

# Ontario eReferral eConsult HL7<sup>®</sup> FHIR<sup>®</sup> Interoperability Specification v0.12.0

Open Review Webinar

December 5, 2024



**Ontario  
Health**

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# Welcome





# Land Acknowledgement

# Agenda

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- Overview of eReferral eConsult
- Implementation Guide Walkthrough

# Executive Summary

<p><b>Scope:</b>                  Review of the Ontario eReferral-eConsult (eReC) HL7® Fast Healthcare Interoperability Resources (FHIR®) Implementation Guide (IG) Version 0.12.0.</p> <p>This eReferral-eConsult IG supports the submission of electronic patient referrals (eReferrals) and electronic consultation requests (eConsults) from one care provider to another through Referral Management Systems (for eReferrals) or OntarioMD-certified Electronic Medical Records and/or OTNHub (for eConsults).</p> <p>Ontario Health will be establishing the eReferral-eConsult HL7® FHIR® IG as an interoperability specification under Ontario's Digital Health Information Exchange (DHIEX) framework.</p>		<p><b>Targeting Input/Engagement from:</b></p> <ul style="list-style-type: none"> <li>• Pan-Canadian eReferral Working Group</li> <li>• Clinical leads</li> <li>• Ontario Health Standards team</li> <li>• Ontario Health Architecture team</li> <li>• Ontario Health Product team</li> </ul>
<p><b>Current Status:</b> Draft specification is ready for DHISC review and feedback.</p>		
<p><b>Asset Sponsor:</b></p>	<p>OH - Digital Excellence in Health</p>	<p><b>Targeted Groups Engaged/Informed:</b> Digital Health Interoperability Standards Committee (DHISC)</p>
<p><b>Authoring Organization:</b></p>	<p>OH - Digital Excellence in Health</p>	<p><b>Input Received from Open Review Participants:</b> Pending</p>
<p><b>Standard Format:</b></p>	<p>HL7 FHIR R4 (4.0.1)                  SNOMED CT International and SNOMED CT CA value sets                  Ontario Health defined value sets</p>	<p><b>Open Review Timelines:</b>                  Open Review Webinar: December 5, 2024                  Open Review Period: December 5, 2024 – February 14, 2025.                  Comment Disposition: February 15, 2025 – March 21, 2025.                  DHISC Approval: March 26, 2025                  Data, Digital &amp; Analytics Introduction: TBD                  Minister of Health Approval: TBD</p>
<p><b>Implementation/Considerations:</b> Different RMS products used in Ontario are compliant to different versions of the Ontario eReC FHIR® IG. The work effort to update existing products to comply with eReC FHIR® IG v0.12.0 will vary between vendors and their products/product dependencies. RMS vendors on the RMS VOR will be funded by Ontario Health to update their RMS products to comply with the eReC FHIR® IG v0.12.0 standard.</p>		

## eReferral eConsult Interoperability Specification

- The Ontario eReferral - eConsult FHIR Implementation Guide (IG) was written to support implementers of systems that will use HL7 FHIR to support communication between healthcare practitioners and service providers performing electronic patient referrals and/or electronic consultations in the province of Ontario.
- It provides business context, use cases and information flows that are specific to the Ontario eReferral and eConsult ecosystem and is designed to be generic enough to support many different pathways.

### Revision History

Version	Date
V0.9.0	April 10, 2019
V0.9.1	June 13, 2019
V0.10.0	December 1, 2019
V0.10.1	July 20, 2021
V0.11.0	July 29, 2022
V0.11.1	February 28, 2023

# Current State eReferral eConsult Interoperability Specification

Change drivers for v0.12.0:

- Provincial Care Coordination Gateway integration requirements
- Central Intake Hub integration requirements
- Pan-Canadian alignment
- Ontario Interoperability Specification harmonization activities

