



## What's New in the IHE PCC and QRPH Profiles for testing

- Please keep your microphone muted
- Questions during the session?

Please use the chat box. We will address the questions in the second part of the webinar

- Slides will be available on IHE-Europe Connectathon 2026 webpage
- After the webinar, you can find the recording in IHE-Europe YouTube channel

## Speakers:

**Andrea Fourquet**, Consultant, e-HealthSign, LLC

*Technical Co-Chair IHE Patient Care Coordination (PCC) Domain*

*Co-Chair HL7 CDA Management Work Group (CMG)*

**Lori Reed-Fourquet**, Founder/Consultant, e-HealthSign, LLC

*Planning Co-Chair IHE Quality, Research, and Public Health (QRPH) Domain*

## Agenda:

**IHE Patient Care Coordination** with Andrea Fourquet

**IHE Quality, Research and Public Health Profiles** with Lori Fourquet

**Registration details** with Nicole Veggiotti



# IHE Patient Care Coordination

*Andrea Fourquet*

Established in July 2005

- Solves integration issues that cross providers, patient problems or time
- Supports general clinical care aspects such as document exchange, order processing, and coordination with other specialty domains.
- Addresses workflows that are common to multiple specialty areas and the integration needs of specialty areas that do not have a separate domain within IHE.

## PCC Mission

- Develop and maintain interoperability profiles to support coordination of care for patients where care crosses providers, patient conditions and health concerns, or time.

- Added ODH Testing options for all summary documents in both FHIR and CDA
- Occupation information is not widely captured but this standardizes the support for work related clinical care as it becomes more relevant
- Manage both work related health risks and work related health conditions in the workplace
- Can be tested for in the IPS profile testing



This profile describes the transactions and content to support the data exchange in support of a referral from a PCP to a specialist. "Closed loop" refers to the requirement to send the relevant clinical information available to the PCP at the time of the referral to the specialist, and to send the outcome of the referral from the specialist to the PCP.

## Additional Profiles aligned with 360X

- 360 Exchange Closed Loop Acute Care to SNF Transfer (360XL)
  - Home Health
    - Enhancing the closed loop referral specifications to address this home health to improve the care coordination and transitions of care in an area of healthcare that is increasingly important.
- 360x-SD
  - Enable healthcare providers to provide a referral information to SDOH service providers, and for SDOH service providers to inform the referring healthcare provider what services were provided for the patient.

Supports queries for clinical data elements, including observations, allergy and intolerances, conditions, diagnostic results, medications, immunizations, procedures, encounters and provenance by making the information widely available to other systems within and across enterprises.

<https://profiles.ihe.net/PCC/QEDm/index.html>

- Defines the Query and Response requirements for FHIR data elements related to patient care
- Actors
  - Clinical Data Consumer
  - Clinical Data Source

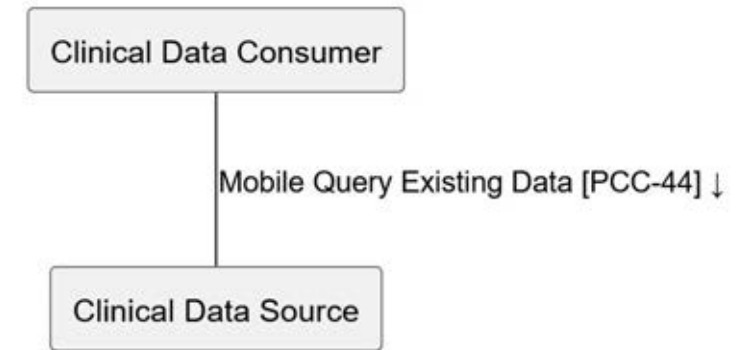


Figure: 1:18.1-1: QEDm Actor Diagram

Maternal Health Care is a rising concern and standards for the documentation is needed. The following profiles have already been established in IHE in trial Implementation

- Antepartum Summary (APS)
- Mobile Antepartum Summary (mAPS) 
- Emerging Profile utilizing IPS
- Antepartum Education (APE)
- Antepartum Laboratory (APL)
- Antepartum History and Physical (APHP)
- Labor and Delivery History and Physical (LDHP)
- Labor and Delivery Summary (LDS)
- Maternal Discharge Summary (MDS)
- Newborn Discharge Summary (NDS)
- Postpartum Visit Summary (PPVS)

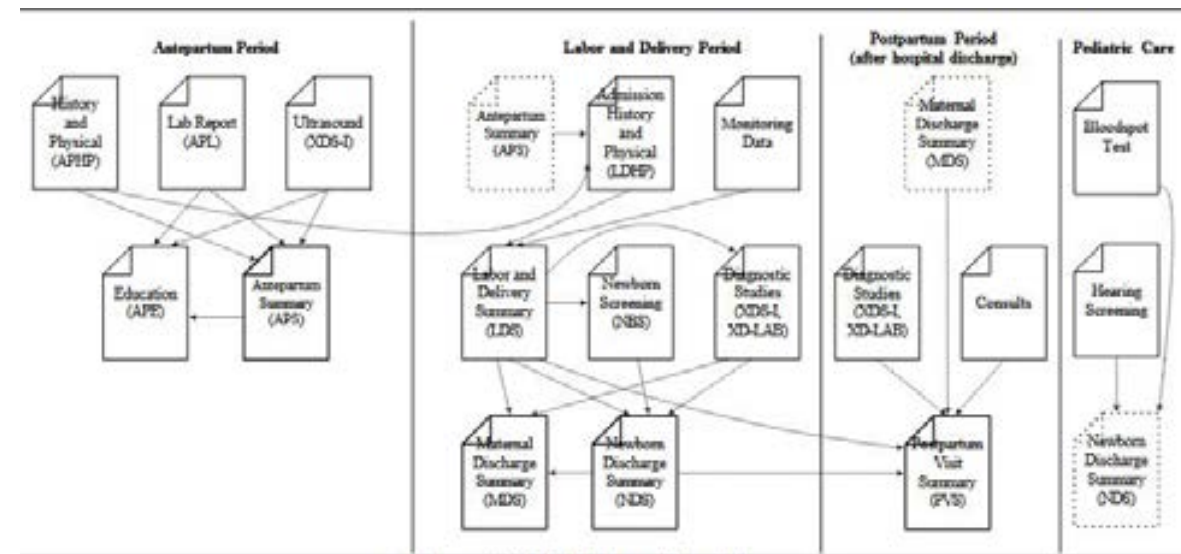


Figure X.2-1 Information Flow

Many IHE Sections align with IPS Section requirements

Testing for the IPS requirements defined in HL7 and ISO.

- Testing options for implementing the HL7 IPS Implementation guides
  - Base – the minimum requirements defined by the HL7 FHIR and CDA IGs
  - ODH – requires the occupation element to be included in the Social History section in addition to the base HL7 requirements
  - Complete – Requires all optional sections become required if Known
- Essential for utilizing the IPS as a data model for secondary use, such as research and clinical care guidelines

While IHE's updated IPS profile version is not published, we will be testing against the current versions of the FHIR and CDA publications.

