

# Canada's IPS Journey



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# Agenda

- ❑ Canada's international participation in IPS specification development
- ❑ Domestic efforts regarding development and testing of a pan-Canadian Patient Summary
- ❑ Expected future work – on both fronts!
- ❑ Q&A



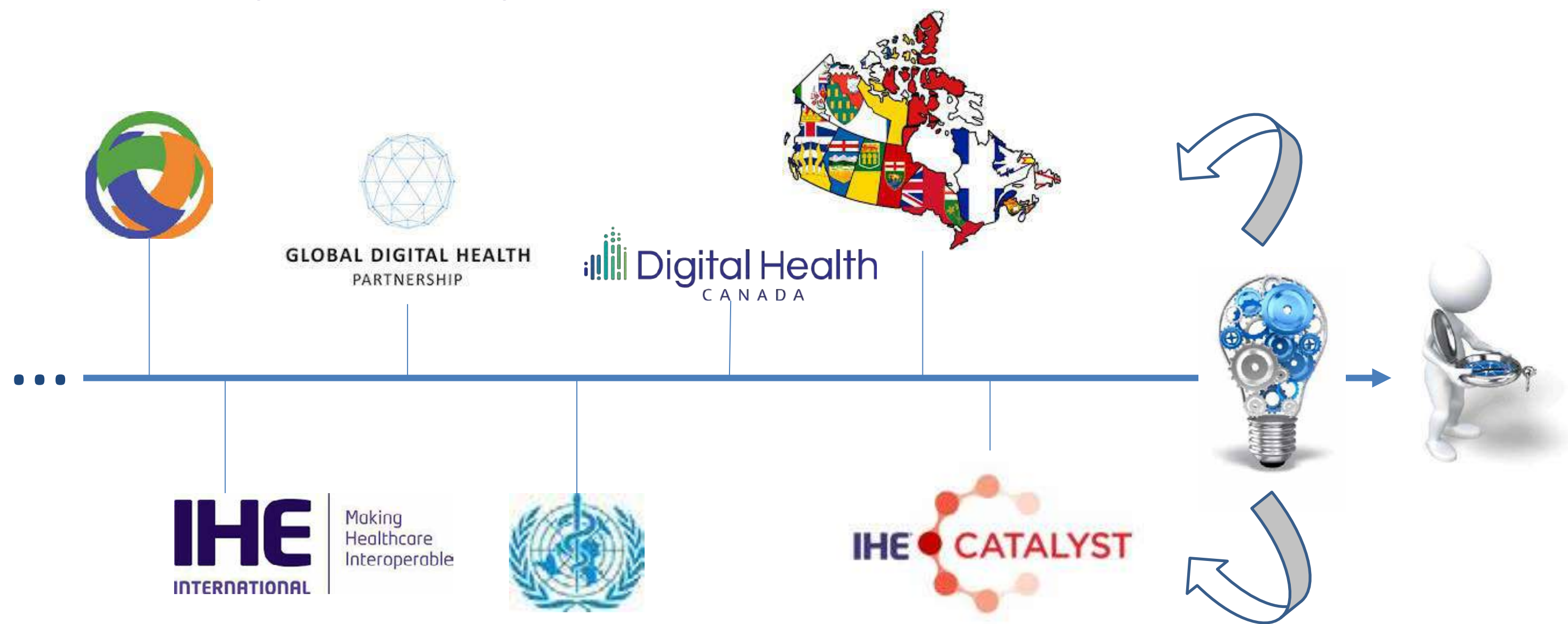
# These are not eye-charts... ;-)



The following slides are *detailed* (for the benefit of later review of the deck) – but we will move **quickly** through them. The **top level messages** will tell our narrative story.

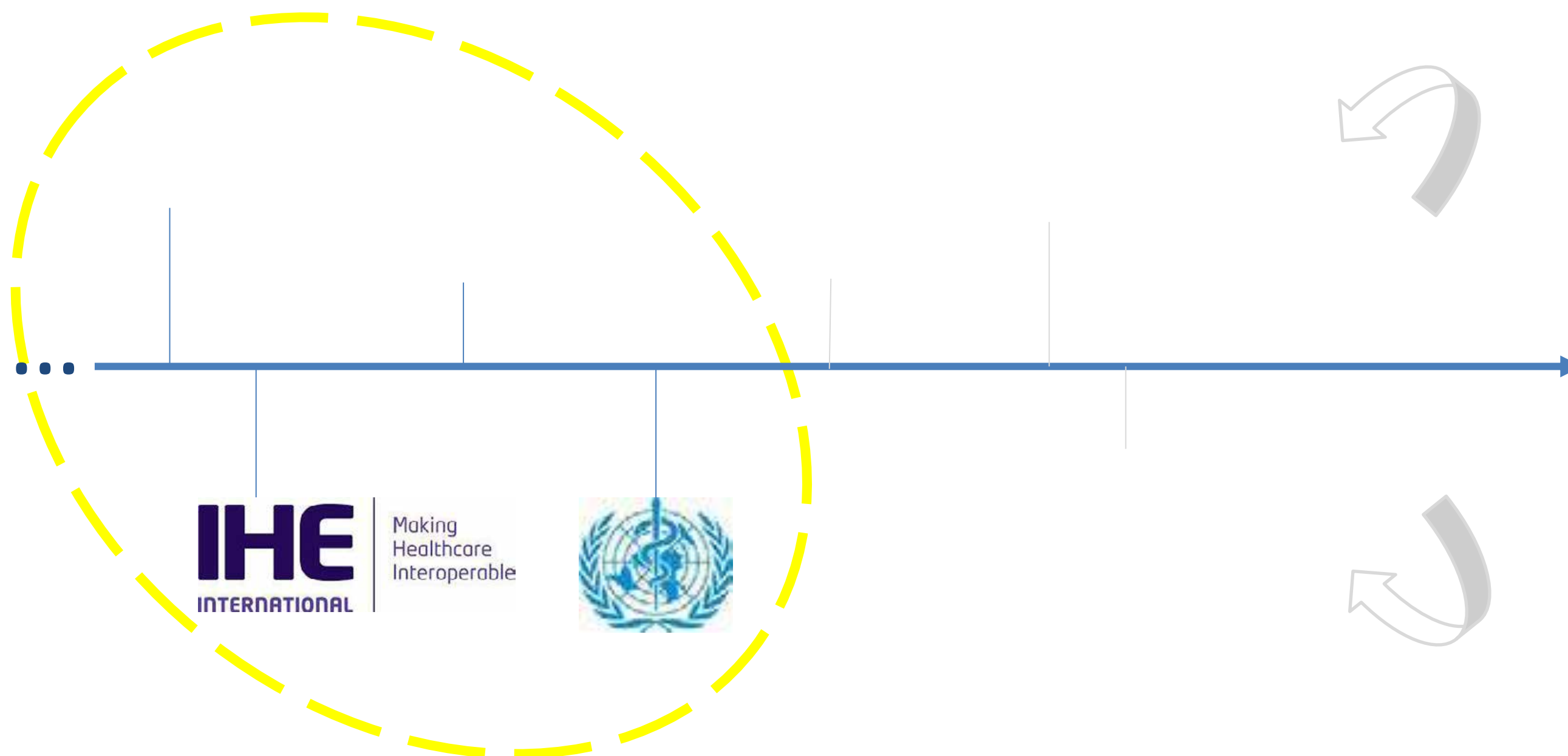


# Today's storyline...





# International IPS participation...





JIC is a digital health  
**xSDO** coordination body  
established in 2007.



## What is the JIC?

Established in 2007, SDOs have come together as the Joint Initiative Council (JIC) to build a collaborative framework of health informatics standards to

Foster **collaboration**  
**between standards and**  
**clinical communities**  
worldwide

Enable **digital**  
**transformation** based  
on **information**  
**interoperability**

Support **high-quality health**  
**services to individuals,**  
**communities**  
**and populations**







IPS has been one of JIC's  
core **focus** areas.



