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Patient Summaries in the Interoperability Landscape

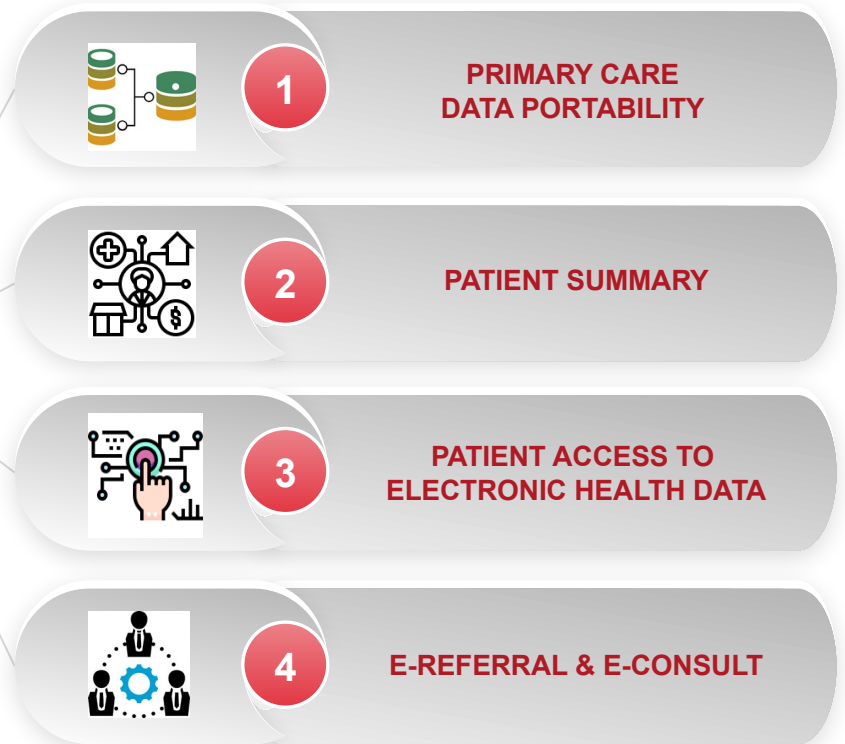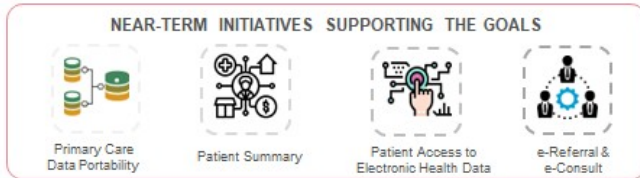Information sharing

Location: Online
Date: May 16, 2023

Attila Farkas
Sr. Director, Solution Management and Advisory Services

Objectives

- Quick overview of the PS-CA

- Provide insights into our approach to Interoperability

- Projectathon 2023

- Answer questions

pan-Canadian Interoperability Strategy & Shared Roadmap

PS-CA and IPS

An implementable, testable specification, based on the International Patient Summary (IPS), as defined by IHE International Patient Summary Specification, HL7 IPS Implementation Guide, CEN-EN 17269 and ISO/DIS 27269.

The PS-CA FHIR profile set is as closely aligned to the HL7 IPS-UV specification as possible, while still supporting localized needs and reducing barriers to early adoption

PS-CA defines building blocks (both: content data model and interoperability) to create and share condition-independent and specialty-agnostic patient summaries

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Solving for specific interoperability priorities, such as Patient Summaries, while also addressing the broader interoperability landscape

2 Conformance testable specifications focused on specific infrastructure or clinical needs, and associated data sets

- IHE IT Infrastructure (ITI) Framework
- Care Coordination including the IHE International Patient Summary (IPS)
- Medication/Pharmacy
- Radiology
- Cardiology
- Lab/Pathology
- Devices
- Others

1 BASE STANDARDS

HL7 v2, v3, CDA	HL7 FHIR	LOINC	SNOMED	DICOM	ICD9/10

The **pan-Canadian Patient Summary specification (PS-CA)** is a level 2 specification

1 **Adoption of Base Standards is not enough**
- Projects and vendors across the country use base standards but there is lack of harmonization across implementations

2 **Interoperability requires harmonization of testable specifications** across public and private sector implementers
- **There is a growing body of testable specifications in use by multiple countries and healthcare sectors**
- The diagnostic imaging sector is most mature in embracing testable specifications

An integrated and harmonized collection of specifications, policies and infrastructure is required to enable wider interoperability

Digital Identity · Authentication · Document sharing · Consent · Care services and locations directory · Patient Identification · Provider Identification · Security · Terminology services · Federation

In a few weeks Infoway will introduce a **Proposed pan-Canadian Interoperable Reference Architecture** to stimulate a conversation on a key dimension of the wider Interoperability landscape

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pan-Canadian PS Specifications - Project Scope (R1)

An overview

Project Background

Patient Summary-CA – **A national collaborative effort of developing a pan-Canadian implementable specification**

Project Approach

Baseline: Develop foundational Use Cases and Business Requirements for pan-Canadian Patient Summaries based on **collaborative workshopping** with jurisdictions, industry, clinical expert and other relevant organizations

Collaborate: Collaborate with jurisdictions, clinical SMEs, technical SMES, vendors, participating organizations to develop and refine detailed artefacts

Review: Review and provide feedback into artefacts through engagement workshops and input gathering

