**OpenHIE Shared Health Record Community Call**

**Date:** 03 June 2014

**OpenHIE SHR ommunity Call**

**Date : 17 June**

**Please sign in below:**

**Attendees:**

**Ryan Crichton**

**Larry Lemmon**

**Derek Ritz**

**Pierre Dane**

**Hannes Venter**

**Joan Africa-Brown**

**Linda Taylor**

**Apologies**

**Carl Fourie**

**The recording of the call is available on line for 30 days here:** [**http://www.conferenceplayback.com/stream/83704198/44569401.mp3**](http://www.conferenceplayback.com/stream/83704198/44569401.mp3)

**Agenda:**

* **Brief OpenMRS implementation update**
* **Review SHR internal save encounter workflow**
* [**https://wiki.ohie.org/display/documents/SHR+Internal+save+encounter+workflow**](https://wiki.ohie.org/display/documents/SHR+Internal+save+encounter+workflow)
* **Discussion about a SHR to ICP engine workflow**

**Minutes:**

* **Brief OpenMRS implementation update**

**RC - update on what is happening with OpenMRS version of SHR. doing a lot of design work, Suranga and Jeremy were taking it on now Jeremy has left and Suranga has taken on priority role in Rwanda work. Bit of a gap now that we want to address. Currently we have modules that Jembi has developed that includes document based storage options, ground work for processing CDA docs coming in the content handler module we built. Not a huge amount of work to extend it thus far. Spoke to Paul and what he will do is find a dedicated resource to drive this work forward. Paul is looking into that in the meantime we are trying to find resource in Jembi as well but it has been difficult to find but now our SA work would be an opporutnity to drive forward the SHR work. Will look for overlaps between project work and the SHR work needed.**

**DR - does the resource have to be at Regenstrief or can funds be made available if others can do the work?**

**RC - perhaps not only Regenstrief but he will have to come back to us on that.**

**DR - are we open to using a different database for the SHR, alarm bell that we are half way through the year and we don't have an SHR up and ready to go. There are options that we could download to use for an SHR; OpenMRS is not our only option.**

**RC - we don't only have to stay with OpenMRS, it does offer us some of what we need like the discrete data storage which is the biggest plus but there are other XDS registries and repository we could take off the shelf we just wouldn't have access to discrete data.**

**DR - not an assumption that we won't have discrete data, every IHE registry should have access to discrete data. BaseX is being used in HWR. The RIM means a CDA is a navigable data structure and if the XML database is a good performer it could be used to deliver discrete content as well as document content.**

**LL - where would the resources for an alternative come from if we don't have resources for the OpenMRS**

**DR - may not be a discussion to have in this group. OpenMRS is a funded project and resources are made available by the donor**

**DR - if we use OpenMRS then the resources should go toward making OpnMRS do what it needed to do. We decided on OpenMRS a year ago and made progresss at the end of 2013 but not much since. OpenMRS is the one we felt comfortable with but it is not the only SHR we could use.**

**HV - working with BaseX is an interesting idea but working with a CDA doc is different from teh CSD docs but it may not work out the box and may take a lot of work. Jembi's work last year was mostly trying out different solutions and deciding on a strategy going foward and settled on OpenMRS as the way to go and we should stick to that decision now. Regenstrief was working on that, taking a step back now to explore others is going to put us 6months to a year behind from where we are now.**

**DR - agree with Hannes... but perhaps forgoing the extra functions, there may be options to not parse out the document and rather treat it as an object and still be able to do queries against it.**

**RC - main question is finding the resources and we should wait on Paul**

**RC - DR you mention some opensource that would be able to fit the purpose, do you have any options**

**DR - the only one I can name off the top of my head is at Mohawk. We could go to the IHE website and see which vendors have tools available that have passed QED testing. Could potentially find links also from the model based development or possibly Everest sites; sometimes there are links for people who have built products from particular stacks.**

**RC - a lot of the XDS.b from my knowledge store as a blob not as discrete data which is the value add we get from OpenMRS.**

**DR - from IHE website: GE has a product, an SHR created by IBM may have released as OpenSource, we could look perhaps the IBM Health Suite (it was tested at the 2010 Connectathon)**

**RC - need to check if there are any opensource that we could possibly use.**

**DR - is there any appetite to look at possible plug and play options?**

**RC - could be worth looking at but not too much effort given the lack of resources. The OpenMRS is still the best idea so we shuold find the resources.**

**DR - we wil have developer horse power brought to bear in July when Justin goes onto sabbatical from Mohawk and joins ecGroup and would welcome his thoughts and inviting him to come to speed on OpenMRS. Also curious to hear from him if there are plug and play options he is aware of.**

**RC - don't want to repeat work that we can get from somewhere else. We need people and time for the project. Justin would be a great asset when he comes on board, we could have a sprint to get some work done.**

