HL7 is people, almost all volunteers, from organizations around the world.

HL7 is solutions, innovative ideas and resources for interoperability.

HL7 is results with the power to enhance human health and wellness on a global scale.

More Than You Think
HL7 FHIR® | The Argonaut Project | C-CDA®

See inside for HL7 FHIR® sessions and more!

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HL7 doesn’t provide patient care. We make caring for patients safer.
HL7 doesn’t write software. We make writing software more intuitive.
HL7 doesn’t do clinical research. We make doing clinical research more effective.
HL7 doesn’t pay for healthcare. We make paying for healthcare less costly.
HL7 is more than standards and messaging. HL7 is shaping the future of healthcare.

Stop by BOOTH #5825 at HIMSS for live presentations in the HL7 educational theater.
Visit us online at HL7.org/HIMSS
Follow us on Twitter for news and happenings at HIMSS16: @HL7

Plus, get your #FHIRselfie and post it to the HL7 Twitter page for a chance to win a $50 Visa gift card. Make sure to pick up your FHIR glow stick.
Stop by **BOOTH #5825** for live presentations in the HL7 educational theater.

## Theater Presentation Schedule

### TUESDAY, MARCH 1

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
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<tr>
<td>9:40 – 10:10 am</td>
<td>HL7 Fast Healthcare Interoperability Resources (FHIR®)</td>
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<tr>
<td>10:20 – 10:50 am</td>
<td>Interoperability to Support a Learning Health System</td>
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<tr>
<td>11:00 – 11:30 am</td>
<td>HL7’s Vision for 2016 and Beyond</td>
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<tr>
<td>11:40 – 12:10 pm</td>
<td>The Future of Laboratory Implementation Guides</td>
</tr>
<tr>
<td>12:20 – 12:50 pm</td>
<td>HL7 Membership and Basic Overview</td>
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<tr>
<td>1:00 – 1:30 pm</td>
<td>The Argonaut Project and HL7 FHIR</td>
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<tr>
<td>1:40 – 2:10 pm</td>
<td>Best Practices with Consolidated CDA (C-CDA®)</td>
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<tr>
<td>2:20 – 2:50 pm</td>
<td>SMART on FHIR: Apps for Health</td>
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<tr>
<td>3:00 – 3:30 pm</td>
<td>All You Ever Wanted to Know About HL7 Standards for Quality Reporting</td>
</tr>
<tr>
<td>3:40 – 4:10 pm</td>
<td>Improving C-CDA: Listening to Implementers</td>
</tr>
<tr>
<td>4:20 – 4:50 pm</td>
<td>HL7 FHIR Implementation Projects</td>
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<tr>
<td>5:00 – 5:30 pm</td>
<td>HL7 Functional Model Overview and Use: EHR, PHR, and Profiles</td>
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### WEDNESDAY, MARCH 2

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<td>How Payers Are Using HL7 Standards to Solve Today’s Most Important Business Challenges</td>
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<td>HL7 CIMI Work Group: Creating Detailed Clinical Models to Support FHIR Interoperability</td>
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### THURSDAY, MARCH 3

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</tr>
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<td>Blazing a Trail: Better Care, Healthier People and Lower Costs through the Interoperability Roadmap</td>
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### HIMSS EDUCATION SESSION

**HL7 Argonaut Project: One Year Later**

Location: Rock of Ages Theater at the Sands Expo Convention Center

Featuring HL7 CEO Dr. Charles Jaffe, Argonaut Project Manager Micky Tripathi and other industry experts.

Sessions in **RED** are part of HL7® FHIR®
All You Ever Wanted to Know About HL7 Standards for Quality Measurement and Reporting

Tuesday, March 1
3:00 – 3:30 pm

Quality measurement, reporting and improvement are foundational components of health and healthcare. Most countries have developed national strategies to measure, monitor, and improve health and healthcare, and pay for healthcare services based on the quality of the service and the health outcomes achieved both at the individual and population level. The rapid adoption and implementation of electronic health records, clinical decision support systems and advanced data analytics have transformed the ability to collect, report and use quality measures. Quality measurement and improvement have become instrumental in achieving better health, better care, and better access at a lower cost.

