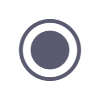
**Alberta Health - Business Requirement Workshop -2-20250807\_122657-Meeting Recording**

August 7, 2025, 4:27PM

1h 28m 30s

 **Amirah Mahomed** started transcription

 **Christian Veillette** 0:07  
Ultimately, like the the.  
This is kind of like the constant like the program of care stuff, so we can ignore this stuff because that theoretically would all be entered right digitally.  
Clinical information.  
Right history investigations.  
Describe any relevant information so these all align up. We can have BC clinical information continued. No problem. You know, summary of physical exam findings. I think this actually aligns relatively well with kind of the structure that we're looking at.  
Right.  
Eight, are there any factors? Yes. No tick box outcome measures. In an ideal world, again, the outcome measures are aligned with the program, right? And if the?  
Client or the claimant basically fills out like the neck disability or the aswestry or whatever. The score is automatically calculated and entered into the report, right?

 **Syed Muhammad Anas** 1:19  
They submitted multiple then wouldn't just pick the most recent.

 **Christian Veillette** 1:20  
We can.  
It picks the one, yes, theoretically in the like the follow up assessments and stuff, it should show like the table type of thing but but as an example it would just you know like we have it. I'm gonna show you the the the view that we have.

 **Syed Muhammad Anas** 1:29  
I.

 **Christian Veillette** 1:43  
Potentially just pulling the table over time, but you know they've set these PDFs up to be relatively simple and not totally valuable, but I think there's things that we can do there way better. So now that I'm looking at this.  
You know, and you kind of look at kind of the way that it's structured and stuff.  
You know, I think.  
There's parts of it that are in a table. There's parts of it that are not in a table, whether or not we just keep everything in a table and have those types of questions underneath these different sections, I think that could be doable.  
It says there is 11 to your door, no friends and PP expressions stop online and get $15.00 in TC personal go down.

 **Muhammad Nazim** 2:31  
Yes, I I think we have something ready and we can potentially invest our efforts to fine tune it and look at it as desired.

 **Christian Veillette** 2:40  
Yeah.  
Yeah, I think I think that's the way to go, guys. I think that's the way to go. Now that I'm looking at kind of like the functionality and stuff that we have 'cause, we have the diagnosis stuff. You know, we can enter in that they, you know have concussion, it's already there.

 **Muhammad Nazim** 2:52  
Yeah.  
None.

 **Christian Veillette** 2:58  
You know, all these things are searchable, you know, lower.  
They have lower back, no.  
Right.  
So low back, I guess we have so, so all that stuff is kind of in there as an example or we can kind of you know we can kind of do those types of things.  
None.  
You know, cute.  
Their primary, you know, provisional, whatever. Like like, you know, like all of this stuff, I think is actually pretty good, right?  
ICD codes plan of care assessment care plan. This is the one that we would have to add in kind of some additional questions, but I think that's fine.  
What are your thoughts, Amira?  
I think we can get by with. This is a pretty good demo.

 **Amirah Mahomed** 4:01  
Yeah, I think that makes the most sense. Yeah. And ultimately, they're still in their own decision making process for some of these things too, right? And so I don't think they are going to be looking for something in particular. I think they just want to see that that functionality.

 **Christian Veillette** 4:10  
Yeah.

 **Amirah Mahomed** 4:17  
Is there and not to say that we're overwhelming them, but I think we're showing them we have this already. So I think this works well. And then they've also seen parts of this already too, you know. And so there's going to be looking for some sense of familiarity. And if we go do a complete 180 on this and be like, wait, what the heck did you just show us last time?

 **Christian Veillette** 4:29  
Yeah.  
Yeah.

 **Amirah Mahomed** 4:37  
So I think keeping this as the core and then obviously tailoring it to the Alberta context, I think will work well for them.

 **Christian Veillette** 4:45  
Yeah. And I think if it's, if I think if it's staged properly, where we basically have multiple follow-ups. You know as an example like their initial assessment and everything. Then I think I think it can look good like I think it can work pretty well.

 **Amirah Mahomed** 4:57  
Agreed.  
Yeah, agreed. Agreed.

 **Christian Veillette** 5:00  
'Cause this is your appointment appointment type. You need kind of the assessment diagnosis. I think that I think we can make that work guys.

 **Muhammad Nazim** 5:10  
Yes, other than that in the bigger picture, how we can proceed? First, I think I said unless we need all the users to reach in Dev OPS right, then we can decide how we are implementing it. Start putting efforts around it so we can come with the overall project plan, right. And I think too quickly.  
We push, proceed with that with the deployments my recommend like I as I discussed in the last meeting, there was step that deploy the latest builds. What I would recommend what we have either for CRN on we can just create a replica environment and and deploy stuff what we have and on top of the do or customizations that will be the.

 **Christian Veillette** 5:49  
Yeah.

 **Muhammad Nazim** 5:50  
Cookies jump start way and this, but I will not recommend deploying latest magic here or the big because to make it comfortable it's a separate effort that I don't recommend at this. At this point for the demo, but we can definitely do that later on.

 **Aniruddha Shirodkar** 5:55  
And.

 **Christian Veillette** 6:07  
Yeah, I know. I I'm in. I'm in full agreement with that now, but I think that you know, while it's nice, like I said, the only reason to do that would be if you said, hey, you know this, we have this new like provider registration function that works perfect and everybody loves it and it you know it achieves like a big part of your you know what you need to showcase.  
And I'd say maybe it's worth it, but if you don't, then guess what, you know, you know it's it's probably not worth it at this point in time until, you know contract is awarded or until there's an agreement that, yeah, we have an early start letter or something like that, right.

 **Muhammad Nazim** 6:38  
Right.  
Right.

 **Christian Veillette** 6:42  
So I I I would agree. I think we're better off spending the time configuring what we currently have, you know aligned with the care first model in the best possible way to showcase it than trying to.  
You know, kind of get up, you know, kind of, you know, redo a bunch of the technical stuff behind the scenes. You know, I I don't think that that's going to be in our best interest to, you know, to try to do all that.

 **Muhammad Nazim** 7:12  
And and I have some detail level technicals. Can I do this in this call like if we are going for that route for example we discuss we'll be using the same tenant right? But the Azure subscription will be new that we have to request, right?

 **Christian Veillette** 7:27  
Correct.

 **Muhammad Nazim** 7:28  
OK, to now to initiate that process customer I I can request positive, but I think the way currently it works like the access is controlled by you or or your IT team, right that that who have the access also how we can initiate that conversation who I need to.

 **Christian Veillette** 7:43  
Yeah.  
It's with garish and myself, you know, we'll we can create a a DevOps item and stuff as well. What we need to though know is we need to understand from Kevin and we could flag this for for the meeting tomorrow, I guess Amira. But but we do need to know.

 **Muhammad Nazim** 7:49  
Keep in loop for that.

 **Christian Veillette** 8:10  
We've done two things with inquisitive in our different environment. So we've done them where we have it set up and Arthur Health has full access and control and visualization of of the subscription. As far as costs and everything else. And then there's a second model where basically.  
It's set up under inquisitive and then inquisitive. Basically bills us for it, right? But we don't have all the line of sight to everything that ideally I want, right? So like our own instance is set up where Arthur has control over.  
Everything I I see, everything we can do everything and we give you guys access to it. The other the other one like RAC. As an example, I I I can't see everything I have to request from inquisitive if I want to see certain you know certain numbers and then inquisitive invoices US every month.  
You know, for the cost of the Azure environment and stuff like that, right?

 **Muhammad Nazim** 9:10  
Right.

 **Christian Veillette** 9:12  
But there has been some communication that if we want to set this up, we want it to have some some subscription ID or something so that you know, Arthur, inquisitive basically can get.  
You know, get recognition for it, assuming that it does go to be a full like implementation in in Alberta, you know because it'll be you know quite a decent amount of Azure consumption resources.  
So there's supposed to be like some ID that you enter in when you create a subscription, but nobody knows how to do it and nobody knows where it exists or exactly what it is. But that's theoretically what you know was supposed to happen. Like I can create a new subscription in two seconds. I just. I don't know if it.

 **Muhammad Nazim** 10:12  
Yeah, I think it.

 **Christian Veillette** 10:13  
Example like we have our own subscription rack subscription Arthur Care subscription, the Arthur Care and the RAC subscription. Theoretically you guys created inquisitive, created those the own subscription I created. I have full access to this and can see everything the RAC and Arthur Care you guys Bill us under.

 **Muhammad Nazim** 10:14  
Yeah.  
Play trailer of the song.

 **Christian Veillette** 10:33  
Different billing statements basically every month, right?  
So my preference is to create a care first subscription, basically that we have access to, but I don't know if that's, you know if that you know that if that meets the specific needs or not, right?

 **Muhammad Nazim** 10:54  
Yeah, I think we can initiate an e-mail conversation with Kevin and I think it will do best if we can discuss it within a call. I think it will be great.

 **Christian Veillette** 11:02  
OK.  
OK.

 **Amirah Mahomed** 11:06  
Yeah, we can find that this afternoon. Christian, we have this to your code meeting. So I put down a note for us to raise that with Kevin and then we can take that there as a maybe book a secondary call.

 **Christian Veillette** 11:15  
Yeah.  
Yeah, like I said, I can create a new subscription in two seconds and it's not, you know.  
It's it's not, it's not an issue, right? Like it's a it's a ad. And then give people, you know, give people access, right? That's that's basically all that it is. Right. So I'm happy to happy to do that. But but at the same time.  
My understanding is the way that these subscriptions are set up.  
Inquisitive and and Arthur, don't get any anything through Microsoft Canada for any consumption through these for some reason, right?

