# **OpenHIE Interoperability Layer -Call Notes**

**Meeting purpose:** Community Call for OpenHIE Interoperability Layer

**Date:** 27-05-2013

The recording of the meeting is available for 30 days on line here: <http://www.conferenceplayback.com/stream/31529089/42949701.mp3>

Please sign in below

**Attendees:**

    Ryan Crichton

  Linda Taylor

  Joan Africa Brown

  Carl Fourie

  Hannes Venter

Larry Lemmon

Derek Ritz

James

**Agenda:**

* Save encounter workflow discussion
* <https://wiki.ohie.org/display/documents/Save+encounter+workflow>
* Are we agreed on the validations?
* Continue the ICP discussion
* Development of the save encounter workflow

**Minutes:**

**Save encounter workflow discussion**

Continuing discussion from the previous meeting.

RC - any other topics for discussion

Save encounter discussion

RT - link in the ether pad useful to follow while we have discussions

RT - prev a list of validations to perform as part of the save encounter workflow. Need to check that all is there and represented in the diagram. Discuss if those are appropriate.

RT - listed under discussion on previous calls stated not all may be required. These are what we agreed may make sense.

RT - Facility is valid, Provider is valid and practicing, that the Provider currently works at that facility and that the services are allowed at the facility and the terminology is valid

RT - are those listed what we can agree on

DR - we should validate what we are going to index by, we are also validating the Client ID. If we are confirming those are valid IDs that would be the basic that we would require. This could run over night and then give a result to the administrator in the morning. Worry that we are on a transaction by transaction basis rejecting those instead of having them as an action list for someone to check

RC - what validations are critical to be included? and without those the message is not valid. A second list of what should not make the message fail but an administrator should check something to validate

DR - the way we want to use an Infoman it would not be more expensive to do certain validations.

RC - will list what should be failed and what would be a warning.

DR may be able to key in more information that would deal with the warnings listed.

LL - in our assumptions we say we have a curated list what does that mean? Implies that it is fairly current does everyone assume this.

RC - assume that is a very current list of providers but not necessarily a full list just those that interact with the system

LL - the way that is defined determines the amount of exceptions we get. If a full list of health providers then it is quite a full list.

RC- will look at changing the wording to indicate providers that interact with that system

LL - normal case if a provider is at the facility that is not normally there, it will be part of the general health system

DR - the assumption is that a provider is logged in as himself into the system but an admin could be logged in and transact on behalf of a provider.

DR - any system would have a code for a provider because of the login or a data entry clerk is using their unique code to reference them

DR - ito the providers identity do we require that the system has the provider's unique identity or as the provider's global ID

DR - if they use the LPID (local provider ID) we could return the EPID (enterprise provider ID)

HV - on architecture level it may be more useful to do it as one to validate all terms

RC - in the RHIE, validation is made on each terminology per transaction basis

RC - need to check if the server could manage what HV is suggesting as one validation of all terminology.

Can CTS2 do that or should we get in touch with the Terminology community.

RC can it validate a whole bunch of terms at once

DR - in my understanding it can do that

DR - interesting for us to decide where this issue lies if we can't validate all the terms we reject the message that would be the patient safe approach to take. An all or nothing approach? is that what we are doing?

RC - think that is the way we are going. In a CDA you can put anything else and the parsers will ignore anything that is extra in the message. If we have terms we do not understand maybe we should not error out

DR - CDA is templated if there is anything we do not understand we throw an exception

RC - if there is terminology that we cannot validate we should fail but if there is additional added on then we shouldn't fail in those cases

DR - if someone added a template that a decision needs to be made with then the implementing entity should be allowed to add it

LL - may have 2 out of 12 that are not acceptable what would you do accept the 10 and have exceptions for the other 2? do we forgo storing the two or bail out on saving the message

DR - should consider workflow challenges someone needs to sort out the results and resubmit only two, may be better to have the response be fix the two and resubmit all not bits at a time.