Since the 1990s, HL7 has led the development of electronic standards for capturing, calculating, and reporting quality measures. National initiatives have began to adopt and require the use of these standards in various public and private programs. With increased scrutiny on quality, more refined and mature standards have began to be developed. This session will provide an overview of the current state of quality measurement and reporting, the HL7 framework for quality measurement and reporting standards. Core HL7 standards currently in use and under development will be reviewed, including Health Quality Measurement Format (HQMF, eMeasures, eClinical Quality Measures), Quality Reporting Document Architecture (QRDA), Quality Improvement Logical Model, Metadata for Quality, and Quality on FHIR®.

Walter G. Suarez, MD, MPH: Co-Chair, HL7 Clinical Quality Information Work Group; Executive Director, Health IT Strategy and Policy, Kaiser Permanente

Best Practices with Consolidated CDA® (C-CDA®)

Tuesday, March 1
1:40 – 2:10 pm

Thursday, March 3
11:40 – 12:10 pm

Although the CDA standard has existed for over 14 years, and supported human readability from the start, the rapid adoption of the C-CDA Implementation Guide for Meaningful Use has not been without some challenges. This session will explore a number of topics that may be relevant to current implementations using C-CDA for patient summaries and transitions of care. We will explore the following questions and provide some useful answers:

- Where do I find the standard and C-CDA experts?
- What are the changes between C-CDA 1.1 and 2.1?
- Where can I find samples for sections used in C-CDA?
- Where can I find the value sets (codes) used in C-CDA?
- Where can I learn more about the CDA standard?
- Where do I ask questions about the standards?
- Where do I post issues I’m having with the standard?
- How do I help make it a better standard?

The C-CDA 1.1 & 2.1 are both draft standards, which means HL7 is currently seeking feedback from implementers. By answering these questions, we will help you and hopefully we will get valuable feedback to help us improve this important standard.

Jean Duteau: Co-Chair, HL7 Modeling and Methodology Work Group; International Representative, HL7 Technical Steering Committee; Project Lead, C-CDA 2.1 Survey and Implementation-A-Thons, C-CDA 2.1 Companion Guide; Independent Consultant, Duteau Design Inc.

Blazing a Trail: Better Care, Healthier People and Lower Costs through the Interoperability Roadmap

Thursday, March 3
1:00 – 1:30 pm

Accenture and HL7 share how policy framework and technologies come together to connect U.S. healthcare like never before.

Charles Jaffe, MD, PhD: HL7 International Chief Executive Officer
David Susanto: Senior Manager, Civilian Health Programs, Accenture Federal Services

Building a Partnership for Precision Medicine

Wednesday, March 2
3:40 – 4:10 pm

Last year President Obama announced the precision medicine initiative to improve disease treatment and prevention by taking into account information about factors such as genetics and environment. HL7 has several standards (e.g. Version 2, CDA, SMART/FHIR Genomics) and collaborative efforts (e.g. Argonaut, federal hackathons) that will enable this vision of building partnerships in precision medicine.

In this talk, we will introduce these HL7 efforts and describe how various organizations have recommended using HL7 standards for precision medicine. This work was recognized and promoted by various governmental/other organizations for building precision medicine partnerships including: IOM DIGITizE (Pharmacogenomics), NIH (PMI Cohort Program RFA-one of the largest grants ever), White House ONC recommendations (from Precision Medicine Task Force), and Global alliance for Genomics and Health (GA4GH), and others. A number of international pilots are now under way, bridging clinical and genomic information across international boundaries for precision medicine.

Charles Jaffe, MD, PhD: HL7 International Chief Executive Officer
Gil Aterovitz, PhD: Co-Chair, HL7 Clinical Genomics Work Group; Assistant Professor, Biomedical Informatics, Harvard Medical School; Associate Scientific Researcher, Children’s Hospital

