



# 2009-2010 Annual Report

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2009-2010

Unlocking the Power of Health Information



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## Health Level Seven® International

### HL7® Vision

To create the best and most widely used standards in healthcare.

### HL7® Mission

HL7 provides standards for interoperability that improve care delivery, optimize workflow, reduce ambiguity and enhance knowledge transfer among all of our stakeholders, including healthcare providers, government agencies, the vendor community, fellow SDOs and patients. In all of our processes we exhibit timeliness, scientific rigor and technical expertise without compromising transparency, accountability, practicality, or our willingness to put the needs of our stakeholders first.

# Vision

and

# Mission



**Charles Jaffe, MD, PhD**  
*HL7 International  
Chief Executive Officer*

Following the global economic recession of 2008, there has been a remarkable recovery and resurgence of interest in healthcare information technology. Around the world, the shift in fiscal priorities has created a new demand for improving healthcare delivery and driving down costs. The standards community at large, and Health Level Seven International in particular, has very much been a part of that worldwide growth.

In fact, much of the success of healthcare quality improvement was laid at the doorstep of information technology. The leadership around the globe, including the emerging economies, consistently articulated their reliance on better information exchange as fundamental to this healthcare renaissance.

As an international leader in healthcare standards, HL7 has accepted the challenge. This report, and the critical messages it conveys, reflects our commitment to these global demands. In short, as HL7 grows, so does the focus on our vision to create the best and most widely used standards in healthcare. To help achieve this goal, we have grown our membership, embraced our commitment to collaboration, and expanded our technical reach and our ability to deliver.

### **Business, but not as usual**

The recovery act in the United States, and similar measures around the globe, brought about investment in technology on a previously unseen scale. Healthcare information technology was one of the many levers for fiscal reform and social change. In the U.S. alone, nearly 40 billion dollars was earmarked to flow into the development and adoption of healthcare IT.

For HL7, this meant greater demands on the standards development process. The governments of many nations grew more focused on their reliance upon higher quality and yet reduced delivery time. With this significant paradigm shift,

HL7 has committed nearly a million dollars more in its 2010 budget for driving innovation and making tooling development, publishing, and harmonization our greatest priority.

At the same time, HL7 cannot deliver on the promises we have made without greater reliance on the development of new funding sources to avoid placing an inequitable strain on the well-established volunteer process. Whatever the demands, HL7 continues its commitment to its model of open balloting and consensus-driven standards development.

### **Same partners; new dance ticket**

For over twenty years, HL7 has relied upon intimate collaboration with other standards development organizations and other partners. In 2009, we saw this process grow even more important to our success. This is discussed more thoroughly in the message from HL7's Chief Technology Officer, John Quinn.

### **Growing solutions for global problems**

Some realm-specific problem solving has generated key global solutions. The real value is recognized in the adage of "build once and use many."

Almost two years ago, a need was highlighted for integrating clinical research findings into patient care and for utilizing patient care data to inform clinical research. Out of this process and the collaboration of HL7, CDISC, the National Cancer Institute and the U.S. FDA, the Biomedical Research Integrated Domain Group (BRIDG) was established. Fundamentally, this collaborative began a process for defining the domain of clinical research within the Reference Information Model (RIM). As it continues to evolve, the value of this model has grown to embrace other emerging fields, including translational medicine and genomics.

HL7 continues to expand on early collaborative models in other areas as well. We have partnered with the National Quality Forum (NQF), in order to operationalize quality reporting and integration. We have cooperated with two decision support consortia to standardize the technical components

**Around the world, 2009 was marked as a time to improve**

CEO

for implementation of clinical guidelines and evidence-based medicine. Additionally, HL7 and GS1 have begun to investigate the remarkable benefits of product identification for supply chain management.

The HL7 partnership with IHE has become even more critical to the success of regional and national implementation programs. 2009 brought us even closer together and in 2010 we began a joint project to help define the end-to-end process for the standards development life cycle.

### **What's in a name?**

In early 2010, HL7 became Health Level Seven International. The change was far more than cosmetic. The new name came with the increased recognition of the global reach of HL7 as well as a new model for growth and standards development.

We have opened our first office outside of the United States. In fact, the HL7 Office in Europe promises to be much more than a nameplate among a growing list of organizations housed in Brussels and will focus on the activities of the EU. Significant cooperative opportunities are well into the planning stages. HL7 standards will be deployed to enable the international exchange of health information—so critical to the vision of a unified Europe.

### **A learning model and a model for learning**

In addition to our widely successful e-Learning program, HL7 is also reaching out through two innovative programs for training of the next generation of scientists and leaders. The Ambassador Program provides HL7 experts and educators to highly diversified forums around the world, nurturing fledgling audiences and bringing new volunteers to the growing family of HL7. Finally, the HL7 University Program has begun the development of skill sets and advanced education to graduate studies and departments around the world. Throughout the year, new programs will foster enhancements to the study of informatics and information science.

In 2009, HL7 also began offering continuing medical education (CME) for physicians through the American College of Physicians. This program was planned and implemented in accordance with the essential areas and policies of the Accreditation Council for Continuing Medical Education through the joint sponsorship of the American College of Physicians and Health Level Seven. The American College of Physicians is accredited by the ACCME to provide continuing medical education for physicians.

Through the auspices of the Rockefeller Foundation, HL7 and the American Medical Informatics Association began a collaborative effort to expand capacity development and healthcare IT leadership development to the emerging nations of Africa, Latin America and Southeast Asia. Both skill sets and reach will be greatly expanded in the coming year.

### **Measured change and rapid evolution**

Before HL7 celebrated its 23rd birthday, progress in healthcare IT standards development was measured and predictable. Around the world, 2009 was marked as a time to improve healthcare quality and slow the pace of increasing cost. The need to drive innovation in this technology broadly, and in standards development in particular, will not slow in the coming year. In the U.S., the term “meaningful use” has taken on a life of its own. But the deployment of healthcare technology is not a one-time event. It will not slow after 2015 or in the decade to follow. We have elevated the expectations of the entire world. Excellent healthcare is a human right and HL7 will play its part in making it so.







**Robert Dolin, MD**  
*HL7 International  
2010 Chair*

It's hard to imagine a more exciting and dynamic time for healthcare interoperability standards. HL7's vision is to be recognized as THE "go-to" standards development organization. We are an international community, working together towards a common goal of improved patient care.

