



# NEWS

AUGUST 2007

THE OFFICIAL PUBLICATION OF HEALTH LEVEL SEVEN, INC.

## In This Issue...

Bylaws And Governance.....2-3

Update from Headquarters.....4-5

HL7's 21st Annual Plenary Meeting Schedule.....6

HL7 Website Strategy Update.....7

HL7 TSC—Continuity in a New Structure.....8-9

News from the PMO.....10-11

Certification Exam Congrats.....11

HL7 Announces First Two Registered Profiles Derived from EHR Standard.....12-13

ExL Pharma's 3rd Annual Merging EHR and eClinical Technologies.....13

HL7 Releases Version 2.5.1.....14

Congratulations, Co-Chairs.....14

HL7 SOA SIG Commemorates Major Milestone.....15

Upcoming Co-Chair Elections....16

HL7 Benefactors.....16

Upcoming Working Group Meetings.....17

Educational Summits.....18

Update on Ballot Process & Content.....19

INTERNATIONAL NEWS.....20-22

International Column.....20-21

Affiliate Chairs.....21

Meet Two New Affiliate Chairs.....22

Organizational Members.....23-25

TC and SIG Co-Chairs.....26-28

HL7 Facilitators.....29-30

2007 Board of Directors.....31

HL7's 21st Annual Plenary and Working Group Meeting.....32

## Update from the CEO: Building for the Future

There is always an air of enthusiasm that comes with a new job. I remember fondly a sense of pride when my next-door neighbor agreed to let me shovel the snow off her walkway. I think I was about nine. It did not matter what I would be paid or how long it would take me. When I was finished, I was pleased that she admired my work and at the sense of accomplishment that came with it.

Today, the challenges have changed, but not the excitement that accompanies the opportunity. At HL7, the prospects for making a real difference are more important than ever. We are confronted with demands from our stakeholders, from government agencies, from the technology community and from our patients. While the world seems to be shrinking, the problems we are asked to solve have grown exponentially.

More than 30 years ago, there was a popular slogan, for which many took credit (or blame): "If you're not part of the solution, you're part of the problem." While I'm not quite so fatalistic, I do believe there is a real message behind that notion. We have come to a crossroads in healthcare, from which very different pathways diverge. On one point, however, there is consensus that we must find a better way to collect, refine and share our body of knowledge. Over the last two decades, the volunteers of HL7 have done just that.

Now we are faced with even greater challenges. The changes in HL7 will begin to help us build a more efficient organization. For one, the process of guiding the development of our technology will change most. The new Technical Directorate will oversee the work of Technical Committees and help to both steer a course and drive innovation. If our goals are met, by year's end, the Directorate will be managed by a Chief Technology Officer, employed by HL7.

Another priority at HL7 is the development of a strong and effective marketing effort. The reach must be to the membership as well as to the community at large. To this end, we will soon have a new website, rebuilt from the ground up, and capable of more efficiently conducting business, sharing key information, and promoting our prod-

ucts and services. In addition, we are in the planning phase to add a Director of Marketing, employed by HL7 and tasked with re-shaping our market outreach and rebranding efforts, as well as fine-tuning our public relations.

While our leadership grows so must our ability to raise revenue to support them. I am reminded of a statement by Canadian-born Harvard professor and best-selling author, John Kenneth Galbraith, "The only function of economic forecasting is to make astrology look respectable." Despite the cynicism of this leading capitalist, we are well on track to live within our means and to add to our funding portfolio.

While these business priorities have certainly topped our list of near-term objectives, none may be as important as redefining ourselves as a truly international organization. By year's end, I will have traveled to three continents, meeting face-to-face with the members and leadership of six affiliates, and learning first-hand about their priorities and critical requirements. Perhaps a more fundamental task will be managing the evolution of HL7 toward the goal of "one member, one vote."

Through all of these changes, we will not lose sight of our core values and the vision of the membership. Peter Drucker, the Austrian-educated guru of business management wrote, "Do not believe that it is very much of an advance to do the unnecessary three times as fast." To that end, I encourage your feedback, support your active participation in these exciting changes, and welcome a dialog about the future of our organization.

Sincerely,

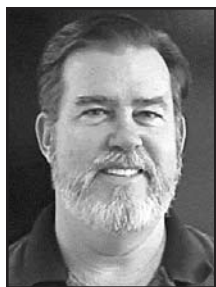
Charles Jaffe, MD, PhD  
HL7 CEO



Charles Jaffe, MD, PhD

# Bylaws and Governance: HL7 in Transition

By Chuck Meyer, Chair, Health Level Seven



**Chuck Meyer**

A critical component of our restructuring effort involves the HL7 Bylaws and Policy and Procedure Manual (PPM). All of our current governance structures and

operational processes are defined by these two documents. Given that we will need to make changes to accommodate the restructuring efforts already developed by the various task forces and endorsed by the Board of Directors, the Bylaws and Policy Review Committee (BPR) made a proposal to the Board to significantly revamp our Bylaws and create a new companion document. In addition to better supporting the objectives of the reorganization, the BPR was reacting to observations made in the ANSI process audit of September 2006. The BPR also considered changes proposed in 2005 by the Process Improvement Committee (PIC) and input from the Organizational Review Committee (ORC); an effort that preceded our strategic initiatives study.

The proposal calls for the creation of streamlined Bylaws as well as a Governance and Operations Manual (GOM), which incorporates those articles moved from the Bylaws and the old PPM into a more user friendly and coherent manual. The concept of the streamlined Bylaws was approved by the Board during the May meeting in Cologne. The intent is to limit the Bylaws to those articles required by statute and necessary to support our articles of incorporation [as defined by the State of New Jersey], while maintaining the bulk of policy and process in the GOM. In essence, the Bylaws would become fairly static, while the GOM would become a dynamic and 'living' governance document.

A first draft, termed Bylaws 2008, has been prepared and circulated to the Board for consideration. This will be followed by distribution to the PIC and Affiliate Chairs for comments. Finally, Bylaws 2008, with an effective date of January 1, 2008, will be submitted to the membership in an administrative ballot. While a ballot date has yet to be established, it is our intent to complete the administrative ballot before the holiday season. Approval requires a majority affirmative vote from those members casting a vote, excluding abstentions.

To set the stage, please take a moment to compare the current Bylaws, circa 2002, with Bylaws 2008. The basic table of contents of each document is presented in a side bar for reference. You will notice that Bylaws 2008 has been streamlined. The bulk of the policy and process issues have been removed and remaining articles have, in many instances, been significantly scaled back.

What is missing and why? First, you will notice that Articles 14 and 15, which cover the rules under which we conduct Technical Committee and Full Membership Ballots, are no longer included in Bylaws 2008. This is because bylaws are fairly static and difficult to change while these two articles define processes and we need to be able to respond to potential changes in these processes in a timely and effective manner. This has resulted in the organization crafting policy and procedure statements to address improvements or changes to these processes brought about by experience or revisions to ANSI Essential Requirements (ER). Compliance with ANSI ER, which is revised and issued annually, is crucial to the continuation of our accreditation as a Standards Development Organization (SDO). An unfortunate side effect of our efforts to stay current via the PPM is confusion from the membership as to

current process definition. This will be eliminated by bringing these processes into the GOM. The same logic applies for submissions of HL7 protocol specifications to ANSI for approval (Article 17). In addition, the article dealing with use of the corporate name (Article 12) is policy best stated in the GOM. Last, but certainly not least, our policies regarding intellectual property (Article 18) are much more readily maintained in the GOM than in the Bylaws.

Before we consider those articles that have been scaled back, please note the addition of an article addressing dissolution. By statute a non-profit corporation must address dissolution of the corporation in the Bylaws. Perhaps due to our incorporation as a "perpetual" organization this was overlooked in our original filing in 1988. That oversight has been corrected. OK, now let us examine the scope of some of the remaining articles.

Membership (Article 3) has been limited to eligibility and the categories of membership, including a definition of student membership that is mentioned but not defined in our current documentation. There is now specific criteria for an individual membership as expressed in the original bylaws. Each category also includes specifics regarding use of the protocol specifications and voting privileges. However, the sections addressing classification of organizational members and various policy issues have been moved to the GOM.

Governance (Article 6) has been limited to the definition of the structure of the Board of Directors and how vacancies will be addressed. The specifics regarding terms and duties of the Officers and the responsibility of the Board are now addressed in the GOM. Article 8 simply allows for appointed positions, but does not name any such positions. This article

## HL7 BYLAWS: A COMPARISON

### Current HL7 Bylaws; effective October 1, 2002

<b>Article 1</b>	Name
<b>Article 2</b>	Purpose, Objectives, and Approach
<b>Article 3</b>	Membership
<b>Article 4</b>	Dues, Fees, and Donations
<b>Article 5</b>	Voting
<b>Article 6</b>	Governance
<b>Article 7</b>	Officers
<b>Article 8</b>	Appointed Positions
<b>Article 9</b>	The Working Group
<b>Article 10</b>	Administrative Committees
<b>Article 11</b>	Conferences, Meetings, and Educational Conferences
<b>Article 12</b>	Use of Health Level Seven (HL7) Name
<b>Article 13</b>	Indemnification of Corporate Agents
<b>Article 14</b>	Protocol Specifications: Technical Committee Ballots
<b>Article 15</b>	Protocol Specifications: Full Membership Ballot
<b>Article 16</b>	Revision of Bylaws
<b>Article 17</b>	Submission of HL7 Protocol Specifications for ANSI Approval
<b>Article 18</b>	Intellectual Property

### HL7 Bylaws 2008; effective January 1, 2008

<b>Article 1</b>	Name
<b>Article 2</b>	Purpose, Objectives, and Approach
<b>Article 3</b>	Membership
<b>Article 4</b>	Dues, Fees, and Donations
<b>Article 5</b>	Participation
<b>Article 6</b>	Governance
<b>Article 7</b>	Nomination and Election
<b>Article 8</b>	Appointed Positions
<b>Article 9</b>	The Working Group
<b>Article 10</b>	Administrative Committees
<b>Article 11</b>	Conferences, Meetings, and Educational Programs
<b>Article 12</b>	Indemnification of Corporate Officers
<b>Article 13</b>	Dissolution
<b>Article 14</b>	Revising the Bylaws

may be deemed nonessential upon further review. The Working Group is defined in Article 9, but the specifics regarding the creation and dissolution of technical committees and special interest groups has been moved to the GOM. The net effect is that the Bylaws have literally been cut in half; falling from twenty-five pages to twelve.

The GOM will carry virtually all HL7 process, previously termed policy (POL) and procedure (PRO). An important component of the GOM is a new process addressing the maintenance of the document. Under current procedures the membership votes on Bylaws, but the Board ratifies the PPM with no obligation to engage the membership in its deliberations. In contrast, the GOM includes an open, iterative, and proac-

tive maintenance process that engages the membership at several levels. It replaces the BPR with a Governance and Operations Committee (GOC) and specifies the relationship between the GOC and PIC in the reconciliation of work items for the maintenance of the GOM. Once the Bylaws are in place, the GOM, incorporating changes already endorsed by the PIC, will be put forward to the Board for ratification. Once ratified, the new maintenance process will become effective. We should all look forward to the day when we have a dynamic and participatory governance document.



Charles (Chuck) Meyer  
HL7 Chair

## HL7 NEWS

is the official publication of:

Health Level Seven, Inc.  
3300 Washtenaw Avenue, Suite 227  
Ann Arbor, MI 48104-4261 USA  
Phone: +1 (734) 677-7777  
Fax: +1 (734) 677-6622  
[www.HL7.org](http://www.HL7.org)

Mark D. McDougall  
*Publisher*

Andrea Ribick  
*Managing Editor*

Karen Van Hentenryck  
*Technical Editor*



**Mark McDougall**

# Global Meetings Lead to MOU with Global SDO

## Update from Headquarters

By Mark McDougall, HL7 Executive Director

### Cologne Warmly Welcomes HL7

HL7 convened our recent Working Group Meeting in Cologne, Germany, April 29 – May 4. Not only were the hotels and local attractions a big hit for our attendees, but Cologne was also encountering very unseasonably warm temperatures the week of our meeting.

Cologne's most famous landmark is their renowned Kolner Dom (Cologne Cathedral). Begun in 1248 and completed in 1880, the spectacular Cathedral stands 157m (515 ft) tall, which was the tallest structure in the world until the Eiffel Tower was built in 1889. In fact, upon arrival to Cologne, some HL7 meeting attendees fought their jet lag by climbing the 510 steps to the viewing deck of the Cologne Cathedral. Crazy!

Another highlight of the trip was being introduced to Cologne's special beer: Kölsch. Cologne is very proud of its beer, and produces twenty types of Kölsch. Since the Kölsch is served in very small glasses, sampling as many of the different kinds of Kölsch as possible became a goal for some attendees. Of course, as is said about Las Vegas, what happens in Cologne, stays in Cologne.



The HL7 networking reception was hosted on a large passenger cruise ship on the Rhine River. Wonderful weather, spectacular scenery, great food and plenty of beverages led to a fabulous evening on water and later on land (see above paragraph about Kölsch).

### Cologne Meeting Sponsors

The following organizations sponsored functions or publications at our recent Working Group Meeting in Cologne, Germany. We are grateful for their additional support and are pleased to recognize these organizations.

- **AGFA Health Care**—Meeting Brochure
- **Gordon Point Informatics**—Afternoon Snack Break on Wednesday and Thursday
- **IBM** – On-Site Meeting Schedule & Hotel Guide
- **iINTERFACEWARE**—Co-Sponsor for Networking Reception/Rhine Cruise as well as the Afternoon Snack Break on Tuesday
- **Link Medical Computing**—Morning Coffee Break all week
- **Orion Health**—Afternoon Snack Break on Monday
- **Ringholm GmbH**—Co-Sponsor for Networking Reception/Rhine Cruise



*Crowded ship gets ready to set sail on the Rhine for the Wednesday evening reception.*

## GS1 and HL7 Join Forces to Improve Patient Care and Safety

During the HL7 Board of Directors meeting in Cologne, executive leadership from GS1 addressed the HL7 Board and solicited opportunities for collaboration between our two organizations. Subsequent discussions led to the signing of a memorandum of understanding for GS1 and HL7 to collaborate to develop global healthcare standards to reduce medical errors and to increase the effectiveness of the healthcare supply chain.

For those not familiar with GS1, it is a not-for-profit organization dedicated to the design and implementation of global standards and solutions to improve the efficiency and visibility throughout supply chains.

GS1 is truly global, with local Member Organizations in 108 countries, and with Global Offices in Brussels, Belgium and Princeton, NJ. GS1 is driven by more than a million companies, who execute more than five billion transactions a day with the GS1 System of Standards. This makes it the most widely used supply chain standards system in the world. GS1's diversified portfolio ranges from GS1 Bar Codes to GS1 eCom (electronic commerce tools) to next generation technologies and solutions such as GS1 GDSN (Data Synchronization), EPCglobal (using RFID technologies) and traceability.

The leadership of each organization is convinced that this collaboration will benefit the healthcare community by aligning the standards development and joining forces in promoting global standards in the healthcare community. More details on our collaboration will be forthcoming.

### Newest Benefactor

We are pleased to recognize Progress Software Corporation—DataDirect Technologies Division as our newest



**GS1 President Michel van der Heijden and HL7 CEO Charles Jaffe, MD, PhD, at the signing of the MOU in Orlando, FL.**

HL7 benefactor. Their decision to join HL7 at this highest level of membership shows their commitment to HL7 and is much appreciated. We are proud to report that HL7 now has 35 benefactors, which is an all time high.

