nehta

PCEHR Conformance Profile for Specialist Letter Clinical Documents

Version 1.3 - 17 May 2012

Approved for Release

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Table of contents

| Tabl | Table of contentsii | | | |
|------|---------------------|-----------|--|------|
| Doci | umen | t inform | nation | . iv |
| 1 | Intr | oductio | on | 1 |
| | 1.1 | Purpos | e | 1 |
| | 1.2 | Scope. | | 1 |
| | 1.3 | Intend | ed audience | 1 |
| | 1.4 | Contac | t details | 1 |
| 2 | Abb | reviatio | ons and Terminology | 2 |
| 3 | Spe | cialist L | .etter | 3 |
| | • | 3.1.1 | Introduction | 3 |
| | | 3.1.2 | Relevant Specifications | 3 |
| | | 3.1.3 | | |
| | | 3.1.4 | Conformance Requirements for Consumers | 4 |
| Арр | endix | A: Ref | erences | 5 |
| Арр | endix | B: Cha | inge Log | 6 |

Document information

| Version | Date | Comments |
|---------|-------------|--|
| 0.5 | 24 Nov 2011 | First draft (as separate document) |
| 1.0 | 28 Nov 2011 | Published version |
| 1.01 | 21 Dec 2011 | Clarification on extensibility was added |
| 1.1 | 7 Mar 2012 | See Change Log in Appendix B |
| 1.2 | 19 Mar 2012 | See Change Log in Appendix B |
| 1.3 | 17 May 2012 | See Change Log in Appendix B |

1 Introduction

1.1 Purpose

This document summarises the requirements for producers and consumers of the Specialist Letter Clinical Document that connect to the National PCEHR System.

This document lists the specific conformance requirements for the Specialist Letter Clinical Document that are in addition to the Common Conformance Profile for Clinical Documents [NEHTA2012b]. Both documents represent the complete conformance requirements for the Specialist Letter Clinical Document.

1.2 Scope

The scope of this Conformance Profile is the use of Specialist Letter Clinical Documents in the context of the National PCEHR System, that is, in a "point-to-share" environment.

1.3 Intended audience

The intended audience includes the following organisations:

- Healthcare Providers;
- Vendors and developers of connecting systems; and
- Software test laboratories.

1.4 Contact details

Any comments or feedback should be sent to NEHTA at: nehtasupport@nehta.gov.au.

2

Abbreviations and Terminology

| CDA | Clinical Document Architecture; an XML-based markup standard intended to specify the encoding, structure and semantics of clinical documents exchanged between health software systems. | | |
|--------------------------------|---|--|--|
| Clinical Information System | An information system used in a clinical context to manage a wide range of clinical information functions that connects to the National PCEHR System | | |
| Conformance | Conformance is a measurement (by testing) of the adherence of an implementation to a specification or standard. | | |
| HL7 | Healthcare Level 7 | | |
| PCEHR | Personally controlled electronic health record. | | |
| Registered Consumer Portal | A third-party ¹ portal used by healthcare recipients to access information on the PCEHR System. | | |
| Registered Provider Portal | A third-party ¹ portal used by healthcare providers to access information on the PCEHR System. | | |
| Registered Repository | A third-party ¹ repository used to store Clinical Documents and other clinical data that connects to the PCEHR System. | | |
| Мау | This verb may when appearing in a conformance requirement indicates an optional requirement. | | |
| Shall | This verb shall when appearing in a conformance requirement indicates a mandatory requirement. Its negative form shall not indicates a prohibition. | | |
| Should | The verb should when appearing in a conformance requirement indicates a recommendation. Its negative form should not indicates an option that should not be supported. | | |

¹ Third-party refers to a software system developed independently of the national PCEHR System and intended to connect to the national PCEHR System.

3 Specialist Letter

3.1.1 Introduction

This section describes the conformance requirements specific to the Specialist Letter Clinical Document type.

Although Specialist Letter is designed for point-to-point communications, it is also possible to send a Specialist Letter to the National PCEHR System. These conformance requirements only apply when it is used in a point-to-share communication with the National PCEHR System.

