

# eReferral FHIR

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Tim walked through the end-to-end eReferral interaction flow. Several updates since last meeting's version.

SMART on FHIR is an option for many of the interactions. This means that a 3rd party application can perform some of the functionality via an API that traditionally would be assumed to be performed within the host system. This launches another app within the host system and then once the functionality is completed (e.g. select a care service), the information is passed back to the host system and the app disappears.

The Smart on FHIR and 'direct' API (e.g. sending an eReferral from the Requesting System) are very similar in terms of the coding.

Tim is proposing that 'bundles' be used for the most of the APIs

'chatter' between the requestor and referral recipient (steps 6 and 7 iteration) to be added to the diagram:

- Strata sees this regularly e.g. more information requested
- OTN eConsult also may see back and forth after the original eConsult request

An alternative route is if the POS is sending a referral request to a Central Intake and then that actor connects to the 'Find Service' to generate the downstream specific referral requests that are sent to the referral recipients/targets

Question: use identifiers pairs (ID and URL) to uniquely identify the service/target endpoint?

- PRO: this follows the convention for a POST that there should not be any parameters in the message; the ID would be in the referral package itself
- CON: no real need for a pair if we can just create a concatenate "URL/ID"

Will seek more input - Lloyd will be attending the next meeting to speak about the Task resource

Input from WG is that the proposed architecture/flow works well

Tim offered to work with other participants to work on demo integrations to try out some of the APIs.