

Pan-Canadian eReC Implementation Guide

Ontario Health's Proposed Changes

October 24, 2024



**Ontario
Health**

Before we begin...

- Ontario is working on v0.12.0 of the Ontario eR-eC FHIR Implementation Guide to support:
 - New requirements from ON product teams
 - Corrections and suggested clarifications
 - Changes to strengthen pan-Canadian alignment
 - **eR-eC related FHIR profiles are now formally derived from CA:eReC**
- Changes to the Ontario IG have resulted in a few **proposed changes for CA:eReC v1.0.1-DFT**
 - New use cases
 - New extensions
 - Suggested clarifications

Proposed Changes for CA:eReC v1.0.1-DFT

ON Ref	Description
32	Inclusion of dissent mechanism for eConsult - i.e., dissent use case (do not route / match this service request with Dr. Smith)
35	In the eReferral IG in the Patient profile we have an extension for identifiers to include a reason for no HCN. However, the value-set is missing.
48	Allow ability to override central intake routing / matching recommendations
49	Attachments in a parent, unsplit referral should be associated (e.g., attachment download URLs and other attachment data) with all of the child, split referrals
53	As part of the conversion of eReferrals to eConsults, a discrete resource is required to record the amount of time a provider spent documenting the consultation
56	Add a consistent method to record "No Known Allergy" in AllergyIntolerance
57	Add a discrete ServiceRequest code to communicate back to the RMS Source that their eReferral was routed to a Central Intake Hub because of regional routing rules.
63	Add ability for a Referrer to flag that a referral should NOT be rerouted (i.e., override PCCG rules engine)

Proposed Changes for CA:eReC v1.0.1-DFT (cont.)

ON Ref	Description
70	Add ability to indicate a provider is operating under the authority of another provider (i.e., delegation)
71	Add ability to indicate a referral should be split
69, 72, 73	Add additional resources that can be used to provide supporting info for a referral: social history, observation, and diagnostic reports

- Still working through the details for these items and are including them for transparency
- To be brought forward if these will become part of the ON publication and have pan-Canadian impacts.

Inclusion of Dissent Mechanism

- New use case and extension

Use Case #7: Dissent to Referral Recipient

Assumptions

- Patient/Client consents to receiving referral notifications by email

John Doe visits their family physician, Dr. Acorn, after having a particularly tough time managing their mental health in the past week. John is experiencing mental health issues both at home and at school, and they're looking for help with coping strategies.

After assessing John, Dr. Acorn determines it would be best for John if they were referred to a psychotherapist for ongoing care. Dr. Acorn opens his electronic medical record (EMR), which is integrated with a referral management system (i.e., RMS Source), to begin a referral. Dr. Acorn looks up psychotherapists from his RMS Source who practice nearby John's home and he finds a mental health clinic run by Dr. Block, Dr. Clover, and Dr. Drive.

Dr. Acorn asks if John has any issues if he refers them to the clinic, and John reveals that Dr. Block is their uncle. John dissents to seeing Dr. Block due to their existing relationship, and that they consent to seeing any other care provider.

Dr. Acorn selects the clinic from his RMS Source and completes the appropriate referral form. Some of the fields in the referral form are pre-populated with information with data from his EMR. Dr. Acorn enters a provider dissent for Dr. Block and submits the referral request. The RMS Source system sends John an email notification that the referral request has been submitted along with a dissent for a care provider.

The staff at the mental health clinic receive a notification from the RMS Target indicating that there is a new referral. They manually review the referral request, including the dissent to Dr. Block, and decide that Dr. Clover would be the best person to see John.

Dr. Clover accepts the referral in the RMS Target.

The RMS Target notifies the RMS Source of the referral acceptance. The RMS Target also sends John an email notification that the referral request has been accepted.

Inclusion of Dissent Mechanism (cont.)

- 0..* excluded participants can be noted on a service request



Value Set for Reason for No HCN

- Pan-Canadian extension missing value set

ValueSet 'NoHealthCardNumberReason'

Version	1.0.0
Published by	Ontario Health
Status	Draft

Reason for no health card number

This value set includes codes from the following code systems:

- The following codes from system: [NoHealthCardNumberReason](#)

Code	Display
no-HC	does not have a health card

- The following codes from system: [DataAbsentReason](#)

Code	Display
not-asked	Not Asked
asked-declined	Asked But Declined

Override Central Intake Routing

- New extension to document reason why Central Intake recommendations were overridden
 - Support the transmission of Receiving Provider recommendations and override reason(s) from Central Waitlist Insights to the Central Intake Hub solution (via the PCCG). Requirement in the CI Hub solution is that an end user, from the CI Hub solution, can request a list of appropriate Receiving Providers to refer a patient to. The CI Hub user may override the recommendations and select a different provider.
 - ServiceRequest may have 0..* overrideReason



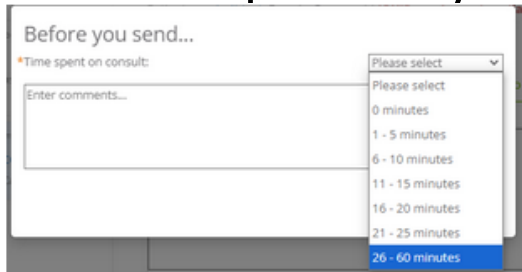
Associating Attachments

- Explicit guidance for target systems
 - Attachments in a parent, unsplit referral should be associated (e.g., attachment download URLs and other attachment data) with all of the child, split referrals.

