (simplified). link
92 / 1	Add "Referral Record" to the Glossary of Terms. An enterprise-level set of referral information maintained and managed by a single authoritative body ...
93 / 2	Consider revising the definition of Referral Management System An RMS is an information system that supports and enables the electronic referral process by storing the "Referral Record" and providing capabilities needed to maintain, manage and disseminate the referral information throughout the referral lifecycle ...
94 / 3	Add a definition for CAT See prior slide
96 / 5	Add a use case for CAT (in addition to Central Intake) Draft in progress (diagram , narrative)
97 / 6	Update Integration Patterns page to include illustrations and discussion about different integration architectures and how they use the messaging, including: <ol style="list-style-type: none">1. Creation of referral record in RMS portal / UI with use of messaging to share information with system used by Service Provider2. Creation of referral request in POS with use of messaging to transmit the referral from POS to RMS to a create new referral record 3. Use of messaging to support management of referral in multiple RMS systems / synchronization of referral record between RMS systems4. Use of SMART on FHIR to support creation of a referral record in the RMS portal / UI
98 / 7	Move images of Messaging Architecture and supporting discussion to the Integrations Patterns page and: <ul style="list-style-type: none">- continue to show the difference between Point-to-Point (or Direct) & Central Intake (or CAT)- highlight the distinction between architectures with a single, centralized RMS vs multiple RMS that need to be synchronized
105 / 14	Use Business Events page to discuss the lifecycle of a referral with high level interactions between sources of information and RMS <ol style="list-style-type: none">1) different approaches to creating a referral record in an RMS (see #6 - with business context)2) how to make changes / updates to content (information sources and triggers)3) how to make changes to "referral status" (information sources and triggers)
106 / 15	On CA: eReC Messaging page , revise diagrams and corresponding tables lower on the page to reflect CAT workflows, corresponding Actor roles, and when to send Tasks vs Service Request to communicate s to CAT/cRMS vs POS/Participant
107 /17...	Provide options / rules for slimming message payloads using *.reference.identifier element ...

Discussion: Approach to working the feedback

- Much of the feedback requires us to draft new content for the guide
- Draft content will be prepared and reviewed over a series of meetings:
 - drafted in advance of meetings and shared for review
 - discussed in meetings to gather feedback
- Proposed groups:
- Voting on dispositions may follow presentation of feedback



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Voting Items

Block Vote 1

- 47 items were sent out in the block vote
- 7 were pulled and will be discussed in a future meeting - CAT related
- 3 were pulled related to Appointment and will be discussed today
- 1 related to ServiceRequest.intent will be discussed today
- 1 related to Revoke from Sender to Receiver will be discussed today
- 1 didn't have a resolution and was mistakenly grouped as Block 1
- 34 left to be voted on as a block
- Motion to approve Block Vote: Jean Duteau / Finnie Flores - 30-0-1

Discussion Items - Guide Organization (#189/192)

Home

- Table of Contents
- Introduction
- Glossary of Terms
- Updates

Business Context

- Use Cases
- Business Events
- Business Rules
- Privacy & Security Guidance
- Provincial Considerations

Motion: Jean Duteau / Russ Buchanan : 29-0-0

Technical Context

- Technical Foundation
- Integration Patterns
- Messaging
- Central Intake
- Sequence Diagrams
- Conformance Requirements

FHIR Artifacts

- Messaging Events
- Resource Profiles
- Extensions
- Terminology

Discussion Items – Section Renames (#193,200,257)

- Remove Introduction > Content and Organization (replaced by Table of Contents page) - Persuasive
- Rename Business Rules > Use Case, Technical, and Real-World System Actors to 3rd Party Actors – Not Persuasive
- Move Sequence Diagrams from separate page to corresponding use case page – Not Persuasive with Modification
 - Have links from the Use Cases to the appropriate Sequence Diagram
 - Put a note on the Sequence Diagrams page pointing to the Business Use Case page
 - Rename Sequence Diagrams to "Use Case Sequence Diagrams"

Motion: Jean Duteau / Randy Nonay : 26-0-0

Discussion Item – Patient.gender (#265)

- Patient.gender has a fixed and required binding. The issue mentions a "X" not provided. That would mean that we should make gender be 0..1 and the X would map to the field not being sent. Is this a concern for patient matching?
- Persuasive - We will rewrite the section on "Gender, Birth Sex, & Gender Identity Business Rules" so that it:
 - Does not say that gender is mandatory (it is 0..1 on the profile)
 - Indicate that if sending an administrative gender that is not in the value set (i.e. "X" non-binary), that would be sent as "Other" with an appropriate extension sent with the proper value.
 - Be consistent with other pan-Canadian IGs
 - Point to the HL7 Gender Harmony IG (<https://build.fhir.org/ig/HL7/fhir-gender-harmony/fhiringenderharmony.html>)
 - Also add a comment in the Patient profile to point out how gender concepts are to be conveyed

Motion: Jean Duteau / Yaron Derman : 26-0-0

Discussion Item – ServiceRequest.intent (#31)

- ServiceRequest.intent is a mandatory field with a required binding. It is currently fixed to 'proposal' in the current profile. We can't change the binding nor can we change the cardinality.
- We can bring this forward to HL7 International with a request for optionality and/or new codes.
- Not Persuasive

Motion: Jean Duteau / Finnie Flores : 26-0-0

Discussion Item – HealthcareService (#266)

- It was deemed that for this first iteration of the guide, a number of resources that were present in the Ontario Health version of the guide were out of scope, including HealthcareService.

Discussion Item – Revoke Referral event (#3)

- The current transaction is sent by the owner of the Referral (the Sender). For the receiver to revoke the referral, they send the notify-update-process-request with a Task to indicate that the referral should be revoked or terminated.

Discussion Item – Appointment Events (#2,28,61,62)

- Current Disposition: Create a use case that highlights how appointment information is conveyed via the notify-add-appointment and notify-update-process-request events

Upcoming meetings & topics

Date & Time (EDT)	Proposed Topics
July 3: 1-3pm	CAT Feedback – Group 1: Definitions Block vote 2 – Ontario items MustSupport Definition
July 10: 1-3pm	CAT Feedback – Group 2: New Pages (layout) Block vote 3 – MustSupport profile changes
July 17: 1-3pm	CAT Feedback – Group 3: Integration Patterns & Messaging Architecture Block vote 4 (TBD)
July 31: 1-3pm	Business Events Page(s)
Aug 7: 1-3pm	TBD



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Thank you!

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