FHIR referral Workstream

Tuesday, May 30, 2017 11:00 AM

ATTENDEES:
Yaron Derman, Caryn Harris, Joel Francis, John Wills, Reed Macmillan, Ted Jin, Smita Kachroo, Tim Berezny, Shamil Nizamov
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1. Welcome Caryn Harris as new WG co-chair

2. Updates to project workspace

ACTION 5:30:1: add permission to Asana for Joel Francis, Smita Kachroo, Ted Jin

. Article discussion:
Last meeting Yaron located some articles of interest. If you have the chance, please quickly review the articles/pages, we will discuss them in the WG.

--> https://fhirblog.com/2017/03/13/provider-registries-in-fhir/ (NOTE: I don't believe this covers the discovery and routing to services in another platform)

--> Argonaut Project Provider Directory profile: http://build.fhir.org/ig/Healthedata1/Argo-PD/

- Attila raised that there was a workstream at the Madrid HL7 WG connectathon around referrals. We should make sure we are aligned and not competing with that direction

ACTION 5:30:2: Attila will share the notes

- John raised that organizations should be considered as service providers and not only the name of the provider. Tim suggested that the destination of a referral can be 1) organization 2) service 3) practitioner and 4) location

3. Spec Questions for discussion.
We are now tracking the outstanding discussion items that recur during the WG. They are listed below. We will focus on the "Active discussion" items as time allows.

--- Resolved ---
- How to handle service discovery and routing? This is assumed that the destination is known; out of scope for our work
- Which version of FHIR to use? Most recent version STU R3

--- Active Discussions ---
- How to attach a file to a /referralRequest?
The FHIR community suggested using the documentReference resource with an attachment datatype (as a binary string in the field name or as a URL reference and then including the file as a bundle (with a bunch of resources)). This is how it's been implemented in the OMD/OTN eConsult specification

Caryn raised that there are two ways to consider an attachment: the attachment comes with the referral but is self-contained (no context) or there can be a section that relies on an attachment to 'fill in the section'. Tim clarified that the attachment concept doesn't link to a specific field and probably would require an extension.

For now, we will assume that for a 'base case spec', it will be assumed that the receiver can determine the relationship between the attachment; we won't develop an extension.

Once we've made sure there is alignment between OTN/OMD and the proposed approach above, we can have a base case spec for the next meeting

ACTION 5:30:3: Smita to post the eConsult spec to the Asana Research workspace

- Should the /healthcareService information be sent in the /referralRequest payload?

Should the 'category', person name, address be sent in the payload of the referralRequest - there are 2 pathways:

1) a direct referral to a specific service (e.g. I am referring to meals on wheels endpoint, so I don't need to say anything about the service because by definition of the endpoint, it is clear)
2) A central intake or service type (geriatric services), which can reroute the referral to multiple locations, organizations or service types

The difference will be whether this field would be mandatory and/or if it should be mandatory for specific scenarios. The sending system would already 'know' what type of info is required for each endpoint. On the other hand, it could send this info to every endpoint and the receiver can ignore that info. It will also make it more complicated for the sending system.

For now, we will explore whether there is a difference between brokered versus direct referrals.

- How to define HCN (and other key identifiers, e.g., band #)?

Can have multiple references to different types of identifiers e.g. band #. How should these be defined?
Smita explained how healthcard number is dealt with in the OTN/OMD eConsult spec

ACTION 5:30:4: Yaron to share the approach taken to create person identifiers for the Ontario provincial client registry: see the response to the forum post below:
https://infocentral.infoway-inforoute.ca/en/forum/266-fhir-implementations/1580-how-to-represent-health-card-number-and-other-identifiers-in-the-patient-identifier/2617

- What are the authentication requirements?
Attila suggested that this is something that is broader than eReferral and we shouldn't tackle this. He suspects that whoever the broker service will be (and manage the access policy) that will set the engagement pattern.

This will be moved into the 'resolved' section

--- Pending Discussions ---
- How to consider SMART on FHIR?
- How does the sending or receiving system validate the patient data structure?
- How to certify that a deployed API is conforming to the FHIR standard?
- Integration with a provider registry?