 **Muhammad Nazim** 11:58  
Right. I I think yeah, that that's one point. Second point is related to the creation of a new database environment or we can leverage any existing environment that we have that we need to consider I guess in the storage part as well that how we can manage storage because.

 **Christian Veillette** 12:15  
Yeah.

 **Muhammad Nazim** 12:16  
Because Mukaram told me that currently on the tenant we are running low on the space for logs and the file storage. So if we need a new environment, we need to acquire storage or we can consider if any environment we can repurpose.  
Or I know there are some environment that were planned to be decommunitioned as they were not in use. Maybe we can take your approval to delete those environments to so that to free up space.  
Or we can just repurpose any existing environment.

 **Christian Veillette** 12:54  
Yeah, I don't think that we should repurpose an existing environment. I think ultimately it's, you know, there was one Roxy production that we were trying to deprecate.  
I think all the other ones mukram have been removed.

 **Muhammad Mukarrum Siraj** 13:15  
Yes, yes, we have done all.

 **Muhammad Nazim** 13:15  
Yes, mukaram, can you please confirm? I think you are maintaining some documentation for that, right?

 **Christian Veillette** 13:16  
Aside.

 **Muhammad Mukarrum Siraj** 13:21  
Yes, yes, we have done all the all lack environments.

 **Christian Veillette** 13:30  
Yeah, I think the only one that's still kicking around is Roxy production that we haven't fully taken offline yet.  
All the other ones I believe are are used or in use. There is the CI hub, one that.  
I don't know if we need to leave it or not.  
I don't know how much space that one's taking up.  
Do we know how much space the CI Hub one is taking out muckram?

 **Muhammad Nazim** 14:05  
K I'm.

 **Muhammad Mukarrum Siraj** 14:14  
No, I don't have the access for CI hub environment. I am not able to see guest base consuming by CIA.

 **Muhammad Nazim** 14:15  
Ah.  
OK, I'm akaran. Do you have any suggestion in mind that can any in my environment that's used by us can be Reaper for that we are not using.

 **Muhammad Mukarrum Siraj** 14:37  
Yeah. Currently, as you know, Christian in Owen, we are using only UAT environment like there is one more environment that is certain environment.  
The purpose of it, you know, was to verify any items by accuser team. Right now we are verifying all the items in the same environment on U8. So sit.  
I think we can use.  
For this purpose or.  
The ACN environment, yeah.

 **Christian Veillette** 15:16  
Yeah, but I don't. I don't really want to use a new environment because I think that the goal is to set up a new environment, basically new new subscription, new Azure resources like so that basically everything that we were going to use or do like.  
You know, is kind of underneath that new, that new structure, right? So the only thing that like I said, if if something isn't being used, like if rack sit is not being used, then theoretically this should be removed. You know what I mean like.

 **Muhammad Mukarrum Siraj** 15:35  
Yeah.  
Yeah.

 **Christian Veillette** 15:53  
If it's not being used.

 **Muhammad Mukarrum Siraj** 15:54  
Rexec Rexec is being in used oven tech is not in use.

 **Christian Veillette** 15:58  
OK.  
We don't have an own sit. You're talking about QA.

 **Muhammad Mukarrum Siraj** 16:06  
Yeah, it's owing QA, correct? Yeah.

 **Christian Veillette** 16:08  
Yeah. So like to me then, if it's not being used, then theoretically it should just be removed. You know what I mean? Like, we should just clean it up.  
Ultimately.

 **Muhammad Mukarrum Siraj** 16:19  
Yeah, right now this environment is not consuming too much space.  
You know, I agree with you. We need to go with the new environment for this purpose, for demo and the one more thing I would like to highlight here after creating new environment for demo.  
For care 1st we will be using restoring over in UAT environment.

 **Christian Veillette** 16:54  
Own you at environment.

 **Muhammad Nazim** 17:00  
That can be the base for the new environment, right?

 **Christian Veillette** 17:01  
Yeah.

 **Muhammad Mukarrum Siraj** 17:03  
Yeah, as a benchmark.

 **Christian Veillette** 17:03  
Yeah, I mean right, I mean that's that's on top of the Arthur care base. Then though, too, right or.

 **Muhammad Mukarrum Siraj** 17:13  
Yeah.

 **Christian Veillette** 17:16  
Because obviously like the own you at stuff doesn't have.  
Some of the connections I guess for provider portal or stuff like that, but I guess those are on the Azure resource side of things anyways. But yeah, yes, I think I think.

 **Muhammad Nazim** 17:30  
Mm-hmm.

 **Christian Veillette** 17:33  
Setting up the O&U is then fine. It's going to have to be though in a unmanaged version because are we going to? We're essentially going to be making updates to it and doing everything kind of within it, right?

 **Muhammad Nazim** 17:45  
Yes.  
Yeah, right.

 **Christian Veillette** 17:50  
Right. Like we're not going to have a separate like I don't at this stage, I don't believe like we should just have the one environment and basically just make all the updates and stuff everything within it.  
And then we get contract or whatever else. Then we'll set up the, you know, data this, that the other right, yeah.

 **Muhammad Nazim** 18:05  
Yes, exactly.  
Yes, because you know Kesha it, it will be better if you have like separate dev environment separate demo because there were two independent environments like on dev environments we keep on on on, on adding new stuff, compiling and and the desk can be adding.  
Some random test data that doesn't look meaningful, so it's best to have a separate demo environment, but we can definitely configure it that way later on, not for the initial demo.

 **Christian Veillette** 18:38  
Yeah.  
I mean, the biggest thing we need to do is we need to deprecate this bloody thing. Roxy production. We need to kind of just get all the records out and create the database for it and get we need to get rid of all these files.  
Back them up and get rid of it. Same thing with all the logs for Roxy, right? So.

 **Muhammad Mukarrum Siraj** 19:06  
Yes, last time I I connected with Ellie, Ellie was saying like he will connect with you. I don't know if he connected or not then.

 **Christian Veillette** 19:07  
That's what we kind of need to do.  
Yeah.  
We just need a plan to get like 'cause we we, you know, obviously like Microsoft when it deletes it, it deletes it. There's no way to like create a backup of it. Like ideally I wanna create a backup of it and just store it in a storage, you know Azure storage.  
And and leave it and if we ever need to restore it, then restore it. But Microsoft's smart enough to not allow anybody to do that because they want you to basically pay more money to keep it around, right?

 **Muhammad Nazim** 19:45  
Yes. Yeah, right. Yes.

 **Muhammad Mukarrum Siraj** 19:47  
Yeah.

 **Christian Veillette** 19:51  
So then Muckamir was saying the only way to do that is to basically export this using XRM toolkit or whatever into different entities and everything else, and then you know with the files the same thing there's a file.

 **Muhammad Mukarrum Siraj** 19:59  
Yes.

 **Syed Muhammad Anas** 20:07  
Haven't we already moved all of these things to that CNP like as part of the data migration actor?

 **Christian Veillette** 20:14  
Yes.  
So in theory it can be it could could theoretically be deleted. Everything exists in theory, but everybody still is kind of, you know, worried about fully deleting it.

 **Syed Muhammad Anas** 20:29  
None.

 **Muhammad Nazim** 20:30  
Because, you know, we need the storage for the new environment. So if we are not taking the decision to delete anything and we are not getting a storage means we have to go with the route of acquiring new storage.

 **Christian Veillette** 20:41  
Yeah.  
Yeah. No, I understand. I I can't remember. What? What is our capacity? What is our capacity right now? We're just down on logs. I mean, we have lots of database and we have like lots of files.  
Right. Like you can see like our database is like 314. So we have plenty there. We have plenty files. It's really just the log storage, right.

 **Muhammad Nazim** 21:14  
Hmm.

 **Christian Veillette** 21:34  
Each time it says because you have other you know.  
You have other you don't need to worry about this but but I agree I don't, you know.  
Like, here's like an example like the guy I don't, I don't. I have no idea why our log usage is so high for owned CIMP, but it's it's like crazy high.

 **Muhammad Mukarrum Siraj** 22:07  
Yeah. The on TNT production is taking too much faith for long.

 **Christian Veillette** 22:07  
But.

 **Muhammad Nazim** 22:14  
Even I say if we cannot decide within this call, we can just notice an action item because it's a prereq before we create another new environment and for the.

 **Christian Veillette** 22:25  
You have. You have enough. You have enough. You have enough space to create a new environment.

 **Muhammad Nazim** 22:31  
Yes, we had. The only issue is with the logs that you've seen, there's an overage of 13 GB.

 **Christian Veillette** 22:35  
Yeah, but we're not turning. We're not turning logs. We're not turning logs on for for the new environments anyways, right for right now.

 **Muhammad Nazim** 22:42  
Hmm.

 **Muhammad Mukarrum Siraj** 22:44  
Alright.

 **Christian Veillette** 22:45  
Right. Like we don't need the logs for the, you know, for the demo for right now, right. So I don't think that it's, I don't think it's a rate limiting but.

 **Muhammad Nazim** 22:50  
Hmm.

 **Christian Veillette** 22:55  
At least it looks to me like we have enough. We have enough capacity, right? Like we have 20% we have capacity available here. We have capacity available for files, right?

