

Standards for Stakeholders with Diverse Objectives

HL7 Australia Implementation Symposium 2008

Referral
Developing as an Australian Standard

David Rowed
IT 14/6/6 Collaborative Care Communications

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
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History
RACGP & Stds Australia
IT14/6/6
Discharge Summary
HL7 Version 2 Ch 11
Discharge Referral
General Referral

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Referral Development


Patient Care V2 Artefacts
Ch 12: PRB, GOL, PTH
PC T/C at HL7 International
Rationale and Status of V2 wrt V3 and CDA
GPCG and Health Connect

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Referral

Overloading OBR, OBX
Dx etc
Published AS4700.6 HL7 Ver 2.4
Need recognised for
Relationship Segments
Mood Codes
Instance identifiers
-> V2.7

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Referral


Limitations of AS4700.6.
Content, Process:
Collaborative Care Message
Archetyped Data needed
Technical Report
Status
Difficulties
Technical Specification
Segment Requirements in ϕ -1
Urgency : dependencies
Implementation Guide

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Referral

HL7 Version 2

Installed Base
Smooth Transition to rich clinical content
Messaging aspects meet current demands:
satisfactory, simple , easy to enhance
Content weak
Archetyped data most desirable solution
cf RIM-derived

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Referral --HL7 V3:

Messaging and CDA

IT 14/6/6
Work with GPCG on CDA – V2 mappings

Led the Pt Care Provision V3 message development

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Referral --difficulties


Role of Messaging / SOA

Nature of Documents
Inseparable interdependence in Collaborative Care

Understanding of generic vs HL7...
messaging
documents

Definition and Common Understanding of Referral

Stakeholder Demand

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