

FAQs based on the November 18, 2022, presentation by CIHI and Canada Health Infoway



During the [presentation](#) by CIHI and Canada Health Infoway to members of the InfoCentral community on November 18, 2022, we received several great questions that we have captured in this document, along with our responses. **Please note that the responses provided at the live session have been edited for clarity and accuracy.**

Q. Will the data model include data definitions - data dictionary?

A. Yes, it is CIHI's intention to include data definitions with the data model.

Q. Is there a clear definition and distinction between the concepts of "baseline" and "core"? Baseline is definitional, in the sense of this is how you structure a thing to effectively represent in a particular context. Core represents the notion that of those things defined in a baseline, these are the things that are now Normative – validated and tested and to be used consistently in exchanges going forward. information a core is and of those things that have been defined in a baseline. These are the things that are now normative as far as we're concerned. The adaptation of baseline into core is the piece that needs the strong governance model in Canada. Baselines are going to continue to be important.

A. Both Infoway and CIHI recognize the difference between a Canadian baseline and the Canadian core as explained in the question. As discussed, the CA-Baseline was a grassroots attempt from the FHIR

Implementers community at large to jumpstart the FHIR Data Model conversation in Canada so that early adopters had a tangible reference model. The Baseline was not directly driven by solving for the data model considerations for any space, it was a best practices collection of national and international trends. The CA-Core is a focus driven data model definition project that will eventually cover the entire eco-system and will start with Primary Care and workflows. Where applicable, CA-Baseline learnings will be incorporated and over time the current CA-Baseline will be retired and completely replaced by the CA-Core.

Q. The Health Leadership Forum or Pan-Canadian Leadership Forum. How open is that in terms of the output and how representative is it? Seems that it is critical that that aspect of the governance model has authoritative people engaged.

A. Please note, at the live session, the incorrect body was referenced. A corrected answer is provided here.

For the Patient Summary and Canadian FHIR Exchange (CA:FeX) work, a Patient Summary Executive Table was established with the five participating jurisdictions as referenced in the slide below.

Progress to date

In collaboration with key stakeholders, including five lead provinces (ON, BC, AB, NL, SK), vendors, CIHI, and international standards bodies, we have achieved:



Specifications:

- **Four open reviews on two specifications** aligned to IPS:
 - Patient Summary Canada (PS-CA) identifies the core minimum data required for a Patient Summary
 - Canadian FHIR Exchange (CA:FeX) defines the way the data is exchanged



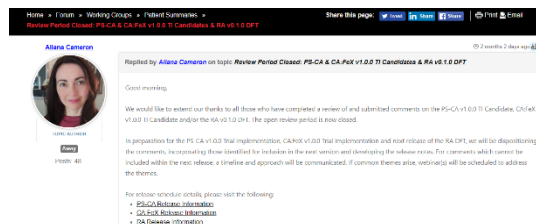
Governance and Collaboration:

- **40+ collaboration sessions** with key stakeholders
- Established initiative level governance and an engagement approach for Patient Summary development
- Channels established to continue collaborating on Global Patient Summary and interoperability strategies and initiatives



Five Jurisdictional Leads
(BC, AB, NL, SK, ON)

- The Patient Summary Executive Table was created to support the PS-CA and CA:FeX needs
- There is a [Patient Summary Workgroup on InfoCentral](#) that is open to all and the project has made extensive use of the InfoCentral forum to be open and transparent about the work, the public review process and the Projectathons
- You can access the latest releases of these products via the forum as well
- If you are not already, we encourage you to join the community and subscribe to the forum.



- Questions published to the forum are most welcome

Q. The pan-Canadian health data strategy also talks about interoperability by design - is there any link with the strategy?

A. Both CIHI and Infoway are engaged at the highest levels in the pan-Canadian health data strategy. The interoperability work being undertaken by CIHI, Statistics Canada and Infoway is complimentary to the pan-Canadian health data strategy.

Q. I am curious about what role public health insurance / billing systems (e.g., fee-for-service systems connected to EMRs) may play in bringing about those aspirations.

Expansion of question: It seems like that is in each province that a component of the Health Information System is what's going through the EMRs into provinces billing systems to be able to pay physicians and other health providers, but I didn't see anything on the slides that that showed that part of the picture. And I was just curious about whether that's relevant because I think most of this focus is for the patient and the clinical data and maybe not so much how those clinical services are being paid for and the systems that support that part of the processes. In BC, through the Health Gateway, patients can access history of pharmaceutical dispenses and a history of visits, but the information is coming from the billing system rather than the EMRs.

