Notes from the October 9, 2020 call

- Report out from discussion with ONC SDOH lead and Gravity project: overall well-received, groups to stay connected. Potential for HIMSS21 interoperability showcase alongside a FHIR-based Gravity/SDOH referral demonstration.
  - Use case / user story in development. Dan P/OHIP to distribute user story from their work for reference. Dr. Miller to share user story for input.
- Walkthrough of 360X SDOH Needs Referral Management document in development
  - Discussion on patient consent – largely handled by providers at time referral is made, but to non-clinical providers may be slight differences. OHIP getting legal opinion for sending of PHI from CE to non-CE w/ no BA. Some precedent for social services referrals. Dan P. to bring back legal opinion once they have it.
  - Discussion of statuses – potential need for "pending" status given potential lag
    - Should be addressed by vendor behavior (e.g., eCW referrals go into pending queue in system until next status is received)
    - Still a need for systems to configure or somehow flag if a referral has not been accepted to ensure patients do not fall through cracks.
  - C-CDA template for use: Unstructured Document template – no clinical info, just patient header/demographics. Could include unstructured attachment (e.g. benefits application pdf or image)
    - Could be heavy lift for vendors – conformance validation, etc. XDM metadata could allow PDF sent alongside C-CDA instead of within C-CDA. Unstructured C-CDA as optional.
    - Possibility for two options – one very light information, one with more information as needed for referral. Need to ensure not too onerous for vendor implementation
    - Alan to help make updates to C-CDA section of document based on discussion
  - Direct address provision for non-CEs may be a bit more complicated, but should be possible.
    - If non-provider, non-CE gets a direct address, there's nothing in the directory to indicate someone is or is not a covered entity.
    - Dan P to look into how DT may be including/flagging non-clinical providers in directory.