**OpenHIE SHR Community Call**

**Date: 07 October 2014**

**Attendees:**

    Linda Taylor

    Joan Africa-Brown

    Justin Fyfe

    Derek Ritz

   Larry Lemmon

   Recording of the call is available for 30 days online here: <http://www.conferenceplayback.com/stream/53254347/70085501.mp3>

**Agenda:**

* Update on
* SHR Community Roadmap - [https://wiki.ohie.org/display/SUB/Shared+Health+Record+Roadmap](https://wiki.ohie.org/display/SUB/Shared%2BHealth%2BRecord%2BRoadmap)
* AOB - please feel free to suggest any crucial topics

**Minutes:**

JF - last call SHR supports on demand documents. Past two weeks working on two sections of the CDA immunizations and medications and they are now done. Now have a complete CCD that contains all the necessary sections. Working on the APS generating completed identifying when a new piece of information is part of an existing pregnancy. Still have to do sections specific to the APS and antenatal testing and surveillance, should be done by the end of the week. Connectathon requires audits when generating data in a discrete way, this will be the next part of the work.

LL - good feeling that everyone is moving along so well on this project.

DR - what made the medication parts difficult?

JF - the meds section is challenging on import and export in HL7 V3 if you want to represent dosage you have a periodic interval taking the structures of this with OpenMRS the mapping is challenging between the two types.

DR - are the issues related to the OpenMRS is it idiosyncratic to what we are using.

JF - everyone doing medications has the same problem, it is a common issue, think it's the way the V3 represents more intricate dosage.

DR - any update on the xds.B we need both for a working SHR

JF - RC focus on the OpenHIM. Believe we can access a repository minus the audit, as far as repository and third party registry we can do the service contract but wouldn't pass a connectathon without the audit function

JF - don't have to do the registry actors, right now OpenSHR relies on an outside registry if we want to bring it into SHR requires more work.

DR - why do we have to write a registry?

JF - the way that SHR behaves today if we have Patient A and B and both have CCD and a merge occurs the registry only requires PIX, will merge but still have individual CCD for each patient. The data will be there in two separate documents you would be able to get the data as two separate documents not one.

JF - two options we have a repository that also accepts the patient feeds ..... we could do an integrated repository registry or the HIM can aggregate the duplicate patient records

DR - How is this managed in Indiana LL?

LL - in Indiana when we merge we still keep the individual record but a primary ID is still kept for a patient to allow for separation if needed.

JF - sounds like you keep the original IDs and use OpenEMPI to get the whole picture for a patient

LL - have a global ID that displays all the IDs for a patient

JF - the challenge we have here is the CR is the one doing aggregating for CCD it doesn't accept merges, how do we want to manage the merge in the SHR?

LL - what drives a lot of things here in Indiana is how to unmerge successfully. So if the SHR takes info and puts it to one ID unmerging is challenging. The unmerge is more of a driver rather than just a single record in the SHR

JF - if the SHR keeps only the EPID

DR - the HIM is not updating it is adding an ID not replacing

DR - are we persisting both IDs in the SHR, we are keeping the ability to do the split later

LL - the global ID ties it together and the local ID is not gotten rid of, it will always have all the IDs

JF - challenge is that each visit is connected to the local ID the OpenMRS doesn't have local level IDs could add it at the encounter level but it doesn't solve the problem of discrete data.

LL - Indiana able to keep the source information if needed to be contacted at a later stage

JF - would prefer to see as a stop gap we could handle the merging case on the OpenSHR the splitting case, we don't support PAM message for split but we could at least do the merging case.

DR -agree the split is out of scope, what are the right options to do the merge.

JF - ultimately want to see OpenSHR be an integrated registry and repository. Will check if there is an option to have a system that could be adapted to suit our needs.

DR - give LL an update on the alerts call

JF - it is a Q4 item on the roadmap. Presented a one page proposal and CL did his this morning on the call we learnt alerting is something ITI has been trying to do but it failed to become profilised because of a lack of people to do the profile. So alerting is not unique to our community.

LL - who would own it or would there be multiple groups involved.

JF - the way it works now CL will take his brief proposal to the ..... to be voted on whether it is a valid work item for this cycle it goes into the work queue. It falls to the one person to be the editor and then weekly calls are held to affect changes then in May it has a public comment period.

LL - seems we could be drawn into this and how soon would it be resolved and who makes up the committee.

DR - will be brought to the IT infrastructure committee CL will be the editor and own the document but it is a very open process and will include a wide range of people who are interested to move it forward.

JF - a smaller subset of ITI that works on it and then it is presented to the bigger group. From the sounds of it there might be a lot of work being done on it already

DR - we can leverage a lot of work that has already been done

LL- alerting is going to be one of the things that sets us apart and makes us useful, just concerned we get too caught up in it.

DR - there have been two attempts that were not successful but it is important. Need to manage the resources so that we can achieve success, one of the reasons it's languished before is a lack of resources

**RoadMap**

DR - would like us on the road map to be explicit that the test suites be from Connectathons. There are test cases that we could run to see if we are getting it right. There is a rigorous suite that we should callout that we should pass and this would help us to prioritize.

LT - similar to the battery tests we did before?

DR - there are specific tests that go along with those actors that we are working on

LL/JF will send LT the email containing the links and information, LT will lift out the test and amend the details on the wiki page to include a link to a connectathon test page

LT - we can track it

DR - as we get it ticked off tracking is a great idea.

JF - as the month moves on we need to co-ordinate the work for the connectathon and this pre work could help us in how we approach the connectathon testing.

DR - given budget constraints we will have to have as small a team as possible and have skype and hangout connections as needed to give input to the connectathon.