

RHEA Project Meeting Minutes – March 2012

Date and Time

March 26th, 2012

Agenda | Day One – PM Session

MONDAY	26TH MARCH 2012	
AIM	Provide a brief background, a broad overview of the project as a whole, and an overview of the development work done to date. The afternoon sessions will focus on how this project harmonises with and provides artefacts for the HEAF and the HEART projects.	
9:00 to 9:10	Welcome and Introduction	Emmanuel Rugomboka
9:10:00 to 10:30	RHEA project overview - including new direction and high-level roadmap Work done to date – an overview of LHF Version 0.1 -	Carl Fourie Ryan Crichton
10:30:00 to 11:00	COFFEE BREAK	
11:00:00 to 12:00	Work done to date – Point of Care Systems OpenMRS Terminology Services	Liz Peloso & Wayne Naidoo Hannes Venter
12:00 to 13:30	LUNCH	
13:30 to 14:15	Harmonising efforts with HEAF – (Health Enterprise Architecture Framework) and the HEART project	Chris Seebregts
14:15 to 15:00		
15:00 to 15:30	TEA BREAK	
15:30 to 16:00	Cont.	Chris Seebregts
16:30	Buses leave for the Jembi Rwanda Office Launch	



Key points of discussion:

Session 5: HEAF by Chris Seebregts

RHEA is an initiative of the Rwandan MoH eHealth coordination unit.

One of the objectives of the OASIS I and II projects are the re-use of the artifacts that come out of them. Donor harmonization is a key feature of RHEA.

RHEA-HEAF Two Key Objectives :

To develop semi-formal documentation on behalf of the Rwanda MoH to service needs and allow them to make decisions

Reuse selected assets and artefacts in othe countries eg: Mozambique and South Africa

Open-source projects often lack adequate documentation so documentation is a critivally important feature, especially for long-term maintainability and re-use elsewhere.

Often work on specific solutions only – aim is to try and extract common solutions from specific solutions eg: as is happening in Facility Registry work in Rwanda

Extract from implementations the core design features and document and turn into common architectures with aim of re-use.

RHEA sub-version repository

These are kept in an SVN, but has limited access, also not described in a way that is easy to understand.

Two principle technologies from TOGAF

1. Enterprise continuum
2. ADM – architectire development method – methodology that TOGAF recommends.

Most of our process is requirements driven.

NEHTA Interoperability Framework

A key component which we have been working on in Rwanda is the set of standards adopted by the country. Trying to make standards more accessible to low resource settings.

This is an implementation driven approach, and want to see the patterns which are emerging.

Tiered structure common in low-resource settings with all data flowing upwards to a policy level – very typical. Trying to change to make them more patient-facing to have more benefits at a patient level.

CRDM is a methodology (developed by PATH) a bus process modelling language that is standardized.

Maternal Concept Lab used to define set of maternal and child concepts – developed by PIH and D-Tree – can be considered an emerging standard.

Initial models developed by Mead Walker. Have adopted a standard language called Archimate.

As look at functional decomposition and services being offered and how to build them.

Following service-oriented approach

Looking at standard of three different viewpoints – enterprise, information and application level.

There are wider government e-government framework –

We are defining the way the arch are built up and modeled – will determine what is developed at e-gov level – health leading the way in this – (Moz especially)

Many of the tools and software will be reusable in these contexts.

Explained harmonisation with CHP and how more patterns emerge which can be extracted and built upon, saving time and money.

HEART project is a registry of tools which will interface with other repositories, and could be seen as a front-end to others eg: RHEA SVN. Will be able to search for and commit assets.

Classification of standards – see hiwiki.org (University of Sherbrooke) supported by WHO and others.

There are free standards available and various initiatives to make these openly available to low resource settings where possible. List of 50 different standards now.

6: HIS Modeling approach by Mead Walker

Architecture descriptions – formal description of a system define components.

- Provide a plan
- Enable you to manage investments in app, people etc.

Architecture is a plan of what we have, what we want and how to get there. Must show current function and leave room for expansion in future.

Shows components, defines data structures and shows how tech and resource constraints affects this plan. This is a tool for design and also for communication.

Has a high-level vision of the entire RHEA project, modeled the primary components and the interactions between them.

ArchiMate is a language for representing architectures, which looks like UML but is simpler and more intuitive.

In Rwanda will be a national system with component registries and a SHR and a data warehouse. Accessed through an information layer (interoperability layer). Draws heavily on business modeling developed by RG and his team. Currently working on Maternal and Child Health Support , Facility registry support and terminology services support. Described how the maternal data summary is captured and stored, how the encounters are captured, how alerts and reminders are generated.

Also looked at information for what the data models for the components would look like.

Still a lot of work to be done, need feedback to allow it to grow. CS asked for feedback as to how useful this is to various stakeholders.

PB said allows us to communicate internally so is very useful.

RG said this is very useful to enable a quick overview of the architecture, easy to interpret these diagrams, more so than reading a lot of detailed documents. RG said good to compile as official documentation. MW says the challenge is getting feedback and verification, rather than initial creation. PB said should use these diagrams as starting point for all rest of the technical discussions, and get feedback this way. RC says sharing of all this documentation is key starting point to get response by a wider group of people. Ideal way is to define these first and then base technical design on these, although not always done in practice.

CS said easiest way to do it is to put in HTML docs and place on wiki. Be formally signed off by RG.

JC suggested useful to show the logical data model and actual physical data model.