Sending International Patient Summary (sIPS) – ITI Profile

- This profile defines the metadata elements needed for sharing an IPS document
- Defines how to utilize the PCC-1 transactions for sending the IPS document

Transport Profile recommendation

- IHE suggests that if you are testing for IPS, a transport profile defined in the ITI domain should be chosen for testing to encourage standardized sharing of documents

## Paramedicine Care Summary (PCS) 🔥

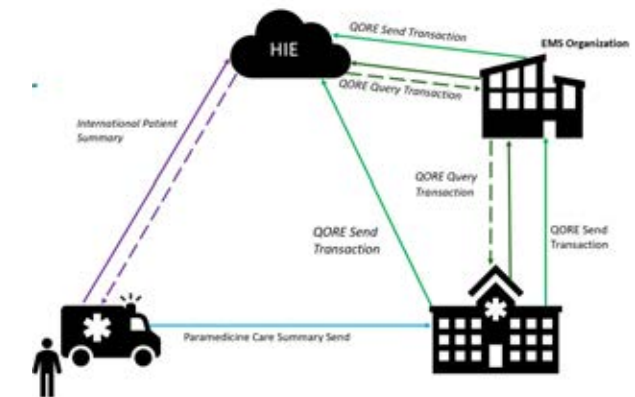
- Emerging profile for both FHIR and CDA
- Contains 2 types of documents
  - Clinical Subset
    - Contains essential patient history and interventions available for a provider for transfer of care
  - Complete Report
    - Provides a report with detailed information around the care of the patient, including information and times around the incident, information that a provider may prefer to not have to sift through but essential for carrying out quality metrics and reporting
- Utilizes the IPS defined sections to encompass Paramedicine encounters 🔥

## Routine Interfacility Patient Transport (RIPT) 🔥

- Supports the transfer of care between facilities and Paramedicine providers

## Quality Outcome Reporting for EMS (QORE)

- Supports obtaining outcome information from a receiving facility for informed Outcome





# IHE Quality, Research and Public Health Profiles

*Lori Fourquet*

IHE Quality, Research and Public Health Domain (QRPH) established 2006, addresses the infrastructure and content necessary to:

- share information relevant to quality improvement,
- improve the liaison between the primary care system and clinical research and
- provide population base health surveillance.

The three distinct components of the QRPH domain are *all reliant on the secondary use of data* gathered in clinical care.

Reporting events interrupts the normal routine of providing care and imposes a burden on providers – greatly decreasing the probability that these events and conditions will be reported

- Not part of normal routine
- Not available at point of recognition
- Duplicate data entry
- High nuisance factor



# Aggregate Data (ADX, ADX-HIV, mADX)

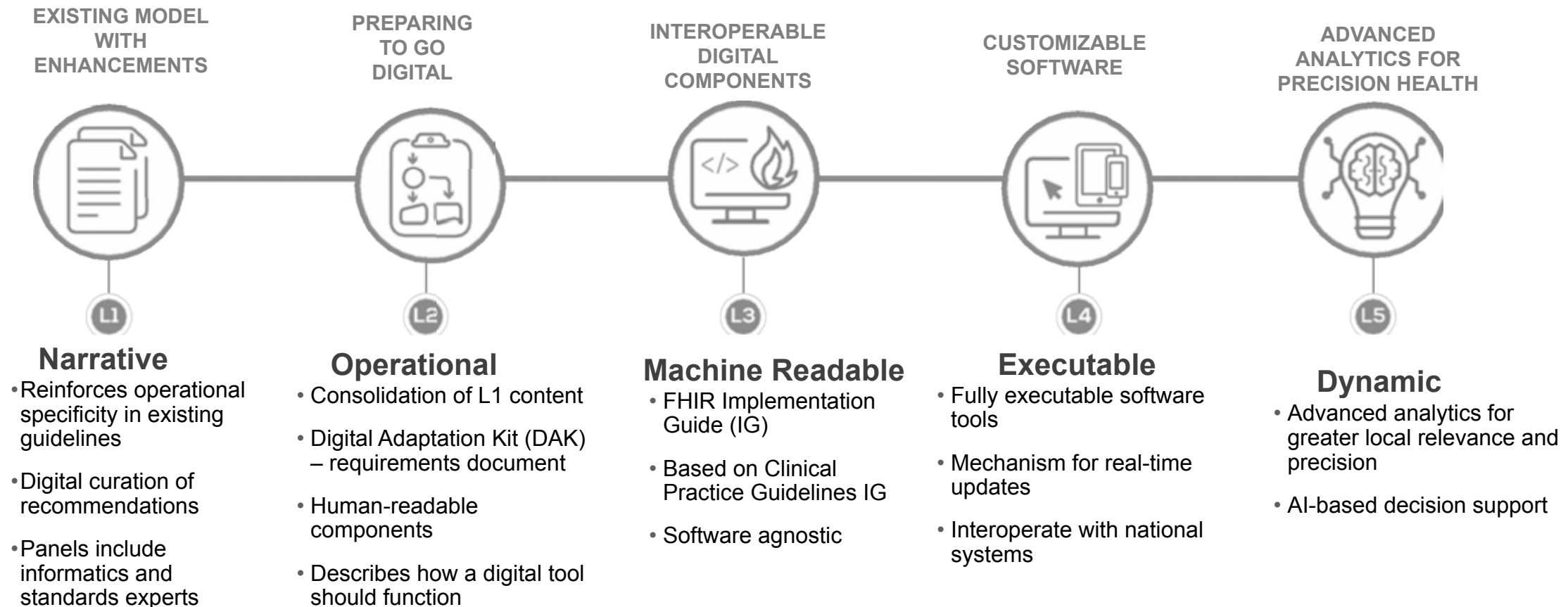


Use Case: Submit Aggregate data  
to measurement organization

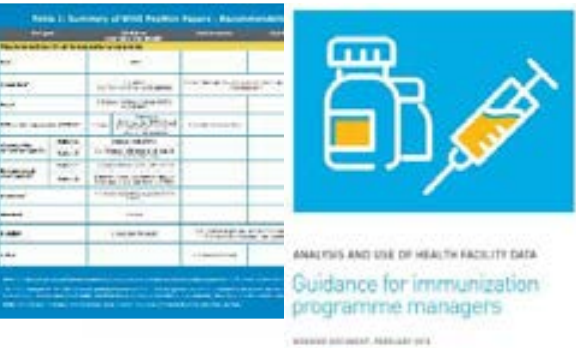


SMART Guidelines are a new approach to representing WHO content as digital health components to preserve fidelity and accelerate uptake

Standards-based, Machine Readable, Adaptive, Requirements-based, Testable



- 1** Relevant health interventions and recommendations from the WHO guidelines and guidance



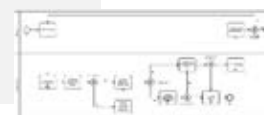
## 2 Generic Personas

Roles, responsibilities, and essential interventions performed by key personas



## 3 User Scenarios

Brief narrative description of how the key personas may engage with the digital system



## 4 Generic Business Processes & Workflows

Generic workflows representing clinical and non-clinical processes

## 9 Functional & Non-functional Requirements

A non-exhaustive list of key functions and non-functional requirements for a digital tracking and decision support system

## 5 Core Data Elements

Data elements, used for clinical decision-making, indicators, and other data needs

## 6 Decision-support Logic

Decision tables that are intended to provide decision-support based on algorithms

