

MINUTES:

OPENHIE Provider Registry Community Call: April 17, 2013

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AGENDA:

1. Review Community goals (below)

- No concerns or comments—these working goals will be used as a roadmap for Community activities (evolving-can be edited at any time)
- What is a profile?—bucket of standards; ways that standards can be implemented and used in applications/registries for information exchange--implementable to achieve use cases. Lists standards that are of interest/to be used through transparent steps.

2. User stories- Link between Provider Registry and Facility Registry/ DHIS

- Interaction between Facility Registry and Provider Registry
 - Healthcare Provider Directory (HPD) Profile-IHE
- § Distinction between organizational Providers and providers as HCW. Overlap in terms of what Facility Registry is tracking v. HPD.

Bob Jolliffe (DHIS)

- A year ago—strong sense for need for stand alone Facility Registry that did nothing else but register facilities
- Argue not the most reasonable model
- Lots of systems are repositories of this info, but also Provider info due to subset of organizational providers
- Systems need to have mechanism for sync with one another

- **Standardization needed as well**

Organizational Providers (e.g. Doctor that has own practice)

- **Do we need to present an API like Fred API**
- **Do we need to read in data from a FR**
- **One key issue: Fred API has a UUID, but HPD doesn't -- it allows multiple identifiers but not one is singled out**
 - **Which is the most trusted system? Up to organization that uses the system?**
- **DSML (Directory Services Markup Language)**
- **small gap between FRED API and DSML.**
- **PR may need to support Fred API**
- **Difference between registry and place where information is curated**
- **Facility Registry is repository of published/snapshot data**
- **Maintaining system (such as DHIS) may have historical data on facility as well**
- **facilities in a FR can be a subset of organizational providers (e.g. Flying Doctors not in FR)**
- **Question/comment: has anyone in this community mapped these individual/organization/physical facility relationships to HL7's Reference Information Model? I'm not an expert in the RIM but I believe it addresses these issues. I'm also not sure if it's important for this community to observe HL7 standards like the RIM.**

CL: If we do HPD which has overlap—how do we make sure that we are not doing double work (PR and FR)? How do we synchronize between the two?

BJ- If you are going to implement org. providers, use same API as everyone if you think the API has traction in the world. Not a matter of doing double work, it is about implementing the best system you can in country to add value!

LP: Need to be able to support all use cases

3. GOAL 2: What is the process for building consensus and choosing standards?

- **Do we want to create a new standard or use existing standard**
- **If there is an existing that supports all use cases, we should use it!**
 - Evaluate existing first—move to creating new if gaps are found**
- **If we chose new:**

§ Responsibility to maintain the standard! Often no budget for that!

- Should we consider only open standards v. proprietary standards?
- Sometimes difficulty distinguishing between the two
- If we are actively promoting, proprietary may be an issue

What is Evaluation Criteria for existing standards?

- is it freely implementable? Open v. proprietary
- free participation in development/iteration of standards
- any IP constraints/freely downloadable?

4. Next Steps

- Decide evaluation criteria in choosing profile/standards
- Community input/research on other available standards
- Participate in evolution of CSD standards—See Dykki's email

Existing Standards and Profiles: Current list for consideration—can be added to

HL7 V3 Healthcare, Community Services and Provider Directory (HCSPD SFM)

http://www.hl7.org/implement/standards/product_brief.cfm?product_id=100

IHE Profiles

Health Care Provider Directory

www.ihe.net/Technical_Framework/upload/IHE_ITI_Suppl_HPD.pdf

HPD+

ISO 21091 Directory services for healthcare providers, subjects of care and other entities

http://www.iso.org/iso/home/store/catalogue_tc/catalogue_detail.htm?csnumber=51432

IHE Personnel White Pages (PWP) Profile... this has somewhat been superseded by HPD

http://wiki.ihe.net/index.php?title=Personnel_White_Pages

FredAPI for Organizational Providers

SDMX-HD for coded data lists

CSD (formative stages)

COMMUNITY GOALS:

1. Identify and document country or system-level user stories, use cases and functional requirements for exchange of health workforce information based on participant experiences and/or needs.

- One already identified use case is a central level provider registry that can serve as a canonical source of providers in a country
- Use cases may be further divided into data source and data consumption use cases.
- Use cases should include interoperability with other OpenHIE registry products to support collective operation as a whole.

2. Build consensus on data exchange profiles and standards for the Health Workforce Information domain, identifying and addressing any gaps in recommended profiles in meeting documented user stories.

- Identify possible health workforce information profiles (e.g. HPD – being implemented in Rwanda and Zimbabwe)
- Evaluate profiles and standards
- Select one or more profiles we can all invest time to support
- Extend profiles and standards through appropriate consensus-driven processes to fill gaps

3. Support development of one or more reference implementations of the profiles and standards in support of the documented user stories

- At least one of the reference implementations should address the central provider registry use case.
- Other reference implementations may include different data consumer and data source use cases
- Country implementation activities could then choose among the reference implementations OR take standards and guidance and build their own as long as they have full access to associated standards and profiles.