Preparing for the Future of International Healthcare IT Standards

Update on the HL7 International Strategic Plan

Report from the HL7 Leadership Development and Nomination Committee

Plus...

HL7 and TransCelerate: Facilitating Use of eSource for Clinical Research

HL7 Poland: Tukan is Up and Flying

Bert Kabbes: 25 Years as Mister HL7 Netherlands

Back in Cologne
Update from Headquarters

Giving Thanks to So Many

We are pleased to recognize many individuals and organizations for their invaluable contributions to HL7 this year and over the last three decades.

HL7 Fellowship Award

The HL7 Fellowship award was presented to eight individuals during HL7’s 31st Annual Plenary and Working Group Meeting that was held in San Diego, California. The award was established to recognize HL7 members with at least 15 years of active membership as well as outstanding service, commitment and contributions to HL7.

HL7 is honored to recognize these recipients of the class of 2017 HL7 Fellowship Award for their incredible service to HL7:

- Chris Chute, MD
- Kathleen Connor
- Jane Daus
- John Hatem
- Nancy Orvis, MHA
- Craig Parker, MD
- John Ritter
- Sandra Stuart
Volunteers of the Year Awards

It is amazing to realize that we are already in the 21st year of recognizing incredible efforts by our dedicated volunteers via our W. Edward Hammond, PhD, HL7 Volunteer of the Year Award. While there are certainly dozens of individuals who merit this recognition each year, the Awards Committee is challenged to limit the annual award to only a few. This year’s recipients have contributed hundreds of hours, if not thousands, and have certainly served HL7 extremely well for many years. HL7 is pleased to recognize this year’s recipients of the W. Ed Hammond HL7 Volunteer of the Year Awards:

• Eric Haas
• Laura Heermann Langford, RN, PhD
• John Roberts

Highlights of their many contributions to HL7 are provided on page 6.

Membership Milestones

As I have stated from the podium for over 20 years, HL7’s community of incredibly talented and dedicated volunteers are HL7’s most valuable asset. Such a community is dependent upon the service of hundreds of key members who drive the organization forward via various leadership roles such as on the board, the Technical Steering Committee, work groups, mentors, facilitators and tutorial speakers. The co-chairs of our 50 work groups are truly the backbone of the organization. These co-chairs help steer the standards development process via meetings and conference calls throughout the years. We thank all of our co-chairs listed on page for their invaluable contributions to HL7.

We are also pleased to recognize HL7 leaders who have supported HL7 for more than 25 years. We sincerely thank the following for their incredible contributions to the industry and dedication to HL7.

HL7 members for more than 25 years:

• Hans Buitendijk
• Gary Dickinson
• Clem McDonald, MD

HL7 members for more than 30 years:

• Wes Rishel
• Doug Pratt
• Mark Shaferman
• Mead Walker

• W. Ed Hammond, PhD

Board Election Results

2018 brings new members to the HL7 Board of Directors. As recently announced, the election results for 2018 Board positions are as follows:

Director: Jennifer Covich Bordernick
Treasurer: Russ Leftwich, MD
Affiliate Director: Line Saele
Director: Walter Suarez, MD

We look forward to working with them on the board and we are happy to extend warm congratulations!
FHIR Proficiency Exam Launched

After much effort by many, we launched a pilot of the FHIR STU3 Proficiency Exam during the week of our plenary meeting. We are pleased to recognize many of those who contributed to the creation of this valuable exam:

- Grahame Grieve
- Brett Marquard
- Brian Postlethwaite
- Bryn Rhodes
- David Hay
- Ewout Kramer
- Eric Haas
- James Agnew
- Josh Mandel, MD
- Lloyd McKenzie
- Rob Hausam
- Simone Heckmann
- Viet Nguyen, MD
- Mel Grieve
- Education Work Group
- HL7 Staff

We encourage you to visit the HL7 website to learn more about the FHIR STU3 Proficiency Exam:
http://www.hl7.org/implement/certification.cfm

31st Annual Plenary Meeting

HL7’s 31st Annual Plenary and Working Group Meeting convened September 10-15, 2017, at the Hyatt Regency La Jolla at Aventine, San Diego, CA. The plenary meeting featured exceptional keynote presentations from:

- Scott Weingarten, MD, Senior Vice President and Chief Clinical Transformation Officer, Cedars-Sinai Health System
- Edwin Lomotan, MD, Medical Officer and Chief of Clinical Informatics for the Health IT Division in the Center for Evidence and Practice Improvement, Agency for Healthcare Research and Quality (AHRQ)
- Steve Posnack, Director of Standards and Technology, Office of the National Coordinator
- Shafiq Rab, MD, MPH, Senior VP and CIO, Rush University Medical Center
- Matthew Might, PhD, Director, Hugh Kaul Personalized Medicine Institute, University of Alabama at Birmingham

Overall our 31st Annual Plenary and WGM attracted 578 attendees. We also produced the 16th FHIR Connectathon that attracted 200 attendees as well as 30 tutorials. In addition, 40 work groups convened meetings on standards development during the week.

I am also pleased to recognize these organizations that sponsored key components of our 31st Annual Plenary and Working Group Meeting:

- Corepoint Health
- Hi3 Solutions
- iINTERFACEWARE
- PenRad Applicadia

The additional sponsorship support provided by these organizations contributes significantly to HL7’s meeting budget and is much appreciated.
Mark Your Calendars—Please plan to join us at these upcoming HL7 programs:

- January 27-February 2, 2018: WGM at Hilton Riverside Hotel, New Orleans, Louisiana
- May 12-18, 2018: WGM at the Maritime Hotel, Cologne, Germany (see article on page xx for more information about Cologne)
- June 19-21, 2018: HL7 FHIR DevDays at the State Room, Boston, Massachusetts
- September 29-October 5, 2018: 32nd Plenary and WGM at Hyatt Regency Inner Harbor, Baltimore, Maryland

**Benefactors and Gold Members**

We are pleased to recognize the valuable support provided by HL7 benefactors and Gold members. Representatives from these organizations are pictured at left, during the 31st Annual Plenary and Working Group Meeting in San Diego, California. A special thank you is extended to the list of firms that represent our 2017 HL7 benefactors and Gold members.

**Organizational Member Firms**

HL7 is very proud of the impressive list of HL7 organizational member companies as listed on pages 24-27. We sincerely appreciate their ongoing support of HL7 via their organizational membership dues.

**In Closing**

I wish to close with a heartfelt thank you to all of you who have supported HL7 throughout the years. On behalf of the HL7 staff, we extend to you and your loved ones our best wishes for good health, much happiness, and lots of smiles for 2018 and beyond.