Joint Initiative Council

JIC open Forum

9<sup>th</sup> December 2021

JIC openForum

9<sup>th</sup> December 2021

## Agenda

The International Patient Summary is the latest joint activity within JIC and includes most of the JIC participating standard development organizations. It has a global scope -on a clinical and geographical point of view. The value of the IPS has been recognized by the [G7 countries](#) in their Summer 2021 meeting in Oxford UK. The purpose of this webinar is to present the respective angle of view for standard developers, the stakeholders having adopted or endorsed the IPS and those implementing this global standard.

This third openForum has been prepared in coordination [with the GDHP](#) who is also advancing the IPS standard.

A panel will provide opportunity to some of the standardization experts to explain their expectations, and later to interact with questions and answers, together with the other guest speakers. International uptake, standards maintenance, SDO reactivity, Connectathons, etc. will be addressed in the discussions.



<https://international-patient-summary.net/>





Integrating the Healthcare Enterprise



IHE Patient Care Coordination  
Technical Framework Supplement

International Patient Summary  
(IPS)

HL7® FHIR® R4  
Using Resources at FMM Level 0-N

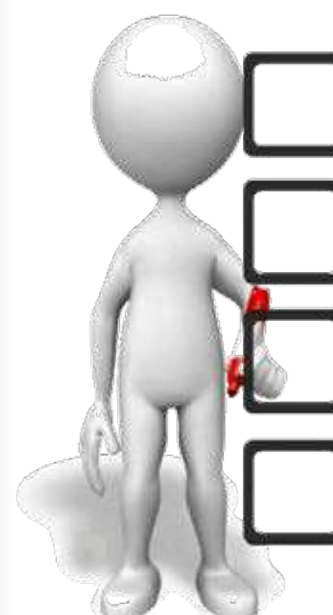
Revision 1.1 – Trial Implementation

Date: June 17, 2020  
Author: PCC Technical Committee  
Email: [pcc@ihe.net](mailto:pcc@ihe.net)

Please verify you have the most recent version of this document. See [here](#) for Trial Implementation and Final Text versions and [here](#) for Public Comment versions.

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IHE's Patient Care Coordination Committee (PCC) developed a **conformance-testable implementation specification** of the FHIR and CDA versions of the IPS information model.




IHE Patient Care Coordination Technical Framework Supplement – International Patient Summary (IPS)

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Global Digital Health Partnership

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# A Global Commitment to Digital Health

The Global Digital Health Partnership (GDHP) is a collaboration of country governments, territory governments, and international organizations formed to support the executive implementation of worldwide digital health services.

## Global Involvement

The GDHP includes international digital health leaders from:

33  
Nations

3  
International Organizations

[View Members →](#)

**GDHP** has 33 country members plus IDH&AIRC, OECD, and **WHO**.



# Current GDHP Chair – ONC

## Work Stream Chairs

Canada’s GDHP representative agency is:  **Canada Health Infoway**

The GDHP has five work streams that advance global digital health in a variety of areas, namely: policy environments, clinical and consumer engagement, cyber security, evidence and evaluation, and interoperability. The Chairs and Co-Chairs of these work streams include:

Work Stream Name	Chair	Co-Chair
Policy Environments	United Kingdom	Canada 
Clinical and Consumer Engagement	Canada 	United Kingdom
Cyber Security	United States of America	Hong Kong
Evidence and Evaluation	Italy	Vacant
Interoperability	United States of America	Canada 

**IPS** has been taken up as a focus of GDHP’s **Interoperability Working Group**.



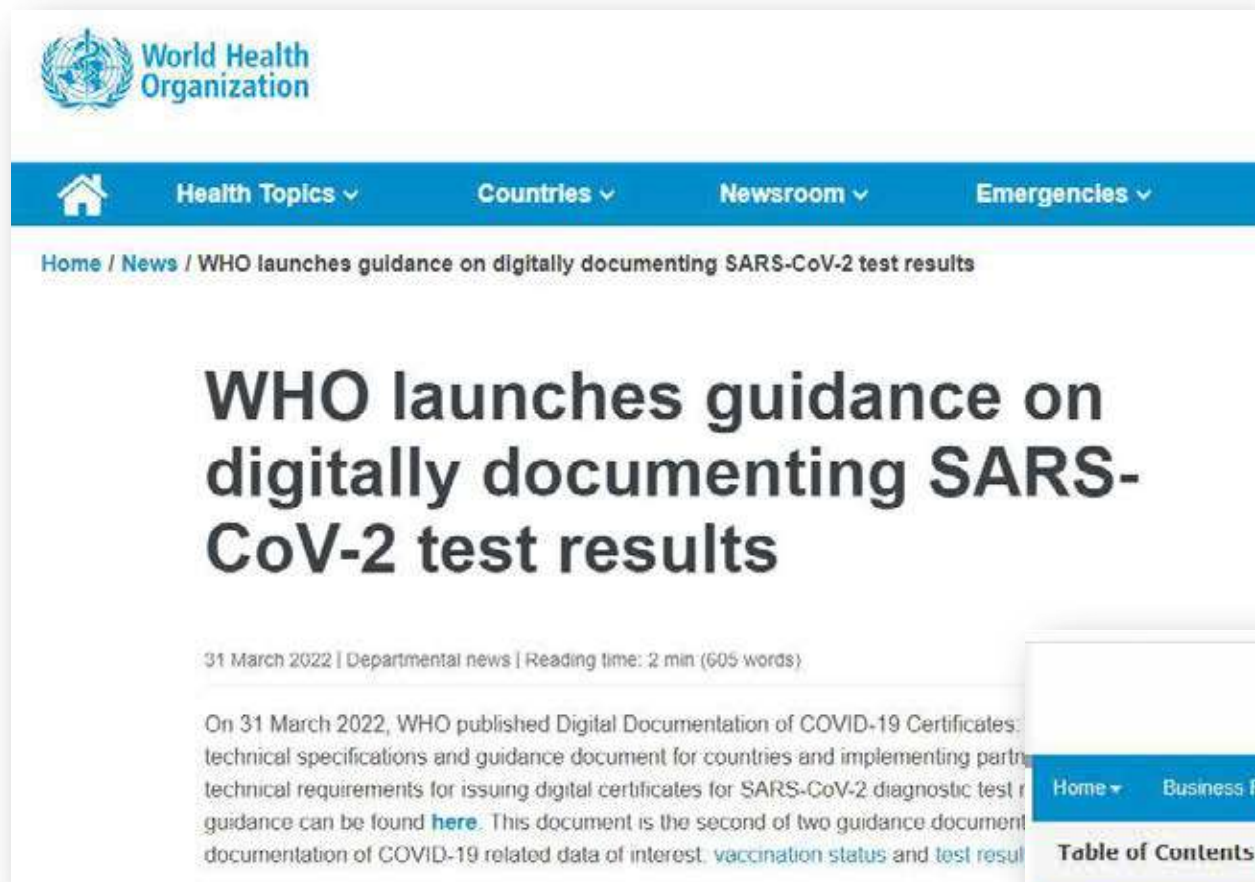
## G7 Commitment: International Patient Summary (IPS)



37. We commit to work towards adopting a **standardised minimum health dataset for patients' health information**, including through the International Patient Summary (**IPS**) standard, with the shared objectives of facilitating health interoperability within and between countries, developing internationally shared principles for enabling patient access to health data, based on the principle of informed explicit consent or patient permission and in keeping with countries' and regional existing legislative frameworks; and **facilitating and promoting the use of open standards** for international health data to encourage the widest possible adoption of standards and greater interoperability. To achieve this goal, we will **work with the Global Digital Health Partnership (GDHP)** as they are already advancing IPS efforts.