### HL7's 21st Annual Plenary and Working Group Meeting

HL7's 21st Annual Plenary and Working Group Meeting convenes September 16-21 in Atlanta, GA. This year's plenary session will take place on Monday, September 17 and is themed "HL7: Transformation in Healthcare." It will feature a keynote presentation given by John Halamka, MD, Chair of the Healthcare Information Technology Standards Panel (HITSP). Leslie Lenert, MD, Director of the National Center for Public Health Informatics at the Centers for Disease Control has also been invited to deliver a keynote address, but at press time his attendance had not yet been confirmed.

Other highlights of this year's plenary program include a presentation given by our CEO, Charles Jaffe, MD, PhD, that will cover HL7-specific transformation. In addition, we have an exciting panel session titled "HL7 as the Catalyst for Transformation of Healthcare IT around the World" that will feature speakers from across the globe.

For more information on the plenary program, please see the detailed schedule on page 6.

### WGM Calendar

I am also pleased to announce that our plans of producing one of our three working group meetings each year outside the USA will continue, including Vancouver, Canada in 2008 and Kyoto, Japan in 2009. The actual schedule of upcoming working group meetings is as follows:

**September 16-21, 2007** – Atlanta, GA

**January 13-18, 2008** – San Antonio, TX

**May 4-9, 2008** – Phoenix, AZ

**September 14-19, 2008** – Vancouver, BC, Canada

**January 11-16, 2009** – Orlando, FL

**May 10-15, 2009** – Kyoto, Japan

**September 20-25, 2009** – Atlanta, GA

# HL7's 21st Annual Plenary Meeting\*



**Theme:**

## HL7: Transformation in Healthcare

**Monday, September 17, 2007  
Sheraton Atlanta Hotel, Atlanta, GA**

- 8:30 – 8:40 a.m. **Welcoming Comments**  
*Mark McDougall*, Executive Director, HL7
- 8:40 – 9:20 a.m. **Keynote Address:**  
**Presentation Topic TBD**  
*Leslie Lenert, MD (invited)*, Director, National Center for Public Health Informatics, Centers for Disease Control
- 9:20 – 10:00 a.m. **Keynote Address:**  
**HL7's Role in Transforming the U.S. Healthcare Environment**  
*John D. Halamka, MD*, Chair, Healthcare Information Technology Standards Panel (HITSP)
- 10:00 – 10:30 a.m. **HL7-Specific Transformation**  
*Charles Jaffe, MD, PhD*, CEO, Health Level Seven
- 10:30 – 11:00 a.m. **Break**
- 11:00 a.m. –  
12:30 p.m. **Panel Session**  
**HL7 as the Catalyst for Transformation of Healthcare IT  
around the World**  
Moderator: *John D. Halamka, MD*  
*Diego Kaminker*, Chair, HL7 Argentina  
*Yun Sik Kwak, MD, PhD*, Chair, HL7 Korea  
*Dennis Giokas*, CTO, Canada Health Infoway  
*Jos M. Baptist*, Senior Advisor Standardization Processes, NICTIZ the National ICT Institute for Healthcare in The Netherlands



\*Schedule and speakers are subject to change.

A final agenda will be emailed to HL7 members and printed in the HL7 On-Site Meeting Schedule & Hotel Guide in August.

# HL7 Website Strategy Update

By Ken McCaslin, Co-Chair, Electronic Services Committee



*Ken McCaslin*

What kind of experiences have you had as you surf the web? If you are like me, it is often difficult to find websites where you have had a truly pleasant experience that fulfills all of your needs. During the Request for Proposal (RFP) vendor conference call in June one of the vendors asked me, “Can you name a website that you feel is a good example of what you would like?” It felt like a test. If I failed, I would not be able to make it to the next level—whatever that level was. The problem with websites is that there are so many bad ones to choose from and each organization has its own audiences and its website is tailored to those specific audiences. Unfortunately, I couldn’t immediately find a specific website that captured everything we were seeking to accomplish.

A marketing friend in the banking business pointed out something to me that I had not previously considered. The Internet has become the marketing tool for many businesses, but it is led by technology experts rather than marketing types. She theorized that is the reason why so many technology sites are so complex and difficult to use. She also suggested that a website should be approached the same way as one would approach any marketing campaign: determine your target audience. This is exactly what we had tried to do in developing the RFP—target the HL7 website to our audience.

The HL7 audience encompasses a variety of groups. For example, the primary audience for the HL7 Marketing Committee is the non-member looking to learn more about HL7. One of the Marketing Committee goals is to edu-

cate and reach out to non-members and encourage them to become involved in HL7 as active members. Co-chairs also want many of their duties simplified, such as posting meeting minutes and documents as well as developing ballot materials. In addition, co-chairs want their committee members to easily find the materials they need in a timely manner. Members want to keep apprised of various committee activities just in case there is something happening that might be significant to their company. Anyone who visits the HL7 website wants to be able to easily research the HL7 website for documents, meeting minutes, and other crucial pieces of information.

As you can see, we have many audiences who have a variety of needs as they peruse the HL7 website. The complexity of building a website to meet the needs of these different audiences is not going to be an easy task. Thanks to the input of the Electronic Services Committee (ESC) members and our Request for Information (RFI) vendor, a well-defined RFP document was developed. Some of the RFP respondents indicated it was the best developed RFP they had ever seen. In order to respond to the RFP vendors regarding a hallmark website, I looked to the retail industry to find examples of websites that contained many of the elements that the ESC wanted to include in the new HL7 website. What I discovered about retail websites was that less is more. The home pages did not attempt to tell me everything at once. Instead, they re-directed me to the specific page that included the information I needed. If I was a newbie, I found a step-by-step

process to fast track me to the order. If I knew what I was looking for, I could by-pass several screens and get to the newest gadget that I wanted to buy. Certainly retail marketing and healthcare standards development are very different markets. However, lessons can be learned in the approach that retailers have taken to handle the various audiences that are attracted to their website.

HL7 member input has been gathered through interviews and online questionnaires. The ESC received feedback from “newbies,” experienced HL7 co-chairs, the HL7 Board and general membership. It is clear that the HL7 web surfer is varied both in experience and knowledge, and I believe we have made that very clear in the RFP. Because our RFP detailed the complex user community and system requirements that were necessary for the new HL7 website, it is not surprising that the vendors anticipated we might already have a website in mind that we would like to emulate.

Now we are at a point where the next step is to select a vendor to help build our new HL7 website. The first major milestone, after selecting a vendor, is to provide a preview of what our website will look like at the Plenary and September Working Group Meeting in Atlanta, Georgia. We have plans to unveil the new website at the January 2008 Working Group Meeting in San Antonio, Texas.



Woody Beeler, PhD

# HL7 Technical Steering Committee—Continuity in a New Structure

By George (Woody) Beeler, PhD, Chair, HL7 Transitional Task Force

## Background

From the inception of HL7 in the late 1980s, the Technical Steering Committee (TSC) has been central to the HL7 standards development process. The TSC is the only entity, other than the HL7 Board, that is explicitly referenced in the HL7 Bylaws which state: “A Technical Steering Committee shall be established consisting of the following voting members: the Technical Chair, the Technical Vice-Chair, the Technical Secretary, and one of the co-chairs of each Technical Committee and Special Interest Group.” (The Technical Chair, Technical Vice-Chair, and Technical Secretary are Board-appointed positions.)

Over the last couple of years, the HL7 Board has undertaken a Strategic Initiative to review the HL7 mission and structure, and to formulate recommendations for changes that can assure HL7’s continuity and directions for the future. The Strategic Initiative effort recommended that the structure of the TSC be revised to allow it greater oversight of the development of HL7 specifications.

In the early 1990s, the TSC consisted of about 15 members, each of whom was familiar with the efforts being undertaken in each of the technical committees. They could, therefore, effectively oversee and guide the technical functions of HL7. By the end of last year, however, the HL7 working group had grown to include over 40 individual Technical Committees (TCs) and Special Interest Groups (SIGs). At that size, the TSC cannot be an effective decision-making body, even though it remains the focal point for collaboration between the co-chairs who are the front-line leaders of HL7 technical development.

## Transitional Technical Task Force

In order to implement the Strategic Initiative objectives, the HL7 Board formed the Transitional Technical Task Force (T3F) to make recommendations on the future direction and responsibilities of the TSC. The T3F was comprised of one representative from each of three sub-groups of HL7 committees, two representatives from the HL7 Affiliates, a Board-appointed liaison, and a Board-appointed member at large.

The Strategic Initiative recommendations included consideration of a “slimmed-down” TSC in a pattern similar to the T3F as well as a set of responsibilities that the TSC should assume. The T3F began meeting in January 2007, and presented its recommendations for the restructuring of the TSC to the HL7 Board during the May Working Group Meeting in Cologne. These recommendations were revised in collaboration with the Board during May, and were then adopted by the Board in late May. A process for electing the members of the new TSC was launched in June 2007 and will finish before the start of the September meeting in Atlanta, Georgia.

The remainder of this article summarizes the recommendations from the T3F as reflected in the draft Mission and Charter state-

ments for the TSC. The complete set of recommendations from the T3F can be seen at <http://hl7t3f.org/wiki>.

## Draft Mission for TSC

This group supports the HL7 mission to create and promote its standards by:

Overseeing and coordinating the technical efforts contributed by the HL7 participants who make up the HL7 Working Group. Its mission is to assure that the efforts of the Working Group are focused on the overall HL7 mission.

The Technical Steering Committee and the HL7 Working Group operate in such a way so as to:

- respect the contributions and ideas of the talented individuals who make up the Working Group;
- maintain an effective focus on the goals of HL7;
- assure that all major decisions are based on consensus of the stakeholders;
- maximize sharing and “re-use” of work products between elements of the Working Group;
- use project management to assure that project goals are articulated and met;
- reduce competition and conflict between the elements of the Working Group; and
- assure that HL7 standards are developed on a solid architectural foundation that assures consistency and interoperability.

## Draft Charter

### Work Products and Contributions to HL7 Processes

The HL7 Technical Steering Committee (TSC) is responsible for overseeing the execution of standards development within HL7 by assuring that the efforts of the Working Group (WG) are effectively focused on accomplishing the product and services strategy set forth by the Board.

The Technical Steering Committee provides a coherent architecture and development process and establishes or reviews the Technical Architecture, the development methodologies, and the work processes to be used by the WG in developing HL7 consensus-based standards specifications.

The Technical Steering Committee also oversees the technical operations of the Working Group and assures that the Working Group works smoothly together and covers the work scope in a consistent matter.

The Technical Steering Committee serves as the primary communication vehicle for the technical operations of HL7 and serves as the technical authority of HL7, communicating status and guidelines regarding standards and operations.

### **Composition of the Technical Steering Committee**

The Technical Steering Committee is composed of nine voting members: six elected representatives, one Board-appointed position (the Chief Technical Officer), and up to two Technical Steering Committee-appointed positions. It also includes a non-voting secretary and other staff support positions. The members will serve two-year, renewable terms.

The TSC will be supported by four Steering Divisions (SD). Each SD will represent a set of HL7 Technical Committees, Special Interest Groups and TSC-appointed Committees. (The Committees and SIGs in each SD are listed later in this article.)

The composition of the TSC will include:

- Technical Steering Committee Chair, elected by the TSC from the pool of voting TSC members
- Chief Technical Officer, Board appointed ex officio
- Foundations & Technologies Steering SD Representative and Alternate, elected by the SD
- Structures and Semantic Design SD Representative and Alternate, elected by the SD
- Domain Expertise SD Representative and Alternate, elected by the SD
- Support Services SD Representative Alternate, elected by the SD
- Two Affiliate Representatives, elected by global affiliates
- Architecture Review Board (ARB) Representative, TSC Appointed
- TSC-appointed Member, ad hoc
- Recorder/Scribe, designated by HQ (non-voting)
- Technical Staff & Consultants (non-voting)

### **Formal Relationships with Other HL7 Groups**

The Technical Steering Committee is the focal point for decision making, harmonization, issue resolution, and project and committee creation and dissolution within the Working Group. The TSC is a representative consensus body of elected and appointed members. The TSC Chair will be an ex officio voting member of the HL7 Board.

### **TSC Steering Divisions**

As noted above, the TSC will include the formation of four Steering Divisions to help coordinate the activities within four sets of committees and SIGs. Each Steering Division will be a committee in its own right made up of the co-chairs of the groups in the SD. It is expected that each SD will meet face-to-face during each Working Group Meeting and will conduct conference calls, as needed. A partial list of specific SD responsibilities includes:

- Nominate and elect the representative from that SD to the TSC, who will also serve as a Co-Chair of the SD
- Nominate and elect an Alternate representative to the TSC, who will also serve as a Co-Chair of the SD
- Review proposed projects and make recommendations for action to the TSC monitor project status within the SD
- Review proposals to create, modify or dissolve Committees and SIGs in their SD and make recommendations for action on same to the TSC
- Identify coordination issues within and between the committees of the SD and resolve these or recommend resolutions to the TSC
- Identify coordination issues between SDs and their committees and recommend resolutions to the TSC
- Undertake harmonization tasks as delegated by the TSC

The Steering Divisions are composed of the following groups:

### **Foundation & Technologies Steering Division**

Committees and projects in this division focus on providing the fundamental tools and building blocks that other committees should use to build the standards, and upon the technology infrastructure that implementers of HL7 standards must manage.

They include:

- Infrastructure and Messaging
- Specifications
- Implementation/Conformance
- Modeling & Methodology
- Service Oriented Architecture (SOA)
- Implementable Technology
- Java
- Security
- Templates
- Vocabulary

### **Structure & Semantic Design Steering Division**

Committees and project in this division focus on creation of basic patterns and common messages that could exist on their own, but are mostly used by others.

They include:

- Arden Syntax
- Clinical Decision Support
- Electronic Health Record (EHR)
- Financial Management
- Orders and Observations
- Structured Documents
- Clinical Context Object Workgroup
- Genomics
- Patient Administration
- Scheduling & Logistics

### **Domain Experts Steering Division**

Committees and projects in this division focus on creation of messages, services, documents using many of the common structures in place, yet expanding it in key areas as well.

They include:

- Anatomic Pathology
- Attachments
- Clinical Guidelines
- Emergency Care
- Government Projects
- Imaging Integration
- Laboratory
- Pediatrics Data Standards
- Public Health and Emergency Response
- Anesthesiology
- Cardiology
- Community Based Health Services
- Health Care Devices
- Patient Care
- Patient Safety
- Pharmacy
- Regulated Clinical Research Information Management (RCRIM)

### **Technical & Support Services Steering Division**

(These committees are currently Board-appointed and will be TSC-appointed in the future.) The primary feature of these committees is that their projects and products provide direct support to the Committees and SIGs of the Working Group and thereby enable the Working Group to function efficiently.

- Education
- Marketing Committee
- Project Services (new)
- Publishing
- Electronic Services
- Process Improvement Committee
- Tooling

# News from the PMO

By Dave Hamill, Director, HL7 Project Management Office



Dave Hamill

## Technical Editor and e-Learning Project Updates

The Project Management Office (PMO) has been overseeing a number of projects in the last several months, including the Technical Editor and the e-Learning projects.