Getting the Most Out of Your Data Using HL7 Clinical Decision Support Standards

Wednesday, March 2
Thursday, March 3
3:00 – 3:30 pm
9:40 – 10:10 am

The use of health information technology (HIT) standards for encoding data, representing knowledge and delivering knowledge-based interventions can help facilitate implementation of clinical decision support (CDS). The presenters, who are co-chairs of the Health Level Seven CDS Work Group, will survey the standards developed by this group, including formalisms for accessing and representing clinical knowledge and data models to support these standards. The Arden Syntax is a standard language for representing medical knowledge in the form of medical logic modules (MLMs). Various patient data models will be reviewed, including the Virtual Medical Record (VMR), the Quality Improvement and Clinical Knowledge model (QUICK), and Fast Healthcare Interoperability Resources (FHIR) as they pertain to clinical decision support. The Clinical Quality Language (CQL), which is a standard expression language for CDS and clinical quality measurement (CQM), will also be discussed. Infobuttons are context-sensitive links from EMRs to knowledge resources. The Decision Support Service standard is a joint HL7/OMG service framework for evaluating patient data using knowledge modules. The CDS Knowledge Artifact Specification is an overarching schema for defining different types of CDS artifacts, including event-condition-action rules, order sets and clinical documentation templates. The latest versions of these standards will be described at a high level, showing how they can be used to implement CDS.

Robert A. Jenders, MD, MS, FACP, FACMI: Co-Chair, HL7 Clinical Decision Support Work Group; Professor of Medicine, Charles Drew University and University of California, Los Angeles
Howard R. Strasberg, MD, MS, FACMI: Co-Chair, HL7 Clinical Decision Support Work Group; VP Medical Informatics, Wolters Kluwer Health
HL7 CIMI Work Group: Creating Detailed Clinical Models to Support FHIR Interoperability

Wednesday, March 2
1:40 – 2:10 pm

The HL7 FHIR standard is widely regarded as the best approach for creating truly interoperable healthcare services. The structure of data within the payload of a FHIR service is defined by resource definitions. To get to very explicit definitions that support truly interoperable services, implementers are allowed to create FHIR profiles. It is important that developers have the freedom to create FHIR profiles so they can guarantee that their use cases can be satisfied. At the same time, this freedom poses a potential threat to interoperability. If everyone exercises their right to make profiles, and the profiles they create are different, then there is no guarantee of interoperability. Cardiologists, gastroenterologists, pediatricians, and obstetricians could all make different profiles for the same clinical findings, which could in turn be different from profiles produced for sharing public health data, which could be different still from profiles created for clinical quality reporting. The goal of the HL7 CIMI group is to create computable logical models that can be used to algorithmically produce FHIR profiles to support true interoperability of FHIR services.

Stanley Huff, MD, FHL7: Past Chair, HL7 International Board of Directors; Chief Medical Informatics Officer, Intermountain Healthcare

HL7 Fast Healthcare Interoperability Resources (FHIR®)

Tues., Mar. 1 9:40 – 10:10 am
Wed., Mar. 2 5:00 – 5:30 pm
Thurs., Mar. 3 10:20 – 10:50 am

HL7 FHIR (pronounced “Fire”) is a specification that describes a RESTful API that can be used to exchange health, healthcare and related information between systems across a variety of contexts, from the classic in-hospital back-office system exchange to social media in a web 2.0 context. FHIR combines HL7’s existing health knowledge with a simple, scalable exchange protocol that is used in the latest web-based technologies. FHIR defines a set of ‘resources’ to represent health and healthcare administration related information. These resources express granular clinical and administrative concepts that can be electronically exchanged in order to quickly and effectively solve system interoperability problems in healthcare and related processes. The resources cover the basic elements of healthcare – patients, admissions, diagnostic reports, medications and problem lists – with their typical data elements and also support a range of richer and more complex clinical models. The simple direct definitions of the resources are based on thorough requirements gathering, formal analysis and extensive cross-mapping to other relevant standards.

Grahame Grieve, FHL7: FHIR Product Director, Health Level Seven International; Co-Chair, HL7 Modeling and Methodology Work Group; Modeling and Methodology Facilitator-HL7 Infrastructure and Messaging Work Group; Principal, Health Intersections Pty Ltd.

HL7 FHIR Implementation Projects

Tues., Mar. 1 4:20 – 4:50 pm
Wed., Mar. 2 9:40 – 10:10 am
Thurs., Mar. 3 12:20 – 12:50 pm

There are a number of open community projects working on using FHIR for all sorts of interesting healthcare data exchange applications. Some examples include Argonaut, Healthcare Services Platform Consortium (HSPC), and a number of ONC-sponsored projects such as DAF and SDC. This presentation will describe these projects, and discuss the relationships between them, along with the possible ramifications for vendors and providers.

