**Open SHR Meeting 11 February 2014**

Attendees:

    Carl Fourie (Jembi)

    Joan Africa-Brown (Jembi)

    Ryan Crichton (Jembi)

    Hannes Venter (Jembi)

    Shahid Khokhar (Regenstrief)

    David Aronow (unaffilliated)

    Larry Lemmon (Regenstrief)

     Derek Ritz (ecGroup) ...on notepad only (not able to dial in by voice)

84876801 - recording number

Meeting recording: <http://www.conferenceplayback.com/stream/34778572/84876801.mp3>

Agenda:

* Review of Architecture meeting - enumerate topics that need to be addressed
* Decide on an action plan for the SHR development work
* Speak about how HL7 v2 or other standards could be used within OpenHIE

Minutes:

RC:Get everyones feel for what feedback we should give from the architecture meeting. Use feedback as what should be addressed in future calls.

Action plan for the way forward

How can we use HL7 and speak about some of the standards we may want to use

* Review of Architecture meeting - enumerate topics that need to be addressed

Review of the meeting OpenHIE meeting held in Indianapolis 3-5 Feb pulled together community leads to discuss OpenHIE and get all on the same page

Some discussion on the SHR should be reviewed

RC:All who were at the meeting. What topics stood out for you.

Larry: Struck by everyone coming together and understanding we all fit together each registry part of the puzzle and they all fit together. Good that everyone came together and understood where their piece of the puzzle fits in

Documentation of workflow link below:

[https://wiki.ohie.org/display/documents/OpenHIE+Workflows](https://wiki.ohie.org/display/documents/OpenHIE%2BWorkflows)

[https://wiki.ohie.org/display/documents/Save+encounter+workflow](https://wiki.ohie.org/display/documents/Save%2Bencounter%2Bworkflow)

RC: Useful to follow the save the patient link to find sequence diagram on how it all fits together and show what responsibility of the SHR is

Responsibilities is clinical data repository, some discusion on clinical deision support but not necessary what the SHR is for.

Clinical deciision support should it be in the SHR or external support? for future discussion

Larry: Wasn't decided, lots of talk on standards and Point of care systems. we are headed to using standards but the nuts and bolts of the use of SHR has not been firmed up.

RC: from service point communication to the IL should be using standards as much as possible. SHR to expose the XDS.b interface and within those we transmit CDA documents that are standard and HIE compliant

Would the IL be responsible for breaking that message down and save individually into the SHR or save it straight in that form to the SHR CDA record flows straight to the SHR

Store the CDA within its own data structure in the SHR

Larry: summary of XDS.b is it the envelope and the CDA the document could it handle a v2 inside of it

RC: XDs describes the interface and some endpoint to send messages too and also describes a certain envelope to send the record and a space to send the actual doc. In the envelope you can place what you want in any form. Most common is a CDA doc because it fits well. Possible to put v2 messages but not as widely done, not the general way most times a CDA doc.

RC: any objections to us making a decision that the SHR should support a XDS.b and CDA to process. Anyone feel that isn't the case

SHahid: Hooks for other standards as well so that you could use other protocols as well. About CDAs we are not regurgitating

RC: SHR architecture that we developed as part of this community we could accept other formats build in support to processing CDAs and others so there are those hooks built in. Will be saving it like that in the OpenMRS data model. Can submit the doc and query the docs of the patient but also saving them discreetly allows us to synthesise other docs like summary using the discreet data that can be saved in the system in a different form to be used in process

Shahid: three words used adopt adapt develop struck as the key words.

RC: in terms of standards we want to be able to adopt what is most used if not existing then we can adapt from existing and if not able to adapt then develop what we need.

HV: role of terminology service. how we manage the terminology in the SHR

RC: some reference to creating terminology on the fly so we won't necessarily have to have the SHR preloaded rather assume that it has been prevalidated by the IL

David: waiting to see what comes out of the meeting did not attend.