# Background – Current State eReferral

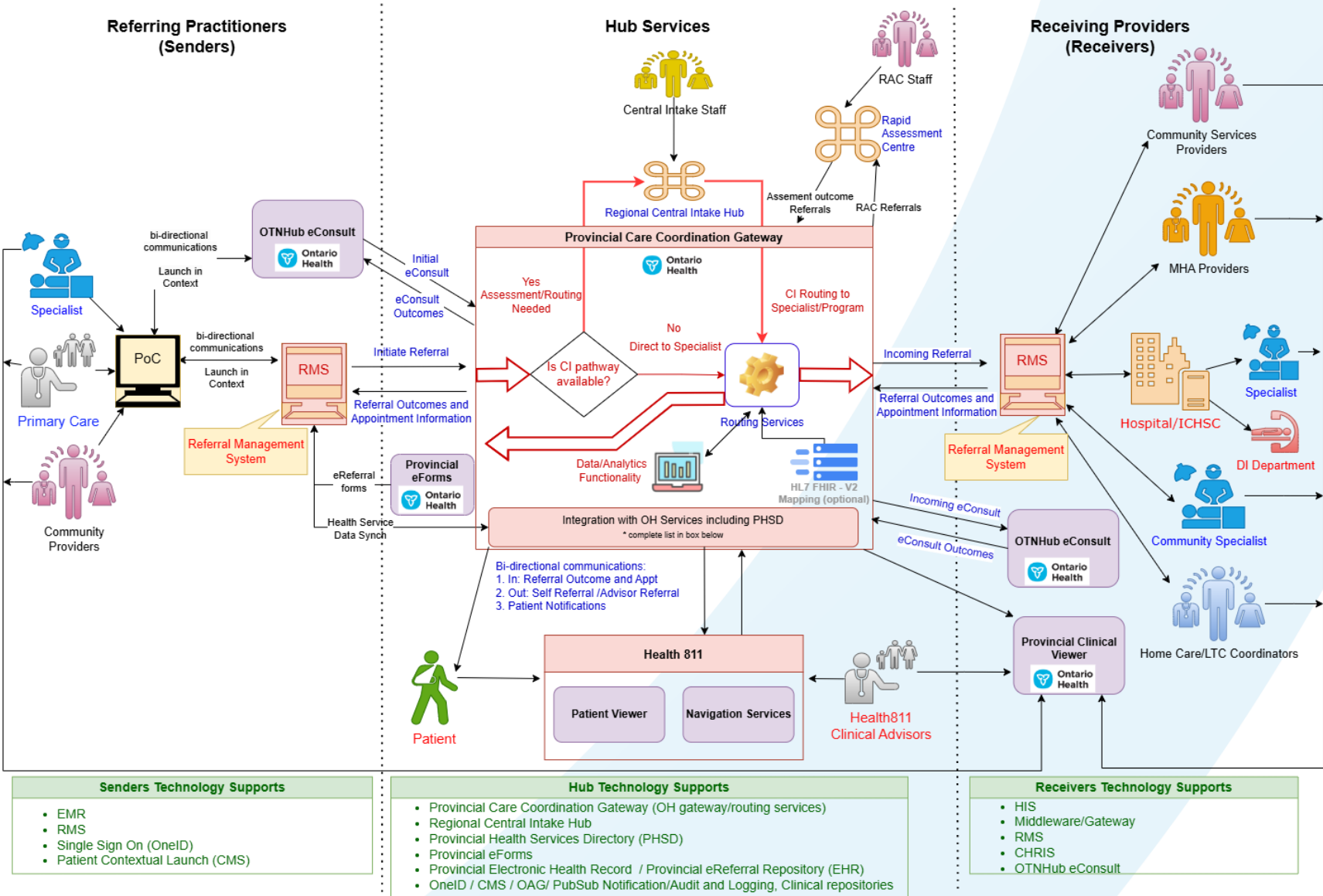
- In 2023, the Ontario government launched a multi-year plan to eliminate health care-related faxes (“Patients before Paperwork” initiative)
- Majority of referrals are currently supported by paper- and fax-based workflows
  - There is an existing eReferral network in Ontario that is operated by OceanMD
    - Current Ocean eReferral network operates on point-to-point integrations between senders and receivers
    - Ocean eReferral network processes ~3% of all referrals in Ontario every year
- To develop a vendor-agnostic eReferral network that can be provincially scaled, Ontario Health is building the Provincial Care Coordination Gateway (PCCG) to act as the hub in a “hub-and-spoke” model
  - Vendor RMS systems will send/receive standardized eReferral messages to/from the PCCG using the standardized message format described in the eReC IG
  - The PCCG will reduce wait times for patients, increase visibility in the referral process for patients and health care providers, and improve care coordination for patients and providers



