HL7’s 32nd Annual Plenary & Working Group Meeting

Monday, October 1, 2018

Baltimore, MD
32nd Plenary Meeting

State of the Union Address

Charles Jaffe, MD, PhD

HL7 CEO
Welcome to Baltimore

Washington Monument
Mt. Vernon Place
Completed 1829
A case for Standards

The Great Baltimore Fire
1904
Washington DC’s Response to call for Standard Fire Hydrants

Of course…MORE standards for fire hydrants!
MORE standards for fire hydrants!

2 Blocks in Georgetown…6 standards
Adoption of standards is a very, very slow process

Today, only 18 of the 48 most populous American cities have national standard fire hydrants*

* Seck, M., & Evans, D., NIST, Aug 2004
The Return on Investment (ROI) for innovation is slower

After the introduction of the sewing machine into the garment industry, it required 20 years to achieve a consistent ROI.*

* And, that came with a change in workflow.
Change Management is hard

We probably shouldn’t mess with it.
Notable Progress since the Cologne meeting
The Argonaut Project was envisioned as a FHIR accelerator.

Now it has become a global phenomenon.
Apple first embedded the FHIR artefacts of the Argonaut IG into iOS 11.3

Now it’s been adopted by nearly 200 health systems.
My coach said that I kick like a girl.

I told him that if he tried harder, he could too.

Mia Hamm
Regulatory bodies, including EMA, FDA, and ICH, as well as International BioPharma, are evaluating HL7 FHIR for real-world clinical trials, post-marketing bio-surveillance, and genomics integration.
Da Vinci Project

The vision of advancing *Value-Based Care* has been accelerated through the growth of the payer community, by the contribution of government, and through the collaboration of EHR developers & providers.
International BioPharma is embracing the value of HL7 FHIR for real-world evidence for clinical trials, post-marketing bio-surveillance, and genomics integration.
Collaboration with this community will help establish the FHIR platform as a viable solution for optimizing data exchange between pre-clinical science and patient care.
Sync4Science, Sync4Genes, & DIGITizE use FHIR to enable Genomic Data for Precision Medicine, Translational Science, & Clinical Decision Support
Consortium for Agile Genomics

partnership with
Global Alliance for Genomics & Health
US Federal agencies, including FDA, CDC, NIH, DoD, VAH, and others have active FHIR integration programs.
API gateway platform has been reinvigorated with renewed commitment to the Open API Pledge.
Tech Giants Announce Collaboration on FHIR API for Healthcare Cloud Interoperability

August 13, Washington
HL7 Standards as a Service
HL7 FHIR Applications Roundtable held this week in Washington showcased real-world, production-level solutions.

Death on FHIR

Automation for FHIR
Office of the National Coordinator for HIT has renewed the *Comprehensive Cooperative Agreement* for fiscal year 2019.
JUST COUGH FOR OLD TIME'S SAKE.

cjaffe@hl7.org
Keynote Session 1:  
Update from the National Coordinator

Donald Rucker, MD
Office of the National Coordinator (ONC) for  
Health Information Technology, U.S.  
Department of Health and Human Services
Keynote Session 2:
A Payer’s Perspective to Interoperability

Sagran Moodley

Senior Vice President, UHC Clinical Data Services & Technology at UnitedHealth Group
32\textsuperscript{nd} Annual Plenary

10:15-10:45 am Break

Please note that we will start promptly at 10:50 am
Keynote Session 3: What is CIMI Up to, and How Does It Fit in?

Stan Huff, MD

Chief Medical Informatics, Intermountain Healthcare
What is CIMI up to, and how does it fit in?

Stanley M. Huff, MD
CMIO Intermountain Healthcare
Chair of the Board HSPC
Chair of the Board FHIR Foundation
Why?

“To help people live the healthiest lives possible.”
Why Interoperability?

- Improve the quality and safety of health
- Decrease the cost of care
- Enable a Learning Health System
- Make providers happier and more effective
- Make patients happier and healthier
- There are many more reasons...
Core Assumptions

‘The complexity of modern medicine exceeds the inherent limitations of the unaided human mind.’
~ David M. Eddy, MD, Ph.D.

‘... man is not perfectible. There are limits to man’s capabilities as an information processor that assure the occurrence of random errors in his activities.’
~ Clement J. McDonald, MD
The Challenge at Intermountain – We can’t keep up

- We have ~150 decision support rules or modules
- We have picked the low hanging fruit
- There is a need to have 5,000+ decision support rules or modules
- There is no path from 150 to get to 5,000 unless we fundamentally change the ecosystem
- There is no scalable path from the leading institutions to community hospitals
Eileen
Table

Table 1 | Studies on US death rates from medical error since the 1999 IOM report and point estimate from pooled results

<table>
<thead>
<tr>
<th>Study</th>
<th>Dates covered</th>
<th>Source of information</th>
<th>Patient admissions</th>
<th>Adverse event rate (%)</th>
<th>Lethal adverse event rate (%)</th>
<th>% of events deemed preventable</th>
<th>No of deaths due to preventable adverse event</th>
<th>% of admissions with a preventable lethal adverse event</th>
<th>Extrapolation to 2013 US admissions†</th>
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</thead>
<tbody>
<tr>
<td>Health Grades†</td>
<td>2000-02</td>
<td>Medicare patients</td>
<td>37 000 000</td>
<td>3.1</td>
<td>0.7*</td>
<td>NR</td>
<td>389 576</td>
<td>0.71</td>
<td>251 454</td>
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<tr>
<td>Office of Inspector General†</td>
<td>2008</td>
<td>Medicare patients</td>
<td>838</td>
<td>13.5</td>
<td>1.4</td>
<td>44</td>
<td>12</td>
<td>0.62</td>
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<td>Classen et al†</td>
<td>2004</td>
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<td>795</td>
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<td>Landrigan et al†</td>
<td>2002-07</td>
<td>10 hospitals in North Carolina</td>
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<td>0.6</td>
<td>63</td>
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<td>Point estimate from all data</td>
<td>2000-08</td>
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~251,454 deaths /year during inpatient admissions

BMJ May 2016
What is the vision for the future?
May 2011

• HL7 WG Meeting Orlando
• Fast Healthcare Interoperability Resources (FHIR) – (HL7 v4?)
• Clinical Information Modeling Initiative (CIMI)

• Improve the interoperability of healthcare systems through shared implementable clinical information models.
Heterogeneous Systems

SOA Orchestration

mHealth

OAuth

FHIR Profiles from CIMI detailed clinical models

SMART on FHIR®© – Open Platform Architecture

Real Impact
• Occult sepsis
• Community Acquired Pneumonia
• Pulmonary Embolus
• ICU Glucose
• Ventilator management

Cerner
Booth# 6965

Allscripts®

Epic

Others...

http://smartplatforms.org/smart-on-fhir/
Our end user is someone who makes this stuff work. ...

But what is this end-user looking for? We kind of made a gambit statement that we *could* define a world in which point to point mapping wouldn't be required. I think we showed that:

(a) that's not possible - all uses of V3 I've seen, ... have use case specific processing

(b) Users are increasingly telling us that they don't care. The price of this consistent semantics is higher than they'd pay *even if* we solved the consistent semantics problem. Instead, they want ad-hoc wire forms that are close to their domain use cases. ...