LL - implied in HL7 they could submit all 12 when the two are fixed

DR - isn't that more challenging logic for the other side? The all or nothing more easily done on the document level

James - consider both options try one and see what is possible

DR - incomplete information is not good, you wouldn't know if it is all there

RC - maybe solved by the document form we are using if a certain set of things needed for it to be valid. We are using a CDA document that must be understood but if there are additional templates we may be able to accept it

DR - what is the unit of the  transaction? is it the document or the content in the document. Either I understood the doc and every mandatory element in it or i didn't understand all of it take out the content I did understand and reject the other. I think the transaction success or failure is at the document level.

RC - because of XDS you can't accept part of a document you must get back what you put in so that you can query for it.

DR - if we are using level 3 CDAs it must be understood at all levels.

RC - if we do deep validations we must be able to understand in the IL.  We are saying that the IL must fully understand the CDA doc

DR - and whether the coded content was passing our validation.

James - is there something we can do to ensure that all messages are understood in the IL and any other system. The Term server must have all the necessary information to ensure the CDA is complete.

DR - the premise that the PoC has to go through some performance testing criteria before it is brought on board

RC - the PoC system should implement specific CDA profiles and if they do occur the PoC needs to fix the code so that we don't get bogus code

DR - we are talking about applying the acid rules at the document level not at the template level. We could put in a wikipedia link on what the acronyms mean

<http://en.wikipedia.org/wiki/ACID>

HV - CDA docs are supposed to be immutable how are we implementing that?

DR - we wouldn't change the content that a physician submits

DR - my understanding - we weren't going to be changing the code but rather colouring the content eg. CDA comes in with local codes and want to replace it with the enterprise code rather add it to the content submitted.

HV- essentially still a new doc from the original not sure if it is an issue

DR - it would mean that it is a superset

DR - IHE does not mandate a particular arch but it has one in mind because of the US vendor approach

DR - we have a middle man doing work on behalf of the client and if the client submits to the IL local code the IL is now the client and it will store with globally unique IDs.

HV - if a client sends a doc to the HIM and then later asks for it back do we send the augmented doc

DR - think we should. The role of the IL is to make records available without knowing the codes of another facility

RC - the IL acts as an intermediary and the document is changed before it is persisted, just as it flows through the HIE it got changed before being persisted

DR - if a digitally signed document is sent to the IL it can't add content under the signed document but rather add content under it's own signature.

RC - should be okay to re-sign.

DR - we re-sign what we added, must be clear what was added by the IL to the document

HV - could see it as a new document that we send on to the SHR

DR - submit as a pair but not in favour of getting two back when getting a result may be better to get one that is augmented.

DR - the IL would be a trusted party, trusted by all the participants in the HIE because it is adding content

RC - don't really want two copies of everything in our database, more difficult than just augmenting the one document. The IL is part of the health system

DR - a requirement of all the client systems to resolve IDs before it submits

RC - could look at the IL as abstracting some of the code that would be repeated and moving it to one place and make the PoC work simpler doing some of the logic. Therefore okay to add the content and return the augmented document

LL - same issue with the discrete data and how it will be handled. Agreed that we should augment the document. where would discrete data be stored.

RC - the message that comes in will be stored alongside one in a document form and the other in a discrete data form

LL - would the discrete data be linked to the SHR

DR - should always be attributable to the source document ID

DR - in the use case of misidentified client, we have discussed merges for duplicates opposite is a split if information needs to be split because it is assigned to the wrong person we need to split the document to correct that

DR - must be able to re align the discrete data with its correct ECID (enterprise client ID)

RC - before the next call will try to reflect what was said here in the workflow diagram

DR - the IL is going to have a deep understanding of an inbound document and that will play well how it will interact with a workflow engine

LL - any referrals of alerts would be a good to raise in the IL

RC - need to bring that to debate on how the higher level processing in the IL will happen

DR - if the IL can map the highly structured CDA to an object model

RC - will bring it up on the lists to continue the discussion