# Background – Current State eConsult

- The Ontario eConsult Program leverages a secure web-based tool that allows physicians, nurse practitioners and midwives timely access to specialist advice for patients, often eliminating the need for an in-person referral.
- Overall scope of activities includes:
  - Prompt, high quality communication and advice on clinical questions
  - Innovative patient care and improved care coordination
  - Reduced wait times
  - An effective way of providing continuing education for primary care providers
  - Liability protection through the permanent record of advice provided
  - Remuneration through the OHIP billing process
  - Timely access to non-urgent questions with a 2-day average response time
  - A regional focus to maintain communities of practice (when possible)
  - The ability to manage patient care at the family practice level where trust is often highest
- Adoption metrics - 2023
  - 88511 eConsults submitted, 81823 eConsults completed
  - 6408 Referrers, 1499 Specialists

# Conceptual Solution



# Roadmap eReferral

## FY 24-25

- Complete PCCG minimum viable product
- Complete RMS procurement and vendor onboarding activities
- Have RMS vendors go live in the Ontario Health eReferral network
- Engage hospital partners to expand eReferral network

## FY 25-26

- Expand the Ontario Health eReferral networking onboarding new providers
- Go live with PCCG-HIS direct integrations
- Incorporate regional Central Intake hubs into the Ontario Health eReferral network

## FY 26-27

- Continue expanding the Ontario Health eReferral network by onboarding additional new providers

## Future

- Merge the existing Ocean eReferral network with the Ontario Health eReferral network
- Incorporate AI referral routing into the PCCG

# Roadmap eConsult

## FY 24-25 –Q4

- Upgrade existing eConsult APIs to FHIR R4 Standards
- eConsult Mobile
- Bulk Case Export
- Hospital Information System (HIS) integration

## FY 25-26 – Q1

- Health card number validation service integration
- HIS integration – SMART on FHIR

## FY 25-26 – Q2

- Provider Client Registration (PCR) integration
- Build Telederm functionality in eConsult

## FY 25-26 Q3

- AI for eConsult – search and generate
- Scale HIS integration

## FY 25-26 Q4

- AI for eConsult responses – guided by Clinicians

# eReferral eConsult Standard

- The Ontario eReferral – eConsult Standard will leverage a standardized specification defining electronic data interchange based on HL7-FHIR R4. The standard will be accompanied by an Implementation Guide (IG):
  - The purpose of eReferral – eConsult v0.12.0 FHIR Implementation Guide is to have a combined specification to support eReferral, eConsult and central intake workflows
  - The guide specifies the use of HL7 FHIR for electronic generation and sharing electronic referral and electronic consultations among healthcare practitioners and their patients in Ontario.
  - The Ontario eReferral – eConsult FHIR IG supports referral patterns for various pathways such as EMR integration with a Regional Home to Community Care Solution, Primary Care to Home and Community Care, Acute Care, Consultation Requests, Central Intake Hub, etc.
  - 3 integration methods are defined in this release of the IG:
    - Direct Messaging
    - SMART Integration
    - RESTful API

# eReferral eConsult Standard (Cont'd)

Ontario eReferral – eConsult v0.12.0 makes use of the following FHIR resource profiles:

AllergyIntolerance	Appointment*	Bundle*	Communication*
Condition	Consent	DocumentReference*	FamilyMemberHistory**
HealthcareService*	Location*	MedicationStatement**	MessageHeader*
OperationOutcome	Organization*	Patient*	Practitioner*
PractitionerRole*	Procedure**	Questionnaire	QuestionnaireResponse*
ServiceRequest*	Task*		