So. Is that right? Does it ring bells for anyone else?

Am I saying that we shouldn't try for plug-and-play?
“We have definite goals to enable plug and play globally for some kinds of uses in some kinds of contexts - mostly infrastructure/exchange, and read-only access to summary information. But we remain true to the [previous] vision you quote when it comes to actual workflow; adaptation will always be required.”
Partial Interoperability

Application

Application and User

Standard Structure
(non-uniform codes)

Structure Translators

Local databases,
Cerner, Epic, Allscripts, etc.
Preferred Strategy – Full Interoperability

- Application
- Application and User
- Local databases, Cerner, Epic, Allscripts, etc.
- Standard Structure
  - AND Standard Terms
- Term and Structure Translator
- Requirement

Application Structure and User Requirement

Local databases, Cerner, Epic, Allscripts, etc.
What does CIMI do?
CIMI Logical Model Development Lifecycle
How does CIMI fit in?
Healthcare Services Platform Consortium

*Improve health by creating a vibrant, open ecosystem of interoperable applications, content, and services*

HSPC is wholly dependent on CIMI for models

Clinical Information Interoperability Council

*Engage professional organizations and clinicians in creating semantic interoperability*

CIIC supplies detailed clinical knowledge to CIMI
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<th>Standards</th>
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<th>NGOs</th>
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1. CIIC provides requirements, “data elements”, expert clinical content
2. CIMI creates logical models based on requirements and inputs
3. CIIC members review the models to insure accuracy and validity and to select “preferred” models
4. HSPC and others promote adoption and implementation, and track actual use
HSPC/CIIC
Tasks for Clinical Experts

- What data should be collected? (part of domain analysis)
  - It will be different for different situations
  - Sherlock Holmes, “Data! Data! Data!” he cried impatiently. “I can’t make bricks without clay.”

- How should the data be modelled? (CIMI)
  - Preferred modeling styles: two fields or one (the degree of pre and post coordination, etc.)

- What does the data mean?
  - How do we make computable definitions for diabetes mellitus, myocardial infarction, heart failure, chronic renal failure, etc.
Coordinating CIMI work at HL7

- CIMI works with HL7 Domain WGs to establish high level classes, patterns (CIC, PC, CQI, O&O, etc.)

- CIMI works with professional societies and clinical experts to define detailed model content

- CIMI works with FHIR Infrastructure Vocabulary to determine that the FHIR profiles created from CIMI models are technically correct
How do CIMI/HSPC/CII relate to other interoperability activities?

**Argonauts**
- We build on the HL7 FHIR profiles that the Argonauts create

**Sequoia**
- We depend on Sequoia to create the network, trust agreements, and data exchange infrastructure

**SMART**
- We depend on SMART for integration into EHRs

**HL7**
- FHIR – the approved API for sharing patient data
- CIMI – provides the detailed information models that are essential for interoperability

**Federal Health Information Model (FHIM)**
- We use FHIM classes as the pattern for CIMI models

**SOLOR (SNOMED, LOINC, RxNorm) – VA Keith Campbell**
- SOLOR is the source of coded concepts used in CIMI models

**NLM Value Set Authority Center (VSAC)**
- We are aligning and placing SOLOR refsets in VSAC

**SDOs (OMG, NCPDP, X12, ISO, CEN)**
- We use their standards whenever possible

**Commonwell, Center for Medical Interoperability, AMA Integrated Health Model Initiative, CDEs, openEHR, OMOP (OHDSI)**
- We want to work together as partners with all groups with whom we have overlapping interests
Argonaut profiles and CIMI profiles

FHIRE Resource

Observation

Argonaut profiles

Lab Obs

Patient Obs

Family Hx Obs

CIMI Models and Profiles

Qn Lab Obs

Qual Lab Obs

Titer Lab Obs

Hematocrit

Serum Glucose

Urine Sodium

Invariant Profile Structure – CIMI Leaf Node Content
Interoperability Pyramid

1. Preferred structure, standard extensions, explicit LOINC and SNOMED, units, magnitude, ...

2. Common resources (~20), extensions and some specific LOINC and SNOMED bindings

Structure(s), Generic LOINC

Structure, Few Terminology Constraints
From philosophy to value:

Current and planned HSPC/CIIIC projects that need CIMI models

- ACOG - OPA Family Planning
- FDA – Women’s Health Registry
- Cancer Interoperability
- Registries on FHIR, Common Data Elements (Pew Trust)
- Pain Assessment
- Occupational Health Data
- Standard laboratory test results
- More …
Thank you

stan.huff@imail.org

@HSPConsortium
Keynote Session 4:
Interactive 3D Visualization in the Wide Web of Health

Nicholas Polys, PhD
Director of Visual Computing at
Virginia Tech
HL7 Update

Steven Posnack

Executive Director
Office of Technology, ONC
HL7 Update

Steven Posnack
Executive Director | Office of Technology
Approximately 32% of health IT developers have used “FHIR Release 2” to certify to § 170.315(g)(8) (“Application access—data category request”).

Nearly 51% of health IT developers appear to be using a version of FHIR combined with OAuth 2.0.

The estimated market share of the health IT developers that make up the “the “32%” is large.

About 82% of hospitals and 64% of clinicians use these developers’ certified products.
Hospital FHIR concentration by HHR

Percent of hospitals with a 2015 Edition certified-API enabled with FHIR

By Hospital Referral Region

% w/ FHIR: 0-50% 51-75% 76-99% 100%

Source: CHPL, Medicare EHR Incentive Program
Notes: (1) gray areas = HRR with no hospital; (2) The most recent attestations to the Medicare EHR Incentive Program were used to determine EHR installations for all hospitals. These attestations may not reflect the most currently installed technology for all hospitals. In some cases, %’s may be underestimated for HRRs.
Closing Comments

Calvin Beebe
Chair, HL7 Board of Directors
HL7’s 32nd Annual Plenary Meeting

Closing Comments

HL7, Int. Board Chair
Calvin Beebe
To all Speakers – Thank you

- Donald Rucker, MD – Office of the National Coordinator
  - Providing an update for the US prospective

- Sagran Moodley – UnitedHealth Group
  - A Payer’s Perspective to Interoperability

- Stan Huff, MD – Intermountain Healthcare
  - What is CIMI Up to, and How Does It Fit in?

- Nicholas Polys, PhD – Virginia Tech
  - Interactive 3D Visualization in the Wide Web of Health
Some Final Thoughts...

