2015-06-02 OHIE SHR Community Call

Attendees:

    Carl Fourie

    Linda Taylor

    Tariro Mandevani

    Pierre Danne

    Hannes Venter

    Quintin Spies

    Pascal Brandt

    Larry Lemon

    Ryan Crichton

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Agenda:

**Review of action items from last call**

(<https://wiki.ohie.org/display/resources/Shared+Health+Record+Community+Call)>

No action items from previous call

**OpenSHR reference implementation**

**RC**: What should the OpenSHR include (XDS repo + reg or just repo) - follow of from Hannes and Derek's discussion on the mailing list

**RC**: Roadmap of the SHR record and what we want to accomplish The OpenSHR is a XDS repo and XDS reg and we only implemented XDS repo use OpenMRS – open xds using the open source project.

What do we actually consider the Openshr as a tool? Is it just the repository or a registry Do we have a recommended XDS or do you want to build our own registry or just repo or bundle them into one.

**HV**:  Addressing the registry side of the tool will go a long way.

**CF**: Keeping the registry components in the SHR - what would be an argument not to have the registry in the next year, is there one?

**RC**: We currently using a separate tool Openxds. We need to set that separately. Two option would be to implement an XDS registry within OpenMRS. How will we set the registry alongside repository as easy as possible for the end user and having to manage conflict between those two systems?

**CF:** Larry is there any thoughts or comments that you have at this moment?

**LL:** it is complicated to say it should go to SHR at the moment - we don't know if we have to build our own or what is the solution – I really don’t know.

**CF:** Putting a reference product not building in our own but rather bundling exist tool and validated tool together. A better idea in the product, bundle OpenSHR and in the package itself put core time and redevelop it

**HV**: Openxds doesn’t support on-demand documents.

**LL:** reference product - to build our own and must be a validated tool.  A better use - for the registry side, to bundle it to

**RC**: It is not the only option - there is Openxds a, HIEOS and DCM4CHE. All of those are Opensource. The registry might get complicated just in terms of validating. We will have to bundle what has been built produced into our current OpenSHR, but how to do that is the question at the moment.

**DR**: we have got option on DCM4CHE our anticipation on how we are going to support. We need to narrow search of the registry that support that. There are **thre**e hieos, DCM4CHE, and Microsoft with need windows server to operate. We set up a distro. We should pick whichever is convenient to us and bundle that as part of our openshr distribution, and if bundle it, we can add routine as part of the set up script as part of the mapping between OpenMRS, extra modules and the registry

**RC**: That is the different between trying to build something and trying to bundle another application. If we go the bundling route it might be the better option we need a sort of configure management that we can easily allow people to get the configure right between both the reg and the repo.

**DR**: One of the thing we should do is align ourselves with a larger initiative around a distro right now there is interest in the Distro for DATIM. Take the idea of the Distro is easily set up.  Talking some Snapshot of VMs. All of these things will make it easier.  If it comes a manual configuration process. A Distro can become a highly automated process.

**CF**: You are talking of a broader OpenSHR Distro. What we our looking is at the tool itself without pre – bundling.

DR: I don’t presume that there would be multiple Distro (there could be many...) that you cannot change elements. It can only configured and changed later.

**RC**: You both right, we do need to set up Distro for the SHR itself- building block into the full OpenHIE distribution that we want to create and getting component set up. Individual component to set up in a scripture manner.

**DR**: Could we go so far to say this is the virtual machine that we should operate in?

**RC**: Try and use some containeration – something like DOCA. A decision to be made once we evaluate the option

**DR:** The more we constrain the optionality the more it become it easier for someone who want to set it up and go. The more option we need to support the more manual configuration need to happen.

**CF**: We settling in on not building, but selecting the existing component and pre-packaging in SHR Distro. Is that our strategy?

**DR**: Yes it correct, that’s our strategy

**CF**: How do we take that forward from here?

**DR:** We need to pick our partners. Exploring the registry would be the next one.

**CF**: Do we have any requirement?

**RC:** we do, the requirement are simple be an XDS registry and support one document option. I don’t know if some performance research might be useful.

**CF**: We prefer to have performance matrix putting the SHR reference tool, fundamentals base - it has to sync

DR: It’s a good point, I agree with that.

CF:  we looking at the document on demand and the fastest at the dot.

**DR**: The part of work that the registry has to do for OODD is incredibly light compared to what we have do for the OODD to the SHR side.

RC: The thing is how we create a bundle for OpenMRS - the modules solution- require discussion (research). We can discuss that with Dev Team internally.

**The current roadmap for development** <https://wiki.ohie.org/display/SUB/Shared+Health+Record+Roadmap>

**RC**: Initial focus: at the moment there are few bug...getting to 0.1 release. Getting initial bundle by the first quarter July time frame

DR: We looking at quarter running into 2015. The first quarter of the new contract.

**RC:** Focus on the two quarters July to Dec - shared record health map that got sent out a while ago. 2 Trying to create configure dashboard and matrix, 3. Aggregate data reporting, ADX standard which is in developing at the moment, alerting. This is part of our roadmap for the funding we have for the year and what we aim to achieve.

