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# Specialist Letter
# PCEHR Conformance Profile v1.5

25 September 2014

Approved for external use

Document ID: NEHTA-1800:2014

**National E-Health Transition Authority**

**National E-Health Transition Authority Ltd**
Level 25, 56 Pitt Street
Sydney, NSW 2000
Australia
www.nehta.gov.au



**Acknowledgement**

The National E-Health Transition Authority is jointly funded by the Australian Government and all State and Territory Governments.

# Document information

## Key information

| | |
|---|---|
| **Owner** | Head of Product Delivery |
| **Contact for enquiries** | NEHTA Help Centre<br>t: 1300 901 001<br>e: help@nehta.gov.au |

## Product version history

| Product version | Date | Release comments |
|---|---|---|
| 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 A |
| 1.2 | 19 Mar 2012 | |
| 1.3 | 17 May 2012 | |
| 1.4 | 9 Oct 2013 | |
| 1.5 | 25 sept 2014 | |

# Table of contents

# 1 Introduction

## 1.1 Purpose

This document summarises the requirements for producers and consumers of the Specialist Letter clinical document ("Specialist Letter") when connecting to the national personally controlled electronic health record (PCEHR) system.

These conformance requirements are in addition to the *Clinical Documents – Common Conformance Profile*[1] [NEHTA2014]. Together, these two conformance profile documents represent the complete conformance requirements for the Specialist Letter.

## 1.2 Intended audience

The intended audience includes:

- 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 a Specialist Letter in the context of the national PCEHR system. The conformance requirements do not apply when a Specialist Letter is sent point-to-point.

[1] Referred to in this document as the common conformance profile.

# 2 Abbreviations and terminology

| Term | Meaning |
|---|---|
| clinical document | A digital file containing personal health information about an individual, containing unstructured (narrative) information and optionally structured (atomic) information. |
| 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 information system | 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. |
| conformance | Conformance is 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 Specialist Letters. |
| 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 *Personally Controlled Electronic Health Records Act 2012*.) |
| contracted service provider system | A software system operated by a CSP that deals 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 Specialist Letters. |
| 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. A repository may store clinical documents in either a proprietary format or a CDA format. |
| **SHALL** | When appearing in a conformance requirement, the verb **SHALL** indicates a mandatory requirement. Its negative form **SHALL NOT** indicates a prohibition. |
| Specialist Letter | The Specialist Letter is the clinical document used in replying to a referral or reporting on a health event. |

[2] In this list of terms, 'third-party' refers to a software system developed independently of the national PCEHR system and intended to connect to the national PCEHR system. The portals provided to the national PCEHR system are not registered consumer or registered provider portals.

# 3 Conformance requirements

## 3.1 Introduction

This section describes the conformance requirements specific to the Specialist Letter clinical document type.

## 3.2 Relevant specifications

The detailed conformance requirements are listed in Table 1.

*Table 1 Specifications for Specialist Letter*

| 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. |

## 3.3 Conformance requirements for producers

### 3.3.1 Objects of conformance

The objects of conformance are subject to the following requirements:

1 Specialist Letters **MAY** be produced by:

- a clinical information systems; and
- b contracted service provider (CSP) systems.

2 Specialist Letters **SHALL NOT** be produced by:

- a registered repositories;
- b registered consumer portals; or
- c registered provider portals.

### 3.3.2 Conformance levels

A Specialist Letter sent to the PCEHR System **SHALL** conform to the requirements for one, and only one, of the following conformance levels: 1A, 1B, 2, 3A, or 3B, as defined in the common conformance profile [NEHTA2014].

### 3.3.3 Temporary relaxation of inclusion of HPI-I

The *Specialist Letter Structured Content Specification* [NEHTA2011] and the *Specialist Letter CDA Implementation Guide* [NEHTA2012a] include mandatory conformance requirements for the inclusion of HPI-Is. These specifications state the conformance requirement:

*"The value of one Entity Identifier SHALL be an Australian HPI-I"*

This applies to the following data elements:

- Document Author > Participant > Entity Identifier;
- Referrer > Participant > Entity Identifier;
- Usual GP > Participant > Entity Identifier;
- Diagnostic Investigations > Requested Service > Service Provider > Participant > Entity Identifier; and
- Recommendations > Recommendation > Addressee (Person) > Participant > Entity Identifier.

The mandatory requirements for an HPI-I for these data elements are temporarily modified.

