nehta

Release note

Shared Health Summary version 1.3

10 September 2012

Summary

Version Update

An updated version of the Shared Health Summary Conformance Profile is being released to ensure authorised healthcare providers conform with the following section of the PCEHR Act [COM2012a].

Healthcare providers who are not nominated healthcare providers are not authorised to author or upload a shared health summary [COM2012a].

The PCEHR Act [COM2012b] defines nominated healthcare provider. An individual that is a nominated healthcare provider must be registered by a registration authority with one of the following occupations within the meaning of the National Law:

- Medical practitioner;

- Registered nurse; or

- Aboriginal health practitioner, Torres Strait Islander health practitioner or Aboriginal and Torres Strait Islander health practitioner.

Introduction

The Shared Health Summary is a clinical document sourced from the individual's current Nominated Provider, which contains key pieces of information about an individual's health status, and is useful to a wide range of healthcare providers for delivery of care.

The Shared Health Summary provides a clinically-reviewed summary of an individual's healthcare status. This is particularly beneficial to secondary or downstream providers such as after-hours providers, Specialists, Dentists, and Allied Health, as it provides information about allergies, medicines, medical history and immunisations. It is particularly of value when the individual is out of their usual healthcare setting.

In current clinical practice, health summaries are incorporated into referrals, for example, to Specialists. The PCEHR Shared Health Summary provides the same sort of information, but is available to a wider audience of health professionals, and to the individual.

The Shared Health Summary will be created and uploaded by a Healthcare Provider designated by the individual. This Nominated Provider will probably be the individual's General Practitioner; however, they could be other medical practitioners, registered nurses or Aboriginal healthcare workers.

The Shared Health Summary is an important source of information for populating an individual's PCEHR. The fields within a Shared Health Summary are congruent with the RACGP standards for health summaries. This will enable easy extraction of Shared Health Summaries from local clinical systems into the PCEHR. A health summary is created and updated in the Nominated Provider’s clinical system. It is then uploaded into the PCEHR. The Shared Health

Summary package forms part of the foundational set of specifications to support the development of an individual's Personally Controlled Health Record.

Background to this Release

This amendment of the Shared health Summary Conformance Profile relates to additional conformance points required to ensure shared health summaries are only uploaded by authorised healthcare providers to align with the PCEHR Act.

Scope

The Shared Health Summary provides a clinically-reviewed summary of an individual's healthcare.

The solution bundle of Shared Health Summary specifications include requirements for the generation and distribution of shared health summaries for patients, primarily from general practitioners, but potentially from other nominated primary healthcare providers.

Release history

Version	Date	Comment
Shared Health Summary 1.1	2nd December 2011	PCEHR Release
Shared Health Summary 1.2	22nd May 2012	PCEHR Re-Release

Stakeholders

The following stakeholders have been involved in the development (and testing) of this release:

- Continuity of Care Reference Group (NEHTA stakeholders)
- Clinical Terminology and Information (NEHTA)
- Compliance, Conformance and Accreditation (NEHTA)
- Reference Platform (NEHTA)
- Implementations (NEHTA)
- Vendors participating in Lead eHealth Implementation sites

Audience

The intended audience of this document includes:

- Early adopter hospital networks, Lead eHealth Implementation sites and jurisdictional health departments in the process of planning, implementing or upgrading discharge summary systems.
- Software vendors developing discharge summary system products.
- Early adopter GP desktop software vendors.
- Senior managers and policy makers, clinical experts, Health Information Managers, IT operations and support teams, and system integrators.
- Technical and non-technical readers.

Additions

The following products are associated with this Solution Bundle release to assist vendors to build and test the new messaging capability:

- Shared Health Summary Schematron Libraries
- Shared Health Summary Clinical Document Test Data
- Shared Health Summary CDA Library – Sample Code

- CDA Validator
- CDA Rendering Specification

These additional products (except for CDA Rendering Specification) are initially available as a limited release to enable a small group to test them before being generally available to the broader vendor community. For further details on access to this limited release please send an email to nehtasupport@nehta.gov.au.

Changes

Refer to the "Change Log" located at the back of each specification. This itemises all changes between specification versions.

Removals

- None.

Support

For further support or to provide feedback, please email the NEHTA Service Desk at nehtasupport@nehta.gov.au or phone on 1300 901 001.