- Attachments in a parent, unsplit referral should be associated (e.g., attachment download URLs and other attachment data) with all of the child, split referrals. ``.basedOn`` relationship to the parent `ServiceRequest` can provide linkages to the parent ``.supportingInfo``

Recording Documentation Time

- New extension to record the time taken to document the consultation
- Service request may contain 0..1 consultationTime



Before you send...

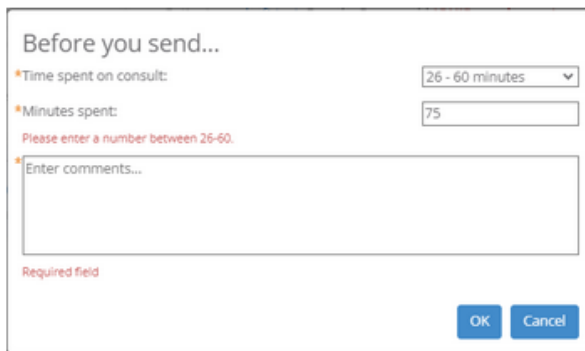
*Time spent on consult:

Enter comments...

Please select

- Please select
- 0 minutes
- 1 - 5 minutes
- 6 - 10 minutes
- 11 - 15 minutes
- 16 - 20 minutes
- 21 - 25 minutes
- 26 - 60 minutes

If the User selects the last option of 26-60 minutes then the Comments becomes mandatory and they must specify the exact minutes and we have restrictions they must specify a value between 26-60. Please see below:



Before you send...

*Time spent on consult: 26 - 60 minutes

*Minutes spent: 75

Please enter a number between 26-60.

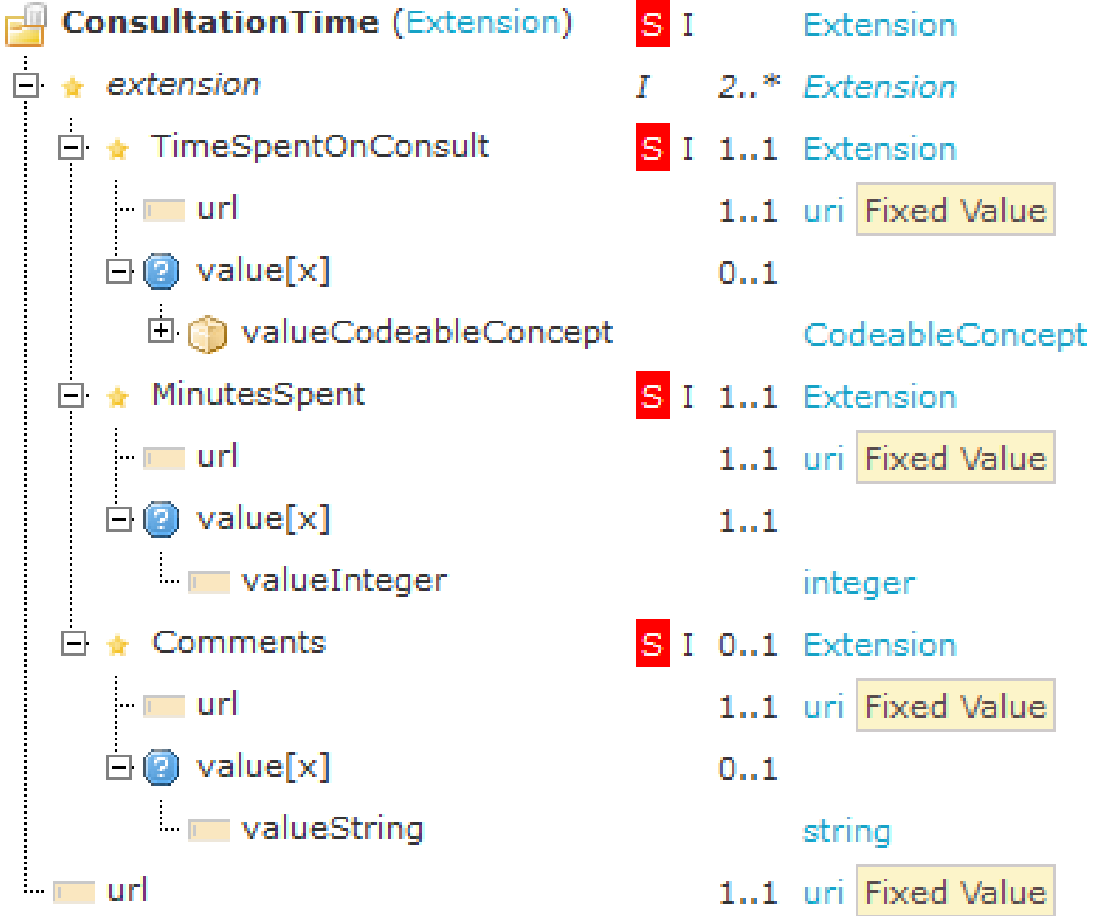
*Enter comments...