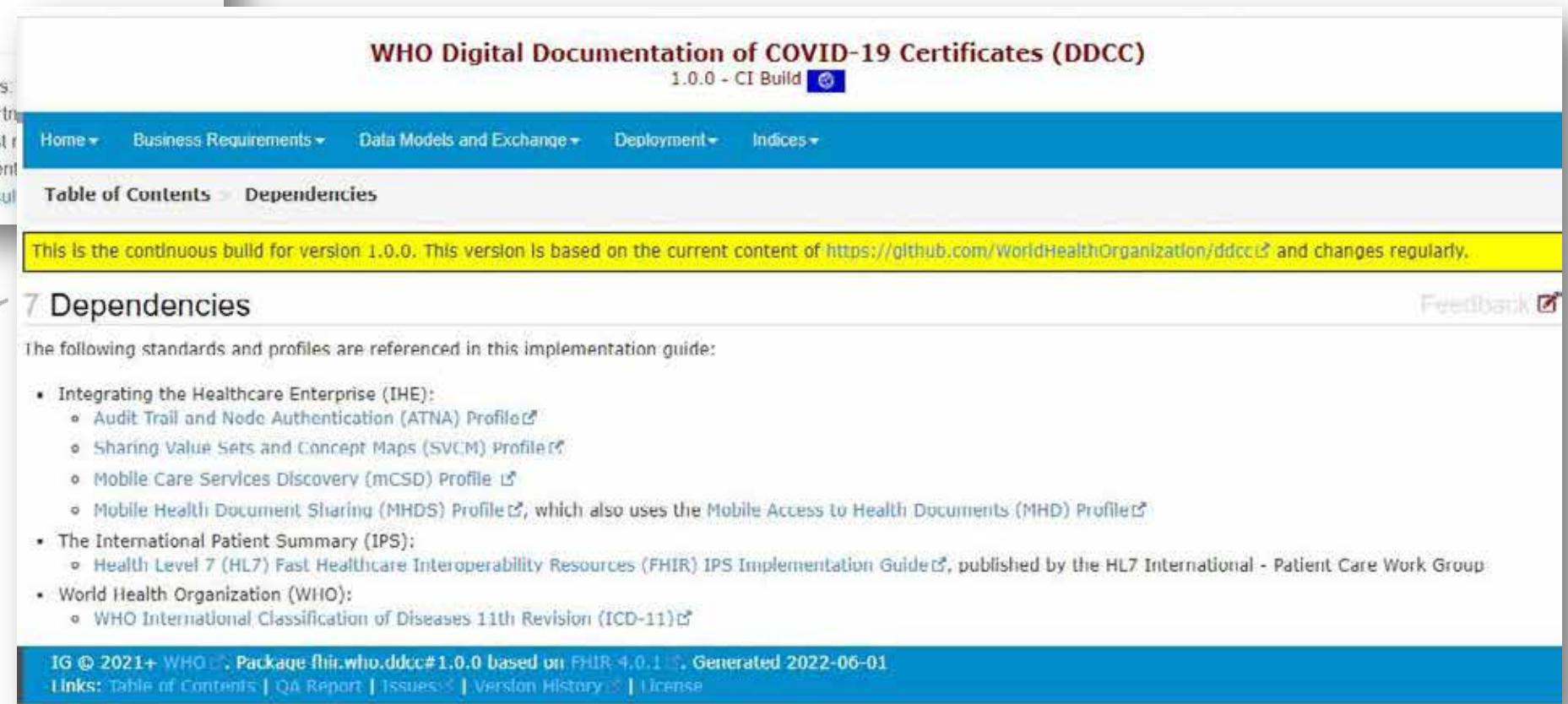
*Note: Infoway holds Canada's membership in Global Digital Health Partnership (GDHP)*





**WHO** developed Digital Documentation of COVID-19 Certificates (**DDCC**) specifications for vaccination status (DDCC:VS) and test results (DDCC:TR). “...[T]he HL7 FHIR International Patient Summary standard (**IPS**) is at the **foundation** of the DDCC...”.

In addition to IPS, four **IHE Profiles** are named in the **WHO's DDCC IG**.







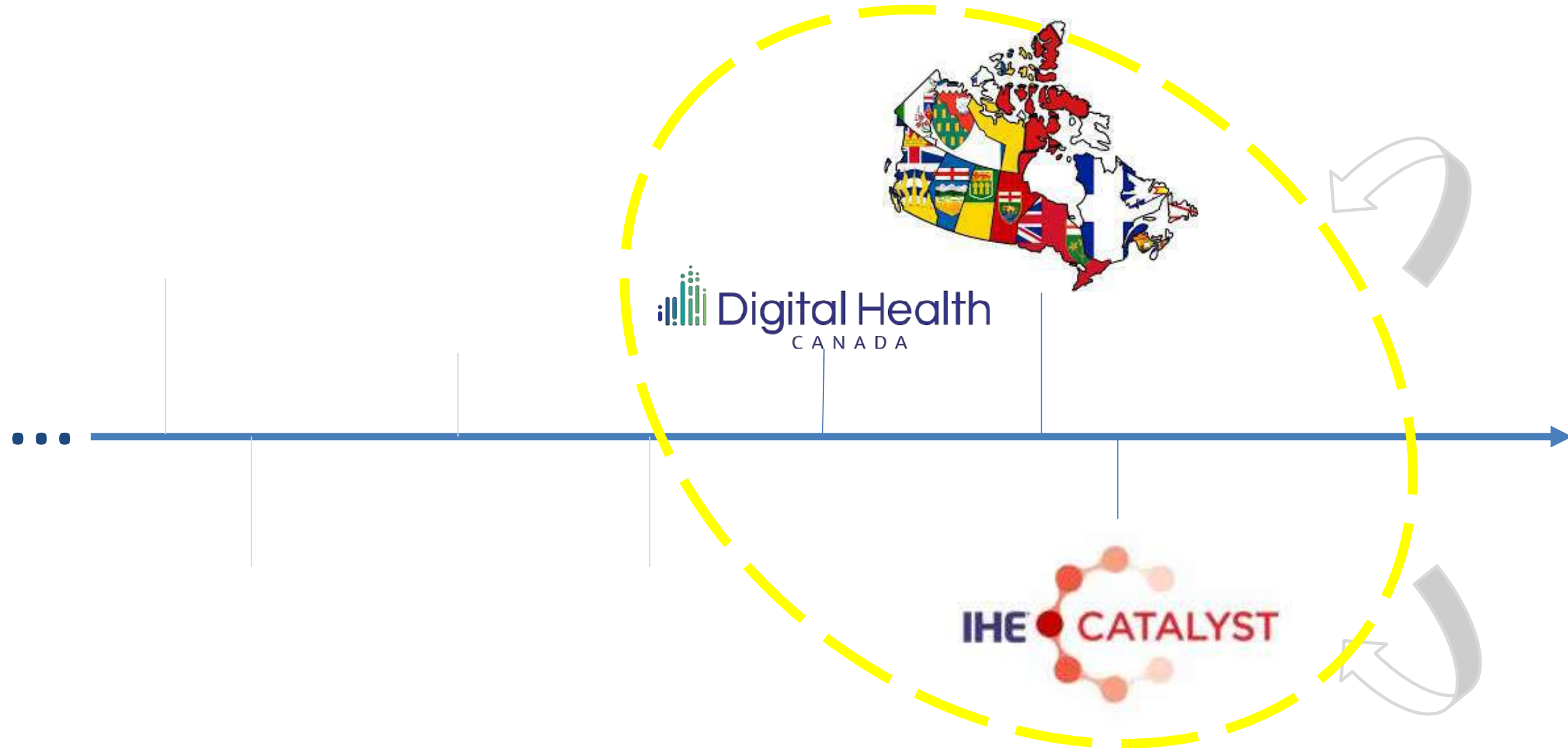
# Key takeaways: International story

- ❑ The work of **developing** and **progressing** the IPS spec has been an international **team effort** taken up in multiple digital health forums.
- ❑ Canada has **contributed** to this work through its national **agencies**, and through the concerted efforts of health informatics **community members**.