 **Muhammad Nazim** 23:04  
Mm-hmm.

 **Christian Veillette** 23:07  
I agree that we're over on the logs, but I can look into that, but I don't. I don't think that it's. I don't think that it's a a limit, right?  
And I don't know what these capacity extensions are, Greg, Tennessee.  
25% capacity for 45 days. Cool.  
I guess I can enable this regardless, I don't know what it does but.  
Alright, as I can look into that.  
None.  
I think we're fine to proceed. We just need to, you know, like I said, get the tenant set up, get the subscription set up. You know, you guys can go ahead once that's set up, you have access through through the acquisitive partnership side of things to to go ahead and.

 **Muhammad Nazim** 23:58  
Right.

 **Christian Veillette** 24:12  
And do that.  
And then I think as we move forward, we'll end up, you know, deprecating RAC.  
CE, which frees up a a crap ton of space, right? So.  
Aye.

 **Muhammad Nazim** 24:32  
Yeah, I think from my side, these are the only two infrastructure related points like we discussed for Azure, setting a meeting with Kevin and then from a storage point, I think we have considered that things are in good shape, right. And apart from that.

 **Christian Veillette** 24:38  
OK.

 **Muhammad Nazim** 24:50  
Can can you further discuss like Anas, do you have any question regarding the requirement that we discussed in the first session like our goal is that every every requirement should be in dev OPS so that we can, you know, esteem do do some estimation against that and.  
Come up with it with a high level project plan like by when we can we do implementing which requirement so it will be great like if you can have all the requirements within the DevOps.

 **Christian Veillette** 25:22  
Trying to, I mean I guess that transitions us into the next one.

 **Syed Muhammad Anas** 25:22  
I am like writing down some of the requirements that we yeah, on my end. I'm also like adding in like the requirements that we were discussing on want to say Monday wait. Yeah, Monday. So yeah, I am like adding them in. I don't really have any questions as of yet like.

 **Christian Veillette** 25:27  
Go ahead and ask. Go ahead and ask.

 **Muhammad Nazim** 25:30  
Yeah.

 **Syed Muhammad Anas** 25:41  
I'm going through them. I might have them, so I will probably just tag you in the relevant user story and ask questions there.

 **Christian Veillette** 25:51  
OK, So what? So let's just go through that.  
So this is the DevOps. I think everybody's confirmed that they have access to it.

 **Syed Muhammad Anas** 25:58  
Yeah, right now I'm basically adding features against sorry user stories against that feature solution gap like gap analysis, yeah.

 **Christian Veillette** 26:02  
Yeah.  
Yeah. So what I did, what I did and ask, OK, is I, I've, I've just slightly restructured it so that I put, I put these used to be features, right. So the the the previous project plan.

 **Syed Muhammad Anas** 26:13  
Hmm.  
Mm-hmm.  
Mm-hmm.

 **Christian Veillette** 26:26  
Kind of had, like, those five kind of features. What I did is I turned those into epics instead.

 **Syed Muhammad Anas** 26:30  
Yeah.  
OK, OK.

 **Christian Veillette** 26:34  
Right. So I turn those into epics because I think that makes more sense. And then basically I put these kind of features in place. Basic is what I've started doing right and there'll be some features that are for now and there'll be some features that are for future. We don't need to worry about like we're not.

 **Syed Muhammad Anas** 26:39  
Mm-hmm.  
OK.  
Mm-hmm.  
Yeah.

 **Christian Veillette** 26:54  
Going to worry about Guidewire API integration right now, right? Like as an example right? But carepath portal caroling portal? You know, they'll be ones that kind of go under that. So I was going to take the previous epics that that like as an example epic one.

 **Syed Muhammad Anas** 26:54  
Got it.  
Yeah, yeah, yeah.  
Mm-hmm.  
No, yeah, that's fine. I think I.

 **Christian Veillette** 27:10  
I had. I had put these ones kind of underneath there. I was going to move these ones kind of to the proper new feature as an example. So I'll and then if you move yours to kind of whatever or create a new feature like if you think that it belongs under a feature, put it as a new feature.

 **Syed Muhammad Anas** 27:20  
I'll move mine. Then too, yeah.  
No, no, it's. I think the ones that you've mentioned are what I was actually going to create myself. But yeah, like basically core app portal provider and portal patient. That's correct. Yeah. I think that works.

 **Christian Veillette** 27:38  
Yeah.  
So so I put these kind of in place and I think that, you know, we've kind of used them. I put one up here for branding. I was.

 **Syed Muhammad Anas** 27:47  
Mm-hmm.

 **Christian Veillette** 27:48  
Considering calling these features that are more for demo like you know demo, but instead you know I think it's. I think we're fine to actually just use like a demo tag and are we fine.

 **Syed Muhammad Anas** 27:55  
Mm-hmm.  
Yeah. Demo tag, yeah.

 **Christian Veillette** 28:05  
Amira just just using like the word demo. Or should we, like do something else like.

 **Amirah Mahomed** 28:10  
Yeah, I think demo's sufficient. I think demo's sufficient and then the ones that are for production we can do a production tag and then if something is both demo and production related, we can have both of those tags present knowing that some do.

 **Christian Veillette** 28:13  
Yeah.  
Yeah.

 **Amirah Mahomed** 28:27  
Spill over into both sides of the process.

 **Christian Veillette** 28:30  
So then demo from that perspective, we can then create a query for kind of all the demo items and line everything up for the demo items.

 **Syed Muhammad Anas** 28:41  
Yep, OK.

 **Christian Veillette** 28:46  
So so I think our goal should be to have, like most of this stuff in place by like essentially end of end of week tomorrow, right? Like as far as like the tasks and like I think we probably need to if we're going to hit our timelines, right.

 **Syed Muhammad Anas** 28:56  
Hmm.  
Yeah.

 **Christian Veillette** 29:02  
And.  
And then literally.  
You know, we're going to, we're going to need to set the timelines for, you know, for when the environment and stuff is going to be ready.  
Right.

 **Syed Muhammad Anas** 29:27  
There is one part of the provider portal that I had a question on. Would like the providers be like editing the patient information or like creating like readiness records, sort of what they didn't own or would like it just be related to like treatment like services appointments and recommendation basically and this.  
Charge.

 **Christian Veillette** 29:48  
Yeah. So they're so sorry. What was that? Were they gonna? What was the first part?

 **Syed Muhammad Anas** 29:51  
Play song.  
Right now, would they like, would the providers right? Would they mostly be focusing on like say the like treatment side of things like creating recommendations, the services like adding diagnosis or discharge et cetera? Or would they also be like editing in the patient information like would they be like contacting to the patient to like, say edit like their mobile?  
Number stuff like, stuff like that, basically.

 **Christian Veillette** 30:16  
No, theoretically they shouldn't. That should all be done at the insurer level.  
Yeah. So they won't be editing any of that patient information.

 **Syed Muhammad Anas** 30:22  
Would they be using the assessment readiness assessment readiness? Would that be used or OK?

 **Christian Veillette** 30:30  
At this point in time, No, no.

 **Syed Muhammad Anas** 30:31  
OK, then yeah, OK.

 **Christian Veillette** 30:33  
I don't need to worry about that. Basically the providers need to be able to select A select a template completed assessment or upload, upload a structured assessment and then you know make recommendations, select a diagnosis, make recommendations.

 **Syed Muhammad Anas** 30:48  
Mm-hmm. Mm-hmm.

 **Christian Veillette** 30:49  
For, for, for treatment and then you know once something is complete, you know like once a report is complete or an assessment is complete, it gets submitted for for billing.

 **Syed Muhammad Anas** 31:03  
Do they have the concept of like blocks or follow-ups or would they just be like raising a separate recommendation from within like their current appointment?

 **Christian Veillette** 31:07  
Yes.  
Yes.  
So I think the way that we're gonna we're gonna need to structure it.

 **Syed Muhammad Anas** 31:12  
OK.

 **Christian Veillette** 31:18  
Is.  
Still a little bit in flight, but the way the wsib structures their program of care is single site versus multi site.

 **Syed Muhammad Anas** 31:29  
Hmm.

 **Christian Veillette** 31:36  
And then there's an initial assessment report. The assessment report gets paid at a certain fee. Then there is a block of treatment for six weeks.

 **Syed Muhammad Anas** 31:41  
Mm-hmm.

 **Christian Veillette** 31:52  
At 4 weeks, there is a midterm report that midterm report determines whether there is continuation and another block of treatment or the claimant has basically improved enough that they'll be discharged at the end of the first block of treatment.

 **Syed Muhammad Anas** 31:57  
Hmm.  
Yeah.  
Yeah. OK.

 **Christian Veillette** 32:12  
Right. And then if they do the second block of treatment, then there is a final discharge report at the end.

 **Syed Muhammad Anas** 32:21  
OK.

 **Christian Veillette** 32:25  
And then in theory, they could. There could be a supplementary report as well. So there's essentially and I can share all these files, there's essentially 4 different, four different reports.

 **Syed Muhammad Anas** 32:26  
Right. So we need to bring in that.  
Mm-hmm.

 **Christian Veillette** 32:41  
Within the context this is I'm talking to wsab because this is kind of like the way that we're going to have to structure it. So there's the initial assessment.

 **Syed Muhammad Anas** 32:48  
Uh-huh.

 **Christian Veillette** 32:52  
Right. So there's the initial assessment for the MSK program of care. This could be MTBI as well or there's different programs of care, right? So this is for the MSK one, which will be the bulk of them, but this is the initial assessment report, OK.

