



Canada Health Infoway

Agenda

1. Generic terms for use case actors RMS
Source/Target
2. Gap analysis on Must Support application
on overlapping profiles between CA:eReC,
PS-CA and CA:Core+

Discussion: February 7, 2024

eReferral/eConsult (eReC) Source and Target

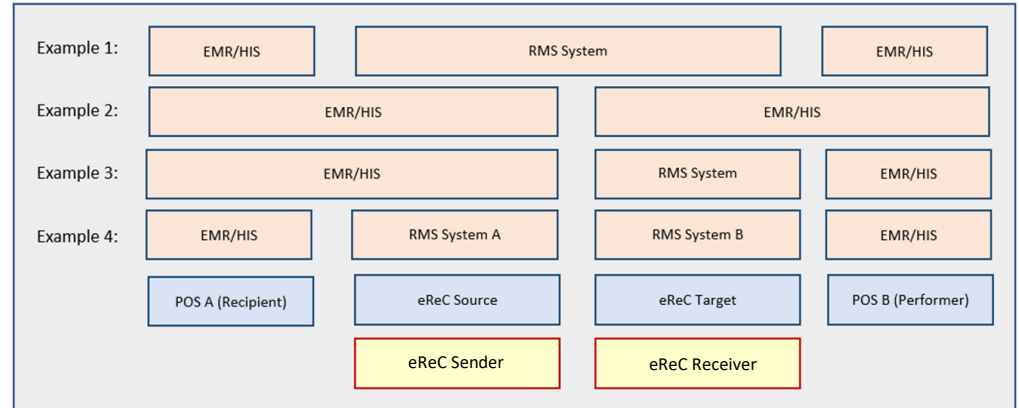
Rename RMS Source and RMS Target to eReC Source and eReC Target

- Generic terms for the use case actors that send and receive eReferrals/eConsults
- RMS (Referral Management System) is a type of real world system, like EMR
- Terms will be defined in our Glossary

eReferral/eConsult (eReC) Source and Target

UC-1 Referral to a Service

- Real World Systems:
 - EMR, HIS, RMS
- Use Case Actor:
 - POS, eReC Source/Target
- Technical Actors:
 - eReC Sender and eReC Receiver





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PS-CA and CA:eReC Gap Analysis

February 7th, 2024

Framing Gap Analysis (1/2)

- Many jurisdictions will participate in both PS-CA and CA:eReC with a goal of increasing re-usability/uplift of profile rules across contexts (reduces API configurations for senders/receivers to do both)
 - Once stabilized, the profiles in the CA Core+ project will support this goal
 - In the interim, we can utilize findings from jurisdictions that refined PS-CA based on an understanding of their cross-use case enterprise requirements and underlying sender system capabilities
- Evaluating similarities (and differences) between PS-CA and CA:eReC can help us better understand what will scale well for systems that will send both (e.g., EMRs, CIS)

Framing Gap Analysis (2/2)

PS-CA and CA:eReC have different contexts **AND** they were generated under different approaches for MustSupport and terminology application (e.g., PS-CA had an initial set of elements that were paired down based on majority support)

How do we tell where a difference is context-driven (appropriate differences) vs approach-driven (primed for harmonization)?

- 1) Start with a gap analysis to identify differences between SHARED resources
- 2) As a WG, identify what is context-driven in eReferral by confirming impact across workflows if it stopped being MustSupport
- 3) As a WG, determine if there are "moot" differences and/or immediate patterns (e.g., MS on sub-elements) that we can all agree we should be harmonizing around

Current Gaps – PS-CA and CA:eReC

- Alberta Health recently conducted comparison of MustSupport and terminology between PS-CA v1.1 and current CA:eReC Build
 - <https://infocentral.infoway-inforoute.ca/en/forum/310-ereferral/5298-comparison-between-ca-erec-and-ps-ca#9006>
- Resources that are shared between PS-CA and CA:eRec: Bundle, Patient, Organization*, Practitioner*, PractitionerRole*
 - PS-CA does not have profiles for Organization, Practitioner, and PractitionerRole and uses the CA Baseline version of these resources while waiting for CA Core+ profiles to stabilize to v1.0
 - CA Baseline profiles typically have between 0-2 elements marked as must support given the lowest common denominator approach, the CA Core+ will have substantially more Must Support/Obligations
- **Bundle and Patient** are the best place to start exploring evaluating context-driven vs approach-driven mustSupport choices

Bundle

- Do differences in Bundle types account for all these differences?
- What would happen to eReferral workflows if **these elements** were no longer supported?