# Domestic IPS efforts...





 [MEMBERSHIP](#) [CHIEF](#) [PROFESSIONAL DEVELOPMENT](#) [CPHIMS-CA](#) [EVENTS + WEBINARS](#) [RESOURCES](#)



## Value of the IPS in Canada

### The International Patient Summary—what is it, how are other countries using it, and is it valuable for Canadians?

The answers to these questions and more are captured in *The Value of the International Patient Summary in Canada*. Developed by Digital Health Canada's CHIEF Executive Forum and funded by **Canada Health Infoway**, this paper explores and articulates the value of the International Patient Summary for Canadian healthcare. *The Value of the International Patient Summary* aims to educate and inform the industry and to further the understanding of the clinical, patient, and health system value of the IPS as a key component of interoperability.

The working group has made this valuable resource available to the public.

- Download a PDF copy of *The Value of the International Patient Summary in Canada*

Digital Health Canada, with funding from Infoway, published a **white paper** outlining the important, valuable, ***domestic use cases*** for **IPS** and the **issues** that can be addressed.

### Why is the IPS important in Canada?

Patient care is enabled by information, yet there is no standardized sharing of critical patient information in Canada. Healthcare providers are often missing the complete patient story which is needed to properly inform diagnosis and treatment. Digital health leaders in Canada recognize that the data set required in IPS is a key piece of information currently missing on patient charts.

When a patient moves through the healthcare system, they likely encounter different healthcare professionals in multiple environments. IPS can support these transitions in care by providing critical patient information across sectors and settings. These could include:

- Doctors and nurses in emergency rooms
- Physiotherapists in ambulatory care outpatient clinics
- Family doctors in primary care patient clinics
- Specialists in specialty care clinics
- Doctors and nurses in acute care discharge settings
- Nurse practitioners in community care and home care settings

Since the beginning of the COVID-19 pandemic, virtual healthcare appointments have also flourished. Now each medical encounter could occur in person, online, or over the phone, which can further complicate data collection.

IPS is designed for both international and domestic use. Standardized medical information can be shared among health authorities, provinces or territories, or countries abroad. Without a patient's full medical history, there is the potential for tests and medications to be re-ordered or mis-ordered.

Currently in Canada, there is no standardized patient summary or record sharing between provinces or even individual health authorities within a province or territory. This paper will explore the benefits of implementing IPS to Canadian patients, clinicians and healthcare workers, and for the healthcare system as a whole.



IPS is designed for both international and domestic use. Standardized medical information can be shared among health authorities, provinces or territories, or countries abroad.

*The Value of the International Patient Summary in Canada* 8





# Canada Health Infoway

Infoway's focus and mandate:



pan-Canadian Interoperability across Federal, Provincial and Territorial Health Systems:

- Availability of health data in a common, standardized format
- Secure exchange of data in healthcare settings
- Access for Canadians to their personal health data in a digital format

NOTE: All of Canada's participation in digital health SDOs is **supported** by and **coordinated** by Infoway.

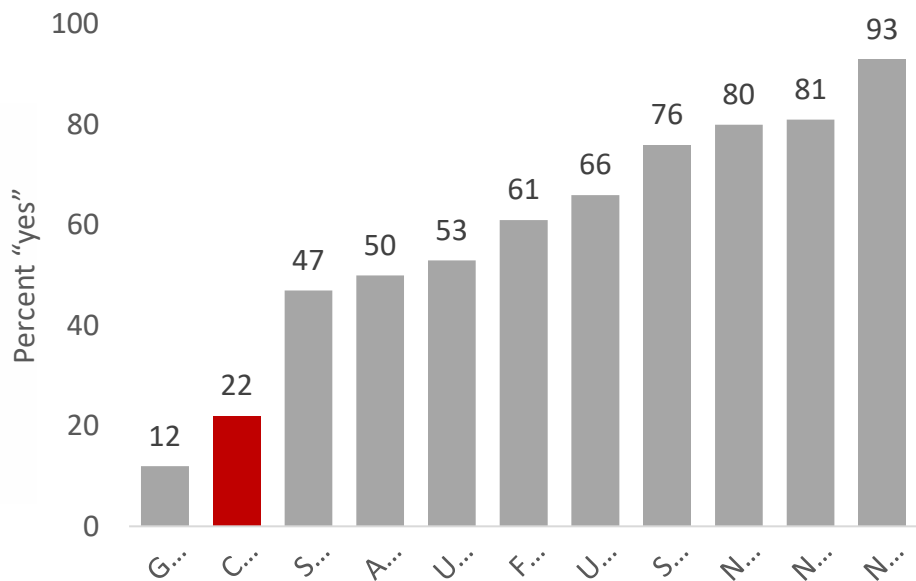




# Primary Care Physicians able to electronically exchange patient clinical summaries with any doctors outside practice

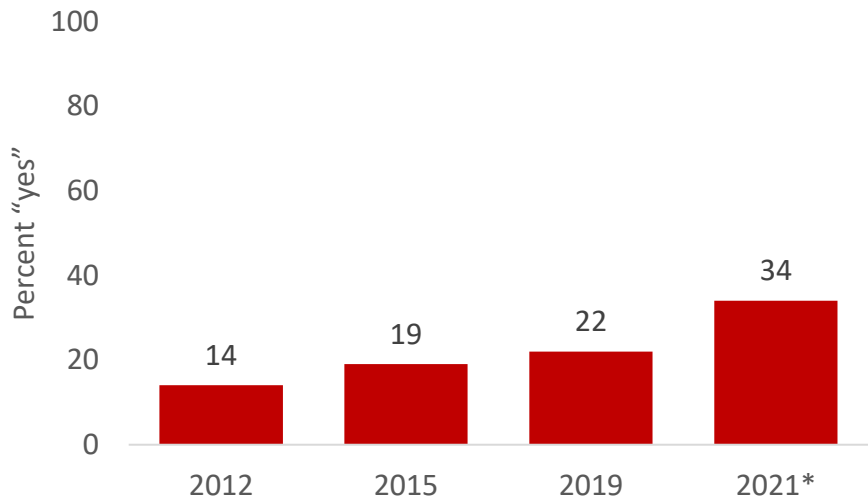
Physician reported survey data

2019 International comparisons



- Data: [2019 Commonwealth Fund International Health Policy Survey of Primary Care Physicians](#).
- Source: Michelle M. Doty et al., "Primary Care Physicians' Role in Coordinating Medical and Health-Related Social Needs in Eleven Countries," *Health Affairs*, published online Dec. 10, 2019.