 **Syed Muhammad Anas** 33:10  
Hmm.

 **Christian Veillette** 33:11  
Then.  
There is a midpoint report.  
OK, so midpoint report.  
And it kind of goes through same questions. So we'll need to kind of set up these questions and stuff in there and then there is the final report.  
And there's basically like number of sessions provided in block two number of sessions right? So this one here.  
Number of Sessions provided in block one right you know so so that's kind of what they're.

 **Syed Muhammad Anas** 34:02  
Hmm.

 **Christian Veillette** 34:07  
So this is this, this report, the midterm report is completed at the end of block one. You know how many sessions did they do as part of that? In essence, that whole thing should be paid as a single fee, right?  
On our end, we would ideally like them to be able to select the the number of treatments right? It's like boom, boom, boom, boom, boom. There's this many treatments, obviously, in. In own it's it's much more complicated, right? It's like, you know, you got like record service da da da da da and status and each of them is.

 **Syed Muhammad Anas** 34:23  
Yeah.  
Yeah, like.  
Mm-hmm.  
Uh-huh.

 **Christian Veillette** 34:41  
Kind of separate, you know, here I think it's a little bit more more simple. That being said, I think we need to be able to highlight that they, you know underneath this block there was 8 treatments and here were the treatment dates as an example, right.

 **Syed Muhammad Anas** 34:58  
Mm-hmm.  
OK.

 **Christian Veillette** 35:10  
You know, so that's that's kind of the way that it's said, but then there is one other report that I think they ask at times supplementary report.  
So I guess complete a program of care supplementary. So there's a supplementary block that I think that they can authorize. I I don't know the specifics on this when they're able to do that.

 **Syed Muhammad Anas** 35:32  
In terms of like getting a recommendation, it follows like the same processes in own right, like for functional treatments you get you basically like ask for approval for the whole block but for neurology and psychology you asked it for session.

 **Christian Veillette** 35:45  
For the second block, for the second block, first Block auto approve, second block requires approval for this for this yeah.

 **Syed Muhammad Anas** 35:48  
OK.  
Got it.  
Got it. Yeah.

 **Christian Veillette** 35:58  
None.  
But the same fields as basically are here. You know for the most part.

 **Syed Muhammad Anas** 36:04  
Mm-hmm.

 **Christian Veillette** 36:08  
And then there are.  
You know, then the question is, well, how do we structure the programs of care? I think we go ahead and we do MSK, which is fine.  
I did some.  
Work, potentially looking at what?  
What the predicted care pathways might be, Amira, based off of Peter Cote's prior work.  
Based off of his 2015 publication, he kind of structured things into specific injury types. You know, these are kind of like the seven that he basically had in various different ways. Obviously like, you know, MSK kind of lines up with lower upper.

 **Amirah Mahomed** 36:51  
Yeah.

 **Christian Veillette** 36:57  
Right. And some level this will lower back as an example, whether there's going to be separate ones or you, you know, kind of one MSK single multiple I think would remain to be seen.

 **Amirah Mahomed** 37:07  
Mm-hmm.

 **Christian Veillette** 37:13  
MTBI concussion, you know, obviously we kind of know that there were a couple in there that he had like TMD, right temple, mandibular disorders, I guess is quite frequently headaches.

 **Amirah Mahomed** 37:14  
Yeah.  
Sure.

 **Christian Veillette** 37:29  
You know? And then neck pain. So these are kind of actually like were separated in his prior work whether they would be you know combined into something but I think.

 **Amirah Mahomed** 37:37  
Mm-hmm.  
Yeah, I think that it makes sense. I ultimately, I think from the way that folks have described Dr. Koteast, I don't think he's going to be changing the content dramatically, but then also the segmentation I think is easy for people to understand like particularly the government and the folks from we're helping.

 **Christian Veillette** 37:53  
Yeah.

 **Amirah Mahomed** 38:00  
Bring them out. Like anything more, detailed or granular might overwhelm them. So I think this is reasonable and it's rooted in what he's done.

 **Christian Veillette** 38:10  
So I think we'll end up configuring things to kind of be like this, you know, and still aligned with the concept of initial assessment, one block six weeks midterm report, second block, six weeks final report, right.  
So that would be the structure and \*\*\*.

 **Syed Muhammad Anas** 38:36  
Yep.

 **Christian Veillette** 38:53  
Then kind of on our end, we'll kind of create some PDFs where we change out wsib for care 1st and kind of potentially show both ways whereby you know if the provider fills this out, you know great.  
You know, and it can be, you know, uploaded. They do it digitally. Great. You know, here's here's what happens if they do it digitally, right?  
And I think the current provider portal actually blends itself nicely to do that.  
Does that answer that question as far as the workflow and ask that you're?

 **Syed Muhammad Anas** 39:39  
Yeah.

 **Christian Veillette** 39:41  
That help. OK.  
None.  
On the provider registration side of things, OK, like theoretically there's a a component where the the providers need to register. Amir, do you think that based off of our discussion that we need to kind of?  
Take that into account as far as the demonstration.

 **Amirah Mahomed** 40:06  
Are you thinking of like demoing how a provider might sign up to be like in APPN or be a part of that process?

 **Christian Veillette** 40:13  
Well to yeah. To sign like to sign up, basically to provide care within care first, yeah.

 **Amirah Mahomed** 40:16  
Yeah.  
I don't think it's necessarily a priority because I think from my understanding, there are some insurers who might already have their own list that then are populated into the system. And then there's also some of the work with.  
Care connect that already exists, I think in Alberta's.  
Operator health, with their epic system. So I don't think it's necessarily a priority given that multiple interests have their own process.

 **Christian Veillette** 40:54  
I I think that we're going to have to do something like I I think because the reason the reason why I'm saying that.

 **Amirah Mahomed** 40:57  
I agree.

 **Syed Muhammad Anas** 40:59  
I don't think we can like work the. Yeah, but.

 **Christian Veillette** 41:04  
I'm just gonna say the reason why I'm saying that is because during our meeting with EY, right, Paul, that was like one of his very first questions to me when I did the demo like one of his very first questions was like how do you like, you know, how do you handle like the provider registration?

 **Amirah Mahomed** 41:10  
Mm-hmm.  
Yeah.

 **Christian Veillette** 41:24  
You know and and on our end, you know, like I said, well, there's a registration form and they go in and they have the ability to add an organizational level a lot add, you know, add new, you know, add, you know, new new users basically below them.

 **Amirah Mahomed** 41:25  
Yeah.  
Yeah.

 **Christian Veillette** 41:41  
If they're part of a, you know preferred provider network that needs to, you know, get authorized by the by the insurance company, stuff like that, you know, this is what wsib has. They have kind of like these two options. If you're going to submit your invoices through Telus health or if you're going to upload and submit claim related documents.

 **Amirah Mahomed** 41:53  
Mm-hmm.

 **Christian Veillette** 41:59  
So I mean on our end it's one and the same. You know whether you're submitting claim related documents, right, I think you know I think.

 **Amirah Mahomed** 42:02  
Mm-hmm.  
Yeah.

 **Christian Veillette** 42:11  
Should matter, right?

 **Amirah Mahomed** 42:14  
Well, I guess it's a question.

 **Christian Veillette** 42:15  
I'm gonna try this.

 **Amirah Mahomed** 42:18  
I'm pretty sure you can get pretty far in this process. I've created multiple wsib accounts, but I think I guess I agree with. I agree with that and having the provider has their system be created.  
But I guess a question that I have is do we think that there's a world that insurers have their own list or roster in their PPN, and they would provide, like, let's say, an excel sheet or whatever data file and then that would trigger to the provider?  
Like almost like we have the verification process for the claimant or the worker. Would that could be would there be something similar to the provider on that end like I'm seeing two paths like the provider self signs up and then the insurer auto loads or loads in their their list.

 **Christian Veillette** 42:59  
We.  
Yeah, I I I potentially agree. I I don't exactly know what you know, Alberta Health is going to settle on.

 **Amirah Mahomed** 43:19  
Mm-hmm.

 **Christian Veillette** 43:21  
I think it'll more likely be, you know, providers go ahead and register, you know, and then the insurers can, you know, say, well, these these providers are underneath this, you know, preferred provider network at our higher level, right.  
So they can see them as preferred provider network, but I don't think that the providers themselves will be registered underneath the insurer. The the providers will be registered as their own as their own independent entity.

 **Amirah Mahomed** 43:38  
Hmm.  
I see what you mean. Yeah, entity.

 **Christian Veillette** 43:52  
Is is what I think they will be.

 **Amirah Mahomed** 43:56  
Yeah, I know that's a great point because a provider could be in multiple and multiple insurers lists.

 **Christian Veillette** 44:04  
Right.

 **Amirah Mahomed** 44:08  
So to that end, then yes, I think we shouldn't show the provider registration process.

 **Christian Veillette** 44:33  
Well already logged in with this e-mail address. I didn't know I had to log in. All right, well, let's go cancel anyway. So there's an account.  
Oh, I already did this OK.  
This is just basically to submit the stuff under.  
So then if I go to Telus.  
Oh, this is this one.  
Where's my Telus provider portal login?  
That's always reassuring. That's not secure. There you go.  
I think I have a log in here, yeah.  
Oh.

 **Amirah Mahomed** 45:50  
I'm making you really jump through all the hoops today.

 **Christian Veillette** 45:59  
You guys can see my password now.

 **Amirah Mahomed** 46:02  
Yeah.  
We'll start submitting claims on your behalf and then change the the billing address to to ours.