\*formally derived from CA:eReC

\*\* New in v0.12.0

# DHIEX Requirements

DHIEX Requirement	eReferral eConsult Spec
Specification effective date	N/A as proceeding as Balloted Draft status
Classes of Health Information Custodians (HICs) who must select, develop, or use digital health assets that comply with the specification for data contribution.	<ul style="list-style-type: none"> <li>• A health care practitioner or a person who operates a group practice of health care practitioners.</li> <li>• A health service provider or person or entity that is part of an Ontario Health Team and that provides a home and community care service pursuant to funding under section 21 of the Connecting Care Act, 2019, including a person or entity from whom the provider or Team has purchased the home and community care service.</li> <li>• A person who operates one of the following facilities, programs or services:               <ul style="list-style-type: none"> <li>○ A hospital within the meaning of the Public Hospitals Act, a private hospital within the meaning of the Private Hospitals Act, a psychiatric facility within the meaning of the Mental Health Act or an integrated community health services centre within the meaning of the Integrated Community Health Services Centres Act, 2023.</li> <li>○ A long-term care home within the meaning of the Fixing Long-Term Care Act, 2021, a placement co-ordinator described in subsection 47 (1) of that Act, or a care home within the meaning of the Residential Tenancies Act, 2006.</li> <li>○ A centre, program or service for community health or mental health whose primary purpose is the provision of health care.</li> </ul> </li> </ul>
Types of digital health assets to which the specification applies.	<p>eReferrals: Any RMS product from vendors listed as an Ontario Health Vendor of Record, used by the above classes of Health Information Custodians, for the purposes of sending and receiving eReferrals.</p> <p>eConsults: OTNHub and any OntarioMD-certified EMR used by the above classes of Health Information Custodians for the purposes of sending eConsults.</p>
Circumstances, if any, when a Health Information Custodian may be exempted from the requirement to select, develop or use digital health assets that comply with the specification.	Hospitals that choose to directly integrate with the PCCG will be exempt from this requirement, as their eReferral messaging will be processed by the PCCG through an integration engine. Hospitals that choose to employ a vendor RMS solution to send and receive eReferrals instead of direct integration will be subject to the eReC specification.

# eReferral eConsult FHIR Messaging

- Creating / Revoking:
  - add-service-request, notify-add-service-request, notify-add-process-request, notify-add-appointment, revoke-service-request
- Updating:
  - notify-update-process-request, notify-update-service-request, notify-data-correction
- Communication:
  - send-communication-from-provider, send-communication-from-requester, add-communication



# eReferral eConsult FHIR Operations

Purpose	Function	HTTP Verb
Service Directory Integration	Searching	GET
File Operations	Uploading attachments	POST
	Requesting a URL for file download	GET
	File download	GET

# eReferral eConsult FHIR Extensions

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- FHIR extensions are customizable elements in the FHIR standard, allowing for the addition of new data elements to existing FHIR resources to meet specific use cases not covered by the base standard
- When we create an extension, we also aim to inform and influence their adoption into the national and international standards space to facilitate adoption, and ownership of maintenance.

# eReferral eConsult FHIR Extensions (cont'd)

Ontario eReferral – eConsult v0.12.0 makes use of the following FHIR extensions:

AccessInstructions	CommunicationBarrier	CopiedParticipants	DARC
DART	DeliveryMethod	Facet	HCNVersionCode
IsPrimary	Media	PatientNeedsToBeSeen	PatientPresentLocation
PerformerIdentifier	RoutingOptions	ReferralIdentifier	ReasonForNoHCN
ServiceProviderPreference*	ServiceRequestDelegate*	UsageLicense	

\*pre-adopted proposed CA:eReC extensions

# eReferral eConsult Terminology Overview

- Use of standardized terminology is essential to clearly and accurately documenting and exchanging common, high-value data elements across the continuity of care
- Ontario eReferral-eConsult FHIR Implementation Guide includes:
  - 80 coded data elements bound to standardized value sets and code systems, based on Profiles requirement
  - Terminology leveraged from:
    - HL7 FHIR R4 defined value sets/code systems
    - Pan-Canadian value sets – value sets published on CHI Terminology Gateway, based on Controlled Standard code systems such as SNOMED CT<sup>®</sup> International, SNOMED CT<sup>®</sup>-CA
    - Ontario Health defined value sets and code systems

# eReferral eConsult Terminology (cont.)

New value sets as part of v0.12.0:

- FamilyMember – FamilyMemberHistory.relationship
- NoHealthCareNumberReason – Patient.identifier.extension.ReasonForNoHCN
- PractitionerQualification – Practitioner.qualification.code
- PractitionerSpecialty – PractitionerRole.specialty
- PreferenceTypeCode – ServiceRequest.extension.ServiceProviderPreference.PreferenceType
- ProcedureCodes – Procedure.code
- TaskOutputType – Task.output.type

# eReferral eConsult iGuide - Walkthrough



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Ontario eReferral - eConsult HL7® FHIR® Implementation Guide - Draft v0.12.0

