

# FHIR eReferral Spec Working Group

Tuesday, March 20, 2018 11:02 AM

## Attendees:

1. Maggie Labelle
2. Tue Hoang
3. Smita Kachroo
4. Luis Pizarro
5. Tim Berezny
6. Dustin Doan
7. Matt Atwood
8. Nima Heirat
9. Shamhad Abdi
10. Caryn Harris
11. Yaron Derman
12. David McDermott
13. Janice Spence
14. James Agnew
15. Rita Pyle
16. John Wills

## Backgrounder for FHIR North Code Camp eReferral track:

Tim walked through the end-to-end interactions between the actors. One system can support multiple actors

2 ways to connect with an eReferral FHIR server:

- Either ahead of time and then demo it at FHIR North... and connect with others
- Build at FHIR North itself

Focus is on either traditional POST or SMART on FHIR

The 3 flows include send/post/relay and the acknowledgement/response from the receiver;

Out of scope is any more involved interactions e.g. request for (additional) information

Flow 2.3 - the CareDove server will be the 'sender' of the relay referral and those that have a 'check' in the Flow 2.3 column will be the receivers. The payload for Flow 2.1 is the same as for Flow 2.2, with the addition of a Task resource

It is completely acceptable to simply take the 'human narrative' payload and copy it into a 'Notes' section of the receiving system

### Flow 2.4 - SMART on FHIR

The sender will share a Patient and Practitioner resource along with OAuth2 authorization and then the receiver will present a UI. The sender does not need to have a UI running; a browser is sufficient.

**Completion % values at the top of the various pages of the eReferral spec** indicates the level of confidence of the content. If it is above 50%, there is strong confidence but requires tweaking. This is one of the goals of the FHIR North Code Camp eReferral exercise. Those with less than 50% indicates that the technical considerations have a lot of confidence but the content has not be published. Overall, the approach has been 'through the ringer' with the international FHIR community so there is less likelihood of wholesale changes but potential 'gotchas' that need to be worked out.

**Feel free to contact TIM [tim@careDove.com](mailto:tim@careDove.com) with any questions - don't get bogged down trying to solve it yourself!**