 **Christian Veillette** 46:13  
So this is, you know, like this is this is basically what Telus has in place and this is what they enable and this is this is what other this is what other organizations basically use in Ontario instead of own, right.  
New wsib form, so this is like if there's a form 826 or Faf or bill.  
Umm.  
So here is different locations.  
Physician WCB location theoretically. So this is what you do. So you enter in like a claim number or you basically search by last name you know patient date of birth, whatever and.

 **Muhammad Mukarrum Siraj** 46:44  
Oh.

 **Christian Veillette** 46:59  
Right.  
I don't even know what these are.  
I guess these are people that are referred under me or referred. I don't even know what they are. I've never actually been in here.  
Oh yeah. OK.  
So submit payment. So basically you have to enter a claim number, date of birth, hit search and it gives you just a place to basically upload it.  
So this is what I was saying. Like everybody's used to like basically entering in a claim number to kind of find their person. I think we have to kind of determine how we're setting that up within the system. I was trying to see if there's actually.  
Oh, here it is. Profile.  
No, I didn't want that.  
It's really quite an awful.  
Portal that isn't overly intuitive.  
I was trying to find my organization settings but I don't seem to have them in here.  
Oh, here it is.

 **Syed Muhammad Anas** 48:27  
This is just where you like submit the reports, right?

 **Christian Veillette** 48:30  
Yeah.

 **Syed Muhammad Anas** 48:31  
Like so far.

 **Christian Veillette** 48:39  
So here's the referral for SRS and whatever, I don't have the access right now, but this this part right here. This is where they the the people that are doing like not within own that are doing it within.  
Like outside of own, this is where they submit all their bills manually and stuff, so they have to log in, enter in a claim number, pull up the person, load the report, all that stuff, all the stuff that we do kind of within Karen Nexus. They do all manually.

 **Syed Muhammad Anas** 49:13  
None.

 **Christian Veillette** 49:17  
I was. I was trying to find my.  
Basically, you can put organizations and stuff underneath here.  
Oh, here it is. This is. This is what I was trying to find. So.  
You can set up different work locate like locations and user access and stuff like that. You know that's kind of ultimately the question like how are we going to on board people, do we do we, you know, do it in a way that they complete a form.  
You know on, you know on the provider portal, I believe we had something set up within the external provider portal.  
To do like a registration for the providers.  
And muckram if we can, if we can kind of find the the external provider portal and see if we can get that working just so we can take a look, I think that'd be really helpful.

 **Muhammad Mukarrum Siraj** 50:21  
Yeah, yeah, Christian. So I just checked the link that I have, but that is not working. I need to check the correct link for an ACN that we were using for a standard provider portal. I think the same.

 **Christian Veillette** 50:33  
Yeah.  
Yeah. So.

 **Muhammad Mukarrum Siraj** 50:36  
Message here appears on your side.

 **Christian Veillette** 50:41  
Yeah, this one or sorry the.

 **Muhammad Mukarrum Siraj** 50:47  
OK so.  
The link I am kind to access is care loop author care.com.

 **Christian Veillette** 50:57  
Yeah, that's what I had. And then this is the one that I had it. This is what I actually had. The power pages, power apps, portal like linked to and I couldn't couldn't find it either so.

 **Muhammad Mukarrum Siraj** 50:58  
Yeah.  
Yeah.

 **Christian Veillette** 51:12  
I'm just gonna go in.

 **Muhammad Mukarrum Siraj** 51:16  
Yeah, I need to check this one.

 **Christian Veillette** 51:28  
Any other questions that anybody has?

 **Muhammad Mukarrum Siraj** 51:35  
So Christian, I have a question. So in care, first we will be using both patient portal, external provider portal and internal provider portal.

 **Christian Veillette** 51:50  
What was the last one?

 **Muhammad Mukarrum Siraj** 51:53  
Internal provider and external provider Portal that is based on power pages right now.

 **Christian Veillette** 51:57  
Yeah. I I I don't know about the external provider portal. The question is whether or not the external provider portal can be reused or repurposed, right? I think that's kind of what we what we need to need to determine.

 **Muhammad Mukarrum Siraj** 52:07  
Yeah.  
OK.

 **Christian Veillette** 52:12  
Here's here's what's going on with.  
Here's why this isn't working mukram.  
To show my screen again.  
Looks like the portal has multiple website bindings.  
I don't know exactly what that means, but that's.  
That's what it's doing. So for some reason the there's multiple website bindings it looks like.

 **Muhammad Mukarrum Siraj** 52:40  
OK.  
OK.  
Let let me check this.  
I will update you and Christian on this one. I need to check this one, yeah.

 **Christian Veillette** 52:53  
OK. Yeah.  
I know at one point time we're going to change this care loop to care, connect, you know, so it's going to be care, care, care, connect.arthurcare.com. But that's not this custom URL isn't set up yet, but but we can leave it at care loop for now and then we can we can talk about what we do later down the road.

 **Muhammad Mukarrum Siraj** 53:04  
Yeah, yeah, yeah.

 **Christian Veillette** 53:19  
OK.

 **Muhammad Mukarrum Siraj** 53:21  
OK.

 **Syed Muhammad Anas** 53:23  
One question regarding the registration part like that would be like a provider, a single provider like I need me someone else like it would be one person like registering under their name. Not like for an organization. Or would it be something else?

 **Christian Veillette** 53:38  
I think ultimately it's going to be it's going to have to be a organization that can then essentially register individual.  
Locations and users under a location.  
That's what I think. Ultimately, it's going to need to be right. So you would have as an example, you would have life mark as the organization. You would then have life Mark having the ability to create all life Mark locations.

 **Syed Muhammad Anas** 54:00  
Mm-hmm.  
Mm-hmm.

 **Christian Veillette** 54:12  
And then all providers basically underneath life mark.

 **Syed Muhammad Anas** 54:21  
So like basically then any user they visit, like any person they mentioned within their location, they would be like able to access it via like what the e-mail that the organization used or like give them their own.  
Uh, give them their own registration, basically, like each user they've like added under like a live park location.

 **Christian Veillette** 54:40  
Each.  
Each user has their own login, yes. Yeah, theoretically there could be a manager at each location that then has access only to that location. You know, I don't think that we need to get into that in the demo that, that, that kind of stuff, we're not going to get into.

 **Syed Muhammad Anas** 54:47  
OK. OK. OK.  
Mm-hmm.  
Yeah.  
Mm-hmm.

 **Christian Veillette** 55:03  
Umm.

 **Syed Muhammad Anas** 55:04  
So if we are showing something in a demo, it would be like me as a life mark user like basically filling out a form and then that like creates a record in MDA and like someone said like looks at like whatever they've added in thinks it's OK approves it and like.

 **Christian Veillette** 55:19  
Yeah.

 **Syed Muhammad Anas** 55:19  
Like, let's say the organizations like it's more features available in the border, like they're able to see more of it, like how like I guess registration works normally. OK, that is something we need to show for the demo. Then like that specific like.

 **Christian Veillette** 55:25  
Yeah.

 **Syed Muhammad Anas** 55:35  
Workflow that organization goes in, they fill in the registration form, it creates a record in MBA. This is approved or rejected or and if it's approved it like shows like more of the app to that user to that organization user.

 **Christian Veillette** 55:41  
Yeah.  
Yeah, one one of the things that I was wondering right, like in the in like in the ideal scenario, right? I would ideally like to use like external tenants, right? So entra I entra external ID.

 **Syed Muhammad Anas** 55:58  
Hmm.  
Mm-hmm.

 **Christian Veillette** 56:07  
Tenants, right, so you would have one for the patient portal like for the patients, right, consumers and you would have one for the providers and they would have different flows through that. So I think we should be looking at how do we leverage or utilize.

 **Syed Muhammad Anas** 56:14  
Mm-hmm.  
Mm-hmm.

 **Christian Veillette** 56:26  
You know Microsoft enter external portals in order to do that.

 **Syed Muhammad Anas** 56:32  
Mm-hmm.

 **Christian Veillette** 56:33  
Because you have your ability to have your your process sign up process and workflows and stuff within there and you can cater like the look to it. Have you guys ever used any of any of those?

 **Syed Muhammad Anas** 56:39  
Mm-hmm.

 **Christian Veillette** 56:48  
None.  
You know, like the Microsoft entry Depot portals.

 **Syed Muhammad Anas** 56:58  
I haven't, but I wouldn't.  
I'm sick.

 **Christian Veillette** 57:10  
Because there's a lot of, there's a lot of good functionality in there that I think you just because that's that's the way that ideally we're going to want to do it, right? Like not everybody's going to live in the tenant like we currently do. They basically need to live in a separate a separate tenant.

 **Syed Muhammad Anas** 57:19  
Hmm.

 **Christian Veillette** 57:29  
But the next an external tenant like the next like, that's the way Microsoft has set it up now.

 **Muhammad Mukarrum Siraj** 57:39  
Yeah, Christian, so.

 **Syed Muhammad Anas** 57:39  
Right. Umm mukaram, how do we register patients like I think it uses something similar or.

 **Muhammad Mukarrum Siraj** 57:46  
Yeah, inpatient portal.

 **Christian Veillette** 57:46  
Patients, patients, you do correct. Patients you currently do that, yeah.

 **Muhammad Mukarrum Siraj** 57:51  
Yeah. In patient portal, we are using Azure ADB 2C.

 **Syed Muhammad Anas** 57:52  
Oh.

 **Christian Veillette** 57:57  
Yeah, but, but it's now not B to C or Azure B to C they've changed it to now be called like external ID, right? So like B to C is now dead and they've kind of like transitioned it into.

