

# Building Blocks Working Group Meeting Summary

## Meeting Summary

<u>Date and Time</u>	<u>Location</u>	<u>Note Taker</u>	<u>Next Meeting Date</u>
Thursday, June 13, 2024, 1:00pm-2:00PM ET	Virtual	Sadrina Petit, Project Analyst, Digital Health Interoperability	Thursday, June 20, 2024, 1:00pm-2:00PM ET
<b>Meeting Agenda:</b> <ol style="list-style-type: none"> <li>1. Selection of Co-chair</li> <li>2. Review Use Cases</li> <li>3. Define Actors / Transactions</li> <li>4. Must Support Definition</li> <li>5. FHIR Resources</li> </ol>			
<b>Presenters</b> <ul style="list-style-type: none"> <li>• Dean Matthews – Service Directory, Product Owner</li> </ul>			
<b>Invited Guests</b> <ul style="list-style-type: none"> <li>• Public</li> </ul>			

### 1. Welcome and Introductions

D. Matthews welcomed all participants to the working group meeting. Meeting materials and recording of the session will be made available on the InfoCentral working group.

### 2. Content Presentation

The Infoway Team presented each of the agenda items as outlined above. In the meeting, we discussed the selection of a co-chair, reviewed use cases, defined actors and transactions, explored the "Must Support" definition, and examined FHIR resources.

The presentation is available: [Building Blocks Working Group Meeting](#)

The video recording is available: [Building Blocks Working Group Meeting](#)

### 3. Questions raised during the working group meeting:

**Can you clarify the rearticulated use cases?**

The use cases were simplified from four to two to focus on:

- **Searching for a Service Location:** Looking for specialists who speak specific languages in certain locations to better assist patients.
- **System Queries:** Health regions might query all locations to update their registries with the latest information from local EMRs.

### **How do these use cases work with different types of actors?**

These cases apply both to individual queries by people and system-to-system interactions, where a higher-level registry might pull information from subordinate systems to provide a centralized service directory.

### **What about the terminology used in the use cases?**

There was a discussion about the terminology, especially the use of "location" in "searching for a service location," which some found confusing as it seemed to imply searching for a location itself rather than services within a location. The working group agrees to refine the wording to better reflect the intent of searching for services within specific parameters.

### **How are actors integrated into these use cases?**

The actors include various stakeholders like care providers, front desk staff, and health region systems, illustrating both human and system actors involved in querying the service directory.

### **Should patients be included as actors in this phase?**

Initially, patients were not included to simplify the scope and focus on practitioner needs. However, acknowledging the potential future inclusion of patient-facing services, the group considers documenting this decision and preparing for eventual integration.

### **What concerns are there about including patient queries in the initial release?**

The complexity of managing patient access to the service directory, which may contain sensitive or restricted information, was a primary concern. The working group decides to defer including patient queries to avoid expanding the project scope excessively in the initial phase.

### **What are the complexities involved in sharing certain types of clinician-provided information with patients?**

Clinicians might be willing to share certain information with other clinicians through the service directory, which they would not necessarily want to share with patients. This selective sharing adds complexity to the directory's design, particularly in how information is authorized and displayed based on user roles.

### **How are these complexities currently managed in service directories like the one in Ontario?**

In Ontario, there's a distinction between clinician-facing and public-facing content. Authorization levels control access based on whether the user is a provider or a member of the public. This system enables the directory to serve different types of users without compromising the privacy or appropriateness of the information displayed.

### **Should these complexities be addressed in the first release of the service directory?**

The working group discusses whether to include complex role-based access controls in the first release. The consensus leans towards documenting these challenges and possibly addressing them later, rather than immediately including them in the first release. This approach helps manage the project's scope and focus on establishing core functionalities first.

#### **How will the directory handle the diverse information needs of different user types?**

The directory aims to accommodate both system-to-system interactions and direct queries by individuals (like health practitioners or patients). The information architecture must support this by accurately categorizing and filtering data according to the user's access rights and the intended use of the information.

#### **What next steps are planned for defining how the service directory will handle information sharing and user roles?**

The next steps include further defining the business side of the service directory, particularly around the concept of "must support," which dictates how different elements within the directory are supported and managed across user interactions. The Working group agrees to continue refining these definitions and possibly revisit the user role management after more foundational aspects of the directory are established.

#### **What challenges arise from the 'Must Support' definition in relation to jurisdiction-specific regulations?**

The working group discussed the complexities of the "must support" standard, especially issues where sending certain data might violate regional regulations, even if the data exists. This contradiction leads to a need for a more flexible "must support" definition that accommodates varying conditions.

#### **How do we handle information that is legally sensitive in certain jurisdictions but required in others?**

It was noted that while the "must support" standard typically requires sending available data, there needs to be flexibility to omit data where its transmission could breach local laws. The group considers modifying the definition to ensure it is compatible with such legal constraints.

#### **What are the implications of adopting a new definition for 'must support' that includes exceptions for certain scenarios?**

The adoption of a revised "must support" definition that allows for exceptions could help address cases where data transmission is restricted by law. However, this would require careful consideration to ensure it does not undermine the interoperability and standard compliance of the service directory.

#### **How do different versions of FHIR impact the 'Must Support' discussions?**

The discussion touched on how different versions of FHIR might influence the "must support" definitions. There's a suggestion that while some regions are looking towards newer versions of FHIR, they might also pre-adopt features from these newer versions into current implementations to address specific needs.

#### **Is there a consensus on adjusting 'Must Support' definitions across different jurisdictions to ensure flexibility and compliance?**

The working group acknowledges the need for a nuanced approach to "must support" that allows jurisdictions to implement directives that might restrict data sharing. This approach would need to be

clearly documented to ensure all stakeholders understand the limitations and capabilities of the service directory in different contexts.

**Action Items:**

Action Item #	Action Item	Responsible	Due Date	Status
1	Attend the next working group meeting on Thursday, June 20, 2024, 1:00pm-2:00PM ET	Working Group	June 20, 2024	In Progress
2	Ontario Health to demonstrate the existing directory at the next working group meeting	Working Groups	June 20, 2024	In Progress
3	Add practitioner role resource to diagram	Infoway	June 20, 2024	In Progress