

HL7 International at *eHealth Week 2010 in Barcelona*

By Charles Jaffe, MD, PhD, HL7 CEO

eHealth Week, held March 15-18 in Barcelona, was the eighth in a series of annual events for the European Commission. It was also an important milestone for European collaboration in healthcare. Health Level Seven International was able to deliver several key messages about its role in achieving interoperability.



Charles Jaffe, MD, PhD

The attendees of the conference included a diverse group of stakeholders; all committed to the process of unifying healthcare IT across the member states. While the ministerial conference provided the keynote for the event, interest among technology providers and end-users was fundamental to the exchange of key deliverables. Certainly, there was an important focus on the need to provide higher quality and more cost-efficient care to an ever-aging population.

Many of the plenary sessions and educational programs focused on hurdles in achieving true interoperability. Among the European efforts to drive innovation, there were detailed discussions of plans for the epSOS (European Patients Smart Open Services) project and its objectives. Participants addressed the development of a pan-European electronic health record as well as a system for cross-border electronic prescribing. The role of Clinical Document Architecture was highlighted as a key enabler of this process.



HL7 European Interoperability Conference

In conjunction with eHealth Week, HL7 International held an Interoperability conference that brought together the leadership from across Europe. The audience was fortunate to hear over a dozen presentations, highlighted by an overview of the HIT landscape from Joan Guanyabens, the CIO of the Catalonia Ministry of Health.

In addition to insights into collaborative initiatives with CEN, ISO, and IHE, attendees heard several presentations about advances in CDA development and implementation.

The notion of international collaboration was not limited to EU nations. During a key session, Dr. Charles Friedman, Deputy National Coordinator for HIT, outlined the plans for his office to bridge

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eHealth Week 2010, continued

policy and technology gaps between the US and its European counterparts. Perhaps more importantly, he focused on the need for standards development, both for transport and vocabulary, to fill some critical requirements. A project, aptly named Argos, was introduced as an initial trans-Atlantic program to promote innovation between EU member states and the counterpart agencies in the U.S.

Many ministers, representatives of central healthcare organizations, and leading stakeholders attended a plenary session on standards development opportunities. Lead by Dr. Ilias Ilakovidis, Head of ICT for the European Commission, the viewpoints of HL7 International, CEN (European Committee for Standardization), and IHTSDO (the developers of



La Sagrada Familia in Barcelona

SNOMED), were detailed. More critically, the program highlighted the need for collaboration at both a policy and technical level.

During my presentation, I emphasized the continuing innovation from the broad international community that fosters interoperability and advances health-care quality.



Port Vell in Barcelona



eHealth Week 2010 session



Catherine Chronaki

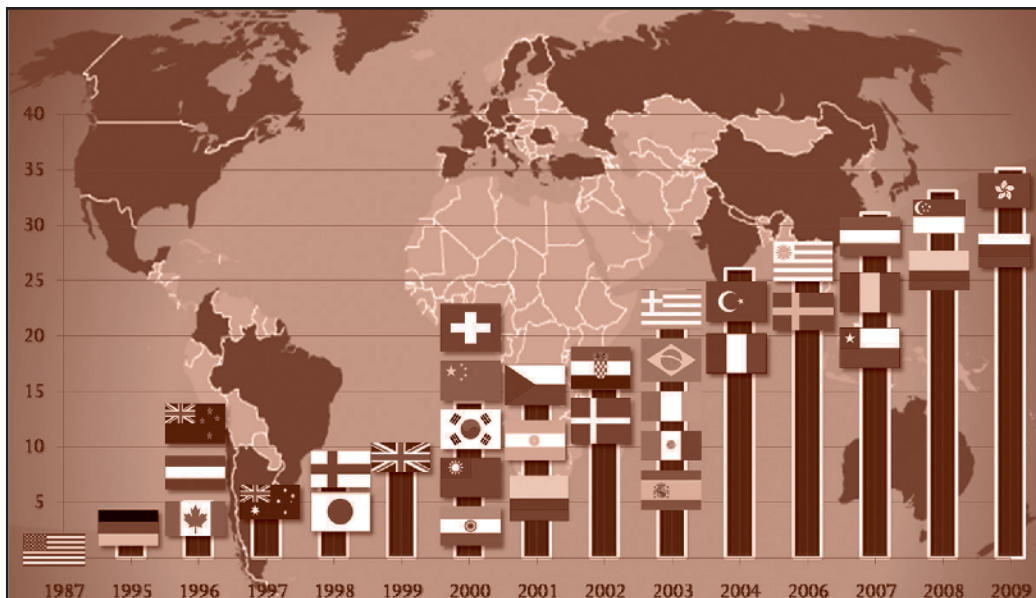
HL7 Around the World in Phoenix

By Catherine Chronaki, Affiliate Director, HL7 International Board of Directors,
International Council Co-Chair, Affiliate Liaison

The “HL7 around the World” session at the International Council meeting in Phoenix brought news from 25 countries and territories. In addition to updates from HL7 Affiliates, there was news from the U.S. as well as petitioners in Pakistan and Norway who have applied to become HL7 affiliates. In a country or territory where no affiliate operates, five individuals representing at least three different constituencies among government agencies, academic institutions, healthcare information technology (HIT) vendors, HIT consultancies, healthcare institutions, etc. may submit a petition to form an affiliate. Since 1996, when Germany joined as the first affiliate, an average of two to three affiliates join HL7 each year. Year by year, the International Council becomes an increasingly global forum for the exchange of ideas and news not only on standards development and adoption, but also on national eHealth initiatives.