 **Muhammad Mukarrum Siraj** 57:57  
Close, yeah.  
Yes, yes, correct.

 **Aniruddha Shirodkar** 58:07  
Yeah.

 **Christian Veillette** 58:12  
And they now have, like, you know, Microsoft external entry, external ID. And so that's what I think we should be looking at implementing and and setting up for both the, the, the, the, the.  
Provider for for the the claimant portal and for the provider portal.

 **Syed Muhammad Anas** 58:35  
Would it like a insurance insurer like individually? Look at like anyone that's registering or no. Like sort of approve it?

 **Muhammad Nazim** 58:35  
Question.

 **Muhammad Mukarrum Siraj** 58:36  
Is.

 **Muhammad Nazim** 58:40  
Yeah.

 **Syed Muhammad Anas** 58:45  
Or they would be doing it from the then.

 **Christian Veillette** 58:46  
None.  
No, they'll be like some the government regulator would be in reviewing it and approving it.

 **Syed Muhammad Anas** 58:53  
Oh.  
OK, OK.

 **Muhammad Nazim** 58:55  
Christian, like what I can explain is there what I'm aware of. If they're, if you're discussing the same to log in into into the portals previously used to use Azure ADB to C for authenticating the the users.

 **Christian Veillette** 59:10  
Yeah.

 **Muhammad Nazim** 59:12  
The issue with data, for example Azure A to ADB to C tenant is deployed currently if you deploy it or Azure that resides within the USA right it it it is not deployed. For example in Canada.  
That that can have some issues, potential issues, right and.

 **Christian Veillette** 59:32  
But their new one isn't their new external ID stuff. Yeah, does have a proper tendency.

 **Muhammad Nazim** 59:36  
Yes. Yeah.  
Not not right now, but not not at the moment that we have already tried because it it's all also just like a your BADB to see it's currently deployed in USA, but there's something that we can get clear from Microsoft. It's in their road map that in in.

 **Christian Veillette** 59:40  
I'm pretty sure. Oh no.

 **Muhammad Nazim** 59:58  
Coming in near future, it is expected to be residing in Canada, but we have we are not at this point clear by by which date it will be fully deployed within the Canon Canon region. However, this is the thing for future Microsoft is recommending Microsoft will be keep supporting Azure ADB.  
To see for the existing clients or for the years, but they are not recommending new implementations with Azure ADB to C intra ID is the way forward that Microsoft is recommending.

 **Christian Veillette** 1:00:27  
Correct.  
Yeah.  
So I would I would. I would say that we set up this instance for the patient portal and the provider portal with, with and tried the external ID.

 **Muhammad Nazim** 1:00:42  
Yes, that I'm saying because you know the the portal that that we are are developing right now within mazi care care coordination, V6 VVR actually in in the analysis phase, we are implementing infra ID as as of now for the new product what we are doing.

 **Christian Veillette** 1:00:57  
OK, OK.  
Because like there's user flows like that we can do to kind of do self-service sign up and sign insurance and stuff and everything else. And I think that, you know, you can have them, we can have them go through that process and then you know, anyways, I think that that's what we should kind of.  
Look to implement kind of within the you know with how it's kind of set up and structured.

 **Muhammad Nazim** 1:01:19  
Yeah.

 **Christian Veillette** 1:01:26  
Yeah.

 **Muhammad Mukarrum Siraj** 1:01:37  
Yeah. And I think we can keep continuing with the existing registration process without your ACP 2C for demo at least.

 **Christian Veillette** 1:01:48  
But you're going to have to create a new one anyways.  
Right. Like you're gonna have to create a new external tenant anyways. Like you're not gonna use the current tenant.  
Right. You're not going to use the current own patient tenant or any of the current to say you got to create a new one anyway. So because you're creating a new one, I don't think there's really any changes on the connection side of things, right, so.

 **Muhammad Mukarrum Siraj** 1:02:05  
Yeah. Yeah, we.

 **Muhammad Nazim** 1:02:06  
Yeah, thing it there.  
No, there there, there are. There are changes like like we are actually converting we are we are our dev team used to work. How are your A do BTC work now we are actually in that phase there are changes in the flows.  
How password is reset and how we are maintaining the session so development wise it it is involving changes at at least that that the dev team right now is looking into in in building the latest product on top of our pages.

 **Christian Veillette** 1:02:44  
Right.  
But we'll need to do. We'll need to do something that that comes across crosswell, right, so.

 **Muhammad Nazim** 1:02:53  
Right. I think that we can definitely implement this is the way forward for the the actual work like but Christian for for the demo I think are we discussing this in from the demos perspective or what's required for the demo?

 **Christian Veillette** 1:03:12  
Yeah, I mean, I guess it's, I mean the regular way that the the patient, the the way the patient stuff works currently I think is fine, right 'cause the patient is registered at the provider level, fine. It doesn't matter to me. You can go ahead and use the way that it's structured and set up if that's using B to C.

 **Muhammad Nazim** 1:03:23  
Right.

 **Christian Veillette** 1:03:31  
That's fine. I think ultimately we need to figure out how we're gonna implement a provider registration and that's where I wanna see what we did for the external provider portal. Cuz I do believe the external provider Portal had a registration function within it.  
And and I I I think that actually I do believe that that was through Azure B to C as well because I I I see I see an external provider portal.

 **Muhammad Mukarrum Siraj** 1:03:50  
Yes.  
Yes.

 **Christian Veillette** 1:04:04  
Tenant B to C tenant on our tenant, right, so.

 **Muhammad Nazim** 1:04:11  
Mukaram you're aware about that, right?

 **Christian Veillette** 1:04:11  
Time.

 **Muhammad Mukarrum Siraj** 1:04:13  
Yes, yes, yes, question, you are correct.

 **Muhammad Nazim** 1:04:14  
Yeah.

 **Christian Veillette** 1:04:20  
So I so that's what I see. 'cause I see this here. I can show you.  
So I can see this external provider portal tenant.

 **Muhammad Mukarrum Siraj** 1:04:39  
Give me.

 **Christian Veillette** 1:04:41  
So I'm pretty positive that that.  
That's for the for that extra provider portal.

 **Muhammad Mukarrum Siraj** 1:04:44  
Yes.

 **Muhammad Nazim** 1:04:48  
Yes.

 **Christian Veillette** 1:04:56  
So we'll follow up on that mukram and then we can make final decisions on what we're going to do on the provider side as we enter in the the, the, the feature, sorry, the user stories and tasks.

 **Muhammad Nazim** 1:05:09  
Right. OK.

 **Muhammad Mukarrum Siraj** 1:05:09  
All right. Yeah, I will update you question.

 **Christian Veillette** 1:05:13  
Now, just as we finished, so who's gonna? Who's gonna actually enter all this stuff in?  
I mean, I'll help a little bit and do some you know.  
But ultimately, like, who's gonna who's gonna take full?  
There's quite a bit to enter in. I mean, obviously I can, you know, do some of the stuff and Mira will help do some of the stuff and ask, I know that you're already putting some of it in.

 **Syed Muhammad Anas** 1:05:39  
Yeah.

 **Christian Veillette** 1:05:40  
But basically like I can put in user stories, but then somebody ultimately needs to put in kind of the tasks kind of underneath that, right?

 **Muhammad Nazim** 1:05:52  
Yes.

 **Syed Muhammad Anas** 1:05:53  
In like development and software.

 **Christian Veillette** 1:05:56  
Yeah, either development or like like as an example like I can put in a user story for, you know, for the branding and like you know, we need to change like instances where it says, you know patient to claimant. But then like it's like OK like.

 **Syed Muhammad Anas** 1:06:05  
Mm-hmm.

 **Muhammad Nazim** 1:06:11  
No.

 **Christian Veillette** 1:06:14  
You kind of have to go through and identify like where it says patient all over the place. Like, where does it say like where actually did that exist and where does it need to be changed, right?

 **Muhammad Nazim** 1:06:15  
Yeah.

 **Syed Muhammad Anas** 1:06:30  
I can take a look at that.  
I mean, I am like going to basically like an easy user story add in like a proper description of everything that needs to be done. So you can assign certain user stories to me. If you think they need more updates and I can add them in.

 **Christian Veillette** 1:06:47  
OK.  
OK.  
OK, so we can do that.

 **Amirah Mahomed** 1:06:57  
Perfect.  
So just as a recap, to make sure I've captured the discussion primarily for today and ask, you'll help drive forward in putting those descriptions for the tasks based off of the user stories that Christian and I will be populating in there today.  
When it comes to, I think the portal discussion, particularly the provider portal, I think the decision is to leverage what we already have existing, but update the UI to be relevant for Alberta and then we'll retain the chart style and the core content.  
Once again, just update it for the Alberta context. We have two flags for environment, one around setup and then one around storage. So today in our steer Co conversation, we'll bring this up to raise with Kevin and we'll book a follow up conversation I believe will be Kevin Nazim, Christian and myself.  
To make sure which makes the most sense around the authorship, I think we're around the storage. We have the conversation around which tenant makes the most sense, and so there seems to be enough space in the Arthur tenant, partially because we're not turning on logs for now. So that should be fine to set up there.  
And then I think for the Arthur Cara Loop bindings portion, I think mukhram you mentioned that you will go in and review that and get us an update on what's going on there. So those are the the key items that came from follow-up actions that we need to do from today. Was there anything that was missed?

