



Canada Health Infoway

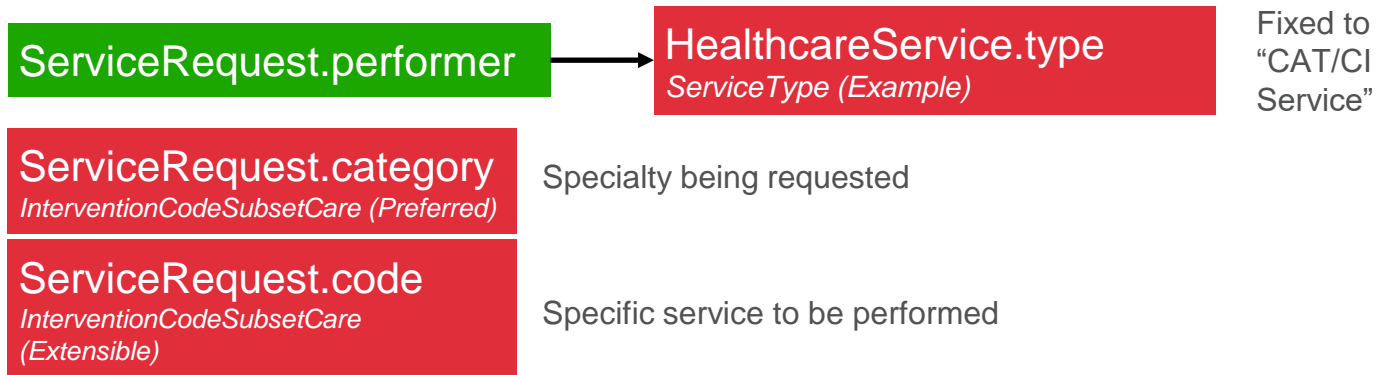
V1.1.0 DFT-Ballot Terminology Feedback

ServiceRequest and HealthcareService

Key	Summary	Resolution	Recommendation
ER-88	ServiceRequest.category use and purpose, definition, and terminology binding valueset	Persuasive	<p>Recommendation depends on use case for the data element. Once confirmed, A pan-Canadian value set can be identified that is fit for purpose</p> <p>Options:</p> <ol style="list-style-type: none">Is a clinical specialty required? Leveraging CIHI HealthcareProviderSpecialty (e.g. Urology, Orthopedics, Neurosurgery) value set being developed for August).Is a healthcare service grouping is required? e.g. Orthopedic surgery service; in which case this would not be appropriate and more assessment on a fit for purpose value set would need to be done (e.g Referral Service Code Subset Service)Both clinical specialty and healthcare service grouping are required. Recommending both valueSets through a new combined valueSet or additionalBinding extension <p>Also Usage note is not clear and needs to be refined and aligned with Specifying a Service. Typos need to be addressed.</p> <p>.category <i>this is not needed for P2P referrals - what does this mean?</i> eg. for CAT/CI, <i>this is the specialty being request, Urology, Othopedics, etc.</i> - define CAT/CI; typos: "being requested. e.g. Urology, Orthopedics etc.)</p> <p>Change ServiceRequest.category cardinality to 0..1 Maintain preferred binding</p>
ER-89	ServiceRequest.code use and purpose, definition, and terminology binding valueset	Persuasive	<p>InterventionCodeSubsetCare is an older valueset developed by CIHI for PHC EMR MDS and was manually curated for that use case. It is worth revisiting the assessment of what is fit for purpose.</p> <p>Referral Service Code includes concepts from both the occupation hierarchy (e.g. Artificial limb fitter) as well as healthcare service (e.g. Assessment service) so this might not be appropriate for the data element either.</p> <p>Consider reviewing for fit : https://fhir.infoway-inforoute.ca/ValueSet/procedurecode . This includes concepts that represent activities performed in the provision of health care including invasive procedures, laboratory procedures, administration of medicines, imaging, education, therapies, and administrative procedures. It is a broad valueset with over 60K concepts but is more in alignment with the FHIR definition for this data element.</p> <p>Maintain extensible binding</p>
ER-198	HealthcareService.type: valueset binding inconsistency with usage note	Persuasive	<p>Align with valueSet chosen for ServiceRequest.category (ER-88) Change HealthcareService.type cardinality to 1..*</p> <p>Add preferred binding</p>

