**OpenHIE Shared Health Record Minutes 150519**

Attendees:

   Chris Seebregts

    Carl Fourie

    Ryan Crichton

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    Linda Taylor

    Quintin Spies

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    Derek Ritz (ecGroup)

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Agenda:

1- Action items review (CF)

2 - Agree selection of prioritised clinical area within group for the SHR (CF)

3 - Implementation feedback - JF / DR -- experience of using OpenMRS in BID (DR)

4 - OpenSHR the creation of a tool (CF/RC)

**Minutes:**

Last call agenda items: Review

**CF**: reached out to the community – architecture team.

**DR**: The draft on the white paper - schedule to review it later.

**CF**: What is the area of focus on the white paper?

**DR**: Focus area on the white - the paper does two things: expressing using the BPMN - clinical guidelines HIV care and around child immunisation.  Step two – adding a BPM engine in the Open HIE infrastructure into these care guideline.  Using alerts to trigger events are not pretty guideline in raising alerts.  Using activities which is an open source.

**CF**: Which clinical area do we need to prioritise as a community to try better support within SHR as a tool - any thought on that we should consider.

DR: Idea of the CCDPlus. It a care document that can be leveraged by IT profiles.  Basic things that can be added CCD – content allows single document accommodate the maternal care workflows that we were originally supporting – the APS document and the AHPE document. In the face of the CDA we will define it include the section we want for our workflows. We simplify the development work for client point care system. Looking at the single CDA for the white paper that support HIV care and immunisation and we finding that this idea of a single CDA support.

**RC**: I not with you regarding the CDA guidelines. Is TB include in HIV in that care guidelines?

**DR**: TB is the one that I pick immediately. There are some WHO guidelines that we are using at the moment 2013 & 2014 Guidelines. We are focusing on those documents which don’t explicitly start to look at TB except in a blink way All the content we need to support is in the CCD plus.

**CF**: The CCD plus document contain the segment that allows us to curate data element of the HIV care, TB Care HIV childcare immunisation. So our intention is working on the CCD plus that allows that.

C-CDA - Consolidated CDA (clinical document architecture); this is a US-led initiative to harmonize multiple CDAs that tell the US "health story"

**DR**: We made a white paper proposal. We targeting to get the whitepaper out by August. One of the things that we should expect to work towards is the CCD plus content profile in the next IAG cycle. They have done a harmonisation in America, we work with international documents.

CF: We looking forward to see what is in the white paper. The CCD plus document will allow the function of the SHR to be pre-loaded to support the international care guidelines to be to store.

**RC**: trying to figure out a single CCDC document and which one can be prioritised. We have to figure which clinical area we have to prioritise. HIV and immunization is what Derek is using, to figure out a way to work together and put things in an excel spreadsheet, what segments we must support and collaborate it that way.  The use of the spreadsheet.

**DR**: Use of the spreadsheet is a good idea. A common spreadsheet on the CCD+.  A single place that we aggregate CCD plus that support more guideline.  Expressing the logic of the guideline.  Action are taken. We actual taking a BP logic - where do we find blood pressure when it is above a certain level. An inbound CCD plus from this mum that carrying clinical reading and we would alert this

**ACTION:** A spreadsheet to be loaded on wiki? Community to review on the spreadsheet and provide input for the community. If we can leverage other communities to review and engaging other communities that may have interest to work with us.

DR:  we following the same process - this is OPENHIE white paper we have been clear with the community OPENHIE leverage IHE profile. We using OPENHIE to accomplish this.

OpenSHR product - see <http://hastebin.com/dihehunazi.md>

**The use of OpenMRS**

DR: **Key experience on using the system**: We using the reference implementation of an SHR in Tanzania data immunisation project. The reference implementation for SHR in the OPENHIE in the open SHR product and it is made up OPENMRS as the underlying database and some add-in module. Some of the things which were added-in were mapping capabilities and XDX cross document sharing – XDX management and pacing of the inbound. The importance of the CD? Lesson learnt - importance of load testing.  It was taking 20 seconds. So we needed it to be faster.  Improvements were done on the processing down to 2seconds.

Online transaction process - which is the immunisation process.  Traffic level when we go to TZ (at full BID rollout) - about 2 million babies would be immunized per year yielding 20 million transaction per year. When we go to Tanzania there would be 2million babies per year and there is 10 immunisations events. We have still room to improve to use OpenMRS as our shared records? We down to 2seconds per transactions. I believe we have made a good progress on the OpenMRS.

**Comments on feedback:**

**HV**: How was the Involvement of local developer - how did they find it working with OpenSHR?

**DR**: We didn't have local developers working on the OpenSHR code on this BID project.

RC: What are the 3 main key changes in OpenSHR?

Key features that would have made the OpenMRS as an SHR easier to implement.

1 - Bundled up Distro - frozen of components that have been tested to work.

2 - Working on the performance to get sub second

3 - Tooling to make it easier to configure to get it running in environment (DR: I think this is related to point #1... a "setup.exe" for OpenSHR)

4 - Metering tools - getting it easier to watch it operate | lets one use a commercial data centre products to support the operations of the tool.

Having distribution - part of the distribution and part of the implementation.  Don't change --productisation strategy?

**OpenSHR product** - see <http://hastebin.com/dihehunazi.md>

RC: Getting away of having each of the modules relieved independently - Module to be a package as a Destro and not be separate. Modules have been created.

**Draft road map**

1. Improve performance - a few things to increase performance.

2. Consel or dashboard tool to manage health share records - something that help make sure that things are running smoothly.

3. Different ways for construction within OpenMRS?

CCD+ - HIV, Maternal, Immunisation, TB and have that loaded. Figure out a way to export. Most fundamental key that people want see within a shared health record product. Key area to focus on.

**\* To raise this on our next call - OpenSHR**

**DR**: Data management: focus on section rather than on CDAs? The section are like useful bundle of content.

**RC**: I misspoke when I said CDA I meant section of the CDA.

**CF**: Jembi team to put in the architecture.  To be put on the wiki and on mailing list and discuss this in our next meeting.

**DR**: Lesson on the OpenSHR:  we have to apply. We need to prior OpenMRS away from the TY and we might be served with the UI because we might make it go faster.

Ideas well come from the community.

Next Meeting