FHIR Name	Description	eReC	PS-CA	Additional context	MS Removal?
Bundle.identifier	Persistent identifier for the bundle	Y	Y		
Bundle.type	Indicates the purpose of this bundle - how it is intended to be used.	Y	Y	Type – “Message” in CA:eReC Type – “Document” in PS-CA	
Bundle.timestamp	When the bundle was assembled	Y	Y		
Bundle.entry	Entry in the bundle - will have a resource or information	Y	Y		
Bundle.entry.link	A series of links that provide context to this entry.	Y			
Bundle.entry.link.relation	A name which details the functional use for this link	Y			
Bundle.entry.fullUrl	URI for resource (Absolute URL server address or URI for UUID/OID)	Y	Y		
Bundle.entry.resource	A resource in the bundle	Y			
Bundle.entry.response	Results of execution (transaction/batch/history)	Y			
Bundle.entry.response.status	Status response code (text optional)	Y			
Bundle.entry.response.location	The location (if the operation returns a location)	Y			
Bundle.entry.response.etag	The Etag for the resource (if relevant)	Y			
Bundle.entry.response.lastModified	The date/time that the resource was modified on the server.	Y			
Bundle.entry.response.outcome	OperationOutcome with hints and warnings (for batch/transaction)	Y			

Patient

- What would happen to eReferral workflows if **these elements** were no longer supported?
- What should we do with evidence some senders/receivers don't support **these elements**?

FHIR Name	Definition	eReC	PS-CA	CA Core+ (2023-11-09)	Additional Context	MS Removal?
Patient.identifier	An identifier for this patient.	Y	Y	Y		
Patient.identifier.extension: HealthCardNumberVersionCode	An assigned sequence code, uniquely identifying a Health Card issued	Y				
Patient.identifier.extension: ReasonForNoHCN	Reason for not providing the patient's health card number	Y				
Patient.identifier.type	A coded type for an identifier that can be used to determine which identifier to use for a specific purpose.	Y		Y	ValueSets come from the same codesystem	
Patient.name	A name associated with the patient	Y	Y	Y		
Patient.name.text	Text representation of the full name		Y	Y		
Patient.name.family	Family name (often called 'Surname')	Y	Y	Y		
Patient.name.given	Given names (not always 'first'). Includes middle names	Y	Y	Y		
Patient.telecom	A contact detail for the individual	Y	*	Y	*MS Removed from PS-CA in prior version	
Patient.telecom.use	Identifies the purpose for the contact point.	Y				
Patient.telecom.system	Telecommunications form for contact point (e.g. Phone, fax, ect.)	Y		Y		
Patient.telecom.value	The actual contact point details (e.g. phone #)	Y		Y		
Patient.gender	Administrative Gender - the gender that the patient is considered to have for administration & record purposes.	Y	Y	Y		
Patient.birthdate	The date of birth for the individual.	Y	Y	Y		
Patient.address	An address for the individual	Y	*	Y	*MS Removed from PS-CA in prior version	

Patient

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FHIR Name	Definition	eReC	PS-CA	CA Core+ (2023-11-09)	Additional Context	MS Removal?
Patient.contact	A contact party (e.g. guardian, partner, friend) for the patient	Y	*	Y	*MS Removed from PS-CA in prior version	
Patient.contact.relationship	The nature of the relationship between the patient and the contact person.	Y	*	Y	*MS Removed from PS-CA in prior version	
Patient.contact.name	A name associated with the contact person.	Y		Y		
Patient.contact.telecom	A contact detail for the person	Y	*	Y	*MS Removed from PS-CA in prior version	
Patient.communication	A language which may be used to communicate with the patient about his or her health	Y	*		*MS Removed from PS-CA in prior version	
Patient.communication.extension:CommunicationBarrier	To identify if the patient speaks/understands an official language (english/french), or if she/he does not an interpreter is required.	Y				
Patient.communication.language	The language which can be used to communicate with the patient about his or her health	Y	*		*MS Removed from PS-CA in prior version	
Patient.communication.preferred	The language which can be used to communicate with the patient about his or her health	Y				
Patient.generalPractitioner	Patient's nominated primary care provider	Y	*	Y	*MS Removed from PS-CA in prior version	

Relevance of CA Core+

- Future blueprint for all pan-Canadian guides in Canada; profiles created in collaboration with CIHI and pCHDCF
- Current profiles available in an early release v0.1 are: Patient, Practitioner, PractitionerRole, Organization
- Additional profiles will be added to a v0.2 update (from the pCHDCF) in May 2024

Overlapping MS Elements* – CA:eReC and CA Core+

Patient	Organization	Practitioner	PractitionerRole
Patient.identifier	Organization.identifier	Practitioner.identifier	PractitionerRole.practitioner
Patient.name	Organization.type	Practitioner.name	PractitionerRole.code
Patient.name.text	Organization.name	Practitioner.telecom	PractitionerRole.specialty
Patient.name.family	Organization.telecom		PractitionerRole.telecom
Patient.name.given	Organization.address		
Patient.telecom	Organization.address.text		
Patient.birthDate	Organization.address.line		
Patient.deceased[x].deceasedDateTime	Organization.address.city		
Patient.address	Organization.address.state		
Patient.generalPractitioner	Organization.address.postalCode		



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Thank you!

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