HL7 Argentina

Diego Kaminker, recently re-elected chair of HL7-Argentina, stressed its mission: to promote the use of interoperable healthcare software to improve quality and effectiveness of healthcare providers by (a) publishing /adapting / developing standards to enable healthcare interoperability; (b) increasing knowledge and awareness of these standards through educational courses; (c) participating in relevant congress and conferences; (d) facilitating the exchange of information and experiences between HL7 Argentina membership and other affiliates through the world. “HL7-Argentina currently has three individual and 30 organizational members,” said Diego. “We are all collaborating



closely with other affiliates in South America, namely HL7 Colombia, HL7 Chile, HL7 Mexico, HL7 Uruguay, and HL7 Brazil. We are also looking forward to supporting the establishment of HL7 affiliates in Paraguay, Ecuador, and Venezuela.” The e-Learning Course (ELC), an educational pilot that started in Argentina in 2005, has trained more than 1000 people worldwide. In 2009, the ELC entered production in collaboration with HL7 HQ, spreading the knowledge and experience of HL7 standards in five continents.



HL7 Australia

David Rowlands, recently elected chair of Australia, spoke about the membership and plans of HL7 Australia, giving his warmest thanks to Klaus Veil, the outgoing chair of HL7

Continued on page 4

HL7's Around the World in Phoenix, continued

Australia. According to David, HL7 Australia has 21 individuals and 25 organizational members including two benefactors. Key initiatives of HL7 Australia in 2010 are the launching of: (a) systematic education and training program; (b) a local Ambassador program; (c) continued support for standardization and certification; (d) review online capabilities; (e) collaboration with New Zealand and Asia-Pacific; and (f) further membership and visibility under improved governance. David smiled broadly as he said "HL7 Australia is looking forward to welcoming the HL7 International Working Group Meeting to Sydney in January 2011."



HL7 Brazil

Dr. Marivan Santiago Abrahao, chair of HL7 Brazil, presented the achievements and aspirations of HL7 Brazil, which is bringing together the world of HL7 in Rio de Janeiro for the first HL7 working group meeting in South America. HL7 Brazil, along with HL7 Uruguay, HL7 Mexico, HL7 Chile, and HL7 Colombia, is also organizing the 11th International HL7 Interoperability Conference just prior to the HL7 May Working Group Meeting on May 14-15. An interesting element of his report from Brazil was the open Forum, which provides technical support, free distribution, as well as education and training. HL7 Brazil work groups include CDA, Education and Support, and an OID Registry. Marivan also reported on the major HL7 projects in Brazil, namely: (a) SIGA SAUDE - SMS-SP, an HL7 Version 3 Lab Integration System based on CDA, which communicates (order, results) at the rate of 2.7 M exams/month, and (b) TISS, the Brazilian National Health Electronic Data Interchange in Private Health Insurance Market. For 2010, HL7 Brazil aims to engage in the University project of the HL7 Marketing Council, and the Education Work Group, supporting ELC with an e-Learning Course in Portuguese.

HL7 Hellas

I presented the developments and plans of HL7-Hellas, the affiliate in Greece, which has close to 40 organi-

zational members, including the Ministry of Health and Social Solidarity as an honorary member. During 2009, HL7 Hellas engaged in Web 2.0 technologies to establish a wider presence in Greece and attract new volunteers. At the same time, HL7 Hellas is very much engaged in EU-wide eHealth interoperability activities through its participation to the "CALLIOPE - CALL for Interoperability" EU-funded thematic network along with more than 30 organizations (including Ministries, eHealth competence centers, professional societies, patient advocacy groups, industry associations) from more than 20 EU member states (www.calliope-network.eu). The main objectives of CALLIOPE are to: (1) deliver a Roadmap to achieve eHealth Interoperability based on national developments, (2) formulate a proposal for updating the recently adopted Commission Recommendation on Interoperability of Electronic Health Records systems, and (3) contribute to standardization activities in eHealth. Over the last year, HL7 Hellas participated in several working groups including CALLePSO, the joint working group with epSOS, large scale EU pilot on crossborder ePrescription/Patient Summary. In 2010, HL7 Hellas plans to continue its efforts to enlarge its membership and strengthen its presence in national eHealth projects.

Additional presentations and reports from HL7 Canada, HL7 Chile, HL7 China, HL7 Colombia, HL7 Finland, HL7 France, HL7 Germany, HL7 Hong Kong, HL7 Italy, HL7 Japan, HL7 Mexico, HL7 New Zealand, HL7 Romania, HL7 Spain, HL7 Switzerland, HL7 Taiwan, HL7 The Netherlands, HL7 Turkey, HL7 UK, and HL7 Uruguay, and also from prospective affiliates in Norway and Pakistan took us for an interesting HL7 ride around the world. You can access all 25 presentations on the web pages of the International Council: <http://www.HL7.org/Special/committees/international/index.cfm>.





Amnon Shabo, PhD

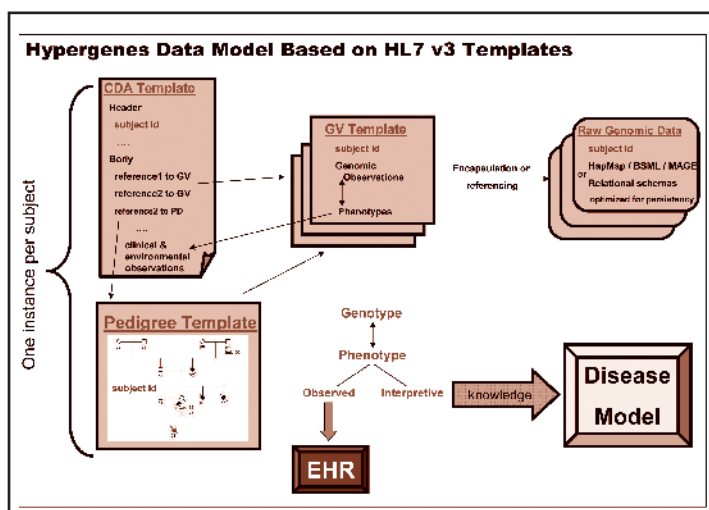
The Use of HL7 Version 3 Standards in the Hypergenes Project

By Amnon Shabo (Shvo), PhD, Co-Chair, HL7 Clinical Genomics Work Group

Hypergenes is a European Commission funded project that aims at building a method to dissect complex genetic traits using essential hypertension as a disease model (see <http://www.hypergenes.eu/>). Most complex chronic diseases that are highly prevalent in populations arise through interactions between genetic, environmental and life-style factors. In order to understand the composite origin of these diseases, we need to know the path from genotype to phenotype.