To put this vision into practice, one of our key objectives for 2010 is to better define the end-to-end standards development process and to more closely align standards-related activities

occurring both external to and internally within HL7. To that end, in December 2009, the HL7 Technical Steering Committee and the HL7 Board of Directors voted to adopt the following Strategic Initiatives:

**Lead the development of global technical and functional health informatics standards**

Assume a leadership position in the development of global technical and functional health informatics standards for electronic health records, personal health records, health information exchange, and clinical data representation.

**Streamline the HL7 standards development process**

Optimize HL7 internal processes to more efficiently deliver global and realm-specific standards in response to new "customer" requirements.

**Facilitate HL7 standards adoption and implementation**

Contribute (often in collaboration with other groups) solutions that make HL7 implementation easier.

**Define an overarching and internally consistent interoperability framework**

Maximize data reuse by ensuring consistency of representation across HL7 specifications.

**Ensure broad and encompassing stakeholder engagement in the standards development process**

Ensure a clear process whereby stakeholders such as clinicians, technical experts, and policy makers can contribute to the development of HL7 standards.

**Align HL7's business and revenue models to be responsive to national bodies while supporting global standards development**

Profiler-Enforcer organizations, most notably at national levels, have emerged as the largest (but not only) users of HL7 intellectual property and source of funds for standards development, standards tools, and standards implementation guides. HL7's governance, organizational structures, product strategy and revenue models (including IP rights and fees) must evolve to reflect this reality while retaining the fundamental principles of collaborative working and ANSI-approved processes.

In an effort to operationalize these initiatives, the newly formed Roadmap Committee, which first convened in January 2010, is developing a corresponding set of SMART (Specific, Measurable, Achievable, Realistic, Timed) roadmap tasks. These tasks then constitute the HL7 Roadmap.

Processes for gathering HL7 membership input into the Strategic Initiatives and Roadmap tasks is critical if the HL7 Roadmap is to stay fresh and properly externally/internally aligned and prioritized. In addition to the Strategic Initiatives / Roadmap wiki page, members can provide input through their TSC and/or Board representatives, and/or through their Roadmap Committee representatives (CEO, CTO, Board Chair and Vice-Chair, TSC Chair, Executive Director, Treasurer, steering division chairs, and International Council chairs).

While much of the world thinks in terms of functional requirements and meaningful use, many more each day recognize that interoperability standards are a prerequisite for functionality. As a result, 2010 is, and 2011 promises to be, an exciting period of growth for HL7, and it is a real privilege for me to be a part of the HL7 community.

*Robert H. Dolin*

**2010 Chair Report**  
2010 is, and 2011 promises to be, an exciting period of growth for HL7.

HL7 has a rich history of bringing groups together from disparate and competitive organizations to produce appropriate, needed and usable standards. Starting with a focused objective of creating a standard to support a “best-of-breed” hospital information system, HL7 has continued to expand its scope to cover most of the standards that are required to support interoperability for healthcare. HL7 has been willing to share ideas and credit with other organizations and has significantly contributed to setting the stage to create global standards with input from the global community. As HL7 has grown in scope and diversity, it has increased the number and types of stakeholders. There is better engagement among the stakeholders, among different interest groups and among countries across the globe. HL7 is the premier standards developing organization in the world – largely because of the open atmosphere into which anyone can come, propose a project, attract others to engage, work, and produce quality standards.

### **Productivity of the organization**

HL7 staff has grown, and must continue to grow to support the increasing breadth of scope of the organization and its international community. Hiring a Chief Executive Officer and a Chief Technical Officer has permitted HL7 to better meet new requirements and responsibilities.

The past year was dominated by rapid changes in the political scene and potential funds available for HL7. In the U.S., the availability of at least 19 billion dollars for HIT required the energy and attention of the HL7 leadership. HL7 is considering applying a different financial model to fund its work and to make its products more widely available at no cost to the users. The focus of a lot of energy of the leadership on U.S. activities has caused some concern among the international community. My personal belief is that HL7 will profit from any funding that comes into the organization, regardless of the country from which it originates.

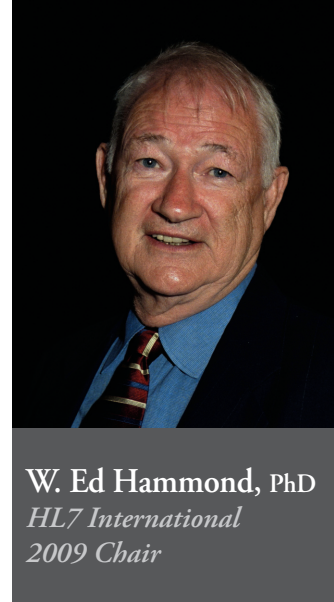
HL7 has made great strides in becoming a truly international organization. Through our relationship with the International Organization for Standardization (ISO), we have published

several HL7 standards as international ISO standards. Working in the global arena has not been easy or without cost to HL7. Compromises were necessary; priorities changed; and perspectives had to change to accommodate the needs of others. New participants arrived on the scene. The process is working better, and some global standards now exist as the product of a number of SDOs.

After years of struggle, HL7 has begun to address what it means to be international as an organization. 35 countries are now part of the HL7 family. We have assigned quotas for certain leadership positions to the international community. We have at least one working group meeting outside the U.S. each year. My belief is that the leadership and membership of HL7 is committed to becoming international. What we have been struggling with is what that means, and how to accomplish it. We changed the name of HL7 to HL7 International and recognized the officers of the organization are officers of HL7 International independent of their own country. We have established an HL7 office in Europe and hope to follow with other regional offices around the world as we continue to work toward the goal of internationalization.

One resource that is probably little known to the general membership of HL7 is the Advisory Council. An international group of approximately 15 individuals who are leaders in healthcare, business and public policy, this group contributed significantly to the reorganization of HL7 and were the first to recommend the hiring of a CEO and a CTO. They have contributed to discussions about a new financial model for HL7 and have assisted in marketing and promoting HL7. The Advisory Council has been important in helping HL7 to look beyond itself.

*(Continued on page 8)*



**W. Ed Hammond, PhD**  
*HL7 International  
2009 Chair*

Finally, HL7 has made great strides in coupling with the clinical community – the people that actually conduct patient care and clinical research. We need to listen and learn first—then act. The future of the organization’s effectiveness may lie within the Clinical Informatics Interchange Collaborative.

