Canada Health Infoway

Projectathon Day 3

Programming Slides

March 23, 2022

Agenda

#	Activity	Objectives	Time (EST)
1	Welcome	• Provide update on Day 1&2 • Outline the day's programming	10:45 – 11:00
2	FHIR Content Data Model – Facilitated Roundtable	• Discuss implementer experience with PS-CA and CA:FeX including mapping native application data to the new FHIR profiles	11:00 – 11:45
3	Approaches to document management – Facilitated Roundtable	• Discuss implementer experiences and approaches available for handling patient's longitudinal record, specifically focused on document format	12:00 – 12:45
Break			
4	Approaches to document management – Facilitated Roundtable	• Discuss implementer experiences and approaches available for handling patient's longitudinal record, specifically focused on document format •	1:30 – 2:15
5	Clinical Workflow – Facilitated Roundtable	• Share outcomes of previous clinician sessions • Discuss vendor experiences with supporting clinical workflows, specifically related to Patient Summaries	2:30 – 3:15
6	Wrap-Up	• Discuss overall key learnings from the event • Discuss next steps	3:30 – 4:00

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FHIR Content Data Model

Facilitated Roundtable

Welcome & Discussion Orientation

Content

Content Data Model

FHIR Profiles: What challenges did you encounter with the existing data model constraints *(e.g., MS flags, codeableConcept expectations, composition sections)*?

- How and where did these show up in the rendered PS-CA/outputs of testing?

Terminology: What challenges & opportunities does the proposed terminology present to vendor implementers?

- How can we make pan-Canadian terminology more accessible to incorporate into test & production systems?

Release Cadence: How much lead time do vendors need to incorporate new specification releases into their systems?

- What are the maturity indicators that guide vendor decision to adopt a newer release of the specification?

Exchange Interface / Transaction Patterns

Content

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Open Q&A

Questions from the Audience

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Appendix: Screenshots of Rendered PS-CA

Placeholder for uploaded PS-CA examples from participants

Approaches to Document Management

Facilitated Roundtable

Thank You

Next up:

Title

Content

Title

Content

Clinical Workflow

Facilitated Roundtable

Objectives

1. Share outcomes of previous pan-Canadian Patient Summary clinician sessions
2. Discuss vendor experiences and near-term opportunities to improve integration of Patient Summaries into existing clinical workflows

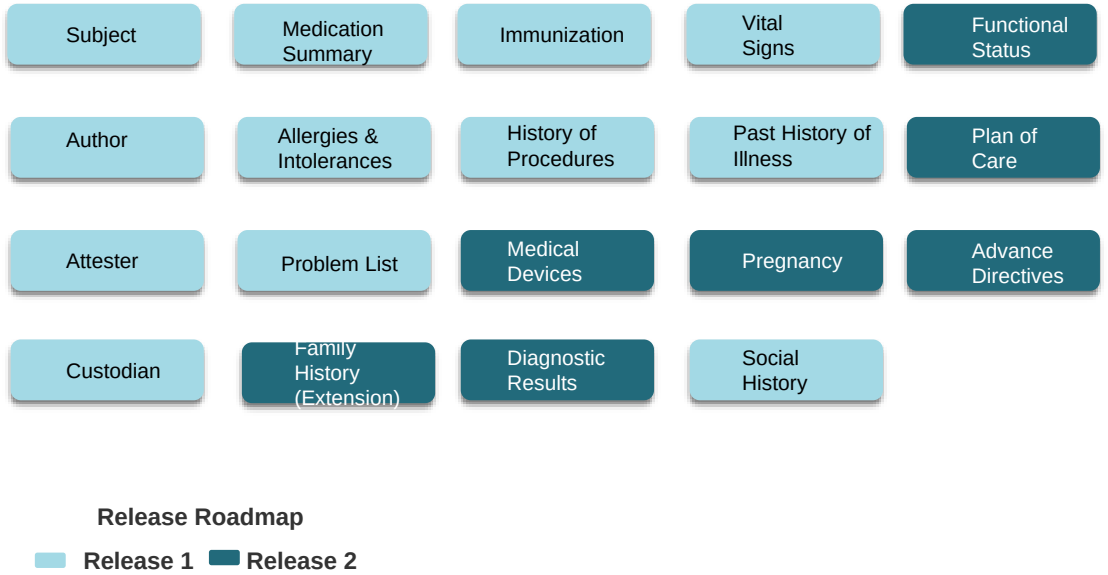
Pan-Canadian Patient Summary (PS-CA)