Grahame Grieve, FHL7: FHIR Product Director, Health Level Seven International; Co-Chair, HL7 Modeling and Methodology Work Group; Modeling and Methodology Facilitator-HL7 Infrastructure and Messaging Work Group; Principal, Health Intersections Pty Ltd.

Dave Shaver, FHL7: Co-Chair, HL7 FHIR Governance Board; CTO, President and Founder, Corepoint Health
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**Presentation Descriptions**

**HL7 Membership and Basic Overview**

**Tues., Mar. 1**
12:20 – 12:50 pm

**Wed., Mar. 2**
12:20 – 12:50 pm

**Thurs., Mar. 2**
3:00 – 3:30 pm

You and colleagues in your company could profit from joining Health Level Seven International (HL7) as an organizational member. This presentation will review the many benefits of membership, and the value of participating in standards development and implementation. Learn the basic organizational structure of HL7, the products it offers, and its efforts in standards development worldwide. Within the United States many HL7 data models and messaging standards have been chosen to be the foundation of several Meaningful Use requirements, especially those around consolidated CDA. However, a new world is emerging in healthcare standards as HL7 further develops its Fast Healthcare Interoperability Resources (FHIR).

**Grant Wood:** Facilitator, HL7 Clinical Genomics Work Group; Chair, HL7 Membership and Strategic Resources Committee; Senior IT Strategist, Intermountain Healthcare Clinical Genetics Institute

**Ken McCaslin, MAR, FHL7:** Chair, HL7 Technical Steering Committee, HL7 International; Co-Chair, HL7 Orders and Observations Work Group; Senior Manager, Accenture Federal Service

**Patricia Van Dyke, RN:** Board Chair, HL7 International; Director of Electronic Data Interchange, Privacy, Information Security and Standards, Moda Health

**HL7’s Vision for 2016 and Beyond**

**Tuesday, March 1**
11:00 – 11:30 am

Join HL7’s CEO Dr. Jaffe as he shares information about the new initiatives the organization is undertaking in 2016, including the Partners in Interoperability Conference and the launch of the HL7 FHIR Foundation.

In support of HL7’s vision to improve patient care and enable better healthcare outcomes, these new initiatives are designed to further identify the challenges healthcare faces in achieving true interoperability and develop solutions to overcome those barriers.

As the rapidly changing healthcare industry begins to focus more on precision medicine and with the end goal of a learning health system, HL7 standards will play a critical role in this transformation.

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

**HL7 Functional Model Overview and Use: EHR, PHR and Profiles**

**Tuesday, March 1**
5:00 – 5:30 pm

While HL7 is best known for international standards related to messaging and document architecture, it has also been successful in the development of functional model standards. In this session, we will discuss the Electronic Health Record System Functional Model and the Personal Health Record System Functional Model as base standards. Further, the creation of profiles will be discussed including the tooling which has been developed to support conformance.

**Patricia Van Dyke, RN:** Board Chair, HL7 International; Director of Electronic Data Interchange, Privacy, Information Security and Standards, Moda Health
How Payers Are Using HL7 Standards to Solve Today’s Most Important Business Challenges

Wednesday, March 2
11:00 – 11:30 am

HL7 International has been thought of as being directed toward the clinical community; however, healthcare and the health of individuals is of interest to others beyond the healthcare provider. A review of the industry shows the importance of the payers in the healthcare industry, both at the public and private level. The payer role and the impact of HL7 standards on administrative and clinical data exchange is global, from the US, to Canada, to Australia, Europe and the Middle East. As a result of this, the HL7 Payer User Group was formed to bring together interested parties to ensure that the payer needs were addressed as standards are developed. This session will discuss activities of the Payer User Group, the HL7 payer summits and the use of HL7 standards in the payer space today. It will also address the development of standards where the payers are involved, including data analytics for care quality alerts, digital care plan exchange and ADT information for value-based care programs.

Patricia Van Dyke, RN: Board Chair, HL7 International; Director of Electronic Data Interchange, Privacy, Information Security and Standards, Moda Health

Improving C-CDA: Listening to Implementers

Tuesday, March 1
3:40 – 4:10 pm

In September 2015, HL7 was awarded a grant by the Office of the National Coordinator (ONC) to help reduce the inconsistencies in Consolidated Clinical Document Architecture (C-CDA®) implementations across the healthcare industry.

