# **Meeting/Call Notes**

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

**Date: 13-08-2013**

**Attendees:**

* Ryan Crichton
* Linda Taylor
* Carl Fourie
* Kari Schoonbee
* Evan Wheeler
* Larry Lemmon (Regenstrief)
* Mark Tucker (Regenstrief)

**Agenda**

* Discuss the final recommendation document
	+ [https://wiki.ohie.org/display/SUB/Shared+Health+Record+options+and+recommendation](https://wiki.ohie.org/display/SUB/Shared%2BHealth%2BRecord%2Boptions%2Band%2Brecommendation)
* Continue discussion on standards to use for the SHR
	+ [https://wiki.ohie.org/display/SUB/Standards+for+the+Shared+Health+Record](https://wiki.ohie.org/display/SUB/Standards%2Bfor%2Bthe%2BShared%2BHealth%2BRecord)
* Discuss next steps for SHR community

**Call Recording file # 59810901**

**Meeting Notes:**

***1. Discuss the final recommendation document***

RC asked the group if they were happy with the recommendation and if we can move forward or if further discussion is required**.**

It was agreed to move forward as documented and RC will confirm via email.

***2. Continue discussion on standards to use for the SHR***

Custom profiles of V2, V3 and IHE - a full stack of standards to cover various aspects

MT - like the custom profiles of V2 and V3 - very clear- but still not sure what we mean by IHE profiles

RC - Agree IHE profiles not well defined. Have tried to find V2 specs on IHE but could not find anything

MT - Also could not find any info. May be legacy profiles that are no longer supported

RC - FHIR is in test phase so may not be best to prioritise as it is so new

From research, understand that using V3 is very difficult and so may not be best approach

CDA constrains it to something that is usable

so V2 or XDS with highly-structured CDAs seem best approach

MT - Agree should step away from V3 - too complex - and FHIR - too new

Does CDA work for our use cases? Is this the way we want to do things?

Don’t believe that CDA does support the data flows

Is the Indiana use case the one we care about? Or Information collected at edge nodes / data dumps from central core then may be able to use it but only if constrained

Is clinical data going to be in vert bar V2?- understand how to use this

Difficult to answer these CDA questions at this stage as have little experience of working with it.

Need to speak to those who have experience.

If we chose V2 then what would we use?

MT - Specs we use are fairly simple - could create a profile as needed i.e. these are the code systems/fields etc. we use. e.g. could specify LOINC for lab data.

The beauty of this is that the specs are readable by people new to HL7

People who have IHE compliant systems can use this

RC asked if we can have access to the IHI document ? MT - No, we would have to write our own as have contractual limitations

RC - Under RHEA we have some specs that we can also use and combine with IHI . Will send out links.

Still have two options but need to do more research to come to a better decision.

There will be a discussion on the OpenHIE Leads call on next Monday and RC will raise the stds issue then. Am hoping the architecture discussion will be raised and a more open discussion planned for this.

***Discuss next steps for SHR community***

The next steps are:

1. to produce a design document for OpenMRS

2. to produce a document specifying recommended stds for use in the SHR based on two options we have discussed today - need to flesh these out in more detail and highlight the questions we have - need a champion for these options

Some prototypes would be beneficial for both 1. and 2.

RC - We should engage the Mohawk College team to help us answer these questions - perhaps reach out to them to join the next call

LL- Have talked mostly about standards from the edge nodes but what about standards for inside the core?

MT - Do need to talk about this. Can’t change standards within core

RC - Agree should use same stds- can modify messages to make them more complete but not change entirely - Could possibly support multiple standards rather than try to transform within HIE

MT - Support CDA outbound as we can generate this but am nervous about using this as primary type

LL - In a mature systems could have 3 in parallel - 1st = ? 2nd = ? 3rd=XDS interface

Agreed - The way it comes in will follow through to the core i.e. no changes to the base standard

LL - How are enhancements to OpenMRS handled? Do you need buy in from OpenMRS community? What is the process?

RC - Depends a bit on the way functionality is defined. Using OpenMRS as a SHR may be fundamentally different to what the OpenMRS community want so may have to fork the code.

Will need to ask the OpenMRS community and leadership

MT - Should document how we want to use document-based messages - ask the process question within the design document.

**ACTION ITEMS**

* RC will create the new collaborative documents and share the links
* RC will reach out to Mohawk College
* RC will raise questions about future direction of OpenMRS-SHR with the OpenMRS leadership