HL7 Templates Registry: Business Requirements Project

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with additional HL7 "roles" of
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Why?

- Templates are being developed in many countries
  - Including: UK, the Netherlands, Canada, US, Taiwan, Japan, Germany (incomplete list)
- Templates are being created in several information modeling approaches, and in varying implementation formats
  - Including: V3 MIF, V3 CDA, Archetypes, Spreadsheets, DCM's, UML, Data elements (incomplete list)

Why? (cont.)

- Templates are being created by different stakeholders, E.g.:
  - National programs (NHS/CfH, NCTIZ, HITSP, Infoway)
  - Vendor Consortia (IHE, Continua)
  - SDO's (HL7, CEN TC 251, CDISC)
  - Foundations (openEHR)
  - Clinician Groups (CIC)
  - Multiple groups: HL7, CDISC, FDA all contributing to NCI's BRIDG model

Why (cont.)

- There are issues of:
  - Duplication
  - Translation among different implementations
  - Query and retrieval
  - Indexing
  - Vocabulary bindings
  - Authentication for use
  - Intellectual Property
  - Access
  - Etc.

Why a registry, not a repository

- Separate from ‘just repository’ functionality
- Need to support non-local, distributed repositories
- Need to support cross-mappings and indexing among various repositories
- Creating a minimal set of requirements across various implementation technologies and various repository implementations

From the project scope statement

- Project Intent: Develop consensus about the necessary business processes and policies to register artifacts in a Template Registry to be developed in a subsequent project.
- Primary Sponsor: Templates Work Group
- Co-sponsoring Work Groups: Structured Documents, Patient Care, Tooling, Vocabulary (Terminfo)
- Many other groups have liaisons to the project (see below)

Project Scope

- Business Requirements Analysis sufficient to ensure template artifacts can be successfully registered accessed and maintained throughout their life cycle.
  - Will create a minimal set of requirements analysis for registering and accessing templates from various template repositories supporting a variety of cooperating organizations (e.g. HL7 v3 templates, HL7 CDA templates, NHS templates, archetypes, DCMs, IHE, etc.).

Project Scope, cont.

- Access requirements may include applicable Intellectual Property (IP) restrictions.
- Access requirements will include messaging, documents and services (including web services); query/response requirements in these modes will also be included.
- Requirements for maintenance (capacity, resources, and tools) will be included.

– Will include requirements to distinguish a template artefact from other modeling and implementation artefacts.

Project Deliverables

- Inventory and gap analysis of available “work-in-progress” and a gap analysis describing what is similar and what is missing. The HDF is the primary tool for the comparison/gap analysis work.
- Use Case diagrams with Role definitions
- Activity Diagram depicting the types of interactions between a user and a templates registry application and any other dependent tool components necessary to successfully register search for and retrieve HL7 templates.
- Information model depicting necessary metadata to register authorized users and then to register templates and manage them throughout their life cycle.

Project Deliverables, cont.

- Template artifacts of various formats must be able to be registered
- State transition diagram depicting all the states a template can go through and which processes invoke the state transition.
- Definition of any policies that must be agreed to before a Template Registry can be realized.
- Align with the output from the tooling functional requirements for a Templates Registry from the NLM project previously delivered and the Templates DSTU.
- Follow the recommendations emerging from the ArB definition of the Services Aware Enterprise Architecture Framework.

Liaisons

- Jos Baptist: NICTZ
- Keith Boone: IHE and SDWG
- Dave Carlson: for CDA Modeling with UML (VHA/IBM/OHT UML project).
- Kevin Coonan: Dana Farber Cancer Institute
- Jane Curry: OHT and HL7 Tooling
- Lisa Carnahan: NIST**
- William Goossen: ISO project (“Quality requirements and methodology for Detailed Clinical Models”) and HL7 PCWG

Liaisons, continued

- Isabelle de Jaeger: CIDSC
- Crystal Kallem: HL7 CIC
- Dipak Kalra: CEN-13606, openEHR
- Ken Kawamoto: HL7 CDS **
- Beverly Knight: Canada Health Infoway
- Ravi Natarajan: NHS CfH
- Craig Parker: DCM**
- David Rowlands: NEHTA **
- Sarah Ryan: for VHA
- Bob Yencha: HITSP

** not yet confirmed. Others may be identified and added during the project

More information/To participate:

- HL7 Gforge project management site
- Templatesrepository email list

(and coming soon: a templates registry business requirements wiki)

Questions/discussion?