The Hypergenes consortium includes partners that collected data in twelve cohorts across Europe regarding approximately 4,000 individuals (hypertensive and normotensive subjects). Genomic data included information on one million tag single nucleotide polymorphism (tag-SNPs) that was obtained by array based high-throughput SNPs genotyping. Clinical and environmental data collected from the disparate data sources varied in data model and terminology. Each cohort contained between 30 and 500 variables plagued with proprietary data enumerations, different languages, duplicity, partial similarity with implicit or no specification of relationship, parameterization, and miscellaneous internal inconsistencies that had to be resolved. The results of integrating those data sets were analyzed in a Genome-wide Association Study, which has already yielded interesting results with regard to the genetic background of essential hypertension.

The IBM Research Lab in Haifa is one of the Hypergenes partners and has developed the Biomedical Information Infrastructure (BII) to serve the integration and analysis of the data sets involved in this study. There is a warehouse (codename "RIMon") at the heart of the BII that is capable of persisting XML data along with mass data



in relational format. Incoming XML instances are compliant with Version 3 templates while relational tables hold the high-throughput of the 1M SNP genotyping of each subject.

We have created a methodology of developing data models over the BII to accommodate the requirements of various projects and solutions. It starts by selecting RIM-derived standards that are relevant to the project needs in terms of the data involved at the integration phase. Next, each standard is constrained to precisely meet the requirements set forth by the solution stakeholders. Finally, the constrained standards are interconnected, which results in a coherent data model for the implementation at stake. Furthermore, all incoming data can be optionally transformed to consistent representations based on RIM classes rather than clones. This transformation enables more effective query and analysis against data sets integrated from disparate sources when tight templates are not always available (e.g., cross-enterprise repositories in healthcare networks or public health monitoring systems).

The data model created for Hypergenes (illustrated in the figure) uses a Clinical Document Architecture (CDA) template dedicated to essential hypertension

study where all the clinical and environmental data reside (except for family history) so that there is a single CDA summary per subject. In addition, the data model includes templates of the Clinical Genomics Genetic Variation and the Pedigree Version 3 specifications. Raw data is either encapsulated in the Genetic Variation instance or just referenced, depending on its size and use case. For example, in a healthcare use case, the BII could serve as an infrastructure for decision support applications running at the point of care. A patient requests care due to a possible

diagnosis of essential hypertension and is sent for genetic testing with the lab-on-chip developed by the Hypergenes consortium, where those SNPs found to be positively associated with hypertension are placed for testing. The results are encapsulated in an HL7 Clinical Genomics instance and sent back to the referring clinician EHR system. Decision support applications running in the clinician EHR systems then attempt to associate the patient's genotypic data with phenotypes, both observed phenotypes in the patient's EHR as well as interpretive phenotypes (i.e., phenotypes that serve as the interpretation of the observed genotype), all based on the Hypergenes disease model and other sources of knowledge. The results of these processes are recorded in an HL7 Clinical Genomics Genetic Variation instance and could serve as the basis of the advice presented to the clinician to support decision making.

Acknowledgement:
 The research leading to these results has received funding from the European Community's Seventh Framework Program FP7/2007-2013 under grant agreement n° 201550 and has been made possible thanks to the hard work of the Hypergenes IT team.

From **ED HAMMOND** to Jimmy V

By Mark McDougall, HL7 Executive Director



Mark McDougall

January Meeting

At least 515 attendees participated in our January Working Group meeting held in Phoenix, Arizona, January 17-22, 2010. This total includes 149 attendees from outside of the USA, which represents an impressive 29% of all attendees. Over 40 HL7 work groups met in Phoenix, 29 of which conducted co-chair elections. Attendees also took advantage of 26 tutorials that week.

Hammond Recognized

Ed Hammond, PhD, completed an unprecedented third (yes, 3rd) term as chair of the HL7 Board of Directors. His three terms as chair were for these years: 1990, 1996-1997, and 2008-2009. Ed has dedicated two decades to serving HL7 in leadership positions and has become the face of HL7 around the globe. In addition to Ed's three-peat as HL7 Board Chair, Ed has also exhibited such unparal-

UPDATE FROM HEADQUARTERS

leled support for HL7 that ranged from jumping out of a cake in an "HL7 Man" costume as well as jumping into a pool (fully dressed) to show support for HL7's international meetings.

Ed Hammond continues to exhibit more energy than most people I have ever met. He just does not give up. In fact, in 1997 Ed's unbounded energy and commitment to HL7 was recognized by the establishment of the W. Ed Hammond, Ph.D. HL7 Volunteer of the Year Award. Since then, a total of 53 individuals have received this award recognizing their volunteerism and dedication to HL7.

At the January WGM in Phoenix, Ed was presented with a leather bound

book that was signed by over one hundred fans from around the world. The book also has this inscription:

Dear Ed:

Your leadership, dedication and energy have been invaluable to HL7's growth and success. For your 22+ years of service, three terms as the Chairman of the HL7 Board of Directors, countless fun times, and your friendship, we extend to you a thousand thanks... and a few anecdotal stories.