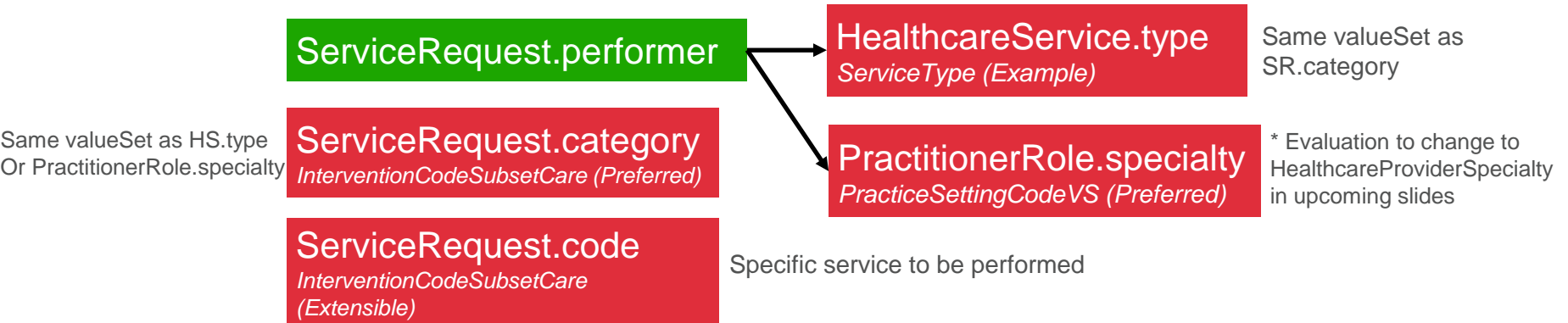
ServiceRequest and HealthcareService [ER-88](#), [ER-89](#), [ER-198](#)

- Relationship between HealthcareService and ServiceRequest – CAT/CI



ServiceRequest and HealthcareService ER-88 ER-88, ER-89, ER-198 ER-113

- Relationship between HealthcareService and ServiceRequest – Point-to-Point



InterventionCodeSubsetCare is an older value set – manually created and not logically defined with limited concepts

ER-88 **ServiceRequest.category** use and purpose, definition, and terminology binding valueset

category	S	Binding
code	S	Binding
subject	S	Reference (Patient)
reference	S	
identifier	S	
system	S	1..

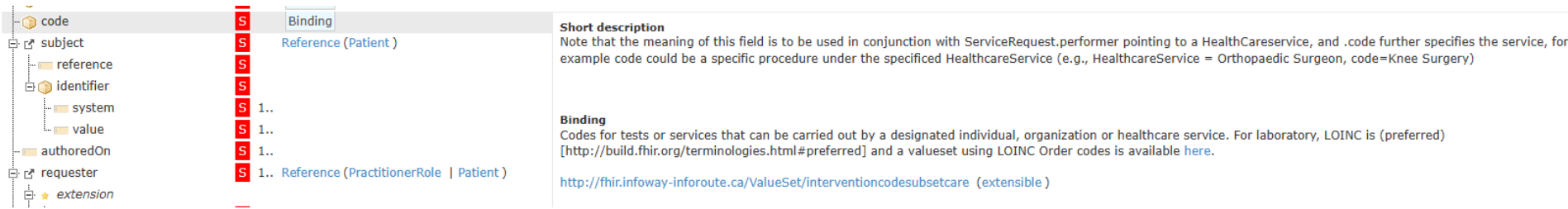
Binding
Classification of the requested service.

