

HL7 Board of Directors

2019-09-17 Meeting, Atlanta, GA

Present	Name	Affiliation
x	Calvin Beebe Calvin E. Beebe	HL7 Chair
	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
	Jennifer Covich Bordenick Jennifer Covich-Bordenick	HL7 Director
x	Diego Kaminker Diego Kaminker	Affiliate Director
	Ken Kawamoto	HL7 Director
x	Austin Kreisler Austin Kreisler	TSC Chair
x	Janet Marchibroda Unknown User (jmarshibroda)	HL7 Director
	Nancy Orvis Nancy Orvis	HL7 Director
x	Line Seale Line Saele	Affiliate Director
x	Dave Shaver Dave Shaver	Appointed Director
x	Mary Ann Slack Mary Ann Slack	Appointed Director
	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

Agenda Topics

Time	Agenda Item	Meeting Minutes from Discussion
9:00 am - 9:03	Roll call/agenda review - Calvin	Quorum was established. Calvin called the meeting to order at 9:13 am. The agenda was reviewed. No additional agenda items were suggested.

Time	Agenda Item	Meeting Minutes from Discussion
9:03 - 9:05 am	<p>Consent agenda approval - Calvin</p> <ul style="list-style-type: none"> • Minutes • CEO report • CTO report • HL7 CAQH SOU • Approval of HL7 Chile - Has met all requirements including approval by EC and Affiliate chairs • Approval of the following members to the HTA plus a two-year extension for Julie James for continuity: <ul style="list-style-type: none"> ○ Roel Barelds - reappointment to 2-year term after expiration of a 1-year term ○ Carol Macumber - new appointment ○ Rueben Daniels - new appointment ○ Davera Gabriel - new appointment 	<p><u>MOTION</u> by Russ: To approve the consent agenda; seconded by Melva. The motion carried unanimously.</p>

<p>9:05 - 9:30 am</p>	<p>Treasurer's report - Russ</p>	<p>Russ covered the following topics:</p> <ul style="list-style-type: none"> • Trending information <ul style="list-style-type: none"> ○ Membership appears to have levelled off ○ Meeting attendance is trending up ○ WGM financials have gone up ○ Finances from onsite workshops and certification are trending down ○ Finances from webinars and virtual classroom are trending up, but expenses are higher, so net is down. ○ Finances from distance learning are increasing but so are expenses. Net is about equal • Highlights for 2019 financials <ul style="list-style-type: none"> ○ Org membership exceeding budget by \$137k, while IND memberships continue to decline by 17% ○ 2019 HL7 FHIR DevDays net income of \$379k exceeded budget by \$119k ○ Exceeding budgeted revenues for WGMs by \$140k and distance learning by \$88k ○ Yearend forecasted net income of \$498k, which is \$645k better than budgeted ○ Yearend cash balance as measured in months of operating expenses: 11.07 months <p>We have a restriction that prohibits people employed by orgs from becoming individual members. This should be a topic of discussion, particularly as we are struggling for capacity. This issue is on the upcoming EC agenda and we will have a Board eVote if needed. Jason noted HL7 Australia also had a restriction on individual memberships but changed that. They've seen growth in their membership as a result.</p> <ul style="list-style-type: none"> • Highlights of 2020 budgeted were reviewed. We are not seeking approval of this today. The highlights include: <ul style="list-style-type: none"> ○ FHIR DevDays venue details are still being explored. The draft budget assumes this event produces \$300k in net income, which is \$79k less than earned in 2019. ○ New \$100k expense line item for contractor resources to support
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Time	Agenda Item	Meeting Minutes from Discussion
		<p>management of grants and FHIR Accelerators</p> <ul style="list-style-type: none"> ○ Assumes most of the 2019 revenues and expenses will continue as is during 2020 ○ Net operating loss of \$197k produces a yearend cash reserves of \$6,110,985 ○ Yearend cash balance as measures in months is 10.5 <p>Janet asked why we approve a budget that is not balanced. Russ noted that we have reserves and should spend some of those reserves to invest in resources that members need. Mary Ann asked about projections. What factors are we using to project DevDays, for example? Wayne noted there are multiples goals for DevDays beyond bringing in revenue. It should also focus on bringing in more talent, and improving the org's image.</p> <p><u>MOTION</u> by Melva : To accept the Treasurer's report; seconded by Diego. The motion carried unanimously.</p>