[Home](#) ▾ [Business Context](#) ▾ [Implementation Guidance](#) ▾ [Technical Specifications](#) ▾ [FHIR Artifacts](#) ▾ [Terminology](#) ▾ [Downloads and Tools](#)

[Home](#) > Introduction

**Note: This is a draft FHIR implementation guide and it is not yet approved as provincial standard. There could be further changes to the content.**

## Overview

The **Ontario eReferral - eConsult FHIR Implementation Guide (IG)** was written to support implementers of systems that will use HL7 FHIR to support communication between healthcare practitioners and service providers performing electronic patient referrals and/or electronic consultations in the province of Ontario.

## Digital Health Information Exchange (DHIEX)

On January 1, 2021, Ontario Regulation 329/04 ("O. Reg. 329/04") under the Personal Health Information Protection Act, 2004 (PHIPA), was amended to provide a regulatory framework for Ontario Health, as directed by the Minister of Health ("the minister"), to establish, maintain and amend interoperability specifications. This regulatory framework, as set out in sections 26 to 34 of O. Reg. 329/04, is referred to by Ontario Health as the Digital Health Information Exchange (DHIEX) framework.

Ontario Health guides and supports the adoption of modern interoperability specifications applicable to digital health assets as defined in s. 26 of O. Reg. 329/04. A health information custodian (HIC) is required to ensure that every digital health asset that it selects, develops or uses complies with every applicable interoperability specification, as it may be amended from time to time, within the time period set out in the specification.



- Introduction
- Scope
- Intended Audience
- Identifier Policy
- Glossary
- Revision History
- Known Issues

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**Consult FHIR Implementation Guide (IG)** was written to support implementers of systems that will use HL7 FHIR to support communication between health information custodians and service providers performing electronic patient referrals and/or electronic consultations in the province of Ontario.

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Ontario Health guides and supports the adoption of modern interoperability specifications applicable to digital health assets as defined in s. 26 of O. Reg. 329/04. A health information custodian (HIC) is required to ensure that every digital health asset that it selects, develops or uses complies with every applicable interoperability specification, as it may be amended from time to time, within the time period set out in the specification.

Compliance with the requirements of the DHIEX framework does not relieve a HIC of its obligation to comply with the other provisions of PHIPA and its regulations.

Ontario Health is required to consult with and consider the recommendations of the Information and Privacy Commissioner of Ontario (where a specification relates to the confidentiality of personal health information, the privacy of individuals or the rights of individuals to access or correct records of their personal health information) prior to providing the specification to the Minister of Health for review and approval.

Ontario Health is also required to consult with any health care provider organizations, individuals, stakeholders and other parties as appropriate, in order to inform its decisions concerning the establishment, maintenance or amendment of interoperability specifications.

## Background

Health information custodians and their agents need to be able to refer their patients and clients to the care they need, anywhere in Ontario, in a fair and consistent manner. Current paper based referrals and disconnected electronic systems are a significant barrier to this.



- Business Model
- Use Cases
- Business Rules
- Future Development Considerations

Healthcare providers need to be able to access specialist advice and refer patients to the care they need, anywhere in the province in a fair and consistent manner. Current paper based referrals and disconnected electronic systems are a significant barrier to this.

This Implementation Guide discusses how to implement two related types of service requests:

- Electronic Referral (eReferral) simplifies the referral process by enhancing communication between primary care providers, specialists and other healthcare service providers enabling quick and secure referrals to be sent, received and managed through an electronic platform.
- Electronic Consult (eConsult) enables primary care providers to request and receive advice from a specialist oftentimes eliminating the need for a patient referral.

This Ontario eReferral - eConsult FHIR implementation guide (IG) is intended to enable the provincial integration solution outlined in the Provincial eReferral Strategy – [Conceptual and Information Architecture Report \(CIA\)](#) (sections 4 & 5) by providing open standard, non-proprietary ways for systems that participate in eReferrals to interoperate with one another.

