**OpenHIE Interoperability Layer Community Call - 29 April 2014**

**Attendees:**

Wayne

Derek Ritz (ecGroup)

Linda Taylor

Joan Africa-Brown

Larry Lemmon

Hannes

Call recording available online for 30 days here: <http://www.conferenceplayback.com/stream/44221444/35466001.mp3>

**Agenda:**

* Continue save encounter workflow discussion
* [https://wiki.ohie.org/display/documents/Save+encounter+workflow](https://wiki.ohie.org/display/documents/Save%2Bencounter%2Bworkflow)
* <https://wiki.ohie.org/download/attachments/13926693/14-02-03%20arch%20diagrams.pptx?version=1&modificationDate=1392401425436&api=v2>
* Resolving client, provider and facility identifiers
* Should the PoC systems know the enterprise IDs of facilities/providers/patients.
* Should the enterprise IDs be system generated or could existing IDs be leveraged?
* How to validate and map terminology?

**Minutes:**

DR - link to work done at the meeting in Indy. Another round of IHE meetings being held. Topic coming up for the IL community. The link is to a Powerpoint and the last 10 slides go through interaction diagrams that include support integrated care pathways. Would appreciate input on a IHE option that can assist

Fits with the antenatal care process making it able to track various aspects of the maternal care.

DR - asked everyone to open the powerpoint. starting with slide 52

WHO care guidelines handbook was analysed to see how it could be supported.

What would be the common processes/ tasks that would have to be supported

Slide 53 Common processes

Slide 54 what an ICP is, it is a high level not orchestration workflow like the save encounter workflow rather a view standing further back.

Slide 55 how the building blocks can be used in a reusable format

slide 56 common processes of a reusable care path that can be used in the 6 care guidelines listed. The diamond represents a decision point. One can enter the pattern or be part of the cycle of the process

Patient presents for emergency produces ID card, decision is can we treat it or not here, resultant action transfer or local urgent care.

Next diamond is guideline based care

Next diamond medication dispensing

All the WHO care guidelines there is a point where you are charged for care either as part of national insurance or payment from the person

Record and report step is now going to be saved to a health record, this is what is interesting to us. A record of the encounter is made.

Thick circle is the end of the workflow or monitor and follow up.

HIV patient start at the monitoring follow up as a result of an alert

The patient is identified, check for emergency signs in the patient

First diamond not emergency so move to counselling

Down to guideline based care if no problems then move on to dispensing and service charge depending on the situation in the country/hospital for payment

Then continue as part of the monitoring and follow up

LL - very thorough, put a computer image near the guideline portion because using the SHR we could be using the guidelines. DR - agree and it is the example used.

DR - strict requirement from WHO we could not be prescriptive on what would be ehealth and what would be paper, so that the guide could be applicable to more countries

DR - the process could be using the EMR or the SHR if it is more computer based.

WN - Conduct lab tests what happens if more is identified

DR - on the WHO work item it had to be scoped more, no insights into the transaction traffic if lab tests were done that found out other challenges to be treated.

DR - the scope of the WHO guidelines is for IL for care, it looks at message traffic for continuity of care. Focus on the discharge summary as the key document. The scope was for the sharing infrastructure for the IHE.

DR in community based care lab tests would not be done at a community centre it would go to a lab, and the lab results would be monitored for follow up and the follow up care would be based on the lab results. This process is aimed at more basic primary health care

DR - the guidelines are based on specific WHO metrics focusing on counselling given to patients in most steps.

slide 57 Operationalizing Guideline-care based

DR - Guidelines are paths through the diagram and processes.

DR - simplification does not detract because it refers to a set of processes

slide 58

DR -if we could do the top ten on the slide we could operationalize the processes on slide 56

LL  - are all of these electronic or can some be paper based.

DR - if you were doing 10 electronic processes these 10 would cover the WHO guidelines

DR - lab tests are easier to do on paper because it accompanies a physical part usually

DR - recommend all 10 are electronic

LL - are these all live or are they staggered.

Slide 59

Creating demographic record transaction

Slide 60

Find a client query by ID

Slide 61

Patient demographic query may return multiple records

Slide 62

Housekeeping

DR - IL job of resolving identifiers. Present iteration we are maintaining an InfoMan with a cache of the Provider and Facility registers.

Slide 63

Resolve local IDs to enterprise IDs

Infoman will be in the IL, useful to show as a different actor but it will be IL plus Infoman is how it will be deployed as it will be in Tanzania

LL - exceptions hard to deal with but what would happen if all of these have problems.

LL - the infoman is a separate entity from the IOL but it is an agent of the IL

DR - it is like they should always come as a pair. We are treating them as separate entities because the infoman is a separate software

LL - would the converse be true if a country only does the certain registries would we still do the infoman

DR - feedback from two weeks ago that the country want the client registry and then the SHR but they want the provider registry to come with a IL and the infoman that will come hand in hand.

DR - it will be simplifying if we always plug in a IL plus an Infoman, even if it is just a facility registry, to have a standard based approach to the registry they needed an infoman

Slide 65

Save and store PHI

Resolve IDs

DR - determine where in the work flow we are. use the RPE to determine that and what further action is required in the workflow

LL where is the ICP stored

DR - scope creep to expect the IL to store it all, it is designed for IL transactions, so they would be stored in the workflow engine.

LL - would all the steps be cached at start up or can't they be cached and may be read at some point.

DR - for performance reasons it could happen this way