**Calendar**

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Recognizing HL7’s Most Vital Asset: Volunteers

HL7 2017 Volunteer of the Year Award Recipients

HL7 honored three members with the 21st Annual W. Edward Hammond, PhD Volunteer of the Year Award. Established in 1997, the award is named after Dr. Ed Hammond, one of HL7’s most active volunteers and a founding member as well as past Board chair. The award recognizes individuals who have made significant contributions to HL7’s success. The 2017 recipients include:

- Eric Haas, Principal, Haas Consulting
- Laura Heermann Langford, RN, PhD, Nursing Informatics Director, Intermountain Healthcare
- John Roberts, Director, Interoperability and Standards, Tennessee Department of Health

About the Volunteers:

Eric Haas has been a member of HL7 since 2012. He actively participates in the Orders & Observations (O&O) and Public Health Work Groups. He has been instrumental in balloting the Electronic Laboratory Reporting to Public Health Release 2 (U.S. Realm) Implementation Guide for HL7’s Version 2.5.1 standard. This work resulted in a suite of laboratory guides from test compendium, through ordering, to results reporting to both the providers and public health. This provides a solid foundation to build core laboratory messaging in Version 2 for national adoption with specializations for ambulatory, public health, and soon to be followed with others. Eric also successfully developed and balloted the HL7 Clinical Document Architecture (CDA®) Implementation Guide known as the Public Health Case Report, Release 2 (U.S. Realm) – the Electronic Initial Case Report. In addition, he has maintained the HL7 Fast Healthcare Interoperability Resources (FHIR®) resources for the O&O Work Group since its first release and developed the U.S. Lab FHIR profiles, based on the Version 2 guides developed in the O&O Work Group. He leads the O&O on FHIR calls and effectively facilitates resolutions to tracker items. Eric also contributes to the Zulip implementer channel extensively, enhancing implementer understanding of best use of FHIR resources. Finally, he has led several tracks at the HL7 FHIR Connectathons.

Laura Heermann Langford joined HL7 in 2007. As a volunteer, she co-chairs three HL7 work groups. She first began as a co-chair for the Emergency Care Work Group in 2013. Since then, she has become a co-chair for both the Patient Care (2013) and Healthcare Standards Integration (2015) Work Groups. As a clinician and in her role leading the care transitions project, Laura has actively promoted the clinical view of the impact of standards. As a nurse, she is active in the Tuesday morning nursing group and assisted with the Nursing Informatics 2016 showcase. In addition, Laura helps organize the Clinicians on FHIR Connectathon at the HL7 working group meetings. Finally, she plays an integral role on the planning team for the Clinical Information Interoperability Council which is jointly sponsored by HL7 and HSPC.

John Roberts has been an HL7 member since 2001. He has served as co-chair for several work groups, including Public Health, over the years. He currently co-chairs the Templates and Learning Health Systems Work Groups. John also serves as a co-chair of the Domain Experts Steering Division of HL7’s Technical Steering Committee. He has worked tirelessly to educate the public health community for 15 years on the importance of computable semantic interoperability, in the form of HL7, and sound informatics principles. John has also mentored numerous individuals and has expanded the participation of public health professionals in HL7 through outreach and training.
## Newly Certified HL7 Specialists

Congratulations to the following people who recently passed the HL7 Certification Exam.

### Certified HL7 Version 2.x Chapter 2 Control Specialist

**AUGUST 2017**
- Brian Upton
- Marlene Polito
- Krishanu Deb Roy
- Kamaldeep Suyal
- Tian Changxing

**SEPTEMBER 2017**
- Iñigo Burgués Ascorbe
- María Pérez López
- Amanda Santander
- Yangan Chen
- Indraneel Chavan
- Dharamveer Thakur
- Yong Wang
- Stephen Schneider

### OCTOBER 2017
- Trevor Castillo
- Rosa Polo Sanchez-Villacañas
- Niroopkumar Shetty
- Prithvi Shanbhag
- Shailaja Pai
- Federico Alcala Ortiz
- Lucas Gonzalez Muñoz
- Jose Miguel Casado Alvarez
- Patricia Diaz Ayuso
- Anunciacion Gonzalez Felipe
- M. Carmen Lopez Bermudez
- M. Angel Montero Martinez
- Marcos Prieto Alejano
- Manuel Rodrigo Gomez
- Ruben Marcos Saavedra Gomez
- Jose Luis Valle De La Peña
- Eduardo Vazquez Valle
- Jose G. Sanchez Blasco
- Ana Maria Sanchez Aparicio
- Javier Arribas
- Alejandro Caballero
- Gonçalo Ribeiro
- José Antonio Zarzosa

### Certified HL7 CDA Specialist

**AUGUST 2017**
- Rosa Polo Sanchez-Villacañas

**SEPTEMBER 2017**
- Jari Vuonos

### HL7 FHIR STU Proficient Certified

**SEPTEMBER 2017**
- Yunwei Wang
- Matt Blackmon
- Joel Francis
- Rick Geimer
- Diego Kaminker
- Jenni Syed
- Fernando Campos
- Linda Michaelson
- Nick Radov

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### HL7 Standards Approved by ANSI, Since August 2017

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Member Spotlight on John Hatem

Career Background and HL7

John Hatem’s roots are in nursing and critical care. He spent the first 12 years of his career at the Ohio State University Hospital and the University of Colorado Hospital. He began working with HL7 in the early 1990’s as an informatics coordinator at the University of Colorado Hospital. At the time, his team was implementing a hospital wide order entry system, so he gained experience in almost all areas of the hospital. This experience included flowcharting many departments’ workflows. The interfaces they built back then were all HL7 Version 2.

Hatem left the hospital setting in the late 1990’s, where he began his first role as a product manager in a software company OACIS Healthcare. He worked there for four years where he made his first trip to an HL7 working group meeting.

At OACIS, Hatem met Mark Shafarman and learned a lot about HL7 and also about a new evolving standard called HL7 Version 3. After he left OACIS and began working at Oracle in 2001, Hatem became a regular attendee at HL7 WGMs. After exploring several different work groups, he settled into Pharmacy. He recalls that this was a great experience to learn the ins and outs of how work groups functioned, and how the various roles in the work group contributed to a standard. The membership of the Pharmacy Work Group was very experienced with HL7 and committed to incorporating input from everyone into the standards development process. In 2013, Hatem was elected as a co-chair of the Pharmacy Work Group where he continues to serve today. He enjoys working with the folks who attend pharmacy and listening to new and old voices as we move forward with HL7 Fast Healthcare Interoperability Resources (FHIR®).

Personal Life

Hatem has lived in San Rafael, California for over 20 years, but grew up in Ohio. He readily admits that his sports team allegiances are still grounded into those teams he supported during his childhood. In his spare time he reads, walks and plays in a darts league. Hatem grew up in a large family and enjoys visits with his brothers and sisters as well as his nieces and nephews (He has a lot of those as he is the oldest of 13 children).
The journey to an improved collaboration tooling infrastructure continues.

My last update focused on the goal to make the Atlassian Confluence Wiki and Jira Issue Tracking tools available for use by HL7 work groups. These tools are now available for pilot use, and are a sample of the myriad of benefits these tools may offer our global community. Tools like Confluence and Jira are intended to support two of HL7's strategic goals: improving customer experience (part of goal 2) and supporting our standards (goal 4). This pilot period will identify opportunities, explore possibilities and exercise and tune the infrastructure while examining critical opportunity areas for improving core processes.