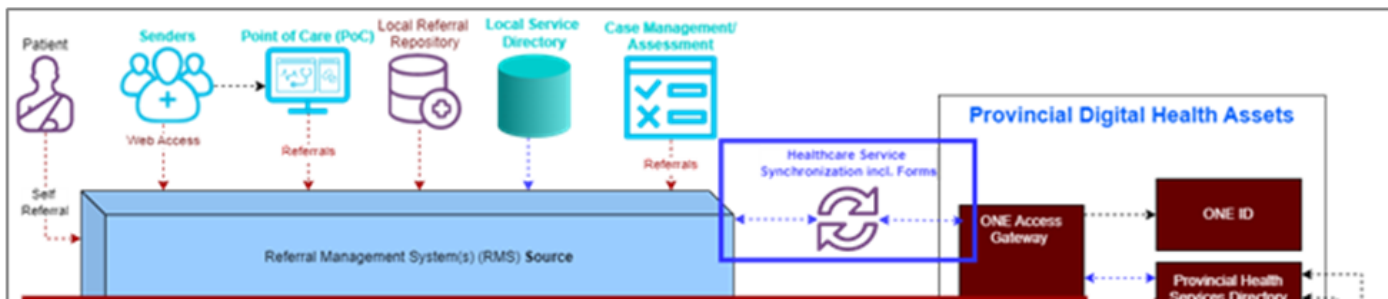
As a starting point, this IG supports only a subset of the functionality, pathways, and provincial integration envisioned in the CIA Report.

### Conceptual Information Architecture

A key goal of the CIA is to establish distributed/de-centralized referral networks that enable healthcare practitioners and service providers to use their systems to refer patients to a broad range of different specialists and service providers locally and across the province.

As illustrated in the following diagram, key goals for this IG are to provide standards based methods to:

- connect the systems that healthcare practitioners and service providers use in their practices with the different software applications currently used to support electronic referrals within their local area, and
- connect the systems used by different referral networks to one another.







Implementation Guidance > Consumer

- Data Consumer Responsibility
- Conformance Rules
- Connectivity
- Response Handling

## Data Consumer Responsibility

### Privacy and Security

Prior to implementing the integrations in this implementation guide, an organization shall complete security and privacy risk assessments and implement the recommendations of those assessments. Care should be taken to ensure that the confidentiality and integrity of [Personal Health Information](#) in transit and at rest can be maintained at a level that is appropriate.

The information received by adopters when submitting/receiving referrals is considered personal health information within the meaning of PHIPA.

Access to personal health information must be restricted to Health Information Custodian (HIC) or an agent acting on behalf of the HIC and collected, used or disclosed on a need-to-know basis, as specified in data sharing agreements and legislation, including PHIPA. Furthermore, Health Information Custodian (HIC) or an agent acting on behalf of the HIC must consider if personal health information is necessary for the purposes of the eReferral or eConsult. If personal health information is necessary, Health Information Custodian (HIC) or an agent acting on behalf of the HIC must consider how much personal health information is reasonably necessary for the purpose of the eReferral or eConsult. Under PHIPA, Health Information Custodian (HIC) or an agent acting on behalf of the HIC must not collect, use or disclose personal health information if other information will serve the purpose or collect, use or disclose more personal health information that is reasonably necessary to meet the purpose, among other requirements.

As a result, access to the health patient information must be restricted to only appropriately **authorized users** and used on a **need-to-know basis** as specified in data-sharing agreements and corresponding legislation.

### User Credentials

To support all instances where personal health information is collected used and disclosed, user name or ID mnemonic SHALL be included in each data transfer between the source and target systems for audit and logging purposes and also for the referral messages to identify the user who initiated the request, when that request was initiated by an actual user (as opposed to when performed by a system with no PHI disclosure to an individual user). Refer to the Connectivity section for further details.

### System Responsibility for User Authorization, Authentication

A "system" level integration is when a RMS Source representing many users registers with an RMS Target, instead of registering individual users. In this case, the RMS Target grants and restricts access to the RMS Source, and it is not able to identify, authorize or authenticate individual users according to its regular processes. The RMS Target has to trust the identity information provided by the RMS Source.



[Technical Specifications](#) > Technical Background

## Background

This IG uses several different FHIR based integration methods to provide eReferrals (eReferral) and consultations (eConsult) to interoperate with one another.