This grant has a number of components that are looking at means to improve C-CDA guidance for implementers:

- Discovery of C-CDA content inconsistencies via surveys and in-person Implementation-a-thons
- Extension and/or modification of template samples to address identified inconsistencies

At this time, there are two initiatives that have been launched: A C-CDA R2.1 survey and implementation-a-thons, the results of which will be included in the C-CDA R2.1 Companion Guide.

Learn about:

- What is an Implementation-A-Thon?
- Who participates in an Implementation-A-Thon?
- How will HL7 Implementation-A-Thon findings be rolled into C-CDA guidance and best practices in the C-CDA R2.1 Companion Guide?
- How can you participate in the Companion Guide review?

Jean Duteau: Co-Chair, HL7 Modeling and Methodology Work Group; International Representative, HL7 Technical Steering Committee; Project Lead, C-CDA 2.1 Survey and Implementation-A-Thons, C-CDA 2.1 Companion Guide; Independent Consultant, Duteau Design Inc.


Interoperability to Support a Learning Health System

Tuesday, March 1
10:20 – 10:50 am

The concept of a learning health system is one in which emerging knowledge and advances in science and technology can be applied for improving health. It is a system in which both evidence development and knowledge application flow seamlessly and continuously in the course of care. Achieving such a vision
will require interoperability that is seamless as well and the flow of data that is captured once and reused many times. The mission of the HL7 Learning Health Systems Work Group is to take a system level view of data interoperability and standards requirements for a learning health system using the methods and techniques applied to smaller, individual domains in that system.

Russell Leftwich, MD: Board Treasurer, HL7 International; Co-Chair, HL7 Learning Health Systems Work Group; Senior Clinical Advisory for Interoperability, InterSystems

**Introduction to Clinical Document Architecture (CDA\(^*\)) and Consolidated CDA (C-CDA\(^*\))**

**Wednesday, March 2**
**11:40 – 12:10 pm**

This presentation will introduce the audience to the HL7 Clinical Document Architecture (CDA) and HL7 Consolidated CDA standards.

CDA is an ANSI and ISO approved standard specification for the representation of clinical documents. CDA is an XML-based document markup standard that specifies the structure and semantics of clinical documents for the purpose of exchange. A CDA document is a defined and complete information object that can exist outside of a message, and can include text, images, sounds, and other multimedia content. Just as you can create a document in MS Word or in PDF, you can create a clinical document in CDA format.

The “A” in “CDA” refers to architecture, and signifies the ability to constrain CDA to create more specific document types like those specified in the C-CDA. The C-CDA specification is a library of CDA templates that can be used to specify a number of document types, including: Continuity of Care Document (CCD\(^*\)), Discharge Summary, Diagnostic Imaging Report, Operative Report, Progress Note and others.

Jean Duteau: Co-Chair, HL7 Modeling and Methodology Work Group; International Representative, HL7 Technical Steering Committee; Project Lead, C-CDA 2.1 Survey and Implementation-A-Thons, C-CDA 2.1 Companion Guide; Independent Consultant, Duteau Design Inc.

**Joginder Madra: Co-Chair, HL7 Public Health and Emergency Response Work Group; Modeling Facilitator, HL7 Public Health and Emergency Response Work Group; Project Lead, C-CDA 2.1 Survey and Implementation-A-Thons, C-CDA 2.1 Companion Guide; Independent Consultant, Madra Consulting Inc.**

**Moving Family Health History & Genetic Test Result Data into the Electronic Health Record for Clinical Decision Support**

**Wednesday, March 2**
**4:20 – 4:50 pm**

In 2015, we saw significant progress in advancing the use of genetic/genomic testing in clinical care. The White House and NIH Precision Medicine initiative is rapidly moving forward. Several national and international groups have increased their activity in this area. The Institute of Medicine’s Action Collaborative, called DIGITizE, is focused on getting coded genetic data into the electronic health record. This year a pilot will begin to test a standardized data set with organizations representing laboratories, health systems, and EHR vendors. The Global Alliance for Genomics and Health is working to solve the issues of sharing data between researchers, biobanks, clinical trials, and healthcare providers – thinking globally across geographic boundaries.