<http://fhir.infoway-inforoute.ca/ValueSet/interventioncodesubsetcare> (preferred)

.category

- this is not needed for P2P referrals
- for CAT/CI, this is the specialty being request, eg. Urology, Othopedics, etc.
- **Confirm use case for ServiceRequest.category. Options:**
 1. Capture Healthcare Service (e.g. Orthopedic surgery service, Mental health service)
 - Recommend binding to [Referral Service Code Subset Service](#)
 2. Capture medical specialty (e.g. Urology, Orthopedics, Neurosurgery)
 - Recommend binding to upcoming CIHI HealthcareProviderSpecialty valueSet being developed
- Update usage note for SR.category
 - Fix typos and clarify it is used in Point-to-point referrals

ER-89 - **ServiceRequest.code** use and purpose, definition, and terminology binding valueset



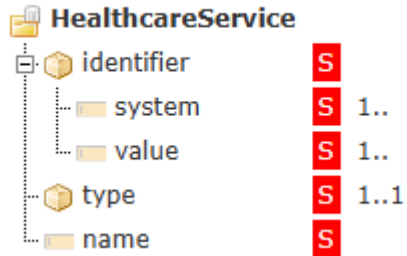
The screenshot shows the FHIR specification for the `code` element. The left sidebar lists the structure: `code` (with a red 'S' icon), `subject` (with a red 'S' icon), `reference`, `identifier` (with a red 'S' icon), `system` (with a red 'S' icon and cardinality '1..'), `value` (with a red 'S' icon and cardinality '1..'), `authoredOn` (with a red 'S' icon and cardinality '1..'), `requester` (with a red 'S' icon and cardinality '1..'), and `extension`. The main content area shows the `Binding` section, which includes a `Short description` and a `Binding` section. The `Short description` states: "Note that the meaning of this field is to be used in conjunction with `ServiceRequest.performer` pointing to a `HealthCareservice`, and `.code` further specifies the service, for example code could be a specific procedure under the specified `HealthcareService` (e.g., `HealthcareService = Orthopaedic Surgeon`, `code=Knee Surgery`)". The `Binding` section states: "Codes for tests or services that can be carried out by a designated individual, organization or healthcare service. For laboratory, LOINC is (preferred) [<http://build.fhir.org/terminologies.html#preferred>] and a valueset using LOINC Order codes is available [here](http://fhir.infoway-inforoute.ca/ValueSet/interventioncodesubsetcare)".

.code

- **SHOULD** include a code from <https://fhir.infoway-inforoute.ca/ValueSet/interventioncodesubsetcare>
- specifies the specific type of service to be performed, eg. Urinalysis, Renal/Bladder Ultrasound

- Consider reviewing for fit : <https://fhir.infoway-inforoute.ca/ValueSet/procedurecode>
- Includes concepts that represent activities performed in the provision of health care including invasive procedures, laboratory procedures, administration of medicines, imaging, education, therapies, and administrative procedures. It is a broad valueset with over 60K concepts but is more in alignment with the FHIR definition for this data element.

ER-198 HealthcareService.type: valueset binding inconsistency with usage note



type

- P2P is the specific service needed (same value set as [ServiceRequest.category](#)), for CAT/CI the type is "CAT/CI service"
 - **SHALL** be used to classify HealthcareService directories into taxonomies
 - Supports single tag based, multi-tag, multi-tag with a primary tag, hierarchical, faceted or a combination of these taxonomy approaches
 - For additional information and implementation guidance on the Taxonomies supported in the [.type](#) element, please refer to the Taxonomy section in the [ON eServices Guide](#)
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- Change – Cardinality: 1..* - change ServiceRequest.category to 0..1
 - In Point-to-Point referrals, the intention is to use the same valueSet as ServiceRequest.category in Central Intake/CAT, the intention is to use a fixed value for "CAT/CI"
 - HealthcareService.category, HealthcareService.specialty are not-MS and optional; HealthcareService.type is the only element used for classification in CA:eReC