Publish: Publish artefacts for broader stakeholder consultation

Recommend: Recommend draft artefacts for approval

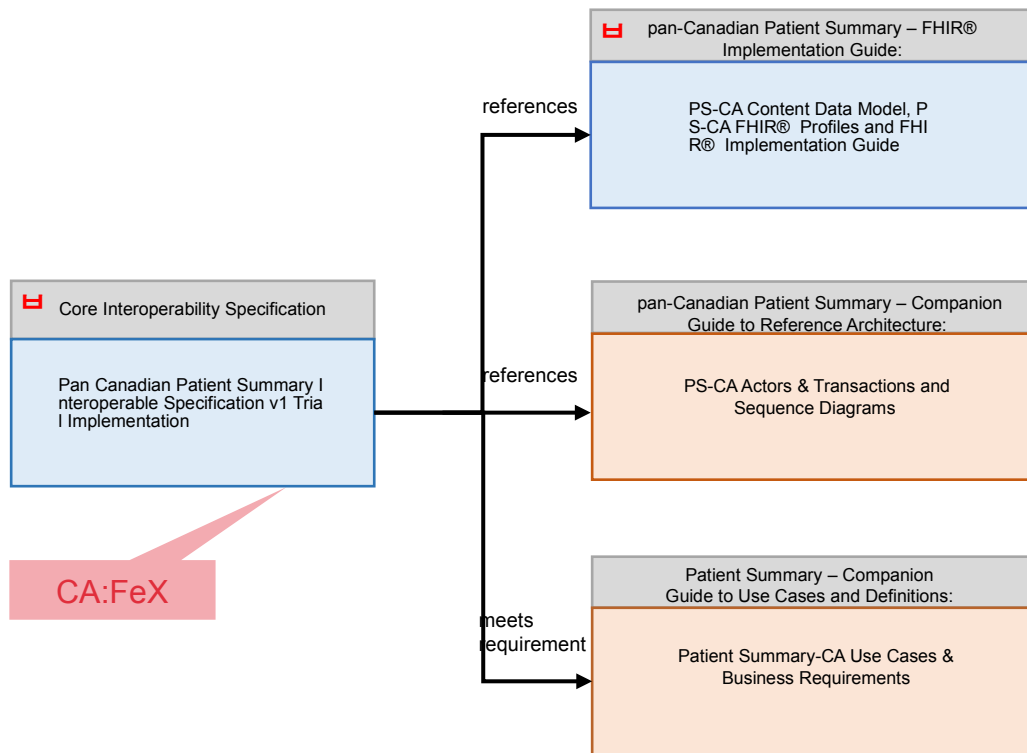**Iterate:** Continue to refine as per testing and priorities

Jurisdictional Alignment

Stakeholder Engagement has identified a set of common use cases for the pan-Canadian Patient Summary, **Release 1** prioritizes these 3.
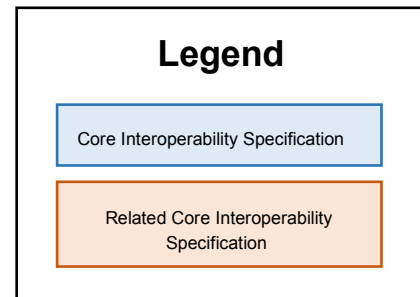
Use Cases in Scope for Release 1	AB	BC	NL	ON	SK
1. Health Care Provider (HCP) Creates and submits a Patient Summary-CA	x	x	x	x	x
2. Health Care Provider (HCP) Retrieves, Views and Uses a Patient Summary-CA	x	x	x	x	x
3. Patient Accesses and Views their Patient Summary-CA	x	x	x	x	

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Patient Summary PS-CA Specification Package

The pan-Canadian Patient Summary specification (PS-CA) is a level 2 specification

pan-Canadian Patient Summary – FHIR® Implementation Guide:

PS-CA Content Data Model, PS-CA FHIR® Profiles and FHIR® Implementation Guide

references

Link to specification package

Core Interoperability Specification

Pan Canadian Patient Summary Interoperable Specification v1 Trial Implementation

CA:FeX

references

pan-Canadian Patient Summary – Companion Guide to Reference Architecture:

PS-CA Actors & Transactions and Sequence Diagrams

meets requirement

Patient Summary – Companion Guide to Use Cases and Definitions:

Patient Summary-CA Use Cases & Business Requirements

Legend

Core Interoperability Specification

Related Core Interoperability Specification

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Cross-jurisdictional PS-CA Building Blocks Prioritization

Patient Summary-CA: Data Domains of Interest by Canadian Jurisdiction and Release

IPS-UV		PS- CA		AB	BC	MB	NL	ON	SK	v1.0.0 TI	Future
Header	Subject	Header	Subject								+
	Author		Author								+
	Attester		Attester								+
	Custodian		Custodian								+
Required	Medication Summary	Recommended	Medication Summary								+
	Allergies and Intolerances		Allergies and Intolerances								+
	Problem List		Problem List								+
Recommended	Immunizations		Immunizations								+
	History of Procedures		History of Procedures								+
	Medical Devices		Medical Devices								
	Diagnostic Results		Diagnostic Results								
Optional	Vital Signs	Optional	Vital Signs								+
	Past history of Illness		Past History of Illness								+
	Social History		Social History								+
	Advance Directives		Advance Directives								
	Pregnancy		Pregnancy								
	Functional Status		Functional Status								
	Plan of Care		Plan of Care								
		EXT	Extension(s)								
			Family History								+

Infoway has orchestrated a collaborative process to
- reach consensus on priorities
- consolidate requirements
- conduct detailed data analysis to understand jurisdictional needs and the required flexibility for the design of PS-CA building blocks

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The pan-Canadian Patient Summary FHIR Implementation Guide & HL7 FHIR® Profiles

- **The pan-Canadian Patient Summary - FHIR Implementation Guide** is an implementable, testable specification for the FHIR composition that defines the data payload of the PS-CA specification and is based on the HL7 FHIR IPS implementation guide

- **The PS-CA FHIR Profiles** are implementable, testable data content models that reflect configurable building blocks for creating a well formed pan-Canadian Patient Summary as a FHIR document

[Link to PS-CA FHIR bundle](#)

Solving Interoperability Challenges - Core Concepts

To solve **interoperability challenges**, IHE International has developed a process that **brings together clinicians, jurisdictions, vendors and, developers** of healthcare information technology (HIT) in an annually recurring four-step process.

1 Clinical, technical and jurisdictional experts define critical use cases and business requirements for solving a problem (e.g., Sharing Patient Summaries).

2 Technical experts create detailed specifications for Patient Summaries to address these use cases, selecting and optimizing established standards.

3 Industry implements these standard specifications called Integration Profiles in various HIT systems and solutions.
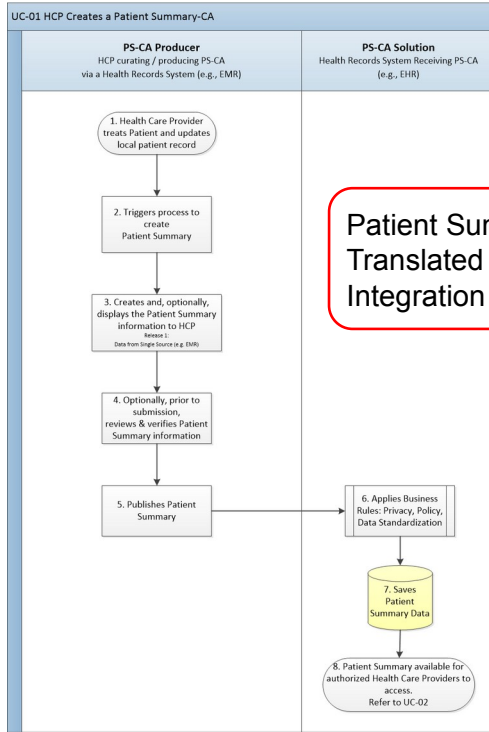
4 Allows vendors to demonstrate interoperability and conformance to the specification for the Patient Summary by testing their systems at carefully planned events called Connectathons and Projectathons.