Time	Agenda Item	Meeting Minutes from Discussion
9:30 am - 10:00 am	<ul style="list-style-type: none"> • CEO remarks - Chuck • Review/approve HL7/HIMSS SOU - Chuck • Review HL7/HIMSS/IHE agreement - global consortium - Chuck • Update on shared CEO, CTO and AMG Goals 	<p>Chuck reported on the following:</p> <ul style="list-style-type: none"> • FHIR Accelerator program - Brings consensus to the process of implementation. There is a risk that if we don't support this opportunity, someone else will do it. These groups need to bring resources to HL7 to be successful. As Chesley Richards mentioned yesterday, the CDC is planning an Accelerator around population health. Other groups interested in develop Accelerator programs includes the AMA. They have pledged \$150k and are looking for a full-time liaison to HL7. The research community is also interested in forming an Accelerator project. They will be collaborating with FDA and other regulatory agencies. We are also finalizing an SOU with the AMIA. In addition to the research component, it will focus on policy. OUR PAC and the AMIA group have a lot of synergy. • Discussions with CMS have been ongoing for 9 months. They now understand that if they bring requirements to HL7 they are going to have to fund them. Significant project management will be needed. Chuck met with Steve Posnack to understand how CMS could channel funds though our contract with ONC. • HIMSS agreements - There has been no movement on either of the agreements. Progress on the shared goals (CEO, CTO and AMG) are provided in the document included in the packet. Board members are encouraged to review this document and contact us should you have questions.

Time	Agenda Item	Meeting Minutes from Discussion
10:00 am - 10:30 am	Review/approve the updated Strategic Plan - Calvin	<p>The strategic plan was discussed at the board retreat and has been edited accordingly.</p> <p><u>MOTION</u> by Mary Ann: To approve the updated Strategic Plan; seconded by Line. The motion carried unanimously.</p> <p>There will be an update to the membership tomorrow, and then the updated document will be communicated through the newsletter, the annual report and other vehicles that seem appropriate.</p>
10:30 - 11:00 am	BREAK	

<p>11:00 - 11:30</p>	<p>Implementer strategy</p> <ul style="list-style-type: none"> • Report out from Dave Shaver and Andy Truscott on definition of implementer • Report from Wayne on hiring an implementation project manager 	<p>Dave reported on the groups of HL7 users we might serve.</p> <ul style="list-style-type: none"> • 1k Standards developers - They are interested in buildings standards and voting. These are generally the members of HL7. • 2k realm profilers interpreting the standards - They are looking for solution to a specific problem (e.g., is the standard meeting their political and operational needs) • 10k software developers (vendors) implementing a given profile of a standard - These users have asked them to solve a problem and believe they can do that by using a standard. • 100k users integrating the vendors' implementation - These individuals are not interested in membership but might send some of their employees for training <p>Thinking about the motivations of each of these groups was something the FHIR Foundation was originally intended to cover. Wayne noted we don't have a clear definition of implementers and what we want to offer them it is causing confusion.</p> <p>Russ noted there is a dynamic group around the profiles that come in to work with Da Vinci, for example, to put their use cases put together. A big topic on that call was around Education of Da Vinci participants. Some felt our training was too technical. They need non-technical explanation of technical details that are critical to their use case. Most Accelerator groups will have same path from realm profiler to realm implementer. This is one part of the implementer support that is needed and people don't know where to go to get it.</p> <p>Austin noted that TSC is trying to form an ad hoc implementer position on the TSC. Dave thinks we don't have good representation from implementers other than developers. Wayne suggested we define implementer from HL7's perspective so as not to cause confusion. Our processes are built around building standards. That needs to change if we plan to support implementers.</p>
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Time	Agenda Item	Meeting Minutes from Discussion
		<p>Ron Parker noted that each person in the stack benefits in some way and we need to articulate those benefits as they are different for each role in the stack.</p> <p>Mary Ann observed that most entities straddle the levels in the pyramid. We have an opportunity to understand the evolution from one level to the next and understand their needs.</p> <p>Summary: clearly defined set of terms will help us move this forward</p> <p>Wayne reported that we received two proposals. He will be combining one of the two proposals with assistance from Micky Tripathi. The report should be available by January.</p>

