



**Canada Health Infoway**

# **Patient Summary Working Group (PSWG)**

**March 21, 2025**

# Agenda

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TOPIC	TIME
Welcome/Announcements	5 mins
Backlog Items <ul style="list-style-type: none"><li>• MustSupport Backlog Items</li><li>• Other backlog items, time permitting</li></ul>	50 mins
Next Steps	5 mins

# PS-15 Authored on MS

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- **Comment:** Authored On: You were looking for feedback; We believe that clinically this field is irrelevant so it is somewhat surprising that it is "must support". Having said that the EMRs do have this data. Dispense.Validity period might be a better choice clinically. The most important date is the timeframe when the patient was/is taking the medication (eg MedicationStatement.effective date)
- **Discussion:** this is not MS in IPS. While it currently is in the CA Baseline, Baseline will be removing MS in the next release
- **Proposed Disposition:** Persuasive. Remove MS from authored on in MedicationRequest
- **Resolution Description:** Persuasive. Remove MS from authored on in MedicationRequest this is not MS in IPS. While it currently is in the CA Baseline, Baseline will be removing MS in the next release
- **Resolution Vote :** Omar Hoblos / Ken Sinn: 18-0-0

# PS-53 Relaxation of MS Constraint on Alcohol Quantity

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- **Comment:** During Projectathon testing, BC provided feedback on PS-CA, specifically requesting the relaxation of the Must-Support (MS) constraint on the Quantity datatype in the Observation Alcohol profile. Their concern is that their system can only provide data as text/string rather than a structured quantity.
- **Discussion:** Value is currently MS, with an additional MS on valueQuantity. valueString is available, but not MS. Do we remove MS from valueQuantity, and leave it on Value?
- **Proposed Disposition:** Remove MS from valueQuantity, but leave it on Value
- **Resolution Description:** Remove MS from valueQuantity, but leave it on Value
- **Resolution Vote :** Ken Sinn / David Cumming: 19-0-0

# PS-58 Make Address Must Support again

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- **Comment:** I'd like to see address return to a must support, while allowing for a not populated reason if the sending system doesn't support the data element.
- **Discussion:** IPS Address is MS - need to discuss with jurisdictions on what's the impact of this change
- **Proposed Disposition:** Requires further discussion with Alberta

# PS-50 Remove MS Constraint on Component Element in FHIR Vital Signs Base Profile

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- **Comment:** The component element in the FHIR Vital Signs Base Profile is currently marked as Must Support (MS) with the comment: "Used when reporting systolic and diastolic blood pressure."
- **Discussion:** This MS is at the base VS profile level and propagates to all the profiles. OO has approved changing the MS to appear only on the Blood Pressure profiles: <https://jira.hl7.org/browse/FHIR-49736>
- **Resolution Description:** Add text to explain that MS on components will only be enforced for Blood Pressure and that future versions will address the issue. This will apply for future versions of these profiles. Since Patient Summary references FHIR R4 profiles.
- **Resolution Vote:** Ken Sinn / David Cumming: 20-0-0

# PS-29 Change MedicationRequest.Intent to Must Support

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- **Comment:** MedicationRequest.intent currently is not MustSupport in IPS-UV or PS-CA however its cardinality is 1..1 as defined by FHIR. It often causes confusion when we had to explain to the implementers that this attribute is not MS however, they must send it in order to comply with FHIR. What's the rationale for it not be MS? Can it be changed to MS because it is mandatory defined by FHIR?
- **Discussion:** As discussed in our last meeting, the cardinality constraint addresses content while MS addresses application behaviour. Some implementations might send a fixed value here.
- **Proposed Disposition:** The cardinality constraint addresses content while MS addresses application behaviour. Some implementations might send a fixed value here. However, it is reported that the CA Core team is applying MS to all mandatory fields, so they should be consulted

# PS-34 Guidance on receiving system's behavior for handling non-MS data elements.

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- **Comment:** In Ontario's PS-ON implementation we are facing the challenges when determining the behavior of PS repository when receiving data that may contain data elements that are non-MustSupport. On one hand OH has the obligation to justify purpose for use and ensure data accuracy, and the conformance testing will be conducted based on the content defined in the interop specification (e.g. PS-ON FHIR IG). On the other hand we need to determine the system behavior when the central repository receives PS that contains non-MS attribute - should we accept it and store it or error out? This gets more tricky when it comes to non-MS child elements of a MS parent element. When different jurisdictions are currently supporting different categories of patient summary, what is the expectation from the pan-Canadian level in terms of receiving system's behavior on how to handle non-MS data elements?
- **Discussion:** This is one situation where Obligations may help be more precise
- **Proposed Disposition:** After discussion, this is guidance to jurisdictions, not change to the CA spec. Question answered, no change.