With warm thoughts and big smiles,

Your HL7 Family

I would like to personally thank Ed for his friendship and for mentoring me over the last 19 years. He has provided invaluable leadership and tremendous contributions to HL7's global organization and the healthcare IT industry. Ed's contributions will be appreciated by the industry for decades. Fortunately for HL7, Ed will continue to serve on the Board in 2010 as the Vice Chair of the HL7 Board of Directors. Who knows, perhaps Ed will run for a 4th term in the future too!?! ☺

Board Changes

We also recognized two outgoing Board members who served terms on the HL7 Board of Directors: Linda Fischetti, RN, MS, and Don Simborg, MD. Linda Fischetti has served two terms on the HL7 Board of Directors from 2006 through 2009. Linda was very supportive of HL7's development of the EHR System Functional Model standard and has been instrumental in developing HL7's relationship with the TIGER (Technology Informatics Guiding Educational Reform) nursing group, which now meets at each working group meeting.



HL7 CEO Dr. Charles Jaffe and HL7 Board Chair Dr. Bob Dolin present outgoing Chair W. Ed Hammond, PhD with leather bound book signed by over 100 people from around the world.



HL7 Chair Dr. Bob Dolin presents plaque to outgoing board member Linda Fischetti.



Outgoing board member and HL7 co-founder Dr. Don Simborg

As a co-founder of HL7, Dr. Simborg's involvement has spanned well over 20 years. Most recently he served on the HL7 Board of Directors for a two year term during the

2008 and 2009 calendar years. Dr. Simborg was very involved in leading the development of a proposal to seek an external funding stream that might help HL7 change its business model. Dr. Simborg and Linda Fischetti were recognized for their many contributions during HL7's January Working Group Meeting.

As previously announced, we are also pleased to welcome two new directors on the HL7 Board of Directors: Bill Braithwaite, MD, PhD, Chief Medical Officer, Anakam, Inc., and Rebecca Kush, PhD, President and CEO, the Clinical Data Interchange Standards Consortium (CDISC).

Bill and Becky bring a wealth of incredibly valuable experiences to the HL7 Board. We look forward to working with them along with the entire 2010 HL7 Board of Directors.

Provided on page 8 is the group photo of the 2010 HL7 Board of Directors. On behalf of the entire HL7 organization, I thank each member of the HL7 Board for their ongoing leadership and contributions to HL7.

Meeting Sponsors

I am also pleased to recognize the following organizations that sponsored key components of our recent January Working Group meeting in wonderful Phoenix.

- Gordon Point Informatics – Wednesday PM Cookie Break
- Interfaceware – Lanyards
- LINKMED – Morning Coffee Break all week

The additional sponsorship support provided by these organizations contributes heavily to HL7's meeting budget and is much appreciated.

HIMSS

For almost 20 years, HL7 has exhibited each year at the annual conference of the Healthcare Information and Management Systems Society (HIMSS). During the first week of March 2010, HL7 once again received plenty of attention at our HL7 exhibition booth which was on the main aisle and at the center of the very large HIMSS Exhibition that attracted over 25,000 people.

Featuring a new design, HL7's exhibition booth produced twenty one (21) mini tutorials on HL7 standards and activities, including such topics as clinical genomics, service oriented architecture, the Clinical Document Architecture, and the Personal Health Record and Electronic Health Record System Functional Models. Most of the HL7 presentations were met by standing room only crowds. Photos of the new HL7 booth are shown on page 8.

Please plan on visiting the HL7 exhibit at HIMSS 2011 in booth #5863. Mark your calendars now for HIMSS 2011 next February 21-23 at the Orange County Convention Center in Orlando, FL.

I would like to thank each of our speakers and booth worker volunteers for their role in making our booth presence at HIMSS a huge success. I would also like to congratulate and thank Andrea Ribick, HL7's Communications Director, for her

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Board Chair Dr. Bob Dolin presents meeting sponsor thank-you plaque to Gordon Point Informatics representative Michael van Campen.

outstanding work in planning, producing and managing the HL7 booth at HIMSS 2010. Andrea's creativity and project management skills were excellent and much appreciated.

In Closing

As I write this column, my favorite sporting event is underway in the USA: the college basketball tournament that involves 65 college teams and is referred to as "March Madness". One of the most memorable scenes from March Madness occurred when Jim Valvano ("Jimmy V."), as head coach at North Carolina State University, celebrated upon winning the 1983 NCAA Basketball Tournament championship against incredibly high odds. Ten years later, Coach Jimmy V. was awarded the inaugural Arthur Ashe Courage and Humanitarian Award at the first annual ESPY Awards. During his speech, Jimmy V said these

memorable words: Don't give up... DON'T EVER GIVE UP." Jimmy V gave that speech just eight weeks before he died of cancer. So, in honor of Jimmy V and for all those struggling, hang in there and don't ever give up!

Mark McDougall



Redesigned HL7 booth exhibit at HIMSS 2010



Board Chair Dr. Bob Dolin gives standing-room-only presentation at HL7's HIMSS booth.



2010 Board of Directors

Back row from left: Bill Braithwaite, MD; Hans Buitendijk; Charlie McCay; Bob Dolin, MD; Stan Huff, MD. Middle row from left: Mark McDougall; Catherine Chronaki; Jill Kaufman, PhD; Linda Fischetti, RN, MS; Rebecca Kush, PhD; Michael van Campen. Front row from left: W. "Ed" Hammond, PhD; John Quinn; Don Mon, PhD; Charles Jaffe, MD, PhD; Dennis Giokas; and Ken Lunn, PhD. Not pictured: Richard Dixon Hughes



Rene Spronk

RIMBAA

- Using HL7 Version 3 RIM Based Models at the Core of the Implementation

By Rene Spronk, trainer/consultant, Ringholm bv, the Netherlands and co-chair, HL7 RIMBAA Work Group.

The RIM Based Application Architecture Work Group (RIMBAA – see <http://r.im/20oh>) serves as a focus for those who are interested in using RIM based information models for application and database design, and to promote the development of HL7 Version 3-compliant applications. RIMBAA collects best practices when it comes to the implementation of HL7 Version 3 RIM based models.