The objective of the Technical Editor project is to identify and resolve inconsistencies with, and generally improve, the Version 3 documentation. Begun in July 2006, Phase 1 of the project is now complete and the deliverables have been approved. The goals of the first phase were to clarify the scope and editorial process, pilot the process, and schedule the work and subsequent phases to be undertaken once the effort was better understood. The editing process enabled the team to produce edito-

For more information regarding the Technical Editor project, please contact project team members Jay Lyle (jay@lyle.net) or Sarah Ryan (ryansaraha1@earthlink.net).

Planning, design and development phases are complete for the e-Learning project which will produce a course that is focused on providing an introduction to HL7 for new members, prospective members, and first-time working group attendees. This project is an experimental prototype which will assist the Education Committee in preparing a comprehensive business plan for establishing e-learning as a continuous HL7 educational offering. Work thus far has included gathering and approving 27 chapters of content, creating a storyline from a healthcare executives' point of view, and producing a course treatment and

script/storyboard. The project is on target with plans to distribute the Introduction to HL7 CD-ROM at the September Plenary and Working Group Meeting in Atlanta, GA.

For more information regarding the e-Learning project, please contact the Education Committee co-chairs Abdul-Malik Shakir (abdulmalik@shakirconsulting.com) and Tim

Benson (tim.benson@abies.co.uk) or the e-Learning project manager, Jim McCain (jmstandards@comcast.net).

## Project Insight on the Horizon

In the ongoing effort to organize and support the efforts of HL7 and its various committees with their project work, the PMO has been focusing on customizing Project Insight, HL7's Project Management Tool.

Project Insight is a 100% web-based project management software application with tools that offer many strategic benefits to HL7, such as:

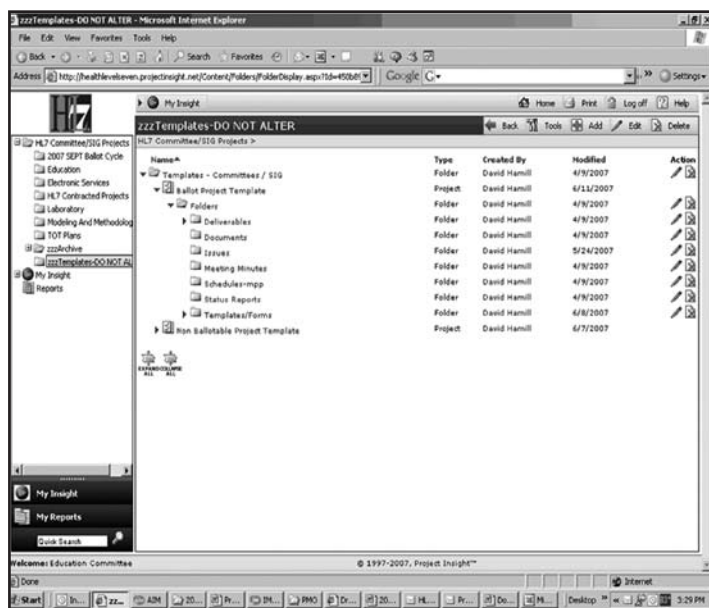
- Intelligent project scheduling, including cross project dependency capability
- Flexible reporting
- Project templates and project methodologies
- Microsoft Outlook and Office integration
- Options for customization

Project Insight will be HL7's primary project repository. It will function as the foundation for project data and reporting, and will assist the PMO, ARB and the newly-forming TSC with executing HL7's project methodology and processes. The tool will be made available to each Technical Committee and Special Interest Group through their respective co-chairs.

Over the past few months, the PMO has managed various projects to assist modifying Project Insight for the HL7 membership. The Technical Editor project, the Education Committee's e-Learning project and the Electronic Service's Website Redesign project have all been integral in determining the best way to utilize Project Insight's features and functionality.

A prime element of Project Insight is its ability to assist project teams in organizing project documents and providing a roadmap for them to follow. Templates have been created to ensure consistent use of folder hierarchies, project schedules, and project documents.

The initial project schedule template created by the PMO is based on the HL7 Project Lifecycle and has been built for a 'standards project' whose goal is to be submitted for balloting. The schedule template is accompanied by a folder structure to house project deliverables, documents,



The Ballot Project Template Folder Structure in Project Insight

rial assessments for the following Version 3 documents: the RIM Document, the Version 3 Guide, the Structured Product Labeling Implementation Guide and Vocabulary Documentation.

The focus has now shifted to Phase 2 of the project, where the team continues editorial work on the Phase 1 deliverables stated above as well as additional Version 3 documents yet to be agreed upon.

## ***Congratulations to the following people who passed the HL7 Certification Exam***

### **Certified HL7 V2.5 Chapter 2 Control Specialist**

#### **March 7, 2007**

Timothy J. Baker  
David G. Carnazzo  
Travis Fulk  
Terry R. Hill  
Larry E. Meadows  
Chris E. Mock  
Urmilla Sampuran  
Sylvia T. Shuler  
Oscar A. Tejeda  
Vilma Thomas

#### **May 3, 2007**

Cheryl M. Chan  
Orla M. Doogue

#### **June 1, 2007**

Danny V. Asnani  
Joshua D. Jones  
Jonathan G. Levy  
Ravi K. Nagubadi  
Kamini K. Pattanaik  
Jill K. Snider

### **HL7 Canada**

#### **May 18, 2007**

Sandra A. Albers  
Karla Avery  
Chris J. Elias  
Brian Harshenin  
Vikas B. Jangam

Marc Levesque  
David Mah  
Jacy Reyes  
Vipin N. Savai  
Hao Trinh  
Ming Zhang

### **HL7 India**

#### **February 3, 2007**

Deepak Bansal  
Indrayani S. Bhawe  
Kajal K. Jatakia  
Jayaraj Menon  
Mohan Rao  
Shiv Singh  
Neeta S. Upadhyay

#### **March 10, 2007**

Needha Aleyas  
Viral Bhatt  
Jinit Chothani  
Shefali Deshpande  
Harshal Gavandalkar  
Ravi Gulhane  
Akash Jain  
Braj Jha  
Seema Kamble  
Sheetal Kolte  
Rohit Kulkarni  
Shripad Kulkarni  
Vinoth Kumar  
Abdul Kader Lashkarwala  
Gaurav Mehta  
Leena Redkar  
Sony Thomas

#### **March 17, 2007**

Saravana Kumar  
Arunachalam  
M. S. Lakshmi Kumari  
Anju Mathew  
Sangeeth Rajan  
Sumathi Sridharkannan

#### **June 2, 2007**

Sufia Ahmed  
Baijayanta Bhattacharjee  
Manjula Chintala  
Priyanka Grover  
Ravishekhar Mahajan  
Naveen Nagaraj  
Aparna Venkatraman

### **HL7 Korea**

#### **February 12, 2007**

Do-Hoon Kim  
Ji-Sung Kim  
Yong Jin Park

#### **March 9, 2007**

Joo Hee Han

#### **May 11, 2007**

Jeong Hun Ye  
Joon Hyun Song

### **HL7 Spain**

#### **June 14, 2007**

Fernando Miguez Alvarez  
José Ma Rodriguez Corral  
Javier Martinez Escotet

Lorena Vélez Fernández  
Cesar Arratia García  
Antonio José Antonino  
Picó  
Sergio Garcia Prado  
Maria Luz Gomez Vincente

### **Certified HL7 CDA Specialist**

#### **March 7, 2007**

Michelle M. DeRoo  
Peter A. MacIsaac  
John M. McHan  
Atsushi Nishido

#### **May 3, 2007**

Lorenzo Cerulli  
Catherine E. Chronaki  
Aleksandar Despotiski  
Gay Giannone  
Jan Jasinski  
Diego Kaminker  
Hui Nar Quek  
Spase Ristov  
Timo Tarhonen  
Josep Vilalta-Marzo  
Jesús Villagrasa  
Olle Wessel

## ***News from the PMO, continued from previous page***

issues, status reports, as well as to provide document templates and examples.

The tool has been demonstrated to members representing the Electronic Services Committee (ESC), the Project Lifecycle Task Force, the Transitional Technical Task Force (T3F), and the HL7 Development Framework Project Team (HDF). Additionally, the Electronic Services Committee volunteered to be the first committee to pilot Project Insight and is currently

using it to store, prioritize, and monitor their projects.

### **Project Insight Presentations at the September Plenary and Working Group Meeting in Atlanta, GA**

The PMO will demonstrate Project Insight and provide tutorials to all interested parties at the Atlanta Working Group Meeting. This training will help project

facilitators assist their committees in project development and facilitation by utilizing an on-line tool. Additionally, a brief overview of Project Insight is planned for the Technical Steering Committee during Monday evening's dinner and meeting. Look for more details under the 'Other Meetings' section in the WGM Brochure and in the On-Site Meeting Schedule and Hotel Guide.

# HL7 Announces First Two Registered Profiles Derived from the Electronic Health Record System Functional Model Standard

By Andrea Ribick, HL7 Director of Communications

## **The Emergency Care Functional Profile is critical to the day-to-day delivery of high quality emergency care and to emergency departments during regional or national disasters.**

In late February, the EHR System Functional Model standard became the healthcare industry's first ANSI-approved standard to specify the functional requirements for an electronic health record system. HL7's Emergency Care Special Interest Group (SIG) developed the Emergency Care Functional Profile for Emergency Department Information Systems to develop an open and objective standard for the development, refinement, and evaluation of information systems employed in the Emergency Department (ED). As the first registered profile, it becomes a standard that may be referenced by the Certification Commission for Health Information Technology (CCHIT) as a foundation for certification of EHR systems in the emergency department setting. Adopting registered profiles is one way that CCHIT ensures a consistent methodology for assessing EHR systems across all healthcare domains.

Registering profiles that conform to the EHR System Functional Model is an important step in the widespread adoption of this standard because technically EHR systems conform to profiles rather than the model itself. The Functional Model is structured to allow vendors to implement a specific profile for real-world settings, such as the Emergency Department, and users to purchase a system that conforms to the profile. Registering a profile with HL7 gives the profile credibility and approval that it has met a minimum set of guidelines of what a profile should contain.

"The EHR System Functional Model is a Gold Standard and represents a roadmap for EHR systems across all care settings and disciplines," said Linda Fischetti, RN, MS, HL7 EHR Technical Committee co-chair, and HL7 Board member. "A profile helps you apply the standard to your specific care setting, such as the emergency department. So, purchasers

of EHR systems should look at both the Functional Model and the profile in their area of interest."

The EHR Emergency Care profile represents the combined effort of a wide range of stakeholders, including the American College of Emergency Physicians (ACEP). Under the leadership of ACEP President Brian Keaton, MD, the Emergency Care SIG was able to tap into a variety of collaborators including ED providers, medical informaticists, EDIS developers, and product managers. The Emergency Care Functional Profile is not only critical for the integration of Emergency Departments into the developing national health information network, but is also needed for handling regional disasters such as Hurricane Katrina. The EHR-S Functional Model and the Emergency Care Function Profile will facilitate solutions to underlying ED operational problems such as overcrowding, ambulance diversion and shortage of services. Systems conforming to the EC FP will facilitate vital care to the over 110 million patients seen each year in US emergency departments.

"CCHIT's inclusion of Emergency Department Information Systems in their first expansion group for certification was partly based on the availability of our registered functional profile developed by experts in the emergency field," said Todd Rothenhaus, MD, chief medical information officer at Caritas Christi Health Care System and HL7 Emergency Care SIG co-chair. "Without HL7, the HL7 Electronic Health Records Technical Committee, and the excellent roadmap for profile development in the EHR System Functional Model, the Emergency Care SIG could never have delivered such a high quality profile aimed at Emergency Department Information Systems at this juncture."

## **HL7's New Legal EHR System Functional Profile Will Help Reduce Administrative Burden, Reduce Costs and Inefficiencies**

The Legal EHR System Functional Profile provides guidelines for how an EHR system can help an organization maintain

an EHR for legal and business purposes. A system following a Legal EHR profile could reduce provider's administrative burden, and reduce costs and inefficiencies caused by redundant paper and electronic record keeping. To achieve the status and recognition as a legal EHR, organizations must have appropriate business policies and practices in place in addition to system functionality that supports the creation and maintenance of records that comply with the key characteristics of a legal electronic health record.

An EHR system must be able to create, maintain, and manage records within a framework of ever-changing jurisdictional rules, regulations, and laws that are intended to assure electronic records are valid, accurate, and trustworthy. The Legal EHR profile is a subset of requirements to assure data quality and integrity for all purposes and end-uses of health care data. Because legal validity is at stake for all uses of electronic records as admissible business records, including admissibility as medical records, the Legal EHR is of primary importance to health care operations and to interoperability.

Providers, health information management and information technology professionals can use the Legal EHR Functional Profile as a guide in requesting functionality in EHR systems, while vendors can use the profile to develop functionality in their EHR products.

"The Legal EHR System Functional profile strengthens the EHR System Functional Model standard by identifying a number of new records management functions in the Information Infrastructure section, and is universally applicable because it provides a foundation for realms and jurisdictions to build a profile reflecting their specific laws and regulations," said Michelle Dougherty, RHIA, CHP, Director of Practice Leadership at AHIMA, and co-facilitator in the development of the Legal EHR System Functional Profile. "It identifies the functionality within an EHR System that helps organizations maintain a legally sound health record."



## 3rd Annual Merging Electronic Health Records and eClinical Technologies

### *Implementing the Technology for Convergence – Strategies for Integrating Drug Development and Healthcare IT*

HL7 is proud to support ExL Pharma's 3rd Annual Merging Electronic Health Records and eClinical Technologies Conference Taking place September 24-25 at The Westin Hotel in Annapolis, MD.

#### **Featured Presentations Include:**

■ **Harmonizing Standards Initiatives: An Overview of Collaborative Standards Initiatives for Clinical Research and Healthcare**

*Chuck Jaffe, MD, PhD, CEO, HL7*

*Becky Kush, PhD, President & CEO, CDISC*

■ **Postmarketing Safety Surveillance Case Study: Improving the Spontaneous Reporting System (SRS) Through the Rational Application of Health Information Technology**

*Mike Ibara, Head, Pharmacovigilance Information*

*Management, Pfizer*

■ **Defining the Value of Convergence: Why Integrate Clinical Care and Clinical Research?**

*Glen Tullman, Chairman & CEO, Allscripts*

■ **Leveraging EHRs for Clinical Research—Considerations for Tomorrow's Technology**

*Somesb Nigam, PhD, Director of Enterprise Architecture,*

*Pharma R&D Information Technology, Johnson & Johnson*

As a member of HL7, you are eligible for a 15% discount on the registration fee. To take advantage of this discount please use the registration and discount code: HL7. For more information, to download the conference brochure and to register please go to: [www.exlpharma.com](http://www.exlpharma.com)

*If you have questions or comments, please contact the conference director,  
Kristen Hunter at [khunter@exlpharma.com](mailto:khunter@exlpharma.com)*

## **EHR-S FM Registered Profiles... continued from previous page**

The EHR must be established as a trusted source in order to ensure widespread acceptance and implementation. This trust can be achieved through adherence to standardized EHR functionality. Both providers and patients are calling for greater transparency regarding how healthcare is delivered. Public trust along with data accuracy and reliability are the keys to the success of healthcare transparency issues. The Legal EHR System Functional Profile will help achieve these trust and transparency goals by reducing data duplication, gaps, omissions, confusion and including accurate secure information that is protected from loss, alteration and destruction.

### **Profile Development**

The EHR System Functional Model is versatile, adaptable, and applicable across the continuum of care. There are several profiles under development in addition to Emergency Care and Legal EHR; they include long-term care, behavioral health, general child healthcare, and regulated clinical research.

