**Community Call OpenHIE IL**

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

**Date: 15 April 2014**

**Attendees:**

Linda Taylor

Hannes Venter

Joan Africa-Brown

Larry Lemmon

Derek Ritz

Wayne Naidoo

James Kariuki

Recording available here for 30 days after the meeting http://www.conferenceplayback.com/stream/94927769/83453701.mp3

**Agenda:**

* Continue save encounter workflow discussion

 https://wiki.ohie.org/display/documents/Save+encounter+workflow

* Resolving client, provider and facility identifiers

 Should the PoC systems know the enterprise IDs of facilities/providers/patients.

 Should the enterprise IDs be system generated or could existing IDs be leveraged?

* How to validate and map terminology?

**Minutes:**

Continue save encounter workflow discussion

DR - two key points to note

1- should the POC systems know the enterprise IDs of facilities/providers/patients

Credible arguments for going each way on this, folks generating their own GUID code don't want them to know it. You know that you will get ELID, EPID and ECID.

Repository can throw an exception if codes (ELID,PID) invalid

DR - potential privacy breach if GUID's are made public.

LL - in the case of national provider ID, alot have local codes. General idea to throw out the POC should have the high level identifier of everything, would end up with a lot fewer exceptions if the POC had the national IDs on their local system.

DR - the improvement of the number of exceptions are good for us.

LL - the idea that the national ID Is a GUID so that you know what you are expecting.

DR - not always the case doesn't have to be a GUID could be a local unique number plus a province identifier makes it unique.

LL - depends on the identifiers the registries have, they would have a national ID and that should be curated out to the POC.

DR - issue of maintenance, if the NPI is associated with a GUID, if you have to evolve the NPI you won't have to change the underlying identifier. The number of errors on the client registry justifies having the system generated ID for the index.

Important because merges and splits are necessary and this can be done easier with a system generated ID.

LL - this is also in the CR Group what is the gold standard for the patient ID to be identified in the SHR, what will the CR return when we ask for a patient ID

DR - are they generating an ID or is it one that is delivered to them.

WN - from the Rwanda perspective it is generated.

DR - seems to be a best practice for a CR don't think it's doable without your own ID.

LL - is the generated ID being stored?

WN - in RHIE the ECID stored in the SHR

DR - The openMRS has a copy?

WN - the ECID is not being stored on the local system.

DR - we don't return the ECID back as part of the OK message?

WN - must check if we are returning it but not actively using it at PoC level at the moment in RHIE

DR - if it is being saved somewhere we could make use of it. The IL accepts that what is sent to it is good so it doesn't do a resolution.

LL - the question if a known GUID comes in should it be checked against the CR

DR - currently we are showing in the workflow that we always resolve for each inbound message the ECID, ELID and EPID

LL - spoke about a trusted sender, if you have a trusted sender you won't have to do all three at once, if you wanted to check to make sure it is good info you could do the resolve further for an untrusted sender.

DR - Should POCs know the enterprise IDs for facility and provider, should we be returning it to the registries.

WN - what is the key value in having access to those IDs at the POC level.

DR - in the message you can send multiple IDs if we have a POC sending messages to the HIE if we send the local and enterprise IDs, if you are a trusted app we can believe you and forgo the resolving and go straight into the SHR. there will be a piece of work we don't have to do and you will get a faster response and performance

WN - is it primarily automisation of the workflow? for having access to the IDs at the POC level

DR - would be for workflow improvement.

WN - if we don't make the call to the Client registry for the ECID if we merge patients what the effect could be.

DR - if there is a stale ECID from a merge or split would need subsequent remediation. good point that we would need to verify client information each time

LL - we may have a light verification and a full verification. message came in with only the ID we could do a verify ECID to ensure that it is the correct one for the patient. If not you get a new one back.

DR - does afford us an optimisation opportunity.

DR - what about privacy issues if the GUIDs get out in public.

LL-it is more positive than negative to have the actual identifier,

DR - that's assuming it is an issued identifier. In the SHR there is no demo info only the ECID. you would need to still also breach the CR to identify a person. Would need all the keys to make it useful to breach.

LL - if you can breach the SHR you could breach the CR as well.

HV - we spoke in the SHR about saving CDA docs as well with the patients full demo info

DR - if the document stored in the SHR then you only need to look at the CDA, may only be a link to the document store in CDA.

DR - it is opportunistic if we do expose the IDs, LL pointed out there are light ways to do the check. We must ensure in our design that the ECIDs can be returned to a calling application.

DR - in favour of returning the ID and it is up to the POC on whether they save it.

HV - rather deal with performance issues as they arise. with Facility ID if it is not many it can be cached. WN's point there are these little things that could come up, if only doing it for optimisation then it may not be effective. Quote "premature optimization is the root of all evil about 99% of the time"

WN - if we sending the info back from the IL to the POC whether they save it or not. The IL will do the heavy lifting between the registries.

JK - would like to see a demo of how the security between the SHR and the other registries

DR - don't have a consensus yet, good reasons to favour both options. May be best to keep the status quo on returning the IDs to prevent additional development.

DR - if the acknowledgment includes the ECID or not.

LL the acknowledgment will always be there just whether we send the additional info or not.

DR - should we be doing system generated IDs? Using only OIDS would not satisfy so we would have to be generating IDs.

Validating mapping

DR - in Rwanda no mapping just validation of the terminology codes

WN - only does validation of existing code there is no mapping.

DR - can expect national direction on what will be the code sets from the country we work in.

Can we assume mapping "up the tree" but not between code systems i.e. between SNOMED and LOINC?

Until we have a use case that requires otherwise?

LL - Can enforce the sending of correct codes to be the national specified code. This could be the case for many of the countries with a stronger private sector.

LL - raise the idea of security that is more of an architecture issue. Nuts and bolts of how security would interact in the OpenHIE.

DR - IL is the onramp to the HIE we will enforce the will of the group. in the architecture meeting, there is still a business idea to pass directly to the HIE. The IL would still play a role in security as the keeper of the keys.

LL - reason they want to go around, linking the IL early may be a challenge in countries therefore allow a way around to allow staged implementation of the OHIE.

DR - Agreement from Tanzanian group that an IL should be implemented along with the Facility Registry - enables options for everything else subsequently. Difference btw an OHIE implementation and implementation of a single product.

DR - will table the security issue in the Architecture meeting

LT - Friday this week and Monday next week as well as the Monday of the following week are all public holidays in SA the Jembi office will be closed.