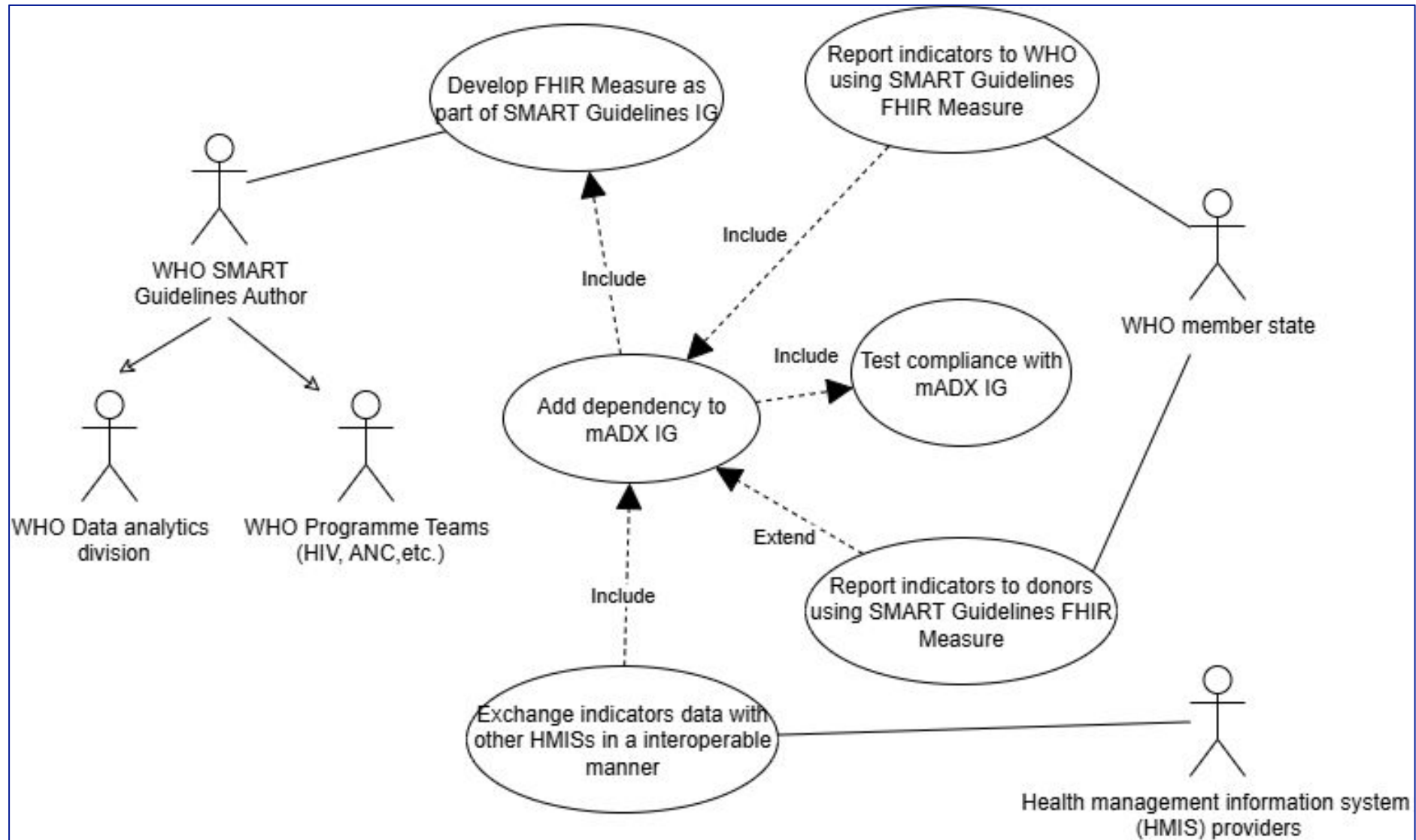
## 6 Scheduling Logic

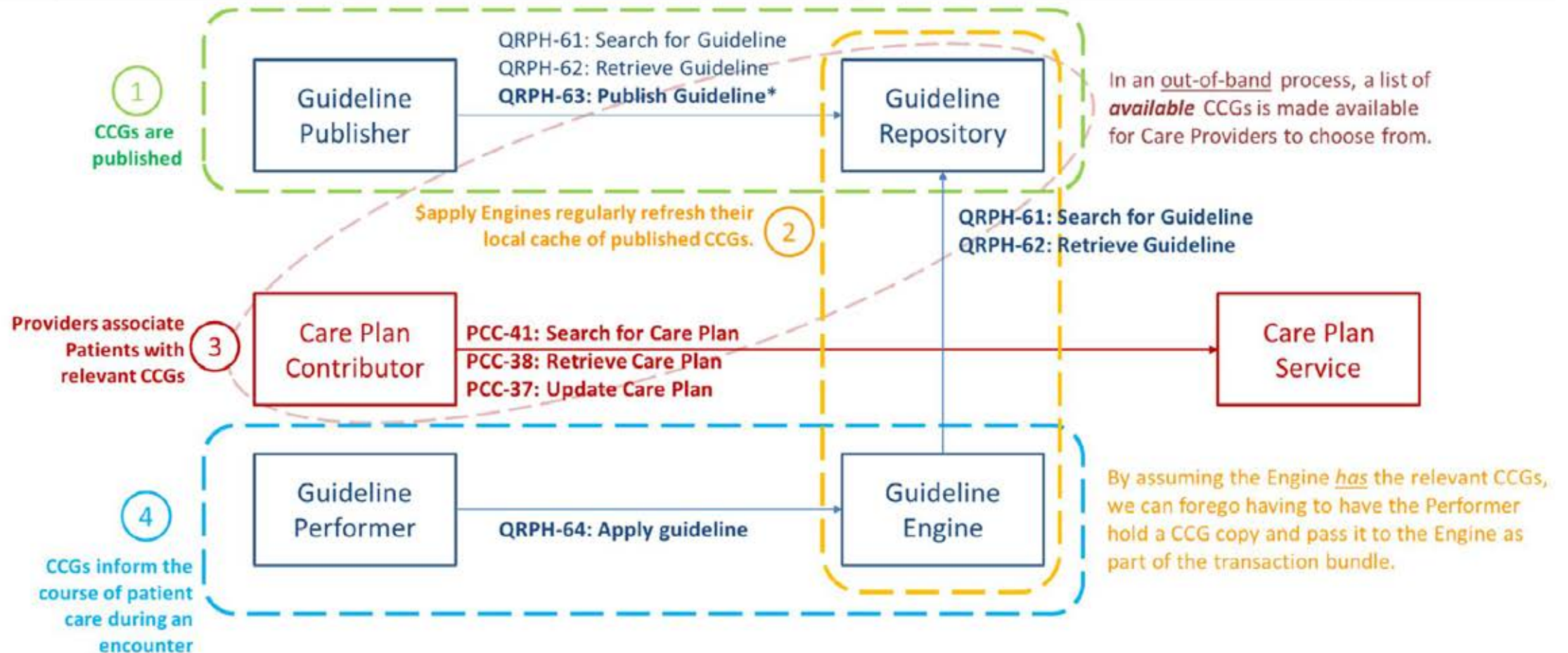
facilities the communication to clients about follow-up visits and services

## 8 Indicators &

Indicators for reporting & monitoring with numerator, denominator of data elements

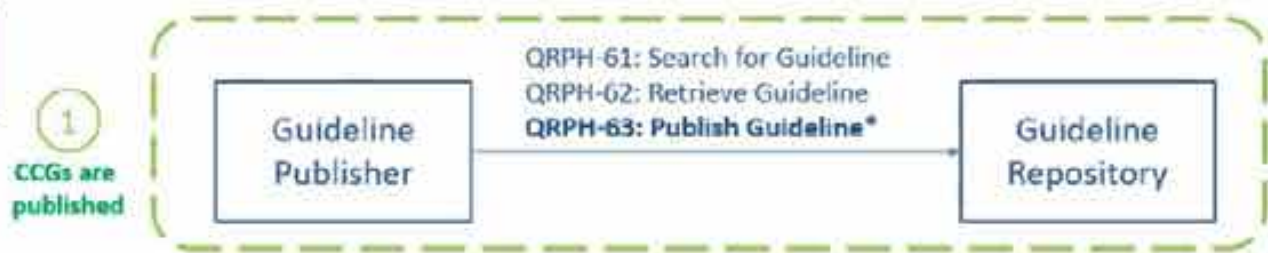
# SMART Guidelines IGs authors can require compliance to mADX IHE IG





\*A Guideline Publisher **may** digitally sign the top-level bundle (the *folder*) and/or **may** digitally sign every resource (each CARD, all libraries, etc.).





