HL7 Board Meeting Montreal

2019-05-07 WGM Meeting

Present	Name	Affiliation
X	Calvin Beebe Calvin E. Beebe	HL7 Chair
X	Walter Suarez Walter Suarez	HL7 Chair elect (vice chair)
X	Russ Leftwich Russell Leftwich	Treasurer
X	Melva Peters Melva Peters	Secretary
X	Ed Hammond William E. Hammond	Chair emeritus
X	Jennifer Covich Bordenick Jennifer Covich-Bordenick	HL7 Director
x	Diego Kaminker Diego Kaminker	Affiliate Director
X	Ken Kawamoto Kensaku Kawamoto	HL7 Director
X	Austin Kreisler Austin Kreisler	Chair, TSC
X	Janet Marchibroda Unknown User (jmarchibroda)	HL7 Director
X	Nancy Orvis Nancy Orvis	HL7 Director
X	Line Seale Line Saele	Affiliate Director Chair, HL7 Norway
X	Dave Shaver Dave Shaver	Appointed Director
X	Mary Ann Slack Mary Ann Slack	Appointed Director
X	Andrew Truscott Andrew Truscott	Appointed Director

Present	Name	Affiliation
X	Chuck Jaffe Charles Jaffe	CEO
X	Wayne Kubick Wayne Kubick	CTO
X	Mark McDougall Mark McDougall	Executive Director
X	Karen Van Hentenryck Karen Van Hentenryck	Assoc. Executive Director
	Fernando Campos	HL7 Argentina
	Jason Steen	HL7 Australia
	Alexander Mense	HL7 Austria
	Ron Parker	HL7 Canada
	Francois Macary	HL7 France
	Christoff Gessner	HL7 Germany
	Catherine Chronaki	HL7 Greece
	Giorgio Cangioli	HL7 Italy
	Michio Kimura	HL7 Japan
	Byoung-Kee Yi	HL7 Korea
	Frank Ploeg	HL7 The Netherlands
	Peter Jordan	HL7 New Zealand
	Roman Radomski	HL7 Poland
	Wael B Al Dahhasi	HL7 Saudi Arabia
	Roeland Luykx	HL7 Switzerland
	Rik Smithies	HL7 United Kingdom
	Grahame Grieve	HL7 FHIR Product Manager

Time	Agenda Item	Meeting Minutes from Discussion
9:00 - 9:10 am	Roll call/agenda review	Calvin called the meeting to order at 9:08. The agenda was reviewed. Calvin noted one change to the agenda, which is to switch the business plan and draft implementation report discussion.
9:10 - 9:15 am	Approval of consent agenda • Meeting minutes • CEO report - • CTO report • Renewal of ADA SOU	**MOTION** by Walter: To approve the consent agenda items; seconded by Austin. The motion carried unanimously. Mary Ann Slack suggests that we catch up in upcoming meetings with some of the agenda items for which Wayne is seeking support.

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9:15 - 9:30 am	Update from the CEO - Chuck	Chuck reported on the success of the FHIR Accelerator program. Several entities are lining up to join the process. There are federal agencies wishing to participate and they can piggyback on the ONC cooperative agreement. The Da Vinci project was also discussed. There are 8 new IGs in the pipeline. They have the funding, but the challenge is the workload on the WGs. They have paid for some of that work to be done, which has eased the burden somewhat. Da Vinci is willing to enhance the reimbursement to HL7. Walter noted paying WG members to do this work is precedent setting. Russ indicated that this has been done previously just not as transparently as Da Vinci has made it. Ken raised concern about paying people in this manner. He suggested that the users of Da Vinci IGs submit comments on the resulting work products. Austin noted the reviews are pre-ballot to ensure quality. This is being done because of the volume of work coming through Da Vinci. Jennifer recommended caution around HL7 paying for this type of work. Wayne clarified that Da Vinci, not HL7 is paying for the work. Andy likes the approach as it is a method of community building. Chuck noted several organizations are interested in the Accelerator program, including the AMA, which includes 250k physicians. Some of them will become HL7 members and build a knowledge base that we've been trying to create for many years.

