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Clinical Information Systems Connecting to the PCEHR System Use Cases

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Key information

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Revision History

Version	Date	Comments
0.1	29 February 2012	Initial working draft.
0.2	1 March 2012	Update after internal review.
0.25	2 March 2012	Update after NEHTA interval review.
0.3	7 March 2012	Update after feedback from Clinical Leads.
0.4	26 March 2012	Update after NEHTA internal review with a wider group.
0.5	18 April 2012	Incorporated relevant feedbacks received in writing, and updated to reflect the industry consultation on 10 and 11 April 2012 attended by DOHA, MSIA, AIIA, Vic Health and ACT Health.
0.6	30 April 2012	Updated to Incorporate the use of digital credentials where relevant.
1.0	8 May 2012	Updated with editorial improvements.
1.1	6 September 2012	See Change Log in Appendix B:Change Log.
1.1	20 June 2025	The document presentation has been enhanced to align with current branding guidelines, however the content has not been changed

Transition of terms

Certain terms used within the context of this document have changed. The table provides a clear comparison of the historical terms used in text and their current equivalents for your reference.

Historical term	Current term
National eHealth Transition Authority (NEHTA)	The Australian Digital Health Agency (ADHA)
Personally controlled electronic health record (PCEHR)	My Health Record (MHR)

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1 Introduction

1.1 Purpose

This document contains Use Cases (UC) for Clinical Information Systems (CIS) connecting to the Personally Controlled Electronic Health Records (PCEHR) System. The use cases described in this document are intended to be applicable to any healthcare setting.

The software developer may choose how to implement the sequence flows and optional conditions.

The following companion documents are necessary to understand the complete conformance assessment process and conformance requirements for a CIS connecting to the PCEHR System:

- *Clinical Information Systems Connecting to the PCEHR System: Conformance Assessment Scheme [CCAGG2012a]; and*
- *Clinical Information Systems Connecting to the PCEHR System: Conformance Requirements [NEHTA2012b].*

1.2 Intended audience

The intended audience includes:

- Vendors, developers, and contracted service providers of clinical information systems; and
- Health jurisdictions and healthcare providers that utilise clinical information systems.

1.3 Scope

This document contains a core set of use cases for a CIS connecting to the PCEHR System including:

- *Access control:* checking if a healthcare recipient has an advertised PCEHR and gaining access to a PCEHR; and
- *Clinical documents:* Uploading, downloading and removing clinical documents to and from the PCEHR System.
- *Views:* Accessing a view from the PCEHR system.
- *Template Packages:* Searching, retrieving and storing Template Metadata and Template Packages from the Template Service.

The scope of this document does not include other use cases for additional PCEHR functions a CIS may provide. This will be included within the scope of the document in the future.

1.4 Document instructions

This document outlines the high level interactions between a CIS and the PCEHR system. It provides a step-by step guide for handling the process flows for the CIS.

The formats used in each Business Use Case include:

1. Narrative format; and
2. Diagram format.

1.4.1 Narrative format

The narrative describes the intent of the Use Case and also provides sufficient information for a user or software developer to support a specific task within a healthcare setting. The information that may be included in the narrative is outlined below.

Section	Description
Use Case Name	The name of the use case
Use Case #	Use case number; the unique identifier attributed to the use case
Process Name	The name of the process or sub-process
Role	The typical organisational functions fulfilled by the actors of the use case
Derivation	The name of the process(es) which give rise to this process
Purpose	A high-level description of what the process is designed to achieve
Outline	A description of what occurs during the process
Occasions of Use	The typical business scenarios illustrating the context within which the use case will be actioned
Pre-Conditions	The prerequisites which must be met to enable the use case to be actioned
Post-Conditions	The changes resulting from the execution of the use case/process/sub-process
Notes	Additional information relating to activities or decisions occurring within the process

1.4.2 Diagram format

The table below explains the symbols used in the business process model.

Icon	Description
	Start event
	Gateway (Decision)
	Complex Gateway
	Activity
	End event
	Collapsed sub-process
	Decision result
	Process flow
	Note (cross-reference to the narrative)

	Intermediate event (where a message is received)

1.5 Development of these use cases

The use cases have been derived from:

- PCEHR Concept of Operations; and
- PCEHR B2B Gateway Logical and Technical Services Specifications.

1.6 Contact details

Any comments or feedback should be sent to help@digitalhealth.gov.au.

2 Glossary, acronyms and abbreviations

For the purpose of this document, the following definitions apply.

Term	Definitions and usage
Authorised user	The PCEHR System entrusts a participating organisation to grant access to healthcare providers and other local users who need to access the PCEHR System. These users are referred to as 'authorised users'. An authorised user must be an employee[1] who has a legitimate need to access the PCEHR System as part of their role in healthcare delivery. When authorised users access the PCEHR System, they are only permitted to access the PCEHR of consumers they are involved in delivering healthcare services to. All access to the PCEHR System is audited [DOHA2011]. The PCEHR System entrusts the participating organisation to verify the identity of authorised users prior to allowing them access the PCEHR System. The participating organisation may undertake a separate check or leverage existing verification of identity procedures (such as processes used by the organisation's Human Resources department) [DOHA2011].
B2B Gateway	A Business-to-Business Gateway that provides outward facing interfaces for participating systems to access the PCEHR System.
Clinical Information System (CIS)	A system that deals with the collection, storage, retrieval, communication and use of health related data, and information and knowledge pertaining to subjects of care [AS5021]. A CIS may consist of a number of separate but interacting systems.
Conformance	Conformance is a measurement (by testing) of the adherence of an implementation to a specification or standard.
Developer	An organisation that creates an implementation using the PCEHR specifications. A developer may be an organisation that develops a software product, or a provider of eHealth services.
HI	Healthcare Identifier: a national identifier assigned to a healthcare provider (individual or organisation) or a healthcare recipient as defined in the Healthcare Identifiers Act [HIACT2010]. Note: this term is used generally in healthcare to refer to any healthcare identifier including local numbers, but in this document is restricted to mean only the national healthcare identifier context.
IHI	Individual Healthcare Identifier
Implementation	A clinical information system created by a developer to conform to a specification or standard.

[1] As per the Healthcare Identifiers Act 2010 [HIACT2010], an 'employee' is either an individual who provides services for the entity under a contract for services or an individual whose services are made available to the entity (including services made available free of charge).

Term	Definitions and usage
PACC	Provider Access Consent Code (PACC) is a code (i.e. PIN or passphrase) an individual can provide to an authorised user in order to have the participating organisation added to the access list. [DOHA2011]
PACCX	Provider Access Consent Code eXtended is a code (i.e. PIN or passphrase) an individual can provide to an authorised user in order to enable the participating organisation to have access to 'limited access' clinical documents. [DOHA2011]
PCEHR	Personally Controlled Electronic Health Record
PCEHR System	The national software system that contains Personally Controlled Electronic Health Records
PCEHR Usage Metadata	Metadata values associated with the use of a Template Package by the PCEHR System. The Metadata consists of the following: • The date (and optionally time) in UTC notation that the PCEHR System commenced or will commence acceptance of submission of documents conforming to the template [NEHTA2011]; • The date (and optionally time) in UTC notation that the PCEHR System ceased or will cease acceptance of submission of documents conforming to the template [NEHTA2011]; and • An indicator as to whether documents conforming to the template may contain information relevant to the population of the internal PCEHR System atomic data model. Used to determine the need to process documents for extraction of data used within the PCEHR for populating pre-defined views such as the consolidated view [NEHTA2011].
Template Metadata	Name / value pairs containing the metadata describing the template [NEHTA2011].
Template Package	A template encapsulates the definition of a clinical document type and includes: • a unique identifier • data definitions • data validation definition • information about how to render a clinical document • supporting material (such as implementation guides) [NEHTA2012g].
Template Service	The Template Service enables implementers and systems to obtain standardised specifications for clinical documents to be exchanged within the Australian healthcare community. The Template Service is responsible for managing and storing the data representations associated with all of the data formats stored within a Personally Controlled Electronic Health Record (PCEHR), but can also store specifications for clinical documents not associated with a PCEHR [NEHTA2011].
Authorised representative	An authorised representative is a person who the System Operator is satisfied has parental responsibility for the consumer. In other cases it may be a person who the System Operator is satisfied is legally authorised to act on behalf of the consumer.

