



**Canada Health Infoway**

# **eReC Working Group**

Online meeting  
July 17, 2024

# Topics

Topic	Time (ET)
Information item: Integration Patterns & Messaging Architecture	15 mins
Voting Item: Supporting Information Resources (continued from 7/10)	15 mins
Voting Item: Use of HealthcareService	30 mins
Must Support Profile Review	55 mins



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## **Information Item:**

Integration Patterns & Messaging  
Architecture

# Purpose

Preview content under development that has been reorganized as a result of feedback received through balloting and will be subject to a vote at an upcoming meeting.

# Feedback related to Integration Patterns page

Ref	Text
95 Alberta Health	<p>Consider updating "Integration Patterns" to include illustrations and discussion about different integration architectures and use of messaging, including:</p> <ol style="list-style-type: none"><li>1) creation of referral record in RMS portal/ui with use of messaging to share information with systems used by Service Provider (&amp; others) with status updates</li><li>2) creation of referral request in POS, with use of messaging to transmit the request to RMS (CAT) to create the referral record in RMS and to receive updates</li><li>3) use of messaging to support management of referral in multiple RMS systems</li><li>4) use of SOF to support creation of a referral record in RMS portal/ui</li></ol> <p>Rename page to "Conceptual Architectures &amp; Integration Patterns" (or similar) to reflect the change in content.</p>
96, 98 Alberta Health	<p>Consider moving the discussion of eReC Messaging Architectures to the "Integration Patterns" page (see #6 for proposed renaming of page). Revise images and supporting discussion to:</p> <ul style="list-style-type: none"><li>- continue to show the difference between Point-to-Point (or Direct) &amp; Central Intake (or CAT)</li><li>- highlight the distinction between architectures with a single, centralized RMS vs multiple (if any)</li></ul> <p>Consider moving the discussion of Technical Actors, Actor Mapping, Options and Grouping to the "Integration Patterns" page to locate description of actors and groupings with illustrations of the architecture.</p>
97 Alberta Health	<p>Add "eReC CAT" as a new Technical Actor. Apply consistent language to use only Technical Actors on this page, without sometimes reverting to business actors as synonyms instead.</p>
229, 230 Caredove	<p>Formatting &amp; Arrangement of text Lead with the specification is focused on CA:eReC Messaging Visually emphasize the paradigms as headers or bold</p>
228 Caredove	<p><b>[Discussion of integration patterns]</b> is clashing with the top of the "business rules - Exchange Patterns" section. Recommendation: Review this section and business rules-exchange patterns sections and rationalize their content. <i>(my general sense is that the exchange patterns section in business rules is too large and confusing for that section)</i></p>



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## **Voting Items:**

Supporting Info Resources

Use of HealthcareService

## Supporting Info Resources (#134, 135, 137)

- 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.
- Resolution: Persuasive with Modification - we will add Reference to Condition and AllergyIntolerance. These profiles will not be marked as Must Support. We will use the CA Patient Summary version of the profiles in this release. We will also consider using CA Core profiles or creating eReferral versions of these profiles in the next release (and consider making them as Must Support) which will include the proper code system as well as the means to communicate flavours of No Known Allergies.
- Motion: Jean Duteau / Sheridan Cook : 24-0-0

# Use of HealthcareService (#139,258,266)

- HealthcareService should be a resource profile to specify the details of the service being requested
- Without HealthcareService, ServiceRequest.code would need to convey the details of what was being requested.
- Implementations already exist that use HealthcareService.
- Resolution: Add HealthcareService profile with minimal details to convey what is being requested (identifier, type, name) to support existing implementations plus future versions of the guide where the use of HealthcareService can be expanded.
- Motion:



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# **Review of Must Support**

# Must Support

- Profiles have been revised with the discussion of Must Support from the July 3rd call
- Process:
  - Review the profiles and agree on the Must Support
  - Once agreement has been reached, update the issues based on the agreement

# Upcoming meetings & topics

Date & Time (EDT)	Proposed Topics
July 17: 1-3pm	Integration Patterns & Messaging Architecture MustSupport profile changes Discussion Items
July 24: 1-3pm	Review updated Business Events Page Content (in context of CAT, Nearest Neighbour models) Block vote 3 (TBD) Discussion Items
July 31: 1-3pm	Block Vote 4 (TBD) Discussion Items
Aug 7: 1-3pm	Block Vote 5 (TBD) Discussion Items
Aug 14: 1-3pm	Review of Applied Items



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# Thank you!

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