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eHealth Prescription and Dispense View PCEHR Conformance Profile v1.3

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Document information

Key information

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Product version history

Product version	Date	Release comments
1.0	28 Feb 2013	First version
1.1	5 Apr 2013	The conformance level was changed from 3B to 3A.
1.2	9 Oct 2013	See Change Log in Appendix A
1.3	18 Aug 2014	Mandated rendering via the *PCEHR Prescription and Dispense View Presentation Guide* (section 3.4.2). Renaming document type to *eHealth Prescription and Dispense View* in alignment with change request CCB-0297. Minor editorial updates and update to template.

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1   Introduction

1.1   Purpose

This document summarises the requirements for producers and consumers of eHealth Prescription and Dispense View clinical documents produced by the national personally controlled electronic health record (PCEHR) system.

This document lists the specific conformance requirements that are in addition to the *Common Conformance Profile for Clinical Documents* [NEHTA2013d]. These documents represent the complete conformance requirements for producers and consumers of eHealth Prescription and Dispense View clinical documents.

1.2   Intended audience

The intended audience includes the following:

- healthcare providers;
- vendors and developers of connecting systems; and
- software test laboratories

1.3   Scope

The scope of this conformance profile is the use of eHealth Prescription and Dispense View clinical documents in the context of the national PCEHR system.

1.4   Abbreviations and terminology

Please refer to the Glossary for an explanation of the terms used in this document.

2   Conformance requirements

2.1   Introduction

This section describes the conformance requirements specific to eHealth Prescription and Dispense View clinical documents.

2.2   Relevant specifications

The requirements stated in the specification documents listed in Table 1 form part of the conformance requirements for eHealth Prescription and Dispense View clinical documents.

Specification	Notes
PCEHR Prescription and Dispense View Structured Content Specification [NEHTA2013a]	Specifies the data elements and constrained values for a eHealth Prescription and Dispense View at a logical level.
PCEHR Prescription and Dispense View CDA Implementation Guide [NEHTA2013b]	Specifies the mapping from the structured content specification into a eHealth Prescription and Dispense View document using an HL7[1] CDA structure.

Table 1: Specifications for eHealth Prescription and Dispense View

2.3   Conformance requirements for producers

2.3.1   Objects of conformance

eHealth Prescription and Dispense View clinical documents **SHALL** only be produced by the national PCEHR system.

2.3.2   Conformance levels

eHealth Prescription and Dispense View clinical documents **SHALL** conform to the requirements for CDA Level 3A as defined in the *Common Conformance Profile for Clinical Documents* [NEHTA2013d].

2.3.3   Digital signature

eHealth Prescription and Dispense View documents **SHALL** be digitally signed by the PCEHR system.

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[1] Health Level 7

2.4 Conformance requirements for consumers

2.4.1 Objects of conformance

The objects of conformance are subject to the following requirements:

1   eHealth Prescription and Dispense View clinical documents **MAY** be consumed by:

   - clinical information systems;

   - CSP systems;

   - registered consumer portals; and

   - registered provider portals.

   Note: National infrastructure of the PCEHR system will also be a consumer of eHealth Prescription and Dispense View clinical documents.

2   eHealth Prescription and Dispense View clinical documents **SHALL NOT** be consumed by registered repositories.

2.4.2 Clinical document rendering requirements

The following requirement applies to consumers of eHealth Prescription and Dispense View clinical documents, and replaces requirement 3.5.1 (1) in the *Common Conformance Profile for Clinical Documents* [NEHTA2013d] only in the context of consuming the eHealth Prescription and Dispense View clinical documents:

1   When a eHealth Prescription and Dispense View clinical document is rendered, the rendering system **SHALL** conform to the mandatory requirements in the *PCEHR Prescription and Dispense View Presentation Guide* [NEHTA2013c].

Appendix A Major changes and fixes

This appendix lists the major changes and fixes applied to this document.

