Open MRS Camp

Wednesday/Thursday/Friday

October 28, 2015

Paul

Terry

Joaquin

Bill

Jan

Saptarshi

Wycliff

Michael

Mike

Darius

Burke

Andy

Pascal

Mauya

Jonathan

JJ

Judy ( in afternoon)

Joseph

Suranga

**Initial Round Robin- what do we want from the camp?**

1. Make things better
2. Be useful
3. Improve how we can scale/ train/users
4. Finish the governance quest
5. Actionable plans for the next year
6. Moving enough to keep up with Global eHealth
7. ‘ the world needs an EHR’
8. enable the vision
9. build open communities of practice

**OpenMRS in 2015: A Snapshot (** [**http://pgb.me.omrsc2**](http://pgb.me.omrsc2) **)**

**The good, the bad and the ugly**

1. good- perhaps great
   1. large scale implementations
   2. emergence of distributions
      1. customized version of the platform for different care/geography
      2. Kenya/ DHIS hospital / OpenHMIS’Bahmni
   3. Emergence of regional/local OpenMRS communities
   4. Evolve implementers and summit meetings
      1. Distinct meetings
   5. Leadership team moving from centralized model
      1. Leadership team has doubled in size 9 in last few years)
      2. Software are increasingly developed/ designed/ released by less tenured community members
         1. Newer people more engaged in the community
         2. 3 releases
         3. GSoC, GCI- steward by less tenured community members
   6. Communication with other systems/ communicate success with the others
   7. Volunteers are still working and staying involved with OpenMRS
   8. Need to be proud of the impact that it has
   9. Number of implementations is inadequate
2. Bad
   1. Community members not satisfied, creating visible frustrations
   2. Community lacks strategic direction; entering into crisis
   3. Leadership succession model
   4. Unclear about responsibilities
   5. Confusion about role of OpenMRS Inc as a support entity distinct from the community
   6. Community needs dedicated, full time additiona support
      1. Operational leadership
      2. Project management
      3. Fundraising
   7. Swirling around
3. Ugly
   1. World health statistics 2015
      1. Immunization
      2. Births/antenatal care
      3. Malaria prevalence
   2. The world isn’t close to achieving any measure of healthcare equity
      1. HIV may be the model where we are seeing some achievement
      2. Served environments are starting to move in the opposite direction
   3. Information is care
      1. Healthcare is an information business
      2. Moment in time to be truly transformative to the world. We are morally obligated to not let that opportunity pass us by
4. Discussion
   1. Spend a little time on the past
   2. Actualize the future as we go forward
   3. Make sure perspectives are heard
   4. Partnerships and inability to formalize those
   5. Not doing harm to global health
   6. How can we advance the framework of people that are doing good things collaboratively
   7. Tremendous problems to solve
      1. Collaborative relationship with others
      2. Bring up the statures of the organizations around us
      3. Strengthen and invest in partnerships
   8. Installation vs implementation
      1. Tool unique to the environments
   9. Customized version/ what is good for the community and what is good for everyone
   10. What is shareable
       1. Don’t do the edge work
   11. Fragmented on the leadership team
       1. What/ where are we going
   12. What is the driving force
       1. What are we trying to do?
       2. Existing implementations are starting to complain that other people/ organizations are steering where we are going
          1. Evolution of distributions – who steers the platform
       3. Release management
          1. Two releases/ one platform
   13. Who are we catering to?

**What do we want from the camp??**

1. Governance decisions
   1. How we behave
   2. Have governance in a public way
   3. Hold people accountable
   4. Facilitation of leadership
2. Ways to approach governance
   1. Shared objectives
   2. Define shared understanding of roles
   3. Leadership model
3. Shared identity and objectives
   1. Gelling that we need to get a decision
4. Meta responsible person for making things happen
5. Improved communication