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Use Cases & Requirements Translated to Solve a Problem

UC-01 HCP Creates a Patient Summary-CA

PS-CA Producer	PS-CA Solution
HCP curating / producing PS-CA via a Health Records System (e.g., EMR)	Health Records System Receiving PS-CA (e.g., EHR)

1. Health Care Provider treats Patient and updates local patient record

2. Triggers process to create Patient Summary

3. Creates and, optionally, displays the Patient Summary information to HCP
Release 1: Data from Single Source (e.g. EMR)

4. Optionally, prior to submission, reviews & verifies Patient Summary information

5. Publishes Patient Summary

6. Applies Business Rules: Privacy, Policy, Data Standardization

7. Saves Patient Summary Data

8. Patient Summary available for authorized Health Care Providers to access.
Refer to UC-02

Patient Summary Use Case Translated to Integration Profiles

PS-CA USE CASE 1: HCP Creates PS-CA					MAPPING TO SECTIONS FROM THIS AND REFERENCED INTEROPERABILITY SPECIFICATIONS
USE CASE ACTOR	SERVICE SUPPORTED	OPT	TECHNICAL ACTOR	OPT	PROFILE / STANDARD
PS-CA Producer	Authenticate User	O	Client (e.g., EMR)	O	Internet User Authorization (IUA)
	Identify Patient	O	Client (e.g., EMR)	O	Use Existing Standards Employed by the Clinical System
		O	Patient Demographic Consumer	O	PDQm
	Retrieve clinical data from local data sources (Patient Identifier)	R	Client (e.g., EMR)	R	Use Existing Standards Employed by the Clinical System
	Assemble and review Patient Summary	R	Client (e.g., EMR)	R	Use Existing Standards Employed by the Clinical System
	Update Current Valuesets and ConceptMaps	O	Client (e.g., EMR)	O	SVCM
	Omit or Mask Data based on Jurisdictional Policy	O	Client (e.g., EMR)	O	Jurisdictional Requirement
	Save PS-CA to Document Repository	R	Client (e.g., EMR)	R	Use Existing Standards Employed by the Clinical System
		R	Data Source	R	CA:FeX
Document Repository (Central)*	Save PS-CA to Document Repository	R	Data Recipient	R	CA:FeX
Central Infrastructure	Identify Patient	O	Patient Identity Registry	O	PMIR

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Creating Specifications with Established Standards

MAPPING TO SECTIONS FROM THIS AND REFERENCED INTEROPERABILITY SPECIFICATIONS		
TECHNICAL ACTOR	OPT	PROFILE / STANDARD
Client (e.g., EMR)	O	Internet User Authation (IUA)
Client (e.g., EMR)	O	Use Existing Standards Employed by the Clinical System
Patient Demographic Consumer	O	PDQm
Client (e.g., EMR)	R	Use Existing Standards Employed by the Clinical System
Client (e.g., EMR)	R	Use Existing Standards Employed by the Clinical System
Client (e.g., EMR)	O	SVCM
Client (e.g., EMR)	O	Jurisdictional Requirement
Client (e.g., EMR)	R	Use Existing Standards Employed by the Clinical System
Data Source	R	CA:FeX
Data Recipient	R	CA:FeX
Patient Identity Registry	O	PMIR

Existing, internationally-developed solution for **User Authorization** (IUA)

Existing, international profile, developed to solve for **consistent patient demographics** query (PDQm)

Optimizing the development process with modular technology!

These Profiles can implement very different protocols and technologies

CA:FeX: Canadian developed integration profile to solve for a **standardized way to exchange FHIR documents** (e.g., Patient Summary)
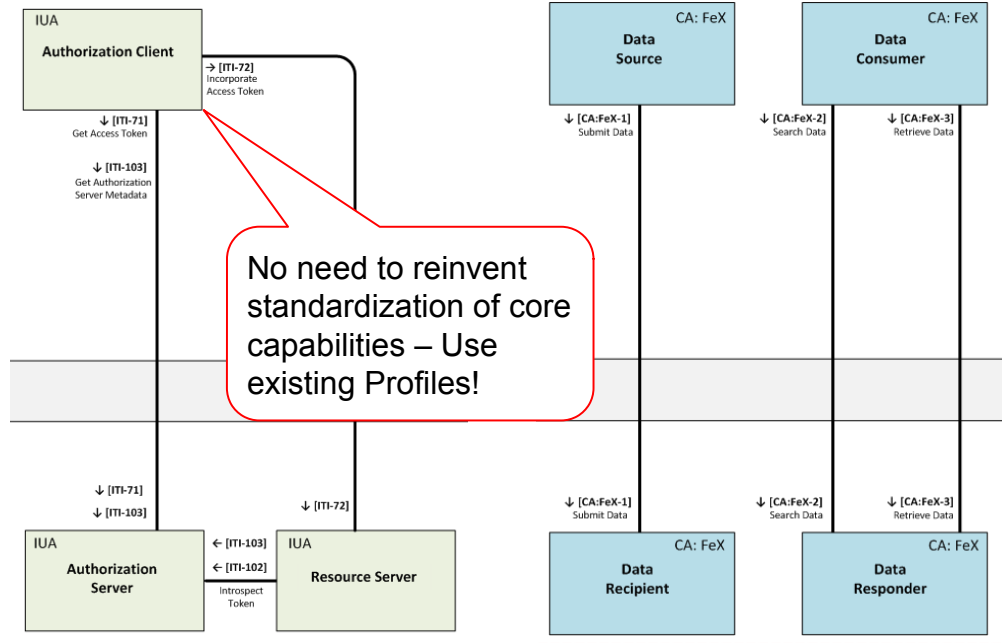
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Integration Profiles – Modular Technology

