



Canada Health Infoway

eReC Working Group

Online meeting
July 3, 2024

Topics

Topic	Time (ET)
Information item: Central Access and Triage Use Case Discussion	20 mins
Block Vote #2	5 mins
Discussion Item: Must Support – Definition and Meaning	20 mins
Outstanding Discussion Items	70 mins
Upcoming Meetings	5 mins



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Information Item:

Central Access & Triage Model
(CAT model)

CAT model: Today's Objective

- Recap a few characteristics of CAT model that are different from the Central Intake model in the CA:eReC iGuide today
- Review proposed use case for the CAT model for inclusion in the CA:eReC iGuide
- Vote on definitions and use case ballot items

CAT model: Recap

More than a dispatcher ...

- referrals are centrally managed and owned by the Central Access and Triage (CAT) business operation, where:
- a **referral record**:
 - is **created by the CAT** in response to a **request** from a referring provider
 - is **managed by the CAT** in a centralized referral management system (cRMS)
- all participants in the referral workflow:
 - **contribute** to the content and status of the referral record
 - **receive updates to the referral record** as it is updated from the CAT / cRMS
- participants (other than CAT) may contribute to the referral record / receive updates from EMR
 - using FHIR messaging once available

CAT Use Case

- Let's review

Block Vote 2

- 46 items were sent out in the block vote
- 3 were pulled
- 43 left to be voted on as a block

- Motion: Jean Duteau / Sandra Lambert : 33-0-1



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Discussion Item:

Must Support – Definition and Meaning

Must Support Definition from Guide

- Sender:
 - Elements marked with the "MustSupport" flag **SHALL** be populated as specified within the profile they belong to if available and appropriate. (Conformant systems will be able to show that they can "accept" and send all fields that are marked as MS.)
 - Elements without the "MustSupport" flag **SHOULD** still be populated, however carry no expectations in the Implementation guide.
- Receiver:
 - Receivers **SHALL** be capable of ~~processing~~ receiving resource instances containing data elements populated with the "MustSupport" flag' without generating an error or causing the application to fail.
 - Elements without a "MustSupport" flag in a FHIR response **SHOULD** still be received without generating an error or causing the application to fail.
 - The Receiver **SHOULD** be capable of displaying "MustSupport" data elements for human use or processing (including, storing them) for multiple events.

Additional Information to add

- Need to explain WHY elements are marked as Must Support
- Add the following text:
 - To maximize interoperability, this Implementation Guide uses the MustSupport flag to identify elements that implementers must understand in order to properly submit, process, and/or view electronic referrals. Fields that are important for clinical use and clinical safety will also be marked as Must Support.
 - For Message Support, In Focus Resources, and Supporting Information, these essential elements will be the ones that provide the key information for all use cases.
 - For Entities, these essential elements will be the ones that allow systems to uniquely identify the people and organizations involved in the request.

Use-Case Specific Guidance on MustSupport

- There are some elements that are not needed for all use cases.
- We won't mark elements as MustSupport unless they are needed for all use cases
- We will provide guidance in the profiles around those elements that are "conditionally" MustSupport, i.e. not marked as MustSupport for all cases but are must support for a specific use case.

Examples and Discussion

- ServiceRequest
 - subject, authoredOn, reasonCode – these are all essential to understanding the referral
 - basedOn, replaces, requisition - are important for the chaining and splitting/routing use case but not the other use cases. Should they be marked as must support or should we have a note on the profile about their use?
- Patient
 - name, gender, birthDate - essential to identify the patient
 - address, telecom - important for contacting patient if unknown to receiving system?
 - maritalStatus, communication - not needed for identification or for receiving system



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Voting Items:

Appointment to ServiceRequest cardinality (#130)

- Appointment profile has .basedOn as 0..*
- Diagram has .basedOn as 1..1
- No use case for an appointment to be attached to multiple different service requests
- Resolution: Not Persuasive with Modification: Should change profile and diagram to be 1..*

Including Questionnaire in Guide (#127)

- There is a Questionnaire profile in the guide
- It is not actually referenced by any other profile or message bundle
- Disposition was to add it to the list on the FHIR Artifacts page
- Not Persuasive with Modification: Remove the profile from the guide

- Motion: Jean Duteau / Caryn Harris : 33-0-0

Definition of 'revoke-service-request' (#126)

