**Notes from the OpenHIE IL meeting held on 18 March 2014**

**Meeting purpose: Community Call for OpenHIE IL**

**OHIE Interoperability Layer Community Call**

**Recording of the call is available online here**[**http://www.conferenceplayback.com/stream/43395379/97714701.mp3**](http://www.conferenceplayback.com/stream/43395379/97714701.mp3)

**Please log in below:-0**

**Attendees:**

    Shahid Khokhar (Regenstrief)

   Dominic Chibamu

   Hannes Venter

   Carl Fourie

   Linda Taylor

   Joan Africa-Brown

   Derek Ritz

   Ryan Crichton

   Larry Lemmon

   James Kariuki

**Agenda:**

**1**. Vision, Mission, Values

2.  Choosing 2 individuals to represent their community on the architecture review board

3. OpenHIM core development progress

[Community to choose which workflows are most important to discuss first]

4. Discussion of save encounter workflow

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

    4.1  Walk through workflow

    4.2  How should we involve other communities

5. Discussion of security workflows

    5.1 Walk through both workflows

    5.2 How should we involve other communities

**Minutes:**

**1. Vision, Mission, Values**

LT - thanks for the responses received. Close to reaching consensus. Version 3 sent out yesterday. Even if in agreement please send a response as well.

**2.  Choosing 2 individuals to represent their community on the architecture review board**

Setting up an architecture review board requesting we have two people serve on the board. Community needs to decide on the best way to make the decision. Possibly a community poll and choose in that way.

LL - Regenstrief already have reps on the board, maybe other organisations/members can be selected

DR - Suggested approach where community decides how to cast two votes- may not be two people - may be voting allocations

The community can decide how to cast the two votes rather than having two people when items come up before the review board.

May still require 2 delegates to represent the whole group on the architecture calls BUT these people will need to know the general will of the community

Very large crossover between SHR and IOL communities so should consider all 4 positions here

Only voting of the review board is a governance activity. Will what will be decided be known before the board calls so that we can decide in the community beforehand.

Agree on a community consensus vote when taking decisions in the board. DR - if not clear consensus Canada votes negative even if a majority is in favour so that weight is given to the dissenting voice in the HL7 decision making, may want to consider this approach

Need to give weight to those who dissent - CF raised concern that this may not be viable while we are still a small community. Also SG would like to have 2 representatives attending the calls on an ongoing basis. Must be wary of slowing things down.

Suggestions are: Derek and Ryan

Need someone to represent community will in discussions - generally know what the community will is on most issues

Derek has requested being an "at large" member as he participates currently within many of the communities - CF said Derek may be a placeholder - may want to revisit this on an ongoing basis as our community grows

Raise issue with broader community via email

Ryan and Derek accept representing the community until we have different representatives that we would want to consider.

Consensus - Derek and Ryan start the process of representation and rediscuss if more appropriate people can fill these spaces later.

Will bring back feedback from the board to the community, decisions will be made by consensus in the community

**3. OpenHIM core development progress**

Met with Meraka institute during March

goal - to get their staff involved in the new HIM tool (NodeJS)

Hackathon was successful - managed to get some development tasks completed by the wider team

RC is now fleshing out/hardening these components and including in the new codebase

Components are being fleshed out and included in the openHiM. RC merging code into the codebase

At the moment can do web services and authentication and route to orchestrators.

DR - the direction of the project is being guided by the national framework standards, will it be reusable for us. RC - yes it will be. Thinking of the project as an initial implementation of the OpenHIE, putting things in place to make it fit within the OpenHIE architecture as a whole and will be fed back to take the openHIE initiative further.

DR - will CSIR become active in the community? RC - not now they are busy finishing projects for year end. They want to get involved and get them contributing code and ideas but won't happen right away.

CF - Will use this as a catalyst to get SA involved in the communities.

DR - Initiative to set up IHE in SA somebody must be working on it.

Any IHE deployment committee is able to set up and run connectathons under IHE  - opportunity to hold connectathons within Africa would significantly remove barriers to attend

**Workflows:**

Security workflow was discussed in the last meeting.

Which should we discuss first in this meeting?

DR - Encounter workflow is bread and butter and the most important one for us.

**4. Discussion of save encounter workflow**

**4.1  Walk through workflow**

**4.2  How should we involve other communities**

Went through some of this in the SHR call. Discussion on the item was had in the meeting. RC has started a thread within the communities on this workflow. Got feedback from this meeting.

Up to step 6 would be for the client registry and for the provider and facility registry use the CSD profile

DR - PIX as opposed to PVQ must find a response on what will be the preferred.

If we get all the demographic info are we using it to update the CDA or are we using it to season our identifiers

If the CR community only use PVQ we must communicate we would need PIX too, if they send us demographics and it differs what do we do with our CDA.

LL - In Indi they can turn it on or off, if a trusted sender we take what is in the message as official and update the client registry, if not then it would be an exception.

RC - better to have a PIX transaction so that it is quick. Not necessarily query CR. we must trust the point of service if we do updates to the CR.

DR- important registration workflow issue. Presenting at a facility first step is to update the CR separate from the clinical visit. Check the info with the client first, then your risk is the step isn't done and the data in the database is not updated and stale data would be in the registry.

Must know who is sending the data and the explicit step must be done with the client.

Require the POC to validate with the client their information first.

The ECID can be used to validate or simply be in the fabric of the HIE.

May have other information later on and need it to do merges and splits of the data

Should be storing the ECID in the SHR to do merging and splits

LL - POC needs to validate or register every patient, is that what we are saying. DR RC yes we are. so that we can trust their update.

DR - every inbound message to the SHR we save in the CR all the local identifiers as aliases, we can then resolve that to an ECID

LL - have to store local identifiers not only in the CR also the SHR along with ECID.

DR - we are not doing it now as a result local identifiers are being rejected not adding to the CR.

LL - if the patient is not in the CR, provider not in PR and facility not in the FR then we reject?

DR - we send an exception

RC-  if exception sent it will be saved in an exception queue and try to resolve it from there.

Four things must be checked for clinical information. There is the save patient encounter which is different from the clinical encounter and can happen separately but the clinic information should be rejected. If clinical important we need the checks if not we don't do the stringent checks.

RC Facility and Provider is configuration checks not active checking in the registry but actively check the patient because they are variable.

The patient registry is part of the workflow the rest is resolved under different processes as part of separate workflows, won't have to do them on every transactions.

The terminology service may be a concern as related to code sets.

RC - good to set up for the next call, doing terminology checks need to have a list of terms to be validated.

DR On the Save Encounter workflows add an assumptions heading/section

RC also a prerequisite perhaps

DR use assumptions because it is part of what we believe is in the POC.

LL- such as we know the providers and facilities before starting the workflow.

RC will add it to the wiki page and welcomes comments from community members.

Always check physical address when visiting a provider - required to establish if there is a necessary update to the client registry

Must check information with client as an explicit step otherwise there is a risk that it is not done and then EMR has stale demographic data

Requirement is that the POC must validate patient independent of everything else - at every visit/encounter

The ECID may be internal only or may be

LL - Assume ECID is the internal representation/global identifier within the CR - for indexing purposes - in time there may be more than 1 local identifiers

DR - agree, this is the only way to do merges and splits correctly