RC: what standards do we want to use. want us to come to a decision on what we aim to support. Do we go with the XDS.b and CDA for OpenSHR while offering support if countries need assistance.

Key outcome of the meeting we want to support ITs and the use of XDS.b and CDAs as the primary interface keeping in mind that we need mechanisms to support any other if needed.

RC: Is everyone comfortable with that decision

No objections so take as a decision of the group of what standards we will use going forward in this community

DR: Derek is VERY supportive of that decision. :-)

[https://wiki.ohie.org/display/resources/2014+Architecture+Meeting+-+Indianapolis](https://wiki.ohie.org/display/resources/2014%2BArchitecture%2BMeeting%2B-%2BIndianapolis)

Link to the page for the wiki on the arch meeting

* Decide on an action plan for the SHR development work

RC: there have been efforts to creat modules for the OpenMRS some development work to allow OpenMRS to store documents as basic data and can process CDA to store. Can process many with a supporter

Interface module that offers a web interface. process modules created to handle diferent formats

Asked Regensrief developers to breakdown a PDF doc in parts that can be stored in OpenMRS

Using the XDS.b to be able to store any docs from an OpenMRS record

RC: Decide on an action plan for going forward. Can summarise the direction we would like to go taking into account the decision made above

Use specific CDA document, profile a CDA doc that makes the most sense to be supporting. Most used AntePartum documents

Suggest we work to getting the two docs to be stored discreetly in OpenMRS and get the XDS.b interface.

We could then have a first version that we could test

Connection to the OpenHIE

CF: in general agreement, when talking about AntePartum summary are we trying to create it as adaptable or tightly bound to the AntePartum docs

If we have a generic approach that will allow for use with other records.

Question now in a short time to build something to handle just the two at the moment and then expand to support other CDA docs as needed may allow us to grow more organically in the short term.

CF: Idea to the team we should be looking while the approach of the AntePartum is a pattern we could use again and again. Want to make sure we interogate the pattern to use for antepartum. So that our approach is general but proven in a specific case.

RC: do it in a general way so that we can use it in a specific form.

CF: must be a dynamic module adding to a generic framework for a specific use

HV: definitely room for generic profile to allow interactions between. sat with Suranga and found common and overlap.

RC summary: create java libraries that allow access to the CDA files in a clearly specific way to create for specific library for specific profile type. CDAs use a similar structure profile CDAs is a construct and a lot of reuse can be used with a closer look at those constructs.

Handling it generically is simple to do and is a priority to the approach

RC: AntePartum History and Physical provides a history of the patient that is pregnant quite a common set of fields done at each visit

RC Is this team happy that we work towards those two workplans, anything else to have on our radar as outcomes?

Question what is our level of confidence that the OpenMRS implementations will be reliably able to export CDAs for OpenHIE to absorb

RC do have some concerns of the complexity of the CDA and getting it from POC is not straightforward. Discussion is that there is not much else that is easier to implement. v2 and PHire is an option and the discussion has been if ther e is exisiting formats we would prefer to use that.

Don't know if the POC would be able to generate CDA doc but at the moment seems like the best standard option to use

Jeremy to add points ......

RC: Legitimate concern do we need to process the CDAs discreetly?

Jeremy: do we have to save discreetly? ......Jeremy to add comments

RC: once received doc you can break it down so that you can create higher level forms like patient summary. Should we take it as a topic for future discussion. What the use is to have discreet data what would we want to use it for? Especially if we are not doing clinician decision support

Clinician decision support is not necesary for discreet data. Access consistently and dependably is more important. Implentation of a Medical system that is storing discreet data. The local server has to create CDA HIE has to breakdown in the way it needs to be used

RC: Take discussion as a topic for another call. The uses of discreet data for processing and reporting. The point of care may need it to be in that form. It may have more value stored as discreet data.

RC will extract some of the points rased and plan for up and coming calls burning one is use of discreet data.

Last point can be discussed in another call.