The “IPS”

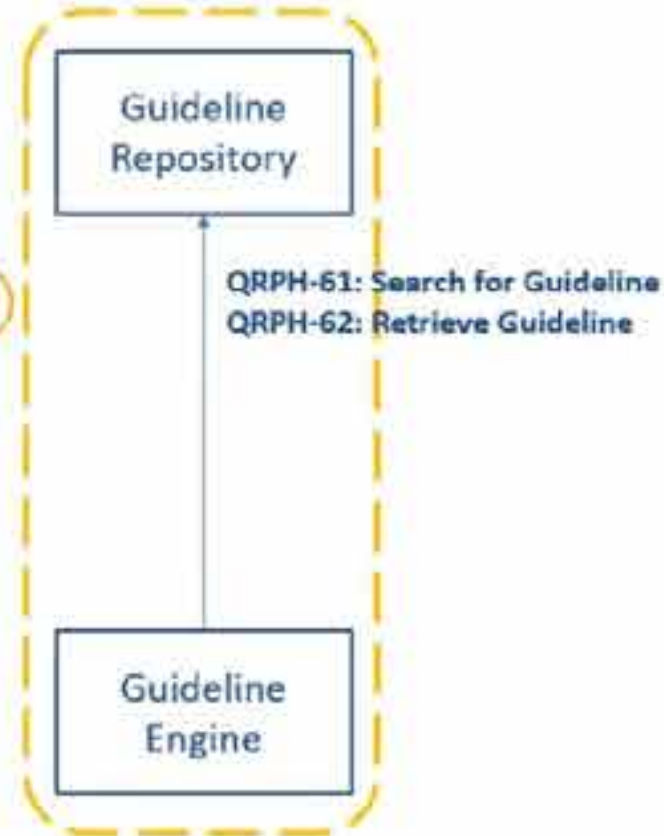


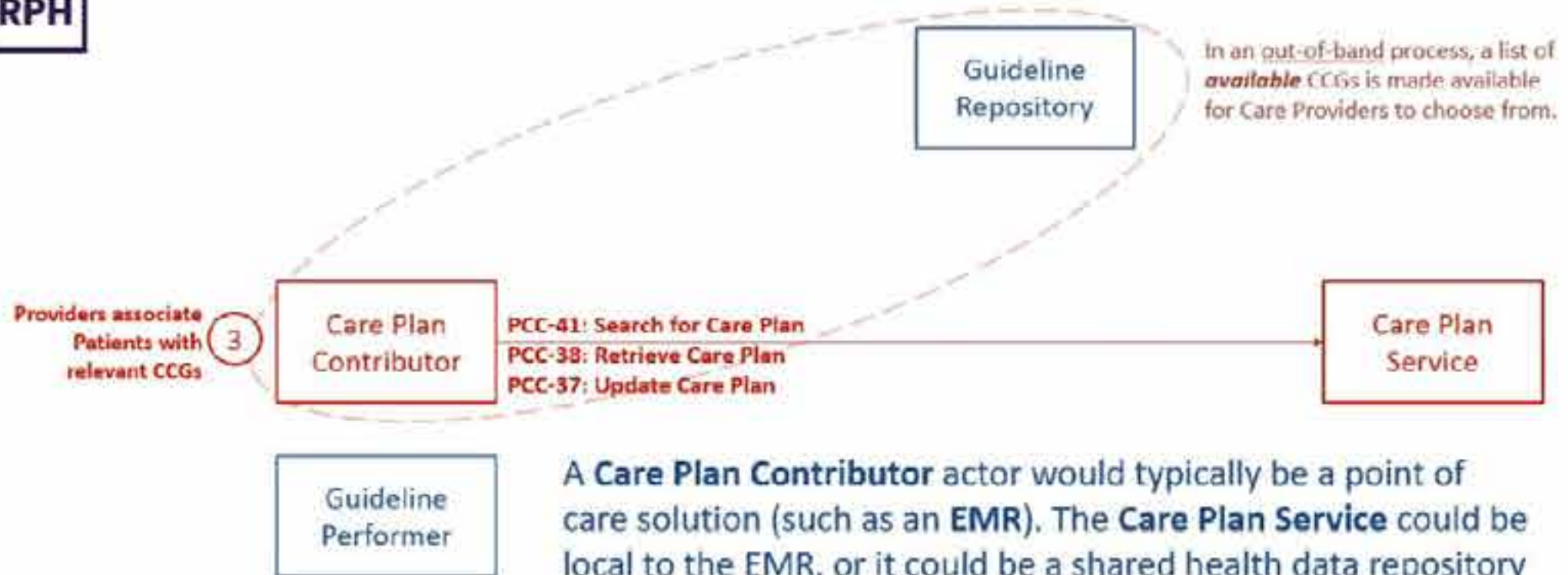
<https://international-patient-summary.net/implementations-across-the-globe/>