A.1   Changes from Version 1.1 to Version 1.2

ID	Section	Change detail	Rationale
1		The digital signature requirement was removed	Digital signature requirements are now in the *Common Conformance Profile for Clinical Documents*
2	Appendix A	References were updated	

A.2   Changes from Version 1.2 to Version 1.3

ID	Section	Change detail	Rationale
1	3.4.2	Removed the option to render using the CDA Rendering Specification.	This change was initiated based on clinical usability feedback as per Clinical Usability Programme (CUP) recommendations and will ensure that vendors are building to the presentation guide that affords greater usability for the end user.
2	2	Added "CUP" entry in Abbreviations and terminology section	To ensure that readers of the above rationale understand what CUP refers to.
3	All	Changed document name to "*eHealth Prescription* and Dispense View".	Alignment with change request CCB-0297.
4	References	Updated reference listings, according to NEHTA style. Added a hyperlink for one reference.	Reference consistency.

Glossary

Term	Meaning
Clinical Document Architecture (CDA)	An XML-based markup standard intended to specify the encoding, structure and semantics of clinical documents exchanged between health software systems.
clinical document	A digital file containing personal health information about an individual, containing unstructured (narrative) information and optionally structured (atomic) information.
clinical information system (CIS)	A system that deals with the collection, storage, retrieval, communication, and use of health related data, information and knowledge pertaining to subjects of care [AS5021]. The system may comprise one or more applications or components.
Clinical Usability Programme (CUP)	The Clinical Usability Programme was established by NEHTA to reduce barriers to adoption of eHealth products by evaluating and enhancing the clinical usability of eHealth products.
conformance	A measurement (by testing) of the adherence of an implementation to a specification or standard.
consumer	In this document 'consumer' refers to a software system that has the role of being a consumer of PCEHR prescription and dispense views.
contracted service provider (CSP)	An entity that may offer health software as a service and support access to the PCEHR system on behalf of healthcare organisations. A CSP provides, under a contract with the healthcare provider organisation: a) information technology services relating to the PCEHR system; or b) health information management services relating the PCEHR system. (Section 5 *PCEHR Act 2012*.)
CSP system	A software system operated by a CSP that deals with information and knowledge pertaining to subjects of care [AS5021]. The system may comprise one or more applications or components. A CSP system may perform some or all of the functions of a clinical information system.
healthcare consumer	A person who is the subject of care. (For the software system, see 'consumer'.)
MAY	When appearing in a conformance requirement, the verb **MAY** indicates an optional requirement.
producer	In this document 'producer' refers to a software system that creates PCEHR prescription and dispense views.
registered consumer portal	A third-party[2] portal used by healthcare recipients to access information on the PCEHR system.
registered provider portal	A third-party portal used by healthcare providers to access information on the PCEHR system.
registered repository	A third-party repository used to store clinical documents and other clinical data that connects to the PCEHR system.
SHALL	When appearing in a conformance requirement, the verb **SHALL** indicates a mandatory requirement. Its negative form **SHALL NOT** indicates a prohibition.
SHOULD	When appearing in a conformance requirement, the verb **SHOULD** indicates a recommendation. Its negative form **SHOULD NOT** indicates an option that is not recommended.

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[2] Third-party refers to a software system developed independently of the national PCEHR system and intended to connect to the national PCEHR system.

References

[AS5021]   Standards Australia, *AS 5021:2005 - The language of health concept representation*, 2005.

http://infostore.saiglobal.com/store/details.aspx?ProductID=320455
<accessed 25 June 2014>

[NEHTA2013a]   NEHTA*, PCEHR Prescription and Dispense View Structured Content Specification*, v1.0, 2013

http://www.nehta.gov.au/implementation-resources/clinical-documents/EP-1361-2013/NEHTA-1126-2013

[NEHTA2013b]   NEHTA*, PCEHR Prescription and Dispense View CDA Implementation Guide,* v1.0, 2013

http://www.nehta.gov.au/implementation-resources/clinical-documents/EP-1361-2013/NEHTA-1127-2013

[NEHTA2013c]   NEHTA*, PCEHR Prescription and Dispense View Presentation Guide* v1.0, 2013

http://www.nehta.gov.au/implementation-resources/clinical-documents/EP-1361-2013/NEHTA-1359-2013

[NEHTA2013d]   NEHTA*, Common Conformance Profile for Clinical Documents*, v1.4, 2013

http://www.nehta.gov.au/implementation-resources/clinical-documents/EP-1094-2011/NEHTA-1446-2013 (Link name is: *Clinical Documents – Common Conformance Profile v1.4*)