<p>11:30 - 12:30</p>	<p>Report out from business model committees</p> <ul style="list-style-type: none"> • Membership - Jen, Mary Ann, Karen • Products & services - Diego, Calvin, Austin • Internal processes - Melva, Austin • Affiliate Model - Line, Ed, Diego, Melva, Peter, Rik, Christof, Mark • HL7 FHIR - Janet, Chuck Ken • Administration - Dave, Line, Mark 	<p>Report outs:</p> <ul style="list-style-type: none"> • <u>Membership - Jen (Lead), Karen, Mary Ann</u> <ul style="list-style-type: none"> ○ determine what a new membership fee structure would look like ○ feel that changing the fee structure was not the right approach - were not changing the group, just changing the way they paid ○ Determined what we needed to do - articulate the value of the membership <ul style="list-style-type: none"> ▪ opportunity to communicate a little differently to organizations who are sending individuals ▪ potentially removing some of the constraints that we have ○ Options to consider <ul style="list-style-type: none"> ▪ establish educational packages for organizations that are at a higher lever - interested in FHIR, education but not voting, etc <ul style="list-style-type: none"> ▪ purchase education credits ▪ introduced into FHIR Accelerator groups ▪ marketing campaigns ○ Other thoughts <ul style="list-style-type: none"> ▪ offer initial consulting that would enable a company or entity to understand where they go next to understand different aspects <ul style="list-style-type: none"> ▪ Question from Calvin - HL7 is a complex organization and in explaining to someone coming to HL7 - lots of nuances and complexity, lots of place to look <ul style="list-style-type: none"> ▪ Is it something that we could pay someone to be a liaison? ▪ How big of a consultancy? ▪ Not defined - imagined something light
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		<p>weight, but could be bigger depending on the level the individual was coming in from</p> <ul style="list-style-type: none"> ▪ Janet - HL7 hasn't wanted to compete with its members traditionally <ul style="list-style-type: none"> ▪ maybe there is a way to create something that could apply consultants (housekeeping seal) ▪ Mary Ann - Analogy - employee assistance program (1 hour of free legal advice once a year) <ul style="list-style-type: none"> ▪ could help consultants out ▪ Wayne - we are offering a service to Accelerators "concierge" service - well received <ul style="list-style-type: none"> ▪ staff does a lot to help new comers ▪ should do a better job ▪ maybe increase the work we do with the first-time attenders ▪ CDISC - provided a registry of people who organization knew were involved ▪ Education - need to partner with external organizations to help with this <ul style="list-style-type: none"> ▪ extend our reach with
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		<div>this approach</div> <div><ul style="list-style-type: none">▪ need to think more broadly - and not rely on standards developers to do this work</div> <div><ul style="list-style-type: none">▪ Russ<ul style="list-style-type: none">▪ currently not meeting the needs, but these haven't been fully identified▪ worked with Accelerators▪ concerns with consultancy - a little unclear<ul style="list-style-type: none">▪ concerns about NDAs▪ may put ourselves at risk - would bear the brunt about unhappy customers▪ need contact relationship management - need the tools that other businesses use▪ we do a First Time Attendee session - did an excellent job to a diverse group of attendees<ul style="list-style-type: none">▪ group we had wouldn't be the same</div>
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		<p>group as for the consultancy</p> <ul style="list-style-type: none">▪ Line - wide range of roles from architect to developer to CTO - very diverse○ Next steps -<ul style="list-style-type: none">▪ group will re-group with this information▪ Mary Ann agreed there is risk associated with idea of sponsoring consultants, but it needs to be considered<ul style="list-style-type: none">▪ consultants and First Timers Education - only hitting the audiences that come to the meeting already<ul style="list-style-type: none">▪ need to hit audiences that don't come• Product and Services - Diego<ul style="list-style-type: none">○ New HL7 (revisited)<ul style="list-style-type: none">▪ Only 25% of our revenues are from products and services▪ map membership to process▪ Value chain is what we do for the world<ul style="list-style-type: none">▪ Standards Development → IG development → IG validation and registry → Implementation tooling → Implementation validation → Implementation facilitation▪ Who are these guys? used Dave Shaver taxonomy<ul style="list-style-type: none">▪ need to do this analysis▪ Are there new guys with FHIR - where are Amazon, Google, Apple - need to be classified - maybe a new category for these types of organizations
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		<ul style="list-style-type: none"> ▪ need to include patients ○ Looked at each process and who is involved <ul style="list-style-type: none"> ▪ Standard development - create (new) standards <ul style="list-style-type: none"> ▪ price is free ▪ Core business ▪ Derived services - education ▪ Derived products - maybe reference libraries, but free and open source ▪ IG Development - create new IGs <ul style="list-style-type: none"> ▪ Example - Argonaut, CCDA, Carin, etc ▪ Price - free ▪ Business alignment - Core ▪ Derived services - education specific to IG Accelerator ▪ Derived product - none - we could have a product but we don't, some other organizations have products (Forge, Trifolia) ▪ IG Validation and Registry - validate/store IGs and process <ul style="list-style-type: none"> ▪ example - FHIR Community Process ▪ Price - free ▪ business alignment - core ▪ Derived services - education (specific to the IG), formal QA, Accelerator, Community process, FHIR Registry ▪ Derived products - none ▪ Implementation Tooling - interface engines, FHIR Servers <ul style="list-style-type: none"> ▪ example - FHIR HAPI ▪ Free to \$\$\$ ▪ Business alignment - none ▪ Derived services - Education for Developers ▪ Derived products - none
