**Meeting/Call Notes – OpenHIE Shared Health Record**

**Meeting Purpose: Community Call for OpenHIE SHR**

**Meeting Date: 8 April 2014**

**Attendees:**

Ryan Crichton

Joan Africa-Brown

Linda Taylor

Hannes Venter

Dominic Chibamu

Larry Lemmon

Suranga Kasthurirathne

Derek Ritz

David Aronow

Wayne Naidoo

Jeremy Keiper

The recording of the meeting is available online here for 30 days: http://www.conferenceplayback.com/stream/98332228/30494901.mp3

**Agenda:**

* Vision, mission and values update
* Virtual documents vs storing generated documents
* Which makes the most sense
* Where should the generation of these happen (IL or SHR)
* How should querying for document workflow? Does the SHR just return a list of links to documents as per the XDS standard?
* Sign off on the CDA discussion being had on email

**Minutes:**

**Vision Mission and Values Update**

LT - just sent out what will hopefully be the final draft of the document for the SHR Vision Mission and Values. A simple yay or nay needed if not received by Monday we will accept that the document is agreed to.

RC - thank you LT and hope we have consensus on the issue

**Virtual Documents vs storing generated documents**

Which one makes the most sense for us, on the last call we discussed not having to save the document but rather restore it when needed again.

DA - clarify that we are not making a paradigm of one or the other. Some docs are stored and the majority may be linked, is that right

RC - that is correct, a lot of the docs we will store outright and break down. Talking about summary documents that may be needed. There would be a subset of docs that would be virtual and those are mainly summary documents.

DR - there are some profiles that look for discrete data and return that, like the idea of virtually creating CDAs but some of them should return discrete data. There are profiles that will produce these.

RC - POCs will submit queries for the document, would we want them to query for the virtual docs. When it comes to just storing or having virtual docs available it will be XDS.b

SK - how will the virtual doc be diff from the stored doc? Will the virtual be the most recent data and the stored document other data.

RC - some docs will be saved a number of times at the POC system. If the patient moves to another facility they could query the summary doc that would be a virtual doc. All the discrete data that we have stored previously will be used to create the summary doc on the fly

LL - what happens with the messages coming in are they logged or are they gone when we get a message and store it to the SHR.

RC - will be stored as they come in from the IL when the docs come in to the SHR they get stored and then also get broken down to discrete for other uses.

LL - a log will be stored as we received it?

RC - yes

LL - the question of whether it is virtual or not we can return to the original

RC - the virtual summary docs could be generated as needed.

LL - are we talking about sending out a document to a POC do we store it or not

RC - do we just generate the doc when asked for it or save it again?

RC - as a start we generate the doc and then not store because we want the most recent information

LL - last time we agreed we would have to have a date window so that we are able to recreate docs that we produced virtually

RC - XDS.b could allow for this

HV - like the idea of virtual docs whether or not we store it we should take it as a performance issue, should be fine to do that. On the ante-partum summary to understand the flow and how it is used. My understanding it is treated as a living doc for each interaction with a mother you send it and it builds up over time. Might be good for us to understand the flow and how people interact with the docs and how it works in the workflows. Something that we should look at.

RC - DR do you know how those are generally used?

RC - HV good point to make and need to look at the purpose of the doc maybe just generating it may be easier to add to other occurrences.

DR - talking about  the APS, it is designed to be a living doc the idea of a flow sheet and content will be added to that. The flowsheet idea means that the intention of IHE is that, that is what is needed. In the preamble they say how it is expected to be used.

RC - the encounters are in the APS

DR - the document would be fetched and added to and then saved as the compilation of the document is needed.

RC - does it overlap

DR - the antepartum history and physical are the first document and then the APS which is complementary to that.

DR the antepartum history and physical is like the onramp onto the ANC. part one of the profiles speak about the use case

DR - HV and SK have you gone through the part one.

HV - the APHP is the initial and the APS grows after

DR - is it complementary content or is it updated each time.

RC - the APHP will not turn to the APS

DR - the profiles are split into 1 and 2. Part 1 is the business part with what it is expected to do. Part 2 is around the shall and should and must have data elements

DR -APHP and APS part ones will show how the IHE expects them to use and part 2 which are mandatory and what is optional

RC - what indications would this approach have? with our understanding the APHP will be an initial and the APS will be updated at each visit. May not have the need to create a virtual record then. The idea of virtual doc may not be needed then because we will be building up a document over time anyway.

DR - APS is not typical my sense is it is anomalous.

HV - initial summary are built up and then released.

LL - APHP is a snapshot at the beginning and APS is an ongoing doc during the course of care

DR - idea of generating a virtual doc on the fly for this use case, not sure any profile will do it today.

RC - seen as we using maternal care for our use case, should we think of using virtual docs as it doesn't seem typical right now.

DR - suggest that what is interesting of this part is the flow sheet which is part of the CDA needs what you get for visits 2,3 and 4 as well. SK have you found a place in the template with a flow sheet in it.

SK - do not recall something like that, at this point no.

DR - sent SK some links to templates was it not in there?

RC - is it part of the APS document?

DR - yes a HL7 doc that forms part of it. The CDA has templates and the templates have been defined. There isn't a definitive instance, there is a defined using schema.

Jeremy - we need a specific use case or we find a way to enforce a standard saying this is what the SHR requires.

Jeremy - we need to rely on the schema to be prescriptive enough to tell us what we need.

DR - we've been looking at e.g. instances that have been generated and put them in the format of the schema an empty tag is acceptable if it is optional

RC - templates are well defined especially for the APHP and APS doc those schemas are extensively defined.

DR - it is very detailed including schematron that you would run against it. RC posted something with a template id for the mandatory and optional items

<http://wiki.ihe.net/index.php?title=1.3.6.1.4.1.19376.1.5.3.1.1.16.1.1>

Jeremy - can't have a standard if it is variable. CDAs are inconsumable unless you have all the information of how they will be stored.

RC - they take the CDA with the profile it becomes highly specified, what's required and what not.

DR - well served to use some of the tools that take content out of HL7v3 and map it to an object model. We can map things into an object model to use in a system and write to a database schema.

* **Sign off on the CDA discussion being had on email**

SK - APHP document, most recent email have people seen it. Contains a sample use case.

Sk - the APHP doc will be represented by one encounter. Each component would be a single observation group.

RC - have to check the specification in the IHE

HV – mood code defines and how it acts in a CDA, suggest we look it up

SK - the APHP one encounter while the APS is more

DR - sending to Justin to draw him into the conversation.

SK - are you sending the email?

<http://wiki.ihe.net/index.php?title=1.3.6.1.4.1.19376.1.5.3.1.1.13.2.1>

RC- chief complaint section looks different from what SK has, doesn't seem to have observation but a code

SK - there is text or code way of displaying the data

RC - something to check the actual profile need to check the specification. A good approach.

RC - members may have a read through of the IT profile document to get a better understanding of them

SK - do we need to include all the requirements?

RC - in general all the sections of the document must be there but they don't have to have content in them

RC - the online validators may not be completely reliable

HV - you need to set up specific validators and turn them on, will send SK code snippets that he has used

Jeremy - could join to work together over the next couple of days.

RC - keen to join those conversations to help out. Like the idea of live examples, that could be a first step to collaborative tools.

Jeremy - work together with SK come up with something and send it out to the mailing list tomorrow