3.1.2 Relevant Specifications

The detailed conformance requirements are listed in Table 3.1.

| Specification | Notes |
|--|--|
| Specialist Letter structured content specification [NEHTA2011] | Specifies the data elements and constrained values for a clinical document at a logical level. |
| Specialist Letter CDA implementation guide [NEHTA2012a] | Specifies the mapping from the structured content specification into a clinical document using an HL7 CDA structure. |

Table 3.1: Specifications for Specialist Letter

3.1.3 Conformance Requirements for Producers

3.1.3.1 Objects of Conformance

The Objects of Conformance requirements include:

- 1. Specialist Letter clinical documents **may** be produced by:
 - Clinical Information Systems; and
 - Registered Repositories.
- 2. Specialist Letter clinical documents **shall not** be produced by:
 - Registered Consumer Portals; and
 - Registered Provider Portals.

3.1.3.2 Conformance Levels

The minimum level of CDA Conformance for the Specialist Letter clinical document **shall** be CDA Level 1A [NEHTA2012b].

3.1.3.3 Digital Signature

Specialist Letter clinical documents **shall** be digitally signed by the supplying healthcare provider organisation using the healthcare provider organisation's digital credential.

3.1.4 Conformance Requirements for Consumers

3.1.4.1 Objects of Conformance

The Objects of Conformance requirements include:

- 1. Specialist Letter clinical documents **shall** be consumed by:
 - Clinical Information Systems;
 - Registered Consumer Portals; and
 - Registered Provider Portals.
- 2. Specialist Letter clinical documents **shall** not be consumed by:
 - Registered Repositories.

Appendix A: References

This appendix lists documents that provide information for or about this document. At the time of publication, the document versions listed below were valid. However, as all documents are subject to revision, readers are encouraged to use the most recent versions of these documents.

| [NEHTA2011] | Specialist Letter Structured Content Specification, Version 1.1, NEHTA, 2 December 2011 |
|--------------|--|
| [NEHTA2012a] | Specialist Letter CDA Implementation Guide, NEHTA, Version 1.3, 7 Mar 2012 |
| [NEHTA2012b] | Common Conformance Profile for Clinical Documents, Version 1.3, NEHTA, 17 May 2012 |

Appendix B: Change Log

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

| ID | Section | Change Detail | Rationale | |
|----|---|---|--|--|
| | | | | |
| 1 | 3.1.2 | Added Objects of | Support requirements to constrain Clinical | |
| | | Conformance specific to the PCEHR context | | |
| | | | Documents to specific | |
| | | | PCEHR connecting | |
| 2 | 2141 | | systems | |
| 2 | 3.1.4.1 | Added new section to | See ID#1 | |
| | | constrain clinical document to | | |
| | | certain PCEHR conformance | | |
| - | | contexts | | |
| 3 | 3.1.4.2 | Added new section to include | Required to support | |
| | | reference to mandatory | end-system behaviour | |
| | | Clinical Document use cases | conformance | |
| 4 | 3.1.4.4 | Added new section to | To support PCEHR | |
| | | includes reference to | requirements | |
| | | approves attachment types | | |
| | | and file size limit | | |
| 5 | 3.1.5.1 | Added new section to | See ID#1 | |
| | | constrain clinical document to | | |
| | | certain PCEHR conformance | | |
| | | contexts | | |
| 6 | 3.1.5.2 | Added new section to include | Required to support | |
| | | reference to mandatory | end-system behaviour | |
| | | Clinical Document use cases | conformance | |
| | Changes from Version 1.01 (21 Dec 2011) to Version 1.1 (7 Nev 2 | | | |

Changes from Version 1.01 (21 Dec 2011) to Version 1.1 (7 Mar 2012)

| ID | Section | Change Detail | Rationale |
|----|---------|--|--|
| 1 | All | An error in converting the file format MS Word to Adobe PDF affected the appearance of some items in version 1.1. The format conversion error has been fixed. | No material changes were made to the document. |

Changes from Version 1.1 (7 Mar 2012) to Version 1.2 (19 Mar 2012)

| ID | Section | Change Detail | Rationale |
|----|---------------------------------|--|---|
| 1 | 2 | The types of systems able to connect to the PCEHR System were added. | This allowed requirements to be included for each type of connecting system. |
| 2 | 3.1.2 | This section was removed | The information was moved to section 2. |
| 3 | 3.1.3.3 | This section was added. | This reflects the PCEHR requirements for signing documents. |
| 4 | 3.1.4.2, 3.1.4.4, 3.1.5.2 | These sections were removed | The information is now in the Common Conformance Profile for Clinical Documents |

Changes from Version 1.2 (19 Mar 2012) to Version 1.3 (17 May 2012)