Mission

HL7 should advocate "open systems".  
Favor/Oppose/Abstain: 7 0 0

HL7 should become self-sufficient financially, administratively, and professionally.  
Favor/Oppose/Abstain: 7 0 0

HL7 should create a 501(c)3 corporation to facilitate receiving grants and other funding.  
(Have not but are in process of launching a FHIR Foundation as a 501(c)3)  
Favor/Oppose/Abstain: 7 0 0

HL7 should promote an increased rate of implementation of the protocol specifications.  
Favor/Oppose/Abstain: 6 0 1

HL7 should explicitly state that its policy recognizes change and growing technological sophistication in the industry is inevitable and that HL7 will always need to adapt to such change.  
Favor/Oppose/Abstain: 6 0 1

HL7 should be a "permanent" interim standard.  
Favor/Oppose/Abstain: 6 0 1

HL7 should be a source of professional education.  
Favor/Oppose/Abstain: 5 2 0

HL7 should expand from exclusive development of healthcare transaction standards into the area of healthcare database format standards.  
Favor/Oppose/Abstain: 2 4 1

HL7 should become a "clearinghouse" for healthcare information standards.  
Favor/Oppose/Abstain: 2 5 0

HL7 should become a "professional society".  
Favor/Oppose/Abstain: 1 4 2

HL7 should become a "library" for healthcare information standards.  
Favor/Oppose/Abstain: 1 5 1
<table>
<thead>
<tr>
<th>Process</th>
<th>Favor/Oppose/Abstain</th>
</tr>
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<tbody>
<tr>
<td>HL7 should continue to maintain, <strong>expand, and adapt</strong> the existing protocol specifications.</td>
<td>7 0 0</td>
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<tr>
<td>HL7 should have a <strong>model</strong> or policy for evolution of successive versions which allows backwards incompatibility where economically responsible.</td>
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<tr>
<td>HL7 should be more prescriptive now that it has &quot;industry clout&quot;.</td>
<td>7 0 0</td>
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<tr>
<td>HL7 should encourage increased functional <strong>rigor</strong> (more clearly defined standard content) in its protocol specifications.</td>
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<tr>
<td>HL7 should, notwithstanding its stance on increased functional rigor, focus on <strong>usability</strong> and understandability by application programmers and that this will be the subject of public comment.</td>
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<tr>
<td>HL7 should strive for increased <strong>breadth</strong> of coverage in all areas of healthcare.</td>
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<tr>
<td>HL7 should examine and reevaluate the number and structure of its meetings.</td>
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<tr>
<td>HL7 should develop more formalized balloting procedures and rules for conducting discussion of specifications.</td>
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<td>HL7 should address an appropriate dues structure which, along with other potential sources of revenue, can generate the funds necessary to conduct its business.</td>
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<td>HL7 should offer indemnification for officers and members.</td>
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<tr>
<td>HL7 should incorporate other existing standards.</td>
<td>5 2 0</td>
</tr>
<tr>
<td>HL7 should hire an <strong>Executive Director</strong> by 01-01-91.</td>
<td>4 0 3</td>
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<tr>
<td>HL7 should encourage &quot;more hands for more throughput&quot; by developing additional leadership positions.</td>
<td>4 2 1</td>
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Positioning

Favor/Oppose/Abstain

HL7 should encourage "convergence" of the protocol specification with MEDIX.  
7  0  0

HL7 should view "convergence" with MEDIX as an effort requiring the exertion of energies by both HL7 and MEDIX.  
7  0  0

HL7 should increase its participation with HISCC.  
7  0  0

HL7 should consider "affiliation" with a bona fide standards organization.  
7  0  0

HL7 should produce a version of the protocol specifications that is compliant with OSI through the levels required by various governmental agencies.  
7  0  0

HL7 should "converge" its protocol specifications with ASTM.  
6  0  1

HL7 should mount a publicity campaign aimed at domestic governmental agencies and international standards communities, especially in Europe.  
6  0  1

HL7 should seek to influence systems design.  
6  0  1

HL7 should have regular joint meetings with MEDIX.  
6  1  0

HL7 should define more specifically the role of the Industry Advisory Board.  
6  1  0

HL7 should engage in "lobbying" efforts with Congress and governmental agencies in regard to pertinent issues.  
6  1  0

HL7 should promote and offer to host a major joint meeting including HL7, MEDIX, ACR/NEMA, COS, and OSF.  
5  1  1

HL7 should pursue a sensitivity to international issues.  
5  1  1

HL7 should assess the positions of its critics with a view to offering considered responses to such criticism.  
5  1  1

HL7 should "affiliate" with ASTM.  
4  0  3

HL7 should explore relationships with COS and OSF.  
4  0  3

HL7 should seek to be known as cost effective and to be recognized as such in vendor contracts.  
3  0  4

HL7 should seek sanctioning by other standards organizations (NEMA, IEEE) if program certification is undertaken.  
2  4  1

HL7 should seek to be the single meeting one would attend if one could only attend the meetings of a single healthcare standards group.  
0  2  5

HL7 should "merge" with ASTM.  
0  7  0

HL7 should consider "merger" with a bona fide standards organization.  
0  7  0