Keith Toussaint

From: Keith Toussaint
Sent: Monday, March 7, 2016 00:15
To: 'Davide Sottara'; 'Rick Freeman'; Todd Cooper; 'Shahid N. Shah'; 'Rick Freeman'; 'Josh Dees'; 'rob.reynolds@osiamedical.com'; 'Bryn Rhodes'; 'Paul White'; 'Claude Nanjo'; 'Josh Dees'; 'Dave Wattling'; 'David Thomas'; 'Scott Whyte'; 'odiaz@ngenex7.com'
Subject: HSPC Architecture and Community Cloud
Attachments: HSPC Community Cloud.pdf

Hello all,

Here's hoping each you had smooth travels getting out of LV – and that you managed to escape without any undue losses!

As many of you participated in both the Architecture session last Tuesday and the Healthcare Community Cloud (HCC) gathering on Wednesday – and owing to the considerable overlap between the two topics, I am taking the liberty of 'crossing the streams' as it were (I'm quite sure we will all survive).

Architecture:

As a reminder, my primary aim in arranging the architecture meeting this week was to introduce Shahid and the breadth of his work to a broader group of the consortium. Based on the course of our discussions and the exchanges that ensued, there are considerable resources Shahid and his team can bring to the table. Specifically, there are existing open architecture efforts that we can immediately leverage.

My notes reflect just a few major takeaways from the in-person meeting.

- Establish a collaboration space in Confluence for our work
- Finalize the already-in-progress efforts to define the "Common Functional Architecture" (Davide leading)
- Once this step is completed, we will then work together to identify the most optimal incubation effort (more on that later in the Community Cloud notes)
- Need to take an 'inventory' of existing health care architecture and interop approaches and compare/contrast them with the approach we are taking with HSPC
- Ensure we get Netspective on board as an HSPC member (Keith's action ☺)

During the course of our meeting, Davide rightly noted the considerable effort that would be necessary to complete this work out of whole cloth. However, Shahid made reference to existing efforts that we might be able to leverage given the work of the groups he mentioned. Shahid, could you help us with the details as I did not reflect the specifics in my notes.

Community Cloud:

First, a number of people noted they had not received the write-up describing the HealthCare Community Cloud (HCC)I referenced in the meeting – a recent iteration of the concept is attached. As always, I am keenly interested in your continued input as we will need to continually refine the concept and work together to determine how to bring it forth.

Here are the top-level takeaways according to my notes:

- We discussed the distinction between the community cloud and architecture work – tightly coupled and interdependent, yet still distinct:
    - The architecture effort will define both the functional/logical technology architecture and marshal the resources to establish the necessary reference implementations thereof

    - The HCC effort is principally focused on establishing the rules that will govern those permitted to participate in the HCC and the rules of conduct in that environment (see attached for more background).

  We acknowledged that we will need to remain vigilant to ensure the appropriate 'separations of concerns' between these two efforts
- Oscar expressed a clear direction regarding the first use case of the community cloud – which, of course, overlaps into our architecture work as well given the central nature of this work to getting early wins for our efforts.
    - Scheduling
        - care coordination
        - across service lines
        - include Insurance adjudication
    - Results of encounter to patient
    - High-level work-flow management (both clinical and patient)
    - Analytics support
- We also discussed a range of execution issues
    - Determining whether OSHERA is a more optimal 'target' for our work or not (TBD)
    - Need to ensure the HCC enables 'out of community' access (patients and other health care organizations)
    - Framework to define associations between users/entities
    - Patient ID standards
    - Ensure we separate physical from logical design

  I'm including these items for completeness, however, as I read them now some of these concerns clearly belong in the 'architecture features' bucket, not HCC activities. We will need to work together as a team to tease out these difference.
- The UHN/Telus team was also present and expressed an interest in exploring whether a Canada-specific HCC can be established
- Next step: Finalize VA Use case (outlined above)

As is always the case, I look forward to your input to clarify/amplify my account of our meetings.

In the meantime, I will be following up individually with stakeholders in order to get our efforts better organized.

Best regards,
Keith