HL7 must continue to look to the future. We need to be proactive rather than reactive. We need to anticipate future needs. We must find a way to be faster and more productive in creating and balloting standards. We need to focus on requirements at the start, and then design what is required to meet those needs. We need to better manage the requirements definitions, the experts’ work, and the approval process.

Informed public perception and awareness of HL7 standards is critical not only for HL7’s success but for addressing the needs of the global community. HL7 must engage the policy makers and demand that key decisions are made.

The global demands for the standards community are huge. We only have a limited set of resources to address rapidly expanding needs. In my opinion, the future is best addressed by bringing those resources together into an environment in which more attention is placed on work than credit. Given what exists today, my goal for the future is to see HL7 become the place where standards are created. Those standards should then be presented to the world as ISO standards – at no cost to the user. Is this just a dream?



## HL7 International Work Groups

Anatomic Pathology	International Mentoring Committee
Architectural Review	Marketing
Arden Syntax	Modeling and Methodology
Attachments	Orders and Observations
Child Health	Organizational Relations
Clinical Context Object Workgroup	Outreach Committee for Clinical Research
Clinical Decision Support	Patient Administration
Clinical Genomics	Patient Care
Clinical Interoperability Council	Patient Safety
Clinical Statement	Pharmacy
Community Based Collaborative Care	Policy Advisory Committee
Education	Process Improvement
Electronic Health Records	Project Services
Electronic Services	Public Health and Emergency Response
Emergency Care	Publishing
Financial Management	Regulated Clinical Research Information Management
Generation of Anesthesia Standards	RIM Based Application Architecture
Governance and Operations	Roadmap Committee
Government Projects	Security
Health Care Devices	Services Oriented Architecture
Imaging Integration	Structured Documents
Implementable Technology Specifications	Technical Steering Committee
Implementation / Conformance	Templates
Infrastructure and Messaging	Tooling
International Council	Vocabulary

Work Groups

HL7 has over 50 work groups.



Working from the outline of our Roadmap's Strategic Initiatives, the Chief Technology Officer and the Technical Steering Committee have initiated, guided and recorded significant progress on activities that are consistent with these six initiatives. I will take this opportunity to report on three specific sets of activities where I bear individual responsibilities.

### **HL7 Architectural review Board (ArB) – Services Aware Interoperability Framework (SAIF)**

The HL7 Architectural review Board began 2009 with a conceptual definition of a services aware interoperability framework and made significant progress during the year to enrich its content and enable its adoption both within HL7 and by some of our key stakeholders. The SAIF Book has undergone significant development in the past year, including being moved into the Darwin Information Typing Architecture (DITA) publishing environment. As of the deadline for writing this report, the U.S. National Cancer Institute has declared to the Federal Health Architecture Community that it is adopting SAIF as a foundation for its Enterprise Architecture, and Canada Health Infoway is also mapping its current Enterprise Architecture to SAIF. More information on SAIF is available today at the following permalink: <http://www.hl7.org/permalink/?SAIF>

### **HL7 tooling initiatives & HL7 participation in open health tools**

At the beginning of 2009, the HL7 Tooling Work Group published a high-level plan to tooling development that is centered on streamlining the HL7 standards development process, facilitating HL7 standards adoption and implementation, and reducing, where appropriate, HL7's dependency on internally developed tools and their inherent shortcomings in documentation and training. Over the course of the year we have developed far more detail in this plan and examined a number of alternative means to achieve our goals. We have made significant progress this year addressing and correcting a number of tooling issues and now have a stable environment that significantly reduces the amount of "manual" activities that have consumed our resources in the past.

Since HL7 has limited internal funding available for tools development, we have advanced our plans with two open source tools developers to allow HL7 users access to commercial modeling tools with user-defined constrained modeling artifacts output and CDA template development in particular. The HL7 Finance Committee and Board have recognized the critical link between tooling and methodology and the success of both HL7 and its users. Our budget for tooling has been increased to reflect the importance of this initiative within the organization.

### **HL7 & global standards development**

Over the last year, HL7 has expended significant time and resources collaborating with other standards bodies in both international and country-specific realms. HL7 (and specifically its CTO) has continued to work with international organizations such as the International Organization for Standardization (ISO) Technical Committee (TC) 215, the European Committee for Standardization (CEN) Technical Committee (TC) 251 and Integrating the Healthcare Enterprise (IHE) as well as country-specific organizations such as the U.S. realm Standards Charter Organization (SCO). The SCO includes the following organizations: HL7, the National Council for Prescription Drug Programs (NCDPCP), ASTM International, the Clinical Data Interchange Standards Consortium (CDISC), the Accredited Standards Committee (ASC) X12 and observers such as the American National Standards Institute (ANSI), Federal Health Architecture (FHA), Healthcare Information and Management Systems Society (HIMSS), Healthcare Information Technology Standards Panel (HITSP), IHE, ISO TC 215 U.S. Technical Advisory Groups (TAG), Office of the National Coordinator (ONC), and the Social Security Administration (SSA). We recognize that adoption of health information technology has dramatically accelerated around the world and no stakeholder is



**John Quinn**  
*HL7 International  
Chief Technology Officer*

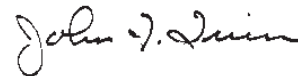
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**HL7 has significantly intensified its activities in SDO coordination.**

interested in seeing perceived competition and in-fighting among standards development organizations (SDOs). HL7 has significantly intensified its activities in SDO coordination and has consequently helped further its initiatives to: (1) Lead the development of global technical and functional health informatics standards; (2) Ensure broad and encompassing stakeholder engagement in the standards development process; and (3)

Align HL7's business and revenue models to be responsive to national bodies while supporting global standards development.

Work in all three of these areas will continue and advance in 2010.



## HL7 2009 Standards Snapshot

### American National Standards Institute (ANSI) approved standards:

HL7 currently has 43 ANSI approved standards. The breakdown by product is provided below:

- Version 2 – 2
- Version 3 – 28
- Arden Syntax – 1
- CCOW – 4
- Electronic Health Record (EHR) – 4
- Structured Product Labeling (SPL) – 1
- Clinical Document Architecture (CDA) – 1
- GELLO – 1

Two standards, CCOW, V1.5 and HL7 Version 3 Standard: Regulated Studies – Annotated ECG, R1 reached their five year anniversary date in 2009 and were reaffirmed for another five years. One standard, HL7 Version 3 Standard: Notifiable Condition Report, Release 1, reached its five year anniversary and was withdrawn as an ANSI standard.