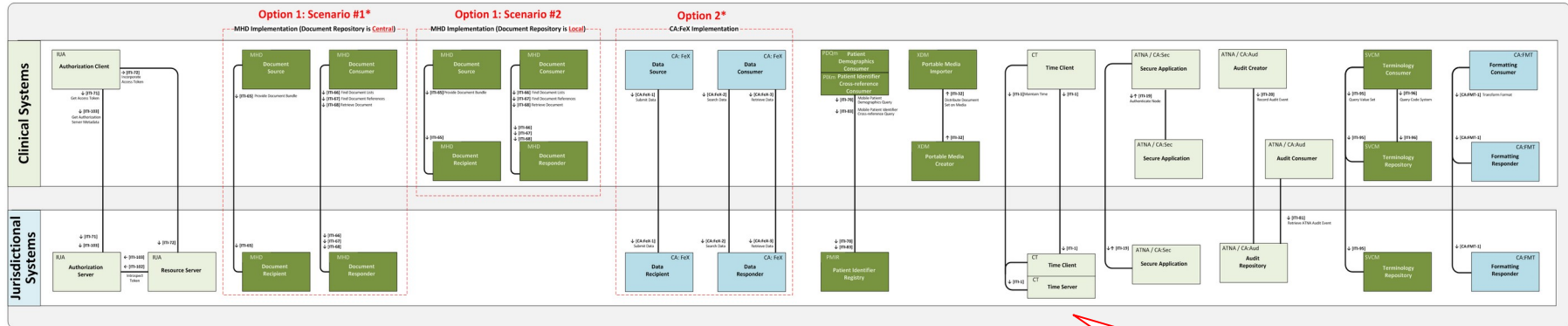| MAPPING TO SECTIONS FROM THIS AND REFERENCED INTEROPERABILITY SPECIFICATIONS		
TECHNICAL ACTOR	OPT	PROFILE / STANDARD
Client (e.g., EMR)	O	Internet User Authorization (IUA)
Client (e.g., EMR)	O	Use Existing Standards Employed by the Clinical System
Patient Demographic Consumer	O	PDQm
Client (e.g., EMR)	R	Use Existing Standards Employed by the Clinical System
Client (e.g., EMR)	R	Use Existing Standards Employed by the Clinical System
Client (e.g., EMR)	O	SVCM
Client (e.g., EMR)	O	Jurisdictional Requirement
Client (e.g., EMR)	R	Use Existing Standards Employed by the Clinical System
Data Source	R	CA:FeX
Data Recipient	R	CA:FeX
Patient Identity Registry	O	PMIR

No need to reinvent standardization of core capabilities – Use existing Profiles!

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Integration Profiles – Reference Architecture

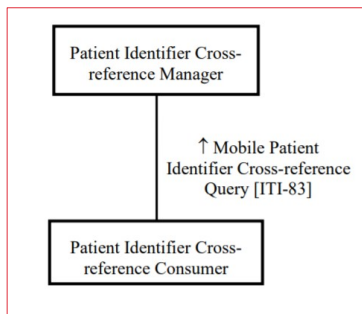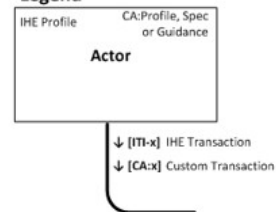# Integration Profiles – Testable Capabilities

IHE Profiles

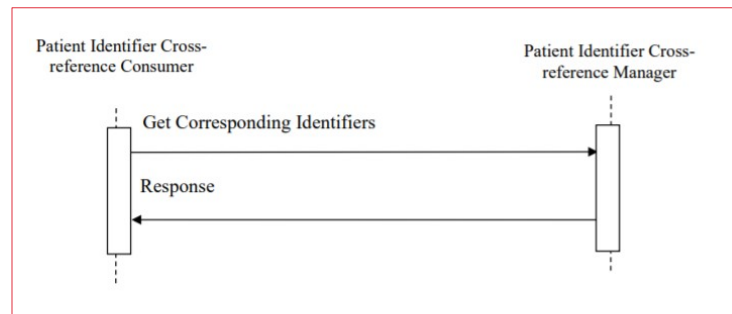|	
IUA	Internet User Authorization 🔥FHIR**
ATNA	Audit Trail and Node Authentication 🔥FHIR
CT	Consistent Time
MHD	Mobile access to Health Documents 🔥FHIR**
PMIR	Patient Master Identity Registry 🔥FHIR**
PDQm	Patient Demographics Query for Mobile 🔥FHIR**
PIXm	Patient Identifier Cross-Reference for Mobile 🔥FHIR**
XDM	Cross-enterprise Document Media Interchange
SVCM	Sharing Valuesets, Codes and Maps 🔥FHIR**

Canadian Specifications and Guidance

CA:FeX	Canadian FHIR Exchange 🔥FHIR**
CA:FMT	Canadian Formatting Service
CA:Sec	Canadian Network Security (based on ATNA)
CA:Aud	Canadian Audit Trail (based on ATNA) 🔥FHIR**

*Preferred Option

Legend

IHE Profile | CA:Profile, Spec or Guidance

Actor

↓ [ITI-x] IHE Transaction
↓ [CA:x] Custom Transaction

Patient Identifier Cross-reference Manager

↑ Mobile Patient Identifier Cross-reference Query [ITI-83]

Patient Identifier Cross-reference Consumer

Profiles define the Actors and their supported Transactions

Patient Identifier Cross-reference Consumer

Get Corresponding Identifiers

Response

Patient Identifier Cross-reference Manager

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Integration Profiles in Vendor Systems

Clinical System (e.g., EMR, HIS, etc.)

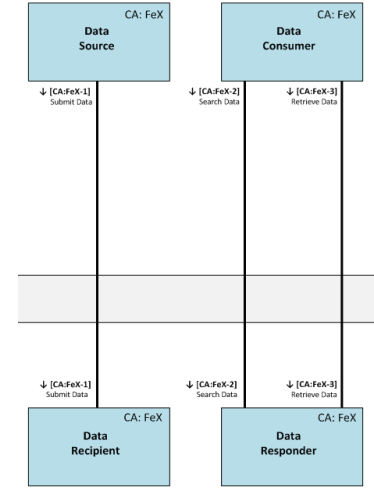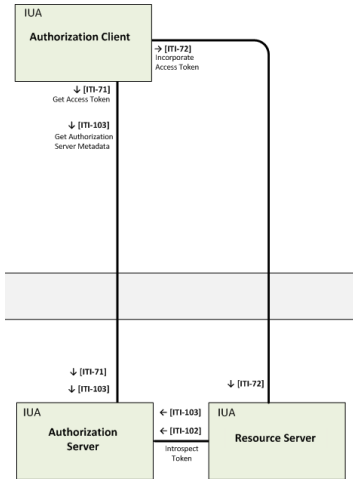| IUA Authorization Client	CA:Sec (ATNA) Secure Application	CA:FeX Data Source / Data Consumer