1. Learn about HL7 Standards
2. Building HL7 Standards
3. Networking & Mentoring
Thank You
Wireless Access

- Connect to – HL7SEP2018
- Password – HealthLevel7
- Yes, the password is case sensitive
Evaluations

- Evaluations are collected electronically.
- Please take some time and complete the Plenary Evaluations here:
  https://www.surveymonkey.com/r/oct2018plenary
Co-Chair Elections
Monday – Wednesday

- Clinical Decision Support
- Clinical Genomics
- Clinical Interoperability Council
- Community-Based Care and Privacy
- Conformance
- Emergency Care
- FHIR Infrastructure
- Financial Management
- Health Care Devices

- Implementable Technology Specifications
- Infrastructure and Messaging
Luncheon/Meeting Today

Education Facilitators’ Roundtable
Luncheon/Meeting is 12:30 pm today in Constellation CD
Co-Chairs Dinner/Meeting

Co-Chairs Dinner/Meeting begins at 5:15 pm tonight in Constellation AB
Nurses Breakfast/Meeting

The HL7 Nurses Group started in 2009 during the WGM in Atlanta, Georgia

The group meets Tuesday at 7:00 am for a breakfast working session in Columbia meeting room

Listserv: HL7 Nursing Group
HL7’s 32nd Annual Plenary & Working Group Meeting

Tuesday, October 2, 2018

Baltimore, MD
Tuesday

- CTO Report
- TSC Report
- International Council Report
- Da Vinci update
- Housekeeping Announcements
- Woody Beeler Memorial Scholarship
- Tuesday Night Party
Tuesday

CTO Report
Wayne Kubick
HL7 CTO
CTO Update

Opening Session

Baltimore

October 2018
CTO Themes

VISION
Define and articulate a common technical vision for HL7 2020

SIMPLIFY
Simplify structures and product portfolio; Single source of truth

PROCESS & TOOLS
Improve tooling and efficiency of collaboration

FHIR
Support FHIR team, clear roadblocks

BioPharma
Make HL7 more relevant to pharma
Product Roadmap

3-Year projection of standards development priorities for major product families:

- FHIR
- V3 CDA
- V3 RIM/Messages
- V2
- CIMI (TBD)

Once messaging is agreed, I’ll be asking product management groups to define key milestones to be shared on Confluence.
Current HL7 Collaboration Tool Suite

- **Group Chat**: Zulip – chat.fhir.org; chat.hl7.org
- **Shared Workspace (wiki)**: Confluence
  - New attendance template
  - New document templates (agenda, minutes, decisions)
  - Online forms
- **Issue Tracker and workflow**: JIRA
- **Source Control**: GitHub
- **Modeling**: Sparx WebEA & EA Cloud
- **Conference Calling**: Free Conference Call
Strategic Tooling Goals

- **Goal #1** – Simplify and Improve the Fundamental Collaboration Tooling Environment for HL7 Work Groups
  - Zulip, Confluence, JIRA

- **Goal #2** – Establish a more supportable technology infrastructure
  - Tools catalog; UTG, GitHub; cloud; tooling architecture, website platform

- **Goal #3** – Implement Selective Improvements to Development and Publishing Tools and Processes for High Priority Product Families
  - Move toward common platforms (JIRA for Ballots (testing in Oct.), errata and feedback)
  - Explore using FHIR publishing for other product families
  - Replacement of ballot desktop
  - Replacement of Help Desk/FAQ software

- Also a new pressing need to replace GoMembers (Administrative tool)
IHE Collaboration: Project Gemini

A Joint Venture of IHE and HL7 to Advance Use of FHIR for Interoperability

Joint Steering Committee
New to Confluence?

- We now have three 2-minute educational Webinars!
  - What is Confluence?
  - What can I do in Confluence?
  - Introduction to Space Administration.

- Visit HL7’s You Tube Channel at: youtube.com/HealthLevelSevenInc
CTO Update

Opening Session
Baltimore
October 2018
Tuesday

- CTO Report
- **TSC Report**
- International Council Report
- Da Vinci update
- Housekeeping Announcements
- Woody Beeler Memorial Scholarship
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Tuesday

TSC Report
Austin Kreisler
TSC Chair
Updates from the TSC

Austin Kreisler
TSC Chair
Ballot Lessons Learned

- The TSC conducted a lessons learned exercise for the September ballot cycle.

- As a result, the TSC will clearly document all the approval deadlines associated with balloting
  - Product family management groups are being asked to do the same.

- The deadlines will be clearly communicated to all co-chairs, and to all individuals identified on Notifications for Intent to Ballot

- The next ballot cycle is a short cycle and the TSC is not inclined to be lenient on projects that miss deadlines.
Ballot Lessons Learned

- WGs are responsible for reviewing and approving final content prior to balloting
  - Project teams shall give work groups sufficient time to review proposed content
- All Project teams must ensure content is available on HL7 managed platforms no later than the content deadlines as identified on the publishing calendar
- Product Management Groups and Work Groups may establish earlier deadlines for their products
- Product Management Groups and Work Group may decide to hold back project content from ballot based on a project's failure to meet these deadlines
  - The TSC will support such decisions
Project Scope (PSS) Deadline Changes

- The TSC has decided to change the PSS deadline
- For projects other than investigative and reaffirmations, to submit a Notification of Intent to Ballot (NIB), your PSS must have been approved by TSC a minimum of four weeks before the start of the WGM that precedes the NIB deadline
Project Scope (PSS) Deadline Changes

- This change will be implemented in advance of the **September 2019** ballot cycle
- Projects planning on balloting in the Sept. 2019 ballot cycle will need to have their PSS’s through the entire approval process (including TSC) no later than 4 weeks prior to the May WGM.
Product Management Groups

- We now have three (3) Product Management Groups
  - FHIR Management Group (FMG)
  - CDA Management Group (CDA-MG)
  - Version 2 Management Group (V2-MG)

- Standing up a CIMI Management Group has been deferred by the TSC for the time being
Standards Product Quality

- Product family methodology groups are responsible for developing product quality criteria
  - MnM (FHIR), InM (V2), Structured Documents (CDA)

- Product family management groups measure product conformance to those criteria

- Work groups develop products that conform to the quality criteria

- Product Management groups have the authority to stop poor quality products from going to ballot or final publication
Reference Domain Analysis Model (RDAM)

- Based on the recommendation of the Standards Governance Board (SGB), the TSC has decided not to endorse a proposal to implement an over-arching HL7 methodology requiring harmonization with a RDAM.

- The RDAM was proposed to be based on the US Federal Health Information Model (FHIM) which currently is not managed within HL7.
Reference Domain Analysis Model (RDAM) Continued

- The SGB surveyed various HL7 Methodology groups to determine if there was interest in the proposed information harmonization methodology.

- The limited feedback from those groups did align with the emerging SGB/TSC consensus that such a required methodology would not be appropriate for HL7 International standards development work.
Fall 2018 Harmonization Cycle

• Ballot Calendars and scheduling indicate **November 14-15**
  – We will schedule 2 full days as we needed the full time last cycle
  – Initial proposals due **midnight October 27** for Tech Review
  – Final proposals due **midnight November 9** for meeting prep
  – Late submissions can not be accepted
  – **Will be confirmed – and possibly changed - this Thursday at the Facilitators’ RoundTable discussion**
    – *Note the dates are driven by the ballot site preparation, ballot open dates, and schedule conflicts of key personnel and other HL7 events, notably impact of imminent FHIR ballot deadlines* 

• If no change, initial proposals are due **October 27**

• We will have a technical review within five days
  – There will only be 2 weeks to deal with review feedback before final proposals will be due just a few days before the meeting
  – We have less time this cycle as the WGM was late
Sad News

Peter Gilbert, one of our long time HL7 colleagues passed away recently.
Sad News

- Peter was a co-chair of the Publishing work group
- He was just elected to serve as a co-chair of the Organizational Support steering division, and was prepared to join the TSC at the beginning of the year.

