



Abstract Working Group technical-semantic Integration

28. Meeting

Wednesday, 20. March 2019

Deletion Prohibited

For the use case of mark HCP documents that should not be deleted after the time period foreseen in the law a new value is introduced to the extra metadata "deletionStatus". The new value is "deletionProhibited". Documents can now be recognized by this metadata and must therefore not be deleted.

Update metadata cross community

The Restricted Metadata Update profile (RMU) is the only profile defined by IHE that allows updating metadata cross community. Since it restricts some of the possibilities needed for our use cases it was discussed if RMU should be dropped in favor of a new Swiss specific profile.

27. Meeting

Wednesday, 27. February 2019

CH:ATC

There were uncertainties about where log entries are generated, especially for cross community transactions. It was decided that for now both communities generate log events and it is then in the responsibility of the ATC consumer to filter out duplicate logs.

Metadata Update Sum-Up

It was decided that the information about whether the document has to be flagged as patient document or not shall be stored in the author attribute of the submissionSet. Further the title attribute for documentEntries shall be required.

Update availabilityStatus cross community

According to the decision in the last meeting an outline of a new profile was presented which allows to update the availabilityStatus cross community. The actual profile will be elaborated in a mandate.

Deletion of Documents

For the deletion of documents an extra metadata attribute on the documentEntry is introduced. The extra attribute "deletionStatus" is used to transmit a deletion request from one to another

community. It is then in the responsibility of the community holding the document to delete it. The mechanism for the actual deletion will not be defined by the ordinance for the moment.

26. Meeting

Wednesday, 6. February 2019

Metadata Update

Discussions arose about whether a health care professional should be able to update metadata of published documents or not. Since we cannot enforce that only authors can update a document it would mean that a HCP in one community could update metadata for all documents uploaded by other HCPs in the community. A final decision is pending.

Update availabilityStatus cross community

It was decided that the update of the availabilityStatus for documents shall be possible. No IHE profile is currently capable of this.

Imaging

It was decided that for the start of the EPD only RAD-69 and RAD-75 shall be supported. So RAD-55 will be dismissed. To clarify how the enforcement shall work for Imaging Document Sources an ad-hoc group is formed to discuss the issue.

25. Meeting

Wednesday, 16. January 2019

No Initial Upload for HPD

It was decided that the MDI does not have to offer an extra transaction for the initial loading of the local HPDs in the communities. This initial upload can be done with existing transactions.

No Translations of Metadata in MDI

The FOPH decided that the translations of metadata will not be in the MDI even though the group requested it. The reason is that the translations are not normative. eHealth Suisse wants to give it another try talking to the lawyers to still make it happen.

ATNA Value Sets not in Art Decor anymore

Initially it was planned that the audit trail consumption is done simply with ATNA. So we modelled the ATNA value sets in Art Decor. But with the development of the profile ATC we have other mechanisms for it. Thus we do not need to keep the value sets in Art Decor.

SubmissionSet Author Attribute

It was proposed to change the SubmissionSet.Author attribute from required if known to must not be used. The idea was to reduce the workload. Since the participants pointed out use cases where they need this attribute it was decided to leave the attribute as it is right now (required if known).

Changes in eCH-0214 and eCH-0215 specifications

eCH released a new version of the two specification with minor changes. The EPD_Projectathon google group will be informed accordingly.

Retrieve Multiple Valueset ITI-60

The IHE transaction *Retrieve Multiple Valueset ITI-60* will be set to optional in the ordinance.

Deletion of Documents

The technical solution for the cross community deletion of documents shall not be done by enhancing the IHE profile RMD. It will rather be done by setting a kind of deletion flag for the document. This may be done with the RMU profile. Possible solutions are work in progress.

XUA

The FOPH is planning to release a new version of the XUA specification by end of November. The work for this is on track.

Do IdPs have to provide the GLN for health professionals?

It was decided that it will not be mandatory for IdPs to provide the GLN number for health professionals. If they are able to provide it the communities can work directly with the provided number. If the IdP does not provide the GLN the communities have to implement an internal mapping table to match the authenticated healthcare professional with the correct GLN.

XDS Folders and Submission Sets

Based on the decision of the last meeting two possible solutions were presented on how to restrict the use of folders and submission sets in the ordinance. But a few use cases popped up where at least the query for submission sets has to be possible (e.g. Patient closing and therefore deleting his/her EPR). So the final solution has to be elaborated.

Machine Upload (M2M)

While reviewing the fact sheet concerns were raised that a technical user (TCU) is not able to update documents that were published by himself. The FOPH stated that those concerns will not be addressed in the next revision of the ordinance. It will only be possible for a TCU to do a provide and register. But it is actually possible to update the document for a TCU as long as no metadata was changed on the document. The factsheet will be updated accordingly.

XUA

M. Smock presented a list of problems that the Post currently sees in the specification. Based on this input different topics were discussed and next steps defined. The following topics have been discussed but no decision made yet:

- Should it be mandatory for IdPs to provide the GLN?
- Where should the resolution of group membership happen (X Assertion Provider or X Service User)?
- How to handle the doublets of group/organization-id and –name in the XUA token?
- How does a technical user gets a valid XUA token?

XDS Folders and Submission Sets

Since XDS folders and submission sets can contain medical information it is important that they are not viewed without permission. But the current right concept of the EPR does only cover documents. So folders and submission sets can be viewed by any health professional without any granted permission by the patient. To prevent this the registry shall not provide any folder or submission sets in RegistryStoredQueries. The attribute documentEntry.referenceIdList shall be used instead to link documents together.

Restricted Metadata Update (RMU)

The public comment phase of RMU is over. The profile is now published as supplement for trial implementation. IHE Services is building the reference environment according to the new published version.

Projectathon 2018

To be clear on which versions of the specifications are valid for the upcoming Projectathon eHealth Suisse will republish the list of valid specifications in the EPD_Projectathon Google group.

XDS Metadata Versioning

At the moment it would be possible for health professionals to see previous metadata of a document without having permission for the document itself. To prevent this case it was decided to only permit to query the XDS registry with a value of 1 for the attribute *Metadatalevel*. An error code was defined for the registry to give back when the value in the query is not as expected.

ADR/PPQ

A new version of ADR was proposed with added functionalities regarding Audit Trail Consumption (ATC).

Machine Upload (M2M)

Further steps on the topic were discussed. The FOPH will update the fact sheet regarding this topic. The topic is strongly dependent on XUA. So further discussions will be postponed until after a decision on the used XUA version has been made.