# **OpenHIE Interoperability Layer -Call Notes**

**Meeting purpose:** Community Call for OpenHIE Interoperability Layer

**Date:** 28-05-2013

**Attendees:**

* Ryan Crichton (Jembi)
* Linda Taylor (Jembi)
* Hannes Venter (Jembi)
* Kari Schoonbee (Jembi)
* Carl Fourie (Jembi)
* Mark Tucker (Regenstrief)
* Mead Walker
* Chris Ford (ThoughtWorks)

**Agenda**

* Review of Interoperability Layer requirements document with community comments
	+ <https://openhie.atlassian.net/wiki/pages/viewpage.action?pageId=4948119>
* Discuss tools to review for use as an interoperability layer
	+ [https://openhie.atlassian.net/wiki/display/resources/Interoperability+Layer+-+Tools+for+review](https://openhie.atlassian.net/wiki/display/resources/Interoperability%2BLayer%2B-%2BTools%2Bfor%2Breview)
* Decide if the first draft of the requirements is ready

**Call Recording file** *# 21263401* **and link**[21263401](http://www.conferenceplayback.com/stream/11011454/21263401.mp3%22%20%5Co%20%22%22%20%5Ct%20%22_blank)

**Meeting Notes:**

Aim is to complete the review of the IL requirements, have a discussion around tools that could perform the functions of an IL as described, and also would like to see if we feel as though these requirements are ready to be accepted as a first draft.

***1. Review of Interoperability Layer requirements document with community comments***

Have not received a great deal of feedback on this document yet

MW - asked how many countries have more than 5 official languages?

RC - Many African countries do but point is that we should work to support multiple languages from the outset, rather than focus on specific number

MW- Is the aim to support a single system across multiple countries?

CFd - are we only talking about state customers for the HIE?

MW - Not state actors necessarily, but idea of NGO working to maintain a single client database across many countries make me uneasy

CFd- thinking more of running multiple instances - one in each country

MT - NGO would need to acquire expertise to run it and can use across countries

MW - Would be a lot of admin issues to be addressed if this was the case

RC referred to actual functional requirements. Have had a lot of discussion over the mailing list so let’s see if these relate to doc.

***FR02 - Provides a central point of access to access the HIE***

MW - In Rwanda talked a lot about the core registries (CR,PR,FR)- does this mean to access these core registries?

RC - point of access into the services within the HIE

MW - Needs amplification

MT - needs a paragraph to flesh this out esp. around whether we should access registries directly i.e. how thick or thin should this layer be?

Should be explicit - edge node to edge node

service provider to service provider?

Do we want to support this communication i.e. results to be sent to providers?

RC - not sure about this use case. Should be queried rather than pushed out to a provider

MT - Do want a provider to receive notifications from those who want to communicate with him at the edge node?

RC - is an ideal workflow but could be implemented at the edge node using queries - should not expect IL to have to push data out to any system - could be difficult to implement

MT - What about centrally running care rules? As an edge node I can communicate with specific doctors and attach docs. Also MOH can broadcast notifications.

RC - Is a section on core transactions to be supported so have added a note there

***FR01 - Provides a central logging mechanism for the messages sent through the exchange. How the messages are flowing through the system.***

2 aspects - logging and central monitoring of flow in case someone changed something and broke messages

e.g. how many messages coming from Hospital X?

It is a separate piece of work to build a monitoring view / alerts

MW would bundle this in with FR05

FR5, 11 and 6 are all related

We have a good error tracking but still difficult to manage flow and figure out what’s gone wrong

RC - added metrics for flow monitoring - agree this is worthy of a separate requirement

MT - Have quite a bit of tooling around failed messages - have a “cockpit view” for skilled users who are responsible for ensuring hospital X message are working correctly e.g. didn’t have a patient registration so failed so get the registration data

MT - feels this is part of the HIE rather than the edge node, even if we are simply reporting problems to them. Our common one is code mapping, which is the function of the edge node

***FR06 - Allows the user to re-run error’d transactions and edit the context/environment in which they run***

RC will edit the wording re: edit context to make more explicit

***FR04 - Should support message transformation to and from service providers (e.g. SHR, CR, PR ...)***

Would prefer to minimise the need for mapping/unmapping, which adds a lot of complexity

Our goal is to use standards and normalisation and directives for specs of HL7 to minimise translations and FR07 will handle this only if necessary

Cfd - Can we use the word “adaptor” - set one up if needed

MT - Yes

RC - Will group FR requirements according to core functionality

***FR07 - Performs orchestration tasks for complex transactions to take the burden off client systems.***

Should be explicit - care rules and

Confusion around what happens in HIE, SHR and IL?

Are some implications for the HIE as a whole - maybe we need to extract those requirements for the system as a whole

RC - Agree - would be a good exercise to do this. Can bring this up on the next OpenHIE call.

CFd - otherwise could have functions that don’t match up or are duplicated

***FR08 - Can be loaded with a number of transaction/orchestration specifications depending on the required use case***

Speaks to modularity of IL

Those bits of functionality should be modular and plugged in as appropriate

MT - There needs to be a narrative to go with this list of requirements to fully explain each point

RC - Will add this narrative

***FR10 - Provide centralised mechanism for auditing of clinical data that is sent and received e.g. per HIPAA requirements***

Also needs fuller explanation

RC will do this and send out for review by email prior to next call

**2. Discuss tools to review for use as an interoperability layer**

RC asked for any other tools, which should be added to the list as these will then be reviewed against the requirements - either add to document or add to emailing discussion

**3. Decide if the first draft of the requirements is ready**

RC not ready to make this decision yet. After sending out document with narrative over email may be able to do this on the next call.

The call ended at 4:58pm CAT.

The next call will be Tuesday 11 June.

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| **Action Item** | **Responsible**  | **Due Date** |
| Can bring the need for HIE requirements as a whole up on the next OpenHIE call  | RC | Next HIE call |
| Will add narrative to requirements document and send out for review over email  | RC | 30 May |