# Meeting/Call Notes

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

Meeting Date: 25 February 2014

**Attendees:**

* Ryan Crichton
* Linda Taylor
* Joan Africa Brown
* Hannes Venter
* Larry Lemmon
* Suranga
* David Aronow

**Agenda:**

* Vision, Mission, Values document - the process
* Why do we want to store discrete clinical data about a patient?
* How can other applications/users access discrete clinical data from the SHR?

**Minutes:**

Call recording number- 07577801 recording available [here](http://www.conferenceplayback.com/stream/55504318/07577801.mp3) for 30 days

**Vision, Mission, Values document - the process**

LT: Email sent today with the draft one text for SHR community.

The google doc that was used as a brainstorm exercise is the basis

First draft LT did contains all the ideas plus questions to be asked around them.

We will go through the process to be able to set the appropriate vision, mission and values

*Comments must be received by 3 March*

**Why do we want to store discrete clinical data about a patient?**

Discussion on why we need to store data in a granular form. Have spoken about why the data needs to be discrete, continuing the discussion now.

Can talk about why it needs to be in discrete form in the SHR.

What will be the uses of storing the discrete info in the SHR?

LL: firstly comes to mind is clinical decision needs discrete data to be available

RC: creating summaries of the information and presenting it as a new document

DA: querying to access discrete and indiscrete data would be facilitated by that storage. Definition of discrete? RC: discrete saves in a more granular form, discrete would be broken down into distinct elements.

DA: in addition to other identifying attributes there may be specific parts of the content that is valuable to query for to retrieve the whole piece back

RC: using a specific query to be able to recall where it comes from in its entirety

HV: aggregation of data for the data warehouse.

LL: any trending or graph over months or years you wouldn't be able to do unless the data was discrete

**How can other applications/users access discrete clinical data from the SHR?**

RC: how do we allow access to the SHR data to do the work required above. Only a doc interface may not be sufficient for high level functions, we will possibly need a richer interface.

Could use FHIR interface

RC: need groups opinion on how we grant access

LL: in their setup the system generates data going out

RC: this is something the SHR may have to be able to do as well. Some of the tasks above lends itself to an interface. SHR could do this as an internal capability or have an interface that allows for it to be done

LL: makes sense to use some of the newer if we are going to be needing that capability

RC: FHIR would be a good option to use

LL: Since this is internal and not outward facing would be possible to use FHIR from the inside out and not have the POC use it

RC: Use FHIR in the SHR and not on the user level

RC: usefulness of FHIR, clients could still use a formal standard that lends itself well to that document but within the SHR to do some of the tasks mentioned using items out of the discrete data FHIR could be used only inside to achieve the outcomes

HV: not sure if all the use cases needs the FHIR option as some aggregation could be done without it. It may be use case specific. If it is used behind the data set do we need to enforce a data standard.

RC: what we can glean is that we need more than document based inteface only but also some other uses of the data that we are not covering.

RC: we want the system to be operable and fitting in with other systems

HV: there may not be something we can recommend as the way to go. May be worth it to develop something bearing in mind the adopt, adapt develop principle

RC: could have a set of workflows that we want supported and discuss how they will work and then if no standard exists we can develop as needed

RC: FHIR is fairly stable and could be worked with

HV: How are the Mohawk guys dealing with this, Derek may be able to give information

RC: would be helpful to know what they are doing to inform what we are doing here.

RC: HV can reach out to Justin to see if there is any guidance they could give us.

RC: next step is to write out the workflows we expect and then try to map some sort of standard through that.

RC: will create the workflows and send info to the mailing list for further discussion