**OpenHIE Shared Health Record Community Call**

**Date:** 03 June 2014

**Attendees:**

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Meeting recording available online here for thirty days: http://www.conferenceplayback.com/stream/34938218/42641001.mp3

**Agenda:**

* Clarifying how CDA documents will be sent to the SHR
* What standard to use for providing access to discrete data
* How will a ICP workflow engine need to access the SHR
* Chat about Jembi modules

**Minutes:**

RC - Any other agenda items that anyone wants to add

SK - Jembi modules discussion

* **Clarifying how CDA documents will be sent to the SHR**

RC - want to ensure we are all on the same page after the discussion of the last meeting

RC - basically we plan to send the SHR fully structured XDS.b envelope containing CDA documents within them. Downfalls of this is that you would have to parse the CDA document at the SHR and IL level to perform certain functions.

RC - beneficial to have it in the same format so that any XDS.b system can be connected.

RC - will need some formatting to give it back to the IL

RC - we should keep using the XDS.b containing CDA documents to the SHR

LL - are you thinking that the enhanced CDA is what we return

DR - my expectation is that we have level 3 CDA documents

RC - have validation of registries that enhance the document

DR - eventual home is a relational database is an assumption, why would that be? it is not a requirement. we must be clear where we are talking about OpenHIE's requirements and where we are talking about our specific OpenMRS-based SHR's requirements (e.g. to map to a RDBMS)

RC - we will use the relational database for discrete data, could use another database format also

DR - we are, on other OHIE projects, pulling discrete data out of very large XML databases (for example) with good response times

SK -

RC - already two mechs to store 1) a storage of the documents in a big database 2) the other is the OpenMRS model that brings in querying the CDA documents DR indicating we could query straight from the database

DR - if we are storing into a relational database we go through the parsing exercise to store it. There is the possibility to store without the parsing process. Should not require the use of the OpenMRS model if there are other options available, too.

HV - performance results in SA work. not so much the parsing that is heavy but the validating to confirm it conforms. If it is done in the IL then we won't have to do it again in the SHR we could just parse directly.

HV - is it necessary to do the parsing immediately couldn't we do it asynchronously

DR - the asynchronous approach would be a good approach.

HV - validations may be much longer for bigger APS documents

RC - final store will be an entire blob and stored in a relational data model, the discrete data would form part of that

DR - an xml document is a document with a schema. These are highly structured documents. We will leave the document intact and store the document. The requirement of HIE is to store the discrete data so it becomes a requirement for our SHR to suppor this... but HOW depends on what we use as the SHR.

RC - HV has indicated that the parsing is quick the validation is what takes longer so if we validate at the IL we could only parse at the SHR

RC - still need to send it in a format across the wire to send it to the SHR. Better to keep it in the XDS.b and CDA format

DR - if we choose an idiosyncratic IL-SHR communication format we would have to use only that SHR... not interoperable.

LL - to ensure that we are on the same page, if you had a document where would the validation take place?

RC - it should happen in the IL, validations should be done there and then sent to the SHR and it would only be responsible to store the entire doucment and then later in an asynchronous way it can be parsed and then elements stored in the relational database.

DR - the last step would be optional, and only required by anyone using a relational database.

RC - could be a value added service. The relational database is required for OpenMRS not necesarily required for OpenHIE system

DR - any one know about Xquery is there an active community on this for databases. they may gave interesting options for managing large databases

RC - will have to consider this for extending in the future

DR - if we are working on interoperability we need to show being able to work with other systems.

RC - still feel that sending XDS.b envelopes and CDA documents is the way to move forward. Are we all agreed on that approach.

DR - agree

SK - good to document on the wiki page and then share for discussion.

RC - will record the outcome on the wiki page and send to the list for the bigger community and have everyone validate it in text

* **Jembi modules**

SK - will touch base with RC on this matter

* **What standard to use for providing access to discrete data**

RC - are there other systems we should support for querying for discrete data

DR - QED is used to support chronic disease use cases. HIV is now considered a chronic disease with monitoring and compliance. Profile would be good for our use case. Various options in QED. The requirements is to be able to provide record of medication over time regardless of how many CDAs there are for a patient. Query parameters on how the QED query is structured.

LL - how would the CCD fit into this scenario

DR - will be another profile that can be asked for

RC - references HL7 in the available information on the wiki page

DR - something we need to get our arms around

LL - is it possible to ask for two things or do you have to do them individually

DR - you could do one or all it seems

DR - we should have the SHR support all QED versions, it continues to support CDAs. The CDA is the format we will move documents between components of the HIE in

RC - must have some mechanism to store discrete data to provide the QED, the system would have to have a mechanism to do this.

LL - must be able to produce the discrete elements as requested

DR - you are required to send XDS.b

DR - PoC must be a clinical data source and be a clincal data consumer the SHR must be this as well. The QED is a content spec

DR - IHE requires the ability to parse and understand the CDA documents

RC - would be good to have a wiki page to document all the requirements and actors we would require.

DR - when we can make use of Level 3 CDAs we would be able to parse other profiles out of that because they are so repetitive.

DR - astounding reusability out of the parser idea

RC - are there any other profiles to consider besides QED or is it the go to profile for longitudinal summaries

DR - think it is, the others are for research purposes like clinical trials. If we start with something we should start with something focused on patient care.

DR - may want to put DEX profile onto the radar of the new HIMS community. Other profiles could come into play but we would be well served focusing on patient care

RC - any final comments from the community

LL- we are saying for the ICP we would use QED query as well

DR - yes have it across the board

RC - with the ICP need to know what data would be needed to make the ICP work. May have that on our next discussion.

DR - good to box this as - this is what we will do as a SHR Community - we will do clinical data consumer and source and QED and APS we would expect that the SHR should list the profiles it will work with

DR - to the outside world if the IL speaks to us using these profiles we would be able to respond.

DR - gives us leeway to optimise and improve performance but the base minimum requirements would be the listed profiles

LL - who would be creating the ICP? would it be part of the Jembi work?

DR - discussion with Paul and Shaun and the decision was no it would possibly be a task force under the architecture group. hoping that the ICP would be focused on how to use the tools available