Vendor systems can compete on everything they choose to, except for the interoperability profiles they claim to support
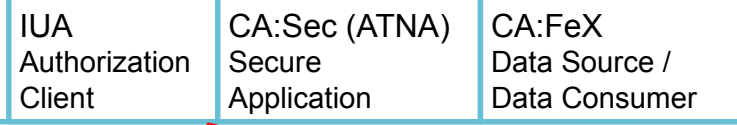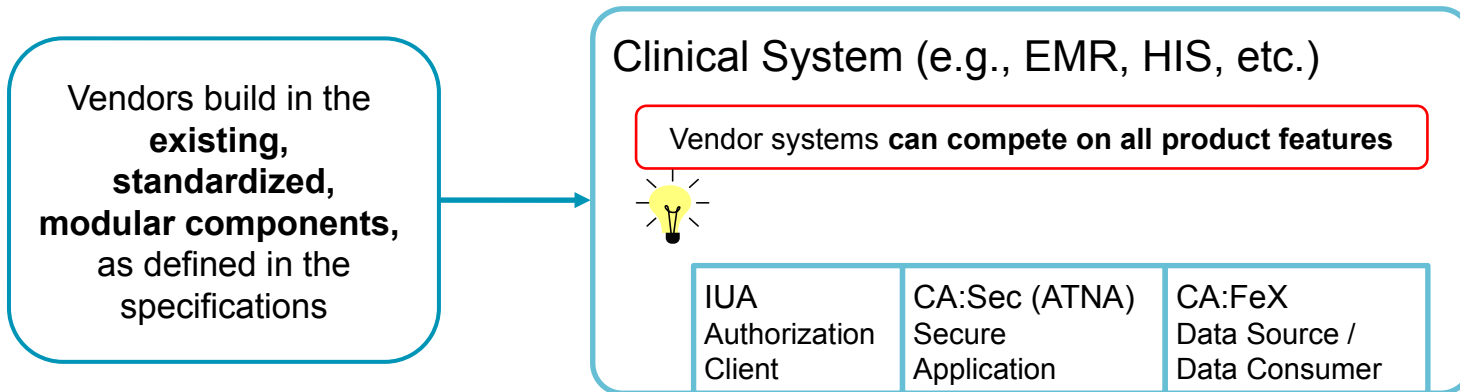
This vendor system claims they can operate as a secure node, authorize their users and submit and receive Patient Summaries (three Profiles, four Actors)

IUA
Authorization Client
→ [ITI-72] Incorporate Access Token
↓ [ITI-71] Get Access Token
↓ [ITI-103] Get Authorization Server Metadata
↓ [ITI-71]
↓ [ITI-103]

IUA
Authorization Server
← [ITI-103]
← [ITI-102] Introspect Token

IUA
Resource Server
↓ [ITI-72]

Data Source — CA: FeX
Data Consumer — CA: FeX
↓ [CA:FeX-1] Submit Data
↓ [CA:FeX-2] Search Data
↓ [CA:FeX-3] Retrieve Data

Data Recipient — CA: FeX
Data Responder — CA: FeX
↓ [CA:FeX-1] Submit Data
↓ [CA:FeX-2] Search Data
↓ [CA:FeX-3] Retrieve Data

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Implementing the Standards into Clinical Systems

PS-CA v1.0.0 TI

Closely Aligned to IPS and Current Canadian Market	Well-formed Patient Summary using FHIR standard version 4.0.1	Secure, Access-Controlled Exchange	Reference Architecture - Exchange Mechanisms

Vendors build in the **existing, standardized, modular components,** as defined in the specifications

Clinical System (e.g., EMR, HIS, etc.)

Vendor systems **can compete on all product features**

IUA Authorization Client	CA:Sec (ATNA) Secure Application	CA:FeX Data Source / Data Consumer

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Gazelle

What is Gazelle Testing Framework and where does it fit in?

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Gazelle Testing Framework

A compendium of international and national profiles and transactions

Gazelle is a suite of tools developed by IHE International and other collaborators to bring Integration Profiles to life.

It provides users an opportunity to validate the role they will be playing in the ecosystem and ensure they are able to satisfy the interoperability requirements.

Gazelle offers several self-serve, self-test and conformance assessment opportunities for jurisdictions and vendors to test alignment to Integration Profiles
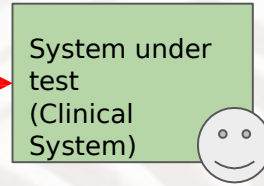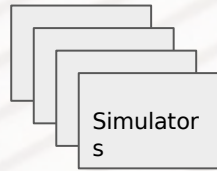
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Gazelle Concepts

- Core concepts:

    - Vendors (Organization)

    - Clinical Systems (System)

    - Integration Profiles (Profile)

    - Actors (Actor)

    - Transactions (Transaction)

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Gazelle Components

2. Run transaction and exchange messages with simulators (through the Proxy)

Simulators

System under test (Clinical System)

SUT operator

1. Read test plan and test description

3. Validate exchanged messages EVSClient
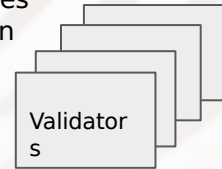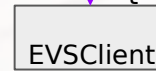
Preloaded with international and national integration profiles vendors can claim adherence to