2012 – 2021 Canadian trendline

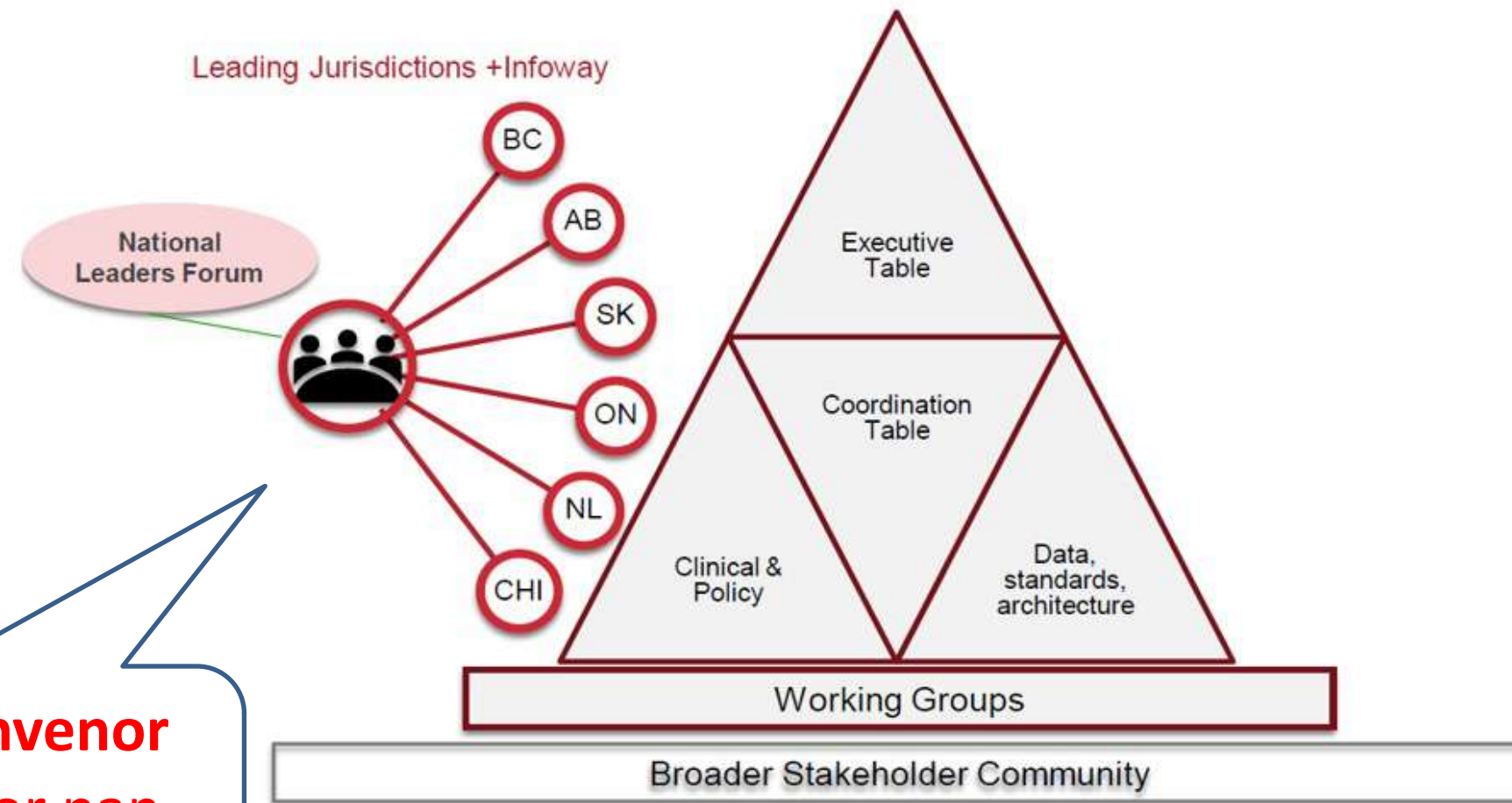


- Data: 2012, 2015 and 2019 Commonwealth Fund International Health Policy Survey of Primary Care Physicians.
- \*2021 data from [CMA Infoway National Survey of Physicians](#). Caution should be used when considering trend due to methodology differences

There is **room for improvement** in Canada's data sharing capabilities.



# Governance tables to support PS-CA development



Infoway is a **convenor** and **facilitator** for pan-Canadian collaboration.



# PS-CA and IPS

**An implementable, testable specification, based on the International Patient Summary (IPS) specification, as defined by IHE, HL7, 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

The Pan-Canadian Patient Summary Interoperability Specification is an implementable, testable specification, based on the IHE International Patient Summary specification and HL7 IPS IG

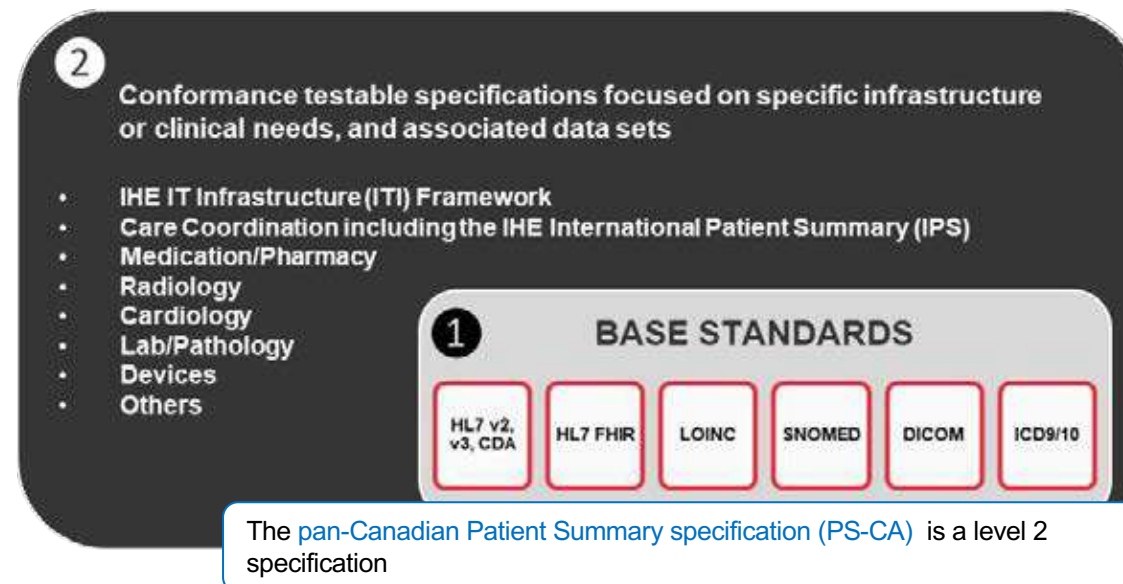
Defines **building blocks** (both: content data model and interoperability) to create and share condition-independent and specialty-agnostic patient summaries



**An IPS-based, nationalized, consensus, patient summary spec was co-developed.**



# Solve for specific interoperability priorities - Patient Summaries – while also addressing the broader interoperability landscape