An electronic Patient Summary for use at the **point of care** comprised of, at minimum, the required elements of the Patient Summary-CA data set and specifications.

The PS-CA is a **health record extract**, at a **snapshot in time**, comprised of a **standardized collection** of clinical and contextual information (retrospective, concurrent, prospective), including the **minimum necessary** and **sufficient data** to inform a patient's treatment at the **point of care.**

The Patient Summary is condition-**independent and specialty-agnostic, irrespective of the condition** of the patient or the treatment sought or specialty of the provider delivering care.

Proposed Content:



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Discussion topics from previous clinician sessions

Clinical Topics

- GAINING ACCESS TO A PATIENT SUMMARY
- POLICY & REGULATIONS
- IMPACTS TO CLINICAL WORKFLOWS
- OMITTING DATA FROM PATIENT SUMMARY DUE TO CONFIDENTIALITY
- APPROACH TO TERMINOLOGY
- PERSISTENCE OF THE PATIENT SUMMARY
- EXTRACTING DATA FROM THE PATIENT SUMMARY

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Impacts to Clinical Workflows & Approach to Terminology

WHAT WE ASKED THE CLINICIANS:

- What impacts to clinical workflows must considered when either producing or consuming a Patient Summary?
- What are the qualities we should be looking for in “low-hanging fruit” opportunities to align terminology?

WHAT WE HEARD FROM THE CLINICIANS:

The Patient Summary must:

- be seamlessly **integrated into existing workflows** and not create additional administrative burden.
- focus on **what will make the most clinical difference**. Challenge to “get it right” with free-text and coded values locally before introducing cross-border care.
- **not add additional data entry and complexity** of entering coded data (e.g., consider options such as artificial intelligence, important that a clinician can choose to see the free-text, not just a coded value)
- find a **balance** between keeping the PS relevant / up to date but not onerous for the primary physician
- consider **Patient access** and ability to contribute to their own Patient Summary

Policy, Regulations & Persistence of the Patient Summary

WHAT WE ASKED THE CLINICIANS:

- What are important considerations for Policy and Regulations of the Patient Summary that clinicians care about?
- Would clinicians trust the data of a system that has multiple Patient Summaries for each provider that is responsible for that patient?

WHAT WE HEARD FROM THE CLINICIANS:

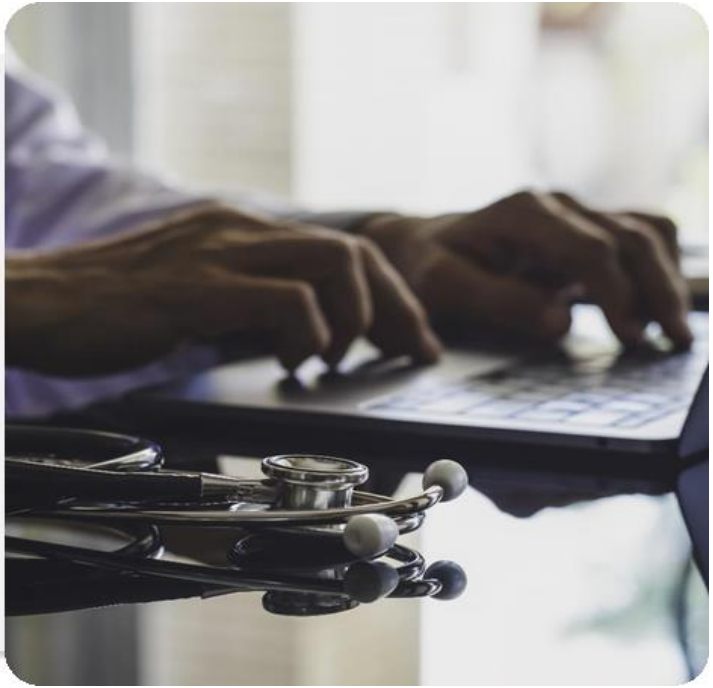
The Patient Summary should:

- be **trustworthy**: Clinicians should be able to trust that the system creating the Patient Summary will apply the necessary guidelines according to their jurisdictional policies and regulations (e.g., privacy legislation, regulations from physician colleges, regulatory frameworks from ministries) ensuring that the clinician does not have to figure out all the rules and regulations and that physician obligation/liability, with respect to updates, is clearly understood.
- be one summary of information that is **simple and easy to scan**. It should not contain multiple layers of information.
- consider option to **identify new /changed information** (e.g., provide a flag for new information / differences between Patient Summaries, identified by date.
- contain **information from more than one source of truth**, ensuring the most up-to-date information
- consider if a document may **persist x5** (i.e., from five different people) or **no document** exists and only the data is accessible at the point of care when needed.

Round-table Discussion: Vendor Perspective

Impacts to Clinical Workflows

- What experience have the vendors had with producing and/or consuming a Patient Summary?
- What are some near-term opportunities to improve integration of Patient Summaries into existing clinical workflows?
- How does the market manage patient consent and how can it be applied to the creation and distribution of Patient Summaries?



Appendix: Clinical Use Cases & Scenarios for Release 1

Use Cases & Clinical Scenarios for Release 1

1. Health Care Provider Creates a Patient Summary
A health care provider in any care setting generates a Patient Summary using their clinical system to support unscheduled/scheduled cross-border care and/or unscheduled/scheduled local care, which is made available to other authorized health care providers.

2. Health Care Provider Views and Uses a Patient Summary
A health care provider in any care setting , views and uses a Patient Summary at the point of care for unscheduled/scheduled cross-border care and unscheduled/scheduled local care.

3. Patient Accesses and Views their Patient Summary
A Patient or Subject of Care accesses/views and can retrieve a copy of their own Patient Summary to support unscheduled/scheduled cross-border care, unscheduled/scheduled local care, or for any other purpose.

Wrap Up

Days 1 & 2 Debrief

Purpose: To test the PS-CA and CA:FeX Specifications

By the #s:

- 5 vendor systems + Infoway Simulators; Allscripts, Cerner, Epic, JuniperCDS, SmileCDR
- Profiles tested =
- Total # of No Peer Tests Completed
- Total # of Peer-to-Peer Tests Completed
- # of items to be considered for inclusion in next release

Feedback:

- Vendors: What were some key learnings from Day 1&2:
  - Testing environment and process: understanding that more time is required, would you be interested in future events?
  - General feedback about implementing the specification

Day 3 & Next Steps

- Feedback from Day 3 sessions (Survey Monkey)
- Next steps:

- Immediate:
  - Closing open review and dispositioning of feedback from PS-CA v 0.3 and Ca:FeX v0.2
  - Governance bodies reviews and approvals
  - Publishing PS-CA v1.0 and CA:FeX v1.0 - May
- Longer Term:
  - Develop an interoperability roadmap
  - Support implementations of the published specification
  - Evolve the specifications
  - Refine the Interoperability Program, including governance, process and methodology (Connectathons, etc...)

Questions?

- Any questions we did not get to today can be directed to:

  Attila Farkas at afarkas@infoway-inforoute.ca
  Michelle Cerqua at mcerqua@infoway-inforoute.ca

- Recordings from Day 3 will be posted in the Patient Summary Working Group https://infocentral.infoway-inforoute.ca/en/collaboration/wg/patient-summaries

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Thank you!

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