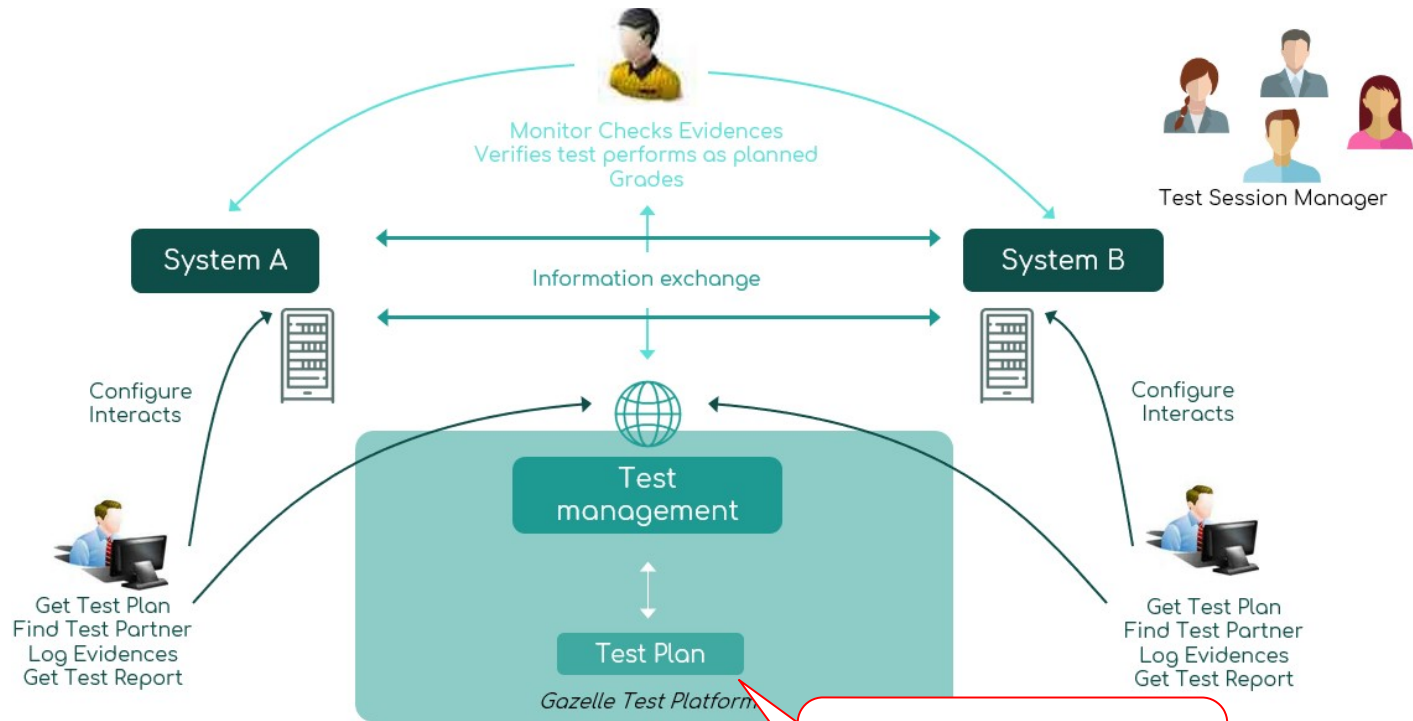Gazelle Test Management

4. Collect all test evidences in Test Management (from the

EVSClient

Validators

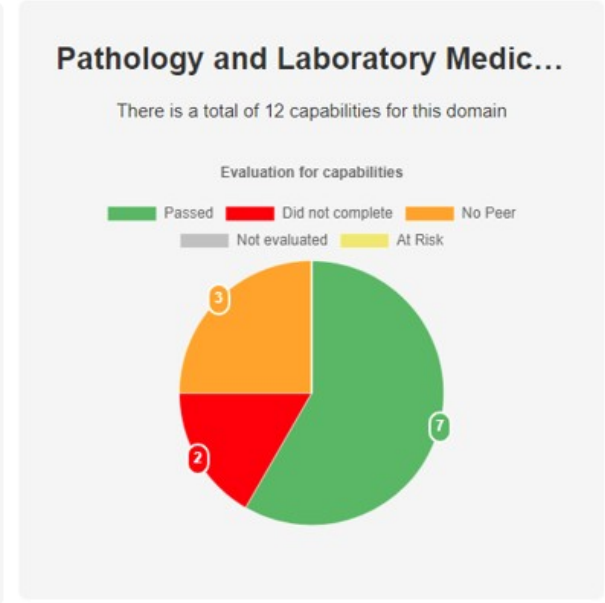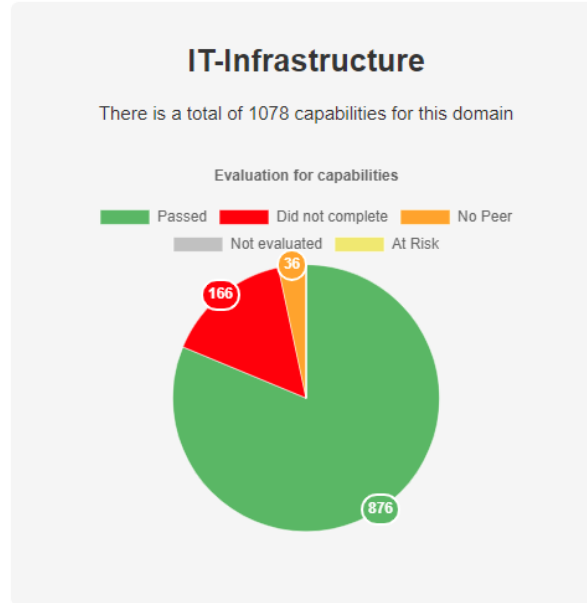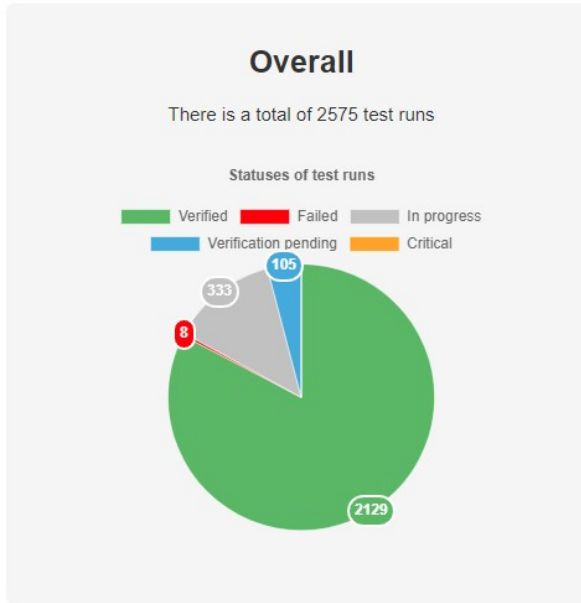| IHE Profiles		Canadian Specifications and Guidance	
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PMIR	Patient Master Identity Registry		
PDQm	Patient Demographics Query for Mobile		
PIXm	Patient Identifier Cross-Reference for Mobile	*Preferred Option	
XDM	Cross-enterprise Document Media Interchange		
SVCM	Sharing Valuesets, Codes and Maps		

Legend

IHE Profile — CA:Profile, Spec or Guidance

Actor

↓ [ITI-x] IHE Transaction
↓ [CA:x] Custom Transaction

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Conceptual Model of a Testing Event

Monitor Checks Evidences
Verifies test performs as planned
Grades

Test Session Manager

System A

System B

Information exchange

Configure
Interacts

Configure
Interacts

Test
management

Get Test Plan
Find Test Partner
Log Evidences
Get Test Report

Get Test Plan
Find Test Partner
Log Evidences
Get Test Report

Test Plan

Gazelle Test Platform

Test plan can be used for development support or certification purposes

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Overview of the outcome of the session for managers

This information is fed into a report for each vendor to reflect their results.