Required field

OK Cancel

*screenshot taken from design documentation

Recording Documentation Time (cont.)

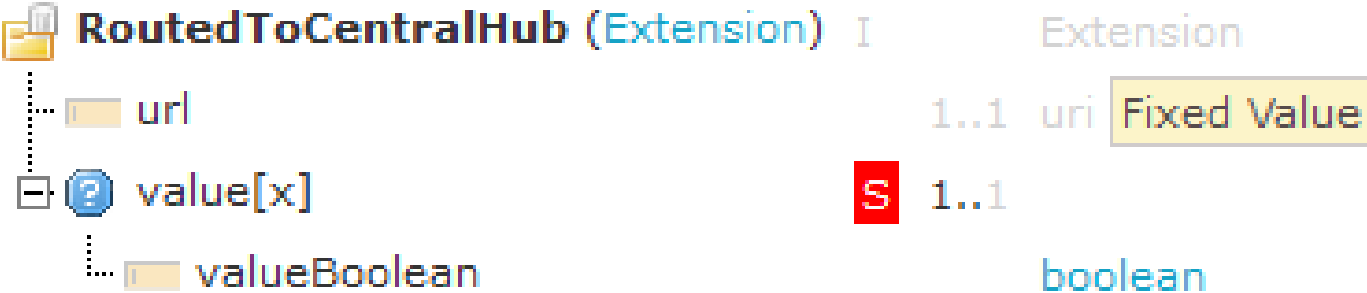


Clarify method to record "No Known Allergy"

- Explicit guidance that could be clarified across all jurisdictions
- Not strictly a change for CA:eReC
- How can implementers be aware of pan-Canadian guidance for items like this if this has been solved in a specific pan-Canadian domain?
- CA:eReC ServiceRequest.supportingInfo refers to AllergyIntolerance(PS-CA) in usage notes and while PS-CA uses AbsentOrUnknownAllergiesUvips, there isn't a specific example of how this could be used

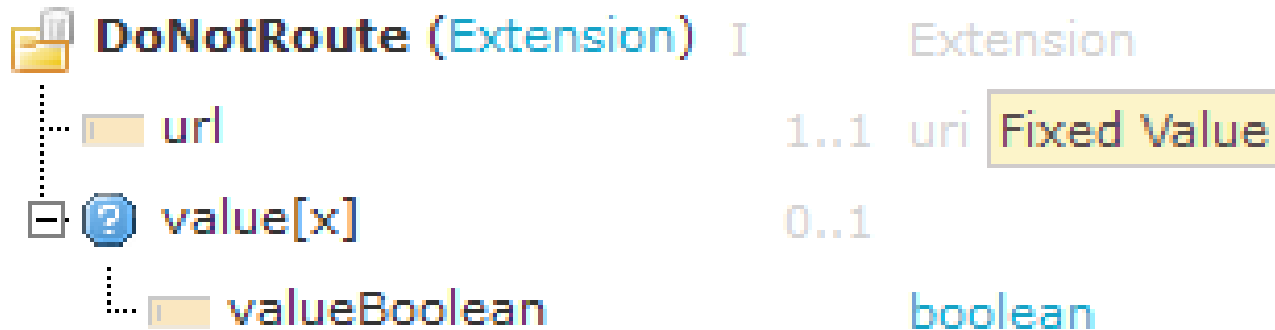
Indicate to RMS Source that their eReferral was routed to a Central Intake Hub

- New extension
 - Add a discrete ServiceRequest code to communicate back to the RMS Source that their eReferral was routed to a Central Intake Hub because of regional routing rules.
 - Task may have 0..1 routedToCentralHub



Add ability for a Referrer to flag that a referral should NOT be rerouted

- New extension
 - Add ability for a Referrer to flag that a referral should NOT be rerouted (i.e., override PCCG rules engine)
 - ServiceRequest may have 0..1 DoNotRoute



Moving Forward

- CA:eReC leveraged ON eReC v0.11.1
- While CA:eReC v1.0.0 was being developed, Ontario worked on v0.12.0
 - v0.12.0 took steps to strengthen the relationship to CA:eReC by explicitly deriving from CA:eReC where possible
- Items identified during the development of ON v0.12.0 as being new to CA:eReC v1.0.1-DFT brought forward as proposed changes (**We are here**)
- Future versions of ON eReC to formally derive from other CA resources as they become stable (e.g. AllergyIntolerance (PS-CA), CA baseline resources, etc.)
- Ontario is committed to continued engagement with the pan-Canadian eReferral work group:
 - Contributing to the pan-Canadian specification
 - Ensuring alignment with the pan-Canadian specification