A. Thank you for the questions and we have heard this question in other engagements as well. The answer is possibly. There are many actors involved in making this succeed – clinicians, vendors, patients are just some. We need to make it so that in terms of the flow of data, and the design flow within the software solution, it is easy for clinicians to adopt and implement. The richness is the other information that is in the EMR about the patient that speaks to what conditions they have that would maybe result in a drug prescription and then tying that to their drug information of prescribing. Billing may be one aspect.

Q. I'm curious in terms of how the governance might look like. Are you able to share what is being considered so far in the context of governance structure? Curious in terms of the pan-Canadian Data Health Strategy also talks about governance. Is there any linkage how this relates?

A. It is too early in our work and planning to have any governance structures to share but all of this is going to be connected to that much broader pan-Canadian Health Data Strategy. As per this slide, we are just at the beginning of this journey.

Timeline: Multi-year, phased approach

Current Area of Focus



We are still at the “figuring it out” stage and looking at what has worked in other countries. We are looking at the objectives and what we, as a country, want to achieve in interoperability at a pan-Canadian level.

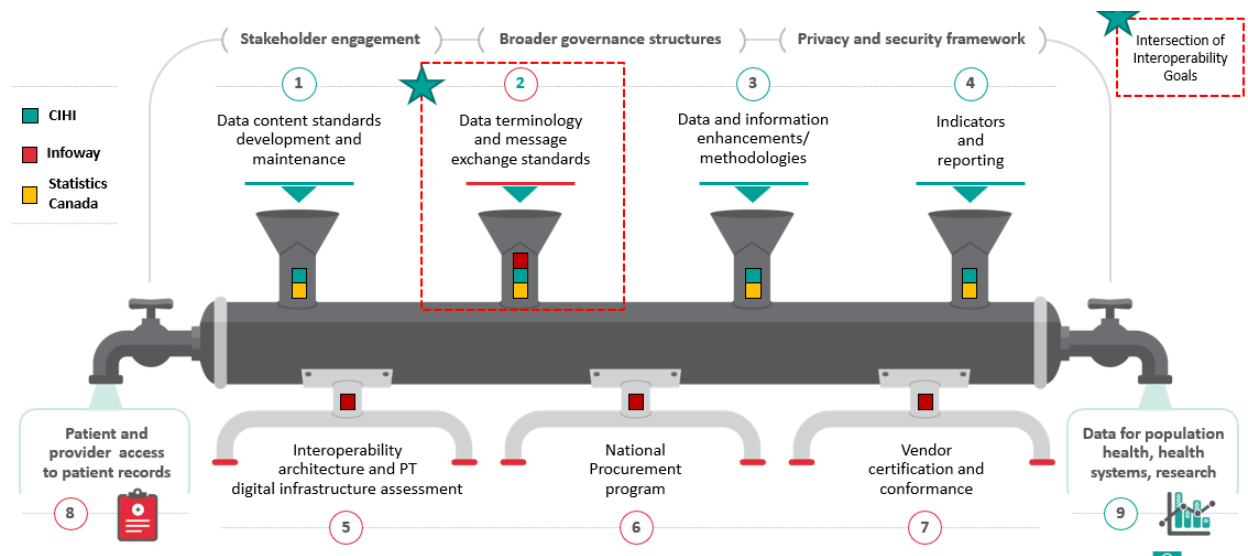
We don’t want to get in the way of the interoperability governance that is working well within jurisdictions, and we want to look at and leverage those guiding principles.

Q. Is the work on CA-Core going to be done in a similar approach as that being used of PS-CA?

A. We want to leverage the work that has already been done that has achieved great things on the pan-Canadian level. We want to leverage that process and that engagement.

This is an opportunity to build on the best approaches that have worked in collaborative engagement with jurisdictions, physicians, organizations, and the public. We had 4 public reviews of PS-CA and that’s exactly the transparency we want to keep. There will be more information to come via InfoCentral, Dispatch and other communication mechanisms.

Q. On “Abhi's \$1M slide” (see image below)



it seemed our data models are developed by CIHI and StatsCan.

- We get pushback from clinicians when we look for them to capture data that *doesn't* arise from the normal course of care. Is the minimum data set a superset of the content needed for care purposes?
- Initially we had a quite large Primary Care Dataset and over time that has become smaller because we received pushback from the clinician community that they are busy.
 - Is the dataset expanding again or are we saying here is the content that we expect to be captured during care?

If we are asking physicians to be statistical data collectors, we might get pushback.