### HL7 Standards receiving ANSI approval in 2009:

- **HL7 Version 3 Standard: Structured Product Labeling, Release 4**  
Designation: ANSI/HL7 V3 SPL, R4-2009  
Date Approved: 3/23/2009  
Information: This is a revision of ANSI/HL7 V3 SPL, R3-2007
- **HL7 Version 3 Standard: Common Message Element Types, Release 2**  
Designation: ANSI/HL7 V3 CMET, R2-2009  
Date Approved: 7/14/2009  
Information: This is a revision of ANSI/HL7 V3 CMET, R1-2005

- **HL7 EHR Clinical Research Functional Profile, Release 1**  
Designation: ANSI/HL7 EHR CRFP, R1-2009  
Date Approved: 7/20/2009
- **HL7 Version 3 Standard: Pharmacy: Medication Order, Release 1**  
Designation: ANSI/HL7 V3 RCMEDORDER, R1-2009  
Date Approved: 9/10/2009
- **HL7 Version 3 Standard: Laboratory; Result, Release 1**  
Designation: ANSI/HL7 V3 LBRESULT, R1-2009  
Date Approved: 12/15/2009

### International Organization for Standardization approved standards:

Currently six HL7 standards are also approved as ISO standards, four of which were approved in 2009:

- Electronic Business eXtensible Markup Language (ebXML) – Part 2: Message Service Specification – 5/14/2004
- Health Informatics – HL7 Version 3 – Reference Information Model – Release 1 – 8/3/2006
- Data Exchange Standards – Health Level Seven Version 2.5 – An Application Protocol for Electronic Data Exchange in Healthcare Environments – 6/17/2009
- Health Informatics – Common Terminology Service, Release 1 – 6/17/2009
- Electronic Health Record System Functional Model, Release 1 – 11/13/2009
- Data Exchange Standards – HL7 Clinical Document Architecture – Release 2 – 11/24/2009

In addition, HL7 is currently working with ISO and JIC on several joint standards projects.

2009 Standards  
HL7 has published over 43 ANSI-approved standards  
& six ISO-approved standards.

Healthcare interoperability has moved from being an obscure activity that happens in the darker recesses of software houses and hospital IT departments, to being a flagship part of government policies, and a central part of improving healthcare delivery within and across organizations. This has led to changes in the type and scale of the demands and expectations that people bring to HL7, and the benefits (and frustrations) that they take away.

HL7 remains a great place to develop specifications and to better understand the challenges and possibilities for unlocking the power of healthcare information. Now national initiatives, large scale projects and others want those benefits in a more visible and predictable form. They also want more specifications—and they want them faster. In 2008, HL7 restructured the Technical Steering Committee (TSC) as part of a major organizational change to more effectively address these new challenges.

The TSC has taken the following approach: we need to improve clarity. HL7 must be able to see what projects, work groups, and products it has. This provides a basis for developing both clear short and long term plans that describe what HL7 will do and deliver in the future. Those plans need to be informed by a coherent technical architecture, as well as an understanding of what is needed and effective in the marketplace. Plans alone are not enough; they must also be used and useful.

The TSC spent its first year working with the active membership to make HL7 a more transparent organization. This involved documenting the active projects, and establishing a project approval process so that new projects do not duplicate activity that is already in progress.

In 2009, the steering divisions focused on making the activities of the work groups more visible. The TSC now publishes a Work Group Health Chart to help work groups see how well they are doing at making their activities open to new members and stakeholders. The TSC also began working on product

descriptions to make it easier to understand the full range of what HL7 has to offer. The membership and the TSC together have made HL7 more visible. This is vital to delivering the benefits that we all want from HL7.

In 2010, we must continue to improve on the clarity of what we are doing, and bring that clarity to our planning. We also need to promote our specifications to ensure that they are used as widely as possible. HL7 should measure the quality and usage of our standards, so that we can understand where to concentrate our efforts, and where we should be working with others. It is important that we understand how work group planning and the HL7 Roadmap can inform and complement each other, and what sort of planning documents are really useful to the membership and HL7 stakeholder community. Most importantly, we need to continue to deliver useful specifications on time and in well-resourced and planned projects.

The TSC will help to make this happen, but it can only be successful if we continue to get feedback – please send suggestions for improvement to me or others on the TSC. It is critical that all of the work groups remain engaged and cooperated with one another. Together we can create even better specifications, and find better ways of achieving our goals. Please accept my thanks to everyone who is making this the case.



**Charlie McCay**  
*HL7 International  
Technical Steering  
Committee Chair*

# TSC Chair Report

The TSC has taken the following approach: we must improve clarity.





**Mark McDougall**  
*HL7 International  
 Executive Director*

## MEMBERSHIP REPORT

HL7 had 2,019 members in December 2009, as compared to 2,010 one year earlier. We currently have 29 Benefactors and six Supporters. New memberships and membership renewals for 2009 remained higher for organizational memberships and slightly lower for individuals than 2008.

### Individual memberships

At the end of 2009, HL7 had a total of 357 individual members. This total reflects 227 new members

joining during 2009, as compared to 236 new members joining during 2008. For the 2009 year, there was a net loss of 4 members, which is less than the loss of 21 in 2008.

### Organization memberships

There were a total of 499 organizational member firms in December 2009. 213 new organizations joined HL7 in 2009 compared to 156 in 2008. For the year, there was a net increase in organizational memberships of 69, which is an increase from a loss of 10 members in 2008. We are cautiously optimistic for organizational membership renewals to remain steady in 2010.

### Membership outreach efforts

As part of our marketing efforts, HL7 completed an outreach to our former and non-members through email and mail to generate

interest in HL7 membership. We contacted approximately 2,000 former members and 1,400 non-members. The campaign directly produced \$54,000 in membership dues revenues.

HL7 conducted a membership satisfaction survey to its current members in December 2009. The survey will assist us in determining what benefits our membership considers most important and what additional benefits our members would like to have.

## MEETINGS REPORT

### January meeting in Orlando

More than 500 attendees participated in our January 2009 Working Group Meeting held in Orlando, Florida. This total includes 134 attendees from outside of the U.S., which represents an impressive 24% of all attendees. Over 40 HL7 work groups met in Orlando. Attendees also took advantage of 30 tutorials that week. This meeting marked the end of Chuck Meyer's four-year term on the HL7 Board, and the beginning of Bob Dolin's four-year term as Chair of the HL7 Board of Directors.