**OpenMRS community goals on the wiki**

1. Need to include the INC
   1. INC supports the community
   2. Catalyze this global movement
      1. Needs something to push the global health informatics community
      2. Do we need an INC to center that process and make sure that process happens
2. OpenMRS Platform is one thing that we are sharing/ collaboration
   1. Evaluate the preconfigured application meant to be used directly by settings
   2. Platform to grow and support the community
3. Governance process for additional distributions
4. There are five things
   1. Platform- modernize
      1. Reference Modules that can support for distributions (form entry/reporting/ dictionary)
   2. Reference application
   3. Community DIstro
   4. Ecosystem development
   5. Education and training
5. Core plus web services
   1. Creation of reference application modules that can be used more than the module
   2. Need potentially to optimize the platform if no one else can do this
6. Technical underpinning when you discuss community distributions – ensure clear definition of what this means
   1. We ensure that the distribution exists that can be reused for the use case for 80% of OpenMRS Implementers
      1. Reusable for rapid deployment and customization
      2. Harvest modules
   2. Curated set of services
   3. Platform that exposes services
   4. Show an example of allergies and drug orders initiating an alert
      1. Governance about that application
      2. 80% rule for what is included in the application
   5. what des the most needy community gets

**Judys presentation**

**What do you think about OpenMRS**

1. internally happy, world is unhappy
2. squashed
3. looking forward and improving
4. under development
5. plan potent/ lots of potential
6. pieces missing
7. brilliant in some places
8. fantastic
9. still expanding
10. under resourced adolescent
11. trying to find its way
12. fragmented

**Governance equals strategy**

1. review of multiple global HIT providers
   1. some code base on github so that people could get access to it
   2. some consume, not contributing back
      1. different extents of development ( hardware and software) and sharing
   3. requiring ID to download software
   4. Community manager and accepting contributions from others
   5. Narrow and specific
   6. Have an app store
      1. Collect contributions and have them be available
      2. Have an academy
         1. Separate models having business models for academy
      3. Encourage businesses- market driven systems
   7. 40 countries/ more than 200 active projects
   8. implementation services
2. What makes an open source community/ project successful
   1. Community
   2. User/ innovator
   3. Multiple distributions/ getting code back
   4. Foundation- community/implementation
   5. Funding
   6. Certification/ marketplace economy
3. Finding Competitive Advantage in Adversity
   1. Think platform, not product
   2. Match unneeded resources to unmet needs
   3. Round up unusual suspects
   4. Find small solutions to big problems
   5. Top Good ideas and good innovation get money
4. Uncertainties
   1. Ambitions are high
   2. Need organized way to capture use and impact
   3. Identify needs of the implementation sites are
   4. Rewriting all this code to make the implementations work
      1. Not providing enough of a product/ platform to accelerate
      2. Tech stack in use for a while; web changed and we are not current
   5. Need resources to be pre-active
5. Sufficient shared interests
   1. Leadership needs to agree and make it happen
   2. Create consensus that we are going to do this
6. What are we going to change tomorrow to make this happen in Singapore?
   1. What is in the road map to make happen?
      1. What are the tools that we need to deliver
      2. What is the road map for the next five years
      3. Wanted to build the reference application and customize it
         1. Impact of what project and OpenMRS has had
   2. E&M- limited impact of care based on current work that we have done
   3. Decisions about where openMRS will do about development ( how many are we supporting)
      1. Who makes the decisions/ how does this impact OpenMRS
7. Sunshine place
   1. What do we support?
   2. Fundraising
   3. More developers/ role of community members
   4. More distributions
   5. What do we focus on
   6. What is the number of distributions that you need to make OpenMRS successful
8. Impact on strategic governance models
   1. With broader framework in mind about what is important in open source governance