Term	Definitions and usage
Nominated representative	A nominated representative is a person who a healthcare recipient or the authorised representative of the healthcare recipient may nominate to access their PCEHR. It could be carers or family members.

3 Access control

Use cases in this section relates to checking if an advertised PCEHR record exists and gaining access to a PCEHR.

3.1 UC.CIS.001 – Check if an advertised PCEHR exists

Use Case Name	UC.CIS.001 - Check if an advertised PCEHR exists
Use Case #	003025
Role	Authorised user CIS
Purpose	To check whether a healthcare recipient currently has an advertised PCEHR.
Outline	Enables checking whether a healthcare recipient has an advertised PCEHR currently in the PCEHR System.
Occasions of Use	An example of use is when: • An authorised user decides to check whether the healthcare recipient has an advertised PCEHR; • An authorised user or the CIS runs a bulk check on current subjects of care for existence of a PCEHR; or • Prior to an authorised user or the CIS attempting to upload, download or remove a clinical document from the PCEHR System.
Pre-Conditions	• Healthcare recipient identity has been verified. • The CIS has the healthcare recipient's IHI either through the HI service or from another system that has access to the HI service.
Post-Conditions	The response from the PCEHR System contains: • A Boolean field indicating whether the healthcare recipient has an advertised PCEHR currently [NEHTA2012c]; and • If the healthcare recipient has an advertised PCEHR currently, a field indicating; - That the healthcare provider organisation is already in the access list (including emergency) [NEHTA2012d]; or - Information about how the healthcare provider organisation can gain access to the PCEHR with or without PACC or PACCX codes [NEHTA2012c].

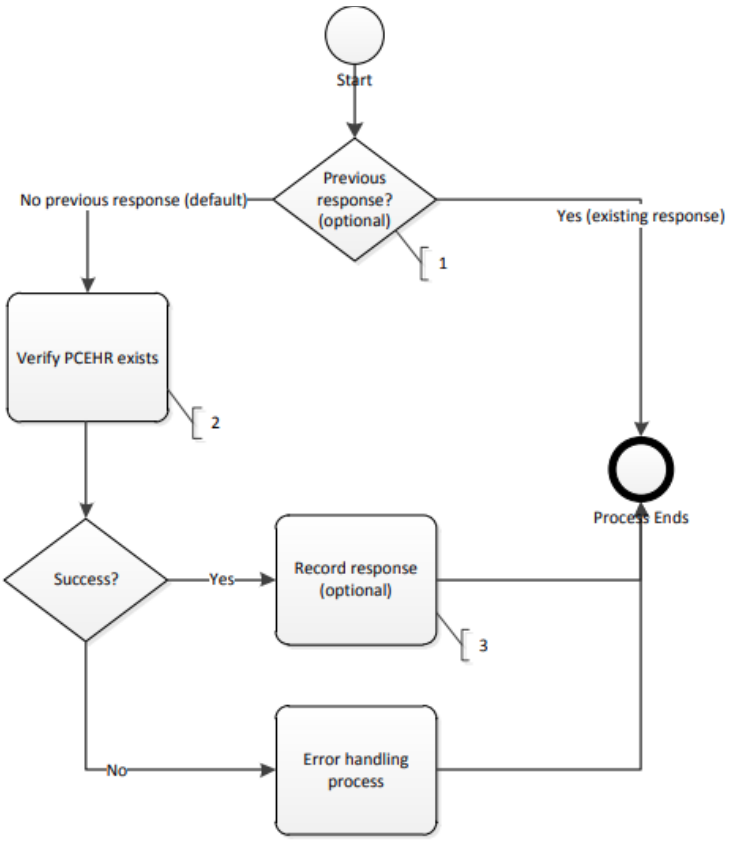

Figure 1: UC.CIS.001 – Check if an advertised PCEHR exists

Notes	**1. Check previous response (optional)** Check the previous response of this service (recorded through note-3). **2. Verify PCEHR exists** The CIS validates and uses a relevant digital credential asserting the identity of the healthcare provider organisation or the contracted service provider to establish a secure connection with the B2B Gateway service. The doesPCEHRExist B2B Gateway service is called to search for the existence of an advertised PCEHR. **3. Record the response in the CIS (optional)** The response of the doesPCEHRExist B2B Gateway service is received by the local system. The result will provide details on whether the healthcare provider organisation is already on the access list (including emergency), or needs to provide information to invoke the gainPCEHRAccess service using 'without-code' or with the PACC or PACCX code. The user may choose to proceed with gainPCEHRAccess even if doesPCEHRExist returns False (when the individual chooses not to advertise the existence of their PCEHR) or in an emergency.

3.2 UC.CIS.002 – Gain access to PCEHR

Use Case Name	UC.CIS.002 - Gain access to PCEHR
Use Case #	003026
Role	Authorised user CIS
Purpose	To gain access to the healthcare recipient's record in the PCEHR system.
Outline	Enables the healthcare provider organisation to gain access to the healthcare recipient's PCEHR.
Occasions of Use	An example of use is when: • An authorised user requires access to the healthcare recipient's PCEHR either in emergency or non- emergency situations.
Pre-Conditions	• Healthcare recipient identity has been verified. • The CIS has the healthcare recipient's IHI either through the HI service or from another system that has access to the HI service.
Post-Conditions	• On success, the healthcare provider organisation has gained access to the healthcare recipient's PCEHR [NEHTA2012c].

