**OpenHIE Community Call**

**Date: 19 August 2014**

Please sign in below

**Attendees:**

Ryan Crichton - Jembi Health Systems - Lead Developer -

Justin Fyfe - ecGroup

Larry Lemmon - Regenstrief Institute

Linda Taylor - Jembi Health Systems - Project Coordinator

Joan Africa-Brown - Jembi Health Systems - Project Administrator

Derek Ritz (ecGroup)

Christopher Doss - North Carolina A & T (<http://mhealth.ncat.edu/)>

Hannes Venter - Jembi Health Systems - Senior Software Developer

The recording of the meeting is available online for 30 days here: <http://www.conferenceplayback.com/stream/34858801/27562001.mp3>

**Agenda:**

* Introduction to Chris
* What is an Interoperability Layer for OpenHIE version 1
* What profiles do we need to support?
* What workflows do we need to support?
* Working wiki page: <https://wiki.ohie.org/pages/viewpage.action?pageId=19922994>
* AOB

Useful resources:

<https://wiki.ohie.org/display/documents/OpenHIE+Workflows>

<https://wiki.ohie.org/display/documents/OpenHIE+Interoperability+Layer+Workflows>

**Minutes:**

RC - decision on the profiles and workflows to support for the IL version 1

* Introduction to Chris

Christopher Doss - Associate professor at North Carolina A & T looking to develop apps to capture data from mobile devices into electronic health record systems. Focus on the IL level. Involved with HL7 mobile work group.

Discussion and information exchange to assist Chris with his research project and implementation of an IL.

* **What is an Interoperability Layer for OpenHIE version 1**
* **What profiles do we need to support?**
* **Which standards based profiles?**

RC - created a wiki page, the link is above, to a basic structure. Three things 1) PoC profiles, standard based profiles that the clinical systems would interact with 2) Registry profile, what profiles or actors we should support 3) which workflows/business logic should we support to make callouts to those registries.

DR- we need to have an expectation of its orchestration behaviour doing in the middle. How is this best described? To tell what the workflow in the middle is. Diagrams don't go into enough detail of the work being done.

RC - interaction diagrams and workflows to be of enough detail to describe how it should work, we should work at making them as clear and tech descriptive as possible.

DR - possibly create in pseudo code a box.......

RC - suggest we start with the workflows defined and extend where needed

**PoC profiles to support in version 1**

RC - XDS.b, PIX / PDQ, CSD

DR - also the Service Finder actor (CSD)

RC - can be a pass through for authentication and authorisation

DR - authenticate and authorise we agreed to do more than the node, do we expect to still do more

DR - facility registry started doing work do we know what they decided to use

RC - they are thinking of actual users of the registry system they were talking about a single sign on for people who have to manage the registries

RC - support both in the long run but thinking authenticating transaction only so far ATNA to do authentication and authorization. Have spoken in the past we don’t expect to identify a single doctor using a system rather authenticate a whole system.

DR - IHE doesn't need you to authenticate the individual but the node

JF - not authentication just assertion. Only thing is if the clinic has many machines and the nodes would be for a specific machine whereas a user assertion is for a clinic

DR - node authentication is sufficient for us to start on because we have the premise of a secure system.

DR - we play both sides because of our role as a middle man IL

JF - what is exposed to the PoS is patient demographic consumer, my understanding the IL would be doing some of the resolving of Patient IDs

RC - some of the PoC facing we don't expect specific formats from them, we aim to make their life easier

DR - lighten up the burden on the PoC side, one of the useful things the IL can do is resolving IDs which lightens up the traffic.

JF - if a full patient demographic consumer like OSCAR, it would submit CSD

RC - we want to expose the entire interface so that those that support other formats can also log in and interact, support the profiles to make people’s lives easier

JF - propose putting a note that it is a full interface but if you don't support the formats that the IL could do the resolving.

RC - the full profiles and expect the registry to do their own logging and then expose the ...

DR - support central log control by the IL

RC - having a single ATNA log server that everyone could speak to hosted by the IL across the HIE

JF - keeps the mirror audits when you read through the audit trail and this is helpful

LL - we have said the IL would have to go in with any independents saying that the IL would have to be with it because we are linking logging with the IL.

JF - if you only have the client registry it would be producing audits if you put in the IL you would have two logs of audits.

DR - useful to say that if OpenEMPI purports to be OpenHIE conformant it should use the IL

LL - want us all to think through the impact on all HIE systems, if you say you want to do OpenHIE you would have to have the IL

DR - all the commercial systems that do PIX and PDQ but if it is OpenHIE then it must come with an IL

JF - being validated in OpenHIE starts the road map for the gold standard of OpenHIE conformance and ensure they behave properly

DR - getting to having a set of conformance criteria to be OpenHIE an important list to be a difference between being stand alone and being able to be OpenHIE

RC - OpenHIE readiness sticker if they conform to what we require they would have access

JF - would indicate verification to work with the OpenHIE

DR - would have to determine what the requirements would be for architecture.

RC - it is what we have been trying to do in the IL and SHR - what constitutes a OpenHIE IL and SHR. If we could get the other communities to think along the same we would have these wikis with conformance required.

RC - additions and inclusions were made, invite all to have a look at the page and make any modifications, additions etc. that may be needed.