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		<ul style="list-style-type: none"> ▪ Implementation Validation - testing, certification <ul style="list-style-type: none"> ▪ Example - Inferno, Crucible, Touchstone ▪ Price free to \$\$\$ ▪ Business alignment - Core? ▪ Derived services - people and product certification ▪ Derived products ▪ Implementation Facilitation - FHIR <ul style="list-style-type: none"> ▪ App Store ▪ Example AppStore, Smart on FHIR, etc ○ Conclusions <ul style="list-style-type: none"> ▪ Services - there are some revenue opportunities <p>Russ is concerned about the people to do this, and much of what we have is free, and a number of these things are not our core competency.</p> <p>Next steps: Provide this as a framework to the Implementation Project Manager. Ed suggested we flesh out some of the products/services that make sense and then contract with someone to do the work. Russ responded that there is lots of competition in this space and the competition has more resources in this area. Dave note the healthcare marketplace is large. If we don't provide value around FHIR, someone else will. Melva feels we have IGs that can be tested, and she thinks we should pursue that.</p> <p>Internal processes - Melva, Austin</p> <ul style="list-style-type: none"> • Pressure point <ul style="list-style-type: none"> ○ Project scope statement process ○ Approval process ○ Time it takes to get approvals - projects, publications, etc ○ Simplify and streamline other forms-based processes and provide checklists and tip sheets as guide ○ Gforge tracker ○ Balloting process with spreadsheets
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		<div>agreements on the website</div> <div><ul style="list-style-type: none">▪ Document how the accelerators are expected to engage with the WGs</div> <div><ul style="list-style-type: none">▪ Support for FHIR IG developers▪ Improve ballot systems▪ Standardize and streamline vetting mechanisms used prior to or instead of balloting▪ Streamlined handbooks, tip sheets, checklists for primary tasks and processes.▪ Standards Grid<ul style="list-style-type: none">▪ has been updated to make it cleaner<ul style="list-style-type: none">- The filters have changed and the search is more robust.▪ Next step for Agile Standards Task Force is to ask the management groups to review what's out there for their product and identify if they agree with the classification or not.▪ Implementer friendly processes<ul style="list-style-type: none">▪ Discussion started because implementers expressed frustration over</div>
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		<p>difficult processes to make changes to a spec. In what parts of the process could we be more agile?</p> <ul style="list-style-type: none"> ▪ Could mean a different designation other than STU that is off the Normative track. One step would be to draft out some proposed alternatives and then review those at some kind of retreat session. ▪ Wayne will put out an RFP to develop a straw man to develop a new potential designation <ul style="list-style-type: none"> • Align redefined processes with ANSI practices <ul style="list-style-type: none"> ○ Re-examine primary ANSI processes and seek ways to streamline/improve ○ Define agile process for producing standards that don't require ANSI approval <ul style="list-style-type: none"> ▪ Streamline rules around naming of standards in the ER/GOM • Define, re-define and develop membership services and supporting systems <ul style="list-style-type: none"> ○ Replace ballot systems and other peripheral processes. <p>Next steps: Tracking and continuing to work through the processes. Funding to help. Come back with prioritization of work.</p> <p>Chuck noted he emphasizes with developing Accelerators the need to have project managements and other resources. Wayne noted that Accelerators also need to help with the WGs other work, not just their IGs.</p>
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		<p>Affiliates model: Line, Christof, Ed, Peter, Diego, Melva, Rik, Mark</p> <ul style="list-style-type: none">• Suggested changes to consider<ul style="list-style-type: none">◦ Consider new Affiliate structure to address US Realm, retaining country alignments◦ Consistent membership structure across Affiliates◦ Re-aligned revenue stream to HL7 International◦ Affiliates funded based upon membership levels• The ad hoc group met and discussed the above suggested changes and reach consensus on the following feedback: <p>HL7 Affiliates are NOT:</p> <ul style="list-style-type: none">• Unhappy with the current model• Crying out for reform• Demanding that HL7 International create a US Affiliate• Expecting that their affiliate members have the same voting privileges as members of HL7 International <p>While HL7 affiliates may contribute a relatively small amount of dues revenues to HL7, they also:</p> <ul style="list-style-type: none">• Provide a significant amount of volunteer resources estimated at about 25% of the WGM attendees• Contribute significantly to the HL7 standards development, FHIR and evangelizing of HL7 <p>Given the current trend of declining memberships, along with volunteer burnout, we feel that the suggested changes to the affiliate move would:</p> <ul style="list-style-type: none">• Further erode the number of volunteers working on developing standards• Not increase revenues (there is little money in the affiliates to tap)