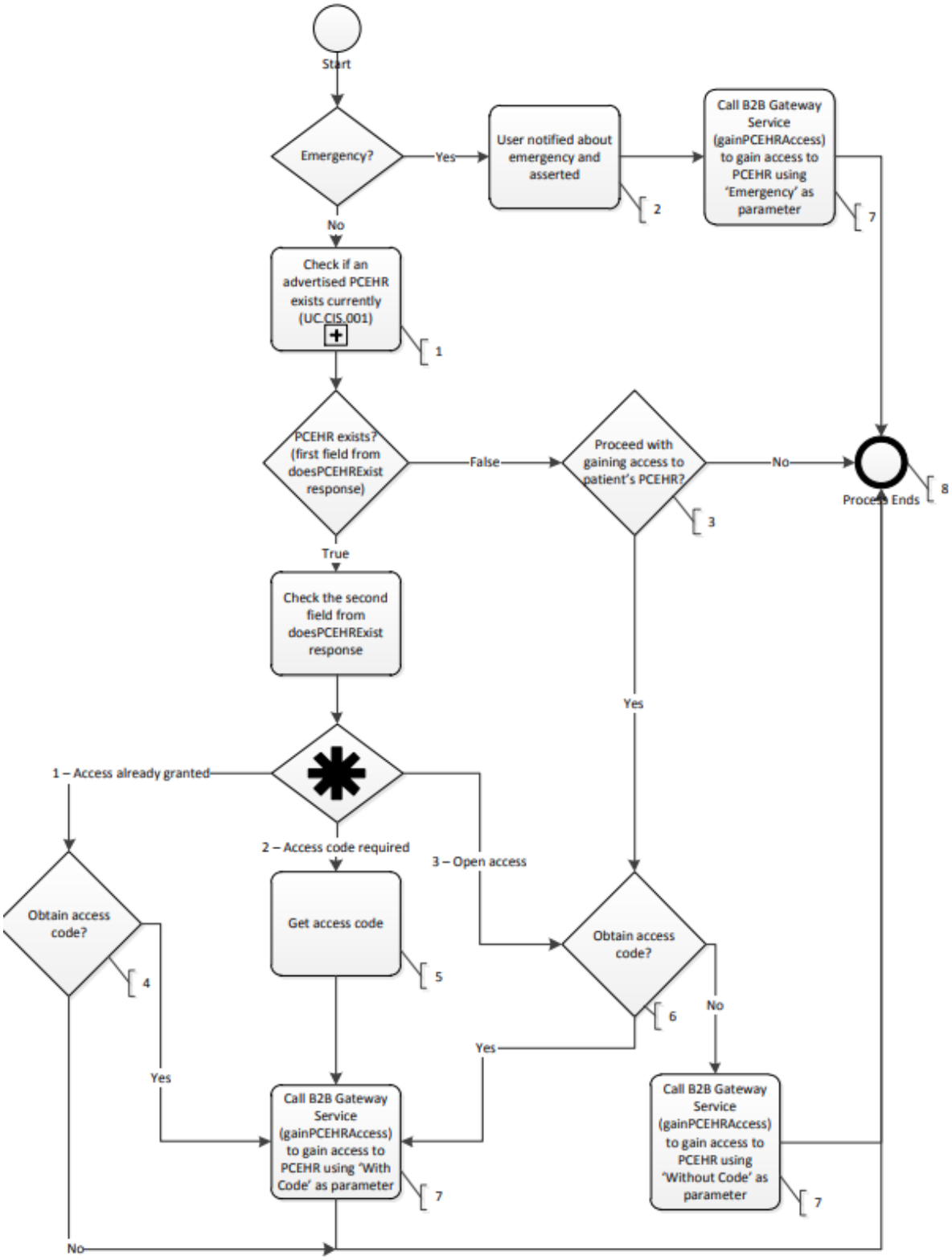

Figure 2: UC.CIS.002 – Gain access to PCEHR

Notes	**1. Check if an advertised PCEHR exists currently** For details regarding this process, please refer to UC.CIS.001 - Check if an advertised PCEHR exists. The user may choose to proceed with gainPCEHRAccess even if doesPCEHRExist returns False (when a healthcare recipient has opted not to advertise the existence of their PCEHR, but the authorised user has confirmed its existence). **2. User notification for emergency access** The local system informs the user about the Emergency access conditions. **3. Healthcare recipient has a non-advertised PCEHR** In case the healthcare recipient has a PCEHR and does not advertise its existence, the doesPCEHRExist service request will return false. However during interaction with the healthcare provider, the healthcare recipient may confirm its existence and the healthcare provider can proceed with gaining access. **4. The healthcare recipient provides a PACCX code to the healthcare provider organisation which is already on the "Access List"** Despite the healthcare provider organisation already being in the access list, a healthcare recipient can have a PACCX which has not been provided to the healthcare provider organisation. **5. Access code required to proceed** The healthcare recipient has advanced access control settings. Unless the authorised user enters the access code provided by the healthcare recipient, access cannot be obtained. **6. The healthcare recipient has open access or PCEHR disclosure flag is not set** A healthcare recipient can have a PACCX on a PCEHR, but not have a PACC. So the record can be "Open Access", allowing a healthcare provider to gain access without a code. If a code is provided by the healthcare recipient, it will be a PACCX, and will give access to the limited access documents as well. Additionally the healthcare recipient can have the PCEHR disclosure flag not set (doesPCEHRExist will return False) and would like the healthcare provider organisation to gain access to the PCEHR. **7. Gain access to PCEHR** The CIS validates and uses a relevant digital credential asserting the identity of the healthcare provider organisation or the contracted service provider to establish a secure connection with the B2B Gateway service. The gainPCEHRAccess B2B Gateway service is called. **8. Record the response in CIS where relevant** The response of the gainPCEHRAccess service may be recorded. Upon failure, the error handling process within the local system may be invoked.

4 Clinical documents

Use cases in this section relate to uploading, downloading and removing clinical documents to and from the PCEHR System.

4.1 UC.CIS.201 – Upload a clinical document

Use Case Name	UC.CIS.201 - Upload a clinical document
Use Case #	003027
Role	Authorised user CIS
Purpose	To upload a clinical document to a healthcare recipient's PCEHR. This use case applies to all types of clinical documents a CIS may upload to the PCEHR System.
Outline	Enables an upload of a clinical document to the PCEHR system.
Occasions of Use	An example of use is when: • An authorised user decides to upload a clinical document into a healthcare recipient's PCEHR.
Pre-Conditions	• The healthcare recipient's identity has been verified. • The CIS has the healthcare recipient's IHI either through the HI service or from another system that has access to the HI service, and has validated the IHI. • The clinical document to be uploaded has been created and digitally signed with a relevant digital credential. • The healthcare recipient has not withdrawn consent to upload the clinical document into the PCEHR.
Post-Conditions	• On success, the clinical document is successfully uploaded into the healthcare recipient's PCEHR.

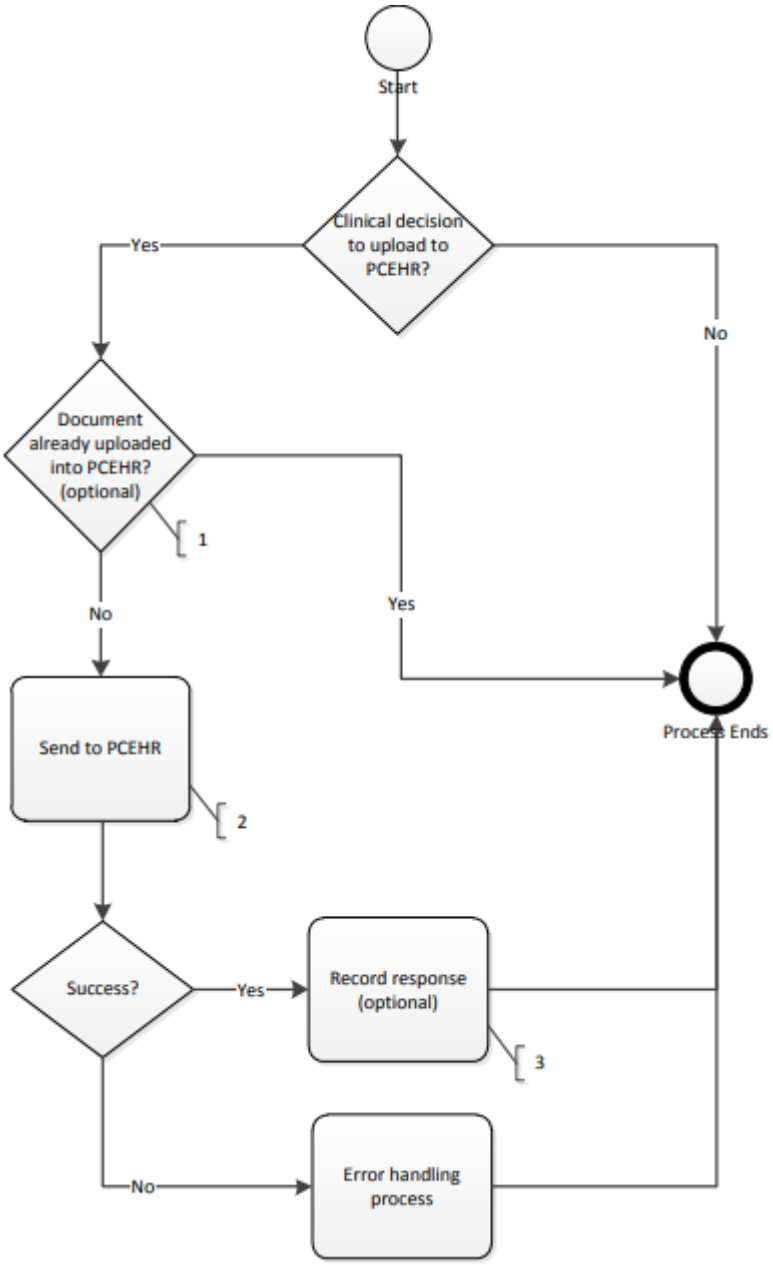

Figure 3: UC.CIS.201 - Upload a clinical document

Notes	**1. Document already loaded into the PCEHR (optional)** Check in the local system to determine if the document has previously been uploaded into the healthcare recipient's PCEHR. **2. Send to PCEHR** The CIS validates and uses a relevant digital credential asserting the identity of the healthcare provider organisation or the contracted service provider to establish a secure connection with the B2B Gateway service. The provideAndRegisterDocumentSet-b B2B Gateway service is invoked for uploading a document into the PCEHR System.

	3. Record the response in the CIS The response of the B2B Gateway service may be recorded in the local system for the document (to indicate which documents have been uploaded to the PCEHR).

