

PS-CA v0.3 Draft

Release Title	PS-CA v0.3
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Open Review Period	March 9 - March 25, 2022
Published Content	PS-CA Interoperability Specifications v0.3 FHIR® artefacts are published in Simplifier here .
Download Specifications (PDF)	PS-CA Interoperability Specifications v0.3 PS-CA FHIR Implementation Guide v0.3 PS-CA Companion Guide to Use Cases and Definitions v0.3 PS-CA Companion Guide to Reference Architecture v0.3

How to Provide Feedback:

The Public Review period for the **Pan-Canadian Patient Summary Interoperability Specifications v0.3** is now open!

The timeline for Public Review is: March 9 - March 25, 2022.

You may review the PS-CA Specifications in the following formats:

- Download the PS-CA specifications in PDF format from the corresponding links in the table above or on the [Release page](#).
- Review the PS-CA Specifications in InfoScribe, from the corresponding link in the table above or on the [Release page](#).

How to submit your feedback:

- All Collaborators are invited to document comments using the **Public Review Comments PS-CA v0.3** spreadsheet, available [here](#).
- Send an email to standards@infoway-inforoute.ca, with Subject Line "PS-CA", including the Comments spreadsheet as an attachment.
- We kindly ask that each organization submit all comments within one spreadsheet submission.
- Upon submission, you will receive an acknowledgement email with a reference number. Our team will complete a review of all comments, determine the appropriate disposition for each item and incorporate changes and backlog items into the release notes for v0.3.

For questions, please contact us at standards@infoway-inforoute.ca

Release Notes:

FHIR Implementation Guide Change Log

- Changes to the FHIR Implementation Guide are documented in the Canadian FHIR Registry, PS-CA project, located [here](#).

PS-CA Specifications

- Updated the Glossary to include the acronym "PT" and to include the updated Infoway Interoperability definition with a link for how to access more information on the Infoway website.
- Consolidated Glossary of Terms and Acronyms for pan-Canadian interoperability specifications (e.g. PS-CA, CA:FeX) and related interoperability content (e.g. Projectathon).
- Added language to identify that SNOMED CT is a preferred pan-Canadian terminology in the Information Models, Application and Infrastructure, which aligns with the FHIR Implementation Guide.
- Added Query Search Parameter **status** in the PS-CA Actor Conformance – Option 2 – FHIR Health Information Exchange (HIE) Pattern.
- Added optional Query Result parameters **_sort** and **_count** in the PS-CA Actor Conformance – Option 2 – FHIR Health Information Exchange (HIE) Pattern.
- Removed separate line for **composition** from Query Search Parameter table in the PS-CA Actor Conformance – Option 2 – FHIR Health Information Exchange (HIE) Pattern to prevent confusion that all composition search params must be supported.
- Aligned versioning between the PS-CA Specifications and FHIR Implementation Guide.
- Added details to the Preface outlining the high-level PS-CA Release Roadmap.
- Correction applied throughout the specifications to replace references to SNOMED with SNOMED CT.

Companion Guide: Use Cases and Definitions

- Updated the guide to include Health Care Providers in the intended audience.
- Updated the guide with language in Use Case 1, Alternate Flow, Step 5, to provide more clarity on what to expect regarding business rules for how a document management system manages documents.
- Updated the formatting of the Use Cases to remove the blank page that was generated by the PDF export tool.

Companion Guide: Reference Architecture

- Updated the introduction to provide clarity on the purpose of the Reference Architecture Companion Guide.
- Updated CA:FeX sequence diagrams for UC-02 and UC-03 to provide more clarity on CA:FeX transaction IDs that are relevant for PS-CA Implementation Option #2.

Terminology

- Added new subset in the Terminology Gateway called, `PharmaceuticalBiologicProductAndSubstanceCode`, which is an intensional union of `SubstanceCode` and `PharmaceuticalBiologicProductCode`.

General

- Corrected several typos.
- Added a note to each of the PDF documents, following the Table of Contents, to indicate that for optimal viewing of large images, we recommend viewing these in the online specifications where they can be expanded to a larger size.

Coming Soon

- The Privacy Toolkit, *Interoperability Challenge Accepted: A Privacy Toolkit for Canadian Jurisdictions*, to support interoperability initiatives will be introduced with the PS-CA Specifications v1.0 Trial Implementation.