Healthiest Work Groups
## Clinical Steering Division

**Co-Chairs:** Melva Peters, Floyd Eisenberg

**Work Group Members:**

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<th>Emergency Care</th>
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<td>Clinical Decision Support</td>
<td>Learning Health Systems</td>
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<td>Patient Care (PCWG)</td>
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<td>Community Based Care and Privacy (CBCP)</td>
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🌟 = among “Healthiest” WGs for 2018Sep
## Infrastructure Steering Division

Co-Chairs: Paul Knapp, Russ Hamm

Work Group Members:

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🌟 = among “Healthiest” WGs for 2018Sep
# Administrative Steering Division

**Co-Chairs:** Austin Kreisler, Mary Kay McDaniel  
**Work Group Members:**

<table>
<thead>
<tr>
<th>Attachments</th>
<th>Imaging Integration (II)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Electronic Health Record (EHR)</td>
<td>Orders and Observations (O&amp;O)</td>
</tr>
<tr>
<td>Financial Management (FM)</td>
<td>Patient Administration (PA)</td>
</tr>
</tbody>
</table>

⭐️ = among “Healthiest” WGs for 2018Sep
Organizational Support
Steering Division

Co-Chairs: Andy Stechishin, Sandra Stuart

Work Group Members:

<table>
<thead>
<tr>
<th>Electronic Services &amp; Tools (EST)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Process Improvement Committee (PIC)</td>
</tr>
<tr>
<td>Project Services Work Group (PS)</td>
</tr>
<tr>
<td>Publishing (V2 and V3)</td>
</tr>
</tbody>
</table>

🌟 = among “Healthiest” WGs for 2018Sep
Reminder - Evaluation of Staff Support

- Please take a moment to evaluate staff support
- https://www.surveymonkey.com/r/cochairsept2018
Tuesday

- CTO Report
- TSC Report
- **International Council Report**
- Da Vinci update
- Housekeeping Announcements
- Woody Beeler Memorial Scholarship
- Tuesday Night Party
Tuesday

International Council Report

Melva Peters
Co-Chair, International Council
International Council Report

Baltimore, MD
October 2, 2018
Melva Peters
HL7 International Council Co-Chair
Leadership

■ Current Co-Chairs
  ➢ Diego Kaminker
  ➢ Line Saele
  ➢ Melva Peters

■ HL7 International Board – Affiliate Directors
  ➢ Line Saele
  ➢ Frank Oemig
Election Results

- International Council Co-Chair Elections held
  - Peter Jordan (2 year term)
  - Melva Peters (1 year term)
  - Line Saele (2 year term)

- Thank you to Diego Kaminker for his service to the International Council
<table>
<thead>
<tr>
<th>HL7 Affiliates</th>
<th>Members</th>
</tr>
</thead>
<tbody>
<tr>
<td>HL7 Argentina</td>
<td>Fernando Campos</td>
</tr>
<tr>
<td>HL7 Australia</td>
<td>Jason Steen</td>
</tr>
<tr>
<td>HL7 Austria</td>
<td>Stefan Sabutsch</td>
</tr>
<tr>
<td>HL7 Bosnia and Herzegovina</td>
<td>Samir Dedovic</td>
</tr>
<tr>
<td>HL7 Brazil</td>
<td>Marivan Abrahão</td>
</tr>
<tr>
<td>HL7 Canada</td>
<td>Ron Parker</td>
</tr>
<tr>
<td>HL7 China</td>
<td>Li Baolu</td>
</tr>
<tr>
<td>HL7 Croatia</td>
<td>Miroslav Koncar</td>
</tr>
<tr>
<td>HL7 Czech Republic</td>
<td>Libor Seidl</td>
</tr>
<tr>
<td>HL7 Denmark</td>
<td>Sofia Stockholm</td>
</tr>
<tr>
<td>HL7 Finland</td>
<td>Juha Mykkanen</td>
</tr>
<tr>
<td>HL7 France</td>
<td>Francois Macary</td>
</tr>
<tr>
<td>HL7 Germany</td>
<td>Christof Gessner</td>
</tr>
<tr>
<td>HL7 Greece</td>
<td>Alexander Berler</td>
</tr>
<tr>
<td>HL7 Hong Kong</td>
<td>Chung Ping Ho</td>
</tr>
<tr>
<td>HL7 India</td>
<td>Naresh Yallapragada</td>
</tr>
<tr>
<td>HL7 Italy</td>
<td>Giorgio Cangioli</td>
</tr>
<tr>
<td>HL7 Japan</td>
<td>Michio Kimura</td>
</tr>
<tr>
<td>HL7 Korea</td>
<td>Byoung-Kee Yi</td>
</tr>
<tr>
<td>HL7 Netherlands</td>
<td>Bert Kabbes</td>
</tr>
<tr>
<td>HL7 New Zealand</td>
<td>Peter Jordan</td>
</tr>
<tr>
<td>HL7 Norway</td>
<td>Line Saele</td>
</tr>
<tr>
<td>HL7 Pakistan</td>
<td>Khalid Latif</td>
</tr>
<tr>
<td>HL7 Poland</td>
<td>Roman Radomski</td>
</tr>
<tr>
<td>HL7 Portugal</td>
<td>Paulo Alves</td>
</tr>
<tr>
<td>HL7 Romania</td>
<td>Florica Moldoveanu</td>
</tr>
<tr>
<td>HL7 Russia</td>
<td>Sergey Shvyrev</td>
</tr>
<tr>
<td>HL7 Singapore</td>
<td>Adam Chee</td>
</tr>
<tr>
<td>HL7 Spain</td>
<td>Francisco Perez</td>
</tr>
<tr>
<td>HL7 Sweden</td>
<td>Mikael Wintell</td>
</tr>
<tr>
<td>HL7 Switzerland</td>
<td>Roeland Luykx</td>
</tr>
<tr>
<td>HL7 Taiwan</td>
<td>Yu-Ting Yeh</td>
</tr>
<tr>
<td>HL7 UAE</td>
<td>Dr. Mohammed Al Redha</td>
</tr>
<tr>
<td>HL7 UK</td>
<td>Dunmail Hodgkinson</td>
</tr>
<tr>
<td>HL7 Ukraine</td>
<td>Leonid Stoyanov</td>
</tr>
<tr>
<td>US Rep</td>
<td>Ed Hammond</td>
</tr>
</tbody>
</table>
Affiliate Chairs

- Welcome new Affiliates
  - HL7 Portugal

- Welcome new Affiliate Chairs
  - HL7 Portugal – Paulo Alves
  - HL7 Canada – Ron Parker
Attendance (as of October 1, 2018)

- Affiliates represented (in person and by proxy)
  - 19

- Registered Attendees for International Council meeting
  - 36 (34 last meeting)

- US – Non US Attendees
  - 617 total registrants (292)
    - 519 US registrants (142)
    - 98 Non US registrants (150)

- 22 countries represented at this meeting (28)
Facts

- 8.4 million inhabitants
- 4 official languages (German, French, Italian, Romansch)
- 26 cantons, federalism
- Direct democracy
- Not part of the European Union
- Healthcare
  - Swiss residents are highly satisfied but costs are high 2018: ~90 billion CHF or 13% of GDP
  - Swiss residents are required to have a health insurance from private insurance companies
  - Fax, paper communication is still prevalent in healthcare
Activities