- 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

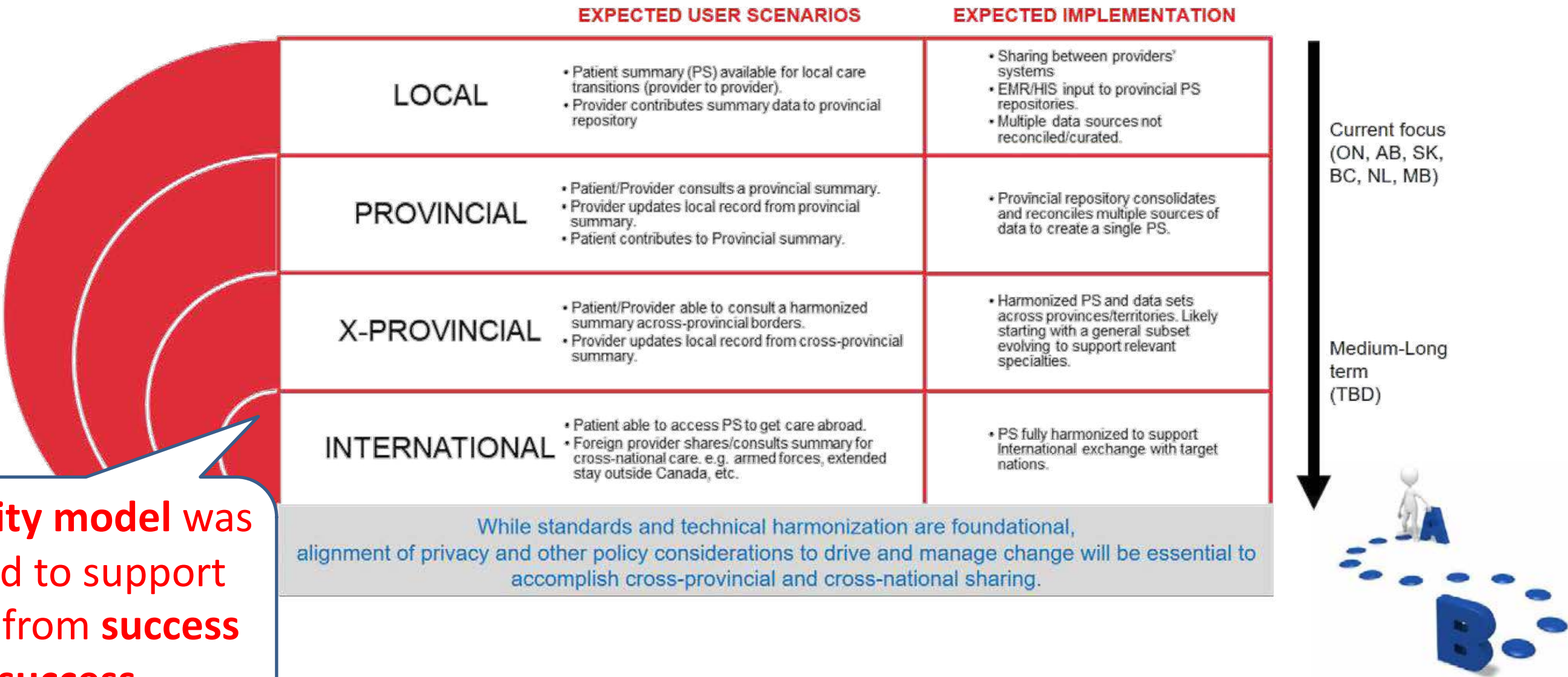


**An IHE-based methodological approach was adopted. This avoided “idiosyncratic” solutions poorly aligned to the market context.**





# PS-CA is configurable to address necessary jurisdictional variances





# pan-Canadian PS Specifications - Project Scope (R1)

## Project Background

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



**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



## 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	

A set of initial **use cases** identified workflows that would immediately **realize “value”** for implementers.



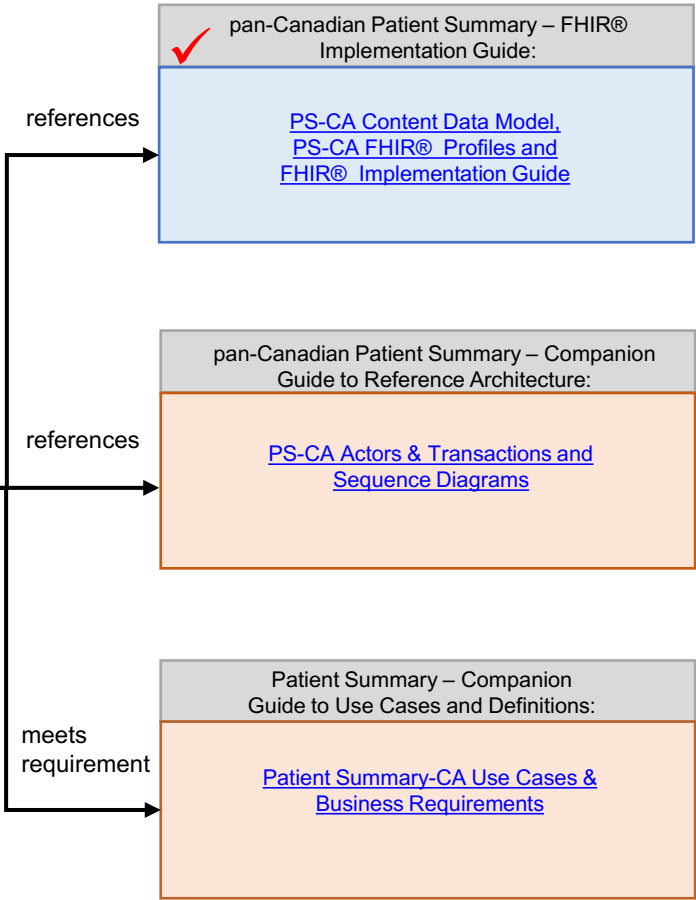
# Patient Summary-CA Package: Related Documents

The [pan-Canadian Patient Summary specification \(PS-CA\)](#) is a level 2 specification



✓ Core Interoperability Specification

[Pan Canadian Patient Summary Interoperable Specification v1 Trial Implementation](#)



[Link to specification package](#)

Legend

Core Interoperability Specification

Related Core Interoperability Specification

An **implementable** set of companion specifications was developed.



# 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	Release 1	Release 2+
Header	Subject	Header	Subject								+
	Author		Author								+
	Attester		Attester								+
	Custodian		Custodian								+
Required	Medication Summary	Required	Medication Summary								+
	Allergies and Intolerance		Allergies and Intolerance								+
	Problem List		Problem List								+
Recommended	Immunizations	Recommended	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									

Notes:  
- Coordinating table discussion for October 7th: Approval to move Medical Devices and Diagnostic Results to Release 2.  
- Release 1: Includes the highlighted data domains.  
- Release 2: Includes the data domains from Release 1, including Release 2 roadmap items, and the highlighted data domains that were not included in Release 1.

Infoway has convened a collaborative process to:

- reach consensus on priorities
- consolidate requirements
- conduct detailed data analysis
- understand jurisdictional needs and the required flexibility for the design of PS-CA building blocks

These specs *adapted* IPS modules' cardinality to match the selected use cases needs.





# The PS-CA Interoperable Specification

Sample from the Specification document

Table 1. Interoperability Conformance Requirements for Use Case 1: HCP Creates PS-CA

Option 1: Document Repository/Registry Pattern

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	REFERENCED SPECIFICATION AND STANDARDS <i>(Refer to the sections listed below in Appendix A)</i>
PS-CA Producer	Authenticate User	O	Client (e.g., EMR)	O	Internet User Assertion (IUA)	Appendix A: IUA Profile Overview
	Identify Patient	O	Client (e.g., EMR)	O	Use Existing Standards Employed by the Clinical System	N/A
		O	Patient Demographic Consumer	O	PDQm	Appendix A: PDQm Profile Overview
	Retrieve clinical data from local data sources (Patient Identifier)	R	Client (e.g., EMR)	R	Use Existing Standards Employed by the Clinical System	N/A
	Assemble and review Patient Summary	R	Client (e.g., EMR)	R	Use Existing Standards Employed by the Clinical System	N/A
	Update Current Valuesets and ConceptMaps	O	Client (e.g., EMR)	O	SVCM	Appendix A: SVCM Profile Overview
	Omit or Mask Data based on Jurisdictional Policy	O	Client (e.g., EMR)	O	Jurisdictional Requirement	N/A
	Save PS-CA to Document Repository	R	Client (e.g., EMR)	R	Use Existing Standards Employed by the Clinical System	N/A
		R	Document Source	R	MHD	Appendix A: MHD Profile Overview
Document Repository (Local to PS-CA Producer or Central)	Save PS-CA to Document Repository	R	Document Recipient	R	MHD	Appendix A: MHD Profile Overview

The Use Case Actors and the Services they support are described in the following table. Services may be **Required** or **Optional**.

This table provides the mapping for the Use Case Actor to the detailed specifications (such as IHE Profiles, Profile Actors, Optionality) that systems shall implement to exchange healthcare information (e.g. Patient Summaries).

