

2018.07.10 eReferral WG

Tuesday, July 10, 2018 11:01 AM

Attendees:

Tim Berezny
Caryn Harris
Tue Hoang
John Wills
Yaron Derman
Dustin Doan

Agenda:

ServiceRequest.BodySite - Terminology Update

Novari Health, CognisantMD and THINK agreed that using SNOMED CT to create a value set for MSK (hip & knee) bodysite would be useful. eHealth Ontario will propose a SNOMED-based value set based on the Primary Problem/Area section of the WW Orthopedic Central Intake form (http://wwrc.ca/userContent/documents/Waterloo%20Wellington%20Orthopedic%20Referral%20Form_FINAL_NOV2016.pdf)

ACTION: Yaron to include the update re: bodySite and Assessment Outcome value sets to the ServiceRequest resource

Patient resource - Update

- Came to the conclusion that we can't completely re-use the PCR Patient resource because it is structured to meet the needs of PCR. For instance, alternate contact is very important for referrals, but PCR only allows a phone # but no more information. The eReferral Patient resource will be built to align as much as possible to the PCR one. For instance, Given Name (with an array of N names) and Last Name will be changed to have include an extension for Middle Name
- Slicing to identify the different types of identifiers that can be assigned to a single person (e.g. Provincial Health Card, Medical Record #, Driver's License)

Task Resource

- Task.code - what other tasks beside for a ProcessRequest
 - Triageing, unsolicited communication, review
 - DECISION; will create a code set for future use
- LastModified - every FHIR Resource has a LastModified for the entire resource which is not usually shown in the profile (in the .meta field), but Task also has an explicit LastModified. It is defined as 'searchable' within FHIR. How should we use this one?
 - Wait times
 - Change of status can be checked from the .status
 - Any change whatsoever to any of the resources related to the referral - would allow two systems to sync the data between one another. The group agreed this is a needed operation, but the question is whether that is the intent of this field? Should we create a ServiceRequest extension instead?

ACTION: Tim will post this to the FHIR chatspace to find out the intent of how this field is intended to be used

- executionPeriod.end - is this useful?
 - Is executionPeriod.start different than AuthoredOn?
 - proposed definitions
 - AuthoredOn (referral is 'born')
 - ExecutionPeriod.start (someone begins working on the referral)
 - ExecutionPeriod.end (referral is closed)
 -
- .relevantHistory - this field exists in both the ServiceRequest and Task resources.
 - References a Provenance resource (we can build a profile for that later)
 - SCA Program wants a clear method for identifying any changes made to a referral over time to a referral
 - Ocean has a 'transaction history' but not as fine-grained as this, also wouldn't have the history for other systems; Care dove works similarly; bottom-line is that the information can be found

- DECISION: pause on including this until a future state
- .Output
 - Can be used to send back whatever the 'deliverable' of the referral process was e.g. a consult note
 - OTN eConsult (latest version) of eConsult profile uses Task.output
 - Two ideas:
 - Communicate the output of the referral
 - Communicate to another referral
- .TaskRequestor
 - DECISION: leave for now
- NEXT RESOURCES TO TACKLE:
 - Organization and Location Resources