- Electronic Patient Record (EPR)
- eHealth Suisse: mHealth recommendations
EPR

- Personal collection of documents relating to your health
- The healthcare professionals file these documents in your EPR
- You alone decide which healthcare professional may read which documents.
- You are not obliged to have an EPR. You can choose whether to have an EPR or not. Same applies for the GP’s for participation.
- First EPR certified systems might be available by 2019, hospitals have to connect till 2020.
- You choose a certified reference community, multiple certified communities will exist.
Projectathons – from spec to certifiable systems

First projectathon last year in Bern at federal office of public health

- IHE Services provides Testing Environment (Gazelle) with additional tests, simulators and validators for the EPR specification
- Find errors/ambiguities in the specifications
- Testing of the reference environment
- Group tests for specific use cases
- 16 organizations, 79 participants, 13 monitors, 4 countries
- 4 days of testing
Projectathons – from spec to certifiable systems

- Defined Maturity Levels for each profile, specification revisions and more projectathons needed to make ordonnance stable.
- Projectathon this year at IHE Connectathon Europe @ The Hague and in Bern, Switzerland last week, increased participation in Bern then last year (23 organizations)
- Maturity Levels could be increased, but
  - CH:XUA specification revision need, Swiss specific profiles (ADR, PPQ and CDA Content profiles) need more implementations and testing
- 2 Projectathons next year, specific online testing in discussion
mHealth Recommendations

1. Continua Guidelines
2. SMART-on-FHIR
3. Extend EPR with the ability to use mobile Web-Technology (mobile IHE Profiles, OpenID Connect)
FEBRUARY 2020 WGM
G’Day HL7
Sydney International
HL7 WGM
1 - 7 February 2020
HL7 ARGENTINA
Argentine Overview
Health care system in Argentina

- Public healthcare covered by the government is not as ideal as we would like, so people who can afford it, have to pay for private healthcare.
- There is also union managed healthcare coverages that provide medical service for their members.
- There is no integration among public, private and union managed healthcare.
- The healthcare system is completely fragmented, disconnected and unequal regarding the organization, funding and medical services availability.
Health care system in Argentina

- HOWEVER...
- **Anyone** in Argentina has the right to receive medical service in public hospitals FOR FREE no matter if they have a private healthcare coverage or they do not have any medical insurance.
  - For example, if you are in Argentina and you broke your arm in the street, you will be assisted in a public hospital and you will be treated for free. Even if you are from other countries.
Interoperability National Strategy

Healthcare Interoperability Goals (High Level)

- In the context of the implementation of the CUS (Universal Healthcare Coverage) it is needed to integrate patient information through all the diverse systems at different points of care throughout the whole country to improve overall quality of patient care, statistics, epidemiology information and management.

- Main Components
  1. Shared Electronic Health Record
  2. Integrate Information from different National Public Health Registry Programs
  4. Security and Privacy
Shared Electronic Health Record.

- Set up an **interoperability infrastructure** strategy at the regional and/or national level allowing document sharing and health patient centered information in order to obtain a longitudinal EHR.

- Define a set of **Clinical Document Templates**. This includes the different components of the Patient Clinical Record. Ambulatory visits, Discharge Summary, Overall Patient Summary, Clinical and diagnostic reports, etc.

- Define/adopt a **standard specification for searching and retrieving** clinical information. (by patient, document type, date period, etc.) and the storage, access and security roles.

- Create a set of tools (education, pieces of software, services, documentation, test servers, etc.) to be used at any level to help the information systems and application information to participate in this project.
#1 Shared Electronic Health Record.

- FHIR & CDA
- Master Patient Identification
  - PIXm & PDQm (IHE Profiles + FHIR STU3)
  - PAM ?
- Document sharing
  - MHD (IHE Profile + FHIR STU3)
#2 Integrate Information from different National Public Health Registry Progs.

- Immunization -> NOMIVAC
- The epidemiological events registered in the National Health Surveillance System (SNVS),
- REMEDIAR -> CUS Medications program.
- NACER -> Prenatal and birth control registries.
- Healthcare Professionals (REFES)
- Health establishments (REFEPS)
- Oncological drugs.
**Objetivos de interoperabilidad en salud (alto nivel)**

En el contexto de la implementación de la Cobertura Universal de Salud, es necesaria la integración de la información del paciente, a través todos los puntos donde fue atendido a lo largo del país y los sub-sistemas, con fines asistenciales, estadísticos, epidemiológicos y de gestión.

1. **HISTORIA CLÍNICA COMPARTIDA**
2. **INTERCAMBIO DE INFORMACIÓN PARA REGISTROS Y PROGRAMAS**
3. **CONTINUIDAD ASISTENCIAL: RECETA ELECTRÓNICA, ORDENES CLÍNICAS, REFERENCIA / CONTRA-REFERENCIA**
4. **SEGURIDAD Y PRIVACIDAD**

**Objetivos de interoperabilidad en salud (nivel intermedio)**

En el contexto de la implementación de la Cobertura Universal de Salud, es necesaria la integración de la información del paciente, a través todos los puntos donde fue atendido a lo largo del país y los sub-sistemas, con fines asistenciales, estadísticos, epidemiológicos y de gestión.

1. **HISTORIA CLÍNICA COMPARTIDA**: Que se establezca una infraestructura de interoperabilidad a nivel regional y/o nacional que permita compartir documentos e información clínica centrada en el paciente, generando una historia clínica compartida longitudinal, esto implica:
THANK YOU!
Tuesday

- CTO Report
- TSC Report
- International Council Report
- Da Vinci update
- Housekeeping Announcements
- Woody Beeler Memorial Scholarship
- Tuesday Night Party
Tuesday

Da Vinci Update

Viet Nguyen
Da Vinci - HL7 Wiki Page
http://www.hl7.org/about/davinci/index.cfm
Link to join Da Vinci listserv at bottom of page

Da Vinci – HL7 Confluence Page
https://confluence.hl7.org/display/DVP/Da+Vinci+Public
Tuesday

- CTO Report
- TSC Report
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Tuesday

Housekeeping Announcements

Mark McDougall
HL7 Executive Director
Meeting Schedule

- General sessions begin in this room at 8:00 am through Thursday.
- Day is broken into quarters:
  - Q1: 9:00-10:30
  - Q2: 11:00-12:30
  - Q3: 1:30-3:00
  - Q4: 3:30-5:00
- 30 minute breaks start at 10:30 am and 3:00 pm.
- Use the Onsite Guide or MobiApp to find the location of your desired meetings.
Lunches

- Lunch is at 12:30 pm each day
- If you have an allergy and had a Special Meals Ticket on your packet, please speak to a server, they may have a meal for you.
- If you registered for Friday and plan to attend the luncheon, please pick up your ticket by **12:00 pm on Tuesday (TODAY)** at the registration desk.
Wireless Access

- Connect to – **HL7SEP2018**
- Password – **HealthLevel7**
- Yes, the password is case sensitive
HL7 Mobile App