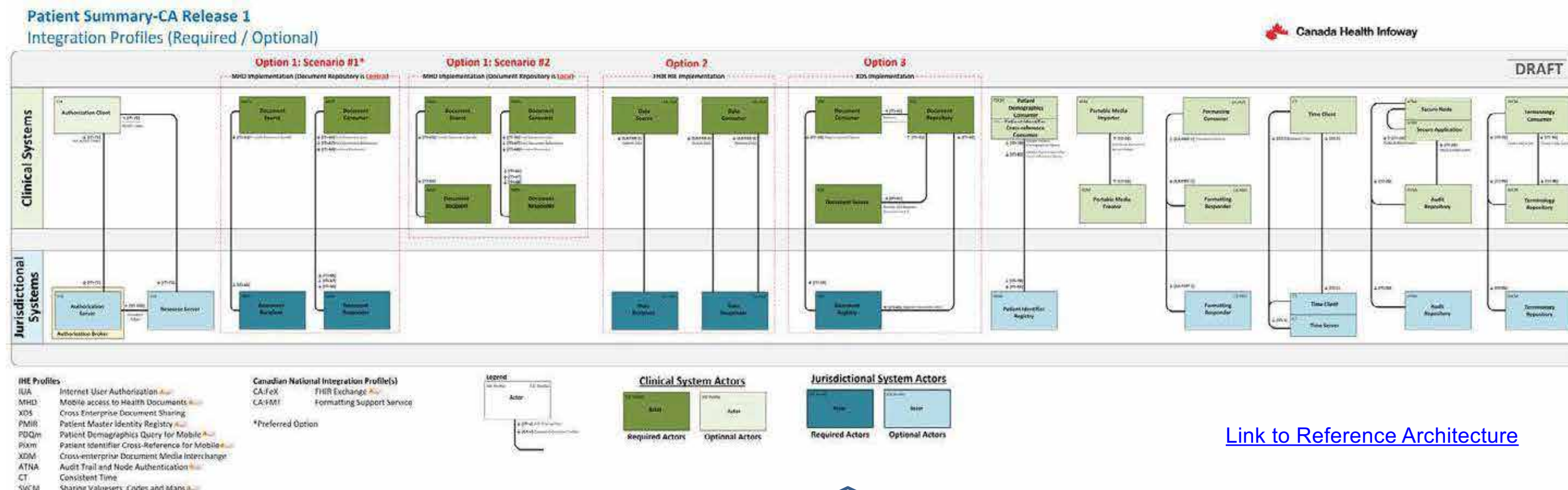
[Link to Interoperable Specification](#)

The use cases' PS-CA exchange patterns were mapped to **actor-transaction** definitions...



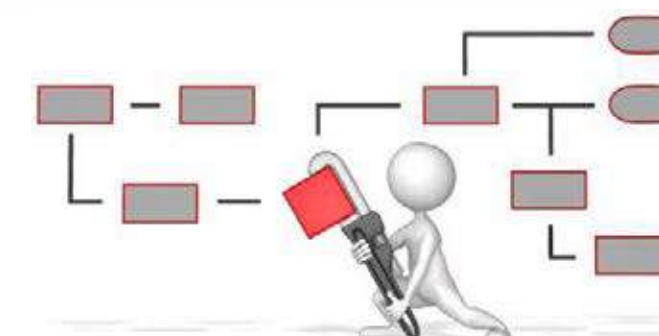
# Reference Architecture that Supports PS-CA

This high-level view contains a superset of profiles that offer alternatives to exchanging the Patient Summary-CA depending on jurisdictional service type and availability. **Required and Optional capability support** is described in the sequence diagrams associated with each use case analysis.



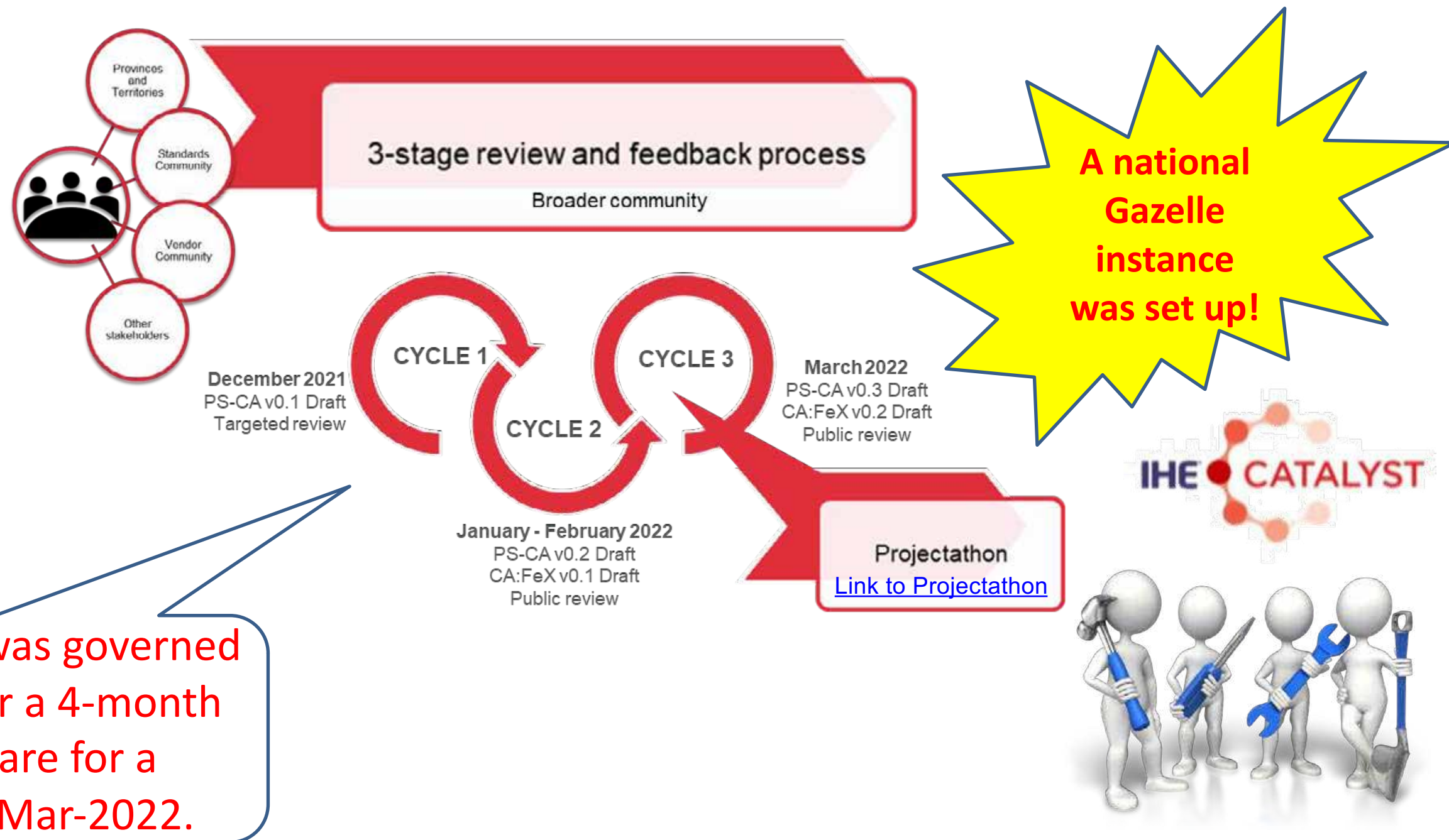
[Link to Reference Architecture](#)

...and these actor-transaction pairs were mapped to a conformance-testable **reference architecture** defined in terms of IHE Profiles (e.g. MHD, PMIR, SVCm, ATNA, etc.).





# Review Cycles



A review process was governed and managed over a 4-month period to prepare for a **Projectathon** in Mar-2022.



# Projectathon Focus – Day 1&2

Profiles that are subject to testing based on vendor registration include CA:FeX, MHD, XDS, IUA, ATNA, CT, and PIX.

