Canada Health Infoway
Inforoute Santé du Canada

Patient Summary Working Group Meeting

Meeting Summary

Meeting Chair: Allana Cameron			
Date and Time	**Location**	**Note Taker**	**Next Meeting Date**
March 10, 2026, 2:00pm – 3:00pm ET	Virtual	Sadrina Petit, Project Analyst, Digital Health Interoperability	March 17, 2026, 2:00pm – 3:00pm ET
Meeting Agenda: **1.** Welcome/Announcement **2.** Must Support and Obligation **3.** CA Baseline Removal **4.** Backlog Items **5.** Next Steps			
Presenters			
• Sonia Balgah, Senior Business Analyst • Lorraine Constable, FHIR SME • Jonathan Wiebe, FHIR SME			
Invited Guests			
Public			

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1. **Welcome and Introductions**

   S. Balgah welcomed all participants to the working group meeting and introduced Lorraine Constable and Jonathan Wiebe. Meeting materials and recording of the session will be made available on the InfoCentral working group.

2. **Content Presentation**

1. The Infoway team presented each of the agenda items as outlined above. The meeting focused on reviewing proposed PS-CA specification updates, including the application of obligations, alignment with CA Core+ instead of CA Baseline, and discussion of several backlog items related to bindings, must support elements, and profile structure. The working group also discussed the longer-term direction for PS-CA alignment and next steps for upcoming working group review.

   The presentation deck is available Patient Summary Working Group Meeting

The video recording is available Patient Summary Working Group Meeting

3. Questions raised during the working group meeting:

What obligation approach was previously agreed to?
For the producer side, if an element is 1..1 or 1..*, the obligation will be “shall populate.” If it is 0..1 or 0..*, the obligation will be “shall be able to populate.” For the consumer side, the obligation will remain “shall no error.” The group also agreed to keep the approach simple for now and not add broader consumer display obligations at this stage.

Why is PS-CA trying to align with CA Core+ instead of continuing to use CA Baseline?
The pan-Canadian Patient Summary (PS-CA) specification is currently being aligned with CA Core+, a foundational set of FHIR profiles, extensions, and terminology artifacts designed to support healthcare interoperability across Canada. CA Core+ enables standardized data exchange and harmonizes both pan-Canadian and jurisdictional specifications. While PS-CA does not currently reference CA Core+ profiles directly, future versions will formally derive from CA Core+, inheriting its core profiles and applying Patient Summary specific constraints. This strategy will strengthen interoperability, support the reuse of national profiles, and promote consistent implementation across jurisdictions.

Is the plan for PS-CA to fully derive from CA Core+ now or just align with it for the time being?
The long-term goal is for PS-CA to **derive from CA Core+**, but the timeline for that has not yet been defined. For now, the focus is on alignment, since full derivation may require more time and readiness from implementers.

If baseline is removed, should PS-CA create its own identifier datatype/profile?
The discussion suggested that it likely makes more sense to apply the required constraints directly in PS-CA **profiles** rather than creating a separate identifier datatype/profile at this time.

If CA Core+ is broader or less constrained than PS-CA, should PS-CA relax its current constraints?
No. The group agreed that where PS-CA has tighter constraints because of its use case, those constraints should remain. Moving away from baseline does not mean PS-CA should automatically become less prescriptive

Should patient identifier constraints such as mandatory value and system remain, even if CA Core+ is looser?
Yes. The group agreed that PS-CA should keep the tighter constraints already defined in PS-CA, since those were based on prior use-case discussions.

Should the existing 1..1 requirements remain for patient identifier and practitioner role lab?
Yes. The direction was to keep the current PS-CA constraints in place, including the more specific mandatory requirements already defined.

Will downstream implementation guides be affected if PS-CA changes how it references baseline or Core?
The group felt that downstream implementation guides should not be negatively affected as long as the actual constraints, structure, and cardinalities remain the same, even if the profile reference changes.

What does it mean if child elements have obligations but the parent element does not?
It means the parent element is not required to be present. However, if the parent is included, then the obligations on the child elements apply.

Is that parent/child obligation behavior standard?
Yes. It was noted that this interpretation is consistent with how must-support and obligations are handled in other guides, including US Core.

Should `DiagnosticReport.code` binding strength be changed from example to preferred?
Yes. The recommendation was to make this change, since the base FHIR and IPS binding is already preferred, and tightening the binding from example to preferred is allowed.

Should `MedicationRequest.intent` be made must support?
No, not at this time. Even though it is mandatory, the group agreed that not every mandatory element must also be marked must support, especially when systems may default the value.

Should `Patient.address` become must support?
Yes, the recommendation was to align with IPS and CA Core+ by making **address** must support, along with **line, city, postal code, and country**. There was also some discussion about whether **state/province** should be included.

Should `PractitionerRole.specialty` bind to the healthcare provider specialty value set, as recommended by the CACDI?
Yes, with modification. The group agreed this should be addressed as part of the work to align or re-profile practitionerRole away from baseline.

Will PS-CA need two practitionerRole profiles if baseline is removed?
Possibly yes. The discussion suggested that PS-CA may still need one more general practitionerRole profile and a separate lighter-weight practitionerRole lab profile for specific use cases such as diagnostic reporting and observations.

Should the candidate binding for "prescription indicated for use" be added to medication reason code/reason?
There did not appear to be any objections. Adding it would further align PS-CA with CA Core+.

Should `Medication.ingredient.strength` stop using Ratio-PSCA and fall back to base Ratio?
Yes. The recommendation was to move back to the base Ratio datatype because continuing to use Ratio-PSCA creates inconsistency with the earlier decision to relax the UCUM requirement.

Action Items:

Action Item #	Action Item	Responsible	Due Date	Status
1	Attend the next Working Group meeting on March 17, 2026, from 2:00–3:00 p.m. EST.	Working Group	March 10, 2026,	In Progress