### May meeting in Kyoto, Japan

HL7 convened the May 2009 Working Group Meeting at the world famous International Convention Center in Kyoto, Japan. The meeting was business as usual for its 226 attendees with 20 tutorials and dozens of work group meetings each day. Attendees enjoyed some local traditions such as a Maiko dance performance followed by Maiko-sans greeting HL7 attendees and posing for photographs, as well as a very special Aoi Matsuri Festival that dates back to the 7th century.



The e-Learning courses are so effective and popular

# Executive

### September meeting in Atlanta

HL7 hosted its 23rd Annual Plenary and Working Group Meeting in Atlanta, Georgia. This meeting attracted over 500 attendees from 25 countries. The meeting also featured 29 tutorials, three certification exams, and 51 HL7 work groups that met throughout the week. Kicking off the week-long meeting at the plenary session were timely and impressive keynote presentations by David Blumenthal, MD, National Coordinator for Health Information Technology, Office of the National Coordinator for Healthcare IT (ONC); Janet Corrigan, PhD, President and Chief Executive Officer, The National Quality Forum; Jeremy Thorp, Director of Business Requirements, NHS Connecting for Health; and John Tooker, MD, FACP, Executive Vice President/Chief Executive Officer, American College of Physicians.

The 2009 W. Ed Hammond, PhD, HL7 Volunteer of the Year Awards recipients were also recognized at this meeting. The recipients included Bernd Blobel, PhD, Gora Datta, John Koisch, and John Ritter.

### Educational summits

HL7 also produces intensive training via our educational summits, where our expert instructors provide high quality training in a small classroom setting. This concentrated two-day format provides maximum training with minimal time investment. During 2009, 204 individuals attended one of the three educational summits we produced in Las Vegas, Boston and Chicago.

### Remote/distance e-Learning Course

The HL7 e-Learning Course is fundamentally different with regard to an exposition course. It is a web-based workshop that includes a set of guided exercises that teaches by practice and example, not by exposition. The HL7 e-Learning course focuses on *learning by doing*. During 2009, HL7 produced five e-Learning courses around the world that served over 300 students. These courses were produced by HL7 International, HL7 Argentina and HL7 India. The courses are so effective and popular that they often sell out within days of being announced.

### Bridging the Chasm meeting

HL7 hosted a “Bridging the Chasm” meeting with the clinical community on April 19-21, 2009 in Washington, DC. More than 100 high-level representatives from over 70 medical specialty societies and other appropriate organizations, including relevant government organizations as well as professionals from outside the U.S. participated in this event. The purpose of the Bridging the Chasm event was to bring together interested and knowledgeable parties to define and identify consensus-based information requirements that will contribute to higher quality, more efficient healthcare. The meeting was funded with support from the Agency for Healthcare Quality and Research.



## CERTIFICATION TESTING REPORT FOR 2009

CERTIFICATION EXAM	NUMBER CERTIFIED IN 2009	TOTAL NUMBER CERTIFIED
Version 2	213	2,036
Clinical Document Architecture	60	155
Version 3 Reference Information Model (RIM)	72	149
Total Certified	345	2,340

that they often sell out within days of being announced.

# Director Report





**Catherine Chronaki**  
*Affiliate Director,  
 HL7 Board of Directors  
 and Co-Chair,  
 HL7 International Council*

HL7 International's first affiliate, HL7 Germany, was established in 1995. Shortly thereafter, affiliates were established in Canada, the Netherlands, and New Zealand. Now, 15 years later, the HL7 International Council (IC) represents more than 30 countries and regions beyond the U.S.—a talent repository that exceeds 2,000 volunteers and more than 1,300 organizations worldwide.

The IC supports HL7 International's mission to build the best and most widely used health information technology

(HIT) standards for interoperability in healthcare, by assuring that the needs, issues and input of the different countries or regions are recognized and effectively acted upon in the HL7 standards development process. Through its elected representatives, the IC participates in the Board of HL7 International and the Joint Initiative Council on SDO global health informatics standardization. Members of the IC are also active in areas such as marketing, education, mentoring, and several other HL7 work groups.

### **International Council in 2009: A vibrant and growing global HL7 community**

In 2009, the IC welcomed its newest members, HL7 Russia and HL7 Hong Kong, as well as Stan Huff, MD, the first U.S. representative to the IC. The IC now covers all of North America, the larger part of South America and Asia, and a significant part of Europe.

Addressing the IC for the first time, Professor Tatyana Zarubina, MD, chair of HL7 Russia, expressed her hope that “the advancement and adoption of HL7 standards in the Russian Federation will help create a single information space in healthcare.”

Hong Kong is developing a territory-wide, patient-oriented electronic health record. According to Dr. Chun-Por Wong, the chair of HL7 Hong Kong, “Establishing HL7 Hong Kong is an important milestone in unifying the e-health development in Hong Kong that will enable the e-health community to accomplish this target. We will engage our partners from the healthcare and information technology sectors to adopt a set of standards that can meet local needs for supporting a truly interoperable system where all records can be shared across all sectors.”



### **Training & educational activities**

HL7 India, HL7 Canada, HL7 Spain, HL7 Korea, and HL7 Taiwan added 245 HL7 certified professionals in the HL7 RIM, CDA, and HL7 Version 2.6/2.5 during the past year. The e-Learning course (ELC) initially developed by HL7 Argentina has grown into a successful worldwide program with HL7 India being the first affiliate to host its own version of the ELC. Participation in HL7 Marketing programs has also been strong as 11 of the 25 HL7 Ambassadors reside outside North America, helping to increase global awareness on topics such as Introduction to HL7, CDA/CCD, Clinical Genomics, EHR, PHR, Pharma, and SOA.

### **HL7 affiliate elections**

Several HL7 Affiliates had elections in 2009, and the IC welcomed their new leadership: Bernd Blobel, PhD (HL7 Germany), Bimal Naik (HL7 India), Charlie Bishop (HL7 UK), Nancy Getrudiz (HL7 Mexico), Chein-Tsai Liu (HL7 Taiwan), and David Rowlands (HL7 Australia).