- Current: Notify systems that a ServiceRequest has been terminated and request that the ServiceRequest and related information be removed
- Proposed: To request that a ServiceRequest be terminated and all information related to that ServiceRequest on the RMS Source be removed.
- Persuasive with Modification: To request that a ServiceRequest be terminated and the receiving system should follow all processes around revoking the referral
- Motion: Jean Duteau / Ion Moraru : 34-0-0

Revoke Referral event (#3)

- Not Persuasive: The current transaction is sent by the owner of the Referral (the Sender). For the receiver to revoke the referral, they send the notify-update-process-request with a Task to indicate that the referral should be revoked or terminated.
- Motion: Jean Duteau / Sandra Lambert : 34-0-0

Appointment Events (#2,28,61,62)

- Persuasive: Create a narrative on one of the pages in the IG that highlights how appointment information is conveyed and how the appointment status is managed via the notify-add-appointment and notify-update-process-request events
- Motion: Jean Duteau / Sam Forouzi : 33-0-0

HealthcareService and other Resources (#134-139,258,266)

- It was deemed that for this first iteration of the guide, a number of resources that were present in the Ontario Health version of the guide were out of scope, including HealthcareService.

Upcoming meetings & topics

Date & Time (EDT)	Proposed Topics
July 10: 1-3pm	CAT Feedback – Group 2: New Pages (layout) Block vote 3 – MustSupport profile changes
July 17: 1-3pm	CAT Feedback – Group 3: Integration Patterns & Messaging Architecture Block vote 4 (TBD)
July 24: 1-3pm	Business Events Page(s) Block Vote 5 (TBD)
July 31: 1-3pm	Block Vote 6 (TBD)
Aug 7: 1-3pm	TBD



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Appendix

CAT model: considerations related to messaging

CAT Model


- a **single, centralized RMS** (vs separate RMS for referring provider, service provider and possibly CI/CAT)
 - referring provider & service provider will **work in POS systems** connected to the RMS by messaging
- The centralized RMS is the source of truth for the "referral record"
 - requested by referring provider using messaging
 - created in centralized RMS and managed by CAT
 - assigned to a service provider by CAT
 - performed by the assigned service provider
- Service provider **requests** (or directs) CAT to reassign referral

Discussion: Approach to working the feedback

- Much of the feedback requires us to draft new content for the guide
- Draft content will be prepared and reviewed over a series of meetings:
 - drafted in advance of meetings and shared for review
 - discussed in meetings to gather feedback
- Proposed groups:
- Voting on dispositions may follow presentation of feedback

Example of feedback on CA:eReC:

Set context and describe how messaging supports the CAT model

Row / #	Feedback (simplified). link
92 / 1	Add "Referral Record" to the Glossary of Terms. An enterprise-level set of referral information maintained and managed by a single authoritative body ...
93 / 2	Consider revising the definition of Referral Management System An RMS is an information system that supports and enables the electronic referral process by storing the "Referral Record" and providing capabilities needed to maintain, manage and disseminate the referral information throughout the referral lifecycle ...
94 / 3	Add a definition for CAT See prior slide
96 / 5	Add a use case for CAT (in addition to Central Intake) Draft in progress (diagram , narrative)
97 / 6	Update Integration Patterns page to include illustrations and discussion about different integration architectures and how they use the messaging, including: <ol style="list-style-type: none">1. Creation of referral record in RMS portal / UI with use of messaging to share information with system used by Service Provider2. Creation of referral request in POS with use of messaging to transmit the referral from POS to RMS to a create new referral record 3. Use of messaging to support management of referral in multiple RMS systems / synchronization of referral record between RMS systems4. Use of SMART on FHIR to support creation of a referral record in the RMS portal / UI
98 / 7	Move images of Messaging Architecture and supporting discussion to the Integrations Patterns page and: <ul style="list-style-type: none">- continue to show the difference between Point-to-Point (or Direct) & Central Intake (or CAT)- highlight the distinction between architectures with a single, centralized RMS vs multiple RMS that need to be synchronized
105 / 14	Use Business Events page to discuss the lifecycle of a referral with high level interactions between sources of information and RMS <ol style="list-style-type: none">1) different approaches to creating a referral record in an RMS (see #6 - with business context)2) how to make changes / updates to content (information sources and triggers)3) how to make changes to "referral status" (information sources and triggers)
106 / 15	On CA: eReC Messaging page , revise diagrams and corresponding tables lower on the page to reflect CAT workflows, corresponding Actor roles, and when to send Tasks vs Service Request to communicate s to CAT/cRMS vs POS/Participant
107 /17...	Provide options / rules for slimming message payloads using *.reference.identifier element ...



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Thank you!

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