9:30 - 9:45 am	Treasurer's report - Russ Treasurers Report 2019 05 07 New Template Final.pptx	Russ encouraged all Board members to review the slides included in the packet. Instead of reviewing the number, Russ' report focused on the trends: • Memberships continue to decline since the IP was licensed free of charge. Russ feels the decline is not totally related to licensing IP for free. More troubling than the decline in revenue from membership is the decline in the number of people participating in HL7 and doing the work. • WGM attendance is generally on the rise, though International meetings attract significantly fewer people. Though WGM attendance is on the rise, they aren't generating more revenue. • In terms of education and training, distance learning revenues are increasing modestly. Revenue from onsite workshops and certification is declining. Webinar revenues have increased modestly. • Pre-audited 2018 financials were briefly reviewed. • 2019 budget was briefly reviewed. Discussion: • Walter noted we have four basic sources of revenue and during the business plan discussion we need to look at how we put those together to sustain the organization. • Melva noted that we also give away our FHIR training materials and we are competing against more and more people, including some of own members. • Andy noted we have to be careful about competing with commercial companies in terms of education because we really can't compete.

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		MOTION by Walter: To approve the Treasurer's report; seconded by Jennifer. The motion carried unanimously.
9:45 - 9:55 am	HL7 ADDC business - Line • HL7 Slovenia • HL7 Philippines	Line reported that the two affiliates have been in lapsed status for a year. We reached out several time to these two affiliates but have gotten no response. **MOTION** by Line: To terminate these two affiliates; seconded by Melva. Discussion: Andy asked if we notify anyone in the region that the affiliate is terminated. We don't at this point in time. Line, Melva and others have been working on the Affiliate Health Metrics. Russ noted that HL7 does not have a contact management system. Mary Ann suggests that the petitioners be advised when the affiliate is terminated. Ed suggested we build up regional groups to provide the support that some of their flailing affiliates may need. Dave called the question. The motion carried with 12 in favor and 1 opposed (Andy). Andy is opposed to cancelling without notification to the national health system, Melva and Line will ensure that that the petitioners are notified.
10:00 - 11:00 am	Product Family discussion - CDA - Wayne	Lisa Nelson, Chair of the CDA Management Group, gave a CDA product presentation, including a review of the roadmap. They are moving to web publishing and adopting some of the FHIR practices (focus on quality, becoming part of the FHIR connectathon, community building, etc.). **The Request**: As they are attempting to grow and thrive within the HL7 community, they are asking to align licensing for all product families. They see treating CDA and V2 differently as restrictive to the growth and success of the products. Walter noted that CDA is in regulations, so that will continue until the rules change. Moving to a new version and new applications will have to be balanced against the regulations.

11:00 - 12:30 pm	Review draft plan to support the implementation community - Wayne	Wayne reminded the Board that the creating this report was an action item from a previous board meeting. This is preliminary draft for comment to help us get to the next phase.

Wayne reviewed the document's TOC as it shows how we structured/organized the document. He would like to focus the Board's attention on the recommendations and he'd like a thumbs up or down on each. Walter noted this is a wider implementation community, not just FHIR.

Recommendations:

1. Survey implementers to determine need for more content - Wayne noted that the open source FHIR community develops and shares their needs. He doesn't have the same sense for the other communities.
2. Build up chat.hl7.org to build communities - This is already available but not widely used. We need to market this and encourage its use.
3. Provide broader content on Confluence - Need to get this from the HL7 community. It is not something we've done in the past so it is not part of the culture.
4. Expand collaboration with IHE, HIMSS, others- There is a meeting between HL7, IHE and HIMSS leadership tomorrow to try to determine who we can better collaborate. Historically, IHE has done much of what we want to do. IHE has also re-positioned themselves as an SDO. We may need some clarity around definition of a standard. Are IGs standards? Walter noted that this addressed in the business plan. HIMSS has the ability to reach people higher up in organizations so collaboration with them would be beneficial. Some Board members cautioned us to be smart with our collaboration with HIMSS. We have a lot to offer them.
5. Work to expand V3 Regulated Community - Mary Ann suggested providing help moving |