1 The value of one Document Author > Participant > Entity Identifier **SHALL** be an HPI-I if one is present in the Specialist Letter producer, otherwise it **SHALL** have a value that identifies the document author, and the value **SHALL NOT** be a nullFlavor.

2 If Usual GP is present in a Specialist Letter, the value of one Usual GP > Participant > Entity Identifier, **SHALL** be an HPI-I if one is present in the Specialist Letter producer, otherwise it **SHALL** have a value that identifies the usual GP and the value **SHALL NOT** be a nullFlavor.

3 If Diagnostic Investigations > Requested Service > Service Provider is present in a Specialist Letter, the value of one Diagnostic Investigations > Requested Service > Service Provider > Participant > Entity Identifier **SHALL** be an HPI-I if one is present in the Specialist Letter producer, otherwise it **SHALL** have a value that identifies the diagnostic investigations service provider (person), and the value **SHALL NOT** be a nullFlavor.

Notes:

a The common conformance profile [NEHTA2014] provides requirements for the inclusion of a local identifier.

b The relaxation is only available to specific healthcare provider organisations, at the discretion of the PCEHR System Operator. The relaxation is provided to allow time for large healthcare provider organisations to incorporate HPI-Is for their personnel in their systems.

### 3.3.4 Unknown entity identifiers for referrer and addressee

The *Specialist Letter Structured Content Specification* [NEHTA2011] and the *Specialist Letter CDA Implementation Guide* [NEHTA2012a] include a mandatory conformance requirement for the inclusion of an HPI-I for the entity identifier of the referrer, and a mandatory conformance requirement for the inclusion of an HPI-O for the entity identifier of the referrer's employer. These identifiers may be obtained from an eReferral conforming to the *eReferral CDA Implementation Guide* [2012b], but cannot necessarily be obtained if the referral was in some other format, or if the eReferral was created by a software system using the temporary relaxation of the requirement to include the referrer's HPI-I.

The same issue is present with the recommendation addressee, which may be a person or an organisation.

These requirements for mandatory inclusion of the HPI-I and HPI-O for a referrer are modified here to allow a Specialist Letter to be created regardless of the format

or existence of the referral. Similar modifications are made for addressee (person) and addressee (organisation).

1 The value of one Referrer > Participant > Entity Identifier **SHALL** be an HPI-I if one is present in the Specialist Letter producer, otherwise the value **SHALL** either have a value that identifies the referrer or the value **SHALL** be the nullFlavor “UNK”.

   Notes:

   a This means that:

      i If the software received an eReferral containing the referrer’s HPI-I then it must be included in the Specialist Letter created in response to the eReferral.

      ii If the eReferral contains a local identifier then it may be included in the Specialist Letter.

      iii If the referrer’s HPI-I is not present in a referral then the software may (but need not) obtain the referrer’s HPI-I by searching for one in the Healthcare Identifier service.

   b The nullFlavor “UNK” means “unknown”; that is, a proper value is applicable, but not known.

   c An entity identifier created using a nullFlavor “UNK” is shown below:

```
<ext:asEntityIdentifier classCode="IDENT">
    <ext:id nullFlavor="UNK" />
                </ext:asEntityIdentifier>
```

2 The value of one Referrer > Participant > Person or Organisation or Device > Person > Employment Detail > Employer Organisation > Entity Identifier **SHALL** be an HPI-O if one is present in the Specialist Letter producer, otherwise the value **SHALL** either have a value that identifies the referrer’s employer, or the value **SHALL** be the nullFlavor “UNK”.

   Note: A number of options are available for creating a local entity identifier for an organisation, such as using the Australian Business Number.

3 If a recommendation addressee (person) is recorded in a Specialist Letter, the value of one Recommendations > Recommendation > Addressee (Person) > Participant > Entity Identifier **SHALL** be an HPI-I if one is present in the Specialist Letter producer, otherwise the value **SHALL** either have a value that identifies the addressee (person), or the value **SHALL** be the nullFlavor “UNK”.

4 If the addressee is a participant identified in an eReferral conforming to the *eReferral CDA Implementation Guide* [2012b], (e.g. the address may be the usual GP) then the addressee’s identifiers **SHALL** be copied from the eReferral.

5 If the addressee’s employment detail is recorded in a Specialist Letter, the value of one Recommendations > Recommendation > Addressee (Person) > Participant > Person or Organisation or Device > Person > Employment Detail > Employer Organisation > Entity Identifier **SHALL** be an HPI-O if one is present in the Specialist Letter producer, otherwise the value **SHALL** either have a value that identifies the addressee’s employer or the value **SHALL** be the nullFlavor “UNK”.