There is no plan to replace existing tools like MediaWiki or Tracker yet, but to simplify the environment over time to create a more stable, common tooling environment. For now, we’re looking to work groups to offer creative ideas on how to improve the way we create standards.

It can be disruptive and challenging to adapt to a new environment, so work groups will be given a quick start package of templates for things like meeting agendas and minutes, action item tracking and notification, decision logs and other basic work group functions.

The self-registration process will be continually tuned and streamlined for easy access to help everyone become familiar with a simple Confluence app to record attendance at WGM sessions in New Orleans.

In addition to these general collaboration capabilities, we’re evaluating these tools to help manage core processes. The FHIR team is exploring how Jira can help streamline the balloting process with a hope of conducting pilots in the spring of 2018. Ted Klein, with assistance from Grahame Grieve, Lloyd McKenzie and others, is leading the development of a new Unified Terminology Governance process which will provide a single source of truth for all HL7 terminology and provide a less onerous replacement for harmonization, with a completion goal of late 2018.

All of these tools are being made available on a voluntary basis.

Another new collaboration feature is a standard solution for group chat. The Zulip tool has been used to power chat.fhir.org, but the topic streams are restricted to those relevant to the FHIR community. We’re now introducing chat.hl7.org for the rest of the HL7 community and hope this will provide another way to help work groups and projects operate more effectively. The Zulip free app allows users to participate on both chat platforms at the same time.

It will take time to adapt to new tools, but issues will be resolved with experience and collaboration. All of these tools are being made available on a voluntary basis. There are no plans to migrate everything in Tracker and MediaWiki to Jira and Tracker. Instead, think of it as moving from a large house in the suburbs to a sleek, modern condo in a world class city, moving only what’s essential to quickly get established, always find what is needed, and use the time saved to enjoy all the wonders that the city can offer. Cheers!

Learn how to create an account on JIRA & Confluence for HL7 members and contributors here: http://bit.ly/2DDnGDI
Remembering Long-time HL7 Member

Bert Kabbes: 25 Years as Mister HL7 Netherlands

Twenty-five years ago, HL7 Netherlands was established as the second official affiliate member, shortly after HL7 Germany. The initial contacts started in 1991 when Bert Kabbes took a small group of health IT enthusiasts on a study trip to see how interfaces between clinical systems were handled in the U.S.

In addition to several hospitals, including Duke University Hospital, this trip included a visit to an HL7 working group meeting, already in its fifth year of existence. The night before the group flew home, they discussed over dinner about what they would do with HL7 once they got back. The group was invigorated, but none of them could fathom what was going to happen with HL7 in the Netherlands.

**In the Beginning**

Kabbes organized a small event at which five of the participants presented their HL7 experience to interested people from hospitals and health IT vendors from across the country. To their amazement, more than 100 people attended! As a result of that meeting, a volunteer group for translation of the standard was formed and another group agreed to organize more information sessions. The recognition of HL7 as the right solution for the problems that both hospitals and vendors encountered was astounding. Within a year the first ADT implementations were up and running, including Merwede Ziekenhuis, where Jos Baptist was head of the IT department. Hans Houben, Kees Molenaar and Fons Ariëns were the key people on the vendor side.
New Blood for Growth

In 1995, Kabbes recognized that it was time for growth. Through his friends on the Technical Committee and his contacts with both vendors and hospitals, he personally invited Tom de Jong, Irma Jongeneel and Robert Stegwee to the next annual meeting as representatives of the younger generation. As a welcoming surprise he asked them to present a few of the newer chapters of the HL7 Version 2.2 standard. This prompted more involvement from both hospitals and vendors as it was now clearly an open organization with room for more volunteers to contribute.

Promoting Innovation

Kabbes was instrumental in crafting the HL7 Project Bureau in the Netherlands in 2000, aiming at the introduction of Version 3 (V3) as part of the endeavors to create a national health information infrastructure. Together with Nictiz, the organization coordinated health information exchange initiatives and the application of standards. HL7 Netherlands worked diligently to: understand the new standard, to get the tooling to work, to create the first specifications for perinatal care, and as a GP summary record and medication record. These developments have heavily influenced the international work on V3, particularly in the area of patient care.

A Global Perspective

Also in 2000, Kabbes invited several people to an informal meeting of European HL7 affiliates at the Sheraton hotel in the Amsterdam Schiphol Airport. Joachim Dudeck and Bernd Blobel represented Germany, Leo Fogarty and David Markwell for UK and Niilo Saranummi for Finland. Participants from the UK were interested in learning how to make HL7 work in their country and building upon the experience in the other countries. We also decided at that time not to form an HL7 Europe, as we quickly recognized that our national requirements were as much alike to each other as they were to the US, Canadian or Australian ones.

It shouldn’t come as a surprise that Bert Kabbes and Leo Fogarty took the initiative for a report on Localizing the HL7 Version 3 Standard, to make the new standard truly global.

Memorable in Orange

May 2005 saw the first non-North American working group meeting in Noordwijkerhout. Again, it was due to Kabbes’ good connections in the global HL7 community that this leap across the ocean was entrusted to HL7 Netherlands. René Spronk, already a member of the HL7 Marketing Committee, was crucial in generating the awareness that something new was coming to HL7. He took advantage of several opportunities to promote the meeting, including bright orange polo shirts, handing out adapter plugs, and offering cheese at the networking party in 2004 to prepare the crowd for a Dutch experience. Tom de Jong and Adri Burggraaff, assisted by our tireless office manager Diny van de Weerd, acted as local organizers of the event and included a partner program with memorable tourist
trips. Queens Day in Amsterdam, just prior to the WGM was also memorable for all who were there, as was the Memorial Day speech by Jos Baptist, when the whole country was silent for two minutes in memory of the victims of the Second World War.

Working Together
In 2010, Kabbes was actively engaged with both IHE Netherlands and the Dutch Health IT Vendor Association to get more industry involvement in the government-led initiatives at that time. This led to a different perspective on the role of standards organizations in relation to many other players in the health system. The notion of a broad set of stakeholders setting the agenda for eHealth development and the need for standards was touched upon and presented to a number of organizations.

Not wanting to wait for others to act, we already transformed the HL7 Netherlands affiliate into a more project-based organization, where we would interact with the users of our standards so that demand and supply for standards would be brought together.

Always Ahead of the Game
In 2015 Kabbes started thinking about the governance of HL7 Fast Healthcare Interoperability Resources (FHIR®) in the Netherlands and took it upon himself to create an open structure where early adopters of HL7 FHIR would work together to make common resources available that were tested against the specific requirements of the Dutch Health System. This led to an agreement with Nictiz in 2016 and two more organizations have already joined and have developed HL7 FHIR profiles. The first validated HL7 FHIR profiles for the Netherlands have been published on simplifier.net for all to use.