**Day Two- Morning**

**Standards and Terminology- Kanter**

1. Terminology process
   1. Many concept options- CL ( Columbia lab)
   2. Over 100 subscribers in over 100/countries
   3. 50K concepts
      1. providing universal dictionary
      2. terminology service bureau
      3. concept maps from main distributions
      4. use meta data sharing to not over write their own concepts
   4. Imm decision support
      1. Encoded all imm using CVX codes
      2. Wrapped into interface with openMRS
   5. Ciel included in appliances
      1. Subset CIEL in reference application
   6. OpenMRS Subscription
      1. Focus on API/9 months late
      2. Initial beta test complete
   7. Sustainability
      1. Additional community leadership
      2. Sustaining funding 150K
      3. Partnering with OCL/IMO support from Columbia 150K
         1. Some money for Thrive MSRP work
   8. OCL level of services
      1. Free/basic/premium/enterprise
2. Implied needs
   1. Vocabulary to make the system work
   2. Build against standard code sets and the modeling of the terminology
   3. CDS/indictors at scale/ HIE
   4. PEPFAR goals- get world communicating structured way for record system to generate measures up
3. Why you need this
   1. mplementation – clinical care/vocabulary
   2. Interoperability- communicate between each other in interoperability
   3. Measure and evaluation-influence clinical behavior at scale and learn at scale
      1. Indicators/ CDS
4. Form bank
   1. App store of content/app store of functionality (eg. EzVAC)
   2. Content call of ‘concepts’

**Development- Burke**

1. Growth of Development Community
   1. Post career path stages (/dev/null 1-5) for devs w/ detail descriptions (deadline GSoC – February)
      1. Developed quiz and dev stage will reflect in talk
      2. Get synchronized to have folks that are dev fives to meet a few times/ year
      3. Use of the dev stages
         1. Certification system
         2. Profiling system
         3. Gamification system ( introduced to make this a ladder to introduce some people into the system
         4. Going beyond atage 2 is dependent upon a personal review
      4. Perhaps everyone who gets a pull gets asked to get into a dev stage
      5. Open MRS hug emoji
   2. Create a list of bug fixes for GSoC (by February)- repeat this for next year
   3. Create/document process to clean up inactive ticket items
      1. Scripting against the API
      2. Ping tickets
      3. Implement review process
2. Fundamental current issues
   1. Scaling problem with extension
   2. Support more than number of users that we can support with current API
   3. Finding a way to cluster
   4. Probably in concurrent 100/1000 users
3. Containers and leverage web services
   1. Not just java based (angular, elastic search, alassyian)
   2. Release Upgrade applications that can load within 30 minutes f
4. Development core
   1. Difficult to refactor using older implementers
5. Future Goals Development team-6 dedicated with a tech PM/BA and dedicated time to oversee that / SQA
   1. TW- continuous delivery assessment
   2. Data packaging for PM
      1. Meta data packaging
         1. System understands that concepts are grouped
   3. Platform – API/ REST/ FHIR / what are we all sharing
      1. What are we all using
      2. Reporting framework for platform itself
      3. SDK
   4. FHIR/ SMART- explorativs strategy
      1. On milestones 2.0

**Day Two- Afternoon**

**To implement the vision- what do we need to do**

1. Develop and evolve the OpenMRS Platform, the foundational product of our community
2. Develop and evolve with OpenMRS Reference Application, a community managed OpenMRS distribution
3. actively encourage and support additional OpenMRS distributions
4. education
5. Implementing openMRS by cultivating Market Place of service Providers
6. Organizational Development

Refer to <http://notes.openmrs.org/2015strategy> for specific details

**Day Two   
Afternoon**

What is OpenMRS Inc?

1. Regenstrief LLC- sole member LLC 2006
   1. hold copyright and IP
   2. Designated rights to leadership committee
   3. Support software to make sure that license was held
2. 2010- Rockefeller grant to move forward
3. Open MRS Inc non profit 3/7/14; 509A3 (supporting organization/ bylaws)
4. What can OpenMRS Inc do?
   1. Fundraiser to support OpenMRS activities
   2. Communication specialist
   3. Unrestricted grant
5. Questions to the board
   1. Fiscal/ fund raising/fiduciary responsibility
   2. Proposed budget /spend plan
   3. Accountability
   4. Community is advisory to the board and the board is accountable to the community
   5. The community may need to be a member organization so that the board is responsible
   6. Shared expectations
6. What do we want from the board in support of the community
7. Will develop a list of questions that Paul can take to the next board meeting

