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 27, 2024,1:00pm – 2:00pm ET	Virtual	Sadrina Petit, Project Analyst, Digital Health Interoperability	April 15, 2024, 1:00pm-2:00pm ET

Meeting Agenda:

1. Welcome and Update
2. Ballot Submission Reconciliation Discussion
3. Next Steps

Presenters

- Allana Cameron, Product Manager, Patient Summary
- Sonia Balgah, Senior Business Analyst
- Raman Dhanoa, FHIR Specialist, Dogwood Health Consulting
- Lloyd McKenzie, Chief Standards Officer, Dogwood Health Consulting
- Sheridan Cook, Standards Lead

Invited Guests

Public

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1. **Welcome and Introductions**

   A. Cameron welcomed all participants to the working group meeting and introduced Raman Dhanoa, Lloyd McKenzie and Sheridan Cook. 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:**

   Row 26 FHIR Artifacts Medication (PS-CA)

   - A minor update was proposed for version 1.1, concerning the medication profile description.
   - The current description mentions medication that "was administered or was to be administered".

- The proposal is to update it to "medication requested or ordered" to avoid specifying administration.
- This change is agreed upon, and adjustments will be made accordingly.
- It was also noted that the same description issue exists at the IPS level, and a change request will be submitted there as well.

Decisions Reached:

- The group agreed to update the description as suggested, to represent the context of medications more accurately being requested or ordered rather than administered.
- It was also recognized that this description is used at the IPS level, and a change request will be submitted there as well.
- The group was asked if there were any concerns or abstentions regarding the motion.

Row 53 PS-CA Companion Guide_ Use Cases and Definitions-v1.1.0 DFT-Ballot Use Cases – 10

- The discussion highlighted two remaining items for Version 1.1, with a particular focus on the lack of response from a province.
- A suggestion was made to defer unresolved items to future releases, pending confirmation from the submitters.
- Clarification was sought regarding a specific item, questioning whether it was a clarification request or a change request. The consensus was that clarification requests could be resolved in the absence of the submitter, provided the committee felt comfortable with the interpretation.
- The Infoway team revisited a clarification request concerning Manitoba's compliance with use case 1, related to healthcare provider-created patient summaries and the EMR system's ability to generate and send summaries without explicit provider review.
- The Infoway team affirmed that Manitoba's approach aligns with use case 1, emphasizing the generic description of the patient summary creation trigger to accommodate variances in implementation.

Decisions Reached:

- A motion was put forward to accept the clarification provided regarding Manitoba's compliance with use case 1 as sufficient and to mark the related query as "Question Answered" without any specification changes. The motion was proposed and seconded by participants and was approved without any objections.

Row 40 FHIR Artifact AllergyIntolerance Profile

- The topic of allergy intolerance coding was revisited, with a focus on the code element's binding to SNOMED CT CA as the preferred terminology. Additional bindings such as ICD-10 and other specified codes were also discussed.
- It was noted that the team was unable to attend but had initiated email communications regarding a consultation with related matters, with no concrete response yet.
- Discussions with provided context on how different provinces like BC, PE, NS, and Newfoundland utilize ICD-10 codes, influencing the decision to include ICD-10 in additional bindings while maintaining SNOMED CT as the preferred option.
- The conversation also touched upon strategies to encourage the adoption of preferred terminology (SNOMED CT) over others and how to position additional bindings in this context.

Decisions Reached:

- It was proposed that the issue be considered for future use, meaning it would be addressed in the next release of the specification.
- The working group discussed the importance of encouraging alignment towards the preferred SNOMED CT binding and exploring ways to enforce this transition beyond the current modeling approach.

Row 23 FHIR Artifact Medication

- Discussed the medication code's optional slices and comments in the profile concerning preferred and additional binding types.
- It was agreed that for Canada, CCD is the preferred binding type. However, for broader international compatibility, implementers are encouraged to include IPS Free set alongside CCD, with systems having the flexibility to use other Canadian codes or SNOMED CT and NPN.
- Concerns were raised about the inclusion of IPS free set in the context of Canadian usage, where SNOMED CTCA is preferred for its comprehensive coverage, including medication and vaccine trade names exclusive to Canada.
- The value of including IPS Free set for international interoperability was acknowledged but concerns about its granularity and update frequency were discussed**.**

Decisions Reached:

- The working group decided to consider the detailed discussions and decisions regarding IPS Free set and SNOMED CT usage for future releases, acknowledging the need for further guidance on binding types and interoperability considerations.
- The need for ongoing discussions with SNOMED to improve guidance and understand implementation patterns, especially in countries with their own SNOMED editions, was highlighted.