For those thinking about developing a profile, the How To Guide for Creating Functional Profiles is available on the EHR Technical Committee's Functional Profile webpage. In addition, the HL7 Electronic Health Record Technical

Committee is available to provide further guidance. Any functional profile that conforms to the EHR System Functional Model standard can be registered with HL7. This registration involves self-attestation of conformance by those submitting the functional profile for registration via a questionnaire that is completed at submission time. Registration can facilitate the adoption of the profile by making it publicly available for use. All registered profiles are available to the public through a searchable registry at <http://www.nist.gov/profileregistry>.

# HL7 Releases Newest Approved American National Standard: Version 2.5.1

***Revised messaging standard supports exchange of electronic lab information in addition to CLIA and ELINC's lab test reporting requirements.***

By Andrea Ribick, HL7 Director of Communications

Health Level Seven recently announced the release of HL7's Messaging Standard Version 2.5.1 to support the Clinical Laboratory Improvements Amendment (CLIA) for the exchange of electronic laboratory information. The CLIA was passed by Congress in 1988 to establish quality standards for all laboratory testing to ensure the accuracy, reliability and timeliness of patient test results regardless of where the test was performed.

HL7's Version 2.5.1 Messaging Standard received ANSI approval as an American National Standard on February 21, 2007.

"Additional fields were added in this revised HL7 messaging standard to support CLIA requirements to communicate all attributes necessary to identify the lab responsible for performing the tests," said Jane Foard, co-chair of the HL7 Publishing Committee and Application Advisor for McKesson Provider Technologies. "Additionally, it allows for a migration path for communication with reference labs."

The HL7 Version 2.5.1 Standard currently addresses the interfaces among various healthcare IT systems that send or receive a variety of healthcare data. The Standard serves as the vehicle for disparate applications and data architectures operating in a heterogeneous system environment to communicate with each other. It is designed to support a central patient care system, as well as a more distributed environment where data resides in departmental systems.

Specifically, HL7 Version 2.5.1 includes updates to the Observation/Result (OBX) segment of the Standard to support compliance with CLIA and California state regulations that require

clinical laboratories operating in California to include in each laboratory result report the name and address of the performing lab and the name of the lab's medical director. The Observation Request (OBR) and Common Order (ORC) segments of the standard have been updated to support compliance with the ELINC's standard that requires clinical laboratories to capture the association between a reflex test (a test not indicated in an original order but performed due to the result of another test) and the original order of the result prompting the second (reflex) test.

"This important development will help accelerate physician office and hospital use of electronic clinical information to improve patient care," said Californian HealthCare Foundation President and CEO Mark D. Smith, M.D., M.B.A.

The new HL7 Version 2.5.1 Messaging Standard is now available to HL7 members for download at the "Members Only" section of the HL7 website ([www.hl7.org](http://www.hl7.org)). Non-members may purchase the standard at the HL7 bookstore (<https://www.hl7.org/library/bookstore/>).

## **Cologne May WGM Election Results** ***Congratulations to all!***

### **Co-Chairs**

- Clinical Decision Support TC—*Robert Jenders and Matthew Sailors*
- Clinical Genomics—*Amnon Shabo*
- Clinical Interoperability Council—*Ed Hammond, Brian McCourt, and Bron Kisler*
- Financial Management—*Francine Kitchen*
- Government Projects—*Nancy Orvis*
- Imaging Integration—*Helmut Koenig*
- Implementation/Conformance—*Frank Oemig*
- Implementation Technology Specifications—*Charlie McCay and Dale Nelson*
- Laboratory—*Ken McCaslin*
- Modeling & Methodology—*Craig Parker*
- Patient Administration—*Gregg Seppala*
- Patient Care—*William Goossen*
- Pharmacy—*Garry Cruickshank*
- Services Oriented Architecture—*Ken Rubin and Brad Lund*
- Templates—*Ian Townsend and Matthew Sailors*
- Tooling—*Tim Ireland*
- Vocabulary—*Ted Klein*

# HL7 SOA SIG Commemorates Major Milestone at Out-of-Cycle Meeting

By Ken Rubin, Co-Chair, HL7 SOA Special Interest Group; EDS Corporation

The Healthcare Services Specification Project (HSSP) – a joint activity between the HL7 Service-Oriented Architecture Special Interest Group (SOA SIG) and the Object Management Group's Healthcare Domain Task Force (OMG HDTF) held an "Out-of-Cycle" meeting in Redmond, Washington in mid-June (Special thanks to Microsoft for extending their hospitality and providing us facilities for this meeting). While the functional specification work of HSSP happens in HL7, technical specifications are developed as part of OMG's technology adoption process. This out-of-cycle meeting was a planned collaboration "touch-point" to allow the HL7 community insight and visibility into this process.

The meeting agenda was strongly driven to meet the needs of the "submitters" engaged in the process. Within the OMG process, "submitters" are organizations

that have made formal commitments to both develop technical specifications and to implement software supporting those specifications. HSSP has six submitters actively engaged in the Entity Identification Service (EIS) work, and five submitters for the Retrieve, Locate, Update Service (RLUS) Specification. [Details about HSSP submitters can be found on our wiki at <http://hssp.wikispaces.com/submitters>].

The Out-of-Cycle Meeting had the following objectives:

- To provide an overview of HSSP functional specifications to facilitate the technology adoption process
- To allow submitters to discuss their preliminary thinking and solicit community feedback
- To determine if there was interest in submitter collaboration on a

joint submission

- To discover what other organizations had interest in engaging in the technical process in supporting the submitters

Overall, the meeting was well-attended, with representation from almost all of the submitters and a total of approximately 18 attendees participating for the three days of the session. Ultimately, there were a few principal outcomes of the meeting:

- Consensus was reached from among the submitters present to collaborate on a joint submission (note that the OMG process allows for competing submissions to be produced, but ultimately only one submission is selected). There was general consensus that this was a very positive outcome, and was strongly supported by the attendees
- The submitters have extended invitations for any organization interested in contributing to the work to contact them and join the submission activity. This openness is a testament to the submitters' willingness to ensure that the work product is a community artifact and not a proprietary market-play
- Many discussions delved into significant details about the specifications and what should be specified or intentionally not specified



*HSSP Out-of-Cycle Meeting Attendees. Photo taken by Roberto Ruggeri, Microsoft*

# Upcoming Co-Chair Elections

The following HL7 Technical Committees and Special Interest Groups will conduct co-chair elections at the September Working Group Meeting in Atlanta, Georgia:

- **Arden Syntax SIG**—electing two co-chairs
- **Clinical Context Object Workgroup TC**—electing two co-chairs
- **Clinical Decision Support TC**—electing one co-chair
- **Emergency Care SIG**—electing two co-chairs
- **Imaging Integration SIG**—electing one co-chair
- **Implementation/Conformance TC**—electing one co-chair
- **Implementation Technology Specifications SIG**—electing one co-chair
- **Infrastructure & Messaging TC**—electing two co-chairs
- **Laboratory SIG**—electing one co-chair
- **Modeling & Methodology TC**—electing one co-chair
- **Pharmacy SIG**—electing two co-chairs
- **Public Health Emergency Response SIG**—electing one co-chair
- **Scheduling & Logistics TC**—electing one co-chair
- **Structured Documents TC**—electing two co-chairs

## HL7 Benefactors



# UPCOMING WORKING GROUP MEETINGS



January 13–18, 2008

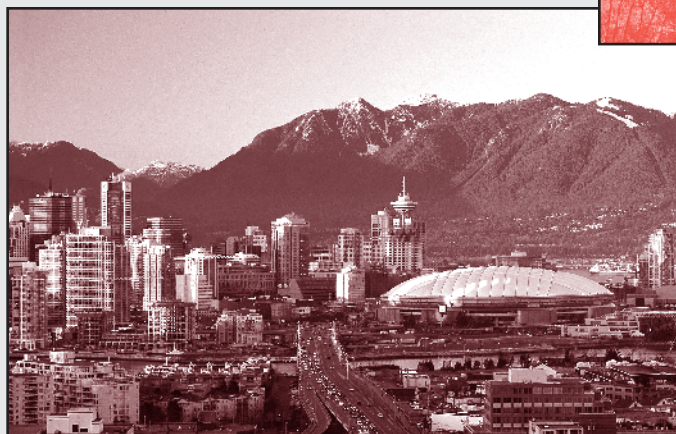
## January Working Group Meeting

Hyatt Regency on the Riverwalk  
San Antonio, TX

May 4–9, 2008

## May Working Group Meeting

Pointe Hilton at Squaw Peak Resort  
Phoenix, AZ



September 14–19, 2008

## 22nd Annual Plenary & Working Group Meeting

Sheraton Wall Centre Hotel  
Vancouver, BC, Canada

### **PLEASE BOOK YOUR ROOM AT THE HL7 MEETING HOTEL**

HL7 urges all meeting attendees to secure their hotel reservations at the HL7 Working Group Meeting Host Hotel. In order to secure the required meeting space, HL7 has a contractual obligation to fill our sleeping room block. If you make reservations at a different hotel, HL7 risks falling short on our obligation and will incur additional costs in the form of penalties. Should this occur, HL7 will likely be forced to pass these costs on to our attendees through increased meeting registration fees.

*Thank you for your cooperation!*

# HL7 EDUCATIONAL SUMMITS

**Gain real-world HL7 knowledge  
TODAY  
that you can apply  
TOMORROW**

## What is an Educational Summit?

The HL7 Educational Summit is a specific schedule of tutorials—expanded in 2006 to three days—focused on HL7-specific topics such as Version 2, Version 3 and Clinical Document Architecture. Educational sessions also cover general interest industry topics such as HIPAA Claims Attachments.



**November 6 – 8, 2007**  
Hilton Los Angeles Airport  
Los Angeles, California

## Why Should I Attend?

This is an invaluable educational opportunity for the healthcare IT community as it strives for greater interoperability among healthcare information systems. Our classes offer a wealth of information designed to benefit a wide range of HL7 users, from beginner to advanced.

Among the benefits of attending the HL7 Educational Summit are:

- **Efficiency**  
Concentrated three-day format provides maximum training with minimal time investment
- **Learn Today, Apply Tomorrow**  
A focused curriculum featuring real-world HL7 knowledge that you can apply immediately
- **Quality Education**  
High-quality training in a “small classroom” setting promotes more one-on-one learning
- **Superior Instructors**  
You’ll get HL7 training straight from the source: Our instructors are not only HL7 experts—they are the people who help produce the HL7 standards
- **Certification Testing**  
Become HL7 Certified: HL7 is the sole source for HL7 certification testing—now offering testing on V2.5
- **Economical**  
A more economical alternative for companies who want the benefits of HL7’s on-site training but have fewer employees to train

# Update on Ballot Content & Process

By Chuck Meyer, Chair, Health Level Seven

## Dear Members of the TSC,

The Board addressed several issues raised by Staff regards ballot content and process during its meeting at the May Working Group Meeting in Cologne. The following decisions by the Board have an impact on TC/SIG operations/process.

## ISSUE: Domain/Topic Flip Flopping

There was a decision to allow a TC to ballot Version 3 at the Domain level or the Topic level beginning with the September 2006 ballot. It was suggested that once decided the TC was committed to moving forward with that level of content. There have been a number of occurrences of TCs flip flopping from one ballot cycle to another. This severely compromises our reporting to ANSI and may impact our accreditation. There is also the issue of a significant increase in the number of ballots resulting from topic level balloting. This dilutes the ballot pools and adds to ballot fatigue.

## Board Decision:

It is the decision of the Board that all new initiatives will ballot as Domain-level content only in an effort to improve control of the ballot process and ANSI reporting. It is hoped this will coalesce ballot pools allowing them to meet balance and participation criteria. Items currently in ballot and facing another ballot cycle must proceed to completion at the level, domain or topic, of the most recent ballot. Committees may petition the HL7 Technical Chair, whose decision will be final, to submit new initiatives at the topic level. Should an exception be made, that item must complete ballot at the topic level.

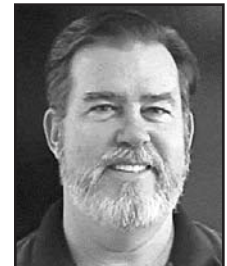
## ISSUE: Unreported New Content

The staff has encountered instances of new topics being included in Version 3 ballots without notification. New topics must be reported to ANSI. In essence, a prior ballot had four topics but the subsequent ballot is brought forward with five topics. The ARB has identified this as contrary to good practice.

In the Version 2 ballot is not uncommon to encounter new functionality, beyond the scope of the original ballot, resulting from negative comments that should have been declared “not related.” This contributed to the lengthy process of approval for Version 2.6. Each ballot was a significant extension of the last.

## Board Decision:

The Board encourages the TSC to minimize, if not eliminate, the inclusion of new topics or functionality beyond the project scope in subsequent ballots of the original material. The Board authorizes the HL7 Technical Chair to return ballot submissions which include new topics or functionality not previously identified and reported. The Board recommends that ballot cover letters include a definitive statement of scope in an attempt to preclude ballot comments that are clearly out of scope. The Board directs a review of the Policy and Procedure Manual to ensure that the intent and use of “not related” is clear and compliant with ANSI Essential Requirements.



*Chuck Meyer*

## ISSUE: CMETs

CMET R1 was successfully balloted and approved as an American National Standard in 2003. CMETs continue to be balloted, often in a mixed bag of committee- and membership-level ballots, but there has never been a definitive statement of what constitutes R2 even though there have been numerous requests for such information. While balloting persists, lack of a definitive project for CMET R2 jeopardizes our ANSI accreditation. The mix of ballot levels for the various CMETs severely compromises reporting to ANSI should such information be forthcoming.

## Board Decision:

The Board instructed the HL7 Technical Chair to suspend CMET ballots until a definitive statement of CMET R2 content is reported to staff allowing them to meet ANSI reporting requirements. Staff will inform the HL7 Technical Chair when reporting requirements have been met.

Submitted for the HL7 Board of Directors.



Chuck Meyer  
HL7 Chair

## The International Column

By Kai U. Heitmann, MD, International Representative to the HL7 Board of Directors



**Kai Heitmann, MD**

### Germany publishes CDA R2 “Summary of Care” Addenda

In the summer of 2006, the final balloted version of the German HL7/Sciphox “Arztbrief” (summary of care) specification based on Clinical Document Architecture R2 (CDA R2) was released. The 150 page implementation guideline defines a kind of “framework” based on three use cases and several storyboards. A set of about 30

business rules expressed in Schematron (used as a business rule validation language) has also been defined in order to add extra validation opportunities to the created CDA documents.

The largest German vendor’s association, VHitG, initiated and sponsored this development, and more than 15 medium and large size vendors helped to actively define the “Arztbrief.” The official part (ballot) was conducted by Sciphox/HL7 Germany and, therefore, has now achieved a normative status in Germany. These 15 vendors demonstrated CDA R2 document exchange based on this specification at a large German exhibition that is similar to a small HIMSS. The scenario covered primary care systems, hospital settings, and a rehabilitation setting. The exhibition showcase successfully demonstrated CDA R2 implementations in various care chains.

CDA R2 Levels 1 and 2 are used for the structured and labeled text in the Arztbrief. In addition, Level 3 is defined and implemented by some vendors for diagnoses and procedures. CDA R2 documents are created out of the clinical documentation of the respective systems and expressed and exchanged as CDA R2 documents. Receiving the documents includes display as well as a real integration of the information into the systems. Meanwhile, a few other projects based on this CDA R2 specification have begun. One of the projects is now busy working to define digital signatures to be used in the context of this specification.