4.2 UC.CIS.202 – Supersede a clinical document

Use Case Name	UC.CIS.202 - Supersede a clinical document
Use Case #	003029
Role	Authorised user CIS
Purpose	To supersede a clinical document in the healthcare recipient's PCEHR. This use case applies to all types of clinical documents a CIS may upload to the PCEHR System excluding Shared Health Summary[2].
Outline	Enables an existing clinical document which was previously uploaded into the healthcare recipient's PCEHR to be superseded with a new document.
Occasions of Use	An example of use is when: • An authorised user decides to supersede a clinical document in the healthcare recipient's PCEHR.
Pre-Conditions	• The clinical document to be uploaded into the PCEHR (to supersede a previously uploaded document) has been created, digitally signed with a relevant digital credential. • The healthcare recipient has not withdrawn consent to upload the clinical document to their PCEHR. • The healthcare recipient's identity has been verified. • The CIS has the healthcare recipient's IHI either through the HI service or from another system that has access to the HI service and has validated the IHI. • The CIS has the document identifier of the previously uploaded clinical document to be superseded in the PCEHR System.
Post-Conditions	• On success, a clinical document in the healthcare recipient's PCEHR is successfully superseded by a new clinical document.

[2] The National PCEHR System will regard only the most recently uploaded Shared Health Summary in a healthcare recipient's PCEHR as the only active Shared Health Summary for that PCEHR. Any previously uploaded instances of Shared Health Summary are automatically treated as historical versions. Therefore the CIS is to upload a Shared Health Summary to the PCEHR System always as a new document, and UC.CIS.202 - Supersede a clinical document only applies to clinical document types other than Shared Health Summary.

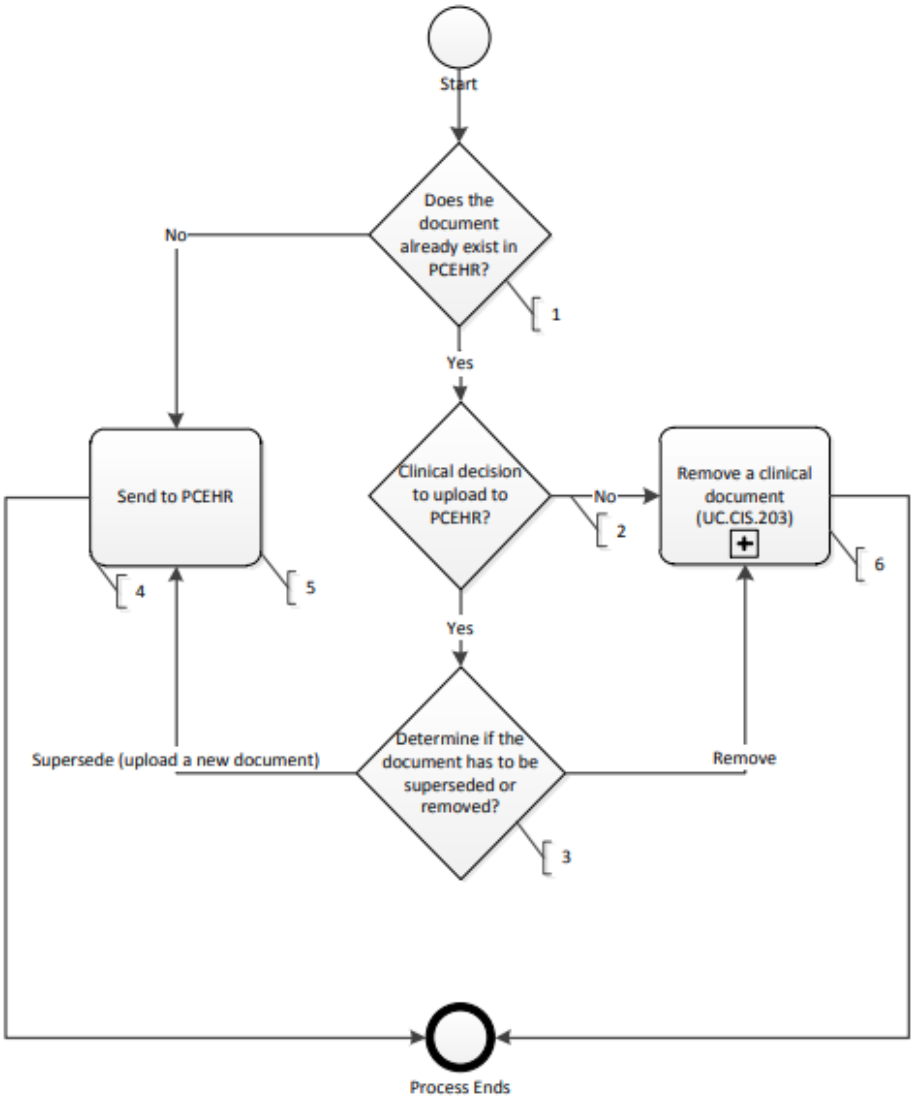

Figure 4: UC.CIS.202 – Supersede a clinical document

Notes	**1. Document already in the PCEHR** Check the indicator in the local system to determine if the document is already available in the healthcare recipient's PCEHR. Where a document has previously been uploaded to a healthcare recipient's PCEHR, an indicator should be against the stored version in the recipient's local patient record, noting whether the document is already available in the healthcare recipient's PCEHR. **2. Clinical Decision not to upload the existing** document to the PCEHR If an Authorised User of the healthcare provider organisation decides to not upload the new version of the clinical document into a PCEHR, the previous version of the clinical document must be removed from the PCEHR System.

	3. Determine to supersede or remove the clinical document Depending on a number of factors (such as compatibility of the updated document with the PCEHR System) the healthcare provider organisation may decide to either upload a new version of the document into the healthcare recipient's PCEHR or may choose to remove the existing (old) version from healthcare recipient's PCEHR. **4. Upload a Clinical Document** The CIS validates and uses a relevant digital credential asserting the identity of the healthcare provider organisation or the contracted service provider to establish a secure connection with the B2B Gateway service. The provideAndRegisterDocumentSet-b B2B Gateway service is invoked for uploading a document into the PCEHR System. **5. Record the response in the CIS** The response of the B2B Gateway service may be recorded in the local system for the document (to indicate if the document has been uploaded to the PCEHR). **6. Remove Process due to inability to update** The older version of the clinical document is to be removed from the healthcare recipient's PCEHR since the newer version is not being uploaded. For details regarding the remove process, please refer to UC.CIS.203 - Remove a Clinical Document.

4.3 UC.CIS.203 – Remove a clinical document

Use Case Name	UC.CIS.203 - Remove a clinical document
Use Case #	003030
Role	Authorised user CIS
Purpose	To remove a clinical document from a healthcare recipient's PCEHR.
Outline	Enables the removal of a clinical document from the healthcare recipient's PCEHR.
Occasions of Use	An example of use is when: • An authorised user or the CIS has identified a reason to remove an existing clinical document from a healthcare recipient's PCEHR.
Pre-Conditions	• The clinical document was previously uploaded to the healthcare recipient's PCEHR. • The person who is initiating the removal request is in the same healthcare provider organisation as the healthcare provider who has authored or superseded the clinical document. • The healthcare recipient's identity has been verified. • The CIS has the healthcare recipient's IHI either through the HI service or from another system that has access to the HI service and has validated the IHI.
Post-Conditions	• On success, the clinical document will not be present in the healthcare recipient's PCEHR.