A few years ago during an implementation oriented HL7 meeting, the assembled software vendors discovered that they had all embraced the RIM, or specialized portions thereof (R-MIMs) as a data model within their applications. The HL7 Version 3 RIM has a value in and of itself well beyond serving as a basis to develop message or document structures. The RIM has been shown to be useful as a universal model for designing both applications and databases. It saves time and resources by not having to design new one-off application frameworks and databases. If an application uses the RIM or RIM based models as either a database model or as an in-memory business object layer, then it is said to have a RIMBAA architecture. We have seen presentations of, and have documented the architecture of, a series of RIMBAA software implementations (see <http://r.im/2gn3>).

RIMBAA is aimed at those that implement HL7 Version 3 applications: software architects and programmers. The work group has to make a special effort to reach/involve this audience: the focus of the regular working group meetings (WGM) is on the development of standards, not on their implementation. During a WGM, only those that are both standards developers as well as implementers will show up at a RIMBAA meeting. Telephone conferences don't work very well either – other than the documentation of best practices, RIMBAA has no normative publica-

tions (HL7 traditionally stays away from making normative statements about implementation issues). In order to cater to the interest of the HL7 Version 3 implementers the work group has arranged for three out-of-cycle RIMBAA meetings in 2010. These meetings serve as a platform for the exchange of HL7 Version 3 implementation experiences. In 2010 the focus is on Europe, with meetings in March (Amsterdam, the Netherlands), September (probably Italy), and November (London, UK – see <http://r.im/2gn4>).

The RIMBAA Work Group is involved in the following activities:

- Gathering best practices and documenting those in a series of whitepapers (e.g. related to the use of ORM solutions, the use of cross-industry model driven development tools, or code generation based on XML schema or MIF – see <http://r.im/2gn5>)
- Provide feedback from standards implementers into the standards development process, especially in areas where the standard lacks functionality or clarity of documentation (e.g. the use of context conduction; the identification of role objects)
- Co-sponsor projects and otherwise assist other work groups in projects that are of interest to HL7 Version 3 implementers (e.g. the development of a RIM ITS, an alternative way of encoding HL7 v3 object trees in XML – see <http://r.im/26h1> for details)

The next meeting of the RIMBAA work group will be in Rio de Janeiro (see <http://r.im/2gn6> for agenda). Please join us if you have an interest in implementing HL7 Version 3 and using RIM based models within your application.

Facing Strategic

CHALLENGES

– Role of the HL7 Advisory Council

By J. Richard Dixon Hughes, MEngSc, MLegS, HonFIEAust, FAICD,
 Co-Chair, HL7 Advisory Council



Richard Dixon Hughes

This is an exciting and demanding time for the HL7 community.

Across the globe there is growing acceptance of a new role for eHealth systems in changing healthcare delivery models to address shortages in the health workforce, rising costs, and the needs of an ageing population. First-class health informatics standards are essential for cost-effective and safe application of eHealth – with HL7 International being a global leader in the quest for standards that deliver semantic interoperability and the use of information systems as an integral part of improved clinical workflow.

As many of us travel to Rio de Janeiro for the May Working Group Meeting, we are reminded of the growing internationalization of HL7 – and the challenges of balancing the rapidly accelerating demands of the U.S. health IT program against needs in other parts of the world. HL7 products stretch to provide common interoperability eHealth frameworks that are adaptable to local requirements in different parts of the world.

The only true test of a good standard is its adoption and implementation. As particular standards become widely adopted, their need for further development and the nature of such development must be critically evaluated – balancing drivers for further development against challenges to the integrity of the implemented standards base. Current best practice in managing standards development and support programs requires each proposed activity to be evaluated for net community benefit, cost-effectiveness and whether it has the maturity, resources and commitment necessary to meet stakeholder needs in an acceptable time frame.

All standards development organizations (SDOs), particularly those that focus on a specific aspect of the economy, such as eHealth, face these issues. This can threaten their organizational survival and, after the initial flush of enthusiasm, their ability to retain the commitment needed to maintain their standards products.

The answer is not always “more of the same.” On occasion, there is a need to re-evaluate positions and move

on. In many cases, the emphasis needs to change toward activities that support the extension, application and effective deployment of standards in different domains as well as toward implementation guidance, conformance testing, education and certification.

HL7 International has accepted these challenges and is continually evaluating its long-term position while grappling with the immediate needs of representing, communicating and processing healthcare information in ways that effectively support clinical workflow and business needs – in the face of emerging new clinical and information technologies. It is essential that this be done well for the long-term benefit of the whole HL7 community. In addressing these challenges, HL7 has recognized that there are significant needs beyond the development of better eHealth messaging and document structures. HL7 has stepped forward as a driving force in SDO collaboration to advance the joint interests of all eHealth stakeholders – with the formation of Joint Initiative Council (JIC) at the international level and the SDO Charter Organization in the U.S. being just two examples of this collaboration.

I continue to be impressed by the openness of HL7 and the willingness of its leadership to listen, engage with issues and stimulate change. In recent years, this has been evidenced by a series of transformations that has included introduction of professional executive leadership and technical governance, new pathways for innovation and policy development, and new perspectives on HL7 products and services – in areas such as tooling, education, the architectural framework, service specifications, and collaborative ventures with other SDOs.

The Advisory Council is one of the forums by which the leadership of HL7 International exposes itself to the broader stakeholder community. The Council consists of executives from across the broad spectrum of the international health industry, including representatives from its healthcare delivery, information systems, professional and pharmaceutical arms. It complements the skills around the HL7 Board table by bringing a strong external focus and meets monthly by teleconference, with a face-to-face meeting at the annual Board retreat.

