

# Abstract Working Group technical-semantic Integration

## 31. Meeting

Wednesday, 03. July 2019

### Harmonization of CPI endpoints

With the decision of adding new endpoint to the CPI for the RMU profile it was proposed to harmonize all the existing endpoints. If such a harmonization is still possible at this time of the revision will be checked by the FOPH. Otherwise it will be a long time goal to harmonize those endpoints.

### Factsheet administrative access on the EPR

The FOPH has presented a factsheet about administrative users and access in the EPR context. After a feedback round the factsheet is planned to be published in September.

### Trigger to inform about emergency access

After an emergency access was used the patient has to be informed. For now the ATC profile does not write log entries for searching metadata of documents. So if a healthcare professional uses the emergency access and only searches for documents without opening one it will not show in the patient's log. But the patient still has to be informed. Discussion showed that the providers are aware of this problem and use other ways to inform the patient.

## 30. Meeting

Wednesday, 12. June 2019

### More rights for Document Administrator

The FOPH proposed to extend the rights of the Document Administrator (DADM) in a way that he can also read documents with a confidentialityCode of secret. In this way the DADM can give more comprehensive support to the patient. The group agreed to this proposal.

### New endpoint for RMU in CPI

It was decided to add a new endpoint in the Community and Portal Index (CPI) for the "Update Responder" actor of the Restricted Metadata Update (RMU) profile.

**Permitted mime types**

The final set of permitted mime types in the EPR was presented by eHealth Suisse. One open point was regarding the container formats avi and wave. It was decided not to permit them for now.

**Update metadata cross community**

As a result from last meetings decision a new draft for a Swiss specific specification based on RMU was written. This draft should change RMU in a way that it covers all the use cases needed for the EPR. The approach of writing a Swiss specific specification raised many concerns and ended up in a controversial discussion. So the FOPH decided to stop the ongoing work on the new profile. The open points which are not covered by RMU will have to be solved with organizational process for now.

**Adjustment in ADR and PPQ ATNA Logs**

Some minor adjustments were presented for the ATNA Logs of the two profiles ADR and PPQ. They will be included in the next release of the specifications.

**PDF-Transformation**

A proposal was presented on how an actor which transforms PDF files should log this event. The logging of this event should lead to more transparency in the process. The group would like to add this proposal to the factsheet about PDF transformation published by eHealth Suisse.

**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.

**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.

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## **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.

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## **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 happened.

#### 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).

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## 24. Meeting

Wednesday, 12. December 2018

#### 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.

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Wednesday, 21. November 2018

## 23. Meeting

#### 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.

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## 22. Meeting

Wednesday, 31. October 2018

### 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.

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## 21. Meeting

Wednesday, 29. August 2018

### 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.

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