ServiceRequest.reasonCode

Key	Summary	Resolution	Recommendation
ER-90	ServiceRequest.reasonCode valueset inclusion questions.	Persuasive	<p>This data element is intended to capture the Explanation/Justification for procedure or service.</p> <p>Propose to leverage HealthConditionCode. This is a Pan-Canadian valueset developed for the CACDI. Includes concepts from the following hierarchies: 404684003 Clinical finding (finding) 272379006 Event (event) , 243796009 Situation with explicit context (situation)</p>

The screenshot shows a tree view of the 'reasonCode' element. The tree includes 'supportingInfo' (with sub-elements 'reference' and 'identifier', which has a 'system' sub-element). To the right of the tree is a 'Binding' section with the following text: 'Binding: Diagnosis or problem codes justifying the reason for requesting the service investigation. ProcedureReasonCodes (preferred)'. There are also some red 'S' icons in the interface.

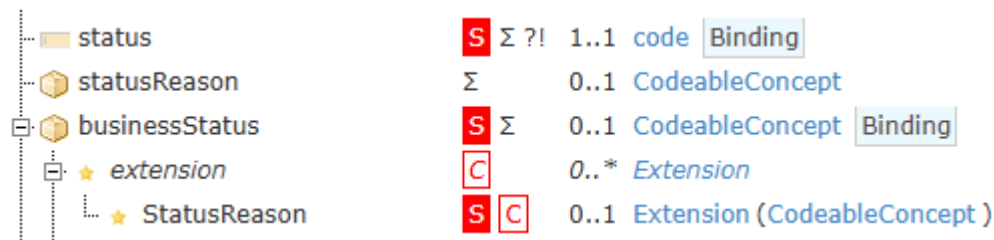
.reasonCode

- provides the reason for the referral. This could be coded but is very often conveyed as text

Task

Key	Summary	Resolution	Recommendation
ER-145	TaskBusinessStatus - Clarify Duplicate Request status	Persuasive	Will remove the concept as it represents a reason for the business status instead of the business status itself
ER-144	TaskBusinessStatus - Clarify Ineligible for Service status	Persuasive	Will remove the concept as it represents a reason for the business status instead of the business status itself
ER-180	TaskBusinessStatus: Include code for when a referral is declined	Persuasive with modification	Will add the concept as code:DCL , display:Declined to align with the Ontario implementation guide
ER-200	TaskBusinessStatus.extension:StatusReason does not have a valueSet	Persuasive	<p>Define distinct terminology value sets for each data element as required. For task-business-status this valueset seems to combine both a business status and a status reason code which is not recommended. There should be a disambiguation of both. If a standardized valueset is required for Task.businessStatus.extension:statusReason data element, we recommend a valueset be curated based on a standard code system such as SNOMED CT that is defined based on the business requirements (what concepts would need to be represented). CSRC can support this through our standard RFC process for both content and valueset development.</p> <p>At minimum, it should be preferred</p>

Task



.status

- for a "Process Request" Task, used to track the status of the ServiceRequest being performed as work progresses through to completion
- for a "Request for Information" Task, used to track the status of the request for information

.businessStatus

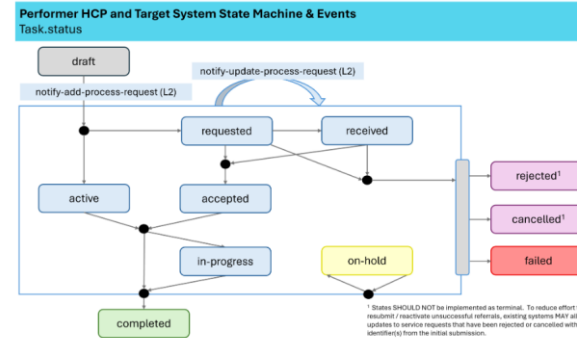
- used to convey the business status of the Task, which can be different from the `.status`. It can be more finegrained and is implementation-specific.