		to FHIR. Melva noted affiliates may be able to help with this. 6. Host focus groups on products & services needed by implementers. This might be done with IHE and HIMSS and they tap into the people we are trying to reach. 7. Consider new membership category for implementers 8. Develop common practice guidelines for affiliates 9. Reach agreement on future of FHIR Foundation 10. Retain the FHIR Foundation entity, but eliminate membership (so it can accept FHIR-earmarked grants). The Foundation can then contract with the HL7 organization to provide services. 11. Include expansion of FHIR registry in 2020 budget 12. Reserve 2 Board positions to support implementers 13. Prepare marketing campaign to communicate transition 14. Secure a CRM (new recommendation not in Wayne's original list) 15. Consider whether to recruit a Chief Implementation Officer after developing a job description vetted with implementers 16. Hire a senior project Director who can develop a business plan and execute on plans. 17. Assign 2 new TSC positions to represent implementers; consider also creating an advisory board. Andy feels it inappropriate to ask the TSC to take on implementation work 18. Incorporate proposed new products and services within the broader HL7 portfolio; defer splitting them out until ready 19. Assign a task force to define a new agile process in an off-set meeting, aided by a paid consultant. **MOTION** by Walter: Accept Wayne's recommendation as presented; seconded by Andy. Friendly amendment by Melva.: That the Board

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		accept Wayne's report without accepting his recommendations. Walter and Andy accepted the amendment. **AMENDED MOTION**: That the board accept Wayne's report as presented with the following expectations: 1. Consider establishing a Technical Implementation Committee 2. Move forward with finalizing discussions with FHIR Foundation (already part of Wayne's recommendations) 3. Align the Implementers' Strategy with the new FHIR Community Process being considered 4. Consolidate and simplify recommendations (i.e., various survey and assessment recommendations come together) 5. Develop an implementation plan for the other recommendations, to present in 30 days (draft) and 60 days (final) **AMENDED MOTION** accepted by both Walter and Andy: • Engage a Project Director to execute to the following charge: o Engage the Affiliate Organizations and other relevant stakeholders to capture and document the anticipated needs and benefits to the implementer community o Define the implementers' Strategy aligned as far as reasonable with the emerging FHIR Community Process o Consider and recommend governance arrangements for the implementation group within HL7 The motion carried unanimously.

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1:45 - 1:55 pm	FHIR Foundation task force process - Walter	Melva asked for clarification on the task force. The task force does not need to reconvene until HL7 has defined the implementation strategy. Walter suggests that we provide Wayne's report to the task force.

1:55 - 3:00 pm	Business plan - Walter/Andy	Walter reviewed issues with Existing Model • Membership structure - imbalance of membership, representation, etc. (having board seats focused on implementation) • Complexity of products and services • Complexity of internal processes • Affiliates model • HL7 FHIR model (developing an implementer strategy) • Administrative model - overly burdensome, inelegant For today's meeting, we will discuss the following: • Complexities of products and Services • Complexities of internal processes - processes around project management are being automated on Confluence/Jira workflow and simplify and accelerate project approvals May need to re-asses our process around STUs to take them out of the ANSI track. Working with GOC to simplify GOM and other process documents. Wayne noted ANSI track is the only track we have, so we need another track. Some groups want to get things done quickly, want it to be published but without the rigor of the ANSI approvals. Line clarified that affiliates create IGs, not standards. Andy asked about the project assigned to Wayne and Austin to create a streamlined portfolio of standards. Work groups will be asked to identify the products that are being used. Andy suggests asking someone from outside to do the first cut. Wayne suggests that we tell the WGs what their main products are and let them tell us if you are missing something. Melva suggests we task them with getting this done. • Affiliates model - Need to discuss gaps, how to help the affiliates be healthy. Questions raised around realms and why we need them. Question of whether we need a US affiliate needs to be addressed. Ed feels that creating a US affiliate would cause the HL7

International to close. Mary Ann feels we do not need realms. Affiliates localize the standards. ARB and IC are working on project to support variables without breaking the underlying standard. This would allow vendors to approach a global market, which is the goal. Variation will always exist. Set a set of guidance around how we build artifacts that enable this. Jason noted Australia standards deviate as little from base standards as possible. He markets by saying HL7 Australia is the place you can influence the national standards. HL7 Australia views HL7 as US centric, including its national standards. They remove US centric info and extend from there. Andy noted that as they have discussed this it has emerged that we need to work around the issues of whether US will be an affiliate or not. Many affiliates don't have resources to do standards development and don't want to. On the other hand, allowing the US to drive, allows the standards to be US focused. Andy feels this recommendation needs to come from the international council to the Board instead of the other way around. Walter noted this will give us the opportunity to think of how to build business model around a US affiliate. New in Andy/Walter's recommendation: 1) Creating/consent of base standards 2) localization of standards 3) internationalization of local specifications. We may need to consider 3 types of cooperation vs just one.

