ZALACZNIK ZESPOLU RADY INTEROPERACYJNOSCI DS. PROFILI IHE DO RAPORTU *IHE Profile Recommendations-Report-v1.5 (final)*				
No	**Localization**	**Comment**	**Explanation**	**Owner**
1	General comment	The general premise of the report and most of its recommendations are in line with current developments and undertakings of Polish health IT community.	The report covers most important aspects of IHE profiles adoption process in Poland. It leaves many of the listed issues open, but at this stage it is understandable and probably unavoidable. Many ongoing and planned activities of Polish stakeholders of interoperability solutions are based on the same fundamental principles. The key success factor of such projects is a well coordinated common approach aimed at closing of the open issues identified in this report. It requires more open communication between central projects and health IT community effectively facilitated by SDO based centres of competence.	Roman Radomski
2	General comment	The list of recommended profiles in general is right and relevant to the so far identified needs of Polish health IT community.	At this early stage of their adoption in Poland, the IHE profiles of interest are mostly those related to clinical document exchange, both in-community and cross-community. They are already adopted by several regional or local projects, with various results in respect to their quality and maturity. The attempts to coordinate ongoing and planned activities in this matter have also been started and are very much needed. The choice of profiles listed in the report should be treated as proposal of profiles to be considered for adoption.	Roman Radomski

3	General comment	The list of recommended profiles should include the CMPD integration profile.	Even if the report focuses on increment 2 nad 3 of P1 project (and they do not cover the next version of ePrescription use case implementation) it is actually going far beyond the P1 project in many ways. Having a list of recommended IHE profiles as complete as possible is crucial for proper planning of the next activities.	Daniel Matras
4	General comment	There should be clear recommendation, that any common clinical document exchange process should be based on IHE XDS.b profile (and IHE XCA for cross-domain exchange)	Regardless of specific projects and their increments, the primary rule for any definition of clinical documents exchange should be the same - conformance to IHE XDS.b and IHE XCA respectively. Exceptions should be explicitely declared as temporary and cannot influence the above rule for a design of the national inteoperability framework.	Maciej Łańko
5	General comment	The general recommendation for the architectural design of clinical document exchange in Poland should be to accept the multiple affinity domain model.	The ultimate reason for multiple communities (and multiple XDS Affinity Domains) model is that these communities already exist. There are operational regional platforms (some of them based on the IHE XDS.b profile) and their existence is well justified. It doesn't exclude the idea of having other affinity domains, national or non-regional, if their definitions are based on properly perfomed use case analyses.	Maciej Łańko

6	Page 6, point 3	"Robust patient identification" problem is important, but it should be rephrased and moved to the next category, as it is actually specific to P1 only.	The nation-wide patient identification policy - covering those cases, when PESEL is not available, including newborns, unidentified patients, foreigners etc. - is well known and properly adopted by both medical providers and software vendors. It is clearly reflected in legal regulations and is also included in validation rules of the Polish National IG for HL7 CDA. The actual problem lies in the fact that (as far as we may know) the P1 platform design does not include a master patient index mechanism. This results in expected lack of proper handling of those clinical documents, that don't contain PESEL of the patient. We treat it as a critical patient safety risk, that needs to be removed. The recommended solution is adoption of IHE PIX/PIXv3 profile by P1 project.	Daniel Matras
7	Page 6, point 6	In the future the ePrescription exchange should be realized in conformance with IHE XDS.b, the same way as other clinical documents.	The current approach excludes the first planned version of ePrescription (Q1 of 2018) from being affected by the current recommendation, but there is a need for clear declaration that the next version of ePrescription should be designed on the basis of common and consistent adoption of IHE XDS.b. The planned architectural design of clinical document exchange should take it into its scope as well.	Sebastian Bojanowski

8	Page 8	Clear recommendation of DECOR as a format for IHE XDS.b metadata specification is expected.	Our community expects proper and state-of-the-art tooling to support development and maintenance of Polish specifications for interoperability. The current approach includes a consolidated tooling to all key specifications, meaning that ART-DECOR environment is recommended not only for HL7 CDA, but also for other specifications, if applicable. The suggested approach ensures that report recommendation for alignement of IHE XDS.b metadata specification(s) on different levels and their consistency with Polish National IG for HL7 CDA and all relevant international standards is supported by proper choice of specification format and tooling.	Sebastian Bojanowski
9	Page 8	More recommendations on the priorities necessary undertakings an is expected.	While the national architecture design and the metadata specification clearly appear to be the most urgent tasks, it would be much appreciated if the report could provide more recommendations as to the suggested priorities of various other necessary undertakings that are covered, thus allowing for easier preparation of a realistic action plan.	Maciej Łańko
10	Page 9, 1.A., 1st bullet	There are many sources of requirements for metadata specification, not just P1 design documentation.	Maybe it just needs a confirmation (?), that IHE XDS.b metadata specification should not (only) be "extracted from P1 design documentation", but it needs to be developed on the basis of analysis of the actual Polish clinical document exchange processes and identified functional requirements.	Roman Radomski

11	Page 9, 1.A, 2nd bullet	Medical events registry function of P1 should not be mixed up with its IHE XDS.b based support for clinical document exchange. Several solutions can be proposed and they should be evaluated on the actual functional requirements being defined for potential registry of medical events.	Registering medical events and support for clinical documents exchange are two different use cases which should not be intermixed. Approach regarding medical events use case should not effect in dedicated architectural intricacies unnecessarily and hazardously deviating from interoperable solutions defined by IHE for documents exchange. The recommended solutions for medical events reporting should be based on thorough analysis of functional requirements, including further development of that aspect, like - mentioned in the report - treating a problem of medical events registry as the first step to the direction of patient summary.	Maciej Łańko
12	Page 9, 1.A, 2nd bullet	Folder seems not to be the right way to realize requirements regarding medical events reporting.	Reporting of medical events is quite different set of functional requirements than exchange of clinical documents based on IHE XDS.b profile. Using folder seems to be rather an unjustified "trick" in this respect, so other solutions mentioned in the report are preferred.	Roman Radomski
13	Page 14, table	Link to DSUB profile should be corrected.	It seems that there is a simple editorial mistake, that needs to be corrected: Link to DSUB profile is wrong (it leads to DSIG profile).	Daniel Matras
14	Page 15, note 1	In mulitple domains architecture, there is a need to work out efective reasoning for affinity domains definition.	For regional communities this reasoning is rather clear - regional communities not only exist in practice, but their existence is also well justified. For all new, national (or corporate and other non-regional initiatives) the affinity domain definition should be carefully analyzed to avoid future problems if the domains were defined on administrative basis, but not on real affinity.	Sebastian Bojanowski

15	Page 28, point D	"National architectures need to be analyzed and rules established well before these systems are implemented and interconnected. This is critical to enable the planning and deployment of such systems on independent timelines, while preserving their ability to interconnect without being redesigned."	This guideline should be assumed as the first commandment for every decision maker and architect of clinical document exchange systems in Poland. Many systems have already been implemented, more are emerging. The design of a national interoperability framework cannot be postponed. This process must be fully transparent, involve all stakeholders, and accept the responsibilities as being far beyond any particular single project.	Maciej Łańko