- To access our mobile app, follow this URL: http://eventmobi.com/swgm2018
- You can also scan the code at the registration desk.
- With this app, you can stay up to date with event announcements, changes, view the site map, meeting agendas, and best of all, create your own schedule!
- If you experience any issues in your meeting rooms, send a message to the Reg Desk by using the Help Desk tab under WGM Information.
HL7 Mobile App

- If you do not have a smart phone, you can still access this information from your laptop.
- If your WiFi isn’t working well, you can enable the offline mode and still be kept up to date with any changes.
- Meeting room changes and cancellations will be posted on our boards, but you can also see them via the Alerts tab.
- If you have questions or need help with your app, please see the HL7 Staff.
Co-Chair Elections
Monday – Wednesday

- Clinical Decision Support
- Clinical Genomics
- Clinical Interoperability Council
- Community-Based Care and Privacy
- Conformance
- Emergency Care
- FHIR Infrastructure
- Financial Management
- Health Care Devices

- Implementable Technology Specifications
- Infrastructure and Messaging
Board of Directors’ Meeting Today

Board of Directors’ meeting begins at 9:00 am today in Constellation F
Birds of a Feather Meeting 1

Inferno: A New FHIR Testing Tool from ONC

12:30 – 1:30 pm
in Baltimore
Birds of a Feather Meeting 2

Blockchain Hyperledger Fabric

5:15 – 6:30 pm
in Columbia
Birds of a Feather Meeting 3

Reporting with FHIR

5:15 – 6:30 pm
in Annapolis
Birds of a Feather Meeting 4

ICD 10-CM

5:15 – 6:30 pm
in Frederick
Birds of a Feather Meeting 5

BPMN, DMN, CMMN

5:15 – 6:30 pm
in Constellation E
Birds of a Feather Meeting 6

Interoperability
Healthcare and First Responder Data

Please join us on the 15th floor in the Pieces room for discussion and demonstration of the joint HL7-OASIS standards work. REFRESHMENTS PROVIDED 😊

Bridging the Gap Part 2:
HL7/OASIS Advancements in
Emergency Continuity of Care Workshop
5:15 – 7:00 pm
In Pisces (15th Floor)
Breakfast Meeting Tomorrow

Physicians Breakfast Meeting
Wednesday 7:00 – 8:00 am
in Columbia
Evaluations

- Evaluations are collected electronically. Those taking tutorials will be sent a link for their evaluations.
- Meeting attendee evaluation links were sent in your welcome letter and will be sent after the meeting concludes as well.
- If you would like to be in our drawing on Thursday, please be sure to visit the below link by 8:00 am Thursday.

https://www.surveymonkey.com/r/32ndPlenary
Tuesday

Tomorrow’s general session will include:

- HL7 Annual Business Meeting
- Member Recognition
- Sponsor Recognition
- Awards Presentations
  - HL7 Fellows Class of 2018
  - Volunteers of the Year
Tuesday

- CTO Report
- TSC Report
- International Council Report
- Da Vinci update
- Housekeeping Announcements
- Woody Beeler Memorial Scholarship
- Tuesday Night Party
Woody Beeler Memorial Scholarship

- Accepting applications from individuals. Qualifications:
  - Sincere passion/interest in HL7 / healthcare interoperability above / beyond commercial interest
  - Unable to participate at the HL7 WGM due to financial reasons.
  - Deadline for submission 10/31 – awarded by 11/20
  - Up to $1,500 stipend and complementary registration awarded to attend one of the next two WGMs

- More details available at https://www.hl7.org/about/beeler_scholarship.cfm

- Please submit your essay not to exceed 200 words explaining your situation and your interest in HL7 to: WoodyScholarshipApp@HL7.org
Tuesday

Bow-Tie SIG

Christian Hay
Tuesday

Corepoint Tuesday Night Party Announcement

Dave Shaver
CTO, President and Founder, Corepoint Health
Tuesday

Thanks for joining us this week and best wishes for an enjoyable and productive day!
HL7’s 32nd Annual Plenary & Working Group Meeting

Tuesday, October 2, 2018

Baltimore, MD
HL7’s 32nd Annual Plenary & Working Group Meeting

Wednesday, October 3, 2018

Baltimore, MD
Wednesday

- Annual Business Meeting
- Member Recognition
- Sponsor Recognition
- Announcements
Wednesday

- **Annual Business Meeting**
  - Secretary’s Report
  - Treasurer’s Report
  - Chair’s Report
  - HL7 Fellows Class of 2018
Secretary’s Report

Hans Buitendijk, MSc
Board Election results for positions with terms starting January 1, 2019

- Chair-elect:
- Secretary:
- Director-External Influencer:
- Director-Sales/Marketing/Fundraising:
- Affiliate Director:
Board Election Results

- Chair-elect: Walter Suarez, MD, MPH
- Secretary: Melva Peters
- Director-External Influencer:
  - Kensaku Kawamoto, MD, PhD
- Director-Sales/Marketing/Fundraising:
  - Janet Marchibroda
- Affiliate Director: Diego Kaminker
Treasurer’s Report

Melva Peters, Chair of the HL7 Finance Committee
Treasurer’s Report

HL7 Annual Business Meeting
October 3, 2018

Melva Peters, Chair, HL7 Finance Committee
Treasurer’s Report

• Membership trends
• Trends with WGMs and education
• HL7 financial trends
• 2018 YTD and yearend forecast
HL7 Memberships (as of the end the year)

% compared to end of 2012

- Total Members (-38%)
- Org Members (-34%)
- Org Companies (-45%)
- Individual (-61%)

2018 Organizational Membership

<table>
<thead>
<tr>
<th>2018</th>
<th>Change in #</th>
<th>Change in $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jan</td>
<td>+4</td>
<td>+$8k</td>
</tr>
<tr>
<td>Feb</td>
<td>-4</td>
<td>-$4k</td>
</tr>
<tr>
<td>Mar</td>
<td>-3</td>
<td>+$22k</td>
</tr>
<tr>
<td>Apr</td>
<td>-1</td>
<td>-$35k</td>
</tr>
<tr>
<td>May</td>
<td>-11</td>
<td>-$64k</td>
</tr>
<tr>
<td>Jun</td>
<td>+7</td>
<td>+$15k</td>
</tr>
<tr>
<td>Jul</td>
<td>+2</td>
<td>+$34k</td>
</tr>
<tr>
<td>Aug</td>
<td>-5</td>
<td>-$12k</td>
</tr>
<tr>
<td>Sep</td>
<td></td>
<td></td>
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<tr>
<td>Oct</td>
<td></td>
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<tr>
<td>Nov</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dec</td>
<td></td>
<td></td>
</tr>
<tr>
<td>YTD</td>
<td>-9</td>
<td>-$35k</td>
</tr>
<tr>
<td>Total</td>
<td></td>
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</tr>
</tbody>
</table>

Should the average YTD monthly decline of $4,471 continue throughout 2018, the yearend net change will be about -$53k, which would be $88k worse than the +$35k net increase during all of 2017. In summary, the trend in ORG membership revenues was temporarily positive during 2017 but has returned to a declining trend during 2018.
## Trend of Organizational Membership Revenues
(As compared to 2012 when HL7 IP was not freely available)