When we include the increasingly funded efforts toward healthcare consumers owning and controlling their data, collectively this will increase the implementation demands of HL7 Clinical Genomics solutions. Implementation guides are available for both Version 2 and CDA-based genetic data transmission, and the Version 3 Pedigree model for family health history. However, with HL7 FHIR resources having been created for family history and genetic data, FHIR is generating an explosion of interest in developing new data transmission, data storage, and CDS solutions, and both clinical and consumer based apps.

Grant Wood: Facilitator, HL7 Clinical Genomics Work Group; Chair, HL7 Membership and Strategic Resources Committee; Senior IT Strategist, Intermountain Healthcare Clinical Genetics Institute
SMART on FHIR: Apps for Health

Tues., Mar. 1
2:20 – 2:50 pm

Wed., Mar. 2
1:00 – 1:30 pm

Thurs., Mar. 3
1:40 – 2:10 pm

Learn how SMART Health IT’s open, standards-based technology platform enables innovators to create apps that run seamlessly and securely across the healthcare ecosystem. We’ll describe how FHIR, OAuth, and OpenID Connect, allow healthcare providers and patients to plug SMART apps into EHRs, portals, and data warehouses. And we’ll illustrate the platform through a set of apps in SMART’s open App Gallery (https://gallery.smarthealthit.org/).

Josh Mandel, MD: Project Lead, SMART Health IT

The Argonaut Project and HL7 FHIR®

Tues., Mar. 1
1:00 – 1:30 pm

Wed., Mar. 2
2:20 – 2:50 pm

Thurs., Mar. 3
11:00 – 11:30 am

The Argonauts are “a group of highly motivated health information technology vendors and health care organizations that have come together to sponsor a focused effort to accelerate development of a FHIR API and Core Data Services specification under the auspices of HL7.” This session will discuss who is participating, the scope of work that is planned, and the timeline for completion of the work, and how this work relates to some other ongoing initiatives. We will also discuss the Argonaut Project Implementation Partners Program.

Micky Tripathi, PhD: Project Manager, HL7 Argonaut Project; President and Chief Executive Officer, Massachusetts eHealth Collaborative

The Future of Laboratory Implementation Guides

Tuesday, March 1
11:40 – 12:10 pm

Thursday, March 3
2:20 – 2:50 pm

In coordination with the Office of the National Coordinator’s (ONC) Standards & Interoperability (S&I) Framework initiative, HL7 developed a family of Laboratory Implementation Guides that address the definition of orderable lab tests (eDOS guide), placement of an order (LOI guide), and the reporting of the results (LRI guide). The 2014 Certification Edition included the LRI guide. But subsequently the 2015 Certification ONC removed the LRI guide as none of the Meaningful Use objectives/measures required its use. However, all three guides are firmly included in the 2016 Interoperability Standards Advisory and are expected to be the means to perform laboratory messaging going forward. From the first LRI version included in the 2014 Certification Edition to the currently published family of Laboratory implementation guides hundreds of improvements have been made to improve clarity and address surety of receipt, and included updates to the Version 2 standard. This presentation will highlight the improved interoperability now attainable that will help drive better and more complete laboratory messaging.

Hans Buitendijk, FHL7: Director, HL7 International Board of Directors; Co-Chair, HL7 Clinical Statement Work Group; Co Chair, HL7 Orders and Observations Work Group; Senior Expert R&D, Cerner Corporation

Ken McCaslin, MAR, FHL7: Chair, HL7 Technical Steering Committee, HL7 International; Co-Chair, HL7 Orders and Observations Work Group; Senior Manager, Accenture Federal Service

Plus, don’t miss this bonus HIMSS education session!

HL7 Argonaut Project: One Year Later

Thursday, March 3 | 4:00 – 5:00 pm

Location: Rock of Ages Theatre at the Sands Expo Convention Center

In 2014, HL7 launched the Argonaut Project in collaboration with leading healthcare IT vendors and providers to accelerate the development and adoption of HL7’s newest standard, FHIR® (Fast Healthcare Interoperability Resources). This session will provide an overview of the FHIR adoption trajectory, details about the work accomplished by the Argonaut Project to date and what this collaboration means for the future of healthcare interoperability.