	Allscripts	CERNER	Juniper	SmileCDR	EPIC	Infoway*
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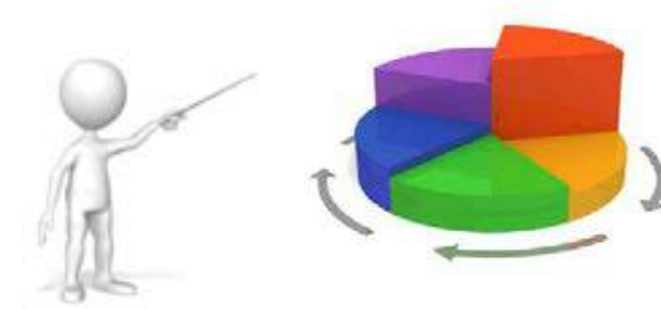
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\*Infoway will provide CA:FeX and MHD simulators in case vendors cannot find a partner, or want to do multiple tests

Vendor stakeholders signed up to participate in peer testing of the specifications, including a pure-FHIR CA:FeX document exchange spec.





# Projectathon Highlights

## Day 2 Dashboard

	Test Instance Execution Summary			
	# of Tests Verified	# of Tests Partially Verified	# of Tests In Progress	Total
CA:FeX	8	-	3	11
MHD	4	1	10	15
XDS.b	-	-	12	12
ATNA	4	1	1	6
CT	-	-	1	1
PIXV3	1	-	-	1

*\*Source: Gazelle Pan-Canadian-Projectathon-2022 as of 4:30 PM EST 3/22/2022*

## Day 3 Program

#	Activity	Objectives
1	Welcome	<ul style="list-style-type: none"><li>• Provide update on Day 1&amp;2</li><li>• Outline the day’s programming</li></ul>
2	FHIR Content Data Model – Facilitated Roundtable	<ul style="list-style-type: none"><li>• Discuss implementer experience with PS-CA and CA:FeX including mapping native application data to the new FHIR profiles</li></ul>
3	Supporting Profiles for PS-CA – Facilitated Roundtable	<ul style="list-style-type: none"><li>• Successful exchange of Patient Summaries is likely to depend on a number of supporting services – explore some examples and learn future needs</li></ul>
4	Approaches to document management – Facilitated Roundtable	<ul style="list-style-type: none"><li>• Discuss implementer experiences and approaches available for handling patient’s longitudinal record, specifically focused on document format</li></ul>
5	Clinical Workflow – Facilitated Roundtable	<ul style="list-style-type: none"><li>• Share outcomes of previous clinician sessions</li><li>• Discuss vendor experiences with supporting clinical workflows, specifically related to Patient Summaries</li></ul>
6	Wrap-Up	<ul style="list-style-type: none"><li>• Discuss overall key learnings from the event</li><li>• Discuss next steps</li></ul>

A full public de-brief was held to report on Projectathon **results**, **lessons** learned, and **implications** for future work.



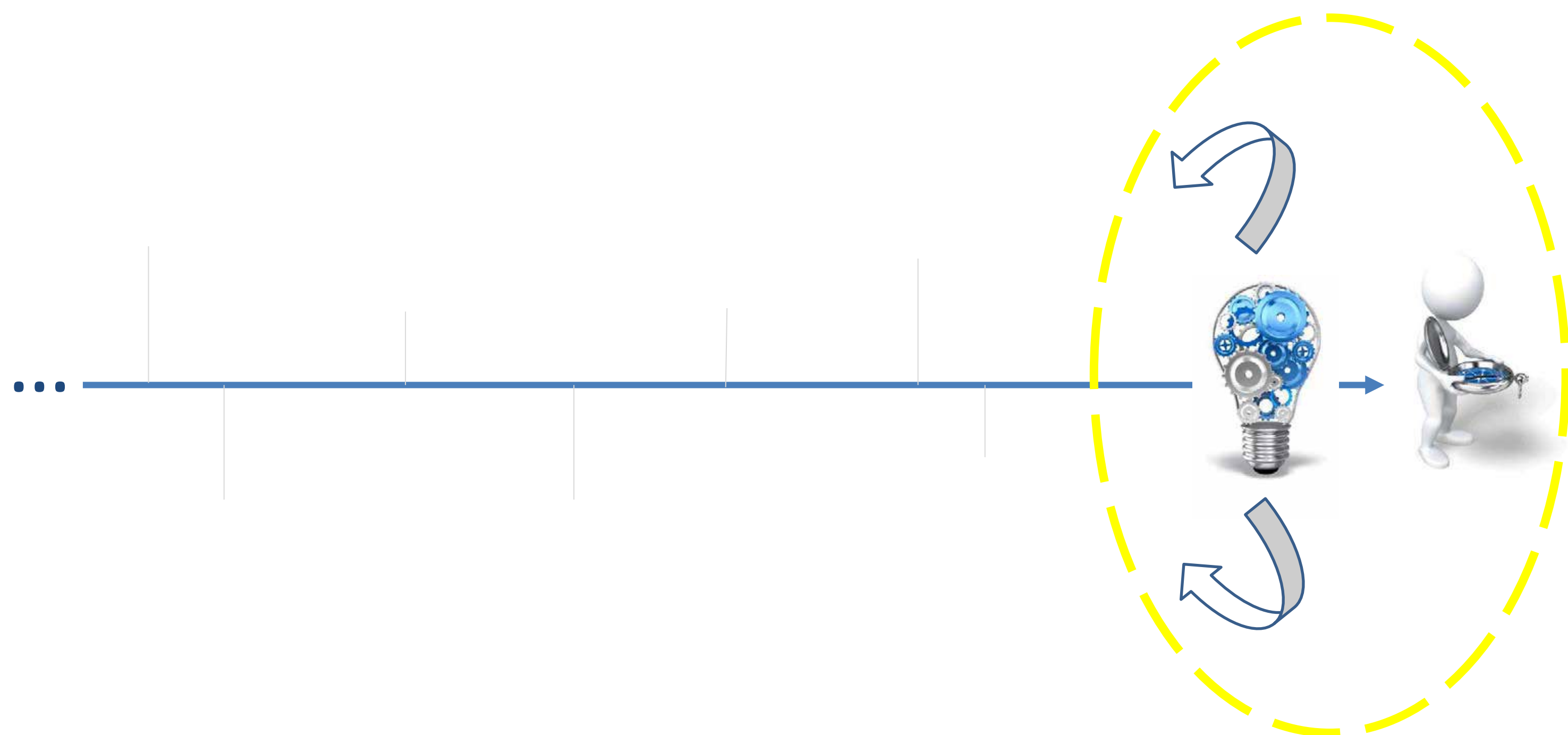
# Key takeaways: Domestic story

- ❑ Interoperability is a ***sociotechnical*** endeavour. Jurisdictional and vendor **engagement** was the key to success.
- ❑ Choose **valuable** use cases. They garner **interest** and **participation**.
- ❑ Adopt a **maturity** model. It builds **momentum**.
- ❑ Leverage assemblies of **standard** building blocks; it helps ensure **adoption**.
- ❑ **Projectathons** move from theory to **practice**.





# What's next?





# Key takeaways: Lessons, and next steps

- ❑ Continue to **engage** in the international IPS efforts (including xSDO); feed back lessons as an **early adopter**.
- ❑ Actively participate in the **evolution** of IHE tools, like **Gazelle**.
- ❑ Domestic partners are at different starting points; **engage them where they are**.
- ❑ Leverage national Projectathons as tools of **innovation**.
- ❑ Support jurisdictions with instruments of **governance**; this will include collaboration **forums** and conformance-testing **tools**.
- ❑ Coming up... permanent **governance table**; pan-Canadian **health data model**; national **Gazelle** instance.







*Thank you!*  
*Merci!*