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Health Level Seven India Successfully Launches First e-Learning Course Offerings

HL7 India has successfully launched the HL7 e-Learning Course (ELC) program. The first session concluded in December 2009 and included students from India, Saudi Arabia and Qatar.

HL7 International first began offering the e-Learning Course (ELC) in March 2008. Originally developed by the HL7 Argentina Affiliate and offered in Spanish, the course was translated into the English language to accommodate a larger audience.

Taught by HL7 certified professionals, participants work on real-world exercises to learn how to confront a project involving interoperability among disparate healthcare information systems. They also learn how to read and use the most widely used

HL7 standards in the world: Versions 2 and 3, and HL7 Clinical Document Architecture (CDA).

HL7 designed the course as a self-paced, tutor-assisted model that introduces participants into the concepts of healthcare interoperability, controlled vocabularies, and HL7 messaging and clinical document standards, from the implementer's viewpoint. Course participants learn why they need HL7 standards, when and how to use standards, as well as understanding and experiencing how messages and documents are built and processed.

According to Dr. Supten Sarbadhikari, chair of the Education Committee for HL7 India, the course received



positive feedback from the students. "Since there have been further queries for the Course, HL7 India started the second edition of the HL7 ELC in January 2010. All of the students appreciate the thoroughness of the course materials and the prompt and helpful responses from the tutors," said Dr. Sarbadhikari.

Facing Strategic Challenges, *continued*

A recurring theme at Council meetings has been its encouragement of HL7 in developing, realizing and communicating an effective plan and long-term vision for HL7 International's capabilities and activities, with particular emphasis on:

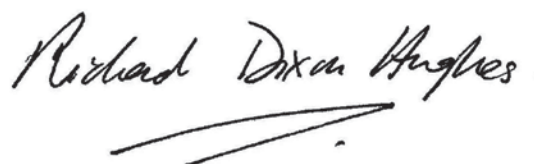
- Development of HL7's strategic objectives and the HL7 roadmap and their realization in the day-to-day activities of HL7
- HL7's development, promulgation and advocacy of public positions relating directly to its role in eHealth standardization including responding to bodies such as the ONC in the U.S. and the European Commission in Europe
- HL7's private contributions at senior level to the development of health and eHealth policy, particularly in the U.S. but increasingly in other parts of the world
- HL7 as the driving force for SDO harmonization
- Improvements in the HL7 governance structure, executive leadership, organizational structure and project management capability.

Our discussions are focused on strategic issues, with satisfaction coming from being able to provide valuable context

for HL7 decision-making and working with HL7 leadership in scanning the horizon for opportunities and storm clouds.

The Council provides another opportunity for the broader HL7 community to contribute to HL7 decision-making and suggestions of potential Council members and strategic issues for consideration at the Council are always welcome. Traditionally, and partly because of necessity, the Advisory Council has had a preponderance of U.S.-based members. HL7 is looking to broaden its relevance to the international HL7 community and I consider it a great honor to be the first person from outside the U.S. to be appointed as a co-chair of this august body.

In concluding, I look forward to welcoming all of you to sunny Sydney at the January 2011 HL7 Working Group Meeting and hope that as many of you as possible will be able to join us on that occasion.



Update from the **Architectural review Board (ArB)**



Charles Mead, MD, MSc

By Charles Mead, MD, MSc, Co-Chair, Architectural review Board

What's in a name?

In the summer of 2008, the ArB was confronted with assigning a name to its CTO-directed efforts to define an enterprise architecture strategy for HL7. This effort quickly focused on the definition of a **framework** around which HL7 and any of its interested enterprise stakeholders/customers could use to specify those aspects of their respective enterprise architectures that had an impact on enabling instances of Working Interoperability between intra- or inter-enterprise trading partners. After some discussion, the ArB chose to christen its emerging framework – or, more correctly, the collection of four sub-frameworks that collectively defined the resulting framework – as the “HL7 Service-Aware Enterprise Architecture Framework.” The key concepts that the ArB wanted to advertise were that the framework was “service-**aware**” but not restricted to application with a services-**oriented** architecture per se, and that it was a **framework** rather than a full-blown enterprise architecture. The moniker “SAEAF” (pronounced as “safe”) therefore emerged as the nom de plume of the effort.

Over the roughly 15 months between the September 2008 Working Group Meeting in Vancouver and the Phoenix Working Group Meeting in January 2010, SAEAF gained both maturity and traction inside and outside of HL7. In particular, several large-scale, pan-enterprise interoperability efforts – including, but not limited to, the Federal Health Architecture initiative in the U.S. and the Canada Infoway project – undertook serious evaluations of both the utility and feasibility of adopting SAEAF. In the course of those discussions, it was repeatedly pointed out to those presenting SAEAF to these enterprises that the enterprises themselves were already committed to existing enterprise architecture frameworks such as TOGAF 9 or Zachman and that – although of some theoretical interest – these efforts didn’t need another enterprise architecture framework. The discussions then focused on the fact that

SAEAF was not – nor was it ever intended to be – a full enterprise architecture framework. Rather, the ArB had always thought of SAEAF as an adjunct to an existing enterprise architecture framework – an adjunct that enabled frameworks such as TOGAF 9 or Zachman to increase their focus on Working Interoperability.

The ArB decided that the name needed to change in order to resolve this confusion. After much discussion of various naming approaches, and with TSC approval, the ArB officially renamed the SAEAF at the January 2010 Working Group Meeting. The new name, **Service-Aware Interoperability Framework (SAIF)**, is a more accurate description of “what it actually is.” The final name – which has the distinct advantage of being able to still be pronounced as “safe” – is courtesy of Andy Bond. Thanks Andy!

SAIF Update – Following is a brief update on the progress of each of the four SAIF sub-frameworks.

