IOL – Interoperability Layer 20150526

**Attendees**:

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Agenda:

1. **OpenHIE v2.0 and its impact on IOL** [https://wiki.ohie.org/display/documents/Architecture+Road+Map](https://wiki.ohie.org/display/documents/Architecture%2BRoad%2BMap) )
2. **Carl Leitner - Alerting with mACM**
3. **Mediators review**

- Existing Mediators (<http://www.openhim.org/mediators/> )

- List of new mediators

Minutes:

**OpenHIE v2.0 and its impact on IOL** [https://wiki.ohie.org/display/documents/Architecture+Road+Map](https://wiki.ohie.org/display/documents/Architecture%2BRoad%2BMap) )

* **RC:** A discussion on the link - fundamental new workflow to be supported is aggregate data exchange workflow, the way to get the aggregate data from the shared health record and how it can be sent to HIMs component within the HIM Architecture.
* OPENHIM act as a single sign on server for health information exchange – log in the various registry’s or log into the console itself to manage the HIE. IOL should act as a single sign on source for people who manage these components.
* **DR:** We are thinking single sign on or that going to be an OL server?
* **RC**: It depend, with OL people should have authority to log in - some of the things we must work on.
* **DR**: IOL as an authentic server?
* **CL**: DHIS2 folks interested in user authentication and (perhaps) authorization use cases with HWR.
* **RC**:  The individual registry might want to control the own authority.  Doing the single sign-on openID strategy that we have been doing up to this point.
* There are user section profile in IC for conveying what user was sitting behind the key board and for determining if the user are not allowed to do something.
* **RC:** There is a distinction between the person sitting behind the key board point of service and the people managing the HIE. The single file - people that need to manage the registry and console.  Who can actual log in the OpenHIE console?
* **JF**: There are two distinct user groups – administrative and the clinical
* **RC**: **Three major architecture road map:** privacy, security and consent, Explore the single sign-on, and figure out the aggregate data exchange.
* **DR**: FHIR message in-bound to IOL mapped to v2 messages outbound (heterogeneous transports on functionally equivalent workflows)
* **JF**: One of the Issues the back-end registry if its spot virus is going to return links to itself.
* **RC**: In the reference application it’s something that hanging. Done a background research on the URL – URL re-writing which is the way proxy’s work. We need t0 follow the same way proxy go through and implement that within OPENHIM
* You are expected to do this. That is the requirement, you will have fire messages coming through and you will have to re-write them.
* **RC**: good point and will should look at that.

Putting options on the workflows is a good idea. Name option on workflows were we can put notes.

* **RC:** Terminology service code administrative hierarchy – new work flows that we might have to support on querying the terminology
* **CL**: Whoever end up to be the source of truth will end up being the translator
* **DR**: I agree with you. We should start to expect the terminology server to be connected into the ILR? The services should be exposed using IP74?
* **CL:** To maintain, I think it’s better in the admin hierarchy.

    **Carl Leitner - Alerting with mACM**

* Having a call service to put alerts on.
* **CL**: **3 main actors** – Alert report, Alert communicator and the Alert manager allow a pull to have more control. The main thing is to have the alert manager will be up in running
* **CL:** Needed is an alert communicator to post back data saying we delivered the ALERT and there was some text plain we received back from the human based on that alert.
* **DR:** That’s an optional extension point? It’s not a mandatory reply.
* **CL:** You can support fire - the alert manager is required to support query for the alert? Which would have a template delivery. There are response code in ACM. There is a little more work to be done.
* **DR**: Response codes if they are supplied
* **CL**: The word manager has to support it.  The functionality need to be there.
* **RC**: OpenHIE registry components which would be the alert manager. Alert manager as a service with within the exchange and that could request alert to happen and an alert communicator would pull that from the alert manager and send those out? Is it how it work?
* **CL**: We will be looking at how that alert communicator and something that going to exercise the query for the actual alerts. Another option for the alert communicator is that they can be point of service like (OPENMRS) somebody logs in and then it does a query for that user to see if there is something relevant that they need to use.
* **DR**: A number of case is that the IOL is overloaded with all kinds of capabilities that are not necessary part of the call communication but shared entirely across the HIE. I think using a diagram to show that this is a start layer or start to call them separately.
* **RC**: Are you thinking of show this in a diagram having IOL showing different things or some of the services - lot details showing different work flows.
* **DR**: So using a diagram will show different details and all different models broken down. To have a diagram.
* **RC**: We must look at using the diagram: **Action Item**: the architecture diagram in terms of the layer to be more detailed. Breaking the service layer will be useful in this case.
* **DR**: I think so too. Something to bring out to the architecture community to say the people that take a look at our diagram on the website don’t get enough picture of what the elements are.
* **DR**: Alerting is a very important functionality but where do all these services have a home within our HIE communities
* The role that the IOL plays as the central orchestrator but then this is becoming an over-loaded with services that sit at that architectural "position" but are not, per se, part of the IOL's basket of functionality (e.g. ILR, ICP, alerting...).
* **RC**: Maybe we should aim for a health services group - not a separate community - but a group to "look after"  these services such as InfoMan, alerting, ICP,
* **DR**: Maybe communities around workflows would serve us better -- this was a natural evolution at ISO and in Canada's standards community (the evolution from technology-focused committees to process-focused committees)... just food for thought...

**Mediators review**

- Existing Mediators (<http://www.openhim.org/mediators/> )

- List of new mediators

Specified mediator frame work which does heavy orchestrating different transaction - see link

<http://www.openhim.org/mediators/>

The page is a mediator repository showing the various mediator we have created.

**RC**: One mediator on the Openhim - Clinical data workflow: to expand the list of mediators we have. We have some of the mediators listed in the Rwanda Health Information Exchange. We looking at to expand the mediators. Create few other mediators that do adaption of messages e.g.

**Three additional mediators to be developed in future**

1. PDQM to PDQM version 2
2. MHD2 – Mobile health Documents
3. Restful Picks – HO7 version 2 standard to be developed in future for the OpenHim.

**DR**: Do you have a separate mediator for doing a query against a client registry or query against the interlink registry. Do we expect ADX it’s going to be a pass through

**RC**: those are just pass through so we do not need mediators.

**JF**: We need transport for ADX to know how we could handle it.

**DR**: How mediators are developed, how are they documented? Are there any tutorials.

**RC**: There are tutorials on Openhim. Having to have chained mediators and have been testing that and it is working well. MHD2 mediators to be released in future, we start with the orchestration it does the conversion.

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| **Action Item** | **Responsible** | **Due Date** |
| Raise this on the Architecture Call - to have a more detailed architectural diagram in terms of the service in the IOL | Ryan | 11/06/2015 |
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