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		<p>Additionally:</p> <ul style="list-style-type: none">• The ad hoc group of Affiliate reps are strongly opposed to the suggested changes to the Affiliates model• HL7 Affiliates strongly about retaining their autonomy for creating a membership structure that best meets their needs• Affiliates are interested in the well-being of HL7 but feel that changing the Affiliate model is not the answer. <p>Recommendations to the HL7 Board:</p> <ul style="list-style-type: none">• Reject suggest changes to the affiliate model• Explore new approaches to measure the contributions of the affiliates• Survey the affiliates to learn:<ul style="list-style-type: none">○ Overall satisfaction with the current relationship with the HL7 organization○ Overall satisfaction with the current HL7 affiliate model○ Any significant concerns with the current HL7 affiliates model○ Develop specific strategies to address the high priority concerns. <p><u>MOTION</u> by Line: Make no changes to the affiliate model and the relationship with HL7 International. ; seconded by Diego. Austin is concerned that the two board members who brought forward the need to change the affiliate model so wonders if we should table this until they have a chance to respond. Jason feels that some of the responsibilities of affiliates might need to move and the relationship with HL7 International improve, the structure is fine. Dave noted the conversations always comes down to whether people from other countries would come without the affiliates. When he was on the membership taskforce, the affiliates wanted access to all the benefits that were dreamed up. Affiliates are serving a different role than HL7 International serves. If there are benefits that across to membership, how do we pass those along to the affiliates. Austin proposed an amendment to sent this out as an eVote to allow Walter and Andy to respond.</p> <p><u>AMENDED MOTION</u>: To conduct an eVote on the</p>
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		<p>motion to make no changes to the affiliate model or the relationship with HL7 International. This motion will undertaken ASAP and conclude on Sept 27. The slide that lists the four bullets reflecting that Affiliates are not unhappy or seeking changes to the current model will be forwarded with the eVote. The motion carried unanimously.</p> <p>HL7 FHIR Group - Janet, Chuck, Ken</p> <p>Importance of supporting implementation</p> <ul style="list-style-type: none"> • National standards - FHIR is rapidly become a nationally recognized standard • Focus on implementation - The primary focus in US health care is now on implementation of new standards • Health Care industry Needs Help - The help care industry is not currently equipped to support rapid adoption of HL7 FHIR. HL7 must help • HL7 sustainability and viability. HL7 cannot sustain on standards development alone. Given HL7's current financial condition and arrangement regarding availability of the standard, it must generate some level of revenue <p>Challenges Associated with Large Implementation Role</p> <ul style="list-style-type: none"> • Perceptions about ability to support implementation • Largely voluntary organization, staff capacity is limited • Limited capital to invest in new services and activities • HL7's culture is focused on standards development, not implementation • New, expanded capabilities are needed to support implementation audiences <ul style="list-style-type: none"> ○ communications and marketing ○ meaningful methods for engagement of implementers ○ new services to support implementation • Leadership (Board) has struggled with defining appropriate implementation role.
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		<ul style="list-style-type: none"> • Some HL7s members support implementation and may perceive this as conflict • Time is running out <p>Key Imperatives for Strategy</p> <ul style="list-style-type: none"> • HL7 must create, formally adopt, and stay true to strategic framework and decision making regarding role for implementation • HL7 must engage both the supporters and the detractors in coming to agreement • HL7 must create a win-win • HL7 must move quickly • HL7 must focus on effectively implementing the strategy, once agreed up and carefully monitoring implementation, making course corrections as needed <p>Proposed HL7 Implementation Role</p> <ul style="list-style-type: none"> • Formalize umbrella for HL7 certified FHIR implementation projects significantly expanding upon FHIR Accelerator program • Build and operate a FHIR community for implementers • Publish best practices and guides for FHIR Implementation • Develop core, official HL7 FHIR Educational Materials that can be licensed and used to support other offerings • Host FHIR Implementation conferences (alone or with others) • Host FHIR demonstrations and prototypes (along or with others) <p>Facilitating many of these activities will require enforcement of trademark and potentially licensure of trademark.</p> <p>Russ indicated that people don't care whether FHIR is branded as HL7. Implementers have formed their own community and aren't waiting for us to develop a group and charge for entry. Wayne noted we need to define the correct niches where we can do things better than others. Ed suggests making it a value to say that you are a member of HL7 is a way forward. Dave observed that</p>
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Time	Agenda Item	Meeting Minutes from Discussion
		<p>there is no longer value in being an HL7 member. Without some value, membership won't grow. Catherine Chronaki feels that our biggest challenge is capacity. Wayne believes affiliates provide services within their countries. Why aren't we providing similar services here? Ron noted the financial opportunities are here in the US. He suggests that we demand that systems procured by ONC be branded as HL7.</p> <p>Next steps:</p> <ul style="list-style-type: none"> • Refine the current proposal, • Proposed tweaks and strategy to things we are already doing • Review our negotiations <p>HL7 FHIR trusted was suggested as a tagline for our logo.</p>
12:30 - 1:45 pm	LUNCH	