- **Information Framework (IF):** Early in the development of SAIF, the ArB made a decision to postpone work on the IF until the other SAIF Frameworks had reached a reasonable stage of stability and maturity. This decision was based on the ArB’s belief that the IF would come together fairly quickly due to HL7’s considerable experience with the modeling and use of structured, static semantics like the legacy constructs such as the RIM, CDA, RMIMs, Clinical Statement Pattern, etc. Each of these artifacts represents an instance of using an underlying “information grammar” to define the static semantic structures that are a critical part of an overall interoperability tapestry. The IF serves as the “grammar” for both specifying these various structures, as well as providing a consistent framework for specifying the Enterprise Conformance and Compliance Framework (ECCF)-based Information Viewpoint artifacts. Through the HL7 IF Implementa-

tion Guide, the IF will therefore enable the consistent, cross-organizational development of a number of diverse artifacts such as service specification Semantic Profiles and domain-specific languages. Given HL7's historic experience with information modeling, the development of the IF is expected to be a relatively straight-forward exercise of "reverse engineering what we already know and do." Regardless of the degree of difficulty involved in the development of the Information Framework, the IF is scoped to document the information modeling grammar from which the various artifacts are constructed and utilized, and describe how that grammar relates to the other SAIF framework grammars as documented in the Behavior Framework (BF), ECCF, and Governance Framework (GF). Current development plans call for an initial draft of the IF to be distributed for comment in the weeks prior to the May Working Group Meeting.

- **Behavior Framework (BF):** Given that one of the primary responsibilities of the BF was to incorporate the requirements of the legacy HL7 Dynamic Model, the BF has received considerable attention by both members of the ArB as well as others with a vested interest in that subject. As a result, the BF has had several significant revisions over the past 18 months. It has now stabilized in the form of four models and a number of core constructs – e.g. Role, Contract, Interaction, Accountability, Collaboration, etc. – and is ready for both wider review and initial application. The BF has been discussed in some detail in the Orders and Observations Work Group and has met with initial approval and interest in continuing further exploration in the context of a SAIF "alpha project." In addition, it appears that the Clinical Document Architecture (CDA) Release 3 effort may benefit from incorporating certain aspects of the formal description of interactions as specified in the BF. Finally, the NCI's caEHR project plans to incorporate a considerable amount of behavioral semantics in its evolving services-oriented architecture. Within HL7, a domain-analysis model of the BF is being developed for informative ballot during 2010. In addition, a "version 0.9" of the BF is now in the HL7 DITA repository and will soon be released for formal Peer Review.

- **Enterprise Conformance and Compliance Framework (ECCF):** Of the four SAIF sub-frameworks, the ECCF has received the most interest outside of HL7 because of its formal notion of specifications which contain embedded, finely-granulated, testable "conformance statements" (aka requirements). In particular, a number of national efforts involving multiple vendor suppliers of software components see the ECCF as a way to identify and certify relevant software capabilities using a single standard grammar for describing the various components' capability claims. Within HL7, the ArB has worked to harmonize the ISO-conformant language of SAIF (a derivative of SAIF's use of the ISO standard RM-ODP) with those of the HL7 Implementation / Conformance Work Group (IC WG). The ArB anticipates that the IC WG will play a significant role in HL7's implementation of the ECCF. A "version 0.9" of the ECCF is now in the HL7 DITA repository and will soon be released for formal Peer Review.

- **Governance Framework (GF):** The core constructs of the GF include Jurisdiction and Provenance. Both constructs have application in two contexts: i) At an organizational level to define and describe the roles, processes, authorities, accountabilities, and artifacts that collectively describe both intra- and inter-enterprise governance, such as how parts of organizations work together in an interoperability context, e.g. reuse of standards, localizations, etc.; and ii) At an architectural level to describe how those aspects of enterprise architecture which affect Working Interoperability are governed including, the discovery and management of architecture primitives versus architecture composites. A draft version of the GF is planned for distribution prior to the May Working Group Meeting.

Alpha Projects/SAIF implementation Guide – The ongoing adoption of SAIF by both HL7 and other organizations such as the National Cancer Institute, Canada Health Infoway, and the Australian National e-Health initiative, involving the defining and deploying of enterprise-specific SAIF implementation guides is under the joint supervision of the TSC and the ArB and will be the subject of another Technical Newsletter article.

News from the PMO

By Dave Hamill, Director, HL7 Project Management Office



Dave Hamill

Updated Project Approval Process Documentation

The HL7 Project Management Office (PMO) will release a revised version of the Project Approval Process. Detailed information will be added regarding specific work necessary to accomplish each approval step and the person responsible for conducting that work. The document will be expanded to identify the tasks and owners based on the sponsor (e.g. HL7 work group, Board-appointed work group, TSC sponsored projects, Board sponsored projects) or the rationale for the project, (e.g. a revised project scope statements or a project reaffirming a standard).

Aligning the PLCPD with SAIF

The Project Services Work Group

has teamed up with Service Aware Interoperability Framework (SAIF) project leadership to align the Project Life Cycle for Product Development (PLCPD) with SAIF. Since the January 2010 Working Group Meeting in Phoenix, the Project Services Work Group members have discussed how to leverage existing processes with the Model-Driven Architecture (MDA) approach proposed in SAIF so as to create a predictable one-year development cycle for a project.

Steering Division Project Facilitators Following Up on Project Statuses

With the Project Review and Clean Up effort complete, it's time to switch to 'maintenance' mode. Work group co-chairs and project

leaders can expect to hear from (or already have heard from) their steering division project facilitators (SD PFs) to gather updates on projects and Three Year Plan items that have deliverables targeted for the upcoming Working Group Meeting. The SD PFs will update Project Insight with the information gathered so that it is reflected in the Searchable Project Database and the Excel project report located in GForge via the TSC's File tab.

HL7 Project Tracking Tools

All of HL7's project tools, including the Searchable Project Database, GForge and Project Insight, are available on www.HL7.org via Participate > Tools & Resources > Project Tracking Tools.

