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

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

**Meeting Date: 22 April 2014**

**Attendees:**

Linda Taylor

Joan Africa-Brown

Hannes Venter

Ryan Crichton

Larry Lemmon

Jeremy Keiper

Call recording available on line for 30 days here: <http://www.conferenceplayback.com/stream/42978999/98089501.mp3>

**Agenda:**

* Virtual documents vs storing generated document
* Is this summary of our discussion correct:
* We see that virtual documents for summaries would be beneficial where appropriate
* For our antepartum use case it seems the IHE profiles don't fit this model so we won't need virtual documents for the moment.
* How should querying for document work? Does the SHR just return a list of links to documents as per the XDS standard?
* [https://wiki.ohie.org/display/documents/Query+encounters+workflow](https://wiki.ohie.org/display/documents/Query%2Bencounters%2Bworkflow)

**Minutes:**

RC- two main things Virtual vs storing generated documents

* how querying for a document should work

**Vision Mission and Values**

LT- thanks for the feedback, we have reached agreement, will post it on the wiki probably tomorrow.

RC - place it on the landing page of the community

LT - yes will be placing it there.

* **Virtual documents vs storing generated document**

RC- we've had this discussion previously and we have landed on going the virtual route is most appropriate, but we also noted from the actual use case using some of the IHE profiles. May not be necessary for the documents that are added to over time.

RC- useful for virtual docs where appropriate but not necessarily for all of the use case.

LL - are we saying for the APS if a patient came in six times we would have one doc updated all the time or six versions of the same doc.

RC- have a doc that has been updated six times and a copy of the latest document.

LL- makes the most sense, if you ask for a summary you would get the latest one.

HV - that is correct from my understanding, the newer version would have an entry that says it supersedes the older version.

RC - clinical info contained would it be the actual physical content

HV - we would have to check it up, it is possible in CDA to have the latest version and links to older documents. Not sure which method the APS uses.

RC - must follow the way that IHE has decided

LL - how do we reconcile the inbound vs. the outbound

RC - not sure if the inbound document, we may have to pass it back.

Inbound is a document as we received it and the outbound would be as we know it at the moment, where would the outbound be stored

RC - back to, is it just virtual or is it stored somewhere. People comfortable with virtual and returning it on the fly.

LL - good way to do it but harder on the SHR to go back in time and create something in a time window. Must be able to create it at that point in time not with newer info

LL possible to do it but harder on the SHR that it has to be able to do that.

RC- happy for the SHR to take on that requirement to be able to do it on the fly even if it requires additional processing.

RC - we would look for the date range for the observations and return data only containing those.

LL - what if things get changed after the initial generation, would have to consider updates in the core report that were done after that time. In other words if we have to go back for legal process and they want to see what the doctor saw at that time so we must have what was seen at that window in time. Updated data should not be included.

RC - doable if stored in the OpenMRS with some smarts around the date stored and date updated we should be able to work around it.

LL - must be able to return it as it was delivered at that time.

RC - is it an update of the entire document or is it just delta.

HV - need to research it and then base our decision around that

RC - things that we need to find out before we make a decision on it. RC will do some reading on the APS and report back to the community

LL - we agree on the virtual approach just the little things we need to drill down on and understand at some point.

RC - very appropriate comment

* **How should querying for document work? Does the SHR just return a list of links to documents as per the XDS standard?**

RC- we now shift from saving encounters to how they are queried

We have the query encounter workflow pasted into the agenda

RC - changed it extensively to fit with XDS.b from what is used in Rwanda. In the XDS world the approach would be querying and what you get back is a list of document links and the user then decides which to get back from the repository

Option 1 from the IL we could query all the docs and return all docs in a lump sum. Should we have two interactions at the POC first the links to the appropriate docs and then fetch individually the ones they are interested in. Those are multiple service calls that the POC has to make rather than getting them all back in a lump.

LL - the query for documents in the antepartum case you wouldn't want all the docs for the pregnancy you would only want the last one. Only interested in the most recent.

RC - in our case it is true e.g. I want the latest document for the patient and we would get a link to the doc back to the PoC and then PoC would have to say give the document and then it will be received. That is the XDS way.

LL - boils down to do we do two calls or just one. And if one how do we prevent sending back multiples of the same.

RC- we cannot say we are XDS compliant if we don't use their standard which is a virtual document and a stored version. We need to comply and make the two calls and have the PoC be more standard based but it does increase complexity at the POC to make the multiple calls

LL - PoC request document look up and they get back 6 and they decide they only want the last one they request the last one and get that back.

RC - could say in the query that they want only the latest and get back only one or query for all the documents and get it all back as links.

LL- may say I want all the latest summary docs for a patient and get back only the latest of each so we could return only one.

HV - do we want to allow custom interfaces from PoC to the HIE. If a PoC is XDS compliant then they must be able to do the multiples. If we allow custom interfaces we could allow nonXDS as well to make it easier for them not sure if we want to allow it.

LL - we do want to support XDS.b but do we want one or two more

RC - we want to be standards driven and be XDS compliant and have PoCs retrieve in a XDS way, that should be our first stab but it doesn't preclude us from having additional interfaces in the future to make it easier for POCs. Something we would need to discuss at the Architecture meeting. Support XDS first and then others on top of that later to make it simpler for the POCs

HV - sounds good to me as well

RC - from what we said on the call today, do we agree to follow a strict XDS standards compliance at a first pass and then look at others in the future.

LL - agree with upholding the standard and then look at making things simpler or faster in the future with additional supports.

LL - in emails we were talking about InfoMan, is there any information available on it and how it works.

RC - the OpenInfoman is an actor in the care services profile, the infomanager does cross references between registries. Provides central hub to be able to cross reference.

Detailed information on the IHE wiki

LL - will it become part of the IL where would it reside in our structure?

RC - during the connectathon we had Openinfoman running as an orchestrator within the OpenHIM.

LL - does it have a cache of all this data and would not need to read all of it

RC - it will poll registries for new info and update its cache. Provides cross referencing between facilities and providers.

LL - at the connectathon did the HIM incorp the Infoman in its testing

RC- yes it did

LL - in the save encounter the infoman would be in the middle checking the provider and facility.

RC - there are still ongoing instructions on how it should work.

LL - it only has providers, facilities not clients or patients

RC - doesn't have patients and terminology cached.

RC - facilities and providers don't change often and can be cached.

RC - hoping to change the save encounter workflow to show the infoman but need to get further agreement from the other communities if this is the way to go.

LL - if it is a component now we would like to include it on our demo site

RC - not really a component more a part of the HIM as a separate application that I think we will use.

RC - may repeat on the next call to ensure the wider community agrees as well.

RC will look at the APS information before the next meeting.