<p>1:45 - 3:00 pm</p>	<p>CTO issues:</p> <ul style="list-style-type: none"> • Report from the V2 Management Group - Riki Merrick, Craig Newman, Frank Oemig • Publishing and Licensing • Progress and Issues • Capacity and Patients 	<p>Report from the V2 Management Group. Frank Oemig reviewed current activities.</p> <ul style="list-style-type: none"> • V2.9 is done and ready for publication • A couple of IGs have recently been published or are being worked on • Conformance activities are ongoing. • May 2018 ballot contained the first draft of standardized v2 data type profiles (flavors) • V2+ - the primary goals is to update technical terminology, secondary goals include web-based, automated publications and web-based editing with FHIR server • Trying to have everything V2 available via FHIR technologies <p>This group does not need Board approval to move forward. That is a decision for the TSC. Wayne noted that if they require funding, that will require Board discussion. We will need to update FHIR publishing tools so this group can meet its goals.</p> <p>CTO Progress update</p> <ul style="list-style-type: none"> • New Standup website - visually accessible way to get standards. • Updated master grid of standards. Added maturity filter • Added ONC grant page on Confluence • Added Accelerators Info page to Confluence • Added tooling roadmap on Confluence • Developing UTG tool suite for ongoing vocabulary maintenance. Has gone through rounds of testings, plan to implement spring of 2020 • IG Publisher support. Very close to finding someone other than Grahame to taking over maintenance of this tool • Research on FHIR - Getting more traction in this area. <p>Other Issues:</p> <ul style="list-style-type: none"> • Product roadmap. For v2, what is the messaging around this standard? Do we want to invest in V2+? At some point the Board will need to make
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Time	Agenda Item	Meeting Minutes from Discussion
		<p>a decision. Ed would like some declaration of moving to the most recent version of V2. Wayne suggests we retire some of the older version of V2.</p> <ul style="list-style-type: none"> • Publishing and Licensing - Wayne <ul style="list-style-type: none"> ○ This came up because some someone wanted to create derivative work on V2. V2 and CDA both want to be licensed like FHIR ○ 90-day requirement for members only access to HL7 standards - is this really necessary. No one is a member because they get early access to our standards ○ HSPC marketing place wanted to publish but not under our 90-day restriction. At that time we looked at licensing options. We agreed on CC 4 for this particular item. Wayne suggests CC4 for our IP going forward. <p>Critical challenge: Challenge and Scalability</p> <ul style="list-style-type: none"> • Need a joint board/TSC taskforce to deal with this. Ed and Mariann volunteered to be on the taskforce • FHIR survey - collaborating with FHIR and CHIME. Looking for Board volunteers to review and suggest questions. Goals is to have this out in October. • Ballot and membership systems need to be updated • Education partnering - suggest we partner with other groups to scale up our capacity • Patient voice - need something about concrete activities around patient voice
3:00 - 3:30	BREAK	