**Day Three- Governance – include on internal notes but refer to governance document for external**

<https://wiki.openmrs.org/display/RES/DRAFT+OpenMRS+Community+Governance+Model>

1. Relationship between INC and Governance
2. OpenMRS contribution Policy—how license affects what we do
3. Rewrite of what a meritocracy means
   * 1. Funder document culled out
     2. Pull the paradigm on its head
   1. Include reference to the Inc
   2. User (consider eliminating this or changing the wording
      1. ‘ most important people’- modify this
      2. put examples in links
   3. leadership leadership hierarchy
      1. include graphic here of the rectangular box
      2. coordinator/ manager/ director ( consider change of titles)
      3. Management committee Member (change name)? Community Empowerment team?
         1. OpenMRS Directors
         2. Volunteer members that are accountable to the members of the community
         3. Eliminate ‘does not have significant authority over other members of the committee’
         4. Define role for the Inc
         5. Formal accountability about the management people
         6. Who will be held accountable (authority) for formal relationships
            1. Relationship between Inc and outside vendors
            2. What do people do for authority/accountability
         7. People want the autonomy to figure out how to do things in their own way
   4. advisory group in addition to the management group
      1. where decisions get made
      2. Project leader- Weak title (not universally understood)
         1. Group wants more strength to the position—an executive position?
         2. Leader to work alongside a COO-like role?
         3. Definition of terms (hyperlink) to this
         4. Preamble for the decision making
         5. May need executive summary
      3. Areas of decision making- where and how decisions are made
         1. Strategic decision making for
            1. Overarching decision making process (too much detail)- one paragraph for governance documents – may or may not need to do this (how to get on the release roadmap for ref app as well as platform)

OpenMRS platform

Reference application

Infrastructure

Community structure and oversight

* + - 1. Who do you talk to find out what you need—what position on the diagram do you talk to about decisions about ( look at the five areas of responsibility)
  1. Solve this problem of what we are doing/ how do they go together
  2. Objectives to roles in the community
  3. How to get things on the roadmap
     + - 1. Check point on the weekly meeting

Day Three PM

JAN Role of implementers

1. Jan to be in the implementers box on the org chart
2. Community members/implementers
   1. Raising up the importance of the connection of the implementers
   2. Fill the implementation box on the org chart
   3. Too developer driven

Michael

1. OpenMRS Summit meeting- supported by OpenMRS
   1. Implementers meeting – adding additional focus at the summit
   2. Regional implementers meeting needs to be planned
   3. Developers have dominated and implementers don’t know how to fit in
   4. Synergistic meeting needed
2. Summit meeting
   1. Unconference changed to reserve ½ the time for implementers
   2. Specific topics
   3. Implementers and engagement
3. Community Management (consider writing this up as a domain) Michael/Ryan
   1. Structure this domain – bottom up/specific needs of community
   2. People acquisition retention (PAR) description and what community was able to achieve
   3. Selected roles
      1. Survey/ way to apply- mini job description
      2. Team meetings; can train remotely
   4. Goals (Michael, can you add a URL reference to what you presented?)
      1. Fill the boxes; management, project leader, funded and time committed; post event evaluation
         1. Increasing mentors- how many do we have for growth
            1. Increase 25% for high school students
         2. GAPP
      2. Summit
      3. Local community college
      4. Education and training programs
      5. Metrics for reporting community health
      6. Launch training and certification program
      7. Tech solution assessment – internal
      8. Invite people to the event
4. Training- Saptarshi
   1. Set of manuals/ power points
   2. Akros training for DHIS2
   3. Support two engineers from the training manual
   4. Learn from them; spin off OpenMRS certification/trainer
   5. Partner with MOOC about this option
      1. Host our own
      2. Partnership with another MOOC through the university
5. Leads for OpenMRS Goals
   * Lead 1- Burke- Andy, Kaweesi, Dariua, Maurya, Jan
   * Lead 2- Jonathan- Burke, Kaweesi, Andy, Darius, Jan, Bill, Maurya
   * Lead 3- Jan/ Darius- Burke/Andy
   * Lead 4- Saptarshi-Maurya, Suranga
   * Lead 5- Joaquin- Jan
   * Lead 6- Terry- Andy
   * Fundraising- Suranga