**OPENHIE Provider Registry Community Call: March 6th**

**PARTICIPANTS:** (**please enter your name and organization upon joining the call)**  
Dykki Settle, IntraHealth  
Carl Leitner, IntraHealth  
Luke Duncan, IntraHealth  
Tiffany Jager, IntraHealth  
Tunga Simbini, HITRAC  
Florence Saburi, HITRAC  
Judge Muzinda, HITRAC  
Charles Matsambe Chigoriwa, HITRAC  
Martin Stimela, CDC Botswana  
Wayne, Jembi  
Rowena Luk, Dimagi  
Chris Ford, ThoughtWorks  
Carol Bales, IntraHealth  
Kelly Keisling, NetHope  
  
**MINUTES:**

1. **Welcome and AOB**
2. **Review of Healthcare Provider Directory (HPD)**—
   * HPD is a normative standard of ‘Integrating the Health Enterprise’ IHE
   * Profile specifies a standard to “support queries against, and management of, health care provider information that may be publicly shared in a directory structure.”
   * Technology is built on
     + **LDAP** for data store / data model
       - LDAP is not a relational database
       - offers a limited query language
       - Provides quick reads and slower writes
       - is structured as a tree hierarchy of objects with attributes
       - More details on LDAP data model, ‘line delimited interchange format’ (LDIF) and schemas in presentation linked here: <https://www.dropbox.com/s/ebaocefbbco9jlm/Provider%20Registry%20Overview%20HPD.ppt>
     + **DSML** for API
       - SOAP + XML API defined via DSMLv2
       - API supports two types of information flow into the Provider Information Directory
         * **Provider Query** (from a Provider Information Consumer)
         * **Provider Feed** (from a Provider Information Source)
         * More details may be found here: ftp://[ftp.ihe.net/TF\_Implementation\_Material/ITI/examples/HPD/](http://ftp.ihe.net/TF_Implementation_Material/ITI/examples/HPD/)
   * HPD profile specifies the following organizational units:
     + **HCProfessional** - individual providers
     + **HCRegulatedOrganization** - health service delivery organizations
     + **HPDCredential** - health credentials of providers (e.g. nursing license)
     + **Relationship** - to determine membership of providers and suborganizations in organizations
     + More information can be found at: <http://www.ihe.net/Technical_Framework/upload/IHE_ITI_Suppl_HPD.pdf>
3. **Data standardization of facility lists/Data coding** 
   * Since LDAP is not a relational database and has many-valued attributes, how can we ensure data standardization.
   * By using standard coding for data sourced from other canonical resources, we can ensure consistency across the architecture. Examples used in the Rwanda implementation of the RHEA Provider Registry include:
     1. **Facility codes** from Master Facility List (could also be Facility Registry)
     2. **Employee type codes** from human resources management systems
     3. **Deployment municipality codes** from national standard list
4. **Member activity overviews**
   * HITRAC Zimbabwe (moved to next call)
5. **Lessons from the Facility Registry** 
   * No Test for success for API = broad scope. Start with minimum requirements then implement then expand. Start with areas of agreement.
   * Document and track use cases from RHEA and other field implementations.
   * Multiple API sources and iterations. = Organized artifacts and versioning.
   * Shared venue and reporting out with recording. Steer side conversations to shared venue. Be clear on who venue serves.
   * Agree on API format, hosting, edit rights and responsibility. Changes should be mutually agreed and communicated. Deal with changes.
   * Use GitHub etc to organize issue submission and resolution. Use alternate open channels for project issues.
   * Agreed version control. Balance needs of project and community.
   * Dont let clear process get squeezed out of conversation.
   * Get input from the field.
   * Separate project mgmt and tech calls.
   * Flexibility on scope and roles. Let community decide schedule.
   * Clarify goal as model vs. product.
6. **Working together: discussion on resources to use for interactive collaboration (to be discussed during next call)**

* Requests for development or implementation come through email or call and get added to agenda of community call
* Discussion on community call of a development or implementation request
* Summary of discussion posted to PR google group. Invite community feedback
* Consolidate/edit discussion to proposal on wiki
* All proposals listed on one page (in similar format to <http://www.ihris.org/wiki/IHRIS_Ideas_List>)
* Periodic voting on activities to determine priority
* Community members may express interest at any point on working on proposed activity – an activity with interested developers and implementers can supersede priority process.
* When priority activities are ready for development or implementation, interested collaborators go through a more specific planning process with specific milestones and deliverables. If activity not supportable by existing member resources, PR community can propose effort to larger PEPFAR OpenHIE leadership

1. **Looking forward** 
   * Requested needs (Rowena Luk - Dimagi) - Statement of goals
     1. What is the value that a participant gets out of the initiative
        1. Building up the argument so that we can get the buy in from implementers on the provider registry approach
        2. There are many systems that capture providers - what value will they see from getting behind the provider registry standard.
           1. More general process
        3. Divide up calls between the technical and project/implementation side.
        4. More of a dialogue explore other approaches
           1. Can we identify another group who is working on these things.