This year, work has continued to define the terms “Laboratory Results” and “Medication” that are represented in CDA R2 Level 3. The so-called addenda “lab” and “med” are an extension to the original “Arztbrief” framework specification. While lab results were not difficult to define in terms of structures and codes (for example, LOINC is used), specifying medication was much more of a problem from the coding perspective. There is no unique and commonly used code system in Germany

to classify medication except for a German product code. Additionally, some other needed vocabularies such as route codes were considered as well as codes from other pharmacy standards organizations.

As a result, appropriate international classifications have been proposed to be used in addition to the existing classifications. Also, this is a clear signal to the international standards development organizations to define officially accepted vocabularies for drugs and the pharmacy domain.

The last specification currently in the German ballot process is the use of HL7 Version 3 for the transmission of diagnoses. This implementation guide expands on earlier definitions of diagnoses to not only convey information between practitioners, but also for reimbursement purposes, public health, and as cancer treatment and research in Germany. After a successful ballot, HL7 Germany will submit the results to HL7 International for further consideration.

### “Understanding HL7 Version 3” by Andrew Hinchley

HL7 is a truly international organization also that receives input from all over the world. Developing the standard is only one important aspect that HL7 contributes. Education, training, and marketing play a critical role.

A few years ago, we began the “Understanding HL7” book series. Andrew Hinchley from HL7 UK published his first version of the “HL7 Version 3 Primer,” which presents a gentle introduction to HL7 Version 3 Methodology and Concepts. Since then, thousands of copies of the booklet have been sold. It has also been translated into French and Japanese. Now the fourth and completely revised edition is underway: Understanding HL7 Version 3—A primer on the HL7 Version 3 Healthcare Interoperability Standard—Normative Edition.



*continued on page 21*



## INTERNATIONAL AFFILIATE CONTACTS

### HL7 Argentina

**Diego Kaminker**

Phone: 5411-4959-0507

Email:

diego.kaminker@kern-it.com.ar

### HL7 Australia

**Klaus Veil**

Phone: 61-412-746-457

Email: chair@HL7.org.au

### HL7 Brazil

**Marivan Santiago Abrahao**

Phone: 55-11-3045-3045

Email: marivan@abrahao.net

### HL7 Canada

**Michael van Campen**

Phone: 250-812-7858

Email: Michael.vanCampen@GPinformatics.com

### HL7 China

**Caiyou Wang**

Phone: 86-010-82801546

Email: nctingting@yahoo.com.cn

### HL7 Croatia

**Gjuro Dezelic**

Phone: 385-1-4590-105

Email: duro.dezelic@zg.htnet.hr

### HL7 Czech Republic

**Petr Hanzlicek**

Phone: 420-2-66053788

Email: petr.hanzlicek@euromise.cz

### HL7 Denmark

**Kenneth Ahrensberg**

Phone: 45-3996-6101

Email: ka@ds.dk

### HL7 Finland

**Niilo Saranummi**

Phone: 358-20-722-3300

Email: niilo.saranummi@vtt.fi

### HL7 France

**Nicolas Canu**

Phone: 33-02-35-60-41-97

Email: nicolas.canu@wanadoo.fr

### HL7 Germany

**Kai Heitmann, MD**

Phone: 49-172-2660814

Email: HL7@kheitmann.nl

### HL7 Greece

**Dimitris Koutsouris**

Phone: 30-210-7723926

Email: dkoutsou@biomed.ntua.gr

### HL7 India

**Saji Salam, MD**

Phone: 044-254-0555

Email: hisind@yahoo.com

### HL7 Ireland

**Peter Lennon**

Phone: 01-635-3011/13

Email: pamlennon@eircom.net

### HL7 Italy

**Massimo Mangia**

Phone: 39-091-2192-457

Email:

massimo.mangia@katamail.com

### HL7 Japan

**Michio Kimura, MD, MS**

Phone: 81-53-435-2770

Email: kimura@mi.hama-med.ac.jp

### HL7 Korea

**Yun Sik Kwak, MD, PhD**

Phone: 82-53-420-6050

Email: yskwak@wmail.knu.ac.kr

### HL7 Mexico

**Mauricio Derbez del Pino**

Phone: 52-55-5238 2713

Email:

mauricio.derbez@imss.gob.mx

### HL7 New Zealand

**Martin Entwistle**

Email: ment@enigmackm.com

### HL7 The Netherlands

**Robert Stegwee**

Phone: 31-30-689-2730

Email:

robert.stegwee@capgemini.com

### HL7 Romania

**Florica Moldoveanu**

Phone: 40-21-4115781

Email: florica.moldoveanu@rdslink.ro

### HL7 Spain

**Carlos Gallego Perez**

Phone: 34-93-565-39-00

Email: cgallego@asepeyo.es

### HL7 Sweden

**Fredrik Strom, MSc**

Phone: 46-8-527-400-00

Email: fredrik.strom@brainpool.se

### HL7 Switzerland

**Beat Heggli**

Phone: 41-1-806-1164

Email: beat.heggli@isoft.ch

### HL7 Taiwan

**Jin-Shin Lai, MD**

Phone: 886-2-25233900

Email: jslai@ntu.edu.tw

### HL7 Turkey

**Bulent Kunac**

Phone: 90-312-291-91-00

Email:

bkunac@tepeteknoloji.com.tr

### HL7 UK Ltd.

**Patrick Mitchell-Jones**

Phone: 44 8700 112 866

Email: chair@hl7.org.uk

### HL7 Uruguay

**Julio Carrau**

Phone: 592-487-11-40

Email: jcarrau@hc.edu.uy

## INTERNATIONAL COLUMN, continued from previous page

Many of our colleagues from the UK and other countries contributed in updating the primer. The book was published in July and is now available for purchase at the HL7 bookstore.

### More Local Affiliate Events

HL7 Austria was formally accepted as a new affiliate at the Cologne Working Group meeting in May of this year. HL7 Austria and Germany began working together on some common activities in order to help the new affiliate with its start-up.

HL7 Singapore is also a new affiliate on our list. The petition from our colleagues in Asia was accepted in May.

Our affiliates plan conferences throughout the course of the year. Please visit the Calendar of Events at the HL7 website to be up-to-date.

### International Calendar

#### 8th International HL7 Interoperability Conference

August 31 — September 1, 2007, Auckland (New Zealand)

#### 21st Plenary & Working Group Meeting

September 16 — 21, 2007, Atlanta (GA, USA)



## Meet Two New Affiliate Chairs

### **Michael van Campen** **HL7 Canada**

Michael van Campen is a partner with Gordon Point Informatics, a health informatics consulting firm. He has developed and implemented standards for over 10 years in Canada and abroad, including the National eClaims Standard (NeCST), pan-Canadian ePrescribing Standard (CeRx), pan-Canadian Public Health Surveillance Standard (PHS), Chronic Disease Management Standard (CDM), and various other specifications through a strong, consensus-based approach.

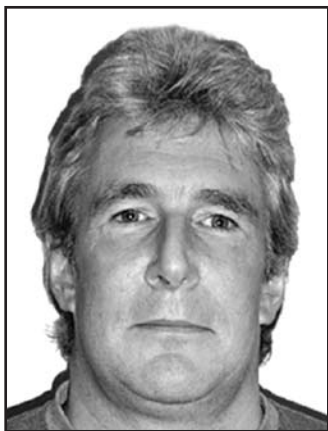
Michael provides a leadership role for HL7 standards in Canada. He currently sits as HL7 Canada Head of Delegation under the newly minted Standards Collaborative, which has ultimate accountability for the approval, review and support of standards development in Canada,

including all HL7, SNOMED, ISO and IHE activities. The role of HL7 Canada Head of Delegation translates to HL7 Canada Affiliate Chair at HL7 international venues.

Michael is also a co-chair and publishing facilitator for the HL7 Pharmacy Special Interest Group. He has been a co-chair and modeling facilitator for the Financial Management Technical Committee and has participated in numerous Harmonization meetings. He continues to be quite active in the HL7 community, both internationally and in Canada, attending numerous HL7 affiliate meetings, providing training and education to stakeholders, and participating in HL7 Working Group Meetings.



### **Patrick Mitchell-Jones** **HL7 UK**



Patrick Mitchell-Jones is a clinical microbiologist by profession and became involved in healthcare information technology when asked to select and implement a laboratory system. This involvement extended to specifying the interface for order communications and results reporting. Following some further years spent improving the computer system to provide infection control, electronic reporting to general practice and incident reporting, he moved into the supplier community where he was responsible for functional specifications and development requirements.

Patrick became involved in standards when working with system integrations and joined

HL7 UK in 2002. As part of the team responsible for the creation of the HL7 UK Version 2 implementation guide he helped with the extension the HL7 Version 2 Messaging Standard to include specimen centric messages suitable for the UK. He continued into the Version 3 arena where he championed the UK requirements for orders and observations including the communication of structured microbiology results whilst working for the NHS Connecting for Health as the communications and messaging team manager. Patrick has been a Director of HL7 UK for four years and continues to play an active role in both the UK and the international communities.

# HL7 ORGANIZATIONAL MEMBERS

## Benefactors

Accenture  
Booz Allen Hamilton  
Boston Scientific Corporation  
Centers for Disease Control and Prevention/CDC  
Duke Clinical Research Institute  
Eclipsys Corporation  
Eli Lilly and Company  
Epic Systems Corporation  
Food and Drug Administration  
GE Healthcare Integrated IT Solutions  
GlaxoSmithKline  
IBM  
Intel Corporation, Digital Health Group  
InterSystems  
Kaiser Permanente  
McKesson Provider Technologies  
Microsoft Corporation  
Misys Healthcare Systems  
NHS Connecting for Health  
NICTIZ Nat.ICT.Inst.Healthcare.Netherlands  
Novartis  
Oracle Corporation - Healthcare  
Partners HealthCare System, Inc.  
Pfizer, Inc.  
Philips Medical Systems  
Progress Software-DataDirect Technologies Division  
QuadraMed Corporation  
Quest Diagnostics, Incorporated  
SAIC - Science Applications International Corp  
Siemens Medical Solutions Health Services  
Solucient LLC  
St Jude Medical  
U.S. Department of Defense, Military Health System  
U.S. Department of Veterans Affairs  
Wyeth Pharmaceuticals

## Supporters

Ajaxo, Inc.  
Beeler Consulting LLC  
Central Clinic  
iNTERFACEWARE, Inc.  
J&J PRD  
LINK Medical Computing, Inc.  
NeoTool  
Sentillion, Inc.

## Consultants

Accenture  
Advocates for Documentation Integrity & Compliance  
ALLSector Technology Group, Inc.  
Alschuler Associates, LLC  
Apogen Technologies  
Beeler Consulting, LLC  
Booz Allen Hamilton  
Cardiopulmonary Corp  
CentrifyHealth, Inc.  
CGI  
Clinical Software Solutions  
College of American Pathologists

Computer Frontiers, Inc.  
Courion Corporation  
Dapasoft Inc.  
DB Technology  
Digital Aurora, Inc.  
DMR Conseil (a Fujitsu company)  
DxTech, LLC  
Edifecs, Inc.  
Emergint, Inc.  
FEI.com  
Firstpoint Healthcare Group  
Forward Advantage, Inc.  
Gartner  
Gordon Point Informatics, Ltd.  
GSI, LLC  
HCL Technologies  
Health Pathways  
HealthcareISS, Inc.  
HLN Consulting, LLC  
Ignite Analytics Corporation  
Influe-Illicom  
Information Technology Architects, Inc.  
iNTERFACEWARE, Inc.  
International Medical Software Co., Ltd.  
Jiva Medical, Inc.  
JKTECHNOSOFT  
MDDM  
MedQuist, Inc.  
Medtronic  
Multimodal Technologies, Inc.  
Northrop Grumman  
Octagon Research Solutions, Inc.  
River North Solutions, Inc.  
RMC NV  
RUG Tools, LLC  
SafeCare Systems  
Santec Solutions Pvt, Ltd.  
SCS, Ltd.  
SEER, Inc.  
Tata Consultancy Services TCS  
The Rehab Documentation Company, Inc.  
TPJ Systems, Inc.  
VitalHealth Software  
XIMIS, Inc.

## General Interest

Agency for Healthcare Research and Quality  
Alaska Native Tribal Health Consortium/AFHCAN  
American Assoc. of Veterinary Lab Diagnosticians  
American College of Physicians (ACP)  
American College of Radiology  
American Health Information Management Association  
American Immunization Registry Association (AIRA)  
American Optometric Association  
American Society of Health-System Pharmacists  
America's Health Insurance Plans (AHIP)  
Arizona Health Care Cost Containment System  
Blue Cross Blue Shield Association  
California Department of Health Services-Berkeley

California Department of Health Services-Rancho Co  
California Mental Health Directors Association  
Cancer Care Ontario  
CAQH  
CAST  
CEI Community Mental Health Authority  
Centers for Disease Control and Prevention/CDC  
Centers for Medicare & Medicaid Services  
Centre for Development of Advanced Computing  
C-DAC  
Child Health Corporation of America  
City of Chicago - Board of Public Health  
College of Healthcare Information Mgmt. Executives  
Colorado Health Information Exchange  
Delta Dental Plans Association  
Department of Human Services  
Drexel University College of Medicine  
Duke Clinical Research Institute  
ECRI Institute  
Ente Ospedaliero Cantonale  
Food and Drug Administration  
Georgia Medical Care Foundation  
HIMSS  
Hospital Universiti Kebangsaan Malaysia  
ICCBBA, Inc.  
Illinois Department of Public Health  
Indian Health Service  
Innovazione Italia  
Iowa Foundation for Medical Care  
Joint Commission on Accreditation of Healthcare Or  
Kansas Health Policy Authority  
Madigan Army Medical Center  
Masaryk University  
Mental Health Corporations of America, Inc.  
Michigan Public Health Institution  
Ministry of Health (Singapore)  
Municipal Corporation of Greater Mumbai  
N.A.A.C.C.R.  
NACHRI  
NANDA International  
National Alliance for Health Information Technology  
National Association of Dental Plans  
National Center for Health Statistics/CDC  
National Institute of Allergy & Infectious Disease  
National Institute of Standards and Technology  
National Library of Medicine  
New York State Department of Health, Wadsworth Ctr  
NICTIZ Nat.ICT.Inst.Healthc.Netherlands  
NIH/Department of Clinical Research Informatics  
Northwestern University  
NYS Office of Mental Health  
OA-ITSD - Department of Mental Health  
Ochsner Medical Foundation  
Pennsylvania Dept of Health-Bureau of Information  
Riverside County Community Health Agency  
SAMHSA  
Santa Cruz County Health Services Agency  
Shanghai Center for Bioinformation Technology  
Social Security Administration  
Software and Technology Vendors' Association

# HL7 ORGANIZATIONAL MEMBERS

Southwest Research Institute  
Stanford Medical Informatics, Stanford University  
State of CA/Mental Health  
Tennessee Department of Health  
United Network for Organ Sharing  
U.S. Department of Health & Human Services  
U.S. Army Institute of Surgical Research  
Utah Health Information Network  
Washington State Department of Health  
Winnipeg Regional Health Authority  
WorldVista  
WVDHHR Bureau for Medical Services

## Payers

Arkansas Blue Cross and Blue Shield  
Blue Cross and Blue Shield of Alabama  
Blue Cross and Blue Shield of Florida  
Blue Cross Blue Shield of South Carolina  
BlueCross BlueShield of Tennessee  
Health Care Service Corporation  
HealthBridge  
Wisconsin Physicians Service Ins. Corp.