MOTION by Andy: Engage the International Council to provide a recommendation by the retreat around appropriate Affiliate implementation model(s); seconded by Walter.

Discussion:

- Melva noted IC meets only during the WGM. They will not have a chance to work on this. They can put together a subgroup to

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		work on this but unlikely that they will have anything by the retreat. She proposes that Andy and others participate in the IC discussion. Walter wants to organize conference with the subcommittee. • Diego noted this has been discussed multiple times. It took months to get anything written. The motion carried unanimously. • Andy reviewed a proposed membership structure, which includes: o Government o Health IT end user o Health IT developer o Individual o Standards organization Each of these has different classes of membership (platinum, Gold, Silver, etc.), voting rights, Access to standards, CBT access, conformance testing, certification. They will ask affiliates if this works on their country. Austin noted changing stakeholder groups must be done carefully as there are balance of interest requirement. Certification means both of people and systems. Austin noted draft material would be behind a firewall. Dave feels affiliates break this model. Affiliates were asked to review the model, which will be discussed again in the near future.

4:30 - 5:00 pm	Report from the FHIR Product Manager - Grahame	Grahame • Need to scale up capacity for activities to grow membership • One large vendor in US will be using FHIR and other technologies to disrupt healthcare in the US. Those who are affected, will play the safety card (FHIR is not safe, etc). He recommends that the Board constitute a new role and seek clinical organizations to fund it. Task that role/person with building a coherent response around what we need to combat these concerns. The role might be Chief Safety or Security Officer. Chuck has already talked to a couple of organizations and academic institutions who might be interested in funding such a position. Line suggests we seek legal advice. **MOTION** by Line: Charge Chuck and others to develop a formal proposal by the retreat to explore hiring position/creating this program; seconded by Walter. Grahame believes we should have this in place within two years. Russ, as treasurer, noted that the proposal must include a financial impact. Scope is universal. But Grahame noted since issue is arising in US the position should be in the US. The motion carried unanimously. • FHIR Community process - Creating this Community process would impose a degree of order on the ecosystem. We can't make hard rules about what people can and can't do except around trademarks. Have base expectations for creating guides that are for the community. If you wish to participate in the community you get to use the community mark on our materials. This community would be open, coordinate the discussions, and would be led by HL7. Some activities would be led by affiliates. Hopefully this will push orgs and people to be collaborative. The ultimate goal for Grahame is to drive membership revenue for HL7 and affiliates. Walter asked Grahame how he sees the FHIR Community process and the HL7 Implementation strategy /FHIR

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		Accelerator program aligning. Grahame responded that FHIR Community process would be part of the HL7 process. Grahame raised the issue of corporate vs product identity. Line wants to ensure that affiliates have the right level of involvement. Grahame noted there would be branded HL7 IG, guides that were developed by the community but not HL7 branded and those developed outside the HL7 process and community. Walter asked if Grahame would be bringing the finalized plans back to the Board for review. Grahame will work with the task force to ensure the two are in alignment. He will seek approval from the Executive Committee, who would report back to the Board.
	Retreat	Calvin has asked Walter to prepare agenda for the second half day of the retreat. Planning for retreat will be a joint effort between Calvin and Walter.
	Adjournment	Meeting adjourned at 5:14 pm
	eVote	**MOTION** by the EC: To recommend board approval of the GS1 SOU renewal. Outcome: The motion carried on June 12 with 10 in favor, 0 against, 1 abstention Voting: Andy (abstain), Calvin (approve), Russ (approve), Dave (approve); Walter (approve), Janet (approve), Mary Ann (approve), Nancy (approve), Austin (approve)
	eVote	**MOTION** by the EC on June 26: To recommend board approval of the updated HL7/SNOMED agreement. Outcome: The motion carried on July 19, 2019 with 11 in favor, 0 against, 0 abstentions Voting: Nancy, Melva, Russ, Mary Ann, Andy, Janet, Line, Walter, Calvin, Austin, Diego.