# Clinical Care Guidelines (CCG)

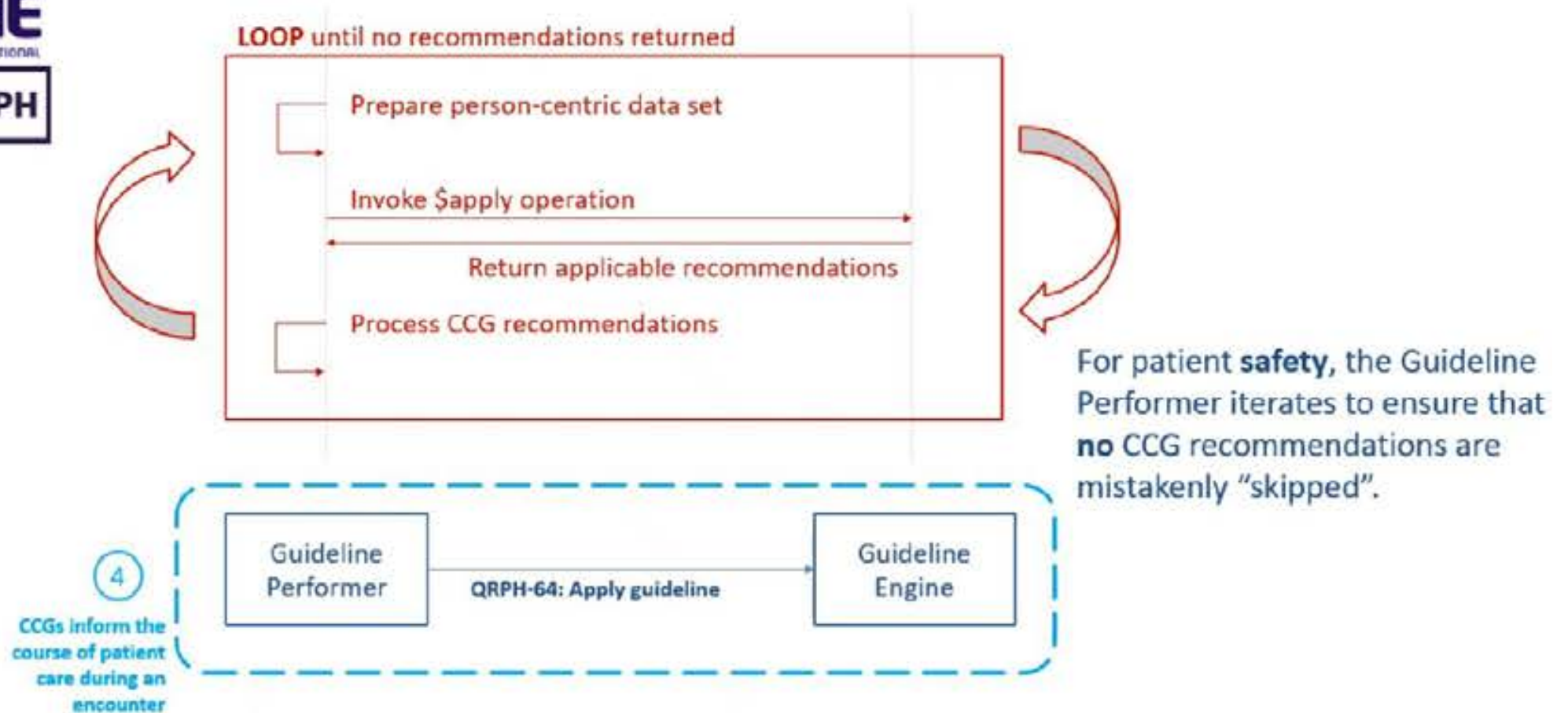
A **Guideline Engine** could be incorporated into the functionality a digital health solution (such as an **EMR**). A jurisdiction could also choose to operate a CCG Engine as a **shared service**.

Engines regularly refresh their local cache of published CCGs. 2

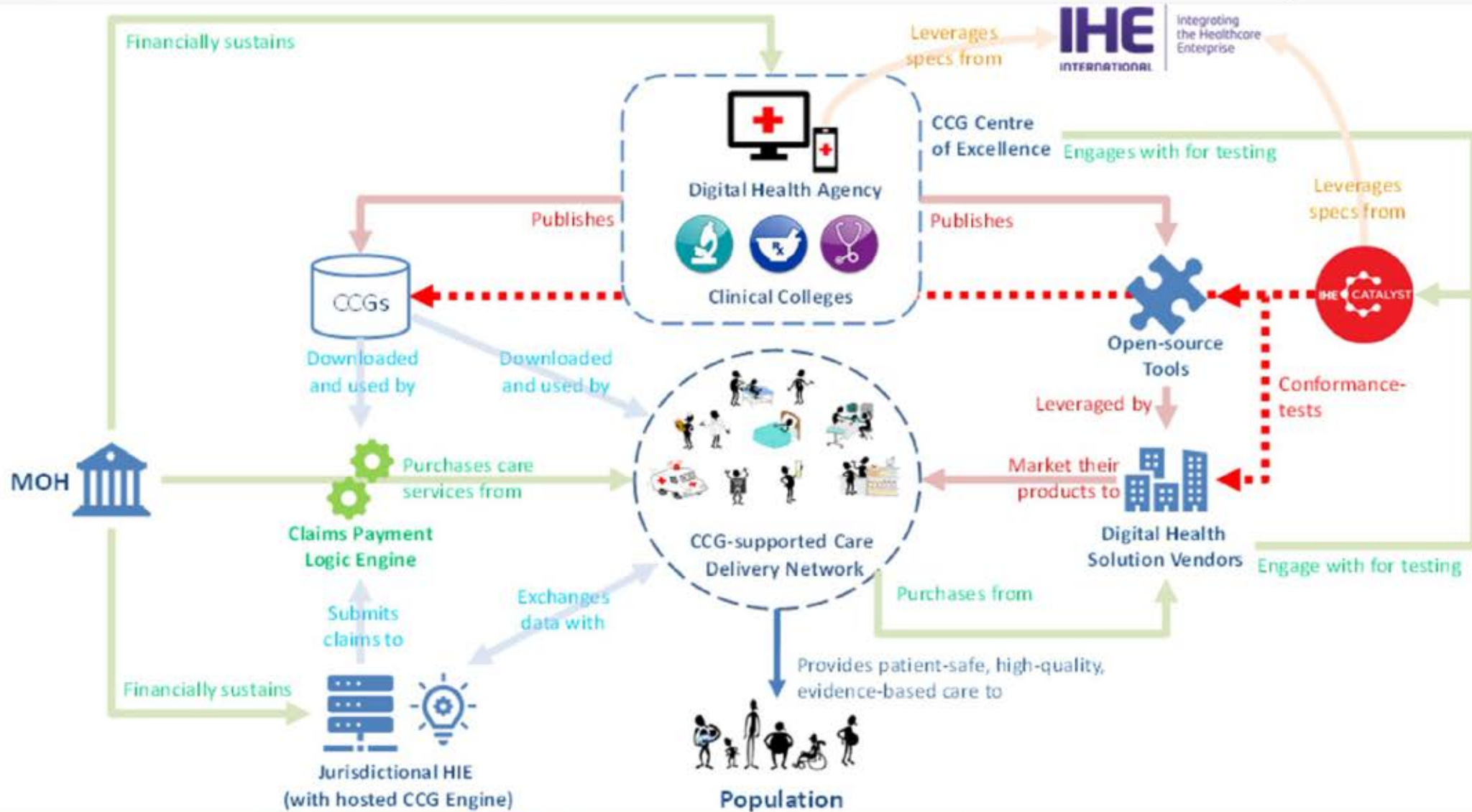




A **Care Plan Contributor** actor would typically be a point of care solution (such as an **EMR**). The **Care Plan Service** could be local to the EMR, or it could be a shared health data repository operated by an **HIE**. Often, the Care Plan Contributor and Guideline Performer actors will be “grouped” together in a single product (e.g. EMR).