Full of Life and Ambition
25 years and still full of life and ambition – that is true both for Bert Kabbes and for HL7 Netherlands. Over the past 25 years, Kabbes received the Ed Hammond Volunteer of the Year award in 2005 and was inducted as an HL7 Fellow in 2010. The Netherlands created its own HL7 volunteer award, which is named after him. All his friends at HL7 International want to recognize Kabbes for the inspiration and leadership he has provided over the years and hope that many more may follow.
Patricia Guerra, Director of Marketing

HL7 Welcomes New Staff

Patricia (Pat) Guerra joins HL7 as Marketing Director, bringing over 10 years of marketing, branding, and corporate relations experience in healthcare membership associations. Her recent experience includes the American Health Information Management Association (AHIMA) where she served in roles as Director of Marketing and Director of Corporate Development and Sponsorship. Pat has provided marketing consulting for membership associations including the American College of Healthcare Executives (ACHE) and the Accreditation Association for Ambulatory Healthcare (AAAHC). In addition, Pat has held corporate marketing leadership roles in industry, including Siemens, and has expertise in integrated marketing tactics and strategic relations.

After earning a bachelor’s degree in Public Relations from Illinois State University, Pat earned an MBA from Grand Valley State University and an Executive Certificate in Integrated Marketing from Northwestern University. She resides in Chicago, is a third generation Cubs fan, and enjoys spending time with her husband and daughter. Other interests include running along Lake Michigan on the lakefront path (or on a treadmill when the true Chicago winter arrives), fitness and nutrition, and reading biographies and mysteries. Please join us in giving Pat a warm HL7 welcome!

Get Your HL7 Training Straight from the Source

Upcoming HL7 Webinars – Mark Your Calendars!

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<tr>
<td>Introduction to HL7 FHIR</td>
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<td>HAPI on FHIR</td>
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For more information, please visit: [www.hl7.org/events/webinars.cfm](http://www.hl7.org/events/webinars.cfm).
Tukan is a free testing platform available online for Polish implementers of IHE profiles and HL7.

The first set of tests includes validation of Clinical Document Architecture (CDA®) clinical documents against the Polish national specification and conformance verification of basic interactions of IHE XDS.b profile.

In the summer of 2017, the HL7 Poland team developed and deployed Tukan, making the jobs of Polish implementers of interoperable solutions much easier.

The platform consists of IHE Gazelle components, ART-DECOR® environment and a proprietary schematron-based conformance validator to the Polish National Implementation Guide for HL7 CDA. These validation and verification services are available online at http://tukan.online. The project was completed in a short time and without any external funding, as the work was delivered by members of HL7 Poland.

During the month-long pilot phase, 553 CDA test documents were validated by Tukan users representing 27 Polish organizations, mostly software vendors. Some of the teams also explored the possibility of editing their own DECOR specifications or tried an IHE XDS.b conformant simulator of document registry and repository. The pilot will be completed with a user satisfaction survey to allow the board of HL7 Poland to decide how to further develop Tukan. The next steps being considered are allowing peer-to-peer testing of clinical document exchange and setting up an HL7 Fast Healthcare Interoperability Resources (FHIR®) server for demonstration as well as for verification of document and data exchange conformance to FHIR-based IHE profiles, such as MHD.

The Polish National Implementation Guide for HL7 CDA is the most advanced interoperability specification in our country and was developed in a consistent and hierarchical way. It consists of more than 200 CDA templates in DECOR format, including 24 document level templates and is going to be a normative specification for the exchange of electronic clinical documents. The ePrescription system should be ready in the first quarter of 2018, where the first CDA compliant drug prescription and dispensing documents will be exchanged.
Health Level Seven and TransCelerate BioPharma Working Together

Facilitating Use of eSource for Clinical Research with HL7® FHIR®

Health Level Seven® (HL7®) International and TransCelerate BioPharma Inc., a non-profit organization to improve the health of people around the world by simplifying and accelerating the research and development of innovative new therapies, are working together to advance the use of eSource in clinical trials and facilitate interoperability by enabling the use of electronic health records (EHRs) in clinical research, enabled by the use of the HL7® FHIR® platform standard.

Although regulators have encouraged use of eSource for several years, sponsor adoption for clinical trials has been slow, largely due to challenges in integrating systems and accessing standardized data from research sites. TransCelerate’s eSource initiative has been working to overcome these real and perceived challenges to influence more efficient data gathering practices to benefit patients, sites and sponsors.

“The widespread adoption and advanced capabilities of HL7 FHIR for making a consistent view of clinical data available through APIs offers an unprecedented opportunity to bridge the historical chasm between healthcare and research...”

At HL7’s recent Plenary Working Group Meeting in San Diego, dozens of participants from TransCelerate member companies, academia, investigative sites, and technology providers participated in the 16th FHIR Connectathon exploring three different use cases interactively with implementers from the healthcare community, demonstrating real progress in making use of eSource practically achievable with current systems using FHIR.

“The Connectathon was a tremendous event that explored multi-stakeholder perspectives on what may be possible to advance the use of eSource in clinical research. Collaboration is a most critical component and we very much look forward to continued partnership with HL7 to successfully enable greater use of eSource in a compliant, effective, global way,” said Brett Wilson, Data Monitoring and Management TA Lead, Global Biometrics & Data Management, Pfizer, and TransCelerate eSource Initiative Co-Lead.

HL7, TransCelerate and the FHIR community are planning several additional upcoming events to continue to advance progress in the use of eSource, including HL7’s Partners in Interoperability in New Orleans in December 2017, and FHIR Connectathons throughout 2018.

More information online:
http://www.transceleratebiopharmainc.com
News from the HL7 Project Management Office

ONC Grant Project Updates

In late 2015, the Office of the National Coordinator for Health IT (ONC) awarded HL7 a grant to enhance and improve the implementation of the Consolidated Clinical Document Architecture (C-CDA) and support the infrastructure for Fast Healthcare Interoperability Resources (FHIR). This past September, HL7 completed all the work for that grant, which includes the following:

1. Discovery of C-CDA content inconsistencies via surveys and four in-person Implementation-a-Thons
2. Extension and/or modification of template samples to address inconsistencies identified by the survey and IATs above
3. Creation of an updated C-CDA R2.1 Companion Guide informed by items 1 and 2 above
4. A C-CDA rendering prize challenge, resulting in the HL7 C-CDA Rendering Tool
5. A C-CDA scoring methodology
6. Enhance/upgrade the platform where C-CDA sample templates reside, resulting in the CDA Example Search Tool
7. Modifying and enhancing C-CDA value sets including the creation of a C-CDA value set maintenance process document
8. Design and deployment of a new C-CDA errata process, a future C-CDA templates design guide and Example Task Force updates
9. Defining the HL7 FHIR repository governance, process and requirements
10. Creating a beta version of the FHIR registry at registry.fhir.org
11. Documenting a process for creating logical models and FHIR profiles
12. Support for transforming CIMI (Clinical Information Modeling Initiative) core logical models to FHIR profiles
13. Creating CIMI models, value sets, and FHIR profiles for clinical laboratory data
14. FHIR Registry requirements analysis and gap assessment
15. Creation of a FHIR tooling roadmap including FHIR core documentation and implementation guide publisher documentation

Tools created from the efforts above are located at www.HL7.org > Resources > Tools and Resources.

