

Q&A #2: RFA #2020-036 OpenHIE COVID-19 Standards & Data Exchange

Carl Leitner: Thanks for joining today for the Q&A on the OpenHIE COVID-19 standards and data exchange. Just to note that this call is being recorded and any of the questions and answers that come out of this call will be documented and put on our website. If you have any questions during the course of the short presentation, please feel free to put them in chat or hold them until the end the presentation. This is an opportunity for you to ask clarifying questions or understanding what we're looking for in this RFA and what we're trying to achieve. I wanted to first start with an introduction of where this is coming from. OpenHIE has a COVID-19 task force which meets on a weekly basis, usually on Mondays. The terms of reference for this task force are to identify and collate information related to data standards and exchange relevant to the COVID-19 response identify any gaps in those standards and try to fill those gaps, provide documentation and guidance on how to adhere to those standards, and to ensure that those standards and guidelines can be integrated into national digital health infrastructures. The task force is co-chaired by myself, Carl Leitner, Teresa Cullen from the Regenstrief Institute, and Garrett Mehl from WHO. You can find some links to the task force[in the slide deck].

What we are looking at are use cases for COVID-19 and these use cases are either identified with WHO, using their guidelines and guidance, or by community members. What we have been looking at are developing a HL7 FHIR implementation guide or the WHO surveillance case report for COVID-19. There is also a clinical case report form which is more comprehensive than the surveillance case report form which we will be supporting as well. For the aggregate data, such as what is in the WHO situational report on the number of cases of COVID-19, we are looking at the ADX and mADX standards for that and ensuring that those aligned with the surveillance report forms and clinical case report forms. We will, in the future, be taking up the clinical management guidelines for COVID-19 and documenting the business processes and standards needed for that. As well as in the future, looking at the child case report form and some of the lower priority case report forms that are coming from WHO guidelines. Specifically, for the WHO case report form, you can find a link here to the case report form that we are looking at. As well as the current draft of the implementation guide that is being developed. It is quite far along and usable at this point. This is the second round of funding for the COVID-19 support and in the first round we had two successful applicants. One from Jembi and Intellisoft, which was focusing on OpenHIE components and DHIS2 and ensuring that the case report form can be sent into a synchronized both with DHIS2 Tracker as well as with a HL7 FHIR based shared health record. There is also some specific work looking at some cross-border data exchange use cases between Uganda and Kenya. The second successful award was to IntraHealth, looking at the mHero platform which links health workers to a communication platform, such as RapidPro or RapidSMS to facilitate case reporting, as well as other COVID-19 related use cases.

If you are interested in applying, there is a few things that we're looking for in in our applications. One is that we want a global good that is actively engaged in the COVID-19 pandemic response or will be soon. We are looking to identify the key use cases, whether it is case reporting contact tracing or need to care management supply chain, etc., for which that global good is being deployed. We are looking for information on the current deployment status, where it is, the scale of it is, or the global good that is intended to be used. We are looking for a description of the specific data exchange and interoperability challenges that this funding could help address. We are looking for a clear description of the intended scope and approach and as well as an indication of how this will contribute back to the community, so how the any work supported here can be leveraged in another work. A few notes on the timeline. Today is our second Q&A teleconference. The next step, if you are interested in applying, is to submit a letter of intent on August 21, 2020, Friday at 5pm ET. The full application is due a week later with a funding notification expected on September 4, 2020.

To give a little bit more detail on the case report implementation guide that is being developed, the data workflow there is that we have a point of service system that may or may not speak the HL7 FHIR standards, but is collecting information that would feed into a case report. That point of service system would send the data that has into a mediator as a questionnaire report. Which then could take the data that was sent in and either send it on to WHO, the Emergency Operations Center, or whoever at the national ministries looking at the case reports. Or that could be aggregated as a measure report and sent into the HMIS/DHIS2. We have a number of the arrows in this diagram that are being supported or will be supported but we are looking at augmenting the support there or identifying additional points of service or additional workflows. There is also work that is being done to support extraction, not through a questionnaire report, but as from CSV or direct database connection. There is some tooling to take the data that would be in a case report form and turn it into a questionnaire report. We have two or three different levels of support that we can offer for adherence to the standards.

If there any questions or comments, we can open up the floor.

Q: We work in the health information space and we wanted to know if this granting session is open for us to apply for?

A: Yes, certainly. The things that we are looking for is support to tools that are being used. This is not necessarily implementation funding. This is to support global goods, so tools that can be used in multiple implementations. Depending on what you are looking for for support, this may or may not be a good opportunity.

Q: We are a not for profit entity. We are familiar with DHIS2, we have our own independent system that we built that communicates with DHIS2. Based on the background, we are hoping that we can build standards, we can view the use cases for DHIS2 that can be used across other systems, including one of those that we developed and implemented.

A: Thanks, that's potentially appropriate. DHIS2 is a global good. I don't know exactly what information you have but there is also the OpenMRS variants that are in Uganda so there is definitely some potentials there to adhere to some of these standards and use some of the tooling that already exists. Since both Jembi, Intellisoft, and IntraHealth are working with global goods that are in Uganda and looking at specific use cases as well, it might be worthwhile to reach out to that group and understand their work a bit more. [Here](#) is a link to a presentation that Jembi put together on what the scope of their work is so that would be one potential place to start.

Q: Our system captures data in its raw format from points of care at each public health facilities. We have about five general hospitals and about six percent of those. This information it is built based on HMIS guideline standards and the ICD-11 classification for diseases. We can capture all types of data from bio data, triads data, and diagnostics test results. Then this is aggregated into reports which we produce in the form of standard reports for Uganda, HMIS2, then these are uploaded synchronized to DHIS2. We are thinking we can operationalize this HIE in terms of contact racing, in terms of case reporting, and in terms of surveillance.

A: That sounds interesting. We look forward to your application.

Q: Is this funding continuous? Is it on a rolling basis or is it a onetime opportunity to build standards and then hand them over as a global good?

A: This is currently not continuous funding. There are some other potential opportunities that will come down the line for more continuous funding. Everything that would be developed under this would be open source and available to others. That is the intent of this funding. If it can augment some existing implementation work, which it sounds like you have, that can be useful.

Q: If I am to understand this correctly, we are building a community basically?

A: Yes, building a community and the FHIR implementation guide is in draft and so what we need to do is test out if this is going to work or not, and what are the actual challenges on trying to deploy those on the ground? So, getting a bit of an assessment as to the work today.

Q: Would you clarify once again the outputs that you expect from us? If we had to apply for the funding.

A: I think it depends on exactly what you would want to apply for. I think we are fairly flexible in how to structure the outputs and deliverables depending on the work intended. It could be building a connector between systems or to do ETL processes on existing data into the standards. If that were the case, an example of a better deliverable could be the score code on the GitHub repository under an open source license. It could be a variety of things depending on what specific use cases that you are looking at. It could be working with the cross-border aspects, it could be working with an EOC or reporting into DHIS2. There is a lot of work to be done so I do not want to constrain what would be the most useful for you to look at. We are really looking to you to understand what the priorities are.

Q: Is it possible for you to share with us your presentation from earlier in this Q&A?

A: Yes, it will be put onto our Wiki. The recording will be as well. You can find it [here](#). That should go up in the next day or so once the recording comes in and we get it uploaded. If you check this link, you will see the July 7 first round Q&A and its transcript and recordings available. We will put up this round's as well.