<table>
<thead>
<tr>
<th></th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>ORG Member Dues</td>
<td>3,118,946</td>
<td>2,827,663</td>
<td>2,528,598</td>
<td>2,654,281</td>
<td>2,654,752</td>
<td>2,599,287</td>
</tr>
<tr>
<td>IND Membership Dues</td>
<td>201,816</td>
<td>175,503</td>
<td>154,509</td>
<td>147,553</td>
<td>134,709</td>
<td>124,102</td>
</tr>
<tr>
<td>Total</td>
<td>3,320,762</td>
<td>3,003,166</td>
<td>2,683,107</td>
<td>2,801,834</td>
<td>2,789,461</td>
<td>2,723,389</td>
</tr>
</tbody>
</table>

Variance to 2012 data

-317,596  
-637,655  
-518,928  
-531,301  
-597,373

Five year average decline in membership revenues as compared to 2012  

-520,571
Working Group Meeting Attendance

Attendees Avg. 456
Working Group Meeting Financials

*Excludes about $132k in staff resources to plan, promote, and produce each WGM*
Finances from distance learning, onsite workshops, certification testing & webinars

*Excludes about $216k in staff resources to plan, promote, and produce all of these events per year.
Highlights of the 2018 budget and forecasted yearend financials
HL7 financials over nine years

NOTE:
Excludes ONC & Argonauts pass thru funds and expenses
2018 Budget Revenue Highlights

• Includes $120k in margins on the ONC funded projects
• Includes the impact from four Board approved increases effective January 1, 2018:
  1. OID price to $250 for members and $500 for non-members expected to generate $160k more in 2018
  2. Average of 5% increase to ORG dues over 2 years expected to produce $62k more in 2018
  3. 5% increase to registration fees over 2 years expected to generate $35k more in 2018
  4. Benefactor dues for governmental agencies to increase to $35k over 2 years ($39k more in 2018)

• Expected to add $412k to 2018 revenues

*Excludes pass-through revenues/expenses for Argonauts & ONC funded projects
Noteworthy 2018 YTD Revenue Highlights

- ORG membership revenues are tracking at a rate of 2.8% under budget, with a yearend forecast of $76k below budget.
- January WGM was the largest WGM of all time attracting 624 attendees and $505k in revenues.
- HL7 FHIR DevDays program revenues of $645k were $181k over budget.
- Forecasting yearend revenues of $6.273M, which is $371k more than budgeted.
HL7 Reserves in Months of Expenses
2018 Budget Expense Highlights

- Includes $308k in new or expanded resources:
  1. $85k website enhancements per EC
  2. $48k for administrative assistant position to support education expansion, more marketing and meeting related duties from absorbing Lillian's position
  3. $35k more for expanding marketing deployment
  4. $25k for part-time IT support that is currently be funded by Tooling budget
  5. $15k for Leadership Development training costs
  6. $50k CTO comp
  7. $50k more for tooling resources
Noteworthy 2018 YTD Expense Highlights

• Given that the January WGM was the largest WGM of all time, the expenses were also higher than budget by $91k, while the actual $73k net is still $31k better than budget

• Cologne WGM expenses were $75k over budget that led to a loss of $84k

• The DevDays program expenses were $29k over budget, but produced a $65k margin as compared to the budgeted margin of $30k.

• Forecasting yearend expenses of $6.295M, which is $144k over budget due primarily to the reasons cited above.
2018 Yearend Summary Forecasts

1. Net operating loss of $22k, which is $226k better than the budgeted loss of $248k

1. Yearend cash reserves of $6,017,404

1. Yearend cash balance as measured in months of operating expenses: 11.47 months
# 2018 Yearend Forecast Summary

<table>
<thead>
<tr>
<th></th>
<th>2018 Budget</th>
<th>YTD Actual thru Sept 19</th>
<th>Yearend Forecast</th>
<th>Variance ($)</th>
<th>Variance %</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Revenues</strong></td>
<td>5,902,475</td>
<td>4,971,389</td>
<td>6,273,883</td>
<td>371,408</td>
<td>6.3%</td>
</tr>
<tr>
<td><strong>Expenses</strong></td>
<td>6,150,850</td>
<td>4,446,782</td>
<td>6,295,663</td>
<td>144,812</td>
<td>2.4%</td>
</tr>
<tr>
<td><strong>Net Income/Loss</strong></td>
<td>-248,375</td>
<td>524,607</td>
<td>-21,780</td>
<td>226,595</td>
<td>91.2%</td>
</tr>
<tr>
<td><strong>2018 Yearend Reserves</strong></td>
<td>5,790,809</td>
<td>6,017,404</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Reserves in months of operating expenses</strong></td>
<td>11.30</td>
<td>11.47</td>
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Any questions?
Chair’s Report

Calvin Beebe
32nd Annual Plenary & Working Group Meeting

Chair’s Report

Calvin Beebe
Tuesday Board Meeting

- Treasurer’s Report – Melva Peters
- Review of the product road map – Wayne Kubick
- Tooling plan update – Wayne Kubick
- Preponderance of influence recommendation – Wayne Kubick
- Discussion on plan to streamline HL7’s portfolio – Austin Kreisler
- Joint meeting HL7 International Board & the FHIR Foundation Board
- HL7 Foundation (HL7 Europe) Board Meeting – Catherine Chronaki
- Thank you to our departing board members.
Product Roadmap

Review of product roadmap

➢ Wayne reviewed his current draft of the product roadmap with the board. The following product families were discussed:

FHIR   CDA   V3 RIM & Messaging   V2 Messaging

➢ A small committee of the board will work on tuning the message for general audiences, and identify the best method and timing to move this forward.
Tooling Plan Update

- The board considered a recommendation provided by the TSC on supporting the development of HL7 V2 tooling.

  ➢ Wayne also shared a table of other tooling projects that have been proposed for next year.

  ➢ The board decided that it would need to gather more information before it could resolve the question on which projects to fund.
Preponderance of influence recommendation

The Board reviewed a plan to deal with issues related to individuals having a dominant influence during the standards development process.

From the ANSI Essential Requirements:

1.2 Lack of dominance

➢ The standards development process shall not be dominated by any single interest category, individual or organization. Dominance means a position or exercise of dominant authority, leadership, or influence by reason of superior leverage, strength, or representation to the exclusion of fair and equitable consideration of other viewpoints.
Additional Topics

- Austin reviewed a number of questions related to the board’s request to have the TSC develop a plan to streamline the HL7 portfolio.
  - The board reviewed the questions and provided some clarifications.

- A joint meeting between the FHIR Foundation Board and the HL7 International Board was undertaken to discuss a number of issues.
  - No resolutions at this time, but we look forward to continued discussions.
Catherine Chronaki provided an overview of the European HL7 program

- Budget – supported by HL7 International ($20,000) and supplemented with project funds from the European commission.
- Work plan updates:
  - Successfully conclude Trillium II projects
  - Started new projects including FAIR4Health, MHEalth Hub and Capable
  - Prepare HL7 European #11 newsletter
  - Cooperate with CET TC215 on HL7/CEN IPS and other projects
  - Influence/promote HL7 standards including European vaccination care and European EHR Exchange Format.

