***September 25th 2012***

***TRANSACTION DISCUSSION AROUND HIE INTEGRATION – DHIS, FR, PR***

PROBLEM: many applications contain facility registry data that are currently maintained within them

Facility information is used in – DHIS and IHRIS (HR) and TRACNET (HIV) and PROVIDER REGISTRY and DHSST

Provider and Facility information is used in –TRACNET (hive)

Agreed to keep IHRIS as the management/source system for provider information that then feeds into the PR registry

Dictionaries – should they be in the terminology service? Should the terminology service be medical codes only rather than administrative codes?

Need to know the list of services e.g.: PMTCT and procedure codes

Are we establishing relationships or replicating? List of procedure etc. should be available locally in the client systems i.e. replications of lists

Identified needs for

* an agency list/registry i.e. of donors, imp partners, etc. – could be a code set in terminology
* a resource list/registry?

Registries should be the common data set and Semi-permanent data only should be on the registry

Want to prove that in addition to the HIE we can modify DHIS and IHIRS so they are able to consume data from this HIE

FR is a service-oriented architecture with underlying principle that it does not make changes to data it does not own

Use Case example: a paper form with new facility – entered into FR – triggers event in other registries via HIM

Do we want client systems to always go thru the HIM only to access the FR? Should we require a pass-thru for data queries as well ? Should all web services go through the HIM? What about the web UI?

Simplest flow is: The orchestration service can poll (or trigger) the FR at intervals then push into HIM and then into DHIS

Facility events are: – create / close / change level

Should we de-couple the resource mapper from the Facility Registry? Even if only in a logical sense

Rule should be that EVERY transaction should go thru HIM and if it is a query only, then just do a pass-thru the HIM and MUST have the authentication within the HIM even if just a stub for now

Also cannot assume that all applications will always have access to a HIM so cannot amend these to fit this architectures

RC needs to know:

What data do they need , what events do they need to know, what web service end pins can be used to get data out, push vs. pull endpoint?

Use both Push and Pull

RC - There is already a PULL that allows:

* Search facility using various parameters e.g. date
* Search for facility using ID

LD – can use the search by date functionality for now for the PR

DHIS – 2 problems need addressing: needs a facility name that is unique – uses the reporting - the need for diff instances of DHIS to be able to sync with UAIDs. DHIS is not confident that reporting hierarchies can be maintained outside the DHIS – have same people maintain it in separate places

If admin hierarchy changes how do u do that? Ideal would be to have this within the terminology service or another registry – more appropriate architecturally - Currently treat it as reference data – not polling for it,

AGREED:

* Registries should ALWAYS communicate amongst themselves, as well as with other applications thru the HIM
* Every transaction must go through the HIM