.businessStatus.extension:StatusReason

- provides a coded reason for the `.businessStatus`

TaskBusinessStatus ValueSet Changes

Code	Display	Change	Applicable Task.status
NW*	New		active, requested
PEN	Pending		received
ACC*	Accepted		accepted
RFI	Information Requested		on-hold
RI	Ready for Intake		received
INEL	Ineligible for Service	Remove	
BOK*	Booked		active, in-progress
CM*	Completed		completed
CA*	Cancelled		cancelled
DUP	Duplicate Request	Remove	
REV	Revoked		cancelled
UPD	Request Updated		active, in-progress
RFU	Requested Information Updated		active, in-progress
DCL*	Declined	Add	rejected



- Compare with Task.status codes, include a Description with mapping to Task.status codes

*Used in both AB and ON workflows

Code
draft
requested
received
accepted
rejected
ready
cancelled
in-progress
on-hold
failed
completed
entered-in-error

Practitioner and PractitionerRole

Key	Summary	Resolution	Recommendation
ER-158	Practitioner.qualification.code: Using HealthcareProviderRoleType	Persuasive	<p>Terminology binding does not align to intended use of data element. There should be a careful determination of concepts required to ascertain a fit for purpose valueset. the proposed valueset https://fhir.infoway-inforoute.ca/ValueSet/qualifiedroletype (SCPQUAL) is that the concepts represented seems to conflate service category as well as credentials and it is not standards based. However, if there is established use of this Valueset in the panCanadian landscape for this data element, it would be better suited than HealthcareProviderRoleType.</p> <p>Use preferred binding.</p>
ER-193	PractitionerRole.code: Clarify which binding strength to use for terminology binding	Persuasive	<p>Use of example bindings not recommended. Example valuesets are largely illustrative and not instructive.</p> <p>The CA-CSD uses preferred binding to https://fhir.infoway-inforoute.ca/ValueSet/healthcareproviderroletype . Do we need to align? Pan-Canadian Value Set will be added in August that leverages SNOMED CT for CACDI. We should look to align : HealthcareProviderSpecialtyCode Pan-Canadian Value Set will be added in August that leverages SNOMED CT for CACDI. We should look to align : HealthCareProviderRoleCode</p>
ER-192	PractitionerRole.specialty: Clarify which valueSet and binding strength to use for terminology binding	Persuasive with modification	<p>Terminology binding should align.</p> <p>Note that PractitionerSpecialty is not a published pan-Canadian valueset on our national terminology server. PracticeSettingCode Valueset is based on HITSP C80 which is US centric and more importantly is not maintained to align to the terminology standard. HealthcareProviderSpecialtyCode is under development by CIHI for the CACDI: This is a logically defined Pan-Canadian valueset slated for development and publication on our national terminology server with the August release of the SNOMED CT CA Edition</p>

PractitionerRole.code

code	S	Reference (Location)	Element id PractitionerRole.code
specialty	S		
location	S		

.code

- Identifies the roles (or "job titles") that the Practitioner performs at the organization

PractitionerRoleCode	This value set defines a set of codes that can be used to indicate the role of a Practitioner.	PractitionerRole: PractitionerRole.code	Extensible
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- Use of example bindings not recommended. Example valuesets are largely illustrative and not instructive.
- Consider for Alignment:
 - The CA-CSD uses preferred binding to <https://fhir.infoway-inforoute.ca/ValueSet/healthcareproviderroletype>
 - Pan-Canadian Value Sets will be added in August that leverages SNOMED CT for CACDI: HealthcareProviderSpecialtyCode, HealthcareProviderRoleCode

PractitionerRole.specialty

code	S	Reference (Location)	Element id PractitionerRole.code
specialty	S		
location	S		

.code

- Identifies the roles (or "job titles") that the Practitioner performs at the organization

PractitionerSpecialty	This is the code representing the clinical specialty of the clinician or provider who interacted with, treated, or provided a service to/for the patient.	PractitionerRole: PractitionerRole.specialty	Extensible
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- Terminology binding should align, but PractitionerSpecialty is not a valid pan-Canadian valueset published on our terminology Server. PracticeSettingCode Valueset is based on HITSP C80 which is US centric and more importantly is not maintained to align to the standard.
- Regarding HealthcareProviderSpecialty under development by CIHI: please note that this is a logically defined Pan-Canadian valueset slated for development and publication on our national terminology server with the-August release of SNOMED CT CA