Future releases

These specifications will soon be implemented in a clinical setting. While NEHTA has consulted extensively with clinical, consumer, government and vendor stakeholders on the specifications over past years, implementation will provide new feedback on the use and suitability of the specifications within a clinical workflow. NEHTA has established feedback mechanisms from known implementations in Lead eHealth Implementation sites. NEHTA requests any other implementers involved in using software built to the specifications in a clinical setting to contact the NEHTA Service Desk.

Updated versions of specifications will be scheduled for release (post – July 2012 and tied into the release of the Standards Australia publications where this is applicable) and may be required to address additional lessons learnt through implementations, to provide new features or enhancements and respond to advice from the vendor and standards community engagement.

Any changes to planned release cycles will comply with criteria for specification release as set out in the *NEHTA Specifications and Standards Plan*, as agreed with industry stakeholders and published in 2011.

Solution Bundle Content

Structured Content Specification	
Information Requirements v1.0	(unchanged)
Structured Content Specification v1.1	(unchanged)
Technical Services Specification	
Shared Health Summary CDA Implementation Guide v1.3	(replaces v1.2)
CDA Rendering Specification v1.0 (Common message rendering specification. Located in "Common Specifications Folder".)	(unchanged)
CDA Package v1.0 (Common logical model for bundling of clinical documents with referenced attachments. Located in "Common Specifications Folder".)	(unchanged)
eHealth Conformance profile	
Shared Health Summary Conformance Profile for Clinical Documents v1.4	(replaces v1.3)
Conformance Profile for Clinical Documents – Common v1.3 (Located in "Common Specifications Folder".)	(replaces v1.2)

Clarifications

(Refers to Shared Health Summary CDA Implementation Guide v1.3)

Clinical

Medical History

A number of NEHTA clinical content specifications (Structured Content Specifications – SCS) contain an information component known as Medical History (also known as "Current and Past Medical History").

NEHTA specifications on Referral, Specialist Letter and Shared Health Summary contain an information component known as *Medical History* (also known as "Current and Past Medical History"). Clinically speaking, Medical History in the Discharge Summary is represented by Primary Problem/Diagnosis, Co-Morbidity and Clinical Interventions.

Structuring Medical History Clinical Information Model

The *Medical History* information structure contains two distinct categories:

- *Problem/Diagnosis* and *Procedure* to meet information capturing and persistence requirements of acute care/hospital sector; or
- Uncategorised *Other Medical History Item* to meet information capturing and viewing requirements of primary care/general practice sector.

The design intent is for software vendors to design for the first two data categories:

- *Problem/Diagnosis* and
- *Procedure*

The constraint for use is to use EITHER "*Problem/Diagnosis*" and "*Procedure*" OR "*Other Medical History Item*", but NOT both.

These categorisations are technical design decisions and do not impose any rendering constraints on the clinical desktop applications used by healthcare providers. These items can be rendered using screen names in accordance to the preferences of individual healthcare providers or the healthcare sector.

It is also acknowledged that the technical name "*Other Medical History Item*" can be misinterpreted during technical implementation as relatively unimportant medical history items. For clinical safety reasons, it was decided that this technical name will be changed to "*uncategorised medical history*" and include a clear definition and description of this item in the next release.

Processing of Medical History Data by Local Clinical Systems

The different *medical history* information structures may create information reconciliation challenges for importing clinical systems when attempting to extract and load medical history information from the eDischarge Summary or Shared Health Summary, etc. into local databases with different information structures. Uncategorised *Medical History* items, if encoded in SNOMED CT[1] codes, can be algorithmically analysed, categorised using the SNOMED CT codes and stored as *Problem/Diagnosis* or *Procedure* items accordingly. Unencoded items will require manual processing before they can be incorporated into local databases.

For clinical safety reasons, linkage must be maintained between extracted data that are stored in local databases and the source *Medical History* data from the downloaded CDA document which should also be persisted in its entirety.

[1] IHTSDO®, SNOMED® and SNOMED CT® are registered trademarks of the International Health Terminology Standards Development Organisation.

Please note that duplicate medical history entries may result if uncategorised *Medical History* data are extracted and incorporated into local system databases without undergoing algorithmic or manual reconciliation processes.

Technical

"NullFlavour Attributes"

It has been brought to NEHTA's attention that, for certain items with cardinality [1..n], the CDA Implementation Guides are unclear regarding whether a "NullFlavour" attribute may be used in place of providing proper data. A clarifying release note will be published in April 2012 following consultation with stakeholders, providing this information for each affected item and schematrons will be updated accordingly.