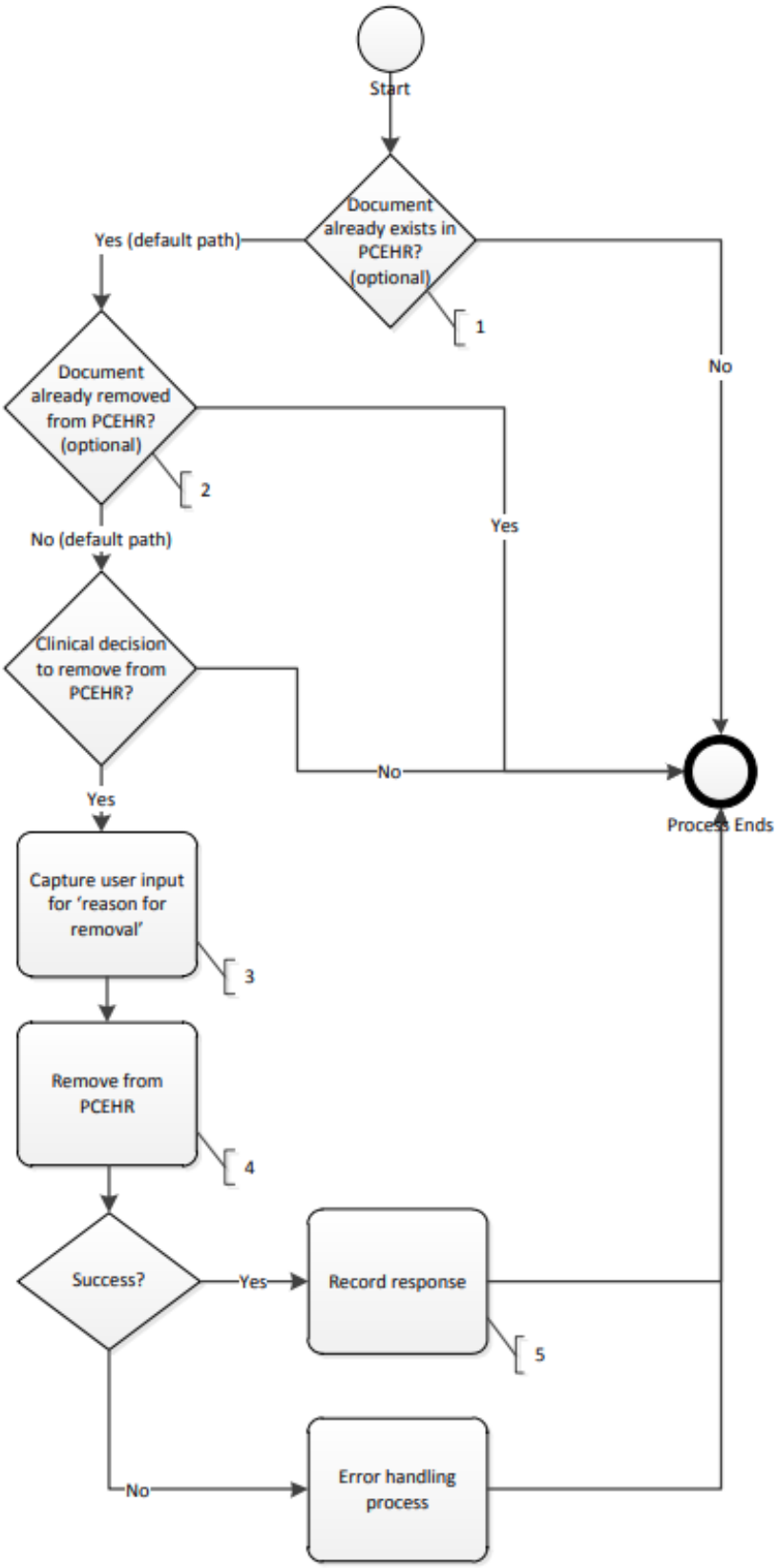

Figure 5: UC.CIS.203 – Remove a clinical document

Notes	**1. Check the document existence in PCEHR (optional)** The authorised user should check the local CIS to determine if the clinical document was previously uploaded to the healthcare recipient's PCEHR. **2. Check whether the document is already removed from PCEHR (optional)** The authorised user or the CIS should check that the healthcare recipient's PCEHR contains the clinical document. The clinical document may have previously been removed by the healthcare provider or by the healthcare recipient using the PCEHR National Consumer Portal. **3. Reason for removal** The authorised user or the CIS can choose one of the following reasons for removal: a) Incorrect Identity; b) Withdrawn. In case of Incorrect Identity, the authorised user should initiate a process to correct the identity of the healthcare recipient in other records and documents. **4. Remove from PCEHR** The CIS validates and uses a relevant digital credential asserting the identity of the healthcare provider organisation or the contracted service provider to establish a secure connection with the B2B Gateway service. The removeDocument/DeregisterDocument B2B Gateway service is invoked to remove the clinical document from the PCEHR System. **5. Record the response in CIS** The response of the removeDocument/DeregisterDocument B2B Gateway service is recorded in the local CIS along with an indicator that the document has been removed from healthcare recipient's PCEHR.

4.4 UC.CIS.204 – Download a clinical document

Use Case Name	UC.CIS.204 – Download a clinical document
Use Case #	003031
Role	Authorised user CIS
Purpose	To download a clinical document from a healthcare Recipient's PCEHR.
Outline	Enables an authorised user or the CIS to: • Get a list of clinical documents from a healthcare recipient's PCEHR; • Get a list of historical versions of a clinical document from a PCEHR; and • Download a clinical document from the healthcare recipient's PCEHR for viewing, printing, saving or gathering clinical data.
Occasions of Use	An example of use is when an authorised user or the CIS has identified a reason to: • Get a list of clinical documents associated with a PCEHR. • Get a list of historical versions of a clinical document in the PCEHR. • Download a clinical document from the healthcare recipient's PCEHR.
Pre-Conditions	• The healthcare recipient's identity has been verified. • The CIS has the healthcare recipient's IHI either through the HI service or from another system that has access to the HI service and has validated the IHI. • The healthcare provider organisation has access to the healthcare recipient's PCEHR [NEHTA2012e].

Post-Conditions	• A list of clinical documents for a PCEHR is obtained.
	• A list of historical versions of a clinical document in the PCEHR is obtained.
	• A clinical document is successfully downloaded from healthcare recipient's PCEHR and can be used to:
	  ○ Render the clinical document on a screen;
	  ○ Save the clinical document in the local CIS;
	  ○ Incorporate data from the clinical document into the healthcare recipient's record in the CIS;
	  ○ Print the clinical document.