<p>3:30 - 3:45 pm</p>	<p>HL7 Europe Directors Meeting - Catherine</p>	<p>Catherine covered:</p> <ul style="list-style-type: none"> • Catherine welcome board members and established quorum • Activities of HL7 Europe office - there are 27 affiliates in Europe. The office is funded by competitive grants. <ul style="list-style-type: none"> ○ Past project included eHGI, Antilope, Semantic Healthnet, Trillium Bridge, Expand, ASSESS CT, OpenMedicine, eStandards, Trillium-II ○ Current projects include Gatekeeper, Fair4Health , mHealthHub ○ Publishes an annual HL7 in Europe newsletter ○ Maintains a website: www.hl7.eu ○ Is involved with EU policy initiatives, including cooperation with CEN/CENELEC, WHO, European Federation of Medical Informatics, eHealth Networking on patient's right to cross-border care, European Rare disease Reference Network, and EC HIT Round table ○ Participated in several events including Satellite Symposium with EFMI, The Patient's Voice Workshop: Standards at work for Patient Report Outcomes; HL7 International Patient Summary: can it Support Children with Complex Care Needs?; FHIR for FAIR: Advancing Interoperability for Health Data; Women in Health Informatics: Perspectives, Leadership and Mentoring for Diversity • Budget <ul style="list-style-type: none"> ○ HL7 International provide \$20k annually for rent, accounting, legal, marketing and travel fees. ○ European Commission funded projects - received 2 out of 8 submitted ○ Completed projects include: <ul style="list-style-type: none"> ▪ Semantic HealthNet ▪ Trillium Bridge ▪ Antilope & eHGI ▪ open Medicine, AssessCT, eStandards
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Time	Agenda Item	Meeting Minutes from Discussion
		<ul style="list-style-type: none"> ▪ Trillium- II ○ Projects in process: <ul style="list-style-type: none"> ▪ FAIR4Health ▪ Gatekeeper ▪ Mobile Health Hub ○ New Projects pending start: UNICOM ○ Revenue from 2011- 2017 reviewed. Trending upwards • Workplan for 2019 Q4. <ul style="list-style-type: none"> ○ Work on existing projects (FAIR4Health, MHealth Hub, Capable, RDCODE) ○ Start new UNICOM project ○ Prepare HL7 Europe #10 newsletter ○ Cooperate with CEN TC251 (HL7/CEN IPS - eHDSI; Collaborate on mHealth guidelines) ○ Influence/promote standards (European Vaccination Cards; European EHR Exchange Format) ○ Engage in new competitive proposals <p><u>MOTION</u> by Diego to accept the report; seconded by Melva. The motion carried unanimously.</p>