- [FHIR messaging](#) provides a standard way for a software application to communicate with other systems that participate in electronic referrals (eReferral). FHIR Messaging is the basis of [Direct Messaging](#) integrations that connect RMS systems and referral networks to one another.
- The [SMART App Launch Framework \(SMART on FHIR\)](#) provides a standard way for a software application to allow a user to securely launch another "app", with context (user and patient), using [FHIR](#), the [OAuth2 Authorization Framework](#), [OpenID Connect](#) and a lightweight web browser based user interface (UI) integration. In this IG, SMART on FHIR is the basis of [SMART integrations](#) that allow healthcare practitioners and service providers to access RMS Systems, specialized functionality and corresponding referral networks in a user friendly way.
- [RESTful API](#) provides a standard way for servers to enable interactions to be performed on resources using an HTTP request/response. In this IG, RESTful API is the basis of [RESTful FHIR API](#) that allows RMS Systems to search and view operations.

## Conventions

This implementation guide uses specific terminology to flag statements that have relevance when evaluating a solution's conformance with the guide:

- **SHALL** indicates requirements that must be met to be conformant with the specification.
- **SHOULD** indicates behaviors that are strongly recommended (and which could result in interoperability issues or sub-optimal behavior if not adhered to), but which do not, for this version of the specification, affect the determination of specification conformance.
- **MAY** describes optional behaviors that implementers are free to consider but where there is no recommendation for or against adoption.

## FHIR Artifacts

This specification makes significant use of [FHIR Artifacts](#) to describe the structure and content of the messages to be exchanged as well as the behaviour of the participating systems.



FHIR Artifacts > FHIR Artifacts

### FHIR Artifacts

This implementation guide defines conformance criteria, capability statements, message definitions, structure definitions, and artifacts that a system participating in an eReferral/eConsult integration may perform.

#### Behaviour: Capability Statements

Systems conforming to this implementation guide are expected to declare conformance to one or more of the following capability statements.

Capability Statement	Description
<a href="#">RMSSource</a>	A software application that participates in <a href="#">Direct Messaging</a> as an RMS Source
<a href="#">RMSTarget</a>	A software application that participates in <a href="#">Direct Messaging</a> as an RMS Target
<a href="#">SMARTApp</a>	A software application (typically an RMS) that can be launched in context from a SMART Client
<a href="#">SMARTServer</a>	A software application that can launch a SMART Client in context in a SMART Client
<a href="#">RESTfulClient</a>	A software application acting as a client system that performs <a href="#">RESTful Operations</a>
<a href="#">RESTfulServer</a>	A software application acting as a server system that performs <a href="#">RESTful Operations</a>

**Note** that a single software application can and often will have all of the capabilities above.

#### Behaviour: Message Definitions

MessageDefinitions are referenced within CapabilityStatements within this IG to define the conformance criteria for a system participating in an eReferral/eConsult integration.

**Note:** Links to MessageDefinitions are currently provided on pages with an overview of the bundle.

Event	Payload	Source	Description
add-service-request	<a href="#">ServiceRequest Bundle</a>	RMS Source	Request that a new ServiceRequest be performed

#### FHIR Artifacts

MessageDefinition: Appointment Bundle

MessageDefinition: Communication Bundle

MessageDefinition: ServiceRequest Bundle

MessageDefinition: Task Bundle

StructureDefinition: AllergyIntolerance Profile

StructureDefinition: Appointment Profile

StructureDefinition: Bundle Profile

StructureDefinition: Communication Profile

StructureDefinition: Condition Profile

StructureDefinition: Consent Profile

StructureDefinition: DocumentReference Profile

StructureDefinition: FamilyMemberHistory Profile

StructureDefinition: HealthcareService Profile

StructureDefinition: Location Profile

StructureDefinition: MedicationStatement Profile

StructureDefinition: MessageHeader Profile

StructureDefinition: OperationOutcome Profile

StructureDefinition: Organization Profile

StructureDefinition: Patient Profile

StructureDefinition: Practitioner Profile

StructureDefinition: PractitionerRole Profile

StructureDefinition: Procedure Profile

StructureDefinition: Questionnaire Profile

StructureDefinition: QuestionnaireResponse Profile

StructureDefinition: ServiceRequest Profile

StructureDefinition: Task Profile

Artifact (JSON)

[JSON](#)

[JSON](#)

[JSON](#)

[JSON](#)

[JSON](#)

[JSON](#)



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## Downloads and Tools

This implementation guide is web-based and is intended to be browsed online. However, for the convenience of implementers, both this implementation guide and its resource definitions are available to download for local use.