 **Muhammad Mukarrum Siraj** 1:08:37  
Yes, correct.

 **Amirah Mahomed** 1:08:37  
OK.  
Great.  
One of the other action items that was I think discussed was the plan to action the tickets that are being inserted. So obviously the user storing tasks are being populated and I think our goal should be get this done by the end of this week. In terms of timelines to execute on each of the subsequent tasks.  
How would the group like to go about that process in terms of how long you think it'll take you to action those tasks and who will be doing what?  
Would it help if you book a session or does a group prefer to do self assigning independently and we review what is the preference for the collective?

 **Muhammad Nazim** 1:09:20  
Yeah, I believe once we have all the user stories entered, I think the best that we can internally do our part and and by adding all the detail labeled requirements, we can set up the effort along with who's doing what and and then we can together review in a joint call.

 **Amirah Mahomed** 1:09:34  
Mm-hmm.  
OK.

 **Muhammad Nazim** 1:09:39  
To see what the plan looks like.

 **Amirah Mahomed** 1:09:43  
That sounds great. We have our next day left on Wednesday. Next week. Do you think that would be reasonable to have all of that completed by Wednesday so we could use that session to review the tasks, allocations and efforts?

 **Muhammad Nazim** 1:10:00  
Yeah, I I think we we should connect it whatever we have and let's have a call on Wednesday.

 **Syed Fahad** 1:10:04  
Yeah.

 **Amirah Mahomed** 1:10:07  
OK, OK. So we'll aim for Wednesday to have that all organized so we can start executing on the tasks perfect. So I'll send a recap summary of what I just re edited with the group those timings and who's assigned to what. And then we'll have our session next week on Wednesday. But if the group needs to meet.  
Before then, we can set up time either with the whole group or with the subsets that need to be part of those conversations.  
I said how are you?

 **Syed Fahad** 1:10:37  
Good. I know I'm joining late, so I'm just sinking in.

 **Amirah Mahomed** 1:10:40  
All good. You got the nice recap at the end.

 **Syed Fahad** 1:10:43  
Yeah, I, but I get the recap, which is the good news. Oh, good for me, but I think Ani Nazim and Amira, we kind of need to work back from the September 8th.  
Date so Wednesday is viable only if it match with the with the September 8th date and and if it needs to be Monday because otherwise we're not gonna meet September 8th date. We kind of need to be.

 **Amirah Mahomed** 1:10:58  
Agreed.

 **Syed Fahad** 1:11:13  
Kind of. You know, aligning some of those directions in that way, right. I think, Christian, you asked earlier who, who owns the user story and everything, right. The intent is Ani, Nazem and Anas.

 **Amirah Mahomed** 1:11:13  
Mm-hmm.

 **Syed Fahad** 1:11:28  
To make sure that we take everything, whatever we can out from Christian brain, put it into those DevOps. While Christian Review approved, agreed. Yes, that's pretty much what it is, but we kind of now taking the ownership or the driving seat a little bit more.  
To make sure that you know means if we're going in the wrong direction, Christian will tell us we're going and we all know he will. But I want. I want us to kind of get into the whole driving seat, right. So there when I think about driving seat, there are three areas that we need to get ourselves very aligned with.  
I think high level business process based on Nazim, you know the details you have shared earlier. I feel like we kind of have an understanding of what the high level business process is.  
The client portal or provider Portal was the big challenge that we we don't want to reproduce it, right, but it seemed like that we're in agreement that let's just minimally adjust in a way that we can pass through the September 8th date.

 **Muhammad Nazim** 1:12:29  
Yes.

 **Syed Fahad** 1:12:29  
Without making a major change, I'm good with that. So so it seemed like we got that label. Now we really need to own the generation of user stories based on the recordings that we have and everything we get, you know, heavily used GPT.  
Instead of manually creating everything, get it you know I mean it's offline, reviewed with Christian, you know, whenever he has his pajama time, he can review, provide the feedback, but have a final solution statement. Ani, you know what I mean? This is what the final world will look like. Start establishing that.

 **Muhammad Nazim** 1:12:47  
Hmm.

 **Syed Fahad** 1:13:04  
Your our own view and have Christian validate for US versus Christian create the view for us. You're getting my point.  
I I have a feeling that, you know, it's many times, but Christian says what we understand are not exactly the same thing. You know the the prior iterations kind of give us some of that experience and I want to make sure that we kind of take over on the reverse side now and have it validated by Christian.

 **Aniruddha Shirodkar** 1:13:32  
Understood. Yeah.

 **Syed Fahad** 1:13:35  
Right. So based on both of those days conversation, the user stories that you're working on and you feel like that you have the good grasp of where things needs to go.

 **Aniruddha Shirodkar** 1:13:45  
I'm getting there. Yeah, I think so.

 **Syed Muhammad Anas** 1:13:45  
Yeah.

 **Syed Fahad** 1:13:48  
OK, very good, Amit. There was another thing that you mentioned somewhere. Oh, you know this old upgrade upgrade to new version of music and on is the most complex thing and gonna take 30 days.  
And you know, I mean which which OK means if it takes 30 days, it's a different story. But I want to make sure that we are not, we're not just replicating.  
Until you with their data, with their configuration in this new environment and try to kind of make changes on it because you know, whenever we do something like that, we don't realize that there was some check boxes, there were some things there and when you try to move into the real develop environment and others.  
Start things start breaking up right? So I'm OK. There's no need to have a version upgrade. Ready. But I don't want to just use one of the previous environment and call it a new environment. At least I would not recommend that.  
I don't know if that's what we were planning or not.

 **Christian Veillette** 1:14:55  
No, we're not. We're we're. No, we're setting everything up that we had that discussion at the beginning. So it was one of our first things said. So we're setting up we we are using own UAT kind of as the version that we're going to essentially copy over.

 **Syed Fahad** 1:15:00  
OK. All right.

 **Christian Veillette** 1:15:12  
But we are setting up new subscription new Azure resources. All that side of things new portals, it's all net new. Nothing's being kind of leveraged from a prior environment is what we're doing.  
We did discuss the value of.

 **Syed Fahad** 1:15:29  
What about the configuration and the data and all of those things?

 **Christian Veillette** 1:15:34  
Much of it, we're going to have to change, but that that side of it still can come over from, from UAT. Biggest issue is going to be like just kind of like organization names and stuff like that and configuring like that, you know, part of it but.  
It's just a bunch of, you know, configuration items that that we'll have to do, right.

 **Syed Fahad** 1:15:53  
So now then, is it? Is it possible that the only thing we bring from UAT is the version of the code, not the configuration, not the database, not the you know database and all of those thing? It is the only code base that we are moving.  
And we configure the environment from scratch.

 **Muhammad Nazim** 1:16:13  
We can do that. Yes, we can deploy the the builds and then we have to configure that the the data then.

 **Syed Fahad** 1:16:19  
So we know what we are configuring, right or or what we don't need to configure. It will. So Christian like if we go that way it takes more time, but you have the clarity and control over what's there.

 **Muhammad Nazim** 1:16:21  
Yes.

 **Syed Fahad** 1:16:34  
If we just move the configuration from the UAT environment, you don't even remember what those different checks and things that somebody have set up somewhere which make things work for now. And then you get stuck later on.

 **Christian Veillette** 1:16:48  
I know it's it's a catch 22. I don't know what the right you know because that some of the stuff that's in there is just, like, totally irrelevant. Yeah, you can get by and you can kind of like showcase it a bit, but.  
Yeah, it's, it's, it's.

 **Syed Fahad** 1:17:06  
Honey, based on your prior experience, you know both both are the options. But what would you recommend?

 **Aniruddha Shirodkar** 1:17:13  
See, it depends on how much change we are going to make, right. So again, having existing data and trying to reuse it for another. Another demo is usually not something I'm comfortable with now in this situation, I think that still applies.  
As far as the.  
The setup is concerned the configuration and the code and everything. If the functionality is the same and it seems like it is, I think we should use the code. Probably put it on a blank template database and generate data. I mean, I know we probably cannot do everything.

 **Syed Fahad** 1:17:42  
Yeah, yeah, yeah.

 **Aniruddha Shirodkar** 1:17:50  
Everything, but maybe we can generate enough that we have enough for a demo.

 **Syed Fahad** 1:17:53  
My recommendation? Christian would be we generate sample data, use GPT to generate sample data. You know, just amazing tools out there now and we load it up and we get this new environment. Lady, we're going live with a new customer, right?

 **Aniruddha Shirodkar** 1:17:58  
Yeah.  
Yeah.

 **Syed Fahad** 1:18:08  
And three days later, if we realize it's more complex, it's just way too much. We didn't even thought of. We can always, you know, roll back some of those things. But I would. I would want to start there versus what's the UAT data.  
From phone environment.

 **Muhammad Nazim** 1:18:27  
Right.

 **Christian Veillette** 1:18:28  
Like there's things like like I should say, said. Like there's things like when we talk, kind of there's master data, right. But then there's things like the templates, right, the configuration of the of the notifications. I don't know if those are considered.

 **Syed Fahad** 1:18:29  
So then.

 **Muhammad Nazim** 1:18:31  
I.

 **Christian Veillette** 1:18:47  
Code or not, but I think so. So those templates I think need to come over all the outcomes need to come over because recreating all those outcome forms and stuff I think is a pain in the \*\*\* and and huge amount of work.

 **Syed Fahad** 1:18:49  
Those are consider configuration.

 **Christian Veillette** 1:19:03  
So there's certain parts like that that I think are are potentially useful and so maybe that does maybe the locations do come over and everything else and we just kind of we we we overwrite or we create new and delete you know like.  
Something like that, right?