Process Improvement Committee (PIC)

By Margie Kennedy: Member, HL7 Process Improvement Committee; HL7 Canada

The PIC met in Phoenix to review the leadership and work plan. Both June Rosploch and Nancy Ramon-Wilson completed their terms as co-chairs. Warmest thanks and congratulations are extended to both these dedicated members for their consistent contributions and exemplary leadership. Helen Stevens was appointed as the new co-chair, and Robert Stegwee was elected as the Interim co-chair with co-chair elections scheduled for the May Working Group Meeting in Rio de Janeiro.

PIC launched a wiki with a section for contributions from members. The "Open Mic" section of the wiki is a mechanism for any member to raise an issue for consideration at PIC. Suggestions will be monitored and addressed on a regular basis to ensure prompt resolution or inclusion in the work program for detailed attention.

At the request of the Board, PIC is conducting an audit of the Decision Making Process (DMP) to review variations

across the work groups. Electronic voting practices are a key aspect of the review. HL7 members are encouraged to submit comments or items of interest to include in the DMP review through the PIC wiki. Plans are also underway to review the Co-Chairs Handbook in the next trimester. Again, if members have any concerns or suggestions, please submit these to PIC via our wiki.

The First-Time Attendees program continues to be a priority for PIC. A project has been approved to develop ways to strengthen and promote the first-time attendee program, as well as program evaluation and enhance the mentoring program.

Anyone interested in participating in PIC can attend our meeting in Rio during Tuesday Q2. Further details to be announced closer to the May Working Group Meeting.

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Alexander R. Danel
John R. Frazee
Jeremy K. Goff
Jeffrey W. Hughes
Bharat K. Kondam
Sathyanarayana V. Kovour
Anita Pappu
Narasimharao Pelluru
Chaitanya M.
Srinivasamurthy
Barry G. Wilson

January 21, 2010

Rita Altamore
Michael S. Turpin

HL7 Canada

January 22, 2010

Vikalp Patel

March 2, 2010

Sylvie Demers

March 4, 2010

Sanjaai B. Udukumbura

HL7 India

November 7, 2009

Roshan R. Anchan
Prasad Vasant Dabholkar
Sameer Desai
Shradha Raju Doshi
Chandan Kumar
Seema S Mangaonkar
Kunnal Mardia
Shailendra R. Matkar
Lekh Raj Meena
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Rohit Singh
Ritesh Subramanian
Priyanka Tambe
Yagnesh Arvind Vashi
Nirmala Verma
Amit Wagle

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Biswabhusan Nayak
Dr. Satyajit Pati
Dr. Jyotiprava Pattanaik

November 28, 2009

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Sundaresan Appadurai
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Sachin Anadkat
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Geetanjali Date
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Niraj Ingawale
Anoop Morab
Mahesh Panaskar
Subadra Rangaraju
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Arokiraj Sagayam Selvaraj
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Rupesh Shenoy

February 5, 2010

Deepak Bhardwaj
Gaytri Devi
Charu Khetarpal

February 20, 2010

Suresh Bavisetti
Sneha Devarapalli
Rajamouli E
Rakhee Gupta
Kusuma Kumari Jupudi
Lakshmi Kakarla
Suneetha Katari
Dhiren Kumar Panda
Anabothula Thilak Raja
Prabakaran T

March 6, 2010

Arundhati Aravamudhan
Atul Kishore Arte
Vishal Balgi
Sonal Bansod
Vaishali K Desai
Jenesia Joseph Fernandes
Rokin Gala
Pranit Gawande
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Upcoming **INTERNATIONAL EVENTS**

11th International HL7 Interoperability Conference

Rio de Janeiro, Brazil

May 14 – 15, 2010

For more information, please visit

<http://www.ihic2010.HL7.org.ar/>

EFMI Special Topic Conference: “Seamless Care – Safe Care: the Challenges of Interoperability and Patient Safety in Health Care”

Reykjavik, Iceland

June 2 – 4, 2010

For more information, please visit

<http://sky.is/efmi-stc-2010-.html>

May Working Group Meeting

Rio de Janeiro, Brazil

May 16 – 20, 2010

For more information, please visit www.HL7.org

MedInfo 2010

Cape Town, South Africa

September 12 – 15, 2010

For more information, please visit

<http://www.medinfo2010.org/>

HIMSS AsiaPac 2010

Beijing, China

May 26 – 28, 2010

For more information, please visit

<http://www.himssasiapac.org/expo10/index.aspx>

24th Annual Plenary & Working Group Meeting

Cambridge, MA

October 3 – 8, 2010

For more information, please visit www.HL7.org

eHealth 2010: From Investment to Impact

Vancouver, Canada

May 30 – June 2, 2010

For more information, please visit

<http://www.e-healthconference.com/>

HL7 UK Technical Committee & RIMBAA Joint Working Meeting

London, England

November 4, 2010

For more information, please visit [http://www.HL7.org.uk/committees/agendas/
HL7UK_TC_RIMBAA_Agenda.asp](http://www.HL7.org.uk/committees/agendas/HL7UK_TC_RIMBAA_Agenda.asp)



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Imaging Integration
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Patient Safety
Pharmacy
Public Health & Emergency Response
Regulated Clinical Research
Information Management

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Implementation/Conformance
Infrastructure & Messaging
Modeling & Methodology
RIM Based Application Architecture
Security
Service Oriented Architecture
Templates
Vocabulary

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Process Improvement Committee*
Project Services
Publishing
Tooling

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Clinical Decision Support
Clinical Genomics
Clinical Statement
Electronic Health Record
Financial Management
Orders & Observations
Patient Administration
Structured Documents

*Voice only; no vote

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Windsor Barra Hotel & Congressos
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October 3 – 8, 2010

24th Annual Plenary & Working Group Meeting

Hyatt Regency Cambridge
Cambridge, MA



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