C-CDA related project deliverables can be found on the HL7 Wiki page titled “C-CDA: Enhancing Implementation (ONC Grant Project)”; FHIR related project deliverables are also on the HL7 Wiki under the “Fast Healthcare Interoperability Resources (FHIR)” Wiki page.

A New Grant

In September, the ONC awarded HL7 a new 12-month, $875,000 grant for maturing C-CDA and FHIR standards. Work covered under this endeavor includes the following:

1. A Unified Terminology Governance (UTG) process and working prototype
2. Continue C-CDA Implementation-A-Thons (IAT), comprising of at least one face-to-face and possibly another virtual IAT
3. Upgrading existing FHIR reference server implementations to more effectively support “bulk access and push” applications
4. Improve, develop and implement FHIR build and release tools, integrated with the FHIR registry
5. Migrating issue/project tracking and ballot reconciliation to JIRA
6. An initial release of a testing platform to support ongoing development and adoption of FHIR-compliant systems
7. Migration of FHIR code and version management to GitHub with enhanced control processes
8. Process and tooling improvements to improve integration of CIMI models
9. A Universal Terminology Governance process implementation guide
10. Conducting additional Value Set Authority Center (VSAC) value set maintenance updates
11. Complete the implementation of the improved C-CDA errata process

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HL7 appreciates ONC’s continued support of C-CDA and FHIR for 2018 and beyond.

HL7 Welcomes New Members

Gold
- Consolo Services Group, Inc.
- EBSCO Health
- Hospital Privado Centro Medico de Cordoba S.A.
- North Grumman Technology Services
- Utah Health Information Network

Organizational
- A2C Medical
- American Alliance of Orthopaedic Executives
- American College of Obstetrician and Gynecologists
- CAH Children’s Rehabilitation Center
- Centre for Development of Advanced Computing
- Conceptual MindWorks, Inc.
- Counseling Management Services
- DirectTrust
- Due North Innovations, LLC
- eClinicalWorks
- EGHealthcare
- Healthfirst Management Services LLC
- Kolkin Corporation
- Lumeris, Inc.
- Medical Equipment & Engineering Co., Ltd.
- Memorial Health System
- NC Division of Public Health, Comm. Dis. Branch
- Office Practicum
- PHI Medical Office Solutions
- Reflxion Medical
- RTI International
- SIVSA SOLUCIONES INFORMATICAS, S.A.U.
Mark your Calendar: HL7 International Working Group Meeting, May 12-18, 2018

Back in Cologne

Some of you may remember our last working group meeting (WGM) in Cologne in 2007. After Noordwijkerhout the year before in the Netherlands, it was the second WGM outside of North America and the start of a series of what are known as international meetings. Ten years later, we will again meet in “Köln” from May 12-18, 2017.

Concluding the plans to go back to Cologne took the meeting team almost four years. Several destinations outside of Germany were discussed, as well as other German cities such as Berlin. However, the decision was made to return back to the Maritim Hotel in the middle of Old Town next to the Rhine river.

**Back in History**

Cologne was founded as Oppidum Ubiorum in 38 BC by the Ubii, a Germanic tribe. In 50 AD, the Romans founded “Colonia” (colony) on the Rhine. The city was officially named Colonia Claudia Ara Agrippinensium. Cologne later became the provincial capital of Germania Inferior as part of the Roman Empire. Later in the Middle Ages, Cologne was influenced by the French culture and became a city of East Francia in 843.

**And Today?**

Roman relics can still be found everywhere in the town. Here is a tip: consider a visit not in the Cathedral (Dom) but under the Cathedral where the ruins have recently been turned into a museum which takes you through the
centuries of history. You'll find the stones breathing, I swear. Please see first link in the “More” box below for more information.

As described, Cologne has been multi-culturally influenced since its founding and that may be one of the reasons why people live here among the different cultures mostly with a good spirit of tolerance and the evidence that the variety of cultures is an addition to one’s own life.

From an architectural perspective, Cologne has changed since 2007. We now have what are known as Crane-houses along the newly designed harbor area (see title picture). This is just one of many more changes in the last 10 years.

**Traveling**

Cologne has an airport (Köln/Bonn, CGN) that is reachable through many larger airport hubs in Europe. You may also consider flying directly to Frankfurt/Main (FRA) and then take the High-Speed-Train ICE directly from the airport up to the Cologne main station in less than an hour. The Maritim Hotel is close to the main station. Cologne is located in the center of West Europe, so it is also a good hub for investigating other locations in Europe, like the Mediterranean or Scandinavian countries. Be curious.

**Meetings**

We are happy with meeting space for the May 2018 WGM. While we had to split up into two hotels in 2007, all May 2018 WGM meetings are located in the Maritim Hotel. This makes logistics a bit easier. However, the networking reception is planned to be at an off-site location. Stay tuned for more details.

On Monday morning, May 14, a half-day plenary is planned to cover European health IT perspectives and achievements, and their alignments and symbiosis with initiatives anywhere else in the world.

**Kölsch? Kölsch!**

Just a reminder to learn the word “Kölsch”, as well-pronounced as possible. I know it is not easy to pronounce the “ö” for non-German speakers, but if you succeed, you will have learned one word with three different meanings:

- Kölsch is the typical local beer, smooth and easy-going down your throat (be careful). It is served in small glasses (tubes) for frequent fresh refills. Yummy, “ein Kölsch, bitte”, to order one.
- Kölsch is also the language, actually the dialect they speak here. It reflects a lot of the culture here in words and expressions.
- Kölsch is also the lifestyle. Due to the variety of cultures that influence this city, living here means to be tolerant, to take it easy, to make friends and become friends, and to love to communicate and chat. “Köln du bist ein Gefühl,” is a famous local song, “Cologne, you are an emotion”.

I am sure that distinct SNOMED codes would exist for all three of them, but for normal life and human interoperability, “Kölsch” does the job.

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**MORE ABOUT COLOGNE:**

**Under-Cathedral Museum**

https://www.koelner-dom.de/index.php?id=19167&L=1

See Wikipedia where you also can listen to the word Köln (to exercise the “ö”):


Watch a TV-gem—a video that our colleagues from England (Connecting for Health) compiled with their impressions from the Cologne meeting in 2007:

https://www.youtube.com/watch?v=saVQ1Onn7aU

Interested in the original Onsite Guide from the May 2007 WGM? It is still online:


By the way, we are also seeking sponsors for the meeting. Please see:

http://www.hl7.org/events/sponsorWorkingGroupMeeting.cfm
The Leadership Development and Nomination Committee (LDNC) was created last year to help the organization identify and develop the leadership talent that is needed on the board to ensure that HL7 is a success both today and in the future.