**DR - this is critical path. If we don't have a "save encounter" solution it knocks us out of the HIE business.**

**RC - there are options for the XDS.b but the discrete data is a challenge to use those.**

**DR - invite those closer to this to put together some specs or a sprint workplan that we could plug Justin into. This has got to be critical path for us, let's give Justin something to chew on when he comes on board.**

**RC - point him to us or start a thread we have the documentation it has just been getting to the development that has been a challenge.**

* **Review SHR internal save encounter workflow**
* [**https://wiki.ohie.org/display/documents/SHR+Internal+save+encounter+workflow**](https://wiki.ohie.org/display/documents/SHR+Internal+save+encounter+workflow)

**RC - added link to the page that was created to ensure that we captured last discussion correctly. two things to go through 1) exactly what we plan to support added pros and cons of using CDA and XDS.b, put together documentation supporting the decision we made.**

**DR - is transaction 8 a send CDA transaction? it again it doesn't say that.**

**RC - number 8 is whatever form being used probably some object form or passing that as one blob whatever fits the system design.**

**DR - if our SHR is a black box that can answer a QED query, we would be done after transaction 7. the option is not only optional if we are doing it asynchronously, but also if we are separately storing discrete (unless the SHR already knows how to do this).**

**RC - shows how it will be done if we store discrete data.**

**DR - the SHR Interface is like the offramp that puts things where it needs to go.**

**RC - it is a component that will send things where it needs to go.**

**DR - this diagram is specifically for the use of OpenMRS. If we require two distinct pieces of work -- transactions 8,9 and 10 would take care of it.**

**RC - impossible to know how each of the different systems would be doing it.**

**DR - this is how the "clear box" description would look if we doing the OpenMRS SHR**

**RC - main changes have been the asynch box that will breakdown to discrete data and have it available at some point.**

**LL - looks like the parsing is being done somewhere else not at the IL is that intended.**

**RC - entry into the IL will still be CDA and XDS.b and will be doing it in the SHR**

**RC - validation of CDA doc will be in the IL checking terminology use, will do those validations and pass it on to the SHR still as a CDA doc and then the SHR doesn't do the validation again, it only stores it an then break down to discrete if needed before storage.**

**DR - this describes the saving of a conformant document.**

**RC - correct it assumes the validation has been done.**

**DR - transaction number 7 is a standards based XDS.b transaction**

**RC - this is a summary of what we want to have documented.**

**DR - the place we are going to have our arms around the CDA doc is at the SHR off-ramp, not the IL. If we draw a box around........ so our ability to plug and play with the ICP "service" will be SHR-dependent not IL-dependent... and that is worrying.**

* **Discussion about a SHR to ICP engine workflow**

**RC - the actual logic of driving the ICP should be in a separate engine send a second copy to an ICP engine to be broken down and processed further. Not tie it all into the SHR and separate out those concerns. There may be better options to do the ICP work that is needed.**

**DR the ICP engine needs to stand in the same spot as the IL given the "point of view" it has to have, it will have to be able to access things like the IL does**

**LL - use a lot of real time triggers that could be in the ICP where would you have those that are not related to the ICP in particular.**

**DR - good point because those triggers would not be a part of a long running guideline based ICP.**

**LL - need a sense of where all of this fits**

**DR - if we start doing if/then processing, then this will be a way for us to do it. would like us to say this is how we are going to do logic processing in the IL and we are going to run it for each one.**

**LL - DR do a quick summary of how all things would fit together, Infoman, real time alerts.**

**DR - we could use workflow processing capability in many ways, one to support ICP and guideline based care plans. Nothing about the generic workflows that make it only for ICPs; though. the workflow processor would be the way that a jurisdiction puts logic into a IL; it's not code it has workflow language that says how it works. Difference of 4 visits to track ANC and triggers. Need to have something that could work for triggers and longer term ICP tracking.**

**RC - could make it fit into one of the IL workflows, as the CDA comes into the IL it gets routed out to two mediators one for validation and before that another mediator that does processing for ICP alert events done asynchronously.**

**DR - push back on that idea... if we assume that we don't want to use the response message to convey back message to the PoC, it could be an alert, warning or recommended course of action. Makes me want to have the workflow pieces respond to the IL before the ACK response from the IL is sent to the PoC.**

**RC - concern about performance and not sure if you can add to the responses.**

**DR - almost certain there is a space for warnings and alerts inside the response message**

**DR - plausible use cases that would want us to return alerts as part of the acknowledgement**

**LL - agree with DR the real time aspect serves us well here better to build it in now rather than when it is needed in a country**

**DR - may be difficult to bolt this on later. puts a pretty tall order on the workflow engine and means it will have to be a champ to ensure the short response time.**

**LL - it would have to be real time to catch an outbreak of some sort**

**DR - what language are we using for our workflow?**

**RC - using mule and java code mix**

**DR - does mule speak BPMN. On the mule blog there is reference to BPMN support within mule**

**RC - good to put together a workflow page to describe exactly how this ICP workflow would work.**

**DR will take it on to do the workflow for this**