- This [full IG](#) as a local static website
- The [resource definitions](#) only (JSON format)

### FHIR Resource Validation

Below are links to a couple useful tools to support implementers with validation of FHIR Resource instances.

#### **FHIR Validator**

The FHIR Validator is a powerful tool available to you for validating FHIR Resource instances generated by your application, examples instances created for testing, etc. [This page](#) provides instructions to download and use the FHIR validator.

Example of use with this IG (note the -ig parameter value):

```
java -jar validator_cli.jar your-resource.json -version 4.01 -ig https://simplifier.net/packages/ca.on.oh.erec/0.12.0-alpha1.0.4.tgz -html-output qa.html
```



Terminology > Terminology

### Terminology

Various coded values which are used to describe clinical concepts within health records as well as codes used within messages to meet the structural requirements of interfaces.

\*Please note that these are Code System and/or Value set created by Ontario Health

\*\*Use of terminology subsets hosted on Canada Health Infoway Terminology Gateway is required in order to comply with this interoperability specification.

Value Sets defined by this implementation guide:

Value Set	Description	Profile	Binding Strength
<a href="#">AddressType</a>	Distinguishes between physical addresses (those you can visit) and mailing addresses (e.g. PO Boxes and care-of addresses). Most addresses are both.	<a href="#">Organization - Organization.address.type</a> <a href="#">Organization - Organization.contact.address.type</a> <a href="#">Patient - Patient.address.type</a>	Required
<a href="#">AddressUse</a>	The purpose of this address.	<a href="#">Organization - Organization.address.use</a> <a href="#">Organization - Organization.contact.address.use</a> <a href="#">Patient - Patient.address.use</a>	Required
	The number of a person used for	<a href="#">Patient - Patient.gender</a> ,	



# Roadmap Standards

## FY 24-25

- Infoway Projectathon
- eReC Open Review Period
- Halo Framework Alignment
- Bulk Case Export
- Pan-Canadian Alignment

## FY 25-26

- AI for eConsult - Search and Generate
- AI for eConsult – Responses Guided by Clinicians
- Pan-Canadian Alignment

## FY 26-27

- Pan-Canadian Alignment

## Future

- Incorporate AI referral routing into the PCCG
- Pan-Canadian Alignment

Potential Change Drivers Noted in Roadmap

# Timelines

Event	Dates
Open Review Webinar	December 5, 2024 @ 1200-1300 (EST) Click here to Register: <a href="#">Ontario eReferral- eConsult HL7® FHIR® Implementation Guide v0.12.0 Open Review Webinar</a>
Comment period	December 5, 2024 – February 14, 2025
IPC consultation	January 9, 2025
Comment Disposition Period	February 15, 2025 – March 21, 2025
DHISC Approval (Balloted Draft)	March 26, 2025
MOH Approval	TBC

\*Pan-Canadian Projectathon February 3 – 7, 2025

# Feedback Process

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- Download the Comments Spreadsheet from [Ontario eReferral – eConsult – HL7® FHIR® Implementation Guide | eHealth Ontario | It's Working For You.](#)
- Send your comment sheet to the [Digital Health Standards mailbox](#)
- Feedback is requested by **February 14, 2025.**



# Thank You

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If you have questions or comments, please contact us:  
[DigitalHealthStandards@ontariohealth.ca](mailto:DigitalHealthStandards@ontariohealth.ca)



# Appendix

# Glossary

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	Concept	Description
1	RESTful API	RESTful framework is a mechanism by which the transactions are performed directly on the server resource using an HTTP request/response.*

\* Source: <https://www.hl7.org/fhir/r4/http.html>

# Acronyms

Acronym	Full Name
CHRIS	Client Health and Related Information System
CMS	Content Management System
DHIEX	Digital Health Information Exchange
DHISC	Digital Health Interoperability Steering Committee
EMR	Electronic Medical Record
eReC	eReferral eConsult
FHIR	Fast Healthcare Interoperability Resources
HIS	Hospital Information System
IG	Implementation Guide
IPC	Information Privacy Commissioner
MOH	Ministry of Health
PCCG	Provincial Care Coordination Gateway
PoC	Point of Care
OTNHub	Ontario Telehealth Network Hub
RMS	Referral Messaging System