FHIR eReferral workstream

Tuesday, June 13, 2017 11:03 AM

Attendees: Jeff Kavanagh, Tim Berezny, Smita Kachroo, Ted Jin, John Wills, Reed Macmillan, Sisira De Silva

Tim has engaged with Aegis (http://www.aegis.net/touchstone.html) to make sure your FHIR spec conforms with FHIR and that others can conform to your spec - they run test cases against your spec.

- Tim will bring back his learnings from using them for CareDove to the group
- How do they create test cases for a constrained FHIR profile without hand-crafting? Begin with the conformance and testscript resource
- HL7.org/validation/ (asking Smita)
- ACTION 6:13:1 - Tim will ask Aegis about how they run test case against constrained JSON FHIR resources (e.g. extensions)

Reviewed the eConsult specification
- Uploaded in eConsult
- We can leverage parts of this spec in terms of FHIR resources
- Referrals have a complex lifecycle whereas a consult is more of a dialogue
- Consent resource: use this to let the referral recipient know that the requestor has the patient's consent and/or to communicate a consent directive to the recipient
  - There is an implied consent in many cases (e.g. primary care provider - specialist)
  - This can vary where the recipient may not be considered a health information custodian (HIC) according to PHIPA
  - Consent directive will be held within the EMR/POS, so enforcement should be pre-emptive before a referral is sent
  - ACTION 6:13:2 - Tim will investigate basic level of consent
  - ACTION 6:13:3 - Yaron/Smita to share the consent override interaction from Ontario's DHDR

Using bundle to send /referralRequest
- No endpoint required
- Bundle will include the Composition resource which can contain any document, notes, form and

Transaction vs Batch
- Transaction requires all the resources to 'pass' to be a 'pass', otherwise, it fails
- Batch - only the resource that fails is not received
  - Batch is more complicated to implement , which is more complicated for both sender and receiver
  - One pattern that can be considered attachments are treated as references to the attachment, so the attachment is treated as batch, but the overall referral (which contains the reference) is transaction
  - For POS that can't put up an endpoint (e.g. a client-server EMR), is this something that will be feasible? On the other hand, can we have different 'rules' for different systems
  - Want to push towards structured data packages or make sure that the lowest common denominator (e.g. send a PDF)
  - We could include a file size limit for the binary data so that it should be achievable for now and if the file is bigger, then upload using the platform directly
  - A prime example is the MRI file for a orthopedic referrals
  - Centralized repository for holding big attachments (e.g. dropbox for healthcare) so that a machine readable reference can be added to the referralRequest and then the attachment can be retrieved from this dropbox

Extension: Health Card Number
  - ACTION: 6:13:4 - Yaron/Smita to find out how if there is work in Ontario for version code and expiry date
  - Type of identifier - can use period (how long is it valid for use), so this may not require an extension
  - For version code, can use the identifier extension

Extension: Filename
- No place to put the name of the attached file, just a description
- Tim asked on fhir.chat and Graham responded with 'I usually use description for this'
- Aegis suggested to create an extension