**The increased voting parity of International Council members and the global**

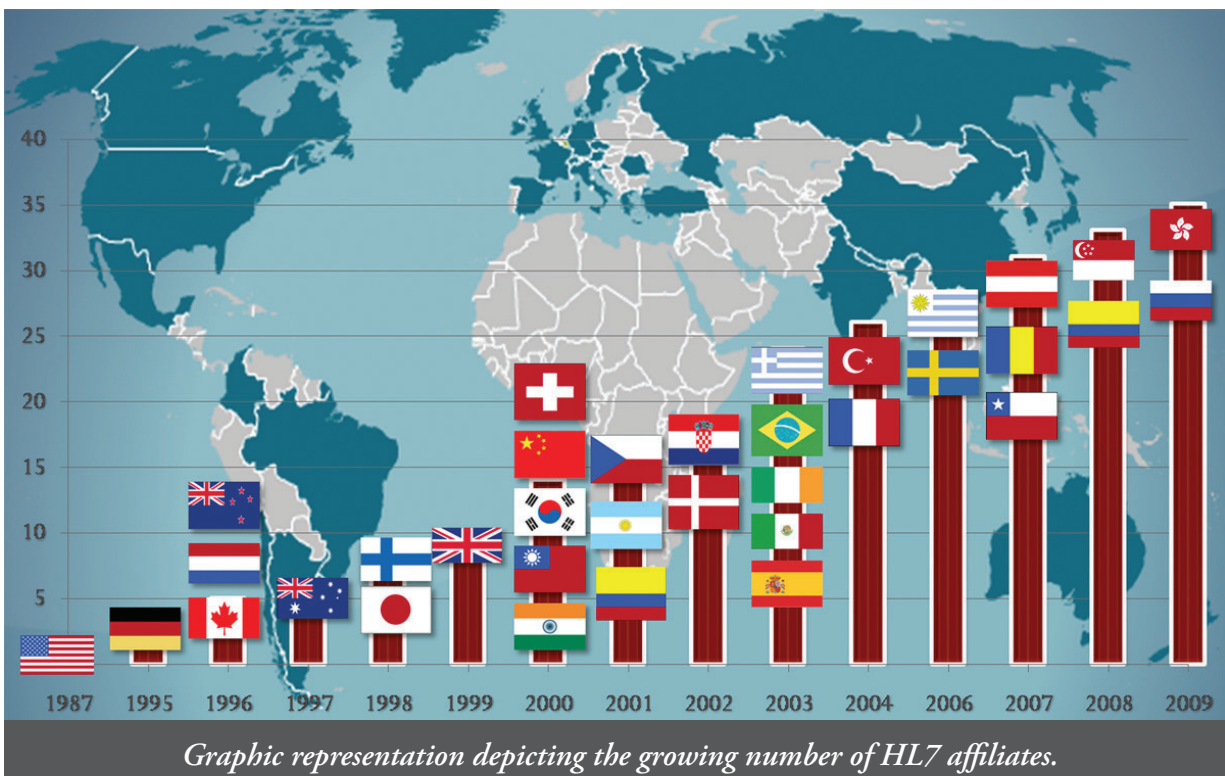
### IHIC 2009 and other conferences

The IC supported and promoted the HL7 Asia Pacific Conference, the Regional HIT Conference in Uruguay and its own annual meeting, the International HL7 Interoperability Conference (IHIC) in Kyoto, Japan. The “Show me your CDA!” forum at IHIC presented CDA tools that advance interoperable implementations of CDA. The participants voted for the best CDA tools and use cases based on their vision, maturity, comprehensiveness, interoperability, and reference case: “Multi-stage Validation” by R. Geimer (1<sup>st</sup>), & “An implementation guide for CDA laboratory Reports in the Austrian EHR” by A. Mense and S. Sabutsch (1<sup>st</sup>), “Structured Report Editor for the HIBA Multimedia EHR” by D. Kaminker and F. Campos (2<sup>nd</sup>), and “CDA Development Using Templates” by B. Marquard (3<sup>rd</sup>).

### Looking forward to 2010

HL7 leadership, ambassadors and volunteers throughout the globe are expected to bring in more new members in 2010 from Africa, Asia, and South America. Already Luxemburg, Norway, Bosnia-Herzegovina, Puerto Rico, Pakistan, and South Africa are in the process to petition for an HL7 affiliate in their region.

The increased voting parity of IC members and the global HL7 Members Directory have the potential to engage more volunteers in HL7 activities. We also expect closer and more fruitful collaboration with other SDOs and interoperability initiatives. The IC national initiatives project currently in preparation aims to consolidate these worldwide efforts and encourage regional HL7 standards development and adoption. To that end, HL7 Spain and IHE Spain organized the first European HL7 Interoperability Meeting in March 2010. The backdrop of this meeting, the creation of a European Office for HL7 International, stimulated discussion about the new opportunities for collaboration among HL7 affiliates in European affairs and possibly created a model for other regions to follow. The 11th International HL7 Interoperability Conference convened in Rio de Janeiro just prior to the HL7 May Working Group Meeting, providing feedback on the implementation of HL7 standards worldwide.



# Council Report

HL7 Member Directory have the potential to engage more volunteers in HL7.

## 2010 BOARD OF DIRECTORS

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## COUNTRIES WITH HL7 AFFILIATES

Argentina

Australia

Austria

Brazil

Canada

Chile

China

Colombia

Croatia

Czech Republic

Denmark

Finland

France

Germany

Greece

Hong Kong

India

Ireland

Italy

Japan

Korea

Mexico

New Zealand

Norway

Romania

Russia

Singapore

Spain

Sweden

Switzerland

Taiwan

The Netherlands

Turkey

UK

Uruguay

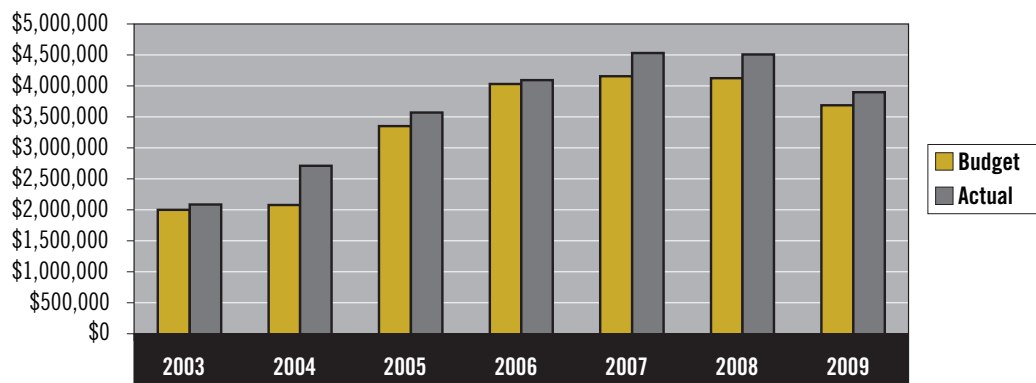
# Board of Directors

HL7 International Affiliates

During 2009, HL7 International was able to remain financially healthy to support the activities of the organization. However, looking to 2010 and beyond, we have to address our revenue streams as the costs to develop, maintain, and support our infrastructure is expected to rise, particularly as national programs gather more steam across the globe.

