RHEA Project Meeting Minutes – March 2012

Date and Time

March 27th, 2012

Agenda | Day Two PM Session

TUESDAY	27TH MARCH 2012	
AIM	To focus on the technical design for the HIE components: Terminology service, Client Registry, Provider Registry and Facility Registry.	
9:00 to 9:10	Introduction and Agenda for the day	Emmanuel Rugomboka / Rhonwyn Cornell
9:10:00 to 10:30	Terminology Services – requirements overview, technologies reviewed, development plan and capacity development needs	Wayne Naidoo and Hannes Venter
10:30:00 to 11:00	**COFFEE BREAK**	
11:00:00 to 12:00	Client Registries – requirements overview, technologies reviewed, development plans and capacity development needs	Wayne Naidoo, Michel Makolo and Ryan Crichton
12:00 to 13:30	**LUNCH**	
13:30 to 15:00	Provider Registries – requirements overview, technologies reviewed, development plans and capacity development needs	Wayne Naidoo, Michel Makolo and Ryan Crichton
15:00 to 15:30	**TEA BREAK**	
15:30 to 16:30	Facility Registry - requirements & work done to date	Liz Peloso and Ed Jezierski

http://twitter.com/#!/jembi_hs

Physical Address Unit D11, Westlake Square, Bell Crescent, Westlake, Cape Town
Postal Postnet Suite 280, Private Bag X26, Tokai 7966, South Africa
Tel +27 (0)21 701 0939 **Fax** +27 (0)21 701 1979
E-mail info@jembi.org **Website** www.jembi.org

Jembi Health Systems NPC
(**Reg#**: 2009/018985/08) a not-for-profit company registered in South Africa
(**NPO#**: 054-906-NPO) (**PBO#**: 930034124) (**VAT#**: 4480259243)

Key points of discussion:

1. **Provider Registry Discussion**

MM explained evaluation of IHRIS system. Developed by Intrahealth and has been deployed in south Sudan and other countries so have some reference sites. Team has had some discussions with Luke Duncan, the lead developer. Most of the healthcare professionals are already in the current system

RG – System is up and running. Everyone from drivers to doctors should be in the system but are data cleaning at the moment, updating fields with missing data etc. Have started discussion around holding CHW info – RapidSMS is one, and there are another two system already holding individual records. Had a meeting to decide which should be the one source of truth for this information and agreed that for now will be RapidSMS. There is potential to migrate to HRIS if necessary in future. Use the CSR as the unique number. All employees have IDs as all > 16 years old OR a passport.

CF – What is the feeling about IHRIS? What are the alternatives?

MM - System is not that robust to meet the RHEA needs as it will require development to feed into other applications.

RC – System not designed to be a provider registry, so although possible to use is probably not the best solution.

PB – Has spoken to HRIS leadership and agrees that this is not what it was designed to do. IntraHealth has looked for funding to develop a provider registry that will integrate with the HRH system.

RG – What are other alternatives?

PB – Resource mapper, OpenEMPI, MirthMatch are alternatives that could also be used.

DR – It is very common to use same product for Client and Provider Registry – very similar standard interfaces. Uses same technology but different data records.

RW – Currently have 45000 CHW info in RapidSMS with simple data and 16000 providers in HRIS.

CF – Looked at HRIS because it is already running and wanted to see if it could be used but always intended to evaluate other solutions.

PB – Will ask IntraHealth to participate in the decision-making process and get feedback on if possible to meet out timeline. CF – Can look at OpenEMPI on a parallel track while this process in underway.

Decision made- To talk to Intrahealth and get feedback by end of next week (April 6th). CF would like clarity on first call after that (12th April) to establish timeline for delivery.

2. Messaging Service Discussion

M*essage specifications for Provider Registry*.

RC led discussion. SG asked if these messages are publicly available – RC said yes and they are currently running with mock responses.

PB – Do providers know there is an ID assigned to them? RG – No.

MW should not be validating clinicians unless need to store this in OpenMRS.

RG – can identify CHW s by national ID and by telephone numbers, but for rest of providers will have national IDs or a social security number.

PB – The National ID is not the primary key but rather an attribute of the provider. An internally generated number will be the primary key.

MW – Assumption that some providers may not have an ID: may be foreigners. Will use some other attributes for identification.

CF asked: how are we identifying the application? LP – An application ID is for all those people who are waiting for an NID.

CF – This assumes that other applications are able to store IDs. MW – This is the assumption for this phase.

DR – If we require all these to be in the index then should re-look at the requirements e.g.

MW –Have defined a number of different queries but need to verify if some of these are not needed. Have defined queries to return the records.

LP – Need to store WHO (role/profession) contributed the data in the SHR.

RC – Now that we have an HR system can we simplify the data elements that need to be stored?

Agreed that will now only store:

- Attribute IDs (NID, passport, social security)
- Where they work
- Basic demographics – name, dob, gender
- Role
- Profession (Speciality)

CF must be formalized and signed off as a change request.

DR – Assumed that Queries return lists and Gets return records. Must ensure don't get 30 000 returns for a query.

RC – Do we need lists of healthcare professionals? Do you want to record full records or links to records?

Agreed that can make this is not needed now and can be made a low priority. Not essential for our current use case.

RC – asked people to look at message specifications in more detail on the Jembi wiki and send comments.

Message specs for Facility Registry:

Agreed that FOSA will be the unique attribute ID.

Discussed whether RSS or Atom would be a better choice?

Decision made: Will use RSS to get the list and keep the GET the same

(RSS required, Atom is a "nice to have")

CF – Must document these additional services.

Transaction load

SG explained how got to volume of transactions expected from this system. This will be used in evaluations for OpenEMPI etc. CF asked this to be put in a draft Load document.

After Action Review by Carl Fourie

What did you expect to see? What we like to see and what would we do differently?

MW expected more in-depth discussion around data exchanges

PB would like to see how to draw these together to support maternal workflow in clinics

SG would like to see more detail around messaging flow.

MW would like discussion of how all pieces fit together after PB 's end-to-end workflow as more logical

MW need to go through messages in much greater detail with the developers (outside plenary)

LP – would like to have SHR discussion

DR – Orchestration diagram

EJ suggested a walk-through of whole system

EJ and LB would like to see a macro timeline / project plan

PB would like some free time for individuals to talk for sidebar conversations.

CF – new items for agenda tomorrow:

- Hardware Infrastructure
- HEART session

- Maternal Workflow at clinics

Action Items	**Responsible**	**Due Date**
Ask IntraHealth to participate in the decision-making process and get feedback if it is possible to meet our timeline.	Paul Biondich	6th April
Discuss Intrahealth proposal on project call – make decision on technology for Provider Registry	Carl Fourie	12th April
Change to the data stored in Provider Registry must be formalized and signed off as a change request by RG	Linda Taylor	28th March
Document use of RSS	Ryan Crichton	
Document volume load requirements with units	Liz Peloso	