## Pharmacy

Bristol-Myers Squibb  
Clinical Computing, Inc.  
Eli Lilly and Company  
GlaxoSmithKline  
J&J PRD  
Merck & Co., Inc.  
Novartis  
Novo Nordisk, Inc.  
Pfizer, Inc.  
Wyeth Pharmaceuticals

## Providers

ACTS Retirement - Life Communities, Inc.  
Advanced Biological Laboratories (ABL) SA  
Advanced Healthcare, S.C.  
Aionex  
Akron General Medical Center  
AmeriPath  
ARUP Laboratories, Inc.  
Aspirus - Wausau Hospital  
Athens Regional Health Services, Inc.  
Baylor College of Medicine  
Baylor Health Care System  
BJC Health System  
Blessing Hospital  
Borgess Health Alliance  
Boynton Health Center  
BreastScreen Victoria  
Brookdale University Hospital & Medical Center  
Cardinal Hill Healthcare System  
CareAlliance Health Services  
Catholic Healthcare West IT  
Cedars-Sinai Medical Center  
Central Clinic  
Children's Hospital Medical Center of Akron  
Cincinnati Children's Hospital

City of Hope National Medical Center  
Cleveland Clinic Health System  
Digital Healthcare Solutions  
Emergency Physicians Medical Group  
Emory Healthcare  
EPIC Imaging  
Fred Hutchinson Cancer Research Center  
Girling Health Care, Inc.  
Group Health Cooperative  
H. Lee Moffitt Cancer Center  
Harvard University Health Services  
Harvard-Partners Center for Genetics and Genomics  
Holzer Clinic  
Hospital Authority of Hong Kong  
Il Melograno Data Services S.p.A.  
Infinity HealthCare, Inc.  
Inova Health System  
Johns Hopkins Hospital  
Kaiser Permanente  
L.A. County Department of Health Services  
Lahey Clinic  
Lee Memorial Health System  
Lexington Medical Center  
Loma Linda University Medical Center  
Loyola University Health System  
Lucile Packard Children's Hospital  
Magee-Womens Hospital  
Marquette General Health System  
Mayo Clinic/Foundation  
Medical College of Ohio  
MedStar Health Information Systems  
Memorial Hospital - Colorado Springs  
Mercy Health Partners  
Meridian Health  
Meriter Health Services  
Milton S. Hershey Medical Center  
MultiCare Health System  
National Cancer Institute Center for Bioinformatic  
National Healthcare Group  
NCH Healthcare System  
New York-Presbyterian Hospital  
NHS Connecting for Health  
Northwestern Memorial Hospital  
Office of Integrated Surveillance and Informatics  
Parkview Health  
Partners HealthCare System, Inc.  
Pathology Associates Medical Laboratories  
Preferred Primary Care Physicians  
Queensland Health  
Quest Diagnostics, Incorporated  
Regenstrief Institute, Inc.  
Regions Hospital  
Resurrection Health Care  
Riverside Methodist Hospitals  
Rockford Health System  
Rockingham Memorial Hospital  
SA Tartu University Clinics  
Shands Jacksonville  
Sisters of Mercy Health System  
South Bend Medical Foundation

Sparrow Health System  
Spectrum Health  
St. John Health System  
St. Luke's Regional Medical Center  
Stanford Hospital & Clinics  
Summa Health System  
Sykes Assistance Services  
Team Health  
Texas Children's Hospital  
The Children's Hospital of Philadelphia  
The North Carolina Baptist Hospitals, Inc.  
Trinity Health  
Tuomey Healthcare System  
U.S. Department of Defense, Military Health System  
U.S. Department of Veterans Affairs  
University Hospital (Augusta)  
University of Illinois at Chicago Medical Center  
University of Kentucky Chandler Medical Center  
University of Missouri Health Care  
University of Nebraska Medical Center  
University of Pittsburgh  
University of Pittsburgh Medical Center  
University of Utah Health Care  
UT Medical Group, Inc.  
Uticorp  
UW Medicine, IT Services  
Vanderbilt University Medical Center  
Virtua Health  
Washington National Eye Center  
Weill Medical College of Cornell

## Vendors

3M Health Information Systems  
6N Systems, Inc.  
ABELSoft Corporation  
Accutype Medical Services  
Agfa Healthcare/CTO  
AIG Hawaii Insurance Company, Inc.  
Ajaxo, Inc.  
Alert Life Sciences Computing, Inc.  
American Data  
Amtelco  
Antek HealthWare, LLC  
Apelon, Inc.  
Aspyra, Inc.  
Axolotl Corporation  
Boston Scientific Corporation  
BridgeGate International  
CAL2CAL Corporation  
Cardinal Health, Inc.  
Carefx Corporation  
Carestream Health  
Cerner Corporation  
CGH Technologies, Inc.  
Chart Links, LLC  
ChartWare, Inc.  
Claredi, an Ingenix Division  
CliniComp, Intl.  
Companion Technologies  
Computrition, Inc.

# HL7 ORGANIZATIONAL MEMBERS

CorEmr	Integrated Healthware, LLC	OZ Systems
CPCHS	Intel Corporation, Digital Health Group	Perceptive Software, Inc.
Crossflo Systems	Interfix, LLC	Pervasive Software
CSAM International AS	Intermation, Ltd.	Philips Medical Systems
CSC Scandihealth A/S	InterSystems	PhoenixOrtho
Custom Software Systems, Inc.	IntraNexus, Inc.	POLYMEDIS SA
Cybernetica AS	IQMax, Inc.	Practice Partner
Dairyland Healthcare Solutions	iSOFT Nederland b.v.	Programmy i Kompleksy
Data Innovations, Inc.	Justsystems Corporation	Progress Software-DataDirect Technologies Division
Data Processing SPA	Kestral Computing Pty, Ltd.	QS/1 Data Systems, Inc.
Dataline Software Limited	Kinetic Blue, Inc.	QuadraMed Corporation
Dawning Technologies, Inc.	KliniTek, Inc.	Quovadx, Inc.
DC Computers	Kryptiq Corporation	Reed Technology and Information Services, Inc.
DeJarnette Research Systems, Inc.	Language and Computing	RemedyMD, Inc.
DGMed	Lemhi Holdings	Rosch Visionary Systems
digiChart, Inc.	Life Biosystems	RxHub, LLC
Digital Infuzion, Inc.	LifeCare Technologies, Inc.	Sage Software
Dolbey & Company	LINK Medical Computing, Inc.	SAIC - Science Applications International Corp
Eagle Software Group, Inc.	Liquent, Inc.	scheduling.com
Eclipsys Corporation	LOGICARE Corporation	Semandex Networks, Inc.
EDS Corporation	LSS Data Systems	Sentillion, Inc.
e-globe technologies SA (Pty), Ltd.	Magic Crystal GmbH	Siemens Medical Solutions Health Services
Electronic Patient Records (Pty), Ltd.	Mammography Reporting System, Inc.	Softek Solutions, Inc.
e-MDS	McKesson Provider Technologies	Solucient, LLC
eMedicalFiles	MDinTouch International, Inc.	Specialized Software Development, LLC
Emergin, Inc.	MedEvolve, Inc.	St. Jude Medical
Epic Systems Corporation	Medexter Healthcare GmbH	Stockell Healthcare Systems, Inc.
ESRI	MEDHOST, Inc.	Sun Microsystems, Inc.
ExactMed, LLC	Medical Informatics Engineering, Inc.	SureScripts
Excelleris Technologies, Inc.	MediMatic Srl	Swearingen Software, Inc.
Expert Sistemas Computacionales S.A. DE C.V.	MediNotes Corporation	Sybase
Extended Care Information Network	MediServe Information Systems, Inc.	Sysmex New Zealand Limited
Foliage	MEDIWARE Information Systems, Inc.	Systemware, Inc.
Fox Systems, Inc.	Medtronic A/S	Techsana s.p.a.
Fullpower Technologies, Inc.	MELE Health Information Systems	TeleVital, Inc.
GE Healthcare Integrated IT Solutions	Merge Healthcare	Tesi Elettronica E Sistemi Information Services
GloStream, Inc.	MICROMEDEX, Inc.	The SSI Group, Inc.
Goldblatt Systems, LLC	Microsoft Corporation	The Stellar Corporation
Greenway Medical Technologies, Inc.	Misys Healthcare Systems	TheraDoc, Inc.
Hands On Technology, Inc.	MITEM Corporation	Theranos
Health Care Software, Inc.	MODULEMD.COM	ThinSpring
Health Data Security, Inc.	MPN Software Systems, Inc.	T-System Technologies, Ltd.
Health Monitoring Systems, Inc.	National Digital Medical Archive, Inc.	United Telemanagement Corporation
Healthcare Management Systems, Inc.	NEC Unified Solutions, Inc.	Universidad Santiago de Cali
HealthTrio, Inc.	Neodeck Software Corporation	Up To Data Professional Services GmbH
HEALTHvision	NEOTOOL	Vecna
Hearing Instrument Manufacturers Association	Netsmart Public Health, Inc.	Vestara
Hewlett-Packard	New Tech Computer Systems	VISICU, Inc.
Homecare Homebase	NextGen Healthcare Information Systems, Inc.	Wellogig
Huron Systems, Inc.	Niceware International, LLC	Wellsoft Corporation
Hyland Software, Inc.	Noteworthy Medical Systems, Inc.	Wipro HealthCare IT
IBA Health, Ltd.	Ntelagent, Inc.	Wolf Medical Systems
IBM	Occupational Health Research	Workflow.com, LLC
ICANotes	Olympus Soft Imaging Solutions	Wyndgate Technologies
ICLOPS, LLC	Omnicell, Inc.	XIFIN, Inc.
ICPA, Inc.	Omnicom srl	XPress Technologies
Image Solutions, Inc.	Optio Software	XStor Medical Systems
iMedX, Inc.	Opus Healthcare Solutions, Inc.	Zynx Health
Info World	Oracle Corporation - Healthcare	
INNERSOFT S.A.	Orion Health	

# HL7 Technical Committee and Special Interest Group Co-Chairs

## Anatomic Pathology

**John Gilbertson**  
Case Western Reserve University  
Phone: 412-657-5853  
Email: gilbertsonjr@gmail.com

**John Madden, MD, PhD**  
College of American Pathologists  
Phone: 919-681-6671  
Email: john.madden@duke.edu

## Anesthesiology

**Martin Hurrell, PhD**  
Informatics CIS  
Phone: 44-7711-522  
Email: martin.hurrell@informatics-cis.com

**Terri Monk, MD**  
Duke Clinical Research Institute  
Phone: 919-286-6938  
Email: terri.monk@duke.edu

## Architectural Review Board

**Mead Walker**  
Mead Walker Consulting  
Phone: 610-518-6259  
Email: dmead@comcast.net

## Arden Syntax

**Robert Jenders, MD**  
Cedars-Sinai Medical Center/UCLA  
Phone: 310-423-2105  
Email: jenders@ucla.edu

**R. Matthew Sailors**  
The Methodist Hospital  
Phone: 713-441-6218  
Email: msailors@tmhs.org

## Attachments

**Michael Cassidy**  
Siemens Medical Solutions Health Services  
Phone: 610-219-3036  
Email: michael.cassidy@siemens.com

**Wes Rishel**  
Gartner  
Phone: 510-217-3085  
Email: Wes.Rishel@Gartner.com

**Penny Sanchez**  
EDS Corporation  
Phone: 916-636-1168  
Email: penny.sanchez@eds.com

**Maria Ward**  
PriceWaterHouseCoopers LLP  
Phone: 312-890-8572  
Email: mward60610@aol.com

## Cardiology

**Jon Elion, MD**  
Heartlab, Inc.  
Phone: 401-596-0592  
Email: jle@heartlab.com

**Bron Kisler**  
Duke Clinical Research Institute  
Phone: 850-225-2766  
Email: bkisler@cdisc.org

**Brian McCourt**  
Duke Clinical Research Institute  
Phone: 919-668-8999  
Email: brian.mccourt@duke.edu

## Clinical Context Object Workgroup (CCOW)

**Barry Royer**  
Siemens Medical Solutions Health Services  
Phone: 610-219-4779  
Email: barry.royer@siemens.com

**Michael Russell, MD**  
Duke Clinical Research Institute  
Phone: 919-684-2513  
Email: michael.russell@duke.edu

**Robert Seliger**  
Sentillion, Inc.  
Phone: 978-749-0022  
Email: robs@sentillion.com

## Clinical Decision Support

**Robert Greenes, MD, PhD**  
Partners HealthCare System, Inc.  
Phone: 617-732-6281  
Email: greenes@harvard.edu

**Robert Jenders, MD**  
Cedars-Sinai Medical Center/UCLA  
Phone: 310-423-2105  
Email: jenders@ucla.edu

**Craig Parker, MD**  
RemedyMD, Inc.  
Phone: 801-733-3300  
Email: craigparkermd@gmail.com

**R. Matthew Sailors**  
The Methodist Hospital  
Phone: 713-441-6218  
Email: msailors@tmhs.org

## Clinical Genomics

**Kevin Hughes, MD**  
Partners HealthCare System, Inc.  
Phone: 617-724-0048  
Email: kshughes@partners.org

**Amnon Shabo**  
IBM  
Phone: 972-544-714070  
Email: shabo@il.ibm.com

**Mollie Ullman-Cullere**  
Harvard-Partners Center for Genetics and Genomics  
Phone: 617-909-4309  
Email: mullmancullere@partners.org

**Scott Whyte**  
Catholic Healthcare West IT  
Phone: 602-697-0567  
Email: scott.whyte@chw.edu

## Clinical Guidelines

**Robert Greenes, MD, PhD**  
Partners HealthCare Systems, Inc.  
Phone: 617-732-6281  
Email: greenes@harvard.edu

**James Guy Mansfield, PhD**  
Kea Analytics  
Phone: 425-463-5298  
Email: jgmansfield@msn.com

## Clinical Interoperability Council

**W. Edward Hammond, PhD**  
Phone: 919-383-3555  
Email: hammo001@mc.duke.edu

**Bron Kisler**  
Duke Clinical Research Institute  
Phone: 850-225-2766  
Email: bkisler@cdisc.org

**Brian McCourt**  
Duke Clinical Research Institute  
Phone: 919-668-8999  
Email: brian.mccourt@duke.edu

## Community Based Collaborative Care

**Robert Swenson**  
Cerner Corporation  
Phone: 913-385-0212  
Email: rswenson@cerner.com

**Richard Thoreson**  
SAMHSA  
Phone: 240-276-2827  
Email: richard.thoreson@samhsa.hhs.gov

**Max Walker**  
Department of Human Services  
Phone: 61-3-9096-1471  
Email: max.walker@dhs.vic.gov.au

## Education Committee

**Tim Benson**  
HL7 UK  
Abies Ltd  
Phone: 020-8906-3121  
Email: tim.benson@abies.co.uk

**Abdul-Malik Shakir**  
Shakir Consulting  
Phone: 909-596-6790  
Email: abdulmalik@shakirconsulting.com

## Electronic Health Records

**Linda Fischetti, RN, MS**  
U.S. Department of Veterans Affairs  
Phone: 301-734-0417  
Email: linda.fischetti@va.gov

**Don Mon**  
American Health Information Management Association  
Phone: 312-233-1135  
Email: don.mon@ahima.org

**John Ritter**  
Intel Corporation, Digital Health Group  
Phone: 412-372-5783  
Email: john.ritter@intel.com

**David Rowlands**  
Department of Health and Aged Care  
Phone: 61-7-3234-0073  
Email: David.Rowlands@Standards.org.au

## Electronic Services Committee

**Ken McCaslin**  
Quest Diagnostics, Incorporated  
Phone: 610-650-6692  
Email: kenneth.h.mccaslin@questdiagnostics.com