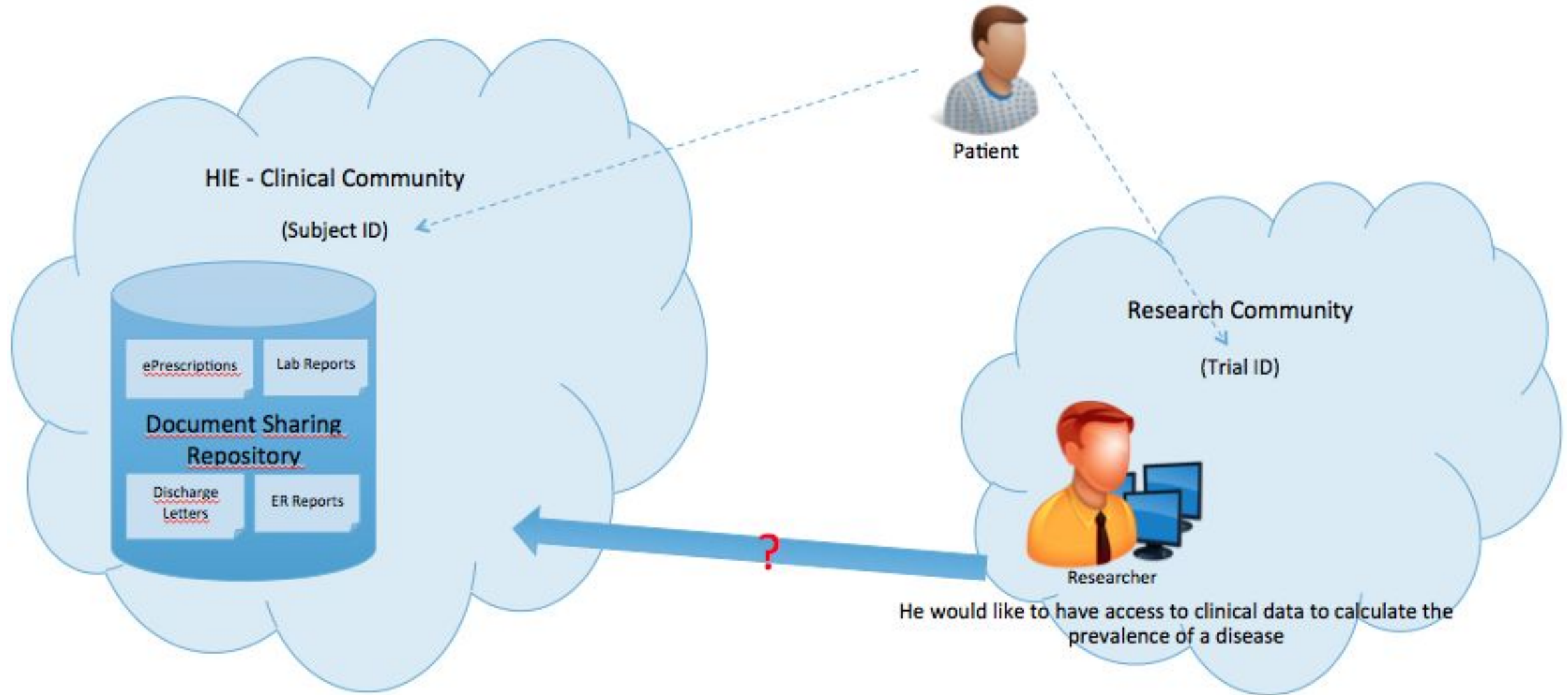


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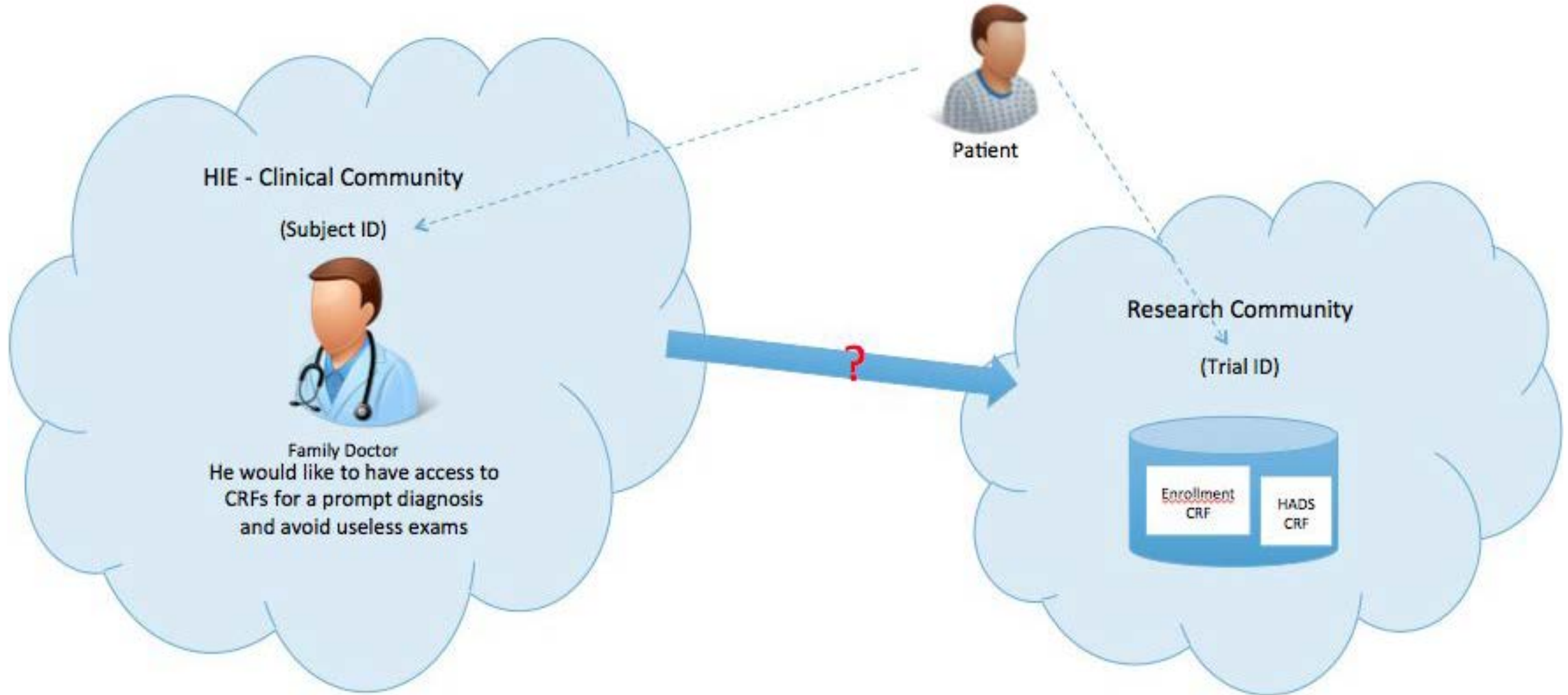


For a deeper dive and additional details see:  
<https://vimeo.com/1126489776?share=copy>