The board approved a motion to establish a task force to look at increasing the European representation on the HL7 Foundation Board.
# HL7 2018 Board of Directors

**Directors at Large**
- Jennifer Covich Bordenick
- Nancy Orvis MHA*
- Melva Peters
- Walter Suarez MD MPH

**Appointed Directors**
- Dave Shaver HL7F
- Mary Ann Slack
- Andrew Truscott

**Affiliate Directors**
- Frank Oemig PhD*
- Line Saele

**TSC Chair**
- Austin Kreisler
HL7 2018 Board Officers & Staff

- **Board Chair**
  - Calvin Beebe

- **Board Vice Chair**
  - Patricia Van Dyke*

- **Board Secretary**
  - Hans Buitendijk MSc*

- **Board Treasurer**
  - Russell Leftwich MD

- **Chair Emeritus**
  - W. Edward Hammond PhD

- **HL7 Int. CEO**
  - Charles Jaffe MD PhD

- **HL7 Int. CTO**
  - Wayne Kubick

- **Executive Director**
  - Mark McDougall
Thanks to outgoing Board Members

Pat Van Dyke
Hans Buitendijk
Nancy Orvis
Frank Oemig
Thank you
2018 HL7 Fellows

Welcome the Class of 2018 HL7 Fellows
Congratulations to 2018 HL7 Fellows

David Hay, MD
Beat Heggli
Patrick Lloyd
Rob McClure
Corey Spears
Congratulations to 2018 HL7 Fellows

David Hay
Beat Heggli
Patrick Lloyd
Rob McClure
Corey Spears
Wednesday

Announcement by Chuck Jaffe
Wednesday

- Annual Business Meeting
- **Member Recognition**
- Sponsor Recognition
- Announcements
Wednesday

Recognition of our valued tutorial speakers, who helped produce 19 tutorials this week
Wednesday

Recognition and thanks to our mentors, facilitators, TSC members and all co-chairs…

the **backbone** of HL7
Recognition of Newer Members

…Will all people who have been HL7 members for less than 10 years please stand
Recognition of Long Time Members

...If you have been an HL7 member for more than 10 years please stand
Recognition of Long Time Members

...If you have been an HL7 member for more than 20 years, please continue standing
Recognition of Very Long Time Members

HL7 members for more than 25 years include:

Hans Buitendijk
Gary Dickinson
Ted Klein
Virginia Lorenzi

Clem McDonald, MD
Recognition of Very Long Time Members

HL7 members for more than 30 years include:

Wes Rishel and Ed Hammond
Wednesday

- Annual Business Meeting
- Member Recognition
- Sponsor Recognition
- Announcements
Wednesday

Recognizing our Sponsors at this week’s Working Group Meeting
Thank You to Our Sponsors

iNTERFACEWARE

MOXE

AEGIS

Corepoint HEALTH
Wednesday

Recognizing our 2018 Benefactors
Thank You to Our Benefactors

VVC Holdings
Wednesday

Recognizing our
2018 Gold Members
Thank You to Our Gold Members

(1 of 7)
Thank You To Our Gold Members
Thank You to Our Gold Members
Thank You to Our Gold Members
Thank You to Our Gold Members
Thank You to Our Gold Members

(7 of 7)
Wednesday

- Annual Business Meeting
- Member Recognition
- Sponsor Recognition
- Announcements
Co-Chair Elections
Monday – Wednesday

- Clinical Decision Support
- Clinical Genomics
- Clinical Interoperability Council
- Community-Based Care and Privacy
- Conformance
- Emergency Care
- FHIR Infrastructure
- Financial Management
- Health Care Devices

- Implementable Technology Specifications
- Infrastructure and Messaging
TSC Luncheon Meeting

- The TSC Luncheon Meeting is today

- Please grab your meal from the main buffet and bring it to Frederick
Announcements

- Co-Chairs—please let staff know if you will be leaving your room early, or plan to join another work group

- Attendee Evaluations
  - There will be a drawing for prizes from the collected evaluations during the general session tomorrow
Networking Reception

Please join us tonight
5:15 pm – 6:45 pm
Constellation AB
Awards & Special Recognition

22nd Annual
W. Edward Hammond, PhD
Volunteers
of the Year Award
Awards & Special Recognition

2018 Volunteer of the Year
Brett Marquard
Awards & Special Recognition

2018 Volunteer of the Year

Riki Merrick
Awards & Special Recognition

2018 Volunteer of the Year

Bryn Rhodes
2018 Volunteers of the Year

Congratulations to:

Brett Marquard
Riki Merrick
Bryn Rhodes
Announcements

- Thanks, best wishes for an enjoyable day and, we look forward to seeing you at our reception tonight.
HL7’s 32nd Annual Plenary & Working Group Meeting

Wednesday, October 3, 2018

Baltimore, MD
HL7’s 32nd Annual Plenary & Working Group Meeting

Thursday, October 4, 2018

Baltimore, MD
Thursday

Announcements

Mark McDougall
HL7 Executive Director
Co-Chair Election Results

- Clinical Decision Support - Howard Strasberg
- Clinical Genomics - Bob Milius
- Clinical Interoperability Council - Russ Leftwich
- Community-Based Care and Privacy - Johnathan Coleman, David Pyke
- Conformance - Frank Oemig, Nathan Bunker
- Emergency Care - Dominik Brammen
- FHIR Infrastructure - Rick Geimer, Josh Mandel
- Financial Management - Paul Knapp, Benoit Schoeffler
- Health Care Devices - John Garguilo
Co-Chair Election Results

- Implementable Technology Specifications - Brian Pech
- Infrastructure and Messaging - Sandy Stuart
- Learning Health Systems - Russ Leftwich
- Mobile Health - Nathan Botts, Gora Datta
- Modeling and Methodology - AbdulMalik Shakir, Ron Shapiro
- Orders and Observations - Ken McCaslin
- Public Health - Joginder Madra
- Security - Trish Williams
- Templates - Kai Heitmann
- Vocabulary - Reuben Daniels
Thursday

Upcoming Meetings
Future HL7 Working Group Meeting

Working Group Meeting

January 12 – 18, 2019
Hyatt Regency San Antonio on the Riverwalk

San Antonio, TX
Future HL7 Working Group Meeting

Working Group Meeting

May 4 – 10, 2019
Le Centre Sheraton
Montreal Hotel

Montreal (Quebec)
Canada
Future HL7 Working Group Meeting

33rd Annual Plenary & Working Group Meeting

September 14 – 20, 2019
Marriott Marquis Hotel

Atlanta, GA
Future HL7 Working Group Meeting

International Conference & Working Group Meeting

February 1 – 7, 2020

Sydney, Australia
Future HL7 Working Group Meeting

Working Group Meeting

May 16 – 22, 2020

Hyatt Regency San Antonio on the Riverwalk

San Antonio, TX
Future HL7 Working Group Meeting

34th Annual Plenary & Working Group Meeting

Sept. 19 – 25, 2020
Renaissance Baltimore Harborplace Hotel

Baltimore, Maryland
Thursday

- Should your travel plans prevent you from using lunch tickets, please return them to the registration desk this morning.
- No general session on Friday.
Thursday

With a number of room changes since yesterday, please check the MobiApp or the meeting changes board for notices of updated room assignments.
Thursday

Drawing for Prizes
Thursday

Thank you and safe travels!
HL7’s 32nd Annual Plenary & Working Group Meeting

Thursday, October 4, 2018

Baltimore, MD