# Meeting/Call Notes

**Meeting purpose:** Community Call for OpenHIM and OpenSHR

**Date:** 09-04-2013

**Attendees:**

* Ryan Crichton(RC), Linda Taylor(LT), Hannes Venter(HV), Kari Schoonbee(KS), Shaun Grannis (SG), Larry Lemmon (LL), Shahid Khokar(SK), Mead Walker (MW), Bruce MacLeod (Motech), Liz Peloso (LP), Mark Tucker (MT), Larry Lemmon (LL), Mead Walker (MW)

**Agenda:**

* Update on new documentation home
	+ SHR: [https://openhie.atlassian.net/wiki/display/resources/Shared+Health+Record+Community+Documentation](https://openhie.atlassian.net/wiki/display/resources/Shared%2BHealth%2BRecord%2BCommunity%2BDocumentation)
	+ Interoperability Layer: [https://openhie.atlassian.net/wiki/display/resources/Interoperability+Layer+Community+Documentation](https://openhie.atlassian.net/wiki/display/resources/Interoperability%2BLayer%2BCommunity%2BDocumentation)
* Step through and discussion of OpenSHR use cases and requirements
	+ <https://openhie.atlassian.net/wiki/pages/viewpage.action?pageId=4948134>
* Any other business

**Call Recording file** *# 97773801*

[*http://www.conferenceplayback.com/stream/67857982/97773801.mp3*](http://www.conferenceplayback.com/stream/67857982/97773801.mp3)

**Meeting Notes:**

The documentation has now outgrown the Google docs and has been placed on the OpenHIE wiki under sub-community resources

* + SHR: [https://openhie.atlassian.net/wiki/display/resources/Shared+Health+Record+Community+Documentation](https://openhie.atlassian.net/wiki/display/resources/Shared%2BHealth%2BRecord%2BCommunity%2BDocumentation)
	+ Interoperability Layer: [https://openhie.atlassian.net/wiki/display/resources/Interoperability+Layer+Community+Documentation](https://openhie.atlassian.net/wiki/display/resources/Interoperability%2BLayer%2BCommunity%2BDocumentation)

RC gave an overview of the structure  i.e. the methodology used by the community now linked to the actual documents stored in the wiki.   Anyone can have access if they request access : just wary of enabling completley open access.

***Review of Use case and requirements of a SHR***

Reviewed the definition of a Shared Health Record

Looked at the primary use case is that a system e.g. EMR ,should be able to store a normalised sub-set of a patient’s data  i.e. clinical observations, care summary, allergies, medications, referrals, medical history, quality of life indicators, action plans, nutritional and mental health assessments,

Have we captured all the types of data we need: is this too much?

MT -are these documents we are storing - then it doesn’t matter what we store

SG - should say that this list is not intended to be exhaustive and different systems will store different data for different purposes

RC - agree, but these items should be a focus i.e. the type of most relevant common data to be stored in such a system.

LP - a combination of atomic data and documents e.g. in radiography, would like to store data and image files

What is an action plan?

LL - an action plan can be pulled up for specific patient i.e. how to provide care. Intended as a communication tool between nurses/providers. It’s a report created interactively  and stored as a report

Discrete vs. documents: which if these types of data should be discrete, documents and where should there be a controlled vocabulary

For the purposes of this initiative are we assuming one or the other or should we make an explicit statement that we should store both

RC - Likely want to store both discrete data and documents, but should look at the data from a more abstract requirements level  and not be distracted by the technical means of doing so

MT - Discrete data matters when we think about epidemiology reporting and decision support

Storing the actual imaging data for the radiology should be stored elsewhere – not in the actual SHR

We could store a pointer to the image eg. Mammograms that can be reviewed over time

Should be explicit that this is not in scope.

RC –  DR’s suggestion is: When we capture an event, e.g. a diagnosis, that should be stored in the SHR.

SG – every clinical observation has a date associated with it – from that and the result we can infer an event from the fact that an artifact is created eg: a lab result

RC – What sort of logical event should happen for us to want to store the data?

SG – simply another clinical observation

An order is an event of interest, an encounter associated with a set of observations

Once we have listed these events, what next? Just document them?

MW – we then need to define a conceptual data model

RC – What are the common events implemented in an instantiation of a SHR? i.e  not the only ones, or the prioritized ones, but the ones that we generally we aim to support

SG – Agree, but must be aware that it should NOT look prescriptive but exemplary i.e to illustrate the power of the SHR

LP – Should we capture charges? Billing data?

The reason this is being asked, is that interest hasbeen shown in other areas i.e. the Health Insurance sector: both the clinical and the administrative functions are showing interest in this application. Especially important in the  developing world context

MW – We can say we won’t collect data of a particular kind, if charges are needed then we can capture those charges BUT must be aware that some distortions occur eg: what costs are based on charges and getting wrong conclusions so need to note some caveats. Must not become purveyor of delusions

RC:doesn’t preclude us from storing this in another related system in the HIE but should it be in the SHR?

MW:sometimes the most detailed information can be included in the actual billing information so we should recognize this

LP:If we don’t accommodate this need, may affect take up. We should try and leverage this interest

KS: The SHR should facilitate sharing information between systems, facilities,  - should we be storing billing data to be shared?

SG:maybe we should table the notion of financial data for now as too controversial

RC: are also storing in SHR for reporting / aggregation purposes – acknowledge that this is useful but still uneasy that financial as well as clinical data is stored here

SG: maybe we should not assume what countries do or don’t want

We can say it has this capability but we don’t have to use it. We acknowledge that there may be value in storing financial data that could enhance country’s reporting and management needs – Look at it as a potential opportunity

***Next Community Call***

The next call will be on Tuesday 23rd April 2013.

***Community Wiki***

All links to working documents and call information are available here:

[**https://openhie.atlassian.net/wiki/display/resources/OpenHIM+Community+Call**](https://openhie.atlassian.net/wiki/display/resources/OpenHIM%2BCommunity%2BCall)