

Leadership and Governance: Building Interoperable Solutions

Session Name: Leadership and Governance: Building Interoperable Solutions

OHIE18 Event Page - ohie.org/OHIE18

Time / Room: 8:30 - 9:30 Faru

Presenter:

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Etherpad Link: https://notes.ohie.org/2018-08-01_Leadership_Governance_BuildingSolutions

Standards

HNSF (Health Normative Standards Framework) - South Africa's interoperability policy

- based on IHE profiles

MHD standard - complex, multipart message with CDA

- Mobile Health Data, embeds CDA, with a json header

CDA - Clinical Document Architecture

- huge XML or piped document, with loads of metadata

- document-centric view of clinical data records

- can also attach human readable content

mACM - Mobile Alert Communication Message

- Came up during Ebola response

ATNA - Audit Trail and logging

South Africa **MomConnect** program

Set up connectathons to get various organisations connecting using MHD

MomConnect - Flagship South African maternal messaging platform

- Developed custom json message for handling subscriptions (non-clinical info)

- Most data had no unique identifier (closest was a mobile number, not unique)

- Designed to feed into the national pregnancy/birth registry

- DHIS2 acted as the FR, SHR, CR.

- As the product matured, switched to using FHIR for referrals and other clinical observations

- More readily adopted by partners

- In production now

Moving towards interoperable systems

- Need to understand your workflow first, and then pick the right profile/standards to address the use case

- If you find a profile and it doesn't fit your use case 100%, can put in a change request to IHE to update this

- IHE Connectathons

- Provides way to test and validate standards and system interoperability

- Develop a roadmap, find a balance for when to incorporate standards

- Can add complexity, but helps when you want to scale or work with multiple systems

- Selection of standards should not always be done exclusively by the developer/technical team (it's not just a technical problem)

- Adopt, adapt, develop model

- Standards can be a leveraging factor in compliance

- FHIR can make things simpler

- Need to consider capacity of groups that are going to support the system/solution in the long run

- Do we have the capacity to build and maintain that standard?

- First look at what's out there before going custom

- Point to point is fine for 1-1 and 2-1 systems communication, but as you add more systems, the challenge increases exponentially

- Be pragmatic

- Be careful that what you build isn't too brittle

- Looking to adapt things like HNSF as a reference manual

- Build once, and then reuse

- Initial overhead to set up standards, but once it's done, can

- Open Health Toolkit, HAPI libraries - helps with building and understanding IHE profiles at code level

CSIR Community Health Worker (CHW) Project

- With HL7 you can use pid for patient demographics, but very specific to health

- no IHE profile that matches CHW use case perfectly

- need to capture additional household (non health) data

- Adapted pid to include household data

Uganda Use Case

- OpenMRS, DHIS2, BLIS (lab system)

- Have to have separate accounts in each system

- Why can't we have one login/single access to all the data, rather than having to go into each system

- linking EMR and lab system while reporting to DHIS2

- Need to uniquely identify patients across facilities

- By MOH standards, not supposed to have patient level data in the cloud

- Challenging problem because of complex info/system ecosystem

Questions:

- How did government get involved in interoperability (in South Africa)?
- Fortunate to have high-level buy in
- Minister quoted as saying interoperability is a priority
- Can be issues between private and public health systems
- Good idea to create some form of agency with a mandate for driving, managing and maintaining standards etc.
- If government doesn't understand/get involved from the initial stages, it's hard to include them at a later stage
 - Need for government to understand the ins and outs (complexity) - breaking down barriers
 - EMR standards guideline can help with sustainability
 - 1. work on governance
 - 2. is there capacity to support info systems
 - 3. having functional information systems
 - 4. country ownership

Closing comments:

- technology is not the hard part, it's everything else that surrounds it. Sometimes you have to make technology choices based on other reasons.
- standards are not simple, it's a complex process to go through
- no silver bullet to find a perfect fit
- the best resource we have is each other (**community!!!!**)

Next Steps:

Community, connect