**Patrick Loyd**  
Gordon Point Informatics, Ltd.  
Phone: 415-209-0544  
Email: Patrick.loyd@gpinformatics.com

**Laura Sato**  
NHS Connecting for Health  
Phone: 44-7733-324338  
Email: laura.sato@nhs.net

## Emergency Care

**Kevin Coonan**  
Health Data Security, Inc.  
Phone: 801-938-6811  
Email: kevin.coonan@healthdatasecurity.com

**Donald Kamens, MD**  
Xpress Technologies  
Phone: 904-477-3435  
Email: Xpress@gmail.com

**Jim McClay, MD**  
University of Nebraska Medical Center  
Phone: 402-559-3587  
Email: jmclay@unmc.edu

**Todd Rothenhaus, MD**  
American College of Emergency Physicians  
Phone: 617-864-8014  
Email: todd.rothenhaus@caritaschristi.org

## Financial Management

**Kathleen Connor**  
Fox Systems, Inc.  
Phone: 360-357-3536  
Email: kathleen.connor@foxsys.com

# TC and SIG Co-chairs, continued

## Francine Kitchen

GE Healthcare Integrated IT Solutions  
Phone: 360-992-8001  
Email: francine\_kitchen@idx.com

## Susan Lepping

Siemens Medical Solutions Health Services  
Phone: 610-219-8673  
Email: susan.lepping@siemens.com

## Government Projects

### Jim McCain

US Department of Veteran Affairs  
Phone: 520-232-2233  
Email: james.mccain@va.gov

### Nancy Orvis

US Department of Defense, Military Health System  
Phone: 703-681-5611  
Email: nancy.orvis@tma.osd.mil

## Healthcare Devices

### Todd Cooper

(IEEE) Breakthrough Solutions Foundry, Inc.  
Phone: 858-442-9200  
Email: t.cooper@ieee.org

### Jack Harrington

Philips Medical Systems  
Phone: 978-659-3517  
Email: jack.harrington@philips.com

### Thomas Norgall

University Erlangen  
Phone: 49-9131-776-5113  
Email: norgall@computer.org

## Imaging Integration

### Fred Behlen, PhD

American College of Radiology  
Phone: 708-960-4164  
Email: fbehlen@laitek.com

### Helmut Koenig, MD

Siemens Medical Solutions Health Services  
Phone: 49-9131-84-3480  
Email: helmut.koenig@siemens.com

## Implementation/ Conformance

### Lisa Carnahan

National Institute of Standards and Technology  
Phone: 301-975-3362  
Email: lisa.carnahan@nist.gov

### John Lyons

Siemens Medical Solutions Health Services  
Phone: 610-219-4792  
Email: john.lyons@siemens.com

### Charlie McCay

HL7 UK  
Ramsey Systems Ltd.  
Phone: 44-01743-232278  
Email: charlie@ramseysystems.co.uk

### Frank Oemig

HL7 Germany  
Agfa Healthcare/CTO  
Phone: 49-208-781194  
Email: frank@oemig.de

## Implementation Technology Specification (formerly XML)

### Paul Knapp

Continovation Services, Inc.  
Phone: 604-987-3313  
Email: pknapp@continovation.com

### Charlie McCay

HL7 UK  
Ramsey Systems Ltd.  
Phone: 44-01743-232278  
Email: charlie@ramseysystems.co.uk

### Dale Nelson

Zed-Logic Informatics, Inc.  
Phone: 916-365-6344  
Email: dale@zed-logic.com

## Infrastructure & Messaging

### Grahame Grieve

Kestral Computing Pty Ltd.  
Phone: 61-3-9450-2222  
Email: grahame@kestral.com.au

### Anthony Julian

Mayo Clinic/Foundation  
Phone: 507-266-0958  
Email: ajulian@mayo.edu

### Doug Pratt

Siemens Medical Solutions Health Services  
Phone: 610-219-3050  
Email: Doug.Pratt@siemens.com

### Scott Robertson

Kaiser Permanente  
Phone: 626-381-6624  
Email: scott.m.robertson@kp.org

### Rene Spronk

HL7 The Netherlands  
Ringholm GmbH  
Phone: 33-318-553812  
Email: rene.spronk@ringholm.com

## International Committee

### Jane Howarth

HL7 Canada  
Jane Howarth Associates  
Phone: 905-717-3717  
Email: jhowarth@aci.on.ca

### Ruth Kidd

NHS Connecting for Health  
Phone: 44-113-280-6599  
Email: ruth.kidd@nhs.net

### Miroslav Koncar

HL7 Croatia  
Ericsson Nikola Tesla, d.d.  
Phone: 38-5136-53479  
Email: miroslav.koncar@ericsson.com

### Klaus Veil

HL7 Australia  
Phone: 61-412-746-457  
Email: Chair@HL7.org.au

## International Mentoring Committee

### James Leach

Computer Frontiers Inc.  
Phone: 703-893-2721  
Email: jleach@computer-frontiers.com

### John Ritter

Intel Corporation, Digital Health Group  
Phone: 412-372-5783  
Email: john.ritter@intel.com

### Cheryl Warner

Computer Frontiers Inc.  
Phone: 301-601-0624  
Email: cawarner@computer-frontiers.com

## Java

### Peter Hendler, MD

Kaiser Permanente  
Phone: 510-248-3055  
Email: peter@javamedical.com

### Gunther Schadow, MD

Regenstrief Institute, Inc.  
Phone: 317-630-7070  
Email: gunther@aurora.regenstrief.org

## Laboratory

### Austin Kreisler

SAIC - Science Applications International Corp  
Phone: 404-498-6596  
Email: austin.j.kreisler@saic.com

### Ken McCaslin

Quest Diagnostics, Incorporated  
Phone: 610-650-6692  
Email: kenneth.h.mccaslin@questdiagnostics.com

### Craig Robinson

Siemens Medical Solutions Health Services  
Phone: 610-219-1567  
Email: craig.robinson@siemens.com

## Marketing Committee

### Jill Kaufman

IBM  
Phone: 919-543-3978  
Email: jillkauf@us.ibm.com

### Norbert Mikula

Intel Corporation, Digital Health Group  
Phone: 503-712-8006  
Email: norbert.h.mikula@intel.com

## Modeling and Methodology

### George (Woody) Beeler Jr., PhD

Beeler Consulting, LLC  
Phone: 507-254-4810  
Email: woody@beelers.com

### Lloyd McKenzie

HL7 Canada  
LM&A Consulting, Ltd.  
Phone: 780-993-9501  
Email: lloyd@lmckenzie.com

### Dale Nelson

Zed-Logic Informatics, Inc.  
Phone: 916-365-6344  
Email: dale@zed-logic.com

### Craig Parker, MD

RemedyMD, Inc.  
Phone: 801-733-3300  
Email: craigparkermd@gmail.com

### Ioana Singureanu

U.S. Department of Veterans Affairs  
Phone: 603-548-5640  
Email: ioana.singureanu@med.va.gov

## Orders/Observations

### Hans Buitendijk

Siemens Medical Solutions Health Services  
Phone: 610-219-2087  
Email: hans.buitendijk@siemens.com

### Patrick Loyd

Gordon Point Informatics, Ltd.  
Phone: 415-209-0544  
Email: Patrick.loyd@gpinformatics.com

### Gunther Schadow, MD

Regenstrief Institute, Inc.  
Phone: 317-630-7070  
Email: gunther@aurora.regenstrief.com

## Organizational Review Committee (ORC)

### Hans Buitendijk

Siemens Medical Solutions Health Services  
Phone: 610-219-2087  
Email: hans.buitendijk@siemens.com

### Mark Shafarman

Shafarman Consulting  
Phone: 510-593-3483  
Email: mark.shafarman@earthlink.net

## Organizational Relations

### Ross Martin, MD, MHA

BearingPoint  
Phone: 703-747-4443  
Email: ross.martin@bearingpoint.com

## Outreach Committee for Clinical Research (OCCR)

### Ed Helton

SAS Institute  
Phone: 919-531-4062  
Email: ed.helton@sas.com

## Patient Administration

### Jean Ferraro

McKesson Provider Technologies  
Phone: 631-968-4057  
Email: jean.ferraro@mckesson.com

# TC and SIG Co-Chairs, continued

**Gregg Seppala**  
U.S. Department of Veteran Affairs  
Phone: 703-824-0995  
Email: gregg.seppala@va.gov

## Patient Care

**William Goossen**  
HL7 The Netherlands  
Phone: 31-318-540069  
Email: williamtgoossen@cs.com

**Susan Matney**  
Siemens Medical Solutions  
Phone: 801-298-4642  
Email: susan.matney@siemens.com

**Larry McKnight**  
Siemens Medical Solutions Health Services  
Phone: 610-219-2980  
Email: lawrence.mcknight@siemens.com

## Patient Safety

**Clive Flashman**  
National Patient Safety Agency  
Phone: 44-0-207927-9551  
Email: clive.flashman@npsa.nhs.uk

**Lise Stevens**  
Food and Drug Administration  
Phone: 301-827-6085  
Email: Lise.Stevens-Hawkins@fda.hhs.gov

## Pediatric Data Standards

**David Classen, MD, MS**  
First Consulting Group  
Phone: 801-532-3633  
Email: dclassen@fcg.com

**Joy Kuhl**  
Child Health Corporation of America  
Phone: 703-842-5311  
Email: joy.kuhl@chca.com

**Andy Spooner, MD, FAAP**  
Cincinnati Children's Hosp. Med. Ctr.  
Phone: 513-803-0121  
Email: andrew.spooner@cchmc.org

## Pharmacy

**Garry Cruickshank**  
HL7 Canada  
Phone: 519-657-3125  
Email: g.cruickshank@sympatico.ca

**Robert Hallowell**  
Siemens Medical Solutions Health Services  
Phone: 610-219-5612  
Email: robert.hallowell@siemens.com

**Michael van Campen**  
HL7 Canada  
Gordon Point Informatics Ltd  
Phone: 250-812-7858  
Email: Michael.vanCampen@GPinformatics.com

## Process Improvement Committee

**June Rosploch**  
Kaiser Permanente  
Phone: 925-924-5035  
Email: june.rosplach@kp.org

**Nancy Wilson-Ramon**  
Phone: 310-614-0879  
Email: nancy.wilson-ramon@att.net

## Public Health and Emergency Response (PHER)

**Rita Altamore**  
Washington State Department of Health  
Phone: 360-951-4925  
Email: rita.altamore@doh.wa.gov

**Jim Case**  
American Association of Veterinary Lab Diagnosticians  
Phone: 530-754-9719  
Email: jtcase@ucdavis.edu

**Kristi Eckerson**  
Northrop Grumman  
Phone: 404-498-6639  
Email: keckerson@cdc.gov

## Publishing Committee

**Jane Foard-V2**  
McKesson Provider Technologies  
Phone: 847-495-1289  
Email: jane.foard@mckesson.com

**Helen Stevens Love-V3**  
Canada Health InfoWay  
Phone: 250-598-0312  
Email: hstevens@infoway-inforoute.ca

**Klaus Veil-V2**  
HL7 Australia  
Phone: 61-412-746-457  
Email: Chair@HL7.org.au

## Regulated Clinical Research Information Management

**Ed Helton**  
SAS Institute  
Phone: 919-531-4062  
Email: ed.helton@sas.com

**Randy Levin, MD**  
Food and Drug Administration  
Phone: 301-827-7784  
Email: randy.levin@fda.hhs.gov

**Edward Tripp**  
Abbott Laboratories  
Phone: 847-937-2021  
Email: edward.tripp@abbott.com

## Scheduling and Logistics

**Anita Benson**  
DataScene  
Phone: 860-491-9009  
Email: anita@datascene.com

**Jane Foard**  
McKesson Provider Technologies  
Phone: 847-495-1289  
Email: jane.foard@mckesson.com

## Security

**Bernd Blobel, PhD**  
HL7 Germany  
University of Regensburg Medical Center  
Phone: 49-941-944-6769  
Email: bernd.blobel@chealth-cc.de

**Mike Davis**  
U.S. Department of Veteran Affairs  
Phone: 760-632-0294  
Email: mike.davis@med.va.gov

**Glen Marshall**  
Siemens Medical Solutions Health Services  
Phone: 610-219-3938  
Email: glen.f.marshall@siemens.com

## Services Oriented Architecture

**Alan Honey**  
Kaiser Permanente  
Phone: 925-924-5054  
Email: alan.p.honey@kp.org

**John Koisch**  
OCTL Consulting  
Phone: 253-223-4344  
Email: jkoisch@octlconsulting.com

**Brad Lund**  
Intel Corporation, Digital Health Group  
Phone: 520-241-8783  
Email: brad.lund@intel.com

**Ken Rubin**  
EDS Corporation  
Phone: 703-845-3277  
Email: ken.rubin@eds.com

## Structured Documents

**Liora Alschuler**  
Alschuler Associates, LLC  
Phone: 802-785-2623  
Email: liora@alschulerasociates.com

**Calvin Beebe**  
Mayo Clinic/Foundation  
Phone: 507-284-3827  
Email: cbeebe@mayo.edu

**Keith Boone**  
GE Healthcare Integrated IT Solutions  
Phone: 617-519-2076  
Email: keith.boone@ge.com

**Robert Dolin, MD**  
Kaiser Permanente  
Phone: 714-562-3456  
Email: robert.h.dolin@kp.org

## Templates

**Galen Mulrooney**  
U.S. Department of Veterans Affairs  
Phone: 703-742-2866  
Email: galen.mulrooney@va.gov

**Mark Shafarman**  
Shafarman Consulting  
Phone: 510-593-3483  
Email: mark.shafarman@earthlink.net

**Ian Townend**  
NHS Connecting for Health  
Phone: 44 113 280 6743  
Fax: 0113 2806089  
Email: ian.townend@nhs.net

## Tooling Committee

**Jane Curry**  
Health Information Strategies, Inc.  
Phone: 780-459-8560  
Email: janecurry@healthinfostrategies.com

**Tim Ireland**  
HL7 UK  
NHS Connecting for Health  
Email: tim.ireland@nhs.net

**Lloyd McKenzie**  
HL7 Canada  
LM&A Consulting, Ltd.  
Phone: 780-993-9501  
Email: lloyd@lmckenzie.com

## Vocabulary

**Russ Hamm**  
Mayo Clinic/Foundation  
Phone: 507-284-9348  
Email: hamm.russell@mayo.edu

**Stan Huff, MD**  
Intermountain Health Care  
Phone: 801-442-4885  
Email: stan.huff@intermountainmail.org

**William T. Klein**  
Klein Consulting, Inc.  
Phone: 631-924-6922  
Email: kci@tklein.com

**Cecil Lynch**  
OntoReason, LLC  
Phone: 916-412-5504  
Email: clynch@ontoreason.com

# HL7 FACILITATORS

## Modeling and Methodology Facilitators

**George (Woody) Beeler, Jr., PhD**  
Beeler Consulting LLC  
*Committee: Facilitator-at-Large*  
Phone: 507-254-4810  
Email: woody@beelers.com

