**Rwanda Health Enterprise Architecture (RHEA) Project Conference Call Minutes**

# Date and Time

July 18th 2013, 2pm, GMT +2hrs

# Participants

Richard Gakuba (RG), Dawn Smith (DS), Rhonwyn Cornell (RHC), Carl Fourie (CF), Linda Taylor (LT), Hannes Venter (HV), Emmanuel Rugomboka (ER) Luke Duncan (LD), Derek Ritz (DR), Scott Teesdale (ST), Wayne Naidoo (WN) Paul Biondich (PB), Shaun Granis (SG), Ryan Crichton (RC)

**Call Recording Link**

**Agenda:**

* Team Discussion Points
	+ Changing from RHEA to RHIE - Richard
	+ Outcomes of RHIE Planning - Richard/Carl/Dawn
		- Project Plan (*20120712 CF Plan for RG* and *RHIE YR13 (Pre-Go-Live)...*)
		- RACI Draft (*RHIE-RACI-YR13*)
	+ RHIE-NID Integration Options: Discussion - Shaun/Odysseus
* AOB

**Key points of discussion:**

***Testing Issues***

* WN – when submit messages to exchange the FR validation and initial – when rerun transactions then the validation passes and message goes through.
* ST – Recently updated Resource Mapper to new version and identified a bug – are resolving this – will follow up with InSTEDD developers to see what’s happening and get more details from WN
* CF – Is this the same version of Resource Mapper as the test version in the cloud?
* ST – Should both be the same version
* CF – asked WN to ensure test environment mimics the live environment

***Planning***

* RG,CF,DS have produced a detailed project plan for the next 3 months to end Sept– attached in the email with status report . Also high level project plan for next year. Includes responsibilities and accountabilities in RACI.
* Asked team to comment, via email if necessary
* CF highlighted some changes – have reversed site order of implementations, influenced by distance and infrastructure issues. Connectivity at xxx not as good as other 3 but primary driver is post-implementation support. Each site will get 8 days full support on clinic days.
* RG – have identified those tasks which are on critical path. Some M&E tasks are not on this path.

***Changing from RHEA to RHIE***

* RG proposed RHIE as a more appropriate name for the project in its current form and sounds more health oriented with objective of improving healthcare. Can also call it Rwanda HIE.
* Started as architecture and then evolved to an information exchange.
* Can everyone start to use this name going forward to ensure consistency.

***NID***

* Met with someone from NID
* SG – document received a good start to understand process of connecting to the NID database
* No feed to access database now but in future NID aims to charge for his access
* There are security requirements for connecting
* We still need to know what sorts of data can be accessed and what sort of queries can be made?
* e.g. Can we query for cohorts? Or individuals only?
* Are various options we want to consider – may contemplate refreshing CR with NID data periodically / just a one-off validation / or leverage ubudehe data and validate this against NID and then do validations at regular (quarterly) intervals
* Do we know NID stance on how external parties can influence quality of their data?
* Don’t know at this stage
* PB – will the CR serves as the source of truth or will the NID be this source?
* Peoples’ demographics change and we will have more opportunities to know what this updated information is
* RG – NID should be the single source of truth – they have an official, legal process to do this
* SG – Not an either/or – both can co-exist as two sources of information within the CR
* Are the NID interested in being aware of this new data we have for patients?
* The MPI needs to keep a super set of what NID has but in terms of authority, if we have accurate data for individuals then do we have an obligation to send to NID as central authority?
* No NIDs for u16s – the authorities are working on a process for this
* SG- Decide strategically what positions we should take i.e. NID should serve as central authority
* rather than Ubudehe – need most accurate data we can get for patient identification
* NID is not in the national data centre – has own site but no issues re: connecting
* We should provide a specification for the data we would like to have and then the MOH will write to NID with this request – should come from govt. ministry rather than project
* Must justify why we would like entire dump of data.
* Also should explain what level of security we can guarantee? Or improve on?
* WN – do we feel there is value in presenting offer to send them updated demographic data changes to the NID?
* SG – there is a cost implication but more of a policy decision than a technical proposition and likely “above our pay grade”
* RG – Already an existing project between MOH and Ministry of Local Govt. NID and others to harmonise vital registration – MOH has useful data to share. We may be able to share our data in future when we can prove its value

***Any Other Business***

The call ended at 3.10 pm.

The next call will be on Thursday 25th July.

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| **Action Items** | **Responsible** | **Due Date** |
| Must clarify mechanism for querying database with Jacques – can we query groups or only single individuals, can we persist data in CR? SG to draft questions and/or specification – send to RG and technical people (Wayne, Odysseus) to review |  Shaun Grannis |   |
| Follow up on issue with FR validation – obtain more detailed info from Wayne Naidoo | Scott Teesdale |  |
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