Questions & Answers

The following is a list of questions & answers documented throughout the PS-CA v0.1 Comments Disposition process. The Q&As listed are common themes and/or topics identified by all stakeholders and are grouped by category:

- Standards
- Architecture/Implementation
- Use Case/Requirements

TIP: Click on the question to view/hide the answer.

Standards

The codes in the ICD-10 CA code system (<http://hl7.org/fhir/sid/icd-10-ca>) are expected to be similar with ICD-10 up to the fourth character level. However, ICD-10 can be coded up to 6 characters for hospital data (with the potential to expand up to 7 characters). We are working to identify what code system would be sent in the system field (<http://hl7.org/fhir/sid/icd-10> or <http://hl7.org/fhir/sid/icd-10-ca>) by hospitals who have implemented ICD-10 CA in scenarios where the code is four characters or less. This will help determine if an additional slice is needed/if value set needs to be expanded to include the non-localized code system.

IPS is currently evaluating the use of this element, as it was originally identified as MS but was not able to be tied back to an original requirement in the ISO 27269 standard. We believe its introduction as MS and the `careProvisioningEvent` slice in the IPS FHIR profile was influenced by workflow that may be assumed in the CDA creation of patient summary that may not extend to patient summaries that are generated outside of an EMR Provider workflow. We've maintained the slicing to allow for its use but anticipate that IPS will further refine the expectations (and further clarify the use) of this slice.

Correct. Not every province/territory issues health card numbers that include version code. It is a concept that supplements Ontario Health Card numbers. To reduce diversity in how version code was expressed (and preserve the originally captured identifier even after replacement) the HCN version code extension was introduced in Ontario and proliferated into systems and FHIR Guides. It's been included in the PS-CA in order to prepare implementers that some identifiers with the type of JHN may include this extension.

Architecture/Implementation

The assumption for the scenario covered by the XDS sequence diagram is that the Patient Portal is hosted on an EMR solution and PS-CA is stored in a local Document Repository within the same EMR solution. In other scenarios, which are not covered in this sequence diagram, a Patient Portal may be hosted on a different system/solution then the Document Repository will be under a separate system. Such an architecture will have a different activity flow diagram.

Implementation approach and architecture to enable a patient or their designated caregiver to view/access their own patient summary will need to align with existing jurisdictional regulatory requirements. The specification focuses on core capabilities and jurisdictions will likely have guidelines for information sharing with their patients. The expectation is that patients should receive the same documents.

The specification allows for internal, legacy capabilities to be employed in collecting the information necessary to assemble a Patient Summary.

Obsolete standards can be migrated to more modern ones as part of the product roadmap. The main requirement that this specification places on legacy systems is to support the required (R) actor transactions in their specified format. This may require enhancements to existing systems, but it is a relatively low entry bar that would allow participation in future eco-systems.

In support of the Interoperability specifications, Infoway is developing a privacy toolkit to be released in April, *Interoperability Challenge Accepted: A Privacy Toolkit for Canadian Jurisdictions*, that will address consent and other privacy considerations at a pan-Canadian level.

The Interoperability specifications roadmap will be developed to include key areas such as Authorization, Authentication, Role-Based Access Control, etc. to meet the requirements of Canadian implementers. At this time, it is recommended that vendors and jurisdictions ensure appropriate security services, mechanisms and functionality are in place for the PS-CA Specifications, depending on maturity levels of current capabilities.

The objective of a format rendering service is to provide options for transformation of documents between different formats. If there are jurisdictional requirements to mask data prior to the generation of a PDF then data masking operations may be executed prior to the operation that generates the PDF.

Use Case/Requirements

Infoway gathered input from Clinicians across Canada through various formats, including Clinician engagement sessions, one-on-ones and by participating in jurisdiction-held Clinician sessions (e.g., Alberta Medical Association meetings). During these sessions, Clinicians indicated that it will be necessary to have the ability to redact/withhold information from the Patient Summary that is not clinically relevant.

At this time, the PS-CA Specifications includes considerations for consent during the development of the Patient Summary recognizing that local /jurisdictional policies must be considered. In support of the Interoperability specifications, Infoway is developing a privacy toolkit to be released in April, *Interoperability Challenge Accepted: A Privacy Toolkit for Canadian Jurisdictions*, that will address consent and other privacy considerations at a pan-Canadian level.

The first release of the PS-CA will include supports for sharing Patient Summaries for scheduled or unscheduled local care with information from a single source. The PS-CA roadmap will include the supports for consolidation of Patient Summary data from multiple sources into a single Patient Summary.