 **Syed Fahad** 1:19:22  
Nancy, what would you be your recommendation?

 **Christian Veillette** 1:19:24  
Because because I I don't think. I don't think we want to get into creating all the templates themselves and those workflows for the user registration or for the the patients and the patient outcomes like in the portal like all that works and works really, really well.  
And we're able to demo that really well, right?

 **Syed Fahad** 1:19:43  
All right. Now then, what's your recommendation?

 **Muhammad Nazim** 1:19:49  
We can potentially just replicate what we have the your data and then spend the effort to delete the unwanted data and and make sure in the demo we have only only the meaningful data.

 **Syed Fahad** 1:20:04  
But that's remember like that's that's just. Yeah, this is what I want to try to stay away and recommendation. Right. When you just. I heard this term demo it's not about demo is demo is not what we're going after right means we could have just the demo in the current environment and live our life that's that's not the intent.  
It's the actual, you know, it's future build that we're gonna make on top of it and and also all of the changes, you know, I mean from UA from from the use case perspective.  
Then we're gonna move in. Yeah. For for utilization, for validation phase, right. It's going to be an important play.  
Right. So we need to be ready for solution validation with the build that eventually will go into development and move from development to the next level.

 **Muhammad Nazim** 1:20:59  
Agreed, this is indeed the right way. We're just trying to match up like the with the effort and the amount of time we have.

 **Syed Fahad** 1:21:08  
Yeah. Yeah. So, so that one thing that I want you to.  
I know you. You you will start with the effort, right? Everything is complex. Everything is gonna take a lot of time. So let's follow the least possible effort way. I would recommend take that approach out for a minute. Think about what is right for the project.  
Right. And if right thing to do for the project is to replicate all of this capability, which I think Christian mentioned that these are all critical, then go do follow that model. If right thing for the project is we selective export information and load it up.  
Then follow that model.

 **Muhammad Nazim** 1:21:56  
Hmm.

 **Syed Fahad** 1:21:57  
Because end of the day, we do all of that and then September eight, you says, OK, we have to restart the project because we should take a shortcut later, earlier. That's what gonna hurt us.  
Makes sense, Madam.

 **Muhammad Nazim** 1:22:11  
Right, absolutely yes I am.

 **Syed Fahad** 1:22:13  
So so I think I will let you know. I mean I think Christian provided his feedback that it seemed like a lot need to be replicated and if we if we try to configure everything from scratch, it's redundant work with no value.  
Right. So think about it and send a note back to Annie, Annie and Nadim. You guys should work together to figure out what is the approach. You want us to to take? I I'm not pressuring on either wayside Nazim.

 **Muhammad Nazim** 1:22:38  
None.

 **Syed Fahad** 1:22:44  
But I don't want like, oh, it's too complex, so let's just follow a easier route and they get stuck ourselves later on. That's what I don't want.

 **Muhammad Nazim** 1:22:54  
Yeah, agreed.

 **Syed Fahad** 1:22:56  
OK, good.  
And then just I I said it last time to Nazim, make sure that as we are creating new subscription you know I mean we work with CSP team and Kevin to create the subscription in a way that is good for Microsoft.  
That's a very important video.

 **Christian Veillette** 1:23:20  
Does anybody actually know how to functionally do that? Said like we've been talking about that for like 5 months or four months and nobody seems to actually know how to do it. Are you sure?

 **Syed Fahad** 1:23:24  
The CSP team knows it. The CSP team knows it. Yeah, CSP team.  
No, no. The CSP team knows it. Kevin needs to just introduce our team. That's what they said last time. That's they showed it to Microsoft. All of that. So Kevin should be able to introduce to people person, whoever was responsible for. So Nazim, you should reach out to Kevin Castillo.  
And and ask him and she should be able to engage with whoever we need to engage with.

 **Muhammad Nazim** 1:23:53  
And.

 **Syed Fahad** 1:23:55  
OK.

 **Muhammad Nazim** 1:23:56  
OK.

 **Christian Veillette** 1:23:57  
Right, like like 'cause, I can cause decided like I can create a new subscription like. Right now I just don't know right like don't know what it you know enter selection or subscription number. Right. Oh, as your RAC owners da da da budget tags create there's there's nothing in creating a.

 **Syed Fahad** 1:23:57  
All righty.

 **Christian Veillette** 1:24:17  
A subscription.

 **Syed Fahad** 1:24:19  
There was something that we have run with with run with Microsoft, they said.

 **Christian Veillette** 1:24:19  
That I see that I see that I see on our end.  
Right.

 **Syed Fahad** 1:24:26  
Yeah, I'm. I'm gonna debate. Here's. Here's where. Hey, Kevin. Work with someone in Microsoft to get this sorted. Let's bring Kevin back and get that sorted.

 **Christian Veillette** 1:24:37  
Yeah.

 **Syed Fahad** 1:24:37  
I I don't want Nizar on my tail right there on saying oh, but we were supposed to do that and all of those things.  
Fair enough.

 **Christian Veillette** 1:24:46  
Unless this is what there, this is this app ID so just this is what I want to get clarity of.  
Right, like creating a subscription takes all of two seconds. I'm going to type in care 1st. I'm going to select A billing, you know, so that we gave basically have full access to it, you know advanced. You know you select your directory and da da, da, DA management group or whatever, right?

 **Syed Fahad** 1:25:12  
Just bring. Bring Kevin in and then have him verified somewhere it could be that one, I don't know.

 **Christian Veillette** 1:25:13  
So.  
Subscription owner.  
I'm assuming that it's. I'm assuming that it's probably this thing 'cause they've always talked about entering in an app ID.

 **Syed Fahad** 1:25:25  
OK. Maybe then that's what it is.

 **Christian Veillette** 1:25:27  
And that's all I can. That's the only that's the only spot anywhere anywhere in here.  
That literally has anything.  
To do unless it's under a billing account but billing account if we. If you guys create it, it goes under your billing account so that this is the only thing that I can think of this app ID, but this doesn't make full sense to me.

 **Syed Fahad** 1:25:58  
Yeah, it these things never make sense to me. So that's why I have other people who could figure it out.  
OK.

 **Christian Veillette** 1:26:07  
OK.

 **Syed Fahad** 1:26:08  
Alright, I'm here. Back to you.

 **Amirah Mahomed** 1:26:11  
Amazing. So I think you make a great point, said about timeline and pacing and whether or not we should have that conversation maybe on Monday instead around efforts and timelines for the group. Is that a more, is that reasonable to attain a Monday conversation on that instead of Wednesday?

 **Muhammad Nazim** 1:26:34  
I think at this point we are still in the process of putting the user stories. I think we'll be in more better position at the end tomorrow.

 **Amirah Mahomed** 1:26:36  
Yeah.  
And the datum.

 **Syed Fahad** 1:26:46  
Yeah. Why don't I mean, if I were you, I will just set up a 30 minutes daily check in for rest of the week, right. If it's done, yeah. If it's done Monday, great. If it's done Tuesday have have another big session on Wednesday plan. But let's just, you know, follow through. The other thing. Team Anas, Anasim mukaram, everyone.

 **Amirah Mahomed** 1:26:48  
Yeah.

 **Muhammad Nazim** 1:26:51  
It it will be better, yes.

 **Amirah Mahomed** 1:26:52  
Great.  
True, true.  
Perfect.

 **Syed Fahad** 1:27:05  
If we are manually figuring out what the user's stories are, we are not leveraging the new technology, right? We should be leveraging, you know, I mean, scopilot other capabilities to ensure that these things are make sure we are not going on a general GPT out, right, whatever we are doing.  
Business GPT or we're using copilot to generate those. Generate those user stories which can pass on to then DevOps.

 **Syed Muhammad Anas** 1:27:37  
OK.

 **Muhammad Mukarrum Siraj** 1:27:39  
OK.

 **Syed Fahad** 1:27:41  
That's why I think that, you know, we should be able to share it on Monday or soon later.

 **Amirah Mahomed** 1:27:41  
Fantastic.

 **Muhammad Mukarrum Siraj** 1:27:43  
That makes sense.

 **Amirah Mahomed** 1:27:45  
Fantastic. That sounds great. So I'll get those invites in in this group's calendar and then we'll send out the summary of notes and then we'll talk to the group tomorrow.

 **Syed Fahad** 1:27:48  
Alrighty.  
OK. Thank you.

 **Amirah Mahomed** 1:27:58  
Any other questions of the group before we head out?

 **Syed Fahad** 1:27:59  
Right.

 **Syed Muhammad Anas** 1:28:04  
No.

 **Amirah Mahomed** 1:28:07  
OK, great. Thank you everyone.

 **Syed Fahad** 1:28:08  
I will send a note to Kevin, so he's expecting.

 **Amirah Mahomed** 1:28:18  
OK.  
OK.

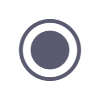
 **Syed Fahad** 1:28:22  
All right. Thank you. Bye, bye.

 **Amirah Mahomed** 1:28:24  
Amazing. Thank you very much everyone. Bye.

 **Muhammad Mukarrum Siraj** 1:28:24  
Yeah, thanks. Thank you, everyone. Bye.

 **Aniruddha Shirodkar** 1:28:24  
Alright, thank you. Alright, bye bye.

 **Christian Veillette** 1:28:25  
Thanks. OK bye.

 **Muhammad Mukarrum Siraj** stopped transcription