How do you want to manage? Can list as asset still under review if not ready for public reusability

7. CHP by Derek Ritz

Led by Nethope – funded by PEPFAR and USAID

Key deliverable is a design specification. Required to look at what was available and NOT delve in standards development. Uses ISO model for EA – 5 viewpoints (enterprise or business, informational, technology, computational) – same thing seen thru different lens.,

Developed use case stories to make it easier to represent these, using some UML constructs such as sequence diagrams. Took these high level diagrams and started to engineer these. Defined service roles and developed invocation patterns, and what standards-based messages would need to be exchanged. Investigated what open source applications are available that might be suitable and made a comparative evaluation matrix for these. Communication patterns were also exposed. Then developed prototypes which produced some useful results. The whole process was documented and published to the HUB in December 2011.

JC asked about documenting assumptions or constraints to choices made.

DR said Yes, for example eg: limited to open-source applications only

SG asked why other 2 viewpoints not used –

DR said reason is because does not help to determine interoperability

Engineering vs technology viewpoints discussed.

8. HEART Project by Rob Kolodner

Purpose is to develop a shared platform to foster the exchange of assets (artefacts)

Was focused on IT-related non-code EA artifacts initially. HEART now called Health IT Asset Registry, Repository and Tools

In health IT is an inter-relationship between assets so needs to be more than a simple catalogue.

Would like to have more than versioning - need to show evolutions of assets –

Would like to engage the users to find out what is valuable to ensure a community keeping this up to date. Does not need to actually store the asset in the repository but can point to where these assets are stored already. Need to “bookend” the requirements – and address the needs of both low and high-end resource entities. The HEART team would like to spend some time one-on-one with various participants. Has different views required by different communities ie: MoH , developers, architects and would like to represent this appropriately.

Boris Kapitanski demonstrated the live system recently deployed – 30 days of development.

Community driven =- the more assets are used or contributed the more they will be shown

Access is role-based and whole system is data-driven.

2 features

What are your assets – which are reusable

1. Share information
2. Ability to discover information

Describe your asset in a simple way, no matter how complex the asset.

Want to show relationships between assets. Aim is to remove technological barriers so that people without knowledge of formal processes can use it. – make as usable as possible

System is searchable by various attributes eg: language, relevant standard, audience etc.

Can also use free text search. Can create new attribute types if required.

All changes are tracked – can see how, when it was modified. Can use templates to create new assets based on existing assets, and then modify accordingly

Relationships – types eg: is part of / is alternative to

All are bi-directional relationships.

MW asked: is there a process to verify assets contributed?

BK: Different roles – some are curators, some are contributors, some are viewers

This role-based access will ensure content is coherent and usable.

Aim is to build the community – higher importance than the technology.

Would like the community to validate the accuracy and usability of what they see (passive role –tell us what they think) and this is different to the curatorship which determines what content is correct (more active role – can make changes to content which is not theirs).

RK – Would like feedback from the early adopters as this is the first version.

MW: Do you support multiple authors for documents?

BK: Yes

MW: Suggested split role of curator and reviewer?

BK: Anyone can look up assets and provide feedback, while curator role much more strictly defined.

JC: Some roles are community-based – allows assign roles to designated users which can be changed eg: when asset is determined to be complete vs asset under review.

RG: Is there a way to get notifications of when new assets are added

JC: Can sign up to follow an asset and are notified of changes

RK – Expect a huge number of assets. Assume may be able to say want to see assets that has certain characteristics, - which ones I wants alerts from.

RG- Users might need some strong knowledge of what they are searching for to be able to find anything useful. From a users' perspective would like to see searches structured around a logical framework e.g. : the Parthenon diagram.

BK demonstrated how can use the attributes to find something even if they have limited domain knowledge. AG said RG can define his own attributes which he finds useful and necessary – this is configurable.

CF proposed a breakaway session for a HEART usability session for Tuesday.

PB asked: what about internal project asset curation strategy for RHEA project? Need to ensure there is a defined process and ownership.

JC: Are there other visual metaphors that may be useful and more intuitive to some users? Eg: One visual cue is use of fonts.

CS-suggested HISA standards ie: enterprise viewpoint, informational viewpoint, etc.

BK: Are multiple ways to look for information so must try to accommodate those, but cannot predict usage patterns – will evolve as it is used.

RC: Asked if there is a way of grouping assets

BK: Are logical and physical groupings eg: enterprise a model with many components

RC: eg: RHEA project, sub-divided into requirements, tech design etc. based on the relationships defined.

BK: Any level of constructive criticism is welcomed and will make changes rapidly and get more feedback. Security is the next priority of HEART development. All feedback – talk to us or via email.

CS: May be issues of country ownership of assets.

BK: Can delegate the access roles to them – is more of a policy decision, but the system will support this. That person also sets the access control list.

RG: This will be dependent on each project as will be different uses for each.

After Action Review by Carl Fourie

What did we expect?

WN – High level RHEA OVERVIEW,

LP- More of the HEART project

CM – Wanted to see how far we are with LHF

What happened?

Did get overview of HEART / of RHEA

Did get a good view of where we are now

Lack of internet

What did not happen and what would we do differently ?

MW would have liked to see more formal report of the different parts of project – each sub-component ie: registries – want to see a status update

RW – in a large group can be difficult to have deep dive session – would like to have small group approach with parallel tracks.

LB –Some people are critical to many sessions so is hard to plan

DR – Would like to see where we are going? Now have good idea of where we are.

PB – breakout session of maternal health use case

CF - Need decisions on which technologies to be used so can plan way forward

Would like sessions on:

HEART usability session

Maternal Care data mapping

Message specifications

Action Items	Responsible	Due Date
Need to define an internal process for assets developed in RHEA project – ownership, review process, (see 8)		
EA Models developed by MW-These documents/models must be added to the Jembi wiki page to facilitate/ prompt feedback.		