Practitioner.qualification.code

PractitionerQualification	A role type that is used to categorize an entity that delivers health care in an expected and professional manner to an entity in need of health care services. Examples: Registered Nurse, Chiropractor, Physician, Custodial Care Clinic. Concepts from CHI HealthCareProviderRoleType pan-Canadian subset.	Practitioner: Practitioner.qualification.code	Extensible
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- Not a MS element
- Terminology binding does not align to intended use of data element.
- There should be a careful determination of concepts required to ascertain a fit for purpose valueset. Issues with the proposed valueset <https://fhir.infoway-inforoute.ca/ValueSet/qualifiedroletype> (SCPQUAL) is that the concepts represented seems to conflate service category as well as credentials and it is not standards based.
- However, if there is established use of this Valueset in the panCanadian landscape for this data element, it would be better suited than HealthcareProviderRoleType.

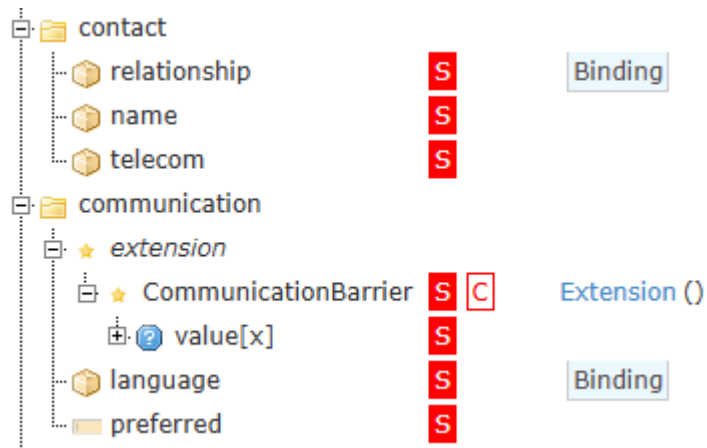
Using CA:CSD with CA:eReC

- Add verbiage to CA:CSD and CA:eReC:
 - When using CSD with eReC – recommended to relate these elements to maintain interoperability:
 - HealthcareService.type and ServiceRequest.category
 - When using CSD with eReC – recommended these valueSets to maintain interoperability:
 - Change PractitionerRole.Specialty binding from PractitionerSpecialty to HealthcareProviderSpecialty

Patient

Key	Summary	Resolution	Recommendation
ER-186	CIHI is recommendinng the CIHI Language Codes value set as the Pan-Canadian valueset for this element	Not Persuasive with modification	Issues have been raised with ISO 639-3 - CIHI Language Codes . Currently CA:eReC is incorrectly bound to a jurisdictional subset HumanLanguages, and the base FHIR R4 binding to CommonLanguages is proposed instead. Maintain preferred binding. Practitioner.communication.language (Not a MS element) should have the same binding
ER-185	personalrelationshipproletype is based on v3- PersonalRelationshipRoleType and will be translated in the future. Patient-contactrelationship contains roles rather than relationships.	Persuasive	Align to pan-Canadian valueSet (https://fhir.infoway-inforoute.ca/ValueSet/personalrelationshipproletype) given the valueset is published for CACDI and will be translated for CA use cases. Maintain extensible binding
ER-192	Patient.contact.relationship has two value sets listed .	Persuasive	Persuasive to align to CACDI (https://fhir.infoway-inforoute.ca/ValueSet/personalrelationshipproletype) Fix the Terminology page to only reflect the chosen binding
ER-150	Patient.identifier:JHN.system: Link to valueSet of provincial JHN systems in the Canadian URI registry with Required binding	Persuasive	We can link to the Published Naming Systems in Canadian URI registry from the data element comments and usage notes.

