**OPENHIE Provider Registry Community Call: March 20th**

**PARTICIPANTS:**

Dykki Settle, IntraHealth

Carl Leitner, IntraHealth

Luke Duncan, IntraHealth

Tiffany Jager, IntraHealth

Chris Ford, ThoughtWorks Uganda

Florence Saburi, HITRAC Zimbabwe

Ryan Crichton, Jembi

Jim Jellison, Public Health Informatics Institute

Matt Heffron, I-TECH

Sovello Hildebrand Mgani, IntraHealth

Judge Muzinda, HITRAC Zimbabwe

Charles Chigoriwa, HITRAC Zimbabwe

Paul Biondich, Regenstrief

Martin Kinyua, FUNZO Kenya, IntraHealth

**AGENDA:**

1. Goals and Use Cases-Need input on Collective and Personal Goals
   1. Bilateral learning relationship! Country specific implementation will inform global standard/reference implementation work and vice versa.

**GOALS (understanding from PEPFAR conversations)**

* + 1. Identify and document country or system-level use cases for exchange of health workforce information standards based on participant experiences and/or needs.
       - One already identified use case is a central level provider registry that can serve as a canonical source of providers in a country
       - Use cases may be further divided into data source and data consumption use cases.
       - Use cases should include interoperability with other OpenHIE registry products to support collective operation as a whole.
    2. Build consensus on community data exchange standards for the Health Workforce Information domain.
       - Identify possible health workforce information standards (e.g. HPD – being implemented in Rwanda and Zimbabwe)
       - Evaluate standards
       - Select one or more standards we can all invest time to support
    3. Identify and address any gaps in recommended standard in meeting documented use cases
       - Extend standard through appropriate consensus-driven processes to fill gaps.
    4. Long term goal-implementing one or more reference implementations of the standards
       - At least one of the reference implementations should address the central provider registry use case.
       - Other reference implementations may include different data consumer and data source use cases
       - Country implementation activities could then choose among the reference implementations OR take standards and guidance and build own as long as they have full access to standards.

**USE CASES:**

* HITRAC Zimbabwe
  + - Interoperability Use Cases
    - Moving health worker deployment information from Ministry of Health system to council systems
    - Moving certification information from council systems to the MOH system
    - Health worker status (active, inactive, disciplinary actions) from councils to MOH
    - SDMX HD- define code lists for facilities and job classifications for standardized list-on GitHub
* Chris Ford: Thought Works
  + Uganda/UNICEF/MOH- Facilities Registry implementation- **need for creation of interoperable standard**
    - Concern in Uganda: making sure reference data is effectively controlled and shared
    - Interoperability is difficult-no common basis to communicate with each other
    - Standards should interoperate well with other registry standards
    - separate important reference data from interpretive behaviors
    - Looking at a federated registry
    - Ministry wants interoperability, they want control of information and ensure the quality of information
    - There is a great deal of interest in having the provider registry and facility registry
* Martin Kinyua-FUNZO Kenya
  + - Fragmented systems that are not talking to each other
    - Link with a master facility list and a master client and provider list
    - Paul: should connect with Tom Poloch at CDC in Kenya; M&E Group-DHIS-Paul can make introductions
    - Focusing on forecasting health workers, Robert (a colleague) is focusing on HRIS in Kenya.
    - Other focus is a national training database
* Ryan Crichton-Jembi (via email)
  + My context is really the RHEA context and for me specifically my interest is in being able to uniquely identify a provider so that we can reference them in data submitted to the exchange. At the moment in RHEA we are doing this simply, however, in the future we may want to be able to query for this in a more fuzzy fashion. In addition to that in RHEA we have the need to be able to query and validate if provider data that we have in a clinic system (OpenMRS) is valid and correct.
* Jim Jellison-PHII
  + - Kenya-CDC Global Aids programs- investigate interoperability between a regulatory HRIS system and the national MOH DHIS2 system
    - Recommendation-Cap+ work closely with Emory/CDC project who is also developing an HRIS system; the more entities involved, the better
* Matt Heffron- I-Tech
  + - Training Management IS-TrainSmart (20+ countries)
      * Goal: Tracking training of HCP
      * In service and Pre service Training
      * Allowing for competencies to be assessed-builds on LAMP platform
      * Slightly different from PR but also needs interoperability with HR systems, etc.

SUMMARY: variety of country implementers/developers of HWIS which all need interoperability! Be cognizant of country needs.

1. Communications and Consensus

* Minutes (goals) posted on google group and wiki for comments
  + Formulate road map/timeline
* Technical discussions posted in issues tracker (difficult to track via email
* To be decided which format will work best

4. Branding

* OpenHIE PR branding/wiki- keep iHRIS and OpenHIE as separate activities