The committee is currently comprised of Stan Huff (chair), Sandra Stuart (vice-chair), Doug Frisma, Ed Hammond, Diego Kaminker (recently added), Thom Kuhn, Mark Segal, Julia Skapik and Karen Van Hentenryck. According to the GOM, this committee is chaired by the past HL7 Board chair. This means that as of January 1, Pat Van Dyke will take over as LDNC chair, with Stan Huff continuing to serve as a committee chair.

In the last year, the LDNC introduced changes to the 2017 board election cycle. The most notable was the introduction of a skills matrix that all nominees were required to complete. The LDNC, with assistance from the Board, identified various competencies and skills that are typically present on high-functioning, successful boards. Additionally, the HL7 Board felt that the current board would be improved with some sales/marketing and fundraising expertise.

The matrix was organized into three general areas: (1) skills specific to the role being filled (this year a sales/marketing director, a fundraising director and a treasurer), (2) general governance skills, and (3) non-governance skills. Nominees were required to complete the matrix by providing evidence of their competencies and a self-rating in the desired areas of expertise.

The matrix for the sales/marketing director role is provided on page 21. The fundraising and treasurer matrices were the same except for the required skills for the specific position (i.e., the financial acumen skills shown under the non-governance areas below would appear under the required skills for the treasurer).

The other change that was introduced this year was the ability of the LDNC to select individuals to appear on the slate for the director positions. Members were still able to nominate themselves and other members. All who met the qualifications appeared on the slate.

The LDNC reviewed and reflected on the new processes post-election with no major issues identified. In the interest of ongoing improvement, the LDNC felt that it should provide the membership each year with a board “report card” that shows the collective score of the board in each skills/competency area shown in the table at right. This helps the entire organization understand the strengths and weakness of any current board and assists the membership as they vote for new board members. In the coming year, the board will again identify skills/competencies that would benefit the board and the matrix will be modified accordingly.

Since the elections, the LDNC has turned its attention to launching the mentoring and leadership program. As part of its original charter, the LDNC is responsible for identifying new leadership talent, identifying current leaders who can mentor these individuals, and providing ongoing leadership training to mentees accepted into the program. The committee has done some preliminary work to identify possible mentors and mentees but is currently focused on leadership training.
The LDNC has contracted an educational consultant to ensure the most effective leadership training is provided for our organization. To date, the consultant has interviewed six HL7 members, three from the LDNC committee and three from outside the committee, to collect data and opinions on the effectiveness of the current board, their sense of the strategic direction of the organization, skills and competencies of the most effective leaders and the desired modality for training (e.g., in person, online, blended, etc). This up-front needs assessment work will inform the development of the training program. Additionally, the consultant met with the LDNC recently to share the results of the needs assessment and has scheduled two more meetings with the LDNC before the end of the year to present his recommendations.

In January, Ed Hammond will be leading a course on the history and current organization of HL7 to the first group of individuals accepted as mentors. This course is free to everyone and those not selected as mentees by the LDNC are free to join provided space is available. This assumes that the LDNC is able to complete its work with the education consultant and recruit mentors and mentees.

<table>
<thead>
<tr>
<th>Required Skills/Experience for HL7 Director – Sales/Marketing</th>
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<tr>
<td><strong>Sales/Marketing</strong></td>
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<td><strong>HL7 Membership</strong></td>
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<tr>
<th>General Governance Skill/Experience</th>
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<tr>
<td><strong>Governance/Board</strong></td>
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<tr>
<td><strong>Leadership</strong></td>
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<tr>
<td><strong>Strategic Planning</strong></td>
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<td><strong>Business/Management Experience</strong></td>
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<td><strong>Financial Management</strong></td>
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<td><strong>Communication</strong></td>
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<th>Non-Governance Skill/Experience</th>
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<tr>
<td><strong>Fundraising</strong></td>
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| **Financial Acumen** | Broad understanding of financial management principals to ensure decisions are financially sound and responsible. Includes:  
- Ability to align organizational finances with strategic goals  
- Ability to monitor the overall performance of the organization and suggest adjustments of allocations accordingly  
- Ability to foster an environment that encourages fiscal responsibility |
Prioritizing Goals and Resources
Update on the HL7 International Strategic Plan

“If we cannot predict the future, we had best create it.”
—Peter Drucker

The long-promised strategic plan developed by the board of directors was introduced during the September working group meeting.

The plan is based on the mission and vision of the HL7 International organization and reflects the culture and values of the organization.

The primary goals of the organization include:

- **Enhance the Image** – being very clear about the organizational purpose and work—and then communicating effectively at multiple customer levels globally
- **Organizational Vitality** – ensuring that the organization is financially sound to achieve both short and long term goals
- **Establishing FHIR as Primary Standard** – ensuring that FHIR is an HL7 standard and product, minimizing any confusion in the industry and globally
- **Supporting HL7 Standards** – providing the resources needed to protect our and our customer’s investment in all HL7 standards

Through focused discussion at the board meetings and by listening to members, the board of directors felt that these were the key goals for the organization not only now but in the future.

The board is actively working to make the plan actionable. To that end the board members are assigned to work on the objectives for each of the goals. The plan shows a continued refinement of the following steps:

- Identify and define short and long-term objectives to accomplish each of the goals
- Identify actions and strategies to accomplish each of the goals
- Assign resources to each of the strategies including prioritization
- Develop measures to judge and report on the accomplishments
- Identify a process improvement/feedback to see how we are tracking to all of this
- Ensure the plan is sustainable

This plan will be a guide and reminder of identified priorities, creating the ability to work toward common goals and focus limited resources. This work fosters transparency and discipline, opening discussion and ensuring the appropriate actions are being taken in an effective, efficient and proactive manner.

The plan may not be perfect and will require regular review and updates; however, large changes are not anticipated. The challenge for HL7’s board of directors and management team is to ensure that the plan is active, refined periodically, referenced frequently and measured closely as we pursue our mission and vision to realize continued success.