Patient



.contact

- Used to identify a contact party for the patient (e.g. partner, parent, friend)
- **MAY** be populated when available to send

.communication

- Used to indicate which language the patient speaks, multiple allowed
- **SHOULD** be populated when available to send
- `.language` **SHALL** always be populated when used

Patient.communication.language

- Issues have been raised with ISO 639-3 - [CIHI Language Codes](#). Currently CA:eReC is incorrectly bound to a jurisdictional subset HumanLanguages, and the base FHIR R4 binding to [CommonLanguages](#) is proposed instead.
- Maintain **preferred** binding.
- Practitioner.communication.language (Not a MS element) should have the same binding

Patient.contact.relationship

- Align to pan-Canadian valueSet given the valueset is published for CACDI and will be translated for CA use cases.
- FHIR R6 will be distinguishing the role from the relationship for Patient.contact, so this approach aligns
- Patient.contact.relationship = kind of personal relationship, e.g. familial, friend, neighbour
- Patient.contact.role = functional role, e.g. Guardian, Next of Kin, Power of Attorney

Additional Terminology Comments

Key	Summary	Resolution	Recommendation
ER-159	Publishing valueSet and CodeSystems in Pan-Canadian space	Pending scope assessment	<p>ValueSets for Pan-Canadian ownership and maintenance must follow a defined process: https://infocentral.infoway-inforoute.ca/en/resources/docs/hl7/terminology/4642-process-for-promoting-jurisdictional-valueset-to-pan-canadian</p> <ul style="list-style-type: none">• Confirm valueSets are reviewed and endorsed for pan-Canadian use• Update canonical URLs to reflect ownership between pan-Canadian and Jurisdictions• Assess confirmed valueSets for duplication of purpose
ER-171	MessageHeader.extension:Routing Options	Pending scope assessment	<p>Any Valueset published as part of a Pan-Canadian spec. cannot be considered a jurisdictional valueset and needs to go through the defined process to ensure it meets eligibility of that scope. The ON valueSet is not standards-based and would need to be determined if implementable by other jurisdictions for promotion as a Pan-Canadian valueset published on our Terminology Server.</p>
ER-189	Communication.category: change binding to CommunicationCategory valueSet to be extensible	Persuasive with Modification	<p>The binding strength should be informed by business rules when not dictated by the base standard, when deciding to use preferred, extensible or required. It should be driven by implementation considerations for optimized outcomes. Agreed with strengthening to what is appropriate for eReC implementation across CA.</p> <p>"Example" bindings are not recommended as our goal is data standardization and interoperability.</p>
ER-187	The valueset for Organization is an Example value set. If that is the valueset that is intended for use, it should be specified as (Preferred) at a minimum.	Persuasive with modification	<p>The preferred or required valueset should be fit for purpose and not just an example valueset lifted from FHIR. We will remove specifically calling out the binding to Organization.type from the Terminology page along with other example bindings from base FHIR</p>

Pan-Canadian ValueSets – Confirm Use

ValueSet	ON	AB	Comment
MessageEventCode (https://simplifier.net/ca-erec/message-event-code)	X	X	
MessageChangeReasonCode (https://simplifier.net/ca-erec/message-change-reason-duplicate-2)	?	X	Added in v1.1.0 to provide a reason for 'notify-update-*' messages
TaskCode (https://simplifier.net/ca-erec/task-code)	X	X	
TaskBusinessStatus (https://simplifier.net/ca-erec/task-business-status)	X	X	
CommunicationBarrier (https://simplifier.net/ca-erec/communication-barrier)	X		Is in CA Core+
CommunicationCategory (https://simplifier.net/ca-erec/communication-category)	X	X	
ReferralSourceTypes (https://simplifier.net/packages/ca.on.oh-erec-ig/0.12.2-alpha1.0.1/files/2807484)	X		Evaluating in ER-171
IdentifierType	X	X	Evaluate if we should bind to existing pan-Canadian set https://fhir.infoway-inforoute.ca/ValueSet/identifiertype
PreferenceTypeCode (https://simplifier.net/ca-erec/preference-type)	X	?	Added in v1.1.0 with the ServiceProviderPreference extension to indicate a preference type



Canada Health Infoway

Thank you!

Contact Information

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