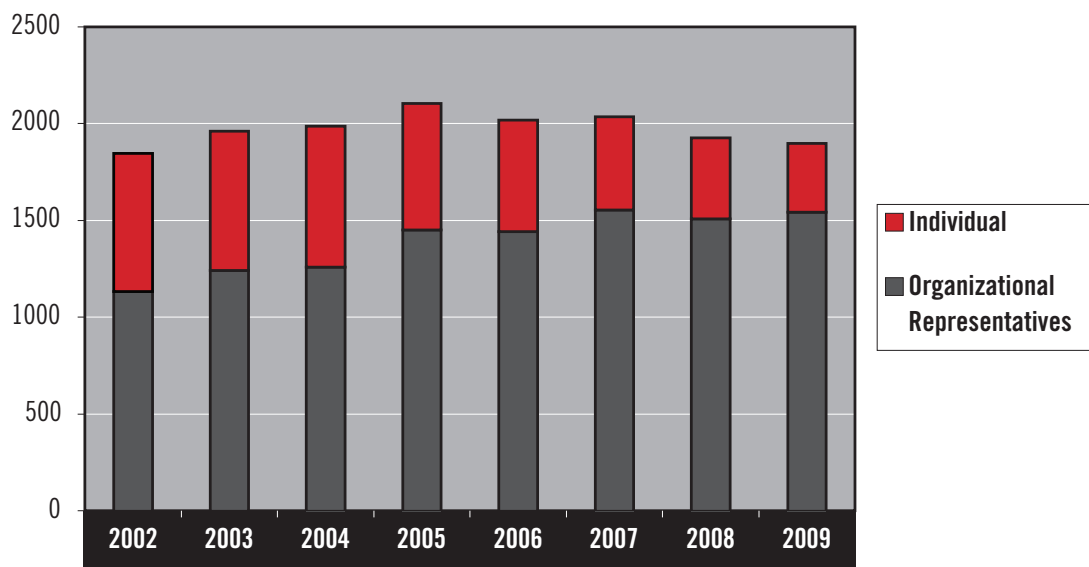


**Hans Buitendijk**  
HL7 International  
Board Treasurer



## Revenues

2009 Revenues were budgeted at \$3,689,785. Stronger than expected organizational memberships and affiliate contributions helped us exceed our budget with \$3,895,515 in revenues. However, as overall memberships and working group meeting attendance are under stress, 2009 is the second year to see a decline in overall revenues.



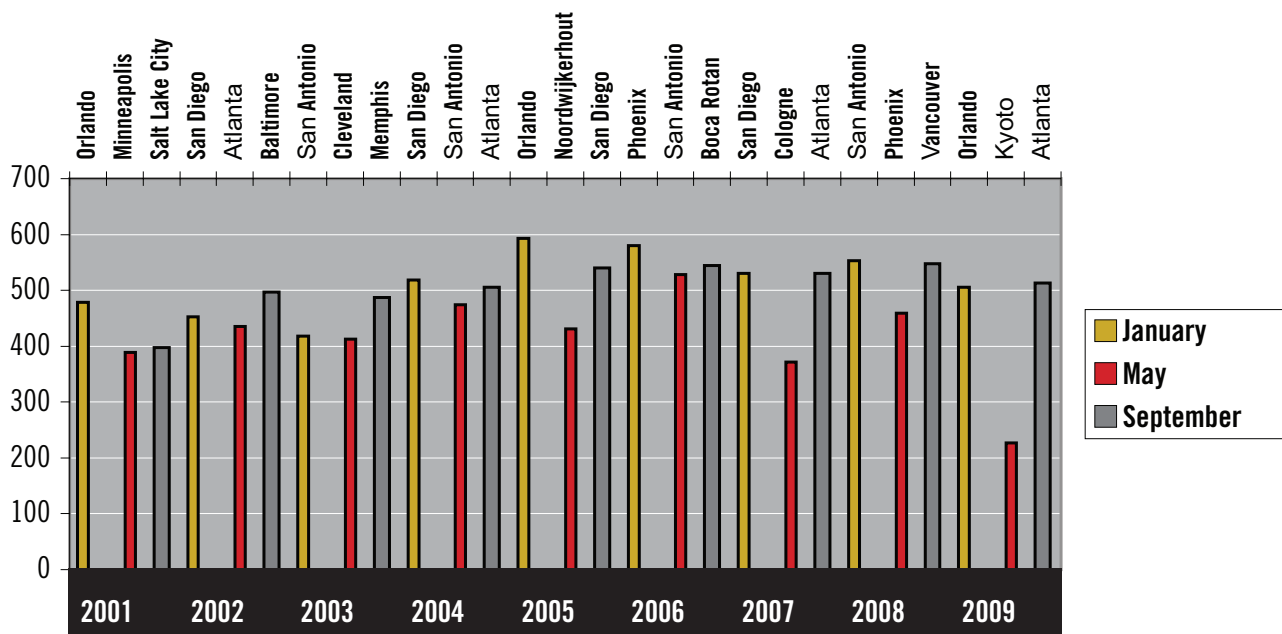
## Memberships

While the number of organizational members has grown, the number of individual members continues to decline. The net effect on the number of voting members (organizational representatives and individual members), is a slight reduction for 2009. Membership revenue from all membership categories totaled \$2,321,599, which was a 0.38% (or only \$8,807) less than the previous year.

