



Canada Health Infoway

Patient Summary Working Group (PSWG)

March 25, 2025

Agenda

TOPIC	TIME
Welcome/Announcements	5 mins
Proposed New Sections <ul style="list-style-type: none">• Patient Story• Alerts Backlog Items	50 mins
Next Steps	5 mins

Proposed New Sections

- IPS has 2 additional sections considered for addition to PS-CA
 - Patient Story
 - The section contains narrative text along with optional resources that express what matters to a patient. This may include needs, strengths, values, concerns and preferences to others providing support and care. The patient's story, provided here, may be told by the patient or by a proxy.
 - Alerts
 - The alerts section flags potential concerns and/or dangers to/from the patient and may also include obstacles to care.

Patient Story (PS-62)

- Propose to add the new section, keeping the definition the same as IPS
- Expect that this section may be primarily narrative captured in section.text
- The LOINC code for the section will be **81338-6** (specified as a pattern similar to other sections
- section.entry is specified as Resource(Any), consistent with IPS, allowing for any appropriate structured content
- **Resolution Description** : Add the Patient Story section, with LOINC code 81338-6. Section.entry will be Resource(Any), consistent with IPS. At this stage, expect that this section will be primarily narrative captured in section.text
- **Resolution Vote**: Allana Camaron / Sandy Ketler 19-0-0

PS-66 Alerts

- IPS Alerts section includes a profile Flag-Alert (IPS) to structure
- Key concepts include
 - Category: A general category for the Alert (Clinical, Administrative, etc)
 - Code: A detailed code to identify specific flagged issues
 - This is currently bound with an example binding to SNOMED-CT Clinical Findings
- There is interest in further exploration of how an Alert section should be used in the Canadian context
- Recommend further discussion and consideration for a future release
- **Motion:** Finne Flores/ Allana Cameron 19-0-0

Backlog Items

PS-38 Lack of Granularity in defining MustSupport elements

- **Comment:** Ontario identified several issues related to the granularity of defining MustSupport (MS) elements in the IPS and PS-CA profiles and their impact on actual implementation. Specifically, IPS and PS-CA did not define MS to the leaf level in some data elements, which might be appropriate for international and national standards. However, during actual implementation, we received feedback from EMR vendors and partners requesting clarification on which exact child elements they need to populate in their patient summary contributions. From an Ontario perspective, we aim to align with the FHIR profiles used in our other provincial EHR specifications (e.g., DHDR, DHIR, etc.), though this may not align with how other provinces/territories plan to implement their patient summaries.

- Suggested changes from comment:
 1. [Profile] In medicationRequest, add Must Support to MedicationRequest.extension.strength.
 2. [Profile] In MedicationRequest, decide on what data elements to flag as MS in MedicationRequest.timing/MedicationStatement.timing.
OH would like to align with DHDR IG for the above data elements.
 3. [Profile] In Address, align the Patient.address MS flag for child elements with CDF/other Specs.
 4. [Profile] In Telecom, align (Patient/Practitioner).telecom MS flag for child elements with CDF/other Specs.
 5. [Profile] In Immunization, align doseQuantity MS flags for immunization.doseQuantity child elements with DHIR Spec.
 - Immunization.doseQuantity is not currently MS in PS-ON, PS-CA, or IPS. However, we received feedback that it is supported in the EMR, and the absence of dose quantity may result in patient safety risks. Should this be changed to MS?

Follow up on PS-38- MedicationRequest.extension.strength

- MedicationRequest.extension.strength
 - MedicationRequest.ingredient.strength is MS in IPS but not in PS-CA:
 - IPS-UV flags this as a Must Support element. It is not currently flagged as Must Support in PS-CA, as stakeholders have indicated the element may not be supported by the majority of systems today. Systems that do support the element are encouraged to include it in generated Patient Summary documents, and support it when received. Vendors should expect that some jurisdictions may add a Must Support requirement within the context of their own jurisdictional content.
 - Could consider adding MS to ingredient.strength, but adding MS to an extension needs careful consideration

PS – 38 MedicationRequest.timing

- MedicationRequest.dosageInstruction.timing and MedicationStatement.dosage.timing
 - Must Support in IPS but not in PS-CA:
 - IPS-UV flags this as a Must Support element. It is not currently flagged as Must Support in PS-CA, as stakeholders have indicated the element may not be supported by the majority of systems today. Systems that do support the element are encouraged to include it in generated Patient Summary documents, and support it when received. Vendors should expect that some jurisdictions may add a Must Support requirement within the context of their own jurisdictional content.

