**Meeting/Call Notes - OpenHIE Interoperability Layer**

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

 **Date:** 10 June 2014

Please sign in below

**Attendees:**

Ryan Crichton

Linda Taylor

Carl Fourie

Joan Africa-Brown

Hannes Venter

Derek Ritz

Larry Lemmon

Recording of the call is available on line for 30 days here: <http://www.conferenceplayback.com/stream/73382637/69127901.mp3>

Agenda:

* Review updates to save encounter workflow
* [https://wiki.ohie.org/display/documents/Save+encounter+workflow](https://wiki.ohie.org/display/documents/Save%2Bencounter%2Bworkflow)
* Begin discussion of the query encounter workflow
* [https://wiki.ohie.org/display/documents/Query+encounters+workflow](https://wiki.ohie.org/display/documents/Query%2Bencounters%2Bworkflow)
* AOB
* integrated care pathways within this workflow - where is the right home for this?
* current IOL implementations

**Minutes:**

RC - have included all the previous discussion and changes to the two workflows to discuss. Is there anything that needs to be discussed?

DR - could discuss the ICP workflow if there is time available.

RC - let's see how far we get and we could find some space to talk around that. Good for us to talk about seen it is so heavily related to the IL

DR - one of the topics may be "where is the right home?" for these discussions

CF - we could create some space to talk about current IL implementations, could be a future topic for discussion to assist with implementations. Opportunities for real world scenarios that we could assist with.

RC - some SA projects may be good to start that discussion perhaps even Rwanda. Tee up the topics at the end of the call and add agenda items on an ongoing basis.

DR - we should perhaps have these conversations first and solve issues, if possible. If not solved immediately then look at how to assist. If there are implementation issues, these need to be treated by us as "the trump card".

**IOL implementations**

CF - could give updates in the week to come.

There are a few openHIM implementations currently using the mule version but looking to move to slim jim java version. RC will be assisting with a project in Zimbabwe. In SA we are running two implementation opportunities. Set up for City of Cape Town group and another for the Virtual Purple feeding into the HISP Mom Connect project.

In terms of HISP it is pass through channels but adding it into the message flow provided a point of control, valuable to have that auditing space. HISP spec changes frequently so it is good to have the API. Doing the pass through but also adaption. They send messages in their format and we do an adaption of it.

Virtual Purple want to start looking at client registry and we are providing them a steppign stone into

Another application is a pregnancy register for the DoH. The initial goal is messaging from clinic and community health worker programme want to register mothers for sms updates for the duration of the pregnancy. The infrastructure is following an Openhie design current phase the Praekelt foundation is pushing the mobile phase. It will be a true IL so that any Network can be part of the system. Will have CR and SHR is the pregnancy register. Working with our partners at HISP to operate on that side. Ready to launch hopefully it will take off soon. From there we will build it out. In terms of communications we are following the CDA approach not full medical record mostly demographics. We are capturing the estimated delivery date for stage based messaging. Building on profiles for communications spec MHD due to the mobile prevalence in the project. And a formatted CDA for capturing the registry encounter.

DR - there is a lot of traffic on the IHE discussion groups regarding MHD; are you tracking that?

HV - aware that they are freezing MHD for the deve in FYRE

DR - there is an exploration of the use of DHIS as a SHR for immunisations (an immunization registry) in Zambia

HV - can contribute a lot around that

CF - don't want to jump into the HIE implementation side also focus on HIM particular and deal with DHIS on a separate call.

DR - my sense has been that an IL in the Zambia project may be needed to successfully  use DHIS as an SHR

CF - DHIS is not an EMPI

DR - take the discussion on the Zambian project off line

RC - great to hear from implementation specific stuff how can we relate to what we are doing here.

RC - can we start comparing implementation and the save encounter.

HV - as the project moves forward we could give feedback the results on how the standards are working in a sub saharan context.

DR - we can and should be expecting that IHE will be there for us, if we engage them and put our issues on the radar for them they will be able to assist, especially with standards

CF - excited about the norm and standards framework for SA released in April

DR - our ability to handle CDAs may open the flood gates of use cases in LMIC settings; must make sure IHE is tuned into what we need from them.

RC - thinking of going through some of the workflow and how that differs in standards and workflows from what we planned in the workflow. ask HV to enumerate some of those differences.

HV - run through a scenario. It is a subset of the IHE workflow. we have a rudimentary FR don't have CR. Bare bones message it only has estimated delivery date. Opening it up to a CDA capture provides a valuable start to a SHR and more workflows and use cases. Basic save encounter minus the CR and Terminology.

CF - not using provider ID as a result of a politiccal decision not technical.

CF - not direct SHR not a concept of provider at this stage

HV - are capturing in the message and capturing as much detail as we can. Currently preparing for future work.

DR - SMS or CDA

HV - design is catering for lowest technical denominator so using USSD

DR - using telephone number as provider ID

HV - no because registration can be done from mother's phone

HV - from a design point of view abstracted from mobile service won't be drectly from the phone, phone speaks to service provider and from their servers they communicate via CDA to the HIM

HV - the client could be anything, from there it is the normal Save encounter workflow, checking if valid and then saving.

HV - registration takes place in clinic by nurse or doctor, also a big HCW group in the country however the system sees the pregnancy as unconfirmed if from that group. If from Clinic it is confirmed

DR - can we capture HIV status?

CF - first step of the ladder is number of pregnancies only

DR - if that is included would it be fundamentally or incrementally different

CF - earlier designs was around which standard we use, now using CDA doing registration and storage of the message.

HV - not excluding something like PAM would need it on a more explicit workflow.

HV - project is in a early phase.

HV but doing it so that we lay down the pipeline to be ready to expand.

HV - legal issues around capturing a person's HIV status

DR - are issues around privacy and consent on the table?

CF - SA has the POPPY act with legislation, so those issues are on the table already.

RC - great to get implementation updates on each call.

* Review updates to save encounter workflow
* [https://wiki.ohie.org/display/documents/Save+encounter+workflow](https://wiki.ohie.org/display/documents/Save%2Bencounter%2Bworkflow)
* Begin discussion of the query encounter workflow

RC - last time we discussed we made some changes to the workflow want to get comments from community members on where we are at currently

RC - biggest changes were to remove that query for service not a change of process just moved out of the workflow. more changes around how the validation takes place. We might not have to do individual validations. Could within the CSD profile create a validation call query that could do a validation of the provider, facility and service provided in the Info Manager. Could do it in one call

CF - could raise concerns on the mailing list.