<p>4:00 - 4:45 pm</p>	<p>Report from the FHIR Product Manager - Grahame</p> <ul style="list-style-type: none"> • FHIR Community Process • Other topics 	<p>Grahame reported on the following:</p> <ul style="list-style-type: none"> • 413 people attended the connectathon. • FHIR Community Process (FCP) - not a lot happened since the last meeting as Grahame was busy with the ballots and the tutorial provided last week around successful production of IGs. US govt has lots of desire for IGs and funded the workshop. Grahame asked international affiliates whether we should run those tutorials in Sydney. Will run them again in US prior to San Antonio meeting. Common piece of feedback is concern is that anyone can produce their own profiles. The process's aim is to bring order to the process. Participants sign up for free. When signing up they gain the right to use the community process trademark and make claim that they are working in the community, and they get the right to announce specs through centralized channel. Obligations are they need to announce their projects to the rest of the community. Responses will be public. They also agree to maintaining their work, being good citizens, etc. He will ask affiliates to become members of the FCP. This may be added to the affiliate agreements. Accelerators and IHE will also be members of the FCP. He believes this will drive Accelerator adoption. The goal is to create a social process to drive consistency. Community has been asking for tools to compare different IG to determine if they are compliant. We now have a tool. It will become effective for V2 and CDA as well. V2 and CDA are moving to a FHIR-based publication system. We aren't changing anything about V2 or CDA except the format. We are NOT FHIR-enabling CDA or V2. More of our focus is now on quality and consistency in social and technical terms. Need to build relationships. Grahame is looking forward to being able to say that FHIR has made a difference in people's lives. • Grahame has been working on our patient advocacy efforts. Dave is here this week on the Beeler sponsorship. They are looking at creating a patient advocacy group within HL7 to ensure patient concerns are reflected in our standards
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Time	Agenda Item	Meeting Minutes from Discussion
		<p>and work. He encourages the board to have us grow in that direction. Wayne noted that we talked about this a bit earlier but have not decided on a Work Group. Dave addressed the board. Group met and wrote a charter for a patient advocacy group. TSC is having a discussion around where such a WG, should it be developed, would land in terms of steering divisions. Catherine gave her perspective on this from her work on the IPS.</p> <p><u>MOTION</u> by Janet: Whereas the HL7 board recognizes the importance of the patient voice in the activities of the org, it will initiative development of a plan to further engage patients in its work; seconded by Diego. Friendly amendment: Plan assigned to the TSC and communication plan assigned to staff. Russ recommends we be very careful that we don't sound like we never thought of this. Lots of WGs talk about patients. Trying to call attention to the fact that we value patient voice. We need a list of values and the ultimate end result of patient benefit should be on the list. Documenting in a formal way our commitment to this process. The motion carried unanimously.</p>
4:45 - 5:00 pm	New Business	<p>Austin reported that the TSC would like to request the Board for permission and funding for a TSC retreat. No idea what the budget will look like. Austin will work with staff to develop one.</p> <p><u>MOTION</u> by Russ: That the Board supports this notion and endorses studying the cost and structure and reporting back to the board; seconded by Austin. The motion carried unanimously</p>
5:00 pm	Adjourn	<p><u>MOTION</u> by Melva at 4: 47 pm ET to adjourn.</p>

Time	Agenda Item	Meeting Minutes from Discussion
	eVotes	<p><u>MOTION</u> by Line on Sept 17 : Make no changes to the affiliate model and the relationship with HL7 International. ; seconded by Diego</p> <p>Outcome: The motion carried on Sept 27 with 9 in favor, 1 against, and 3 abstentions</p> <p>Voting: Ken (negative), Walter (affirmative), Andy (abstain), Diego (affirmative), Line (affirmative), Austin (affirmative), Russ (affirmative), Russ (affirmative), Janet (affirmative), Mary Ann (affirmative), Nancy (abstain), Melva (affirmative), Dave (abstain), Jen (approve)</p>