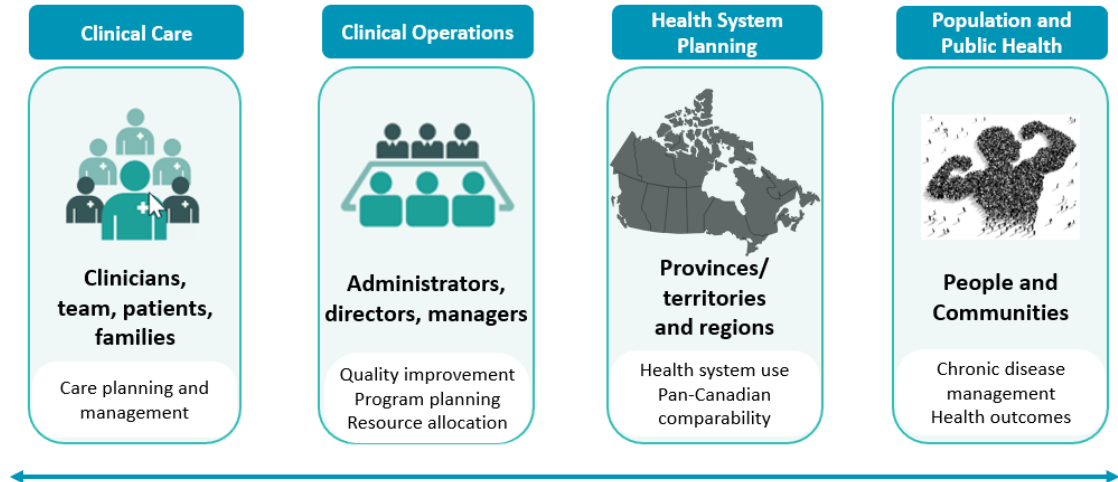
A. Consultation with clinicians is going to be huge. This needs to be easy and provide data that is helpful to them in terms of managing their practice and their patients. It is very important that we make sure that whatever data is collected, it makes sense to the clinicians and patients. It is not only about what hits the screens for physicians, primary care is significantly bigger than that. If you define the data, then vendors know that this is there for them to innovate on, to use it because it will become relevant in many other things, such as the workflow around doing a proper referral or integrating your system with a new referral system. There are conditions on the boundaries that must be thought of in the process of defining a proper user experience for data for primary care.

Follow up Q: These things are intended to drive products and we have an expectation that EMR vendors will respond to these data models. I was just noting that for years it got smaller and smaller, because of pushback, and it is interesting that our evolutionary plan is to start with something and in the next few iterations it could get bigger and bigger.

Follow up A: From CIHI’s perspective it got smaller because we started to focus on health system use which only satisfies a certain piece of the pie of data information needs. We don’t want to

make it so broad that it becomes onerous and useless, but it does need to meet more than just the health system use. (See slide image below)

The interoperable primary health care common data standard needs to inform ...



Q. Jurisdictions have been developing Conceptual Information Models for years, successfully or not, so how will this approach incorporate disparate systems into the vision for a pan-Canadian data model, and will there be some type of conformance approach /recommendation to adhere to this proposed data model?

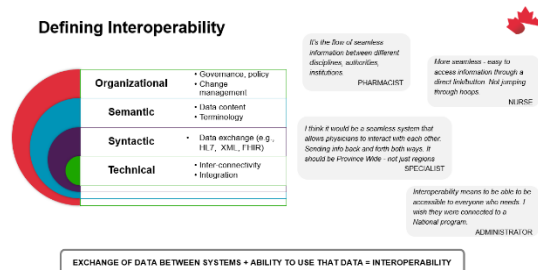
A. We don't have the answers yet, but these are things that we need to keep in mind.

We welcome the opportunity to review and discuss any conceptual information models that are currently in use to inform the way forward. We are not looking to create something net new, but rather looking to “stand on the shoulder of giants”. Please do contact us either personally, or via the [InfoCentral contact us page](#).

Please use the “general” category and we will happily be in touch

Q. Are terminology considerations being included in this process?

A. Yes. We are committed to semantic interoperability, as shown in the slide image below.



Q: Question provided by email:

I was wondering if there were any plans to convert the CIHI value sets for elements such as Discharge Disposition or Hospital Service to SNOMED codes (instead of CIHI numeric codes)?

A. Yes, CIHI will leverage interoperable standards, code systems and value sets when we modernize our current DAD and NACRS standards and infrastructure. We are in the early days of planning for this work so do not currently have materials to share, but we will provide updates as they arise to the InfoCentral working groups and communities.