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Projectathon 2023

Vendors had an opportunity to test and demonstrate capabilities in two distinct areas of the specification:

A. Document format and content,
B. Secure, exchange transactions.

Projectathon 2022/23

Focus:
Patient Summary
implementation projects
across Canada

Patient Summary
Implementations

Projectathon
March 2022

Projectathon
March 2023

Outcome:
Implementable &
testable specifications
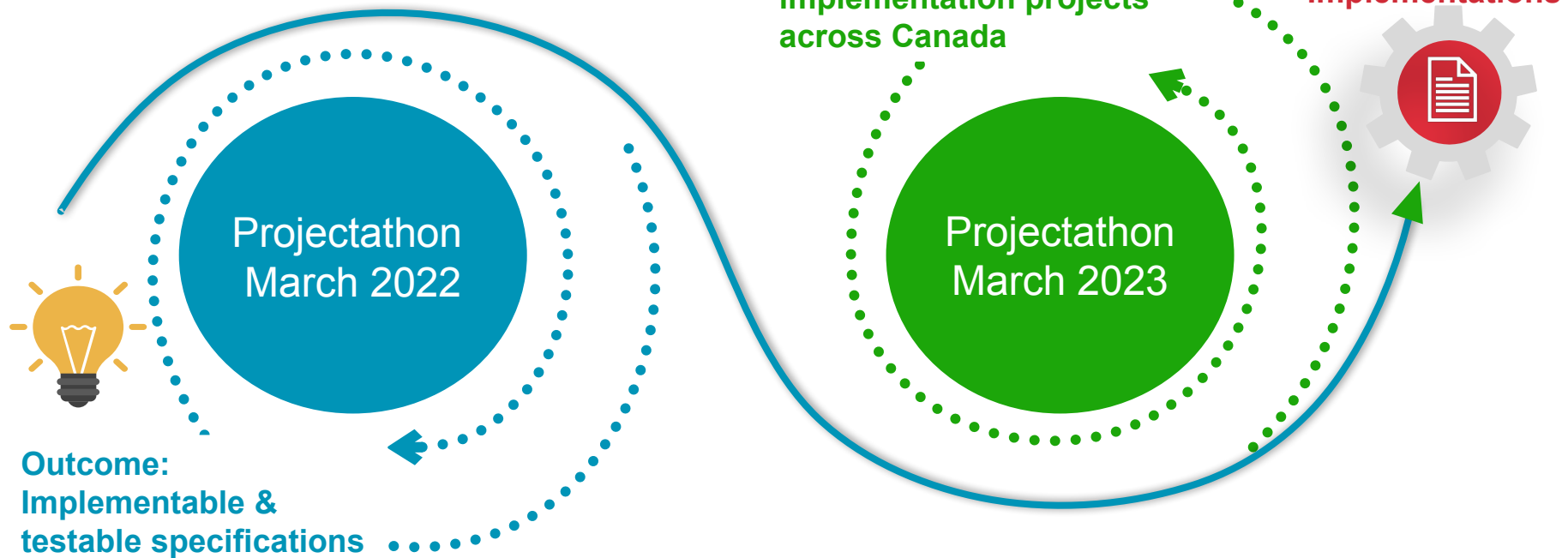
Read more about the Projectathon 2022: Pan-Canadian Projectathon final report

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A. Testing for Document Format and Content

The PS-CA FHIR Content Data model will be tested using a combination of test data and validation tooling. To consider:

❖ The **PS-AB and PS-ON specifications are very closely aligned to the PS-CA** and should be supported by minimal configuration of capability in the vendor systems. The **Data Configuration Guide** provides the necessary configurations for testing the PS-AB and PS-ON specifications.

❖ The test cases will highlight where configuration is needed and test that it is applied properly, based on claimed vendor conformance.

❖ The Projectathon will offer an assessment of the FHIR document against the ON and AB implementation guidance as represented in the PS-ON and PS-AB specifications, in addition to the PS-CA.

To access the **Data Configuration Guide**, go here.
NOTE: This document is based on the PS-AB and PS-ON at a point in time and are, therefore, subject to change.

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B. Testing Secure, Exchange Transactions

Implementation patterns may differ from jurisdiction to jurisdiction and information exchange channels may vary in terms of their security footprint.

Therefore, the Projectathon test cases have been organized into two categories:

Category 1 - Test cases that test **individual actor capabilities in isolation**, e.g., how a system can handle encrypted transactions, how a system can handle a CA:FeX transaction, how a system can handle an OAuth 2 token exchange, etc.

Category 2 - Complex test cases that **group individual actor capabilities with other relevant actor capabilities to simulate real world scenarios,** e.g., how a patient summary creator system can submit the document to a repository by using an OAuth 2 integration, etc.

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Projectathon Testing: Integration Profiles

1 **CA:FeX** Implementable, testable interoperability specification based on HL7 FHIR. Defines building blocks to enable creating, consuming and sharing clinical data via FHIR RESTful exchange patterns.

4 **CA:Sec** Specifies the foundational elements needed to securely execute transactions between two systems. Based on the ATNA profile and aims to bring improvements via loose coupling, with focus on node and application security.

2 **MHD** Defines one standardized interface to health document sharing. This profile is applicable to systems where needs are simple, such as pulling the latest summary for display.

5 **CA:Aud** Specifies the foundational elements needed to perform event logging for auditing purposes. It is based on the ATNA profile and aims to bring improvements via loose coupling with focus on auditing using modern formats and technologies.

3 **IUA** Provides an authorization profile for the HTTP restful transactions. Ensures that the users (e.g., Patient, provider, etc.) and applications requesting access to the FHIR document (e.g., Patient summary) are authorized to have access.

6 **CT** Provides a means to ensure that the system clocks and time stamps of the many computers in a network are well synchronized.

To learn more about the integration profiles, go here.

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CA:FeX, MHD, IUA Simulators

For access to this tool please follow the link

Validators and Renderers

Projectathon Testing Days

- ❖ The purpose of the Projectathon was to test the PS-CA and PS-ON (Ontario patient summary implementation guidance) specifications with a focus on both content and exchange

- ❖ Nine vendors completed over 200 tests both individually and collaboratively related to:
  - ❖ Security and authorization
  - ❖ Transport of a patient summary
  - ❖ Assessment of FHIR documents against PS-CA and PS-ON

- ❖ **7/9** vendors were able to successfully interact with the retrieve data transaction

- ❖ **2/9** vendors were able to demonstrate the ability to create a well-formed patient summary (PS-CA) document

- ❖ **One** vendor was able to partially demonstrate ability to create a well-formed PS-ON document

- ❖ **All** vendors showed some capability of being able to submit a patient summary (either via a PS they created or a sample that was provided

Participating Systems from:

TELUS Health • VeroSource SOLUTIONS • akinox
smile DIGITAL HEALTH • ORACLE • VERTO
enovacom • WELL Health • MicroQuest

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Total Profiles Tested	Total Tests Conducted	Total No-Peer Tests	Total Peer-to-Peer Tests	Total Submitted PS-CA Tests	Total Submitted PS-ON Tests
6	203	144	59	3	1

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Symposia day

1. Keynote: International Interoperability Experience: Switzerland. Participants learned about eHealth Suisse's interoperability experience, key takeaways and next steps. This was an interactive session with questions and answers throughout, hosted by Martin Smock.

