Health Level Seven, Inc.

For Immediate Release

Contact: Jonathan Himlin
(734) 677-7777
jhimlin@HL7.org

HL7’s EHR Technical Committee Enhances System Functional Model

New Public Comment to Open this Summer

Broad Stakeholder Input Key to Draft Functional Model Revisions

ANN ARBOR, Mich.—July 13, 2005— Health Level Seven’s Electronic Health Record (EHR) Technical Committee (TC) has enhanced the draft EHR System (EHR-S) Functional Model by incorporating broad stakeholder input, and will open the updated draft standard for public comment sometime this summer. This will represent the first time in almost a year that the draft standard will be available for public review, and brings the document one step closer to becoming a full standard approved by the American National Standards Institute (ANSI).

At HL7’s May Working Group Meeting, the EHR TC developed a roadmap for the functional model, and anticipates submission to ANSI for approval in 2006. During this final year of development, the committee continues to seek additional broad stakeholder participation, which will become part of the final standard. Meanwhile, the EHR TC reports the following key accomplishments to date:

- Four documents have been developed and balloted describing the minimum functions required for EHR systems in the Long Term Care, Ambulatory, and Acute Inpatient care settings;
- Subject matter expert review was completed to ensure that the functional model addressed product certification, pediatrics, emergency medicine and legal (US) issues.

According to Linda Fischetti RN, MS, co-chair of the HL7 EHR TC, conformance criteria are being added to the draft and will be used by clinicians, vendors, and other industry representatives to objectively measure the presence and effectiveness of a function within an EHR System.

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“The conformance criteria provide a level of detail that is necessary for most meaningful uses of the EHR Functional Model,” said Fischetti. “For example, if the EHR-S function is ‘order medications,’ there will be a set of conformance criteria that fully specifies what that means — such as ‘The EHR System shall support the creation of a prescription,’ and ‘The EHR System shall update the active medication list.’ Because the conformance criteria provide the objective means for interpreting and using the functional model, there is a need for strong clinical participation in their development.”

The conformance criteria were also valuable to the development of the certification process undertaken by the Certification Commission for Healthcare Information Technology (CCHIT), according to Sarah T Corley, MD, FACP, governor of the Virginia chapter of the American College of Physicians and co-chair of the CCHIT Functionality Work Group.

“The Functionality Work Group found it extremely helpful to organize our work on a framework based upon the (EHR-S) DSTU,” Corley said.

The draft functional model has benefited, and will continue to benefit from extensive stakeholder input by clinicians, vendors, academia, payers, etc. This input has made the draft functional model more versatile, adaptable, and applicable across the continuum of care (i.e., from pediatrics to long term care), and has allowed it to better provide support for clinical, research, population health, and administrative purposes. Stakeholders are encouraged to join the HL7 EHR TC now as it develops conformance criteria for each of the EHR-S functions.

Andy Spooner, MD, co-chair of the HL7 Pediatric Data Standards SIG and director of the Division of General Pediatrics at the University of Tennessee, College of Medicine, has been an active clinical contributor to the draft standard.

“There are a lot of functions in an EHR that are considered pediatric,” Spooner said. “But most of them are important in non-pediatric care, too.”

Spooner points to pediatricians as an example. “Pediatricians are much more interested than others in plotting changes in body size over time, dosing by body weight, and tracking guardianship,” he said. “While these functions are not as important in adult care, they do come up. So including those functions in the DSTU just makes it stronger, both for kids and adults.”

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Spooner also notes that children show up in a lot of facilities intended for adult care. Having pediatric functions in clinical information systems at those facilities, according to Spooner, increases the likelihood that those children will get adequate care.

Another active clinical participant, Don Kamens, MD, CEO of XPress Technologies, says that Emergency Department (ED) participants have been providing the ED clinician perspective to the ongoing conformance criteria development. Kamens, along with the American College of Emergency Physicians (ACEP), have been key supporters in the creation of conformance criteria.

“The ED provides dependable access for many who cannot get to their physician, do not have a physician, are too ill to risk delay, or are in need of expedited access to diagnostic/therapeutic resources,” said Kamens. “Since most other care settings interact with and depend upon the ED, it goes without saying that the EHR Functional Model must take into account the ED's perspective.”

In the United States, it is becoming increasingly important for the EHR to stand as a legal record. To that end, conformance criteria were developed by a group of attorneys and health information management professionals. “The EHR must serve as a legal record,” said Harry Rhodes, director of practice leadership at AHIMA, and chair of the expert panel that developed the criteria. “If not, then that forces the paper record to act as the legal record, and we’ll have the administrative burden and additional costs of maintaining both electronic and paper records.”

While the output of this legal EHR work is US-Realm focused at this time, the hope is that other HL7 affiliates around the world will be able to leverage the end product of this activity.

With the growing awareness of the role of Personal Health Records in the future, the EHR TC has started a work group to ensure the EHR System Functional Model is developed in a way that enables the sharing of data with a personal health record.

“Healthcare is making the important shift to become a system that is more focused on the patient,” said Don Mon, PhD, vice president of practice leadership for the American Health Information Management Association (AHIMA). “As the business of healthcare makes this shift, it is important that the information technology systems become consumer focused as well. Conformance statements are being written to ensure this EHR-S Functional Model is able to interact with Personal Health Records.”

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About HL7

Founded in 1987, Health Level Seven, Inc. (http://www.HL7.org/) is a not-for-profit, ANSI-accredited standards developing organization dedicated to providing a comprehensive framework and related standards for the exchange, integration, sharing, and retrieval of electronic health information that supports clinical practice and the management, delivery and evaluation of health services. HL7’s more than 2,000 members represent approximately 500 corporate members, including 90 percent of the largest information systems vendors serving healthcare.

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