Canada Health Infoway
Inforoute Santé du Canada

eReferral Working Group Meeting Summary

Meeting Summary

Meeting Chair: Allana Cameron			
Date and Time October 24, 2024,1:00pm – 2:00pm ET	**Location** Virtual	**Note Taker** Sadrina Petit, Project Analyst, Digital Health Interoperability	**Next Meeting Date** November 6, 2024, 1:00pm – 3:00pm ET
Meeting Agenda: **1.** Timeline for next release – v.1.1.0 **2.** Process for submitting Feedback **3.** Discussion: Proposed Change Requests from Ontario Health **4.** Deferred items from v.1.0.0 Balloting **5.** Next Steps			
Presenters			
• Mark Fernandes – eReferral / eConsult Product Owner • Joginder Madra - Ontario Health eServices (eReferral-eConsult)			
Invited Guests			
Public			

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1. Welcome and Introductions

M. Fernandes welcomed all participants to the working group meeting and introduced Joginder Madra from Ontario Health eServices (eReferral-eConsult). Meeting materials and a recording of the session will be made available on the InfoCentral working group page

2. Content Presentation

The Infoway team presented each of the agenda items as outlined above. The meeting aimed to address the timeline for the next release (v1.1.0), the process for submitting feedback, discuss proposed change requests from Ontario Health, review deferred items from v1.0.0 balloting, and outline the next steps.

The presentation deck is available eReferral Working Group Meeting

The video recording is available eReferral Working Group Meeting

3. Action Items

Action Item #	Action Item	Responsible	Due Date	Status
1	Schedule the next working group meeting scheduled for November 6, 2024, 1:00pm – 3:00pm ET	Working Group	Oct 28, 2024	Complete
2	Prepare detailed documentation on each of the proposed changes that will be discussed for the meeting, including the process, the proposed modeling, and any supporting information.	Infoway	Nov 5, 2024	In Progress
3	Determine the appropriate sequence and prioritization for addressing the proposed changes.	Infoway	Nov 5, 2024	In Progress
4	Distribute the prepared documentation ahead of the next meeting on November 6th.	Infoway	Nov 5, 2024	In Progress

4. Questions raised during the working group meeting:

What is the timeline for the development and review of specification version 1.1.0?

The timeline aims to align with the January balloting cycle, with the spec development occurring from now until mid-December. This will be followed by a month of open review and another month for soliciting feedback. The final version is planned for release on March 28.

Why might a sender indicate that a referral needs to be split?

Typically, the need to split a referral should be determined by the receiver based on the referral information. However, there may be cases where the questionnaire or e-form used in the referral process could explicitly indicate a split, suggesting this as a predefined option based on specific responses.

When indicating a provider's identifier in a referral for the delegation use case, does this refer to the provider of the appointment or the service requester?

It refers to the service requester, particularly when residents or non-practitioners are initiating the referral under the supervision of another provider. It's crucial to note the delegation relationship in such cases.

Has the issue of handling delegation in service requests been addressed in existing FHIR models or extensions?

Discussions have occurred within the FHIR community, but no conclusive models or extensions have been established to handle transient delegation effectively. This remains an area needing further development.

Should the decision to split a referral be made by the sender or the receiver?

The initial consensus leans towards the receiver making the decision based on the detailed information provided in the referral. However, further discussions are necessary to clarify and define the process adequately.

Is there a designated space within CA:eReC to define e-form templates or questionnaire templates, or should this be left to the implementers?

The decision on whether to define e-form or questionnaire templates directly within CA:eReC or leave it to implementers is still open for discussion. The approach could have implications, such as providing recommendations on certain elements, for e.g. specifying referral splitting, should be included.

Are referral DI requisitions handled through existing systems and messaging functionalities in Ontario?

Yes, in Ontario, DI requisitions are routinely sent and received by systems that manage them through existing splitting functionalities and existing messaging.

What is the potential for standardizing elements of e-forms on a pan-Canadian level?

There's limited appetite for standardizing entire forms at a pan-Canadian level due to provincial variations in requirements and terminologies. However, there might be interest in standardizing certain form elements that could align with business rules for handling referrals.

How could the dissent mechanism for service requests be structured to accommodate both excluded and preferred participants?