(Continued on pages 18 and 19)

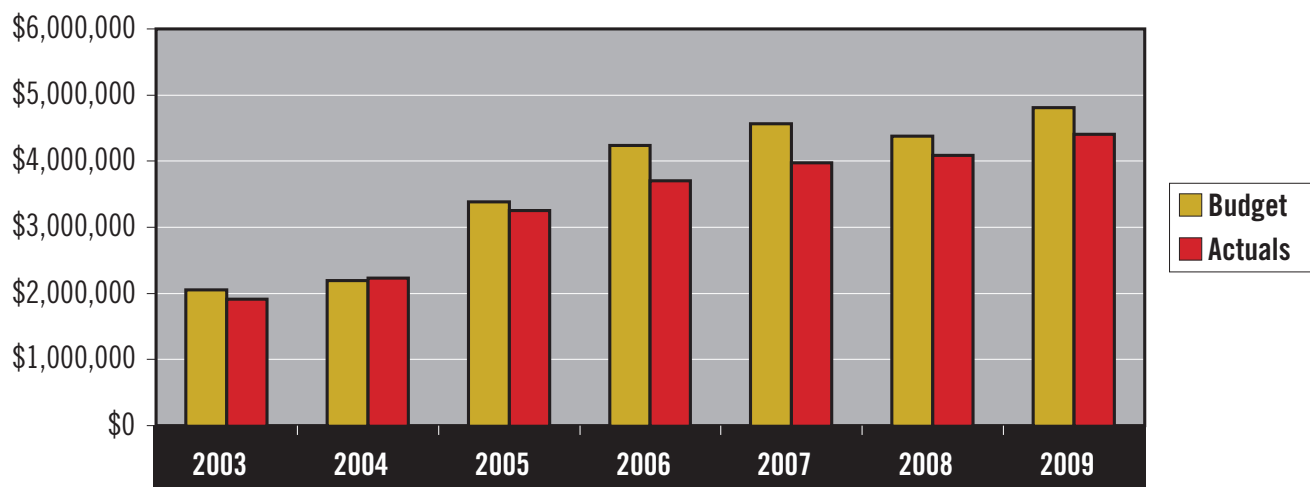
# Treasurer's Report

HL7 International was able to remain financially healthy to support the activities of the organization.



### Working group meeting attendance

While conference calls and online tools increasingly facilitate the work group meetings, the three HL7 working group meetings in January, May, and September remain the critical venue to progress our work. Attendance at those meetings was a challenge in 2009.

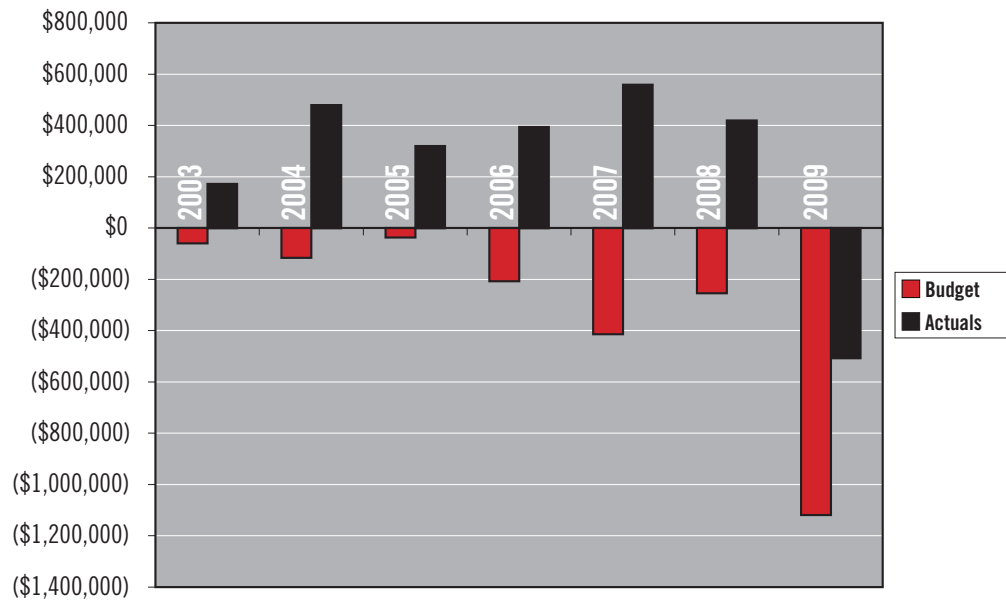


### Expenses

Although expenses in 2009 increased over previous years, continued expense control enabled us to end the year with \$4,402,311, which was below our budget of \$4,807,603. We continued to benefit from Intel's generous funding of our CEO.

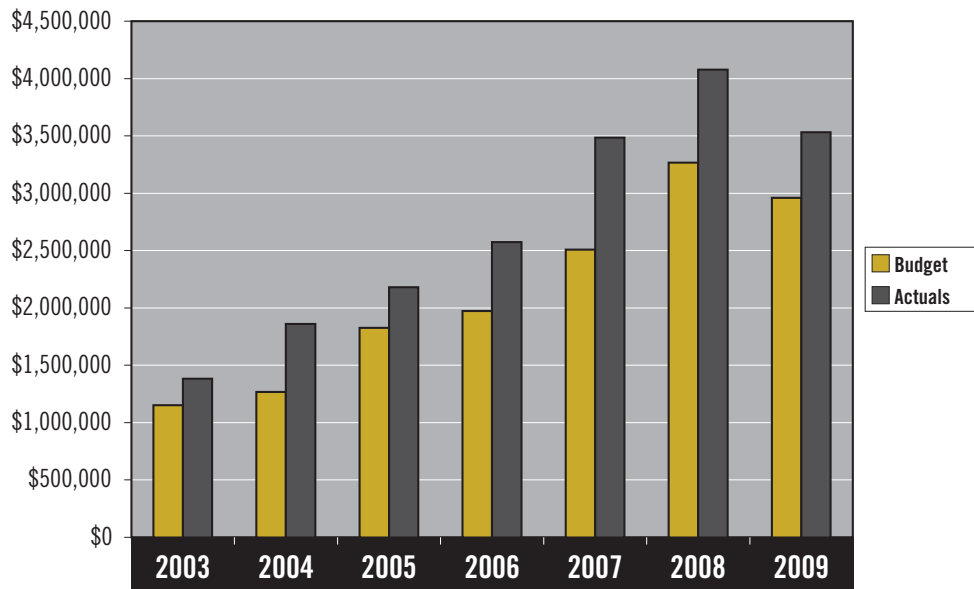
**Treasurer's**  
HL7 International was able to remain financially healthy





### Income

The combination of better than expected revenues, expense controls, and projects expenses that ran below budget, allowed us to improve on our income over budget, coming in at (\$506,816).



### Reserves

As a result we finished the year with \$3,530,517 in reserves. While better than budgeted, it reflects the increases in annual expenses that cannot be off-set by current annual revenues.

Report  
to support the activities of the organization.

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