HL7 a “National” Asset

- Version 2
- Version 3
- CDA
- EHR
- CCOW
- FDA/CDISC
- NCVHS/CHI
- Vocabulary
- Educational Summits
V2: the Tool to Tap Existing Information Flows

• Widely implemented, not going away
• Challenge: uniform implementation
• Regional production use growing
• Demonstrated Use in US:
  – Winter Olympics BT
  – Healthcare Collaborative Network
  – CDC/NEDSS Lab Reporting
  – Empire BCBS and Labs
V3: the Tool for New Challenges

- NHS and GP2GP in England
- CDC/NEDSS Event Notification
- International Claims and other Admin transactions
- Canadian Provider and Patient Registries
- FDA/RCRIM Ballot Package for Clinical Trials

- A mark of progress:
  - Last year: use V3 tools to create “V3-like messages”
  - Now: submit those messages to ballot
Clinical Document Architecture

- Mayo Notes System
- CDISC/RCRIM/FDA Product Labeling
- CDISC Clinical Trials Operational Data Model
- Tumor reporting/CAP
- State confidential morbidity record
- HIPAA Claims Attachments
- Finland, Germany, UK, Ireland, Greece, Denmark, Japan
- Release 2.0 combined natural-language and V3 structured data

1. A basis for “computer assisted natural-language clinical documents”
2. A platform for more specific standards
3. Release 2: combined natural-language and structured data
Vocabulary

• The main challenge for increased interoperability
• Definition of “clinical drug” for RxNorm
• A system of domains and realms for coordinating vocabulary standards with messaging standards and supporting tooling
• Policy to make HL7’s tables freely available
• Direct collaboration with CHI on terminology
• Notable industry progress:
  – SNOMED contract with US Government
  – Adoption of Lab LOINC by HHS, VA, and DoD
EHR Functional Model

• Potential basis for funding of US EHR users
• A genuine “whirlwind” of activity
  – Since April two out of cycle meetings
  – IOM report received July 29th
  – EHR DSTU released August 5th
  – EHR Collaborative 6 city grass roots exposure weeks of August 11th & 18th. Almost 1000 participants.
  – EHR Ballot results. 247 total in ballot pool. 221 placed a vote.

• Why HL7? Process. If not HL7 who?
• Process challenges remain
## V3 Ballot History - Overall

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### Notes

- CCCCC, MMMMM, SSSSSS, FFFFFF, DDDDD, IIIIIII correspond to different vote counts or statuses.
- The table provides an overview of the progress and status of various ballot items from 2001 to 2003.
V3: Who is our customer? What is our competition?

• Customer
  – Governments?
  – Healthcare enterprises?
  – Vendors?
  – Programmers and analysts?

• Competition?
  – V2 -- “it’s a good thing”
  – Ad hoc, particular XML schemas
What Will Make V3 Succeed?

• Celebrate and listen to the early adopters
• Complexity: education or simplification? (Both)
• Push for clarity and usability, particularly for schemas
• Create a definition of what “done” means -- for our customers
  – What are the “done” deliverables for committees
• Revive the Implementation Committee, which was a keystone to the success of V2
HL7 Is, More Than Ever, a Community

- Related but diverse interests
- Cross-currents of collaboration
- Processes that work (but ever-evolving)
- and most important:
- Significant challenges