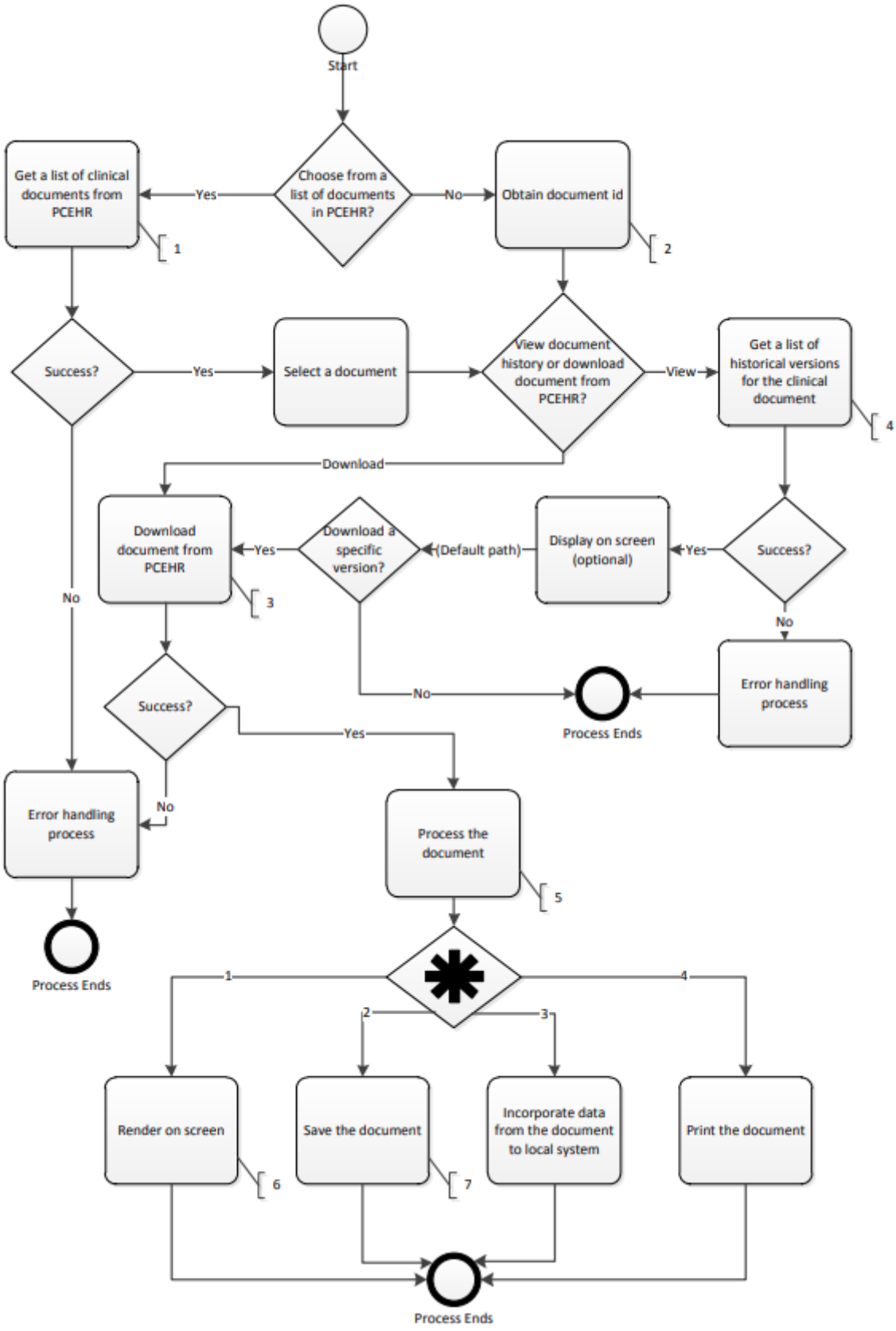

Figure 6: UC.CIS.204 – Download a clinical document

Notes	**1. Get a list of clinical documents from the PCEHR System** The CIS validates and uses a relevant digital credential asserting the identity of the healthcare provider organisation or the contracted service provider to establish a secure connection with the B2B Gateway service. The registryStoredQuery (getDocumentList) B2B Gateway service is invoked to retrieve a list of clinical documents from the PCEHR System. Alternatively registryStoredQuery can be used to find a document using a set of search criteria. **2. Obtain document id** The healthcare provider organisation / software may obtain the document id for the clinical document using various sources (for example, as the result of an index view, or a search). **3. Download the document from the PCEHR System** The CIS validates and uses a relevant digital credential asserting the identity of the healthcare provider organisation or the contracted service provider to establish a secure connection with the B2B Gateway service. The retrieveDocument B2B Gateway service is invoked to retrieve a clinical document from the PCEHR System. The CIS validates the digital signature of the downloaded clinical document. **4. Get a list of historical versions** The CIS validates and uses a relevant digital credential asserting the identity of the healthcare provider organisation or the contracted service provider to establish a secure connection with the B2B Gateway service. The getChangeHistoryView B2B Gateway service is invoked to retrieve the list of historical versions of a clinical document from the PCEHR System. **5. Process document** When the clinical document has been retrieved from the healthcare recipient's PCEHR the clinical document will need to be processed to perform one or more of: a) Render the clinical document on the screen (*see Note 6*); b) Save the clinical document in the healthcare recipient's record in the local CIS (*see Note 7*); c) Incorporate data from the clinical document into the healthcare recipient's record in the local CIS; d) Print the clinical document. The printing of a document should be complete and accurate. **6. Render the document** When rendering the clinical document, the CDA Rendering Specification shall be followed.

	7. Save the document The saving the clinical document which was downloaded from the healthcare recipient's PCEHR, the CIS shall indicate in the healthcare recipient's local record that this clinical document was retrieved from that healthcare recipient's PCEHR (to differentiate it from the documents created locally or obtained from other sources).

5 PCEHR Views

Use cases in this section relate to accessing PCEHR Views.

5.1 UC.CIS.301 – Access a View Service

Use Case Name	UC.CIS.301 – Access a View Service
Use Case #	005606
Role	Authorised user CIS
Purpose	To retrieve a specific "view" of information from a consumer's PCEHR or a Healthcare Provider (HPI-O) audit events.
Outline	Enables an authorised user or the CIS to access a chosen View from the PCEHR for rendering, printing, saving or gathering data.
Occasions of Use	Examples of use are when an authorised user or the CIS has identified a reason to: • Access the *Consolidated View* from the healthcare recipient's PCEHR. • Access the *Audit View* from the PCEHR system for one or more PCEHRs. • Access the *Representative List* from the healthcare recipient's PCEHR. Refer to PCEHR View Service: Technical Service Specification [NEHTA2012e] for a complete list of PCEHR Views.
Pre-Conditions	• The healthcare provider organisation has access to the healthcare recipient's PCEHR. • If a healthcare recipient's PCEHR record is accessed, then the CIS must have obtained the healthcare recipient's IHI either through the HI Service or from another system that has access to the HI Service. The CIS has validated the IHI and the healthcare recipient's identity has been verified.
Post-Conditions	• The PCEHR View is successfully accessed and can be used to: o Render on a screen; o Save in the local CIS; o Incorporate data into the healthcare recipient's record in the CIS; o Print.

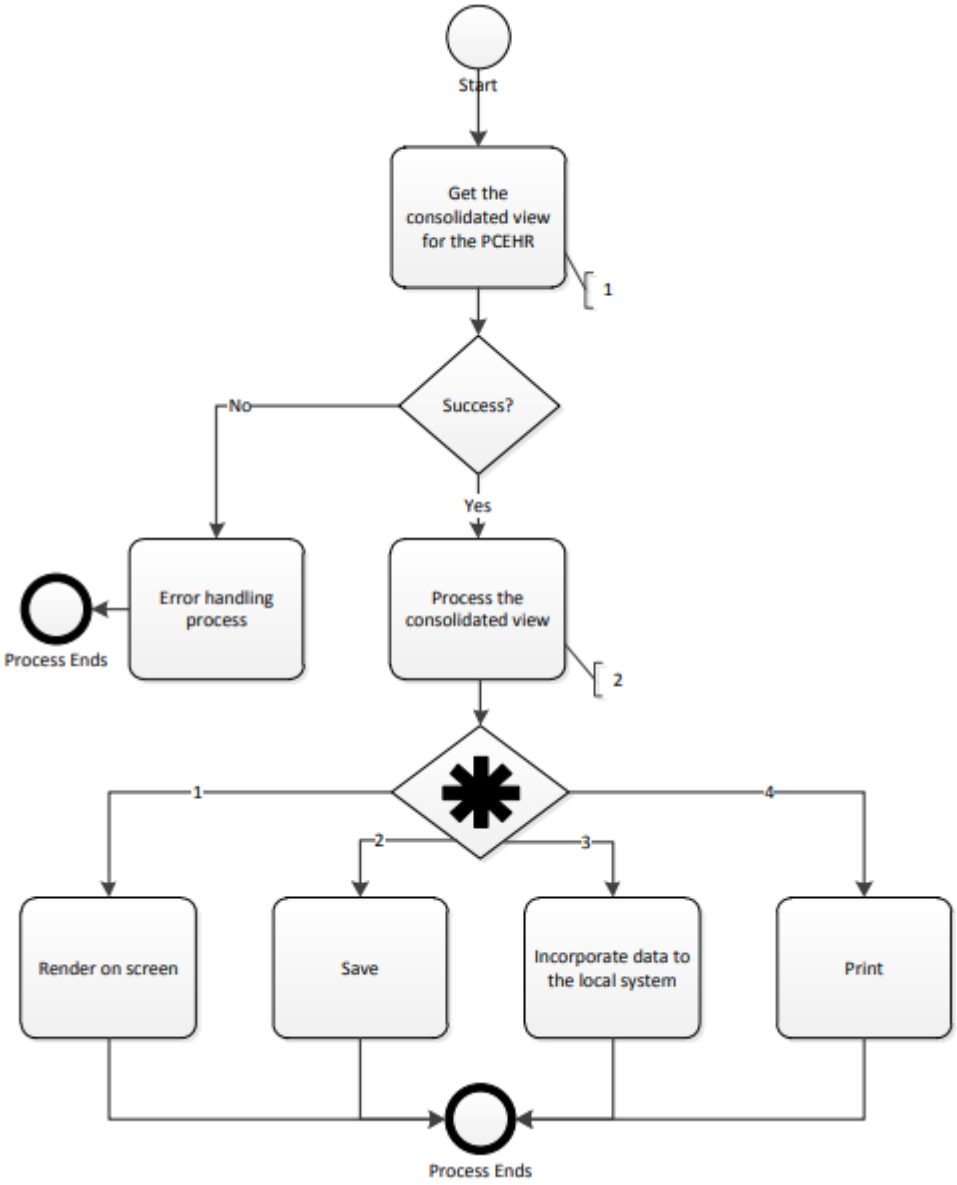

Figure 7: UC.CIS.301 – Access a View Service

Notes	**1. Get the chosen view** The CIS validates and uses a relevant credential asserting the identity of the healthcare provider organisation or the contracted service provider to establish a secure connection with the B2B Gateway service. For example, to obtain details from the Consolidated View, the getConsolidatedView B2B Gateway service is invoked to retrieve the consolidated view from the healthcare recipient's PCEHR. For example, to obtain Audit View the getAuditView B2B Gateway service is invoked to retrieve the audit view from the PCEHR System within a specified period of time defined in the input message. Refer to PCEHR View Service: Technical Service Specification [NEHTA2012e] for a complete list of B2B services.