# PS-38 Lack of Granularity in defining MustSupport elements

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- **Comment:** Ontario identified several issues related to the granularity of defining MustSupport (MS) elements in the IPS and PS-CA profiles and their impact on actual implementation. Specifically, IPS and PS-CA did not define MS to the leaf level in some data elements, which might be appropriate for international and national standards. However, during actual implementation, we received feedback from EMR vendors and partners requesting clarification on which exact child elements they need to populate in their patient summary contributions. From an Ontario perspective, we aim to align with the FHIR profiles used in our other provincial EHR specifications (e.g., DHDR, DHIR, etc.), though this may not align with how other provinces/territories plan to implement their patient summaries.
- **Resolution :** These issues need more discussion with the jurisdictions and should be re-addressed as part of the review of Must Support and obligations. Recommend no change this release

# PS-38 Continued

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- Suggested changes from comment:
  1. [Profile] In medicationRequest, add Must Support to MedicationRequest.extension.strength.
  2. [Profile] In MedicationRequest, decide on what data elements to flag as MS in MedicationRequest.timing/MedicationStatement.timing.  
OH would like to align with DHDR IG for the above data elements.
  3. [Profile] In Address, align the Patient.address MS flag for child elements with CDF/other Specs.
  4. [Profile] In Telecom, align (Patient/Practitioner).telecom MS flag for child elements with CDF/other Specs.
  5. [Profile] In Immunization, align doseQuantity MS flags for immunization.doseQuantity child elements with DHIR Spec.
    - Immunization.doseQuantity is not currently MS in PS-ON, PS-CA, or IPS. However, we received feedback that it is supported in the EMR, and the absence of dose quantity may result in patient safety risks. Should this be changed to MS?

# PS-38 Continued

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- **Discussion:** Do we want to consider these as changes to PS-CA, or are they more ON specific?
  - For point 1, This is actually on Medication.extension.strength. Concern about whether we want MS on an extension.
  - For point 2, MedicationRequest.dosageInstruction is MS, with dosageInstruction.text MS. Do we want to extend to dosageInstruction.timing?
  - For the other points, do we want to consider these alignments for a future release?

# PS-49 Revert to X.Y.Z value set versioning

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- **Comment:** Technical change to revert back to X.Y.Z versioning stubs because the Canadian Terminology Service (TS) is using X.Y.Z versioning. This aligns with the international of semantic versioning (versus by date).
- **Proposed Disposition:** Persuasive
- **Resolution Description:** Revert back to semantic versioning with the exception of the code systems that are explicitly date versioned
- **Resolution Vote:** Ken Sinn / David Cumming: 20-0-0

# PS-56 BC is identifying “Most Responsible Provider”

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- **Comment:** BC is identifying the 'Most Responsible Provider' for a Patient. There is no defined standard in the PS-CA Specification.
- **Discussion:** This is a change related to the Patient profile. Discuss the use of generalPractitioner element along with other options.
- **Proposed Disposition:** Discussion about whether Patient.generalPractitioner will address this need, and whether an extension is needed to indicate who is Most Responsible. Also, discussion of CareTeam and Group / List and whether / how this might fit into Patient Summary. More discussion needed, perhaps including IPS

## Next Steps

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- Upcoming PSWG meetings, [March 25: 1 - 2 pm ET](#), [March 28: 12 - 1 pm ET](#) to discuss:
  - Backlog items,
  - IPS/PS-CA Alignment,

# Helpful Links

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## Published specifications (available on InfoScribe):

- [PS-CA v2.0.0 DFT-Ballot](#)
- [PS-CA v2.0.0 DFT-PreBallot](#)
- [PS-CA v1.1.0 DFT-Ballot](#)
- [CA:FeX v2.0.0 DFT-Ballot](#)
- [CA Core+ v0.1.0 DFT-Ballot](#)

## Working Groups (hosted on InfoCentral):

- [Patient Summary](#)
- [eReferral](#)

## Projectathon Information (available on InfoScribe):

- [IHE North America Connectathon Week 2025](#)

45 [2023 Final Report](#)



**Canada Health Infoway**

# Thank you!

## Contact Information

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