“Change is not your enemy, Fear is your enemy.”
—Author Unknown
SAVE THE DATE FOR HIMSS18

March 5-9, 2018
Las Vegas, NV
Venetian - Palazzo - Sands Expo Center

Join us in the HL7 Booth (#5623) at the HIMSS18 Exhibit!
http://www.himssconference.org/

HL7 will offer a variety of education sessions covering HL7 standards such as FHIR, CDA and current industry topics such as precision medicine and the Argonaut Project. Visit our booth to learn more about how HL7 is advancing healthcare IT interoperability across the globe.
## Organizational Members

### Benefactors
- Accenture
- Allscripts
- Centers for Disease Control and Prevention/CDC
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- Edificecs, Inc.
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- Food and Drug Administration
- GE Healthcare
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- Optum
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- Philips Healthcare
- Quest Diagnostics, Incorporated
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- Blue Cross Blue Shield Association
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- Central Health
- CITRIOM LLC
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- Connecticut Department of Public Health
- Consolo Services Group, Inc.
- Corepoint Health
- Department of State Health Services (Texas)
- EBSCO Health
- eHealth Initiative
- ESAC Inc
- EyeMD EMR Healthcare Systems, Inc.
- Health Care Service Corporation
- Healthcare Integration Technologies
- Hospital Privado Centro Medico de Cordoba S.A.
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- Moxe Health
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- National Cancer Institute
- NHS Digital
- NIH/Department of Clinical Research Informatics
- North Grumman Technology Services
- PenRad
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- Rochester RHIO
- Sparx Systems
- St. Joseph Health
- Starwest Tech
- Tennessee Department of Health
- Therap Services LLC
- Transcend Insights
- UCSF Center for Digital Health Innovation
- University of Arkansas Medical Sciences
- Utah Health Information Network
- UW Medicine Information Technology Services
- VNB Consulting Services

### Consultants
- Accenture
- AEGIS.net, Inc.
- Altarum
- Analysts International (AIC)
- Apprio, Inc.
- BlueHealthLinx
- CAL2CAL Corporation
- CentriHealth
- CITRIOM LLC
- Cognosante, LLC
- Curandi
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- ESAC Inc
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- Haines I.T.
- Health Intersections Pty Ltd
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- Interfix, LLC
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- Lantana Consulting Group
- M*Modal, Inc.
- MCNA Dental
- OTech, Inc.
- Point-of-Care Partners
- Pragmatic Data LLC
- Professional Laboratory Management, Inc.
- Psmi Consulting, Inc.
- Ready Computing Inc.
- River Rock Associates
- Rochester RHIO
- Royal Jay
- Shaferman Consulting
- SLI Global Solutions
- Systex, Inc.
- Uticorp, Inc.
- Vernetzt, LLC
- VNB Consulting Services
- Whipple Consulting, LLC

### General Interest
- Academy of Nutrition & Dietetics
- Advanced Medical Technology Association (AdvaMed)
- Agence eSante Luxembourg
- Alabama Department of Public Health
- American Alliance of Orthopaedic Executives
- American Assoc. of Veterinary Lab Diagnosticians
- American Clinical Laboratory Association
- American College of Cardiology
- American College of Obstetrician and Gynecologists
- American College of Physicians
- American College of Surgeons, NTDB
- American Dental Association
- American Health Information Management Association
American Immunization Registry Association (AIRA)
American Medical Association
American Society of Clinical Oncology
Arizona Department of Health Services
Arkansas Department of Health
ASIP SANTE
Association of Public Health Laboratories
Australian Digital Health Agency
Blue Cross Blue Shield Association
Botswana Institute for Technology Research and Inn
CA Department of Public Health
California Department of Health Care Services
CancerLinQ
Center for Medical Interoperability
Centers for Disease Control and Prevention/CDC
Centers for Medicare & Medicaid Services
Central Health
Centre for Development of Advanced Computing
College of American Pathologists
College of Healthcare Information Mgmt. Executives
Colorado Regional Health Information Organization
CommonWell Health Alliance
Connecticut Department of Public Health
Contra Costa County Health Services
Council of State and Territorial Epidemiologists
Department of Health and Mental Hygiene
Department of State Health Services (Texas)
DGS, Commonwealth of Virginia
DirectTrust
Duke Clinical & Translational Science Institute
eHealth Initiative
European Medicines Agency
Florida Department of Health
Food and Drug Administration
Georgia Department of Public Health
GS1 US
Health and Welfare Information Systems Centre
Health Sciences South Carolina
HIMSS
HSE - Health Service Executive
I3L @ GaTech
ICCBBA, Inc.
IFPMA (as trustee for ICH)
Illinois Department of Public Health
Indian Health Service
International Society for Disease Surveillance
Iowa Department of Public Health
Japan Pharmaceutical Manufacturers Association
L.A. County Dept of Public Health
Medical Research Analytics & Informatics Alliance
Michigan Health Information Network
Michigan Technological University
Minnesota Department of Health
Missouri Department of Health & Senior Services
NAACCR
National Association of Dental Plans
National Cancer Institute
National Center for Health Statistics/CDC
National Centre for Healthcare Information Systems
National Comprehensive Cancer Network
National Council for Prescription Drug Programs
National Institute of Standards and Technology
National Library of Medicine
National Marrow Donor Program
NC Division of Public Health, Comm. Dis. Branch
NCQA
Nebraska Dept of Health and Human Services
New Mexico Department of Health
New York State Office of Mental Health
NHS Digital
NICTIZ Nat. ICT.Inst.Healtc.Netherlands
NIH/Department of Clinical Research Informatics
NJ Division of Developmental Disabilities
NJDH
Office of the National Coordinator for Health IT
Oklahoma State Department of Health
Oregon Public Health Division
OSEHRA
PCPI
PEO DHMS - DoD/VA Interagency Program Office
Pharmaceuticals & Medical Devices Agency
Provincial Health Services Authority
Radiological Society of North America
Ramsey County Public Health
Region Syddanmark
Rhode Island Quality Institute
RTI International
SAMHSA
SC Dept. of Health & Environmental Control HS
Tennessee Department of Health
The Joint Commission
The Sequoia Project
U.S. Department of Defense, Military Health System
U.S. Department of Veterans Affairs
UC Davis School of Medicine
UCSF Center for Digital Health Innovation
United Physicians
University of AL at Birmingham
University of Arkansas Medical Sciences
University of Minnesota
University of Texas Medical Branch at Galveston
Utah Department of Health
UW Medicine Information Technology Services
Virginia Department of Health
Washington State Department of Health
Westat
Wisconsin Department of Health Services
WNY HEALTHeLINK
WorldVistA
WV Department of Health and Human Resources
Yampa Valley Medical Center

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Blue Cross Blue Shield of Kansas City
Blue Cross Blue Shield of Louisiana
Blue Cross Blue Shield of Michigan
Blue Cross Blue Shield of South Carolina
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Delta Dental Plans Association
Health Care Service Corporation
Healthfirst Management Services LLC
HealthNow New York Inc.
Healthspring
Highmark Health
Lumeris, Inc.
Meridian Health Plan
Noridian Healthcare Solutions
Premera Blue Cross
Wisconsin Physicians Service Ins. Corp.
Organizational Members (continued)

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GlaxoSmithKline
Merck & Co. Inc.
UCB