**Anita Benson**  
DataScene  
*Committee: Scheduling & Logistics TC*  
Phone: 860-491-9009  
Email: anita@datascene.com

**Bernd Blobel, PhD**  
HL7 Germany  
*Committee: Security TC*  
Phone: 49-941-944-6769  
Email: bernd.blobel@ehealth-cc.de

**Kathleen Connor**  
Fox Systems Inc.  
*Committee: Community Based Health Services SIG, Financial Management TC*  
Phone: 360-357-3536  
Email: kathleen.connor@foxsys.com

**Jane Curry**  
Health Information Strategies Inc.  
*Committee: International*  
Phone: 780-459-8560  
Email: janecurry@healthinfostrategies.com

**Norman Daoust**  
Daoust Associates  
*Committee: Patient Administration TC*  
Phone: 617-491-7424  
Email: normand@daoustassociates.com

**Robert Dolin, MD**  
Kaiser Permanente  
*Committee: Structured Documents TC*  
Phone: 714-562-3456  
Email: robert.h.dolin@kp.org

**Jane Foard**  
McKesson Provider Technologies  
*Committee: Scheduling & Logistics TC*  
Phone: 847-495-1289  
Email: jane.foard@mckesson.com

**Hugh Glover**  
HL7 UK  
*Committee: Immunization; Medication; Pharmacy SIG*  
Phone: 44-0-1392-271274  
Email: hugh\_glover@bluewaveinformatics.co.uk

**Grahame Grieve**  
Kestral Computing Pty Ltd  
*Committee: Infrastructure & Messaging TC*  
Phone: 61-3-9450-2222  
Email: grahame@kestral.com.au

**William "Ted" Klein**  
Klein Consulting, Inc.  
*Committee: Vocabulary TC*  
Phone: 631-924-6922  
Email: kci@tklein.com

**Austin Kreisler**  
SAIG - Science Applications International Corp  
*Committee: Laboratory SIG*  
Phone: 404-498-6596  
Email: austin.j.kreisler@saic.com

**John Kufuor-Boakye**  
JMW Systems Consultants  
*Committee: Patient Care TC*  
Phone: 780-438-0178  
Email: kufuor@telusplanet.net

**Lloyd McKenzie**  
HL7 Canada  
*Committee: Facilitator-at-Large*  
Phone: 780-993-9501  
Email: lloyd@lmckenzie.com

**Nancy McQuillen**  
California Department of Health Services-Berkeley  
*Committee: Public Health Emergency Response SIG*  
Phone: 916-650-6885  
Email: NMQuill@dhs.ca.gov

**Dale Nelson**  
Zed-Logic Informatics, Inc  
*Committee: CMET*  
Phone: 916-365-6344  
Email: dale@zed-logic.com

**Craig Parker, MD**  
RemedyMD  
*Committee: Clinical Decision Support TC; Clinical Guidelines SIG*  
Phone: 801-733-3300  
Email: craigparkermd@gmail.com

**Gunther Schadow, MD**  
Regenstrief Institute, Inc.  
*Committee: Orders & Observations TC*  
Phone: 317-630-7070  
Email: gunther@aurora.regenstrief.org

**Annon Shabo**  
IBM  
*Committee: Clinical Genomics SIG*  
Phone: 972-544-714070  
Email: shabo@il.ibm.com

**Abdul-Malik Shakir**  
Shakir Consulting  
*Committee: Modeling & Methodology TC*  
Phone: 909-596-6790  
Email: abdulmalik@shakirconsulting.com

**Mead Walker**  
Mead Walker Consulting  
*Committee: RCRIM TC*  
Phone: 610-518-6259  
Email: dmead@comcast.net

## Publishing Facilitators

**Raymond Aller, MD**  
L.A. County Department of Health Services  
*Committee: Government Projects SIG*  
Phone: 213-989-7208  
Email: raller@ladhs.org

**Douglas Baird**  
Boston Scientific Corporation  
*Committee: Templates SIG*  
Phone: 651-582-3241  
Email: douglas.baird@guidant.com

**Anita Benson**  
DataScene  
*Committee: Scheduling & Logistics TC*  
Phone: 860-491-9009  
Email: anita@datascene.com

**Doug Castle**  
IDX Systems Corporation  
*Committee: Vocabulary TC*  
Phone: 802-859-6365  
Email: doug\_castle@idx.com

**Kathleen Connor**  
Fox Systems Inc.  
*Committee: Community Based Health Services SIG, Financial Management TC*  
Phone: 360-357-3536  
Email: kathleen.connor@foxsys.com

**Mike Davis**  
U.S. Department of Veterans Affairs.  
*Committee: Security TC*  
Phone: 760-632-0294  
Email: mike.davis@va.gov

**Mark Diehl**  
CSC Global Healthcare  
*Committee: Government Projects SIG*  
Phone: 301-624-1779  
Email: markdata@aol.com

**Julie Evans**  
CDISC  
*Committee: Public Health; RCRIM TC*  
Phone: 202-675-6977  
Email: jevans@cdisc.org

**Jane Foard**  
McKesson Provider Technologies  
*Committee: Scheduling & Logistics TC*  
Phone: 847-495-1289  
Email: jane.foard@mckesson.com

**Alexis Grassie**  
HL7 Canada  
*Committee: Canadian Realm*  
Phone: 416-481-2002  
Email: agrassie@cihi.ca

**Irma Jongeneel-de Haas**  
HL7 The Netherlands  
*Committee: International*  
Phone: 31-347-327777  
Email: irma.jongeneel@mckesson.nl

**Anthony Julian**  
Mayo Clinic/Foundation  
*Committee: Infrastructure & Messaging TC*  
Phone: 507-266-0958  
Email: ajulian@mayo.edu

**Mary Ann Juurlink**  
Gordon Point Informatics  
*Committee: Care Provision; Patient Care TC*  
Phone: 780-920-5224  
Email: maryann.juurlink@gpinformatics.com

**Helmut Koenig, MD**  
Siemens Medical Solutions Health Services  
*Committee: Imaging Integration SIG*  
Phone: 49-9131-84-3480  
Email: helmut.koenig@siemens.com

**Joanne Larson**  
Kaiser Permanente  
*Committee: Infrastructure & Messaging TC*  
Phone: 925-924-5029  
Email: joann.larson@kp.org

**Margaret (Peggy) Leizear**  
Food and Drug Administration  
*Committee: RCRIM TC*  
Phone: 301-827-5203  
Email: peggy.leizear@fda.hhs.gov

**Patrick Loyd**  
Gordon Point Informatics Ltd.  
*Committee: Orders & Observations TC*  
Phone: 415-209-0544  
Email: patrick.loyd@gpinformatics.com

**Joginder Madra**  
Gordon Point Informatics Ltd.  
*Committee: Patient Safety SIG*  
Phone: 610-219-3938  
Email: glen.f.marshall@siemens.com

**Kenneth McCaslin**  
Quest Diagnostics, Incorporated  
*Committee: Laboratory SIG*  
Phone: 610-650-6692  
Email: kenneth.h.mccaslin@questdiagnostics.com

**Sue Mitchell**  
Omnicare Information Solutions  
*Committee: E.H.R TC*  
Phone: 740-862-4458  
Email: suemitchell@hotmail.com

**Dale Nelson**  
Zed-Logic Informatics, Inc  
*Committee: CMET*  
Phone: 916-365-6344  
Email: dale@zed-logic.com

**Frank Oemig**  
HL7 Germany  
*Committee: Conformance SIG; German Realm*  
Phone: 49-208-781194  
Email: frank@oemig.de

**Nancy Orvis**  
U.S. Department of Defense, Military Health System  
*Committee: Government Projects SIG*  
Phone: 703-681-5611  
Email: nancy.orvis@tma.osd.mil

## HL7 Facilitators, continued

### **Craig Parker, MD**

RemedyMD  
*Committee: Clinical Decision Support TC;*  
*Clinical Guidelines SIG*  
Phone: 801-733-3300  
Email: craigparkermd@gmail.com

### **Gregg Seppala**

U.S. Department of Veterans Affairs  
*Committee: Patient Administration TC*  
Phone: 703-824-0995  
Email: gregg.seppala@va.gov

### **Amnon Shabo**

IBM  
*Committee: Clinical Genomics SIG*  
Phone: 972-544-714070  
Email: shabo@il.ibm.com

### **Margarita Sordo**

Partners HealthCare System, Inc.  
*Committee: Gello*  
Phone: 617-732-6271  
Email: msordo@dsg.harvard.edu

### **Helen Stevens Love**

Canada Health InfoWay  
*Committee: Public Health Emergency Response SIG; RCRIM TC*  
Phone: 250-888-5824  
Email: hstevens@infoway-inforoute.ca

### **Michael van Campen**

Gordon Point Informatics Ltd.  
*Committee: Immunization; Medication; Pharmacy SIG*  
Phone: 250-881-4568  
Email: michael.vancampen@gpinformat-ics.com

### **Bob Yench**

Alschuler Associates, LLC  
*Committee: Structured Documents TC*  
Phone: 207-772-5121  
Email: bob@alschulerassociates.com

## Vocabulary Facilitators

### **Anita Benson**

DataScene  
*Committee: Patient Safety SIG, Scheduling & Logistics TC*  
Phone: 860-491-9009  
Email: anita@datascene.com

### **Paul Biondich**

IU School of Medicine  
*Committee: Pediatric Data Standards SIG*  
Phone: 317-278-3466  
Email: mollewis@iupui.edu

### **James Case**

American Assoc. of Veterinary Lab Diagnosticians  
*Committee: Public Health & Emergency Response SIG*  
Phone: 530-754-9719  
Email: jtcase@ucdavis.edu

### **Jane Foard**

McKesson Provider Technologies  
*Committee: Scheduling & Logistics TC*  
Phone: 847-495-1289  
Email: jane.foard@mckesson.com

### **Pavla Frazier, RN, MSN, MBA**

Management Systems Designers, Inc.  
*Committee: Structured Documents TC*  
Phone: 301-594-4741  
Email: frazierp@mail.nih.gov

### **Hugh Glover**

HL7 UK  
*Committee: CMET*  
Phone: 44-0-1392-271274  
Email: hugh\_glover@bluewaveinformatics.co.uk

### **Margaret Haber, BSN, RN, OCN**

National Cancer Institute Center for Bioinformatic  
*Committee: RCRIM TC*  
Phone: 301-594-9185  
Email: mhaber@mail.nih.gov

### **W. Edward Hammond, PhD**

Duke University Medical Center  
*Committee: Templates SIG*  
Phone: 919-383-3555  
Email: hammo001@mc.duke.edu

### **Robert Hausam, MD**

TheraDoc, Inc.  
*Committee: Laboratory SIG*  
Phone: 801-415-4412  
Email: robert.hausam@theradoc.com

### **Stanley Huff, MD**

Intermountain Health Care  
*Committee: Vocabulary TC*  
Phone: 801-442-4885  
Email: stan.huff@ihc.com

### **Julie James**

Blue Wave Informatics LLP  
*Committee: Immunization; Medication; Pharmacy SIG*  
Phone: 44-1392-271274  
Email: julie\_james@bluewaveinformatics.co.uk

### **William "Ted" Klein**

Klein Consulting, Inc.  
*Committee: Modeling & Methodology TC*  
Phone: 631-924-6922  
Email: kci@tklein.com

### **Glen Marshall**

Siemens Medical Solutions Health Services  
*Committee: Security TC*  
Phone: 610-219-3938  
Email: glen.f.marshall@siemens.com

### **Peter MacIsaac**

HL7 Australia  
*Committee: International*  
Phone: 61-411-403-462  
Email: peter.macisaac@hl7.org.au

### **Usha Reddy**

IBM  
*Committee: Clinical Genomics SIG*  
Phone: 215-997-1411  
Email: ushareddy@us.ibm.com

### **Julie Richards**

Canada Health Infoway  
*Committee: E.H.R TC*  
Phone: 843-388-1214  
Email: jrichards@infoway-inforoute.ca

### **Harold Solbrig**

Apelon, Inc.  
*Committee: Modeling & Methodology TC*  
Phone: 807-993-0269  
Email: hsolbrig@apelon.com

### **Harry Solomon**

GE Healthcare Integrated IT Solutions  
*Committee: Imaging & Integration SIG*  
Phone: 847-277-5096  
Email: harry.solomon@med.ge.com

### **Sandra Stuart**

Kaiser Permanente  
*Committee: Infrastructure & Messaging TC*  
Phone: 925-924-7473  
Email: sandystu1@comcast.net

## International Liaisons

### **Helen Stevens Love**

Canada Health InfoWay  
*Committee: Orders & Observations TC*  
Phone: 250-598-0312  
Email: hstevens@infoway-inforoute.ca

### **Irma Jongeneel-de Haas**

HL7 The Netherlands  
Phone: 31-347-327777  
Email: irma.jongeneel@mckesson.nl



# 2007 HL7 BOARD OF DIRECTORS

## Chair



**Charles "Chuck" Meyer**  
Phone: 407-695-8338  
Email: cmeyer327@aol.com

## Chair Elect



**W. Edward Hammond, PhD**  
Duke University Medical Center  
Phone: 919-383-3555  
Email: hammo001@mc.duke.edu

## Treasurer



**William R. Braithwaite, MD, PhD**  
Phone: 202-669-9444  
Email: bill@braithwaites.com

## Secretary



**Freida Hall**  
U.S. Department of Veterans Affairs  
Phone: 727-519-4607  
Email: freida.hall@va.gov

## Directors-At-Large



**Liora Alschuler**  
Alschuler Associates, LLC  
Phone: 802-785-2623  
Email: liora@alschulerassociates.com



**Hans Buitendijk**  
Siemens Medical Solutions Health  
Services Corporation  
Phone: 610-219-2087  
Email: hans.buitendijk@siemens.com



**Robert Dolin, MD**  
Kaiser Permanente  
Phone: 714-562-3456  
Email: robert.h.dolin@kp.org



**Linda Fischetti, RN, MS**  
U.S. Department of Veterans Affairs  
Phone: 301-734-0417  
Email: linda.fischetti@va.gov



**Jill Kaufman**  
IBM  
Phone: 919-543-3978  
Email: jillkauf@us.ibm.com



**Wes Rishel**  
Gartner  
Phone: 510-217-3085  
Email: Wes.Rishel@Gartner.com



**Daniel C. Russler, MD**  
Oracle  
Phone: 404-276-1718  
Email: dan.russler@oracle.com



**Klaus Veil**  
HL7 Systems & Services  
Phone: 61-412-746-457  
Email: Chair@HL7.org.au

## Technical Committee Chair



**John Quinn**  
Accenture  
Phone: 216-409-1330  
Email: john.f.quinn@accenture.com

## International Representative



**Kai Heitmann, MD**  
University Hospital of Cologne  
Phone: 49-172-2660814  
Email: HL7@kheitmann.nl

## Chief Executive Officer



**Charles Jaffe, MD, PhD**  
Chief Executive Officer, HL7  
Phone: 858-720-8200  
Email: cjaffe@HL7.org

## Executive Director



**Mark McDougall**  
Executive Director, HL7  
Phone: 734-677-7777  
Email: markmcd@HL7.org



Health Level Seven, Inc.®

## 21<sup>st</sup> Annual Plenary and Working Group Meeting

**September 16-21, 2007**  
**Sheraton Atlanta Hotel**  
**Atlanta, Georgia**

**Early Bird Registration – August 20, 2007**  
**Online Registration & Hotel Cutoff – August 27, 2007**

*Health Level Seven and HL7 are registered trademarks of Health Level Seven, Inc.*

*Working Group  
Meeting Brochure  
Sponsored by:*