**DR**: Issues of ordering and improving the performance - Are we able to change the order we can be participating in connectathon that will be testing MACM and ADX, the reason is on the ADX is because of the last architecture call and the degree to which DATIM is going to be a very pervasive for use case for OpenHIE and the target to go into 50 countries. It seems to me that a proportion of those countries will be able to use of the shared health record content. And whether moving forward with some of the ADX out of OpenSHR this a chance to get a demonstration point around that earlier rather than later coz if we miss that window of the cycle connectathon, right now the American donors are looking at the cycle of the American Connectathon and not the European or Asian ones. Is there an opportunity of changing the ordering?

**RC**: It might be possible to switch those around. We want to try a think what it means to be responsible with the connectathon. If it’s looking like ADX it’s going to be in try implementation by that a time and we want to have some implementation of Openhie to show for it and if it looks like DATIM, it’s going to be a big push within openhie. It might make sense to try and move that sooner. We need to do important pieces to line up with the connectathon.

**CF**: We can move this in order, driving forward the keys. I hope to know that the connectathon brings more than just the work. We should make sure that we align with the broader OpenHIE architecture. We should just make sure that we don’t get stuck in always responding to the connectathon alone but driving forward the reference implementation but at same time making sure it usable via the key thing going forward. Going to all the connectathon is resource intensive activity and we should make sure that it aligns with the North American team and the other community

**DR**: We didn’t test OODD at this last one and it is quite a crucial piece, I don’t think we have a footprint to be able to do OODD we have yet to have IG confirmation of our implementation on OODD - for January 2016. MACM and ADX released for public comment. Both (MACM & ADX) documents will successful move to the public comment in July, both will be eligible for testing connectathon. As SHR community I want us to establish the conformance on the OODD. To get there and have our donors very eager to have us, the ADX is just getting so much attention. Is such an important profile to DATAM that if we are also one of the communities testing ADX that would assure that will be welcomed at the next connectaton and we will get our OODD.

**CF**: We will look at the roadmap and how we can get the community staff to be implemented should be internationally recognised

**DR**: we did implement OODD in Tanzania even though we didn’t pass OODD at the connectathon. I want to introduce DEX Data Element Exchange - metadata elements such as blood pressure -conceptual data element and how can map to underlying data model pull up content, for e.g. pulled into the ADX message and sent to DHIS tool. What will be any profile that used for any repository to be able to do that.

**CF:** Are we seeing the DEX profile coming into OPENHIE workflow set by the architectural group?

**DR**: We leveraging DEX into our ICP work and that work is still underway

**CF**: to keep the generic workflow and bring that in. Everything that we do should relate to better health care

**DR**: Dex is the way that would relate to say if I need to test blood pressure, how I get blood pressure out of a pregnant mother

**DR**: I am not doing this because it doesn’t connect to workflows or things we need or suggesting it because it does.

**CF**: must feedback to the architecture group on the CDA +. Dex is something related to the work we are doing. I would want to see the implementers coming from different countries saying we need to use these profile and ask how they could do that.

**CF**: Are we creating our own dog food and we the one eating.

DF: No we are not, I don’t believe we are. I have travel coming in South East Asia and my sense is that probably the next to implementers will happen there it will be influenced by the work we have done in Africa.

**CF**: Are there using openmrs for the point of care – (Portia & Alvin)

**DR**: Yes, one of the discussion at the meeting with them was how would connect OpenMRS into the OpenHIE and leverage data exchange

CF: concerned that POC s are lagging behind - must be careful to ensure value at point of care - supporting clinical workflows

**DR**: In Tanzania there is a POC that is synchronising to HIE - just not OpenMRS - using Sync with CR - 2 way.

**CF**: Are you doing a presentation on this work in the broader OpenHIE community all lead

**DR**: A presentation was done regarding OpenHIE and Justin and I just did a presentation at Global Tower and another in Canada’s National e-Health presentation.

**RC**: There is a video together which was done, we will circulate it again.

**DR**: To put a video for what we have done – a request from Maurice Mars at UKZN... timing not solid, yet)

**CDA Plus - taking this forward with the architecture call**

**RC**: we have few ideas on how to move the CDA plus to bring this to the architecture group - HIV, Maternal Care and immunisation - we looking creating a CDA + that can provide a baseline document that we can use in different implementation. To validate with them and from there we can take it back to this community.

**DR**: Something that useful to us to bring back to the community. What do you think of making an application in the next IHE intake cycle?

**RC**: It make sense and we would want to achieve.  It should be something that we should strive to get forward. How to resource this within the community.

**DR**: If we are taking that key we need to make sure that we have the resources and budget for that. We have to make sure that we have enough resources and split the work around the organisation that might mitigate our risk a little bit. The donors have to know if we need this as an output.

**CF**: We need to get the CDA+ and the broader community and get the splits around the organisation to drive this forward.

**RC**: **Action Item**: to send an email to the architecture group list to motivate this.

**DR**: What is the take to draw this to the people that are not part of the community? The Italians will be able to contribute. There is international interest of consolidated CDA+

**CF**: Getting international groups involved.  Should this process not be curated by the terminology service problem?

**DR**: This problem is not about terminology service problem, it’s our problem.

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| **Action** | **Responsible** | **Due Date** |
| To send an email to the architecture group list to motivate CDA + to the broader community and splits around organisations | RC |  |