2. Primer to the pan-Canadian Interoperability Strategy & Shared Roadmap. Participants learned about the pan-Canadian strategy to achieving connected care and associated key initiatives.

Participating Vendors and Stakeholders of the Pan-Canadian Projectathon 2023

3. Canadian FHIR exchange (CA:FeX) v2.0.0 draft. Participants learned about the next iteration of CA:FeX and how it can help drive modernization of health information exchanges.

4. Clinical session: Achieving pan-Canadian alignment on data elements. Participants joined an open, interactive discussion about the opportunities for achieving pan-Canadian interoperability. During this session, clinicians shared their thoughts and recommendations on several topics.

32 The presentation materials and session recordings are available here.

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Evaluation and Sample Results

Pass — Vendor demonstrated the **full capability** of the transactions and content, where required, as defined in the test case.

Partial Pass — Vendor demonstrated **partial capability** of the transactions and content, where required, as defined in the test case.

Examples
- The vendor could not/did not conclusively demonstrate complete coverage of the transactions and/or content required as defined in the test case.
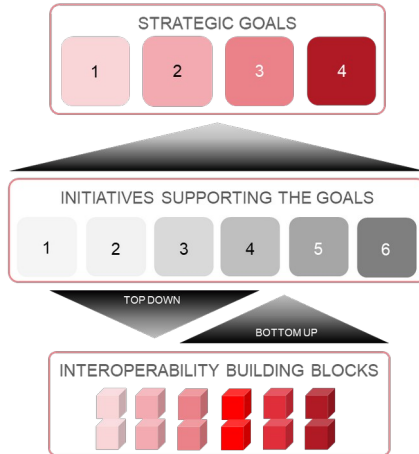- For some transactions, the specifications are a work in progress with a dependency on the pan-Canadian roadmap. Vendors completed the test case as best as possible and in some cases, raised areas for consideration in the roadmap.

Not Applicable — Vendor did not demonstrate the capability during the Projectathon.

Examples
- Actor type is not relevant to the solution or the vendor did not register for it.
- There wasn't enough time to demonstrate the capability or there were insufficient partners to demonstrate it.

	Capability Statement		CA:FeX-1 Submit Data			
	Client Data Source / Consumer	Server Data Recipient / Responder	Data Source (Client)	Data Source (Client) + IUA	Data Recipient (Server)	Data Recipient (Server) + IUA
Akinox	Pass		Pass	Pass		
Enovacom		Pass			Pass	
Microquest	Pass		Pass	Pass		
ORACLE Health	Pass	Pass	Pass	Pass	Pass	
Smile Digital Health		Pass			Pass	Partial Pass
TELUS Health		Pass			Pass	Pass
Verto	Pass	Pass	Pass	Pass	Pass	Pass
VeroSource		Pass				Pass
WELL Health					Pass	Pass

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A Comprehensive Approach To Advance Pan-Canadian Interoperability

Top-Down, Bottom-Up Approach

STRATEGIC GOALS
1 2 3 4

INITIATIVES SUPPORTING THE GOALS
1 2 3 4 5 6

TOP DOWN
BOTTOM UP

INTEROPERABILITY BUILDING BLOCKS

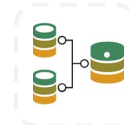---

THE 4 STRATEGIC GOALS

| 1 Easing Data Blocking and Portability | 2 Improving Provider Access to Patient Data at Point-of-Care | 3 Enabling Patient Access to their Health Record | 4 Improving Care Coordination and Collaboration |

NEAR-TERM INITIATIVES SUPPORTING THE GOALS

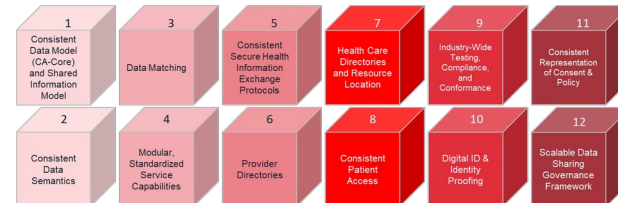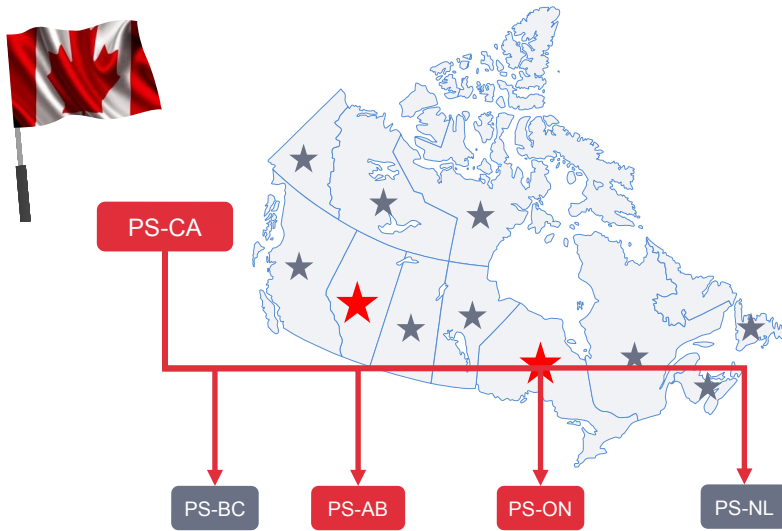Primary Care Data Portability — Patient Summary — Patient Access to Electronic Health Data — e-Referral & e-Consult

TOP DOWN
BOTTOM UP

INTEROPERABILITY BUILDING BLOCKS

1 Consistent Data Model (CA-Core) and Shared Information Model
3 Data Matching
5 Consistent Secure Health Information Exchange Protocols
7 Health Care Directories and Resource Location
9 Industry-Wide Testing, Compliance, and Conformance
11 Consistent Representation of Consent & Policy

2 Consistent Data Semantics
4 Modular, Standardized Service Capabilities
6 Provider Directories
8 Consistent Patient Access
10 Digital ID & Identity Proofing
12 Scalable Data Sharing Governance Framework

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PS-CA

PS-BC PS-AB PS-ON PS-NL

As the Patient Summary (and other initiatives such as eReferral) evolve and implementations expand across the country, a formal **decision-making** approach to **achieve alignment** is needed **to solve for differences** (e.g., legislation, policy, clinical workflow, terminology, technical, etc.)

Committing to a
core pan-Canadian approach (e.g., core data model, minimum must support values, cardinality, etc.) requiring **minimal configurations**
to meet **intra-jurisdictional needs**
without limiting the future of
inter-jurisdictional exchange.

Q & A

Canada Health Infoway

Thank you!

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