2016-01-25 Design Forum

How to Join

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- http://www.uberconference.com/u/openmrs

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- Toll-free (United States): +1 (888) 510-4073
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Be Prepared for Your Meeting

- Consider connecting via telephone/VoIP for best audio quality.
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- Before attending or presenting via computer, try the web browser microphone/speaker test.
- Read the UberConference support pages for troubleshooting or contact them in case of problems.

Agenda

- eSaude w/ Jan Flowers (Post potential topics of interest on Talk with the tag design-forum)
- Review next meeting agenda

Notes

Attendees

- Jan Flowers
- Burke
- Darius
- Wyclif
- Terry

Agenda

- eSaude (Jan)

Notes

- Jan: the problem with "visits" is that in real life where we are working there is no way to capture visits.
  - multiple entry points
  - no discharge
  - in KenyaEMR we implemented a way to "close all outpatient visits at the end of the day" but Steven says this has been a battle to get people to use it
    - Darius: in Mirebalais there was also no official discharge (for outpatients) so we have an automated task close this (after X hours with no more activity)
  - Burke: just because you aren't clear on when the visit ends doesn't mean there is no meaning in the fact of the visit
    - especially valuable for things like billing, etc
  - Jan: CDC uses the term "visit" in a very specific way for PEPFAR reporting, and we don't want to use "visit" in a way that doesn't match PEPFAR's usage
  - Jan: Valeria has been looking at workflows across HIV treatment
    - e.g. cycles, each one having X tests, and Y followup visits
  - Jan: thought that maybe this is Episode Of Care; Bill says this is more of a Clinical Pathway or Care Plan
- https://wiki.openmrs.org/display/docs/Episodes+of+Care
Burke: Episodes would be tracking what actually happened; Programs might define the expected path; could compare these together

Episode = What Actually Happened
- Jan: do Encounters get attached after the fact, or at the time of the visit, or what?
- Burke: <pedantic>Encounter would have a foreign key to episode of care</pedantic>
- Darius: actually, an encounter could belong to >1 episode
- Burke: we would implement the data model for this first, without presuming a specifically UI workflow
  - e.g. you could enter these real-time, or they could be added retrospectively during a chart review
- Jan: functionally how can we have this happen without extra work?
- Darius: in the eSaude application you could do it automatically via encounter types
  - Burke: don't forget that Episodes are *episodic* so you don't just throw them all in a single episode for TB forever.
  - Darius + Burke: this is going to be similar to the approach to visits, you would set up automated business roles that create/continue episodes 95% of the time, and occasionally someone has to "break the glass" manually.

Plan = What Should Happen
- could be against a diagnosis
- could be against a program
- could be against a single event (e.g. you have X observation)

Subject/Topic
- Diagnosis
- Sentinel Event (observation?)
- Program
- Burke: "Episodes are a way of grouping encounters around some theme, across multiple visits"
- Tarry: Episodes of care are defined based on where there is clinical decision-making (e.g. in chemotherapy you reassess after each cycle, so it would make sense for a single chemotherapy cycle to be a single episode)
- Burke: like we did with Visits, the business rule aspect is going to need to be pluggable:
  - Here's an example of a "contract" class about assigning encounters to visits: https://github.com/openmrs/openmrs-core/blob/master/api/src/main/java/org/openmrs/api/handler/EncounterVisitHandler.java

Transcripts
- Audio recording of the call: Listen online or download (available after the meeting)