**PROVIDERS**
Advocate Healthcare Laboratories
AHIS - St. John Providence Health
Alaska Native Tribal Health Consortium
Albany Medical Center Hospital
almerys
ARUP Laboratories, Inc.
Aurora Health Care
BJC HealthCare
Blessing Hospital
Boston Children's Hospital
Boston Medical Center
CAH Children's Rehabilitation Center
Cedars-Sinai Medical Center
Central Illinois Radiological Associates
Children's Mercy Hospitals and Clinics
Children's of Alabama
CHRISTUS Health
Cleveland Clinic Health System
Diagnostic Laboratory Services
EGHealthcare
Emory Healthcare
Fresenius Medical Care North America
HCA IT&S
Hendricks Regional Health
Interfaith Medical Center
Intermountain Healthcare
Johns Hopkins Aramco Healthcare
Johns Hopkins Hospital
Kaiser Permanente
Laboratory Corporation of America
Lee Memorial Health System
Loyola University Health System
Mary Greeley Medical Center
Mayo Clinic
Mediclinic Southern Africa
Mednax Services, Inc.
Memorial Health System
Meridian Health
Milton S. Hershey Medical Center
MultiCare Health System
New York-Presbyterian Hospital
North Carolina Baptist Hospitals, Inc.
Palmetto Health Tuomey
Partners HealthCare System, Inc.
Patient First
Perry Community Hospital
Quest Diagnostics, Incorporated
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Regenstrief Institute, Inc.
RTZ Associates, Inc
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South Bend Medical Foundation, Inc.
Sparrow Health System
St. Joseph Health
Standing Stone, LLC
Stanford Children's Health
Sutter Health
Tenet Healthcare
The Children's Hospital of Philadelphia
UK HealthCare
UNC Health Care System
University of Louisville Physicians
University of Nebraska Medical Center
University of Pittsburgh Medical Center
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University of Utah Pediatric Critical Care/II CRC
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Apelon, Inc.
Applied PilotFish Healthcare Integration
Asseco Poland S.A.
Availity, LLC
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Beckman Coulter, Inc.
Becton Dickinson
Bizmatics, Inc.
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Cerner Corporation
Change Healthcare
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Clinical Software Solutions
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CMG Technologies Sdn Bhd
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Conceptual MindWorks, Inc.
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DocuTrac, Inc.
Dolby & Company
Due North Innovations, LLC
Dynamic Health IT, Inc.
Eccovia Solutions
eClinicalWorks
Edifecs, Inc.
eHealth Data Solutions, LLC
eMedApps Inc.
Epic
eSpoc
Evident
EXTEDO
EyeMD EMR Healthcare Systems, Inc.
ezEMRx
FEI.com
First Databank
Flatiron Health
Foothold Technology
Forte Research Systems, Inc.
GE Healthcare
Genesis Systems, Inc.
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Goldblatt Systems, LLC
Greenway Health
Health Care Software, Inc.
Health Catalyst
Health Companion, Inc.
Healthland
HealthTrio, LLC
Healthwise, Inc.
Healytics, Inc
heartbase, inc.
Hewlett-Packard Enterprise Services
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IBM  
Infor  
Information Builders  
Information Management Associates  
Inofile  
Intelligent Medical Objects (IMO)  
Interbit Data, Inc.  
InterSystems  
iPatientCare, Inc.  
Isoprime Corporation  
KaMMCO  
Kolkin Corp  
Lab Warehouse, Inc.  
Labware, Inc.  
Leidos, Inc.  
LexisNexis Vitalchek Network Inc.  
LINK Medical Computing, Inc.  
Logibec  
MCIS  
McKesson Corporation  
MDT Technical Services, Inc.  
MEDarchiver srl  
MEDAZ.NET LLC  
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Medical Equipment & Engineering Co., Ltd.  
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MEDITECH, Inc  
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Medtronic  
MedUnison LLC  
MGRID  
Microsoft Corporation  
Modernizing Medicine  
ModuleMD LLC  
Morris Systems Inc  
Moxe Health  
MPN Software Systems, Inc.  
NaviHealth  
NetDirector  
NextGen Healthcare Information Systems, Inc.  
Nokia Technologies Oy  
Ockham Information Services LLC  
Office Practicum  
OMNICOM srl  
OneHealthPort  
Optum  
Orchard Software  
Orion Health  
OTTR Chronic Care Solutions  
OZ Systems  
Patient Resource LLC  
PatTrac  
PenRad  
PHI Medical Office Solutions  
Philips Healthcare  
Physicians Medical Group of Santa Cruz County  
Plexina Inc.  
PNT Data Corp. (formerly Post-N-Track Corporation)  
Practice Fusion  
Premier Healthcare Alliance  
Prometheus Computing LLC  
Prometheus Research, LLC  
Pulse Systems Inc.  
QS/1 Data Systems, Inc.  
QuadaMed Corporation  
Qvera  
RNote  
Real Seven, LLC  
Reed Technology and Information Services Inc.  
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2018 HL7 Webinars – see the Spring schedule on page 13, or see the full list online at:  
www.hl7.org/events/webinars.cfm
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**Upcoming International Events**

**February 26-March 3, 2018**
GS1 Global Forum 2018
Brussels, Belgium

**March 5-9, 2018**
HIMSS18
Las Vegas, Nevada
[www.himssconference.org/](http://www.himssconference.org/)

**April 24-26, 2018**
MIE 2018
Gothenburg, Sweden
mie2018.org/

**May 12-18, 2018**
HL7 Working Group Meeting
Cologne, Germany
[www.hl7.org/events/workgroup-meetings.cfm](http://www.hl7.org/events/workgroup-meetings.cfm)

**May 21-23, 2018**
10th International Conference on Genomics and Molecular Biology
Barcelona, Spain
[genomics.conferenceseries.com/](http://genomics.conferenceseries.com/)

**May 27-29, 2018**
HIMSS Europe Conference and Exhibition
Barcelona, Spain

**May 27-30, 2018**
e-Health 2018 Canada
Vancouver, BC, Canada
[www.e-healthconference.com](http://www.e-healthconference.com)

**June 19-21, 2018**
HL7® FHIR® DevDays 2018
Boston, Massachusetts
[www.HL7.org](http://www.HL7.org)

**July 29–August 1, 2018**
HIC 2018
Sydney, Australia
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- **BR&R** stands for **BR&R; Templates**.
- **CBCP** stands for **Clinical Care Building Blocks; Templates**.
- **CMET** stands for **CMET; Implementable Technology Specifications**.
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<td>Jennifer Covich Bordenick</td>
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<td>Melva Peters</td>
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<td>Charles Jaffe, MD, PhD</td>
<td>Wayne Kubick</td>
<td>Mark McDougall</td>
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<td><a href="mailto:markmcd@HL7.org">markmcd@HL7.org</a></td>
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<tr>
<th>Date</th>
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<td>January 27-February 2</td>
<td>Working Group Meeting</td>
<td>Hilton New Orleans Riverside</td>
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<td>2018</td>
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<td>Working Group Meeting</td>
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<td>Working Group Meeting</td>
<td>Hyatt Regency San Antonio on</td>
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<td>The Riverwalk</td>
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<tr>
<td>September 29-October 5</td>
<td>32nd Annual Plenary &amp; Working Group Meeting</td>
<td>Hyatt Regency Baltimore Inner Harbor</td>
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<tr>
<td>May 4-10, 2019</td>
<td>Working Group Meeting</td>
<td>Sheraton Le Centre</td>
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