IHE Work Item Proposal (Short)

# Proposed Work Item: Content Creator/Content Consumer Harmonization

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Version: .2

Domain: PCC, ITI, QRPH, others?

# The Problem

*<Summarize the integration problem. What doesn’t work, or what needs to work?>*

*<Describe the Value Statement: What is the underlying cost incurred by the problem and what is to be gained by solving it? If possible provide quantifiable costs, or data to demonstrate the scale of the problem.>*

The PCC, ITI, and QRPH domains both utilize the Content Creator and Content Consumer actors defined in the PCC Technical Framework in various profiles, however they use them differently. The general understanding of how these actors should be defined is that they are abstract in nature, and intended to be further defined in order to be used.

There are two major problems and one minor problem to address here:

1. There is no clear definition in PCC-TF stating this abstract definition of these two actors which makes for challenging and often mis-interpretted use. The actors are defined concretely in profiles, however this does not support a reuse paradigm that is intended by these actors.
2. There are options defined in PCC-TF-2:Section 3.1 on the Content Consumer actor that conflict with this abstract approach. There are four options in total, three of which require the content being consumed to be a CDA document. This is done so via the View Option (Section 3.1.1) and inheritance of this option’s constraints in the Document Import Option (Section 3.1.2) and the Section Import Option (Section 3.1.3). This renders these Content Consumer options unusuable with non-CDA type content.
3. The View Option contains a requirement to be able to print to paper in PCC-TF-2:3.1.1, #4. This does not support the overall goal of what IHE is driving towards with the standardization and electronification of healthcare.

This is a harmonization and refactoring effort. The need is to solidify the underlying framework defintions that are used in profiles across domains. These two actors have grown organically over the years and through new profile development as well as through vendor implementations. The value of fixing these issues is that a more robust and extensible model will be available, eliminating competing uses of shared artifacts. This issue will continue to proliferate if not addressed in the near future.

# Key Use Case

<Describe a short use case scenario from the user perspective. The use case should demonstrate the integration/workflow problem. Feel free to add a second use case scenario demonstrating how it “should” work. Try to indicate the people/systems, the tasks they are doing, the information they need, and where the information should come from.>

Following is a list of profiles/use cases (not exhaustive) that utilize the Content Creator and Content Consumer Actors.

1. Digital Signature
2. Basic Patient Privacy Consent
3. Any PCC content profile

# Standards & Systems

<List existing systems that are/could be involved in the problem/solution.>

<If known, list specific components of standards which might be relevant to the solution.>

CDA, PDF, non-CDA, text, image standards?

# Discussion

<If possible, indicate why IHE would be a good venue to solve the problem and what you think IHE should do to solve it.>

1. What content types will Content Creator and Content Consumer need to support?
2. What other domains does this impact?
   1. Where specifically does ITI define Content Creator and Content Consumer actors?
3. What is the overall impact to this change? i.e. how many profiles will be affected and are there any breaking changes?
4. Which options should be generic vs templated?
5. Is this a CP or a profile proposal?