6 If a recommendation addressee (organisation) is recorded in a Specialist Letter, the value of one Recommendations > Recommendation > Addressee (Organisation) > Participant > Entity Identifier **SHALL** be an HPI-O if one is

present in the Specialist Letter producer, otherwise the value **SHALL** either have a value that identifies the addressee (organisation) or the value **SHALL** be the nullFlavor “UNK”.

### 3.3.5 No referrer

The *Specialist Letter Structured Content Specification* [NEHTA2011] and the *Specialist Letter CDA Implementation Guide* [NEHTA2012a] include a mandatory inclusion of details about the referrer. However it is possible that there was no referral from a healthcare provider (i.e. there has been a self-referral by the subject of care).

The requirement for mandatory inclusion of referrer details is modified here to enable a Specialist Letter to be produced when there is no referrer.

1 The Specialist Letter Referrer data element **MAY** be omitted if the Specialist Letter producer does not contain any information about a referrer but **SHALL NOT** be omitted if information about the referrer is known and can be used to create the Referrer data element.

Notes:

a The effect is that the cardinality of Referrer is changed from 1..1 to 0..1.

b This means that if the software contains information about the referrer, then the referrer details shall be included in the Specialist Letter. Information about the referrer is present in the software if:

i The software received an eReferral conforming to the *eReferral CDA Implementation Guide* [2012b]; and

ii The software received a eReferral in some other electronic format; or

iii Information from a paper-based referral was entered into the software.

## 3.4 Conformance requirements for consumers

### 3.4.1 Objects of conformance

The objects of conformance requirements include:

1 Specialist Letters **MAY** be consumed by:

a clinical information systems;

b CSP systems;

c registered consumer portals;

d registered provider portals; and

e registered repositories.

# Appendix A Change log

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

## A.1 Changes from Version 1.01 (21 Dec 2011) to Version 1.1 (7 Mar 2012)

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

## A.2 Changes from Version 1.1 (7 Mar 2012) to Version 1.2 (19 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.<br>The format conversion error has been fixed. | No material changes were made to the document. |

## A.3 Changes from Version 1.2 (19 Mar 2012) to Version 1.3 (17 May 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 was moved to section 2. |

## A.4 Changes from Version 1.3 (19 Mar 2012) to Version 1.4 (9 Oct 2013)

| ID | Section | Change detail | Rationale |
|---|---|---|---|
| 1 | 3.3.3 | This section has been added. | The requirement in the Specialist Letter SCS and CDA IG for mandatory inclusion of an HPI-I has been relaxed. |
| 2 | n/a | The digital signature requirement was removed | Digital signature requirements are now in the Common Conformance Profile for Clinical Documents |
| 3 | App A | References were updated | |

## A.5 Changes from Version 1.4 (9 Oct 2013) to Version 1.5 (25 Sept 2014)

| ID | Section | Change detail | Rationale |
|---|---|---|---|
| 1 | 3.3.4 | This section has been added. | Identifiers about the referrer or addressee may not be known. |
| 2 | 3.3.5 | This section has been added. | A referral may not have been received by the specialist. |
| 3 | 1 | Update to section structure | Simplify structure and delete repeated content |

# References

[AS5021] *AS 5021:2005 - The language of health concept representation*, Standards Australia, 2005.
http://infostore.saiglobal.com/store/details.aspx?ProductID=320455

[NEHTA2011] *Specialist Letter Structured Content Specification*, Version 1.1, NEHTA, 2 December 2011
http://www.nehta.gov.au/implementation-resources/clinical-documents/EP-0937-2012/NEHTA-0983-2011

[NEHTA2012a] *Specialist Letter CDA Implementation Guide*, NEHTA, Version 1.3, 7 Mar 2012
http://www.nehta.gov.au/implementation-resources/clinical-documents/EP-0937-2012/NEHTA-0966-2012

[NEHTA2012b] *eReferral CDA Implementation Guide*, NEHTA, Version 2.2, 7 Mar 2012
http://www.nehta.gov.au/implementation-resources/clinical-documents/EP-1431-2013/NEHTA-0967-2012

[NEHTA2014] *Clinical Documents – Common Conformance Profile*, Version 1.5, NEHTA, 2014
http://www.nehta.gov.au/implementation-resources/clinical-documents/EP-1815-2014/NEHTA-1812-2014