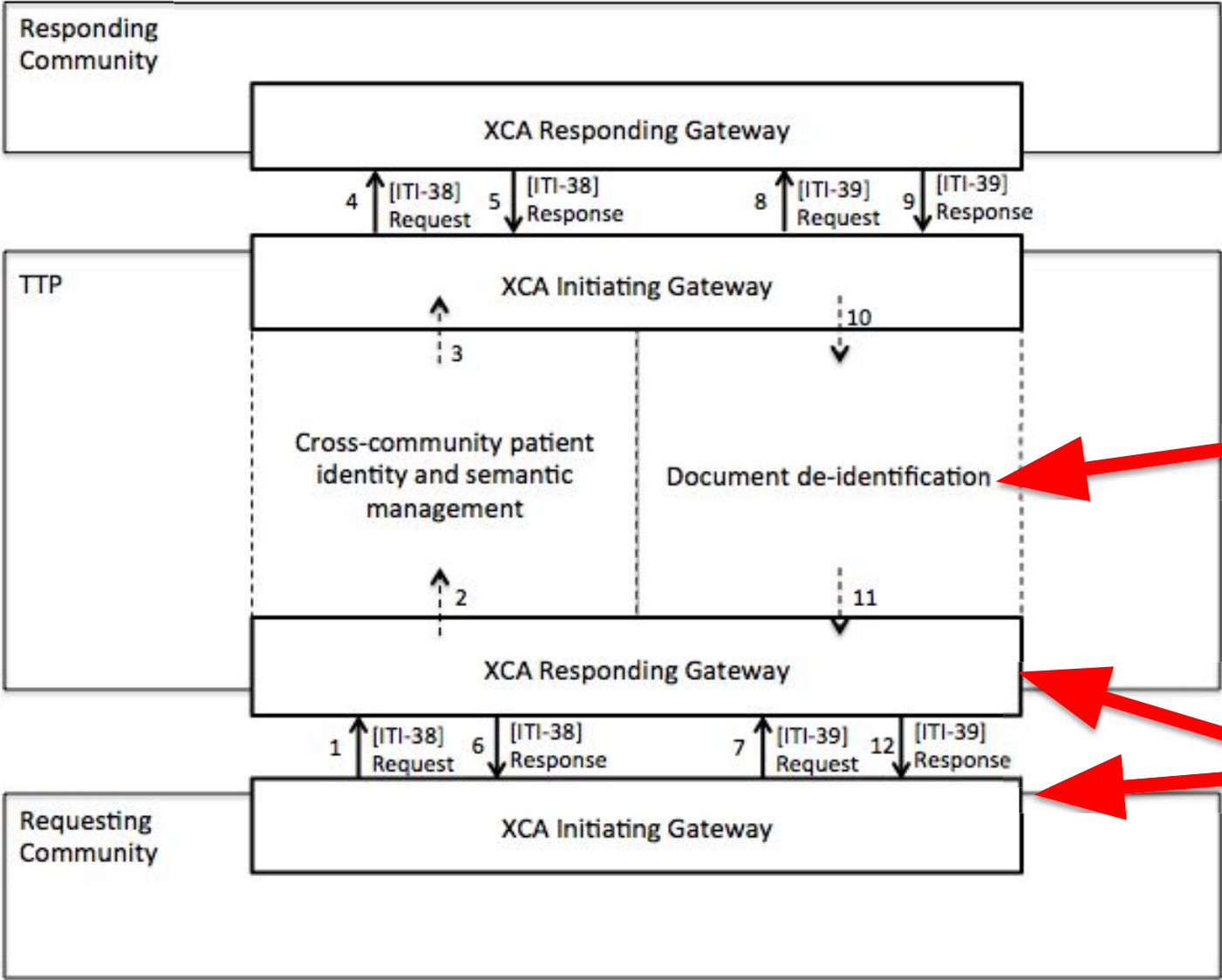
# Using IHE profiles for Healthcare - Secondary Data Access



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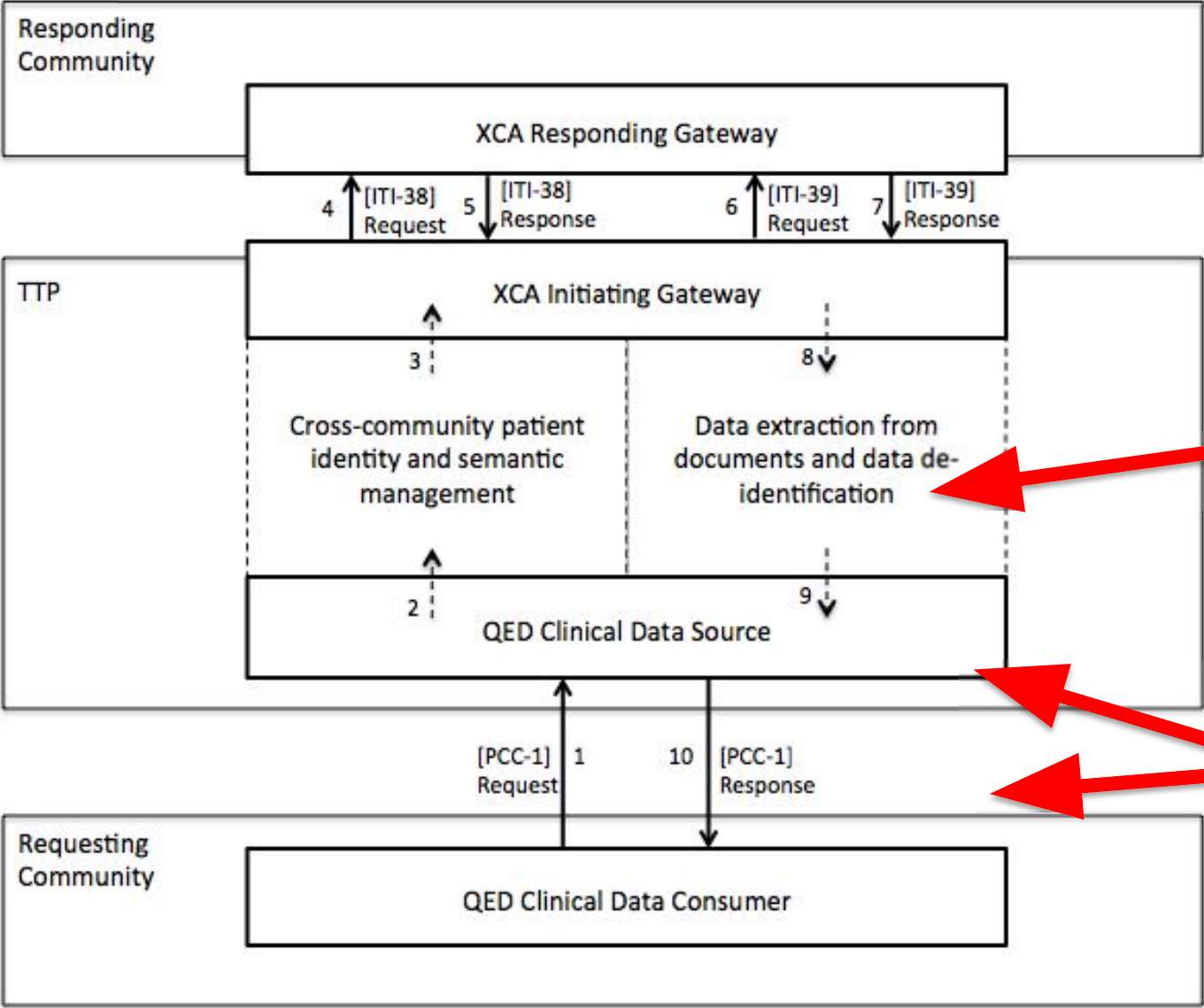
# Using IHE profiles for Healthcare - Secondary Data Access