One approach could be to create an extension called "participant handler" (or a better name) with a type field indicating whether the handling type is exclusion, preferred or required. This would allow the extension to accommodate both excluded and preferred participants within the same framework.

Is it necessary to include both the provider ID and name when indicating excluded participants in a referral?

Yes, both provider ID and name are required to accurately specify which participants to exclude from a referral.

Could the participant handler extension be used for multiple entries, such as listing several preferred or excluded participants?

Yes, the extension could potentially handle multiple entries, allowing a list of preferred and excluded participants to be defined within a single referral.

Is there a need to revisit the structure of the "value[x]" in the extension to support preferred/excluded/required to ensure it is modeled correctly?

It's important to verify the modeling to ensure it aligns with the intended use, especially as the extension could be used for multiple purposes, like handling preferred, excluded or required participants.

How should attachments or supporting information be associated with parent and split referrals?

The suggestion is to provide explicit guidance on associating attachments with parent and split referrals. Specifically, it's about ensuring that pertinent information attached to the parent referral is properly referenced and accessible in the split referrals.

Is the documentation time for eConsults managed in the service request or task resource?

Documentation time should not be included in the service request. Documentation time pertains to activities on the receiving side, so it is more appropriately placed in a task resource, which tracks the work done in response to the service request.

What is the purpose of recording documentation time and how is it structured?

The purpose is to record the time spent by consultants on a task, using an extension to include time spent and any pertinent comments. The structure discussed involves a dropdown for approximate time ranges and a field for exact minutes, if necessary. A potentially better model is to use a single field for minutes and reflect both dropdown selections and exact minutes there.

How should guidance on handling 'no known allergies' be disseminated?

It is suggested to provide clear guidance on declaring 'no known allergies' within CA:eReC documentation to remove ambiguity, using existing solutions as references to ensure consistency and accuracy in how this information is recorded and communicated across pan-Canadian specifications.

How should referrals to central intake hubs proposed to be indicated in messaging?

There is a need to clearly indicate when a referral is routed to a central intake hub, possibly using an extension in the task resource. This should inform the sender that the referral has been redirected, adhering to required routing processes.

How can the requirements of not overriding a sender's specified service provider in the referral be managed?

This requirement can potentially be managed by an extension that specifies a 'required provider', indicating that the referral must not be rerouted from the provider specified by the sender.

What does the extension on the service request deal with?

The extension at the top level of the service request deals with the request itself, particularly focusing on the routing of referrals to central intake or a central hub and specifying preferences for healthcare providers or services.

How should routing to the central intake be structured within the service request?

The target HealthcareService in most referral flows should be the central intake, which should have a specific ID. Additionally, there should be a way to specify provider preferences, either through category identification or another method, to ensure that the routing aligns with the sender's intentions.

How does the business rule in the intermediary override the sender's destination choice?

In Ontario, there exists a flow where even if a sender selects a destination from the service directory, an intermediary business rule might override this choice to redirect the referral to central intake. This is intended to ensure better service quality. The 'Do Not Route' directive means the sender's choice should be respected regardless of the intermediary's business rule.

Are the business rules for routing the same in different jurisdictions like Ontario and Alberta?

While Ontario and Alberta both direct referrals to central intake and the same flow exists, Alberta's model always sends to a Central Access and Triage and tends to respect the sender's preference unless there is a compelling reason to do otherwise. This model communicates back to the sender appropriately about any changes.

How can the different scenarios (preferred providers, prior providers, do not use these providers) be handled within the same extension?

It is suggested to explore whether the same extension can handle different scenarios by categorizing provider preferences as preferred, required, or excluded. This approach could potentially standardize the handling across different jurisdictions.

What is the process for incorporating changes into the CA:eReC spec. from provincial inputs like Ontario?

The plan is to hash out the details of the changes, ensure they align with the overall architecture, and integrate them directly into the Canadian guide. This approach helps avoid future reconciliations and ensures that extensions are added seamlessly.

What are the proposed next steps for addressing these changes?

The working group can either work independently and update the specification for community review during the balloting timeline or continue meeting to discuss and decide on changes. There was consensus to have bi-weekly meetings to discuss the changes as they’re being worked through. A suggested meeting frequency could be every 2 weeks for a 2-hour duration to efficiently address and resolve the pending changes.