Speakers include HL7 CEO Dr. Charles Jaffe, Argonaut Project Manager Micky Tripathi and other industry experts.
HL7 Initiatives & Standards

The Argonaut Project

HL7 launched the joint Argonaut Project in December 2014. This initiative addresses the recommendations of the JASON Task Force, a joint task force of the HIT Standards and Policy Committees. The goal of the newly formed project is to accelerate the development and adoption of HL7’s Fast Healthcare Interoperability Resources (FHIR®). The purpose of the Argonaut Project is to rapidly develop a first-generation FHIR-based API and Core Data Services specification to enable expanded information sharing for electronic health records and other health information technology based on Internet standards and architectural patterns and styles. The project is accelerating current FHIR development efforts to provide practical and focused FHIR profiles and implementation guides to the industry.

Clinical Document Architecture (CDA®)

Clinical documents are the core of a patient’s lifetime health record. HL7’s CDA standard provides an exchange model for clinical documents such as discharge summaries and progress notes. A consistent approach to electronic clinical documents means that critical information contained in the documents can be used independently of the application on which it was produced. For example, CDA documents can be displayed using XML-aware web browsers or wireless applications on mobile devices. This standards is implemented throughout the world. CDA, Release 2 was published as an international standard by the International Organization for Standardization (ISO) in late 2009.

Consolidated CDA® (C-CDA®)

The HL7 Consolidated CDA is an implementation guide that reconciles and consolidates nine different healthcare exchange templates into a single template library. It includes the following implementation guides: History & Physical Note, Consult Note, Operative Note, Procedure Note, Diagnostic Imaging Reports, Discharge Summaries, Unstructured Documents (any clinical type) and Progress Notes.

Clinical Genomics Pedigree Model

The HL7 Clinical Genomics Pedigree Model is a data standard for transmitting family health histories between systems. This includes describing a patient’s full pedigree with diseases and conditions, and the option to link genetic data and risk analysis. It has the ability to transmit complete family history information for clinical decision support. This model is ANSI-approved and is the HITSP-accepted standard. This standard allows EHR/PHR interoperability, and is in use by the Surgeon General in his family history collection website: My Family Health Portrait, https://familyhistory.hhs.gov/.

HL7 Fast Healthcare Interoperability Resources (HL7 FHIR®)

HL7 FHIR (pronounced “Fire”) specifies a RESTful API that can be used to exchange health, healthcare and related information between systems across a variety of contexts, from the classic in-hospital backoffice system exchange to social media in a web 2.0 context. FHIR combines the best features of HL7’s existing solutions, while leveraging the latest web technologies and applying a critical focus on implementation. FHIR solutions are built from a set of modular components called “Resources”. These resources can easily be assembled into working systems that solve real world clinical and administrative problems at a fraction of the time and cost of existing alternatives. FHIR is suitable for use in a wide variety of contexts, including uses for mobile devices, cloud communications, EHR-based data sharing, server communication in large institutions, and much more.

S&I Framework Laboratory Results Interface Implementation Guide Using HL7 Version 2.5.1

This implementation guide was included in the Meaningful Use Stage 2 Standards and Certification Criteria for 2014. It provides guidance for electronic reporting of laboratory tests to ambulatory care providers in the US. It was developed within the S&I Framework supported by the Office of the National Coordinator of Healthcare Information Technology (ONC) and balloted through HL7. The LRI IG uses profiles to refine the IG. The refinement can occur through the use of identifiers, fields or other critical items that help define the information necessary to support the EHR and the laboratory based on business requirements and the healthcare setting. This flexibility allows implementers to expand their use of the guide as they gain more functionality in their systems through the selection of more complex profiles.

Quality Reporting Document Architecture (QRDA)

QRDA describes constraints on the CDA and is a document format that provides a standard structure with which to report quality measurement data to organizations that will analyze and interpret the data. Quality measurement in healthcare is complex. Accurate, interpretable data efficiently gathered and communicated is key in correctly assessing that quality care is delivered.

Version 2 Messaging Standard

The Version 2 Messaging Standard is one of the most widely implemented standards for healthcare information in the world and was published as an international standard by ISO in 2009. Version 2 is a messaging standard that allows the exchange of clinical data between systems. It is designed to support a central patient care system as well as a more distributed environment where data resides in departmental systems. In 2010, Version 2 was named in the US Office of the National Coordinator for Health Information Technology’s Final Rule on the initial set of standards, implementation specifications and certification criteria for EHR technology. Version 2.8.2, representing the latest update to the Version 2 standard, was published in September 2015.
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