Representing fully structured addresses

The Structured Content Specifications use the address model defined in the participation specification and that is based on the address models defined in AS 5017 and 4846. These divide a real world address into a highly structured address that is consistent with the official Australia Post database (called the PAF). AS 5017 has 17 fields for address. Most implementations (in and outside health) do not collect this many fields. The norm is between 1-3 lines of text, followed by suburb, state, postcode, and country, though systems vary wildly. The HI Service address type uses a full AS 5017 structure.

Because of this, the NEHTA address model for Australian addresses (as defined in the Participation Specification) has the following fields:

- Unstructured Address Line [0..*]
- STRUCTURED ADDRESS LINE [0..1]
- Suburb/Town/Locality [0..1]
- State/Territory [0..1]
- Postcode [0..1]
- Delivery Point Identifier [0..1]

And the Structured Address line in turn has the following elements:

- Unit Type
- Unit Number
- Address Site Name
- Level Type
- Level Number
- Street Number
- Lot Number
- Street Name
- Street Type
- Street Suffix
- Postal Delivery Type
- Postal Delivery Number

All have cardinality [0..1]. For definitions of these, consult AS 5017.

So an address can either contain multiple unstructured lines, or can populate the structured fields. If both are populated, they should agree.

Issues will be encountered when any of the address types in either HL7 v2 or CDA are used. For CDA, the address type is AD from the v3 data types R1. This doesn't have the same finely granulated fields as AS 5017, and as a consequence, the mapping cannot be a round trip 1:1 mapping. Therefore, an address fully structured as above cannot be (per AS 5017) represented in the CDA document, and still be able to identify the parts. This table summarises the mappings:

Field Name	Address Element Name
Unstructured Address Line	StreetAddressLine
STRUCTURED ADDRESS LINE:	
Unit Type	unitType
Unit Number	unitID
Address Site Name	additionalLocator
Level Type	additionalLocator
Level Number	additionalLocator
Street Number	houseNumber
Lot Number	additionalLocator
Street Name	streetName
Street Type	streetNameType
Street Suffix	direction
Postal Delivery Type	deliveryAddressLine
Postal Delivery Number	deliveryAddressLine
Suburb/Town/Locality	city
State/Territory	state
Postcode	postalCode
Delivery Point Identifier	additionalLocator

As a consequence of this, in the CDA document, it is not possible to distinguish the difference between Address Site Name, Level Type, Level Number, Lot Number, and the Delivery Point Identifier, and between Postal Delivery Type and Postal Delivery Number. In practice, most systems use the simple address model, and will be unaffected by this. Systems that use a fully specified address per AS 5017, or that endeavour to match addresses against the PAF will need to continue to use special matching algorithms/software to overcome the CDA limitations here (as would already be required to overcome v2 limitations).

Any system that populates the structured address should also populate one or more unstructured address lines too.

Representing MRNs and other identifiers

This specification provides a code element on ex:asEntityIdentifier that may be used to indicate the type of an identifier for non-national identifiers such as IHI, HPI-I, HPI-O. However in this version, the specification does not specify a value set that should be used in the code element. This will be addressed in a future version. The HL7 v2 table 0203 is a candidate for interim use (see http://www.healthintersections.com.au/?p=721 for examples).

SNOMED CT-AU version issues

This specification uses some SNOMED CT-AU codes for identifying sections and entries, and identifies these as being taken from a particular SNOMED CT-AU release. Future specifications will clarify whether implementations are required to identify this particular version or any other in the CDA documents. In addition, the specification may contain example fragments using older releases of either SNOMED CT or SNOMED CT-AU. These older versions of SNOMED CT and SNOMED CT-AU should not be in use in Australia: these examples will be fixed in a future release. The syntax of the codeSystemVersion attributes may be affected by ongoing IHTSDO deliberations about how to represent SNOMED CT versions.

Conformance Criteria

The Common Conformance Profile for Clinical Documents defines five levels of conformance for clinical documents. These are levels 1A, 1B, 2, 3A and 3B, where 3B is the highest. A minimum level of conformance applies to clinical documents sent to the PCEHR System. The minimum level for a specific type of clinical document is specified in the associated PCEHR Conformance Profile. Documents sent to the PCEHR System that do not meet the minimum level of conformance will be automatically rejected. For most document types the minimum level of conformance is 1A but for some document types the minimum conformance level is 3A. NEHTA welcomes feedback about the minimum level of conformance from early adopters of the PCEHR System. There is an opportunity to adjust the minimum conformance level based on this feedback.