*De-Identification  
Handbook*

*XCA/  
MHD/MHDS/mXDE* 

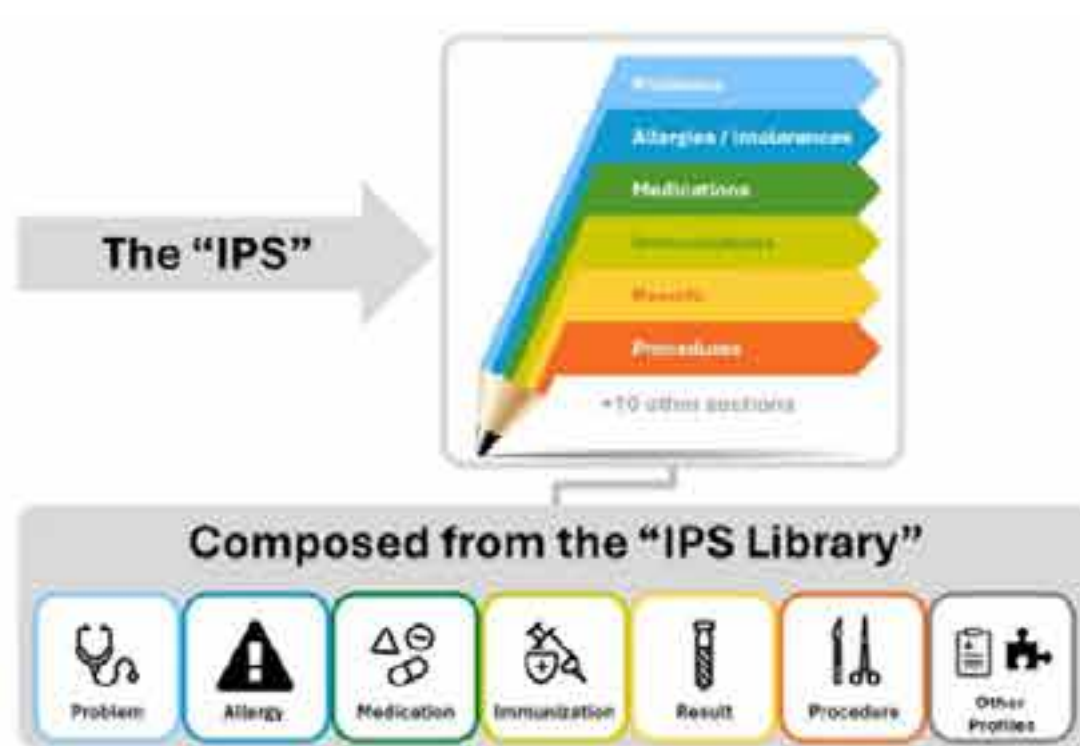
# Using IHE profiles for Healthcare - Secondary Data Access



*De-Identification  
Handbook*

*QED/  
QEDm* 

- Defines process of de-identification along with standard de-identification techniques. Updates to Examples in progress: Family Planning, V2, DICOM, FHIR/CDA.
- FHIR Example using the International Patient Summary (IPS) for standard content and Vital Records Death Reporting (VRDR) for mortality data exchange in progress (EHDS2).

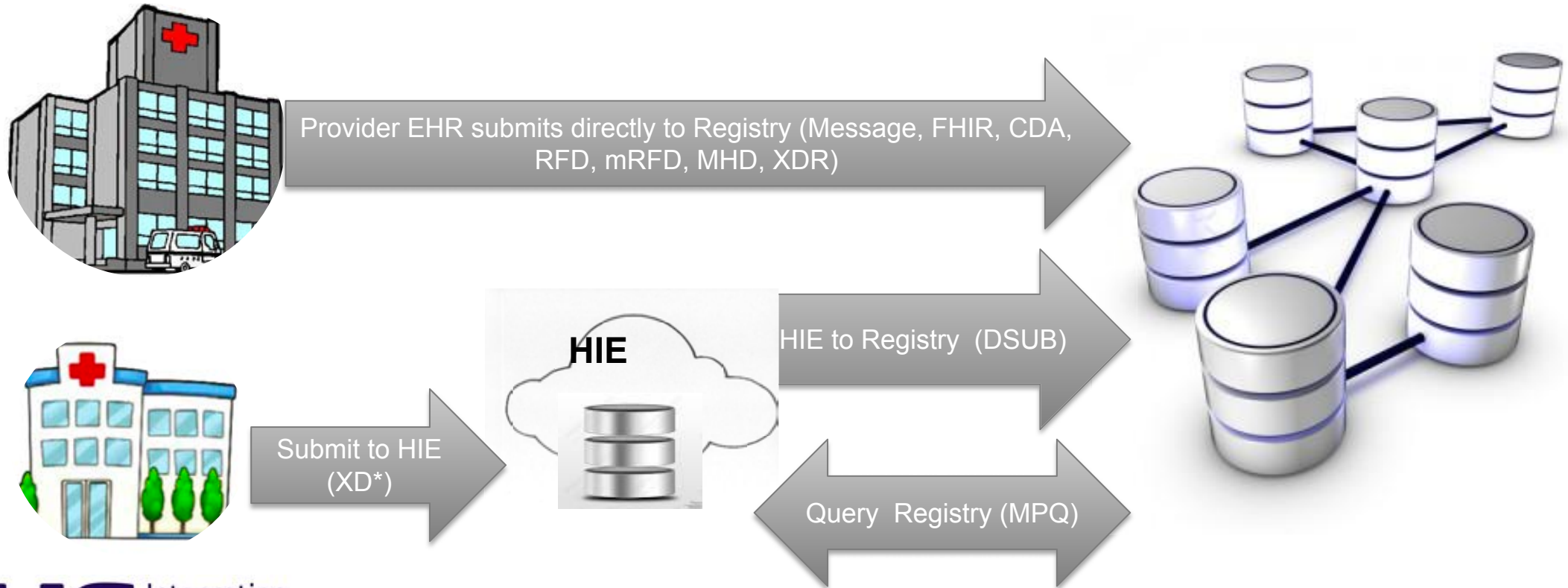


IHE QRPH VRDR 

- Patient demographics
- Date of death
- Cause of death

[De-Identification Handbook Home - De-Identification Profile v0.0.1-current](#)

# Submission Options with ITI Profiles



- Participate in IHE Joint PCC/QRPH weekly TCONs
  - Thursdays 12-1 ET, 6-7pm CET and as scheduled
- Participate in IHE ITI De-Identification discussions
  - Bi-weekly Thursday 9-10am ET, 3-4pm CET



## Registration details

*Nicole Veggiotti*

# VENUE FOR THE 2026 IHE-EU CONNECTATHON

From Monday, 23 March to Friday, 27 March 2026  
Brussels, Belgium

*Where?*

**The EGG**, Rue Bara 175, 1070 Brussels

*About a 10-minute walk from Brussels-South Station (Gare du Midi)*



The registration is officially opens for the 2026 IHE-Europe Connectathon in Brussels, 23-27 March.

**The registration closes on 14 November.**

Don't miss this unique opportunity to test against real systems, to network, and to learn a lot from everyone there.

Your first step is to register in Click-up:

<https://forms.clickup.com/4728722/f/4g9wj-9432/3QWSR0YD4WR6PNJ9IA>



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**Questions?**



Please contact:

- Anne-Gaëlle Bergé, [technical.manager@ihe-europe.net](mailto:technical.manager@ihe-europe.net) for general purpose questions
- Nicole Veggiotti, [connectathonmanager@ihe-catalyst.net](mailto:connectathonmanager@ihe-catalyst.net) for organizational questions
- Lori Reed-Fourquet – [lfourquet@ehealthsign.com](mailto:lfourquet@ehealthsign.com)
- Andrea Fourquet – [afourquet@ehealthsign.com](mailto:afourquet@ehealthsign.com)

- [Join](#) Zulip to chat with the other participants and receive updates from the Connectathon technical project manager.
- Channels of interest to you (to ask question or to browse previous questions)
  - [2026 IHE-Europe Connectathon](#)
  - [Support with Gazelle tools](#)
  - [Support from TPMs](#)

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**Thank you for your attention**  
**Hope to see you in Brussels!!!**