PS -38 Address / Telecom

- These are MS in IPS and ON. Not currently in PS-CA.
- See also ticket PS-58

PS-38 Immunization.doseQuantity

- This is not flagged as MS in IPS, ON or PS-CA

PS-38 Recommendation

- MedicationRequest.extension.strength; MedicationRequest.dosageInstruction.timing;
MedicationStatement.dosage.timing
 - No change to PS-CA. Might be considered as a jurisdictional specific MS
- Address / Telecom
 - Consider these when aligning with CA-Core along with ticket PS-58
- Immunization.doseQuantity
 - Recommend no change in this release

PS-16 Observation and alcohol – detailed alcohol observations

- **Comment:** Code - this allows us to specify drinks per day, however FYI, EMRs may have other ways to convey data relating to this which provide a much more complete picture. TELUS analyzed this and uses 11330-8 - History of Alcohol Use Narrative (has member with individual observations, drinks per day, drinks per week, age of onset, min/max drinks per week, years of alcohol use, type of alcohol - all with their own LOINC codes).
- **Discussion:** PS-CA code aligns with IPS for this profile
- **Proposed Disposition:** Suggest use of a general Observation resource to meet this need.
- **Motion to find Not Persuasive with Mod** – Ken to draft guidance to Telus to answer the question about to use Observation here.
- **Resolution Vote:** Omar Hoblos / Ken Sinn 0-0 (20 in room)

PS-24 Observation Tobacco

- **Comment:** TELUS uses the Tobacco Use Panel (88028-6) as we have multiple observations pertaining to this. 72166-2 is one of our nested observations (hasMember). We would prefer to provide this data but may need to drop it. eg tobacco products (SNOMED), pack years smoked (SNOMED), cigarettes per day (LOINC)
- **Discussion:** PS-CA aligns with IPS for this profile
- **Proposed Disposition:** Suggest the use of a general Observation resource to meet this need.
- See previous slide
- Ended here

- **Comment:** In AllergyIntolerance.clinicalStatus HL7 codes are required (active|inactive|resolved) We have created slice for statusCodeSCTA but there is no equivalent value for Inactive in that values set. We should add the equivalent snomed 773425007 Inactive (qualifier value) to value set . (and perhaps remove Canceled from value set)
Similarly for verification status (unconfirmed | confirmed | refuted | entered-in-error), unconfirmed and entered in error have no clear equivalent – maybe proposed and invalidated?
- **Discussion:** The HL7 value sets are required bindings so they must be used. Are the existing codes from the statusCodeSCTA value set slice in use?
- **Proposed Disposition:** Need to check with jurisdictions regarding the use of SNOMED and whether we can fall back to the HL7 Valueset. Ontario indicated they are not using the SNOMED codes. Further investigation is required.

PS-30 clinicalStatus in AllergyIntolerance profile has limited values.

- **Comment:** The data element 'clinicalStatus' within the AllergyIntolerance Profile has restricted potential values or options, including but not limited to 'active,' 'inactive,' 'resolved,' 'cancelled,' 'invalidated,' and others. It is important to note that none of these options may be applicable or "clinically accurate" in specific scenarios where the presence/absence (i.e., AllergyIntolerance.code) of the allergy is either "No known allergies" or "No information about allergies."
- **Discussion:** This ticket was logged against PS-CA 1.1, before section.emptyReason was available. The current guidance is to use section.emptyReason for the described use case.
- **Proposed Disposition:** Provide recommendation. No change to PS-CA
- **Resolution Description:** Provide recommendation to use section.emptyReason to align with International approaches, no change to PS-CA.
Noted that Ontario uses the approach from PS-CA 1.1 where "no known allergies" and "no information about allergies" are represented in allergyIntolerance.code
- **Resolution Vote:** Ken Sinn / David Cummings 17-1-0 (Philip Sales from ON voting against)

PS-41 Inconsistent naming, version convention, and canonical URL for ValueSet PharmaceuticalBiologicProductAndSubstanceCode

- Comment:** The ValueSet SubstanceAndPharmaceuticalBiologicProductCode has notable differences when it comes to the url and naming convention depending on where it is sourced.

Source	canonical url	version	name
Terminology Gateway	https://fhir.infoway-inforoute.ca/ValueSet/pharmaceuticalbiologicproductandsubstancecode	1.0.0	PharmaceuticalBiologicProductAndSubstanceCode
Infoway Ontoserver	https://fhir.infoway-inforoute.ca/ValueSet/pharmaceuticalbiologicproductandsubstancecode	20240831	PharmaceuticalBiologicProductAndSubstanceCode
ca.infoway.io.pzca 2.0.0-dft-ballot	http://fhir.infoway-inforoute.ca/io/pzca/ValueSet/substanceandpharmaceuticalbiologicproductcode)	1900010	SubstanceAndPharmaceuticalBiologicProductCode

- Discussion:** These discrepancies will be addressed so that they all align
- Resolution Description:** These discrepancies will be addressed so that they all align. There is a hot fix for this. Ontoserver url available now. Redirection to Ontoserver will go live end of April. Registered in tx.fhir.org. Versioning will go back to 1.0.0 Working to remove stubs.
- Resolution Vote :** Ken Sinn / Philip Sales 18-0-0

Next Steps

- Upcoming PSWG meetings [_March 28: 12 - 1 pm ET](#) to discuss:
 - Terminology Backlog items

Helpful Links

Published specifications (available on InfoScribe):

- [PS-CA v2.0.0 DFT-Ballot](#)
- [PS-CA v2.0.0 DFT-PreBallot](#)
- [PS-CA v1.1.0 DFT-Ballot](#)
- [CA:FeX v2.0.0 DFT-Ballot](#)
- [CA Core+ v0.1.0 DFT-Ballot](#)

Working Groups (hosted on InfoCentral):

- [Patient Summary](#)
- [eReferral](#)

Projectathon Information (available on InfoScribe):

- [IHE North America Connectathon Week 2025](#)
- 20 [2023 Final Report](#)



Canada Health Infoway

Thank you!

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