Canada Health Infoway
Inforoute Santé du Canada

Patient Summary Working Group Meeting

Meeting Summary

Meeting Chair: Alex Reis			
Date and Time	**Location**	**Note Taker**	**Next Meeting Date**
March 21, 2024,1:00pm – 2:00pm ET	Virtual	Sadrina Petit, Project Analyst, Digital Health Interoperability	March 27, 2024,1:00pm-2:00PM ET
Meeting Agenda: **1.** Ballot Submission Reconciliation Discussion			
Presenters			
• Sonia Balgah, Senior Business Analyst • Raman Dhanoa, FHIR Specialist, Dogwood Health Consulting • Lloyd McKenzie, Chief Standards Officer, Dogwood Health Consulting			
Invited Guests			
Public			

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1. **Welcome and Introductions**

   S.Balgah welcomed all participants to the working group meeting and introduced Raman Dhanoa, Lloyd McKenzie. Meeting materials and recording of the session will be made available on the InfoCentral working group.

   The Infoway team presented each of the agenda items as outlined above.

   The presentation deck is available Patient Summary Working Group Meeting

   The video recording is available Patient Summary Working Group Meeting

2. **Ballot Submission Reconciliation Discussion:**

   Block Vote 1:

   - Items considered straightforward and non-conflicting, such as simple technical corrections, were shared for block voting.
   - Working Group participants were asked if there were any concerns with the items marked for block voting or if any item needed to be removed for further discussion.

Decisions Reached:

- Working group participants agreed to the disposition comments for the items included in the block vote.

Row 46 8.2 Option 2 - FHIR HIE Pattern Using CA: FeX PS-CA Actor Conformance (44-45)

- A comment from Epic highlighted the need for transactions not to return information that the data consumer is unauthorized to access, emphasizing the importance of local policy, patient consents, and security in determining access rights.
- Discussed jurisdictional restrictions and whether they define what data elements can be exchanged. A proposal was made to consider data elements not explicitly prohibited by a jurisdiction as authorized for access.
- An example involving Ontario's health information privacy laws was provided, illustrating how certain data elements like immunization records might be freely shared unless explicitly restricted, such as genetic testing results, which would require explicit patient consent.
- The group discussed how a responder in a cross-jurisdictional exchange would know the requester's jurisdiction and the applicable rules governing the exchange. This led to a broader discussion on how business rules and privacy regulations within jurisdictions apply primarily to data producers.
- It was acknowledged that legal considerations and agreements play a crucial role in determining what data can be shared, with a general rule that personally identifiable healthcare information should only be shared within established trust relationships.
- Clarifications were provided on how organizations typically face restrictions on what they can disclose, not what they can receive, based on various levels of government and organizational policies.

Decisions Reached:

- A motion was made and seconded to proceed with the discussed disposition regarding the comment on data authorization and access.

Row 13 Coding Data Type Profiles

- Epic raised a concern about the **CodeableConcept** where **coding.version** is marked as "must support," but the corresponding IPS profile does not have this constraint. It was noted that IPS had this as "must support" in their last release but removed it, prompting a need to understand their reasoning.
- The group discussed the necessity of including the version for validation purposes, especially regarding SNOMED and its editions. The version's presence aids validators in understanding which SNOMED edition is in use but is not essential for validation if all relevant editions are checked by default.
- The challenge of versioning was discussed, particularly how different displays in SNOMED's international and Canadian editions could lead to validation errors. The version can help avoid these errors by specifying the SNOMED edition used.
- Concerns were raised about the implications of requiring the **coding.version** in production data. During the discussion, there was a consideration of how this requirement might impact the sharing of information across different jurisdictions and the potential for conflicts between jurisdictions with differing data sharing regulations.
- The discussion touched on the complexities of validation across different SNOMED editions and the potential challenges in cross-jurisdictional data exchange. The need for a clear mapping between codes from different jurisdictions and editions was emphasized.

- A proposal was made to consider this issue for future discussion, particularly in coordination with the international community and IPS. The idea is to evaluate the best practices for using **coding.version** and its implications for data sharing and validation.

Decisions Reached:

- A motion was made and seconded to move forward with the proposed resolution to revisit the **coding.version** issue in future discussions.

Row 53 FHIR Artifact Allergy Use Cases - 01

- Clarified that Manitoba's approach does align with UC01, as the use case is designed to describe the patient summary creation trigger in a generic manner. This flexibility allows for variations in implementation across different provinces and territories.
- It was noted that the workflow for creating patient summaries and integrating this process into existing healthcare systems might vary between jurisdictions. The use case in the current version (1.1) of the specification is intended to accommodate these differences.
- The facilitator requested input from Manitoba representatives or anyone with insights into similar workflows in other jurisdictions. However, no immediate feedback was provided during the call.

Decisions Reached:

- No changes to the use case were deemed necessary at this time, based on the explanation that UC01 is designed to be broad enough to encompass various workflow implementations for patient summary creation across different jurisdictions.
- Further offline discussions planned with Manitoba representatives to ensure their approach and concerns are fully understood and addressed if needed.

Row 40 FHIR Artifacts AllergyIntolerance Profile

- Provided background context, explaining that the primary binding for **AllergyIntolerance.code** is to the pan-Canadian preferred value set, which is SNOMED CT CA. Additional bindings, such as ICD-10 CA, are acknowledged for use cases where they may be seen in production, primarily based on historical data from various jurisdictions.
- The approach to terminology in the PS-CA has been to expose both preferred and acknowledged code systems, allowing for variations in implementation across provinces and territories. The presence of ICD-10 as an additional binding alongside SNOMED CT CA reflects this approach.
- There was a call for input from jurisdictions that might anticipate challenges with the use of ICD-10 codes alongside SNOMED CT CA, to confirm if this is still a reflection of the current state. A new codable concept specifically for medication.code was proposed, with potential for broader application in future releases. This concept aims to ensure that at least one coding is present, with a human-readable "text" description for clarity**.**

Decisions Reached:

- It was suggested to group terminology-related items for discussion in a session with the right participants, ensuring that terminology leads can provide further insights.
- A decision on this item might be deferred to the next release (version 2.0) to allow for more comprehensive discussions on terminology-related concerns.