	2. Process the chosen View When the chosen view has been retrieved from the healthcare recipient's PCEHR, it will need to be processed to perform one or more of the following: a) Render on the screen; b) Save in the healthcare recipient's record in the local CIS; c) Incorporate data into the healthcare recipient's record in the local CIS; (not applicable for Audit View) d) Print the view. The printing should be complete and accurate.

6 Template packages

Use cases in this section relate to access and usage of template packages via the Template Service by a CIS connecting to the PCEHR System.

6.1 UC.CIS.401 – Search for a Template Package

Use Case Name	UC.CIS.401 – Search for a Template Package
Use Case #	004570
Role	Authorised user CIS
Purpose	To search the Template Service for a Template Package
Outline	Enables searching for Template Packages using any combination of the metadata used for describing a template
Occasions of Use	Possible uses may include the retrieval of Template Package metadata in order to: • Search for Template Metadata to retrieve a Template Package; • Search for Template Metadata to verify that the stored Template metadata (e.g. Status) is valid and up to date; • Search for Template Metadata to verify that the stored Template Package (e.g. Status, usageMetaData) is valid and up to date.
Pre-Conditions	• Access to the Template Service • If a templateID is not present as a search parameter, provide at least one name-value pair template metadata values.
Post-Conditions	• Template Package Metadata found, OR • Template Package Metadata not found.

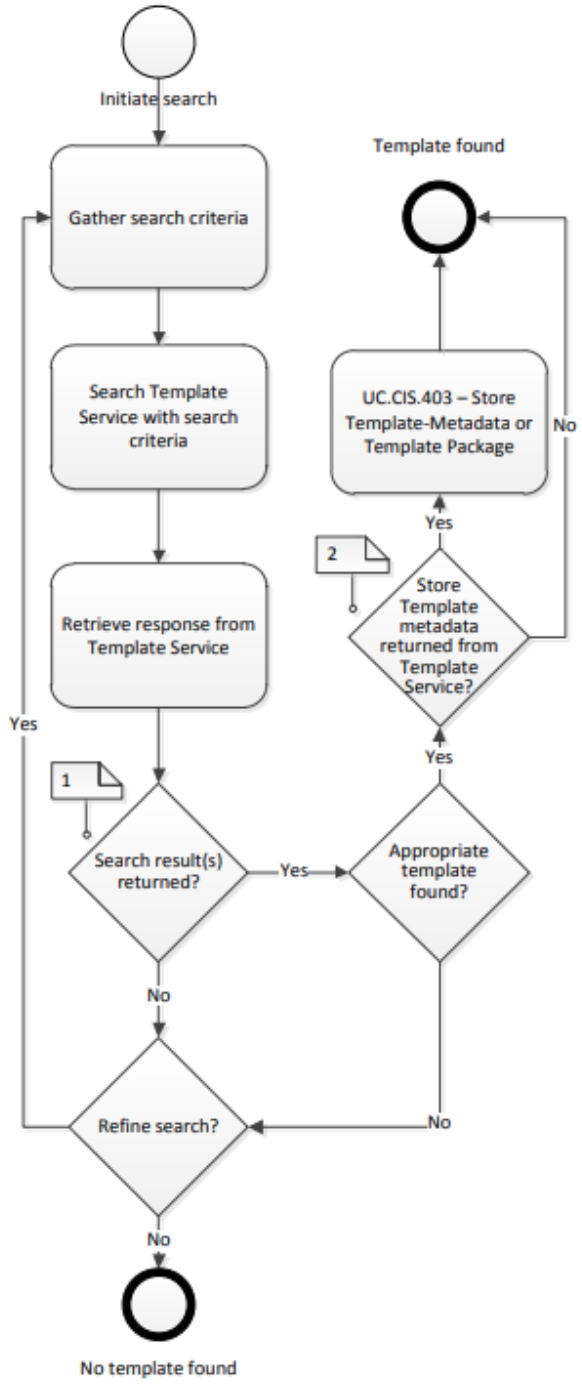

Figure 8: UC.CIS.401 – Search for a Template Package

Notes	**1. Search Results** The Template Service returns zero or more results based on the search criteria in the form of Template Metadata. **2. Storing Template-metadata** The system may support the storing of Template Metadata in order to reduce the need to repeatedly fetch the same information.

6.2 UC.CIS.402 – Retrieve a Template Package

Use Case Name	UC.CIS.402 - Retrieve a Template Package
Use Case #	004571
Role	Authorised user CIS
Purpose	To retrieve a Template Package from the Template Service.
Outline	Enables the retrieval of a Template Package by using Template Package identifying OID, along with additional PCEHR related usage metadata
Occasions of Use	Possible uses may include: • Retrieve a Template Package to validate a clinical document before uploading to the PCEHR; • Retrieve a Template Package to validate a clinical document after downloading from the PCEHR; • Retrieve a Template Package to obtain supporting material such as Implementation Guides; • Retrieve a Template Package to obtain information on how to render a clinical document; • Retrieve a Template Package to store a local copy for future use;
Pre-Conditions	• Access to the Template Service • Template ID is known
Post-Conditions	• Template not retrieve, or • Template Package retrieved.

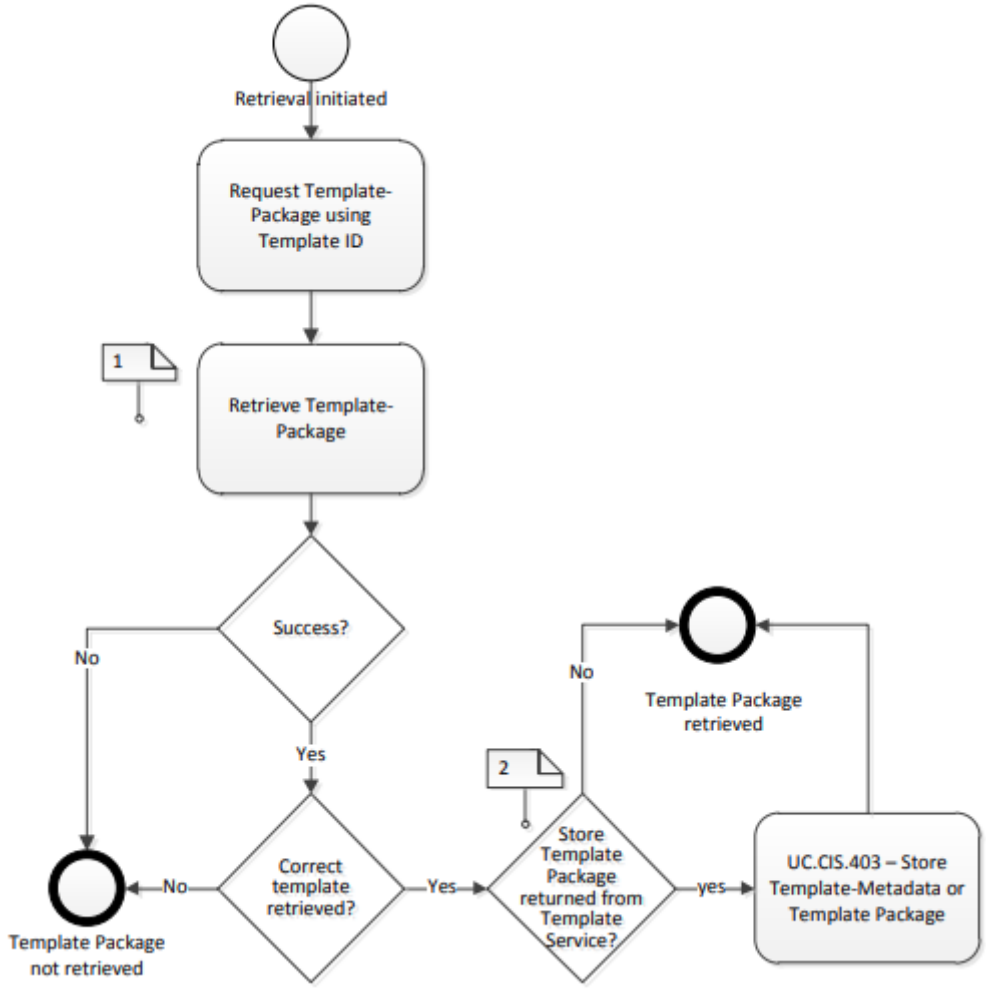

Figure 9: UC.CIS.402 – Retrieve a Template Package

Notes	**1. Scope of Template Package retrieved** It may be determined if the entire Template Package is to be retrieved or only machine-usable components. **2. Storing Template Package** The system may support the storing of Template Packages in order to reduce the need to repeatedly fetch the same information.

6.3 UC.CIS.403 – Store Template-Metadata or a Template Package

Use Case Name	UC.CIS.403 - Store Template-Metadata or a Template Package
Use Case #	004572
Role	Authorised user CIS
Purpose	To store a copy of a Template Package or Template- Metadata in the local system in order to reduce the need to repeatedly fetch the same information.
Outline	Enables Template-Metadata or Template Package to be stored in the local system once downloaded from the Template Service
Occasions of Use	Possible uses may include: • Store a new copy of Template-Metadata or Template Package; • Update a stored Template Package or Metadata by removing the existing copy and add a new copy retrieved from the Template Service; • Update a stored Template Package or Metadata by updating the Template Metadata (e.g. Status = 'Retired') and add a new copy retrieved from the Template Service (i.e. with a Status of 'Active' or 'Approved').
Pre-Conditions	• Template-Metadata found, or • Template Package retrieved from Template Service. • Ability to store or update a Template Package or Template-Metadata in the local system.
Post-Conditions	• Template-Metadata or Template Package stored in local system • Template-Metadata or Template Package not stored in local system

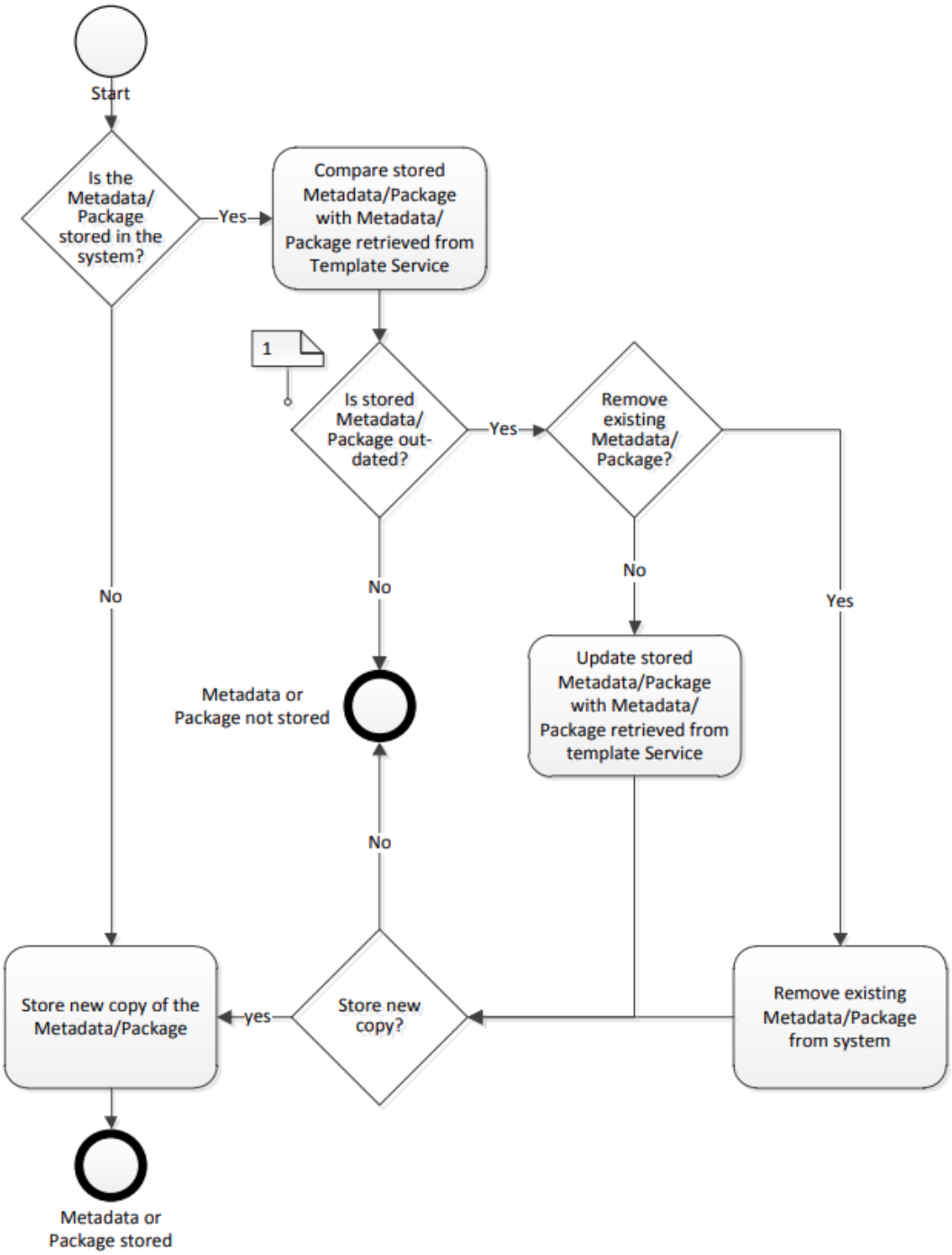

Figure 10: UC.CIS.403 – Store Template-Metadata or a Template Package

Notes	**1. Verify stored Template Package or Template-metadata** To verify that the stored Template Package or Template-metadata is consistent with the Template Package or Template-metadata retrieved from the Template Service.

Appendix A: References

Appendix A lists all the documents referred to by this document. At the time of publication, the document versions listed below were available. However, readers are encouraged to refer to most recent version of these documents.

[AS5021]	AS 5021:2005 - The language of health concept representation, Standards Australia, 2005
[DOHA2011]	Concept of Operations: Relating to the introduction of a Personally Controlled Electronic Health Record System – September 2011 Release, Department of Health and Ageing & NEHTA, 2011
[HIACT2010]	Healthcare Identifiers Act 2010
[CCAGG2012a]	Clinical Information Systems Connecting to the PCEHR System: Conformance Assessment Scheme, v1.0, eHealth CCA Governance Group, 2012
[NEHTA2011]	Logical Service Specification – Template Service Interface v1.0, NEHTA, 2011
[NEHTA2012b]	Clinical Information Systems Connecting to the PCEHR System: Conformance Requirements, v1.6, NEHTA, 2012
[NEHTA2012c]	PCEHR Record Access Service: Technical Service Specification v1.3, NEHTA, 2012
[NEHTA2012d]	PCEHR Record Access Service: Logical Service Specification v1.0, NEHTA, 2012
[NEHTA2012e]	PCEHR View Service: Technical Service Specification v1.3, NEHTA, 2012
[NEHTA2012f]	PCEHR View Service: Logical Service Specification v1.1, NEHTA, 2012
[NEHTA2012g]	Technical Specification – Template Package v1.0, NEHTA 2012

Appendix B: Change Log

This appendix lists the major changes applied to this document.

ID	Section	Change Detail	Rationale
1	5	A use case for access the view service was added.	The PCEHR view service is available for use by clinical information systems.
2	6	Use cases for accessing the template service were added.	The PCEHR template service is available for use by clinical information systems.

Changes from Version 1.0 (8 May 2012) to Version 1.1 (6 September 2012)